

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

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

Cohort	Description
Down's syndrome and other genetic disorders	Patients with Down's syndrome and other genetic conditions that might reasonably be expected to reduce immune competence, beyond the primary immune deficiency syndromes
Sickle cell disease	All patients with a diagnosis of sickle cell disease
Patients with a solid cancer	<ul style="list-style-type: none"> • Active metastatic cancer and active solid cancers (at any stage) • Patients receiving chemotherapy within the last 12 months • Patients receiving radiotherapy within the last 6 months
Patients with a haematologic malignancy	<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 • Autologous HSCT recipients in the last 12 months • 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 ○ anti-CD20 monoclonal antibody therapy in the last 12 months • Individuals with chronic B-cell lymphoproliferative disorders receiving systemic treatment or radiotherapy within the last 3 months • Individuals with chronic B-cell lymphoproliferative disorders with hypogammaglobulinaemia or reduced peripheral B cell counts • Individuals with acute leukaemias and clinically aggressive lymphomas who are receiving chemotherapy or within 3 months of completion at the time of vaccination • Individuals with haematological malignancies who have received anti-CD38 monoclonal antibody or B-cell maturation agent (BCMA) targeted therapy in the last 6 months • Individuals with chronic B-cell lymphoproliferative disorders not otherwise described above
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 ● 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
Primary 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)

	<ul style="list-style-type: none"> • Primary immunodeficiency associated with impaired type I interferon signalling • X-linked agammaglobulinaemia (and other primary agammaglobulinaemias)
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