



Letter to the Editor

COVID-19 – A wakeup call for allergy practice transition

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Approximately 15–30% of people, out of 1.33 billion total Indian population, are currently suffering from respiratory allergies.^[1] The situation becomes grimmer with lower literacy, poor socioeconomic conditions, and unclean environment.^[1] Uncontrolled allergies cause lifelong morbidities, reduce lung age, and adversely affect quality of life.^[2] These alarming circumstances are contributed by lack of qualified allergists, provider-receiver communication gap, and inappropriate resource distribution.^[1] COVID-19 has made matters worse by markedly limiting the clinic attendance and conduction of only select aerosol-generating procedures like spirometry.^[3] With the pandemic at its current pace, it will be prudent to rapidly adapt allergy practices to benefit the masses. The desired changes in routine allergy practice are as follows:

- Universal personal protection – Facemask (preferably N-95) should be continued even after COVID-19 pandemic to reduce air-borne allergen and pollutant exposure
- Self-monitoring – Home tracking of vitals (heart rate, blood pressure, and temperature), oximetry, and lung functions by personal flowmeters should be encouraged. An emergency action plan needs to be made available to the needy particularly those suffering from asthma or at risk of anaphylaxis
- Medical digitalization – Use of technological advancements such as teleconsultations, inhaler/nasal spray technique video demonstration, serial monitoring of symptom and medication scores, and periodic digital reminders to ensure compliance should be amalgamated in the allergy practice as these can be effectively provided to masses, even at remote areas with limited resources in short span of time period^[4]
- Rationalizing diagnostic tools – Questionnaire-based assessment and targeted investigations to assess disease severity and allergen identification should be encouraged as these will reduce the burden of both health-care facilities and patients
- Availability of safe and effective assessment tools – More practical, user-friendly, and safe pulmonary function techniques like oscillometry should be supported as compared to tedious, more aerosol-generating spirometry^[3]
- Re-emphasizing adequate drug delivery – Inhalers should be endorsed, whenever possible, over nebulizers to improve drug delivery and reduce aerosolization risk^[5]
- Disease-modifying therapies – Sublingual and oral routes of immunotherapy should be evaluated and standardized over subcutaneous injections to reduce physician dependence^[1]
- Educational opportunities – Both community (for symptom recognition and trigger avoidance) and physicians (for specialized training) need to be educated to the latest in the field^[1]
- Environmental control – Appropriate measures should be adopted to contain pollution such as conversion to electric vehicular transmission and reduction of biomass fuels.

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COVID-19 pandemic has exploited the large void in allergy practice. There is an urgent need to modify existing medical practices to meet this demand. Technology can help in bridging the allergist allergy gap. Rapid escalation of interactive virtual platforms, availability of advances like oscillometry and immunotherapy, and enhanced learning opportunities are the need of hour.^[1]

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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