OPEN ACCESS Freely available online

Internal Medicine: Open Access

Commentary

Resuming Suspended Allergy and Immunology Treatment in all Stages

Riaz Long*

Department of Medicine, Baylor College of Medicine, Texas, USA

ABOUT THE STUDY

The first cases of the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in the United States and Canada were discovered in early 2020. In the months since, the infection has spread fast in the United States, with over 1.3 million cases and over 81,000 deaths, and in Canada, with over 70,000 cases and over 5,000 deaths as of May 12, 2020. With a R0 = 3 and asymptomatic transmission evident, municipal, state, and federal governments enacted strict social/physical separation policies. There is no proven therapeutic treatment, and a vaccination for general usage is not yet available.

Decisions on what services to provide and how quickly to provide them are left to the discretion of the individual clinician and practice, which must adhere to state and local ordinances regarding the level of non-essential ambulatory care that can be provided. Good communication with staff and patients before and after all changes should be incorporated into this new paradigm on continuous change, given that progress through the phases may be forward and even backward because this is a developing issue.

State/provincial and local governments issued shelter-in-place orders in reaction to the virus, and non-essential ambulatory care was drastically reduced. This included either complete cancellation or significantly increased emphasis of allergy/immunology services. At the time of writing, rates of new infections and fatalities may be reaching a plateau and/or declining to the point where some state and local municipalities are lifting shelter-in-place orders, with or without "safer-at-home" or other less restrictive orders, though the infection rate may not have peaked in some areas. Similarly, limits on basic ambulatory care will most likely be relaxed. Although there may be an oscillation between shelter-in-place and safer-at-home orders over the following few months due to subsequent waves of the virus, there is a need to help educate the allergy immunology specialist on how to restart services. COVID-19, like earlier coronavirus epidemics and viral pandemics, is predicted to circulate in communities for months or longer.

As a result, it is critical that stratify service delivery and devise a strategy for increasing or decreasing service capacity. Although some allergy visits, such as allergic rhinitis and proactive medication allergy delabeling, can be postponed, others, such as primary immunodeficiency, infant food allergy. It describe an algorithmic technique to prioritising such visits and services in this paper. Understanding that there are a variety of economic factors to consider when deciding whether to restart in-person clinical care, this paper focuses solely on the logistical restart of in-person care.

CONCLUSION

Although all allergy/immunology patients require care, patients with known or suspected immunological abnormalities are at greater risk of life-threatening consequences, worsening depression/quality of life, and concerns about prescription shortages, and hence require extra attention. Efforts are currently underway to systematically analyze global risk, although the risk for such patients is not well understood. Furthermore, while some results have been published that show vulnerability in this patient population, the exact risk faced by those who are immunocompromized is not yet well recognised but should still be regarded as high in light of established infection susceptibility patterns in such patients.

Correspondence to: Riaz Long, Department of Medicine, Baylor College of Medicine, Texas, USA, E-mail: riazlo@56.edu

Received: 02-Jan-2023, Manuscript No. IME-23-22398; **Editor assigned:** 05-Jan-2023, PreQC No. IME-23-22398 (PQ); Reviewed: 20-Jan-2023, QC No. IME-23-22398; Revised: 30-Jan-2023, Manuscript No. IME-23-22398 (R); Published: 08-Feb-2023, DOI: 10.35248/2265-8048.23.13.394

Citation: Long R (2023) Resuming Suspended Allergy and Immunology Treatment in all Stages. Intern Med. 13:394.