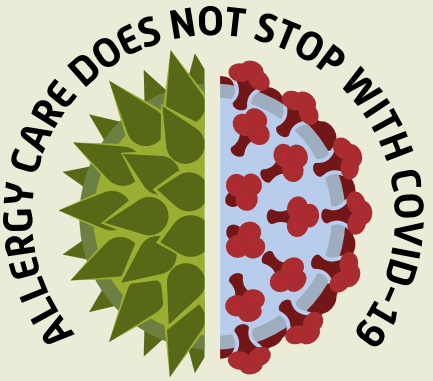

WORLD ALLERGY WEEK 2020
28 JUNE - 4 JULY

GENERAL INFORMATION

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Disclaimer: Do not consider this information to be medical advice. Consult your physician about COVID-19 as well as allergic disease, asthma, or any health matters. This information is current as of 17 June 2020. Stay updated, because experts are still learning about SARS-CoV-2 and COVID-19.

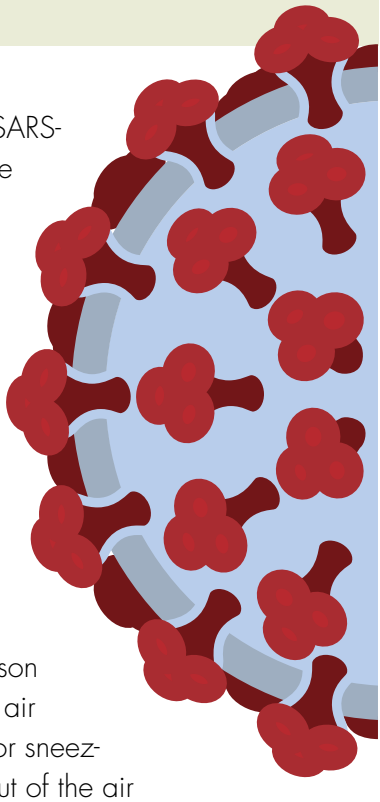
Stay updated on accurate medical information about COVID-19 and allergy from allergy professionals.

There is agreement in the international medical community that we do not yet understand COVID-19 and the best treatment for those who have become sick during the pandemic. We are quickly learning more about this virus, the disease it causes, and the effect it has on those suffering from other conditions such as diabetes, hypertension, and asthma. Because of this, information released to the public may seem to disagree with earlier information or be incomplete.

Allergic diseases, particularly asthma, may affect COVID-19 infections as well as be affected by them and our attempts to limit the spread of the virus. Stay in frequent contact with your physicians, including your allergist. Ask them for up-to-date and clear information about COVID-19 and the ways it might affect your allergies or asthma. Likewise, keep them informed of your health status if anything changes. A pandemic can be a time of anxiety for everyone, and especially those with allergies and asthma. Ease your anxieties about your healthcare by staying in contact with your allergist.

What is COVID-19?

COVID-19, short for "coronavirus disease 2019", is a disease spreading around the world caused by infection with a new strain of coronavirus (SARS-CoV-2). Patients with symptoms are very contagious, but even those with mild or no symptoms can still infect others. A vaccine against COVID-19 is not yet available.[1]



There are many different coronaviruses, and they can change over time to become more infectious and spread between people such as with SARS-CoV-1 and MERS-CoV.[2] The new virus, SARS-CoV-2, which causes COVID-19, mostly spreads from person to person through droplets suspended in the air when an infected person coughs or sneezes. Because droplets usually fall out of the air and settle on the ground within a few meters, it may be less likely to catch the disease if people remain at least two meters (six feet) apart. Studies continue on how long droplets of the virus remain in the air.

The diagnosis of COVID-19 is made by finding SARS-CoV-2 virus in samples taken from swabbing the nose or throat, or more recently from saliva. Blood tests cannot show whether someone has infection from SARS CoV-2. Because of the transmission through droplets, the best ways to reduce spread is to keep people apart (social distancing and lockdowns), test widely, and use personal

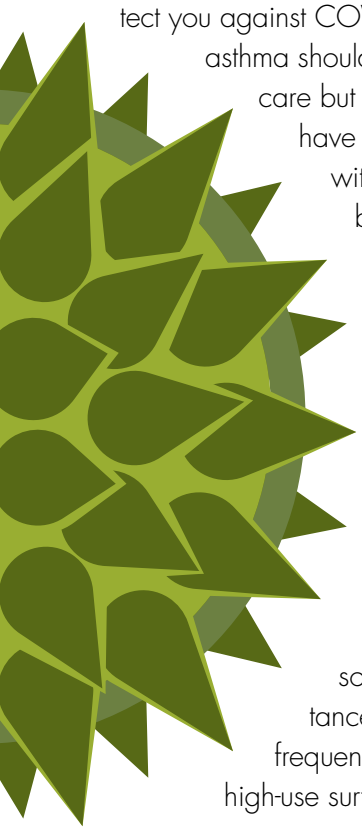
protective equipment for health care workers and cloth masks for the public.[3]

Children are as likely as adults are to get SARS-CoV-2 infection, but they get a much milder disease, in general. However, children can still pass on infection to others even when they seem completely well. On the other hand, the elderly and people of all ages with severe chronic conditions such as heart disease, lung disease, obesity, and diabetes, seem to be at higher risk of developing serious COVID-19.[4,5]

Always take care of your allergies and asthma – with or without a pandemic.

Get the care you need while limiting your exposure to the virus.

As health facilities around the world focus on the pandemic, there may be less focus on other health care issues. However, that does not mean other health issues have become less important or that you should reduce or delay usual care. In fact, controlling your allergies can help protect you against COVID-19. People with allergies and asthma should make sure they access regular care but do so as safely as possible. If you have ongoing allergy treatment, discuss with your health care practitioners how best to continue care while limiting your exposure to the virus.



Your doctor might offer the option of a consultation by telephone or through Internet. Health care practitioners use telemedicine and telephone consults for non-emergencies in many areas to avoid the risk of infection from face-to-face medical visits. If you do need to seek health care in person, remember to maintain social distance, wear a mask, and wash hands frequently and thoroughly. Avoid touching high-use surfaces in public spaces.

While remembering to avoid COVID-19, also remember to avoid your allergens.

You may have started to take measures to reduce your risk of infection by the coronavirus. While you do that, keep in mind an important aspect of self-care during the pandemic: Remember to avoid your allergens while you are avoiding COVID-19.

Do not stop your prescribed allergy medications.

The best way of self-care for people with allergies is to take your prescribed allergy and asthma medications regularly and with the best possible technique – which is true even when there is no pandemic. This is particularly important for your inhaled corticosteroids and other controlled inhaler medication for asthma and your nasal sprays for allergic rhinitis. Use them the way your physician taught you, or ask your doctor about the best way to make them work. Allergen immunotherapy treatment is not discouraged during the COVID-19 pandemic, but office visits may be risky. For those who receive immunotherapy, it is important to discuss continuing it safely with your allergist.

For asthma, do not stop your prescribed medications.

Individuals with asthma might have concerns about taking their standard treatment due to the pandemic, including the safety of using inhaled and oral corticosteroids. There is no evidence that the use of inhaled or nasal steroids increases one's risk of contracting COVID-19, and using them regularly might even help prevent you from getting the infection or from suffering with more severe symptoms.

Uncontrolled asthma is a possible risk factor for severe COVID-19. Stopping inhaled corticosteroids can lead to worsening of asthma, and avoiding oral corticosteroids during severe asthma attacks may have serious consequences.[6-8] Always discuss with your doctor or nurse before stopping any asthma medication. If your asthma gets worse, follow the instructions on your asthma action plan for how to change your asthma medications and when to seek medical help.[9,10]

Nebulizers increase the risk of spreading the virus to others through the air. Many people who carry the virus may not be aware of it because they might not have symptoms. For those and other health reasons, your doctor might switch from nebulizer treatment to using asthma pumps (known as pressurized metered dose inhalers, or pMDIs) for acute asthma attacks, regardless of whether or not you have a diagnosis of COVID-19. If you routinely use a nebulizer as part of your asthma treatment, it is preferable that you use your pMDI with a spacer for all but life threatening exacerbations. Spacers allow effective delivery of inhaled medication to the airways.[11] Never share spacers.

Stop smoking, or avoid it until you can quit for good.

Chronic obstructive pulmonary disease (COPD) and ongoing smoking will not help against COVID-19, and it could make the disease worse.[12] Studies have suggested that smokers who get SARS CoV-2 are more likely to develop severe COVID-19 disease compared to non-smokers.[12]

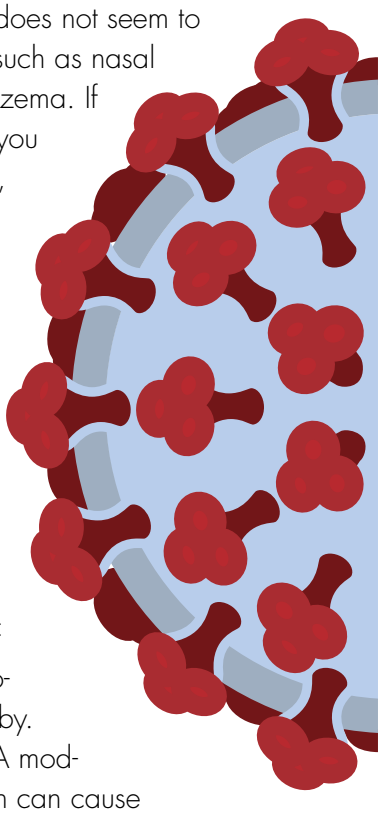
Smoking impairs lung function, making it harder for the body to fight off coronaviruses and other disease. Tobacco is also a major risk factor for non-communicable diseases like cardiovascular disease, cancer, respiratory disease, and diabetes, which put people with these conditions at higher risk for developing severe illness when infected by COVID-19.[13,14]

Symptom similarity between allergies and COVID-19 can be confusing. Your allergist will help identify the differences.

Spring and early summer in some parts of the world is a time when people with allergies have an increase in symptoms due to their allergies and the pollination of plants. It can be difficult to distinguish allergic symptoms from symptoms of COVID-19. Allergists can help you identify the differences. Hay fever (allergic rhinitis), for example, can be confused with viral illnesses. Sneezing and itching are common in allergic rhinitis, while fever, fatigue, and shortness of breath appear in COVID-19. Poor control of allergic rhinitis worsens asthma, though, so it is important to control allergic rhinitis.

Again, allergies will not give you a fever, even though we talk about "hay fever" when we talk about allergies. If you have a fever, contact your primary care doctor. This may be a sign of COVID-19.

If infected with COVID-19, your allergy care might change. Ask your allergist for an assessment.



COVID-19 expression or severity does not seem to increase in other forms of allergy such as nasal allergy (hay fever), urticaria, or eczema. If you have nasal or ocular allergy, you may continue your usual treatment, including intra-nasal sprays at the dose recommended by your allergist.[9] COVID-19 may rarely affect the eye,[15] but its manifestations are quite different from those of eye allergy. Eye itching is a characteristic feature of allergy.

If you have a diagnosis of COVID-19 infection, do not use a nebulizer. It may cause droplets of the virus to persist or linger in aerosol form and spread to those nearby. Talk to your allergist about this.[11] A moderate-to-severe COVID-19 infection can cause difficulty breathing. If you have received a diagnosis of COVID-19, do not assume that symptoms of shortness of breath, chest tightness, or difficulty breathing are a result of your asthma. Contact your physician immediately to discuss your symptoms. You may need to go to the emergency room for oxygen therapy or other breathing assistance. Many viral infections increase severity of asthma. It is important to have professional help to determine if asthma has caused your shortness of breath, or another cause.

Controlling your allergy could help you better defend yourself against the virus.

Touching your face and eyes due to itching can increase the risk of infection of SARS-CoV-2, if you have been in contact with the virus. For atopic eczema/dermatitis, be sure to continue regular skin care and topical steroid ointment as recommended by your doctor. If you have allergic conjunctivitis, continue your anti-histamine and topic steroid eye drops. Prepare for accidental allergic reactions with medications such auto-injectable adrenaline, anti-histamines, and any other medications prescribed by your doctor. Anyone with food allergy should continue reading food labels carefully while shopping, to avoid foods that might trigger reactions.

Individuals with uncontrolled or severe asthma may be in a high-risk group for severe illness from COVID-19.[10,13] Most respiratory viruses are common triggers of severe asthma attacks. The current SARS-CoV-2 pandemic makes it important to manage asthma as best as possible in these circumstances. When you have asthma, you have underlying swelling and inflammation in the lungs that make it difficult for you to fight off viruses. Taking your controller therapy every day, whether you have symptoms or not, helps repair that inflammation and fight off viruses more efficiently. That is why you should continue taking your prescribed medications regularly and with the best possible technique: it might even help prevent you from getting coronavirus infection or from suffering with more severe symptoms.[16]

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