**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 more detail, tips and FAQ’s see below**

**Introduction**

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.

The current recommendations from the NZ government are that patients with compromised immunity stay at home as much as they can. This means:

* Staying at home
* Minimal contact with other people
* Asking others to help with shopping etc.
* Standard precautions with respect to personal hygiene

This advice applies for all NZ COVID Alert Levels 2 and above.

**Top tips for patients with IBD**.

1. Please be aware that although hospitals are undergoing significant reorganisation and changes to our standard delivery of care, we will be doing everything we can to keep you safe and well during the pandemic.
* To this end all clinics at this stage will be done via telephone and you will be contacted regarding this if you have an upcoming appointment.
1. **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
1. Ensure you have a good supply of medication should you need to self-isolate or shield yourself
2. Arrange with your GP or pharmacy to receive the annual influenza vaccination (this is available free to all patients with a chronic disease)
3. 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.
4. Wash your hands frequently and avoid touching your face; this goes for everyone.
5. Work from home if possible, avoid non-essential travel & contact with people who are currently unwell
6. Quit smoking as this increases the risk and severity of COVID19 infection & avoid NSAIDs (e.g. ibuprofen)
7. Government guidelines on self-isolation and social distancing are changing rapidly so please visit [www.covid19.govt.nz](http://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)
8. 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.
9. Take care of yourself but also be kind and considerate to others in these difficult times

**Frequently Asked Questions**

**Q1. Am I immunosuppressed?**

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

* 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

**Q2. Are there additional “high risk” things I should consider?**

Yes, if you fulfil any other of the following criteria we would recommend complete self-isolation:

* If you **either** have a co-morbidity (respiratory, cardiac, hypertension or diabetes mellitus) **and/or** are ≥70 years old **and** aretaking 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

**Q3. If I am self-isolating and unable to work do I require a medical certificate?**

If you require evidence to support the fact that you have medical issues requiring you to self-isolate please get in touch with your IBD nurse.

**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?**

If you have recently started medication, have been unwell or your specialist has other concerns, regular blood tests +/- stool tests may continue to be an important way of monitoring your disease. If you are in remission it may be possible to delay routine blood tests. If blood tests are required we would recommend speaking to your local laboratory to ensure they are open as normal and trying to visit at a quiet time to limit your exposure.

**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.

**Q7. I work in an “essential service”, what should I do?**

A number of people with IBD will work in essential services which need to continue during the COVID-19 pandemic. If you are on immunosuppressant medication (see above) we would support working from home and you should discuss this with your manager. If this cannot be possible then avoiding contact with employees and the public, cleaning down work stations and maintaining meticulous personal hygiene are recommended.

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](http://www.crohnsandcolitis.org.nz)

Ministry of health – [www.covid19.govt.nz](http://www.covid19.govt.nz)

**Appendix**

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| **Highest Risk** **Advise mandatory self-isolation** | **Moderate risk** **Recommend enhanced social distancing** | **Lowest risk** **No need for mandatory self –isolation** |
| 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*

*Adapted from British Society of Gastroenterology (BSG) advice for management of*

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