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Dear patients and colleagues

Rheumatic Diseases and the COVID-19 Coronavirus

Since December 2019 an outbreak of coronavirus disease 2019 (COVID-19), caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has caused a pandemic, with 183 000 confirmed cases and 7200 deaths. **At the moment, very few people in South Africa have been infected - and almost all of these have travelled to countries with high COVID-19 infection loads.** Rheumatology at the University of Cape Town has been flooded with questions regarding the virus, medications, and what to do if they feel unwell.

How is COVID-19 spread?

COVID-19 spreads from person to person, similar to the flu. This can happen from touching an infected surface and then touching your mouth, nose, or eyes. COVID-19 seems to spread most easily when people are showing symptoms, but it may also be possible to spread it without having symptoms, but this is uncommon.

What are the risks of severe COVID-19 infection?

It is very important to remember that most people infected with COVID-19 have no symptoms, or mild 'flu symptoms of fever, cough, and muscle aches. Only a small number of patients (less than 3%) have lung complications with shortness of breath, which can lead to organ failure and death. We don't yet know if people with rheumatic diseases (such as rheumatoid arthritis, spondylarthritis, systemic lupus erythematosus, systemic sclerosis and myositis) are at higher risk of severe COVID disease. This risk may be due to the rheumatological illness or due to medications prescribed to treat it – but at the moment there is no evidence that rheumatology patients fare worse than any other patient.

On the bright side, there is some evidence that patients with certain immune disorders are protected from viral infections. And scientists are studying medications commonly used by rheumatology patients, including chloroquine and tocilizumab, as promising treatments for COVID-infected persons.

How is COVID-19 treated?

There is no specific treatment for COVID-19. Most people with COVID-19 have only mild illness and can rest at home until they get better. People with mild symptoms seem to get better after about 2 weeks, but it's not the same for everyone.

If you have more severe illness, you might need to stay in the hospital in a special "isolation" room, possibly in the intensive care unit ("ICU"). You may need extra oxygen to help you breathe easily.

What should I do if I think I have COVID-19?

Do not panic. Stay home. Do not go to work, school, or public areas. Avoid using public transport or taxis. There is no need to rush to hospital for a COVID-19 test – this will spread the virus and will not make you better!

Come to hospital if you develop shortness of breath.

Rest, drink plenty of fluids and use medications (like paracetamol) to reduce fever and pain.

Avoid close contact with others. When in contact with others, wear a mask if available.

Avoid sharing dishes, drinking glasses, cups, eating utensils, towels, or bedding – after using these, wash them well.

Only stop home isolation in consultation with helpline/healthcare provider (usually 14 days).

Prevent spread to keep you and your family safe:

Stay home, avoid public gatherings including church, meetings, restaurants and gyms.

Avoid contact (for at least 14 days) with any travellers returning from overseas.

Avoid close contact with those who are sick.

Wash hands often

Avoid touching face, eyes, nose or mouth.

Cover your mouth and nose with a tissue or your sleeve/elbow (not hands) when coughing. Discard used tissues immediately and wash your hands.

Clean and disinfect frequently touched objects and surfaces (counters, bedside table, doorknobs, bathroom surfaces, phones).

Wearing a mask is unnecessary if you are well. People who are coughing and sneezing who wear a mask are less likely to infect others.

Should I stop taking my medications if I have a rheumatic disease and am concerned about COVID-19?

We do not know how rheumatology medications affect COVID-19 infections. Most experts agree that rheumatology patients should continue their medications such as corticosteroids, methotrexate, chloroquine, sulfasalazine, leflunomide, mycophenolate and biologic therapies. There is no evidence that using these medications increases your risk of infection or complications. If you develop high fevers and severe respiratory symptoms and are positive for COVID-19, your medical team may decide to interrupt your therapies, as you would for any active infection; the treatment may be resumed after the infection has cleared.

Should I come to my next rheumatology appointment?

Please do not come to your OPD lupus or arthritis clinic if you suspect you have COVID-19 infection and are well enough to stay at home. Rather get well so that you do not infect other patients. This is not the case if you are very ill, in which case you should see a health professional immediately.

If you are well, we will try and make your waiting time as short as possible – we will write up your meds so you can go to the pharmacy. If you need to be seen your rheumatology team is available to assess you.

Contact numbers and further information:

Please phone the General Public COVID-19 Helpline **0800 029 999** for further advice.

https://www.eular.org/eular_guidance_for_patients_covid19_outbreak.cfm

<https://www.nras.org.uk/news/coronavirus-what-we-know-so-far>

Talk to our rheumatology sister or doctors at the outpatient clinics:

Friday Morning D6 (021) 404 5394; Tuesday or Thursday Morning H floor (021) 404 5313



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