

Article

# Information about Coronavirus (COVID-19)

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## [Important changes to the way eligible patients can access free lateral flow tests](#)

[From 6th November 2023, eligible patients in England can access free lateral flow tests directly from their local community pharmacies. This will replace the current online and telephone ordering services provided by GOV.UK and 119. We will amend this information for the devolved nations when we have an update. To check your eligibility to free \[...\]](#)

## Frequently asked questions

Why should I get vaccinated?

The vaccination programme against COVID-19 has been successful in reducing the mortality rate posed by the virus in all its forms and allowed many to return to living without much in the way of restrictions to their freedoms.

Now as we head into the winter months viruses such as COVID-19 are spread much more easily, for the simple reason that we do more socialising indoors without windows open for airflow. The autumn boosters are important to help bolster the protection against the strains of Coronavirus and are being offered to all those aged 50 and over, as well as, those who are increased risk from the virus strains.

This is due to this increased risk of contracting a respiratory infection but also because over time the immunity offered by the vaccinations to date can wane over time, and so it is necessary to give it a “top up”.

Booster vaccines also act to “top up” immunity facilitated by contracting COVID-19 (“natural immunity”). Best way to think of it is that more protection is always best! All vaccines approved for use in the autumn booster programme are proven to be safe and highly effective. If you’re eligible, the NHS will offer the most appropriate vaccine for you.

The darker and colder winter months tend to put an increased strain on the NHS too which as many of you will know is already under a lot of pressure. By getting your booster vaccinations and seasonal flu vaccine, you can help to reduce this pressure. Not only this, but the more eligible individuals who take up their boosters the more of a protective barrier is put around at risk communities.

Where can I get more information about the vaccines, coronavirus and my condition?

NHS website:

- [Coronavirus \(COVID-19\) vaccination | NHS](#)
- [How to look after yourself at home if you have coronavirus \(COVID-19\) or symptoms of COVID-19 | NHS](#)
- [Coronavirus \(COVID-19\) vaccine for people with a severely weakened immune system | NHS](#)
- [Health conditions and coronavirus \(COVID-19\) vaccination](#)

The Arthritis and Musculoskeletal Alliance (ARMA) website:

- [COVID-19 vaccination and MSK](#)

British Society for Rheumatology (guidance for clinicians):

- [COVID-19 guidance](#)

Government website:

- [Coronavirus \(COVID-19\): guidance and support](#)
- [Access community-based treatments for coronavirus \(COVID-19\)](#)

Should people with RA be vaccinated/receive the booster vaccines, even if they are on immunosuppressant medication?

All people with RA should be encouraged to take up any and all vaccines/boosters against coronavirus when they are offered, irrespective of the medications that are being treated with. The benefits of the COVID-19 vaccination outweigh the risks and by having the vaccine, this will reduce the risk of developing severe complications due to COVID-19. Moreover, as protection wanes with time and may have begun at a lower level than that of the general population, it is all the more important to bolster it with the boosters where they are on offer.

The guidance for those in doubt is to seek advice from the relevant health care practitioner.

## Treatments for COVID-19

What are “Therapeutics”?

Effective alternative treatments for COVID-19 will continue to be vital to save lives, prevent hospitalisations and reduce the full spectrum of health and economic harm from COVID-19. Additionally, scientific advice supports the use of a range of treatments with different methods of action.

UKHSA is continuing its efforts to understand the effect of the Omicron variant on transmissibility, severe disease, mortality, antibody response, and vaccine and treatment efficacy. The Therapeutics Taskforce will continue to work with UKHSA to understand any implications for treatments.

The monoclonal antibody treatment, sotrovimab, received MHRA approval on the 2nd of December 2021. This treatment is now available to treat some non-hospitalised individuals at highest risk of developing severe disease via COVID Medicines Delivery Units. It can also be used to treat patients with hospital onset COVID-19 where genotyping shows the patient has an Omicron variant. The RECOVERY trial is assessing sotrovimab’s potential as a treatment for some hospitalised patients.

The novel monoclonal antibody combination Ronapreve from Roche, is available to treat the most vulnerable hospital patients in the UK, including those with severe COVID-19 and without antibodies, and high-risk patients who acquire infection whilst in hospital, but only when genotyping shows the patient does not have an Omicron variant.

What is the purpose of anti-viral and prophylactic treatments if we have working vaccines?

Vaccines remain the first line of defence against COVID-19. Antivirals and other treatments provide a necessary additional line of defence by playing a crucial role in protecting patients who become infected with COVID-19, particularly those who for whom the vaccine may be less effective such as the immunocompromised.

Antivirals could also play a key part, alongside other therapeutics, in protecting the population, especially if a variant of concern reduces vaccine efficacy.

Are treatments effective on the Omicron variant / other variants of concern?

It is crucial that the UK has many effective treatments to control the impact of the Omicron variant and protect against any future variants of concern.

It is not anticipated that there will be a reduction in effectiveness of nirmatrelvir + ritonavir or molnupiravir against the Omicron variant, as they do not attach to the spike protein on the Covid-19 virus, and as such should not be affected by mutations observed in the Omicron strain of the virus.

If I have had COVID-19 already, do I still need to have the vaccine?/ Why do I need a booster?

As it is still unclear how long both natural (from having the virus) and vaccine mediated immunity last, it is still necessary to have the vaccine/boosters even if you've previously had the virus.

Moreover, due to the immunosuppressant effect of the medications used in managing RA, individuals on such treatments may not mount the same immune response as those in the general population. To combat this the booster programmes have been rolled out to optimise the protection offered to these vulnerable populations.

Visit the following link to read the [JCVI advice on COVID-19 vaccines for autumn booster programme](#) for more information about the autumn booster programme.

Can I get information on the coronavirus vaccines in languages other than English?

NHS England has vaccine in a number of different languages. You can access this information by [clicking here](#).

## Boosters

Can the seasonal flu vaccine and COVID-19 vaccine/booster be administered at the same time?

The ComFluCOV trial indicates that co-administration of the influenza and COVID-19 vaccines is generally well tolerated with no reduction in immune response to either vaccine. Therefore, the two vaccines may be co-administered where operationally practical.

Therefore those eligible to have both a COVID-19 autumn booster and a flu jab, will have these co administered of the COVID-19 and flu vaccinations where possible and clinically advised, especially where this improves patient experience and uptake.

## Government advice

What is Evusheld and how does it work?

Evusheld (AZD7442) is a monoclonal antibody treatment designed to prevent infection with the SARS-CoV-2 virus prior to exposure to an infected individual.

It is a combination of two human monoclonal antibodies, tixagevimab (AZD8895) and cilgavimab (AZD1061). These antibodies are designed to bind the spike protein, which prevents the virus from being able to attach to and enter cells.

They are to be given as two separate intramuscular injections one after the other. You can see the patient information leaflet and further information on the drugs here:

<https://www.gov.uk/government/publications/regulatory-approval-of-evusheld-tixagevimab-cilgavimab>

Evusheld is a made by pharmaceutical company? [AstraZeneca](#).? The treatment was designed for people who are less likely to be well-protected from COVID-19 by vaccines, which can include people who are immunocompromised.

Will the UK Government procure Evulsheld for pre-exposure prophylaxis?

On the 5th of September 2022 the government published their current decision around Evusheld's use in the UK.

“Based on the evidence that is currently available and after careful analysis and consideration, the UK Government has decided not to procure Evusheld for prevention through emergency routes at this time.

However, the UK Government has referred Evusheld to the National Institute for Health and Care Excellence (NICE) for evaluation, which provides evidence-based, rigorous evaluation of the clinical and cost effectiveness of medicines for use in the NHS.

This is a decision based on independent clinical advice by RAPID C-19 (a multi-agency group) and a UK National Expert Policy Working Group and reflect the epidemiological context and wider policies in our pandemic response and recovery.

The Chief Medical Officer is content that the correct process for providing clinical advice has been followed and agrees that Evusheld should now be assessed by NICE.

While we recognise that this is disappointing for those patients who were hoping to have access to Evusheld at this time, it is essential that the UK Government is fully informed and has sufficient evidence of likely benefit when making procurement decisions. The NICE assessment process provides a robust evidence-based evaluation that underpins the procurement and use of the vast majority of drugs in the NHS.”

## Miscellaneous questions

Should I stop taking my medications before, or after, having the vaccine?

It is vitally important to keep your RA as well controlled as possible so any decisions around whether it would be appropriate for a temporary cessation in your medications should be discussed with your rheumatology team

. Advice may vary on a case by case basis.

Depending on the level of activity of your disease you can find out more about [disease activity scores here](#). Stopping your medication could lead to a flare up of your condition. Because of the knock on effect of the pandemic in delaying access to health services and response times from GPs and other NHS units, it may not be possible to get timely assistance to manage the flare.

The Arthritis and Musculoskeletal Alliance (ARMA) initially advised patients should not stop taking their immunosuppressant drugs for the vaccine, unless advised to do so by a member of their specialist team. Following results of the OCTAVE and OCTAVE-DUO studies which demonstrated the reduced efficacy of the vaccines in those on immunosuppressants, more research has been conducted (and is ongoing) in this area with an eye to improve the immune response mounted by individuals on these types of treatments.

The 'VROOM' study conducted by Abhisshek, A et. al (2022), has shown in their sample, that ceasing methotrexate treatment for 2 weeks following administration of the 3rd COVID-19 dose compared to continued treatment as usual, can bolster the immune response which is mounted. Most interestingly, the authors note that this increase was sustained up to 12 weeks for those who suspended methotrexate treatment and that even at this later point of examination, their antibody response was higher than that of the group who continued their methotrexate as normal 4 weeks after vaccination.

Regardless of medication or previous stops in treatment for other vaccinations, individuals are encouraged to weigh up the pros and cons with their specialist team to choose the safest and most appropriate course of action.

Should I stop my medication(s) if I am showing symptoms of COVID-19?

You may be advised to pause your medications if you are showing symptoms of COVID-19 but you should seek proper medical advice from speaking to 111 and ideally your rheumatology team.

Advice may vary on a case by case basis depending on disease activity and other individual factors.

Are people on advanced therapies (biologics/biosimilars/JAK Inhibitors) at higher risk than those on conventional DMARDs?

If you are not sure about the distinction between these types of medicines you can order, for free, our Medications in RA booklet or visit our [medication section](#).

The contraction and severity of coronavirus seems to be variable according to a wide range of factors and understandably people on immune mediating medications will be extra concerned about their risk from the virus.

Research has consistently demonstrated the positive effects of vaccination in protecting individuals from the worst of the virus even in populations where individuals are on immunosuppressant medications (although it can take boosters to yield a similar level of immune response compared to

members of the general population).

When comorbidities (health conditions) are controlled for in statistical analyses, the increased risk of having coronavirus severely, disappeared in the majority of studies. Likewise, many studies in this area have demonstrated that aside from the use of JAK inhibitors and rituximab, other forms of DMARDs (conventional or advanced) do not seem to exacerbate the risk of severe COVID symptoms. The effect of JAK inhibitors and of rituximab worsening infection outcomes has only been shown in some studies.

Studies such as that of Mackenna et al (2022).

Further reading and references:

- Mackenna, B., et al. (2022). Risk of severe COVID-19 outcomes associated with immune-mediated inflammatory diseases and immune-modifying therapies: a nationwide cohort study in the OpenSAFELY platform. *Articles Lancet Rheumatology*. Vol. 4, p. 490–506.

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## NRAS in 2024

- 0 Helpline enquiries
- 0 Publications sent out
- 0 People reached

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