



MedicAlert LIVE Healthy Hour

Asthma and Allergy: Protecting Yourself During COVID-19

Special Guest: Kenneth Mendez, President & CEO, Allergy and Asthma Foundation of America

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Melody Howard: 00:01:49 Hello all and welcome to MedicAlert's LIVE Healthy Hour. We're continuing our Healthy Hour series to provide our members with additional resources during this unprecedented time. This is really a unique time for everyone and we're grateful that you're joining us here today.

My name is Melody Howard. I'm the Community Alliances Director at MedicAlert Foundation and I will be your host today. I've been with MedicAlert for over 30 years, and during those years I've worked in many different areas of the foundation. It's truly the members and our mission that keep me going. Today, I'll be sharing information about MedicAlert, about Asthma and Allergy Foundation of America, and doing a Q&A on Asthma and Allergies: Protecting Yourself During COVID-19 with Kenneth Mendez from the Asthma and Allergy Foundation of America. And then we'll wrap up this session by providing some useful resources for you.

00:02:55 Many of you here today already know about MedicAlert, but for those who don't, I'll give you a brief background. We are the original medical ID created in 1956. Today's discussion includes a subject very near and dear to our hearts as it's the reason that MedicAlert was created - to protect a child with a severe allergy. What's unique about MedicAlert is that we go beyond just an ID. Our IDs are backed by a 24/7 emergency response team who are standing by to relay your critical medical information to first responders. And MedicAlert is the only nonprofit organization in the medical ID space. All of our revenues fund our emergency services and help provide IDs and memberships to people in financial need. Our mission is to save and protect lives by sharing vital information in our members' moments of need.

00:03:50 Here's how the MedicAlert service works. Your medical ID is engraved with your most vital health allergy and identification information. In an emergency, first responders contact our 24/7 emergency response team to get your full health record. Your



health record includes additional health data and emergency contacts, which we relay to emergency personnel. We train first responders to look for your MedicAlert ID, empowering them with vital information. Now more than ever given the current pandemic, it is so important for first responders to know about any existing conditions you have, so that you can get the best possible care. MedicAlert is your voice when you need us most.

00:04:39 I'm delighted to introduce you to our guest today - Kenny Mendez, President and CEO of the Asthma and Allergy Foundation of America. The Asthma and Allergy Foundation of America is MedicAlert's newest partnership. We're so excited about what that will mean for our members, and you'll be hearing more about that in the near future. Kenny graduated from Harvard and Columbia Business School. He has two children with asthma and allergies. He joined AAFA in 2018 to lead a multi-year strategic plan to dramatically reduce the impact of asthma and allergies. He also served as an external reviewer and patient advocacy expert for the Institute of Clinical and Economic Reviews. Kenny, I will hand it over to you to talk about the Asthma and Allergy Foundation of America.

Kenneth Mendez: 00:05:29 Great. Melody, thank you. Can you hear me okay?

Melody Howard: 00:05:32 Yes, I can. Thank you.

Kenneth Mendez: 00:05:33 Right, great. Well thank you for having me. And we as an organization, the Asthma and Allergy Foundation of America, we call ourselves AAFA. We're the oldest and the largest nonprofit patient advocacy organization representing those with food allergies, regular allergic asthma, and seasonal allergies. We try and amplify the patient voice, and we've been very much been part of this Coronavirus pandemic. As it's evolved, we've been trying to communicate best practices and get factual information out there. So I'm happy to be here. We're based in Washington, DC. We've also got a division called Kids with Food Allergies that focuses on very specifically food allergies for kids and caregivers, and how to deal with that. So very happy to be partnered with you in this and speaking to the group today.

Melody Howard: 00:06:37 Great. Thank you so much. Well, now we will move on to the question and answer segment of today's session. Thanks to everyone who pre-submitted questions. We had so many great questions and we do hope to cover as many of those as

possible. I want to apologize in advance that we won't be able to get to everyone's question, but we'll tackle just as many as we can. So let's go ahead and get started. We are actually going to answer questions in the following categories: risk of coronavirus, symptoms - asthma, allergies or COVID?, allergies, what to do in an emergency, patient outcomes, and lung health. So with that we have our first question and category is risk of coronavirus. These questions were actually submitted by a number of folks.

Q: I use an inhaler to control my asthma. Will this make me more susceptible to COVID-19? And what precautions should I be taking?

Kenneth Mendez: 00:07:34

Sure, thank you, Melody. You know, that is an important question for folks because I think it's top of mind. As the CDC has spoken about the risks of COVID-19, upper respiratory and asthma is certainly something that they've mentioned. But you know, people sometimes are concerned about steroids and the use of asthma inhalers. What we've been encouraging folks to do is to stay compliant with your medication.

There's no data available out there right now for any kind of risk factors with respect to using your asthma inhalers. What we've been trying to tell the public is make sure you control your asthma for a number of reasons. One is that you don't want to be visiting the emergency room in case you have an asthma attack, so you really want to keep it in control. AAFA has an [asthma action plan](#) which many should know about if you have asthma. We'll be going into that in a little bit, but it's really important to take your medications as prescribed, and then practice the common sense things - social distancing, washing your hands, and trying your best not to go out outside so you don't catch the disease.

Melody Howard: 00:08:49

Okay. Thank you. And I think this slide shows an example of an asthma action plan.

Kenneth Mendez: 00:08:53

Yeah, that's right. It's really important for anyone who has asthma to make sure that they have this. It's available for free on our website, aafa.org. It talks about how to deal with your asthma based on your symptoms, and what you ought to be doing in case you're feeling an asthma attack coming on or if you're struggling with your asthma.

Melody Howard: 00:09:15 Great. Thank you. Also I want to point out, if you're a MedicAlert member, wearing your medical ID that states your condition is a great proactive step to take. And make sure that your MedicAlert health profile is up to date. The CDC is actually recommending that anyone with a preexisting condition wear a medical ID, especially during this particular time. Now for question number two, also risk of coronavirus, submitted by Rochelle.

Q. Does uncontrolled allergy induced asthma put you more at risk of COVID-19?

Kenneth Mendez: 00:09:47 Yeah, so we have to keep some perspective here. One of the things that I want to remind everyone is that COVID-19 hasn't been around for that long, so there's not a lot of good data out there. That's one of the things that we try and do as an organization. We've had a medical scientific board who is looking at all the data that's coming out, and that helps us communicate and give guidance to the public. We're really at the beginning stages of this. But there's no solid data now in terms of allergy induced asthma, putting you more at risk. And in some cases, for example in New York, there's some evidence of a lower death rate from COVID-19 in patients with asthma. But still, there's not a lot of data out there right now about it. Again, one of the things that we continue to recommend is to keep control of your asthma, so you don't end up in the emergency room- and have to deal with not only an asthma attack, but possibly catching COVID-19 and having both at the same time.

Melody Howard: 00:10:59 Thank you. Question three, submitted by Carol.

Q. I have asthma and previously had pneumonia and bronchitis. I'm also type one diabetic. I assume I'm very high risk?

Kenneth Mendez: 00:11:14 Yes. Well, Carol unfortunately you're right. The Centers for Disease Control, the CDC, includes diabetes as a top risk factor. Asthma they say also put you at higher risk. There are a lot of these comorbidities out there right now. The reality is that COVID-19 has impacted people of all ages and backgrounds. But according to WHO, the World Health Organization, and then also the CDC, there are higher risk groups. They're as follows. If you're caring for someone with COVID-19, you're at higher risk of catching it if they're nearby you. If you're over 65, that's

another risk factor. If you're pregnant, that's another risk factor. And then these chronic medical conditions like diabetes, but also others that often go along with diabetes which are obesity, high blood pressure, heart disease, renal failure, liver disease, and then if you're immunocompromised.

00:12:22

So for example, if you're on cancer treatments, that's another group that's at higher risk. And then asthma is there too, along with chronic lung disease, COPD. All those things together are risk factors. You know, we're also seeing data in the United States around certain populations. I think you've read about this in the press - that black, Latino, and Native American communities along with lower income groups are disproportionately being affected by the virus. And you know, that's something that's very much on our mind as an organization. There really are long-term disparities associated with coronavirus and the treatment, the same thing we see with asthma. So, those disparities aren't a surprise to us because we see the same thing with respect to asthma.

Melody Howard:

00:13:19

This question submitted by Kevin and Mary, also risk of coronavirus.

Q. How much does having moderate to severe seasonal allergies increase the risk of complications with COVID-19?

Kenneth Mendez:

00:13:32

Yeah. So thank you for that question, Kevin and Mary, let's dissect this question a little bit because as you asked, how much does moderate to severe seasonal allergies increase the risk of complications? Well, right now there's no data out there that says that seasonal allergies increase the risk of complications. Again, as I said earlier, it's too new right now. But to the extent that you have seasonal allergies and that's a trigger for your asthma, then that's an issue because if you have an asthma attack, you could end up in the emergency room like I said earlier. What you really want to be doing is controlling your asthma and controlling your allergies, especially if they trigger asthma.

It's the height of pollen season right now, we're entering into the spring pollen season, and that can be a real trigger for those with allergic asthma and allergies. This is when you want to be taking your allergy medications. Talk to your doctor if you're struggling with allergies. There are steroid nasal sprays that work for your allergies to reduce them, and you want to stay

indoors as much as possible. Check the weather report for pollen counts as well. And really try and avoid going outdoors if that triggers your asthma. Keeping your asthma under control and your allergies under control is really a top priority in this environment.

Melody Howard: 00:15:10 Thank you. Next question submitted by Lang.

Q. I have eosinophilia asthma - should I discontinue injections of Fasenra?

Kenneth Mendez: 00:15:22 Thank you Lang. You know what, one of the things to remember - again, same theme here - if there's anything that I want to make sure people understand from this, is to control your asthma. So discontinuing or interrupting your treatment could make your asthma symptoms worse and result in possibly having to have emergency treatment for it. So we shouldn't discontinue those injections. However, I know some of them take place in the doctor's office and some doctors are dialing back their office visits, so it's really important to talk to your doctor. I think there's some there's some movement about to be able to either have remote administration or at home administration of injections, if you feel comfortable doing that yourself. That option is not out there yet. But we've been talking to some of the folks who administer this stuff. It's really important to talk to your doctor first about how to maintain your asthma medications, and in particular the injections that you get to control your asthma.

Melody Howard: 00:16:29 Thank you. This question submitted by Carolyn.

Q. If I have taken pneumonia shots, will they help prevent COVID-19?

Kenneth Mendez: 00:16:38 Carolyn, I'm glad you asked this question because the answer is no. I want to make sure everyone realizes that the pneumonia vaccine protects against the bacterial pneumonia. So that's something to remember, it protects you from streptococcus pneumonia. It's not going to protect you against the pneumonia that comes from COVID-19 cases. However, anything you can do to prevent yourself from getting pneumonia will help keep you out of the hospital, stay safe and not be exposed to the coronavirus. That's one of the things that we were saying early on back in the end of January, every year as we get close to flu season, we've said to get a flu shot to make sure that you don't

end up with the flu because that is a real trigger for complications if you have asthma, and could result in pneumonia. So it's really important to not get yourself in a risk situation there.

Melody Howard: 00:17:45

Thank you. These questions were submitted by a number of you. So it is a pretty popular question. The category is symptoms, asthma, allergies or COVID.

Q. How can I tell the difference between chronic asthma and allergies versus COVID-19 symptoms? And how do you distinguish between symptoms of COVID-19 and allergies and asthma? Is fever the only difference?

Kenneth Mendez: 00:18:08

Yeah, so that's a great question. If you could advance to the next slide as I talk through this because I think we've got a graphic that and it's available on our website, aafa.org. And it's something that we've been communicating and updating since the end of January. This graphic here shows you the various [differences between having COVID-19, having a cold, having the flu, having seasonal allergies](#). We've been updating it because for example, the CDC just came out with recent guidelines. Again, the data is so new here for new symptoms that point to COVID-19. So we try and define them here and we update them on a regular basis. But there are many symptoms that overlap with COVID-19: the cold, flu, and seasonal allergies.

Fever, dry cough, and shortness of breath are all the most common symptoms of COVID-19. Sneezing and a runny nose or stuffy nose are more common for a cold or seasonal allergies. So those are things to keep in mind. But if you have any symptoms, you really need to be talking to your doctor. And again, if you're struggling with your asthma or your breathing, make sure you comply with your asthma action plan, talk to your doctor, keep up with your medications, and make sure that you stay out of the emergency room.

Melody Howard: 00:19:48

Great. Thank you. This was a lot of great information and I know that we had a lot of questions concerning asthma attacks and knowing the difference between that attack and what it felt like to have COVID-19. It's helpful to understand the difference.

Melody Howard: 00:20:06

The next section is on allergies. A number of folks submitted this question as well.

Q. Should I still take my allergy shots? And should I continue getting allergy shots at the hospital during COVID-19?

Kenneth Mendez: 00:20:19 This is similar to the question about Fesenna and your injectable asthma medications. You do want to keep your allergies under control, but then there's the trade off of having to go in and get the shots. Regular shots are an effective way to help you manage your allergies and allergic asthma. But because a lot of the clinics have cut back on this for your allergy shots, you really need to be talking to your doctor and they might be able to adjust the medication or adjust how it's administered. So you could kind of keep compliant and not lose ground with the therapy that you're getting. But the best thing to do is talk to your doctor. And I think they're working on ways to accommodate having these shots administered outside of the doctor's office, given that people are staying at home and some of the practices are dialing back actual office visits.

Melody Howard: 00:21:18 Thank you. Next question submitted by Laura.

Q. I can't get my regular allergy shots and my asthma has been terrible. What can I do?

Kenneth Mendez: 00:21:28 Yeah, so a couple things. Again, back to that asthma action plan. You want to follow the yellow zone instructions, and make sure to call your doctor to let them know that you're struggling with your asthma. They might be able to adjust your asthma and allergy medication to help you keep it under control. So again, making that call to your healthcare provider is so important. Also try and avoid triggers as much as possible. If you have pollen allergies, as I said before, try and stay indoors. Watch the pollen counts. The other thing that we have on our website, aafa.org/iaq, we've got some tips there for [improving your indoor air quality](#). We look at various products out there and certify them using a scientific standard to say that they're asthma and allergy friendly. But really, again, talk to your doctor about your regular allergy shots and they should be able to work with you.

Melody Howard: 00:22:38 This question was submitted by Craig.

Q. Do any standard over the counter allergy medicines compromise the immune system, or make one more susceptible to the coronavirus?

Kenneth Mendez: 00:22:50 Great question Craig. This is the kind of thing that we want to make sure people understand and get out there, that those medications do not suppress your immune system. There could be rumors out there, but you know, we're trying to communicate is that OTC allergy medications and antihistamines do not suppress your immune system. There's no data that shows that using them increases your chances of getting COVID-19 or any other virus or bacterial infection. So important to keep in mind. And thank you for asking that question.

Melody Howard: 00:23:29 Thank you. Also in the category of allergies submitted by Sue.

Q. How can I avoid bringing outdoor allergens inside?

Kenneth Mendez: 00:23:37 So again, there some basics but if you're outside leave your shoes outside. When you bring your dog in, if you have a pet make sure you wash them down before you bring them into the house. That's really important. Switch your clothes, take your jacket off, leave them at a certain place. And then we always encourage you to take a shower or bathe before you go to bed or after you've been outside because the pollen does get on you physically, and then you can bring that inside. When you're indoors, again, you go to [our website](#), you'll see some of the things that we recommend in terms of vacuuming, HEPA filters, other things could be doing indoors to make sure you reduce the amount of pollen and improve your indoor air quality.

Melody Howard: 00:24:32 Okay. This question was submitted by Elizabeth.

Q. The pollen count is so high that I get winded when I walk outside even with a mask. What suggestions do you have?

Kenneth Mendez: 00:24:43 Yeah, Elizabeth, definitely I hear you. Because I've experienced that a little bit myself, I've got asthma. Being able to breathe is pretty important. Especially when you have asthma and if you have trouble breathing, the only thing you could do is avoid situations where you would need to wear that mask outdoors. So what that really means is, if you have to go out and go shopping or something like that, you need to see if someone can do that for you or if you can use a delivery service, so you don't have to go out and be outdoors and get winded. Again, if you feel like you're struggling with your asthma, look at that asthma action plan. Call your healthcare provider, call your doctor to let them know what your symptoms are. It's critical to

have your asthma under control. Especially with the spread of COVID-19, you don't want to end up in the hospital.

00:25:39 You want to make sure that you're watching for signs your asthma is not under control. If you're having to use a controller, albuterol rescue medication more than twice a week for example, that probably means that your asthma's not under control, and you need to have a conversation with your doctor. If you're having to use quick relief medication, if you're waking up at night because of your asthma, that probably means it's not controlled as well. Again, call your doctor about that. Those are the things that you need to keep in mind. If you're taking oral steroids for asthma more than two times a year, that's another warning for you. I know it probably works and provides relief, but you really don't want to be taking the oral steroids more than twice a year. So all those things are warning signs that you need to keep in mind and talk to your doctor about.

Melody Howard: 00:26:42 Next question submitted by Heidi.

Q. My allergies seem to be exceptionally bad this year, which in turn kicks my asthma up a notch. Is there anything special I can do?

Kenneth Mendez: 00:26:56 I think we covered this Heidi a little bit before., Follow your asthma action plan, be aware of that yellow zone in the plan, and call your doctor. They may be able to adjust your medications. If you use over the counter products, consider getting a nasal spray because sometimes those are better for nasal allergies than the oral antihistamines. Also control your exposure to your allergy and asthma triggers by staying indoors and vacuuming, using HEPA filters, that kind of thing.

Melody Howard: 00:27:34 Now our question category moves to what do in an emergency. Many, many folks actually submitted this question.

Q. Will a mask protect me if I need to go to the doctor or hospital?

Kenneth Mendez: 00:27:48 This has changed as we've watched the coronavirus over time and is quite controversial. The CDC has recommended masks or face coverings. We've been asking them for very specific guidance on mask use. They do recommend that everyone should wear a mask when in public, especially in places where social distancing is difficult. And you know, a couple things to

remember with this question. We've seen reports and there's some data out there that indicates that it's possible to have the novel coronavirus, but not actually have the symptoms. That's called being asymptomatic. If this is the case, you might accidentally spread it yourself. What the mask does is it prevents spreading from you to others. I mean, that's the primary reason for the mask and it should fit a very certain way.

00:28:47

It has to cover the entire nose and your mouth and chin to be effective. The verdict's still out on which masks are most effective for public health. There are obviously the N95 ones that medical professionals use. But there are ones that they're saying you could do at home, the cloth ones. What we recommend is a mask with multiple layers of fabric that are breathable and can filtrate particles. One rule of thumb is to use the flashlight test to gauge the effectiveness. If you get a flashlight and shine it through the mask, it should block as much light as possible but still allow you to breathe. So that's our guidance there. But definitely masks are very important to prevent the spread, especially for those who are asymptomatic. If you're sneezing or you cough, you want to restrict spreading that.

Melody Howard:

00:29:42

Thank you. Another question about what to do in an emergency. This question was submitted by Martha.

Q. If I have a bad asthma attack, will I be treated at the hospital or am I on my own?

Kenneth Mendez:

00:29:54

Martha, one of the things to keep in mind is, we talked about it earlier here, but you don't want COVID fears to keep you from calling 911 if you feel you're having an emergency. That's really important to call them, they will ask you to the extent that you can talk or, someone's there who can speak, if you're having an attack. If you think you need medical attention, call your doctor right away if you have difficulty breathing. Again, if you have an emergency situation, you ought to call 911.

And that's what's great about this partnership with MedicAlert. MedicAlert has the infrastructure to be helpful in an emergency. If you're a member of MedicAlert, they have your health record and can communicate that for first responders. And that's something that's really important, and clearly what the CDC recommends. But if you are having breathing challenges you should call 911, you should call your doctor. And again, keeping

your asthma well controlled will help avoid a visit to the emergency room. So everyone should have an asthma action plan and really know what to do if you feel like you're having a bad attack and struggling.

Melody Howard: 00:31:18 Thank you. Also a question about what to do in an emergency, this one submitted by Sara.

Q. If my kid has an anaphylactic reaction, should I go to the emergency room?

Kenneth Mendez: 00:31:28 So this is another thing. It's changed a little bit with COVID-19. If your child has a severe allergic reaction, anaphylactic, it's important that you're carrying epinephrine, you know, the epinephrine auto injectors. You should use that epinephrine immediately and call your doctor. In the past what they've said is, perhaps the standard of care previously, was use the epinephrine and then go to the emergency room. The change in the practice now under COVID-19 is use the auto injector right now, and call the doctor right away. If the symptoms don't improve, use the second dose of epinephrine, the second auto injector. So for those of you who have anaphylaxis, if you have reactions to certain allergies, you should always be carrying two auto-injectors. Just in case the first one doesn't work.

00:32:27 You want to get the second one in there if the symptoms aren't improving. You know, if you're the caregiver, if that person needs emergency medical attention, definitely call 911. Explain what's been going on. It's important not to avoid emergency care because of COVID-19 fears. But in this case, the slight nuance here is call your doctor right away if you're having to administer that epinephrine, and then they can they can work with you. For example, there's one of the doctors on our board said he had a patient who had anaphylaxis. The caregiver gave the child the medication and he agreed to stay on the line through the phone and through face time video to observe the child for 30 minutes to make sure he was okay. So they're saying call your doctor but they're saying not to go to the emergency room immediately, but have those two auto injectors with you and call your doctor.

Melody Howard: 00:33:36 Thank you. Here is the category of outcomes, this question submitted by Elizabeth and Lynn.

Q. Is there any data that you could share about patients with asthma who have contracted COVID- 19? Specifically, what has been the fatality rate?

Kenneth Mendez: 00:33:54 Elizabeth and Lynn, this is a question that we've been struggling with and trying to keep monitoring because as I said at the beginning of this presentation, the pandemic and the data that we're getting when people with asthma have contracted COVID-19 is still in its early stages. So there's not a lot of great data out there and there's some conflicting data, and conflicted data on how it's communicated. There have been some early reports out of Wuhan, Europe and New York that indicates that while asthma may increase your risk, it may not be as high of a risk factor as obesity, high blood pressure, heart disease, diabetes, kidney failure, liver disease and some of the other secondary health problems I mentioned earlier. Again, it's important to continue to follow your asthma action plan. I know I sound like a broken record here, but just want to make sure you guys take away that from this event, to keep your asthma under control. Doctors have pointed out that having asthma under control is better than struggling to manage it along with the virus at the same time. We're unclear about the fatality rates right now – we still need more data on that.

Melody Howard: 00:35:19 Thank you. Here is a question submitted by Gina.

Q. Can one get reinfected with the coronavirus?

Kenneth Mendez: 00:35:27 Gina ,the WHO, the World Health Organization says there's currently no evidence of that right now, that shows people have recovered from coronavirus and are not at risk for getting it again. It's still early though. There's not enough data out there. You know, you've read a lot about antibody testing and that can show if you have already had the virus, but having the antibodies doesn't necessarily mean you'll be protected from getting COVID-19. Again. there's just not enough data out there yet.

Melody Howard: 00:36:07 Thank you. This category is lung health. This question was submitted by Edith and Karrie.

Q. Why is there a run on asthma inhalers?

Kenneth Mendez: 00:36:17 Edith and Karrie, we've been spending a lot of time on this. We're talking to the manufacturers of the medication, talking to

the pharmacies, talking to the health insurance plans. What's happened is that this is demand driven. There are two things that just recently happened with the Cares Act that was passed by Congress. The government allowed you to fulfill prescriptions, 90-day prescriptions without prior authorization. That was to avoid you having to go into the pharmacy directly. So there's increased demand there because people want to get their medications up front, there's demand that way. But the other wrinkle that's going on - I think there was a question in the chat about this as well - as one of the treatments in the standard of care for asthma and some other respiratory issues is to use a nebulizer with albuterol. And albuterol is what's in some of those canisters, which is a rescue medication. And sometimes that is administered through a nebulizer that creates a mist in aerosol where you can inhale that albuterol as a rescue medication.

00:37:34

But in using that nebulizer and also as you inhale it and exhale it, it could spread the virus. So they've changed the recommendation and they there's been more of an increase in demand for the canisters. They've recommended not using nebulizers in a hospital situation or in a clinical situation and instead use the inhalers that contain the albuterol and use it with a spacer. That's the best practice for it. And so that's where the demand is increased. It's flipped from using nebulizers to using canister inhalers for treatment. That's where the increased demand has come from, some of the hospitals. What we've tried to communicate, what's really important is keep a 30-day supply on hand, but don't stockpile. Because that doesn't do anyone any good. We're trying to keep listening to the public too. We sent a survey out just to hear whether there are shortages. There might be some spot shortages that we've heard around the country. But what what's really driving the run or some of the shortage rumors on asthma inhalers is this change in treatment protocol, combined with folks trying to fill their 90-day prescriptions.

Melody Howard:

00:38:51

Thank you. Also on lung health, submitted by Kathleen.

Q. How do I deal with disinfecting agents that are irritating to lungs and cause asthma, like hand sanitizer and bleach solution?

Kenneth Mendez:

00:39:04

Yeah. That's a tough one. In fact, interesting story, we're based here in Washington, DC just outside of DC in Arlington, Virginia.

When we started hearing reports that one person in our 12-story building was reported having coronavirus, right away they started cleaning everything. And for some of us on staff who have asthma, those cleaning solutions were real triggers, what they used in their effort to try and disinfect from the coronavirus. It's hard to avoid some of these harsh chemicals. That's one of the reasons why early I told my team, if these chemicals are getting to you, you can work from home. That was until we had the full work from home order. But it is challenging if you have reactions to these smells. If you can't find unscented products, there are a few things you could do to reduce your contact. Again, it gets back to some of the basics here, which is washing your hands with soap and water for 20 seconds, because we know that the virus is transmitted from touching a surface and then going to your face or your hands.

00:40:22

If you wash your hands thoroughly for 20 seconds, it removes the virus. If you have to use hand sanitizer, make sure that you keep it away from your face immediately after you put it on because sometimes there are scents in there. When you rub your hands together, try and keep them away from your face, avoiding any kind of fragrance that comes off. For cleaning surfaces, scrubbing them simply with soap and water will work, and again that would avoid fragrance. But you could also try using a mask when you use those cleaners. And always remember, don't ever mix cleaning solutions - that's kind of a no-no. If you want to use a bleach solution mix, a third cup of bleach I think is what we advise, mixed with water. Just carefully mix those together but never mix it with anything else. I do know that bleach is a trigger. It certainly is for me when I smell it. If possible, sometimes you might just have to leave the premises and have someone else do the cleaning until you could come back and those smells and gases are out of there.

Melody Howard:

00:41:45

Thank you. Also on lung health submitted by Karen.

Q. If all of us will eventually be exposed to COVID-19. How can an asthmatic best take care of himself?

Kenneth Mendez:

00:41:57

Thank you Karen. People with asthma can best take care of themselves by keeping their asthma under control, well controlled, and staying as healthy as possible, that's really critical. Managing your asthma so you don't have attacks. Take your medicines every day as directed by your doctor. Again, follow that asthma action plan. Make sure you understand

when you're struggling and then call your doctor in case you need to adjust your medication. And in the allergy environment, the pollen season, avoid going out. I mean you're supposed to be avoiding going out now anyway, but if there's strong pollen release, you're seeing that on the weather report. Don't go out. Because if allergies trigger your asthma, you want to make sure to take care of yourself there. And then, common sense stuff, get plenty of sleep. Try and manage your stress level, eat well. I mean all those things have an impact on your health and all these chronic conditions. So in this environment, you know, we'll see, as you go back to work, that's the big question. How are we going to deal with this going forward?

Melody Howard: 00:43:17

Thank you. Also, just as a precaution, one way to be proactive is to make sure you have your MedicAlert ID on in case something happens, and make sure your information is up to date. It looks like we have a few more minutes for some questions. But we have a question from Eileen.

Q What are the health recommendations during this pandemic for people with food allergies?

Kenneth Mendez: 00:43:42

The key one that I mentioned is that if you need to use your epinephrine auto injector, if you're having an anaphylactic reaction, make sure to call your doctor immediately so they know that you're using this. And they could advise you on what to do, whether you need to go to the emergency room, or need to use that second dose. In a worst-case scenario, it's so important to have that second dose available. And you know, for those of you on MedicAlert, wear your IDs!

And then with food allergies, we have surveyed our community and we understand it's tough. Because with some of the food shortages out there, the bare shelves in the supermarkets, some of the foods that you're used to using which are reliable aren't there anymore. What we'd advise is to read the labels very carefully to make sure that there are no allergic triggers in there that someone might have an allergy to. If you need to, call the manufacturer and see whether they could let you know if there's a specific allergen in there. We know sometimes manufacturers aren't always that helpful, but that's what we recommend you do.

Melody Howard: 00:45:23

Great. I have a question from Kathleen.

Q. Are there any statistics on the number of children with asthma that have been diagnosed with COVID-19?

Kenneth Mendez: 00:45:34 I wish there were, but there aren't right now. As I said earlier, it's too early to tell right now. There's not enough data out there. I think they have the age demographics, the approximate age demographic, and so far it's quite small for the younger age groups. As I mentioned earlier, those who are over 65 are more susceptible to COVID-19. You know, the older folks, that's the higher risk group.

Melody Howard: 00:46:07 Great. Also a question from Cheryl.

Q. How do patients with asthma and lung disease know when it is safe to return to a normal life and work? And what precautions do we need?

Kenneth Mendez: 00:46:18 Yeah, so you know, I think there are a couple of things here. Again, work with your healthcare provider to make sure that they know what your condition is and how you're feeling so your medications are appropriate, and at the right levels. Again, when you go out, if you're in a high-risk category, having a mask and still practicing social distancing are important. We're fully expecting that things aren't going to be normal when you go back to work. If you are in a higher risk factor make sure you practice all the things that you've been practicing right now when it's time to go back to work, because things might not change that much. There's no vaccine for this right now. I think you have to continue to protect yourself in the same way you are right now. Protect your asthma first. Make sure it's controlled, understand how you're feeling and what medications you need. Work with your doctor and then make sure as you think about going back to work that you have a plan. Then practicing social distancing, washing hands, all the things that we've been doing now – keep them up.

Melody Howard: 00:47:33 Thank you so much. I have a question from Carol.

Q. How can I boost my immune system to have better lung health?

Kenneth Mendez: 00:47:42 Yeah, Carol. I think we talked about some of that stuff earlier, specifically getting good sleep. You know, living a healthier life. That's good for your immune system overall. I don't think there are any very specific things you could do. When there's pollen

right now and it's the height of pollen season, making sure you stay in doors or use indoor air quality and cleaners, and vacuum cleaners inside with HEPA filters. Absent that, just try to lead a healthy life, getting good sleep and eating well. And working with your doctor is probably the most important thing you can be doing for your immune system and your overall health.

Melody Howard: 00:48:29 Great. Thank you. And this question, just in from Mary.

Q. Do asthmatics need nebulizers, oxygen concentrators and blood oxygen level testers on hand?

Kenneth Mendez: 00:48:41 Again, I don't know that you need them on hand specifically. Some of you might have nebulizers already because your doctors prescribed them. I know my son got his first nebulizer treatment at nine months old and he's in his twenties right now. But I remember that first treatment. So we had them at home and we had it on hand for treatment. Your doctor will tell you if you need that nebulizer at home. There's been some press about the pulse oximeters out there right now. We're running that through our medical scientific council because the pulse oximeter can provide some monitoring on your oxygen levels in your blood - and that could be an early indicator if you're having issues with respect to breathing and lung health. So those things are very much on our radar right now and stuff that we'll be looking at and keeping in mind going forward.

Melody Howard: 00:49:37 Thank you. Deepali has asked:

Q. Can asthma be cured completely - and if not, which medications are best to control it?

Kenneth Mendez: 00:49:46 Unfortunately there's no cure for asthma right now. 3,600 people die a year from asthma, so it can be serious. The practice right now is to try and control it as best possible. The common treatment I was talking about earlier was albuterol as a rescue medication. That's if you are struggling and having trouble breathing; then taking the rescue medication should help you improve your breathing. And then there are controller medications that have some combination of the albuterol but also inhaled steroids that will reduce the inflammation in your lungs. Those are the two different kinds of medication that are commonly used in moderate to severe asthma.

And then for the question earlier about Fasenna, there are biologics out there right now where if the standard treatments don't work for you in a maintenance form, having injectables and those biologics tend to work for some people. It can be a game changer for some in terms of controlling your severe asthma. But again, that's working with your doctor to determine what the best approach is. There's also a medical procedure called BT therapy, bronchial tracheal therapy. It's a little bit more aggressive, but that's a physical procedure that you could have on your lungs. All those options are things that you should be talking to your doctor about, as you discover you have asthma and monitor your asthma and your action plan. Doctors are very much aware of the asthma action plan and will test you or talk to you, get a sense for how you're feeling when you come in, and adjust your medication accordingly.

Melody Howard: 00:51:40

Great. Here's another question, this time from Deborah.

Q. We're not feeling that our nine-year-old with asthma should attend school when it opens, being more vulnerable to serious COVID-19. What do you recommend?

Kenneth Mendez: 00:51:59

I think it's really going to depend on the school district, what your comfort level is, and working with the school. For example, I mean these are completely different times, but I could just use an example with respect to food allergies specifically. But this is also the case with asthma. If you're sending a child back to school and they've got specific respiratory issues, asthma or food allergies, the school has to be able to work with you to accommodate those specific conditions. If you go to our website, aafa.org, we've got some guidance on there in [how to approach the school](#) if you have asthma and allergies, or if your child does. And ways you can work with the school to go back. Now with that said, many of the schools are closed down now and we're not sure what's going to happen going forward. I think that that's a great unknown, but I think making sure that the school knows your child has asthma or life-threatening food allergies is very important as we start to go back to the school environment.

Melody Howard: 00:53:18

Great. Thank you. We actually do have time for one more question. I have one last question. It's from Paige.

Q. As a childcare provider, how can I support children with asthma and allergies and their families?

- Kenneth Mendez: 00:53:30 Thank you for that question Paige, because we rely on you. In fact, many of us will have to rely on you when we go back to work and we trust our kids with you. I'd say first off, really understanding allergies and asthma is important. Be aware of the asthma action plan, and there will be some other resources we'll share in a bit in terms of where you could go on our website. It's all free information. To the extent that you can understand asthma, allergies, food allergies, if you're a caregiver and the children have any of those, is really helpful to us as parents. Clearly for me, when my kids were young if we had a babysitter or a caregiver, making sure we felt confident that they knew what to do in an emergency was really important.
- 00:54:23 Also if the child you care for has a MedicAlert ID, that's another layer of security. They have the child's medical record and the procedures to help their members know what to do in the event of an emergency. It's right there on the bracelet. But as a caregiver, as someone who's caring for kids it's about knowing what to do in an emergency. Then you have to understand all the things related to food allergies for example, cross-contamination is one issue. And also being sensitive to the fact that sometimes these kids can get bullied in school and just trying to help them with that as well. I think it can be very reassuring to the kids, and to the family and to the parents.
- Melody Howard: 00:55:12 Kenny, thank you so much. Can you tell us more about some of the resources that AAFA provides for people with asthma and allergies?
- Kenneth Mendez: 00:55:19 Sure. I'd be happy to. I think we've got a couple of slides here. We have a blog that we update on a regular basis and it's titled [Coronavirus: What People With Asthma Need to Know](#). The head of our medical scientific counsel, Dr. Mitch Grayson has also written some things about complying with medication and other questions.
- If you flip to the next slide, we can see what else you've got there. We just talked about food allergies, and there was a good question about that with respect to COVID- 19, but the thing we didn't get to is eczema. These are all the same immune system response. Eczema is atopic dermatitis - but food allergies,

asthma, eczema are all kind of the same Immune system response. It just depends on the varying levels and who has it.

00:56:23

When you're doing a lot of hand washing, there is a tendency for be skin irritation. That could be a trigger for eczema. We've got some advice on the website on [how to deal with hand-washing for people with eczema.](#)

We had a little bit of dialogue about the [shortages of albuterol](#), so that's one thing we're keeping an eye out for. But also as we hear about healthcare coverage opening up, we're letting people know. [Some states have opened up health care enrollment](#) given folks losing their jobs and not being at work. So we tried to alert our community about that. We'll continue to do that. And as we get more information, we try and update that information and keep it on our website. So definitely visit there.

00:57:27

If you go back one slide on the albuterol drug shortages. We're we working with the FDA on that but we here was recently a [new generic that just came out for albuterol](#). So that's something that we try and alert people to. If you subscribe to our email list or register in our community, we'll keep you informed. That brings us to the next slide – one of the best here things that we have is an [online community](#). It's completely free. You log in and there's a support network there. There are people who are experiencing what you're feeling, or you can ask questions of them and they'll answer. So it's a little bit safer, more protected than Facebook because it's moderated. We're also on Facebook and some of the other social media platforms. We also have an Ask the Allergist, so if you have a question we could send it to our medical scientific council and get it answered for you in a couple of days.

00:58:29

So there's updates on research, a lot of things there. So if you go to [aaafa.org/join](#) you can find us there. There's also a button I think saying get support. If you go to the next slide, the other thing to remember here is if you want to learn more. So someone asked a question about what I can do as a caregiver for a family, if you want to learn more about asthma and allergies. We've got [online learning](#), which is available to you. These are self paced courses. In some cases I think they're free. We have a partnership with the CDC where we've developed this online curriculum. If you flip to the next slide, you can see what they look like when you go there. These are the various

courses that we have. Someone asked about how you deal as a caregiver. We've got courses on managing your child's food allergies, so that would be appropriate. Also on Severe Asthma Care for Adults. And then there is a course for healthcare professionals. But again, all those are available on our website.

00:59:50 The other thing I'd say is that we have an online recipe database that's tested and populated by those who are in the community called [Safe Eats](#). I remember, once our kids were diagnosed with food allergies, you needed to know how to put a meal on the table and what recipes to use. And so that's a resource that we provide and want to make sure that you know is available completely for free. And you could go to our website and find that they're on the website [kids with food allergies.org/recipes](https://kidswithfoodallergies.org/recipes).

Melody Howard: 01:00:38 Great. Kenny, thank you so much for being our guest today. This has been fantastic, but there are so many questions we didn't get to. I hope you'll come back for another session.

Kenneth Mendez: 01:00:47 Yes, definitely. Again, please visit aafa.org. If you've got any questions, register on our community and we're happy to answer them. But I also look forward to coming back again, and working with your membership here.

Melody Howard: 01:01:00 Great. Thank you. Please visit MedicAlert's [Coronavirus Resource Center](#), which has some really great information from trusted resources. And if you enjoyed today's discussion, feel free to see our [past Healthy Hour recordings](#) in that area as well. Also to let you know, we will be having another Healthy Hour in approximately two weeks. We'll be announcing that topic and date shortly and you can [go here to register](#). Also, we'd love feedback about our session today. If you don't mind answering our question that comes across your screen, I'm just going to talk through a little bit more. While you're doing that, I just want to make sure that you take these proactive steps to update your MedicAlert medical record and ensure it's always up to date. It's really important because that's the information that we provide in an emergency to first responders calling on your behalf. I'd like to thank you for joining today, and we hope that you found this valuable. Stay safe and stay healthy.

Kenneth Mendez: 01:02:13 Great. Thank you. Thank you, Melody.

Melody Howard: 01:02:16 Thank you. Bye. Bye.