

# ASTHMA AND COVID-19

## ASTHMA DOES NOT INCREASE RISK OF ACQUIRING INFECTION

- Evidence lacking that patients with asthma are at increased risk of acquiring COVID-19
- Studies of people with suspected COVID-19 showed that the asthma prevalence is lower or similar in people who tested positive compared with those who tested negative for COVID-19

## GUIDELINE-BASED ASTHMA THERAPY SHOULD BE CONTINUED

- **Inhaled corticosteroids** may be protective in severe COVID-19
- **Biologics also appear safe**
  - Some studies suggest that the need for hospital admission in patients with asthma on biologics is lower compared with patients with asthma not on biologics, suggesting a protective effect

## ALL PATIENTS WITH ASTHMA SHOULD BE VACCINATED AGAINST COVID-19

- What about patients on **inhaled corticosteroids**?
  - No evidence that low to moderate doses of inhaled corticosteroids impact vaccine effectiveness
- What about patients on **oral corticosteroids**?
  - Should still get vaccine, but more research is needed about immune response to vaccine
- What about patients on **biologic therapy**?
  - Should still get vaccine, but AAAAI recommends a 48-hour separation (before or after) between vaccine and biologic administration

## DOES ASTHMA INCREASE RISK OF DEATH FROM COVID-19?

- Asthma does not confer an increased risk of severe illness or death from COVID-19
- In one study, patients with asthma and COVID-19 were 48% less likely to require ICU admission and 58% less likely to require mechanical ventilation and were not at increased risk of death when compared with patients with asthma and without COVID-19

## ASTHMA ALONE DOES NOT INCREASE RISK OF MORE SEVERE ILLNESS, BUT THERE ARE FACTORS IN ASTHMATICS THAT DO INCREASE RISK

- Age >55 years
- Hypertension
- Dyslipidemia
- Diabetes
- Obesity

