

The American Perspective: COVID-19 and ITP

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COVID-19, the disease caused by the novel coronavirus SARS-CoV-2, continues to rage around the globe. As of 14 May 2020, there have been approximately 4.35 million cases and 297,000 deaths recorded worldwide. Unfortunately, our two countries have been particularly hard-hit by the pandemic. At the time of writing there have been more deaths reported in the US (84,763) and the UK (33,186) than any other nation.*

I have been fielding many questions from my ITP patients about their risk of contracting COVID-19 and the potential impact of COVID-19 on ITP and ITP therapy. The American Society of Hematology has produced a FAQ document on COVID-19 and ITP (<https://www.hematology.org/covid-19/covid-19-and-ityp>), though it is primarily geared toward healthcare providers rather than patients. In this article, my goal is to address some of the questions my ITP patients are asking. Resources for patients are also available at the Platelet Disorder Support Association website (<https://www.pdsa.org/covid-19.html>).

Am I at increased risk of contracting the virus? What can I do to reduce my risk of contracting the virus?

Patients with ITP are not at increased risk of contracting the virus. The same commonsense measures for minimizing risk of infection that apply to the population at large also apply to patients with ITP. These include (1) Strict social distancing (at least 2 meters apart) whenever possible; (2) Wearing a mask that covers your nose and mouth when you go out in public, especially when you are in close proximity to other people; (3) Avoidance of persons who are known to have COVID-19 or have symptoms (fever, cough, shortness of breath, etc.) suggestive of COVID-19; and (4) Good hand hygiene. More guidance on this topic from the UK government may be found at <https://www.gov.uk/coronavirus>.

If I do contract the virus, am I at increased risk of developing severe illness?

Factors that are thought to place an individual at increased risk for developing severe COVID-19 include older age, heart disease, high blood pressure, diabetes mellitus, cancer, lung disease, obesity, and smoking. Patients with ITP are not at inherently increased risk of developing severe illness due to COVID-19. However, ITP patients whose immune systems are compromised due to ITP treatment (such as steroids, splenectomy, rituximab, or other immunosuppressive medications) may be at increased risk of developing severe illness.

If I contract the virus, how will it affect my ITP?

Infections of any kind, not just COVID-19, can cause the platelet count to fall in patients with ITP. However, the platelet count does not fall in all patients. I have 5 ITP patients in my practice who have tested positive for COVID-19. One patient developed breathing difficulties and needed to be hospitalized. Her platelet count fell from a baseline of about 100 k/uL to a low of about 30 k/uL while she was in the hospital. Her platelet count returned to her usual baseline as she recovered from her infection. The other 4 patients did not require hospitalization. Their platelet counts remained stable and they did not develop any bleeding symptoms during their illness.

Should treatment of my ITP change during the pandemic?

In general, patients with ITP should be treated the same way during the pandemic as they would otherwise. Using treatments that work well for you will not only help control your ITP, but can also reduce your risk of needing to go to the emergency room or hospital during the pandemic.

That said, switching from a medication that is given in a healthcare setting (such as romiplostim**) to one that is taken at home (such as eltrombopag, avatrombopag, or fostamatinib) in order to reduce exposure risk may be feasible and desirable for some patients. Talk to your doctor if you would like to consider a switch.

If your platelet count falls during the pandemic and you require new ITP treatment or changes to your ITP treatment, your doctor may take into account the pandemic in discussing treatment options with you. For example, some ITP experts have expressed a preference for IVIG over steroids and avoidance of rituximab, when possible, during the pandemic to avoid compromising the immune system. If you require a change in your ITP treatment, talk to your doctor about how the various treatment options could affect your susceptibility to COVID-19.

Should monitoring of my ITP change during the pandemic?

Some patients are understandably reluctant to go the doctor's office or the lab during the pandemic out of fear of exposure to the virus. If you are scheduled for a doctor's visit, talk to your doctor about whether it can be conducted as a telehealth visit rather than in-person or whether it can be safely delayed until the pandemic eases. Similarly, if you are due for bloodwork, talk to your doctor about whether it can be safely postponed until the outbreak eases in your area.

If your doctor feels that an in-person visit or bloodwork is urgent, please don't put it off. Similarly, if you notice increased bleeding or other worrisome symptoms, tell your doctor right away. Delays in urgently needed care could lead to a worsening of your situation and result in the need for emergency care or hospitalization.

* **Editor's note:** As of 20th May 2020, the Deaths per million due to Covid-19 was as follows.

	Confirmed deaths (absolute)	Population (in millions)	Deaths per million
Belgium	9,108	11.42	797.4
Spain	27,778	46.72	594.52
Italy	32,169	60.43	532.32
United Kingdom	35,341	66.49	531.53
France	27,989	66.99	417.83
Sweden	3,743	10.18	367.57
Netherlands	5,715	17.23	331.67
Ireland	1,561	4.85	321.62
United States	91,801	327.17	280.59
Switzerland	1,891	8.52	222.04

Please also be aware that data from several countries (not on this part of the list) is seen by many as unreliable and suspect.

** **Editor's note:** In the USA, Romiplostim is still given by injection in the clinicians offices, whereas in the UK many patients self-inject (as also in Europe).