

Webinar Experience of France and Brazil in the treatment of sickle cell disease patients affected with Covid-19

Experience of France

Jacques Elion, MD, PhD

Professor (Hon) Faculté de Santé – Université de Paris Inserm U1134 Integrative Biology of the Red Cell National Institute of Blood Transfusion INTS



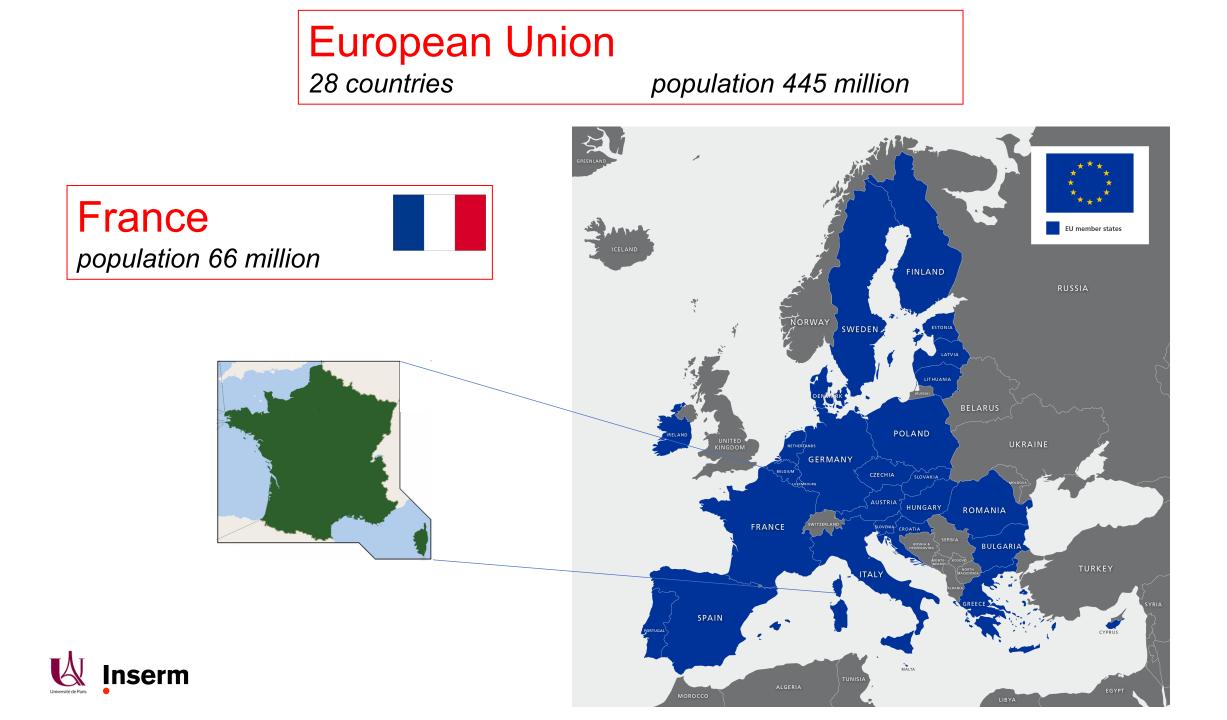
Instituts thématiques

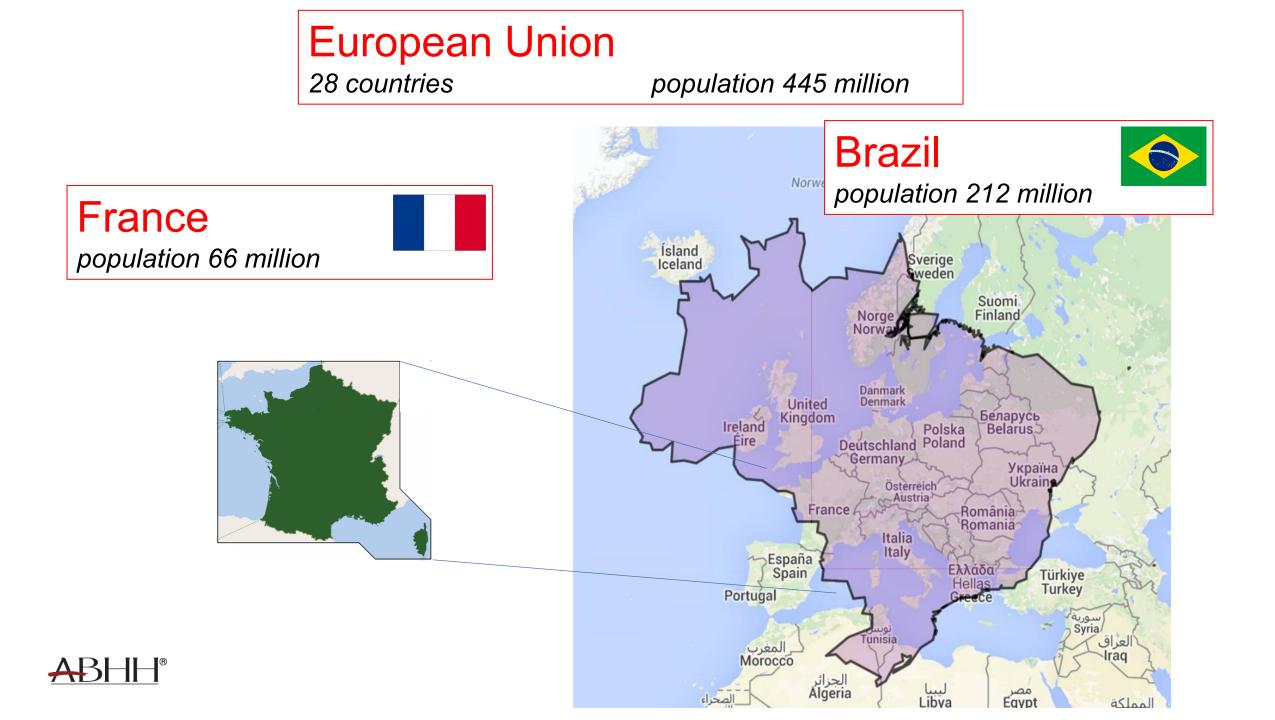


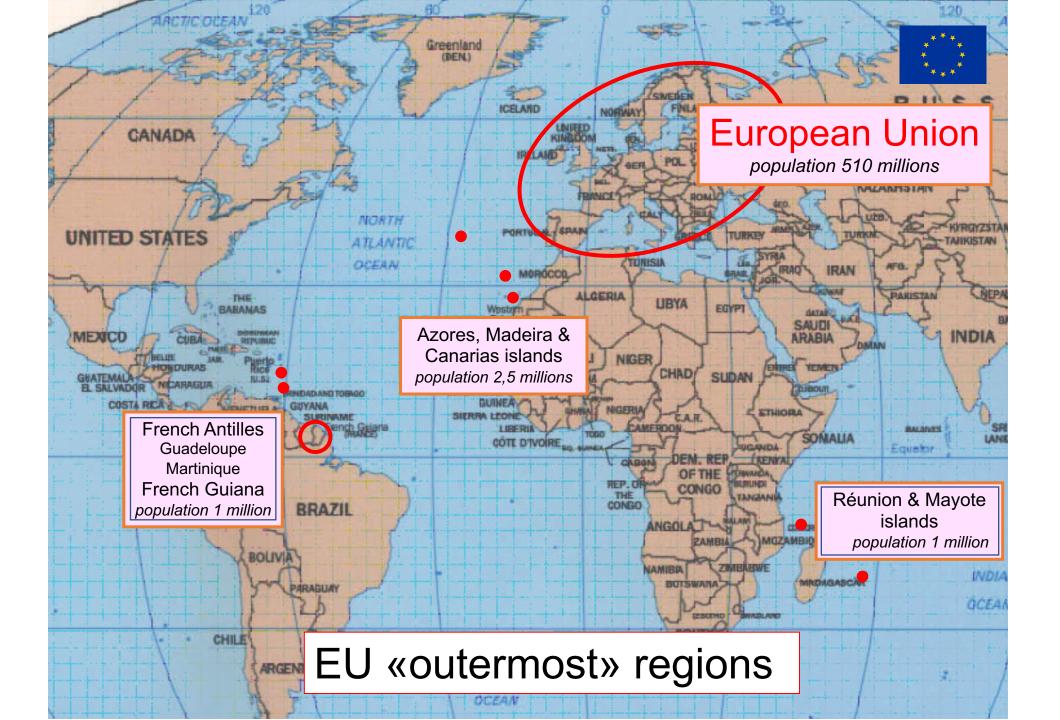
* * * * * * * * *

August 12, 2020

INT







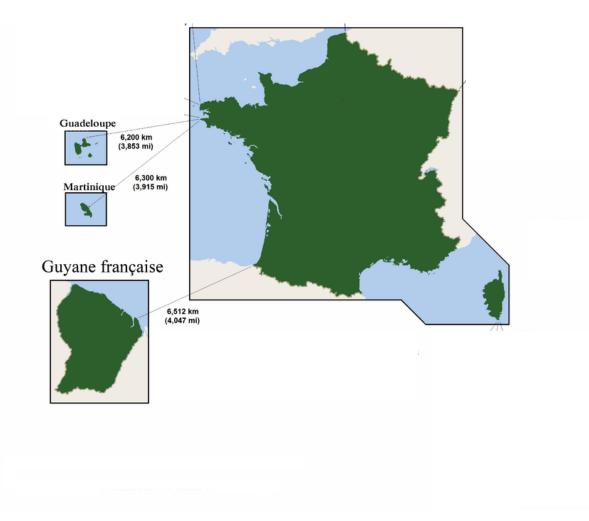
SCD in France

Highest absolute nb of patients in Europe ≈ 22.000 SCD patients

Most frequent genetic disease

National NBS program

Incidence 1/1,736 Higher in large megapolises: Paris: 1/765 In the French Antilles: 1/267 In French Guiana: 1/243



SCD in France

- National Program for Rare Diseases
- dense network of 13 SCD reference centers and 46 competence centers supervised by 2 coordinating centers *(Filières de soins et de santé)*



- strong connection with general practitioners and patient's associations
- and also with clinical and basic research in particular with the Laboratory of Excellence on the Red Cell (GR-Ex).
- Free access to care Sécurité Sociale (1945)



SCD and Hematology in the EU

2017: EU initiative for the implementation of ERNs



Missions:

coordinate and uniformize comprehensive care for hematological diseases including SCD in Europe.

bjh research paper

Newborn screening for sickle cell disease in Europe: recommendations from a Pan-European Consensus Conference Stephan Lobitz,^{1,2} Paul Telfer,³ et al. British Journal of Haematology, 2018, **183**, 648–660

Covid-19 pandemics

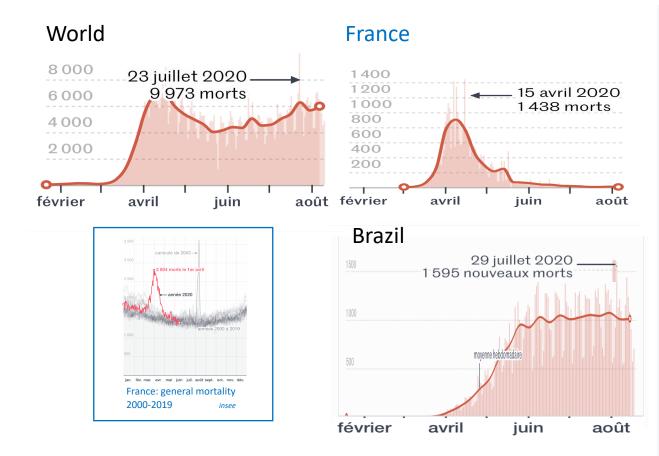
> 700,000 death worldwide

Aug 11, 2020 Source : Johns Hopkins Univ



Covid-19 pandemics in France and Brazil

Aug 11, 2020 Source : Johns Hopkins Univ



Deaths/million		
1. Belgique	864,9	
2. Royaume-Uni	701	
3. Pérou	665,1	
4. Espagne	611,6	
5. Italie	582,6	
6. Suède	566,2	
7. Chili	541,3	
8. Etats-Unis	499,6	total
9. Brésil	485,8 ┥	— 101,752
10. France	452,7 🔸	— 30,340

SCD and Covid-19 pandemics

Keep the patients confined and prevent them to come to the hospital +++

- Full lockdown: March 15 May 10, 2020 Lockdown uplift phase 1: May 11 – May 31 phase 2: June 1st – June 21 cancelled phase 3: still ongoing
- all the programmed consultations at the reference centers were cancelled
- information is given by phone to the patient

phone consultation, lockdown instructions, stay at home, teleworking or sick leave, social distancing prevention barriers

continue your treatment

avoid AINS

repeated information on Covid infection warning signs and/or SCD-related signs listening to the patient and building confidence

- set up of a telephone platform accessible from 9am to 6pm on weekdays, voluntary colleagues on call on weekends
- dissemination of the information by the patients' associations
- recommendation leaflet for the patients

SCD and Covid-19 pandemics

Complications associated with Covid infection:

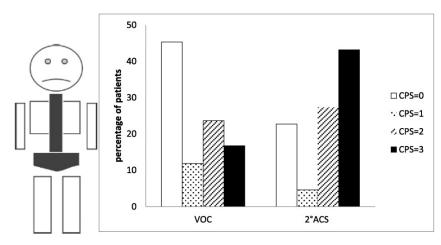
VOC \square ACS

Priority:

Shorten the sojourn of the patient at the emergency room as much as possible

discriminate patients at very low risk of ACS from those at high risk use of the Presev score (for adults)

the Presev score



Categorical pain score (CPS) based on spine-and/or-pelvis pain

0 No pain

1 Mild pain, no pain increase upon mobilization

2 Moderate pain, increased by mobilization

3 Severe pain with disability

High risk: spine and/or pelvis pain reticulocytes > 216 G/L (D1) leukocytes > 11 G/L

BUT

predictive negative value of a score <5 = 95,5%

Day-1 variable		β -Coefficient	aOR	[95% CI]	р	Points ^a
Reticulocytes (10 ⁹ /	L)					
≤216		0	1			0
>216		2.153	8.613 [3.01-24.69]		< 0.001	6
Spine and/or pelvis	CPS					0
0 or 1		0	1			
2		1.401	4.060) [1.46–11.26]	0.007	4
3		1.852	6.371	l [2.37–17.15]	< 0.001	6
Leukocytes (10 ⁹ /L)						
≤11		0	1			0
>11		1.160	3.190 [1.17-8.72]		0.024	3
Hemoglobin (g/dL)	b					
>9		0	1			0
≤9		0.246		9 [0.55–2.96	0.567	1
Predictive model pe	erforma	nce on the st	udy pop	ulation		
Predictive score ^c	ACSs	VOCs	Total		Risk	
≥11	21	26	47	PPV = 44.7%	High	1
6–10	15	75	90		Inte	rmediate
≤5	1	88	89	NPV = 98.9%	Low	
Total	37	189	226			

ACS-predictive model derived from the multivariate analysis.

Pablo Bartolucci, et al. Score Predicting Acute Chest Syndrome During Vaso-occlusive Crises in Adult Sickle-cell Disease Patients. EBioMedicine. 2016 Aug;10:305-11. doi: 10.1016/j.ebiom.2016.06.038.

not validated for children

Covid-19 pandemics: <u>SCD patient at the emergency room</u>

No ACS risk factor Presev score <5 Discharge

Home hospitalization:

- 2/3 nursing visits
- vital constants surveillance
- sensitization
- 1 call consultation
- oral morphine
- hydration SC/IV
- nefopam IV
- enoxaparin
- (oxygen)
- 1 call to the teleplatform during the WE

Presev score >5

Shorten the hospital stay as much as possible

Home hospitalization:

same as



Covid +

"out-patient Covid protocol" COVISICK Home hospitalization: - 2/3 nursing visits - antiviral

- choice of the clinician
- antibiotics
- vital constants
- surveillance
- Sensitization
- 1 call consultation
- 1 call to the telplatform during the WE

phone Daily telephone

anxious patient on the

monitoring

No nursing visit

SCD pediatric patient with suspected Covid-19 admitted at the PICU

for all SCD patients:

Heilbronner C et al, Br J Haematol. 2020 Jul;190(1):e21-e24. doi: 10.1111/bjh.16802.Epub 2020 Jun 8

- intravenous fluid
- prophylactic enoxaparin for all
- antibiotics: cefotaxim and azithromycin.
- antiviral therapy's left to physicians' choice
- analgesics (except non -steroidal anti-inflammatory drugs)
- hydroxyurea or deferasirox continued except in case of drug toxicity.
- early NIV for respiratory distress, oxygen for hypoxemic patients to obtain a SpO2 > 95%.
- red blood cell (RBC) transfusion or automated exchange transfusion according to the physician's evaluation
- CT-scans not mandatory
- Nasal swab for RT- PCR testing collected in the first 12 hours of the patients' arrival

French registry of hospitalized Covid-19 affected SCD patients

Lancet Haematol 2020

Prognosis of patients with sickle cell disease and COVID-19: a French experience



Jean-Benoît Arlet¹, Gonzalo de Luna², Djamal Khimoud³, Marie-Hélène Odièvre⁴, Mariane de Montalembert⁵, Laure Joseph⁵, Christelle Chantalat-Auger⁶, Edouard Flamarion³, Pablo Bartolucci², François Lionnet⁷, Sebastien Monnier⁸, Cécile Guillaumat⁹, Aline Santin⁷

Lancet Haematol. 2020 Jun 18;S2352-3026(20)30204-0. doi: 10.1016/S2352-3026(20)30204-0. Online ahead of print.

From March 13 to April 16, 2020

83 SCD inpatients infected by Covid—19 from 24 center's were enrolled 85% SS or S β °thal, 10% SC and 5% S β ⁺thal

median age: 33·5 years (range 19–68) for the 66 (80%) adults 12 years (0·3–17) for the 17 (20%) children

VOC was associated with COVID-19 in 54% and ACS in 28% of the inpatients (20% admitted in ICU)

French registry of hospitalized Covid-19 affected SCD patients

Lancet Haematol 2020

	Inpatients with sick	Inpatients with sickle cell disease (n=83)		Hospitalised French population (n=17745)*	
	ICU admission	Deaths	ICU admission*	Deaths‡	
Age range (years)					
All patients	17 (20)	2 (2)	6075 (34)	2891/42212(7)	
0–14	2/12 (17)	0	32/110 (29)	1/592 (<1)	0.72
15-44	7/56 (13)	0	514/2112 (24)	105/7524 (1)	0.039
45-64	7/14 (50)	2/14 (14)	3049/8422 (36)	1016/19689(5)	0.28
65–74	1/1 (100)	0	2480/7101 (35)	1769/14 405 (12)	

Data are n (%) or n/N (%). *French general population younger than 75 years hospitalised with confirmed COVID-19 during the peak of the pandemic (April 7, 2020).⁴ †Comparison of ICU admission prevalence by age range between inpatients with sickle cell disease and the French general population hospitalised with confirmed COVID-19 (Fisher's exact test). ‡Death prevalence by age range among all confirmed inpatients with COVID-19 younger than 75 years from March 1, 2020, to April 14, 2020, in France.⁴

Table 2: ICU admission in patients with sickle cell disease and COVID-19

These results suggest that COVID-19, even if potentially severe, does not seem to carry an increased risk of morbidity or mortality in patients with SCD

The risk of mortality even seems lower in the 15-44 age range than in the general population

- SCD population in closer contact with doctors and more attentive to its health condition?
- protective effect of SCD (in particular S β °thal genotype)?

Conclusions (preliminary!) reactivity, vigilance, coordination

- coordination of the health workers
- set up of the telephone platform
 «on-call » weekend telephone platform
- transverse experience of seniors in the reference centers
- strong home hospitalization system
- expert and coordinated bibliographic surveillance
- patient adherence to the defined protocol(s) positive appreciation by the patients of the global follow-up at home
- reassuring results for the moment in terms of morbidity and mortality but vigilance is required in particular for SC patients

Mercí

Thank you

Obrigado

Contact: jacques.elion@inserm.fr



