



Press Release - April 6th, 2020

CORONAVIRUS et ASTHME : TRUTH versus MYTHS

By Dr. Marie-Pascale Schuller, pulmonologist, and Dr. Françoise Pariente Ichou, doctor in microbiology and scientific manager of the Gregory Pariente Foundation (GPF), have the following information to share as of April 5th, 2020.

1. Are asthmatic patients more at risk of mortality due to the Covid-19 virus compared to the general population? No, they aren't.

Published studies, mainly coming from China, are formal: unlike the information that's been circulating, there isn't an increased mortality rate among asthmatics compared to the general population. <https://bit.ly/34hjVkB>

2. Is mild to moderate asthma a risk factor for a severe form of the disease? No, it isn't.

Asthma and allergies are not a specific risk factor in Coronavirus infections according to the results of a clinical study carried out in Wuhan (China) on 140 patients suffering from the disease. <https://bit.ly/2UCc4eq>

Regarding adolescents, [the recent Chinese study Wu and McGoogan](#) published in JAMA on February 24 reports that among the 44,672 confirmed COVID cases, only 1% were adolescents aged 10 between 19. With no deaths amongst them being reported.

The High Council of Public Health places on its list people with a chronic respiratory pathology that are likely to more adversely be affected during a viral infection ... This would mean it only concerns persons with "severe chronic asthma", the General Direction of Health stated more specifically. <https://bit.ly/34cJP9r>

In a press release, the French Federation of Allergology invites all asthmatics to continue taking their treatment with inhaled corticosteroids. Indeed, taking inhaled corticosteroids has never been shown to be a risk factor for severe COVID-19. It is essential for asthmatic patients to continue to treat themselves so that their disease is controlled.

The French Federation of Allergology also wishes to reassure asthmatics that asthma is not a risk factor for developing more severe forms of COVID-19 such as the need for a ventilator or to be placed in reanimation, if asthma is well controlled, in particular by taking inhaled corticosteroids.

In addition, in the event of respiratory problems occurring in people who know they are allergic, the French Federation of Allergology calls on patients to properly assess the nature of the symptoms experienced and to consider these to be related to COVID-19 only if these are different from those usually felt.

Indeed, the months of March and April are conducive to the development of rhinitis, conjunctivitis and asthma in allergic patients due to the arrival of tree pollen in the north and south of France. The resulting coughing and wheezing symptoms can be confused with those of COVID-19. <https://bit.ly/2RgFZql>

The position of the SPLF is more nuanced: "In the current epidemic of COVID-19, asthmatics do not seem to be overrepresented, according to the preliminary data available. However, there is no specific data concerning an increased severity of asthma, and more so with regards to serious exacerbations in direct relation with this infection. From a theoretical point of view, it is not excluded that a COVID-19 infection could be responsible for an exacerbation of asthma ". <https://bit.ly/2whRMxy>

Based on the available data, we consider the data to be reassuring and that mild to moderately well-controlled asthma is not a risk factor for a severe form of Covid-19. These will have to be confirmed by current European data with a detailed analysis of the criteria for asthmatic diseases as we are used to considering it.

Our recommendations to all asthmatics, and in particular adolescents are:

YOU MUST AVOID A SEVERE ASTHMA ATTACK AT ALL COSTS:

The pollen season is coming, mites proliferate with spring humidity, confinement in houses increases exposure to allergens and irritants, the bronchial tubes of asthmatics are more irritable than ever. However, no need to panic! Just because you're allergic to mites, cats, or pollen doesn't mean you are more likely to develop a more severe form of the new Coronavirus. Allergic patients should continue their usual treatment for their allergies.

DON'T WAIT FOR AN ATTACK BEFORE ACTING!

- Immediately and regularly continue to take your basic therapy (fixed combination of an inhaled corticosteroid and a long-acting bronchodilator) without fear of using inhaled corticosteroids.
 - If interrupted, resume basic therapy to protect your bronchi from anything that could trigger a seizure.
- CONSULT your doctor or your pulmonologist.

If you are not available to visit your doctor, do not hesitate to set up a video-consultation. It guarantees you an informed consultation for the treatment you need and it is fully reimbursed by social security since March 19.

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