

Overview of Respiratory Medical Organization Resources on COVID-19 related to Asthma and COPD

Please refer to the full resources provided by these organizations for additional information.

Global Initiative for Chronic Obstructive Lung Disease (GOLD)

COVID-19 Guidance¹

Patients with COPD are strongly encouraged to **follow the advice of the public health** teams in their country to try to **minimize the chance of becoming infected** and on **when and how to seek help** if they show symptoms of the infection

GOLD is **not aware of any scientific evidence to support that inhaled (or oral) corticosteroids should be avoided** in patients with COPD during the COVID-19 epidemic

Patients with COPD should **maintain their regular therapy**

Oxygen therapy should be provided if needed following **standard recommendations**

Global Initiative for Asthma (GINA)

Interim Guidance on Asthma Management during the COVID-19 Pandemic²

Patients with asthma should **continue to use their prescribed asthma medications**.

This includes **ICS-containing medications**, add-on therapy including **biologic therapy** for severe asthma, and **OCS if prescribed**

Stopping inhaled corticosteroids often leads to **potentially dangerous worsening** of asthma. Advise patients to **discuss with their provider before stopping** any asthma medication

Ensure patients have a written **asthma action plan**.

Avoid nebulizer use where possible, due to the risk of transmitting infection to other healthcare providers and patients

Avoid spirometry in patients with confirmed or suspected COVID-19

Follow **infection control recommendations** for aerosol-generating procedures. Follow **local health advice** about hygiene strategies/use of PPE

American Academy of Allergy, Asthma and Immunology (AAAAI)

COVID-19: Pandemic Contingency Planning for the Allergy and Immunology Clinic³

It is strongly recommended that physicians continue to **manage asthma according to existing accepted asthma guidelines**, until more information suggests otherwise

There is **no evidence** which suggests **immune response** to COVID-19 will be **impaired** in asthma patients treated with **anti-IL5, anti-IL4/IL13, or anti-IgE medications**

In the absence of any data indicating a potential for harm, it would be **reasonable to continue** administration of **biologic agents** during the COVID-19 pandemic, in patients for whom such agents are **clearly indicated** and have been **associated with efficacy**

Nebulizer use is discouraged unless essential, because it is more likely to aerosolize SARS-CoV-2

Ensuring that **asthma is under optimal control** is the best deterrent against a poor outcome from any viral respiratory tract infection, and there is a high likelihood that this recommendation also extends to SARS-CoV-2

AstraZeneca is not able to suggest individualized treatment approaches or provide advice or recommendations for the management of individual patients. Providers should use their clinical judgment to weigh the risks versus benefits of interrupting or initiating therapy in individual patients, considering the broader clinical context of the patient.



References

¹**GOLD**
COVID-19 Guidance

²**GINA**
2020 Main Report

³**AAAAI**
Special Article

Additional Information

ATS
American Thoracic Society

ERS
European Respiratory Society

CDC
Centers for Disease Control and Prevention

WHO
World Health Organization

LitCovid
Curated Literature Hub

ClinicalTrials.gov
COVID-19 Studies

Search AstraZeneca Medical Information
AZmedical.com