



Australian Rheumatology Association

Information for people with Rheumatoid and other Inflammatory Arthritis, Systemic Lupus Erythematosus (SLE) and other Autoimmune Diseases in the COVID-19 (Coronavirus) pandemic October 2020

This document provides an update on general information published in [April](#) and [June 2020](#). For specific questions please contact your rheumatologist.

At the beginning of the pandemic there was growing concern from patients and rheumatologists related to potential risks of being infected and adverse outcomes for rheumatology patients. Despite the Australian Department of Health identifying people with rheumatological disease as [vulnerable](#), the current international peer reviewed published data are reassuring.

- Information about the outbreak in Wuhan have not found that immunosuppressive treatments prescribed in rheumatology patients result in a worse outcome.
- Studies from Italy on rheumatology patients treated with immunosuppressive medications confirm no increased risk of respiratory or life-threatening complications from COVID-19 compared with the general population.
- An international registry reported on 600 patients with rheumatic disease:
 - TNF inhibitors were associated with a decreased risk of hospitalisation.
 - Disease-modifying medications (DMARDs) and anti-inflammatories (NSAIDs) were not associated with increased risk of hospitalisation.
 - ≥ 10 mg/day of glucocorticoid (prednisolone) was associated with a higher chance of hospitalisation.
 - As of 31 July 2020, only 14 Australian patients with rheumatologic disease have been infected.
 - If you have been infected please complete the [patient-survey](#).
- Since January 2020 > 2 million COVID-19 tests have been conducted in Australia
 - 1 in every 250 tests have been positive.
- As of 28 September 2020, there have been 27040 cases of COVID-19 in Australia, with 24573 having recovered.
- Current, available evidence suggests that most people with rheumatic disease or on immunosuppressants, recover from COVID-19.

International studies continue to report a higher risk of worse outcomes in those who:

- Are over 70 years of age
- Have chronic lung, heart or kidney disease
- Have poorly controlled diabetes or blood pressure
- Are obese

A number of medications used to treat Rheumatoid Arthritis and other inflammatory immune diseases, such as hydroxychloroquine (Plaquenil), steroids (Dexamethasone), tocilizumab (Actemra) and baricitinib (Olumiant) are being trialled as treatments for severe COVID-19.

However, there is **no good evidence** to date to suggest that these medications are protective against COVID-19 infection and ALL patients on these medications should **take the same precautions as all members of the community**.

Can I help prevent the spread of coronavirus?

- **Everyone in Australia can help** by following the public health advice for each State or Territory that you live in.
- Exercise personal responsibility for physical distancing.
- Ensure you adhere to excellent personal hygiene.
- Wear a mask as directed by the public health advice in your State or Territory or discuss with your rheumatologist.

Australia's second surge of infections:

- Some Australian States have experienced a second surge of infections. There is no evidence that patients who are well, without signs of infection, should change or stop any regular prescribed medications, **please continue your treatment.**
- Masks should be worn, as directed by the public health advice in your State or Territory
- If you stop your medicine and have a flare, you will need to restart and possibly take more intensive treatment with steroids.
- Take steroids only as prescribed by your doctor, doses of steroids above 10mg/day in patients with COVID-19 have been associated with a higher chance of hospitalisation.
- **Do not stop steroids suddenly or you may become very unwell.**
- If you are on a biological or targeted synthetic medication and someone close to you has a confirmed COVID-19 infection, talk to your GP or rheumatologist about delaying your next dose.
- There remains no clear evidence of harm or adverse events when anti-inflammatories are used in the setting of a COVID-19 infection.
 - o If you use ibuprofen, naproxen or other anti-inflammatories you should not stop treatment.
- The Australian Government has developed a [COVID-19 action plan](#). If your doctor has assessed you as being at high risk of severe illness if you contract COVID-19, this action plan will help you manage risks.

I am unwell: what should I do?

- If you have a fever, ($\geq 37.5^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) **OR** acute respiratory infection (e.g. cough, shortness of breath, sore throat) **OR** loss of taste or smell **call your GP** to discuss your circumstances.
- You can call the National Coronavirus Health Information Line **1800 020 080** or your state or territory public health agency for advice.
- If you are **acutely unwell**, please **call an ambulance** as you would do normally in an emergency situation.
- If you do develop symptoms of any significant infection, you should contact your rheumatology team for specific advice, as decisions to pause treatment should be made on a case-by-case basis.
- If you are on steroids (prednisolone), do not stop it suddenly; seek advice from your treating team. As usual you should pause immunosuppressive medicines for the duration of the infection, in consultation with your rheumatology team.

I work, study or attend school: what should I do?

- In some circumstances it may be appropriate to return to the workplace, place of study or school.
- Each person has different circumstances so you may want to contact your rheumatologist if you are [vulnerable](#) and request a letter for your employer.

I am a health professional with a rheumatic condition: what should I do?

- Individual circumstances should be evaluated on a case by case basis.
- Talk with your line manager/clinical lead, occupational health department and treating rheumatologist to select the best approach for you.

Vaccinations: what should I do?

- A flu vaccination is recommended for everyone with rheumatoid arthritis and other autoimmune diseases.

- o Whilst flu vaccination does not prevent against COVID-19, a flu vaccination is critical to protecting the general health of Australians from influenza.
- o The flu season in Australia generally extends from March to October each year.
- The Medicare restrictions have been modified for pneumococcal vaccination on 1 July 2020; please discuss this with your GP.

My medications: will I be able to get them?

- While there were reports of supply issues with hydroxychloroquine (Plaquenil) and sulfasalazine (Salazopyrin), measures were put in place to ensure those needing the medications for approved indications can access them.
- There should be no supply problems: if there are talk to your rheumatologist as soon as possible.

My appointments and blood tests: what's happening?

- If you are on a biological or a targeted synthetic DMARD, due to the exceptional circumstances, you do not have to see your rheumatologist face to face for a repeat prescription; the review can be conducted by phone or video at the discretion of your rheumatologist.
- Some practices and outpatient clinics are transitioning back to face to face appointments.
- Telehealth appointments (phone or video) are funded by Medicare until 31 March 2020. Contact your rheumatologist if you wish to explore that option.
- Make sure you keep in touch with your treating team so there is no interruption in prescriptions.
- If you need blood tests, Medicare rebates may allow you to have these collected at home.

What else can I do to stay healthy?

- It is important to maintain healthy habits during this time to keep your immune system as strong as possible.
- Emotional stress, lack of sleep and physical exhaustion can impact your immune system further, making you more susceptible to illness.
- Eat a healthy diet that includes plenty of fruit and vegetables.
- Ensure you exercise each day.
 - o This is helpful for general physical and psychological health, but especially while physically and socially isolated.
 - o A number of Arthritis Australia affiliates run online and face to face options, details available [here](#).
- Get plenty of sleep—aim for eight hours every night
- [Take steps to relieve stress](#)—try yoga, meditation or light exercise you can do at home.
- For more suggestions on how to stay healthy at home, take a look at [Healthier. Happier. website](#).

As your health care providers, all members of the Australian Rheumatology Association (ARA), (rheumatologists, nurses, physiotherapists, exercise physiologists and other allied health providers), are keen to provide you with information about the COVID-19 situation. We will aim to provide updates as the pandemic evolves.

For the latest advice, information and resources, please refer to Department of Health at [COVID- 19 resources](#). There are resources available in a number of languages.

The National Coronavirus Health Information Line, 1800 020 080, operates 24 hours, 7 days a week. If translation or interpreting services are needed, call 131 450. The phone number of your state or territory public health agency is available at [State and Territory Health Departments](#).

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