NATIONAL COVID-19 CLINICAL EVIDENCE TASKFORCE

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.

Immunocompromising conditions

Primary or acquired immunodeficiency:
- **Haematologic neoplasms:** leukaemias, lymphomas, myelodysplastic syndromes
- **Post-transplant:** solid organ (on 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

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

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Comorbidities	Vaccination Status	Age 18+	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90+
Immunocompromised		Highest risk of severe illness															
Aboriginal and Torres Strait Islander people																	
with no comorbidity	Up-to-date	Lower risk of severe illness							Risk depends on context and frailty								
	Not up-to-date	Lower risk of severe illness							Risk depends on context and frailty						Highest risk of severe illness		
	Unvaccinated	Risk depends on context							Highest risk of severe illness								
with a comorbidity	Up-to-date	Lower risk of severe illness							Risk depends on context, frailty and extent of comorbidity								
	Not up-to-date	Risk depends on context, frailty and extent of comorbidity							Highest risk of severe illness								
	Unvaccinated	Risk depends on context, frailty and extent of comorbidity							Highest risk of severe illness								
with multiple comorbidities	Up-to-date	Risk depends on context, frailty and extent of comorbidity															
	Not up-to-date	Risk depends on context, frailty and extent of comorbidity							Highest risk of severe illness								
	Unvaccinated	Highest risk of severe illness															
General population																	
with no comorbidity	Up-to-date	Lower risk of severe illness										Risk depends on context and frailty					
	Not up-to-date	Lower risk of severe illness										Risk depends on context and frailty			Highest risk of severe illness		
	Unvaccinated	Risk depends on context										Highest risk of severe illness					
with a comorbidity	Up-to-date	Lower risk of severe illness										Risk depends on context, frailty and extent of comorbidity					
	Not up-to-date	Risk depends on context, frailty and extent of comorbidity										Highest risk of severe illness					
	Unvaccinated	Risk depends on context, frailty and extent of comorbidity										Highest risk of severe illness					
with multiple comorbidities	Up-to-date	Risk depends on context, frailty and extent of comorbidity															
	Not up-to-date	Risk depends on context, frailty and extent of comorbidity										Highest risk of severe illness					
	Unvaccinated	Highest risk of severe illness															

Comorbidities include:

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

- 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