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SPECIAL ISSUE ARTICLE

DERMATOLOGIC THERAPY WILEY

Use of face masks in dermatology department during the COVID-19 outbreak

Dear Editor,

The novel corona virus disease 2019 (COVID-19), which began in Wuhan, China in late December 2019, has quickly spread throughout the world to reach pandemic proportions. The main reason for this is due to its high contagiousness, being present in respiratory droplets even in the initial incubation period (up to 14 days).[1-3] Therefore, a presumed to be healthy person may be harboring the virus and spreading it to others even prior to onset of symptoms. This highlights the need to use personal protective equipment (PPE) and practice social distancing in order to control the alarming spread.[4,5]

In most countries, a complete lockdown was ordered by government authorities, keeping open only essential services like hospitals, pharmacies, groceries, and automated teller machines. It is still a moral dilemma whether nonemergency services like Dermatology should remain open. However, there are also emergencies in Dermatology Clinics. If kept open, utmost care needs to be taken so that we do not become vectors in the spread of this virus.[6]

Current guidelines by World Health Organization (WHO) advice against community use of masks due to lack of evidence as well as gross shortage of masks. However, global use of masks may be the only way of control of spread of infection from asymptomatic carriers.[7] Most health care providers agree that wearing a self-made mask, or even a scarf covering the face and eye glasses, is better than not wearing any. It is especially necessary in a setting like dermatology outpatients where the number of cases is bigger and chances of cross-infection from physician to patient, or vice versa, are high.[6] The outpatient case load can be reduced by limiting appointments to only emergency cases. Routine follow-up visits can be converted into virtual visits (teledermatology). All patients should be screened for symptoms of fever, cough, and sore throat, and referred to Fever Clinic or Infectious Disease specialist, if symptomatic. The remaining patients should be educated on maintaining social distance, observing hand hygiene, and should be provided with surgical masks prior to an encounter. They should be advised to never take off the mask during the consult, except in instances where the physician needs to examine facial lesions. Doctors and nursing staff should be well protected with PPE, including masks, surgical caps, protective suits, and goggles. Surgical masks are to be worn by health care personnel at all times during a patient encounter. Their PPE should be taken off only at the end of their work hours, in a designated disposable area.[8]

Measures to face the increased demand for masks include mass production and stockpiling, as was done successfully in Taiwan. As a response to the shortage of facemasks, posts of self-made masks, made of different materials, including a plastic transparent sheet that covers the eyes, have appeared in social media. Urgent research is needed to prolong the use of disposable masks and for invention of reusable masks.[9] A recent protocol was developed by researchers at Duke University where N95 masks could be resterilized. This could prove very valuable to help relieve the current global shortage of masks.[10]

CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

DISCLAIMER

We confirm that this article has been read and approved by all the authors, that the requirements for authorship as stated earlier in this article have been met and that each author believes that this article represents honest work.

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