COVID-19 - ADMISSION PATHWAYS & MANAGEMENT OF PATIENTS

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The UK is now in a different phase of the pandemic as more of the population is vaccinated and therefore protected against COVID-19. **The UK Health Security Agency** (UKHSA) has now adapted the way the NHS operates with COVID to a clinically led risk-based approach as the virus is likely to remain endemic for some time to come. This approach is to ensure:

1) The delivery of safe care to patients
2) To support the NHS in its infection prevention and control risk reduction strategy
3) To mitigate risk/harm to patients and workforce

The recommended changes to the elective surgical pathway are as follows:

Day cases and those having minor to moderate elective procedures are now not required to isolate or have a PCR test for SARS-CoV-2 prior to their procedure. Instead, it is recommended that they limit their exposure to COVID and have a negative Lateral Flow Test undertaken on the day of the procedure.

Inpatients who are having **major surgery** or are **high risk** or **extremely vulnerable** as well as those due to receive **planned ICU care** are required to take a PCR test no more than 3 days prior to surgery and isolate thereafter. The period of isolation for such patients is also determined in consultation with their consultant/anaesthetist **(see appendices).**

Patient testing for those being admitted as an emergency remain unchanged from previously issued pathways.

It is advised that Consultants and Nurses undertake a risk assessment of their patients to ensure they are assigned to the correct pathway. The recommendations below aim to support with such risk assessment:

Recommendations for Consultants and Nurses on Risk assessment:

1) Amend your consent process in the context of COVID-19:

- Ensure that the patient understands the risks associated with COVID-19 and has given informed consent
- Explain to patients that their planned care is likely to be postponed if they:
    - Test positive for SARS-CoV-2 (the virus that causes COVID-19)
    - Develop symptoms of COVID-19
    - Have had household contact with someone with COVID-19 in the 10 days prior to procedure

2) You must assess a patient's risk, considering three sets of factors:

- **Individual factors:** associated with an increased risk of getting or becoming severely ill with COVID-19, such as: age (risk increases as someone gets older), vaccination status, symptomatic, contact with a confirmed case in the 10 days prior to the procedure.
- **Major operation**: A major operation will be associated with blood loss of >500ml and possible transfusion, significant fluid shifts, possible need for ICU, and inpatient stay of 5 days or more. These will include major abdominal resections, major spinal surgery, open thoracic surgery, open vascular surgery on major vessels, or intracranial surgery.
- **Existing medical conditions**: Patients with one high risk indicator or two or more moderate risk indicators (see table 1 below) are deemed at **high risk**. Patient in this risk category having a day case procedure should be managed under the day case pathway. Patients with one moderate risk indicator are deemed at **moderate risk**.

Table 1: Risk Indicators

Moderate indicators of risk	High indicators of risk
People who: • Are 70 or older • Have a mild lung condition (e.g. asthma, COPD, bronchitis) • Have heart disease (e.g. heart failure) • Have diabetes • Have chronic kidney disease • Have liver disease (e.g. hepatitis) • Have a neurological condition (e.g. Parkinson's, motor neurone disease, multiple sclerosis) • Have a condition that means a high risk of getting infections • Are taking medicine that affect the immune system (e.g. low doses of steroids) • Are very obese (BMI of 40 or above) • Are pregnant – see advice about pregnancy and coronavirus	People who: • Have had an organ transplant • Are having chemotherapy or immunotherapy or radical radiotherapy • Have leukaemia, lymphoma or myeloma • Have had a bone marrow or stem cell transplant in the past 6 months, or are still on immunosuppression • Have a severe lung condition (e.g. cystic fibrosis, severe asthma or severe COPD) • Have a condition that increases the risk of getting infections (such as SCID or sickle cell) • Are on high doses of steroids or immunosuppressant medicines • Have a serious heart condition and are pregnant

3) Surgery within 7 weeks of SARS-CoV-2 infection[3,4,5]

Elective surgery should not be scheduled within 7 weeks of a diagnosis of SARS-CoV-2 infection unless the risks of deferring surgery outweigh the risk of post-operative morbidity or mortality associated with COVID-19.
If surgery is considered within the 7 week period the patient should be assessed at the time of pre-assessment by an anaesthetist. The consent should include a discussion about the balance of risks in going ahead with the surgery.

4) Non-Surgical Patients- The guidance makes no recommendation for non-surgical patients. However, a modified version of the pathway for such patients has been produced by The Clinic and can be found in appendices:
Appendix 2: patient COVID Pathway

5) COVID-19 Admission Screening Questionnaire (see appendix 3)- For the process to work efficiently, it is key that all relevant information on the screening questionnaire (including, symptoms etc.) are captured using a multi-disciplinary approach and to ensure the form travels with the patient from preassessment to admission. The steps below highlight the responsibility of the teams involved in completing the questionnaire.

Roles for completing the COVID Screening Questionnaire

Preassessment Team are responsible for:
- **Completing Sections 1** as part of the preassessment process
- Establish if the patient has had COVID in the last 90 days (Patients are exempt from PCR testing within 90 days after a confirmed COVID infection).
- Informing the patient to do Lateral Flow Test on the day of the procedure and to have email/text confirmation of a negative test result on admission.
- Forwarding all the relevant papers to the admitting Department

Admitting Department is responsible for:
- **Completing Section 1** (symptoms for COVID)
- **Completing Section 2** (recording of test results)
- Checking/ recording PCR/LFT results
- Handing over this information to Theatre department

SURGICAL PATIENT ADMISSION COVID PATHWAY

Following COVID-19 infection, elective surgery should be delayed until >7 weeks

Covid-19 testing should not be repeated < 90 days in patients who have had COVID-19 infection (unless new symptoms develop)

TYPE OF ADMISSION	ISOLATION ADVICE	COVID TEST	ON ADMISSION	PATHWAY
Day Case				
Under local (excluding dental)	None required	None required	Confirm: • asymptomatic	Non-respiratory
Under GA or sedation **Dental** **Endoscopy**	Advise to limit exposure	LFT taken by patient on day of procedure	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	
Inpatient				
Minor/moderate surgery	Advise to limit exposure	LFT taken by patient on day of procedure	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	Non-respiratory **
Major surgery	3 days (or longer as agreed with consultant)	PCR **3 days** before surgery & isolate until day of surgery	Confirm: • proof of negative PCR • asymptomatic • no COVID contact/exposure in the last 10 days	
High Risk **Extremely vulnerable** **Planned Critical care admission**	3 days (or longer as agreed with consultant)	PCR **3 days** before surgery & isolate until day of surgery	Confirm: • proof of negative PCR • asymptomatic • no COVID contact/exposure in the last 10 days	
Emergency surgical admission				
	Not applicable	PCR on admission	**Airborne isolation whilst awaiting PCR result** • If PCR negative and asymptomatic – downgrade to **non-respiratory** pathway • If PCR negative and symptomatic – review before downgrading • If no PCR (refused, unable to consent) remain on **Respiratory** pathway • If PCR positive will need to be isolated for 10 days if remains as an inpatient ##	Respiratory

Notes: * *Inpatients on the non-respiratory need to follow the inpatient testing regime (re-test with LFT 3 days after admission and again at 5-7 days).
Positive inpatients can transfer to the non-respiratory pathway on day 7 if asymptomatic and they have had 2 consecutive -ve LFTs taken on day 6 and day 7 (24hrs apart). Otherwise de-isolate after day 10. An extremely vulnerable patient requires 14 days isolation and a -ve PCR.

MEDICAL PATIENT ADMISSION COVID PATHWAY

Covid-19 testing should not be repeated < 90 days in patients who have had COVID-19 infection (unless new symptoms develop)

TYPE OF ADMISSION	ISOLATION ADVICE	COVID TEST	ON ADMISSION	PATHWAY
Day Case	None required	None required	Confirm: • asymptomatic	**Non-respiratory**
Inpatient	Advise to limit exposure	LFT taken by patient on day of admission	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	**Non-respiratory ****
Emergency medical admission	Not applicable	PCR on admission	**Airborne isolation whilst awaiting PCR result** • If PCR negative and asymptomatic – downgrade to **non-respiratory** pathway • If PCR negative and symptomatic – review before downgrading • If no PCR (refused, unable to consent) remain on **Respiratory** pathway • If PCR positive will need to be isolated for 10 days if remains as an inpatient ##	**Respiratory**

Notes: * *Inpatients on the non-respiratory pathway need to follow the inpatient testing regime (re-test with LFT 3 days after admission and again at 5-7 days).
Positive inpatients can transfer to the non-respiratory pathway on day 7 if asymptomatic and they have had 2 consecutive -ve LFTs taken on day 6 and day 7 (24hrs apart). Otherwise de-isolate after day 10. An extremely vulnerable patient requires 14 days isolation and a -ve PCR.

ONCOLOGY PATIENT ADMISSION COVID PATHWAY

TYPE OF ADMISSION	ISOLATION ADVICE	COVID TEST	ON ADMISSION	PATHWAY
Day case				
For Chemotherapy	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	**Non-respiratory**
Other treatment not involving Chemotherapy	None required	None required	Confirm: • asymptomatic	
Inpatient				
Chemotherapy	Advise to limit exposure	PCR **2-3 days** before admission	Confirm: • proof of negative PCR • asymptomatic	**Non-respiratory**
Emergency admission	Not applicable	PCR on admission	**Airborne isolation whilst awaiting PCR result** • If PCR negative and asymptomatic – downgrade to **non-respiratory** pathway • If PCR negative and symptomatic – review before downgrading • If no PCR (refused, unable to consent) remain on **Respiratory** pathway • If PCR positive will need to be isolated for 14 days if remains as an inpatient	**Respiratory**

Notes: The guidance above is applicable to patients without Covid-19 infection history.
For patients with Covid-19 history <90 days: Pls. refer to Management of Covid-19 Patients: Isolation requirements and criteria for stepping down source isolation for both immunocompetent and immunosuppressed patients below.

RADIOTHERAPY PATIENT ADMISSION COVID PATHWAY

TYPE OF ADMISSION	ISOLATION ADVICE	COVID TEST	ON ADMISSION	PATHWAY
Day case				Non-respiratory
Radiotherapy	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	
Radiotherapy + Chemotherapy	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	
Inpatient				Non-respiratory
Radiotherapy	Advise to limit exposure	LFT taken by patient on day of admission	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	
Radiotherapy + Chemotherapy	Advise to limit exposure	PCR **2-3 days** before admission	Confirm: • proof of negative PCR • asymptomatic	
Emergency admission	Not applicable	PCR on admission	**Airborne isolation whilst awaiting PCR result** • If PCR negative and asymptomatic – downgrade to **non-respiratory** pathway • If PCR negative and symptomatic – review before downgrading • If no PCR (refused, unable to consent) remain on **Respiratory** pathway • If PCR positive will need to be isolated for 14 days if remains as an inpatient	Respiratory

Notes: The guidance above is applicable to patients without Covid-19 infection history.
For patients with Covid-19 history <90 days: Pls. refer to Management of Covid-19 Patients: Isolation requirements and criteria for stepping down source isolation for both immunocompetent and immunosuppressed patients below.

HAEMATOLOGY PATIENT ADMISSION COVID PATHWAY

TYPE OF ADMISSION	ISOLATION ADVICE	COVID TEST	ON ADMISSION	PATHWAY
Day case				Non-respiratory
For Chemotherapy	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	
Other treatment not involving Chemotherapy	Advise to limit exposure	None required	Confirm: • asymptomatic	
Inpatient				Non-respiratory
Chemotherapy	14 days (or as agreed with consultant)	PCR **2-3 days** before admission	Confirm: • proof of negative PCR • asymptomatic • no COVID contact/exposure in the last 10 days	
Transplant	14 days (or as agreed with consultant)	PCR **2-3 days** before admission	Confirm: • proof of negative PCR • asymptomatic • no COVID contact/exposure in the last 10 days	
CAR T-cell Therapy	14 days (or as agreed with consultant)	PCR **2-3 days** before admission	Confirm: • proof of negative PCR • asymptomatic • no COVID contact/exposure in the last 10 days	
Emergency admission	Not applicable	PCR on admission	**Airborne isolation whilst awaiting PCR result** • If PCR negative and asymptomatic – downgrade to **non-respiratory** pathway • If PCR negative and symptomatic – review before downgrading • If no PCR (refused, unable to consent) remain on **Respiratory** pathway • If PCR positive will need to be isolated for 14 days if remains as an inpatient	Respiratory

Notes: Symptomatic haematology patients should not be directly admitted to Level 4.
The guidance above is applicable to patients without Covid-19 infection history.
For patients with Covid-19 history <90 days: Pls. refer to Management of Covid-19 Patients: Isolation requirements and criteria for stepping down source isolation for both immunocompetent and immunosuppressed patients below.

OTHER SPECIALITIES PATIENT ADMISSION COVID PATHWAY

TYPE OF ADMISSION	ISOLATION ADVICE	COVID TEST	ON ADMISSION	PATHWAY
Day case				
Nuclear medicine	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	Non-respiratory
Dialysis	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	
Interventional Radiology	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	
Inpatient				
Nuclear medicine	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	Non-respiratory
Dialysis	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative PCR • asymptomatic	
Interventional Radiology	Advise to limit exposure	LFT taken by patient on day of treatment	Confirm: • proof of negative Lateral Flow Test (if none, do LFT) • asymptomatic	
Emergency admission	Not applicable	PCR on admission	**Airborne isolation whilst awaiting PCR result** • If PCR negative and asymptomatic – downgrade to **non-respiratory** pathway • If PCR negative and symptomatic – review before downgrading • If no PCR (refused, unable to consent) remain on **Respiratory** pathway • If PCR positive will need to be isolated for 10 days if remains as an inpatient	Respiratory

Notes: The guidance above is applicable to patients without Covid-19 infection history.
For patients with Covid-19 history <90 days: Pls. refer to Management of Covid-19 Patients: Isolation requirements and criteria for stepping down source isolation for both immunocompetent and immunosuppressed patients below.

MANAGEMENT OF COVID-19 PATIENTS (stepping down source isolation)

The guidance will give advice on appropriate infection prevention and control (IPC) precautions for:

- inpatients recovering from symptomatic or asymptomatic COVID-19
- appropriate isolation periods and precautions while isolating in hospital
- appropriate risk assessment and precautions for higher risk immunosuppressed patients
- advice to patients who remain asymptomatic
- stepping down precautions following COVID isolation
- safe discharge home or to another healthcare setting for patients who are still within their isolation period but who are otherwise clinically fit and ready for discharge either home or to another social care setting

When a patients' fever has resolved and they are asymptomatic after 10 days, the risk of infection is low and the majority of patients can end their isolation after 10 days. However, a longer isolation period is recommended for patients with severe immunosuppression (see appendix 1) whose condition may delay the virus clearing.

Specific instructions for ongoing medical needs for severely immunosuppressed COVID-19 patients and those who have received critical care:

- There is a difference in the length of isolation for the immunosuppressed patients versus the immunocompetent patients in hospital.
- The isolation period for the immunosuppressed patients is longer (14 days) as the patient may take longer to clear their infection in contrast to the immunocompetent patient who is more likely to recover by the end of the 10th day.
- It is advised to test for virological clearance (PCR test) in the severely immunosuppressed patients before stepping down the isolation. This reflects the complex health needs of these patients and the likelihood for prolonged shedding, with the risk of spread in the healthcare settings. For these patients, IPC measures should be continued **(refer to tables below for specific guidance)**

Criteria for stepping down:

Immunocompetent Inpatients	**Isolation period:** 10 days isolation • Count isolation from 1st day of onset of symptoms. • If asymptomatic – from date of positive COVID-19 test. **Clinical criteria to step down:** • Clinical improvement with some respiratory recovery • No fever for 48 hrs (without medication) • **NB: cough and loss of taste/smell can persist for several weeks and is not considered a sign of ongoing infection when other symptoms have resolved** • If meets the above clinical criteria no testing is necessary **Isolation period reduced to 7 days:** • The patient must meet the clinical criteria above • Need 2 consecutive negative LFTs 24 hours apart – on Day 6 and Day 7 • If either of these tests are positive: do not retest, the patient must complete the 10 days isolation.
Severely Immunosuppressed Patients	**Isolation period:** 14 days isolation • Count isolation from 1st day of onset of symptoms. • If asymptomatic – from date of positive COVID-19 test. **Clinical criteria to step down:** • **NB: Absence of symptoms is NOT a marker to allow step down** **Criteria:** • A negative PCR test after the 14 days isolation is completed

	• Asymptomatic patients with a positive PCR test result can end their isolation if: o the Ct value is >35 AND o a LFT is negative • Patients who do not meet the above criteria to step down isolation, should remain in isolation and can be retested after 7 days.

Management of patients arriving at the clinic for treatment with a recent history of COVID-19:

1. Check the date of the 1st positive result and assess if infection is:
    a. still within the isolation period of COVID-19 infection
    b. 14 – 28 days post infection
    c. 28 – 90 days post infection
2. Identify if the patient is immunocompetent or immunosuppressed
3. Check if the appropriate isolation period has already been completed (refer to the table above)

Patient still within the isolation period of COVID-19 infection	Within • 10 days for immunocompetent (possibly 7 days if early release) • 14 days for immunosuppressed • Isolate until isolation period complete • Use specific criteria in table above for de-isolation
Immunocompetent patient **10 to 90 days after infection**	• Currently asymptomatic – no fever for 48 hours (without medication) or any other new respiratory symptoms • No isolation necessary • No further testing (unless new symptoms indicate a new episode)
Immunosuppressed patient **14 to 28 days after infection**	• **NB: Lack of symptoms is not a reliable indicator to exclude infectiousness** • Isolate and take a PCR test • De-isolate if patient is: o Asymptomatic and PCR negative OR o PCR positive but Ct value >35 and LFT neg • Isolation must continue if: o PCR is positive with Ct value ≤35
29 to 90 days after infection	• **NB: Lack of symptoms is not a reliable indicator to exclude infectiousness** • Isolate and do a LFT rather than a PCR • De-isolate if patient is: o Asymptomatic and LFT neg • Isolation must continue if: o LFT is positive o Take a PCR for ongoing treatment

Discharging Covid-19 positive patients:

<u>Discharging to patient's home:</u>
Patients can be discharged if:

- they are clinically stable
- have recovered some respiratory function
- ongoing care needs can be met at home
- Consider if a member at home has an underlying health condition that may put them at risk if they were infected with COVID-19.

<u>Discharging patient to another healthcare facility:</u>
Step 1:

Patient should be assessed by the Clinical and IPC teams as clinically fit for discharge and has no underlying severe immunosuppression. If the patient is immunosuppressed a bespoke plan will be necessary.

Step 2:
The team should consider the following points:

- Confirm the patient is asymptomatic and has NOT developed any new COVID-19 symptoms.
- The patient can be discharged to another care facility if the appropriate isolation period been completed.
- If not the patient can be discharged to a suitable designated facility where their isolation can be completed.

Step 3:
The discharging Clinical team should ensure the following:

- Ensure that a dated COVID-19 test result is included in the discharge summary.
- A full clinical history is included in the discharge summary with details of the patient COVID-19 infection, management and isolation period.

References

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3. CoV-2 infection, COVID-19 and timing of elective surgery. El-Boghdadly K et al. Anaesthesia 2021, 76, 940–946. This represents a multidisciplinary consensus statement on behalf of the Association of Anaesthetists, Centre for Perioperative Care, Federation of Surgical Specialty Associations, Royal College of Anaesthetists, Royal College of Surgeons of England

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5. Timing of surgery following SARS-CoV-2 infection: an international prospective cohort study. COVID Surg Collaborative and Global Surg Collaborative. Anaesthesia 2021, 76, 748–758.

6. https://www.google.com/search?q=steppingdown+of+infection+control+precautions+and+discharging+COVID-

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8. https://www.england.nhs.uk/wp-content/uploads/2019/03/C1630_Next-steps-on-IPC-Publication-of-revised-UK-Infection-Prevention-and-Control-IPC-Guidance-and-an-IPC-Man.pdf

Appendices:

1. **COVID-19 screening Questionnaire (Inpatient/ Day Case)**
2. **Severely immunosuppressed patient category**

Appendix 1: COVID-19 screening Questionnaire (Inpatient/ Day Case)

THE LONDON CLINIC

L Number:

Patient Name:

DOB:

Consultant:

COVID-19 ADMISSION SCREENING QUESTIONNAIRE (Inpatient / Day Case)

Section 1: To be completed by Pre-assessment (if applicable) and Admitting Department

1. **In the last 90 days have you tested positive or developed symptoms suggestive of Covid-19?** (*but not tested)* If yes, date of positive test or when symptoms began (if not tested):_____ ***(No Covid-19 testing within 90 days of a positive result)***	☐ **Yes** ☐**No**	
2. **In the last 10 days, have you experienced any of the following symptoms:**	**Pre-assessment (if applicable)**	**Admitting Dept.**
High temperature or shivering (chills)	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
New continuous cough (with or without sputum)	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Loss or change to your sense of smell or taste	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Shortness of breath	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Feeling tired or exhausted	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Aching body	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Headache	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Sore throat	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Blocked or runny nose	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Loss of appetite	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Diarrhoea	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
Feeling sick or being sick	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**
3. In the last 10 days, have you come in contact with a known or suspected case of Covid-19	☐ **Yes** ☐**No**	☐ **Yes** ☐**No**

Section 2: To be completed by the Admitting Department (*checked by the Receiving Department*)

1. **Date of Procedure:** _____
2. **Covid-19 Test required (Pls. tick):**
   - ☐ **PCR**
     Date swab taken: _____ **Result:** ☐**Negative** ☐ **Positive** ☐ **Awaiting result**
     (attach result to patient's notes)
   - ☐ **Lateral Flow Test (LFT)**
     Date test taken: _____**Result:** ☐**Negative** ☐ **Positive** ***(Documented in patient's notes)***
     Done by patient: ☐**Yes** ☐**No** ***If yes,*** evidence seen: ☐**Yes** ☐**No**
     Done by Clinical staff: ☐**Yes** ☐**No**
   - ☐ **PCR/LFT not required**

Completed by: **Print name:** _____ **Date:** _____

Checked by: **Print name:** _____ **Date:** _____

The severely immunosuppression patient is defined in the Green Book of immunisations as:

- immunosuppression due to acute and chronic leukaemias and lymphoma (including Hodgkin's lymphoma)
- severe immunosuppression due to HIV/AIDS (British HIV Association advice)
- cellular immune deficiencies (such as severe combined immunodeficiency, Wiskott-Aldrich syndrome, 22q11 deficiency/DiGeorge syndrome)
- being under follow up for a chronic lymphoproliferative disorder including haematological malignancies such as indolent lymphoma, chronic lymphoid leukaemia, myeloma and other plasma cell dyscrasias
- having received an allogenic (cells from a donor) stem cell transplant in the past 24 months and only then if they are demonstrated not to have ongoing immunosuppression or graft versus host disease (GVHD)
- having received an autologous (using their own stem cells) haematopoietic stem cell transplant in the past 24 months and only then if they are in remission
- those who are receiving, or have received in the past 6 months, immunosuppressive chemotherapy or radiotherapy for malignant disease or non-malignant disorders
- those who are receiving, or have received in the past 6 months, immunosuppressive therapy for a solid organ transplant (with exceptions, depending upon the type of transplant and the immune status of the patient)
- those who are receiving or have received in the past 12 months immunosuppressive biological therapy (such as monoclonal antibodies), unless otherwise directed by a specialist
- those who are receiving or have received in the past 3 months immunosuppressive therapy including:
    - adults and children on high-dose corticosteroids (>40mg prednisolone per day or 2mg/ kg/day in children under 20kg) for more than 1 week
    - adults and children on lower dose corticosteroids (>20mg prednisolone per day or 1mg/kg/day in children under 20kg) for more than 14 days
    - adults on non-biological oral immune modulating drugs, for example, methotrexate >25mg per week, azathioprine >3.0mg/kg/day or 6-mercaptopurine >1.5mg/kg/day
    - children on high doses of non-biological oral immune modulating drugs

Other immunocompromised patients

The evidence on duration of infectiousness in patients who are mildly immunocompromised is less clear. Each patient needs to be Clinically assessed for their general level of immune competence including the following: disease severity, duration, clinical stability, complications, comorbidities, and any potentially immune-suppressing treatment. Testing in this patient group can be considered