

Association of British Neurologists guidance for healthcare workers living with neurological health conditions on their fitness to work

Prepared by The ABN Executive in association with subspecialist Advisory Groups

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Public Health England has published guidance on social distancing in vulnerable groups, which does not specifically take into account the requirements of healthcare workers or the huge variability in severity of their conditions.

General guidance on social distancing and neurological diseases and their treatment has [been issued by the ABN](#). This guidance focuses on the general needs of neurology patients and inevitably focuses on the more severe end of the spectrum of disease.

The ABN has contributed to a Royal College of Physicians document on social isolation and COVID-19, which is still in preparation.

Multiple Sclerosis and immune disorders

Patients with multiple sclerosis are not significantly at risk from coronavirus, unless they either have advanced disability with bulbar or respiratory compromise, or they are on selected immunotherapies.

We do not recommend that patients stop injectable or oral therapies or natalizumab as the risk of a relapse of multiple sclerosis exceeds the risk of the medication itself. The risks of coronavirus infection and its complications are moderately increased with ocrelizumab, so we recommend caution in starting this treatment, and delaying re-treatments, during the coronavirus epidemic. We advise against autologous haematopoietic stem cell transplantation, as well as alemtuzumab or cladribine treatments and re-treatments, as these represent the highest risk to patients.

Patients with serious coronavirus infection complications and multiple sclerosis may safely stop their immunotherapy for up to four weeks, in consultation with their MS team.

Immunosuppressive therapies

The risks for a patient are often more defined by their immunotherapy than the underlying individual disease.

Many patients are on more than one drugs, thus increasing their overall risk.

Please see ABN Guidance on COVID-19 for details. All of the drugs listed would put an individual at an increased risk. The presence of additional risk factors would put them at a high risk or very high risk.

Parkinson's disease

The overall risk of any patient with a movement disorder should not be solely based on the neurological diagnosis, but also take other aspects of their health into account. These include age, other medical conditions and resulting medication, and the stage of the Parkinson's disease.

There is probably no significantly increased risk to treatment responsive patients with mild Parkinson's disease. Standard treatment for Parkinson's disease does not put patients at an increased risk of COVID-19.

High risk groups, which are unlikely to include active health care workers, include patients in care homes, those with significantly impaired bulbar or respiratory function, and those with additional cognitive impairment which limits their ability to understand and follow health advice.

Learning disabilities

The overall risk of any patient with a learning disability should not be solely based on the neurological diagnosis, but also take other aspects of their health into account.

Healthcare workers with mild learning disabilities are unlikely to be directly at increased risk of COVID-19. Risk would be associated with inability to follow guidance on infection avoidance such as hand cleaning.

For guidance on the risks arising from associated physical disabilities, such as bulbar or respiratory disease, see ABN Guidance on COVID-19 and Neurological Conditions.

Epilepsy

Non-complex epilepsy is not associated with increased risk from COVID-19.

The number of healthcare workers with complex epilepsy is likely to be very small. Risk may be associated with the underlying diagnosis which could result in significant bulbar or respiratory muscle weakness. Increased risk would be found in those with respiratory compromise associated with kyphoscoliosis or impaired mobility, with fever-sensitive epilepsies (e.g. Dravet Syndrome) and those with Rasmussen's encephalitis on immunosuppressive medication.

Cerebral palsy

The overall risk of any patient with cerebral palsy should not be solely based on the neurological diagnosis, but also take other crucial aspects of their health into account. Mild cerebral palsy would not increase the risk from COVID-19. Risk might arise from respiratory or bulbar weakness.

