

Dear Patients,

Unfortunately, due to COVID-19 (coronavirus), it understandably raises concerns for everyone. We want to provide the information we have currently to try and support you during this time. Our aim is to try and assist to keep you well and to try and prevent deterioration and admission to hospital for obvious reasons.

Having Inflammatory Bowel Disease (IBD) does not increase your risk of contracting COVID-19. However, during a flare or whilst on certain medications you may be at increased risk of complications. Solely by having IBD does not categorise you into a high-risk group, whilst being mindful that everyone is at risk of contracting COVID-19. If your disease is controlled or you require the medications as in the table below: you have the same risk as the general public and there is no need for mandatory self isolation.

Mesalazine oral tablets	Rectal therapies - suppositories-enema
Asacol	Asacol
Asacol MR	Pentasa
Mesavant	Salofalk
Octasa	Salazopyrin
Balsalazide	Budenofalk
Salofalk tablets	Prednisolone
Pentasa	Colifoam
Salofalk sachets	
Sulphasalazine	
Mesren	
Olsalazine	
Ipocol	
Salazopyrin	

### 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 reorganisation 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 discussing with your local IBD team
4. Contact your local IBD team via the phone or email helpline if you are experiencing a flare
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 & avoid NSAIDs (e.g. ibuprofen)
8. Government guidelines on self-isolation and social distancing are changing rapidly so please visit [www.gov.uk](http://www.gov.uk) and [www.nhs.uk](http://www.nhs.uk) to keep up to date. (If you are unclear on your level of risk, contact your local IBD helpline for further advice)
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. If you do not have internet access, call NHS 111. For a medical emergency dial 999
10. Take care of yourself but also be kind and considerate to others in these difficult times

The risk categories are set out in the table below. 'Social distancing', and 'shielding' are measures to reduce spread within a population and to protect high risk groups. This is an understandable source of anxiety for patients with IBD. Most IBD patients will fall into the moderate or lowest risk groups.

Highest Risk Advise mandatory self-isolation	Moderate risk Recommend <a href="#">enhanced social distancing</a>	Lowest risk No need for mandatory self-isolation
<p>1. IBD patients who <b>either</b> have a co-morbidity (respiratory, cardiac, hypertension or diabetes mellitus) <b>and/or</b> are <math>\geq 70</math> years old</p> <p><b>and*</b> are on any therapy for IBD (per middle column) except 5ASA, budesonide, beclometasone or rectal therapies</p> <p>2. IBD patients of any age <b>regardless of co-morbidity</b> and who meet one or more of the following criteria:</p> <ul style="list-style-type: none"> <li>o on oral or intravenous steroid equivalent to prednisolone <math>\geq 20</math> mg per day (only while on this dose)</li> <li>o new induction therapy with combo therapy (starting biologic within previous 6 weeks)</li> <li>o moderate-to-severely active disease despite immunosuppression/ biologics</li> <li>o short gut syndrome requiring nutritional support</li> <li>o requirement for parenteral nutrition</li> </ul>	<p>Patients on the following medications:</p> <ul style="list-style-type: none"> <li>• Ustekinumab</li> <li>• Vedolizumab</li> <li>• Methotrexate</li> <li>• Anti-TNF alpha monotherapy (infliximab, adalimumab, golimumab)</li> <li>• Thiopurines (azathioprine, mercaptopurine, tioguanine)</li> <li>• Calcineurin inhibitors (tacrolimus or ciclosporin)</li> <li>• Janus kinase (JAK) inhibition (tofacitinib)</li> <li>• Combination therapy in <b>stable patients**</b></li> <li>• Immunosuppressive/biologic trial medication</li> </ul>	<p>Patients on the following medications:</p> <ul style="list-style-type: none"> <li>• 5ASA</li> <li>• Rectal therapies</li> <li>• Orally administered topically acting steroids (budesonide or beclometasone)</li> <li>• Therapies for bile acid diarrhoea (colestyramine, colesevelam, colestipol)</li> <li>• Anti-diarrhoeals (e.g. loperamide)</li> <li>• Antibiotics for bacterial overgrowth or perianal disease</li> </ul>

No specific recommendations are being made regarding IBD and pregnancy, and pregnant women with IBD are encouraged to follow the guidance available from the UK government for pregnant women in the general population.

\* i.e. **at least one of** (comorbidity or age $\geq 70$ ) plus at least one therapy from the middle column

\*\* Combination therapy may increase risk over monotherapy but there is no specific evidence for this situation

These guidelines were formulated by the UK IBD COVID-19 working group on 20/03/2020 and were based on expert opinion and the available evidence at the time.

If you have identified yourself as highest risk, please click on the link so you are aware of what this involves, it will require mandatory self isolation.

<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>

If you have identified yourself as moderate risk, please click on the link so you are aware of what this involves, it will require enhanced social distancing.

<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>

It appears that being on these medications does not increase your risk of catching the virus. However, immune suppression can increase the risk of experiencing more severe symptoms. We feel that if you are well prior to contracting, it will help you to cope with the effect the virus may have upon you.

**If you are on a biological therapy as well as immunosuppressive and an oral steroid PLEASE contact your IBD team to discuss. If you are in a flare please also call as soon as possible please.**

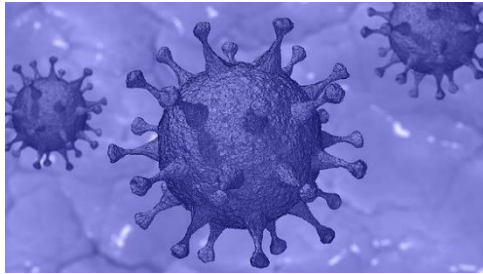
Patients are being asked to keep taking their usual IBD therapy. If patients stop taking their medications without discussing it with their clinical team first, there is a risk of disease flare. We feel you should continue to take the immunosuppressive/immunomodulating medicine, as stopping taking your immunosuppressive medicine may increase your chances of a flare. These medicines also take time to leave the body. If you develop any coronavirus or flu symptoms, you should self-isolate review the following link information <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public#what-to-do-if-you-have-symptoms> and please get in touch with your IBD team by phone before making any changes to your treatment.

The government have, and continue to provide advice, please remember good personal hygiene and handwashing !!. It is not for the IBD team to give individual advice on what has **already been** advised by the government. If you are elderly-over 70 years, you are in the highest risk group.. We support the government's strategy in attempting to control the curve to attempt to support the NHS and the many patients who will require services.

Currently Planned Care Unit are operating normally at the moment, we are currently attempting to make plans so your treatments will be unaffected. Patients should not attend if they are symptomatic for COVID-19. Please wash your hands on arrival, 2m spacing will be enforced, and your temperature will be checked on arrival. Please do not bring any visitors with you. If you are not on your induction programme of infusions, and there are no concerns you will be able to leave in an attempt to limit your time spent at the unit.

Please click on the following link and stay updated.

<https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice>



[Updated Wuhan novel coronavirus advice for those with Crohn's or Colitis | Crohn's & Colitis UK](#)

If you've got Crohn's Disease or Ulcerative Colitis and you're worried about coronavirus (COVID-19), please read these FAQs which will be regularly reviewed and updated. You can also read PHE's detailed Q&A. For more information about things you can try to help your wellbeing during this difficult time, please see MIND for additional helpful resources.

[www.crohnsandcolitis.org.uk](http://www.crohnsandcolitis.org.uk)

Please be aware that this is our current guidance and advice is changing daily. Therefore, please keep up to date with the evolving situation via the links provided.

Take care of yourself.

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