March 25, 2020

Dear TAAIS members,

Texas Governor, Greg Abbott, on March 22, 2020, issued an executive order stating “Continuing until 11:59 pm on April 21, 2020, all licensed health care professionals and all licensed health care facilities shall postpone all surgeries and procedures that are not immediately medically necessary to correct a serious medical condition of, or to preserve the life of, a patient who without immediate performance of the surgery or procedure would be at risk for serious adverse medical consequences or death, as determined by the patient’s physician. Provided, however, that this prohibition shall not apply to any procedure that, if performed in accordance with the commonly accepted standard of clinical practice, would not deplete the hospital capacity or the personal protective equipment needed to cope with the COVID-19 disaster.”

Allergists and immunologists see a wide variety of conditions, which may range from mild to severe, depending on the patient. A diverse range of procedures are provided at an allergy and immunology office, including immunoglobulin replacement therapy, biologic therapy, and allergen immunotherapy. Depending upon the clinical situation, many of these services are medically necessary and can prevent potentially life-threatening situations. Continuing these services can be crucial in keeping patients out of the emergency room and hospitals, potentially preserving resources for the treatment and care of patients with COVID-19. In addition, many patients with allergic conditions, including asthma, can present with similar symptoms to COVID-19.

Allergy and immunology experts and leaders in the field have put forth a statement on taking care of patients in the allergy and immunology office during the COVID-19 pandemic.
In this document, telehealth is highlighted as a key component to delivering allergy services within the context of a pandemic to limit patient and provider exposures. Service adjustments are recommended when a national state of emergency has been declared. Telephonic encounters can be used during this pandemic with appropriate documentation. With appropriate training, a nurse in the allergist’s office could serve as a facilitator for telehealth visits. With appropriate prescreening in selective circumstances, patients may be seen in the office and procedures including skin testing performed. Appropriate measures should be taken in the office to protect staff including use of personal protective equipment and social distancing when dealing with patients. It is critical that staff stay home when ill.

Aerosol generating procedures are considered to carry a high risk for transmission for SARS-CoV-2 and probably COVID-19 and should be avoided in the office setting. The current advice from the American College of Occupational and Environmental Medicine and the American Thoracic Society is to suspend routine occupational spirometry testing during the COVID-19 pandemic. It is more difficult to screen and assess pulmonary patients who are more likely to have respiratory symptoms unrelated to COVID-19. There remain many unknowns about the possibility of transmission in this setting and the data are evolving; however, the risks of transmission may be significant, and likely vary based on the prevalence of the virus in the community and the age, severity of lung disease and presence of immunosuppression. Decisions regarding the conduct of pulmonary function tests need to balance the potential risks against the need for assessment of lung function to make treatment decisions.

Treatment adjustments for specific conditions have been outlined for asthma, allergic rhinitis, immunotherapy, biologics, food allergy, eosinophilic esophagitis, drug allergy, anaphylaxis, allergic skin disorders and immunodeficiencies during a pandemic situation.
Venom immunotherapy, and biologic and immunoglobulin replacement therapies are considered essential services that should be continued during a pandemic, with consideration for home administration in appropriate circumstances. Other strategies to minimize exposure of individual patients receiving these therapies include widening the interval between treatment administration or temporarily stopping until the risk of transmission of SARS-CoV-2 through social contact has declined to an acceptable level. Overall, making patient specific decisions in the allergy and immunology office is still based upon clinical judgement by the individual physician.

TAAIS leadership understands that the COVID-19 pandemic continues to evolve. Please refer to the TAAIS website (www.taais.org) for information and helpful links on COVID-19, including resources on telemedicine and wellness. For the most up to date information, please visit the Centers for Disease Control and Prevention website, www.cdc.gov. TAAIS leadership will be monitoring this evolving COVID-19 situation, and TAAIS is committed to helping guide the Texas allergist and immunologist through this pandemic.

Sincerely,

William Lumry, MD         Carla M. Davis, MD         Anil Nanda, MD
TAAIS President            TAAIS President-Elect       TAAIS Secretary-Treasurer

References:

