



BILH COVID-19 Vaccination & Therapeutics - Categorization of Immunosuppression

Severe:	<ul style="list-style-type: none"> • Hematologic malignancy meeting the following criteria: <ul style="list-style-type: none"> ○ Chimeric antigen receptor T cell (CAR-T) recipients (any history) ○ History of hematopoietic cell transplant within 1 year ○ Patients with hematologic malignancies who are on active therapy ○ Patients receiving Bruton tyrosine kinase inhibitors ○ Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications • Patients who are within 1 year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab) • Patients with severe combined immunodeficiencies (SCID) • Patients with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm³ • Solid organ transplantation meeting the following criteria: <ul style="list-style-type: none"> ○ History of lung transplant at any time ○ Patients with a history of solid organ transplant within 1 year ○ Treatment for acute rejection with T or B cell depleting agents within 6 months
Moderate:	<ul style="list-style-type: none"> • Active systemic treatment with any of the following: <ul style="list-style-type: none"> ○ Alkylating agents (e.g., cyclophosphamide) ○ Antimetabolites (e.g., azathioprine, methotrexate) ○ JAK inhibitors ○ Medium to high-dose corticosteroids (≥10mg prednisone or equivalent daily for greater than 2 consecutive weeks) ○ TNF blockers (e.g. etanercept, adalimumab, infliximab) ○ Transplant-related immunosuppressive drugs (e.g., cyclosporine, tacrolimus, azathioprine, mycophenolate) • Advanced (CD4 51-200 or presence of AIDS-defining illness) or untreated HIV infection • History of hematologic cell transplant >1 year prior and not requiring any immunosuppressive therapies • History of solid organ transplant > 1 year prior (excluding lung) and patient is taking immunosuppressive therapy • Moderate or severe primary immunodeficiencies (e.g. DiGeorge syndrome, Wiskott-Aldrich, Common Variable Immunodeficiency or hypogammaglobulinemia requiring immunoglobulin therapy) • Solid tumor with last treatment within 3 months or remission has not been achieved
Mild:	<ul style="list-style-type: none"> • All other immunosuppressive medications not classified as moderate or severe including interleukin inhibitors (IL12, 17, 23 etc.) • Asplenia or functional asplenia • Persons living with HIV without CD4<200 • Primary immunodeficiency not listed above
Do NOT Meet Criteria for Immunosuppression	<ul style="list-style-type: none"> • Intraarticular, bursal, or tendon injection of steroids • Maintenance steroids at physiologic doses (replacement therapy) • Short- or long-term daily or alternate-day therapy with <10 mg of prednisone or equivalent • Steroid inhalers or topical steroids (skin, ears, or eyes)

Notes:

- Not all clinical conditions or situations can be covered in this list and it is subject to change based on evolving data
- COVID-19 Vaccination:
 - When considering receipt of additional (3rd) doses of mRNA vaccine clinical teams should consider the level of immunocompromise at the time of completion of the primary 2-dose series



(i.e., was the patient receiving immunosuppressive therapy during receipt of the primary series, which is now completed).

- COVID-19 Therapeutics:
 - [Please see the BILH COVID-19 Therapeutics Drug Shortage Task force guidance for details on patient prioritization.](#)
- References:
 - [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)
 - [Medical Conditions and Treatments Associated with Severe Immune Compromise](#)
 - [National Institutes of Health – COVID-19 Treatment Guidelines](#)
 - [BILH COVID-19 Monoclonal Antibody EUA Treatment Guideline](#)