

# Awareness on the differences of Allergies and COVID-19

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## Abstract

The main warning signs of COVID-19, by the new corona virus, are fatigue, fever, and a dry cough. Sometimes, it also causes cold-like symptoms. During allergy season, it might be hard to differentiate the disease of COVID-19 and allergies.

**Keywords:** COVID-19; Allergic reactions; Asthma; Immune response

## ABOUT THE STUDY

The rapid progression and spread of coronavirus have instilled panic in people. As a result of this fear, people are misunderstanding the symptoms of COVID 19 and Seasonal allergies. Some symptoms that might appear similar with the allergic reactions. According to the advance studies, asthma does not appear to increase the risk for a person contacting COVID-19.

## EFFECT OF COMORBIDITIES ON ASTHMATIC PATIENTS

Older age and conditions such as heart disease, high blood pressure, Chronic Obstructive Pulmonary Disease (COPD), diabetes and obesity are reported risk factors for the development and progression of COVID-19. However, people with asthma experiences the worsen symptoms affected by SARS-CoV-2 than a non-asthmatic person. Asthma patients may become hyper-vigilant about personal hygiene and social distancing. Social distancing may control the effect of respiratory diseases in asthma patients. Being more attentive in taking asthma medication during the pandemic, this can control the chronic health consequences.

## EFFECT OF INHALED STEROIDS E ON COVID-19 OUTCOMES

Inhaled corticosteroids, which are commonly used to protect against asthma attacks, also may reduce the virus' ability to establish an infection. Steroids also have been shown to delay the clearing of the SARS and MERS virus-similar to SARS-CoV-2-from the respiratory tract and thus may worsen COVID-19 outcomes. However, studies have shown that steroids may decrease the body's immune response and worsen the inflammatory response. Due to the use of immunosuppresses the health condition may worsens.

## AGE RELATE TO EXPOSURE TO THE VIRUS

A person's susceptibility to COVID-19 disease increases with age. Older people experiences eosinophilia asthma a more severe form

along with asthma where children and young adults were suffer mainly from allergic inflammation. In these cases, people experience abnormally high levels of a WBC that helps the body to fight against infections, which can cause inflammation in the airways, nasal passages, sinuses and lower respiratory tract, potentially making them more at risk for a serious case of COVID-19. Asthma tends to be associated with far fewer other conditions than COPD. If SARS-CoV-2 is a disease that causes dysfunction in the cells that line blood vessels throughout the body, then heart disease, obesity, diabetes and other diseases associated with this condition may make people more susceptible to the virus than those who are asthmatic. However, older people with asthma who also have diabetes, heart disease may have similar instances of COVID-19 as non-asthmatics with these conditions (Table 1).

**Table 1:** Differences of COVID-19 and allergies symptoms.

	Seasonal allergies <sup>*</sup>	COVID-19 <sup>**</sup>
Length of symptoms	Several weeks	7-25 days
Cough	Rare	Common
Shortness of breath	No	Sometimes
Sneezing	Common	No
Runny or stuffy nose	Common	Rare
Sore throat	usually mild	Sometimes
Fever	No	Common
Feeling tired and weak	Sometimes	Sometimes
Headaches	Sometimes (related to sinus pain)	Sometimes
Body aches and pains	No	Sometimes
Diarrhea	No	Sometimes

<sup>\*\*</sup>COVID-19 is the only one associated with shortness of breath on its own.

<sup>\*</sup>Allergies can trigger asthma, which can lead to SOB [Shortness Of Breath].

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