

Global COVID-19 advice for people with MS

COVID-19 is a new illness that can affect your lungs and airways. It is caused by a novel coronavirus that was first detected in people in China in December 2019 and has since spread to other parts of the world.

There is currently no evidence on how COVID-19 affects people with multiple sclerosis (MS). The advice below was developed by MS neurologists* and research experts from MSIF's member organisations**.

This advice will be reviewed and updated as evidence about COVID-19 becomes available. We urge people with MS and healthcare professionals to take part in the COVID-19 and MS global data sharing initiative to help find answers faster. Visit www.msif.org/covid19data

Advice for people with MS

People with underlying lung and heart conditions and those aged over 60 years are more likely to experience complications and become severely ill with the COVID-19 virus. This group will include many people living with MS, especially those with additional health complications, mobility issues and those taking some MS treatments.

All people with MS are advised to pay particular attention to guidelines for reducing the risk of infection with COVID-19. Older people with MS, especially those who also have lung or heart diseases should take extra care to minimise their exposure to the virus. 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 practice social distancing by keeping at least 1 metre distance between yourself and others, particularly those who are coughing and sneezing
- When coughing and 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:

- Wear a mask in public and ensure that you are using it correctly by following [these instructions](#).
- 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 or video 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.

National lockdown measures in place in many parts of the world may be relaxed in the coming weeks. Until our understanding of the coronavirus improves, people with MS and their caregivers should continue to follow the advice above to reduce their risk of contracting COVID-19.

Advice regarding disease-modifying therapies for MS

Many disease modifying therapies (DMTs) for MS work by suppressing or modifying the immune system. Some MS medications might increase the likelihood of developing complications from a COVID-19 infection but this risk needs to be balanced with the risks of stopping treatment. We recommend that:

- People with MS currently taking DMTs continue with their treatment.
- 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.
- The following oral DMTs may reduce the ability of the immune system to respond to an infection: fingolimod, dimethyl fumarate, teriflunomide and siponimod. People should carefully consider the risks and benefits of initiating these treatments during the COVID-19 pandemic.
- People with MS who are currently taking alemtuzumab, cladribine, ocrelizumab, rituximab, fingolimod, dimethyl fumarate, teriflunomide or siponimod and are living in a community with a COVID-19 outbreak should isolate as much as possible to reduce their risk of infection.

Recommendations on delaying second or further doses of alemtuzumab, cladribine, ocrelizumab and rituximab due to the COVID-19 outbreak differ between countries. People who take these medications and are due for the next dose should consult their healthcare professional about the risks and benefits of postponing treatment.

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.

Seeking medical advice for relapses and other health concerns

People with MS should still seek medical advice if they experience changes in their health that may suggest a relapse or another underlying issue such as an infection. This can be done using alternatives to in-person clinic visits (such as telephone or video consultations) if the option is available. In many cases, it is possible to manage relapses at home.

Advice for children or 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](#).

There is no specific advice for children with MS; they should follow the advice above for people with MS.

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