



## MEDICAL AND RESEARCH ADVISORY COMMITTEE (MARAC)

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### **MARAC Statement: Update About COVID**

**Sept. 16, 2023** - The worldwide pandemic of COVID-19 (SARS-CoV2) infections seem to have settled down, and we are now seeing waves of infections with new variants. As facemasks come off and isolation rules end, everybody has higher chances of catching other respiratory infections, such as RSV (respiratory syncytial virus) and influenza (flu). SCDAA's Medical and Research Advisory Committee (MARAC) endorses a shared-decision-making process about vaccines and treatments but would like to offer unbiased information to help in the decision-making process.

1. MARAC recommends that individuals with sickle cell disease and members of their households get all immunizations as they become available. Immunizations generally reduce the risks of severe infection and hospitalization, both for the individual receiving the immunization and for the people around them.

MARAC has specifically monitored news about COVID vaccines over the past 3 years to determine the side effect and benefits of immunization. The global experience with COVID immunizations spans hundreds of thousands of individuals with sickle cell disease, and we have only heard about side effects that are temporary and medically mild. Rare exceptions would be individuals with unusual allergies to vaccine ingredients.

2. If an individual with sickle cell disease catches COVID and has symptoms, we recommend that they strongly consider seeking anti-COVID treatment to reduce the chances of severe acute chest syndrome or other sickle cell problems. Individuals with sickle cell disease have a higher risk of hospitalization with COVID than the general population, especially when matched for the same age.
3. MARAC highlights that giving corticosteroids (oral or IV) can often trigger a “rebound” pattern of sickle cell pain or sickle acute chest syndrome a couple days after the steroids stop. Steroids are widely used in general medical practice for symptoms of many kinds, including COVID and RSV. However, MARAC recommends that steroids should only be given to individuals with sickle cell disease under the advice of a sickle cell expert\* who can carefully consider whether the scenario is worth the risk of steroid rebound sickle cell pain or acute chest syndrome.

### **MARAC is continuing to monitor the situation.**

*None of the MARAC members receive funding for any COVID treatments or vaccines.*

*\*To connect with a sickle cell expert, MARAC suggests the listings in the [National Alliance of Sickle Cell Centers](#). SCDAA MARAC and the National Alliance of Sickle Cell Centers are developing phone consultation resources.*