

22 March 2021

Dear Professor Lim and Ms Ingham-Clark,

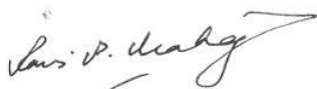
As the leaders of the specialty of anaesthesia in the UK, we write to bring to your attention the concern of some of our colleagues about the impact of taking immunosuppressant drugs on antibody responses to COVID-19 vaccination. An informal group of our members who are on DMARDs and biologics, and have therefore been shielding or avoiding face-to-face patient contact during the pandemic so far, are being asked to return to work now that they have been immunised and the community prevalence of infection is decreasing, in line with government recommendations that shielding should end for those deemed clinically extremely vulnerable on 31st March 2021.

Concerned that the available literature suggests both that the immunosuppressed suffer more severe effects of SARS-CoV-2 infection, and that they are less likely to mount an effective antibody response to vaccinations such as those given to prevent influenza infection, they have been using commercial antibody tests. We are told that the results are variable but that some members of the group have had a minimal or even zero spike protein antibody (sAb) response. With sAb testing not routinely available to NHS employees, we are being asked to provide guidance to these members about their return to work.

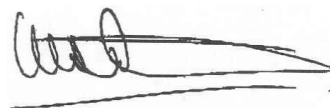
We are aware that this issue is not limited to anaesthetists and also of our lack of detailed knowledge of this field. However, we would be most grateful for your advice on how we should respond to our colleagues when they raise these concerns.

We would be pleased to arrange a video call with you if you think this would be the best way to address this issue.

Yours sincerely



Professor Ravi Mahajan  
**PRESIDENT, RCoA**



Dr Mike Nathanson  
**PRESIDENT, Association of Anaesthetists**