

Risk stratification guide	Patients to shield	Patients to self-isolate or maintain social distance at their discretion	Patients to maintain social distance
Immunosuppressive medication	<ul style="list-style-type: none"> <li>Corticosteroid dose of <math>\geq 20\text{mg}</math> (<math>0.5\text{mg/kg}</math>) prednisolone (or equivalent) per day for more than four weeks</li> <li>Cyclophosphamide at any dose orally or within last six months IV</li> <li>Corticosteroid dose of <math>\geq 5\text{mg}</math> prednisolone (or equivalent) per day for more than four weeks plus at least one other immunosuppressive medication*, biologic/monoclonal** or small molecule immunosuppressant (e.g. JAK inhibitors)***</li> <li>Any two agents among immunosuppressive medications, biologics/monoclonals** or small molecule immunosuppressants with any co-morbidity****</li> </ul>	<ul style="list-style-type: none"> <li>Well-controlled patients with minimal disease activity and no co-morbidities on single agent broad spectrum immunosuppressive medication, biologic/monoclonal** or small molecule immunosuppressant</li> <li>Well-controlled patients with minimal disease activity and no co-morbidities on single agent broad spectrum immunosuppressive medication plus Sulphasalazine and/or hydroxychloroquine</li> <li>Well-controlled patients with minimal disease activity and no co-morbidities on a single agent broad spectrum immunosuppressive medication* at standard dose (eg Methotrexate up to <math>25\text{mg}</math> per week) <b>plus</b> single biologic (eg anti-TNF or JAKi)** or ***</li> </ul>	<ul style="list-style-type: none"> <li>Single agent 5-ASA medications (eg mesalazine)</li> <li>Single agent 6-mercaptopurine</li> <li>Only inhaled or rectally administered immunosuppressant medication</li> <li>Hydroxychloroquine</li> <li>Sulphasalazine</li> </ul>

\* Immunosuppressive medications include: Azathioprine, Leflunomide, methotrexate, Mycophenolate (mycophenolate mofetil or mycophenolic acid), ciclosporin, cyclophosphamide, tacrolimus, sirolimus. It does **NOT** include Hydroxychloroquine or Sulphasalazine either alone or in combination.

\*\* Biologic/monoclonal includes: Rituximab within last 12 months; all anti-TNF drugs (etanercept, adalimumab, infliximab, golimumab, certolizumab and biosimilar variants of all of these); Tocilizumab; Abatacept; Belimumab; Anakinra; Seukinumab; Ixekizumab; Ustekinumab; Sarilumumab; canakinumab

\*\*\* Small molecules includes: all JAK inhibitors – baracitinib, tofacitinib etc

\*\*\*\* Co-morbidity includes: age  $>70$ , Diabetes Mellitus, any pre-existing lung disease, renal impairment, any history of Ischaemic Heart Disease or hypertension

**NB** This advice applies to both adults, children and young people with rheumatic disease. We do **NOT** advise that patients increase steroid dose if they become unwell