### RISK CLASSIFICATION TOOL FOR ADULTS WITH MILD COVID-19

The available evidence is not sufficient to enable the Taskforce to determine which individual patients are most likely to benefit from treatment. However, the recommended drugs are likely to be most effective in preventing severe illness and mortality in those people who are at highest risk of these outcomes.

The Taskforce has developed this matrix to guide clinicians making decisions about which people are most likely to benefit from these drugs. Examples are based on the clinical expertise of the Taskforce, and not definitive nor exhaustive.

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**Immunocompromised**

- **with no comorbidity**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

- **with a comorbidity**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

- **with multiple comorbidities**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

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**Aboriginal and Torres Strait Islander people**

- **with no comorbidity**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

- **with a comorbidity**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

- **with multiple comorbidities**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

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**General population**

- **with no comorbidity**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

- **with a comorbidity**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

- **with multiple comorbidities**
  - Up-to-date
  - Not up-to-date
  - Unvaccinated

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**Comorbidities include:**

- Respiratory compromise, including COPD, asthma and bronchiectasis
- Cardiovascular disease, including hypertension
- Obesity (BMI >30 kg/m²)
- Diabetes
- Renal failure

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**Immunocompromising conditions**

- Primary or acquired immunodeficiency:
  - Haematologic neoplasms: leukaemias, lymphomas, myelodysplastic syndromes
  - Post-transplant: solid organ (an immunosuppressive therapy), haematopoietic stem cell transplant (within 24 months)
  - Immunocompromised due to primary or acquired [HIV/AIDS] immunodeficiency or Down syndrome

- Immunosuppressive therapy (current or recent):
  - Chemotherapy, whole body radiotherapy or total lymphoid irradiation
  - High-dose corticosteroids (≥20 mg of prednisone per day, or equivalent) for ≥14 days
  - All biological disease-modifying anti-rheumatic drugs (bDMARDs) and most other (e.g. conventional synthetic) DMARDs

**Comorbidities**

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**The risk of developing severe illness is considered to be higher in Aboriginal and Torres Strait Islander people as a result of inequity arising from social determinants of health**

**Also consider whether people are unlikely to be able to access higher level care due to geographical remoteness or other factors**

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**Adults with mild COVID-19 at highest risk of severe illness**

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- **Higher risk of severe illness**
- **Lower risk of severe illness**
- **Risk depends on context**
- **Risk depends on context, frailty and extent of comorbidity**
- **Highest risk of severe illness**