COVID-19 Immunocompromised Health Care Personnel

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Some people are at higher risk of more severe COVID-19. These include those who are immunocompromised. Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications. There is no current evidence that those who are immunocompromised are at higher risk of infection – rather if exposed and infected the clinical course can be more severe.

- Health care personnel (HCP) that also have underlying conditions or under treatments that can suppress their immune system should follow the same risk assessment and infection prevention and control practices, Droplet + Contact + Standard precautions, as any other HCP when caring for patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in healthcare settings.

- If possible and based on staffing availability, colleagues that have conditions or actively receiving therapy that cause them to be immunocompromised should review assignments with their supervisor prior to providing those types of care activities that produce a higher concentration of respiratory secretions (e.g., aerosol-generating procedures). If there are alternative personnel that can provide these then use this option.

- If staffing levels don't permit reassignment – use the infection prevention precautions, especially Standard precautions for care of all patients as some patients do not have the usual signs and symptoms of infection, including COVID-19. Atypical presentation has been described so it is important to always keep hands clean use PPE based on the type and nature of care being provided for those who are or are not on isolation precautions.