Pregnant Healthcare Workers (HCWs), Vulnerable HCWs and HCW with Other Pre-Existing Disease Version 4, 11/04/2020

Introduction

In order to ensure the health and safety of our HCWs, this guidance provides advice for vulnerable HCWs, HCWs with pre-existing disease and HCWs who are pregnant, and their managers.

Advice for Pregnant Healthcare Workers

The Royal College of Physicians of Ireland’s, Institute of Obstetricians & Gynaecologists have provided the following guidance in the COVID-19 infection Guidance for Maternity Services.

- Pregnant healthcare workers are specifically impacted by the nature of their professional activities and exposure. This risk applies particularly, but is not limited to, those in nursing and midwifery, or those providing medical, or ancillary care, to known infected patients. Risk seems to be proportional to exposure duration and is higher for some occupations that involve aerosolisation.
- Pregnant health care workers should therefore be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, COVID-19 infection. It is specifically recommended to avoid rostering pregnant staff to COVID-specific units or wards, and redeployment to lower risk duties should be considered. Those pregnant staff who also have underlying medical conditions should discuss with their treating obstetrician as redeployment or working from home may be further advised.
- The HSE’s list of those who are considered vulnerable healthcare workers includes women who are pregnant with significant heart disease, congenital or acquired. This advice appears to relate to the statement from the UK Maternal Cardiology Society

Advice for ‘Vulnerable’ Health Care Workers

As per the government guidelines the following workers should not be at work as per guidance from the Department of Health. The HCW can provide their manager with a letter from their treating specialist confirming their ‘Vulnerable HCW’ status. There is no requirement for Occupational Health input.

1. HCWs who are solid organ transplant recipients
2. HCWs with specific cancers
a. HCWs with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer.

b. HCWs with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment.

c. HCWs having immunotherapy or other continuing antibody treatments for cancer.

d. HCWs having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors

3. HCWs who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs

4. HCWs with severe respiratory conditions including cystic fibrosis, severe asthma and severe COPD as confirmed by their specialist.

5. HCWs with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)

6. HCWs on immunosuppression therapies sufficient to significantly increase risk of infection. In order to identify if a HCW who may have an increased risk of infection due to on-going regular immunosuppressant therapy, please refer to Appendix 1 – Taken from the ‘HSE COVID-19: Interim Clinical Guidance – Immunosuppressant Therapy,

7. HCW who are pregnant with significant heart disease, congenital or acquired

8. HCW over 70 years of age

**HCW with Other Pre-Existing Disease**

1. HCWs with other medically managed pre-existing disease are unlikely to be at greater risk of acquiring COVID-19 virus infection compared with other HCW’s if the appropriate personal protective equipment is worn.

2. These HCWs can continue to work UNLESS there is a specific recommendation from their treating specialist.
Conclusion

Vulnerable health care workers as described in this document should not be at work. Pregnant HCWs should be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, COVID-19 infection. HCW with other pre-existing disease, who adhere to recommended Infection Prevention and Control precautions are unlikely to be at greater risk of acquiring COVID-19 virus infection compared with other HCW’s and do not need to be excluded from providing care to such patients.

Where possible and consistent with expressed preference of the healthcare worker it is pragmatic to allocate all these healthcare workers to the care of other patients if feasible, based on staffing availability.

References:


Section 1: Corticosteroids

Daily high dose corticosteroids are immunosuppressive. The following doses of prednisolone (or equivalent dose of other glucocorticoid) are likely to be immunosuppressive:

Adults and children weighing 10kg or greater:
- Prednisolone 40 mg/day or greater for more than 1 week,
- or 20 mg/day or greater for 2 weeks or longer

Children weighing less than 10 kg:
- 2mg/kg/day for 2 weeks or longer

Equivalent doses of the following glucocorticoids are likely to be immunosuppressive:
- Betamethasone
- Dexamethasone
- Hydrocortisone
- Methylprednisolone
- Triamcinolone

The following steroid treatment is not considered immunosuppressive and is not considered sufficient to significantly increase risk of infection:

i. Short term (less than 7 days) irrespective of dose
ii. Long term (2 weeks or greater) less than 20mg/day of prednisolone or equivalent (however see notes in section 3).
iii. Long-term, alternate-day treatment with short-acting preparations
iv. Maintenance physiologic doses (replacement therapy)
  v. Topical (skin or eyes) or by inhalation
  vi. Intra-articular, bursal, or tendon injection
  vii. Fludrocortisone less than 300 micrograms/day

Use of topical Calcineurin inhibitors (TCIs, e.g., Tacrolimus and Pimecrolimus) for atopic dermatitis in otherwise healthy adults does not result in significant systemic absorption or immunosuppression.
Section 2: Immunomodulatory treatments causing immunosuppression which may be sufficient to significantly increase the risk of infection includes medication such as:

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<tr>
<th>Biological agents</th>
<th>Biological agents for multiple sclerosis</th>
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<td>Infliximab (Flixabi®, Inflectra®, Remicade®, Remsima®, Zeissly®)</td>
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Section 3 Risk Stratification

A. Normal risk:
People who have an auto-immune disease, are not taking immunosuppressant therapies and have no additional risks [listed below] are at similar risk to the general population. This includes other medication for auto-immune conditions, including hydroxychloroquine, sulfasalazine, mesalazine, gold products and penicillamine.
Some monoclonal antibodies for type 2 inflammation are also in this category. These include: Resilizumab, Benralizumab, Mepolizumab, Omalizumab, Dupilumab (although people on these medicines may be in high risk groups for Covid-19 for other reasons e.g. severe respiratory disease).

B. Increased risk:
People taking any single medication from section 2 (and not listed in higher risk category C below) without prednisolone 5mg daily or greater in the last 4 weeks.

C. Higher risk:
Prednisolone 40 mg/day or greater for more than 1 week,
or 20 mg/day or greater for 2 weeks or longer
Or
People taking two or more immunosuppressant medicines.
This includes prednisolone 5mg or greater in the last 4 weeks.
Or
Cyclophosphamide or Rituximab in the last 6 months
Or
People with poorly controlled disease or a history of recurring infections (requiring medical treatment) while on immunosuppressant medication.
Or
Some people with Multiple Sclerosis [Advice being finalised, will be available via Covid-19 HSE Clinical Guidance and Evidence repository and MS Society]
Or
People taking one immunosuppressant known to increase the risk of infection or serious infection and also in one or more of the following categories:
• over 70 years of age
• solid organ transplant recipients
• have cancer and are undergoing active chemotherapy, immunotherapy, antibody treatment or other treatment which can affect the immune system,
• severe respiratory conditions including cystic fibrosis, severe asthma & severe COPD
• have rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
• are pregnant and have significant heart disease, congenital or acquired
An individual’s risk may be higher or lower than these categories depending on associated risk factors such as smoking or co-morbidities. Groups most at risk of severe infection include people with ischaemic heart disease, hypertension, cerebrovascular disease, type 2 diabetes, obesity, active
malignancy in last 5 years, chronic lung disease, chronic renal disease, chronic liver disease. Their clinician may assess this risk and advise them accordingly.

Section 4: Patient information: Immunosuppressive medicines

This information is for people who are being cared for by a:

- rheumatologist
- dermatologist
- gastroenterologist
- respiratory specialist

Being on immunosuppressive treatments does not increase your risk of getting a COVID-19 infection (coronavirus).

There is no evidence to date that being on an immunosuppressive treatment puts you at higher risk of severe disease with COVID-19. However, as other infections can cause severe illness in people who are on immunosuppressive treatment, you should take extra care.

Current HSE advice on groups who should be cocooning is available here.

If you stop your medicine you may be more likely to have a flare of your condition during this period.

Immunosuppressive medicines include:

- biologic agents
- steroids
- methotrexate
- azathioprine

**Steroids**

Keep taking steroids if you are usually on them unless your doctor tells you otherwise. Stopping steroids suddenly can make you very unwell.

If you become unwell due to coronavirus or another infection, continue to take your steroids.

Never start taking steroids unless your doctor tells you to.

Steroid tablets include prednisolone – brand name: Deltacortril.

Other steroid medicines do not usually cause immunosuppression. This includes inhalers [inhaled corticosteroids] which are often known as preventer inhalers. It is very important to continue to take your preventer inhaler. This will decrease your risk of an asthma attack or COPD exacerbation and reduce your respiratory symptoms.

Other steroid medicines include nasal sprays or drops, creams and eye or ear drops. All of these medicines should be continued and used as you normally would.
Immunosuppressive treatments

If you attend a consultant, ask them if they recommend any changes to your treatment. But do not make changes unless your doctor tells you to.

There is no evidence to-date that being on an immunosuppressive treatment puts you at higher risk of severe disease. However, as other infections can cause severe illness in people who are on immunosuppressive treatment, you should take extra care.

If you usually have regular blood tests, these should continue. But ring your hospital first as some hospital services are disrupted.

If you become unwell due to coronavirus or another infection, continue to take your steroids. Contact your GP or consultant to ask if they recommend any changes to your steroids or other immunosuppressant treatment. Do this before taking the next dose of your immunosuppressant treatment.

The coronavirus pandemic may last several months. If you reduce or stop your medicine you may be more likely to have a flare during this period. This means you might need to restart your treatment and attend your GP or hospital.

The immunosuppressant effect of each medicine continues for different periods of time after you stop them. You may still be immunosuppressed for a period of time if you stop them, often for many months.

Please check www.hse.ie for current HSE advice about cocooning.

If you are an essential worker on an immunosuppressant medicine, you should notify Occupational Health or your GP to discuss your options for safe working.

Further information about the level of risk with each medicine is available. This list includes some of the medicines used for the treatment of auto-immune conditions (e.g. rheumatoid arthritis, psoriasis, inflammatory bowel disease) which may increase the risk of infection in general. The list is not exhaustive and for up to date information on all licensed medicines in Ireland visit www.hpri.ie