Updated advice for patients with Inflammatory Bowel Disease during the COVID 19 Pandemic

Summary Recommendations

Based on expert opinion from NZ and overseas we are recommending:

- Do not stop your medication
- Follow isolation advice carefully
- Have the influenza vaccination

For an update, more detail, tips and FAQ's see below

Update

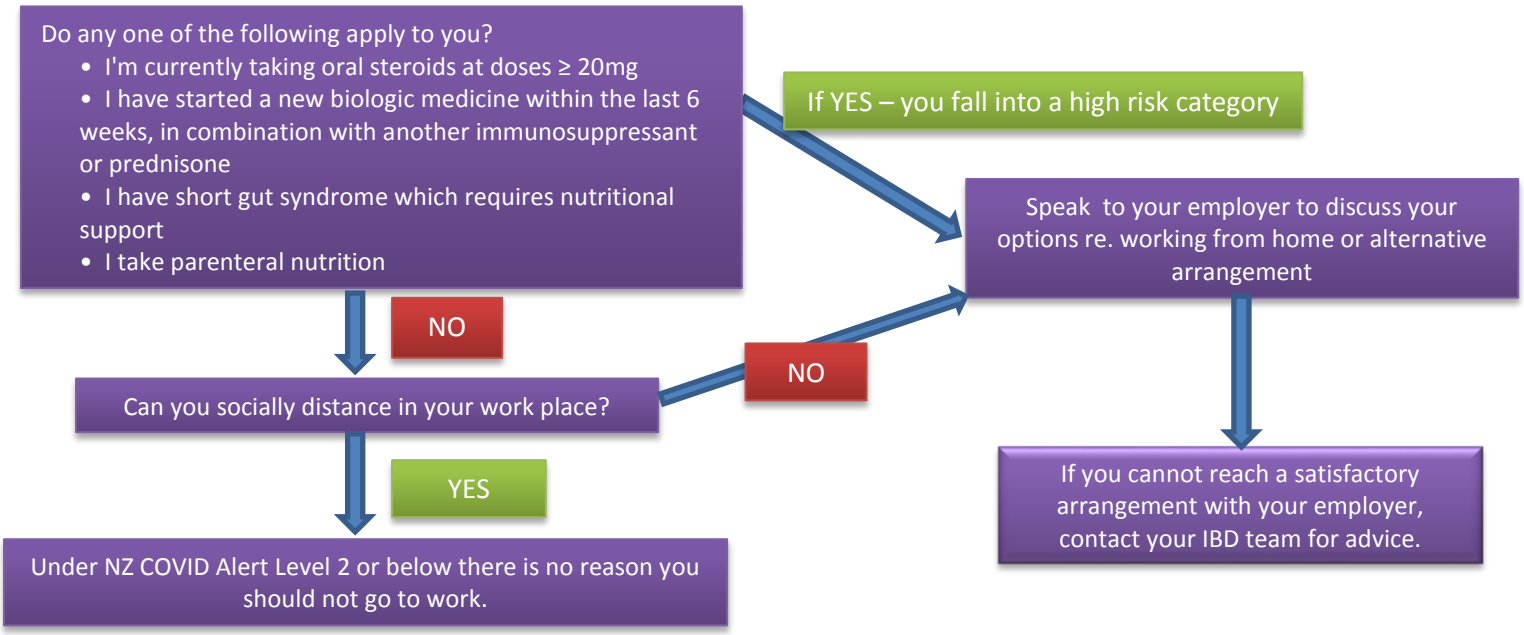
Inflammatory bowel disease (IBD) comprising both ulcerative colitis (UC) and Crohn's disease (CD), is an inflammatory condition affecting the gastrointestinal tract. Treatment for those patients with moderate-severe disease will often include medications that suppress the immune system (immunosuppressants). During the current and evolving COVID-19 pandemic we understand that patients suffering from IBD will have considerable anxiety relating to their condition and medications. We hope therefore to be able to provide some advice at the current time.

Over the last two months our understanding of COVID-19 has increased greatly, and the New Zealand government and public have done an excellent job of controlling the virus, such that the risk of community transmission is very low. Equally, our understanding of the relationship between COVID-19, IBD, and IBD medications has improved. To date there is no evidence that the use of either biologics or immunosuppressants, in patients with IBD, increases the risk of acquiring COVID-19 or increases the risk of severe disease in the event of infection. Risk factors for severe disease in patients with IBD are; older age, co-existing (non-IBD) medical conditions and the use of steroids (prednisone ≥20mg). As this is the case it is felt that unless patients with IBD fall into a very high risk group then they should follow government advice equivalent to that for the general population now that we are at COVID Alert Level 2.

Frequently Asked Questions

Q1. Should I go back to work at COVID Alert Level 2?

Realistically Alert level 2 may exist for quite some time and therefore it is impractical to recommend that all patients on immunosuppression should not go to work, especially when the evidence for patients with IBD does not indicate a greater risk than the general population. Please refer to the following flow chart for advice:



Q2. Am I immunosuppressed?

Any patient with IBD on any of the following medications would be considered to be immunosuppressed.

- Prednisone
- Methotrexate
- Azathioprine / 6-mercaptopurine / thioguanine
- Anti-TNF inhibitor therapy (Adalimumab or Infliximab)
- Ustekinumab
- Tacrolimus or Ciclosporin
- Any medication in the context of a clinical trial

You are not immunosuppressed if you are **only** taking IBD medications on the list below without any of the above:

- Mesalazine / sulphasalazine
- Rectal therapy
- Budesonide
- Antibiotics
- Cholestyramine / Colestid
- Loperamide / codeine

Q3. Are there additional "high risk" things I should consider?

Yes, if you fulfil any other of the following criteria you are at higher risk:

- If you **either** have a co-morbidity (respiratory, cardiac, hypertension or diabetes mellitus) **and/or** are ≥70 years old **and** are taking any medications from the immunosuppressant list
- Regardless of age/co-morbidity, if you fulfil any of:
    - on oral prednisone ≥20 mg per day
    - new therapy with anti-TNF in combination with a thiopurine (azathioprine or 6 mercaptopurine) or methotrexate within last six weeks
    - moderate-to-severely active disease despite treatment
    - requiring nutritional support (PEG feeding etc)
    - requiring parenteral nutrition

Q4. Should I receive the pneumonia vaccine?

The pneumococcal vaccination (Pneumovax®23) is protective against a group of bacteria which can cause pneumonia. In many parts of the world it is recommended 5 yearly for the elderly or immunosuppressed patients, but in NZ it is not publically funded. At the current time we would recommend discussing this vaccination with your GP, the cost is around $60

Q5. What about my blood tests?

Given the low risk of community transmission in New Zealand at the present time it is safe to visit the laboratory for your blood tests. This is an important part of disease monitoring and keeping you safe.

Q6. I'm on infliximab should I come for my infusion?

As mentioned above, unless it has been discussed with your specialist you should remain on your current IBD medications including infliximab. All patients are screened for symptoms of COVID-19

and risks of exposure prior to coming to the infusion suite to reduce the risk of transmission. If you are unwell please get in touch with your IBD nurse.

If you have additional concerns please refer to one of the resources listed below or email our IBD nursing service at Sarah.Cook@waikatodhb.health.nz

Crohn's and Colitis NZ – www.crohnsandcolitis.org.nz
Ministry of health – www.covid19.govt.nz

Top tips for patients with IBD.

1. Please be aware that although hospitals have undergone significant reorganisation and changes to our standard delivery of care, we continue to do everything we can to keep you safe and well during the pandemic and some services are now returning to normal at Alert Level 2

    - NB. Some clinics will still be done via telephone, and you will be contacted regarding this if you have an upcoming appointment.

2. **DO NOT** stop your IBD medications. This is because:

    - We do not know for certain that these increase your risk of COVID-19 infection or severe disease

    - The risks of stopping medications include disease flare; the need for steroids (prednisone); hospitalisation; or even surgery. All of which we believe to be higher risk than continuing your medications

3. Ensure you have a good supply of medication should you need to self-isolate.

4. Arrange with your GP or pharmacy to receive the annual influenza vaccination (this is available free to all patients with a chronic disease)

5. Contact your local IBD team via the phone or email helpline if you are experiencing a flare. This is best done through our IBD Nurse Sarah.Cook@waikatodhb.health.nz . However, she will be very busy at this time and if you are concerned your GP will still be available for consultation.

6. Wash your hands frequently and avoid touching your face; this goes for everyone.

7. Quit smoking as this increases the risk and severity of COVID19 infection & avoid NSAIDs (e.g. ibuprofen)

8. Government guidelines on self-isolation and social distancing are changing rapidly so please visit www.covid19.govt.nz to keep up to date. (If you are unclear on your level of risk, contact your local IBD helpline for further advice)

9. If you develop a cough, fever or flu-like symptoms you should follow the government's recommendations about self-isolation and household quarantine. If you are on immunosuppression (see below) contact the IBD service for advice. If you feel you cannot cope with your symptoms at home, or your condition gets worse, or your symptoms do not get better after 7 days, then use the free government helpline on 0800 779997 or Healthline on 0800 358 5453. For a medical emergency dial 111. Do not turn up to your GP practice unannounced.

10. Take care of yourself but also be kind and considerate to others in these difficult times

Appendix

Highest Risk	**Moderate risk**	**Lowest risk**
1. Patients who **either** have a co-morbidity (respiratory, cardiac, hypertension or diabetes mellitus) **and/or** are ≥70 years old **and*** are on any therapy for IBD (per middle column) except 5ASA, budesonide, beclometasone or rectal therapies 2. IBD patients of any age regardless of co-morbidity and who meet one or more of the following criteria: • on oral prednisone ≥20 mg per day • new therapy with anti-TNF in combination with thiopurine or methotrexate (see middle column) within last six weeks • moderate-to-severely active disease despite treatment • requiring nutritional support (PEG feeding etc) • requiring parenteral nutrition	Patients on any of the following medications (alone or in combination): • Ustekinumab • Methotrexate • Anti-TNF alpha therapy (infliximab, adalimumab) • Thiopurines (azathioprine, mercaptopurine, thioguanine) • Calcineurin inhibitors (tacrolimus or ciclosporin) • Immunosuppressive/biologic trial medication	Patients on the following medications: • 5-ASA (mesalazine, sulphasalazine) • Rectal therapies • Budesonide • Therapies for bile acid diarrhoea (colestyramine, colesevelam, colestipol) • Anti-diarrhoeals (e.g. loperamide) • Antibiotics for bacterial overgrowth or perianal disease

From the Gastroenterology Team, Waikato Hospital, March 2020
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