

Is the resident’s immune system suppressed due to a disease or treatment? Of do you have an autoimmune disorder?

1. Identify residents with a suppressed immune system due to disease or treatment or autoimmune disorder (see examples in table below)
2. If the resident has one or more of these conditions or is on one or more of these medications, consider them immunocompromised
3. Resident requires **Enhanced Consent Process**
 - Refer to the *COVID-19 Vaccine: Interim Guidelines for use in Personal Care Home Residents who are Immunosuppressed &/or have an Autoimmune Condition*
 - The *COVID-19 Immunization Interim Enhanced Consent Form for use in Personal Care Homes* must be completed in addition to the standard consent form
https://manitoba.ca/asset_library/en/covid/covid19_consent_form_pch.pdf

Examples (this list is not exhaustive, if unsure, consult physician or nurse practitioner):

Immunosuppressive Disease	
<ul style="list-style-type: none"> • Cancer • HIV • Stem cell transplant • Organ transplant 	
Autoimmune Disorder	
<ul style="list-style-type: none"> • Rheumatoid arthritis • Multiple sclerosis • Inflammatory bowel disease (e.g. Crohn’s disease, ulcerative colitis) • Systemic lupus erythematosus • Psoriasis/Psoriatic arthritis • Polymyalgia rheumatica • Sarcoidosis • Ankylosing spondylitis • Fibromyalgia • Vasculitis • Temporal arteritis 	<ul style="list-style-type: none"> • Addison’s disease • Grave’s disease • Myasthenia gravis • Mixed connective tissue disease (MCTD) • Hashimoto’s thyroiditis • Granulomatosis with polyangiitis (Wegener’s) • Immune thrombocytopenic purpura • Guillain-Barre syndrome • Glomerulonephritis
Immunosuppressant Therapy	
<ul style="list-style-type: none"> • Cancer treatment (e.g. chemotherapy, radiation) • Cytotoxic drugs (e.g. imatinib, nilotinib, ibrutinib, cyclophosphamide) • Long term high-dose steroid treatment¹ • Immunosuppressant drugs (e.g. cyclosporine, tacrolimus², mycophenolate, azathioprine, leflunomide) • Biologic and biosimilar drugs (e.g. etanercept, vedolizumab, adalimumab, infliximab, tocilizumab, secukinumab, rituximab, golimumab, usekinimab) • Multiple sclerosis drugs (e.g. teriflunomide, glatiramer acetate) 	

¹Prednisone equivalent of greater than or equal to 2 mg/kg/day or 20 mg/day if weight greater than 10 kg, for 14 days or longer

²Not including topical tacrolimus (Protopic®)