Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Received for publication January 19, 2021; accepted for publication April 13, 2021.
Corresponding author: Chih-Cheng Lai, MD, Department of Internal Medicine, Kaohsiung Veterans General Hospital, Tainan Branch, No. 427, Fuxing Road, Yongkang Dist., Tainan City 710, Taiwan. E-mail: dtmed141@gmail.com.

REFERENCES

1. Calmes D, Graff S, Maes N, Frix AN, Thys M, Bonhomme O, et al. Asthma and COPD are not risk factors for ICU stay and death in case of SARS-CoV2 infection. J Allergy Clin Immunol Pract 2021;9:160-9.
2. Halpin DMG, Singh D, Hadfield RM. Inhaled corticosteroids and COVID-19: a systematic review and clinical perspective. Eur Respir J 2020;55:2001009.
3. Lai CC, Chen CH, Lin CYH, Wang CY, Wang YH. The effects of single inhaler triple therapy vs single inhaler dual therapy or separate triple therapy for the management of chronic obstructive pulmonary disease: a systematic review and meta-analysis of randomized controlled trials. Int J Chron Obstruct Pulmon Dis 2019;14:1539-48.
4. Chang TY, Chien JY, Wu CH, Dong YH, Lin FJ. Comparative safety and effectiveness of inhaled corticosteroid and long-acting β(2)-agonist combinations in patients with COPD. Chest 2020;157:1117-29.
5. Lee JH, Park YH, Kang DR, Lee SJ, Lee MK, Kim SH, et al. Risk of pneumonia associated with inhaled corticosteroid in patients with chronic obstructive pulmonary disease: a Korean population-based study. Int J Chron Obstruct Pulmon Dis 2020;15:3397-406.
6. Schultze A, Walker AJ, MacKenna B, Morton CE, Bhaskaran K, Brown JP, et al. Risk of COVID-19-related death among patients with chronic obstructive pulmonary disease or asthma prescribed inhaled corticosteroids: an observational cohort study using the OpenSAFELY platform. Lancet Respir Med 2020;8:1106-20.

https://doi.org/10.1016/j.jaip.2021.04.039

COVID-19 "infodemics" and asthmatic children: The return to school challenge

To the Editor:

We read with great interest the Rostrum article by Abrams et al,[1] highlighting the relevance of clear and consistent recommendations about the relationships between asthma, allergies, school attendance, and coronavirus disease 2019 (COVID-19) infection in childhood. An adequate communication of the known evidence to children with asthma and their families will help on the decision-making process of a central question: should I allow my child with asthma to go back to in-person learning in the school or not?

Although the personal and community impact of returning to school is still a controversial issue, there is growing evidence that asthma and its treatment are not risk factors for increased morbidity and mortality of COVID-19 in children[2] and, as the authors highlight, may even have a protective role.[1,3] In spite of the recent progress, there are still open questions regarding severe acute respiratory syndrome coronavirus 2 infection in schoolchildren: Bayham and Fenichel[4] found that school closures, in the absence of other child-care options, may reduce health care labor force, impacting COVID-19 mortality, while Brauner et al[5] found that closing schools and universities had a large effect on mitigating and suppressing outbreaks of COVID-19. Supporting this effect of school reopening is the recent resurgence of cases in the United Kingdom being concentrated among schoolchildren (2-16 years old) as well as adults in the 35 to 49 age group, possibly comprising their caregivers.[6]

In a recently published review,[3] we addressed the clinical and management challenges of pediatric asthma in the current pandemic, and the available evidence of a low actual risk of COVID-19 morbidity or mortality in these patients. The publication was complemented and immediately followed by a lay summary, in a press release to local and national media. What caught our attention with the publication of this narrative review[3] was the media interest in this specific medical topic, notably at both regional and national levels, including general and children's health education websites. The summary of the article was rapidly disseminated in more than 50 media outlets, and it was widely quoted in the press, leading to a healthy discussion of a wrongly perceived risk.

At this moment in the pandemic, where anxiety generated by misinformation becomes more and more noticeable in families, appropriate information on sensitive topics, such as the return to school of children with asthma, the most common chronic respiratory illness in childhood, makes this issue a subject of interest to the lay public. An additional focus on individual risk stratification (eg, coexposure to relevant allergens and comorbidities) and controller medication adherence will be essential to allow children and their families to retain asthma control and to safely return to in-person school.[3]

As doctors and researchers, we cannot ignore the growing relevance of the lay and social media in the dissemination of accurate information in a clear language. On the contrary, the current pandemic has taught us, with all its information and political biases, the importance of engagement with these powerful media tools, which can decisively contribute to educate and communicate scientific evidence in this digital and "infodemics" era.[7]

José Laerte Boechat, MD, PhD[a,b,c]
Cláudia Azevedo, MA[c]
Olga Magalhães, MA, PhD[c]
Luís Delgado, MD, PhD[a,c]

[a]Basic and Clinical Immunology Unit, Department of Pathology, Faculty of Medicine, University of Porto, Porto, Portugal
[b]Clinical Immunology Service, Internal Medicine Department, Faculty of Medicine, Universidade Federal Fluminense, Niterói, Brazil
[c]CINTESIS – Center for Health Technology and Services Research, Faculty of Medicine, University of Porto, Porto, Portugal.
This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.
Conflicts of interest: The authors declare that they have no relevant conflicts of interest.
Received for publication April 18, 2021; accepted for publication April 22, 2021.
Corresponding author: José Laerte Boechat, MD, PhD, Alameda Professor Hernâni Monteiro, Porto 4200-319, Portugal. E-mail: jl_boechat@id.uff.br.

REFERENCES

1. Abrams EM, Shaker M, Greenhawt M. School attendance, asthma risk, and COVID-19 in children. J Allergy Clin Immunol Pract 2021;9:2145-50.
2. Papadopoulos NG, Custovic A, Deschildre A, Mathioudakis AG, Phipatanakul W, Wong G, et al. Impact of COVID-19 on pediatric asthma: practice adjustments and disease burden. J Allergy Clin Immunol Pract 2020;8:2592-9.e3.
3. Boechat JL, Wandalsen GF, Kuschnir FC, Delgado L. COVID-19 and pediatric asthma: clinical and management challenges. Int J Environ Res Public Health 2021;18:1093.
4. Bayham J, Fenichel EP. Impact of school closures for COVID-19 on the US health-care workforce and net mortality: a modelling study. Lancet Public Health 2020;5:e271-8.
5. Brauner JM, Mindermann S, Sharma M, Johnston D, Salvatier J, Gavenciak T, et al. Inferring the effectiveness of government interventions against COVID-19. Science 2021;371:eabd9338.
6. Coronavirus (COVID-19) infection survey, UK: 26 March 2021. UK: Office for National Statistics. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/26march2021. Accessed March 31, 2021.
7. Zarocostas J. How to fight an infodemic. Lancet 2020;395:676.

https://doi.org/10.1016/j.jaip.2021.04.069