

Manchester Uveitis Clinic

November 2020 – Update for Adult Uveitis Patients During Covid-19 Pandemic

Service Information and Risks with Steroid/Immunosuppression/Biologic Tablet and Injection Therapies

We would like to provide patients and their families with an update on the uveitis service in Manchester Royal Eye Hospital including how we will continue to manage your care, with an ongoing second wave of infections.

We understand that many people with uveitis/inflammatory eye conditions and their families continue to be very concerned about the coronavirus pandemic and what the latest recommendations are for you to stay as safe as possible. In this document, we will provide an update on the latest evidence regarding risk of COVID infection for patients taking steroid tablets (prednisolone), immunosuppression or biologic medications.

Latest advice

Information regarding the latest UK government advice is available online (www.gov.uk/coronavirus) in particular information for patients who have been identified as '**clinically extremely vulnerable**' has been recently updated (4/11/2020). Please continue to follow advice for what to do during the lockdown and beyond.

Current service

During these difficult times, the work of the Manchester Uveitis Clinic (MUC) has continued but with significant changes to how we deliver our service. Your care will continue to be led by your existing Manchester Uveitis Clinic Consultants. We currently are running the following uveitis care services:

1. **Face-to-face consultations** including clinics running at Altrincham Hospital for adult and paediatric uveitis patients
2. **Virtual clinics** (see website information) – you may be contacted to attend a virtual clinic assessment at MREH and you will be provided with detailed information on this.

3. **Telephone clinics** – our team may contact you to discuss your condition and provide advice on your ongoing treatment (see website information)
4. **Blood only clinics** to ensure safe and timely monitoring of immunosuppression therapy (this is usually required every 3 months). **If you are overdue blood tests and have not been contacted please contact our uveitis nurse specialist (Gigi Binny – contact details below)**

Immunosuppression and biologic – what is the latest information on risk and what to do?

Risks to patients taking steroid tablets, immunosuppression and biologic medications (tablets/injections)

We are aware patients with uveitis taking these medications would like further information regarding their risk of more severe COVID infections and the safety of these medications.

We are now 6 months on from the first wave of infections and during this time information and data has been collected in the UK and worldwide (including in patients with uveitis) to understand the risk of these medications and specifically the risk of hospitalisation and adverse outcomes from COVID infection.

In general, following local and or national restrictions on movement/contacts and work are all strategies to reduce your risk of COVID infection.

Immunosuppression tablets and biologic injections

The current evidence, based on patients with chronic inflammatory conditions, is that taking immunosuppression (tablets) or biologic medications (injections/infusions) is that they do not significantly increase the risk when used alone or together of more severe COVID illness (including death or hospitalisation).

Immunosuppression tablets used in our service are: azathioprine (imuran® or others), ciclosporin (deximmune®), methotrexate tablets or injections, mycophenolate mofetil (various tradenames) or tacrolimus (adoport®). Biologic injections /infusions include adalimumab, infliximab, tocilizumab and rituximab.

If you are taking these medications and or injections with steroid (prednisolone) therapy and/or you have other health factors, you may still however be considered at higher risk of more severe COVID infection, because of the combination of factors.

Prednisolone tablets (steroid)

You may require high-dose steroid tablet medication to treat severe eye inflammation and prevent permanent vision loss. Our goal is always to use only for a short period of time and at the lowest possible dose to achieve control of your condition.

Your clinician will discuss individual risks with you and what measures you may need to take if you are on moderate–high dose steroid therapy.

In general, steroid therapy is associated with increased risk of infections. The risk of this will be balanced with need to treat severe eye inflammation. There is some evidence, but not specifically in uveitis patients, that steroid (prednisolone tablets) doses greater than 10mg/day may be associated with more severe COVID illness.

If you have been taking prednisolone 20mg/day or above, for more than 4 weeks, you will be considered clinically extremely vulnerable for more severe COVID infection.

Should I continue my long-term treatment?

If you are well, the national recommendation is for you continue to take these medications. We advise to not stop these medications without discussion with your consultant team. However, if you are unwell, with symptoms of infection, including COVID, we recommend you do not take your immunosuppression or biologic injection treatment until you are feeling better but do continue to take your steroid (prednisolone) therapy. Please contact your medical team and/or NHS111 if you are unwell and need advice.

Risk of more severe infection scoring and shielding

A nationally agreed self-scoring chart was published in spring 2020 by the British Society of Rheumatology and was issued by to our patients taking these medications. Patients in the highest risk group (now called clinically extremely vulnerable) were asked to shield. **At the moment, the UK government has not re-started shielding**

but has issued specific guidance for clinically extremely vulnerable patients. The scoring chart has now been superseded by recent developments and understanding of risk.

We are currently discussing individual risk of more severe COVID infection with patients, based on factors including age, general health, types, number of medications and prednisolone dose, to help weigh up what measures you should take to keep safe in the coming months. The number and dose of medications will influence if you fall within the highest risk group ('clinically extremely vulnerable') or moderate risk group ('clinically vulnerable'). Advice is available online at

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

We are aware that some patients were advised by the NHS to shield in correspondence sent in March/April 2020 but subsequently have had their risk reduced from high to moderate or low following review by their medical team(s) and are therefore no longer in the clinically extremely vulnerable group. If you are unsure about your risk please contact our team for advice.

Clinically extremely vulnerable group

You may have previously or recently received a letter/text from the NHS informing you that you are in this group. You may have been advised to shield in the past by the uveitis service and given specific advice on your individual risk stratification. You will be advised by the uveitis team if your current or recent treatment means that you fall within this category and we can provide this in writing if needed for your employer or to help you access extra support.

If you are within the highest risk or clinically extremely vulnerable group we recommend you follow the latest UK government advice for clinically extremely vulnerable patients.

Children

The latest government advice is that "evidence has emerged that shows there is a very low risk of children becoming very unwell from covid-19, even for children with existing health conditions. Most

children originally identified as clinically extremely vulnerable no longer need to follow this advice. Speak to your GP or specialist clinician, if you have not already done so, to understand whether your child should still be classed as clinically extremely vulnerable.”

Work and household contacts

See the GOV.UK website for the most up to date information: <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/advice-for-people-at-high-risk/>

The website currently states: ‘you are advised to stay at home as much as possible until 2/12/2020. You can go out for exercise and essential medical appointments. You should work from home if you can but if you cannot work from home you are advised not to go to work.’ If you require a supporting letter for your employer this can be provided by our service or your GP.

Attending hospital appointments

If you have been told you are clinically extremely vulnerable you are allowed to leave your house to attend any required hospital appointments/treatments and it is important that you have ongoing medical care.

Medications

We advise you do not attend the pharmacy yourself. We have systems in place to organise delivery of hospital prescribed medications for you. We can arrange a collection for a friend or relative to pick up for you or a courier to deliver medications to your home.

Please ask a friend or relative to collect any medications that you usually obtain from your local pharmacy. If this is not possible the pharmacy should be able to organise a free delivery for you (as per gov.uk website).

Attending the hospital

Information regarding measures in place, to protect you during a hospital visit, are available on this website. (<https://mft.nhs.uk/royal-eye/protecting-patients-during-the-coronavirus-pandemic/>)

It is important that you seek medical advice and attend the hospital if:

- You are asked to attend a face-face or virtual assessment clinic for ongoing review of your condition by MREH services
- You are asked to attend the hospital for monitoring blood tests. It is important that you attend this visit to have ongoing assessment and check for any changes or side-effects of treatments.
- You have an emergency and need urgent care

Worried about attending the hospital?

If you have concerns about attending or are not willing to attend a hospital appointment at this time please let us know (contact the administrative booking team or uveitis secretaries) and we can review your clinical records and discuss with you. A telephone consultation may be offered as an alternative for remote management.

If you have been told you are clinically extremely vulnerable for COVID infection you are allowed and encouraged to attend any required hospital appointments and it is important you have ongoing medical care.

Medications

As you may be aware there have been significant changes to how medications are provided and changes to the pharmacy service at the main MREH site.

Please note there is no on-site pharmacy at Altrincham Hospital and you will be advised on how to obtain your medications during your consultation.

Repeat medications from your GP:

If you normally get your medications from your GP (including immunosuppressant tablets if they will prescribe them) please continue to request your medications from your GP.

For all other medicines first prescribed by the uveitis clinic, including all eye drops except for iopidine 1%, please request repeat prescriptions from your GP.

Consultants will be asking all GPs to continue prescriptions at this time. If your GP has an online prescription request system, please use it to reduce visits to the GP. Please take special care not to run out of medicines; make requests for a repeat prescription at least 14 days before drops and tablets run out.

If you attend a virtual clinic or have a telephone assessment a prescription for ongoing medication can be organised. Please let the staff know if you need a repeat prescription.

Medications only available from MREH:

Immunosuppression tables/iopidine 1% eye drops:

Patients who are using immunosuppressant tablets, or iopidine (apraclonidine) 1% eye drops can usually only obtain these from pharmacy at MREH and this will continue to be the situation.

The medical staff will organise a prescription for collection at an allocated time and site by pharmacy. Pharmacy will contact you when the prescription is ready for collection. In limited circumstances, we can organise a courier of medications to patients directly at home.

Adalimumab (Humira or Amgevita) /methotrexate injections:

Injections will continue to be delivered to you at home.

Blood tests

Monitoring bloods for immunosuppression medications are essential for your safety and are usually needed every 3 months (sometimes longer) for stable patients. You must have these regularly to safely continue treatment. If you normally have blood tests with your gp please continue if possible; if normally in MREH, we will contact you to organise. Bloods are also available in Altrincham.

If you are overdue blood tests and have not been contacted to arrange these please contact our uveitis nurse specialist (Gigi Binny – details below). If you usually have monitoring bloods with your GP please continue to do so. If you would like to organise bloods with your GP please discuss with Gigi to request this.

General advice and how to contact us

We will resume a normal service as soon as we are able to, in the meantime, we would like to reassure you that we will be available to support you and your concerns via telephone contact. Please contact us if you have not received an expected appointment.

Given the scale of the pandemic we are dealing with a large number of queries daily. Please only call if you have an urgent query. A message will be taken but you are not likely to receive an immediate call-back. We will aim to reply when we are able to. Please leave all appropriate contact numbers.

Gigi Binny, uveitis nurse specialist, is available on 0161 276 6841 and we anticipate your call will be returned within 48hrs (weekdays). The contact numbers for the uveitis secretaries are:

0161 276 5628, 0161 276 5565 and 0161 701 4838

Further patient information is available online from the Uveitis National Clinical Study Group at <https://www.uveitisstudygroup.org/?id=28>

Please look after yourselves and stay safe!

Miss LR Steeples

Consultant ophthalmologist and Uveitis Service Clinical Lead

Consultant team (Dr A Stylianides, Miss S Pockar and Miss R Chhabra) and Uveitis Specialist Nurse (Gigi Binny)