

**PREVALENCE OF
SEVERE COVID-19
IN ASTHMATIC
PATIENTS USING
IMMUNOBIOLOGICALS**

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INTRODUCTION

Severe asthma, a subgroup of difficult-to-control asthma, is defined by the patient with a diagnosis of asthma confirmed with good medication adherence, correct inhalation technique and who, despite minimizing the factors associated with disease exacerbation, is in stage 5 of the treatment according to the GINA guideline.

The pandemic caused by Sars-cov-2, with the first case confirmed in Brazil in February 2020, has a heterogeneous clinical presentation, which can manifest itself with mild symptoms (malaise, fever, fatigue, cough, odynophagia), moderate and severe (dyspnea, respiratory rate above 30 bpm, oxygen saturation below 93%, respiratory failure), leading to hospitalization and progression to severe acute respiratory syndrome.

At the beginning of the COVID-19 pandemic, it was believed that chronic lung diseases were considered a risk factor for infection with the coronavirus. Poorly controlled patients were thought to have ineffective antiviral innate immune responses. However, current studies do not demonstrate asthma as a risk factor or a worse prognosis. Studies indicate that there is a protective factor associated with well-controlled asthma, related to the anti-inflammatory effects of inhaled corticosteroids and their negative impact on the inflammatory storm triggered by the virus. Currently, obesity, systemic arterial hypertension and advanced age are considered the main risk factors for severe disease.

OBJECTIVES

The following study aims to analyze the prevalence of Sars-Cov-2 infection in patients with severe asthma using immunobiologicals followed at the Specialty Outpatient Clinic of "Universidade Estadual de Londrina" (AEHU/UEL).

METHODS

Retrospective cross-sectional observational study through the analysis of the medical records of severe asthmatic patients using immunobiologicals treated until July 2022 at the AEHU/UEL.

RESULTS

Until August 11, 2022, 73 medical records of patients seen at the AEHU/UEL were evaluated. It was observed that 32 tested positive for COVID-19, among which 7 were severe, 1 requiring orotracheal intubation and 1 evolving to death. Of the severe cases, 4 patients did not receive the vaccine, including the case of death, 1 had an incomplete vaccination schedule and 2 had a complete schedule for the time, 2 shots. The others had mild or moderate conditions.

CONCLUSION

For now, it is possible to conclude that the prevalence of cases of COVID-19 that progressed to the severe form in our population was 21.8%, while mild and moderate forms represent 78.2%. Highlighting that in this study were not analyzed other risk factors that favor the evolution of COVID-19 to a severe form, we will proceed with the data collection through a questionnaire with prior authorization from the participants through the TCLE. Based on this study, we hope to contribute to a better understanding of the association between severe asthma and covid-19.