British Society for Rheumatology

# COVID-19: Identifying high-risk patients in England

| **Risk stratification guide** | Definite High risk – to be advised to self-isolate | Moderate risk – self-isolation only if other concerns or high -risk circumstances | Low risk – no need to self-isolate |
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| Immunosuppressive medication | • Corticosteroid dose of ≥20mg (0.5mg/kg) prednisolone (or equivalent) per day for more than four weeks<br>• Cyclophosphamide at any dose orally or within last six months IV<br>• Corticosteroid dose of ≥5mg prednisolone (or equivalent) per day for more than four weeks plus at least one other immunosuppressive medication*, biologic/ monoclonal** or small molecule immunosuppressant (eg JAK inhibitors)***<br>• Any two agents among immunosuppressive medications, biologics/monoclonals** or small molecule immunosuppressants with any co-morbidity**** | • Well-controlled patients with minimal disease activity and no co-morbidities on single agent broad spectrum immunosuppressive medication, biologic/monoclonal** or small molecule immunosuppressant<br>• Well-controlled patients with minimal disease activity and no co-morbidities on single agent broad spectrum immunosuppressive medication plus Sulphasalazine and/ or hydroxychloroquine<br>• Well-controlled patients with minimal disease activity and no co-morbidities on a single agent broad spectrum immunosuppressive medication* at standard dose (eg Methotrexate up to 25mg per week) ***plus*** single biologic (eg anti-TNF or JAKi)** or *** | • Single agent 5-ASA medications (eg mesalazine)<br>• Single agent6-mercaptopurine<br>• Only inhaled or rectally administered immunosuppressant medication<br>• Hydroxychloroquine<br>• Sulphasalazine |

* Immunosuppressive medications include: Azathioprine, Leflunomide, methotrexate, Mycophenolate (mycophenolate mofetil or mycophenolic acid), ciclosporin, cyclophosphamide, tacrolimus, sirolimus. It does **NOT** include Hydroxychloroquine or Sulphasalazine 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, renal impairment, any history of Ischaemic Heart Disease or hypertension

**NB** This advice applies to both adults, children and young people with rheumatic disease. We do **NOT** advise that patients increase steroid dose if they become unwell

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