

# Rheumatology Advice for Patients regarding Coronavirus

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- ▶ This resource is intended to provide further information **for rheumatology patients** about the COVID19 (coronavirus) outbreak.
- ▶ There is lots of advice on the gov.uk website surrounding coronavirus and what to do if you have an infection, or if you come into contact with someone who has it. The government advice is changing frequently, and the gov.uk website will always be the most up to date source for advice and information.
- ▶ This advice is intended for our rheumatology patients with an autoimmune rheumatic disease - such as rheumatoid arthritis, psoriatic arthritis, SLE/ lupus, connective tissue diseases, Sjogren's syndrome, or other similar conditions and for any of our patients who take the rheumatology treatments described below.
- ▶ **If you do not have one of these diseases (for example gout osteoarthritis, fibromyalgia or chronic pain) you should follow the standard government advice.**

The UK government has advised that patients with these conditions **and/ or** taking these treatments described below are in a '**vulnerable group**' and need to take special precautions. This guidance is to provide some specific advice for these patients.

Some of our patients will fall into a 'very vulnerable' or 'very high risk group. This is covered later.

## What are the rheumatology treatments that are important during coronavirus (COVID-19)?

There are three main groups of treatments:

- 1. Steroid tablets**
- 2. Disease modifying drugs**
  - ▶ Methotrexate, sulfasalazine, leflunomide, azathioprine, mycophenolate, hydroxychloroquine, apremilast (Otezla)
- 3. Biologic drugs (alphabetical):**
  - ▶ abatacept (Brand name Orencia), adalimumab (Humira / Hymiroz), anakinra (Kineret), baricitinib (Olumiant), certolizumab (Cimzia), etanercept (Enbrel/ Erelzi), golimumab (Simponi), infliximab (Remicade/ Remsima), ixekizumab (Taltz), rituximab (Mabthera / Truxima), sarilumab (Kevzara), secukinumab (Cosentyx), tocilizumab (RoActemra), tofacitinib (Xeljanz), ustekinumab (Stelara).

## Do rheumatology treatments increase the risk of me getting COVID-19?

- ▶ We can't be certain about the risks for an individual for many reasons.
- ▶ We know that some arthritis treatments can increase the risk of other infections, including viral infections: Covid-19 is a virus but because it is new, less is known about the risk relating to it.
- ▶ The range of treatments used range from mild treatments (treatments such as hydroxychloroquine, sulfasalazine, and methotrexate) to more powerful treatments (such as the biologic drugs)
- ▶ If you take more than one treatment, (for example steroids, and a DMARD and a biologic) then the effects on the immune system are likely to be **greater**.
- ▶ We know that age, and high body weights are also risk factors, along with other serious health problems such as heart, lung or kidney disease
- ▶ **However, we also know that uncontrolled rheumatic diseases will also cause serious health problems, which is why we are NOT advising patients to stop their treatments as long as they remain well**

## Should I routinely stop my treatment?

- ▶ As stated above - no and certainly not without discussion with your specialist team. The latest advice from all of the British, European, and US guidelines is that the treatment should continue.
- ▶ It is especially important that you do **NOT** stop steroid tablets. These must be continued through any illness.

## What if I am unwell with an infection or symptoms of coronavirus (COVID-19)?

You should **continue** any steroids you are taking, and **stop** biologic and DMARD drugs: see below.

When you have an infection of any type, including COVID 19 for your rheumatology treatments	
<b>Steroid tablets (prednisolone) - during an infection</b>	<b>CONTINUE</b> steroid tablets (prednisolone)
<b>Disease modifying drugs- during an infection</b>	<b>STOP</b> when you have an infection until you feel well again ( <i>the exception is sulfasalazine and hydroxychloroquine, which can continue</i> )
<b>Biologic drugs-during an infection</b>	<b>STOP</b> when you have an infection, until you feel well again

## What about ‘Social Distancing’?

If you have a rheumatic disease, you **automatically** fall into the group which are recommended to have a flu jab. The government has advised that patients who fall into this group follow the guidance on social distancing. This means we strongly advise against **both mixing with people socially or at work and having friends and family around to your house**. We strongly advise you try and use telephone and internet systems for any personal interactions including access to medical advice, as well as to work from home. You should try and keep 2m from other people. See the chart below, the complete advice is available online [here](#).

Group/ Action	Wash hands more often	Household isolation for 14 days*	Self - isolation for 7 days**	Social mixing in the community***	Having friends and family to the house	Use remote access to NHS and essential services****	Vary daily commute and use less public transport	Home working
0 – 69	Yes	Yes	Yes	Advised against	Advised against	Advised	Advised	Advised
70+	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Any age Member of vulnerable group with an underlying health condition <sup>1</sup>	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Pregnant women	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Those with serious underlying health conditions	As above, but further bespoke guidance will be provided by the NHS next week							

\* if one member of your family or household has a new continuous cough or high temperature

\*\* if you live alone and you have a new continuous cough or high temperature

\*\*\* for example cinema, theatre, pubs, bars, restaurants, clubs

\*\*\*\* for example via telephone or internet

1 such as anyone instructed to get a flu jab each year

## What about 'Very High Risk' Patient groups?

From the 23rd of March, the government has suggested very high risk patients adhere to strict guidelines- available [here](#). The NHS has called this group the 'extremely vulnerable'. This is for our patients who are most at risk, and normally it involves a number of factors contributing to a patient being high risk. We have come up with a scoring system to help calculate what group you fall into. The advice is available [here](#). This is called 'shielding'.

## How can I know if I am very high risk?

You may receive a letter from the NHS, and individual teams are working out the best way to contact patients who are definitely in the higher risk groups.

Rheumatology 4 STEP RISK SCORE: Add the scores from the following 4 steps			
Step 1	Step 2	Step 3	Step 4
Do you take any of the following treatments?	Do you take Prednisolone (steroids)?	Do you take a biologic treatment?	Do you have other problems that put you at high risk?
<i>Add 1 point for each of this list (up to 2 points)</i> Methotrexate Leflunomide Apremilast Azathioprine Mycophenolate  <i>and</i> <i>Add 3 points for cyclophosphamide in the last 3 months (IV or oral)</i>	<i>Add points for any of the following</i> Prednisolone 5mg -19mg daily - <b>2 points</b> Prednisolone >20mg day (20mg or more) - <b>3 points</b>	<i>Add 1 point for any of the following:</i>  abatacept (Orencia), adalimumab (Humira / Hymiroz), anakinra (Kineret), baricitinib (Olumiant), belimumab (Benlysta), certolizumab (Cimzia), etanercept (Enbrel/ Erelzi), golimumab (Simponi), infliximab (Remicade/ Remsima), ixekizumab (Taltz), rituximab (Mabthera / Truxima), sarilumab (Kevzara), secukinumab (Cosentyx), tocilizumab (RoActemra), tofacitinib (Xeljanz), ustekinumab (Stelara)	<i>Add 1 point for any of the following</i> Age >70 chronic (long-term) respiratory diseases chronic heart disease chronic kidney disease chronic liver disease Chronic neurological conditions Diabetes Spleen Problems HIV and AID being seriously overweight (BMI >40) Being pregnant
<b>Score</b> <b>0-3</b>	<b>Score</b> <b>0-3</b>	<b>Score</b> <b>0-1</b>	<b>Score</b> <b>0-1*</b>
<b>Add your scores from steps 1-4</b>			
<b>You scored 0</b>		<b>You are at normal risk- follow government advice</b>	
<b>You scored 1-2</b>		<b>You are at moderate risk- follow social distancing advice</b>	
<b>You scored 3 or more</b>		<b>You are high risk- Follow Shielding advice</b>	

*Note- this does not include conditions which 'on their own put you at very high risk e.g. cancer patients, dialysis patients. Other factors, such as interstitial lung disease, myositis, or other health problems. If you have multiple problems from step 4, consider discussion with you doctor or nurse.*

## What should I do if I am in the high risk group?

The safest course of action is for you to stay at home at all times and avoid all face-to-face contact for at least twelve weeks from today, except from carers and healthcare workers who you must see as part of your medical care. This is called 'shielding' by the NHS.

### Self-isolation (shielding)- 12 weeks from 24.3.20

**Very high  
risk  
patients  
only**

- ▶ Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature (above 37.8 °C) and/or a new and continuous cough
- ▶ Do not leave your home
- ▶ do not attend any gatherings. This includes gatherings of friends and families in private spaces e.g. family homes, weddings and religious services
- ▶ do not go out for shopping, leisure or travel. When arranging food or medication deliveries, these should be left at the door to minimise contact
- ▶ keep in touch using remote technology such as phone, internet, and social media
- ▶ use telephone or online services to contact your GP or other essential services
- ▶ regularly wash your hands with soap and water for 20 seconds. Ask carers or support workers who visit your home to do the same.
- ▶ Anyone you live with should follow the advice on social distancing- see the full government advice.

Follow the government advice for shielding and protecting the extremely vulnerable: [here](#), which also contains advice about following social distancing.

## What about working whilst taking treatment?

In line with the above, patients who are taking disease modifying drugs are felt to be in the higher risk group, as above, and are strongly advised to try home working. The guidance is available [here](#). If you are a worker for the care or NHS services, you will need to discuss this with your line manager and/ or occupational health team.

## Face to Face appointments in rheumatology

We are advising that you do **not** have routine face to face appointments in rheumatology in line with the advice above.

## What about ibuprofen and anti-inflammatories?

The national advice is that if you are taking extra painkillers or treatment for a fever, the advice is to use paracetamol **instead** of anti-inflammatories like ibuprofen. This is based on government advice, and is a precaution. If you currently take a non-steroidal anti-inflammatory drugs (e.g. ibuprofen, naproxen, etoricoxib) for other medical reasons (e.g. arthritis) the advice is to **continue** this medication.

## How to avoid catching or spreading coronavirus

Do: Follow government advice	Don't
<ul style="list-style-type: none"> <li>• wash your hands with soap and water often – do this for at least 20 seconds</li> <li>• always wash your hands when you get home or into work</li> <li>• use hand sanitiser gel if soap and water are not available</li> <li>• cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze</li> <li>• put used tissues in the bin straight away and wash your hands afterwards</li> <li>• try to avoid close contact with people who are unwell</li> </ul>	<p>do not touch your eyes, nose or mouth if your hands are not clean, and try to avoid touching your face</p>

## **What if I think I have coronavirus or come into contact with a possible case?**

Follow the advice online - remember for most people this should be a mild illness. The advice is changing but as of 23.3.20, the advice was to stay at home for 7 days after you develop symptoms, and those living with you should isolate for 14 days. The most detailed advice is available online.

<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

## **We hope you stay well during this outbreak**