

Ophthalmology department

# Immunosuppressive treatment for eye conditions during COVID-19

Information for patients, relatives and carers

## Introduction

This leaflet has been designed to give you information about Immunosuppressive treatment for eye conditions during the COVID-19 pandemic. We hope it will answer some of the questions that you or those who care for you may have at this time. If you have any questions about the information below contact us using the details on the back page.

## Does immunosuppressive treatment increase the risk of contracting COVID-19 or developing severe symptoms?

COVID-19 is a new infection and there is little evidence to confirm that immunosuppression increases risk. However, it is known that immunosuppression does increase risk of other infections and it is likely therefore to increase risk of COVID-19 infection.

## How should I reduce my risk of contracting COVID-19?

Public Health England (PHE) have advised that we should all **stay home and maintain social distancing** during the COVID-19 outbreak to protect each other and the NHS, <https://www.gov.uk/coronavirus>:

Stay at home:

- only go outside for food, health reasons or work (but only if you cannot work from home)
- if you go out, stay two metres (or six feet away) from other people at all times
- wash your hands as soon as you get home

Do not meet others, even friends or family not living in your household. You can spread the virus even if you don't have symptoms.

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## Is there any further guidance for patients on immunosuppressive treatment

Some patients on immunosuppressive treatment may need to stay at home entirely during the COVID-19 outbreak. The British Society of Rheumatology (BSR) has developed a scoring system to help determine which patients should also take these further precautions. The following risk stratification table has been adapted from current BSR guidelines, <https://www.rheumatology.org.uk/news-policy/details/covid19-coronavirus-update-members>. Patients can see what further precautions are necessary depending on their current immunosuppressive medications using the table below.

Risk Factor	Score
Corticosteroid dose: Prednisolone of more than 20mg (or 0.5mg/kg) per day for more than four weeks	3
Corticosteroid dose: Prednisolone of more than 5mg but less than 20mg per day for more than four weeks	2
Cyclophosphamide (intravenous or orally) in the last six months	3
One immunosuppressive medication, biological/monoclonal**, or small molecule immunosuppressant**	1
Two or more immunosuppressive medication, biological/monoclonal**, or small molecule immunosuppressant***	2
Any one of: age more than 70 years, Diabetes mellitus, pre-existing lung disease, renal impairment, history of ischaemic heart disease or hypertension	1
Hydroxychloroquine, sulphasalazine – alone or in combination	0

**Patients who are scored 0-1:** Continue to follow the government advice to **stay home**.

**Patients who are scored 2:** Advised to self-isolate or maintain social distancing. This represents the vast majority of patients currently taking immunosuppressive treatment for eye conditions. We would advise all these patients to self-isolate to protect themselves from infection with COVID-19.

**Patients who are scored 3 or above:** Strongly advised to shield themselves by staying at home at all times for 12 weeks. Full guidance regarding this (*guidance on shielding and protecting people defined on medical grounds as extremely vulnerable*) is available on the

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PHE website ([www.gov.uk/coronavirus-extremely-vulnerable](http://www.gov.uk/coronavirus-extremely-vulnerable)) and patients should register to access further support.

All patients with rheumatoid arthritis, connective tissue disease related interstitial lung disease and pulmonary hypertension should be placed in the shielding category.

## Should I stop immunosuppressive treatment?

Patients already on immunosuppressive treatment should not stop their medication at present. The effect of the treatment is not likely to wear off for several months and would risk exacerbating their underlying ocular conditions which might need hospital visits.

However, patients on higher doses of oral steroids (more than 20mg prednisolone or 0.5mg/kg prednisolone) for more than four weeks may be asked to reduce their dose after medical advice. Higher doses of oral steroid may increase the risk of COVID-19 infection. **Long term steroids should never be stopped abruptly.**

If you develop symptoms, please stop immunosuppressive treatment and contact the ophthalmology department for further advice. Do not stop prednisolone treatment unless advised by a doctor.

## Will it be possible to attend my eye clinic appointment?

We will contact patients by telephone who need to still attend their clinic appointment. This will be a relatively small number of patients who are at significant risk of immediate sight loss without direct assessment in person.

All other patients will have their clinical records evaluated and will either have a telephone appointment or have their appointment postponed as appropriate. If your visual symptoms are worsening and would like to request a telephone consultation, please contact the ophthalmology department.

Email: [ophthalmologyadvice.imperial@nhs.net](mailto:ophthalmologyadvice.imperial@nhs.net)

Western Eye Hospital eye clinic – 020 3312 3236

Charing Cross Hospital eye clinic – 020 3311 0137

Ophthalmology emergency department – 020 3312 3245

## How do I have my monitoring blood tests?

Attending for blood tests has the potential risk of contracting COVID-19. This risk needs to be managed on an individual basis depending on your current immunosuppressive regime.

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- if you have been on the same immunosuppressive treatment for six months or more on a stable dose with normal blood tests, you should not have monitoring blood tests at present
  - if monitoring blood tests have already shown a significant abnormality, further blood tests may be required as per current advice
  - monitoring blood tests may be required if starting a new treatment, although commencement of new treatment is currently being avoided if possible

Urgent blood tests will be available at Charing Cross Hospital and some GP practices. You can call St Mary's Hospital on **0203 312 1106** for urgent bloods.

## How do I get a prescription for medication?

You should continue to obtain your medication from your GP and pharmacist.

\*Immunosuppressive medication: azathioprine, leflunomide, methotrexate, mycophenolate, ciclosporin, tacrolimus, sirolimus (This does NOT include hydroxychloroquine or sulphasalazine)

\*\*Biological/monoclonal includes: rituximab within last 12 months, all anti-TNF (etanercept, adalimumab, infliximab, golimumab, certolizumab and biosimilar agents); tocilizumab, abatacept, belimumab, anakinra, sekinumab, ixekizumab, ustekinumab, sarilimumab, canakinumab

\*\*\*Small molecules include all JAK inhibitors (baricitinib, tofacitinib)

## Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: [imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

## Wi-fi

Wi-fi is available at our Trust. For more information visit our website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)

Ophthalmology Department  
Published: April 2020  
Review date: April 2022  
Reference no: 0604  
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