

COVID-19 and IBD

WHAT PATIENTS AND CAREGIVERS
NEED TO KNOW

Terms to know

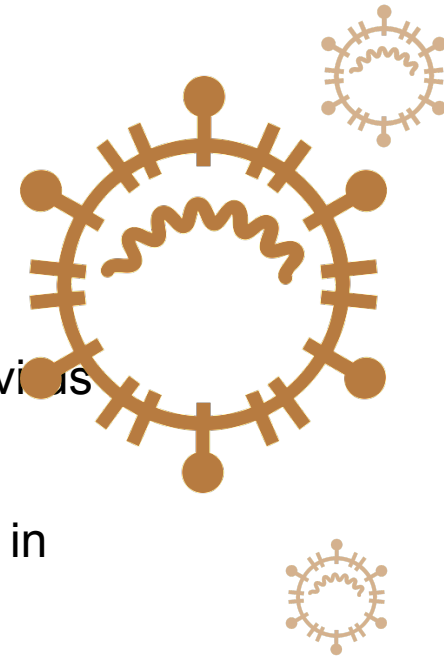
- There are many types of human coronaviruses
- Some may cause mild respiratory illnesses

Definition from Center for Disease Control (CDC):

COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans.

COVID-19 (coronavirus disease 2019): the disease that is seen in human hosts

SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2): the virus that causes the COVID-19 disease



SOURCE: [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

Symptoms of COVID-19

Most common symptoms:

- Fever
- Shortness of breath
- Cough

Other symptoms that may be reported, based on small studies include GI symptoms such as:

- Diarrhea
- Nausea
- Vomiting
- Abdominal discomfort

Key point: Pay close attention to your body and symptoms. Are your GI symptoms accompanied by a fever, and progression of other symptoms listed? Call your doctor for advice or schedule a virtual visit.

Gu J, Han B, Wang J. COVID-19: Gastrointestinal manifestations and potential fecal-oral transmission. Gastroenterology, 2020. Article in press. [https://www.gastrojournal.org/article/S0016-5085\(20\)30281-X/pdf](https://www.gastrojournal.org/article/S0016-5085(20)30281-X/pdf). Accessed March 6, 2020
Xiao F, Tang M, Zheng X, Liu Y, Li, X, Shan H. Evidence for gastrointestinal infection of SARS-CoV-2. Gastroenterology, 2020. Article in press. [https://www.gastrojournal.org/article/S0016-5085\(20\)30282-1/pdf](https://www.gastrojournal.org/article/S0016-5085(20)30282-1/pdf) Accessed March 6, 2020.

Updated 5.6.2020

General precautions and prevention



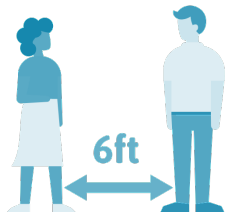
Wash hands frequently (20 seconds).
Use hand sanitizer (at least 60% alcohol).



Telecommute (if possible)
Stay home if sick.
Use appeal letter if needed.



If sick, wear a face mask
if possible.



Practice social distancing
Minimum of 6 feet apart



Keep surfaces and commonly used
spaces clean.
Safe products can be found here:
[https://www.epa.gov/pesticide-
registration/list-n-disinfectants-use-
against-sars-cov-2](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)



Cover your cough or sneeze
Throw away used tissues.
Avoid touching your face.

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>
[https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-
your-home.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html)

IBD Medication Guidance

RECOMMENDATIONS DURING THE COVID-19 PANDEMIC

Medications and Immune Suppressing Drugs

- In IBD, the immune system is overactive
 - The body cannot control (regulate) this overactivity
- This causes inflammation in the bowel
- Some medications are aimed at modifying the immune response that causes inflammation
- Goal of medication is to help the body get the inflammation under control
- Some medications for IBD may increase the risk of infections



Current recommendations regarding IBD Medications

Drug class	Medication Examples:	Immune-suppressing?	Continue taking medications?
Aminosalicylates	(Asacol®, Apriso™, Canasa®, Delzicol™, Lialda™, Pentasa®, Rowasa®)	No	YES. Take as prescribed.
Immunomodulators	Azathioprine (Azasan®, Imuran®, cyclosporine (Gengraf®, Neoral®, Sandimmune®), mercaptopurine (Purinethol®), methotrexate (Rheumatrex®), tacrolimus (Prograf®)	Yes	YES. Take as prescribed.
Biologics/ Biosimilars	Anti-TNF biologics certolizumab pegol (Cimzia®), adalimumab (Humira®), infliximab (Remicade®), golimumab (Simponi®), infliximab-abda (Renflexis®), infliximab-dyyb (Inflectra®), infliximab-qbtx (Xifi™). Integrin receptor antagonists like natalizumab (Tysabri®) and vedolizumab (Entyvio®), and interleukin 12 and 23 antagonists like ustekinumab (Stelara®)	Yes	YES. Take as prescribed.
JAK inhibitor	Tofacitinib (Xeljanz®)	Yes	YES. Take as prescribed.
Steroids	Budesonide (Entocort® EC, UCERIS™), methylprednisolone (A-Methapred®, Depo-Medrol®, Medrol Dosepak®, Solu-Medrol®), prednisolone (Orapred®, Prelone®, Pediapred®), prednisone (Deltasone®)	Yes	Do not adjust without talking to your doctor. Not generally recommended in high doses in IBD
Antibiotics	Examples: Metronidazole (Flagyl®), Ciprofloxacin (Cipro®), Vancomycin (Vancocin®), Rifaximin (Xifaxan®)	No	YES. Take as prescribed.

STAY ON YOUR IBD MEDICATIONS

Keeping inflammation under control limits other serious health-related risks as a result of your Crohn's disease or ulcerative colitis.

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<https://www.ioibd.org/>
<https://www.crohnscolitisfoundation.org/coronavirus-update/adults>

A note about steroids

- Steroids do not heal IBD associated bowel damage, Steroids are NOT maintenance medications – they are not meant for longer-term use.
- Based on research from SARS, steroids like prednisone may make patients worse.
- In general, if you are on steroids, work with your doctor to decrease the dose to a level where your GI symptoms are under control to minimize complications (examples: infections, bone loss, diabetes)
- Steroids for management of your IBD is not recommended, however:
 - Don't stop taking steroids suddenly
 - Discuss steroid tapering strategies with your doctor
 - Talk to doctor about risk and benefits of decreasing steroid use



Children

- Looking at data from China, most cases in children have been mild or asymptomatic (without symptoms).
- Research suggests that children can be asymptomatic carriers of the virus
- Limited data on effects on children with IBD
- Same medication recommendations apply for those taking immune-suppressing therapies:

STAY ON MEDICATIONS

Follow precautions and healthy practices

- Children on nutritional support therapies should continue to maintain good nutrition and should continue their nutritional therapies

Testing positive for SARS-CoV-2 (but not COVID-19)

- As tests for SARS-CoV-2 are becoming more available, you may be asked to take a SARS-CoV-2 test before an endoscopic procedure or surgery.
- Some IBD patients may test positive but not exhibit any symptoms of COVID-19.
- If you test positive for the virus and do not have symptoms or signs of the disease, **you and your healthcare provider should discuss your medications and make a shared decision on any changes or adjustments to your medications.**

Don't stop taking medications without talking to your doctor.

Medication	Recommendations and guidance from GI societies
Steroids (<i>Prednisone/ Prednisolone</i>)	<ul style="list-style-type: none">• Move to a lower dose or transition to oral budesonide when feasible
Immunomodulators (<i>Thiopurines, methotrexate</i>)	<ul style="list-style-type: none">• Stop taking for two weeks (14 days)• Restart therapy after 2 weeks if COVID-19 has not developed
Janus Kinase Inhibitor (Tofacitinib)	<ul style="list-style-type: none">• Stop taking for two weeks (14 days)• Restart therapy after 2 weeks if COVID-19 has not developed
Biologics/ biosimilars	<ul style="list-style-type: none">• Delay dosing for 2 weeks• Restart therapy after 2 weeks if COVID-19 has not developed

Updated 5.6.2020

If You Develop COVID-19

Make sure the physician treating you for COVID-19 knows that you have Crohn's disease or ulcerative colitis and have this person communicate directly with your gastroenterologist.

Experts are currently recommending the following approach to IBD therapies:

- **Aminosalicylates** (Asacol®, Apriso™, Canasa®, Delzicol™, Lialda™, Pentasa®, Rowasa®) or other aminosalicylates are considered safe and may be continued.
- **Antibiotics** for Crohn's disease (**usually perianal disease**) are considered safe and may be continued.
- **Topical rectal therapy** like mesalamine suppositories (Canasa™) or enemas (Rowasa™) or budesonide foam (UCERIS™) is considered safe and may be continued.
- **Oral budesonide** (Entocort® EC or UCERIS™) is considered safe and may be continued.
- **Oral steroids should be reduced and discontinued if possible.**
 - Discuss how to reduce steroids quickly and safely with your doctor
- **Immunomodulators should be stopped until you recover from COVID-19.**
 - **Immunomodulators include:** Azathioprine (Azasan®, Imran®, cyclosporine (Gengraf®, Neoral® Sandimmune®), mercaptopurine (Purinethol®) methotrexate (Rheumatrex®) tacrolimus (Prograf®), and tofacitinib (Xeljanz®)
- **Anti-TNF** biologics should be stopped until you recover from COVID-19.
 - **Anti-TNF's biologics/biosimilars include:** adalimumab (Humira®), certolizumab pegol (Cimzia®), golimumab (Simponi®), infliximab (Remicade®), infliximab-abda (Renflexis®), infliximab-dyyb (Inflectra®), infliximab-qbtx (Xifi™)
- **Ustekinumab (Stelara®)** should be stopped until recovery from COVID-19.
- **Vedolizumab (Entyvio®)** should be stopped until recovery from COVID-19.
- **Don't stop taking medications without ensuring your COVID-19 care is coordinated with the healthcare provider managing your IBD.**

IBD medication infusions

Before going to your infusion center, call ahead and ask:

- Do they have screening protocol to check for symptoms of COVID-19?
- Will there be adequate social spacing (at least 6 ft)?
- Are visitors restricted?
- Will masks need to be provided for patients and the healthcare team?

Home infusions

- To ensure this is a safe option for you, talk to your doctor.

Monitoring your disease: procedures and testing

Routine colonoscopy/ endoscopic procedures

- Meant to monitor your disease
- All elective procedures should be postponed for your safety, based on CDC and Surgeon General recommendations.
- Most procedures on our IBD patients can be delayed, so please discuss the urgency of these tests with your GI team.

For active symptoms

- Talk to your doctor if you have active symptoms
- You may still need to have an endoscopic procedure, or come in for a visit
- Your doctor will look at measures of your disease activity
 - You may be able to utilize non-invasive testing like blood or stool tests instead
 - Telemedicine may be a useful tool; ask your doctor if that is an option

These recommendations are meant to:

1. Keep people away from unnecessary risk
2. Not overuse important equipment that may be in high demand

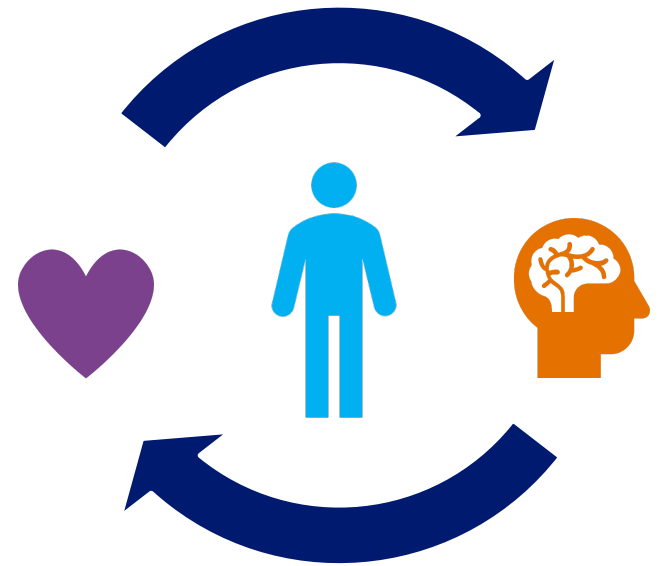
Remember!

Keep a list of visits that need to be postponed; don't lose track of them and follow up when the pandemic concerns end.



Emotional and mental health

- ✓ Turn off media and news for some time each day
- ✓ Develop a plan (meals, quarantine, medications, other supplies)
- ✓ Make sure you have all the supplies you need
- ✓ Set up a schedule
- ✓ Talk to your health care team about questions and risk
- ✓ Seek a mental health professional
- ✓ Begin a regular stress management practice
- ✓ Find coping mechanisms that work for you
- ✓ Connect with friends and family
- ✓ Enjoy fresh air/ exercise
- ✓ Find support
 - ✓ Crohn's & Colitis Foundation resources like:
 - ✓ IBD Help Center
 - ✓ Community website
 - ✓ Power of Two program
 - ✓ Facebook support groups



Talking to your child

- Follow a routine
- Help them understand the situation
- Be supportive
- Teach them proper hand-washing
- Use family-friendly coping strategies
 - Meditation
 - Yoga
 - Art projects
 - Other forms of exercise

Talking points and other tips can be found here:

www.crohnscolitisfoundation.org/coronavirus/pediatrics/emotional-guidance



Essential workers who have IBD: Questions to ask

- ☐ What is your likelihood of exposure to the virus?
- ☐ What is your risk in general due to therapies? **Talk to your doctor about this too.**
- ☐ Are there ways you can limit your exposure?
- ☐ Are there other tasks you could do?
- ☐ Are you able to practice social distancing at your place of work?
- ☐ Do you have access to face masks and other personal protective equipment if you are a healthcare worker? N-95 and surgical masks are OK



RESOURCE:

COVID-19 Appeal Letter for telecommuting:

www.crohnscolitisfoundation.org/science-and-professionals/program-materials/appeal-letters

Research Underway

SECURE-IBD registry:

- De-identified information, to be completed by healthcare professionals
- <https://covidibd.org/>
- Current data section tracks outcomes of patients with IBD who have COVID infection: <https://covidibd.org/current-data/>

Clinical trials for COVID-19:

- Drug trials
- Vaccinations

Learn more about COVID-19 and IBD

VISIT

www.crohnscolitisfoundation.org/coronavirus/what-ibd-patients-should-know

Coronavirus and IBD: Information and Event Updates

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IBD & Coronavirus

Overview

[IBD Patient Guidance](#) >

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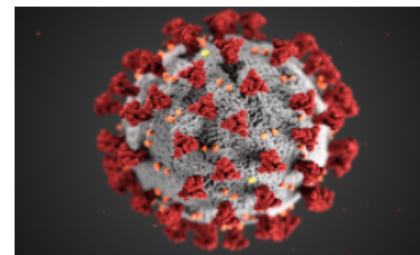
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Coronavirus (COVID-19): What IBD Patients Should Know

Last updated March 26, 2020

We understand that there's a lot of information in the news about the coronavirus (COVID-19) and you may be concerned. The Foundation is here to help you make sense of the information and take the precautions recommended by the Centers for Disease Controls and Prevention (CDC).



Jump to:

[What is COVID-19?](#) | [Watch our live chat](#) | [Key terms to know](#) | [Symptoms](#) | [Healthy practices](#) | [Testing for coronavirus](#) |

Updated 4.1.2020

These slides have been reviewed by the Crohn's & Colitis Foundation's Patient Education Committee of the National Scientific Advisory Committee.