Dermatology: Recommendations for shielding/social distancing

<table>
<thead>
<tr>
<th>Medication acting on the immune system</th>
<th>Definite high risk – to be advised to shield&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Advised to shield&lt;sup&gt;4&lt;/sup&gt; (moderate risk) only if other concerns or high-risk circumstances/co-morbidities&lt;sup&gt;5&lt;/sup&gt; (individual decision by clinician)</th>
<th>Social distancing, as for everyone in the U.K.</th>
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<td>• Any two agents within the following classes: immunosuppressive medications (e.g. ciclosporin, azathioprine as below)&lt;sup&gt;1&lt;/sup&gt;, biologics/monoclonals (e.g. anti-TNFs, IL17 agents as below)&lt;sup&gt;2&lt;/sup&gt; or novel small molecule immunosuppressants (e.g. apremilast)&lt;sup&gt;3&lt;/sup&gt; (except those exceptions in the middle column)</td>
<td>• Well-controlled patients with minimal disease activity and no co-morbidities (as below)&lt;sup&gt;5&lt;/sup&gt; on single agent, standard oral immunosuppressants&lt;sup&gt;1&lt;/sup&gt;, biologic/monoclonal&lt;sup&gt;2&lt;/sup&gt; or novel small molecule immunosuppressants&lt;sup&gt;3&lt;/sup&gt;</td>
<td>• Medications on the following list alone or in combination:</td>
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<td>• Corticosteroid dose of ≥ 20 mg (or 0.5 mg/kg) prednisolone (or equivalent) per day for more than 4 weeks</td>
<td>• Well-controlled patients with minimal disease activity and no co-morbidities&lt;sup&gt;5&lt;/sup&gt; on a single biologic (e.g. anti-TNF, IL17 agent)&lt;sup&gt;2&lt;/sup&gt; plus methotrexate at a standard dose</td>
<td>• Topical skin treatments (creams, gels, etc).</td>
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<td>• Corticosteroid dose of ≥ 5 mg prednisolone (or equivalent) per day for more than 4 weeks plus at least one other immunosuppressive medication&lt;sup&gt;1&lt;/sup&gt;, biologic/monoclonal&lt;sup&gt;2&lt;/sup&gt; or novel small molecule immunosuppressants (e.g. JAK inhibitors)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>• Well-controlled patients with minimal disease activity and no co-morbidities&lt;sup&gt;5&lt;/sup&gt; on single agent standard oral immunosuppressant&lt;sup&gt;1&lt;/sup&gt; plus hydroxychloroquine or sulfasalazine.</td>
<td>• Hydroxychloroquine</td>
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<td>• Cyclophosphamide at any dose orally or if received IV dose within last 6 months</td>
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<td>• Acitretin</td>
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<td>• Rituximab or infliximab when prescribed primarily for skin conditions (e.g. psoriasis or pemphigus)</td>
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<td>• Alitretinoin</td>
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<sup>1</sup> Medications on the following list alone or in combination:
- Topical skin treatments (creams, gels, etc).
- Hydroxychloroquine
- Acitretin
- Alitretinoin
- Isotretinoin
- Dapsone
- Chloroquine
- 5-ASA medications (e.g. mesalamine)
- Sulfasalazine
- Only inhaled or rectally administered immunosuppressant medication, e.g. steroid inhalers
- Omalizumab
Immunosuppressive medications include: methotrexate, azathioprine, mycophenolate (mycophenolate mofetil or mycophenolic acid), ciclosporin, fumaric acid esters (or dimethyl fumarate), hydroxycarbamide, 6-mercaptopurine, leflunomide, cyclophosphamide, tacrolimus, sirolimus and thalidomide. It does NOT include hydroxychloroquine, dapsone, acitretin, altretinoin or sulfasalazine either alone or in combination with each other.

Biologic/monocolonal medications include – all anti-TNF drugs (etanercept, adalimumab, infliximab, golimumab, certolizumab pegol and biosimilar variants of all of these, where applicable); IL17/IL17Ra agents (secukinumab; ixekizumab; brodalumab); P40/P19 (ustekinumab; guselkumab, tildrakizumab, risankizumab) anti B cell (rituximab in last 12 months, belimumab); IL6 agents (sarilumab, tocilizumab); abatacept; IL1 (canakinumab, anakinra); dupilumab (possibly lower infection risk than other drugs);

N.B. omalizumab has been moved to the ‘social distancing’ category in this version (09.04.20) following expert clinical advice.

Novel small molecule immunosuppressants: apremilast; all JAK inhibitors (e.g.) baracitinib, tofacitinib

Those not requiring shielding, on immunosuppressant therapy, are termed ‘vulnerable person’ in all PHE guidance: advised to be particularly stringent with certain social distancing measures (www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults)

Co-morbidity/risk factor includes age >70, diabetes mellitus, pregnancy, any pre-existing lung disease (e.g. asthma on medication), chronic kidney disease, any history of ischaemic heart disease or hypertension on treatment or other factor deemed to be risk factors by the supervising doctor. In the absence of evidence it is not possible to specify exact cut-off points for each of these risk factors, so this will be a question of clinical judgement.

The authors recognise that this guidance will require clinicians to make decisions in situations where the evidence is uncertain or in cases not covered by this document.

Please cross-reference this advice with that from other specialist societies also published on the RCP website.

N.B. This advice applies to both adults and children with skin disease.