

Riscul infectios dupa administrarea de imunosupresoare in COVID-19

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Tocilizumab

- Actemra (tocilizumab) is an **interleukin-6 (IL-6) receptor inhibitor** used to treat moderate to severe rheumatoid arthritis in children and adults.
- **Common side effects of Actemra include:**
- **unusual bleeding**--nosebleeds, bleeding gums, abnormal vaginal bleeding, any bleeding that will not stop, blood in your urine or stools, coughing up blood or vomit that looks like coffee grounds;
- **liver problems**--loss of appetite, right-sided stomach pain, vomiting, tiredness, dark urine, clay-colored stools, jaundice (yellowing of the skin or eyes);
- **signs of perforation** (a hole or tear) in your stomach or intestines--fever, ongoing stomach pain, change in bowel habits.
- **signs of infection**--fever, chills, aches, tiredness, cough, skin sores, diarrhea, weight loss, burning when you urinate;

- Viral reactivation has been reported with immunosuppressive biologic therapies and cases of **herpes zoster exacerbation** were observed in clinical studies with ACTEMRA. **Hepatitis B reactivation**
- Higher incidence of neutropenia.
 - It is not recommended to initiate ACTEMRA treatment in patients with a low neutrophil count,
 - In patients who develop an absolute neutrophil count less than 500 per mm³ treatment is not recommended.

Serious Infections

The most common serious infections included

- herpes zoster, gastroenteritis
- pneumonia,
- urinary tract infection,
- cellulitis,
- diverticulitis,
- sepsis
- bacterial arthritis

Opportunistic infections,

- [tuberculosis](#),
- cryptococcus, [aspergillosis](#), [candidiasis](#)
- pneumocystosis

- Do not administer ACTEMRA in patients with an active infection, including localized infections.
- The risks and benefits of treatment should be considered prior to initiating ACTEMRA in patients:
 - with chronic or [recurrent](#) infection;
 - who have been exposed to tuberculosis;
 - with a history of serious or an [opportunistic infection](#);
 - who have resided or traveled in areas of [endemic tuberculosis](#) or [endemic mycoses](#); or
 - with underlying conditions that may predispose them to infection.

Anakinra

- Anakinra, a recombinant interleukin-1 receptor antagonist, is known to be effective in several hyperinflammatory diseases

› [Crit Care](#). 2020 Dec 10;24(1):688. doi: 10.1186/s13054-020-03364-w.

Anakinra treatment in critically ill COVID-19 patients: a prospective cohort study

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Collaborators, Affiliations + expand

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Side effects

- Hematologic Common (1% to 10%):
 - [Neutropenia](#), decreased total white blood cell count, [decreased platelets](#)
- Gastrointestinal
- Very common (10% or more):
 - [Vomiting \(14%\)](#)
- Common (1% to 10%):
 - [Nausea, diarrhea, abdominal pain](#)
- Hepatic
- Uncommon (0.1% to 1%):
 - [Hepatic enzyme increased](#)
- Nervous system
- Very common (10% or more):
 - [Headache \(12%\)](#)
- Musculoskeletal
- Common (1% to 10%):
 - [Arthralgia](#)
- Other
- Very common (10% or more):
 - Worsening of RA (19%), pyrexia (11%)
- Hypersensitivity
- Uncommon (0.1% to 1%):
 - [Allergic reactions](#) (including anaphylactic reactions), angioedema, urticaria, pruritus
- Oncologic
- Frequency not reported:
 - [Increased rate of lymphoma](#)

Infections

- Respiratory

- Very common (10% or more):

- Upper respiratory tract infection (19%), nasopharyngitis (11%)

- Common (1% to 10%):

- Sinusitis, bronchitis

- Genitourinary

- Common (1% to 10%):

- Urinary tract infection

- Immunologic

- Common (1% to 10%):

- Serious infections (primarily bacterial)
 - cellulitis,
 - pneumonia,
 - bone and joint infections),
 - influenza-like symptoms

Baricitinib



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ORIGINAL ARTICLE

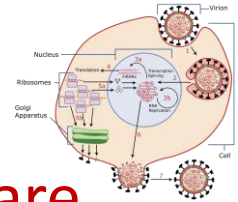
Baricitinib plus Remdesivir for Hospitalized Adults with Covid-19

Andre C. Kalil, M.D., M.P.H., Thomas F. Patterson, M.D., Aneesh K. Mehta, M.D., Kay M. Tomashek, M.D., M.P.H., Cameron R. Wolfe, M.B., B.S., M.P.H., Varduhi Ghazaryan, M.D., Vincent C. Marconi, M.D., Guillermo M. Ruiz-Palacios, M.D., Lanny Hsieh, M.D., Susan Kline, M.D., Victor Tapson, M.D., Nicole M. Iovine, M.D., Ph.D., [et al.](#), for the ACTT-2 Study Group Members*

- Janus kinase inhibitor
- **Baricitinib plus remdesivir was superior to remdesivir alone** in reducing recovery time and accelerating improvement in clinical status among patients with **Covid-19**, notably among those receiving **high-flow oxygen or noninvasive ventilation**. The combination was associated with fewer serious adverse events.

- Ratele de raportate pentru Baricitinib în comparație cu placebo pentru reacții adverse la medicament vizând infecțiile au fost:
 - **infecții ale tractului respirator superior** (14,7 % față de 11,7 %),
 - **infecții ale tractului urinar** (3,4 % față de 2,7 %),
 - **gastroenterită** (1,6 % față de 0,8 %),
 - **herpes simplex** (1,8 % față de 0,7 %) și
 - **herpes zoster** (1,4 % față de 0,4 %).

Virusul Varicelo-zosterian



- Reactivarea VZV este frecvent întâlnită în terapia cu **imunosupresoare**.
- Celulele **CD4 + multifuncționale** (IFN- γ + IL-2 + TNF- α +) sunt implicate în supravegherea imună împotriva HZ latentă.
- Herpes zoster a fost raportat mai frecvent la **pacienții cu vârstă ≥ 65 de ani care au fost tratați anterior cu terapii biologice**.
- Reactivarea VZV, a fost raportată în studiile clinice efectuate de BARI.
 - Dintre cei 3492 de pacienti care au primit BARI in studiile clinice pentru tratamentul RA pana la 01 aprilie 2017,
 - **258 au avut dezvoltat HZ (7.38%)**
 - 94,6% dintre cazuri au **fost ușoare până la moderate** în severitate
 - 8,5% din cazuri au fost multidermatomice;
 - 0 a avut o implicare viscerală

Table 2. Herpes Zoster by Patient Characteristic 6 Study Dataset Through 24 Weeks of Assigned Treatment⁶

| | PBO + cDMARDs (N=1070) | | BARI 4mg + cDMARDs (N=997) | | BARI 4 mg vs PBO |
|---|---------------------------|----------------------|----------------------------------|----------------------|---------------------|
| | N | n (IR per 100 PY) | N | n (IR per 100 PY) | OR [95% CI] |
| Overall HZ cases reported as TEAEs | 1070 | 4 (1.0) | 997 | 18 (4.3) | 4.6 [1.5, 13.6] |
| Age, years | | | | | |
| <50 | 378 | 1 (0.7) | 336 | 3 (2.1) | 2.9 |
| ≥50 and <65 | 519 | 2 (1.0) | 462 | 9 (4.7) | 5.0 [1.1, 23.4] |
| ≥65 | 173 | 1 (1.5) | 119 | 6 (7.2) | 5.9 [0.7, 52.4] |
| Gender | | | | | |
| Male | 208 | 1 (1.3) | 203 | 4 (4.7) | 4.3 [0.5, 40.9] |
| Female | 862 | 3 (0.9) | 794 | 14 (4.2) | 4.7 [1.3, 16.6] |
| Background MTX | | | | | |
| Yes | 967 | 3 (0.8) | 903 | 14 (3.7) | 4.7 [1.3, 16.3] |
| No | 103 | 1 (2.5) | 94 | 4 (10.6) | 5.1 [0.5, 48.2] |
| Concomitant corticosteroid use | | | | | |
| Yes | 610 | 4 (1.7) | 538 | 9 (4.0) | 2.5 [0.8, 8.3] |
| No | 460 | 0 | 459 | 9 (4.7) | --- |
| Time from RA diagnosis | | | | | |
| <5 years | 376 | 1 (0.6) | 380 | 7 (4.2) | 7.6 [0.9, 63.9] |
| ≥5 years | 515 | 3 (1.4) | 510 | 10 (4.4) | 3.5 [1.0, 12.8] |
| Comorbid diabetes | | | | | |
| Yes | 118 | 2 (4.4) | 92 | 1 (2.6) | 0.4 |
| No | 952 | 2 (0.6) | 905 | 17 (4.5) | 8.7 [2.0, 37.9] |

Abbreviations: BARI = baricitinib; cDMARDs = conventional disease-modifying antirheumatic drugs; HZ = herpes zoster; IR = incidence rate; MTX = methotrexate; PBO = placebo; PY = patient years; RA = rheumatoid arthritis; TEAEs = treatment-emergent adverse events.

- **Dacă un pacient dezvoltă herpes zoster,**
 - tratamentul cu baricitinib trebuie întrerupt temporar până la rezolvarea episodului.
 - se inițiază standarde de îngrijire (Acyclovir doze mari)
 - se monitorizează implicarea multi-dermatom sau alte dovezi de diseminare;
 - urmărirea până la recuperarea clinică a leziunilor cutanate

- **Vaccinarea VZV** este recomandată **anterior** **initierii terapiei cu baricitinib.**
(> 30 de zile înainte de începerea terapiei)

- Vaccinurile vii nu trebuie administrate concomitent terapiei imunosupresoare.

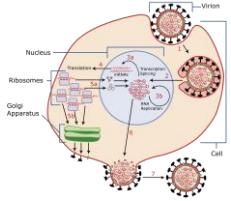
Vaccinare HZ

- Nu este indicata pentru prevenirea infecției primare (varicelă).
 - Prevenirea episoadelor de HZ
 - Prevenirea nevralgiei post-zosteriene
- **În timp ce vaccinarea HZ cu vaccin viu, atenuat este contraindicata la pacienții semnificativ imunocompromiși, inclusiv terapii imunosupresoare.**
- **Se indica vaccinul inactivat, recombinant.**
- 2 doze, administrate la 2 luni interval

Virusurile hepatitice B si C

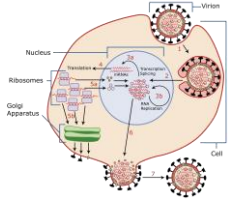
Patients with evidence of active hepatitis B or C infection were excluded from clinical trials.

Virusul hepatitic B

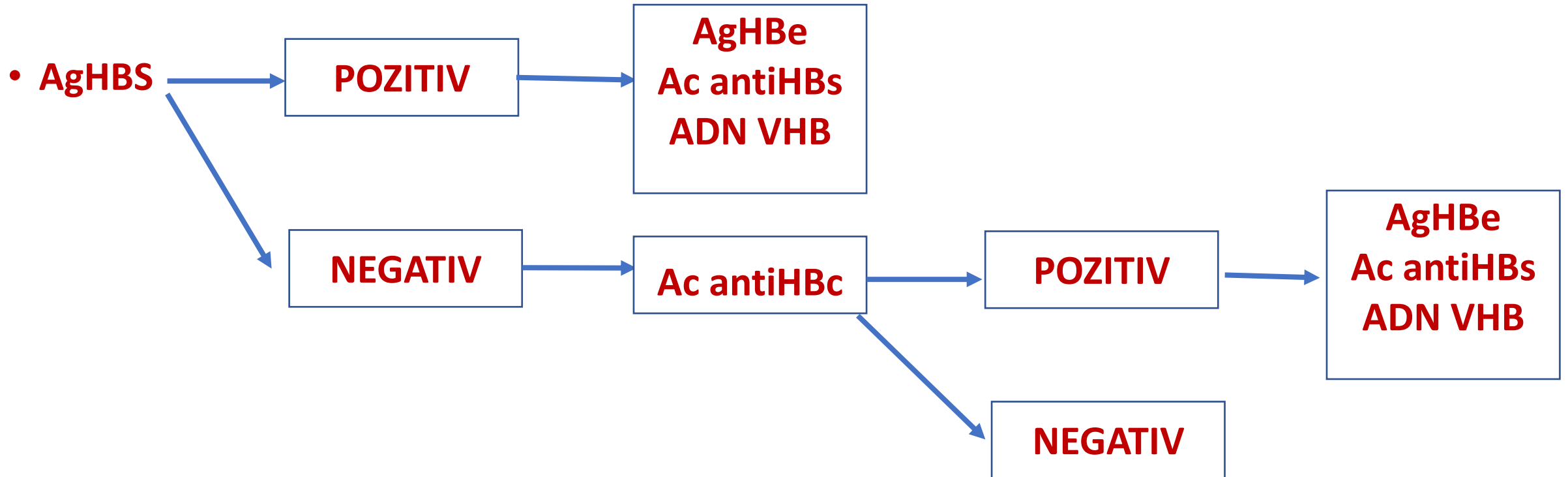


| Reactivare VHB | |
|---|--|
| Definitie | <ul style="list-style-type: none">- creșterea brusca , importanta a replicării VHB (ADN-VHB) frecvent insotita de- creșterea TGP/TGO |
| Seroconversie inversa | Reaparitia AgHBs la o persoana AgHBs-, AcHBc+ |
| Tratament imunosupresor | Poate să apară până la 12 luni după un tratament cu agenti imunosupresori |
| Tablou clinic | Variază de la asimptomatic la insuficiență hepatică |
| PREVENIBILA PRIN PROFILAXIA ANTIVIRALA | |

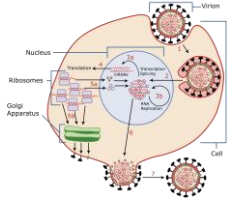
SCREENING VHB INAINTEA TERAPIEI IMUNOSUPRESOARE



- Screeningul VHB este indicat în momentul prescrierii Baricitinib



Virusul hepatitic C



- Screeningul VHC este indicat în momentul prescrierii Baricitinib

