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New study reveals major impact of climate change on skin health worldwide

(Vienna, Austria, Wednesday, 30 September 2026) More than 40% of countries worldwide have reported climate-related changes in the prevalence and/or severity of skin disease, with lower-income countries disproportionately affected, according to a major international study spanning 136 countries.¹

Climate change poses a growing threat to skin health through rising temperatures, extreme weather, changing rainfall patterns, climate-related migration and ecosystem disruption, influencing the incidence and severity of skin conditions.^{2,3} Despite growing awareness of climate-related skin disease, its global scope and clinical implications remain poorly understood.

The study, presented today at the European Academy of Dermatology and Venereology (EADV) Congress 2026, invited representatives from 194 World Health Organization (WHO) member countries to participate in the Global Access to Skin Health Observatory (SkinObservatory) study, a collaboration between the International League of Dermatological Societies (ILDS) and L'Oréal Dermatological Beauty.

Participants shared insights on climate impacts and the prevalence of climate change-related skin diseases in their countries.

Data were collected from 136 countries spanning all four World Bank income groups. Overall, 42.6% reported changes in the prevalence and/or severity of skin disease due to climate change, with significant differences according to income level.

More than half of low-income (55.6%) and lower-middle-income countries (52.5%) reported climate-related changes in skin disease, compared with 43.8% of upper-middle-income and 28.3% of high-income countries.

Geographical differences were also substantial, with changes most frequently reported in the Western Pacific Region (64.7%), followed by the Eastern Mediterranean and South-East Asian regions (60.0% each), compared with 16.1% in the European Region.

In the African Region, 42.9% of respondents were unsure about the impact of climate change on skin disease, highlighting potential gaps in surveillance and evidence.

Among the 58 countries reporting climate-associated effects on skin disease, 81.0% reported increases in heat rashes and 75.9% in inflammatory skin diseases. Changes in infectious diseases were reported in 62.1%, with half (50.0%) reporting changes in vector-borne diseases.

"The most important finding from our study is that climate change is already associated with negative impacts on skin disease, and these effects disproportionately burden lower-income settings," said study author Dr Esther

Freeman. “We often think about the effects of extreme weather on heatstroke, cardiovascular problems and respiratory diseases, but the skin is our front line to climate change.”

Explaining what may be driving these effects, Dr Freeman added: “Higher temperatures and humidity can increase sweating and skin irritation, while heat, air pollution and other environmental exposures may trigger or worsen inflammation. Shifts in temperature and rainfall can also affect the habitats of mosquitoes, ticks and other disease vectors, potentially allowing them to survive in places where they were previously uncommon.”

The authors note that the findings point to a stark global inequality. “Despite contributing the least to climate change, countries with fewer resources were more likely to report climate-related dermatological changes. This is especially alarming since these are often the same countries with the least capacity to adapt.”

“Many lower-income countries are in regions experiencing extreme heat, flooding and changing rainfall patterns, while also facing more limited access to healthcare, dermatologists, medicines and public health infrastructure. This creates a compounding vulnerability, where the greatest health risks coexist with health systems that have fewer resources to prevent, identify and treat disease.”

Looking ahead, the researchers call for stronger surveillance, education and locally tailored strategies, particularly in resource-limited settings.

“We need to start treating skin health as part of climate-health preparedness,” Dr Freeman concluded. “This means strengthening surveillance so changes can be detected earlier, improving education and awareness among healthcare professionals and communities and developing adaptation strategies that reflect local climate exposures, disease patterns and health-system resources.”

You can learn more and explore the findings of the SkinObservatory further at <https://skinobservatory.org/>.

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Note to editors:

A reference to the EADV Congress 2026 must be included in all coverage and/or articles associated with this study.

For more information or to arrange an expert interview, please contact press@eadv.org.

About the author:

Esther Freeman, MD, PhD, is the L'Oréal/CeraVe Endowed Chair of Global Health Dermatology at Massachusetts General Hospital, Director of Global Health Dermatology at Massachusetts General Hospital, Harvard Medical School. She also serves as the Director of Clinical Innovation and Education for the Center for Global Health at Massachusetts General Hospital. She is the Principal Investigator of the Skin Observatory Study (www.skinobservatory.org), which is a global

assessment of access to care for skin conditions. As founding and immediate past chair of GLODERM (the International Alliance for Global Health Dermatology), she developed an international mentorship program for dermatology changemakers from under-resourced settings around the globe. She is the Vice Chair of the International Foundation for Dermatology, which is the foundation arm of the International League of Dermatological Societies (ILDS).

Her work as a physician-scientist and epidemiologist focuses on access to care and infectious diseases affecting underserved populations globally. She is the principal investigator of the American Academy of Dermatology and ILDS registry for COVID-19, Mpox, and Emerging Infections, and has won three Presidential Citations from the American Academy of Dermatology for her work. She has been a consultant to the World Health Organization.

In addition to her more than 100 scientific papers, some of which have been viewed more than one million times in the *New England Journal of Medicine*, her work has been cited extensively in the lay press, including the *New York Times*, *The Washington Post* and *National Geographic*.

About EADV:

Founded in 1987, EADV is a non-profit organisation with a vision to form a premier European Dermatology-Venereology Society. The Academy counts over 12,000 members from all around the globe, providing a valuable service for every type of dermatologist-venereologist professional. The EADV is dedicated to advancing patient care, education and research by providing a unique platform to bring people together and share ideas.

This year, the EADV Congress will take place in Vienna, Austria, and online from 30 September–3 October 2026. Find out more: <https://eadv.org/congress/>

References:

1. Khalfalla, T., et al. (2026, September 30–October 3). *The global impact of climate change on dermatological disease: International results from 136 countries participating in the SkinObservatory study*. EADV Congress 2026, Vienna, Austria.
2. Delahaye, T., et al. (2026). Changement climatique et peau [Climate change and skin]. *Rev Med Liege*, 81(5–6), 373–379.
3. Clarke, L., et al. (2026). From vectors to vulnerability: Climate change's role in dermatology. *Journal of Integrative Dermatology*. Published online 2026.