Clinical Guide: The 'highest risk' cohort for access to treatment

The following cohorts were determined by an independent advisory group commissioned by the Department of Health and Social Care (DHSC). Patients in these cohorts are determined to be at highest risk of adverse outcomes from COVID-19 and are to be prioritised for treatment with nMABs and antivirals.

Cohort	Definition
Down's syndrome	All patients with Down's syndrome
Patients with a solid cancer	Active metastatic cancer and active solid cancers (at any stage) • All patients receiving chemotherapy within the last 3 months • Patients receiving group B or C chemotherapy 3-12 months prior (see Appendix 3) • Patients receiving radiotherapy within the last 6 months
Patients with haematological disease and stem cell transplant recipients	• Allogeneic haematopoietic stem cell transplant (HSCT) recipients in the last 12 months or active graft vs host disease (GVHD) regardless of time from transplant (including (HSCT for non-malignant diseases) • Autologous HSCT recipients in the last 12 months (including (HSCT for non-malignant diseases) • Individuals with haematological malignancies who have ◦ received chimaeric antigen receptor (CAR)-T cell therapy in the last 24 months. or ◦ radiotherapy in the last 6 months • Individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months except patients with chronic phase chronic myeloid leukaemia (CML) in molecular response; or first or second line tyrosine kinase inhibitors (TKI) • All patients with myeloma (excluding MGUS) or chronic B-cell lymphoproliferative disorders (e.g.chronic lymphocytic leukaemia, follicular lymphoma) or myelodysplastic syndrome (MDS) who do not fit the criteria above. • All patients with sickle cell disease. • Individuals with non-malignant haematological disorder (e.g.aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (e.g.anti-CD20, anti-thymocyte globulin [ATG] andalemtzumab) within the last 12 months.
Patients with renal disease	• Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who: ◦ Received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], anti-thymocyte globulin) ◦ Have an additional substantial risk factor which would in isolation make them eligible for nMABs or oral antivirals ◦ Not been vaccinated prior to transplantation • Non-transplant patients who have received a comparable level of immunosuppression • Patients with chronic kidney stage (CKD) 4 or 5 (an eGFR less than 30 ml/min/1.73m2) without immunosuppression
Patients with liver disease	Patients with cirrhosis Child's-Pugh class B and C (decompensated liver disease) • Patients with a liver transplant • Liver patients on immune suppressive therapy (including patients with and without liver cirrhosis) Patients with cirrhosis Child's-Pugh class A who are not on immune suppressive therapy (compensated liver disease)
Patients with immune-mediated inflammatory disorders	• IMID treated with rituximab or other B cell depleting therapy in the last 12 months • IMID with active/unstable OR stable disease on corticosteroids (equivalent to ≥10mg/day of prednisolone for at least the 28 days prior to a positive PCR result), cyclophosphamide, tacrolimus, cyclosporin or mycophenolate • IMID patients with active/unstable disease including those on biological monotherapy and on combination biologicals with thiopurine or methotrexate
Immune deficiencies	• Primary immunodeficiency associated with impaired type I interferon signalling • Good's syndrome (thymoma plus B-cell deficiency) • X-linked agammaglobulinaemia (and other primaryagammaglobulinaemias) • Any patient with a secondary immunodeficiency receiving, or eligible for, immunoglobulin replacement therapy • Common variable immunodeficiency (CVID) • Undefined primary antibody deficiency on immunoglobulin (or eligible for Ig) • Hyper-IgM syndromes • Severe Combined Immunodeficiency (SCID) • Autoimmune polyglandular syndromes /autoimmunepolyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome)
HIV/AIDS	• Patients with high levels of immune suppression, have uncontrolled/untreated HIV (high viral load) or present acutely with an AIDS defining diagnosis • On treatment for HIV with CD4 <350 cells/mm3 and stable on HIV treatment or CD4>350 cells/mm3 and additional risk factors (e.g. age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, those with alcohol-dependence)
Solid organ transplant recipients	All recipients of solid organ transplants not otherwise specified above
Rare neurological conditions	Multiple sclerosis Motor neurone disease Myasthenia gravis Huntington's disease