

Organization	Statement	
EULAR	<p><i>Immune suppressive drugs are useful to prevent a worsening of your RMD. When you stop these drugs, you may experience a flare-up of the RMD. <b><u>With regard to the effect of these drugs on a possible Coronavirus infection, we do not yet know enough to offer formal advice. We therefore advise you not to stop or reduce your medication at this time, unless your physician tells you otherwise for a specific reason.</u></b></i></p>	<a href="#">LINK</a>
ACR	<p>Currently, there are no specific data on SARS-CoV-2 in patients with rheumatologic disease or immunosuppression. All patients should talk to their rheumatologist or rheumatology professional prior to discontinuing any of their medications. <b><u>While there are no data on the influence of these medications on COVID-19, providers should follow their current practice for interrupting therapy during episodes of infection</u></b></p>	<a href="#">LINK</a>
British Society of Rheumatology	<p>All patients, including those aged 16 years and under, should <b><u>continue to take their medication unless directed otherwise by their rheumatology team or GP.</u></b> 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.</p>	<a href="#">LINK</a>
Canadian Rheumatology Association	<p>§ <b><u>Patients with rheumatic diseases should continue their medications</u></b></p> <p>§ If the immunocompromised rheumatic disease patient should develop fever, cough, or shortness of breath, they should seek medical attention and advise them to mention that they are immunocompromised. It is understood that physicians have their own threshold for the interruption of therapy during an infection balancing the risk of disease flare and serious infection in individual patients. Physicians should follow their own practice and guide their patients appropriately. In general, in the event of an infection, it is prudent to consider stopping temporarily both synthetic DMARDs and biologic therapies. These can then be resumed when the treating physician judges that the infection is sufficiently resolved.</p>	<a href="#">LINK</a>

<p><b>French Rheumatology Society</b></p>	<p>In the absence of signs of COVID-19 infection</p> <ul style="list-style-type: none"> <li>§ <b><u>Continue the treatment of your chronic inflammatory rheumatism</u></b> (biological background treatments or not, corticosteroids)</li> <li>§ Stopping your treatment may lead to a relapse of the disease which would weaken you in the face of infection, a fortiori when we do not know today the duration of the period at risk of exposure to COVID infection. -19</li> <li>§ Abrupt discontinuation of corticosteroids is dangerous , including the risk of acute adrenal insufficiency</li> <li>§ If possible, replace taking non-steroidal anti-inflammatory drugs (NSAIDs) with paracetamol and take NSAIDs only if it is necessary to control the symptoms of your rheumatic disease</li> </ul>	<p><a href="#">LINK</a></p>
<p><b>Italian Society of Rheumatology</b></p>	<ul style="list-style-type: none"> <li>§ <b><u>In general, therapies should not be suspended or reduced.</u></b> In case of doubts and problems that arise, it is advisable to contact your rheumatologist remotely for direct advice, which will be modulated on the individual case</li> <li>§ Patients being treated with biological drugs, with Janus Kinase inhibitors, with Methotrexate or with other immunosuppressants, use these therapies to maintain low disease activity. Stopping or reducing these treatments for a few months can expose a multitude of patients to disease reactivation which is a risk factor for infections. However, there is no doubt that in general these treatments can in turn facilitate the risk of infections. Therefore, the general recommendation is to not stop or reduce therapies on your own, but try to comply with the individual protection recommendations issued at national level. Therapy should also be discontinued, as generally recommended regardless of COVID-19 infection</li> </ul>	<p><a href="#">LINK</a></p>
<p><b>Pediatric Rheumatology European Association</b></p>	<ul style="list-style-type: none"> <li>§ <b><u>At the moment for children with rheumatic diseases on medication, we recommend to continue all therapies as usual</u></b></li> <li>§ Don't stop your medications including methotrexate (MTX) and biologics, without consulting your rheumatologist. This may cause a flare of your rheumatic disease. If you are on corticosteroid therapy - consult your rheumatologist regarding possible dose adjustment.</li> </ul>	<p><a href="#">LINK</a></p>
<p><b>Lupus Research Alliance</b></p>	<p>People taking immunosuppressive medications are considered to be immunocompromised and so could be at greater risk for infections in general. It's best to consult with your healthcare professional for specific recommendations. <b><u>You should not stop or alter your medications without consulting with your rheumatologist first.</u></b></p> <p>Not all people with lupus take immunosuppressive medications. Currently, there is no specific data on the virus causing COVID-19 in patients with lupus. Thus, the rate and the severity of the infection in lupus patients is not yet known.</p>	<p><a href="#">LINK</a></p>

<b>Lupus Foundation of America</b>	Contact your doctor and ask about getting an extra supply of your medications in case there is an outbreak in your community and you need to stay home for a while. <b><u>Please remember you should never stop taking your lupus medicines or skip or reduce doses without first talking to your doctor.</u></b>	<a href="#">LINK</a>
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