



# 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**

It has been highlighted in the media that immunosuppressed people may be amongst the most severely affected should they become infected with this virus.

At present, there is limited data **commenting on the outcomes of COVID-19 infection in patients with autoimmune inflammatory disease or taking DMARDs or biologic medications.**

- Studies of the outbreak in Wuhan have **not** found that immunosuppressive treatments prescribed in rheumatology patients contribute to a worse outcome.
- Early experience from Italy shows patients with chronic arthritis treated with immunosuppressive **do not** seem to be at increased risk of respiratory or life-threatening complications from COVID-19 compared with the general population.

### **Please consider the information below before advising patients**

#### **Should patients cease their medication as a precaution?**

**NO.** While some rheumatology patients may be considered 'high-risk' it is really important to counsel patients to continue anti-rheumatic, analgesic, anti-inflammatory, DMARD or biologic therapies. These are prescribed to manage symptoms and/or to reverse inflammation or immune dysregulation. Uncontrolled disease is a much greater risk than the treatments, due to increased inflammation and immunosuppression.

#### **Is there any rheumatology-specific data on the impact of coronavirus to date?**

Research is underway to explore the effectiveness of a number of rheumatic drugs in treating coronavirus. The Australian Rheumatology Association (ARA) has joined the COVID-19 Global Rheumatology Alliance to rapidly generate data specific to patients with rheumatic diseases and provide information back to doctors and patients about how these patients fare if they develop COVID-19. This includes a patient experience [survey](#).

#### **Specific medications:**

**NSAIDs:** On 14 March 2020 the French Health Minister tweeted that ibuprofen 'could be a factor in aggravating' infection in patients with COVID-19. The World Health Organisation (WHO) initially recommended people with COVID-19 avoid taking ibuprofen for symptomatic relief then **retracted** that advice days later. The recommendation has now been dismissed by other regulatory agencies including the European Medicines Agency. The Australian Therapeutic Goods Administration (TGA) has also investigated this safety concern and found that there is currently no published peer-reviewed scientific evidence to support a direct link between use of ibuprofen and more severe infection with COVID-19. The [TGA states](#) that they will continue to monitor this issue.

Paracetamol is generally safer than ibuprofen, but to date there is no clear evidence of harm when any NSAID is used in the setting of COVID-19 infection. It is important that patients who need NSAIDs to treat chronic disease should not stop them.

**Hydroxychloroquine:** Hydroxychloroquine is being trialled both as prophylaxis and treatment for those infected in Australia and round the world. The recent French publication on 11 patients concludes: “*despite a reported antiviral activity of chloroquine against COVID-19 in vitro, no evidence was found of a strong antiviral activity or clinical benefit of the combination of hydroxychloroquine and azithromycin for the treatment of our hospitalized patients with severe COVID-19.*” This may help your consultation with patients who have heard President Trump state that “*trials aren't something he wants to wait on before promoting such a drug*”. Patients on hydroxychloroquine should take the same precautions as all patients. **The TGA has changed restrictions. From 24 March 2020**, to limit use of hydroxychloroquine to currently approved indications, there have been [new restrictions placed](#) on who can initiate therapy using it. Only certain types of specialists are able to prescribe hydroxychloroquine to new patients. GPs and other medical practitioners (e.g. hospital RMOs and doctors in training) can continue to prescribe repeats to patients in line with the registered indications for patients in whom the medication was prescribed prior to 24 March 2020. From 24 March 2020, GPs and doctors in training can only prescribe these medicines for continue. Inappropriate prescribing will create shortages for those with genuine need, who then risk serious disease flare or the need to start prednisolone or more potent immunosuppression.

**Prednisolone and other glucocorticoids:** The current WHO guidance for the management of severe acute respiratory infection in patients with coronavirus is to avoid giving systemic corticosteroids. Caution is needed when using steroids for other indications during the pandemic. Stopping abruptly might cause significant harm, so is not recommended. Specific advice from the NHS is available by clicking [here](#).

**Methotrexate, leflunomide, and sulfasalazine:** There is currently no 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 immunomodulatory drugs.

**TNF inhibition (adalimumab, etanercept, certolizumab, golimumab, infliximab):** A small number of patients on TNFi have been infected. To date there are no reports of worsening, death, or adverse outcomes.

**JAK inhibition (baricitinib, tofacitinib):** The Lancet has reported that baricitinib may be a potential treatment for COVID-19 acute respiratory disease. Until more data emerge, the use of JAK inhibitors such as baricitinib or tofacitinib should be only for approved indications.

**IL-6 Inhibitor (tocilizumab):** More than 200 patients with severe COVID-19 lung disease have been treated with tocilizumab in the hope that blocking IL-6 will limit the cytokine release storm seen in severe respiratory cases. Outcomes of this approach are not yet clear and further studies are underway. Tocilizumab has not been suggested to prevent or cure COVID-19 itself; patients on tocilizumab should take the same precautions as all patients.

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

**Should patients who become unwell with ANY infection cease their medication?**

If patients develop symptoms of any significant infection, established practice should be followed and immunosuppressive therapy paused for the duration of the infection and until they feel well, in consultation with their rheumatology team. For those on glucocorticoids (steroids, prednisolone), treatment should **not** be stopped abruptly and advice sought from their treating team.

### **What precautions should patients be advised to take?**

Avoidance of all non-essential contact with people is recommended. This includes:

- working from home if possible
- avoiding public spaces
- avoiding unnecessary travel
- adhering to physical distancing and high levels of personal hygiene including regular hand washing
- using telehealth/phone to communicate with doctors where possible

### **What about vaccination?**

It is really important patient vaccines are kept up to date

- Flu vaccination when available and appropriate
- Consider pneumococcal vaccination in appropriate patients

### **Should patients who are immunosuppressed be offered alternative clinic appointments?**

Patients should be advised to contact their rheumatologist to see if a telephone or video consultation is suitable. This will remove the need for patients to attend face-to-face appointments. Medicare has introduced new item numbers to support this. Biological assessments may be conducted remotely if the patient is stable. However, on occasions it may be clinically necessary for the patient to be seen face to face.

### **Is there any specific advice for health professionals that are considered part of high-risk groups, such as those with rheumatic conditions themselves?**

Immunosuppressed healthcare workers should ensure that their line manager/clinical lead, occupational health and treating rheumatologist are all aware of their condition and scope of practice. The Department of Health recently published features including medications that identify people as vulnerable – click [here](#) to download.

### **What about supply of medications?**

Community pharmacies are in the process of enhancing their capacity to supply medication without patients coming to the premises. If patients are self-isolating/quarantining they can call their pharmacy to ask about this.

### **What about requests for “just in case” medications?**

GPs and HPs with prescribing capacity may be under pressure from patients or others to provide prescriptions for hydroxychloroquine, tocilizumab and/or baricitinib, mindful they are being investigated as possible treatments for COVID-19. As outlined above, these are trials. Please only prescribe for an approved indication. For many Australians, these are critical medicines, and interruption to supply will result in significant adverse health impacts.

### **What about information for your patients?**

The ARA have produced a resource for your patients available on the ARA [website](#).

For more information on this topic, read  
Winthrop K.L.(2020) Who needs a Corona? Arthritis Rheumatol.  
<https://doi.org/10.1002/art.41260>

This advice is drawn from a number of sources and is updated as the situation evolves.

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