

During the COVID-19 Pandemic, Immunology Evaluations

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Editorial

As telemedicine becomes more common, allergy-immunology should be at the forefront of acceptance and implementation. Patients have shown a stronger preference for telemedicine programs, as well as satisfaction with video-based visits with their doctors. Interim virtual visits can help overburdened hospitals, minimise travel costs to remote locations, improve access to subspecialty treatment, and improve adherence during chronic allergy monitoring. The outpatient nature of allergy-immunology, combined with the ease with which many aspects of a routine visit can be conducted through telemedicine, makes telehealth training a highly desirable component of fellowship programs. In the event of a global pandemic, the temporary closing of hospital-affiliated clinics, particularly for elderly or immune compromised patients, illustrates the importance of acting quickly. Many new studies on EoE management have recently been released. The American Gastroenterological Association Institute and the Joint Task Force on Allergy-Immunology Practice Parameters assembled an expert panel to include a technical analysis that would serve as the foundation for a revised clinical guideline. The GRADE (Grading of Recommendations Assessment, Growth, and Evaluation) framework was used to create this technical review.

Eighteen specific EoE management questions were examined, 15 of which were answered using the GRADE framework and three of which were answered using a narrative description. Proton pump inhibitors have a low degree of certainty in patients with esophageal eosinophilia. Despite the fact that esophageal dilation tends to be relatively healthy, there is no proof that it lowers esophageal eosinophil counts. It is not recommended that mothers avoid common allergens during

pregnancy and/or lactation in order to prevent food allergies. Despite the fact that exclusive breast-feeding is widely recommended for all mothers, there is no evidence that it is associated with the primary prevention of any serious food allergy. The identification of drugs, antiseptics, and other substances used at each setting, detailed data documentation, and the use of standardised nomenclature are key points for obtaining more consistent epidemiological information on perioperative anaphylaxis, given the extensive nature of anaphylaxis assessment. Lifestyle changes, allergen avoidance therapy, the benefits and drawbacks of pharmacologic therapy, and multiple immunologic and desensitization treatments are all options. This analysis was created to assist readers in consolidating and applying this vast and realistic experience to the benefit of their patients. Although issues of change, integration, and international cooperation in this research realm in Japan have yet to be resolved, identifying unmet needs, digitization of information and transparent processes, and strategic preparation for complex challenges (a process called MIERUKA by the Toyota Way) are critical to sharing and tackling the same vision and goals. The goal is to create a safe world where people can live long, healthy lives free of allergic and immunological diseases at every point of their lives. The creation process and details of Strategy are introduced in this article, which is based on a Japanese analysis first published in Arerugi. The United States appears to be experiencing a shortage of clinician-educators and academic allergists in A/I, according to data from Doximity and the Association of American Medical Colleges. Institutions will struggle to train fellows and introduce the area of A/I to medical students and residents if there aren't enough A/I specialists focusing on medical education.