

COVID-19

IMMUNOSUPPRESSION IN TIMES OF PANDEMICS

Dr Carlos Bruno Costa

OUR daily lives are being severely shaken by the emergence of a new human coronavirus, SARS-CoV-2. Although only a minority of infected people develop a severe form of the disease, the virus is extremely contagious and, if there were no isolation measures in place, would spread quickly throughout the population.

At this level, Portugal is seen as a good international example, as measures of containment were implemented in a timely manner, which resulted in a slow increase in the number of infected people, allowing health systems to prepare and organise, thus limiting the number of fatal cases. It is, therefore, anticipated that we may soon, in an organised and phased manner, resume our professional, educational and social activities.

However, until a vaccine emerges, all people who have not been infected – and, it should be noted, the majority of those infected will have no symptoms – are at risk of getting the infection. It is, therefore, important to note that there are factors that increase the risk of certain people developing serious forms of the disease. This group includes people over 60 years of age, those with hypertension or diabetes and also people with some type of immunosuppression.

Immunosuppression is defined as a state of decreased activity of the immune system. The causes for this can be congenital – if present since birth – or acquired throughout life, which is the most frequent. This group includes patients with hematological diseases (including leukemias, lymphomas, myeloma and myelodysplasia), certain autoimmune diseases (such as Lupus), HIV infection and a vast number of people who are taking immunosuppressive treatments such as chemotherapy, some immunotherapies and corticosteroids.

It is essential that these patients have regular contact with their attending specialist physician in order to maintain or adjust the ongoing treatment.



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The recommendations of the main medical societies point to the possibility of delaying treatments, reducing doses or even stopping certain therapies in selected patients. However, any changes must be made under the guidance of a doctor experienced in the

management of the disease in question, who can best inform the patient on the benefits and potential risks of worsening the disease.

Regardless of the treatment underway, people at greater risk should avoid contact with crowds or infected people; they must use a face mask on all journeys to indoor spaces, they must wash their hands frequently with water and soap or use an alcoholic disinfection solution. At home, everyone should avoid wearing shoes that are used outside.

We should not forget that this advice must be followed by the whole household.

In addition, certain professional activities, such as those serving the public and teachers, have a greater risk of infection, so telecommuting or the allocation of an activity with less social contact should be considered.

The pandemic will continue to accompany us in the coming months – or even years – and we must be prepared to change our routine in order to be more protected. However, this

does not mean losing contact with your doctor or stopping essential medication. Stick to your follow-up plan and use the health services – many available through a teleconsultation system – to answer any questions. There is health beyond the pandemic.

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