Recommendations Regarding COVID19 Infection in Rheumatic Patients in Greece

The Greek Rheumatology Society and Professional Association of Rheumatologists (ERE-EPERE)

Mediterr J Rheumatol 2020;31(1):6-7
INTRODUCTION
The Greek Rheumatology Society & Professional Association of Rheumatologists (ERE-EPERE) in response to the recent COVID19 pandemic has issued the following recommendations regarding COVID19 infection in patients with rheumatic diseases.

ARE PATIENTS WITH RHEUMATIC DISEASES AT INCREASED RISK FOR SEVERE DISEASE (“VULNERABLE POPULATION”)?
The majority of patients with COVID19 infection (80%) in the general population develop mild to moderate disease (including those with or without pneumonia), whereas ~14% severe (severe pneumonia with hypoxemia and lung infiltrates) and ~6% critical (respiratory failure, septic shock and/or multi-organ failure) disease.1

According to the published reports so far, older age appears to be the most important risk factor for severe disease.2-4 Other risk factors include cardiovascular and respiratory diseases, hypertension, diabetes mellitus and probably male sex.2-4

Until today, no data are available regarding the risk for severe disease in patients with auto-immune/auto-inflammatory rheumatic diseases who are receiving or not immunosuppressive/immunomodulatory agents.2-4 There has been only one report of 18 patients with history of cancer from China, which showed that their risk for developing critical disease or death was higher (39% vs. 8%) compared to the rest of the infected population (n=1,572).5

However, it should be noted that these patients with history of neoplasia were older (63 vs. 49 years old) and more frequently smokers (22% vs. 7%).5 It is unknown whether the lack of data for rheumatic patients is due to the low frequency of autoimmune inflammatory diseases in the general population (~2-2.5%), especially those treated with high-potency immunosuppressives, to inadequate recording, or to an actual absence of increased risk. However, the lack of published data for these patients does not exclude the possibility that they are at higher risk for a severe outcome.

Based on the above limited data, our National Society, taking into account the critical situation with the COVID19 infection worldwide and the potential risk for severe disease in our patients:

A. Recommends that patients with autoimmune/auto-inflammatory rheumatic diseases could be classified as being at higher risk for severe infection, based on their:
- underlying rheumatic disease (eg, vital system involvement such as: respiratory, cardiovascular, renal, hematologic, etc.)
- immunosuppressive/immunomodulatory treatment and
- specific co-morbidities (old age, hypertension, cardiovascular or respiratory diseases, diabetes mellitus)

B. Urges Rheumatologists to state clearly in their medical reports for rheumatic patients who are still employed, their:
- type of rheumatic disease,
- immunosuppressive/immunomodulatory treatment administered,
- characterization as a “vulnerable group” (based on Recommendation A), and
- need for increased protective measures (leave of absence, change of working post, working from home,

Keywords: COVID19, recommendations, rheumatic diseases, immunosuppressives, biologic agents
As of today, International Rheumatology Societies do not recommend the discontinuation of immunosuppressive/ immunomodulatory therapies (with the exception of GCs and hydroxychloroquine) in patients with rheumatic diseases who:
- had high risk contact (duration> 15 min, distance <2 m) with a patient with confirmed COVID19 infection, or
- have symptoms of acute respiratory infection or
- develop COVID19 infection

The above recommendations may be revised based on the emerging new data and the new guidelines issued by our National Organization of Public Health.

### CONFLICT OF INTEREST
The authors declare no conflict of interest.

### REFERENCES