inevitable part of our daily lives and we should be able to use it to its maximum potential for the sake of our patients and trainees. We have learnt that in some scenarios, especially for follow-up visits, virtual clinical encounters could be effectively done through telemedicine. Therefore, the use of telemedicine could be expanded beyond the pandemic times for patients who live far away from tertiary clinics to avoid frequent travels while re-enforcing management plans. Furthermore, use of more advanced teleconferencing for departmental educational meetings can be expanded to increase participation of faculty and providers who work from distanced locations.

Another point brought up by Malipiero et al\textsuperscript{1} was the broad use of sublingual immunotherapy (SLIT) in their practice, which was not suspended despite the limitation of in-person clinic visits. We acknowledge that their experience proved an advantage of SLIT over subcutaneous immunotherapy in current circumstances. Increasing allergists’ experience and comfort in using SLIT seems to be advantageous not only during the pandemic but as a preferred modality of immunotherapy for patients with limited physical access to allergy clinics.

Finally, we would like to echo that the coronavirus disease 2019 pandemic has had a profound impact on modern medicine and the patient-physician relationship. We should learn from these experiences to come out of this pandemic stronger and more resourceful.

Mahboobeh Mahdavinia, MD, PhD
From the Division of Allergy and Immunology, Department of Internal Medicine, Rush University Medical Center, Chicago, Ill. E-mail: Mahboobeh_mahdavinia@rush.edu.

Disclosure of potential conflict of interest: The author declares no relevant conflicts of interest.

REFERENCES

Available online May 11, 2020.
https://doi.org/10.1016/j.jaci.2020.04.025

Corrigendum

In regards to the article published in the May 2020 issue entitled, “Food aversion and poor weight gain in food protein-induced enterocolitis syndrome: A retrospective study” (J Allergy Clin Immunol 2020;145:1430-7), it should be amended that Wayne G. Shreffler, MD, PhD, serves as a co-corresponding author. Dr Shreffler’s mailing address is 55 Fruit Street, Boston, MA 02114, and his email address is wshreffler@mgh.harvard.edu. The authors regret the omission.