

EULAR RECOMMENDATIONS FOR THE MANAGEMENT OF RHEUMATIC AND MUSCULOSKELETAL DISEASES IN THE CONTEXT OF SARS-CoV-2:

The July 2021 update

	Overarching principles	Mean (SD) LoA	%≥8/10
1.	In general, patients with RMD do not face more risk of contracting SARS-CoV-2 than individuals without RMD, and do not have a worse prognosis when they contract it.	8.8 (1.5)	81
2.	The diagnosis and treatment of COVID-19 in patients with RMD is the primary responsibility of an expert in treating COVID-19.	9.9 (0.3)	100
3.	Rheumatologists are the leading experts for the immunomodulatory or immunosuppressive treatments of their patients and should be involved in the decision to maintain or discontinue them.	9.9 (0.4)	100
4.	In view of their expertise, rheumatologists should be engaged in the generation of local-hospital, regional or national guideline committees for COVID-19 management.	9.2 (1.2)	89
5.	The off-label use of immunomodulatory or immunosuppressive drugs for the treatment of COVID-19 outside of established guidelines, protocols or clinical trials should be discouraged.	9.2 (1.2)	93
	Recommendations		
1.	Patients with RMD should be strongly advised to comply with all infection prevention- and control-measures prescribed by public health authorities, before and after SARS-CoV-2 vaccination.	9.9 (0.2)	100
2.	Patients with RMD should be advised to receive a SARS-CoV-2 vaccination with any of the single- or multidose EMA-approved vaccines.	9.6 (1.6)	96
3.	Patients with RMD who have been vaccinated against SARS-CoV-2 should be advised to continue their treatment unchanged; those who have not been vaccinated should be advised to continue their treatment, taking into account that certain therapies have been associated with an increased risk of severe COVID-19.	9.5 (0.6)	100
4.	If a patient with RMD receiving long-term glucocorticoid treatment develops suspected or confirmed COVID-19, this treatment should be continued.	9.3 (0.9)	96
5.	If a patient with RMD receiving RTX treatment contracts SARS-CoV-2, postponing the next cycle of RTX should be considered.	9.7 (0.6)	100
6.	Patients with RMD and initially mild symptoms who experience worsening of COVID-19 symptoms should immediately seek further health care advice of an expert in treating COVID-19.	9.9 (0.3)	100
7.	Patients with RMD should be advised to update their general vaccination status in accordance with the EULAR-recommendations for the vaccination of patients with RMD, with a particular focus on pneumococci and Influenza.	9.7 (0.6)	100
8.	In patients with RMD not using immunomodulatory or immunosuppressive treatment, SARS-CoV-2 vaccination should precede a treatment start with such therapy if clinically feasible.	9.6 (1.1)	93
9.	In patients with RMD using rituximab or another B-cell depleting therapy, SARS-CoV-2 vaccination should be scheduled in a way to optimise vaccine immunogenicity.	9.6 (1.1)	96

LoA: Level of Agreement (between 1 and 10)

Mean(SD): Mean level of agreement (standard deviation)

RMD: Rheumatic Musculoskeletal Disease

SARS-CoV-2: Severe Acute Respiratory Syndrome Coronavirus 2

COVID-19: Coronavirus Disease 2019

EMA: European Medicines Agency

RTX: Rituximab