



## Information for people with Rheumatoid Arthritis, Systemic Lupus Erythematosus (SLE) and other autoimmune inflammatory rheumatic diseases (AIRD) in the COVID-19 (Coronavirus) pandemic 30 June 2021

This document provides an update on general information published on 18 June 2021. For specific questions please contact your rheumatologist.

At the beginning of the pandemic there was 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 AIRD as vulnerable, the current international and local data are reassuring.

### What do we now know about patients with AIRD who have contracted COVID-19?

- As of 31 March 2021, COVID-19 infection has been reported in 34 Australian patients with AIRD (<https://rheum-covid.org/map>).
- Current data suggests that most people with AIRD recover from COVID-19.
- Factors associated with COVID-19 related death include general and disease-specific factors. This has been investigated in a study of 3729 patients with AIRD through the COVID-19 Global Rheumatology Alliance (<https://rheum-covid.org/>)
  - Older age, male sex, cardiovascular disease and chronic lung disease were associated with COVID-19-related death (in keeping with data from the general population)
  - Moderate/high disease activity, glucocorticoids/steroids (for e.g. prednisolone) at doses of >10mg daily, rituximab, sulfasalazine and some immunosuppressants were associated with COVID-19-related death. Methotrexate and tumour necrosis factor inhibitors were not shown to have a negative impact.
- **Therefore, the priority should be to maintain adequate disease control while minimising glucocorticoids/steroids. Glucocorticoids/steroids** have been associated with a higher risk of hospitalisation.
- A number of medications used to treat rheumatic diseases, such as hydroxychloroquine, glucocorticoids (dexamethasone), tocilizumab and baricitinib have been trialled as treatments for severe COVID-19. Only dexamethasone and tocilizumab have been shown to be effective in the treatment of severe COVID-19 infections. **Regardless, ALL patients on these medications should take the same precautions as all members of the community.**

### Should I have the COVID-19 vaccine?

- Yes, all patients with AIRD should have the COVID-19 vaccine. Most patients with AIRD are included in Phase 1b of the National vaccine rollout which commenced on the 22 March 2021.
- The **ARA have produced an information sheet specifically for patients. This sheet can be found here;** <https://rheumatology.org.au/downloads/20210706%20COVID-19%20vaccination%20patient%20information%2030Jun21.pdf>
- 

### 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 glucocorticoids/steroids (for e.g., prednisolone), do not stop them 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.
- The Australian Government has developed a [COVID-19 action plan](https://www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-action-plan.pdf); <https://www.health.gov.au/sites/default/files/documents/2020/07/coronavirus-covid-19-action-plan.pdf> 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.

### **My medications: will I be able to get them?**

- There should no longer be 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.
- However, most practices and outpatient clinics are transitioning back to face to face appointments.
- Telehealth appointments (phone or video) are funded by Medicare until 31 December 2021. 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 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.
  - This is helpful for general physical and psychological health, but especially while physically and socially isolated.
- 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 the Healthier. Happier. website. <https://www.healthier.qld.gov.au/healthy-at-home/>
- The Australian Government website Head to Health is also a good resource for tips on maintaining good mental health and reducing stress; <https://headtohealth.gov.au/>.

### **What other precautions should I take?**

- Abide by State-based recommendations for physical distancing and wearing a mask.
- Regular hand washing and good personal hygiene practices continue to be vital.
- Each person has different circumstances; decisions to return to the workplace, place of study or school are influenced by these in conjunction with the local transmission rate.
- At work physical distancing and hygiene measures should be adhered to.

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 COVID-19. We will aim to provide updates as new information becomes available.

For the latest advice, information and resources, please refer to Department of Health at [COVID-19 resources](https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources). <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-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](https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments). <https://www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments>.

Edition 6, 30 June 2021