Confronting and mitigating the risk of COVID-19 associated pulmonary aspergillosis

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Cases of COVID-19 associated pulmonary aspergillosis (CAPA) are being increasingly reported and physicians treating patients with COVID-19-related lung disease need to actively consider these fungal co-infections. Cite this article as: Armstrong-James D, Youngs J, Bicanic T, et al. Confronting and mitigating the risk of COVID-19 associated pulmonary aspergillosis. Eur Respir J 2020; 56: 2002554 [https://doi.org/10.1183/13993003.02554-2020]. This single-page version can be shared freely online.

The coronavirus disease 2019 (COVID-19) virus caused a wide spectrum of disease in healthy individuals, as well as those with common comorbidities [1]. Severe COVID-19 is characterised by acute respiratory distress syndrome (ARDS) secondary to viral pneumonitis, treatment of which may require mechanical ventilation or extracorporeal membrane oxygenation [2]. Clinicians are alert to the possibility of bacterial co-infection as a complication of lower respiratory tract viral infection; for example, a recent review found that 72% of patients with COVID-19 received antimicrobial therapy [3]. However, the risk of fungal co-infection, in particular COVID-19 associated pulmonary aspergillosis (CAPA), remains underappreciated.