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### **IMPORTANT ADVICE TO KEEP YOU SAFE FROM CORONAVIRUS**

**Your safety and the continued provision of the care and treatment you need is a priority for the NHS.**

You are receiving this letter as you attend the Rheumatology department within Oxford University Hospitals NHS Trust including Nuffield Orthopaedic Centre, Horton Hospital, and hospitals at Abingdon, Chipping Norton, Bicester and Witney. Due to your underlying disease and/or the medications you take, you may be at increased risk during the current COVID-19 pandemic. Some patients will be more at risk than others. We need your help in assessing your own risk because we are unable to review the records of all of our patients (almost 10,000) who might be at increased risk of COVID-19. Unfortunately, due to the high volume of work and the large number of patients under our care, we are unable to provide personalised letters for individual patients. If you require one for your employer, then this is the letter that you can use.

Below you will find a table. We need you to identify if any of those treatments/medical conditions apply to you. For each row of the table you will get a score. If the row does not apply to you then you score 0 for that row. Once you have calculated your total score, you will see the relevant instructions to follow.

If you have queries on any of this, please contact the Rheumatology specialist nurses at the Oxford University Hospitals NHS Foundation Trust on: [ouh-tr.rheumatologynurses@nhs.net](mailto:ouh-tr.rheumatologynurses@nhs.net). Given the scale of the pandemic, we are dealing with a large number of queries daily. Please only email if you have an urgent query. We will aim to reply in a time appropriate manner, which may be by email or letter rather than by telephone; we continue to run a reduced rheumatology service for advice for urgent clinical problems.

Please understand that several members of our team have left our department in order to support patients with COVID-19 infection across the main hospitals in Oxfordshire. For all these reasons as well as for your own safety, we are not arranging appointments face to face unless absolutely necessary. In these appointments, it is with regret that we have to insist on only seeing the patient and not their relatives or partners, with very few exceptions (such as patients who are children).

This letter has been modified from the original template of the British Society of Rheumatology.

Note that for the drugs “Immunosuppressive medications\*” and “Biologic\*\*” listed in the table, there are lists of what these drugs are below the table.

Risk factor	Score	My score
20mg or more (0.5mg/kg) <b>Prednisolone</b> per day for more than four weeks	3	
5mg or more <b>Prednisolone</b> but less than 20mg per day for more than four weeks	2	
Any Cyclophosphamide within last six months	3	
1 drug of immunosuppressive medication* or biologic **	1	
2 or more drugs of: immunosuppressive medication* or biologic **	2	
Any one or more of these: age >70 years, Diabetes Mellitus, lung disease, kidney disease, heart disease or high blood pressure	1	
Hydroxychloroquine, Sulfasalazine alone or in combination	0	
	<b>MY TOTAL SCORE =&gt;</b>	

Modified from British Society of Rheumatology Scoring Grid 22/03/20 ([risk scoring guide](#))

\* **Immunosuppressive medications:** Azathioprine, Baricitinib, Ciclosporin, Leflunomide, Methotrexate, Mycophenolate mofetil, Tacrolimus or Tofacitinib. It does NOT include Hydroxychloroquine or Sulfasalazine, either alone or in combination.

\*\* **Biologic:** Abatacept, Adalimumab (i.e. Amgevita, Humira, Imraldi), Anakinra, Belimumab, Canakinumab, Certolizumab, Etanercept (Benepali and other versions), Golimumab, Infliximab (and biosimilar variants of all of these), Ixekizumab, Rituximab (and biosimilar variants of all of these); Sarilumab, Secukinumab, Tocilizumab or Ustekinumab within the last 12 months.

For example:

- If you take Methotrexate and Adalimumab, but are 60 years old and have no other disease then you score 2. The recommendation would be for you to practice enhanced social distancing.

- If you take Mycophenolate and Infliximab, and Prednisolone 10 mg every day for the past 3 months, you score 3. You are considered to be **clinically extremely vulnerable from coronavirus infection** and should follow government advice (<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>)

- If you take 5mg of Prednisolone every day for the last 5 weeks, and are on Mycophenolate, you score 3. You are considered to be **clinically extremely vulnerable from coronavirus infection** and should follow government advice (<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>).

If you:

- **Score 3 or more:** You are in the group considered to be **clinically extremely vulnerable** and should shield from coronavirus infection
- **Score 2 or less:** You are considered to be **clinically vulnerable from coronavirus infection** and you are recommended to maintain strict social distancing.
- **Score 1 or less.** You are not clinically vulnerable but should maintain social distancing.

What does it mean to be **clinically extremely vulnerable from coronavirus infection**?

**From the government website published on 4<sup>th</sup> November 2020:**

“The updated guidance, which clinically extremely vulnerable individuals are strongly urged to follow, includes:

**Socialising:** stay at home as much as possible, except to go outdoors to exercise or attend health appointments. People can exercise with those they live with or in their support bubble

**Work:** if people cannot work from home, they should not attend work. They may be eligible for Statutory Sick Pay, Employment and Support Allowance, Universal Credit or the Coronavirus Job Retention Scheme during this period of national measures. People in the same household who are not clinically extremely vulnerable can still attend work, in line with the new national restrictions.

**School:** as evidence has shown there is a very low risk of children becoming very unwell from COVID-19, most children originally on the shielded patient list no longer need to be and therefore can still attend school. If they are unsure, parents should contact their child’s usual GP or hospital clinician to check whether they should still be considered clinically extremely vulnerable. If a GP or clinician has advised that a child should remain on the

shielded patient list, they are advised not to attend school. Children who live with someone who is clinically extremely vulnerable, but aren't themselves, should still attend school.

Going outside: avoid all non-essential travel – they should continue to travel to hospital and GP appointments unless told otherwise by their doctor. They are strongly advised not to go to any shops or to pharmacies.”

We recommend referring to government guidance on socialising, work, education, travel, shopping, medication, access to care and support and registering for support (<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>).

**The safest course of action is for you to stay at home at all times and avoid all face-to-face contact until you receive further advice from the government, except with carers and healthcare workers, who you must see as part of your medical care.**

This will protect you by stopping you from coming into contact with the virus.

If you are in touch with friends, family or a support network in your community who can support you to get food and medicine, follow the advice in this letter. If you do not have contacts who can help support you go to [support for extremely vulnerable groups](#) or call 0800 0288327, the Government's dedicated helpline.

If, at any point, you think you have developed symptoms of coronavirus, such as a new, continuous cough and/or high temperature (above 37.8 °C), seek clinical advice using the NHS 111 [online coronavirus service](#). If you do not have access to the internet, call NHS 111. **Do this as soon as you get symptoms.**

You, or the person you care for, should:

- Strictly avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature (above 37.8 °C) and/or a new and continuous cough.
- Not leave your home.
- Not attend any gatherings. This includes gatherings of friends and families in private spaces e.g. family homes, weddings and religious services.
- Not go out for shopping, leisure or travel. When arranging food or medication deliveries, these should be left at the door to minimise contact.
- Keep in touch using remote technology such as phone, internet, and social media
- Use telephone or online services to contact your GP or other essential services.
- Regularly wash your hands with soap and water for 20 seconds. Ask carers or support workers who visit your home to do the same. The rest of your household should support you to stay safe and stringently follow guidance on social distancing, reducing their contact outside the home.

In your home, you should:

- Minimise the time you spend with others in shared spaces (kitchen, bathroom and sitting areas) and keep shared spaces well ventilated.
- Aim to keep 2 metres (3 steps) away from others and encourage them to sleep in a different bed where possible.
- Use separate towels and, if possible, use a separate bathroom from the rest of the household, or clean the bathroom after every use.
- Avoid using the kitchen when others are present, take your meals back to your room to eat where possible, and ensure all kitchenware is cleaned thoroughly.

If the rest of your household are able to follow this guidance, there is no need for them to take the full protective measures to keep you safe.

You are strongly advised to work from home. If you cannot work from home, you should not attend work for this period of restrictions.

If you cannot attend work for this reason, you may be eligible for Statutory Sick Pay (SSP), Employment Support Allowance (ESA) or Universal Credit. Other eligibility criteria will apply. The formal shielding notification you receive may act as evidence for your employer or the Department for Work and Pensions (DWP) that you are advised to follow shielding guidance and should not work outside of your home for the period stated in the letter.

If you were on payroll before 30 October 2020, you may also be eligible for the [Coronavirus Job Retention Scheme \(on furlough\)](#), which is being extended by the government. Speak to your employer if you think you are eligible.

Other people you live with who are not clinically extremely vulnerable themselves can still attend work if they cannot work from home,

**You will still get the medical care you need during this period.**

We are considering alternative options for managing your care and will be in touch if any changes are needed. Your hospital care team will be doing the same. We also advise that:

### **1. Carers and support workers who come to your home**

Any essential carers or visitors who support you with your everyday needs can continue to visit, unless they have any of the symptoms of coronavirus. All visitors should wash their hands with soap and water for 20 seconds, on arrival and often. It is also a good idea to speak to your carers about what happens if one of them becomes unwell. If you need help with care but you're not sure who to contact please visit [advice for extremely vulnerable](#).

### **2. Medicines that you routinely take**

The government is helping pharmacies to deliver prescriptions. Prescriptions will continue to cover the same length of time as usual. If you do not currently have your prescriptions collected or delivered, you can arrange this by:

1. Asking someone who can pick up your prescription from the local pharmacy (this is the best option, if possible);

2. Contacting your pharmacy to ask them to help you find a volunteer (who will have been ID checked) or deliver it to you.

You may also need to arrange for collection or delivery of hospital specialist medication that is prescribed to you by your hospital care team.

### **3. Planned GP practice appointments**

Wherever possible, care will be provided by phone, email or online. But if we decide you need to be seen in person, we will contact you to arrange your visit to the surgery or a visit in your home.

### **4. Planned hospital appointments**

NHS England has written to all hospitals to ask them to review any ongoing care that you have with them. It is possible that some clinics and appointments will be cancelled or postponed. We will contact you directly if any changes need to be made to your care or treatment. Otherwise you should assume your care or treatment is taking place as planned.

### **5. Support with daily living**

Please discuss your daily needs during this period of staying at home with carers, family, friends, neighbours or local community groups to see how they can support you. If you do not have anyone who can help you, please visit [www.gov.uk/coronavirus-extremely-vulnerable](http://www.gov.uk/coronavirus-extremely-vulnerable).

If you need help from the benefit system, visit <https://www.gov.uk/universal-credit>.

### **6. Urgent medical attention**

If you have an urgent medical question relating to your existing rheumatology condition, or the rheumatology condition of the person you are caring for please contact us on [ouh-tr.rheumatologynurses@nhs.net](mailto:ouh-tr.rheumatologynurses@nhs.net).

Where possible, you will be supported by phone or online. We can arrange an appointment if we need to see you in person.

To help the NHS provide you with the best care if you need to go to hospital as a result of catching coronavirus, we ask that you prepare a single hospital bag. This should include your emergency contact, a list of the medications you take (including dose and frequency), any information on your planned care appointments and things you would need for an overnight stay (snacks, pyjamas, toothbrush, medication etc.). If you have an advanced care plan, please include that.

### **7. Looking after your mental well-being**

We understand that this may be a worrying time and you may find staying at home and having limited contact frustrating. At times like these, it can be easy to fall into unhealthy

patterns of behaviour, which can make you feel worse. Simple things you can do to stay mentally and physically active during this time include:

- Look for ideas for exercises to do at home on the NHS website.
- Spend time doing things you enjoy – reading, cooking and other indoor hobbies.
- Try to eat healthy, well-balanced meals, drink enough water, exercise regularly, and try to avoid smoking, alcohol and recreational drugs.
- Try spending time with the windows open to let in fresh air, arranging space to sit and see a nice view (if possible) and get some natural sunlight. Get out into the garden or sit on your doorstep if you can, keeping a distance of at least 2 metres from others.

## **COVID-19 Vaccinations**

This is a short summary of our advice on vaccination against COVID-19 for any patients with a rheumatic disease. This is based on a fuller set of statements from the British Society for Rheumatology (which you can access from here: <https://www.rheumatology.org.uk/practice-quality/covid-19-guidance>).

### **Summary of current COVID 19 vaccines**

The Pfizer/BioNTech, the Oxford/AstraZeneca and Moderna COVID-19 vaccines have all been authorised for use in the UK. The Joint Committee of Vaccination and Immunisation (JCVI) ranks priority groups according to risk. Many people considered to be clinically extremely vulnerable (CEV) are in the oldest age groups and will be among the first to receive the vaccine.

The priority groups are ranked as follows:

- 1: residents in a care home for older adults AND staff working in care homes for older adults
- 2: all those 80 years of age and over AND frontline health and social care workers
- 3: all those 75 years of age and over
- 4: all those 70 years of age and over AND CEV individuals (not including pregnant women and those under 16 years of age)
- 5: all those 65 years of age and over
- 6: adults aged 16-65 years who are in an at-risk group
- 7: all those 60 years of age and over
- 8: all those 55 years of age and over
- 9: all those 50 years of age and over

You can assess if you are clinically vulnerable, or clinically extremely vulnerable using the risk factor table on page 2 of this letter (see above).

We strongly recommend that all patients with a rheumatic disease should be eligible to receive and should respond to the vaccine. If you are clinically extremely vulnerable (CEV) and are therefore at high risk of severe illness from COVID-19 then you would be in priority group 4 as above. If you are clinically vulnerable, then you would be in priority group 6 (or higher priority if you are older than 65, according to the age categories listed). Whilst some immunosuppressed patients may have a lower immunological response to the vaccine, it is still worth getting the vaccine to protect your health. The only reasons not to have the

vaccine are if you are pregnant or if you have had a severe allergic reaction (anaphylactic reaction) to any components in the vaccine in the past. If you are in doubt please contact us ([ouh-tr.rheumatologynurses@nhs.net](mailto:ouh-tr.rheumatologynurses@nhs.net)) so that we can review your case and offer advice. We have already been in touch with the vaccination coordinators in your area to explain how important it is to offer you the vaccine. If they are in any doubt about this they can always contact our services directly for further advice.

### **Will my treatment or my condition prevent me from receiving a COVID-19 vaccine?**

All of our patients would benefit from the protection against COVID 19 that can be provided by these vaccines. With the exceptions noted above (pregnancy and severe allergy), every patient under our care is recommended to receive a COVID-19 vaccine. For patients receiving rituximab, we have a further recommendation about when you should receive the vaccine (see below).

### **What if I am receiving rituximab?**

For any patients receiving rituximab, where clinically possible, the first dose of your COVID-19 vaccination should be given four weeks or more before rituximab. In practice, for some patients, this might mean delaying your rituximab infusion for up to 4 months, and using other means to control your rheumatic disease. If you have already received a rituximab infusion, we are recommending that you delay receiving the COVID-19 vaccine for at least 3 months after your most recent rituximab infusion. The vaccination would not be more risky to take but might not work as well as it could in protecting you against the virus. This is because the rituximab treatment might reduce your body's ability to respond to the vaccine. In such cases, please ask us for advice and we can look more specifically at your situation and help you.

### **Which vaccine should I have?**

We strongly advise you to take whichever vaccine is available to you in your area as soon as you are offered one. There have been a number of concerns about the fact that the Oxford vaccine is a live vaccine; however we have been fully reassured by the head of the Oxford Vaccines Group that it cannot replicate in your body and cannot cause COVID-19.

You can find additional patient information and support from Every Mind Matters and the NHS mental health and wellbeing advice website.

We will make a copy of this letter available on our hospital website. If the advice is updated subsequently, we will revise the information and put the new version of the letter on the same website (<https://www.ouh.nhs.uk/rheumatology/>).

Further information on coronavirus, including guidance from Public Health England, can be found on the [nhs.uk](https://www.nhs.uk)<sup>1</sup> and [gov.uk](https://www.gov.uk)<sup>2</sup> websites.

Yours sincerely,

Rheumatology Department



Oxford University Hospitals NHS Foundation Trust.  
January 18th 2021

**List of diseases and conditions considered to be very high risk:**

1. People on immunosuppression therapies sufficient to **significantly** increase risk of infection
2. Solid organ transplant recipients
3. People with specific cancers
  - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
  - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - People having immunotherapy or other continuing antibody treatments for cancer
  - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
4. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
5. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
6. People who are pregnant with significant heart disease, congenital or acquired
7. Adults with Down's syndrome
8. Adults on dialysis or with chronic kidney disease (stage 5)
9. Other people who have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions

<https://www.nhs.uk/conditions/coronavirus-covid-19/>  
<https://www.gov.uk/coronavirus>