

The data also show that a man aged 96+ with no risk factors would be in the top 2% of those at highest risk.

Recommendations - summary

After reviewing the data, the Clinical Review Panel agreed to recommend adding conditions which current evidence indicates put an individual at comparatively increased risk of death, striving for consistency of approach whilst acknowledging the limitations of the data.

The panel is unanimous that the list of conditions associated with Clinically Extremely Vulnerable (CEV) status should be expanded to include Down's Syndrome and Chronic Kidney Disease Stage 5. The panel recommends that these patients should be added to the SPL. The panel were unable to reach a unanimous position on the inclusion of men aged 95+ or patients with dementia and have provided some framing and ask UK CMOs to take a view.

These decisions were based on analysis showing that, where included, the list covering the highest 2% of combined population risk would capture more than 59% of deaths and each individual characteristic, would include greater than 50% of the population with that characteristic falling within the highest 2% combined risk band.

Please note: UK CMOs asked the panel to exclude care homes from their deliberations as this group is being considered separately.

Downs Syndrome

Background: The UK Clinical Review Panel previously considered addition of Downs Syndrome to the SPL when a markedly elevated risk of death from COVID-19 in adults with Down Syndrome was reported by the Oxford team at the start of this research (hazard ratio [HR] 14.85, 95% CI 9.39 to 23.50), adjusting for age, sex, ethnicity, dementia diagnosis, care home residency, congenital heart disease and a range of other co-morbidities and treatments.

The UK Clinical Review Panel additionally reviewed a summary of evidence provided by NHSE. They made the following recommendation on 16th July 2020:

There is insufficient evidence to justify inclusion of all patients with Downs Syndrome to the SPL. The panel recommends that patients continue to be added on a case by case basis following clinical judgment and patient consultation.

The rationale for this was that 'emerging preliminary evidence suggests people with Down Syndrome over the age of 40 years may be at higher risk of poorer outcomes and death from COVID-19, however the evidence base is currently limited, with findings to date based on small numbers. The granularity of information specific to Down's Syndrome is limited. Other factors of relevance may include living in a residential home and other co-morbidities (including epilepsy). The panel recommend patients continue to be added on a case by case basis'.

UK CMOs accepted the recommendation on 16th July 2020.

The panel has now reviewed evidence from the QCOVID data which shows that this 90% of people with Downs Syndrome are within the top 2% of risk, and the investigators will shortly publish a paper in Annals of Internal Medicine which shows that there are 4000 people with Downs in the sample, of whom 21 died from COVID with a 10-fold increased risk, which was highly statistically significant and unlikely to be a chance finding. It was not explained by care home residence or epilepsy. This conclusion was accepted and signalled as important by peer reviewers of this paper.

Recommendation: **The panel have considered the new evidence and recommend that we have a clinical duty to respond to this information and include all patients aged 18+ with Downs Syndrome within the definition of CEV, and therefore add them to the Shielded Patients List (SPL).**

Outcome: **UK CMOs agreed with the rationale and the recommendation presented and agreed that all patients aged 18+ with Downs Syndrome should be included within the definition of CEV and added to the SPL.**