Selections from international journals

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Differentiation of COVID-19 signs and symptoms from allergic rhinitis and common cold: An ARIA-EAACI-GA 2 LEN consensus.

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Background: Although there are many asymptomatic patients, one of the problems of COVID-19 is early recognition of the disease. COVID-19 symptoms are polymorphic and may include upper respiratory symptoms. However, COVID-19 symptoms may be mistaken with the common cold or allergic rhinitis. An ARIA-EAACI study group attempted to differentiate upper respiratory symptoms between the three diseases. Methods: A modified Delphi process was used. The ARIA members who were seeing COVID-19 patients were asked to fill in a questionnaire on the upper airway symptoms of COVID-19, common cold and allergic rhinitis. Results: Among the 192 ARIA members who were invited to respond to the questionnaire, 89 responded and 87 questionnaires were analysed. The consensus was then reported. A two-way ANOVA revealed significant differences in the symptom intensity between the three diseases (p < .001). Conclusions: This modified Delphi approach enabled the differentiation of upper respiratory symptoms between COVID-19, the common cold and allergic rhinitis. An electronic algorithm will be devised using the questionnaire.

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Management of anaphylaxis due to COVID-19 vaccines in the elderly.

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Carla Irani, Zhanat Ispayeva, Juan Carlos Ivancevich, Kaja Julge, Igor Kaidashev, Musa Khaitov, Edward Knol, Helga Kraxner, Piotr Kuna, Violeta Kvedariene, Antti Lauerma, Lan T T Le, Vincent Le Moing, Michael Levin, Renaud Louis, Olga Lourenco, Vera Mahler, Finbarr C Martin, Andrea Matucci, Branislava Milenkovic, Stephanie Miot, Emma Montella, Mario Morais-Almeida, Charlotte G Mortz, Joaquim Mullol, Leyla Namazova-Baranova, Hugo Neffen, Kristof Nekam, Marek Niedoszytko, Mikaela Odemyr, Robyn E O'Hehir, Yoshitaka Okamoto, Markus Ollert, Oscar Palomares, Nikolaos G Papadopoulos, Petr Panzner, Giovanni Passalacqua, Vincenzo Patella, Mirko Petrovic, Oliver Pfaar, Nhan Pham-Thi, Davor Plavec, Todor A Popov, Marysia T Recto, Frederico S Regateiro, Jacques Reynes, Regina E Roller-Winsberger, Yves Rolland, Antonino Romano, Carmen Rondon, Menachem Rottem, Philip W Rouadi, Nathalie Salles, Boleslaw Samolinski, Alexandra F Santos, Faradiba S Sarquis, Joaquin Sastre, Jos M G A Schols, Nicola Scichilone, Anna Sediva, Mohamed H Shamji, Aziz Sheikh, Isabel Skypala, Sylwia Smolinska, Milena Sokolowska, Bernardo Sousa-Pinto, Milan Sova, Rafael Stelmach, Gunter Sturm, Charlotte Suppli Ulrik, Ana Maria Todo-Bom, Sanna Toppila-Salmi, Ioanna Tsiligianni, Maria Torres, Eva Untersmayr, Marilyn Urrutia Pereira, Arunas Valiulis, Joana Vitte, Alessandra Vultaggio, Dana Wallace, Jolanta Walusiak-Skorupa, De-Yun Wang, Susan Waserman, Arzu Yorgancioglu, Osman M Yusuf, Mario Zernotti, Mihaela Zidarn, Tomas Chivato, Cezmi A Akdis, Torsten Zuberbier, Ludger Klimek.

Older adults, especially men and/or those with diabetes, hypertension, and/or obesity, are prone to severe COVID-19. In some countries, older adults, particularly those residing in nursing homes, have been prioritized to receive COVID-19 vaccines due to high risk of death. In very rare instances, the COVID-19 vaccines can induce anaphylaxis, and the management of anaphylaxis in older people should be considered carefully. An ARIA-EAACI-EuGMS (Allergic Rhinitis and its Impact on Asthma, European Academy of Allergy and Clinical Immunology, and European Geriatric Medicine Society) Working Group has proposed some recommendations for older adults receiving the COVID-19 vaccines. Anaphylaxis to COVID-19 vaccines is extremely rare (from 1 per 100,000 to 5 per million injections). Symptoms are similar in younger and older adults but they tend to be more severe in the older patients. Adrenaline is the mainstay treatment and should be readily available. A flowchart is proposed to manage anaphylaxis in the older patients.

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Physicians' knowledge and practice concerning diagnosis and management of anaphylaxis: The situation in Egypt.

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Introduction: Early recognition of an anaphylaxis event is crucial for instituting lifesaving management. We sought to explore knowledge and practice towards anaphylaxis in a sample of physicians from ten Egyptian governorates. Methods: An eighteen question-based questionnaire was developed by expert allergists to evaluate the knowledge and practice towards anaphylaxis, based on the World Allergy Organization guidelines for the assessment and management of anaphylaxis. The questionnaires were distributed, and the answered forms collected via emails, and data were tabulated, and analysed. Results: In this cross-sectional study, a total of 242 physicians completed the survey (183 (75.6%) paediatricians, 32 (13.2%) internists, 22 (9.1%) intensivists and five (2.1%) anaesthetists). Only 91 participants (37.6%) identified all the four proposed anaphylaxis clinical scenarios while 70, 45 and 36 identified three, two and one scenario, respectively. Loss of consciousness and abdominal symptoms were not recognised as possible presentations of anaphylaxis by 64.5% and 80.2% of the participants, respectively. Epinephrine was considered the first line treatment by 98 (40.5%), corticosteroids by 77 (31.8%) and antihistamines by 25 (10.3%). 75 (31%) responders identified the right dose of epinephrine while 119 (49.2%) identified the proper route. Concerning practice, 83 physicians (39.2%) used epinephrine for all cases of anaphylaxis, 88 (41.5%) used it for refractory cases only whereas 41 (19.3%) did not use epinephrine at all. Discussion: Our survey shows that the knowledge of Egyptian physicians and their practice towards anaphylaxis are still inadequate. The current situation reinforces the need to disseminate and encourage the adoption of the international guidelines for anaphylaxis diagnosis and treatment.

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Food allergy across the globe.

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The prevalence of food allergy (FA) is increasing in some areas of the globe, highlighting the need for better strategies for prevention, diagnosis, and therapy. In the last few decades, we have made great strides in understanding the causes and mechanisms underlying FAs, prompting guideline updates. Earlier guidelines recommended avoidance of common food allergens during pregnancy and lactation and delaying the introduction of allergenic foods in children aged between 1 and 3 years. Recent guidelines for allergy prevention recommend consumption of a healthy and diverse diet without eliminating or increasing the consumption of allergenic foods during pregnancy or breast-feeding. Early introduction of allergenic foods is recommended by most guidelines for allergy prevention after a period of exclusive breast-feeding (6 months [World Health Organization] or 4 months [European Academy of Allergy and Clinical Immunology]). New diagnostics for FA have been developed with varied availability of these tests in different countries. Finally, the first oral immunotherapy drug for FA was approved by the US Food and Drug Administration and European Medicines Agency in 2020. In this review, we will address the global prevalence of FA, our current understanding of the causes of FA, and the latest guidelines for preventing, diagnosing, and treating FA. We will also discuss similarities and differences between FA guidelines.