

Advice for patients with Crohn's disease and Ulcerative Colitis (Inflammatory Bowel Disease) regarding COVID-19

We are receiving a high number of queries regarding the risk for persons with IBD relating to COVID-19 (Coronavirus). We appreciate this is a very worrying time for people with chronic health conditions, particularly those taking medications for inflammatory bowel disease.

General advice

Below are links to the Government website (which has continuously updated advice for the public in relation to COVID-19, including travel), the NHS 111 coronavirus web page and the helpful Crohn's and Colitis UK website. These websites are excellent sources of information and will continue to be updated as the situation evolves. We would emphasise that undertaking all of the simple measures as recommended by the Government remain very important. We would particularly recommend:

- washing your hands more often - with soap and water for at least 20 seconds or use a hand sanitiser when you get home or into work, when you blow your nose, sneeze or cough, eat or handle food
- avoid touching your eyes, nose, and mouth with unwashed hands
- avoid close contact with people who have symptoms
- cover your cough or sneeze with a tissue, then throw the tissue in a bin and wash your hands
- clean and disinfect frequently touched objects and surfaces in the home

Risks of COVID-19 in Inflammatory Bowel Disease patients

Information related to the risks and consequences of COVID-19 infection in patients with Inflammatory Bowel Disease (IBD) is very limited. The Prime Minister has issued specific COVID-19 guidance for the 1.5million most vulnerable people living with chronic illness in the UK. This advises 'shielding' measures to reduce the transmission of COVID-19 infection and the risks from COVID-19 disease. Included in the list for 'shielding', are patients with chronic illness requiring immune suppressing medication, that is sufficient to significantly increase risk of infection.



It is important to understand if you are on immune suppressing medication. The medications for IBD that are immune suppressing include:

- azathioprine, mercaptopurine, methotrexate, tacrolimus, thioguanine, ciclosporin, infliximab, adalimumab, golimumab, ustekinumab, vedolizumab, tofacitinib and prednisolone

If you are unsure, please check if your medication is in this list. You may need to look at the tablet packaging carefully for the medication details as the main title may be a company name, or their name for your medication. Not on the list are budesonide and beclomethasone, mesalazine and rectal preparations. You can ask our IBD nurses if you aren't sure on 01225825598 or ruh-tr.ibd@nhs.net.

'Shielding' is an enhanced form of self-isolation (described in more detail below). To compensate individuals for these necessary restrictions on personal freedom, governmental support will be provided. There is a careful balance to strike to ensure we identify the appropriate IBD patients that require shielding. On the one hand, we do not wish to place further restrictions on all IBD patients on medical therapy. On the other, we don't want the most vulnerable to miss out on valuable support during this challenging period.

Many colleagues from IBD centres across the UK have helped to produce guidance to identify those IBD patients at highest risk (who should follow 'shielding' guidance), moderate risk (possible increased risk from COVID-19, to follow strict social distancing) and lower risk (same risk as the general population). *Note: Since the 23/03/2020 the general population and low risk group are also following social distancing as per the moderate risk group.*

Highest risk – advise mandatory self-isolation	Moderate risk – recommend social distancing	Lowest risk – follow general population advice
1) IBD patients who are on immune suppressing medications (see lists in middle column) and either have a co-morbidity (lung disease, heart disease, high blood pressure, diabetes) and / or are ≥ 70 years old 2) IBD patients of any age who regardless of other illnesses meet the following criteria <ul style="list-style-type: none"> • ≥ 20mg of Prednisolone • Started an injection therapy alongside immune suppressing tablets in the last 6 weeks • Moderate-to-severe active disease despite treatment 	Patient's on immune suppressing medications: Tablets: azathioprine, mercaptopurine, methotrexate, tacrolimus, thioguanine, ciclosporin, tofacitinib Injections: infliximab, adalimumab, golimumab, ustekinumab, vedolizumab Steroids: Prednisolone under 20mg	No current treatment and well 5ASA eg mesalazine Rectal therapies Budesonide and beclomethasone

If you are in the highest risk category, you should expect to receive a letter from the RUH IBD department. If you feel that you are in this category, or may have moderate to severe active disease despite treatment, but have not received a letter then please get in touch via the IBD helpline (ruh-tr.ibd@nhs.net or tel. 01225 825598).

If you are pregnant, please follow the UK government advice for pregnant women.

What is shielding?

You are strongly advised to stay at home at all times and avoid any face-to-face contact for a period of at least 12 weeks, this period of time could change.

Visits from people who provide essential support to you such as healthcare, personal support with your daily needs or social care should continue, but carers and care workers must stay away if they have any of the symptoms of coronavirus (COVID-19). All people coming to your home should wash their hands with soap and water for at least 20 seconds on arrival to your house and often while they are there.

You should have an alternative list of people who can help you with your care if your main carer becomes unwell. You can also contact your local council for advice on how to access care.

If you think you have developed symptoms of COVID-19 such as a new, continuous cough or fever, seek clinical advice using NHS 111 online coronavirus service or call NHS 111. Do this as soon as you get symptoms.

If you have someone else living with you, they are not required to adopt these protective shielding measures for themselves. They should do what they can to support you in shielding and they should stringently follow guidance on social distancing, reducing their contact outside the home. If you care for but don't actually live with someone who is extremely vulnerable, you should still stringently follow national guidance on social distancing.

Drug specific advice if you develop symptoms of an infection

If you develop symptoms of any infection, your immunosuppressive therapy should be paused for the duration of the infection and until you feel well, **but please let the IBD team know** (ruh-tr.ibd@nhs.net or tel 01225 825598 so that we can guide you on starting and stopping your medication).

If you are taking steroid medication by mouth (prednisolone, beclomethasone or budesonide), it is important that you do not stop this quickly. You should continue your current regime until you have had the chance to speak with one of the IBD team at the RUH. During illnesses such as infections, we may increase the dose of steroids in people who have been taking steroid treatments for a long time. The IBD team (or your GP) can advise on this.

Drug specific advice whilst well

In general, at this point in time, we would say that it is important that patients continue to take their regular medication as prescribed, provided they are symptom-free. As discussed above, if you are taking steroid medication by mouth (prednisolone, beclomethasone, budesonide), it is important that you do not stop this quickly. We recognise that the decision to start or stop your other (non-steroid) medications is complex and ultimately, the choice to pause your treatment is a personal one. Things that you should factor in to your decision making are:

- 1) If patients stop taking immunosuppressive medicine, they may have a flare which will increase the risk of complications if infected with coronavirus
- 2) Should you wish to pause and then restart your usual medications at a later date, there is every chance you are likely to recapture disease control. However, we cannot guarantee this and some people who have a period of time off medication, do not get the same response when they restart it.

The final decision should rightly remain with you and we will be supportive of whichever route you choose to take. If you are taking an immunosuppressive medication and wish to stop, we would be grateful if you would let us know. If you are taking a self-administered biologic medication and wish to pause treatment, please can you also call Healthcare at Home to cancel any future deliveries, so that we can minimise any wastage.

We hope the above is helpful; we have tried to cover all of the key areas that will help your decision-making, as well as indicating the most useful and updated guidance documents available.

Please read the full Government guidance on staying home and away from others: <https://www.gov.uk/coronavirus> and if appropriate on shielding: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

Online NHS 111 coronavirus service: <https://111.nhs.uk/covid-19>
Crohn's and Colitis UK: <https://www.crohnsandcolitis.org.uk>

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath BA1 3NG
01225 428331 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656 or 826319.