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**Facing the Pandemic:**  
Living with asthma  
and COVID in the  
Hispanic/LatinX Community



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**Agenda:**


- Welcome and Introductions
- Asthma prevalence and management in the Hispanic/Latinx community
- Covid-19 up-date: vaccines, variants and long-hauler
- Patients share their real-world experience with asthma and COVID-19

**Objectives:**

- Describe the prevalence of asthma and COVID-19 in the Hispanic/Latinx community compared to other races.
- Examine asthma and COVID-19 disparities in Hispanics/Latinx
- Define latest COVID-19 variants
- Explain COVID-19 Long-Haul



**Moderator**  
Tonya Winders,  
CEO and President  
Allergy & Asthma  
Network



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**GUEST SPEAKERS**



Angel Melendez  
Project Advisory Group  
Patient Advisor



Vivian Hernandez-Trujillo, MD,  
Division Director, Allergy and  
Immunology  
Fellowship Training Program Director,  
Allergy and Immunology  
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Miami, FL



Purvi Parikh, MD  
Clinical Assistant Professor of  
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and Asthma Association,  
Murray Hill, NY



Pastor Dot DeLarosa  
Project Advisory Group  
Patient Advisor

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**Polling Questions #1:** Respiratory infections, cigarette smoke, dust mites, and strong odors can trigger an asthma attack.

True or false

1. True
2. False

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**Polling Question #2:** Latinos are affected by asthma more than other patient groups

- True
- False

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**Asthma in the Latin Community**

Vivian Hernandez-Trujillo, MD, FAAP, FAAAAI, FAAAAI  
Division Director, Allergy and Immunology  
Fellowship Training Program Director, Allergy and Immunology  
Nicklaus Children's Hospital  
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**Conflicts of Interest**

- Speakers' Bureau for: Takeda
- Consultant for: Kaleo
- Spokesperson: Kaleo
- Advisory Board Member: DBV, Covis, US World Meds, Kaleo, Takeda, CSL, Regeneron

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**Objectives**

- Define "What is asthma?"
- Describe Asthma triggers
- Explain the prevalence of Asthma in Latin Communities
- Examine Asthma Disparities in Latinos

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### Asthma

Asthma is a chronic disease that causes inflammation and bronchoconstriction in the airways.

This results in coughing, shortness of breath, shortness of breath, wheezing.

Patients can live a normal life if adequate asthma control is maintained.

**Pathology of Asthma**

Normal airway      Asthmatic airway      Asthmatic airway during attack

Labels: Normal airway, Asthmatic airway, Asthmatic airway during attack, Tightened smooth muscles, Air trapped in alveoli, Swollen mucosa, Mucus, Red inflamed and itchy.

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### Asthma triggers

- Respiratory infections
- Environmental allergens- dust mites, cockroaches, mold, pet dander
- Smoke or sudden temperature changes
- Strong emotion- laughter, crying
- Intense exercise

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### Asthma Prevalence

- In the United States, more than 25 million people suffer from asthma
- In 2018, 2.3 million Hispanics reported asthma
- Asthma cases in Puerto Rico represent twice as many asthma cases compared to other Hispanics
- Prevalence has been increasing, in particular, underserved areas or with difficulty accessing medical resources

**Asthma**

25 MILLION Americans diagnosed

1 in 10 CHILDREN

\$80 BILLION in costs

3,168 DEATHS annually

13.8 MILLION missed school days per year

14.2 MILLION missed work days per year

3 in 5 less physical activity

71% MISUSE inhalers

1 in 5 CANNOT AFFORD medications

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### Prevalence

- In the Latino community, among adults, 6.4% among all Hispanics
- Of this group, 15% Puerto Rico and 5% Mexico
- Among children under 18 years, 8% All Hispanic
- Of this group, 17% Puerto Rico and 7% Mexico
- Children of Puerto Rican origin suffer from asthma three times more than white children of non-Hispanic origin

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**What does "disparity" mean?**

- Health disparities are racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.

**What does "health equity" mean?**

- The attainment of the highest level of health for ALL people. Achieving health equity requires valuing everyone equally with focused societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health & healthcare disparities.

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**Health disparities in the Latino community**

- Latinos who prefer to communicate in Spanish received fewer asthma diagnoses in community health centers in the United States compared to Latino patients who prefer to communicate in English
- Latinos received a diagnosis of asthma less frequently the first day they presented with symptoms compared to white non-Latino patients

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**Factors affecting the Latino community**

Respiratory infections during the first two years of life increase the risk of developing asthma in Puerto Rican patients

In the National Health Survey (NHIS) of Children, more visits to the Emergency Room among Asthma Patients from Puerto Rico and Mexico / Americans

Among obese children, the risk of oral steroid use increases by 15%

**FACTORS THAT CAN LEAD TO ASTHMA DISPARITIES**

- ACCESS TO CARE** - Limited or lack of transportation can result in patients missing or rescheduling doctor appointments and forgoing or delaying medication use.
- INCOME** - Poverty can affect access to healthcare and health insurance, leaving low-income patients at risk of medical care, including preventive medications.
- ENVIRONMENTAL ALLERGENS AND IRRITANTS** - People with asthma who live in urban areas with substandard housing are exposed to more asthma triggers, including mold, dust mites, cockroaches and mice, cigarette smoke and vehicular exhaust from nearby highways.
- EDUCATION INEQUALITY** - A lack of knowledge and understanding of the disease can lead to problems such as using asthma inhalers incorrectly or not following through on treatment.
- LANGUAGE AND CULTURAL DIFFERENCES** - People with asthma who speak Spanish as a primary language may struggle to get appropriate health services.

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**Importance of adequate asthma control**

- Studies show that in Latino school-age children - from Puerto Rico, Mexico and Central / South America - use of rescue medications greater than in other groups
- Mortality from asthma is higher among Latinos, especially from country of origin of Puerto Rico
- Latino children have a 40% higher risk of dying from asthma compared to non-Hispanic whites

**ASTHMA HEALTH DISPARITIES**

Asthma crosses all racial, ethnic and socioeconomic groups. It is more common among African-American, Hispanic and Native American populations, particularly those living in poor urban areas.

**RATE OF ASTHMA-RELATED ER VISITS AND DEATHS COMPARED WITH CAUCASIANS**

	ER VISITS	DEATHS
African-American children:	4.5X HIGHER	7X HIGHER
African-American adults:	2.8X HIGHER	3X HIGHER
Hispanic children:	2.1X HIGHER	2X HIGHER


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### Resources

- Allergy & Asthma Network information on the website- [www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)
- Updated resources are available to patients and families of people with asthma
- Communication with the medical team is very important



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### Summary

- Latinos are affected by asthma more than other patient groups
- There is a need to understand the factors that result in an increase in asthma in our communities
- Asthma resources are available in Spanish to improve the diagnosis and treatment of Latino patients with asthma

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“I was diagnosed with asthma as a child. I want to share what it’s like living with asthma every day of my life”



**Angel Melendez**  
Project Advisory Group  
Patient Advisor

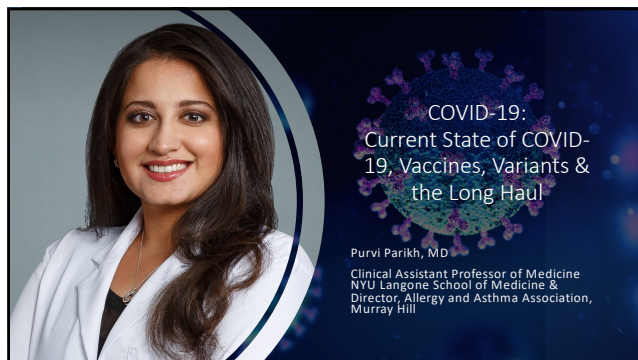
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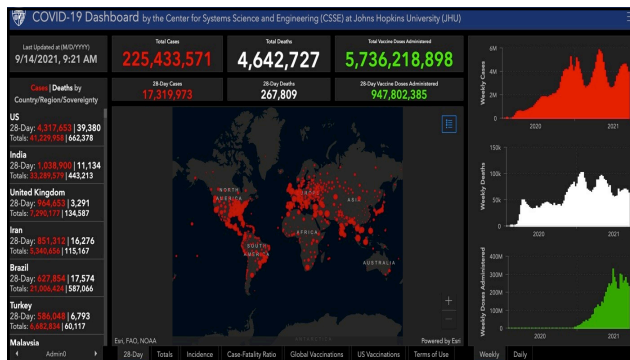
### Polling Question # 3: Which of the following best describes your COVID vaccination status?

- 1. I am fully vaccinated (2 doses of either the Pfizer or Moderna OR 1 dose of the J&J)
- 2. I am partially-vaccinated (only 1 dose of the Pfizer or Moderna)
- 3. I have not received the vaccine but plan to in the future
- 4. I have been advised by my doctor not to receive the vaccine
- 5. At this moment, I do not plan on receiving the vaccine

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**Racial Disparities in COVID-19 Pandemic**

Race	Share of Population	Share of Deaths	Share of Cases
White (non-Hispanic)	61.1%	59.9%	50.7%
Hispanic	17.8%	18.4%	28.3%
Black	12.3%	13.6%	11.5%
Asian	5.4%	3.6%	3%
Native American	0.7%	1%	1%

*Covid-19 Tracking project, NPR August 2021*

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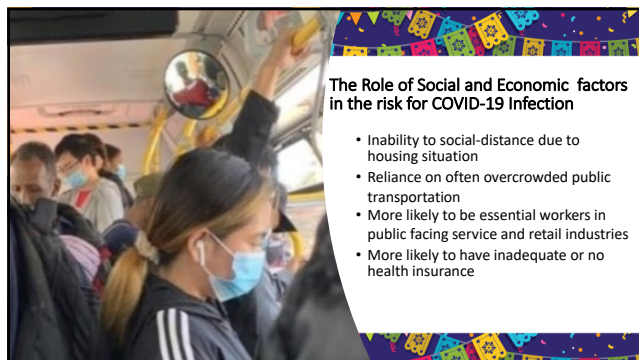
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**Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity**

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	1.7x	0.7x	1.1x	1.9x
Hospitalization <sup>2</sup>	3.5x	1.0x	2.8x	2.8x
Death <sup>3</sup>	2.4x	1.0x	2.0x	2.3x

**Race and ethnicity are risk factors for poor outcomes following a COVID-19 diagnosis. Other risk factors include delayed access to health care and occupation during the pandemic (e.g., workers who are essential, frontline, or part of critical infrastructure.)**

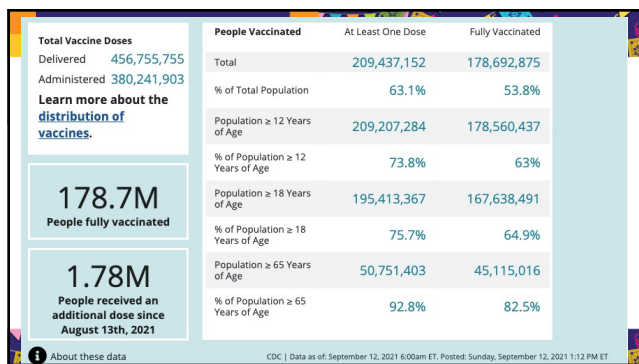
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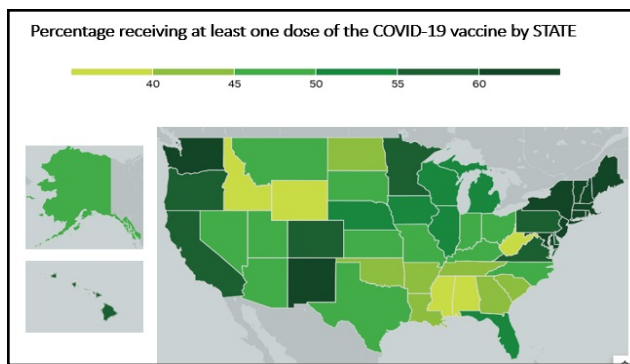
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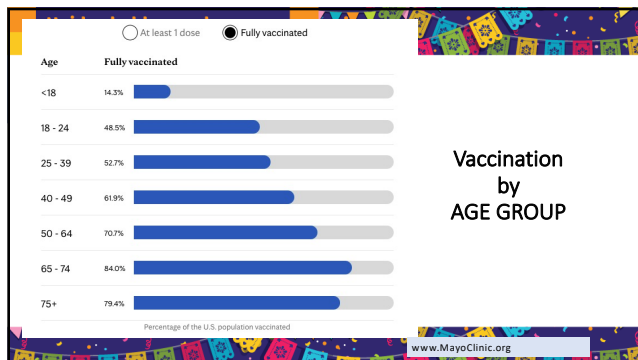
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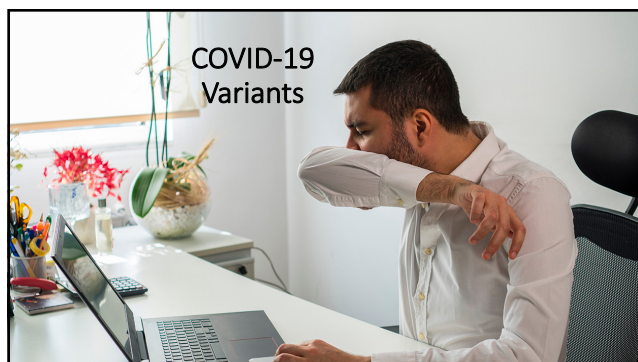
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### COVID-19 Vaccine FDA Approvals

U.S. Food and Drug Administration approved the first COVID-19 vaccine. The vaccine has been known as the Pfizer-BioNTech COVID-19 Vaccine, and will now be marketed as Comirnaty (koe-mir'-na-tee), for the prevention of COVID-19 disease in individuals 16 years of age and older

Continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals

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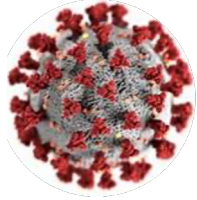
### Polling question #4: Variants, like the Delta variant, are common among viruses.

1. True
2. False

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### COVID-19 Variants




- Viruses constantly change through mutation
- New variants of a virus are expected over time
- Multiple variants of COVID-19 have been documented
- Geographic separation tends to result in genetically distinct variants

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### Priorities to address new SARS-CoV-2 variants




- Continue to suppress and push to eliminate SARS-CoV-2 while rolling out COVID-19 vaccines
- Improve surveillance of SARS-CoV-2 variants through global sequencing and sharing of variant-specific PCR primers
- Create a central repository of samples of sera and cells from individuals with past infection or past immunization with available COVID-19 vaccines for seroneutralization and cellular immunity functional testing against newly discovered variants
- Produce COVID-19 vaccines reactively and adapt them to newly emerging lineages
- Ensure global access, availability, and affordability of COVID-19 vaccines to ensure no countries are left behind

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### COVID-19 VARIANTS



#### Delta Variant

- The variant now causing concern around the world is the "delta" variant. Experts say a particular strain of the delta variant (a mutated version of the variant that is more infectious) is responsible for the recent surge of cases in the United Kingdom.
- This strain, B.1.617.2, is currently the dominant one in the U.K. and is labeled as a "variant of concern" by the World Health Organization (WHO). The main reason for the concern: Experts believe it to be up to 60% more transmissible than the original strain of COVID-19.


#### Lambda Variant

- One variant of interest is the lambda variant (C.37). The earliest documented samples of this variant were recorded back in December of 2020 in Peru. It has since been reported that this variant is more resistant to vaccines and highly infectious.
- The WHO made it a "variant of interest" on June 14 and it has been detected in 29 countries so far. However, there are still many unknowns when it comes to the lambda variant.

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### Variant UPDATE – Variants of Interest



Currently designated Variants of Interest:

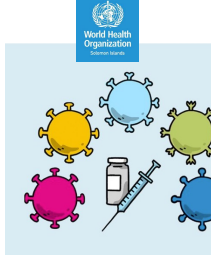
WHO label	Pango lineage*	GISAIID clade	Nextstrain clade	Earliest documented samples	Date of designation
Eta	B.1.525	G/484K.V3	21D	Multiple countries, Dec-2020	17-Mar-2021
Iota	B.1.526	GH/253G.V1	21F	United States of America, Nov-2020	24-Mar-2021
Kappa	B.1.617.1	G/452R.V3	21B	India, Oct-2020	4-Apr-2021
Lambda	C.37	GR/452Q.V1	21G	Peru, Dec-2020	14-Jun-2021
Mu	B.1.621	GH	21H	Colombia, Jan-2021	30-Aug-2021

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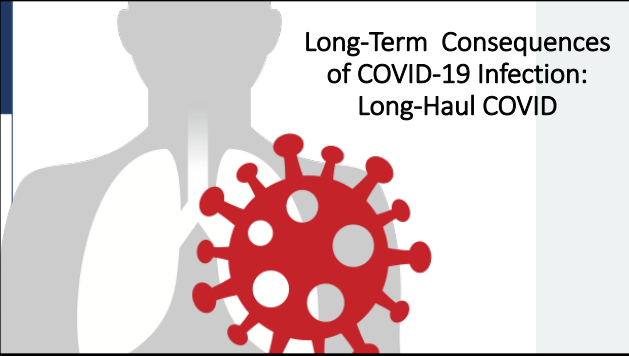
### Variants

- When a virus is widely circulating in a population and causing many infections, the likelihood of the virus mutating increases. The more opportunities a virus has to spread, the more it replicates – and the more opportunities it has to undergo changes.
- Data continues to be collected and analyzed on new variants of the COVID-19 virus.
- Vaccines that are currently in development or have been approved are expected to provide at least some protection against new virus variants because these vaccines elicit a broad immune response involving a range of antibodies and cells.



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### Long-Term Consequences of COVID-19 Infection: Long-Haul COVID



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### Polling question #5: Who is at risk for “long-haul” COVID?

1. The elderly
2. Middle-aged adults
3. Younger adults
4. All of the above

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### What is Long-Haul COVID-19?

- Generally considered to be effects of COVID-19 that persist for more than four weeks after you've been diagnosed with the COVID-19 virus
  - Includes both ongoing symptomatic COVID & Post COVID-19 Syndrome

**Who is at Risk for Long-Haul COVID-19?**

- Older people
- People with serious medical conditions
- Young, otherwise healthy people
- Severity of acute infection is *not* a good predictor

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Commonly reported new or persistent (after 4 weeks) symptoms that are present in those diagnosed with Long-Haul COVID-19

- Fatigue
- Shortness of breath or difficulty breathing
- Cough
- Memory, concentration or sleep problems
- Anxiety or depression

Mandel, et al. Thorax. 2021  
Huang, et al. Lancet. 2021

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Scope of Problem

114 million Americans infected with COVID through March 2021

Can conservatively expect more than 15 million cases of long COVID

- Average age – 40
- Prime working years
- Effects health care system and economic recovery

114 M  
15 M

Phillips, S. & Williams, M. (2021) Confronting our next national health disaster — Long-Haul Covid. N Eng J Med. 385:577-579

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Organ Damage Caused by COVID-19

**Heart**

- Lasting damage to the heart muscle, risk of cardiac failure or complications in the future

**Lungs**

- Long-standing damage to tiny air sacs (alveoli)
- Scar tissue=breathing problems

**Brain**

- Strokes, seizures, Guillain-Barre syndrome

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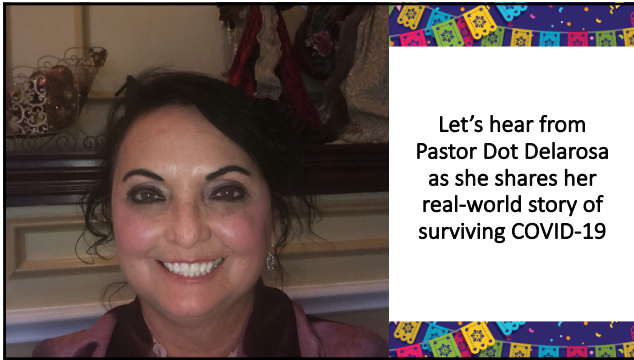
**Prevention**

The best way to prevent post-COVID conditions is by getting vaccinated against COVID-19 as soon as you can.

COVID-19 vaccination is recommended for all people ages 12 years and older, including if you had COVID-19 or a post-COVID condition

ANTONELLI, et al. COVID-19 Infections. 2021

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Polling Question # 6: Have you changed your mind about getting a COVID-19 vaccination after attending today's virtual conference session?

1. Yes
2. No
3. NA, I have already received the vaccine

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Information for You and Your Family to share

- Asthma materials and videos – [www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)
- Asthma360Registry – join today by going to [www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)
- Asthma Disparities <https://allergyasthmanetwork.org/health-disparities/>
- COVID information, posters, infographs (Spanish and English) [www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)

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**Know the Difference** | COVID-19 vs. Flu vs. Allergies

For 80% of people, COVID-19 symptoms are mild, and feel like the flu. So what's the difference?

	COVID-19	FLU	ALLERGIES
<b>Symptoms</b>	<ul style="list-style-type: none"> <li>• Sudden onset of symptoms</li> <li>• Fever (100°F or higher)</li> <li>• Fatigue</li> <li>• Dry cough</li> <li>• Shortness of breath</li> <li>• Loss of taste &amp; smell</li> </ul>	<ul style="list-style-type: none"> <li>• Rapid onset for person</li> <li>• Fever</li> <li>• Fatigue</li> <li>• Runny nose</li> <li>• Sneezing</li> <li>• Sore throat</li> <li>• Headache</li> <li>• Difficulty breathing</li> </ul>	<ul style="list-style-type: none"> <li>• Itchy, watery eyes</li> <li>• Itchy nose, throat, or palate</li> <li>• Runny nose</li> <li>• Sneezing</li> <li>• Swelling of lips, face, or throat</li> <li>• Difficulty breathing</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>• Wash your hands frequently</li> <li>• Avoid touching your eyes, nose &amp; mouth</li> <li>• Avoid touching your eyes, nose &amp; mouth when someone is coughing or sneezing</li> </ul>	<ul style="list-style-type: none"> <li>• Wash your hands frequently</li> <li>• Avoid touching your eyes, nose &amp; mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid your allergy triggers</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>• Stay home and rest, except to get medical care</li> <li>• Call your doctor if you think you need further going to the doctor for COVID-19 and you have been advised</li> </ul>	<ul style="list-style-type: none"> <li>• Stay home and rest, except to get medical care</li> <li>• Call your doctor if you think you need further going to the doctor for COVID-19 and you have been advised</li> </ul>	<ul style="list-style-type: none"> <li>• Take prescribed over-the-counter allergy medications</li> <li>• Avoid allergens</li> </ul>

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### Know the Difference

**Risk for Hospitalization**  
Compared to people without these conditions

**Black Americans, Hispanics & Native Americans face higher COVID-19 risks, compared to White, Non-Hispanic persons**

- 2.6X-2.8X** → Higher risk of getting COVID-19
- 4.6X-5.3X** → Higher risk of hospitalization
- 1.1X-2.1X** → Higher risk of death

The risk of being hospitalized increases for people with underlying "conditions" (including asthma, obesity, diabetes, chronic kidney disease, severe obesity, coronary artery disease, history of stroke and COVID). If you have any of these risk factors, discuss their status, medications and make sure your healthcare provider knows about any underlying issues.

**What to do if you are sick with COVID-19:**

- Stay home and separate yourself from other people.
- Wear a face mask when around others.
- Get your doctor.
- Cover your cough & sneeze, or cough into your elbow.
- Wash your hands often.
- Clean & disinfect high-touch surfaces daily.

Allergy & Asthma Network's **Real One Place Life Trained Messengers** project aims to address health inequities and increase access to important health information and screenings for those who are at greater risk from COVID-19. This project is made possible through funding from the global biopharmaceutical company Sanofi. Trusted Messengers project presented by

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Thank you for joining us, if you have additional questions please contact  
Mary Hart:  
[mhart@allergyasthmanetwork.org](mailto:mhart@allergyasthmanetwork.org)

**Save the Date!**  
November 4, 2021  
4:30PM - 5:30PM. EST

Please join us next month as we *talk more about...* Asthma, COVID-19, Patient Centered Outcomes Research (Studies) in the Hispanic/Latinx communities.

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**Enfrentando la pandemia:**  
Vivir con asma y COVID en la comunidad Hispana/LatinX



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**Agenda:**

- Bienvenida y presentaciones
- Prevalencia y gestión de asma en la comunidad hispana/latinx.
- Novedades sobre el COVID-19: vacunas, variantes y síntomas residuales
- Pacientes comparten su experiencia real con asma y COVID-19

**Objetivos:**

- Describir la prevalencia de asma y COVID-19 en la comunidad hispana/latinx en comparación a otras etnias.
- Examinar las disparidades de asma y COVID-19 en comunidades hispanas/latinx
- Definir las últimas variantes del COVID-19
- Explicar los síntomas residuales del COVID-19



Moderadora:  
Tonya Winders,  
CEO y presidenta  
Red de Alergia y Asma

Allergy & Asthma NETWORK

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**ORADORES/AS INVITADOS/AS**



Angel Melendez  
Grupo consultor de proyecto  
Asesoría de pacientes



Vivian Hernandez-Trujillo, MD  
Directora de división de Alergia e Inmunología  
Directora del programa de becas de formación en Alergia e Inmunología  
Nicklaus Children's Hospital  
Miami, FL



Yumi Parikh, MD  
Profesora clínica auxiliar de medicina en la Facultad de Medicina NTU Langone y directora de la Asociación de Alergia y Asma, Murray Hill.



Pastora Dot Delarosa  
Grupo consultor de proyecto  
Asesoría de pacientes

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**Pregunta n.º I:** Las infecciones respiratorias, el humo del cigarrillo, los ácaros y los olores fuertes pueden provocar un ataque de asma.  
Verdadero o falso

1. Verdadero
2. Falso

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**Pregunta n.º 2:** La comunidad latina se ve más afectada por asma que otros grupos de pacientes.

- Verdadero
- Falso

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**Asma en la comunidad latina**

Vivian Hernandez-Trujillo, MD, FAAP, FAAAAI, FAAAAI  
Directora de división de Alergia e Inmunología  
Directora del programa de becas de formación en Alergia e Inmunología  
Nicklaus Children's Hospital  
Miami, FL

Allergy & Asthma NETWORK

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**Conflictos de interés**

- Panel de conferenciantes para: Takeda
- Consultoría: Kaleo
- Portavoz: Kaleo
- Miembro del consejo asesor: DBV, Covis, US World Meds, Kaleo, Takeda, CSL, Regeneron

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**Objetivos**

- Defina: ¿Qué es el asma?
- Describa factores desencadenantes de asma
- Explique la prevalencia de asma en las comunidades latinas
- Analice la disparidad del asma en la comunidad latina

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## Asma

El asma es una enfermedad crónica que provoca inflamación y broncoconstricción en las vías respiratorias.

Esto resulta en tos, falta de aire y sibilancias.

Los pacientes pueden vivir una vida normal si mantienen un control adecuado de asma.

**Pathology of Asthma**

Normal airway: Relaxed smooth muscles.

Asthmatic airway: Not inflamed and swollen.

Asthmatic airway during attack: Tightened smooth muscles. Air trapped in alveoli.

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## Factores desencadenantes de asma

- Infecciones respiratorias
- Alérgenos ambientales: ácaros, cucarachas, moho, caspa animal
- Humo o cambios repentinos de temperatura
- Emociones fuertes: risa, llanto
- Ejercicio intenso

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## Prevalencia del asma

- En Estados Unidos, más de 25 millones de personas padecen asma.
- En 2018, 2.3 millones de personas hispanas reportaron tener asma.
- Los casos de asma en Puerto Rico representan el doble de los casos de asma en comparación con otras comunidades hispanas.
- La prevalencia ha ido en aumento, en particular, en áreas de pocos recursos o con dificultad para acceder a recursos médicos.

**Asthma**

25 MILLION Americans diagnosed

1 in 10 CHILDREN

\$80 BILLION annual costs

3,168 DEATHS yearly

13.8 MILLION missed school days per year

14.2 MILLION missed work days per year

71% MISUSE inhalers

3 in 5 test physical activity

1 in 5 CANNOT AFFORD medication

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## Prevalencia

- 6.4% de todos los adultos hispanos tiene asma
- De este grupo, un 15% era de Puerto Rico y un 5% de México
- Entre niños/as menores de 18 años, un 8% de todas las personas hispanas
- De este grupo, un 17% era de Puerto Rico y un 7% de México
- Los/las niños/as puertorriqueños/as sufren 3 veces más asma que los/las niños/as blancos/as de origen no hispano

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**¿Qué significa "disparidad"?**

- Las disparidades sanitarias son diferencias raciales o étnicas en la calidad de la atención médica que no se deben a factores relacionados con el acceso o a las necesidades clínicas, preferencias o tipo de intervención.

**¿Qué significa "equidad sanitaria"?**

- La obtención del nivel más alto de salud para TODAS las personas. Para alcanzar la equidad sanitaria se necesita valorar a todas las personas por igual, enfocándose en los esfuerzos sociales para abordar desigualdades evitables, injusticias históricas y actuales, y eliminar la disparidad sanitaria y de atención médica.

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**Disparidad sanitaria en la comunidad latina**

- Las personas latinas que prefieren comunicarse en español recibieron menos diagnósticos de asma en centros de salud comunitarios en Estados Unidos en comparación a pacientes de origen latino que prefieren comunicarse en inglés
- Los/las pacientes de origen latino recibieron diagnósticos de asma con menos frecuencia el primer día que presentaron síntomas en comparación con pacientes blancos/as de origen no latino

**The Path to Achieving Health Equity**  
What social and economic factors must be addressed on the continued path to achieving Health Equity?  
Health is affected by:  
Health Equity aims to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

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**Factores que afectan a la comunidad latina**

Las infecciones respiratorias durante los primeros dos años de vida aumentan el riesgo de desarrollar asma en pacientes puertorriqueños/as.

En la Encuesta Nacional de Salud (National Health Survey, NHIS) de Niños/as, se registraron más visitas a la sala de emergencias entre pacientes con asma de Puerto Rico y México que estadounidenses.

Entre niños/as con obesidad, el riesgo de consumo de esteroides orales aumenta un 15%.

**FACTORES QUE PUEDEN CONducIR A DISPARIDADES EN EL MANEJO DEL ASMA**

- ACCESO:** Falta o acceso limitado a transporte puede resultar en pacientes que pierden su visita al médico o tienen que reprogramarla, renunciando o retrasando el uso de medicamentos.
- INGRESOS:** La pobreza puede afectar el acceso al cuidado de la salud, incluyendo seguro de salud, acceso a los planes de bajo ingreso a través de un cuidado médico, incluyendo medicinas genéricas.
- ALERGENOS MEDIOAMBIENTALES E IRRITANTES:** La gente con asma que vive en áreas urbanas y en casas de subvención está expuesta a un mayor número de desencadenantes del asma, incluyendo moho, barro del polvo, cucarachas y gatos, humo de segunda mano y escape vehicular de combustibles cerosos.
- DESIGUALDAD EN EDUCACIÓN:** Falta de conocimiento y entendimiento de la enfermedad puede llevar a problemas como el uso inadecuado del inhalador o el no seguir un tratamiento de manera correcta.
- DIFERENCIAS CULTURALES Y DE LENGUAJE:** La gente con asma que solo habla español puede tener dificultades para recibir los servicios de salud apropiados.

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**Importancia de un control de asma adecuado**

- Los estudios muestran que en niños/as latinos/as (de Puerto Rico, México y América Central/del Sur) en edad escolar, el uso de medicamentos de alivio rápido es mayor que en otros grupos
- La mortalidad por asma es más alta entre personas latinas, en especial si son de origen puertorriqueño
- Los/las niños/as de comunidades latinas tienen un riesgo 40% mayor de morir de asma en comparación a otros/las niños/as blancos/as no hispanos/as

**DISPARIDADES EN EL MANEJO DEL ASMA**  
El asma afecta a todas las razas, etnias y grupos socioeconómicos. Es más común en Afroamericanos, Hispanos y Nativo Americanos, especialmente aquellos de zonas urbanas de bajos recursos.


TASA DE VISITAS A LA SE Y MUERTES RELACIONADAS CON EL ASMA EN COMPARACIÓN CON LOS CAUCÁSICOS	SE	MUERTES
Niños afroamericanos	4.5X ALTA	7X ALTA
Adultos afroamericanos	2.8X ALTA	3X ALTA
Niños hispanos	2.1X ALTA	2X ALTA

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## Recursos

- Información sobre la Red de Alergia y Asma en el sitio web [www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org) y [www.redalergiyasma.org](http://www.redalergiyasma.org)
- Hay recursos actualizados disponibles para pacientes y familias de personas con asma
- Es muy importante la comunicación con el equipo médico



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## Resumen

- La comunidad latina se ve más afectada por asma que otros grupos de pacientes
- Existe la necesidad de comprender los factores que resultan en un aumento del asma en nuestras comunidades
- Hay recursos sobre asma disponibles en español para mejorar el diagnóstico y tratamiento de pacientes de la comunidad latina que tengan asma

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“Me diagnosticaron asma cuando era niño. Quiero compartir qué se siente vivir con asma cada día de mi vida”.

Angel Melendez  
Grupo consultor de proyecto  
Asesor/a de pacientes



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## Pregunta n.º 3: ¿Cuál de las siguientes opciones describe mejor su estado de vacunación contra el COVID?

- 1. Tengo la vacunación completa (2 dosis ya sea de Pfizer o Moderna O 1 dosis de la J&J)
- 2. Tengo la vacunación parcial (1 sola dosis de Pfizer o Moderna)
- 3. No me he vacunado pero pienso hacerlo en el futuro
- 4. Mi médico/a me aconsejó que no me vacunara
- 5. En este momento, no pienso vacunarme

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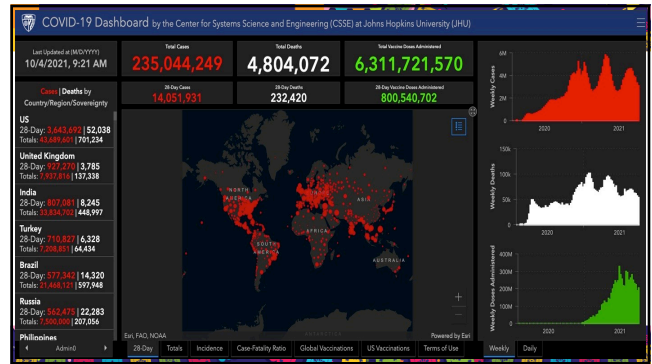


### COVID-19: Estado actual del COVID-19, vacunas, variantes y síntomas residuales

Purvi Parikh, MD  
Profesora clínica auxiliar de medicina en  
la Facultad de Medicina NYU Langone y  
directora de la Asociación de Alergia y  
Asma, Murray Hill.



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### Disparidad étnica en la pandemia del COVID-19

Etnia	Proporción de población	Proporción de muertes	Proporción de casos
Personas de raza blancas (no hispanas)	61.1%	59.9%	50.7%
Personas hispanas	17.8%	18.4%	28.3%
Personas de raza negra	12.3%	13.6%	11.5%
Personas asiáticas	5.4%	3.6%	3%
Personas nativas estadounidenses	0.7%	1%	1%

Proyecto de rastreo de COVID-19, NPR  
Photo: AP Photo

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### Riesgo de contagio, hospitalización y muerte por COVID-19 según la raza/etnia

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	1.7x	0.7x	1.1x	1.9x
Hospitalization <sup>2</sup>	3.5x	1.0x	2.8x	2.8x
Death <sup>3</sup>	2.4x	1.0x	2.0x	2.3x

La raza y la etnia son factores de riesgo para malos resultados luego de un diagnóstico de COVID-19. Otros factores de riesgo incluyen el acceso tardío a la atención médica y la ocupación durante la pandemia (por ejemplo, trabajadores/as esenciales, de primera línea o parte de infraestructuras críticas).

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**El papel de los factores sociales y económicos en el riesgo de contagio de COVID-19**

- Incapacidad de practicar distanciamiento social debido a la situación habitacional
- Dependencia de transportes públicos a menudo abarrotados
- Tendencia a ser trabajadores/as esenciales en industrias de servicios y minoristas de cara al público
- Tendencia a tener una cobertura de salud inadecuada o a no tener

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**Novedades de la vacuna**

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**Total Vaccine Doses**  
 Delivered 456,755,755  
 Administered 380,241,903  
[Learn more about the distribution of vaccines.](#)

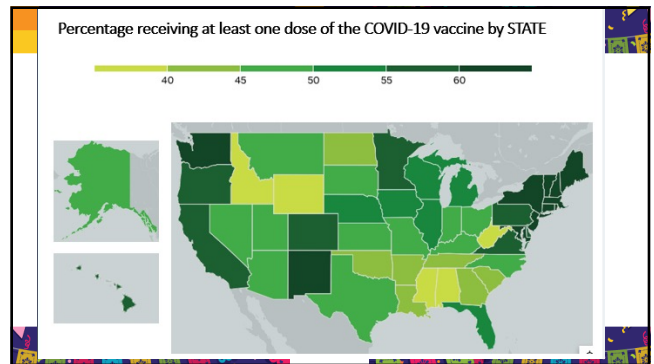
**178.7M**  
 People fully vaccinated

**1.78M**  
 People received an additional dose since August 13th, 2021

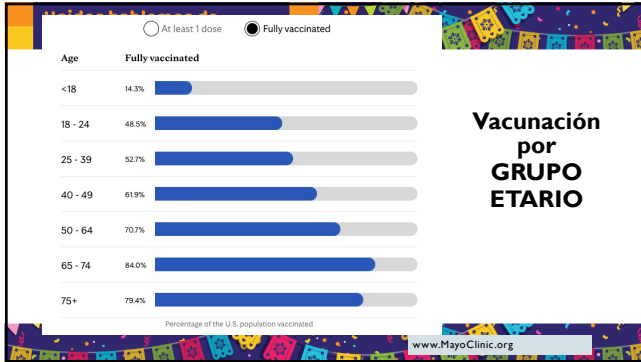
People Vaccinated	At Least One Dose		Fully Vaccinated	
	Total	% of Total Population	Total	% of Total Population
Total	209,437,152	63.1%	178,692,875	53.8%
Population ≥ 12 Years of Age	209,207,284	63.1%	178,560,437	53.8%
% of Population ≥ 12 Years of Age		73.8%		63%
Population ≥ 18 Years of Age	195,413,367	75.7%	167,638,491	64.9%
% of Population ≥ 18 Years of Age		75.7%		64.9%
Population ≥ 65 Years of Age	50,751,403	92.8%	45,115,016	82.5%
% of Population ≥ 65 Years of Age		92.8%		82.5%

© CDC | Data as of: September 12, 2021 6:00am ET. Posted: Sunday, September 12, 2021 1:12 PM ET

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### Aprobaciones de la FDA para la vacuna del COVID-19

La Administración de Alimentos y Medicamentos de Estados Unidos (Food and Drug Administration, FDA) aprobó la primera vacuna contra el COVID-19. La vacuna se conoce como la Pfizer-BioNTech contra el COVID-19 y se comercializará bajo el nombre de Comirnaty (koe-mir'-na-tee) para la prevención de la enfermedad del COVID-19 en individuos de 16 años de edad y mayores

Continúa disponible en usos de emergencia autorizados (en Estados Unidos), incluso para individuos de 12 a 15 años de edad y para la administración de una tercera dosis en ciertos individuos inmunocomprometidos

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### Pregunta n.º 4: Las variantes, como la variante Delta, son comunes en los virus

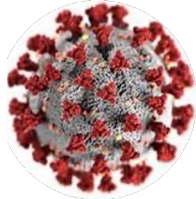
1. Verdadero
2. Falso

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### Variantes del COVID-19




- Los virus cambian de forma constante a través de mutaciones
- Se espera que surjan nuevas variantes de un virus a lo largo del tiempo
- Se han documentado varias variantes de COVID-19
- La separación geográfica tiende a resultar en variantes distintas a nivel genético

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### Prioridades para abordar las nuevas variantes de SARS-CoV-2



- Continuar suprimiendo e intentar eliminar el SARS-CoV-2 a medida que se va desarrollando la vacunación contra el COVID-19
- Mejorar la vigilancia de las variantes de SARS-CoV-2 secuenciando el virus a nivel mundial y compartiendo iniciadores de la PCR específicos de cada variante
- Crear un inventario central de muestras de sueros y células de individuos con contagios pasados o luego de vacunarse con las vacunas disponibles para el COVID-19 para lograr una prueba funcional para evaluar la seroneutralización y la inmunidad celular contra nuevas variantes
- Producir vacunas contra el COVID-19 de forma reactiva y adaptarlas a las variantes emergentes
- Asegurar el acceso, la disponibilidad y la asequibilidad mundial de las vacunas contra el COVID-19 para asegurarse de que ningún país quede fuera

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### VARIANTES DEL COVID-19

#### Variante Delta

- La variante que genera preocupación en todo el mundo en este momento es la variante "Delta". Los/las expertos/as dicen que una cepa particular de la variante Delta (una mutación más contagiosa de la variante) es responsable del surgimiento reciente de casos en Reino Unido.
- Esta cepa, la B.1.617.2, es la dominante en Reino Unido y se considera una "variante preocupante" en la Organización Mundial de la Salud (OMS). La razón principal por la que resulta preocupante: Los/las expertos/as creen que es hasta un 60% más contagiosa que la cepa original del COVID-19.

#### Variante Lambda

- Otra variante de interés es la variante "Lambda" (C.37). Las primeras muestras documentadas de esta variante se registraron en diciembre de 2020 en Perú. Desde ese momento se reportó que esta variante es más resistente a las vacunas y es altamente contagiosa.
- La OMS la consideró "variante de interés" el 14 de junio y ya se ha detectado en 29 países. Sin embargo, existe aún mucho desconocimiento cuando se trata de esta variante.



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### Variante ACTUALIZACIÓN: Variantes de interés

World Health Organization

Currently designated Variants of Interest:

WHO label	Pango lineage*	GISAID clade	Nextstrain clade	Earliest documented samples	Date of designation
Eta	B.1.525	G/484K_V3	21D	Multiple countries, Dec-2020	17-Mar-2021
Iota	B.1.526	GH/253G_V1	21F	United States of America, Nov-2020	24-Mar-2021
Kappa	B.1.617.1	G/452R_V3	21B	India, Oct-2020	4-Apr-2021
Lambda	C.37	GR/452Q_V1	21G	Peru, Dec-2020	14-Jun-2021
Mu	B.1.621	GH	21H	Colombia, Jan-2021	30-Aug-2021

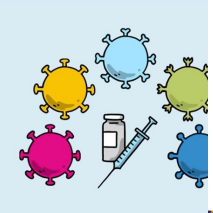
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## Variantes

- Cuando un virus comienza a circular ampliamente en una población y causa muchos contagios, la probabilidad de que el virus mute aumenta. Cuantas más oportunidades tiene un virus de diseminarse, más se replica; y más posibilidades tiene de sufrir cambios.
- Aún se siguen recogiendo y analizando datos de nuevas variantes del virus del COVID-19.
- Se espera que las vacunas en desarrollo en la actualidad o que se han aprobado brinden al menos algo de protección contra nuevas variantes del virus porque estas vacunas generan una respuesta inmunológica amplia donde participan una gran variedad de anticuerpos y células.



World Health Organization  
Autoridad Mundial de la Salud

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## Consecuencias a largo plazo del COVID-19: Síntomas residuales del COVID

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## Pregunta n.º 5: ¿Quién está en riesgo de padecer “síntomas residuales” de COVID?

- 1. Los/las adultos/as mayores
- 2. Los/las adultos/as de mediana edad
- 3. Los/las adultos/as jóvenes
- 4. Todas las anteriores

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## ¿Qué son los síntomas residuales del COVID-19?

En general, se les llama así a los efectos del COVID-19 que persisten durante más de 4 semanas luego de que le hayan diagnosticado con el virus del COVID-19.

- Incluye tanto los síntomas continuados de COVID como el síndrome pos-COVID-19

### ¿Quién está en riesgo de padecer “síntomas residuales” de COVID-19?

- Los/las adultos/as mayores
- Las personas con condiciones médicas graves
- Personas jóvenes y sanas
- La severidad de una infección aguda *no* es un buen indicador

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Síntomas más comunes reportados, nuevos o persistentes (luego de 4 semanas), presentes en personas diagnosticadas con síntomas residuales

- Fatiga
- Falta de aire o dificultad para respirar
- Tos
- Problemas de memoria, concentración o sueño
- Ansiedad o depresión

Mandl, et al. Triox. 2021  
Mandl, et al. Lancet. 2021

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Alcance del problema

114 millones de estadounidenses contagiados/as de COVID en marzo de 2021

Se pueden esperar más de 15 millones de casos de COVID duradero

- Edad promedio: 40
- Años laborales más productivos
- Efectos en el sistema de salud y la recuperación económica

**114 M**

**15 M**

Phillips & Williams. 2021  
Coronavirus: The Unintended Consequences of COVID-19 Control Measures on the U.S. Economy. JAMA. 2021;325:2257-57

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Daños de los órganos provocados por el COVID-19

**Corazón**

- Daños duraderos al músculo del corazón, riesgo de falla cardíaca o complicaciones en un futuro

**Pulmones**

- Daños duraderos a los sacos pequeñitos de aire (alveolos)
- Tejido cicatrizal = problemas respiratorios

**Cerebro**

- Apoplejías, convulsiones, síndrome de Guillain-Barré

Antonelli, et al. Enfermedad contagiosa de Lancet. 2021

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Prevenición

La mejor forma de prevenir las condiciones pos-COVID es vacunarse contra el COVID-19 en cuanto pueda.

Se recomienda la vacunación contra el COVID-19 para todas las personas de 12 años o más, incluso si ya tuvo COVID-19 o una condición pos-COVID

**CDC**  
CENTERS FOR DISEASE CONTROL AND PREVENTION

Antonelli, et al. Enfermedad contagiosa de Lancet. 2021

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### Pregunta n.º ...

¿Cambió de idea con respecto a vacunarse contra el COVID-19 después de la sesión de la conferencia virtual de hoy?

1. Si
2. No
3. No corresponde; ya recibí la vacuna

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### Información para que usted y su familia compartan

- Materiales y videos sobre asma: [www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)
- Asthma360Registry: únase hoy a través de [www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)
- Disparidades del asma <https://allergyasthmanetwork.org/health-disparities/>
- Información, pósters, infografía sobre COVID (español e inglés) [www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)

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**Know the Difference | COVID-19 vs. Flu vs. Allergies**

For 80% of people, COVID-19 symptoms are mild, and feel like the flu. So what's the difference?

	COVID-19	FLU	ALLERGIES
<b>Symptoms</b>	<ul style="list-style-type: none"> <li>Spread person-to-person</li> <li>Fever (100°F or higher)</li> <li>Cough</li> <li>Shortness of breath</li> <li>Loss of taste or smell</li> <li>Diarrhea</li> <li>Swollen or sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Spread person-to-person</li> <li>Cough</li> <li>Headache</li> <li>Runny nose</li> <li>Body aches and pains</li> <li>Loss of taste or smell</li> <li>Swollen or sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Not spread person-to-person</li> <li>Itchy nose, watering eyes</li> <li>Itchy, watery throat, rash or hives</li> <li>Runny, itchy nose</li> <li>Swollen, itchy lips</li> <li>Swollen, itchy throat</li> <li>Swollen, itchy eyes</li> <li>Swollen, itchy skin</li> </ul>
<b>Prevention</b>	<ul style="list-style-type: none"> <li>Wash at least once per day</li> <li>Wash your hands frequently</li> <li>Wash your dishes and avoid sharing with others</li> <li>Wash your face and avoid touching your eyes, nose &amp; mouth</li> <li>Avoid exposure to allergens</li> <li>Use hand sanitizer with at least 60% alcohol if needed</li> </ul>	<ul style="list-style-type: none"> <li>Wash your hands frequently</li> <li>Wash your dishes and avoid sharing with others</li> <li>Wash your face and avoid touching your eyes, nose &amp; mouth</li> <li>Avoid exposure to allergens</li> <li>Use the flu vaccine</li> </ul>	<ul style="list-style-type: none"> <li>Avoid your allergy triggers</li> <li>If you react to an allergen, try to avoid it</li> <li>Use allergy medicine</li> <li>Use antihistamines</li> <li>Use corticosteroids</li> <li>Use nasal sprays</li> <li>Use eye drops</li> <li>Use skin creams</li> </ul>
<b>Treatment</b>	<ul style="list-style-type: none"> <li>Stay home and rest, except to get medical care</li> <li>Get medical care if you think you need it</li> <li>Call ahead before going to the hospital or COVID-19 unit</li> <li>Stay away from others</li> </ul>	<ul style="list-style-type: none"> <li>Stay home and rest, except to get medical care</li> <li>Get medical care if you think you need it</li> <li>Call ahead before going to the hospital or COVID-19 unit</li> <li>Stay away from others</li> </ul>	<ul style="list-style-type: none"> <li>Take prescribed or over-the-counter allergy medications</li> <li>Use antihistamines</li> <li>Use corticosteroids</li> <li>Use nasal sprays</li> <li>Use eye drops</li> <li>Use skin creams</li> </ul>

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### Know the Difference

**Risk for Hospitalization**  
Compared to people without these conditions

**Black Americans, Hispanics & Native Americans face higher COVID-19 risks, compared to White, Non-Hispanic persons**

- 2.6X-2.8X** → Higher risk of getting COVID-19
- 4.6X-5.3X** → Higher risk of hospitalization
- 1.1X-2.1X** → Higher risk of death

**What to do if you are sick with COVID-19:**

- Stay home and separate yourself from other people.
- Wear a face mask when around other people.
- Call your doctor.
- Cover your cough & sneeze or cough into your elbow.
- Wash your hands often.
- Clean & disinfect high-touch surfaces daily.

Allergy & Asthma Network's **See One More Life** Trusted Messengers project aims to address health inequalities and increase access to important health information and screenings for those who are at greater risk from COVID-19. This project is made possible through funding from the global biopharmaceutical company Sanofi. Trusted Messengers project presented by SANDOZ

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Gracias por acompañarnos, si tiene más preguntas, póngase en contacto con **Mary Hart:**

[mhart@allergysthmanetwork.org](mailto:mhart@allergysthmanetwork.org)  
**¡Reserven la fecha!**  
 4 de noviembre de 2021  
 4:30 p. m. - 5:30 p. m. EST

Participe el mes que viene mientras aprendemos más sobre el asma, el COVID-19 y los estudios clínicos orientados a pacientes de comunidades hispanas/latinx.

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