



Frequently Asked Questions (FAQs) Regarding the Impact of the COVID-19 Pandemic on Individuals with Thalassemia (Published March 25, 2020)

I. Blood Safety Concerns

(1) Can a person contract the novel Coronavirus from a blood transfusion?

The American Red Cross has issued a statement about Coronavirus Disease 2019 (COVID-19) which notes that: *"there is no data or evidence that COVID-19 can be transmitted by blood transfusion, and there have been no reported cases of transmissions for any respiratory virus, including this coronavirus, worldwide."*

While the risk of contracting any coronavirus through a blood transfusion is extremely low, the American Red Cross has nevertheless implemented new blood donation deferrals out of an abundance of caution: The Red Cross is now asking that people postpone blood donations for 28 days if they have traveled to China, Hong Kong, Macau, Italy, Iran or South Korea - or if they have been diagnosed with COVID-19, or been in contact with someone who has it or is suspected of having it.

The American Red Cross continues to collaborate with the American Association of Blood Banks (AABB), the U.S. Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC) to ensure the safety and availability of the U.S. blood supply for patients in need. The American Red Cross Statement on COVID-19 can be found at: <https://www.redcross.org/about-us/news-and-events/press-release/2020/red-cross-media-statement-on-2019-novel-coronavirus.html>

II. Blood Supply Concerns

(2) What kind of measures have been taken to ensure that blood will be available to individuals with thalassemia when they require it?

Many hospitals have discontinued elective surgeries during the COVID-19 pandemic, which will help to conserve the blood supply for emergency needs and for the needs of chronically and intermittently transfused patients.

Individual hospitals and centers are developing their own strategies to help conserve their limited blood supplies during the pandemic. Patients are therefore encouraged to speak to their treating hematologist about how limitations to the blood supply might potentially impact their blood transfusions.

(3) During a time of potential blood shortages due to the COVID-19 pandemic, should patients consider establishing a pool of directed blood donors for themselves?

Directed blood donation allows a person with thalassemia to select particular blood donors, such as family members or friends, to help meet their anticipated transfusion needs. Directed donors must have a blood type that is compatible with the recipient and must meet the same donor requirements as other volunteer blood donors. However, extended antigen matching of the direct donor unit may not be available. Specific directed donor policies vary from institution to institution. If the person with thalassemia wishes to be considered for a bone marrow transplant in the future, direct donation from blood relatives should be avoided.

In general, family and friends should be encouraged to donate to the general blood supply. During this time of uncertainty with regard to the blood supply as a result of the COVID-19 pandemic, however, individuals with thalassemia might wish to consider establishing a pool of directed donors to help meet their transfusion needs for the foreseeable future. Individuals with thalassemia can speak to their hematologist/nurse for further information about the requirements surrounding directed blood donations at individual centers.

III. Concerns Regarding Complications from COVID-19

(4) Are individuals with thalassemia, or a subset of individuals with thalassemia, considered a high-risk group for developing serious complications from COVID-19?

The Centers for Disease Control and Prevention (CDC) has defined those at high-risk for severe illness from COVID-19 as: people aged 65 years and older; people of any age with high-risk conditions such as chronic lung disease, moderate to severe asthma, or serious heart conditions; people who are immunocompromised (due to bone marrow transplantation, prolonged use of corticosteroids or other immune-weakening

medications, and immune deficiencies or poorly controlled HIV and AIDS); people with severe obesity (body mass index >40); and people with underlying health conditions such as diabetes, renal failure, or liver disease – especially if these are not well-controlled.

Individuals with thalassemia who have complications which involve the lungs, the heart, the liver, the immune system, or who suffer from diabetes, may therefore be at elevated risk for developing serious complications from COVID-19.

IV. What to do if an Individual with Thalassemia Tests Positive for the Novel Coronavirus

(5) What should a person with thalassemia do if they test positive for the novel Coronavirus?

Any individuals with thalassemia who test positive for COVID-19 and who develop a fever should discontinue their chelation medicine and speak to their provider about when it is safe to restart chelation. This is true for all available chelators. Patients taking Ferriprox (deferiprone) with fever should also go promptly for blood counts, because of the small but important risk of neutropenia (low levels of neutrophils) with Ferriprox. Patients whose spleen has been removed must also be seen promptly for fever over 101.5 °F (38.5 °C) because of the higher risk of serious bacterial infection. In addition, patients who have a central venous line and fever should be evaluated promptly to ensure that there is not a bacterial line infection.

There is currently no treatment for COVID-19, although some drugs are currently being investigated for this. Individuals with thalassemia who think they may be infected and who have MILD symptoms should stay at home and call their healthcare provider for guidance. Patients can try to manage any MILD symptoms (such as cough or mild fever) with appropriate over-the-counter medications, remembering to halt chelation and to notify their provider as outlined above. People who have been infected with COVID-19 should notify their healthcare provider in advance of any visits, and should wear a facemask when visiting a healthcare provider's office.

Anyone suffering from SEVERE or WORSENING symptoms due to COVID-19 such as difficulty breathing or high fever should immediately call their doctor, an urgent care center, an emergency room, or 911, and follow the healthcare provider's instructions on what to do next. If you do leave your home to go to a care center, please wear a facemask so that you are less likely to infect others.

V. Preliminary Information Regarding Outcomes for Individuals with Thalassemia Who Contract COVID-19

(6) What have been the outcomes of thalassemia patients who have contracted the novel Coronavirus to date?

Very little is currently known about outcomes of individuals with thalassemia who have contracted coronavirus. The Thalassaemia International Federation (TIF) has reported the good news on social media that *“a couple of patients with thalassaemia from Europe and the U.S., who tested positive for coronavirus, are receiving treatment and are doing well, having no serious medical complications.”*

VI. Thalassemia Trait Carrier Concerns

(7) Are thalassemia trait carriers at an elevated risk of contracting the novel Coronavirus?

There is no evidence that thalassemia trait carriers are at an elevated risk of contracting the novel Coronavirus.

Additional COVID-19 Resources:

The following organizations have a wealth of COVID-19 resources on their websites for reference:

- (1) The Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/>
- (2) The American Red Cross: <https://www.redcross.org/>
- (3) The U.S. Food and Drug Administration (FDA): <https://www.fda.gov/home>
- (4) Thalassaemia International Federation: <https://thalassaemia.org.cy/>