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Comment on: Bilò MB, Pravettoni V, Mauro M, Bonadonna P. Treating venom allergy during COVID-19 pandemic

Management of venom allergen immunotherapy during the COVID-19 outbreak in Spain

We have read with interest the article by Bilò et al¹ dealing with the recommendations on treating patients with venom allergy, and we would like to share our experience in Spain which is in accordance with these recommendations. We all know that the unexpected emergence of the COVID-19 pandemic in early 2020 provoked changes in the delivery of medical care of patients with diseases and treatments different from the COVID-19 itself. Allergen immunotherapy was not an exception. The EAACI board of officers and the ARIA-MASK Study Group published their recommendations on how to handle allergen immunotherapy in April 2020.² A consensus-based ad hoc expert panel of allergy/immunology specialists from the United States and Canada have also developed a contingency plan to prioritize patient attendance of allergic patients³ where initiation and maintenance of venom allergen immunotherapy (VIT) in patients with a history of a systemic reaction to venom was considered an essential service.¹ The first case of COVID-19 in Spain was reported in January 31, but from that moment onwards and specially after the first week of March, numbers of patients with COVID-19 abruptly increased. From March 16 until June 21, the Spanish Government declared the state of alarm to confine citizens to their homes and movements of people were restricted. Only patients with no other medical option could attend to healthcare consultations. In this scenario, patients under VIT were offered to come to our Department adjusting the schedule of VIT and allocating them in a more convenient distribution in time and space.

The University Hospital in Santiago de Compostela, Spain, covers an area of 500 000 people, and a total of 292 patients were receiving venom allergen immunotherapy at our hospital facilities when the state of alarm was declared. One hundred and ninety-seven patients (67.5%) were being treated with *Vespula* spp venom immunotherapy, 87 patients (29.8%) with *Apis mellifera* venom, and only 8 patients (2.7%) with *Polistes dominula* venom. Median age of the patients was 60 years old (range, 18–92), and 229 (78.4%) were male. Prior history of cardiovascular or pulmonary disease was present in 132 patients (45.2%). The majority of these patients were on maintenance schedules (274, 93.8%) at that moment. All patients were contacted by telephone to reschedule or confirm their appointments to avoid the flock of patients at the Allergy Department or at the waiting room.

Patients were offered to come at the Allergy Department or expand their injection intervals during the state of alarm. Patients were asked about symptoms related to coronavirus infection, and they had to wear facial masks and wash their hands with soap or hydroalcoholic gel immediately before entering the Allergy Department. Once there, a physical distance of at least 1.5 m between patients was secured. After leaving the facility, the seats and tables were disinfected with Clinell Universal Spray (GAMA Healthcare Limited). Following this protocol, only 67 patients (22.9%) suffered from some delay and their injection intervals were expanded to double in the majority of the cases (48/67, 71.6%) with no adverse reaction when re-administered. However, 19 patients (6.5%) refused to receive the treatment and decided not to continue VIT despite the end of the state of alarm because of the fear of being infected with coronavirus. Patients who left the treatment were no different from patients who decided to go on with it regarding age, sex, prior cardiovascular or pulmonary condition or the insect involved in the reaction.

We can conclude that, in our experience, VIT is a safe procedure that could be performed without problems following the recommendations of healthcare authorities and scientific societies.

CONFLICT OF INTEREST

Carmen Vidal, Margarita Armisen, Andrea Otero, Martínez-Lourido E declare no conflicts of interest regarding this manuscript.

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