Guide to social distancing and shielding for child / teenage rheumatology patients: a tool for parents/families

This advice is a consensus of UK paediatric rheumatologists/ophthalmologists based on the current available information, and so may change as we understand more about COVID-19/coronavirus.

Please be aware that your child may change risk category if their treatment plan changes.

START HERE

Is the child taking more than half a mg of prednisolone (steroid) for every kg they weigh, and have they been taking this for more than 4 weeks? (See typical weight for different ages on the next page) OR

Has the child been taking 5mg or more of prednisolone (steroid) every day for 4 weeks or longer, AND one or more of the medications in the BIG BOX at the bottom? OR

Has the child taken cyclophosphamide within the last 6 months?

Can you answer yes to either of the following?

- Has the child ever had one of the following: diabetes, lung disease (not mild asthma), kidney disease, heart problems, or needed tablets for blood pressure? This includes involvement of their lungs, heart or kidneys from their rheumatic disease.
- Has the child had a flare (meaning disease not well controlled) requiring new treatment for their disease over the last 3 months? (*NOT including eye drops, joint injections, or non steroidal medicines like Ibuprofen)

The child is at HIGH risk and we advise them to follow the government’s SHIELDING recommendations at www.gov.uk/coronavirus

The child is at MODERATE risk and we advise strict SOCIAL DISTANCING and to significantly limit face-to-face interaction with people who do not live in the household

The child is at LOW risk and we advise they follow SOCIAL DISTANCING as for the general public

PLEASE NOTE that since 23rd March, all of the UK has been ordered to practice STRICT SOCIAL DISTANCING

BIG BOX (see the next page for full list of medication names)

Conventional immunosuppressant medications include: Azathioprine, Leflunomide, Methotrexate, Mycophenolate (Mycophenolate mofetil or Mycophenolic acid), Ciclosporin, Tacrolimus, Sirolimus. It does NOT include Hydroxychloroquine or Sulphasalazine either alone or in combination

Biologic/targeted synthetic medications include: Ritu-ximab within last 12 months; all anti-TNF drugs (Etanercept, Adalimumab, Infliximab, Golimumab, Certolizumab and biosimilar variants of all of these); Tocilizumab; Sarilumab; Abatacept; Belimumab; Anakinra; Canakinumab; Secukinumab; Ixekizumab; Ustekinumab; and includes all JAK inhibitors
A. The table below tells you typical weights for different ages

<table>
<thead>
<tr>
<th>Age</th>
<th>Typical weight</th>
<th>half a mg of prednisolone for every kg of child’s weight is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2 years</td>
<td>Under 10kg</td>
<td>5mg daily</td>
</tr>
<tr>
<td>3 – 5 yrs</td>
<td>16kg</td>
<td>8mg daily</td>
</tr>
<tr>
<td>6-8 yrs</td>
<td>20 kg</td>
<td>10 mg daily</td>
</tr>
<tr>
<td>9-11 yrs</td>
<td>30 kg</td>
<td>15mg daily</td>
</tr>
<tr>
<td>12 and older</td>
<td>40 kg</td>
<td>20 mg daily</td>
</tr>
</tbody>
</table>

B. Children with severe asthma should receive advice from their paediatric team looking after their asthma

### Medicines in the big box: you can find the list of drug and trade names here.

**Conventional immunosuppressant medications include:**
- Azathioprine (AZA)
- Ciclosporin
- Methotrexate (MTX)
- Mycophenolate (mycophenolate mofetil, mycophenolic acid, MMF, Cellcept)
- Leflunomide
- Sirolimus
- Tacrolimus

*It does NOT include Hydroxychloroquine or Sulphasalazine either alone or in combination*

**Biologic/targeted synthetic medications include:**
- ALL anti-TNF drugs: Etanercept (Enbrel, Benepali), Adalimumab (Humira, Amgevita), Infliximab (Remicade), Golimumab (Simponi), Certolizumab (Cimzia) and biosimilar variants of all of these
- Rituximab within last 12 months
- Tocilizumab (Roactemra); Sarilumumab (Kevzara)
- Abatacept (Orencia)
- Belimumab (Benlysta)
- Anakinra (Kineret); Canakinumab (Ilaris)
- Secukinumab (Cosentyx); Ixekizumab (Taltz); Ustekinumab (Stelara)
- and includes all JAK inhibitors (Baricitinib, Tofacitinib)

This guidance has been designed to be helpful for families/parents of children and young people and to fully align with the BSR guidance on stratification, found here: