COVID-19

Results of COVID-19 screening in a dermatologic clinic in Northern Italy

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Keywords

COVID-19 • Testing • Screening • Dermatology • Prevention

Dear Editor,
The COVID-19 pandemic has been a social, economic and sanitary challenge, which has taken a great toll on all Health Systems [1]. Dermatology clinics were not spared by the pandemic, suffering a dramatic slowdown in most activities, including prevention, follow-up, non-essential procedures and education [2].
With the reopening of outpatient services, a new challenge was posed by the risk of SARS-CoV-2 transmission from asymptomatic or newly infected individuals, which are known to be still able to spread the virus [3]. However, it appeared that the benefit of resuming routine clinical activities would outweigh the risk of potential infections.
Between January and March 2021, our dermatologic clinic promoted a screening campaign directed to both patients and healthcare personnel based on rapid antigen-testing ICOV-502. Compared to the real-time RT-PCR test, rapid antigen-testing offers advantages in terms of time and cost, while still guaranteeing high specificity (relative specificity 98.3%) and high sensitivity (relative sensitivity 85.0%), as stated by the manufacturer Citest Diagnostics Inc.
A triage area was instituted, in which patients were tested and waited for the time needed to process the samples. Appropriate social distancing and correct use of face masks were enforced in the triage area. After a negative test result, patients were allowed in the consulting rooms upstairs. Preventative measures were still adopted in the entire clinic.
The study has been approved by the ethics committee (protocol DERM SARS-CoV-2, 25 January 2021). Informed consent was obtained by all participants.
A total of 635 subjects were recruited, of whom 356 (56.1%) were females and 279 (43.9%) were males. The average age was 54. A total of 514 subjects, 299 females (58.2%) and 215 males (41.8%), agreed to be enrolled in the study. The average age was 54. A total of 121 subjects, 57 females (47.1%) and 64 males (52.9%) refused to be enrolled and were not tested. The average age was 53.
Only 1 of the 514 tests was positive for COVID-19. The COVID-19 positive patient was immediately dismissed from the clinic and referred to the local health department. The patient's family members were preventatively isolated and subsequently tested negative. The incidence of COVID-19 infection among the tested subjects was thus very low (0.002%). This confirms the findings of other studies [4, 5].
However, 19.1% of the recruited subjects refused to be tested. This data reflects the relatively widespread hesitancy towards testing already documented among the general public [6].
Many of those who declined the test justified their refusal with fear of testing positive. This is clearly an attempt to avoid the consequences of a positive result and, considering the average age of the subjects, it is likely that such consequences may be related to work and finance. Moreover, we found that male patients were more likely to refuse to be tested ($p = 0.0324$). In accordance to the previous observations, this might be justified by the fact that 32.4% of Italian families with children have a man as the sole breadwinner [7].
In conclusion, widespread testing may be a useful tool to lower the risk of virus spreading and to rapidly uncover and control COVID-19 outbreaks in outpatient clinics. However, the effectiveness of screening campaigns may be limited by testing hesitancy.

Acknowledgments

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of interest statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Authors' contributions

MB contributed to project administration, data collection and writing; SB contributed to data collection and writing; IS contributed to data collection and writing; EC contributed to manuscript revising and supervision; AP contributed to conceptualization, manuscript revising and supervision.

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Received on March 17, 2022. Accepted on March 7, 2023.

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How to cite this article: Burlando M, Boldrin S, Salvi I, Cozzani E, Parodi A. Results of COVID-19 screening in a dermatologic clinic in Northern Italy. J Prev Med Hyg 2022;63:E1-E2. https://doi.org/10.15167/2421-4248/jpmh2023.64.1.2544