



COVID-19

**QUESTIONS & ANSWERS
ABOUT COVID-19
AND SCLERODERMA**

**VIDEOFORUM from March 21st, 2020
by Angelica Bourgeault**





This morning, at 11:00 am EDT, in sponsorship with the *Scleroderma Society of Ontario*, *Scleroderma Canada*, the *Scleroderma Foundation*, and the *Scleroderma Research Foundation*, SPIN held its first videoforum entitled «**Scleroderma & COVID-19: A Conversation with the Experts**». Participants were asked to submit their questions surrounding COVID-19 and scleroderma in advance through an online Qualtrics questionnaire or ask their questions live by typing them into the GoToMeeting Chat Pane. The discussion panel was comprised of five excellent panelists: Maureen Sauvé, Dr. Janet Pope, Dr. John Varga, Dr. Don Sheppard, and Dr. Brett Thombs.

With over 200 participants attending, we had a very successful turnout with great questions from the scleroderma community and insightful answers from our experts. Take a look at the announcement and stream the videoforum below:



In addition, Scleroderma Quebec has prepared for you a transcript of the questions and answers.

Immune suppression is a risk, and having ILD or scleroderma without ILD puts you at a slightly higher risk. If you have ILD or are immune-suppressed you want to isolate yourself at home.

What should you do with your treatments:

A Patients with scleroderma are potentially at higher risk because of three reasons: an altered immune system, many patients with scleroderma have lung disease and variable levels of lung injury, and many of these patients are taking immunosuppressive drugs.

Having an auto-immune disease in the type of scleroderma is not necessarily a major risk factor for having an increased risk of infection or having a worse outcome.

On the other hand, having lung disease is of concern. It's very clear that if you have significant lung injury, you're at higher risk for having greater lung complications.

In some cases, a drug might be safely discontinued, particularly if your disease is not particularly active or progressive. In other cases, it's important to stay on these drugs. The risks and benefits ratio has to be weighed by your physician.

Many people have different levels of lung involvement in scleroderma. When would someone think they should be at risk and take more stringent measures of isolation?

A We don't really know. Sometimes your immune suppressant might actually help you not get the big body reaction when your COVID virus becomes really quite severe.

The two risks we are thinking about are: Is someone with scleroderma at higher risk of getting the virus and IF they get the virus are they at higher risk of having serious complications.

Many people will just have an annoying cold. If you get sicker you should seek medical attention and get tested.

Serious lung disease or heart disease, these people are probably at higher risk.

How can you get a substantial handwash when you have ulcerated sores on your fingers?

A Keep your usual hand cleaning routine. Look at the areas that you can clean, keep the rest protected or covered when you go out and use your usual cleaning routine, being aware you don't want to have an active ulcer feeling like it's burnt every time there is a solution on it.

Should CORTICAL STEROIDS be avoided unless absolutely necessary? What if you are already on them?

A Cortical steroids are problematic at high doses. Fortunately, most people with scleroderma take rather low doses of 20 mg or less of prednisone, are probably reasonably safe but again it is very important to discuss it with your physician. Definitely don't quit cold-turkey.

Q **Infusion of immunosuppressants**

A It's important to discuss if you should get your infusion now or if there is a better chance to wait and see. However, the epidemic might be spreading more in your local area if you wait a long time, and we don't want people to be sick.

At this point in time, rheumatologists in Ontario and in Quebec give the treatments as prescribed because in general if you're under infusion it's probably working to help you, you probably tolerate it well and you probably have less serious infections.

Q **NEW MEDICINES** **Would new vaccines help people with an immunosuppressive disease?**

A A vaccine that prevents transmission is really critical. The vaccines that are being worked on right now are not the whole virus, they're pieces of the virus. No one is working on a dead virus or a live virus. All the current forms of the virus that are being worked on will be safe for people with scleroderma or are on immuno-suppressive medications because there are no infectious agents in there. If you're taking immuno-suppressants, the vaccine will likely not work as well. At this point what we're hoping for is that it will work on everybody else and that herd immunity protects you.

What if a scleroderma person is infected with COVID-19

A It's very important to communicate with your rheumatologist or primary care provider because it does mean that you are at higher risk for more severe disease. Decisions will have to be made about rapid testing and the next step.

TRANSPLANTS

Patients with an organ transplant or have undergone stem-cell therapy obviously are at a higher risk so the issue of self-isolation to really minimize potential exposure to the virus for as long as there is a prevalent infection in the community..

KIDNEY DISEASE:

Like heart disease and lung disease, chronic kidney disease is an increased risk of more severe outcomes. If you have chronic kidney disease, regardless of what therapy you're on, you need to consider yourself at risk. You should self-isolate to avoid exposure.

Should people with limited scleroderma be working in the healthcare system right now?

A Whether you have limited or diffuse scleroderma doesn't matter, it's a question of what degree of the major risk factors you have, age, ILD, immuno-suppressive drugs. If you are in one of the high-risk categories self-isolation and self-protection measures are very applicable.
