

To RNHRD Rheumatology Patients,

Your safety and the continued provision of the care and treatment you need is a priority for the NHS. This letter gives you advice on how to protect yourself and access the care and treatment you need.

We have reviewed your records, including the health conditions(s) you have as well as the medications you are taking and you are at **low/ small level of increased risk if you catch Coronavirus (also known as COVID-19).**

**The safest course of action for you is to isolate for the lockdown period enforced by Public Health England, then to practice social distancing measures.** This will protect you by minimising the risk of you coming into contact with the virus.

If, at any point, you think you have developed symptoms of coronavirus, such as a new, continuous cough and/or high temperature (above 37.8 °C), seek clinical advice using the NHS 111 online coronavirus service <https://111.nhs.uk/covid-19/>

If you do not have access to the internet, call NHS 111. **Do this as soon as you get symptoms.**

Please continue to follow updated Public Health England advice that may supersede this document. Further information can be found at: [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus). Please be aware that this advice is published as of 25<sup>th</sup> March 2020.

More information can also be found on the British Society for Rheumatology website ([www.rheumatology.org.uk](http://www.rheumatology.org.uk)) or on the Versus Arthritis website ([www.versusarthritis.org](http://www.versusarthritis.org))

We are working hard to keep our patients safe through these challenging times. If you have any health conditions we are unaware of (perhaps by looking at the last clinic letter from us in the Rheumatology Department or the list below) or if you are still unsure as to what actions to take to protect yourself, you can still contact us on the Patient Rheumatology Advice Line on 01225 428 823.

Yours sincerely,

Rheumatology Team



**List of diseases and conditions considered to be very high risk:**

1. Solid organ transplant recipients
2. People with specific cancers
  - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
  - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - People having immunotherapy or other continuing antibody treatments for cancer
  - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
5. People on immunosuppression therapies sufficient to significantly increase risk of infection
6. People who are pregnant with significant heart disease, congenital or acquired

# Appendix 1

**Risk stratification of patients with autoimmune rheumatic diseases** (adapted for patient information from BSR guidance published 22<sup>nd</sup>-24<sup>th</sup> March 2020).

Score of 3 or more= high risk

Score of 2 = moderate risk

Score of 0 or 1= low risk

Risk Factor	Score
Prednisolone dose equal to or greater than 20mg a day for more than 4 weeks	3
Prednisolone dose 5mg or more (but less than 20mg) a day for more than 4 weeks	2
Cyclophosphamide (oral or intravenous) within the last 6 months	3
One medication from the lists below: immunosuppressive medication*, biologic/monoclonal** or small molecule immunosuppressant***	1
Two or more medications from the lists below: immunosuppressive medication*, biologic/monoclonal** or small molecule immunosuppressant***	2
Any one or more of the following****: age >70 Diabetes Lung disease Kidney impairment Ischaemic heart disease High blood pressure	1
Hydroxychloroquine, sulfasalazine (alone or in combination)	0

\*Immunosuppressive medications include: Azathioprine, Leflunomide, Methotrexate, Mycophenolate (Mycophenolate Mofetil or Mycopholic Acid), Ciclosporin, Tacrolimus, Sirolimus. It dos **NOT** include Hydroxychloroquine or Sulfasalazine, either alone or in combination.

\*\* Biologic/monoclonal medication include: Rituximab (within the last 12 months); all anti-TNF drugs – Etanercept (Enbrel/Benepali), Adalimumab (Humira/Imraldi/Amgivita), Infliximab (Remsima/Remicade), Golimumab (Simponi), Certolizumab (Cimzia); Tocilizumab; Abatacept; Belimumab; Anakinra; Secukinumab; Ixekizumab; Ustekinumab; Sarilumumab; Canakinumab.

\*\*\* Small molecule medications include: JAK inhibitors (Baracitinib and Tofacitinib).

\*\*\*\* Patients with lung disease related to their rheumatological condition or who have pulmonary hypertension are at higher risk and should shield.

*When assessing your risk, we will also have considered if there are any other reasons that you might be at higher risk, which are not mentioned in the table above. This could be other conditions associated with higher risk of infection or medications that you take for other conditions. If needed we have adjusted your score to take account of these factors too.*