



**The Dudley Group**  
NHS Foundation Trust

**DEPARTMENT OF DERMATOLOGY**

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Dear Patient

**IMPORTANT ADVICE TO KEEP YOU SAFE FROM CORONAVIRUS**

We understand that the coronavirus pandemic is a concerning time for all our patients on immunosuppressive drugs. We'd be grateful if you could take time to read this letter very carefully.

After recent guidance from the government up to 1.5 million people will be asked to SELF ISOLATE for at least the next 12 weeks. This is to help protect vulnerable patients from getting coronavirus. We have also attached advice on how to self-isolate.

One such group is: those patients who are on medications that suppress their immune system.

The British association of dermatology have created recent guidelines for patients taking immunosuppressive treatments.

It is important to know that if you are well that you need to continue taking your treatment and if you want to stop it that you discuss it with your dermatologist first.

You should SELF ISOLATE if you are on any 2 of the following medications within groups a, b or c:

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

**b) Biologic medications including:** etanercept, adalimumab, benepali, amgevita, infliximab, remsima, golimumab, certolizumab pegol, secukinumab; ixekizumab; brodalumab; ustekinumab; guselkumab, tildrakizumab, risankizumab; rituximab (in last 12 months), belimumab; tocilizumab; abatacept; canakinumab, anakinra; dupilumab or omalizumab

**c) Novel small molecule drugs:** apremilast; baricitinib, tofacitinib

However, we would also recommend that you **should SELF ISOLATE** if you are only on any 1 of the above medications but you also have any 1 of these additional risk factors:

Age >70

Diabetes

Pregnancy

Any pre-existing lung disease (e.g. asthma on medication), chronic kidney disease, any history of heart disease, high blood pressure on treatment or any other significant health condition deemed to be risk factors by your supervising GP or Dermatologist

#### Patients on oral steroids (prednisolone)

We know that there may be patients who are **not on any of the previously mentioned medications** (in sections a,b or c above) but **may be taking oral steroids (prednisolone) regularly** .

We would recommend patients to **SELF ISOLATE** if they are on prednisolone (a corticosteroid):

- at a dose of  $\geq 20$  mg prednisolone per day (or 0.5mg/kg/day) for more than 4 weeks **or**
- at a dose of  $\geq 5$  mg prednisolone per day for more than 4 weeks **plus at least one other of the medications in sections a, b or c**

( $\geq$  means more than or equal to)

#### Other less frequently used drugs:

We would also recommend patients to self-isolate if they are on:

**Cyclophosphamide** at any dose orally or if received any intravenous (IV) dose within last 6 months or **Rituximab or infliximab**

#### Other medications

If you are taking any of the following drugs we advise **you do not need to self isolate** but adhere to social distancing measures as outlined by the government:



- Hydroxychloroquine, acitretin, alitretinoin, isotretinoin, dapsone, chloroquine and sulfasalazine.
- Topical skin treatments such as steroid creams and emollients

### General advice

If you are considering stopping your treatment, please discuss this with your dermatology team. Any decision made about stopping treatment should include the consideration that your skin condition may deteriorate. It may also be more difficult to access healthcare services over the upcoming months.

If you develop symptoms of coronavirus (new continuous cough or fever), the latest national government advice must be followed. Currently, the advice is to self-isolate for 14 days and pause your disease-modifying drug(s) and biologic drug for the duration of the illness and until you feel well again. If you have serious symptoms, please use NHS 111 online or call NHS 111 and tell them you have been on immunosuppressive treatment so should be considered 'high risk'. Please remember this includes if you have had rituximab treatment in the last 12 months.

If are diagnosed with Covid-19, then it is likely that your doctor will want to stop or postpone your treatment until you recover, as recommended by guidelines.

If you come into contact with a suspected case of coronavirus, but are yourself still well, please pause your biologic drug for 14 days but continue with your disease modifying drugs.

If you are on steroids (prednisolone) do not stop these abruptly.

If you take hydroxychloroquine (plaquenil), or acitretin (neotigason) please continue this if you develop symptoms of coronavirus.

If you have concerns about coronavirus, please use NHS 111 coronavirus service online or call NHS 111.

If you have concerns related to the drugs for your dermatology condition please contact your consultants secretary on the numbers outlined on the first page of this letter or alternatively the Dermatology helpline on **01384 456111 ext 4815**. Please bear with us, as we are experiencing a high volume of calls currently.

Please follow the latest advice available on the website below as the advice may change. We plan to regularly update this statement. **If you become unwell or develop a fever, follow the advice given by the NHS.** <https://www.nhs.uk/conditions/coronavirus-covid-19/>

With best wishes,



Dr Indre Verpetinske  
The Dudley Dermatology Team

Follow general advice provided to the general public in minimising the risk of infection:

**DO:**

Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze;

Put used tissues in the bin immediately and wash your hands afterwards;

Wash your hands with soap or a soap-substitute moisturiser and water often – do this for at least 20 seconds;

Always wash your hands when you get home or into work and before eating;

If you have dry skin then use moisturiser after washing your hands – some creams, lotions and soap substitutes used in dermatology contain an antiseptic such as benzalkonium chloride or chlorhexidine e.g. Dermol cream;

Use hand sanitiser gel if soap and water are not available;

Try to avoid close contact with people who are unwell.

**DO NOT:**

Do not touch your eyes, nose or mouth if your hands are not clean.

**Hand management tips on minimising the impact of frequent handwashing on the skin:**

- Products known as soap-substitutes perform the same hand sanitising role as traditional soaps. However, these provide moisture to the skin and minimise the risk of irritation and dryness. You can ask your pharmacist to help you find a suitable product.

- Moisturisers (emollients) are an essential part of treating hand dermatitis. They help repair the damaged outer skin and lock moisture inside the skin making it soft and supple again. They should be applied after handwashing, repeatedly through the day, and whenever the skin feels dry.

- Some people find overnight moisturising treatments beneficial. Apply a generous layer of a plain moisturiser just before you go to bed, then put on a pair of clean cotton gloves and leave overnight.

- When the hands are going to come into contact with water or detergents, but when not specifically washing the hands (such as when washing up, shampooing a child's hair, or using cleaning products), wearing gloves will help to keep the skin's barrier intact.

If you already have dry skin either from a skin condition, from medication (such as isotretinoin) or because you are washing your hands more than normal then you may be particularly susceptible to this. If you have severe hand dermatitis or suspect an infection (for example, your skin is oozing) you may need to see your GP and you may need prescription treatments to reduce inflammation.