

COVID-19 and MS

FAQ's

How can I protect myself from getting COVID-19?

The World Health Organization recommendations include:

- Wash your hands frequently with soap and water or an alcohol-based hand rub
- Avoid touching your eyes, nose and mouth unless your hands are clean
- Try to keep at least 1 metre distance between yourself and others, particularly those who are coughing and sneezing
- When coughing and/or sneezing, cover your mouth and nose with a flexed elbow or tissue
- Practise food safety by using different chopping boards for raw meat and cooked foods and wash your hands between handling them.

In addition, we recommend that people with MS should:

- Avoid public gatherings and crowds
- Avoid using public transport where possible
- Where possible, use alternatives to face-to-face routine medical appointments (for example, telephone appointments).

Caregivers and family members who live with, or regularly visit, a person with MS should also follow these recommendations to reduce the chance of bringing COVID-19 infection into the home.

In order to minimise the risk of being infected by COVID-19, you should follow the standard precautions advised by the Australian

Government. 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 or have a confirmed diagnosis of COVID-19 infection you should:

- Follow the standard self-isolation advice.
- 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.

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:

- Phone the Coronavirus Health Information Line 1800 020 080
- Phone the Health Direct Hotline 1800 022 222.
- Phone your General Practitioner for an appointment (please phone ahead to make an appointment).
- 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 appointment, infusion or MRI. 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.

Advice for pregnant women with MS:

At this time there is no specific advice for women with MS who are pregnant. There is general information on COVID-19 and pregnancy on the US Centre for Disease Control and Prevention website.

Advice regarding the NDIS:

NDIS and Disaster

Response: <https://www.ndis.gov.au/understanding/ndis-and-other-government-services/ndis-and-disaster-response>. New measures are being put in place in response to the COVID-19 pandemic. Here is a link to the statement from the Minister:

<https://bit.ly/2WD8nGI>

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.

It also recommended that:

- People who develop symptoms of COVID-19 or test positive for the infection discuss their MS therapies with their MS care provider or another health care professional who is familiar with their care.

- Before starting on any new DMT, people with MS discuss with their healthcare professional which therapy is the best choice for their individual disease course and disease activity in light of COVID-19 risk in the region.
- Those who are due to start on a DMT but have not yet done so, should consider selecting a treatment that does not reduce specific immune cells (lymphocytes). Examples include: interferons, glatiramer acetate, or natalizumab. Medications that reduce lymphocytes over longer intervals include alemtuzumab, cladribine, ocrelizumab and rituximab.

With regards to specific therapies:

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.

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.

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.

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.

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.

Advice regarding aHSCT:

Autologous Haematopoietic Stem Cell Treatment (aHSCT) includes intensive chemotherapy treatment. This severely weakens the immune system for a period of time. People who have recently undergone treatment should extend the period they remain in isolation during the COVID-19 outbreak. People who

are due to undergo treatment should consider postponing the procedure in consultation with their healthcare professional.

For Australians living with MS concerned about coronavirus, at the outset we recommend that you:

- Discuss any particular queries or concerns with your GP or neurologist (pertaining to your situation).
- Prior to your visit, re-read this page, as the MS-specific information may help you formulate your queries.

This information was taken from:

<https://www.msaustralia.org.au/about-ms/covid-19-information-people-ms>.

Please use this website for more information.