Australian Rheumatology Association

Advice for GPs and other Health Professionals caring for patients with Rheumatoid and other Inflammatory Arthritis, Systemic Lupus Erythematosus and other Autoimmune Diseases in the COVID-19 (Coronavirus) pandemic October 2020

This document provides an update on the information published in April and June 2020.

The Australian Department of Health has identified patients with rheumatological disease as potentially vulnerable to COVID-19. However, the current international peer reviewed published data is reassuring. International studies 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

What about your patients with rheumatological disease?

- Studies of the outbreak in Wuhan have not found that immunosuppressants prescribed in rheumatology patients result in a worse outcome.
- Studies from Italy confirm no increased risk of respiratory or life-threatening complications from COVID-19 in rheumatology patients treated with immunosuppressants.
- An international registry of > 5200 patients has published on the first 600 patients with rheumatic disease infected with COVID-19:
    - TNF inhibitors were associated with a decreased risk of hospitalisation.
    - DMARDs and anti-inflammatories (NSAIDs) were not associated with increased risk of hospitalisation.
    - ≥10 mg/day of glucocorticoid (prednisolone) was associated with a higher odds of hospitalisation.
    - As of 31 July, 2020, 14 Australian patients have been reported as infected.
    - Current available evidence suggests that most people with rheumatic disease or on immunosuppressants, recover from COVID-19.

What information should you consider in discussion with your patients?

- Uncontrolled inflammation due to active arthritis is associated with an increased risk of infection.
- Whilst some rheumatology patients may be considered at increased risk of COVID-19 they should be encouraged to continue analgesic, anti-inflammatory, conventional synthetic, biologic and targeted therapies to manage symptoms, reverse inflammation or control immune dysregulation.
- If they develop symptoms of any significant infection, they should contact their rheumatology team for specific advice
    - **Decisions to pause treatment should be made on a case-by-case basis.**

Medications

A number of medications used to treat Rheumatoid Arthritis and other inflammatory immune diseases, such as hydroxychloroquine (Plaquenil), steroids (Dexamethasone) and tocilizumab (Actemra) 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.**

Hydroxychloroquine:

- Hydroxychloroquine has become world famous in the pandemic with early suggestions that it might have a role in prevention or treatment of COVID-19.
- The National COVID-19 Clinical Evidence Task Force states for post-exposure prophylaxis as a disease modifying agent only administer hydroxychloroquine in the context **of randomised trials with appropriate ethics approval.**
- In the absence of any data to support a preventative role, patients on hydroxychloroquine should take the same precautions as all patients.
- Hydroxychloroquine is generally safe to prescribe in low doses used for inflammatory arthritis.
- Due to supply shortages the PBS listings for the medication were revised on 1 May 2020 to streamlined authority codes for autoimmune disorders:
    - Initial treatment 10417
    - Continuing Treatment 10419

NSAIDs:

- NSAIDs are effective symptomatic therapies in inflammatory arthritis, with use ideally limited to the minimum effective dose for the shortest time possible, and after evaluation of gastrointestinal, renal and cardiovascular risks.
- Despite initial concerns about risks, the WHO declared there is no evidence of an increased risk of death with the use of NSAIDs in COVID-19.
- Patients who need NSAIDs to treat chronic disease should not stop them.

Prednisolone and other glucocorticoids:

- Stopping prednisolone abruptly might cause significant harm and is not recommended.
- Those on steroids who are infected, should seek advice from their treating team.
- The RECOVERY trial, established to examine a range of potential treatments for COVID-19 found:
    - Dexamethasone was associated with a reduction in mortality by one-third in ventilated patients and by one-fifth in patients receiving oxygen only compared to standard care alone.
    - There was no benefit in mild disease.

Methotrexate, leflunomide, and sulfasalazine:

- There is no current evidence that the use of these medications increases the risk of acquiring COVID-19 or developing severe disease if infected.
- The risk to patients of uncontrolled rheumatic disease outweighs any potential or theoretical benefit of avoiding these immunosuppressants.

TNF inhibition (adalimumab, certolizumab, etanercept, golimumab, infliximab):

- A small number of patients on TNFi have been infected.
- To date there are no reports of worsening, death, or adverse outcomes.
- The aforementioned international registry reported TNFi were associated with a decreased risk of hospitalisation.

JAK inhibition (baricitinib, tofacitinib, upadacitinib):

- Baricitinib is currently being investigated as a potential treatment for COVID-19.
- Until more data emerge, these medications should be prescribed only for approved indications.

Interleukin receptor inhibition (anakinra, tocilizumab):

- Blocking cytokine release storm seen in severe respiratory cases has been proposed as treatment pathway.
- Anakinra (Il-1 inhibitor) reduced both the need for invasive mechanical ventilation in ICU and mortality among patients with severe forms of COVID-19, without serious side-effects.
- Confirmation of efficacy will require controlled trials.
- Multiple studies with tocilizumab (Il-6 inhibitor) in patients with severe COVID-19 lung disease are underway with variable outcomes reported to date.

- In the absence of any data to support a preventative role, patients on anakinra or tocilizumab **should take the same precautions as all patients.**

Other biologicals (abatacept, ixekizumab, rituximab, secukinumab, ustekinumab):
- There are no specific data in COVID-19 infection but stopping these medications may lead to uncontrolled rheumatic disease.

What about supply of medications?
- 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 your patient experiences supply issues, please ask them to contact their rheumatologist as soon as possible.

What if your patient asks for a script for "the latest cure"?
- As GPs and HPs with prescribing capacity, you may be under pressure to provide prescriptions for medications the media highlight as possible treatments for COVID-19.
- Please only prescribe for an approved indication.
- These are critical medicines, and interruption to supply will result in significant adverse health impacts for many Australians.

What precautions should patients be advised to take?
- State-based recommendations for physical distancing and wearing a mask remain in place.
- Regular hand washing and good personal hygiene practices are vital.
- Some of your patients may ask to return to work and their individual circumstances should be considered case by case.
- Physical distancing measures in the workplace should be adhered to.
- Each person has different circumstances; decisions to return to the workplace, place of study or school are influenced by these in conjunction with local transmission rate.
- Some practices and outpatients are transitioning from telehealth/phone to face to face appointments.
    - Encourage your patients to keep in touch with their treating team so there is no interruption in prescriptions.

What about vaccination?
Every health professional has a role in encouraging adherence to up to date vaccination.
- Flu vaccination is recommended for everyone with rheumatoid arthritis and other autoimmune diseases.
    - Whilst flu vaccination does not protect against COVID-19, it is critical to protecting the general health of Australians from influenza.
    - Vaccination should be offered as long as the influenza virus is circulating (generally until October).
- The Medicare restrictions were modified for pneumococcal vaccination on 1 July 2020.
    - Please review pneumococcal vaccination status in appropriate patients.

How else can you help your patients with rheumatological diseases?
- Maintain healthy habits; including healthy diet, stress management and daily exercise.
- Some Arthritis Australia affiliates run online and face to face options, details available here.
- A number of resources to help relieve stress are available here.

What about information for your patients?
The ARA have produced a number of resources for your patients available from the ARA website
This advice is drawn from a number of resources and is current as of 7th October 2020. These include
The British Society of Rheumatology , The Global Rheumatology Alliance, The Department of Health, Australia