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Advice for persons with multiple sclerosis and related disorders regarding COVID-19 outbreak

Background

Since December 2019 following cases emerging in and around Wuhan, China most regions of the world have now experienced cases of a novel respiratory illness (COVID-19) caused by a new coronavirus which has been identified as SARS-CoV-2. The mortality of this infection amongst cases displaying symptoms and confirmed to have the virus is in the order of 1-7%. National and International measures to reduce the risk of transmission of the virus have been implemented in most jurisdictions. It is likely that these measures will slow the rate of transmission, but at this point it is unclear if further spread can be prevented and it is unclear how long the present outbreak will last. At present there is no known effective treatment for COVID-19 and there is no vaccine. Older persons and those with pre-existing medical conditions (respiratory disease, heart disease, diabetes, cancer) have a higher risk of complications from COVID-19 infection. Men may also be at a slightly increased risk. At this stage, there is no evidence that being immunosuppressed increases a person's risk of being infected with COVID-19 or developing complications, but there is a theoretical risk of both.

In Australia, we are still in a containment phase where it is hoped that the measures being implemented will limit the number of people infected and the present risk of being infected with COVID-19 remains low. This situation may change. We will continue to monitor this and change our advice accordingly.

How can I protect myself from getting COVID-19?

In order to minimise the risk of being infected by COVID-19, you should follow the standard precautions advised by the Australian Government (see <https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov#prevention>). This is the best source of advice on how to keep yourself safe and will be updated daily.

What if I develop symptoms of COVID-19 infection or have a confirmed diagnosis of COVID-19 infection?

If you develop symptoms of COVID-19 infection (see <https://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov#symptoms>) or have a confirmed diagnosis of COVID-19 infection you should:

- Follow the standard self-isolation advice (see <https://www.health.gov.au/resources/publications/coronavirus-covid-19-isolation-guidance>).
- Follow the advice of the diagnosing doctor or health care facility.
- Seek the advice of your neurologist or ask the diagnosing health care team to discuss with them or the on-call neurologist regarding any changes to your treatment.
- It is extremely important that you advise your neurologist if you become infected with COVID-19 as we will be collectively monitoring the outcomes for people with MS and various therapies. This will assist in providing appropriate advice to all.



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Who should I contact if I have symptoms of COVID-19 infection?

If you are concerned that you are developing symptoms of COVID-19 you can:

- 1) Phone the Coronavirus Health Information Line 1800 020 080.
- 2) Phone the Health Direct Hotline 1800 022 222.
- 3) Phone your General Practitioner for an appointment (please phone ahead to make an appointment).
- 4) Attend a coronavirus testing centre (these are listed for each state by the relevant health department, again please phone ahead to make an appointment).

Should I come to my outpatient clinic, infusion or MRI appointment?

If you have visited a high-risk area, have symptoms of COVID-19 infection or have had close contact with someone who has been diagnosed with COVID-19 please do not attend your outpatient, infusion or MRI appointment. Please contact your specialist clinic, MRI department, infusion centre or MS Nurse to advise of your need to cancel the appointment and make alternative arrangements. Many clinics have now moved to telephone or telehealth consultations. MRI departments and imaging centres have implemented measures to limit the risk of infection.

Should I travel overseas?

Current travel advice is available on the Australian Smart Traveller website (see www.smartraveller.gov.au), but essentially all travel has now been banned.

Should I have the flu and pneumonia vaccinations?

It is recommended that all persons with MS and related disorders have the flu vaccination when it becomes available in April. The Pneumococcal vaccination is also recommended.

What if I am a healthcare worker?

As indicated above, at present we have no evidence of an increased risk of COVID-19 infection or its complications in people with MS or related conditions, or in those on treatment. However, as indicated below there are potential, theoretical risks with some medications and it would be sensible for healthcare workers on any of these therapies to avoid work environments that would bring them into direct contact with people either known to be or likely to be infected with COVID-19. If you require any documentation to this effect, please contact your neurologist who will be happy to assist.

What should I do about my medication?

If you are on a regular medication for MS or a related condition then it is recommended that you should continue to take this medication because of the very real risk of relapse when medication is ceased.



With regards to specific therapies:

- 1) Self-injected therapies (glatiramer acetate [Copaxone], beta-interferon [Avonex, Betaferon, Plegridy, Rebif]):
 - These medications are not immunosuppressive.
 - You should continue these medications and follow the standard advice regarding prevention of COVID-19 infection.
- 2) Intermittent immunotherapies (plasma exchange, intravenous gammaglobulin [IVIg]):
 - These therapies have a minimal impact on immune function.
 - You should continue these therapies and follow the standard advice regarding prevention of COVID-19 infection.
- 3) Regular potentially immunosuppressive MS therapies (natalizumab [Tysabri], fingolimod [Gilenya], siponimod [Mayzent], dimethyl fumarate [Tecfidera], teriflunomide [Aubagio]):
 - These therapies are mildly immunosuppressive, there is currently no evidence that they increase the risk of COVID-19 infection.
 - Because of the very real risk of relapse on discontinuing these therapies compared to the currently low risk of COVID-19 infection the present advice is that these medications should be continued.
 - You should follow the standard advice regarding prevention of COVID-19 infection.
- 4) Immunosuppressive therapies (prednisolone, methotrexate [MTX], azathioprine [Imuran], mycophenolate mofetil [Cellcept], cyclophosphamide [Cytoxan]):
 - The level of immunosuppression with these medications is variable and depends upon the dosage and combination of treatments.
 - Because of the very real risk of relapse on discontinuing these therapies compared to the currently low risk of COVID-19 infection the present advice is that these medications should be continued.
 - You should follow the standard advice regarding prevention of COVID-19 infection.
- 5) Pulsed immunosuppressive therapies (rituximab [Rituxan], ocrelizumab [Ocrevus], alemtuzumab [Lemtrada], cladribine [Mavenclad]):
 - These therapies are immunosuppressive to varying degrees and for variable periods of time.
 - Because of the pulsed nature of these therapies there are options to delay courses of treatment.
 - Decisions on whether or not to delay a course of these therapies should be discussed with your neurologist.
 - You should follow the standard advice regarding prevention of COVID-19 infection.



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Signatories

Simon Broadley

Bill Carroll

Natasha Gerbis

Deborah Mason

Mike Boggild

Heid Beadnall

Anneke van der Walt

Jeannette Lechner-Scott

Jane Frith

Suzanne Hodgkinson

Stephen Reddel

Richard Macdonnell

Michael Barnett

Mark Marriott

Pamela McCombe

Trevor Kilpatrick

Bruce Taylor

Allan Kermode

Ernie Willoughby

Simon Hawke

Mahtab Ghadiri

Tomas Kalincnik

Steve Vucic

Ian Sutton

Todd Hardy

Ann French

Mastura Monif

Helmut Butzkueven

John Parratt

Olga Skabina

Caron Chapman