



# Coronavirus (COVID-19)

Health advice for people with asthma

*Current on: Monday 30th March*

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The coronavirus outbreak is a rapidly developing situation and the most up-to-date information for people in the UK can be found [on the NHS website](#).

## Shielding advice for very high-risk groups

The Government has [released guidelines](#) for people who would be at very high risk if they caught coronavirus because they have a severe respiratory condition, including severe asthma.

We are aware there has been some confusion about who should be shielding. We have been urgently clarifying this with Government and the NHS. We appreciate your patience, as identifying who is at high risk is a very challenging job that is having to be done at a fast pace.

**If you or your child is in one of these groups, you should have already been identified and sent a letter or text message advising you to shield:**

You are taking ALL THREE OF:

a steroid preventer inhaler (at any dose)

another preventer medicine (e.g. you are on a combination inhaler, or take a medicine such as formoterol or salmeterol, or tiotropium as well as your

steroid inhaler, or if you are taking montelukast)

regular or continuous oral steroids (which means you have had 4 or more prescriptions for oral steroids in the last 6 months)

Or you have been admitted to hospital in the last 12 months for your asthma

Or you have ever been admitted to an intensive care unit for your asthma.

If you have not received a letter or text message yet, and you are in one of these groups, you should follow the shielding guidance anyway. Only contact your GP or hospital doctor if you need a letter, for example to prove this status to your employer. If you need to do this, you can do it now if you are in England, from Tuesday 31st March if you are in Scotland or Wales, or later in the week if you are in Northern Ireland. If you do not need this letter, then please just follow the shielding guidance, and there is no need to contact your doctor.

### If you or your child is taking any of the below medicines:

You may not have received a letter advising you to shield yet, but **we would advise you shield anyway.**

This advice has been agreed in collaboration with the National Clinical Director for Respiratory at NHS England.

Any [biologic therapy](#), also called a mAb (Xolair/omalizumab, Nucala/mepolizumab, Cinquaero/reslizumab, Fasenra/benralizumab)

Antibiotic tablets or liquid for asthma every week as a preventer (e.g. azithromycin)

A **combination inhaler** that also contains a long-acting bronchodilator (e.g. Seretide, Fostair, Symbicort) at a **high daily steroid dose** ([see the table below](#))

An inhaler with a **high daily steroid dose** ([see the table below](#)) **AND you are taking Montelukast**

We know it might be challenging to go into shielding without having a letter to prove this to your employers. You can [request Government support for shielding](#), whether you have been sent a letter or not. And you may be able to get local support from a [mutual aid network](#).

We also suggest you approach your employer directly to discuss your need to shield. The Government advice is that employers must support vulnerable and at-risk workers to protect themselves. This ACAS [advice for employees who want to shield](#) may be useful when talking to your employer.

The shielding advice also applies to key workers. For example, you can find the NHS Employers' guidance [here](#).

We will update this advice if anything changes and we will continue to push for support for people with asthma who need to shield. We will also monitor how all guidance is being implemented to ensure people with asthma are sufficiently protected and supported.

## If you are shielding, you should:

Stay at home at all times and avoid any face-to-face contact with others for at least 12 weeks.

Get food, medicines and other essential items delivered, and have the person delivering them leave them at the door. You can ask friends and neighbours to help with this, or use delivery services. If you can't do this, public services and charities are gearing up to help people who have to stay at home. If you need to, you can [register for extra services](#) from Government.

Use phone or online services to contact your GP or other services if needed.

Inside your home, minimise all non-essential contact with other people you live with.

People who provide essential support for you, such as healthcare or support with your daily needs or social care, can still come to your home. But if they have symptoms of COVID-19, they should not come. You should make a plan for how your care needs will be met if your carer becomes ill.

If you get symptoms of COVID-19, which means a fever or a new continuous cough, use the NHS 111 online coronavirus service or call 111 **as soon as you get symptoms**. Do not wait for your symptoms to get worse.

If someone else lives with you, they do not have to follow the shielding guidance. They should follow the social distancing guidance very closely and do what they can to support you with shielding.

There is more information for people who live with you in the [government shielding guidance](#) and we would strongly suggest you read it and apply it as much as you can.

We know that shielding is hard. But we believe it is the best way to protect people who could become very unwell if they get COVID-19.

## Stay at home to stop the spread of coronavirus

Everyone now needs to [stay at home to slow down the spread of coronavirus](#). If you have asthma, but are not in the high-risk groups listed above, you can only go out:

- to get essentials like food and medicine, no more than you absolutely need to
- to do a form of exercise once a day
- for any medical need
- to support a vulnerable person
- to go to work, only if it is essential.

Continue to wash your hands often, with soap and water. Don't touch your face if your hands aren't clean. And use tissues to wipe your nose or catch a sneeze, and bin them straight away.

## If you develop symptoms of COVID-19 and you have asthma:

You need to stay at home until you are no longer contagious to others. You can find the detailed NHS guidance on how long to stay at home [here](#).

You don't need to contact 111 to tell them you are staying at home.

If your COVID-19 symptoms don't go away after 7 days, or get worse, or you are having difficulty breathing, call 111 for advice, or 999 if you need emergency care.

Tell them that you have asthma, and if your asthma symptoms are getting worse.

If you get an asthma cough and are not sure whether your cough is a symptom of COVID-19 or related to your asthma, please speak to your GP, use the [online 111 service](#) or call 111 to ensure that you get the right care.

Keep following your asthma action plan to manage your asthma and so you know what to do if your asthma symptoms get worse. If you are having an asthma attack, call 999 for an ambulance as usual, and tell them you have COVID-19 symptoms.

Carry on taking all your usual asthma medicines as normal.

### If somebody you live with develops symptoms of COVID-19:

You, and everyone else in your household, need to stay at home for 14 days from the time the first person in your household got symptoms.

If you get symptoms of COVID-19, you need to stay at home for at least 7 days, even if that takes you past the end of the 14 days you have already been at home.

## Make sure you can get what you need

You should make plans to help you cope if the spread of the virus causes significant disruption, or if you get symptoms and need to self-isolate. This might include making sure you know how you would get your medicines, food and other essential items if you had to self-isolate, and thinking about how you would stay in touch with friends and family. You should register with your GP surgery for online services like ordering your prescriptions.

Please see the [NHS advice on staying at home](#) and [advice on social distancing](#) for more information.

## Manage your asthma well to reduce the risk from coronavirus

When people with asthma get respiratory infections, it can set off their asthma symptoms.

The best action you can take is to follow these simple asthma management steps:

**Keep taking your preventer inhaler daily as prescribed.** This will help cut your risk of an asthma attack being triggered by any respiratory virus, including coronavirus.

**Carry your reliever inhaler** (usually blue) with you every day, in case you feel your asthma symptoms flaring up.

[Download and use an asthma action plan](#) to help you recognise and manage asthma symptoms when they come on.

Start a [peak flow diary](#), if you have a peak flow meter. If you don't have a peak flow meter, think about getting one from your GP or pharmacist, as it can be a good way of tracking your asthma and helping to tell the difference between asthma symptoms and COVID-19 symptoms. It can also help your medical team to assess you over the phone or video.

If you come down with flu, a cold, or any other respiratory infection, follow our tips for [looking after your asthma when you're not well](#).

If you smoke it's vital to quit now as smoking will increase your risk from COVID-19. There's NHS advice on how to give up smoking [here](#).

## What to do if your asthma is getting worse

If your asthma is getting worse and you have symptoms of COVID-19, please use the [111 online service](#) or call 111. Don't go to your doctor's surgery.

When you contact 111:

Let them know that you have asthma and that you're getting asthma symptoms.

Explain how often you are using your reliever inhaler and if it's not working completely or lasting for 4 hours.

Follow the instructions given to you by 111.

If your symptoms get worse quickly and you're worried you are having an asthma attack, call 999 and let them know you may have coronavirus and are having an asthma attack. See [our asthma attack advice](#) for more information.

If your asthma is getting worse and you don't have symptoms of COVID-19, make an urgent appointment to see your GP as usual. They may ask to speak to you by phone or video. If you have an asthma attack, follow the steps on your action plan and call 999 for an ambulance if you need to.

## Help if you're feeling anxious

Some people with asthma are telling us they feel anxious and worried about coronavirus. The Mental Health Foundation has produced a great list of [tips to help people cope with anxiety](#). Ideas include:

Making sure you're looking after yourself, so you feel more able to cope with whatever happens.

Watch out for bad habits like increasing your alcohol consumption. Try to make sure you are getting some exercise

Only looking at reliable sources of information, like the NHS and the gov.uk websites.

Staying connected to friends and family and talking about your worries.

## What is a high dose of inhaled steroids?

Look for the medicine in your inhaler in the list below. If you are on the dose listed or more, then it is considered a high daily dose of steroids. This will help you work out if you need to follow the shielding advice above.

This list comes from the National Institute of Health and Care Excellence's guideline on asthma, which you can find in full [here](#).

If you have questions or concerns about the inhaler(s) or the dose that you are taking, contact your asthma healthcare team. They are the only people who can prescribe medicines for you or change the dose that you are taking.

Remember it is not the inhaler dose alone that means you need to go into shielding. Check [the list above](#) for criteria.

### Inhaled steroid dosages for adults aged 17 years and over

	High dose
<b>Beclometasone dipropionate<sup>1</sup></b>	
Standard particle CFC-free inhalers	1,200–2,000 micrograms per day in 2 divided doses
Extra-fine particle CFC-free inhalers <sup>2</sup>	500–800 micrograms per day in 2 divided doses
<b>Budesonide</b>	
Dry powder inhalers	1,000–1,600 micrograms per day in 2 divided doses
<b>Ciclesonide</b>	
Metered dose inhaler	400–640 micrograms per day in 2 divided doses
<b>Fluticasone propionate</b>	
Metered dose and dry powder inhalers <sup>3</sup>	600–1,000 micrograms per day in 2 divided doses
<b>Fluticasone furoate<sup>4</sup></b>	
Dry powder inhaler	200 micrograms as a single daily dose
<b>Mometasone furoate</b>	
Dry powder inhaler	Up to 800 micrograms per day in 2 divided doses

<sup>1</sup> CFC-containing beclometasone dipropionate MDIs are no longer available, so are not included. The MHRA advises that beclometasone dipropionate CFC-free inhalers should be prescribed by brand name (Drug safety update, July 2008).

<sup>2</sup> Extra-fine particle CFC-free inhalers include brands such as Qvar and Fostair, which are more potent than standard particle CFC-free inhalers. Fostair and Fostair

NEXThaler are combination products containing beclometasone dipropionate with formoterol. The manufacturer's SPC and the BNF indicate that 100 micrograms of beclometasone dipropionate via Qvar products are approximately equivalent to 200–250 micrograms of beclometasone dipropionate in standard particle CFC-free inhalers, and 200–250 micrograms of budesonide; 100 micrograms of beclometasone dipropionate via Fostair products are equivalent to 250 micrograms of beclometasone dipropionate in standard particle CFC-free inhalers.

<sup>3</sup> Flixotide Evohaler and Flixotide Accuhaler are licensed up to 2,000 micrograms per day (in 2 divided doses), which is approximately equivalent to 4,000 micrograms per day of budesonide. The manufacturer's SPC advises that, because of the risk of systemic effects, doses of fluticasone propionate above 1,000 micrograms per day should be prescribed only for adults aged 17 years and over with severe asthma where additional clinical benefit is expected, demonstrated by either an improvement in pulmonary function and/or symptom control, or by a reduction in oral corticosteroid therapy.

<sup>4</sup> At the time of publication (July 2018), fluticasone furoate was available only in a combination product, Relvar Ellipta (fluticasone furoate with vilanterol). The manufacturer's SPC states that in people with asthma, fluticasone furoate 100 micrograms once daily is approximately equivalent to fluticasone propionate 250 micrograms twice daily, and fluticasone furoate 200 micrograms once daily is approximately equivalent to fluticasone propionate 500 micrograms twice daily. See also the NICE evidence summary Asthma: fluticasone furoate/vilanterol (Relvar Ellipta) combination inhaler (2014).

### Inhaled steroid dosages for children aged 5 to 11 years

	Paediatric high dose
<b>Beclometasone dipropionate<sup>1</sup></b>	
Standard particle CFC-free inhalers	500–800 micrograms per day
Extra-fine particle CFC-free inhalers <sup>2</sup>	300–400 micrograms per day in 2 divided doses
<b>Budesonide</b>	
Dry powder inhalers	500–800 micrograms per day in 2 divided doses
<b>Ciclesonide</b>	
Metered dose inhaler <sup>3</sup>	240–320 micrograms per day in 2 divided doses
<b>Fluticasone propionate</b>	
Metered dose and dry powder inhalers <sup>4</sup>	250–400 micrograms per day in 2 divided doses

<sup>1</sup> CFC-containing beclometasone dipropionate MDIs are no longer available, so are not included. The MHRA advises that beclometasone dipropionate CFC-free inhalers should be prescribed by brand name (Drug safety update, July 2008).

<sup>2</sup> Extra-fine particle CFC-free inhalers include brands such as Qvar, which are more potent than standard particle CFC-free inhalers. The manufacturer's SPC and the BNF indicate that 100 micrograms of beclometasone dipropionate via Qvar products are approximately equivalent to 200–250 micrograms of beclometasone dipropionate in standard particle CFC-free inhalers, and 200–250 micrograms of budesonide. At the time of publication (July 2018), Qvar products did not have UK marketing authorisations for use in children aged under 12 years (see notes on page 1). Dosages in this table are based on Global Initiative for Asthma (GINA) 2018 recommendations for children aged 6 to 11 years.

<sup>3</sup> At the time of publication (July 2018), ciclesonide (Alvesco) did not have UK marketing authorisation for use in children aged under 12 years (see notes on page 1). Dosages in this table are based on Global Initiative for Asthma (GINA) 2018 recommendations for children aged 6 to 11 years.

<sup>4</sup> At the time of publication (July 2018), the only licensed dosage of fluticasone propionate for children aged 4 to 11 years via the combination products Seretide Accuhaler and Seretide Evohaler (fluticasone propionate with salmeterol) was 200 micrograms per day in 2 divided doses.

## We hope you have found this content useful

Our team of health experts is working tirelessly on a daily basis to provide the latest and most up to date health advice concerning Coronavirus (COVID-19) for people with asthma.

Record numbers of people now need our support. As a charity our help and advice are only possible thanks to kind donations from people like you.

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Speak to an asthma expert nurse on our helpline **0300 222 5800**

**We are experiencing exceptionally high call volumes.** Many more people are seeking our help than usual, due to the current coronavirus situation. We are providing the best service we can under these extraordinary circumstances. Please be mindful of the pressures in the whole system when using our services.

**We are updating our website with information as we receive it:**

<https://www.asthma.org.uk/coronavirus>

Our helpline is open Monday-Friday, 9am-5pm. Visit our [contact page](#) for more ways of getting in touch.