



Updated MARAC Advisory Statement Regarding SCD Patients during the time of “Reopening” the U.S. Economy

May 14, 2020 - On Thursday April 16, 2020, the U.S. Coronavirus Taskforce provided recommendations on reopening the economy, giving states specific metrics, policies, and benchmarks regarding case load, hospital preparedness and testing capability with the goal of reopening on May 1. In order to proceed through the entire process, states must complete a two-week pre-phase, and then complete a two-week gating period with no evidence of rebound infections between each of the phases.

During the first two phases, the taskforce recommended that all vulnerable individuals remain at home and that everyone should work from home if they are able to do so. It also concluded that employers should make special accommodations for vulnerable individuals at work if working from home is not possible. During the last phase, vulnerable individuals could resume working normally, with physical distancing while in public places.

The members of the Medical and Research Advisory Committee (MARAC) of the Sickle Cell Disease Association of America highlight that patients with sickle cell disease are considered vulnerable individuals based on their knowledge of the disease and clinical experience. This position is supported by the American Society of Hematology (ASH) COVID19 guidelines.¹

What does this mean for our sickle cell patients? We recommend that patients with sickle cell disease do the following until it is determined by their state and local authorities and based on the advice of their local healthcare provider, that it is safe to resume routine activity:

- 1) Continue to follow the instructions and recommendations of your local and state authorities and the CDC guidelines.²
- 2) Continue to stay at home except for essential trips.
- 3) Practice social distancing and wearing masks and glove if they must go out.
- 4) Continue to work from home as much as possible. For those employees who cannot work from home, we recommend that special accommodations (e.g. social distancing, masks, hand sanitization, etc.) be available at their places of employment. For patients for which neither of those options is possible, we recommend working with your local sickle cell provider to find an appropriate resolution.
- 5) Continue to take all medicines, including all preventive medicines (e.g. penicillin, hydroxyurea, L-glutamine, voxelotor, and crizanlizumab), as prescribed by your healthcare provider.
- 6) Contact their sickle cell or primary care team immediately for pain episodes, fever, other sickle cell complications, or symptoms of COVID-19 infection.³



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- 7) Continue routine clinical care through telehealth or telephone visits as noted in the MARAC guidelines.⁴

<https://www.hematology.org/covid-19/covid-19-and-sickle-cell-disease>¹

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>²

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Symptoms-&-Testing>³

<https://www.sicklecelldisease.org/2020/03/17/health-alert-for-patients-and-caregivers/>⁴