Dermatology: Recommendations for shielding/social distancing	Definite high risk – to be advised to shield[4]	Advised to shield[4] only if other concerns or high-risk circumstances/co-morbidities[5] (individual decision by clinician), (moderate risk)	Social distancing, as for everyone in the U.K.
Medication acting on the immune system	• **Any two agents** within the following classes: immunosuppressive medications (e.g. ciclosporin, azathioprine as below),[1] biologics/monoclonals (e.g. anti-TNFs, IL17 agents as below)[2] or novel small molecule immunosuppressants (e.g.apremilast)[3] **(except those exceptions in the middle column)** • **Corticosteroid** dose of ≥ 20 mg (or 0.5 mg/kg) prednisolone (or equivalent) per day for more than 4 weeks • **Corticosteroid dose of ≥ 5 mg** prednisolone (or equivalent) per day for more than 4 weeks **plus at least one other immunosuppressive medication**,[1] biologic/monoclonal[2] or novel small molecule immunosuppressants (e.g. JAK inhibitors)[3] • **Cyclophosphamide** at any dose orally or if received IV dose within last 6 months • **Rituximab or infliximab** when prescribed primarily for **skin conditions** (e.g. psoriasis or pemphigus)	• Well-controlled patients with minimal disease activity and **no co-morbidities (as below)** [5] **on single agent,** standard oral immunosuppressants,[1] biologic/monoclonal[2] or novel small molecule immunosuppressants [3] • Well-controlled patients with minimal disease activity and no co-morbidities[5] on **a single biologic (e.g. anti-TNF, IL17 agent)**[2] **plus methotrexate at a standard dose** • Well-controlled patients with minimal disease activity and no co-morbidities[5] **on single agent** standard oral immunosuppressant[1] **plus hydroxychloroquine** or sulfasalazine.	• **Medications on the following list alone or in combination:** • Topical skin treatments (creams, gels, etc). • Hydroxychloroquine • Acitretin • Alitretinoin • Isotretinoin • Dapsone • Chloroquine • 5-ASA medications (e.g. mesalazine) • Sulfasalazine • Only inhaled or rectally administered immunosuppressant medication, e.g. steroid inhalers

[1] **Immunosuppressive medications** include: methotrexate, azathioprine, mycophenolate (mycophenolate mofetil or mycophenolic acid), ciclosporin, fumaric acid esters (or dimethyl fumarate), hydroxycarbamide, 6-mercaptourine, leflunomide, cyclophosphamide, tacrolimus, sirolimus. It does **NOT** include hydroxychloroquine, dapsone, acitretin, alitretinoin or sulfasalazine either alone or in combination with each other.

[2] **Biologic/monocolonal** medications include –all anti-TNF drugs (etanercept, adalimumab, infliximab, golimumab, certolizumab pegol and biosimilar variants of all of these, where applicable); IL17/IL17Ra agents (secukinumab; ixekizumab; brodalumab); P40/P19 (ustekinumab; guselkumab, tildrakizumab, risankizumab) anti B cell (rituximab in last 12 months, belimumab); IL6 agents (sarilumab, tocilzumab); abatacept; IL1 (canakinumab, anakinra);

dupilumab (possibly lower infection risk than other drugs);

omalizumab (possibly lower infection risk than other drugs).

[3] **Novel small molecule immunosuppressants:** apremilast; all JAK inhibitors (e.g.) baracitinib, tofacitinib

[4] **Those not requiring shielding, on immunosuppressant therapy, are termed 'vulnerable person' in all PHE guidance:** advised to be particularly stringent with certain social distancing measures (https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults)

[5] **Co-morbidity/risk factor** includes age >70, diabetes mellitus, pregnancy, any pre-existing lung disease (e.g. asthma on medication), chronic kidney disease, any history of ischaemic heart disease or hypertension on treatment or other factor deemed to be risk factors by the supervising doctor. **In the absence of evidence it is not possible to specify exact cut-off points for each of these risk factors, so this will be a question of clinical judgement.**

The authors recognise that this guidance will require clinicians to make decisions in situations where the evidence is uncertain or in cases not covered by this document.

Please cross-reference this advice with that from other specialist societies also published on the RCP website.

N.B. This advice applies to both **adults and children** with skin disease.