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Asthma and COVID-19

On this World Asthma Day everyone and everything we do is affected by the novel coronavirus disease (COVID-19). Although this pandemic is a threat to us all, this threat is mitigated by global cooperation. The early and ongoing leadership by the World Health Organization has been a very important contributor. Actions within nations have been variable, and there are many examples of excellent leadership with unexpectedly good outcomes. The timing and extent of national actions has been a critical factor in controlling the disease.

People with asthma are understandably concerned about how they could be affected by COVID-19. Fortunately, there has been no evidence so far of an upsurge of admissions for acute asthma attacks, or deaths from COVID-19 for those with asthma. However it is still early days, and too soon to be complacent; new reports and updates are coming out every day. It is very interesting that the virus that causes COVID-19 - Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) – does not seem to behave like other respiratory viruses which are the main triggers for asthma attacks.

It is vital that people with asthma check in with their primary health care service, keep on taking their prescribed asthma medicines and follow their action plan. We have heard of some people stockpiling asthma medicines, leading to shortages in pharmacies – this can endanger others.

In many low- and middle-income countries essential asthma medicines are not widely accessible – this is a long-standing problem as described in our Global Asthma Report 2018 (1). Inhaled corticosteroids are often unavailable, or unaffordable to people with asthma, with over-reliance on inhaled bronchodilators alone, or oral preparations of salbutamol, theophylline or prednisolone instead. This is unacceptable, and people with asthma are suffering or dying from the lack of essential asthma medicines; as we have highlighted before, 1150 people die each day from asthma, similar to the number of deaths from malaria (2). Before COVID-19 struck, there was insufficient global action to address these lacks. More than ever it is vital to keep up the momentum for universally accessible asthma medicines and care.

Such care includes having health systems which deliver asthma care to wherever people with asthma live – to diagnose asthma, deliver treatments, monitor progress, and to treat acute attacks. Local, national and global commitment is required for this. The United Nations' goal of Universal Healthcare Coverage must be reached everywhere. All people with asthma deserve a good quality of life.

References

1. Asher I, Ellwood P, Gilchrist C, Global Asthma Network Steering Group, editors. The Global Asthma Report 2018. Auckland, New Zealand: The Global Asthma Network; 2018 www.globalasthmareport.org.
2. Asher I, Bissell K, Chiang CY, El Sony A, Ellwood P, Garcia-Marcos L, et al. Calling time on asthma deaths in tropical regions-how much longer must people wait for essential medicines? *Lancet Respir Med*. 2019;7(1):13-5.

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