Myositis UK: COVID-19 Webinar

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Disclaimers

- We **aren't experts** in infectious diseases or the management of coronavirus specifically.
- We aren't paediatricians
- There are still many **unknowns**
- The situation is **changing** minute by minute
- Information given here will be general and reflects personal views
- We cannot give you specific/individualised advice about managing your condition
- Please contact your GP or specialist if you have any concerns

Novel Coronavirus / COVID-19 / SARS-CoV-2

- Wuhan, China
- First case ~ Nov 2019
- Likely transmitted to humans from **bats**
- Human-to-human transmission via respiratory droplets
- Initially spread to South Korea, Iran and Italy
- Pandemic declared 11th March 2020



Key problems

- New virus No immunity No vaccine
- Rapid spread Highly contagious Asymptomatic infectious period
- Some patients become very sick
- Health care systems become quickly overloaded



• Check gov.uk or nhs.uk

website regularly for up to

date info

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Stay at home

- Only go outside for food, health reasons or work (where this absolutely cannot be done from home)
- Stay 2 metres (6ft) away from other people
- Wash your hands as soon as you get home

Anyone can spread the virus.

Full guidance on staying at home and away from others



- Strict social distancing
 - 2m separation
 - "Only go outside for food, health reasons or work"

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- Strict social distancing
- Meticulous hand washing
 - Soap is fine
 - Especially when returning home
 - Avoid touching face
 - Sneeze in to a tissue, not your hands

- Strict social distancing
- Meticulous hand washing
- Self-isolation if you have symptoms
 - Household to stop work and stay at home





What to do – high risk

- Criteria have been defined for **highly vulnerable** people:
 - Solid organ transplant recipients.
 - People with specific cancers.
 - People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD.
 - People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
 - People on immunosuppression therapies sufficient to significantly increase risk of infection.
 - Women who are pregnant with significant heart disease
- See <u>here</u> for risk stratification table from the BSR
- See <u>here</u> for Versus Arthritis risk calculator

What to do – high risk

- These individuals are advised to practice **"Shielding"** for at least the next 12 weeks:
 - Strictly avoid contact with those displaying symptoms of coronavirus.
 - Do not leave your house.
 - Do **not** attend any gatherings.
 - Do **not go out** for shopping, leisure or travel and, when arranging food or medication deliveries, these should be left at the door to minimise contact.

What to do – high risk

- Additional help is available (food, medicines, additional care) for these individuals if required:
 - A letter from the NHS is being sent to those already identified as high risk
 - They can also self register here: <u>gov.uk/coronavirus-extremely-vulnerable</u>

Am I in this high risk group?

- Patients with myositis can be particularly vulnerable to respiratory infections:
 - On immunosuppression
 - Especially prednisolone >20mg, DMARDS, biologics, JAK inhibitors
 - Combination therapy
 - Respiratory muscle weakness
 - Interstitial lung disease
 - Problems swallowing

See <u>here</u> for risk stratification table from the BSR

See <u>here</u> for Versus Arthritis risk calculator

What to do: *Decisions must be individualised*

- Some general rules:
- DO NOT SUDDENLY STOP TREATMENT, especially steroids
- Make sure you have a good supply of your medications
- Speak to specialist / GP
 - Your specialist may try to maintain you on the lowest steroid dose possible
 - If you become unwell you may need a higher dose of steroids
 - Scheduled biologics (e.g. rituximab) could potentially be postponed
 - Blood monitoring frequency may need to decrease avoid hospital

STEROID TREATMENT CARD

I am a patient on STEROID treatment which must not be stopped suddenly

- If you have been taking this medicine for more than three weeks, the dose should be reduced gradually when you stop taking steroids unless your doctor says otherwise.
- Read the patient information leaflet given with the medicine.
- Always carry this card with you and show it to anyone who treats you (for example a doctor, nurse, pharmacist or dentist). For one year after you stop the treatment, you must mention that you have taken steroids.
- If you become ill, or if you come into contact with anyone who has an infectious disease, consult your doctor promptly. If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you do come into contact with chickenpox, see your doctor urgently.
- Make sure that the information on the card is kept up to date.

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