

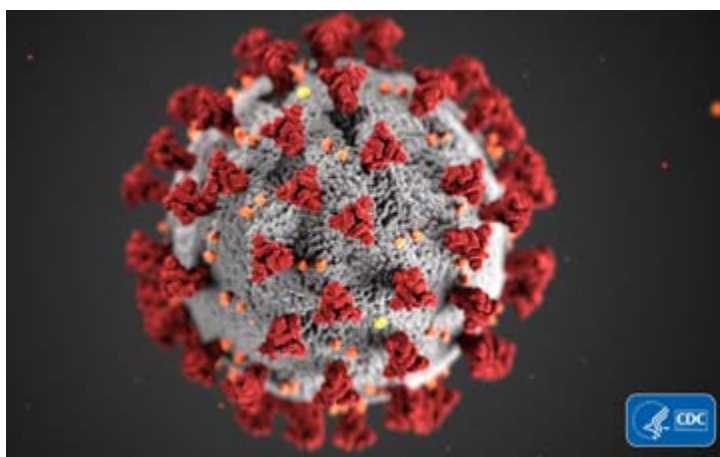
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COVID-19 AND ASTHMA: WHAT PATIENTS NEED TO KNOW

The coronavirus disease 2019 (COVID-19) pandemic is scary for all people, but for those with **asthma** there is great fear that they will have a worse outcome or be more likely to get SARS-CoV-2 (the virus that causes COVID-19). It is important to know that currently there is no evidence of increased infection



rates in those with asthma. And although the Centers for Disease Control and Prevention states that patients with moderate-severe asthma could be at greater risk for more severe disease, there are no published data to support this determination at this time. There has been one report suggesting that asthma may increase the risk of hospitalization from COVID-19 in 18-49 year old adults; however, this is based on a small number of patients.¹ And in the opposite direction are data from New York where asthma was under-represented (so protective) in those who died from COVID-19.² It is important to remember we are dealing with an evolving pandemic and new information could change the situation in the future.

Early reports suggested that steroids were contraindicated in patients with COVID-19 disease, although there have been some indications that steroids are useful in severe COVID-19 disease. Given the varying opinions on the use of steroids and COVID-19, many are wondering what to do if their controller medication is a steroid (inhaled or

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oral). **The short answer is continue taking your controller medications and do not stop them.** The data suggesting that steroids might increase the shedding of SARS-CoV-2 comes from treating hospitalized patients with systemic steroids just for the viral illness. The use of steroids for treating other diseases (like asthma) was not studied. However, people with asthma are placed on controller medications to keep their asthma under control. In the current pandemic, the best thing a person with asthma can do (with respect to asthma) is to get and keep their asthma under control. Stopping a controller medication will put the person at risk for developing an asthma exacerbation. In the current pandemic, treatment of an exacerbation will likely require going to the emergency department or urgent care, where the individual has a much higher risk of being exposed to someone with COVID-19. So, in a way, by continuing to keep asthma under control, the person with asthma is actually reducing their chance of exposure to COVID-19.

It is worth noting that there are seasonal versions of coronaviruses that have been shown to cause asthma exacerbations. The SARS-CoV-2 virus (like SARS-CoV and MERS-CoV, the two other pandemic coronaviruses) does not seem to cause asthma exacerbations. Nonetheless, it is always important for asthma patients to keep their **asthma** under the best possible control. That way their lungs will be best prepared should any infection or allergen lead to an exacerbation of their asthma.

The bottom line for people with asthma during this pandemic is to keep doing what you have been doing all along—continue taking your controller medication and inform your healthcare provider of any symptoms that you may develop. And of course, remember to practice social distancing and wash your hands.

1. Garg S, Kim L, Whitaker M, et al. Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:458–464. DOI: <http://dx.doi.org/10.15585/mmwr.mm6915e3>

2. <https://www.nytimes.com/2020/04/16/health/coronavirus-asthma-risk.html>

This article has been reviewed by Andrew Moore, MD, FAACAP

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