

Press release

Central American and Caribbean Forum on Multiple Sclerosis and other Demyelinating Diseases of the Central Nervous System (FOCEM)

Application of the vaccine against SARS-CoV2 in patients with Multiple Sclerosis.

Central America and the Caribbean, February 1st, 2021

FOCEM is a scientific-academic forum of national, regional and international reference, comprised of specialists in Neurology, who participate in the prevention, diagnosis, treatment and care of people with the spectrum of demyelinating diseases of the central nervous system; adhering to its **principles of scientific excellence, equity, sensitivity, participation, integration and commitment.**

Considering that:

- The population of patients with multiple sclerosis and other demyelinating diseases of the central nervous system are vulnerable populations in general due to the condition of their chronic autoimmune, inflammatory and degenerative pathology. Like the general population, patients with these diseases are threatened with the spread of the SARS-CoV2 virus, which can have serious consequences.
- The pharmacological treatment of these patients is complex and must be taken into consideration.
- **US Food and Drug Administration (FDA) and the World Health Organization (WHO)** since December 2020, gave authorization for emergency use of a vaccine for the prevention of coronavirus disease 2019 (COVID-19) that prevents COVID-19 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in persons 16 years of age and older, with the Pfizer-BioNTech vaccine being the first to receive this validation, followed by the Moderna vaccine.
- To this date, there is no scientific evidence to support contraindications of immunosuppressed patients for their vaccination against SARS-CoV2, including patients with multiple sclerosis, neuromyelitis optica or other demyelinating diseases of the central nervous system.
- **FOCEM adheres to the** recommendations of the **US National Multiple Sclerosis Society (NMSS)**; supported by the **Americas Committee for Treatment and Research in Multiple Sclerosis (ACTRIMS®)**; the **Consortium of Multiple Sclerosis Centers (CMSC) and the MS Coalition**. The same recommendations are shared by the **MS International Federation (MSIF)**.
- Declarations state that:
 - o *Pfizer BioNTech and Moderna mRNA vaccines are safe for people with multiple sclerosis; they do not contain the live virus and do not cause COVID-19.*
 - o *Vaccines are unlikely to cause a relapse of multiple sclerosis or worsen chronic symptoms of the disease. The risk of contracting COVID-19 is much higher than any risk of a relapse of multiple sclerosis from the vaccine.*
 - o *Any vaccine can have side effects, even fever. Fever can make your MS symptoms temporarily worse, but they should return to their previous levels when the fever is gone. Even if you have side effects, it is important to get the second dose of the vaccine to be effective.*



- No person with multiple sclerosis, neuromyelitis optica or other demyelinating diseases of the central nervous system should be excluded a priori from receiving the vaccine against COVID-19.
- People with multiple sclerosis should be vaccinated against COVID-19, unless medical criteria say otherwise. Statement based on scientific data that has shown that COVID-19 vaccines are safe and effective.
- The vaccination decision must be made by the individual and his or her treating physician based on the available scientific evidence, as is made with other medical decisions.
- The risks of COVID-19 disease are greater than the potential risks of the vaccine. Family members and people close to these patients should also be vaccinated.
- The Pfizer and Moderna vaccine against COVID-19 require two doses. Both doses need to be given for it to work. If you have had COVID-19 and have recovered, you should also get vaccinated, the local authorities will make the decision when the appropriate time would be. It is not known how long you will be immune to a second COVID-19 infection.
- Modifying multiple sclerosis treatment should be continued, unless the treating specialist recommends stopping or postponing it, since the interruption of certain modifying treatments can lead to a considerable increase in disability and new lesions that can be seen on MRI images .
- Those treated with Ofatumumab, Alentuzumab, Cladribine, Ocrelizumab, or Rituximab will need to coordinate the timing of the vaccine with the dose of the MS-modifying treatment. You should consult your treating physician and together determine the best schedule for you. The COVID-19 vaccine may be scheduled 2-4 weeks before the next immunosuppressive treatment or 3-6 months after it.

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Official public positions: *National MS Society (USA) <nationalmssociety.org> January 21, 2021. "COVID-19 vaccine Guidance for People Living with MS". MS International Federation <multiple-esclerosis-research.org> January 13, 2021.*

