



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE (ASRM) PATIENT MANAGEMENT AND CLINICAL RECOMMENDATIONS DURING THE CORONAVIRUS (COVID-19) PANDEMIC

UPDATE No. 8 (September 8, 2020 through October 5, 2020)

The current update by the ASRM Coronavirus/COVID-19 Task Force (the “Task Force”)¹ continues to affirm the recommendations presented in Update No. 3 ([American Society for Reproductive Medicine Patient Management and Clinical Recommendations during the Coronavirus \(COVID-19\) Pandemic - Update No. 3, April 24, 2020](#)), which were further elaborated upon in Update Nos. 4-7. Collectively, these updates recommend the judicious resumption of the delivery of reproductive care. Given the continued presence of COVID-19 cases in much of the United States (U.S.), these strategies continue to be critical in managing this ongoing pandemic.

Since the last update, the Task Force has observed the following:

- As of September 1, 2020, the U.S. unfortunately continues to lead the world in COVID-19 deaths and cases. COVID-19 cases have exceeded six million in the U.S. with more than 185,000 deaths.
- In the U.S., the disease disproportionately affects Latino and African American individuals and it is now recognized that COVID-19 can significantly affect younger adults and children.
- While the U.S. has experienced an almost 40% decrease in the seven-day average for new cases since the beginning of August, there are still wide variances in the rates of new cases and deaths

¹This guidance document was developed under the direction of the Coronavirus/COVID-19 Task Force of the American Society for Reproductive Medicine. These recommendations are being provided as a service to its members, other practicing clinicians, and to the patients they care for, during the coronavirus pandemic. While this document reflects the views of members of the Task Force, it is not intended to be the only approved standard of practice or to dictate an exclusive course of treatment. Clinicians should always use their best clinical judgment in determining a course of action and be guided by the needs of the individual patient, available resources, and institutional or clinical practice limitations. The Executive Committee of the American Society for Reproductive Medicine has approved this guidance document.

The ASRM Coronavirus/COVID-19 Task Force members for this update included Ricardo Azziz MD, MPH, MBA, Natan Bar-Chama MD, Marcelle Cedars MD, Christos Coutifaris MD, PhD, Mark Cozzi MBA, Jodie Dionne-Odom MD, Kevin Doody MD, Eve Feinberg MD, Elizabeth Hern MBA, Jennifer Kawwass MD, Sigal Klipstein MD, Paul Lin MD, Anne Malave PhD, Alan Penzias MD, John Petrozza MD, Samantha Pfeifer MD, Catherine Racowsky PhD, Enrique Schisterman PhD, James Segars MD, Peter Schlegel MD, Hugh Taylor MD, and Shane Zozula BS, in consultation with other experts.

throughout the nation. For example, the number of new cases continues to decline in the Northeast but are on the upswing in parts of the Midwest and South.

- Widespread misinformation has led to suboptimal implementation and acceptance of recognized strategies to prevent and minimize the transmission of the disease, which have led to some confusion among patients regarding current recommendations.

In the current revision, the Task Force continues to support the judicious delivery of fertility care with strict adherence to recommended measures for disease prevention, including implementation of travel restrictions and quarantines when appropriate. In addition, at this juncture, the Task Force recommends that reproductive care practices recognize the need to:

- ***Think ahead, have a plan***
 - As the trajectory of the novel coronavirus pandemic remains unpredictable, the Task Force recommends that fertility practices anticipate a potential resurgence in cases of COVID-19 that may occur this fall concurrent with the regular flu season. Practices should develop a plan to address this possibility, which may involve forming alliances or arrangements with other local providers to help maintain essential services, both clinical and laboratory, for their patients in the event their staff becomes infected.
- ***Proactively and deliberately address misinformation with patients***
 - There is an abundance of information available to the public and to our patients related to COVID-19 (e.g. <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>). This information includes when to be tested, who should be tested, what types of masks to use when going to a doctor's appointment, is pregnancy safe, will the vaccine be safe, etc. However, we should recognize that this information can sometimes be overwhelming, contradictory, and hard to synthesize. Providers should proactively and deliberately encourage patients to ask questions regarding COVID-19 and the pandemic throughout their treatment and may wish to counsel patients on reliable sources of information.
- ***Encourage early flu vaccination***
 - As the U.S. heads into its usual fall/winter influenza season, public health authorities stress that it is more important than ever for people to get their flu shot – a vaccine that is chronically underutilized in our nation. Evidence clearly indicates that vaccination can reduce flu severity and prevent hospitalizations.
 - Respiratory units at healthcare systems are already overburdened with COVID-19 patients, and it is still not known whether there will be an exacerbation of COVID-19 cases this fall, as typically happens with influenza. Consequently, preventing the flu will not only save lives directly but will help reduce burden to the nation's healthcare systems.
 - Additionally, the COVID-19 crisis, and the increasing awareness concerning infectious respiratory illness, presents a unique opportunity for practitioners to effectively message the value of flu vaccination. In fact, [the CDC has urged physicians](#) to make all efforts to ensure their patients receive the flu vaccine and has provided [guidance](#) for the safe administration of vaccines during the pandemic.

The next update from the Task Force will be in four weeks (on or about October 5, 2020) unless conditions warrant earlier release.