If I have an immune-mediated disorder, am I at increased risk of COVID-19?

We know that in patients with immune disorders, for example rheumatoid arthritis, that the immune system is not functioning at its best. So if untreated, patients with very active rheumatoid disease are at risk of any type of infection. But if we consider patients who are effectively treated now for their rheumatoid disease, and they’re remaining on that treatment, we don’t actually know the affect on COVID-19 or how much more prone they are to COVID-19. However, specialists will continue to monitor inflammatory arthritis cases worldwide as COVID-19 evolves.

If I have rheumatoid arthritis, do I need to take more extreme measures of isolation or social distancing during this time?

For patients with inflammatory conditions, with arthritis, my message and the message from the Australian Rheumatology Association and from associations around the world, is to practice the usual measures that other people within the population are. That is social distance, washing hands, all the things that you’re all well aware of. There’s no need to wear masks at this point in time and unless that advice changes we are advising people not to wear masks unless they are unwell, or unless they are around people, such as if you’re a health worker and you are around people who are unwell, then it is important that you do wear a mask.

If I have rheumatoid arthritis or a similar condition, but I still need to go to work, should I take extra precautions?

I would give the same advice to anyone at present. Work from home if you can. If you are able to work from home and your employer will allow it, then please do that at this time. If you are needed to go into work, then the usual social distancing rules apply at work. Zoning in some rooms is helpful, that’s a process where people are in different zones and they don’t move from those zones and having different teams working at different times.

Does stopping prescribed medication like biologics reduce my risk of contracting COVID-19?

The important message around medication, is really to continue medication. This advice is coming through strongly from the Australian Rheumatology Association, the American College, the European League Against Rheumatism, the European College of Rheumatology. It’s a really important message because we don’t want people stopping their medication because under those circumstances, if they do and their disease flares, the concern is that their immune system is attacking them and taking battery power away from their normal immune system designed to protect them. It is safe to continue prednisone and NSAIDs. Speak to your rheumatologist if you become unwell or are unsure about what to do with your medication.
**Do I need to stop these prescribed medications if one of my close contacts is proven to be COVID-19 infected?**

Under the circumstance where someone is living with someone who's diagnosed with COVID-19, we would still recommend at this point, they continue their medications and they would obviously isolate away from that person as per general public health guidelines. If they develop any symptoms at all then we would ask them to cease their medication and contact their rheumatologist. The aim would be to keep them off medication until they recover, and obviously they would undergo testing during that period if they met the requirements, to determine if there was any evidence of COVID-19.

**Will I be able to access my medication in the coming weeks and months?**

We are assured as rheumatologists by the Federal Government that supply of medications for patients with conditions will be maintained. There is no need to stockpile medicines and there is no need to be concerned that your medication won't be available.

**Are any additional vaccines recommended at this time?**

The main recommendation from the Australian Rheumatology Association is that everyone should have the flu vaccination this year. There are some patients, particularly those over the age of 65 who benefit from the pneumococcal vaccine and your GP will discuss that with you. The flu vaccination is the most important vaccine that you need to consider having in the next month or so as the flu season begins in Australia. People on immune suppressant medications should also avoid live vaccinations e.g. herpes zoster (shingles) or yellow fever.

**Do I have to attend my specialist appointments face to face?**

Face to face appointments cause concern for patients and doctors alike, and so there are a number of measures that are in place to protect patients so that they’re not exposed to COVID-19 or any other infections, if they do need to attend their rheumatologist. If you need to see your rheumatologist and you need to go into the rooms, you can be assured your rheumatologist is doing everything to ensure your safety. If you can’t come into the rooms or your concerned, then you can undertake a tele-health consultation by video or by phone.

**Do I need to attend a face to face appointment to get my biologic medicine?**

At present our advice, and the Australian Rheumatology Association’s advice, is that patients do need to attend, but there are special circumstances in place that we can apply for if someone cannot attend. If you absolutely cannot attend your rheumatologist rooms for your biologic prescription you should let them know and your rheumatologist can make a special application to the government to ask them to reconsider the decision on personal attendance.

**How does the telehealth appointment work and what do I need to do to prepare?**

There are a couple of ways tele-health appointments can work for you as a patient. If you have a scheduled appointment with your rheumatologist, but you don’t wish to attend, you can phone the secretary or administrative staff for your rheumatologist and they can usually convert your physical appointment to a tele-health appointment. That may either be by video or phone depending on the choice between you and your rheumatologist. The rheumatologist will then phone or video contact you, at the appointed time and undertake your appointment. Alternatively, if you are feeling unwell, or if you need a consultation with your rheumatologist, but you don’t want to attend the rooms, you can phone the rooms and the administrative staff will schedule you a telehealth appointment, where you rheumatologist will ring and discuss your case with you.

**Do I have to do a blood test in the week before my telehealth appointment?**

We would usually prefer to have blood investigations undertaken during the week before the telehealth appointment if possible. Now we understand that’s difficult with pathologists often being difficult to access, but having a blood test when the rheumatologist reviews you over phone or video is really helpful in sorting out your symptoms, how you’re going on your medication and facilitate treatment decisions that I might make about increasing medication, changing medication, and looking for any possible adverse effects of medication. So, if your rheumatologist has ordered a blood test, and you are able to attend the pathologists, it is important to have it done.
These highlights have been developed following an interview with leading Rheumatologist Professor Paul Bird, with questions provided by Arthritis Australia, MSK Australia and CreakyJoints Australia.

The views and opinions expressed in this document are those of Professor Bird alone, and do not necessarily reflect the views and opinions of Janssen.

This information is current as of 26 March 2020 and is general information only. Always contact your healthcare professional for advice about your condition or your medication.

For further information, please visit:


The Australian Rheumatology Association: [www.rheumatology.org.au](http://www.rheumatology.org.au)


CreakyJoints Australia: [www.creakyjoints.org.au](http://www.creakyjoints.org.au)

MSK Australia: [www.msk.org.au](http://www.msk.org.au)