National Briefing with CDC on COVID-19 & Autoimmune Disease

April 3, 2020

On behalf of the National Coalition of Autoimmune Patient Groups, thank you for joining us today.

The briefing will start at 2:00 p.m. ET.
Dr. Betty Diamond
Chair, AARDA Scientific Advisory Board
Head of the Center for Autoimmune and Musculoskeletal Diseases, Northwell Health's Feinstein Institute for Medical Research
National Briefing with CDC on COVID-19 & Autoimmune Disease

A nationwide dialogue with leading medical experts on the COVID-19 coronavirus and its effects on people with autoimmune diseases

Hosted by:

American Autoimmune Related Diseases Association (AARDA)
in partnership with the
National Coalition of Autoimmune Patient Groups,
40 leading national disease-specific organizations
Today’s Agenda

4,500 Briefing Participants

- CDC Perspective & Practice Perspectives
- Answers to Selected 1,500+ Questions from Briefing Participants
- Answers to Additional Questions will be found at www.aarda.org and via the National Coalition of Autoimmune Patient Groups
- This briefing will be recorded and posted at www.aarda.org
Georgina Peacock, MD, MPH, FAAP
Director, Division of Human Development and Disability (DHDD)
National Center on Birth Defects and Developmental Disabilities (NCBDDDD)
Dedicated to the health and development of children and adults across the lifespan, she applies her personal passion and knowledge to a critical leadership position at the Centers for Disease Control and Prevention (CDC).
Coronavirus and Immunodeficiency

Georgina Peacock, MD, MPH, FAAP
Lead, At Risk Task Force
April 3, 2020

For more information: www.cdc.gov/COVID19
Coronavirus (CoV) Background

- Large family of viruses that cause respiratory illness
  - Belongs to *Coronaviridae* family
- First isolated in the 1960s
- Named for the crown-like spikes on surface
  - 4 subgroupings (alpha, beta, gamma, delta)
- Some can spread between animals and people (zoonotic)
COVID-19: Emergence

- Identified in Wuhan, China in December 2019
- Caused by the virus SARS-CoV-2
- Early on, many patients were reported to have a link to a large seafood and live animal market
- Later patients did not have exposure to animal markets
  - Indicates person-to-person spread
- Travel-related exportation of cases reported
  - First US case: January 21, 2020
States Reporting Cases to CDC

Reported Cases
(last updated April 2, 2020)
- None
- 6 to 50
- 51 to 100
- 101 to 500
- 501 to 1000
- 1001 to 5000
- 5001 or more
COVID-19: How It Spreads

- The virus is thought to spread mainly from person-to-person
  - Between people who are in close contact with one another (within about 6 feet)
  - Through respiratory droplets produced when an infected person coughs or sneezes

- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs
COVID-19: Symptoms & Complications

Symptoms may include
- Fever
- Cough
- Shortness of breath

Wide range of illness severity has been reported
- Mild to severe illness
- Can result in death

Estimated incubation period
- 2 to 14 days

Complications may include
- Pneumonia
- Respiratory failure
- Multisystem organ failure
COVID-19: Treatment

- No specific antiviral treatment licensed for COVID-19
- Supportive care to
  - Relieve symptoms
  - Manage pneumonia and respiratory failure
People Who Might be at Higher Risk of Severe Illness

- **Aged 65 years and older**
- Live in a nursing home/long-term care facility
- Have underlying medical conditions, particularly if not well controlled, including:
  - Chronic lung disease or moderate to severe asthma
  - Serious heart conditions
  - Severe obesity (body mass index [BMI] of 40 or higher)
  - Diabetes
  - Chronic kidney disease undergoing dialysis
  - Liver disease
  - Immunocompromised conditions
People Who Are Immunocompromised

- May be immunocompromised for a variety of reasons, including:
  - cancer treatment
  - bone marrow or organ transplantation
  - immune deficiencies
  - end stage HIV
  - prolonged use of corticosteroids
  - use of immune weakening medications (e.g., biologics)

- Have reduced ability to fight infectious diseases, including viruses like COVID-19
- Potentially remain infectious longer
Preliminary Estimates: For People Who Are Immunocompromised and had COVID-19*

- 53% were not hospitalized
- 24% were hospitalized (not-ICU)
- 16% were admitted to the ICU
- 7%, hospitalization status was unknown

*Based on patients with complete risk factor information
Hydroxychloroquine and Chloroquines

- Effective treatment for rheumatoid arthritis, systemic lupus erythematosus, and porphyria cutanea tarda
- Anti-viral properties; *in-vitro* activity against SARS-CoV-2
- Used off-label for COVID-19, efficacy unknown
- Current US clinical trials for prevention and treatment of COVID-19
- Potentially toxic medication; use as prescribed by healthcare provider
- Broader use for COVID-19 may cause supply issues
- Media reports of increased production; millions of pills donated
What to Do

Follow instructions of your state and local governments and public health authorities
If COVID-19 is Spreading in your Community

- Take extra measures to put distance between yourself and other people to further reduce your risk of being exposed to this new virus.
- **Stay home** as much as possible.
- **Consider ways of getting food brought to your house** through family, social, or commercial networks.
Everyday Precautions

- Clean your hands often.
- Avoid touching high-touch surfaces in public places: elevator buttons, door handles, handrails, handshaking with people, etc.
- Avoid touching your face, nose, eyes, etc.
- Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces.
- Avoid crowds, especially in poorly ventilated spaces.
- Avoid all non-essential travel including plane trips, and especially avoid embarking on cruise ships.
Have a Plan for if You Get Sick

- Consult with your doctor for more information about monitoring your health for symptoms suggestive of COVID-19.
- Stay in touch with others by phone or email.
- Determine who can care for you if your caregiver gets sick.
What To Do If You Get Sick

▪ Stay home and call your doctor.
▪ If you are not sick enough to be hospitalized, you can recover at home. Follow CDC instructions for how to take care of yourself at home. Get medical attention immediately if you have any of the emergency warning signs.
Watch for Symptoms and Emergency Warning Signs

▪ **Pay attention for potential COVID-19 symptoms** including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, call your doctor.

▪ **Get medical attention immediately.** In adults, emergency warning signs:*  
  – Difficulty breathing or shortness of breath  
  – Persistent pain or pressure in the chest  
  – New confusion or inability to arouse  
  – Bluish lips or face

▪ *This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Take Care of Yourself

- Take breaks from watching, reading, or listening to news stories, including social media.
- Eat healthy food.
- Exercise.
- Get at least 7 hours of sleep.
- Make time to unwind and do activities you enjoy.
- Talk with family and friends by phone, text, or email.
- Visit CDC’s Stress and Coping webpage.
- Talk with your doctor about how you can manage your condition.

- If you are feeling overwhelmed,
  - call 1-800-985-5990 24/7
  - or text TalkWithUs to 66746
In Summary... What You Can Do

- Stay home.
- Wash your hands often.
- Avoid close contact (6 feet, which is about two arm lengths).
- Clean and disinfect frequently touched services.
- Avoid all cruise travel and non-essential air travel.
- Call your healthcare professional;
  - for advice on managing your health,
  - if you have concerns about COVID-19 and your underlying condition
  - or if you are sick.
Call CDC-INFO
Monday - Friday
8:00 a.m. - 8:00 p.m. ET
In English or Spanish

Extended hours for novel Coronavirus questions
Monday - Friday
8:00 p.m. - 11:00 p.m. ET
Saturday – Sunday
9:00 a.m. – 5:00 p.m. ET
In English only

800-CDC-INFO
(800-232-4636)
TTY 888-232-6348

www.cdc.gov/COVID19
Practice Perspective
Aline Charabaty, MD, AGAF
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COVID19 and IBD

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GI Manifestation of COVID-19

• 53% COVID19 pts test + stool
  – Persist up to 5wks after resolution of respiratory symptoms
  – Up to 11 days after respiratory sample clear
• Hospitalized COVID19 pts
  – 50% have GI symptoms
  – 18% have diarrhea
• Acute colitis without fever/respiratory symptoms

→ IBD: if unusual GI symptoms, fever, URI → think COVID19

References:
Xiao F et al. Gastro Feb 2020
Wu Y et al. Lancet March 2020
Carvalho A et al. AJG 2020
IBD and COVID19

General Principles

• Risk of infection IBD = General population
  – Risk of complications?
• Prednisone >20mg ↑ risk of infection/complications
• Avoid flare → Prednisone/ ER/Hospital
  – Stay on medications that is keeping disease under control
  – Taper down prednisone < 20mg
  – No elective surgery or endoscopy
  – New dx or IBD flare treated = preCOVID19 era

• Social Distancing, Work from home, Hands hygiene
• Special care for emotional wellness
Nancy Carteron, MD, FACR
Rheumatologist

School of Optometry,
University of California, Berkeley

Medical & Scientific Editor,
Sjogren’s Quarterly
Selected Questions: A Sampling

Should I wear a mask if I go out? * What is being done to protect supplies of Plaquenil for patients who depend upon it? There are shortages everywhere! * Are all autoimmune diseases considered to be an underlying condition? * Does viral infection have a tendency to cause flares in people with autoimmune disease? * Will I know if I am sick since the symptoms of COVID-19 are very similar to my lupus symptoms? * What plans are in effect to ensure Patients will still be able to access Hydroxychloroquine? * Is there any extra precautions that should be taken before infusion in hospital? They currently have a lot of COVID-19 cases * Please explain how autoimmunity affects individuals’ susceptibility to viruses compared to those without autoimmunity issues. * Is it safe to go see my MD?
AARDA and the National Coalition of Autoimmune Patient Groups will continue to bring information to people with autoimmune and related diseases during and beyond this pandemic.

Visit us online and often to stay informed and connected for your health and well-being.

THANK YOU!

www.aarda.org
National Coalition of Autoimmune Patient Groups

- Advocacy & Awareness for Immune Disorders Association
- American Autoimmune Related Diseases Association
- American Behcet’s Disease Association
- American Liver Foundation
- American Vitiligo Research Foundation
- APS Foundation of America, Inc.
- Arthritis Foundation
- Autoimmune Encephalitis Alliance
- Autoimmune Hepatitis Association
- Beyond Celiac
- Celiac Disease Foundation
- Conquer Myasthenia Gravis
- Crohn’s & Colitis Foundation
- Dysautonomia International
- Endometriosis Association
- Gluten Intolerance Group of North America
- Graves’ Disease & Thyroid Foundation
- Immune Deficiency Foundation
- International Foundation for Autoimmune Arthritis
- International Pemphigus & Pemphigoid Foundation
- Lupus and Allied Diseases Association
- Lupus Foundation of America
- Myasthenia Gravis Foundation of America
- National Adrenal Diseases Foundation
- National Alopecia Areata Foundation
- National Eczema Association
- National Kidney Foundation
- National Multiple Sclerosis Society
- National Psoriasis Foundation
- National Sleep Foundation
- P.A.N.D.A.S. Network.org
- Platelet Disorder Support Association
- Relapsing Polychondritis Foundation
- Scleroderma Foundation
- Sjogren’s Syndrome Foundation
- The Myositis Association
- Transverse Myelitis Association
- U.S. Pain Foundation
- Vasculitis Foundation
- Vitiligo Support International