

Patient cohorts considered at highest risk from COVID-19 and to be prioritised for treatment with nMABs

The following patient cohorts were determined by an independent advisory group commissioned by the Department of Health and Social Care (DHSC)⁷.

Cohort	Description
Down's syndrome	All patients with Down's syndrome
Patients with a solid cancer	<ul style="list-style-type: none"> • Active metastatic cancer and active solid cancers (at any stage) • All patients receiving chemotherapy within the last 3 months • Patients receiving group B or C chemotherapy 3-12 months prior. • Patients receiving radiotherapy within the last 6 months
Patients with a haematological diseases and stem cell transplant recipients	<ul style="list-style-type: none"> • Allogeneic haematopoietic stem cell transplant (HSCT) recipients in the last 12 months or active graft vs host disease (GVHD) regardless of time from transplant (including HSCT for non-malignant diseases) • Autologous HSCT recipients in the last 12 months (including HSCT for non-malignant diseases) • Individuals with haematological malignancies who have <ul style="list-style-type: none"> ▪ received chimaeric antigen receptor (CAR)-T cell therapy in the last 24 months, or ▪ radiotherapy in the last 6 months • Individuals with haematological malignancies receiving systemic anti-cancer treatment (SACT) within the last 12 months except patients with chronic phase chronic myeloid leukaemia (CML) in molecular

	<p>response or first or second line tyrosine kinase inhibitors (TKI).</p> <ul style="list-style-type: none"> • All patients with myeloma (excluding MGUS) or chronic B-cell lymphoproliferative disorders (e.g. chronic lymphocytic leukaemia, follicular lymphoma) or myelodysplastic syndrome (MDS) who do not fit the criteria above. • All patients with sickle cell disease. • Individuals with non-malignant haematological disorder (e.g. aplastic anaemia or paroxysmal nocturnal haemoglobinuria) receiving B-cell depleting systemic treatment (e.g. anti-CD20, anti-thymocyte globulin [ATG] and alemtzumab) within the last 12 months.
<p>Patients with renal disease</p>	<ul style="list-style-type: none"> • Renal transplant recipients (including those with failed transplants within the past 12 months), particularly those who: <ul style="list-style-type: none"> o Received B cell depleting therapy within the past 12 months (including alemtuzumab, rituximab [anti-CD20], anti-thymocyte globulin) <ul style="list-style-type: none"> ▪ Have an additional substantial risk factor which would in isolation make them eligible for nMABs or oral antivirals ▪ Not been vaccinated prior to transplantation • Non-transplant patients who have received a comparable level of immunosuppression • Patients with chronic kidney stage (CKD) 4 or 5 (an eGFR less than 30 ml/min/1.73m²) without immunosuppression

Patients with liver disease	<ul style="list-style-type: none"> • Patients with cirrhosis Child's-Pugh class B and C (decompensated liver disease). • Patients with a liver transplant • Liver patients on immune suppressive therapy (including patients with and without liver cirrhosis) • Patients with cirrhosis Child's-Pugh class A who are not on immune suppressive therapy (compensated liver disease)
Patients with immune-mediated inflammatory disorders (IMID)	<ul style="list-style-type: none"> • IMID treated with rituximab or other B cell depleting therapy in the last 12 months • IMID with active/unstable disease on corticosteroids, cyclophosphamide, tacrolimus, cyclosporin or mycophenolate. • IMID with stable disease on either corticosteroids, cyclophosphamide, tacrolimus, cyclosporin or mycophenolate. • IMID patients with active/unstable disease including those on biological monotherapy and on combination biologicals with thiopurine or methotrexate
HIV/AIDS	<ul style="list-style-type: none"> • Patients with high levels of immune suppression, have uncontrolled/untreated HIV (high viral load) or present acutely with an AIDS defining diagnosis • On treatment for HIV with CD4 <350 cells/mm³ and stable on HIV treatment or CD4 >350 cells/mm³ and additional risk factors (e.g. age, diabetes, obesity, cardiovascular, liver or renal disease, homeless, those with alcohol-dependence)
Solid organ transplant recipients	All recipients of solid organ transplants not otherwise specified above
Rare neurological conditions	<ul style="list-style-type: none"> • Multiple sclerosis

	<ul style="list-style-type: none">• Motor neurone disease• Myasthenia gravis• Huntington's disease
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7 For paediatric/adolescent patients (aged 12-17 years inclusive), paediatric multi-disciplinary team (MDT) assessment should be used to determine clinical capacity to benefit from the treatment