

12th March 2020

COVID 19 & Multiple Sclerosis Statement from the National Neurology Clinical Advisory Group

The following statement and recommendations are based on the expert opinion of the National Neurology Clinical Advisory Group in Multiple Sclerosis and are based on their clinical expertise and assessment of the limited information and data available regarding COVID-19 and Multiple Sclerosis (MS) Disease Modifying Therapies (DMTs). We are continuing to monitor this quickly evolving situation and these recommendations may be modified as more data becomes available.

COVID 19 – also known as ‘Coronavirus’ - some guidelines

1. Covid-19 is a new member of the Coronavirus family that originated in China at the end of 2019.
2. The symptoms are relatively less severe for most people who get the virus. They include cough, fever (*high temperature*) and shortness of breath, and less commonly a gastrointestinal disturbance. Many cases can be managed with rest, good hydration and medications like Paracetamol.
3. On occasion symptoms can be more severe with more significant problems with breathing/lung function – some may have to be treated in the Intensive Care Unit.
4. Of course the more well known viruses and bacteria that have caused issues like urinary tract infections up to now are still around – if a person with MS becomes unwell it is still most likely be one of these issues rather than making an assumption that it might be COVID-19!

Are people living with MS at a greater risk of infection?

People living with MS have the same risk of getting an infection as anyone else. MS does not weaken the immune system. However, greater risk of infection is a side effect of some of the disease modifying therapies that are frequently used in MS. Risks can vary from person to person and will depend on a range of factors including the clinical features of your MS, your general health and any other health conditions you may have. Further guidance on treatments that work by suppressing parts of the immune system are outlined in ‘Multiple Sclerosis treatments’

Management: *(Please also refer to the HSE website)*

A. Prevention/reducing the risk of spread (Practical Advice)

- If physically able, please cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- Put used tissues in the bin immediately

- Wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available
- Try to avoid close contact with people who are unwell
- Do not touch your eyes, nose or mouth if your hands are not clean.

B. Milder Confirmed Infection

In most cases, management of symptoms is with rest, good hydration and standard medicines. There is no specific licenced anti-viral drug treatment for COVID-19 at present.

C. More Severe Symptoms in a Confirmed Case

requires consultation with GP and/or hospital based supportive treatment. So far it seems that older people and people with 'underlying conditions' are more vulnerable to these problems. People who smoke may also have higher risk.

Multiple Sclerosis treatments

With regard to MS treatment, most of the drugs that are used suppress the immune system as part of the way they work. This could make a person more susceptible to the effects of COVID-19 but because this virus is new, we do not have major information regarding people on MS treatments who get the infection.

In general it is important not to stop treatment for MS as this may risk breakthrough clinical relapses or rebound inflammation but individual treatment decisions should be discussed with your treating neurologist.

However, it is reasonable for people to take good standard virus precautions as described previously and as available on the HSE website in the first instance.

GILENYA (aka Fingolimod)

This drug may have some issue with COVID-19 but no detailed information is available at this time. However, if you are already taking this drug stopping this drug suddenly is associated with an increased risk of getting a rebound relapse of MS (which can be severe) in the weeks and months afterwards.

TYSABRI (aka Natalizumab)

At present it is likely that this drug does not have much impact on how the immune system deals with COVID-19 and should be continued as normal. Stopping this drug suddenly is associated with an increased risk of getting a rebound relapse of MS (which can be severe) in the weeks and months afterwards.

COPAXONE, BETA INTERFERONS (like Betaferon, Rebif, Avonex and Plegridy), TECFIDERA (aka Dimethylfumarate), AUBAGIO (aka Teriflunomide)

At present it is like that these drugs do not have much impact on how the immune system deals with COVID-19 and should be continued as normal.

OCREVUS (aka Ocrelizumab), LEMTRADA (aka Alemtuzumab), RITUXIMAB, and MAVENCLAD (aka Cladribine)

These drugs might make a person on treatment more vulnerable to COVID-19 (*Because the virus is new there is no practical information available about what happens at present*).

These drugs often have a prolonged therapeutic effect in the system and it would not be a major problem if it was decided to hold on planned infusions or delay starting treatment at this time. Before cancelling a course of treatment it is important to first discuss this with a Neurologist.

MAYZENT (aka Siponimod) and AREZZA (aka Ofatumumab)

These drugs are still not easily available in Ireland. Contact your Neurologist if you have specific queries.

AUTOLOGOUS HAEMATOPOIETIC STEM CELL TRANSPLANT - 'HSCT' (aka 'Bone Marrow Transplant')

It is possible that this treatment might be delayed until this epidemic has passed over, presumably over the next 3-4 months. Further discussion with your Neurologist is important in relation to this.

If you are concerned, then please contact a healthcare professional for more detailed advice.

In Ireland, if you believe you may have been exposed to COVID-19, in the first instance you should contact your GP or an emergency department or, if you have severe symptoms call 999

For further information:

HSE ADVICE can be found at -
<https://www2.hse.ie/conditions/coronavirus/coronavirus.html>

The **Association of British Neurologists** also provide useful advice on MS treatment and the virus:
Link: https://cdn.ymaws.com/www.theabn.org/resource/collection/6750BAE6-4CBC-4DDB-A684-116E03BFE634/ABN_Guidance_on_DMTs_for_MS_and_COVID19_APPROVED_11_March.pdf