

Coronavirus (COVID-19) – information for children and young people having Licensed CAR T cell therapy and their families from the Bone Marrow Transplant (BMT) team

We understand that you might be worried about coronavirus – also known as COVID-19 – particularly if your child has a long-term health condition. This information sheet from the Bone Marrow Transplant (BMT) team at Great Ormond Street Hospital (GOSH) sets out our advice for children and young people due to have Licensed CAR T cell therapy and their parents and carers. Note: The information in this sheet may not apply to Trial CAR T therapy – ask your clinical team for advice.

Please read this alongside our general FAQs for families at gosh.nhs.uk/covid-19-FAQ. You can also find the latest news, information and resources in our COVID-19 information hub at gosh.nhs.uk/coronavirus-hub.

Does COVID-19 affect children?

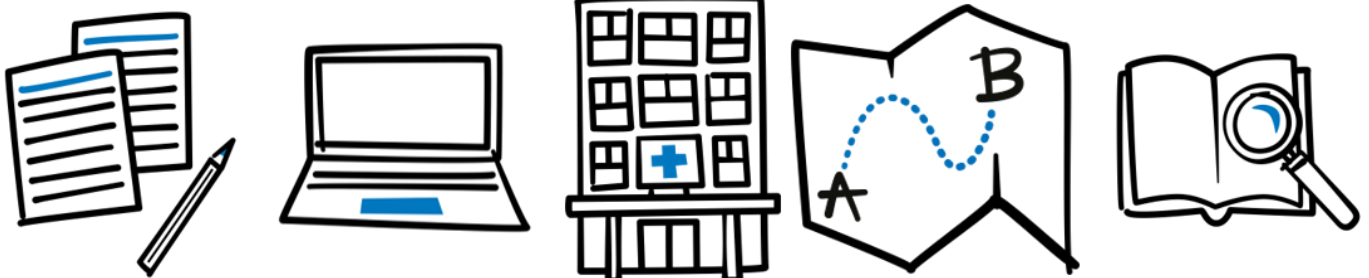
The evidence to date suggests that although children do develop COVID-19, very few children will develop a severe infection with COVID-19, even if they have an underlying health condition.

At GOSH, we are taking extra precautions to keep our young patients safe, including providing specialty guidance like this for patients who may be considered immunocompromised or part of a vulnerable group, which you can find at gosh.nhs.uk/covid-19-specialty-guides.

Specific advice for Licensed CART T cell therapy patients

In general, those receiving CAR T cell therapy for acute lymphoblastic leukaemia (ALL) should not have their therapy deferred for long periods. However, the exact timing of their CAR T cell therapy may need to be adjusted.

However, in many cases the only alternative treatment is allogeneic (from a donor) stem cell transplantation. This is more complex to deliver and requires coordination with a stem cell donor. It also carries a greater risk of side effects and longer hospital-based management. We therefore support proceeding to CAR T cell therapy in a timely fashion where possible.



As CAR T cells are derived from the patient, there is no concern about transmitting COVID-19 through the product itself. In fact, the evidence to date suggests that COVID is not transmitted through blood, blood product or bone marrow.

However, since patients receiving CAR T cell therapy need to undergo conditioning beforehand, we recommend they should be 'shielded' as per extremely vulnerable persons from the point of initial assessment. You can read more about what this means [on the Government website](#).

We appreciate that this advice might cause anxiety, so we have put together some special guidance to clarify what shielding means for your child and your family, available online at gosh.nhs.uk/covid-19-and-vulnerable-children.

If your child develops COVID-19 symptoms during CAR T cell therapy

Patients will be tested for COVID-19 before starting chemotherapy.

If your child is found to be positive for COVID-19, the treatment will be delayed where possible for 30 days until they are asymptomatic or until three consecutive tests are negative.

If there is a risk that delaying your child's treatment could cause their illness to get worse through delaying, we will discuss the situation with you and assess the risk of proceeding to CAR T cell therapy earlier. If we do decide to proceed to CAR T therapy earlier, it should be deferred until your child is asymptomatic and has had two negative tests taken at least 24 hours apart.

If your child develops symptoms of COVID-19, conditioning should be delayed for a minimum of 2 to 3 weeks.

If your child has already started therapy, your doctors will monitor them as with any respiratory infection and bring in appropriate isolation measures and supportive care. **Protecting from infection at home following CAR T cell therapy**

The following children and young people are considered 'vulnerable' and should follow [Government shielding advice](#) to stay indoors for 12 weeks:

- Those who have had a stem cell transplant in the past 2 years
- Those who have had chemotherapy for CAR T cell therapy in the past six months
- Those who have had treatment previously but also have ongoing lung, heart, kidney or nervous system problems
- Those who have had CAR T cell therapy over six months ago but who have had recurrent infections and/or are continuing to have immunotherapy.

We have put together some special guidance to clarify what shielding means for your child and your family, available online at gosh.nhs.uk/covid-19-and-vulnerable-children

Everyone else should follow Government guidance and stay at home as much as possible.

If your child has symptoms at home before and/or after CAR T cell therapy

- If your child or anyone in the household develops a **runny nose or cough** but no high temperature or breathing difficulties, please call the team at GOSH who will advise you on action to take.
- If your child develops a **high temperature** with or without other symptoms of illness, they should be admitted to hospital for antibiotics in the usual way but should be isolated and tested for infection (including COVID-19).
- If a **member of the household** develops symptoms of COVID-19, they should ring NHS 111 or use 111.nhs.uk and state that they are a carer for an immunocompromised child. NHS 111 will advise you on action to take.

Important – for any changes in your child's condition, always call the team at GOSH as you



normally would. We know your child and their individual risk factors, and we are here to advise you about what to do next.

If you are very worried about your child or their life is at risk, you should always call 999 or go to your local A&E or urgent care centre.

Should we make alternative clinic appointments?

Clinicians are looking to remove the need for patients to attend face-to-face appointments wherever possible. This might involve telephone appointments or exploring video consultations.

If your child has an upcoming clinic appointment, we will be in touch with you to discuss how we can

best carry this out remotely. Some assessments will need to be carried out at GOSH but we will keep these to a minimum.

If your child is due to continue their immunoglobulin replacement therapy, we recommend they do so wherever possible, to reduce the risk of infection. We may be able to provide training so you can administer this to your child at home. Alternatively, we may recommend leaving a longer gap between infusions. This will only be decided after discussion with you and careful consideration of your child's blood test results.

Further information and support

Information from the NHS at www.nhs.uk/conditions/coronavirus-covid-19/

Information for children is available on the BBC Newsround website at www.bbc.co.uk/newsround

