Guide for recommencing Immunosuppression/DMARDs post COVID-19 infection

Royal United Hospitals Bath NHS
NHS Foundation Trust

The decision to re-start immunosuppression will need to be made on *case by case basis**

Most patients should be able to re-start under the following circumstances:

1) Once symptomatically recovered from COVID-19 *and*
2) At least 14 days after the last fever

***Considerations to make when re-starting drugs:**

- The patients age and co-morbidities-
  - these patients are likely to be slower to develop immunity and slower to clear the virus
- Dermatologic disease, risks of DMARDS/ combination of DMARDS
- How sick the patient was (required NIV/ ITU)
- How severe the dermatologic disease is when uncontrolled & how quickly the patient has flared off drugs previously

Before re-commencing immunosuppresion, undertake:

- Nasal/ oropharyngeal swab - Via the RUH POD
- FBC/ U&E/ LFT

Re-start drugs if:

- Swab –ve
- Bloods at pre-COVID level
- Did not have significant secondary bacterial infection
- Did not require ITU or NIV for COVID-19

Monitoring

1)Repeat bloods after 1 month then normal monitoring: https://www.ruh.nhs.uk/For_Clinicians/departments_ruh/Rheumatology_and_Therapies/documents/DMARDs_Guidance_for_GPs.pdf

Discuss with Dermatology before re-start drugs if:

- Swab +ve or blood test abnormalities
- All patients on JAK inhibitors
- Severe COVID-19 infection (i.e. requiring NIV / ITU)
- Significant secondary bacterial infection

- Immunosuppressive conventional synthetic medications csDMARDS include: Azathioprine, Leflunomide, Methotrexate, Mycophenolate (mycophenolate mofetil or mycophenolic acid), ciclosporin, tacrolimus, sirolimus. It does **NOT** include Hydroxychloroquine or Sulphasalazine, either alone or in combination.
- ** Biologic/monocolonal (bDMARDS) include : Rituximab within last 12 months; all anti-TNF drugs (etanercept, adalimumab, infliximab, golimumab; certolizumab and biosimilar variants of all of these); tociluzimab; abatacept; belimumab; anakinra; secukinumab; Ixekizumab; ustekinumab; sarilumumab; canakinumab ; omalizumab; apremilast
- *** targeted synthetic DMARDS include all JAK inhibitors – baracitinib, tofacitinib etc

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KEY (cumulative score)

Score of 3 or more (high risk): patients to shield

Score of 2 (intermediate risk): patients to self-isolate /shield or maintain social distance at their discretion

Score of 1 or less (low risk): patients to maintain social distance

Risk Factor	Score
Corticosteroid dose of ≥20mg (0.5mg/kg) prednisolone (or equivalent) per day for more than four weeks	3
Corticosteroid dose of ≥5mg prednisolone but <20mg (or equivalent) per day for more than four weeks	2
Cyclophosphamide at any dose orally or IV within last six months	3
Connective tissue disease (CTD) or vasculitis , Interstitial Lung Disease or Pulmonary Hypertension	3
One immunosuppressive medication*, biologic/monoclonal** or small molecule immunosuppressant***	1
Two or more immunosuppressive medication*, biologic/monoclonal** or small molecule immunosuppressant***	2
Any one or more of these: age >70, Diabetes Mellitus, pre-existing lung disease, renal impairment, history of ischaemic heart disease, hypertension	1
Hydroxychloroquine, Sulfasalazine alone or in combination	0

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