BULGARIAN RHEUMATOLOGY SOCIETY RECOMMENDATIONS FOR BEHAVIOR DURING AN EPIDEMIC WITH COVID-19

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The rapid spread of the new coronavirus (SARS-CoV-2) around the world has posed many challenges to rheumatic patients and their physicians. Uncertainty and conflicting information, as well as the characteristics of highly contagious viral infection with a mortality of about 3%, necessitated the adoption of uniform recommendations for behavior during the COVID-19 epidemic. In April 2020, the two main rheumatological organizations: the European League Against Rheumatism (EULAR) and the American College of Rheumatology (ACR) published recommendations for behavior during an epidemic with SARS-CoV-2, as well as an opinion on the use of immunomodulatory or immunosuppressive treatment. In support of these recommendations, the British Society for Rheumatology (BSR) and the Australian Rheumatology Association (ARA) have also adopted algorithms for behavior in COVID-19 infection. Although the recommendations made were accepted with a high level of agreement, their scientific value is scarce. The level of evidence never exceeds that of „expert opinion“ and therefore the strength of the recommendations is axiomatically low.

In view of the extraordinary epidemic situation lasting more than 8 months in the Republic of Bulgaria, as well as the pandemic with SARS-CoV-2 worldwide, the Bulgarian Society of Rheumatology (BDR) offers the following recommendations for behavior during an epidemic with COVID-19:

1. Strict observance of the sanitary-hygienic and anti-epidemic measures, ordered by the NOH (National Operational Headquarters) and the respective competent authorities in the country.

2. If a patient has a fever and/or persistent cough, taste or olfactory disturbances, COVID-19 should be tested. If the result is negative, the test is repeated.

3. Consultation with a rheumatologist „face to face“, especially for patients on bDMARDS and JAK inhibitors, cannot be postponed for more than 6 months. In the absence of urgency, regular examinations and consultations with a rheumatologist may be temporarily postponed or conducted by telephone.

4. The committees may, at their discretion, issue Protocol 1C for biological DMARDS and JAK inhibitors for a period of 6 to 12 months only if there is a written consultation from the treating rheumatologist with an opinion on the continuation, suspension or change of treatment.

5. Patients with rheumatic diseases who are not suspected or have no proven COVID-19 infection should not discontinue treatment or change the dose of conventional synthetic DMARDS (csDMARDS), biological DMARDS (bDMARDS), JAK-inhibitors, glucocorticoids, NSAIDs and antiosteoporotic agents as a preventive measure.

6. Patients with rheumatic diseases, asymptomatic of COVID-19 who have been in contact with a SARS-CoV-2-positive person, should be tested for SARS-CoV-2 as initiated treatment with csDMARD, bDMARD, JAK-inhibitors, glucocorticoids, NSAIDs and antiosteoporotic agents are not discontinued.

7. In case of confirmed COVID-19 infection, csDMARDS, bDMARDS and JAK inhibitors (except chloroquine/ hydroxychloroquine and sulfasalazine) must be stopped. Their intake is restored after recovery and two negative tests.

8. Do not stop treatment with corticosteroids, even in cases of proven active COVID-19 infection.

9. In patients with systemic rheumatic diseases (active lupus, active vasculitis, active systemic sclerosis) treated with cyclophosphamide or glucocorticosteroids, prevention of pneumonia from *Pneumocystis jiroveci* (PJP) should be considered. This pneumonia can be clinically mistaken for COVID-19 pneumonia also because PJP is an unavoidable condition and coexistence of the two pneumonias can be expected.

10. If a patient with rheumatic disease requires outpatient or inpatient treatment, patients and members of the rheumatology team should follow national and local guidelines for infection prevention and control, including the use of personal protective equipment.

11. Patients should be informed of the appropriate vaccinations with influenza and pneumococcal vaccine. Follow the instructions according to the National Immunization Calendar and the EULAR recommendations.

12. Pulmonologists, infectious disease specialists, internists and other specialists have the main responsibility for the diagnosis and treatment of COVID-19 in patients with rheumatic diseases, depending on local circumstances and the orders of the Minister of Health. Rheumatologists are the leading experts in the immunosuppressive treatment of their patients and should be involved in the decision to maintain or discontinue it.

13. Prenatal care is essential for maintaining a healthy pregnancy, which is why it is recommended that pregnant women with rheumatic diseases go to a gynecological clinic if invited.

14. If a pregnant woman or a family member has symptoms of COVID-19, it is advisable to contact the supervising obstetrician-gynecologist to arrange the correct place and time for the visit. A routine visit to an obstetric clinic or outpatient clinic is not recommended.

15. The choice of time of birth should be individualized depending on the gestational week, the condition of the mother and fetus.

16. The delivery should be performed according to the obstetric indications. Whenever possible, per vias naturales should be preferred with possible instrumental support to avoid maternal exhaustion and unnecessary surgical complications in an already ill patient.

17. Septic shock, acute organ failure or fetal distress require urgent Caesarean section or premature termination of pregnancy.

18. Newborns from SARS-CoV-2-positive mothers should be isolated for at least 14 days or until viral secretion is eliminated, during which time breast-feeding is not recommended.

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