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| **DEPARTMENT OF RHEUMATOLOGY** | | |
| **Dr D Fishman**  Secretary – Angela Milton  Tel: 01582 497464  (**8.00am-3.15pm** please leave a message if unavailable) | **Dr M Nisar**  **Dr Balaji**  **Dr Baqai**  Secretary – Sadiya Patel  Tel: 01582 718741  (**8.30am-3.45pm** please leave a message if unavailable) | **Dr Chan**  **Dr V Quick**  Secretary – Saba Noman  Tel: 01582 497233  (**8.30am-3.45pm** please leave a message if unavailable) |
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**Information for people receiving treatment for chronic rheumatic diseases in the context of the COVID-19 infection – L&D 27.3.20**

You have been identified from our database as being someone who maybe on immunosuppression therapies sufficient to significantly increase risk of infection. This might increase your chance of having a more severe infection if you were to contract COVID19. You need to consider whether you have to “socially distance”, “self-isolate” or “shield” – these three things involve a different level of change to your normal lifestyle. More information about social distancing and self-isolation can be found on the government’s website.

We have had guidance from our professional society to help us define who is at the highest risk. The Luton & Dunstable Rheumatology team have used this guidance to create a simple set of criteria for advising whether you should “shield”, “self-isolate” or simply practice “social distancing” for 12 weeks.

**Score of 3 or more: You should shield**

**Score of 2: You should shield or self-isolate at your discretion**

**Score of 1 or less: You should self-isolate or social distance at your own discretion**

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| **Risk factor** | **Score** |
| Prednisolone (steroid) more than 20mg per day for more than four weeks | 3 |
| Prednisolone (steroid) more than 5mg but less than 20mg per  day for more than four weeks | 2 |
| Cyclophosphamide at any dose orally or IV within last six months | 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, kidney impairment, history of heart disease or high blood pressure; curvature of the spine which affects your lung capacity | 1 |
| Hydroxychloroquine, Sulfalsalazine alone or in combination | 0 |

\* Immunosuppressive medications include: Azathioprine, Leflunomide, Methotrexate, Mycophenolate (mycophenolate mofetil or mycophenolic acid), ciclosporin, Tacrolimus, Sirolimus.

It does NOT include Hydroxychloroquine or Sulfasalazine, either alone or in combination.

\*\* Biologic/monocolonal includes: 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; Seukinumab; Ixekizumab; Ustekinumab; Sarilumumab; Canakinumab

\*\*\* Small molecules includes: all JAK inhibitors – baracitinib, tofacitinib etc

\*\*\*\* Co-morbidity includes: age >70, Diabetes Mellitus, any pre-existing lung disease, kidney impairment, any history of Ischaemic Heart Disease or High blood pressure.

Patients who have rheumatoid arthritis (RA) or CTD-related interstititial lung disease (ILD) are at additional risk and may need to be placed in the shielding category.

All patients with pulmonary hypertension are placed in the shielding category.

27 March 2020