- Staffing – medical, nursing, allied health, administrative. Many units also cover specialist allergy services
- Medical staff also supervise immunology laboratories and some involvement with COVID serology validation
- Outpatient facilities with sufficient social distancing – requirement for some face-to-face visits; need for blood tests with special collection/transport requirements and specialised testing (eg genetics)
- Day-case facilities with sufficient social distancing – requirement for day-case procedures (eg immunoglobulin replacement therapy (IgRT; intravenous [IVIg], or subcutaneous [SCIg], home therapy training)
- Primary care facility for vaccination and phlebotomy
- Availability of therapeutic products (eg IVIg, SCIg, C1-inhibitor, lanadelumab)
- Availability of home care and pharmacy services to support home therapy

Priorities

At 25% staffing/facilities capacity the following activity would be prioritised.

This assumes that patients will be reviewed by telephone clinics only, with subsequent face-to-face visit for testing where needed. Assumes very limited if any day-case facility availability.

Outpatient assessment:	Procedures:
- All referrals are specialist commissioned and require review - Follow-up of patients at high risk of illness or complication, including eg combined, innate, T cell, or phagocyte defects, disorders of immune regulation etc. - Follow-up of patients with frequent infections regardless of cause - Follow-up of patients with poorly controlled hereditary angioedema (HAE)	- Switch all IVIg to SCIg (product availability-dependent) - Home IgRT training - Icatibant and C1-inhibitor training/delivery for new HAE

At 50% staffing/facilities capacity, in addition to the activities above the following activity would be prioritised.

This assumes limited availability of face-to-face review, with the majority being telephone clinics. Assumes some day-case facility availability.

Outpatient assessment:	Procedures:
- Review of patients on IgRT - HAE stable on prophylaxis	- Reduce frequency of IVIg below usual to minimise attendance - Home IgRT training

At 75% staffing/facilities capacity, in addition to the activities above the following activity would be prioritised

This assumes that patients can be reviewed face-to-face if required, with the majority being telephone clinics. Assumes regular day-case facility availability.

Outpatient assessment:	Procedures:
- Antibody deficiency stable on antibiotic prophylaxis	- Initiation of IVIg if no other alternative

At 90% staffing/facilities capacity, in addition to the activities above the following activity would be prioritised

This assumes that patients can be reviewed face-to-face if needed, with the remainder being telephone clinics. Assumes dedicated day-case facility availability.

Outpatient assessment:	Procedures:
- Stable antibody deficiency not requiring treatment - Hereditary angioedema stable without prophylaxis	- Initiation of IVIg if preferred over alternative