

Coronavirus and allergies Frequently asked questions

1) I have a severe food allergy and have suffered 3 episodes of anaphylaxis in the past. I have three separate concerns: -

a) Does my allergy make me higher risk for getting the Coronavirus?

From what we know, there is no reason to think that having underlying food allergies would increase the risk of contracting coronavirus. Having the same risk as everyone else still means a responsibility to follow the [government's current advice](#) on social distancing and other measures such as frequent hand washing.

b) If I get the virus will it be more severe because of my allergy?

Similarly to the previous answer, there is no reason we know of that having underlying food allergies would make the coronavirus more severe, should you become infected.

c) If I'm ill with coronavirus and accidentally get exposed to my allergen, will the allergic reaction be more severe because I'm already ill?

If you have any kind of viral infection, studies have shown that there is a chance that an accidental exposure to a food you are allergic to could lead to a more significant allergic reaction. It would therefore be wise to be especially cautious in avoiding your allergen/s whilst you are unwell.

2) I have asthma as well as allergies. Does my asthma make me higher risk for getting coronavirus or having it more severely?

Some people will be at higher risk of more severe symptoms, particularly those with compromised respiratory function or a compromised immune system. In practice, for people with allergies, this will most likely mean those with poorly controlled or severe asthma (see [Asthma UK](#) for explanation of which asthma patients are considered at additional risk and advice on management of asthma). Patients on Omalizumab (Xolair) for chronic urticaria are not at increased risk of infection.

As patients with uncontrolled asthma would be more at risk of severe infection it is therefore particularly important to ensure that your asthma is as well controlled as possible. This means ensuring that you take your regular medications as prescribed, ensuring that you use any spacer devices that you've been advised to use and if there is any suggestion that your asthma is not well controlled that you contact your health care professional, for example your GP, to talk about increasing your regular medication.

It remains unclear what the exact consequences of getting coronavirus with poorly controlled asthma might be. Having poorly controlled asthma may not necessarily mean that you will get a more severe form of coronavirus, but if you were to get coronavirus it may also exacerbate your asthma. This could be difficult to treat because doctors would be very keen to avoid using the normal oral steroid medications that would be used to treat asthma exacerbations, if you had coronavirus, as this can suppress the body's natural immune response to fight the virus.

3) I carry an EpiPen for my allergies. If I get coronavirus severely and go into respiratory distress, would using my EpiPen help my breathing like it would during anaphylaxis?

Coronavirus causes breathlessness and respiratory distress due to a wholly different problem to that of an asthma attack or anaphylaxis, where airways tighten up. It would therefore not be recommended that you use your EpiPen. If you have breathlessness which is different to your usual asthma or anaphylaxis you should seek medical help immediately.

4) I suffer from severe hay fever. How do I tell if I have coronavirus or if it's just my allergies?

Hay fever is very common, and we are now in the early stages of the pollen season so many patients with allergies will be starting to have symptoms. Coronavirus symptoms typically include a continuous cough and a temperature as well as sometimes causing headaches and muscle aches. These are not symptoms of hay fever.

Hay fever symptoms are persistent and relatively predictable depending on the pollen count. Symptoms of runny, itchy nose and sneezing which are typical of hay fever are not typical of coronavirus. Hay fever should respond to antihistamines and, if you have been prescribed them, nasal sprays. We would recommend that you treat hay fever proactively to minimise your symptoms, reducing the tendency for you to touch your face due to itch, and prevent unintentional spread of coronavirus by sneezing.

5) I have idiopathic anaphylaxis and have an attack 3-4 times a year. I am often prescribed steroids and antihistamines for long periods after each episode. Do these medicines increase my risk from coronavirus?

Being on steroid medication, if it is taken by mouth (such as oral prednisolone) can reduce your immunity which will put you at a higher risk for contracting coronavirus and you should therefore take extra precautions to minimise the risk of infection.

However, being on regular doses of steroid based creams for eczema, nasal sprays for rhinitis or inhalers for asthma should not put you at additional risk and it is important that you continue your regular medication to keep these conditions under control. We do not

advise that you increase your regular steroid inhaler medication yourself, unless advised by your doctor. Patients on high doses of inhaled steroid, above those normally recommended, may wish to contact the asthma clinic they attend if they have not already received communication from them.

There is no reason why antihistamines would in any way increase risk for infection with coronavirus.

6) I've been waiting for 3 months for an appointment with an allergy specialist after my son suffered an anaphylactic reaction to peanuts and his appointment is next week. Will we still be seen and is it safe to go to the hospital?

Unfortunately, specialist allergy services have almost completely wound down in order to support the redeployment of staff to support the national COVID-19 response. Most services, however, will prioritise new referrals for anaphylaxis and are switching to telephone consultations.

There is a good chance you will already have been contacted about your appointment being changed but if not, we would recommend that you contact your local service who should still have a means to respond to queries. If you have a query which isn't urgent, it would be best to defer it for now.

7) Is having an allergy the same thing as being immunocompromised because they both involve the immune system? I've read that those who are immunocompromised are at higher risk from coronavirus.

Allergy is not a form of immunocompromise but an oversensitivity to specific triggers. As far as we know, patients with allergies should not in any way have an impaired response to infection. Allergy patients should be able to respond to infection as effectively as anyone else to a coronavirus infection.

8) Is my son in the high-risk category as he has a history of viral wheeze and has multiple food allergies? (I am a teacher and have to go and support a class of children whose parent are key workers, so I'm concerned about exposing him to unnecessary risks)

Viral wheeze is very common amongst children with allergies and it is important that you have a clear plan to manage episodes of wheeze when they happen (For example, being on regular inhaled medication or using Salbutamol (Ventolin) to manage short periods of wheeziness). As long as you are sticking to this plan, there is no reason why you should be at any additional risk.

9) I am currently on sublingual immunotherapy for my pollen or dust mite allergies. Should I continue?

This treatment will not affect your ability to respond to an infection so should be continued for now.

10) I am currently receiving a course of injection immunotherapy for my pollen or venom allergy and my next visit is due soon. What should I do?

Allergy services have been asked to reduce all but absolutely essential patient activity and there is a good chance that your treatment may not be able to continue. This is not in itself dangerous but may mean that you will not be protected against any bee/wasp stings that may happen, in the way that was hoped. Your specialist will be making a risk assessment as to whether the risk of missing the injection is greater than the risk of visiting the hospital and possibly reacting to the injection when you are there, given the current lack of support services in hospital.

If they have not been in touch, it may be worth getting in contact with your team. In the meantime, you should ensure you familiarise yourself with your action plan to follow in case of reactions, carry your adrenaline autoinjectors if prescribed, and make every effort to avoid activities in which you may be stung.

11) Do intensive care units/ventilators pose a risk to those with latex allergy?

Hospitals are usually well set up to manage individuals with latex allergy and most ICUs are low latex environments. The main risk of exposure is during urinary catheterisation, so provided the team are made aware, they will be able to access to latex free alternatives for this and other procedures without compromising your care in any way.

12) I have allergies to paracetamol and anti-inflammatories, and I am worried I would be very difficult to treat should I get coronavirus. Am I at extra risk and should I be shielding myself?

The Government has specified a number of situations in which they advise shielding (please see the guidance [here](#)), and if you fall into one of these categories you should shield. The advice for the rest of the population is to follow social distancing measures, with some people asked to be especially careful in doing this (please see the guidance [here](#)). If you have allergies to anti-pyretic or anti-inflammatory medicines such as paracetamol or ibuprofen but no other conditions, then you are no more likely to catch COVID-19 than other people, and not more likely to have more severe disease. The treatment of COVID-19 is symptomatic, and paracetamol and ibuprofen are often used to treat the fever and pain associated with viruses. However, they do not help cure the virus and not taking them will not make the disease itself worse.

13) I have allergies to several antibiotics and am worried I would be very difficult to treat should I get coronavirus. Am I at extra risk and should I be shielding myself?

The Government has specified a number of situations in which they advise shielding (please see the guidance [here](#)), and if you fall into one of these categories you should shield. The advice for the rest of the population is to follow social distancing measures, with some people asked to be especially careful in doing this (please see the guidance [here](#)). If you have allergies to antibiotics such as penicillin but no other conditions, then you are no more likely to catch COVID-19 than other people, and not more likely to have more severe disease. Antibiotics do not treat COVID-19, but they may be used if patients develop other infections while unwell. There are many classes of antibiotics and in most cases, one is available to treat infections. If the options are limited, because of your allergies, the treating clinicians can contact their local allergy service for advice in the same way as they would do normally.

14) I have tested positive for COVID-19 - should I continue to take my regular allergy medications?

You should continue your regular antihistamines, nasal sprays, skin creams and inhalers unless advised otherwise by your doctor. If you receive injection immunotherapy, you should contact your allergy service to find out if they are still able to administer the doses, as many services have been cut back and staff temporarily redeployed. As usual, you should not go to the hospital for an injection immunotherapy dose if you have a fever, new or increased cough, or other features to suggest infection. If you are taking sublingual immunotherapy, you should follow the usual dosing advice for when you are unwell.

15) If I have a reaction that required me to use my AAI, should I still call an ambulance? I am worried I will get COVID or that A&E is already over-whelmed.

It is still recommended that if you have had a severe reaction, even if it seems to have got better when you used an AAI, that you should call for help and attend A&E. This is because of the risk that symptoms may return. A&E departments are open and still operating a 24/7 service. They remain the safest place to be after a severe reaction.

16) Is my child /am I more at risk of getting coronavirus because I have eczema?

There is currently no evidence to suggest that people with eczema or other skin problems are more likely to be infected with COVID-19 or to experience a more severe form of the condition if they do. Some eczema patients may be on medicines by mouth or by injection, that suppress their immune system such as azathioprine, ciclosporin or methotrexate. If so, they should discuss with their doctor as to whether they should be shielding.