

## GUIDANCE FOR RECOMMENCING IMMUNOSUPPRESSIVE THERAPY FOLLOWING COVID-19 INFECTION IN ADULTS, YOUNG PEOPLE AND CHILDREN DURING THE PANDEMIC

### Background

Since the beginning of the COVID-19 pandemic, consensus advice and guidance have been produced by the British Association of Dermatologists (BAD) and National Institute of Health and Care Excellence (NICE) on the use of immunosuppressive therapy for people with skin disease, and their risk stratification to identify those who would require shielding.<sup>1,2,3</sup> These were developed to help dermatologists decide with their patients on whether to continue with or temporarily cease treatment, irrespective of their COVID-19 status. NICE recommends contacting the dermatology department for advice on when to restart treatment after suspected or confirmed COVID-19 infection (N.B. oral corticosteroids should not be stopped suddenly).<sup>2</sup>

### Consideration

When should people recommence immunosuppressive therapy following suspected or confirmed COVID-19 diagnosis.<sup>2</sup>

### Recommendations

The following recommendations were agreed based on limited evidence<sup>4,5</sup> and clinical consensus amongst members of the BAD's COVID-19 Dermatology Immunosuppression & Shielding (CoDermIS) Working Group.<sup>6</sup>

1. Take into account the risks and benefits of restarting treatment on a case-by-case basis. If there is uncertainty, discuss with a local multi-disciplinary team (MDT) or colleagues with expertise in use of immunosuppression including biologics and/or virologists, as appropriate.
2. Determine whether COVID 19 was confirmed, the severity of infection and how healthy the patient is post-infection and prior to restarting therapy.
3. Consider the severity of the skin disease and other co-morbidities.
4. Be aware that stopping therapy for a few weeks is unlikely to result in clinically important deterioration of the skin disease unless it is unusually severe or unstable.
5. Generally, restart therapy when the patient has 'fully recovered' from COVID-19, AND *at least* 10 days from the onset of symptoms.<sup>7</sup>

These recommendations will be updated accordingly as new evidence emerge.

<sup>1</sup> <https://www.bad.org.uk/healthcare-professionals/covid-19/covid-19-immunosuppressed-patients>

<sup>2</sup> <https://www.nice.org.uk/guidance/ng169>

<sup>3</sup> <https://www.nice.org.uk/guidance/ng174>

<sup>4</sup> [https://www.jacionline.org/article/S0091-6749\(20\)31413-5/abstract](https://www.jacionline.org/article/S0091-6749(20)31413-5/abstract)

<sup>5</sup> <https://onlinelibrary.wiley.com/doi/full/10.1111/jdv.16411>

<sup>6</sup> R. Murphy, T. Bleiker, A. V. Anstey, M. R. Ardern-Jones, M. C. Cork, C. Flohr, S. M. Langan, N. J. Levell, N. J. Reynolds, C. H. Smith, R. B. Warren, H. C. Williams

<sup>7</sup> <https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings#staff-return-to-work-criteria>