



Sickle cell disease and COVID19: What do you need to know?

COVID19 is a new virus that spreads rapidly and can cause a serious respiratory illness in some individuals.

COVID19 is spread from person to person by close contact between people, by respiratory droplets (sneezing, coughing, spitting) or by touching contaminated surfaces.

What are the signs and symptoms of COVID 19?

COVID-19 may be asymptomatic in children. Symptoms can include - fever, chills, muscles aches and pains, cough, sore throat, loss of smell, headache and diarrhoea. Symptoms may occur 2-14 days after contact with COVID19.

Some of the symptoms of COVID19 may overlap with common sickle cell symptoms.

Please contact your treating medical doctor or sickle cell team if your child develops a fever or symptoms of COVID19, or if they develop other sickle cell related medical issues that would usually prompt you to call your team.

Please seek urgent medical attention if your child develops any of the following:

- Difficulty breathing
- Persistent pain in chest
- Confusion, severe headache, increasing sleepiness or inability to stay awake.
- Blue discolouration to the lips.

Seeking early advice and come to hospital as directed by your team. This is really important to avoid patients becoming very unwell at home. Calling early for advice is important and calling first before presenting to the emergency department is also very important (except for a true emergency where you should call an ambulance). This is so your doctor can advise the emergency department that you are coming, and to give advice on the care your child may need.

While we are taking steps to minimise unnecessary trips to hospital, if your child with sickle cell disease is unwell it is very important that you contact your treating team.

Are patients with sickle cell disease at increased risk of COVID 19?

At this stage we do not fully understand the impacts of COVID19 on patients with sickle cell disease. Generally, children appear to have less severe disease than older adults with COVID19, however we do not know if sickle Cell disease increases the risk and would advise to take extra precautions to avoid viral infections such as COVID19.

Children and adults with an underlying condition such as sickle cell disease may be at higher risk of more severe illness with COVID19, particularly those with a history chest crisis, asthma, underlying lung disease/heart disease, or iron overload. There is concern that sickle complications such as chest crises may be more severe with COVID19.

Due to the increased risk of bacterial infection (from reduced spleen function due to sickle cell disease) please call your treating doctor if your child develops a fever of > 38.5 degrees Celsius.

If your child develops a painful sickle crisis, treat this in the usual way. If it is not improving, please contact your treating doctor for advice as you usually would (particularly if they also develop a fever or difficulty with breathing).

Should we continue the usual medications for sickle cell disease?

Please continue your usual medications, as poorly controlled sickle cell disease may put your child at increased risk of complications related to COVID19, on top of an increased risk of a sickle cell crises. Current medications used to treat sickle cell disease (such as Hydroxyurea) do not appear to increase the risk of COVID19.

If you take medications for asthma or sleep apnoea or iron overload, please continue these also.

It is important to remember to take your usual antibiotics (for reduced spleen function) as well.

Dose changes of Hydroxyurea may need to be deferred if you are unable to have bloods tests to monitor safety of your medications. Please check with your doctor if you are unsure.

Please check your medication supplies and contact your medical team with some notice so they can arrange scripts or medication supply.

What about clinic appointments for my child?

Your sickle cell team may need to reschedule or postpone some appointments to minimise spread of the virus. They may also be able to arrange Telehealth (Videocall) or phone reviews in the intervening time. Annual screening tests like ultrasounds, cardiac checks (ECHO), and eye screening may need to be delayed (although urgent investigations can occur).

Please follow the current advice to protect your child and family:

Wash your hands often with soap and water for at least 20 seconds, or use alcohol-based hand sanitiser, especially before eating, after the bathroom or after a cough/sneeze.

Avoid touching your face/ eyes/nose.

Avoid contact with others especially if they are unwell

Isolate at home, do not go out unless medically necessary. Those going outside the home should take extra care to avoid bringing infection back into the household.

Clean and disinfect surfaces around the home.

What if I need to bring my child to Hospital?

If you do need to attend hospital for any reason most centres have limits to who can attend with your child (most likely one carer only) and you may be screened on entry for symptoms of COVID19 or a fever.

Please do not attend clinic appointments or the day treatment centre if you or your child is unwell, has a cough/ runny nose or fever.

What about vaccinations?

The flu vaccination is strongly recommended for your child, this may be available through your GP or can be arranged to happen at RCH/ your treating center (particularly if you are coming for blood tests or clinic or other appointments). Other vaccines for reduced spleen function should also occur if they are due.

Some Simple things you can do:

Be prepared - check your medication supplies so you don't run out.

Make sure you have a working thermometer.

Practice social distancing and pay particular attention to hand hygiene.

Make sure you have a good supply of Paracetamol (Panadol) and Ibuprofen (Nurofen) or your usual pain medications so we can treat your child's pain crises at home if possible.

Do not Travel.

Stay at home and encourage others in your families to do so where possible as per your state government recommendations.

Stay healthy, eat well, drink lots of fluids, keep your self-entertained, aim to manage child's and your own stress and anxiety.

What about blood transfusions for patients with Sickle cell disease?

There is no evidence that COVID19 is transmitted by blood transfusion, and donors will be asked screening questions to ensure they are well when they donate blood.

We will be avoiding blood transfusions for simple sickle cell crises. Non urgent surgery will also be cancelled/ rescheduled to reduce the need for blood transfusion.

Blood may be in shorter supply over the coming months. For those patients on regular transfusion your doctor and care team may need to discuss whether there are other options for treatment such as : changing to oral medications; whether it is appropriate to reduce the volume of blood you receive; or whether it is possible to increase the time between the transfusions. This is an individual decision for each patient and doctor.

Encourage blood donation from those who are able to donate: www.donateblood.com.au

Useful Resources

www.dhhs.vic.gov.au/coronavirus

<https://www.sicklecellsociety.org/coronavirus-and-scd>

<https://ukts.org/heads-up/coronavirus-information>

National COVID19 hotline: 1800 675 398

References:

American Society of Haematology COVID19 resources

British Society Haematology - National Haemoglobinopathy Panel: Advice on COVID19 for SCD

NOTE:

For a rapidly changing situation remember that:

-this advice may not be applicable to your individual situation

-patients should always seek individual health advice from their doctor/ sickle cell team.

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