

Response to: 'COVID-19 in paediatric rheumatology patients treated with b/tsDMARDs: a cross-sectional patient survey study' by Cuceoglu *et al*

We appreciated the comment from Cuceoglu *et al*¹ in response to our paper on the susceptibility and severity of COVID-19 in a population-based cohort of patients treated with biological and targeted synthetic disease-modifying antirheumatic drugs (b/tsDMARDs).² We did not observe patients with COVID-19 <45 years in our cohort of 1195 cases with autoimmune diseases treated with b/tsDMARDs in Reggio Emilia area. Confirming our results, the authors did not observe cases of COVID-19 in a series of 173 Turkish paediatric patients with rheumatological conditions treated with b/tsDMARDs interviewed by telephone. This study confirm also the results of an Italian series of 123 paediatric patients with chronic rheumatic diseases from a geographical area (Lombardia) at high diffusion of COVID-19.³ Therefore, adult and paediatric patients with autoimmune conditions treated with b/tsDMARDs did not seem to be at increased risk of COVID-19 compared with the general population, nor to have a worse prognosis when they contract it. However, it cannot be excluded, considering that asymptomatic or mild severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections seem to be frequent in paediatric patients,⁴ that some cases may escape clinical recognition. Even if some b/tsDMARDs have been proposed for their mechanism of action as possible treatment of the cytokine storm observed in COVID-19, this does not imply that the patients treated with these drugs are protected against SARS-CoV-2 infection. Therefore, also paediatric patients with rheumatological diseases should be strongly advised to comply all preventive and control measures prescribed by the health authorities,⁵ particularly hygiene precautions and social distancing. On the other hand, these data, which need to be confirmed by larger prospective studies, reassure on continuing b/tsDMARDs also in paediatric patients during SARS-CoV-2 epidemic. In particular, maintaining the disease activity under control protects the patient from superimposed infections.

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