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Principles for Clinicians caring for Patients with IBD during the COVID-19 pandemic

The COVID-19 situation and recommendations for the healthcare sector are continuously evolving and GESA aims to provide information and guidance related to gastrointestinal disorders to clinicians and patients. Recommendations are developed according to feedback and advice from expert committees and consumer organisations. The GESA IBD Faculty, in collaboration with Crohn's & Colitis Australia (CCA), has developed this guidance for Clinicians caring for patients with inflammatory bowel disease (IBD) during the COVID-19 pandemic.

The COVID-19 pandemic has particular implications for the safety and wellbeing of patients with IBD due to the nature of their illness and particular risk factors, including prior surgical history and nutritional status. The common use of immunomodulatory medications and biologic agents may pose specific risks to patients with IBD. Recommendations have emerged from multiple organisations including the European Crohn's and Colitis Organisation (ECCO), the British Society of Gastroenterology (BSG), the International Organization for the Study of Inflammatory Bowel Disease (IOIBD) and the Crohn's & Colitis Foundation (USA) which reflect advice for patients with IBD and their clinicians in countries with varying degrees of COVID-19 prevalence and morbidity/mortality. It is essential at all times, for patients and clinicians, to follow directives and recommendations from Australian health authorities during the COVID-19 crisis.

To address the concerns of patients with IBD and health care providers looking after these patients in the public and private setting, the GESA IBD Faculty has developed some recommendations and principles for patients and clinicians. These take into consideration the risks posed by COVID-19 infection in a susceptible group of patients and those due to inadequately controlled inflammatory disease and balance this against the burdens imposed by social isolation and limitations in access to usual healthcare pathways. We recognise that there will be significant constraints on our health infrastructure due to the increasing burden of COVID-19.

These principles are not prescriptive but represent a consensus of opinion for the care of IBD patients in the current setting. As always, clinicians should exercise good clinical judgement in the best interest of their patients. These recommendations will require re-evaluation as the clinical situation with respect to COVID-19 in Australia evolves.

Principles for Clinicians caring for Patients with IBD:

1. Minimise exposing patients to the risk COVID-19 infection, while also managing their underlying IBD to prevent flares and complications.
2. Minimise direct contact between physicians, nurses and patients, where possible. Efforts to maximise remote patient management are encouraged (telehealth, telephone etc) and the new telehealth and telephone MBS item numbers can be utilised and are encouraged ([see link](#)).
3. Personal hand hygiene and social distancing are the most effective means of risk reduction.
4. Patients on immunosuppression may be at higher risk if they contract COVID-19 infection, although that evidence is still emerging and is unclear. The highest risk group for severe COVID-19 infection appears to be older patients, and those with underlying comorbidities. They tend to develop more severe disease and have higher mortality. Therefore, steps that vulnerable

patients can take to minimise their risk of infection with COVID-19 should be encouraged. Those measures and recommendations are directed by the Government and Health Departments ([see link](#)).

5. Patients should be continued on the minimum level of immunosuppressive or biologic therapy to control disease activity and minimise risk of flares. Some patients with long-term stable disease may be able to be considered for a 'drug holiday'.
6. If infusions can be performed outside of the hospital, or in a location in the hospital that minimises risk of exposure to patients, then this should be implemented. For appropriate patients in long term stable remission, infusion intervals lengthening may be considered. There are inadequate data available to recommend switching from intravenous to subcutaneous preparations of biologic agents.
7. Non-urgent endoscopy for IBD patients (i.e. surveillance, or routine post-surgical disease assessment) should be delayed. Non-invasive biomarkers and imaging should be utilised for disease activity assessment, wherever possible. Endoscopy in symptomatic patients, where the results will affect management, should be considered depending on your facility's policies and access. Procedures should be performed with appropriate PPE as per GESA guidelines ([see link](#)).
8. For patients who contract COVID-19, consider holding therapies that may impact the ability of T-cell mediated viral clearance (thiopurines, anti-TNF agents, anti-IL23 agents, tofacitinib, and vedolizumab for patients with prominent COVID-19-related GI symptoms). Typical symptom duration is 3-5 weeks, and a pause in therapy of this duration is unlikely to precipitate a major flare.
9. For patients flaring, it is important to treat their underlying disease regardless of their COVID-19 status, and this includes initiation of steroids or anti-TNF agents in the setting of severe disease. Exclusive enteral nutrition (EEN) may be an alternative to consider for patients with flares of Crohn's disease.
10. For patients with known exposure to COVID-19, they should be self-isolating and tested per local guidelines. Management of immunosuppressive medications will be on a case-by-case basis
11. Influenza vaccination is recommended for all patients with IBD. Pneumococcal vaccination is also recommended for patients requiring immunosuppression, unless contraindicated ([see link](#)). Specific details of pneumococcal vaccination vary according to the degree of immunosuppression ([see link](#)).
12. Recommend and support smoking cessation in patients with IBD. Smoking can worsen IBD and lead to more severe COVID infection
13. If you do have any patients with IBD that develop COVID-19, please consider enrolling them in the international registry (<https://covidibd.web.unc.edu>).

As the situation unfolds in the coming weeks, GESA will provide updated recommendations.

Disclaimer:

The Gastroenterological Society of Australia (GESA) provides advice to gastroenterologists and other clinicians caring for IBD patients during the COVID-19 pandemic. It should be noted that this advice is general in nature and thought to be correct at the time of posting. The user should have regard to any information, research or other material, which may have been published or become available subsequently. It is recommended that this advice be considered in line with directives provided by the Departments of Health and Local Health Districts.

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Related Links:

- <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>
- <https://www.australia.gov.au>
- MBS Item number for telehealth:
[http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBEC7CA25852E00223AFE/\\$File/COVID-19%20Bulk-billed%20MBS%20telehealth%20Services%20-%20Specialists%20250320.pdf](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/0C514FB8C9FBEC7CA25852E00223AFE/$File/COVID-19%20Bulk-billed%20MBS%20telehealth%20Services%20-%20Specialists%20250320.pdf)
- COVID-IBD registry: <https://covidibd.web.unc.edu>
- BSG guidelines: <https://www.bsg.org.uk/covid-19-advice/bsg-advice-for-management-of-inflammatory-bowel-diseases-during-the-covid-19-pandemic/>
- ECCO advice: <https://ecco-ibd.eu/publications/covid-19.html>
- IOIBD information: <https://www.ioibd.org/ioibd-update-on-covid19-for-patients-with-crohns-disease-and-ulcerative-colitis/>
- CCFA patient information: <https://www.crohnscolitisfoundation.org/coronavirus/what-ibd-patients-should-know>
- <https://www.gesa.org.au/public/13/files/COVID-19/Impact%20of%20COVID%20for%20GI%20and%20Liver%20patients%20-%20updated%20200319.pdf>
- https://www.gesa.org.au/public/13/files/COVID-19/COVID-19%20GESA%20ENDOSCOPY%20STATEMENT%2020Mar20_2.pdf
- <https://immunisationhandbook.health.gov.au/resources/publications/pneumococcal-vaccination-for-children-5-years-and-adults-with-medical#>

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