

# Autism and COVID-19

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The coronavirus disease 2019 (COVID-19) pandemic has widened existing inequities faced by autistic individuals. The unprecedented medical, social, educational, and economic upheaval has highlighted the diverse physical health needs of autistic individuals and the importance of addressing these with a life-course approach using multisectoral and policy solutions driven by advocates and self-advocates in the community.

Autistic individuals in congregate and group settings, with co-occurring medical conditions are at higher risk for contracting COVID-19 and poor health outcomes.<sup>1,2</sup> Wide variations in state vaccine prioritization plans exist, where high-risk disabled populations are not considered high priority.<sup>3</sup> Access to routine medical visits has been disrupted during surges in cases, leading to potential delays in accessing necessary diagnoses, treatments and services.<sup>4</sup> Emergency preparedness plans often overlook the needs of autistic individuals; for example, the use of the frailty scale to ration care, which unfairly disadvantages autistic individuals.<sup>1</sup>

Social isolation has negative effects on the well-being of autistic individuals who have lost their routine social interactions and support.<sup>1</sup> In children, loneliness has been associated with challenging behaviors, worsening mental health, and long-lasting effects into adulthood.<sup>5</sup>

The disruption to learning has been particularly concerning for children with special educational needs.<sup>6</sup> Families have reported greater difficulty accessing therapies and services for autistic children and regression in previously attained skills.<sup>7</sup> Because of lack of existing standards, the quality of remote therapies and learning is highly variable. Economically disadvantaged children face an additional burden of poor access to technology and stable internet.<sup>6</sup> Several autistic children and adults have consistently advocated for availability of virtual learning platforms but have only just benefitted now that these are widely available.<sup>1</sup>

Autistic adults and their families are vulnerable to economic instability

and the downstream health implications brought about by the pandemic. Even before the pandemic, autistic adults had the lowest rate of employment among those with disabilities.<sup>8</sup> Due to remote schooling during the pandemic, parents may have to forgo their employment to care for their children.<sup>1</sup>

The COVID-19 pandemic has highlighted areas that need urgent attention in the community. Autistic individuals, particularly those at high-risk for COVID-19-related hospitalizations and deaths, should be prioritized to receive the COVID-19 vaccine.<sup>9</sup> In promoting equitable access to the vaccine, the focus must be on dissemination of accurate and timely information, creating easily navigable systems and ensuring vaccine confidence. Autistic individuals must be represented in infection control and emergency preparedness planning at multiple levels: for example, within schools, health care settings, residential facilities, etc. Prolonged and unexpected disruptions to

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health, educational, and behavioral service deliveries during occurrences such as the COVID-19 pandemic must be met with innovative solutions to maximize individual life-course trajectories. Leveraging the virtual environment may be beneficial to some (eg, telehealth and remote learning), while technological innovations (eg, mRNA vaccines and point-of-care testing) could safeguard in-person service delivery for others. Financial stability of affected individuals should be addressed through the provision of economic relief packages, uninterrupted health care and/or unemployment insurance. It is imperative we take immediate action to accommodate autistic children and adults at all levels in our society and close existing inequities.

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