

## **Clinical risk groups for those aged 16 years and over.**

This is a list of medical conditions that put patients at greater risk of being unwell if they contacted Covid 19. They will need 2 doses of injection with a booster no sooner than 3 months later (unless they qualify for the immunosuppression section – see criteria to be labelled immunocompromised letter).

### **Chronic respiratory disease**

Individuals with a severe lung condition, including those with poorly controlled asthma (2 or more courses or oral steroids in the previous 2 years or on oral maintenance steroids or an admission to hospital for asthma in the last 2 years) and chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis, and bronchopulmonary dysplasia (BPD).

### **Chronic heart disease and vascular disease**

Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. This includes individuals with atrial fibrillation, peripheral vascular disease or a history of venous thromboembolism (DVT, PE).

### **Chronic kidney disease**

Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.

### **Chronic liver disease**

Chronic liver disease Cirrhosis, biliary atresia, chronic hepatitis.

### **Chronic neurological disease**

Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological or neuromuscular disease (e.g. polio syndrome sufferers). This group also includes individuals with cerebral palsy, severe or profound and multiple learning disabilities (PMLD), Down's syndrome, multiple sclerosis, epilepsy, dementia, Parkinson's disease, motor neurone disease and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.

### **Diabetes mellitus and other endocrine disorders**

Any diabetes, including diet-controlled diabetes, current gestational diabetes, and Addison's disease.

### **Immunosuppression**

Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID). Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults. Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma. Those who require long term immunosuppressive treatment for conditions including, but not limited to, systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease, scleroderma, and psoriasis. Some immunosuppressed patients may have a suboptimal immunological response to the vaccine (see Immunosuppression and HIV).

### **Asplenia or dysfunction of the spleen**

This also includes conditions that may lead to splenic dysfunction, such as homozygous sickle cell disease, thalassemia major and coeliac syndrome.

### **Morbid obesity Adults with a Body Mass Index (BMI) $\geq 40$ kg/m<sup>2</sup>.**

**Severe mental illness**

Individuals with schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment.

**Younger adults in long-stay nursing and residential care settings**

Many younger adults in residential care settings will be eligible for vaccination because they fall into one of the clinical risk groups above (for example learning disabilities). Given the likely high risk of exposure in these settings, where a high proportion of the population would be considered eligible, vaccination of the whole resident population is recommended. Younger residents in care homes for the elderly will be at high risk of exposure, and although they may be at lower risk of mortality than older residents should not be excluded from vaccination programmes.

**Pregnancy All stages (first, second and third trimesters)****Household contacts of people with immunosuppression**

Individuals who expect to share living accommodation on most days (and therefore for whom continuing close contact is unavoidable) with individuals who are immunosuppressed (defined as above).

**Carers**

Those who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable.