

North Asian International Research Journal of Pharmaceutical & Medical Sciences

KJIF: 5.012

ISSN: 2456-8287

Vol. 6, Issue-3

March -2022

Index Copernicus Value: 55.07

Indian Citation Index

NAIRIC

<u>A Peer Reviewed Refereed Journal</u>

DOI: 10.5859/2456-8287.2022.00005.14

Page No: 19-28

ASSOCIATION OF RHINITIS ALLERGIC AND COVID 19: SYSTEMATIC REVIEW

CITRA EVA MEILYNDHA¹

¹Faculty of Medicine, Lambung Mangkurat University, Indonesia Email : <u>citralyndha24@gmail.com</u>

Abstract

Introduction: Allergica rhinitis (AR) may be a common illness influencing up to 40% of the common populace around the world. The creator looked into the hazard of creating SARS-Cov- 2 disease carried by Unfavorably susceptible Rhinitis (AR) patients, the results of those with COVID-19 illness, and the COVID-19 impact on the unfavorably susceptible and nasal side effects and the mental status of AR patients, in both grownup and pediatric populaces. Method: This precise survey incorporates looking the Scopus, PubMed and Web of Science databases utilizing the catchphrases rhinitis allergic, coronavirus and COVID-19. The look was supplemented by manual looking of reference records of included articles. Result: Indeed in the event that information approximately the impact of AR on the seriousness of COVID-19 malady are still not conclusive, it appears that being an AR understanding does not increment the chance of destitute COVID-19 guesses. The clinical appearance of AR can be recognized by COVID-19 indications. Treating AR enough is additionally emphatically suggested, particularly amid widespread. Conclusion: AR patients appear to be secured from COVID 19 disease. Indeed in case information around the impact of AR on the seriousness of COVID-19 illness are still not conclusive, it appears that being an AR quiet does not increment the hazard of destitute COVID-19 illness are still not conclusive, it appears that being an AR quiet does not increment the hazard of destitute COVID-19 illness are still not conclusive, it appears that being an AR quiet does not increment the hazard of destitute COVID-19 illness are still not conclusive, it appears that being an AR quiet does not increment the hazard of destitute COVID-19 interes

Keywords: Rhinitis Allergic, AR; Coronavirus, COVID-19

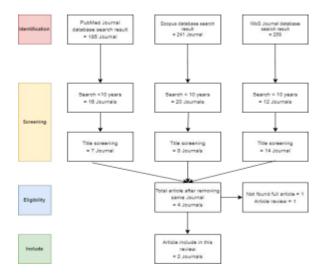
1. Introduction

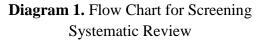
The COVID-19 widespread caused by SARS- Cov-2 disease raised critical questions as to whether a few constant comorbid ities may support the infectiveness or the guess of the illness. Concerning respiratory illnesses, numerous considers were conducted dissecting the impact of asthma and chronic obstructive pulmonary disease (COPD) on the hazard of COVID-19 but information on unfavorably susceptible rhinitis (AR) are rare, indeed on the off chance that AR may be a common malady affect ing up to 40% of the common populace (1). In this survey, we assess whether AR patients are at higher hazard for SARS-Cov-2 disease or COVID- 19 results and whether COVID-19 can impact AR indications and the psychological status of AR pa tients, both within the grown-up and within the pediatric populace.

2. Methods

This study using systematic review and metaanalysis that search using keyword rhinitis allergic, coronavirus and COVID-19 in Scopus, PubMed and Web of Science.

After final screening the author analysize 3 articles. The summarize of the articles are in table 1.





3. Discussion

Allergic Rhinitis and risk of non-SARS- CoV-2 viral infections

A tall extent of patients with AR and other atopic illnesses have a inclination to create lower levels of sort I interferon (INF) upon viral respiratory contaminations (2, 3). Through distinctive components, Sort 2 irritation may have an inhibitory impact on the acceptance of sort I interferon (4). Intriguingly, imperfect production of IFNs by plasmacytoid dendritic cells (pDCs) and an epithelial cells have been depicted in extreme atopic patients (5) with a consequent postponed and wasteful antiviral defense. In this setting, a crossregulation component between FceRI and TLRs in certain cell sorts such as pDCs has been portrayed, which may clarify why the crosslinking of IgE bound to FceRI by allergens may result in a reduced TLR expression and eventually in a diminished capacity to discharge sort I interferons for viral defense (4, 6). Besides, IL 5-induced aviation route eosinophilia shows up to be a negative controller of TLR7 expression and antiviral reactions (7).

Rhinitis Allergic and chance of SARS- CoV-2 disease

The predominance of AR within the world is extending from 10 to 40% changing agreeing to distinctive geographic zones (1). The spread of COVID-19 around the world seem have postured a noteworthy mental burden to patients enduring from AR, since a few nasal and visual appearances of AR are too conceivable presenting side effects of COV-19 sickness, subsequently potentially driving to distortion and uneasiness. Nevertheless, available prove appears that's not troublesome to recog nize and segregate between these 2 diverse conditions. Bru no et al. (8) compared 40 patients enduring from AR with a comparable bunch of 43 subjects influenced by mild-moderate COVID-19 disease utilizing the Sino-nasal Result Test 22. The cruel overall score was higher in patients with COVID-19 compared to AR ones. There was a noteworthy distinction in sniffling and blow nose between AR and COVID-19 patients (p < 0.016 and p < 0.001, individually), whereas the COVID-19 gather most as often as possible detailed hack, misfortune of scent, weariness amid the day, decreased efficiency and concentration, pity and feeling of disgrace compared AR bunch (p < 0.001). In a review to

consider, patients hospitalized with COVID-19 were met through telephone by utilizing the mini-Rhinoconjunctivitis Quality of Life Survey (9).

Among these patients, for those who were too unfavorably affected by susceptible rhinoconjunctivitis (10.8%), clinical manifes tations of COVID-19 were respected as totally diverse from AR in 62.8% of cases, and comparable as it were in 18.2% of cases. N differences were found between sino-nasal side effects in COVID-19 unfavorably susceptible vs non-allergic patients (p = 0.288), especially for the predominance of scent disfunction. The creators concluded that patients with AR are exceptionally recognizable with their side effects, can distinguish AR from COVID-19 rhino conjunctival signs, and have the same upper aviation route COVID-19 appearances of non- AR patients (9). At long last, the EUFOREA master group state ment prove that hack and fever were the foremost conspicuous symptoms of COVID-19, while conjunctivitis and tingling were ordinary of AR (10).

A multicentre survey think about conducted on 301 medical attendants with AR characterized the affect of confront covers on AR side effects (11). They utilized both surgical and N95 veils. Medical caretakers with discontinuous AR side effects appeared a noteworthy change in by and large symptoms after wearing the veil, in any case of the sort, but no alter in particular visual indications. The component of security can be a physical filtration of confront covers and the potential physiologi cal reaction to allergens by breathing sticky and hot discuss (11) The required lockdown built up by administrative authorities amid the primary wave of COVID-19 constrained individuals to remain domestic for a few months and this seem have affected the AR course in patients with house tidy bug hypersensitivity. Gelardi et al. (12) compared the comes about of SNOT-22 of a long time 2019 (pre-lockdown) and 2020 collected from

42 patients with AR to HDM (28% with asthma comorbidity). These creators appeared

that all SNOT-22 scores were higher within the lockdown period than the year some time recently. However, only the scores relative to runny nose, have to be blow nose, nasal obstacle were measurably diverse from 2019 to 2020 (p < 0.05). Other non-specific parameters, such as trouble falling snoozing, waking up at night, be touchy, and pitiful were factually critical (p < 0.05). Of note, there was a noteworthy increment within the utilize of systemic antihistamine, and nasal decongestants (p < 0.05) to diminish nasal blockage but not in understanding with ARIA guidelines proposals.

Can Rhinitis Allergic impact the results of COVID-19?

COVID-19 widespread has caused numerous hospitalizations and in tensive care unit confirmation with a tall burden on wellbeing care resources. For this reason, numerous thinks about were conducted to identify chance components for serious COVID-19 results. Elderly age, cardiovascular maladies, weight, and diabetes have been associated with more extreme infection (20). Accessible confirmations around asthma are not conclusive and it appears that as it were non- atopic asthma could be a hazard figure for the seriousness of COVID-19 (21).

Right now, there are as it were a number of information around the hazard of COVID- 19 in patients with AR, and these are for the most part roundabout prove from studies dissecting the impact of atopy or asthma on COVID-19. In a retrospective consider on 531 patients with SARS-Cov-2 actuate pneumonia, Scala et al. (22) found that atopic subjects (n = 57; 10.7%) had a essentially lower predominance of extreme COVID-19 pneumonia than non-atopic patients (33.3% vs 67.7%; p < 0.0001). These authors concluded that atopic status may bestow assurance against COVID-19 contamination, in spite of the fact that but they didn't address what sort of unfavorably susceptible infection members endured from (22).

A later American cohort think about including 1,043 COVID-19 patients was designed to get it the affiliation between atopic conditions and COVID-19 seriousness. 257 (24.6%) had atopy and this condition was related with a essentially lower chances of hospitalization for COVID-19 (p < 0.004) and length of hospitalization (p < 0.008). Patients enduring from AR (n = 171; 16.4%) had a lower rate of hospitalization (p < 0.02), length of hospitalization (p < 0.039). Too, skin inflammation was associated with a altogether diminished hazard of hospitalization (23).

Chhiba et al. (24) conducted a think about to explore in case asthma seem be a hazard figure for the seriousness of COVID-19. Among 1,526 pa tients with COVID-19, 220 (14.4%) had asthma. The predominance of AR was 35.9% within the asthmatics and 7.7% within the non-asthmat ic bunches (p < 0.0001), while rhinosinusitis was comorbidity in 35.9% of asthmatic patients vs 9.6% in non-asthmatic ones (p < 0.0001). Asthma was not related with an expanded chance of hos pitalization, especially in patients with AR and rhinosinusitis. The authors sketched out the potential defensive impact of Type-2 inflammation and maybe of utilizing breathed in corticosteroids, in spite of the fact that the latter conclusion needs advance examination (24).

Another ponder retrospectively dissected the comorbidity of 1172 hospitalized COVID-19 patients

in Wuhan. 115 (9.8%) detailed AR and tended to have higher asthma co- morbidities. There was no difference within the frequencies of serious cases, require of mechanical ventilation or other treatment or complications between patients with and without AR. The authors conclude that there's not any affiliation between AR comorbidity and COVID-19 seriousness (25). On the opposite, Yang et al. (26) conducted a across the country cohort consider in South Korea in volving 291,959 grown-up patients who were tried for SARS-Cov2 to determine the affiliation of unfavorably susceptible disarranges with the probability of a positive SARS-Cov-2 tests result and with clinical results of the infection.

Author	Origin	Method	Period	Result	Outcome
Hai Wang	China	Study retrospectively	From January 27, 2020 to March 10, 2020.	lead to the potential misestimation of the pre-dominance and the quality of affiliation with the clinical results. Moment, we did not incorporate deadly cases since no consequent	AR comorbidity isn't related with extreme sickness of COVID-19. ACE2 expression in nasal tissues isn't modified in AR, ACE2 expression in aviation route epithelial cells appears to be controlled, at slightest in portion, by the counter impact of IFN and sort 2 irritation.
Chia Siang Kow	Malaysi a	Case Discussion	2020	In reality, the computational show demonstrated a conceivable part of montelukast in authoritative to the catalytic location of the most protease of extreme intense respiratory disorder coronavirus 2, the pathogen dependable for COVID-19, which may tweak and repress viral replication	It displayed a well-reasoned discourse on the utilize of intranasal corticosteroids and allergen immunotherapy in children with unfavorably susceptible rhinitis in the midst of COVID-19 widespread where they prescribe continuation of the previous whereas withholding of the last mentioned upon risk-benefit appraisal.

Table 1. Summarize Relation Rhinitis Allergic and Covid-19

Can Allergic Rhinitis be defensive against destitute results of COVID-19?

As already expressed, a few thinks about have proposed conceivable non-harmful or defensive impacts of AR on the clinical results of COVID-19. Hypersensitivity is an resistant reaction to allergen incitement that's characterized by raised Type-2 cytokines and eosinophilic aggravation. The over discoveries raise the possibility that sensitivity could be a protective calculate for COVID-19. AR might ensure against destitute out comes in COVID-19 due to a few conceivable components, counting changed viral passage receptor expression, incessant type-2 aggravation, younger age and/or nonattendance of comorbidities, expanded adherence to treatment and intranasal corticosteroids utilize (30).

The need of defenselessness to COVID-19 in patients with preexisting unfavorably susceptible asthma appears to be in differentiate with the built up link between these constant respiratory conditions and susceptibility to common respiratory infections, especially rhinoviruses (31). In any case, rhinovirus employments the intercellular attachment molecule 1 (ICAM-1) particle as an entrance into respiratory epithelial cells, which is overexpressed in unfavorably susceptible aviation routes as a marker of unfavorably susceptible aggravation (32). In Differentiate, COVID-19 employments another have cell receptor inexhaustibly show within the verbal mucosa and inside the (sound) aviation routes, (i.e., the angiotensin-converting enzyme-2 (ACE2) (33), which plays a significant part within the infection advancement and related lung damage (34).

Cofactors encouraging SARS-CoV-2 infectivity are trans-membrane peptidase serine 2 (TMPRSS2), which cleaves the SARS-CoV-2 spike protein, and conceivably protease furin (35). A lower expression of ACE2 has been depicted in aviation route cells of patients with AR and/or asthma. Jackson et al. found that nasal cat allergen driven to a noteworthy lessening in ACE2 mRNA expression in nasal brush tests in grown-up AR patients unfavorably susceptible to cats (36). Further more, Kimura et al. detailed that IL-13 presentation decreased ACE2 expression in aviation route epithelial cells from patients with asthma and atopy (37). These discoveries recommend that patients with AR and unfavorably susceptible asthma can be secured from COVID-19 since of the moo expression of ACE2 in their epithelial cells (38).

Allergic Rhinitis and COVID-19

Beken et al. conducted a consider in 107 pediatric patients after hospitalization for COVID-19 (48). Surveys examining natural variables and an unfavorably susceptible assessment, counting allergy testing and spirometry, were conducted. The creators concluded that asthma and AR were not hazard components for hospitalization in children due to COVID-19. The nearness of a pet in the environment might have a defensive impact. Dul and colleagues

(49) assessed the information extricated from electronic therapeutic records of 182 children hospitalized for COVID-19 and appeared that unfavorably susceptible illnesses don't increment the helplessness to SARS Cov-2 disease and barely affected the course of COVID-19 in children. At long last, Jackson et al. (36) detailed that tall levels of unfavorably susceptible sensitization are related with a decrease within the expression of the ACE-2 receptor which is the door to the infection.

Cardinale et al. (50) push the significance of proceeding treat ment with intranasal steroids and antihistamines both to control the side effects and maintain distance from to a strategic superinfections possibly perilous for the lower respiratory tract. Moreover, these creators too underline how the disappointment to control rhinitis with the classic indications, in specific wheezing, can favor the transmission of the infection. A few authors moreover proposed that montelukast can be too considered in pediatric age to treat AR amid the COVID-19 widespread, considering the potential anti-inflammatory activity of this medicine (51). Suggestions for AIT amid the COVID-19 widespread for grown-ups with

AR moreover apply to children (16, 50). Within the period of lockdown, unfavorably susceptible patients definitely remained more restricted to the domestic environment. Yucel et al. (52) raised the question of backslides in patients unfavorably susceptible to HDM. This ponder carried out amid 75 days of lockdown on 81 children appeared an enhancement in lung work and subsequently in asthma side effects, likely due to the decrease of respiratory tract diseases and presentation to open air contamination. On the opposite, the nasal side effects were significantly declined in subjects with unfavorably susceptible rhinitis, underlining the significance of natural remediation measures inside. In conclusion, it appears that COVID-19 influences childhood and puberty, luckily in a humble way (53, 54). In any case, for this exceptionally reason, unfavorably susceptible

children must proceed the treatments for their hypersensitivities and constant infections

4. Conclusion

Rhinitis Allergic patients appear be to ensured from COVID 19 infection. Indeed in case information around the impact of AR on the seriousness of COVID-19 infection are still not conclusive. it being appears that an AR understanding does not increment the chance of destitute COVID- 19 guesses. The clinical appearance of AR can be distinguished by COVID-19 side effects. Treating AR enough is additionally unequivocally prescribed within the COVID-19 widespread period.

Conflicts of Interest

The author declares no conflict of interest. The funding sponsors had no role in the writing of the manuscript and in the decision to publish it.

References

- Wise SK, Lin SY, Toskala E, et al. International consensus statement on allergy and rhinology: allergic rhinitis. Int Forum Allergy Rhinol 2018:8(2):108-352.
- 2. Durrani SR, Montville DJ, Pratt AS, et al. Innate immune responses to rhinovirus are reduced by the high- affinity IgE receptor in allergic asthmatic children. J Allergy Clin Immunol 2012;130:489-95.
- 3. Wark PA, Johnston SL, Bucchieri F, et al. Asthmatic bronchial epithelial cells have a deficient innate immune response to infection with rhinovirus. J Exp Med 2005;201:937-47.
- Novak N, Cabanillas B. Viruses and asthma: the role of common respiratory viruses in asthma and its potential meaning for SARSCoV-2. Immunology 2020;161(2):83-93.

- Lebre MC, van Capel TM, Bos JD, Knol EF, Kapsenberg ML, de Jong EC. Aberrant function of peripheral blood myeloid and plasmacytoid dendritic cells in atopic dermatitis patients. J Allergy Clin Immunol 2008;122(5):969-976.
- Gill MA, Bajwa G, George TA, et al. Counterregulation between the Fc epsilon RI pathway and antiviral responses in human plasmacytoid dendritic cells. J Immunol 2010;184:5999-6006.
- Hatchwell L, Collison A, Girkin J, et al. Tolllike receptor 7 governs interferon and inflammatory responses to rhinovirus and is suppressed by IL-5- induced lung eosinophilia. Thorax 2015;70(9):854-61.
- Bruno C, Locatello LG, Cilona M, et al. Seasonal allergic symptoms in relation to COVID-19. Allergy Rhinol (Providence) 2020;11:2152656720968804.
- 9. Ferreli F, Gaino F, Russo E, et al. Clinical manifestation at the onset of COVD-19 and allergic rhinoconjunctivitivitis. JACI Practice 2020;8(10):3587-89.
- Scadding GK, Hellings PW, Bachertc, et al. Allergic respirarory disease care in the COVID _19 era: a EUFOREA statement. World Allergy Organ J 2020;13(5):100124.
- 11. Dror AA, Eisenbach N, Narshak T, et al. Reduction of allergic rhinitis symptoms with face mask usage during the COVID-19 pandemic. J Allergy Clin Immunol Pract 2020;8(10):3590-3.
- 12. Gelardi M, Trecca E, Fortunato F, et al. COVID-19: When dust mites and lockdown create the perfect storm. Laryngoscope Investig Otolaryngol 2020;5(5):788-90.
- Bousquet J, Schünemann HJ, Togias A, et al. Next-generation Allergic Rhinitis and Its Impact on Asthma (ARIA) guidelines for allergic rhinitis based on Grading of Recommendations Assessment, Development

and Evaluation (GRADE) and real-world evidence. J Allergy Clin Immunol 2020;145(1):70-80.e3.

- Bousquet J, Akdis C, Jutel M, et al. Intranasal corticosteroids in allergic rhinitis in COVID-19 infected patients: An ARIA-EAACI statement. Allergy 2020;75(10):2440-4.
- Lipworth B, Chan R, RuiWen Kuo C. COVID-19: Start with the nose. J Allergy Clin Immunol 2020;146(5):1214.
- Klimek L, Akdis C, Bousquet J, et al. Handling of allergen immunotherapy in the COVID-19 pandemic: an ARIA- EAACI statement. Allergy 2020:75(7):1546-54.
- Wang Y, Shi C, Yang Y, et al. Anxiety and depression in allergic rhinitis patients during COVID-19 pandemic in Whuan, China. Asian Pac J Allergy Immunol 2021.
- Gonzalez-Diaz SN, Martin B, Villarreal-Gonzalez RV, et al. Psycological impact of the COVID-19 pandemic on patients with allergic diseases. World Allergy Organ J 2021;14(3):100510.
- 19. Shi W, Gao Z, Ding Y, et al. Clinical characteristics of COVID-19 patients combined with allergy. Allergy 2020;75(9):2405-8.
- Ejaz H, Alsrhani A, Zafar A, et al. COVID-19 and comorbidities: Deleterious impact on infected patients. J Infect Public Health 2020;13(12):1833-9.
- 21. Zhu Z, Hasegawa K, Ma B, Fujiogi M, Camargo CA Jr, Liang L. Association of asthma and its genetic predisposition with the risk of severe COVID-19. J Allergy Clin Immunol 2020;146(2):327-329.e4
- 22. Scala E, Abeni D, Tedeschi A, et al. Atopic status protects from severe complications of COVID-19. Allergy 2021;76(3):899-902.
- Keswani A, Dhana K, Rosenthal JA, Moore D, Mahdavinia M. Atopy is predictive of a decreased need for hospitalization for

coronavirus disease 2019. Ann Allergy Asthma Immunol 2020;125(4):479-81.

- 24. Chhiba KD, Patel GB, Vu T, et al. Prevalence and characteriza tion of asthma in hospitalized and nonhospitalized patients with COVID-19. J Allergy Clin Immunol 2020;146(2):307-314.e4.
- 25. Wang H, Song J, Yao Y, et al Angiotensinconverting enzyme II ex pression and its implication in the association between COVID-19 and allergic rhinitis. Allergy 2021;76(3):906-10.
- Yang JM, Koh HY, Moon SY, et al Allergic disorders susceptibility to and severity of COVID-19: A nationwide cohort study. J Allergy Clin Immunol 2020;146(4):790-8.
- 27. Foster KJ, Jauregui E, Tajudeen B, Bishehsari F, Mahdavinia M. Smell loss is a prognostic factor for lower severity of coronavirus disease 2019. Ann Allergy Asthma Immunol 2020;125:481-83.
- 28. Hadjadj J, Yatim N, Barnabei L, et al. Impaired type I interferon activity and inflammatory responses in severe COVID-19 patients. Science 2020;369:718-24.
- Larsson SC, Gill D. Genetic predisposition to allergic diseases is in versely associated with risk of COVID-19. Allergy 2021;76(6):1911-3.
- 30. Farne H, Singanayagam A. Why asthma might surprisingly protect against poor outcomes in COVID-19. Eur Respir J 2020;56(6):2003045.
- 31. Jackson D J, Makrinioti H, Rana, B M J et al. IL-33-dependent type 2 inflammation during rhinovirus-induced asthma exacerba tions in vivo. Am J Respir Crit Care Med 2014;190(12):1373-82.
- 32. Basnet S, Palmenberg AC, Gern JE. Rhinoviruses and Their Recep tors. Chest 2019;155(5):1018-25.
- 33. Walls AC, Park YJ, Tortorici MA, Wall A, McGuire AT, Veesler D. Function, and

antigenicity of the SARS-CoV-2 spike glycoprotein. Cell 2020;181(2):281-292.e6.

- Song J, Zeng M, Wang H, et al. Distinct effects of asthma and COPD comorbidity on disease expression and outcome in patients with COVID-19. Allergy 2021;76(2):483-496.
- 35. Lukassen S, Chua RL, Trefzer T, et al. SARSCoV-2 receptor ACE2 and TMPRSS2 are primarily expressed in bronchial transient secre tory cells. EMBO J 2020;39:e105114.
- Jackson DJ, Busse W, Bacharier LB, et al. Association of respira tory allergy, asthma, and expression of the SARS- CoV-2 receptor ACE2. J Allergy Clin Immunol 2020;146(1):203-206.e3..
- 37. Kimura H, Francisco D, Conway M, et al. Type
 2 inflammation modulates ACE2 and TMPRSS2 in airway epithelial cells. J Aller gy Clin Immunol 2020;146(1):80-88.e8.
- Matsumoto K, Saito H. Does asthma affect morbidity or severity of COVID- 19? J Allergy Clin Immunol 2020;146(1):55-57.
- Carli G, Cecchi L, Stebbing J, Parronchi P, Farsi A. Is asthma pro tective against COVID-19? Allergy 2021;76(3):866-8.
- 40. Rosenberg HF, Dyer KD, Domachowske JB. Respiratory viruses and eosinophils: exploring the connections. Antivir Res 2009;83(1):1-9.
- 41. Munblit D, Nekliudov NA, Bugaeva P, et al. StopCOVID cohort: An observational study of 3,480 patients admitted to the Sech enov University hospital network in Moscow city for suspected COVID-19 infection. Clin Infect Dis 2021;73(1):1-11.
- 42. Chen Y, Yang M, Deng J, Wang K, Shi J, Sun Y. Elevated Lev els of Activated and Pathogenic Eosinophils Characterize Mod erate-Severe House Dust Mite Allergic Rhinitis. J Immunol Res 2020;2020:8085615.
- 43. Lipworth B, Chan R, Kuo CR. Predicting severe outcomes in COVID-

19. J Allergy Clin Immunol Pract 2020;8:2582-4.

- Lindsley AW, Schwartz JT, Rothenberg ME. Eosinophil responses during COVID-19 infections and coronavirus vaccination. J Aller gy Clin Immunol 2020;146:1-7.
- Roca E, Ventura L, Zattra CM, Lombardi C. EOSINOPENIA: An early, effective, and relevant COVID-19 biomarker? QJM 2021;114(1):68-9.
- 46. Zhou F, Yu T, Du R, et al. Clinical course and risk factors for mor tality of adult inpatients with COVID-19 in Wuhan, China: a ret rospective cohort study. Lancet 2020;395:1054-62.
- 47. Peters MC, Sajuthi S, Deford P, et al. COVID-19 related genes in sputum cells in asthma: relationship to demographic features and corticosteroids. Am J Respir Crit Care Med 2020;202:83-90.
- Beken B, Ozturk GK, Aygun FD, Aydogmus C, Akar HH. Asth ma and allergic diseases are not risk factors for hospitalization in children with coronavirus disease 2019. Ann Allergy Asthma Im munol 2021:S1081-1206(21)00053-3.
- 49. Du H, Dong X, Zhang JJ, et al. Clinical characteristics of 182 pediatric COVID- 19 patients with different severities and allergic status. Allergy 2021;76(2):510- 32.
- 50. Cardinale F, Ciprandi G, Barberi S, et al. Consensus statement of the Italian society of pediatric allergy and immunology for the pragmatic management of children and adolescents with allergic or immunological diseases during the COVID-19 pandemic. Ital J Pediatr 2020;46(1): 84
- Kow CS, Hasan SS. Montelukast in children with allergic rhinitis amid COVID-19 pandemic. Acta Paediatr 2020;109(10):2151.
- 52. Yucel E, Suleyman A, Hizli Demirkale Z, Guler N, Tamay ZU, Ozdemir C. 'Stay at

home': Is it good or not for house dust mite sensitized children with respiratory allergies? Pediatr Allergy Im munol 2021;32(5):963-70.

- 53. Licari A, Votto M, Brambilla I, et al. Allergy and asthma in chil dren and adolescents during the COVID outbreak: What we know and how we could prevent allergy and asthma flares. Allergy 2020;75(9):2402-5.
- Riggioni C, Comberiati P, Giovannini M, et al. A compendium an swering 150 questions on COVID-19 and SARS-CoV-2. Allergy 2020;75(10):2503-41