

# Guidance From the National Psoriasis Foundation COVID-19 Task Force

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When COVID-19 emerged in March 2020, physicians were forced to evaluate the potential impacts of the pandemic on our patients and the conditions that we treat. For dermatologists, psoriasis came into particular focus, as many patients were being treated with biologic therapies. The initial concern was that these biologics might render our patients more susceptible to both COVID-19 infection and/or a more severe disease course.

In early 2020, the National Psoriasis Foundation (NPF) presented its own recommendations for treating patients with psoriatic disease during the pandemic.<sup>1</sup> Some highlights included the following<sup>1</sup>:

- At the time, it was stipulated that patients with COVID-19 infection should stop taking a biologic.
- Psoriasis patients in high-risk groups (eg, concomitant systemic disease) should discuss with their dermatologist if their therapeutic regimen should be continued or altered.
- Patients taking oral immunosuppressive therapy may be at greater risk for COVID-19 infection, though there is no strong COVID-19–related evidence to provide specific guidelines or risk level.

In May 2020, the NPF COVID-19 Task Force was formed. This group—chaired by dermatologist Joel M. Gelfand, MD, MSCE (Philadelphia, Pennsylvania), and rheumatologist Christopher T. Ritchlin, MD, MPH (Rochester, New York)—was comprised of members from both the NPF Medical Board and Scientific Advisory Committee in dermatology, rheumatology, infectious disease, and critical care. The NPF COVID-19 Task Force has been critical in keeping the dermatology community apprised of the latest scientific thinking related to COVID-19 and publishing guidance statements that are updated and amended on a regular basis as new data becomes available.<sup>2</sup> Key recommendations most relevant to the daily care of patients with psoriatic disease included the following<sup>2</sup>:

- Patients with psoriasis and/or psoriatic arthritis have similar rates of SARS-CoV-2 infection and COVID-19 outcomes as the general population based on existing data, with some exceptions.
- Therapies for psoriasis and/or psoriatic arthritis do not meaningfully alter the risk for acquiring SARS-CoV-2 infection or having worse COVID-19 outcomes.

- Patients should continue their biologic or oral therapies for psoriasis and/or psoriatic arthritis in most cases, unless they become infected with SARS-CoV-2.

- Chronic systemic steroid use for psoriatic disease in the setting of acute infection with COVID-19 may be associated with worse outcomes; however, steroids may improve outcomes for COVID-19 when initiated in hospitalized patients who require oxygen therapy.

- When local restrictions or pandemic conditions limit the ability for in-person visits, offer telemedicine to manage patients.

- Patients with psoriatic disease who do not have contraindications to vaccination should receive a messenger RNA (mRNA)–based COVID-19 vaccine and boosters, based on federal, state, and local guidance. Systemic medications for psoriasis or psoriatic arthritis are not a contraindication to the mRNA-based COVID-19 vaccine.

- Patients who are to receive an mRNA-based COVID-19 vaccine should continue their biologic or oral therapies for psoriasis and/or psoriatic arthritis in most cases.

- The use of hydroxychloroquine, chloroquine, and ivermectin is not suggested for the prevention or treatment of COVID-19 disease.

These guidelines have been critical in addressing some of the most pressing issues in psoriasis patient care, particularly the susceptibility to COVID-19, the role of psoriasis therapies in initial infection and health outcomes, and issues related to the administration of vaccines in those on systemic therapies. Based on these recommendations, we have been given a solid foundation that our current standard of care can (for the most part) continue with the continued presence of COVID-19 in our society. I encourage all providers to familiarize themselves with the NPF COVID-19 Task Force guidelines and keep abreast of updates as they become available (<https://www.psoriasis.org/covid-19-task-force-guidance-statements/>).

## REFERENCES

1. Gelfand JM, Armstrong AW, Bell S, et al. National Psoriasis Foundation COVID-19 Task Force guidance for management of psoriatic disease during the pandemic: version 1. *J Am Acad Dermatol*. 2020;83:1704-1716.
2. COVID-19 Task Force guidance statements. National Psoriasis Foundation website. Updated April 28, 2022. Accessed July 12, 2022. <https://www.psoriasis.org/covid-19-task-force-guidance-statements/>

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The author reports no conflict of interest.

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