

Frequently Asked Questions about Steroid Injections during the COVID-19 pandemic

If you are reading this, you may be considering having a joint or soft tissue steroid injection.

This leaflet outlines some of the common questions and concerns to help you with this decision during the pandemic. The intention is to help you make an informed decision whether to proceed with a steroid injection highlighting the latest guidance, potential risks and benefits.

What is the NHS guidance?

During the COVID-19 pandemic the NHS has recommended that a corticosteroid injection should **only be considered when absolutely necessary**, for example when patients have:

- High levels of pain and disability
- Other measures, such as pain killers and exercises, have not worked
- If the pain continues it is likely to have a negative effect on the health and well-being of the patient

Importantly, in all cases informed consent must be obtained prior to the procedure.

Do I need to self-isolate after a steroid injection?

You do not need to routinely self-isolate after the injection.

You should pay particular attention to all of the normal measures advised to avoid catching Coronavirus in the days before the injection and after it ('hands, face and space') – this includes careful hand hygiene, wearing masks, and social distancing.

Am I more likely to catch Coronavirus after a steroid injection?

The most important thing you can do to protect yourself from coronavirus is follow government guidance on 'hands, face and space'.

We use a low dose of steroid for joint or soft tissue injections and whilst there is a potential for a very small amount of the injected steroid being taken up by your body into the bloodstream, there is no evidence that this has any actual effect on you catching Coronavirus.

If I catch Coronavirus after a steroid injection will it be worse?

There is no current evidence to support this. The dose of steroid used for joint or soft tissue injections is low and does not put you into a high risk group.

Will the steroid injection affect how well my COVID vaccine will work?

Currently there is no evidence to suggest that a steroid injection to a joint or soft tissue will reduce the effectiveness of a COVID vaccine. For a non-essential steroid injection, it should be delayed for 2 weeks after the vaccination. This can be arranged in discussion with the clinician planning the injection.

Is it safe to have a COVID vaccine whilst on steroid treatment?

Yes, it is safe to have a COVID vaccine whilst on steroid treatment or if immunosuppressed.

Other important points

- Steroid Injection should be postponed if you are experiencing Coronavirus symptoms (or any other viral illness such as flu) at the time of your planned appointment (please contact our team if this occurs).
- If you have other risk factors that make you particularly vulnerable for Coronavirus infection, it will be important to discuss carefully the risks and benefits of the injection with your referring clinician.
- Everyone is different. We need to balance benefits and risks and you need to be clear and informed about the risks in your individual situation.
- We know certain groups of patients are already at risk of becoming unwell if they contract COVID-19. These are detailed below in COVID risk categories section and you should be clear which group you sit in.

What steps have been taken to keep you safe?

We are following the appropriate national guidance of the time about the use of steroids during the pandemic. In addition, the hospital and clinic setting where the injection is given will be set-up with social distancing and other protective measures (e.g. masks) in place with the aim to minimise the risk of exposure to Coronavirus.

What are the normal risks when you have a steroid injection?

Receiving an injection has always carried with it very small risks, including:

- a small risk of joint infection (approximately 1:23,000)
- a risk of skin discolouration around the injection site (3%)
- facial flushing (5%)
- a risk of increased pain following injection (up to 30%) (this normally occurs in the first 48hrs post injection and usually settles with simple painkillers).
- a rare risk of damage to the tendons, nerves and vessels around the area.
- if you are diabetic it may make your blood sugar control more difficult for a few weeks

As you can see, there are a number of factors to consider. If you have further questions, speak with one of our clinicians at your next appointment.

COVID-19 risk categories:

People at high risk

People at high risk from coronavirus include people who:

- have had an organ transplant
- are having chemotherapy or antibody treatment for cancer, including immunotherapy
- are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- have been told by a doctor they have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- have a serious heart condition and are pregnant

People at moderate risk

People at moderate risk from coronavirus include people who:

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant

People at lower risk

Patients are low risk if they are not in the moderate or high-risk groups

Other factors that can affect your risk

A report by Public Health England found that other things might also mean you are more likely to get seriously ill from coronavirus.

These include:

- your age – your risk increases as you get older
- being a man
- where in the country you live – the risk is higher in poorer areas
- being from a Black, Asian or minority ethnic background
- being born outside of the UK or Ireland
- living in a care home
- having certain jobs, such as nurse, taxi driver and security guard.

Should I still be injecting corticosteroids during the current COVID-19 pandemic?

As is current practice, injections must not be undertaken in individuals with active infections. In the current situation, the potential therefore arises to do harm to those who may be incubating or later develop COVID-19. Current WHO guidance for the management of severe acute respiratory infection in patients with COVID-19 is to avoid giving systemic corticosteroids unless indicated for another reason.

We have supported guidance on the management of patients with musculoskeletal and rheumatic conditions who are on corticosteroids, require initiation of oral/IV corticosteroids and require corticosteroid injection. This updates the previous guidance, and can be read here.

(reference - British Rheumatology Society, May 2021)
<https://www.rheumatology.org.uk/practice-quality/covid-19-guidance>