

COVID-19 (Coronavirus)



Frequently asked questions for people with eczema

What are the recommendations for keeping hands clean without triggering and/or exacerbating my eczema? Does soap need to be antibacterial?

Regular handwashing is the most important way to minimise the risk of contracting and spreading infection.

- This means a thorough wash with a gentle cleanser for at least 20 seconds, including tops and palms of the hands, wrists and between the fingers and around your nails. For handwashing instructions see <https://www.healthdirect.gov.au/hand-washing>
- Warm water is fine – hot water offers no advantage and can aggravate eczema.
- After washing and rinsing well - hands should be patted dry (not rubbed) and a good moisturiser (emollient) applied.
- An antibacterial soap is not necessary and soap-free cleansers can be used.

That said, frequent handwashing will dry out the skin and strip the natural oils, which can cause eczema to flare.

To ease the discomfort:

- Select a cleanser for sensitive skin. Emulsifying ointment or aqueous cream for use as a soap substitute can be obtained on prescription if they have to be used in large quantities or over the counter from your pharmacist at a relatively low cost.
- Moisturise after each washing. Moisturisers (emollients) are an essential part of treating hand dermatitis and should be applied generously after handwashing, repeatedly through the day and whenever skin feels dry.
- You may find overnight moisturising treatments beneficial. Apply a generous layer of moisturiser just before you go to bed, then put on a pair of clean cotton gloves and leave overnight.
- Protect your hands when you can with the use of barrier creams or by wearing gloves. If the condition of the skin is severe you may wish to combine both. Avoid wearing gloves for long periods of time (longer than 20 minutes) as this can cause the hands to sweat, causing more irritation and itching.

If a cleanser or soap isn't available, can I use hand sanitiser? Will it exacerbate my eczema?

If a cleanser or soap is unavailable, hand sanitisers (with at least 60% alcohol) are the next best thing for preventing the spread of infection, though they may sting skin with eczema. Since they can be drying, it's important to moisturize afterwards to maintain hydration. However, after applying hand sanitiser, make sure your hands are completely dry before applying the moisturiser.

Are there hand sanitisers formulated for eczema?

While there are not hand sanitisers formulated specifically for people with eczema, there are some with emollients/moisturisers in them that are fairly well tolerated if hands are dry.

If eczema occurs or is exacerbated, use a topical anti-inflammatory regularly.

For more information on dry skin and frequent handwashing to reduce the risk of COVID-19 see:

- British Association of Dermatologists <https://www.skinhealthinfo.org.uk/statement-on-coronavirus-and-skin-disease-affecting-the-hands/>
- American Academy of Dermatology <https://www.aad.org/public/everyday-care/skin-care-basics/dry/coronavirus-handwashing>

I have facial eczema and find it very difficult to avoid touching my face, as currently advised. Are there any tips?

Avoiding touching your face is one of the ways to minimise the risk of catching and spreading infections, including coronavirus.

Distraction techniques can be effective in lessening the habit or compulsion to touch or itch your face. These include keeping your hands busy, or doing something different like clenching your fist when you have an urge to touch your face, or using something soothing like a clean icepack.

If you do need to deliberately touch your face, wash your hands first; avoid the nose, eyes and mouth; and consider using a clean cloth or tissue.

If I have open cracks or lesions in my skin due to eczema, do I have an increased risk of getting the coronavirus?

COVID-19 is a new strain of a common family of viruses (coronaviruses) and we are still learning how it works so we can't say for sure at this point. However, because this (coronavirus) respiratory infection is most likely spread through contact transmission with the mouth, eye and airway mucosa – either directly or indirectly – it seems to be unlikely that damaged skin increases the risk.

Are people with compromised immune systems more susceptible to coronavirus? Is this risk greater for people with eczema as well?

We are still learning about COVID-19, however it seems that in those with immunocompromised status (and that includes older people in general where the immune system is not as robust as it may be in younger patients) the risks are greater for COVID-19.

However, even in severe eczema, it is likely the immune system is disordered but not actually compromised. So just having eczema alone is probably not a significant risk factor for getting sick with or having a more severe case of COVID-19.

What if I am taking an immunosuppressive medication for my eczema?

While having eczema alone is probably not a significant risk factor for COVID-19, we do know that certain medications can cause immunosuppression, including some used for severe eczema.

Therefore, patients using these medications can be at greater risk of more severe infection or complications from COVID-19 if they are infected. The extent of this risk is unknown.

Further information for patients receiving immunosuppressive medications is available in the *Information for patients receiving immunosuppressive medication through the PBS or clinical trial* available on the ACD website at <https://www.dermcoll.edu.au/covid19updates/>.

Does biologic treatment increase the risk of contracting COVID-19 or the severity of the infection?

As with immunosuppressive medications, we know that certain biologic medications can affect the immune system. Therefore, patients receiving these medications *can* be at greater risk of developing an infection including COVID-19. However, we are still learning about the extent of this risk.

Further information on the likely risk for patients receiving biologic medication and what to consider is available in the *COVID-19 Information for patients receiving biologic medication* information sheet available on the ACD website at <https://www.dermcoll.edu.au/covid19updates/>.

If/when I am instructed to wear a face mask, how can I prevent it from causing my eczema to flare?

If you are advised to wear a mask, there are precautions you can take to keep the mask from irritating your eczema.

Recommended steps include:

- Cleaning the skin with a gentle face wash suitable for people with eczema and dry the skin completely.
- Before putting the mask on, applying a thin layer of a non-comedogenic (i.e. not likely to cause pore blockages) face lotion or cream to the entire face. The cream or lotion will provide a barrier layer between the mask and your skin to prevent direct contact.

Allergic reactions to mask material can also occur

Some masks include a glue strip along the nose and cheek area which can trigger a reaction. Some masks also contain a metal wire to allow you to mould it to your face. This wire may be made out of nickel, a common contact allergen. Even through a thin fabric such as a cotton liner, it can cause allergic reactions.

Consider attaching a soft fabric layer between the mask and your skin to prevent the nickel from touching your skin or finding a mask that does not have the metal wire.

Where can I seek support?

For further information and support contact:

- Eczema Association of Australasia at www.eczema.org.au
- Allergy & Anaphylaxis Australia at www.allergyfacts.org.au

Please note that the information on this document is for general guidance purposes only. All information has been sourced from both national and international advice and is subject to change rapidly as new information becomes available. This information does not replace information provided directly to you by your medical practitioner.