

Interim guidance about COVID-19 and asthma

Updated 20 Dec 2020



**GINA Global Strategy for Asthma
Management and Prevention**

www.ginasthma.org

© Global Initiative for Asthma

COVID-19 and asthma



- People with asthma are not at increased risk of acquiring COVID-19
 - Systematic reviews have not shown an increased risk of COVID-19 in people with asthma
 - Handwashing, masks and social/physical distancing have reduced the incidence of other respiratory infections, including influenza, in 2020
 - As a result, many countries are seeing a reduction in asthma and COPD exacerbations
- A large study found that, overall, people with asthma are not at increased risk of COVID-19-related death (*Williamson, Nature 2020*)
 - However, the risk of COVID-19 death was increased for people who had recently needed oral corticosteroids for their asthma (*Williamson, Nature 2020*)
 - Therefore, it is important to continue good asthma management (as described in the GINA report), with strategies to maintain good symptom control, reduce the risk of severe exacerbations and minimise the need for oral corticosteroids

COVID-19 and asthma - medications



- Advise patients to continue taking their prescribed asthma medications, particularly inhaled corticosteroids
 - For patients with severe asthma, continue biologic therapy or oral corticosteroids if prescribed
- Make sure that all patients have a written asthma action plan, advising them to:
 - Increase controller and reliever medication when asthma worsens (see GINA 2020 report Box 4-2)
 - Take a short course of OCS when appropriate for severe asthma exacerbations
- Avoid nebulizers where possible, to reduce the risk of spreading virus
 - Pressurized metered dose inhaler via a spacer is preferred except for life-threatening exacerbations
 - Add a mouthpiece or mask to the spacer if required

COVID-19 and asthma – infection control



- Avoid spirometry in patients with confirmed or suspected COVID-19, or if community transmission of COVID-19 is occurring in your region
 - Follow aerosol, droplet and contact precautions if spirometry is needed
 - Consider asking patients to monitor PEF at home, if information about lung function is needed
- Follow strict infection control procedures if aerosol-generating procedures are needed
 - Nebulization, oxygen therapy (including nasal prongs), sputum induction, manual ventilation, non-invasive ventilation and intubation
- Follow local health advice about hygiene strategies and use of personal protective equipment, as new information becomes available in your country or region

COVID-19 and asthma - vaccines



- Influenza vaccination
 - Remind people with asthma to have an annual influenza vaccination
- COVID-19 vaccination
 - Many types of COVID-19 vaccines are in development, and new evidence, including in people with asthma, will emerge over time
 - In general, allergic reactions to vaccines are rare
 - Current advice is that the Pfizer/BioNTek COVID-19 and Moderna vaccines should be administered in a healthcare setting where anaphylaxis can be treated if it occurs, and they should not be administered to patients with a history of severe allergic reaction to polyethylene glycol, or any other vaccine ingredient. More details from ACIP are [here](#)
 - As always, patients should speak to their healthcare provider if they have concerns
 - Current advice from the US Centers for Disease Control and Prevention ([CDC](#)) is that people who have received a COVID-19 vaccine should continue to wear a mask and avoid close contact with others
- Usual vaccine precautions apply, for example:
 - Ask if the patient has a history of allergy to any components of the vaccine
 - If the patient has a fever or another infection, delay vaccination until they are well
- At present, based on the risks and benefits, and with the above caution, GINA recommends COVID-19 vaccination for people with asthma
- GINA will update these statements as new data become available