

## **Annexure B**

# **Individual risk assessment for vulnerable employees (Comorbidity Categories)**

## ANNEXURE B: COMORBIDITY CATEGORIES

<b>HIGH RISK VULNERABILITY</b>
<ul style="list-style-type: none"><li>• Age &gt;60 with one or more diseases/conditions as listed.</li><li>• Solid organ transplant recipients</li><li>• People with specific cancers or receiving immunosuppressive treatment for their cancer:<ul style="list-style-type: none"><li>○ undergoing active chemotherapy or radical radiotherapy for lung cancer</li><li>○ cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment</li><li>○ receiving immunotherapy or other continuing antibody treatments for cancer</li><li>○ receiving targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or Poly ADP-ribose Polymerase (PARP) inhibitors</li></ul></li><li>• People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppressive drugs.</li><li>• People with severe respiratory conditions including cystic fibrosis, severe and unstable asthma and severe Chronic Obstructive Pulmonary Disease (COPD), or current active tuberculosis of the lung.</li><li>• People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).</li><li>• People on immunosuppressive therapies sufficient to significantly increase the risk of infection.</li><li>• People who are moderately or intermittently immunocompromised.</li><li>• Women who are pregnant with significant heart disease, congenital or acquired.</li><li>• Chronic lung problems (moderate to severe asthma, previous complicated TB, etc.). Pulmonary Tuberculosis – untreated or in early treatment and who have not completed the intensive phase or first two months of treatment in line with the National Department of Health Standard Treatment Guidelines. Asthma which requires treatment with high dose inhaled corticosteroids plus a second controller (and/or systemic corticosteroids) to prevent it from becoming ‘uncontrolled’ or which remains ‘uncontrolled’ despite this therapy.</li><li>• Confirmed clinical diagnosis of congestive cardiac failure or other serious cardiovascular diseases</li><li>• Severe hypertension: systolic BP <math>\geq 180</math> mmHg and/or diastolic BP <math>\geq 110</math> mmHg.</li><li>• Moderate hypertension: systolic BP 160 – 179 mmHg and/or diastolic BP 100 – 109 mmHg.</li><li>• Confirmed cerebrovascular disease, including stroke, and transient ischemic attack</li><li>• Severe obesity (BMI &gt;40)</li><li>• Underlying medical conditions, particularly if not well controlled, such as type II Diabetes Mellitus (HBA1c <math>\geq 7.5\%</math> within last 6 months); Chronic Kidney Disease with an eGFR &lt; 45; or liver disease</li><li>• More than 28 weeks pregnant</li></ul>