

IBD - Gastroenterology Unit
John Radcliffe Hospital
Oxford
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COVID – 19 IBD INFORMATION
March 25th 2020

IBD Advice Line
Email: IBD.Advice@nhs.net

Dear Patient,

The COVID-19 pandemic has particular relevance to patients with inflammatory bowel disease (IBD), so we have identified the most useful links that we also use as a resource for ourselves. The situation is changing daily, so please do be prepared to be flexible: we follow NHS guidance, but have tried to make it relevant to our particular patients. We are very aware that conflicting advice is coming through txt messages among other sources, but the Oxford team is following the approach outlined here.

It is worth making two general comments

- Prevention has to be the key. Reducing the number of people that you are in contact with reduces the risk of catching the virus
- Common sense suggests that there is a component of individual responsibility: guidance will not apply to every situation and if you, personally, think that self-isolation is a sensible precaution, then you should do so

As of 22 March 2020, there are **three levels of action considered appropriate** for all people, including children, who are at very high risk of severe illness from coronavirus (COVID-19) because of an underlying health condition, and for their family, friends and carers. This can be accessed at <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#what-is-shielding>:

The three levels of action are:

1. **Shielding** [for high risk groups, see below. We are contacting appropriate patients individually about this]
2. **Stringent social distancing** [for moderate risk groups]
3. **Social (physical) distancing** [for everyone]

Shielding is a measure to protect extremely vulnerable people by minimising interaction between those who are extremely vulnerable and others. This means that those who are extremely vulnerable should not leave their homes, and within their homes should minimise all non-essential contact with other members of their household.

People with IBD broadly fall into one of these three groups, although can also move between groups:

Highest risk: 'Shielding', Specifically this applies to

- patients over the age of 70 who are also on treatment to suppress the immune system to manage their condition (such as adalimumab, azathioprine, ciclosporin, golimumab,

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infliximab, mercaptopurine, methotrexate, prednisolone, tofacitinib, ustekinumab, vedolizumab, or clinical trial medication and those on intravenous feeding or fluids at home*

- those under the age of 70 who have other illnesses in addition to IBD (such as asthma or other lung conditions, diabetes, some types of cancer, or cardiac conditions)

*If you have been told to take these medications to manage your condition, it is not recommended that you stop taking them. The best course of action is to continue your normal treatment and follow the further recommendations below

Shielding means that you must self-isolate for the next 12 weeks and take protective steps where possible, including

- staying at home
- avoiding situations where you come into contact with other people, such as in a supermarket queue or on public transport.
- asking others if they can shop for basic essentials, collecting prescriptions, or do anything that can help you to avoid going out.

Moderate risk: 'Stringent social distancing', for patients with IBD under the age of 70, who are otherwise well on treatment to suppress the immune system (as above)

Lowest risk: 'Social (physical) distancing', for everyone else with IBD, who are taking treatment with mesalazine (oral and rectal), budesonide, beclomethasone (oral or rectal) rectal therapy (enemas/suppositories), antibiotics, colestyramine, colesevelam, colestipol, anti-diarrhoeals e.g. loperamide

No specific recommendations are being made for IBD and pregnancy, but any person with IBD who is pregnant should follow the 'stringent social distancing' recommendation, along government guidelines

We have also identified some frequently asked questions to our advice line and hope that the below will cover your query. We understand that this is a particularly anxious time for patients and their families.

If you feel you have symptoms of COVID-19 please follow the advice on the Trust

<https://www.ouh.nhs.uk/> or NHS website <https://www.nhs.uk/conditions/coronavirus-covid-19/>

Do I need to stop my medication?

Do not stop your medication; we see the risks associated with flares to be greater than the risk of contracting serious complications of COVID-19. If you have been diagnosed with COVID-19 please continue to self-isolate, contact us for specific recommendations regarding your IBD and its treatment.

Is my medication an immunosuppressant?

- Mesalazines/ 5-ASA do not suppress the immune system
- Steroids (prednisolone, but much less with budesonide) do suppress the immune system
- Azathioprine/mercaptopurine/methotrexate do suppress the immune system
- Advanced therapies (such as adalimumab, golimumab, infliximab, tofacitinib, ustekinumab) do suppress the immune system
- Vedolizumab (also a biologic) works by suppressing the gut immune system, so this should avoid systemic immunosuppression, although is still placed in the 'moderate risk group' needing stringent social distancing

Am I at an increased risk of catching COVID-19?

If your immune system is suppressed you are **not** at an increased risk of catching COVID-19. The key to avoiding COVID-19 is **prevention**:

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- Handwashing, more hand washing and yes, more handwashing
- Avoid touching your face (difficult!)
- Social distancing: no shaking hands, kiss-greeting, aim for a physical space of 2 metres around you (3 paces)
- Avoid meeting people
- Travel only if essential
- Where possible, avoid using public transport

...and wash your hands, again

Am I at an increased risk of *severe* COVID-19?

If you are unfortunate enough to get COVID-19 and you take immunosuppressive therapy, then it is still not clear whether there is an increased risk of severe disease, although we know that most infections with COVID-19 are mild. The main risk of severe consequences appears to be in those with other conditions – especially affecting the lungs or heart, diabetes, or older patients. It may help to know that there is some evidence that suppressing the immune system reduces the chance of a damaging immune response to the virus. This is quite the opposite of what might be suspected – but the truth is that nobody yet knows. The decision about a person’s treatment should they get COVID-19 has to be made on an individual basis: that will involve discussion between infectious diseases’ and IBD specialists.

Do I need to social distance/ self-isolate?

We should all be practising social distancing. The government has advised that people in vulnerable groups (immunosuppressed) should be considering self-isolation. National guidance separates people with IBD into three groups described above (highest, moderate and lowest risk categories). Common sense applies (see above), but we should all be practising social (physical) distancing

Social distancing will reduce the number of people you come into contact with and therefore reduce your chance of coming into contact with COVID-19. 50% less contact with others = 50% less chance of coming into contact with the virus etc.

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

Self-isolation is recommended for people who have symptoms of COVID-19 including a high temperature and new onset of a cough. You are recommended to self-isolate at home for 7 days from the onset of your symptoms, and for 14 days if someone in your household has developed the symptoms due to the incubation period.

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

My job involves the general public or meeting others, do I need to change my duties? (Patients on immunosuppression).

If you can change your work so that it can be managed from home then we would recommend this at this time. Some places of work are able to make amendments to less forward-facing roles and this would be a good compromise.

Do I need to avoid large gatherings/meetings?

Definitely; NHS and government advice is updated daily.

Should I restrict travel?

Please follow the government guidance on traveling. If traveling on Public Transport ensure precautions are appropriately taken (good hand hygiene and avoid touching your face with unwashed hands).

Should I attend my appointments?

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Infusions – the day case units are contacting patients prior to their infusions to screen for risk of COVID-19 in order to ensure general safety. Where possible, infusions are being arranged in locations outside the main JR hospital. Local, national and international advice at this stage is to continue medication and infusions.

Clinic – Clinic appointments booked as from Monday 16th March 2020: Routine face-to-face appointments are being cancelled; patients are being contacted with regard to telephone based appointments instead. Those individuals who are unwell and need to be seen will be discussed on a case-by-case basis with the relevant health professionals and patient involved.

Endoscopy appointments: routine endoscopy appointments are being cancelled, but patients are being contacted individually, so please stay flexible and we will do our best

Top 10 tips for everyone with IBD

1. We will do everything we can to keep you safe and well during the COVID-19 pandemic. (Note that hospitals are undergoing massive re-organisation to prepare to care for those with serious infection)
2. Don't stop your medication; preventing disease flares is a priority (We want to keep you out of hospital if possible, but if you are unwell, we will be there for you)
3. Ensure you have a good supply of medication should you need to self-isolate or shield yourself (Do not take steroids (prednisolone) from your GP without checking with your local IBD team)
4. Contact your local IBD team via the phone or email helpline if you are experiencing a flare by email: ibd.advice@nhs.net
5. Wash your hands frequently and avoid touching your face; this goes for everyone
6. Work from home if possible, avoid non-essential travel & contact with people who are currently unwell
7. Quit smoking as this increases the risk and severity of COVID19 infection
8. Government guidelines on self-isolation and social distancing are changing rapidly so please visit gov.uk and www.nhs.uk to keep up to date.
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 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 NHS 111 online coronavirus service.
10. Take care of yourself but also be kind and considerate to others in these difficult times

Links

Crohn's and Colitis UK – routine advice with regards to immunosuppression therapies and risks associated with these - <https://www.crohnsandcolitis.org.uk/news/updated-wuhan-novel-coronavirus-advice>

NHS England – precautions to take - <https://www.nhs.uk/conditions/coronavirus-covid-19/>

Government and other approved guidance –

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>

<https://www.bsg.org.uk/covid-19-advice/bsg-advice-for-management-of-inflammatory-bowel-diseases-during-the-covid-19-pandemic/>

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