

Appendix 1: Patient cohorts considered at highest risk from COVID-19 and to be prioritised for treatment with nMABs and antivirals

The following patient cohorts were determined by an independent advisory group commissioned by the Department of Health and Social Care (DHSC)⁸.

Cohort	Description
Down's syndrome	All patients with Down's syndrome
Patients with a solid cancer	<ul style="list-style-type: none"> • 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 diseases and stem cell transplant recipients	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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] and alemtzumab) within the last 12 months.

⁸ For paediatric/adolescent patients (aged 12-17 years inclusive), paediatric multi-disciplinary team (MDT) assessment should be used to determine clinical capacity to benefit from the treatment

Patients with renal disease	<ul style="list-style-type: none"> • Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who: <ul style="list-style-type: none"> ○ 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • IMID treated with rituximab or other B cell depleting therapy in the last 12 months • IMID with active/unstable disease on corticosteroids, cyclophosphamide, tacrolimus, cyclosporin or mycophenolate. • IMID with stable disease on either corticosteroids, 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	<ul style="list-style-type: none"> • Common variable immunodeficiency (CVID) • Undefined primary antibody deficiency on immunoglobulin (or eligible for Ig) • Hyper-IgM syndromes • Good's syndrome (thymoma plus B-cell deficiency) • Severe Combined Immunodeficiency (SCID) • Autoimmune polyglandular syndromes/autoimmune polyendocrinopathy, candidiasis, ectodermal dystrophy (APECED syndrome) • Primary immunodeficiency associated with impaired type I interferon signalling • X-linked agammaglobulinaemia (and other primary agammaglobulinaemias)

	<ul style="list-style-type: none"> Any patient with a secondary immunodeficiency receiving, or eligible for, immunoglobulin replacement therapy
HIV/AIDS	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Multiple sclerosis Motor neurone disease Myasthenia gravis Huntington's disease