

### **Advice for individuals taking immunosuppressive treatments for their skin condition**

We appreciate this is a very worrying time for people with chronic health conditions, particularly those taking medications for skin diseases that can increase their likelihood of contracting viral illnesses.

#### **General advice:**

There are links listed below to the Government website, which has continuously updated advice for the general public with relation to Coronavirus (COVID - 19), a link to the British Association of Dermatologists website and the website of the International Psoriasis Council. The websites are excellent sources of updated information as the situation evolves. The British Association of Dermatologists website has information on how to look after dry skin after frequent handwashing to reduce risk of COVID-19.

We emphasise that undertaking all of the simple, pragmatic measures are of paramount importance. We particularly recommend:

- Regular hand washing and attempt to avoid touching your face
- Consider home deliveries of groceries – or visit 24 hour supermarkets very early in the morning or late at night to avoid busier periods
- Consider re-scheduling social plans or usual meetings with friends (the scientific experts believe humans can pass on the virus before they develop any symptoms themselves).
- Consider staying in touch with friends and family through telephone/FaceTime/Skype.
- Avoid unnecessary trips from the house where possible and avoid large gatherings in public places.

#### **Drug specific advice:**

You may be thinking about whether you should stop your medications. The decision to start or stop your medications is complex and we hope the following information is helpful.

Drugs to treat chronic inflammatory skin diseases can suppress the immune system meaning that you are at higher risk of contracting infections of any type including viruses. The exact level of increased risk is difficult to quantify and varies depending on the exact infection and drug concerned. Unfortunately, little is known about COVID - 19 (coronavirus) but we do know more about the risks of viruses and other dermatologic and rheumatic drugs, listed in the table below.

In broad terms the risks are as follows:

If you are taking steroids (prednisolone), it is important that you do not stop this quickly. You should continue on your current dose until you have had the chance to speak with one of your team at the RUH. During illnesses such as infections, we sometimes increase the dose of steroids in people who have been taking these treatments for a long time. Your doctor can advise on this.

The advice from the International Psoriasis Council is that if an individual, on immunosuppressant drugs for their psoriasis, is diagnosed with the COVID 19 infection, that they follow the protocol that would happen if they developed other infections and stop the medications, until advised that it was appropriate to begin them again. The British Association of Dermatologists also advise following this advice for patients on immunosuppressive treatments for their skin problem.

The Chief Medical Officer announced a national directive on shielding or self isolating for certain individuals that are in a

more vulnerable position during these times. Specialists have been to identify these patients. This group of people include some patients who are taking immunosuppressant treatments for the long term inflammatory skin disorders such as psoriasis and eczema.

The Department of Dermatology at the RUH have sent the required correspondence to those patients that were selected using the initial criteria as from the NHS, Public Health England and the British Association of Dermatologists who were coordinating the Dermatology part of this strategy.

These patients have been advised to self- isolate or shield for 3 months.

Information on the details that are involved in shielding or self-isolating will be sent to patients that have been advised to consider self-isolation. They will also be available at Public Health England website the NHS website.

It is also advised at the moment, not to begin a new immunosuppressive treatment and that this new treatment is best considered once the COVID - 19 pandemic emergency has resolved.

The choice to pause your drugs or not is a personal decision, and things that you should factor into your decision making are:

- 1) If you have other co - morbidities such as cardiovascular disease, diabetes mellitus, chronic kidney disease, cancers, chronic obstructive pulmonary disease and hepatitis B, the decision about immunosuppressive treatments should be considered on a case – to case basis. A person’s personal situation will differ to others.
- 2) Having active skin disease for a short period of time is not in itself life-threatening which Coronavirus could potentially be.
- 3) Maintaining good topical treatments may not be sufficient to reduce a flare in your skin disease, and some skin diseases are at increased risk of infectious flares if they are less than well - controlled.
- 4) If your skin disease flares we would not generally recommend Prednisolone at this time because of the increased risks of viral infection and the safest option would be for you to manage the skin changes and symptoms with diligent topical treatments and continuing any itch control or pain relief that you may already be prescribed.
- 5) When the risk of Coronavirus subsides (All of the evidence tells us at the moment that the risk will not completely go away in the foreseeable future), and you wish to restart your medications, then there is every chance you are likely to recapture disease control, however, we cannot guarantee this and some people who have a period of time-off medication, do not get the same response when they restart it and, again, this may be something for you to consider when making your final decision.

The final decision should rightly remain with you and we will be supportive of whichever route you choose to take. If you are taking a biologics drug and wish to stop we would be grateful if you would let us know and also call Health Care at Home to cancel any future deliveries, so that we can minimise any drug wastage.

We have tried to cover all of the key areas that will help your decision-making, as well as flag the most useful and updated guidance documents available.

This document will be updated as more information becomes available.

**The Government advice to public:**

<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

The British Association of Dermatologists:

<https://www.skinhealthinfo.org.uk/covid-19-new-coronavirus-interim-advice-for-those-taking-medicines-that-affect-the-immune-system-such-as-biologics-and-immunosuppressants/>

The International Psoriasis Council

<https://www.psoriasisCouncil.org/blog/Statement-on-COVID-19-and-Psoriasis.htm>

Lower risk	Intermediate Risk (PHE group A)	Higher risk (PHS group B)
sulfasalazine	Methotrexate	Biologic Drugs (listed Below)
Apremilast	Azathioprine	Cyclophosphamide
hydroxychloroquine	Dimethyl fumarate	Cyclosporine
	Fumaric acid esters	Leflunomide
		Mycophenolate mofetil
		Combination therapy (except hydroxychloroquine)
		Prednisolone
		Biologic drugs:
		Adalimumab, Etanercept, Certolizumabm, Infliximab
		Rituximab
		Secukinumab, ixekinumab, brodalumab
		Golimumab
		Guselkumab, ustekinumab, tildrakizumab
		Tofacitinib, toclizumab, belimumab
		Abatacept, Baracitinib
		Dupilumab, omalizumab
		Sariumab

Last updated: 09/04/2020