



MEDICAL AND RESEARCH ADVISORY COMMITTEE (MARAC)

MARAC Advisory Statement: COVID-19 Update

August 26, 2021 — The Sickle Cell Disease Association of America Medical Advisory Committee reminds the sickle cell community that the COVID-19 pandemic is not over and that news is moving quickly in many areas.

MARAC recommendations are making a minor shift to emphasize a more individualized approach

- Continue to recommend vaccination against COVID. For booster dose of vaccine, currently SCD is not eligible but expect changes in CDC guidance.
- Continue to recommend general precautions: wearing masks, keeping physical distancing, good ventilation, and washing hands. These are public health measures.
- Recommend neutralizing monoclonal antibodies (mAb) - (Regeneron) as early treatment for mild symptomatic COVID in individuals with SCD [<10 d after the test, age 12y+, wt 88 lb+ (40kg+), not hospitalized, not newly on oxygen]. Encourage getting tested if you have COVID symptoms. Possible prophylactic treatment with Regeneron antibodies if exposed to COVID.
- No general recommendation for all individuals with SCD to stay home nor all to return to in-person activities. Help patients and families make individualized assessments of risk and trade-offs of returning to work or school in-person. Factors to consider were listed in MARAC July 2020 “checklist for return to school” (plus vaccination status): the community’s rates of COVID and variants, vaccination status, family socioeconomic situation, ventilation and other protective measures in the building, mental health needs, educational needs.

Updates on news:

- 1. Third dose of vaccine** – recommendations are not yet clear for the immunocompromise of SCD. We await more updates (8/30/2021).
- 2. Please remember that you can take precautions to stop COVID-19. The coronavirus spreads quickly in the tiny droplets breathed out by an infected person. The person might not know that they have coronavirus infection.**
 - a. Please be aware of local conditions that change the risk of meeting an infected person. Keep track of the rate of new cases of COVID-19, the rate of vaccination against COVID-19, and whether new variants of the coronavirus are appearing near you.
 - b. Where vaccination rates are low, the coronavirus spreads quickly. Please continue to take precautions so that you can avoid COVID-19 infection: wear masks, maintain physical distance, avoid people who are coughing or otherwise contagious, avoid indoor spaces and crowds.
 - c. Wearing a mask is not officially required in some situations, but MARAC advises that individuals with SCD should still wear masks in many situations. If you must be in a crowded indoor space, wear a mask. If you are surrounded by strangers or friends who might have been exposed to sick people, then it is wiser to wear a mask. Take off the mask when you and all those around you have been vaccinated, and you are certain that nobody around you is sick.

3. MARAC continues to advise individuals with sickle cell disease to get vaccination against coronavirus.

- a. Any of the three types of vaccine available in the U.S.A. are safe for individuals with SCD.
- b. Vaccinations against coronavirus have now been shown to be safe for millions of people, with a known pattern of temporary aches that go away in about 2 days. It is rare for people to get unusual side effects after vaccination against coronavirus.
- c. The vaccines against coronavirus protect very well against serious COVID infection, hospitalization and death. Break-through-infection after vaccination have been mild cases, not severe.
- d. People who are not vaccinated are being barred from some travel and entertainment. People who are not vaccinated are barred from visiting senior citizen centers.

Did you notice who was getting hospitalized for COVID in the summer 2021? Almost all were people who were not vaccinated.

4. How much more risk is there for COVID in SCD?

Risk of death from COVID is an estimated 1.5 to 2 times the general population based on Brandow & Panepinto SECURESCD database, U.S. single-institution reports, UK and French databases. The risk is not as high as MARAC feared at the beginning of the pandemic.

- a. Risk of complications for COVID in SCD is probably higher than in the general population.
Hospitalizations with COVID are higher because pain or fever from COVID could lead to hospitalization in SCD when otherwise might have been sent home.
- b. Death & moderate/severe complications are at younger ages in SCD and with organ damage risk factors like kidney damage in SCD, compared to general population.
- c. There are likely excess deaths during the pandemic because of deferred care for other problems (e.g., poor care in pregnancy, delayed diagnosis of cancer).
- d. Individuals with SCD and kidney or lung problems are more likely to have severe COVID.
- e. People with SCD-SC and SCD-Sbeta+thalassemia can have moderate or severe COVID cases.
- f. Over half of the reports of COVID in SCD were associated with intense vaso-occlusive pain or Sickle Acute chest syndrome.
- g. COVID in SCD can have mild cases.
- h. COVID remains dangerous for everyone, especially minority groups.

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