

COVID-19 and ME/CFS/FM Frequently Asked Questions

Q1. Are people with ME/CFS/FM at a higher risk than the general public of dying from COVID-19 if contracted?

A1. *Honestly, we do not know, but it is possible this could be true. Risk factors for more serious coronavirus disease in the general population includes advancing age, lung disease, diabetes, heart disease and hypertension. The immune dysregulation of ME/CFS/FM may reduce ability to fight viral infections. Additionally, the presence of chronic inflammation, allergies, asthma, mast-cell activation may pose additional risks.*

Q2. Should ME/CFS/FM patients take any additional/alternative measures than the general public, as it relates to precautions and prevention?

A2. *ME/CFS/FM patients, and EVERYONE around them, should take the CDC guidelines very **seriously** and implement them-**consistently**.*

- *Remember to implement recommendations **IN THE HOME** with all family members and caregivers: Handwashing. Social/physical distancing. Avoid sharing towels. Clean shared surfaces, often.*

Q3. Advice for managing helpers/outside assistance that come into the home.

A3. *Minimize the number of visitors you have. Prioritize by need and importance.*

- *If possible, have delivery companies leave your items outside the door.*
- *Direct visitors who enter the home to take off their shoes, and **wash hands upon arrival**.*
 - *It is your right to ask them to clean the surfaces they have touched before they leave the house.*
 - *Supply paper towels if possible.*
- *Packaging should be removed, disposed of once opened.*
 - *Wash your hands immediately after disposing of the opened package; and before you eat or use any of the items in the packaging.*

Q4. Daily symptoms often mirror those of the flu and COVID-19 (ie: sore throat, body aches, cough, fatigue etc.), how do I know if I have COVID-19 or am just dealing with my ME/CFS/FM?

A4. *Listen to your body. **You will know** if you have a new, severe process going on.*

- ***If influenza is suspected**, try to get a test for influenza ASAP, or work with your PCP to have Tamiflu on hand to start early in the illness.*

Q5. Is it safe to continue LDN (low dose naltrexone)?

A5. Based on what information is known at this time, it appears it is safe to continue LDN.

Q6. What about NSAIDs (non-steroidal anti-inflammatory drugs)?

A6. There is some concern that NSAIDs may not be an appropriate intervention if you have COVID-19. Until more is known, stick to acetaminophen/Tylenol for fever or pain.

Q7. Which supplements might be helpful to use?

A7. Dr. Nancy Klimas has an informative and inclusive video on YouTube addressing this question. See "Coronavirus (COVID-19) & ME/CFS," posted: 3/13/2020.

Q8. Should I continue IVIG (intravenous immunoglobulin)?

*A8. Currently, there is no evidence to suggest a need to discontinue IVIG, but it also is not likely to provide additional protection against COVID-19. It is best to **discuss with your doctor**.*

Q9. Do drugs like Rituximab put me at risk?

*A9. Drugs used for autoimmune diseases and cancer can increase risk of infections. **Discuss with your respective doctor(s)**.*

Q10. Does hydroxychloroquine/Plaquenil work as a treatment for COVID-19?

A10. Hydroxychloroquine is a medication primarily used in the treatment of malaria, lupus, and rheumatoid arthritis. Clinical trials are in the early stages of use with COVID-19 and have yet to yield any definitive and consistent results. The drug is not widely accessible, and manufacturing on a grand scale will take time if indicated for COVID 19 treatment.