



Pregnant Healthcare Workers (HCWs), Vulnerable HCWs and HCW with Other Pre-Existing Disease Version 3, 30/03/2020

Introduction

In order to ensure the health and safety of our HCWs, this guidance provides advice for vulnerable HCWs, HCWs with pre-existing disease and HCWs who are pregnant, and their managers.

Advice for Pregnant Healthcare Workers

1. There is no evidence and no reason to expect that HCW's who are pregnant, are substantially more likely to become infected with COVID-19 than non-pregnant HCW's, or to suffer more adverse consequences as a result of Covid-19 infection than non-pregnant HCW.
2. The Institute of Obstetricians and Gynaecologists (IOG) in the Royal College of Physicians of Ireland have reviewed the recent UK Royal College of Obstetricians and Gynaecologist recommendations and have concluded that the recommendation that pregnant HCWS after 28 weeks gestation should not be put on front line duties, is **not** evidence-based.
3. IOG recommends that facilities may want to consider limiting risk of exposure of pregnant HCWs to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

Advice for 'Vulnerable' Health Care Workers

As per the government guidelines the following workers should not be at work as per guidance from the Department of Health. The HCW can provide their manager with a letter from their treating specialist confirming their 'Vulnerable HCW' status. There is no requirement for Occupational Health input.

1. HCWs who are solid organ transplant recipients
2. HCWs with specific cancers
 - a. HCWs with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer.
 - b. HCWs with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment.



- c. HCWs having immunotherapy or other continuing antibody treatments for cancer.
 - d. HCWs having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
3. HCWs who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
4. HCWs with severe respiratory conditions including cystic fibrosis, severe asthma and severe COPD as confirmed by their specialist.
5. HCWs with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell)
6. HCWs on immunosuppression therapies sufficient to significantly increase risk of infection have a weak immune system. While the following is a list of immunosuppression therapies, this list is not exhaustive; the HCW may seek an opinion from his/her treating specialist regarding the level of immunosuppression.
 - a. Daily receipt of high dose corticosteroids is immunosuppressive. The following doses of prednisolone (or equivalent dose of other glucocorticoid) are likely to be immunosuppressive:
 - i. Adults:
 1. ≥ 40 mg/day for more than 1 week, or
 2. ≥ 20 mg/day for 2 weeks or longer
 3. Advice should be sought from the treating physician if necessary regarding the level of immunosuppression.
 - b. There is no contra indication to attending work if the steroid treatment is:
 - i. Short term (<7days) irrespective of dose
 - ii. Long term (≥ 2 weeks) < 20mg/day of prednisolone or equivalent
 - iii. Long-term, alternate-day treatment with short-acting preparations
 - iv. Maintenance physiologic doses (replacement therapy)
 - v. Topical (skin or eyes) or by inhalation
 - vi. Intra-articular, bursal, or tendon injection
 - vii. Fludrocortisone <300 micrograms/day
 - c. Immunomodulatory treatment causes immunosuppression and includes biological disease modifying anti-inflammatory drugs (bDMARDs) such as:
 - i. Azathioprine
 - ii. Cyclophosphamide
 - iii. Cyclosporine
 - iv. Hydroxychloroquine
 - v. Leflunomide



- vi. Methotrexate
 - vii. Mycophenolic acid preparations
 - viii. Sirolimus and Tacrolimus, in addition to biologics, such as
 - ix. NF α blocking agents
 - 1. Adalimumab
 - 2. Etanercept
 - 3. Infliximab
 - 4. Abatacept
 - 5. Anakinra
 - 6. Ecolizumab
 - 7. Rituximab
 - 8. Tocilizumab.

 - x. Severely reduced immunogenicity can occur from treatment with
 - 1. Abatacept
 - 2. Methotrexate (>0.4 mg/kg/week)
 - 3. Methotrexate and TNF inhibitor combination therapy
 - 4. Rituximab.
 - 5. Use of topical Calcineurin inhibitors (TCIs, e.g., Tacrolimus and Pimecrolimus) for atopic dermatitis in otherwise healthy adults does not result in significant systemic absorption or immunosuppression.
7. HCW who are pregnant with significant heart disease, congenital or acquired
8. HCW over 70 years of age

HCW with Other Pre-Existing Disease

1. HCWs with other medically managed pre-existing disease, are unlikely to be at greater risk of acquiring COVID-19 virus infection compared with other HCW's
2. These HCWs can continue to work UNLESS there is a specific recommendation from their treating specialist.

Conclusion

Vulnerable health care workers as described in this document should not be at work. Pregnant HCWs and HCW with other pre-existing disease, who adhere to recommended Infection Prevention and Control precautions are unlikely to be at greater risk of acquiring COVID-19



virus infection compared with other HCW's and do not need to be excluded from providing care to such patients.

Where possible and consistent with expressed preference of the healthcare worker it is pragmatic to allocate these healthcare workers to the care of other patients if feasible, based on staffing availability.

References:

Health Services Executive. (2017). *Immunisation Guidelines for Ireland - Chapter 3*. Available: <https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/chapter3.pdf>. Last accessed 30th Mar 2020.

Department of Health. (2020). *Guidance on cocooning to protect people over 70 years and those extremely medically vulnerable from COVID-19*. Available: <https://www.gov.ie/en/publication/923825-guidance-on-cocooning-to-protect-people-over-70-years-and-those-extr/#what-we-mean-by-extremely-medically-vulnerable>. Last accessed 30th Mar 2020.