

Information for adult patients with immune thrombocytopenia in the setting of COVID-19 pandemic

Immune thrombocytopenia (ITP) is not considered a 'serious' health condition in the situation of the current COVID-19 pandemic. However, we are sure you and your families are concerned about the risk of coronavirus infection at this time and want to provide some guidance on what you should do as a person who has ITP.

The large majority of people who contract coronavirus can stay at home to recover and do not need to seek medical advice unless their symptoms worsen.

It is also worth remembering that, like any viral infection, the coronavirus infection might trigger an episode of ITP.

Some of the treatments used for ITP will affect your immune system and may reduce your ability to fight the infection. These treatments include:

Prednisolone (steroid)

Mycophenolate Mofetil (Cellsept)

Azathioprine

Cyclosporine

Vincristine

Rituximab (given in the past 12 months)

Splenectomy (patients are advised to be diligent with their antibiotic prophylaxis and be up-to-date with their vaccination schedule)

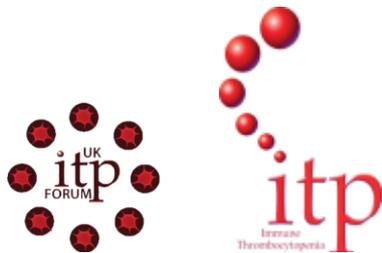
Neither Romiplostim (N-Plate) nor Eltrombopag (Revolade) will affect the immune system and risk will depend on other treatments being received at the same time or in the recent past.

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 and 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 some centres may have a nursing team who can come to your house to take blood tests and review how you are. 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.

If you do need to seek medical attention with corona virus infection, please ask the health-care professional to contact your ITP centre



Please follow the national guidance for isolation, which is being updated daily on the NHS website or on the UK government website.

The following should also be discussed:

Delay non-essential travel

School: follow issued advice by the authorities as per other children

Work: explore options to work from home as appropriate

Advice on social distancing is given here (updated 23rd March 2020):

<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>

And the latest guidance on staying at home can be found here:

<https://www.gov.uk/coronavirus>

Additional advice has now been published on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19 (21st March 2020).

<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>

This provides advice on some additional actions to reduce the risk of contracting COVID-19. People defined as extremely vulnerable includes people on immunosuppressive therapies sufficient to significantly increase risk of infection. Since that risk varies, the British Society of Rheumatology has published guidance on how to stratify risk. The full guidance can be found on their website <https://www.rheumatology.org.uk/News-Policy/Details/Action-needed-coronavirus-identifying-high-risk-patients> but a summary of that advice as it relates to typical ITP treatment is written below.

Consider you have a significant increased risk of infection (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, ciclosporin) 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)

Most patients with controlled disease and no major co-morbidities receiving a single immunosuppressive therapy would be considered to have moderate risk and take standard



advice on social distancing and staying at home. However some individuals on a single immunosuppressive therapy may have other concerns or high-risk circumstances and following individual risk assessment be advised to follow guidelines for the extremely vulnerable.