There is insufficient data to suggest that patients with obstructive sleep apnea (OSA) have an increased risk of developing Coronavirus disease-2019 (COVID-19). However, continuous positive airway pressure (CPAP) is currently listed by the World Health Organization as a high-risk treatment that produces aerosol. Clinical guidelines are trying to balance the risks of stopping CPAP use with the risk of contamination with the user’s family or caregiver.

British Thoracic Society Guidance for OSA argues that when using CPAP or stopping CPAP for a short time, each patient should be approached differently to determine appropriate measures. It encourages patients to continue with CPAP even when there are signs of respiratory infection.

CPAP therapy is primarily used for those with OSA and improves symptoms such as drowsiness, concentration, and memory problems. Increased sleepiness reduces work efficiency, threatens life safety, and can affect people who do critical work for them. Stopping CPAP therapy until the outbreak has completely disappeared cannot be recommended, especially for those who work in sensitive jobs that require attention, have safety-critical jobs, or have an increased workload during the pandemic.

If a CPAP user catches COVID-19 and develops symptoms, he must follow strict isolation rules in a separate room. We recommend that the patient should stop using CPAP for about two weeks until the infectious period is over, especially if there are people in a high-risk group for COVID-19 (hypertension, diabetes) at home. Since it will be challenging to protect family members in the home environment, it may be the most prudent way to treat and monitor the CPAP user with COVID-19 infection at the hospital.

Although we acknowledge that the data are limited, theoretically, CPAP users have a high risk of household viral load. Viruses can be released from patients to households, as existing device systems are open and do not filter out expired air. We believe that being infected with a high viral load will have quite serious consequences.

**Source of Finance**

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

**Conflict of Interest**

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

**Authorship Contributions**

This study is entirely author’s own work and no other author contribution.

Correspondence: Fatih ÖNER
Department of Otolaryngology, University of Health Science Erzurum Regional Training and Research Hospital, Erzurum, TURKEY/TÜRKİYE
E-mail: fatihoner.ent@gmail.com

Peer review under responsibility of Journal of Ear Nose Throat and Head Neck Surgery.

Received: 13 Nov 2020    Received in revised form: 28 Nov 2020    Accepted: 01 Dec 2020    Available online: 18 Dec 2020

1307-7384 / Copyright © 2021 Turkey Association of Society of Ear Nose Throat and Head Neck Surgery. Production and hosting by Türkiye Klinikleri. This is an open access article under the CC BY-NC-ND license [https://creativecommons.org/licenses/by-nc-nd/4.0/].
1. Guidance regarding coronavirus (COVID-19) and Obstructive Sleep Apnoea (OSA): for people who routinely use continuous positive airway pressure (CPAP), their families and health care workers, 20 March 2020. (Date of access: 13 June 2020) [Link]

2. Barker J, Oyefeso O, Koeckerling D, Mudalige NL, Pan D. COVID-19: community CPAP and NIV should be stopped unless medically necessary to support life. Thorax. 2020;75(5):367. [Crossref] [PubMed]

