



# COVID-19 And Rheumatology Issues

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# Presenter Disclosures

## Janet Pope



AbbVie, Amgen, Bayer, BMS, Emerald Pharmaceuticals, Gilead, Janssen, Lilly, Meck, Novartis, Pfizer, Roche, Sandoz, Sanofi, Seattle Genetics, UCB

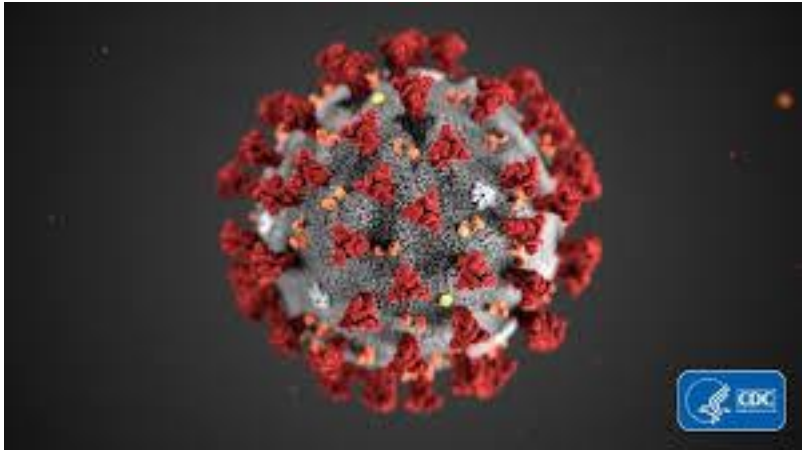
The CRA is sponsoring this presentation with grants from Lilly, Pfizer and AbbVie

# Please

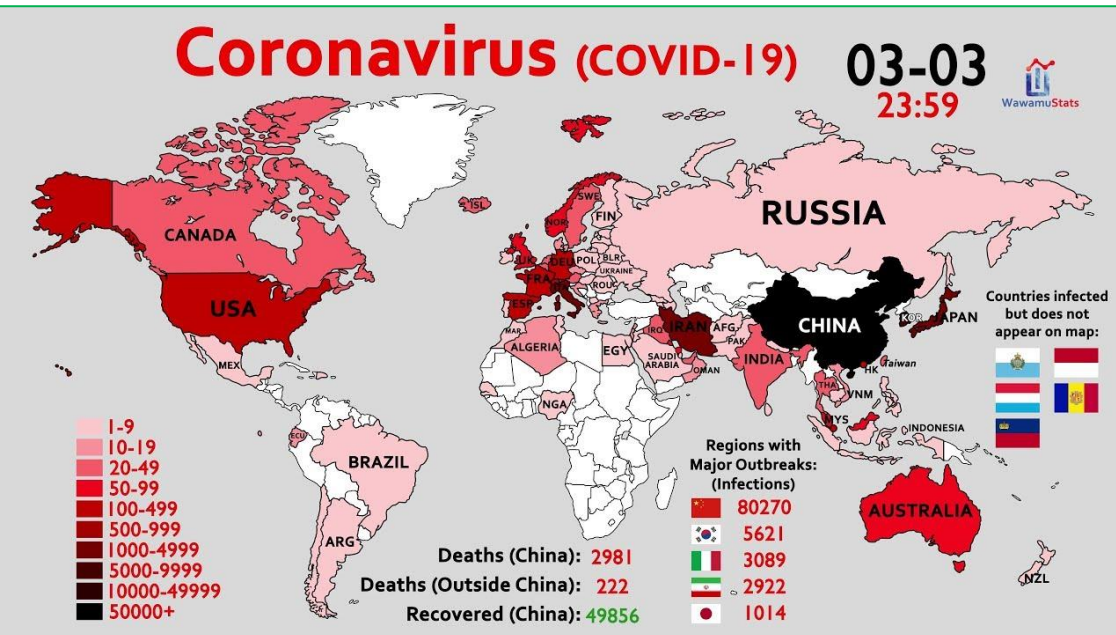
- Ask questions
- Type in the chat box
- Ask while we are on a topic
- Time to ask at the end



# COVID-19: The cough that changed the world!

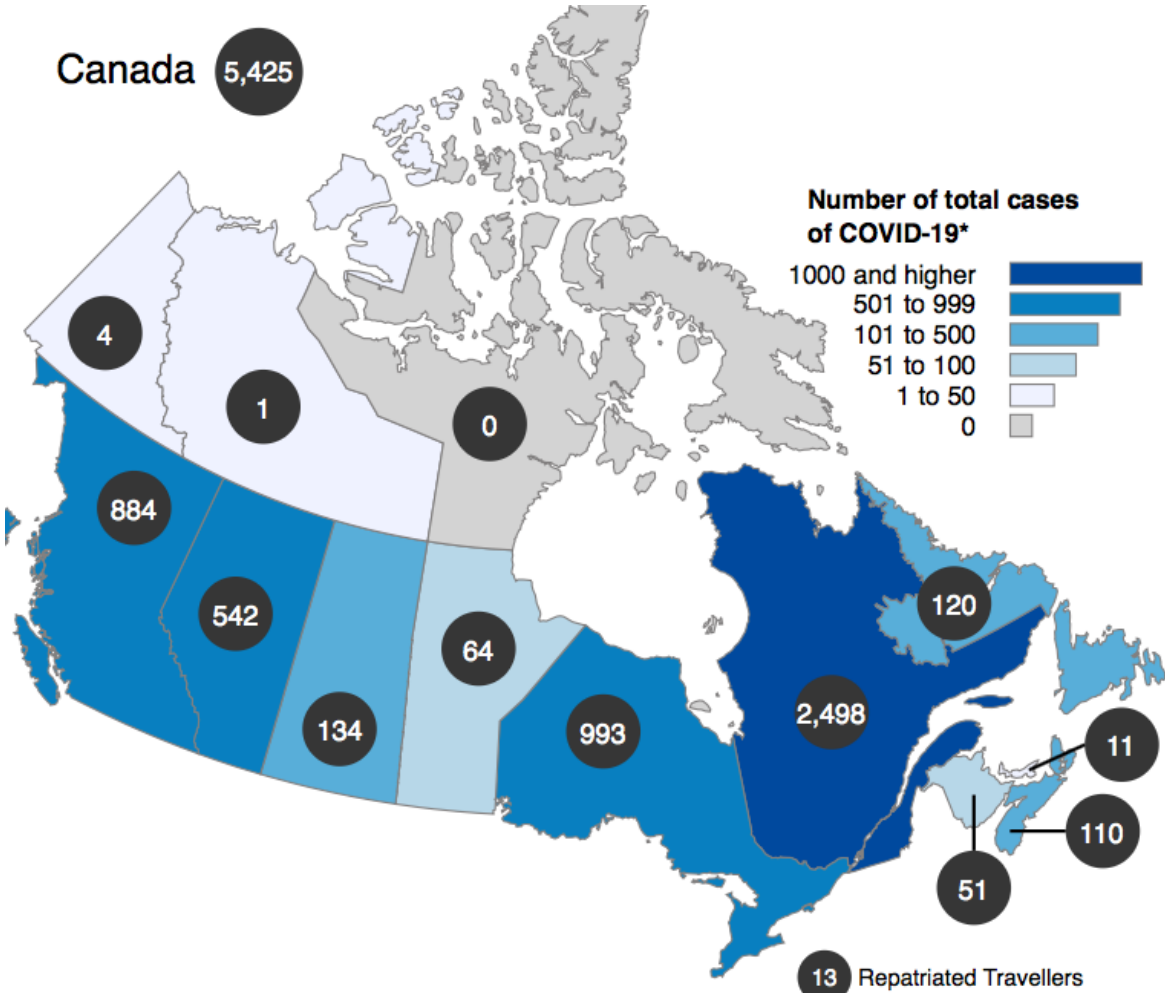


## 2 strains of coronavirus (COVID-19)

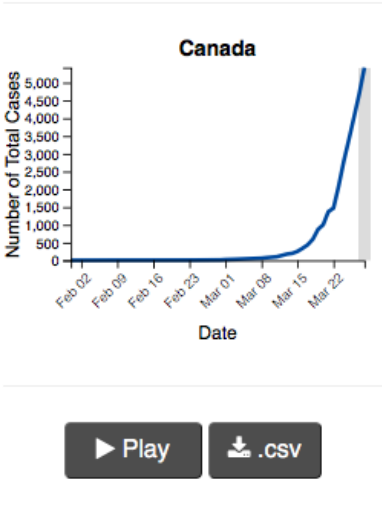


National Microbiology Laboratory's summary of people tested in Canada as of March 28, 2020 at 6:00 pm EDT

| Total number of patients tested in Canada | Total positive | Total negative |
|---|----------------|----------------|
| 184,201                                   | 5,153          | 166,621        |



The number of COVID-19 total cases in **Canada** was **5,425** as of March 28th, 2020.



## Risk to Canadians

COVID-19 is a serious health threat, and the situation is evolving daily. The risk will vary between and within communities, but given the increasing number of cases in Canada, the risk to Canadians is considered **high**.

This does not mean that all Canadians will get the disease. It means that there is already a significant impact on our health care system. If we do not flatten the epidemic curve now, the increase of COVID-19 cases could impact health care resources available to Canadians.

There is an increased risk of more severe outcomes for Canadians:

- aged 65 and over
- with compromised immune systems
- with underlying medical conditions



# What is COVID-19?

- coronavirus SARS-CoV-2
- Illness started in Wuhan, China in late 2019
- COVID-19: stands for coronavirus disease first found in 2019



# COVID-19: Objectives/Discussion

- How will the pandemic affect my patients and their treatment
  - Are their drugs safe
  - What about HCQ shortages
  - Can they get infusions
  - What to do if a patient gets sick
  - Are there long term repercussions post COVID for my patients
- How can I practice
  - Is it safe to see any patients PPE – Masks
  - What about my stress
  - Loss of income
  - Overwhelmed with calls
  - How long will this last
  - What to do if I get sick or someone in my household



# What the health provider should know

- Coronaviruses are a large family of viruses, some of which infect only animals, and others that can infect humans. Seven strains of coronavirus are now known to cause illness in humans.
- The strain of coronavirus found in Wuhan is the most recent of 7 known strains.
- Of the 6 others
  - 4 cause only minor respiratory symptoms similar to those of a cold
  - 2 have been associated with more serious and life-threatening diseases [severe acute respiratory syndrome \(SARS CoV\)](#)
  - [Middle East respiratory syndrome \(MERS CoV\)](#)

# Can an asymptomatic person transmit the infection?

- Current studies are investigating if the virus can be transmitted to others if someone is not showing symptoms.

Never becoming ill

Before becoming ill

After recovery

Who knows?

# Features of COVID-19 infection

- Those who are infected with COVID-19 may have little to no symptoms.
- Symptoms, similar to a cold or flu, may take up to 14 days to appear after exposure to COVID-19.
- Symptoms include:
  - cough
  - fever
  - SOB
  - bilateral pneumonia

# Transmission

- Current epidemiologic information suggests that human-to-human transmission of COVID-19 can occur when an individual is in close contact with a symptomatic case.
- Human coronaviruses are most commonly spread from an infected person through:
  - respiratory droplets
  - close, prolonged personal contact
  - touching an infected area, then touching mouth, nose or eyes before washing hands.



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# Interim national case definition: Coronavirus Disease (COVID-19)

Last Updated: February 25, 2020

## Confirmed

A person with laboratory confirmation of infection with the virus that causes COVID-19 is performed at a reference laboratory (NML or a provincial public health laboratory), and consists of positive nucleic acid amplification tests (NAAT) on at least two specific genome targets or a single positive target with nucleic acid sequencing.

Positive laboratory tests at a non-reference laboratory require additional testing at a reference laboratory for confirmation.

*Note: nucleic acid amplification tests must be validated for detection of the virus that causes COVID-19*



## Interim national case definition: Coronavirus Disease (COVID-19)

Last Updated: February 25, 2020

### Probable

A person:

- with fever (over 38 degrees Celsius) and/or new onset of (or exacerbation of chronic) cough  
AND
- who meets the COVID-19 [exposure criteria](#)  
AND
- in whom laboratory diagnosis of COVID-19 is
  - inconclusive,
  - negative (if specimen quality or timing is suspect), or
  - positive but not confirmed by the National Microbiology Laboratory (NML) or a provincial public health laboratory by nucleic acid amplification tests (NAAT).

*Note: nucleic acid amplification tests must be validated for detection of the virus that causes COVID-19.*

*Note: Inconclusive is defined as a positive test on a single real-time PCR target without sequencing confirmation or a positive test with an assay that has limited performance data available.*



## Interim national case definition: Coronavirus Disease (COVID-19)

Last Updated: February 25, 2020

### C. Exposure criteria

In the 14 days <sup>1</sup> before onset of illness, a person who:

- Traveled to an [affected area](#)

OR

- Had close contact <sup>2</sup> with a confirmed or probable case of COVID-19

OR

- Had close contact <sup>2</sup> with a person with acute respiratory illness who has been to an [affected area](#) within 14 days prior to their illness onset

OR

- Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19.

Factors that raise the index of suspicion <sup>3</sup> should also be considered.

# COVID-19 Case definition



**Most people do not need to be tested for COVID-19 because it will not change your care.**

People who do not need to be tested for COVID-19 include:

- People without symptoms
- People who have mild respiratory symptoms that can be managed at home
- Returning travellers

### **Who should be tested for COVID-19?**

People with respiratory symptoms who may require testing for COVID-19 include people who are:

- Hospitalized, or likely to be hospitalized
- • Health Care Workers
- Residents of long-term care facilities
- Part of an investigation of a cluster or outbreak

Anyone who has symptoms - including a fever, cough, sneezing, or sore throat - should [self-isolate](#) for 10 days. Continue to complete this assessment to determine if you may need care.

Last updated: 3/25/2020 2:45 pm PDT

# How will the pandemic affect my patients and their treatment?

- Are their drugs safe to use
  - What should I tell them when they call
- What about HCQ shortages
- Can they get infusions
- What to do if a patient gets sick
- Are there long term repercussions post COVID for my patients

# How will it affect my patients?

- Many calls from immune suppressed patients and what to say
- Work notes – likely redundant for most patients with shut downs and some provincial organizations say No longer needed from a physician (Ontario Medical Association)
- What to say if a patient is a front line worker and is immune suppressed?

# Phone advice to pts (an example from ORA)

- If there is no evidence of a fever or serious infection, medications should be taken for rheumatic diseases.
- If there are symptoms of high fever or a serious infection, then patients with rheumatic diseases should seek medical attention and mention they are immune suppressed and consider holding their biologics / disease modifying drugs.
- Do not suddenly stop your prednisone.
- Use hand washing, avoid touching your face, avoid crowds and follow advice from your local health authority to avoid the chance of getting COVID-19.
- Please get the flu shot if you haven't already as influenza is still a risk.
- Avoid non essential travel

# Medications during COVID-19 pandemic

- Patients should not stop their medications if well
- Risks of flare increase risk of exposure – seeking medical attention, adding steroids
- **Infection is related to**

- **Host**

- Age, COPD/ILD, CAD, DM
- Immune suppressed – but some pts rarely have an infection and others frequently

**Virulence of the strain**

**Dose of the exposure** – Front line health care workers get disproportionately more severe infections

# NSAIDs

- Ibuprofen is fine today...

## **Use of NSAIDs in patients with COVID-19: what is the evidence?**

### **Key Points:**

- There is insufficient evidence that NSAIDs negatively impact morbidity or mortality of COVID-19.
- Health Canada continues to recommend both ibuprofen and acetaminophen for treatment of fever due to COVID-19.<sup>1</sup>

# RAOULT D: New insights on the antiviral effects of chloroquine against coronavirus: what to expect for COVID-19? Int J Antimicrob Agents 2020 Mar 11; 105938.

www.medscape.com

COMMENTARY

## Hydroxychloroquine for COVID-19: What's the Evidence?

F. Perry Wilson, MD, MSCE

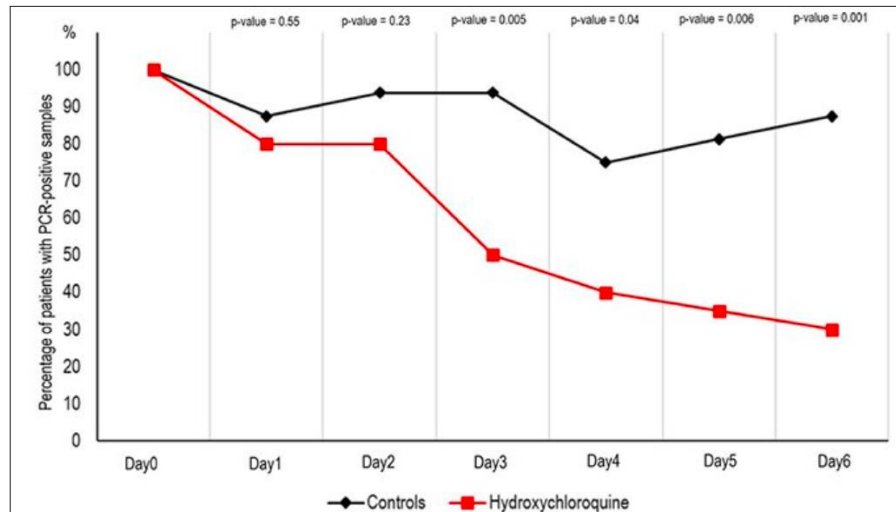
March 25, 2020

### France HCQ study

36 with COVID-19 were examined

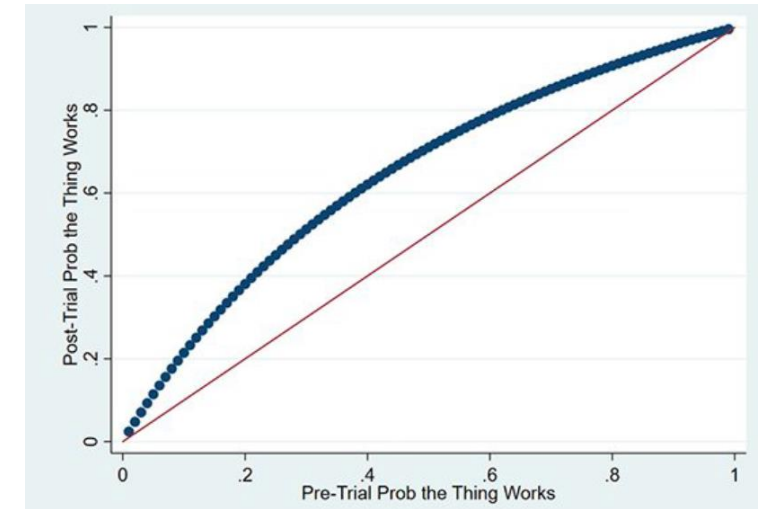
20 hydroxychloroquine (6 excluded), 16 controls from different sites

The researchers looked at viral carriage over time in the two groups

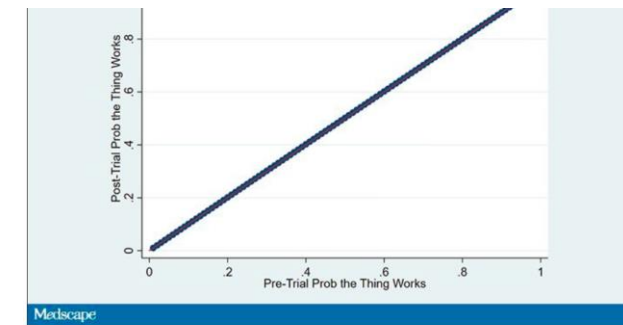


### Patients Excluded From Hydroxychloroquine Study

| Patient | Treatment          | Why Not Studied?         |
|---------|--------------------|--------------------------|
| 1       | Hydroxychloroquine | Transferred to ICU       |
| 2       | Hydroxychloroquine | Transferred to ICU       |
| 3       | Hydroxychloroquine | Transferred to ICU       |
| 4       | Hydroxychloroquine | Died                     |
| 5       | Hydroxychloroquine | Left hospital            |
| 6       | Hydroxychloroquine | Stopped treatment/Nausea |



Pretest likelihood and post test likelihood of HCQ helping pts with COVID-19 is unchanged



It barely moves the needle at all. If you were 90% sure that the drug combo would work before you read the article, these data are entirely consistent with that. If you were 10% sure like me, these data support that as well. In other words, this trial should not affect our enthusiasm for this drug. It should not change much of anything.





Roche Tests Arthritis Drug Actemra for COVID-19 Pneumonia



FDA approves Roche's Actemra COVID-19 trial



Chloroquine Use For COVID-19 Coronavirus Shows No Benefit In First Small—But Limit...



Coronavirus: Repurposed drugs to watch, hydroxychloroquine,...



Gilead Asks FDA To Rescind 'Rare Disease' Status For Coronavirus Drug Remdesivir : Sho...



Ebola drug offers hope in frantic search for effective COVID-19 treatment

CBC.ca

# Chloroquine Use For COVID-19 Coronavirus Shows No Benefit In First Small—But Limited—Controlled Trial

**Mylan**

,

**Novartis**

and

**Teva**

have committed to ramping up production of hydroxychloroquine, a medication used to prevent and treat forms of malaria, after research showed encouraging results in its potential to fight coronavirus. The pharma giants have all said they will manufacture and donate tens of millions of tablets in the hopes that the medicine can be redesigned to treat coronavirus. The University of Minnesota launched a trial March 17 of hydroxychloroquine as a treatment for COVID-19. The companies are also looking into the possible use of chloroquine, a related drug.

# CRA Statement: COVID-19 and Hydroxychloroquine Supply



- CRA is committed to supporting its members to continue delivery of optimal care for rheumatic diseases.
- CRA acknowledges the gravity of the situation with COVID-19 and the importance of identifying effective treatments in a timely and scientific manner.
- Identification of hydroxychloroquine (HCQ) as a possible treatment for COVID-19 has led to significant off-label use, which now threatens access for patients with lupus and other types of inflammatory arthritis who are reliant on this medication for disease control.
- **The CRA calls for the following:**
- Patients with rheumatic conditions managed with HCQ should be given priority access to HCQ.
- Off-label use of HCQ for COVID-19 be restricted to trials.
- The CRA further urges policy makers, regulators, and industry to work together to ramp up Canada's supply of HCQ to meet the increasing demands.
- The CRA will be monitoring the situation closely. Should new and conclusive evidence establish HCQ as an effective and life-saving treatment for patients with COVID-19, the CRA will revise accordingly.

## World Health Organization

## COVID-19 Rx RCT

(WHO) is putting together a multi-nation trial to speed up research on coronavirus treatments. The SOLIDARITY trial aims to generate data that can be used to determine which treatments are most effective, if they reduce mortality and time spent in the hospital, and if any patients receiving the drug required ventilation or admission to an intensive care unit.

The trial's design allows more drugs to be added as they become available at participating hospitals. It will consist of five arms:

- Arm one: study of standard of care

- Arm two: study of Gilead's antiviral remdesivir

- Arm three: study of lopinavir/ritonavir combination

- Arm four: study of lopinavir/ritonavir/interferon beta combination

- Arm five: study of chloraquine

Ten countries have already confirmed that they will participate in the trial: Argentina, Bahrain, Canada, France, Iran, Norway, South Africa, Spain, Switzerland and Thailand. The U.S. has not yet signed on for the trial.



## COVID-19 Vaccines: **Vaccinations against COVID-19 are already in trials**

The first patient in a coronavirus vaccine clinical trial was dosed last Monday,

### **Moderna Therapeutics**

announced. The Cambridge, Mass.-biotech firm's NIH-led phase 1 study is the first trial for a COVID-19 vaccine and was approved in record time, according to Anthony Fauci, director of NIH's National Institute of Allergy and Infectious Diseases.

The Chinese government Wednesday approved

### **CanSino Biologics'**

phase 1 trial of its vaccine hopeful, Ad5-nCoV, for human testing. The vaccine was developed in conjunction with the Institute of Biotechnology's Academy of Military Medical Sciences. It uses the replication-defective adenovirus type 5 (Ad5) as its vector, an organism often used in vaccines and gene therapies.

German biotech company

### **BioNTech**

announced that its mRNA vaccine candidate, BNT162, will likely be ready for trial soon, with testing slated to begin in late April.

[www.centerwatch.com/articles/24592-covid-19-update](https://www.centerwatch.com/articles/24592-covid-19-update)

## **COVID-19 Update**

March 22, 2020

## **Roche**

has made progress in efforts to repurpose its immunosuppressive drug Actemra (tocilizumab) for treating the coronavirus, gaining FDA approval for a phase 3 trial. The study, which the drugmaker said will likely begin enrollment in early April, will test the drug's safety and efficacy in treating hospitalized adult patients with severe COVID-19 pneumonia.

## **Sanofi**

and

## **Regeneron**

announced that a phase 2/3 clinical trial of their rheumatoid arthritis med, Kevzara (sarilumab), is ready to enroll patients. They hope to repurpose the medicine for treating inflammatory immune response caused by the virus.

## **Gilead's**

antiviral drug remdesivir is currently going through phase 3 trials in China and a phase 1 trial in the U.S. The drug could be ready in the fall if it works, but is difficult to manufacture.

# Monoclonal Abs for Rx and Prevention of COVID-19

- Regeneron
- isolated hundreds of virus-neutralizing human antibodies
  - prophylaxis or treatment
  - Mice chimeric
  - Human clinical studies could be underway by early summer.
- Vir Biotechnology and Biogen
  - human monoclonal Abs for Rx
  - Vir has already isolated a Abs from patients who survived SARS

[www.centerwatch.com/articles/24592-covid-19-update](http://www.centerwatch.com/articles/24592-covid-19-update)

**COVID-19 Update**

March 22, 2020



# JAKi ?treating COVID-19 with antivirals


## JAK inhibition (Baricitinib)

Baricitinib – Lancet has reported that Baricitinib may be a potential treatment for 2019-nCoV acute respiratory disease. Viruses infect cells via receptor mediated endocytosis. AP2-associated protein kinase 1 (AAK1) is a key regulator of endocytosis. There are several drugs shown to inhibit AAK1, including baricitinib. Baricitinib, a Janus kinase inhibitor, is also capable of binding cyclin G-associated kinase (GAK), another regulator of endocytosis. It is believed that therapeutic doses of baricitinib are sufficient to inhibit AAK1, and may thereby have utility in those with acute COVID infections.

Citation Sources: <http://bit.ly/31HmM1> <http://bit.ly/38UgIZf>

COMMENT | [ONLINE FIRST](#)

## COVID-19: combining antiviral and anti-inflammatory treatments

[Justin Stebbing](#)  [Anne Phelan](#) [Ivan Griffin](#) [Catherine Tucker](#) [Olly Oechsle](#) [Dan Smith](#) [et al.](#)

[Show all authors](#)

Published: February 27, 2020 • DOI: [https://doi.org/10.1016/S1473-3099\(20\)30132-8](https://doi.org/10.1016/S1473-3099(20)30132-8)  Check for updates

|  | Baricitinib | Ruxolitinib | Fedratinib |
|--|-------------|-------------|------------|
| Daily dose, mg                                     | 2–10        | 25          | 400        |
| Affinity and efficacy:<br>$K_d$ or $IC_{50}$ , nM* |             |             |            |
| AAK1†  |             |             |            |
| Cell free  | 17          | 100         | 32         |
| Cell   | 34          | 700         | 960        |
| GAK†   |             |             |            |
| Cell free  | 136         | 120         | 1          |
| Cell   | 272         | 840         | 30         |
| BIKE†  |             |             |            |
| Cell free  | 40          | 210         | 32         |
| Cell   | 80          | 1470        | 960        |

# COVID-19 and Immunomodulator/Immunosuppressant Use in Dermatology

Kyla N. Price, BS, John W. Frew, MD, Jennifer L. Hsiao, MD, Vivian Y. Shi, MD

PII: S0190-9622(20)30466-7

DOI: <https://doi.org/10.1016/j.jaad.2020.03.046>

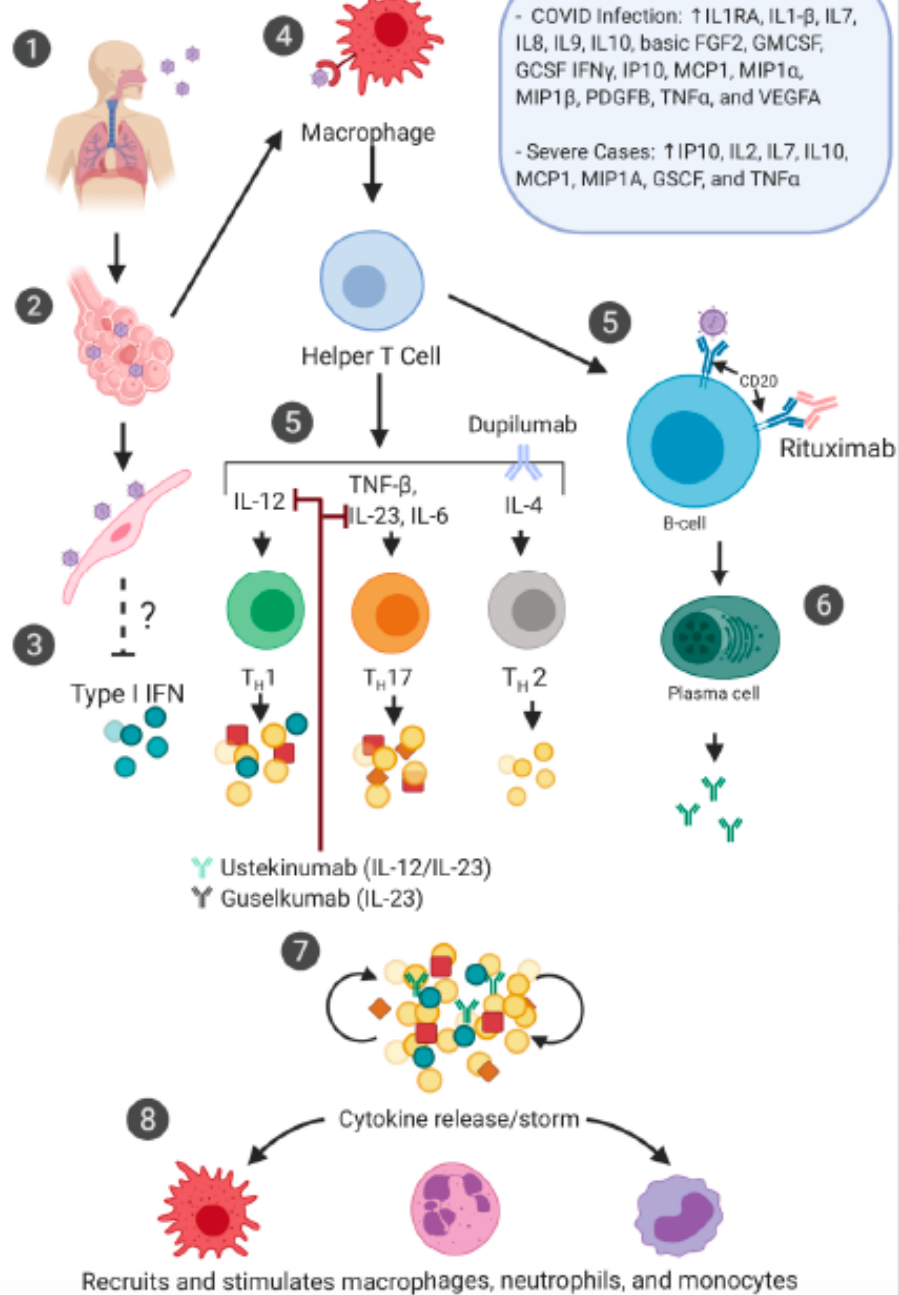
Reference: YMJD 14354

To appear in: *Journal of the American Academy of Dermatology*

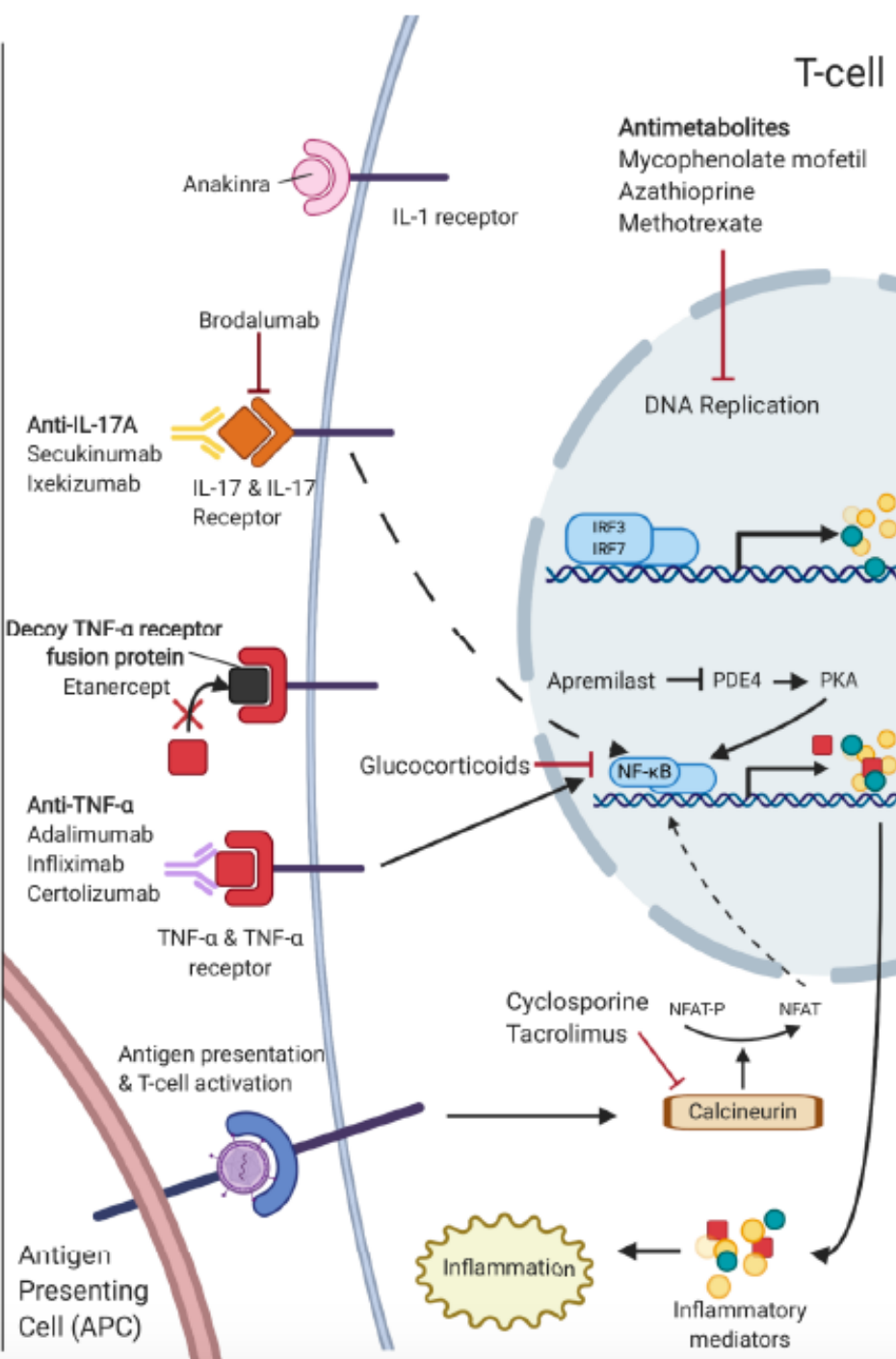
Received Date: 18 March 2020

Currently there is no data describing the benefits or risks of stopping immunomodulators/immunosuppressants during the COVID-19 outbreak.

## Extracellular



## T-cell



# TNFi, IL17 inhibitors

- Like TNFi, there is little evidence re whether IL-17 or IL-23 antagonists affect viral infection rates, and nothing on COVID-19, specifically.
- For patients infected, evidence is mixed on the role of IL-17 in the immune response to viruses.
- IL-17 may have a paradoxical role in both enhancing antiviral immune response and exacerbating viral illness depending on the virus
- IL-17i could improve COVID-19's aberrant immune response and acute respiratory distress syndrome-related mortality



Journal of Dermatological Treatment

ISSN: 0954-6634 (Print) 1471-7533 (Online) journal homepage: <https://www.landonline.com/doi/10.1080/09546634.2020.1742438>

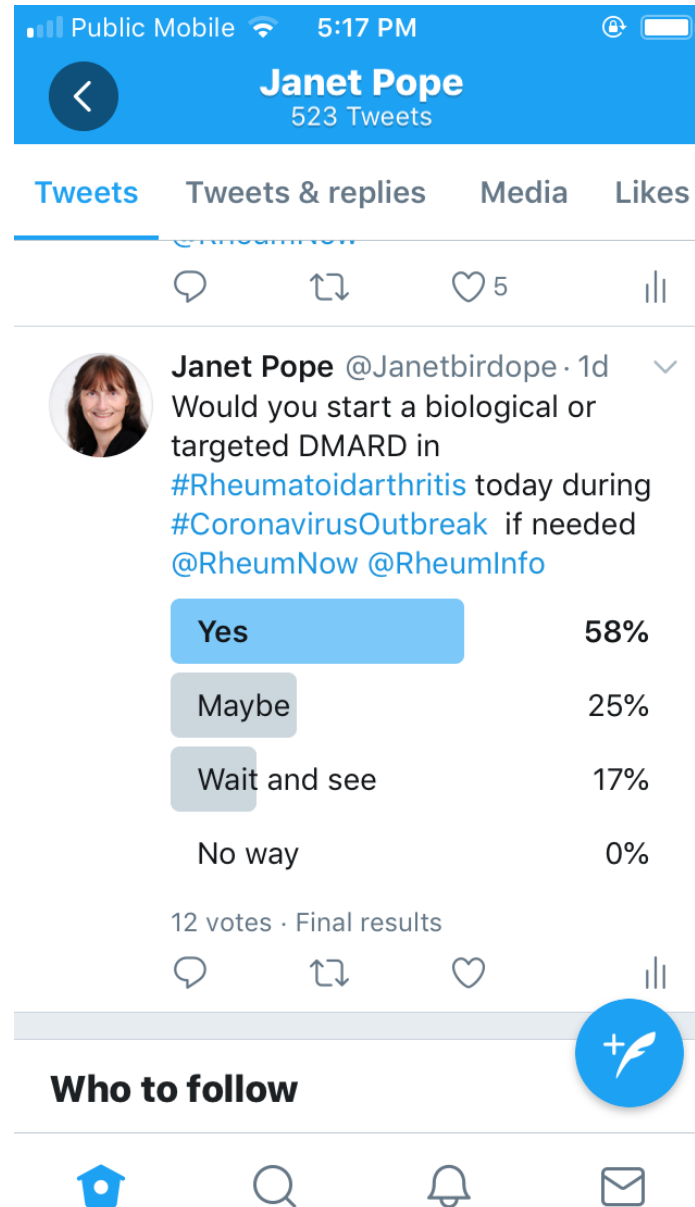
Should patients stop their biologic treatment during the COVID-19 pandemic

Arjun M. Bashyam & Steven R. Feldman

To cite this article: Arjun M. Bashyam & Steven R. Feldman (2020): Should patients stop their biologic treatment during the COVID-19 pandemic, Journal of Dermatological Treatment, DOI: 10.1080/09546634.2020.1742438

To link to this article: <https://doi.org/10.1080/09546634.2020.1742438>

There is not agreement on starting new advanced therapies for RA during COVID-19 pandemic, but most would



My twitter account = truth



Ontario  
Rheumatology  
Association

March 16, 2020

**ORA position on infusion clinics during COVID-19 pandemic**

### **ORA position on infusion clinics during COVID-19 pandemic**

Infusion clinics provide essential medications for patients, and therefore should be allowed to continue operating, with precautions in place such as maximizing cleanliness, distancing patients physically and by schedule, in order to minimize risks to all involved. Attempts to switch these patients from IV to subcutaneous routes where possible could also be entertained, and increasing treatment intervals for stable patients may also be considered.

This is a preliminary document and is subject to change as further information becomes available.

Dr. Jane Purvis

Dr. Deb Levy

Dr Philip Baer

Dr Janet Pope

# What if your patient gets sick with fever/URI?

- Do what we have been doing for the last many years since advanced therapies have been used
- Hold bDMARD or tsDMARD
- Seek medical attention --if fever and dyspnea
- If a minor URI, likely use drugs as per usual



# Coronaviruses and Immunosuppressed Patients. The Facts During the Third Epidemic

Lorenzo D'Antiga <sup>1</sup>

Affiliations + expand

PMID: 32196933 DOI: [10.1002/lt.25756](https://doi.org/10.1002/lt.25756)

## Abstract

Following the outbreak in China, the Lombardy region of Italy has become one of the areas of highest incidence of severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2). As the outbreak grew to a pandemic, many centres worldwide raised the concern that immunocompromised patients may be at high risk of developing a severe respiratory disease called COVID-19. Unlike common viral agents (such as Adenovirus, Rhinovirus, Norovirus, Influenza, Respiratory Syncytial Virus), Coronaviruses have not shown to cause a more severe disease in immunosuppressed patients. For this family of viruses the host innate immune response appears the main driver of lung tissue damage during infection.

# Are there long term repercussions post COVID-19 for rheumatic disease patients?

Who knows?

Psychological

Financial

?Physical

# How can I practice during the pandemic?

- Is it safe to see any patients PPE – Masks
- What about my stress
- Loss of income
- Overwhelmed with calls
- How long will this last
- What to do if I get sick or someone in my household

# Should I see patients during the pandemic?

- Sadly the pandemic will be with us for some (long) time
- Most routine care should be done by other means
- Telehealth
  - Videoconferencing
  - Telephone

## **How to Hide your Caller ID on Outgoing Phone Calls**

If using your iphone

#31# then dial the number

# If you see patients ....

- Ex infusion room
- Emergencies
- Call pt and not to come if signs of infection, foreign travel within ?2weeks

## COVID Door sign

Here are instructions for your staff to screen patients for illnesses such as COVID-19 when booking appointments or when they arrive:

## Staff Instructions COVID-19

The OMA also has office resources including door signs in different languages, patient information sheets, and instructions for self-isolation. These are available on the [OMA coronavirus page](#). You will need to log in with your OMA username and password, then scroll down to "Resources".

# Office or Clinic

- Everyone is supposed to wear a mask while seeing pts?
  - Yes ER, urgent care, no mention of clinic/office visits
- Pt is to wear a mask if signs/symptoms of a respiratory infection
- ?Gowns - no mention of clinic/office visits
- Booking spread apart
- Pt waits in exam room or car and then is called in
- Infusion chairs spread apart
- Wiping down all surfaces between patients

## \*COVID-19 UPDATE\* - New provincial guidance on the use and conservation of PPE

We appreciate your patience as we awaited guidance regarding personal protective equipment (PPE) from the provincial government. PPE preservation is very important as we are seeing higher risk of community spread of COVID-19. We need to balance preservation of PPE while ensuring the areas that need it most, have it.

The Ontario Health [guidance document](#) recommends a phased approach (1-4), on page seven.

For us, phase one is providing PPE to the Urgent Care Centre (UCC), and staff in the UCC will begin wearing a surgical mask with visor at all times due to the localized/community spread of the virus. This prevents the need to change PPE between each patient while protecting the wearer from the increased number of people in UCC who require care for respiratory illness. Other staff who need to attend UCC from an outside care area will also be provided a mask with visor.

As we continue to review the guidelines with our clinical leaders and IPAC experts, further details will be provided tomorrow with additional guidance regarding conservation directions. We continue to work through the other phases and build upon our current practices with leaders and staff to evolve our processes as necessary. St. Joseph's is in good standing as we are very much aligned to the fundamentals recommended by Ontario Health.

The guidelines from Ontario Health support health care organizations and providers in being stewards of personal protective equipment including:

# Antiviral Activity of Alcohol for Surface Disinfection

W R Moorer<sup>1</sup>

Affiliations + expand

PMID: 16451513 DOI: [10.1034/j.1601-5037.2003.00032.x](https://doi.org/10.1034/j.1601-5037.2003.00032.x)

## Abstract

Bacteria and viruses from the patient's mouth travel with dental splatter and spills. A surface disinfectant should possess antiviral activity as well as antibacterial action. Because of frequent and 'open' application in the dental office, such a disinfectant should be non-toxic, non-allergenic and safe for the hygienist. It now appears that high-concentration alcohol mixtures (i.e. 80% ethanol + 5% isopropanol) are not only excellent antibacterials, but quickly inactivate HIV as well as hepatitis B and hepatitis C viruses. Compared to alternative surface disinfectants, use of high-concentration alcohol for the spray-wipe-spray method of surface disinfection in dentistry appears safe and efficient. However, dried matter should be wiped and hydrated first.



# Personal Protective Equipment (PPE)

- Huge shortage, gouging prices
- We don't need N-95 masks – only for intubation and a few other procedures
- ?Gown
- Mask – same one all day long, don't remove it – each time you do the risk is increased of contamination
- ?re-use (ex after microwaving it) as there is a shortage

## **N95s should only be used during AGMPs**

N95 masks should only be used during Aerosol Generating Medical Procedures (AGMP) on suspected or confirmed COVID-19 patients, and in surgery, N95 masks **SHOULD NOT** be used by staff and physicians providing regular care for COVID-19 or suspected COVID-19 patients, unless the patient is undergoing an AGMP.

# Notice to General Public and Healthcare Professionals

Health Canada is advising the public, as well as healthcare professionals (HCPs) to use caution when considering the use of homemade masks to protect against the transmission of COVID-19.

Homemade masks may include those that are:

- made of cloth e.g., cotton
- with pockets to insert other masks or filters
- to be worn over N95 respirators (in an effort to reuse respirators)



Homemade masks are not medical devices and consequently are not regulated, like medical masks and respirators. Their use poses a number of limitations:

- they have not been tested to recognized standards
- they may not provide complete protection against virus-sized particles

Homemade masks are not medical devices and consequently are not regulated, like medical masks and respirators. Their use poses a number of limitations:

- they have not been tested to recognized standards
- they may not provide complete protection against virus-sized particles
- the edges are not designed to form a seal around the nose and mouth
- the fabrics are not the same as used in surgical masks or respirators
- they can be difficult to breathe through and can prevent you from getting the required amount of oxygen needed by your body
- they may require frequent adjustment, increasing the amount of times your hands come into contact with your face and increasing the probability of infection


These types of masks may not be effective in blocking virus particles that may be transmitted by coughing, sneezing or certain medical procedures. They do not provide complete protection from the coronavirus because of [a potential loose fit and the materials used](#).

Medical masks are also medical devices that use materials that block at least 95% of very small test particles, however, they do not fit tightly to the face, so are not designed to provide complete protection for the wearer. Both respirators and masks need to be used in combination with appropriate eye protection (e.g., face shield, goggles) to achieve full protection of the eyes, nose and mouth.

Health Canada has provided important information on [optimizing the use of masks and respirators during the COVID-19 outbreak](#).

# What if I get sick or someone at home?

- Quarantine rules seem to change almost daily
- 14 day isolation was done as incubation period doesn't seem to be more than 2 weeks and often less than that (if exposed)
- If you meet case definition, you are supposed to be tested (as a health care worker)
- Possibly can't return until symptom free ?and negative repeat swab
- Some health care testing is done if case definition is not met – regional rules vary widely
- WHO has recommended to TEST healthcare workers vs shortage of kits

- 
- **Self-isolate** for 14 days after your return to Canada. Some provinces and territories may have specific recommendations for certain groups such as health care workers. Self-isolate means:
    - stay home and keep your distance from others
    - **do not have visitors**, especially older adults, or those with medical conditions who are at a higher risk of developing serious illness
  - Monitor your health for **fever, cough or difficulty breathing**.
  - Wash your hands often with soap and warm water for 20 seconds, or use an alcohol-based hand sanitizer if soap and water are not available.
  - Cover your mouth and nose with your arm when coughing or sneezing.

An **exemption** to the request to self isolate may be provided to workers who are essential to the movement of goods and people. For example, this exemption would apply to:

- Healthy workers in the trade and transportation sector who are important for the movement of goods and people across the border, such as truck drivers and crew on any plane, train or marine vessel crossing the border
- Healthy people who have to cross the border to go to work, including health care providers and critical infrastructure workers

# Stress

- Yes



Gaming



Negligent child care

# Income

- Yes it will decrease

# Can my staff work from home

- Remote access
- Most patients won't be coming in to your office for a long time
- ?do you pay your staff while they are off if not working
- Govt of Canada is providing some relief for employers



# Temporary Wage Subsidy

## *Calculation of the Subsidy*

now 75%

The subsidy is a manual calculation, equal to 10 percent of the remuneration paid between March 18, 2020, and June 20, 2020. There is a maximum subsidy amount of \$1,375 per employee, to a maximum of \$25,000 total per employer. These limits were announced by the CRA on March 20, 2020. The new legislation does not define the percentage of remuneration, nor the employee and employer limits; however, it is anticipated that these will be enacted when the prescribing regulations are released.

MNP Insights: It is likely that the numerical limits were not included in the legislation in order to allow the government flexibility to change the amounts if additional support is required by Canadian businesses.

| As announced on March 18, 2020  | CRA Administrative Information<br>(March 19/20, 2020)   | Legislation March 25, 2020  |
|---|---|---|
| <b>Filing Deadlines</b>   | As announced  | No legislation announced  |
| <b>Income Tax Amounts Owing</b>   | As announced  | No legislation announced  |
| <b>Temporary Wage Subsidy</b> <div> Note, these #'s have changed since yesterday, I believe now 75%, not 10% Roy </div> | <ul style="list-style-type: none"> <li>• Lesser of i) \$1,375 per employee and ii) 10% remuneration paid (to employee to a maximum \$25,000 per employer)</li> <li>• Eligible employer includes: Canadian Controlled Private Corporation (CCPC) (taxable capital employed in Canada &lt;\$15M on an associated group), non-profit organizations (NPO), Registered Charities</li> <li>• Associated CCPCs not required to share maximum subsidy of \$25,000 per employer</li> </ul> | <ul style="list-style-type: none"> <li>• Does not define the percentage of remuneration, nor the employee and employer limits</li> <li>• Eligible employer to also include partnerships (all members of which are eligible individuals) and individuals (other than a trust)</li> <li>• For CCPC to be considered an eligible employer must have a business limit &gt; NIL (notwithstanding the reduction imposed by the passive income rules)</li> </ul> |
| <b>Employment Insurance</b>   |   |   |
| <ul style="list-style-type: none"> <li>• <b>Emergency Care Benefit (ECB)</b></li> </ul>                                 | As announced  | ECB and ESB <b>replaced</b> with Canada Emergency Response Benefit (CERB)   |
| <ul style="list-style-type: none"> <li>• <b>Emergency Support Benefit (ESB)</b></li> </ul>                              |   |   |
| <b>Goods and Services Tax (GST)</b>   | As announced  | As announced  |

# Federal Tax Measures

- The Canada Revenue Agency (“**CRA**”) will allow all businesses to defer, until after August 31, 2020, the payment of any income tax amounts that become owing on or after March 18, 2020 and before September 2020. This relief would apply to tax balances due, as well as instalments, under Part I of the federal *Income Tax Act*. No interest or penalties will accumulate on these amounts during this period.
- Not applicable to GST/HST owing, or to employee tax deduction remittances.

# How long will this last?

Who knows?

# Other information

- Public health website
- Provincial Medical Association
- Canada.ca
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

**Who needs a Corona?**




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doi:  
10.1002/ART.41260

# Other information

- RheumInfo COVID updates on YouTube

|  |  |
|--|--|
| <p>COVID-19 Update<br/>March 23, 2020</p> <p><b>Riskiest Behaviours for<br/>Catching COVID-19?</b></p> <p>Dr. Andy Thompson<br/></p> <p><b>7:42</b></p> | <p><b>2020 03 23 COVID 19 Update</b></p> <p>RheumInfo • 13K views • 2 days ago</p> <p>Watch Dr. Andy Thompson explain what behaviours are riskiest for catching COVID-19 and why good old soap and water works ...</p> <p>New</p>  |
| <p>COVID-19 Update<br/>March 16, 2020</p> <p><b>We're Not Out of the<br/>Woods Yet</b></p> <p>Dr. Andy Thompson<br/></p> <p><b>2:17</b></p>            | <p><b>2020 03 16 COVID 19 Update</b></p> <p>RheumInfo • 6.6K views • 1 week ago</p> <p>Update for Canadians on COVID-19.</p>   |
| <p>COVID-19 Update<br/>March 24, 2020</p> <p><b>The New March Madness</b></p> <p>Dr. Andy Thompson<br/></p> <p><b>7:30</b></p>                        | <p><b>2020 03 24 - COVID-19 Update</b></p> <p>RheumInfo • 7K views • 1 day ago</p> <p>The New March Madness In today's video update, Dr. Andy Thompson crunches the latest data and shows the doubling times of ...</p> <p>New</p> |



# Conclusions

- These are unprecedented times
- Life may be very different for a long time
- Lobby your provincial government to obtain a billing code to virtually see patients as they need reassurance, their prescriptions and a check up to see how they are doing
- Data will change (WAY TOO OFTEN)
- Don't watch the news (too much)



## COVID-19 update: Government passes \$107B aid package for Canadians

CBC News  471K views • Streamed 10 hours ago

The government has passed a COVID-19 aid package bill worth \$107 billion to help Canadians struggling during the pandemic.

New CC



## Coronavirus outbreak: Canada COVID-19 aid bill details, mandatory self-isolation for all travellers

Global News  239K views • Streamed 11 hours ago

# Questions

Please



Thanks to

The Lilly logo, featuring the word 'Lilly' in a white, cursive script font on a solid red rectangular background.



The AbbVie logo, featuring the word 'abbvie' in a dark blue, lowercase, sans-serif font.