

Updates and recommendations for IBD patients with COVID-19 outbreak

Stay on your IBD medications. Inflammation due to IBD can lead to complications and damage to your intestinal tract. Your medications aim to keep this inflammation under control. Always talk to your doctor about your treatment plan if you have concerns or questions.

If you are taking a mesalamine (Asacol®, Apriso™, Canasa®, Delzicol™, Lialda™, Pentasa®, Rowasa®) or other aminosalicylates, these are not immune suppressant medications. While taking these medications, you should follow CDC recommendations regarding proper hygiene (see What IBD patients should know about the 2019 novel coronavirus (COVID-19) .

If you are taking steroids (prednisone/prednisolone) for any reason, be sure to take extra precautions by following the CDC's recommendations for risk reduction and talk to your healthcare provider, because steroids can suppress your immune system. Please discuss with your healthcare provider options to lower your dose or get off steroids (which is always a recommendation in managing IBD).

Immunomodulators like thiopurines (azathioprine, 6-mercaptopurine, cyclosporine, methotrexate), and the JAK inhibitor tofacitinib (Xeljanz®) tend to inhibit the body's immune response to viral infections. The same general guidance from the CDC for risk reduction applies and you should avoid large crowds, travel to places where COVID-19 is active, and seek medical care if you have fever or cough. Do not stop taking these medications. If you have concerns, talk to your provider.

Biologics/Biosimilars including certolizumab pegol (Cimzia®), adalimumab (Humira®), infliximab (Remicade®), golimumab (Simponi®), infliximab-abda (Renflexis®), infliximab-dyyb (Inflectra®), infliximab-qbtX (Xifi™), ustekinumab (Stelara®), and vedolizumab (Entyvio®) are immune suppressing drugs with a more specific mode of action than steroids or immunomodulators (see our biologics factsheet for a full listing of anti-TNFs and other biologic therapies). There is no clear evidence this class of medications increases the risk of viral infections. Current guidelines recommend:

Do not stop taking these medications.

Talk to your healthcare provider before making any adjustments to these medications.

Reference:

<https://www.ioibd.org/ioibd-update-on-covid19-for-patients-with-crohns-disease-and-ulcerative-colitis/>

IBD Patient Guidance: Updates on COVID-19 and IBD

Deciding when to stay home from work, school, and events

Every IBD patient knows the challenge of making the decision to stay home sick from work or school, and the difficulty of not going to a movie or dinner because of IBD symptoms. With the spread of coronavirus (COVID-19), it has become even more challenging for patients to make decisions about navigating their daily life.

Get information from credible sources

The best source of information is the CDC and your local health department websites. The news media is providing general information but may not be providing specifics for the IBD community. As you and your family make decisions, please visit your local health department's website for specific guidance. Local health departments, especially where there are several coronavirus cases, are providing guidance that pertains to local risk and precautions specific to those people living and working in the community. Some local health departments may also have alerts that you can sign up for to stay updated on any new information about your area.

Higher risk groups

The information that is known so far about the 2019 novel coronavirus is based on what has been reported from cases in Wuhan, China, and we are learning more as the virus has spread to other countries. Based on the reported cases, we know that there may be individuals that are at higher risk. Individuals in high risk groups defined by the CDC are being advised to take extra precautions. In many communities where there are a number of local cases, the health departments are recommending that individuals from high risk groups stay at home and avoid participating in public gatherings. The specific recommendations are listed below:

- Adults over 60, especially men
- Individuals with underlying health conditions like heart disease, lung disease (including asthma), diabetes, chronic kidney disease, chronic liver disease, endocrine and metabolic disorders, neurological, neurologic and neurodevelopment conditions
- Individuals who are pregnant or had a recent pregnancy
- Individuals with weakened immune systems •Individuals with IBD may have weakened immune systems—see section below

As of 3/13/2020, the CDC recommends that individuals in high risk groups avoid attending public events with greater than 10 people.

Resources:

- CDC - Coronavirus 2019 Homepage
- World Health Organization (WHO) Advice for the Public
- CDC - High Risk and Special Populations

- CDC Mitigation Strategy

How do you know if you have a weakened immune system?

The terms weakened immune system or immune suppression are general terms that describe the lack of an appropriate response by the body to fighting diseases and organisms that may be harmful such as viruses and certain bacteria. Having a weakened immune system can occur for many reasons including medication, recent surgeries, age, genetics, or having a chronic illness. Patients with IBD can have these factors, and can have a weakened immune system.

However, not all IBD patients have a weakened immune system. Each IBD patient is different and may be taking different medications. Talk to your GI provider about your medications, your health status, and any precautions you should be taking related to COVID-19.

IBD Medication: Travel and large event recommendations

- Patients on mesalamine should follow the CDC and their public health department's guidance related to events and travel; use of this medication does not cause immune suppression and does not put patients into a higher risk category. ◦Mesalamine medications are in the aminosalicilate category and include: (Asacol®, Apriso™, Canasa®, Delzicol™, Lialda™, Pentasa®, Rowasa®)

- Patients on immunosuppressants and biologics/biosimilars are encouraged not to travel or gather in large numbers. The common immunosuppressing drugs and biologics/biosimilars are listed below: ◦Immunomodulators: Azathioprine (Azasan®, Imuran®, cyclosporine (Gengraf®, Neoral®, Sandimmune®), mercaptopurine (Purinethol®), methotrexate (Rheumatrex®), tacrolimus (Prograf®)

- Biologics/biosimilars: Anti-TNF biologics include certolizumab pegol (Cimzia®),adalimumab (Humira®), infliximab (Remicade®), golimumab (Simponi®), infliximab-abda (Renflexis®), infliximab-dyyb (Inflectra®), infliximab-qbtx (Xifi™). Other biologics include integrin receptor antagonists like natalizumab (Tysabri®) and vedolizumab (Entyvio®), and interleukin 12 and 23 antagonists like ustekinumab (Stelara®).

- Steroids: Budesonide (Entocort® EC, UCERIS™), methylprednisolone (A-Methapred®, Depo-Medrol®, Medrol Dosepak®, Solu-Medrol®), prednisolone (Orapred®, Prelone®, Pediapred®), prednisone (Deltasone®).

◦JAK inhibitors: Tofacitinib (Xeljanz®)

Reference:

<https://www.ioibd.org/ioibd-update-on-covid19-for-patients-with-crohns-disease-and-ulcerative-colitis/>

What does 'community spread' mean, and what should I know about this form of contagion?

Community spread of a disease occurs when a disease is spreading from person-to-person, and in some cases it may not be known how, when or where they were infected. Due to the growing number of cases and the community spread of COVID-19, it is important for people to stay informed on any guidance from their local health departments, and of their physicians. If you are told that the disease is being spread in your community, you need to exercise additional caution.

Please use all of this information and your knowledge of the risk in your community, along with your own best judgment, when making a decision to travel or attend events or other gatherings.

Your health and safety is most important. Please take care.

Medication and supplies

The CDC recommends that people have their medicine cabinets stocked with supplies and essentials during any type of natural disaster or emergency. This includes medicine such as cough syrup, cold and flu medicine, and other items that are typically available to help with the symptoms of a cold or virus. Many IBD patients are concerned about access to medications in the event of a supply shortage. The FDA is closely monitoring the medical supply chain, and there have been no shortages reported to date on medications used to treat IBD.

Patients and caregivers are encouraged to contact their insurance company for specific policies related to testing, prescription refills and other support. For those without insurance or in need of additional insurance-related guidance, the National Association of Insurance Commissioners has compiled a comprehensive list of resources by state. Please visit:

https://content.naic.org/naic_coronavirus_info.htm, go to "Resources" and navigate by state.

You can also contact the IBD Help Center with additional questions.

Research on the coronavirus and the GI tract

According to two papers published in the journal Gastroenterology, patients with COVID-19 may also experience gastrointestinal symptoms, including diarrhea, nausea, vomiting and abdominal discomfort prior to the common respiratory symptoms.^{2,3} One of the publications is a study,

based in China, which was done on a small sample of 73 patients who were in the hospital with confirmed coronavirus.³ The gastrointestinal symptoms that have been observed globally are less common and there is variability based on the populations and cases that were observed. Talk to your healthcare provider about any concerns or questions related to your symptoms.

Reminders for all patients

- Use healthy hygiene practices. Click here for more information.
- Call your primary care provider if you are feeling sick and believe you might have the coronavirus or the flu. • If available, use telemedicine to be evaluated before going to the doctor's office or Emergency Room (ER).
- If you are feeling sick, stay home from work.
- See additional guidance: ◦ CDC - Coronavirus 2019 Homepage
- World Health Organization (WHO)
- Crohn's & Colitis Foundation: What IBD Patients Should Know about 2019 Novel Coronavirus

A list of publications referenced by the CDC can be found here:
<https://www.cdc.gov/coronavirus/2019-ncov/publications.html>

This information was developed by members of the Foundation's National Scientific Advisory Committee

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References

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- 3 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.

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olitis/](https://www.ioibd.org/ioibd-update-on-covid19-for-patients-with-crohns-disease-and-ulcerative-colitis/)