

## Updated 19 March; BSR Guidance on COVID 19

We are aware that members are receiving a large number of queries in relation to COVID-19 (Coronavirus), and the risk to their patients' health. Current advice is that the risk to the general population in the UK is now high. At this stage we believe all advice is the same for each nation in the UK. We have, however, listed the COVID-19 update pages for each nation's Public Health body here:

- England: <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>
- Wales: <https://phw.nhs.wales/>
- Scotland: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/>
- Northern Ireland: <https://www.publichealth.hscni.net/news/covid-19-coronavirus>

Our advice is drawn from a number of sources, covers both adults and children, and will be updated as the situation evolves.

### **Is there any specific advice on how patients should be managed during this pandemic?**

BSR has been working closely with NHS England to develop this resource. The advice explains what steps units should take, the risk levels by condition and medication, and how resources should be allocated as infection rates increase. NHS England published this advice, endorsed by BSR, on 19 March [and it is available here](#).

### **Should patients cease their medication as a precaution?**

All patients, including those aged 16 years and under, should continue to take their medication unless directed otherwise by their rheumatology team. If you are planning to start or switch to a new medication this may now need to be reviewed. Please remember patients on long-term glucocorticoids (steroids, prednisolone) should not stop these abruptly.

### **Should patients who become infected with the virus cease their medication?**

If patients develop symptoms of any infection, established practice should be followed and immunosuppressive therapy paused for the duration of the infection and until they feel well, in consultation with their rheumatology team. For those on glucocorticoids (steroids, prednisolone), the expectation is that treatment should not be stopped abruptly and advice should be sought from their treating team.

### **What precautions should patients be advised to take?**

As of 16 March, everyone in the UK has been advised to avoid all non-essential contact with people. This means working from home if possible and avoiding public spaces, such as pubs/theatres. In addition, all unnecessary travel should be stopped. This advice is particularly important for those over the age of 70, those with underlying health conditions and pregnant women.

Any patient who qualifies for a flu vaccination on medical grounds, which includes those with a weakened immune system as a result of their underlying medical condition or medication, should now be advised to follow the [guidance about social distancing](#). This will apply to many patients, including both adults and children, attending rheumatology clinics.

### **Should patients who are intending to travel abroad change their plans?**

The Foreign & Commonwealth Office (FCO) has advised against all non-essential international travel for a period of 30 days. This advice takes effect immediately as of 17 March. Other countries have also introduced stringent restrictions on travel. Patients should be directed to the [country-specific advice published by PHE](#).

### **Should patients who are immunosuppressed be offered alternative clinic appointments?**

Clinicians should now look to remove the need for patients to attend face-to-face appointments wherever possible. This might involve telephone appointments or exploring video consultations. NHSX and the Information Commissioners Office have permitted the NHS to use WhatsApp/FaceTime/Skype for patients given the urgent nature of the situation. Please see this [guidance for reassurance](#).

### **Should young patients be taken out of school to reduce the risk of infection?**

All schools in the UK will be closed for the large majority of pupils from Friday 20 March until further notice. Exceptions will however be made for children of 'key workers' (yet to be fully defined, but expected to include those working in the NHS) and vulnerable children. Nurseries and other educational providers are also expected to close. While there is no specific advice in relation to immunosuppressed children, the Government has published advice on social distancing, with a particular focus on those with underlying health conditions. Following this advice, children who are on immunosuppressive treatment should not be in large social gatherings, such as school environments.

### **Is there any other advice relevant to children, young people and their families?**

The principles of this guidance cover all patients. Where possible, units should however contact families to share advice in an accessible format, such as through [this video](#) produced by the Paediatric Rheumatology European Society (PRES).

### **What steps should units undertake to effectively prepare for an increase in infected patients?**

Each NHS organisation has an Accountable Emergency Officer (AEO) who is responsible for overseeing preparations. Their role includes:

- Keeping members of staff informed of advice from PHE and NHS England and Improvement
- Ensuring medicine levels are maintained at levels proportionate to anticipated short term demand

Acute care providers have also been asked to undertake a number of steps, including:

- Reviewing all pathways, specifically those in 'medicine' that support those with respiratory illness and consider the impact that a possible surge in medical patients might have on services and stocks.
- Reviewing critical care and high dependency capacity and consider how this could be increased and the impact of doing so.

### **Is there any specific advice for health professionals that are considered part of high-risk groups, such as those with rheumatic conditions themselves?**

Specific advice is currently being developed by NHS England and Public Health England. While waiting for this advice, immunosuppressed healthcare workers should ensure that their line manager/clinical lead, occupational health and treating rheumatologist are all aware of their medication and scope of practice.

### **Is there any rheumatology-specific data on the impact of coronavirus to date?**

We are aware of reports that research is underway to explore the effectiveness of a number of rheumatic drugs in treating coronavirus, although information remains limited at this stage. COVID-19 also appears to affect children and adults differently, with infections milder in children, although we do not yet understand exactly why this is the case. In part, this is why BSR is supporting the launch of the [COVID-19 Global Rheumatology Registry](#) to help inform practice. Data on the UK rate and severity of coronavirus infection in patients with rheumatic conditions is also expected to be gathered in the coming weeks.

### **What is the impact on the society's annual conference?**

We have made the difficult decision to cancel this year's conference. Please [click here](#) for further details. We have also postponed all of our face-to-face education courses over the next few months.

### **Where can I access further advice?**

The most up-to-date advice and guidance for clinicians can be [found here](#). We would encourage members and patients to refer to this information with any concerns. If you'd like to discuss a specific issue, you can also [contact the Clinical Affairs team](#).

### **What if I am showing any symptoms?**

If you are showing any symptoms and you think you might have coronavirus or you've been in close contact with someone who has it:

- stay at home for seven days if you live alone, or self-isolate your entire household for 14 days
- avoid close contact with other people
- do not go to a GP surgery, pharmacy or hospital
- use the [online 111 coronavirus service](#) to find out what to do next
- only call 111 if you are unable to get help online.

There has been some concern about the use of no-steroidal anti-inflammatory medications (NSAIDs) in relation to COVID-19, following recent comments by the French authorities. In that absence of conclusive evidence, the

Committee of Human Medicines (an advisory body of MHRA) and NICE have been asked to review the evidence. In the interim, the advice for patients with confirmed or suspected COVID-19 is to use paracetamol, in preference to NSAIDs. Those currently on NSAIDs for other medical reasons (e.g. arthritis) should not however stop them.

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