Infections can be caused by viruses, bacteria and fungi. They can be spread between people by a variety of means and do not cause a big problem if you have a working immune system. However, there are many conditions that affect the immune system in people of working age, which could make it harder to fight infection. These include but are not limited to:

Diabetes, Lupus, Rheumatoid arthritis, Sjogrens Syndrome, Psoriasis, Uveitis, HIV/AIDS (caused by a virus), Multiple Sclerosis, Multiple Chemical Sensitivities, Crohn’s Disease, Ulcerative Colitis, Antiphospholipid Syndrome, Myalgic Encephalopathy, Axial Spondyloarthritis, and cancer.

**How many people have immune related problems?**

When combined, approximately 1-in-5 working age people will have an immune related problem to differing degrees. This means that in a department of 100 people, 19 of the people around you may have an immune system problem. As most of these conditions are invisible, and cannot be detected by looking at someone, it is very likely that at least one of your friends/colleagues has a problem and you don’t know about it.

Many of these conditions are rare and present in a way that is not easy to identify and time to diagnosis can often take years. Up to 11 years has been reported in some cases! This makes it even more likely that someone around you has an immune system problem. Infections can be triggers of some of these conditions. Following COVID-19 there has been an increase in people diagnosed with ME and chronic fatigue syndrome, increasing the number of people even further.

**How do these conditions affect the immune system and risk of infection?**

There are 4 possible impacts which can occur simultaneously in an individual:

1. The condition reduces the ability of the immune system to function so it cannot fight infection. This is known as immunocompromised.
2. The immune system response is permanently increased so the individual has a frequent or constant fever.
3. The immune system is dysfunctional and attacks the body’s own cells. This is known as autoimmunity.
4. The need for treatment that suppresses the immune response to dampen the immune response or inflammation, increasing the risk of severe infection. This is known as immunosuppression.

All of these result in an increased risk of infection, slow recovery, and/or possible problems with live vaccines. Infections can also cause flare up of the underlying disease or disruption in medication regime, making an infection especially devastating with long-term complications.

Each infection also results in a period of self-isolation to recover. People therefore end in multiple periods of isolation which are emotionally and physically challenging as we have all experienced with COVID-19.

**What else happens with immune system problems?**

These depend on the underlying disease. Additional symptoms can include fatigue, chronic pain, headaches, sleep problems, difficulties with the environment such as light and scents, and many others. These symptoms can be aggravated by active infections.

**What can you do to help?**

Help to create a healthy working environment by protecting your co-workers. Think twice about the impact of your actions on others. If you are ill, please stay home so you do not spread the infection to others. If you have a cough or are sniffly, please consider working from home if possible. If not, keep a physical distance from others and wear a mask to reduce the spread of infection. Make an extra effort to keep asking friends and colleagues who have immune system disorders what they are comfortable with in terms of contact during these times to reduce risk and alienation. The use of sanitiser and hand washing frequently will also help to reduce the spread of infection. This will help keep environments such as home, the office, the bus, and social spaces as inclusive and welcoming to all as possible.

If you have a friend, family member or colleague who has an immune system disorder and they are unwell, remember how awful isolation is and arrange to check in on them via phone or virtually as done through the pandemic. Offer to help with cooking or shopping. Be kind and courteous but do not make the individual feel as if they are a burden. Finally, do not tell someone that they look well, as this indicates you think they are clearly fine. In invisible disabilities, the outer appearance does not reflect the difficulties inside.

Thank you to the following organisations for their support in developing this information campaign. Please do click on the links to learn more.

[National Association of Disabled Staff Networks](http://www.nadsn-uk.org/)



[WIN Access EDI member network for chronic illness, disability and neurodiversity, University of Oxford](https://www.win.ox.ac.uk/about/edi/member-networks)



[Lupus UK](https://www.lupusuk.org.uk/)



[British Sjogrens Support Association](https://www.bssa.uk.net/)



[APS Support UK](http://aps-support.org.uk/)



[ME Association](https://meassociation.org.uk/news/)



[Arthritis Action](https://www.arthritisaction.org.uk/)

 

[MS Society](https://www.mssociety.org.uk/)

[Crohns and Colitits UK](https://www.crohnsandcolitis.org.uk/)



[Terrence Higgins Trust](https://www.tht.org.uk/)

[MCS Aware](https://www.mcs-aware.org/)



[National Axial Spondyloarthritis Society](https://nass.co.uk/)



[National Aids Trust](https://www.nat.org.uk/)

