



Information for adult patients with immune thrombocytopenia in the setting of COVID-19 pandemic (15th July 2020)

At time of writing this update, the transmission of COVID-19 in the community has gone down and the lockdown is being eased.

How can I find up to date general advice on COVID-19?

Current general advice on how to control the virus is available on the government website <https://www.gov.uk/coronavirus>. General advice at time of writing is briefly outlined below, while the website also recognises that in the event of an outbreak, local advice may differ.

- stay at home as much as possible
- work from home if you can
- limit contact with other people
- keep your distance from people not in your household (2 metres apart where possible)
- wash your hands regularly

Do not leave home if you or anyone in your household has symptoms:

- a high temperature
- a new, continuous cough
- a loss of, or change to, your sense of smell or taste

If you have symptoms you can also book a free test, but this needs to be done within the first 5 days of developing symptoms <https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/get-an-antigen-test-to-check-if-you-have-coronavirus/>.

If you are worried about symptoms, you can use the NHS 111 on line coronavirus service <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>.



Advice in the devolved nations may differ slightly from that in England. The following links provide specific advice regarding many aspects of coronavirus for Scotland, Wales and Northern Ireland respectively.

- Scotland: <https://www.gov.scot/coronavirus-covid-19/>,
<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>
- Wales: <https://gov.wales/coronavirus>
- Northern Ireland: <https://www.health-ni.gov.uk/coronavirus>

How do I decide whether, due to my ITP or its treatment, I am at increased risk of being unwell if I got COVID-19?

ITP itself is not thought to increase the risk of being unwell. However some treatments for it, such as prednisolone (steroid), mycophenolate Mofetil (Cellsept), azathioprine, cyclosporine, vincristine, rituximab (given in the past 12 months) and splenectomy affect your immune system and may reduce your ability to fight the infection. Not everybody who is/has received these treatments are considered “clinically extremely vulnerable”. Those considered to be “clinically extremely vulnerable” may be at high risk of serious illness if they catch coronavirus (COVID-19) and have been advised to take additional action to prevent themselves from coming into contact with COVID-19 when transmission of coronavirus in the community is high. Government advice on which individuals are considered “clinically extremely vulnerable”, what actions to take and what support is available can be found at <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>.

At time of writing (8th July 2020 update), this states that “people on immunosuppression therapies sufficient to significantly increase risk of infection” are considered extremely vulnerable. It does not detail exactly which individuals these might be and does not list those receiving splenectomy as being clinically extremely vulnerable. However the NHS Digital website <https://digital.nhs.uk/coronavirus/shielded-patient-list> acknowledges that splenectomy was on an earlier list of those considered extremely vulnerable and as a consequence splenectomised patients may have received a letter advising them that they are extremely vulnerable. The current advice on NHS Digital is that this is under review and that anybody who is unsure about whether they should follow this guidance should contact their GP or hospital specialist to discuss their individual circumstances.



The British Society of Rheumatology and the British Society of Haematology have undertaken work to try and stratify risk for those at greater risk of infection: <https://b-s-h.org.uk/about-us/news/covid-19-updates/> and <https://www.rheumatology.org.uk/News-Policy/Details/Action-needed-coronavirus-identifying-high-risk-patients>. Advice may change as more evidence accumulates but current recommendations are listed below.

Consider yourself extremely vulnerable from COVID-19 if taking:

- Corticosteroids $\geq 20\text{mg}$ (0.5mg/kg) prednisolone (or equivalent per day for more than 4 weeks)
- Corticosteroid dose of $\geq 5\text{mg}$ prednisolone (or equivalent) per day for more than four weeks plus at least one other immunosuppressive medication (e.g. azathioprine, mycophenolate, ciclosporine) or rituximab within the last 12 months.
- A combination of 2 immunosuppressive medications including rituximab within the last 12 months plus an additional co-morbidity (age >70 , Diabetes Mellitus, any pre-existing lung disease, renal impairment, any history of Ischaemic Heart Disease or hypertension)
- Splenectomy with ongoing immunosuppressive agents

If you are unsure of your risk category, you should discuss this with your treating clinician. Most patients with controlled disease and no major co-morbidities either having previously received splenectomy, or receiving a single immunosuppressive therapy with no previous history of splenectomy, would not be considered high risk and should take standard advice on social distancing. However some individuals in these circumstances may have other concerns or high-risk conditions and, following individual risk assessment, be advised to follow guidelines for the extremely vulnerable.

Since those who catch COVID-19 may also develop secondary bacterial infection, patients who have had a splenectomy are advised to be diligent with their antibiotic prophylaxis and be up-to-date with their vaccination schedule.



Neither Romiplostim (N-Plate) nor Eltrombopag (Revolade) will affect the immune system and risk will depend on other treatments being received at the same time or in the recent past.

Any change in ITP medication should be discussed with your ITP centre and should NOT be discontinued unless advised. If you think your platelet count is low, please do not attend your centre without phoning first, so that a plan of action can be determined. This may be simply a change in treatment or you may be asked to come to the centre at a specified time, to minimise your wait.

Many ITP consultations can be done through telephone conversations and blood tests taken locally. You will then not need to travel or wait in hospital. You will then be advised about dosing of medication over the phone. Your Centre will be able to advise you on the best course of action and how to access care.

As in any other circumstances, if there are any bleed-related symptoms, please contact the ITP centre.

Isn't coming to hospital dangerous?

There are many people who have been extremely concerned about presenting to hospital, some have delayed attending hospital at times when they have been very unwell. If someone with an important health condition is unwell, please seek advice from your specialist team. Hospitals have been re-organised to protect people who come in with non-COVID admissions.

What can I do to stay well?

We recommend that continuing to focus on physical and mental health in all areas is also important e.g. taking prescribed medication, exercising and eating healthy foods.