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Digestive Health Strategic Clinical Network™

Memorandum

Date: June 18, 2020

To: Alberta gastroenterologists
Infusion Centres

From: Dr. Gilaad Kaplan, Scientific Director, Digestive Health SCN
Dr. Sander Veldhuyzen van Zanten, Senior Medical Director, Digestive Health SCN
Louise Morrin, Senior Provincial Director, Digestive Health SCN

RE: COVID-19 Testing and Medical Care in Patients with IBD

We are writing to provide guidance on recommended lab testing for SARS-CoV-2 and medication regimes in patients with IBD during the COVID-19 pandemic. This guidance is intended to support safe and quality care for IBD patients, including the need for prompt diagnosis of COVID-19 in patients with IBD; particularly those who are immunocompromised. This document makes recommendations about when IBD medications should be held and restarted in immunosuppressed patients with IBD. These recommendations are consistent with national recommendations from the Crohn's and Colitis Canada COVID & IBD Taskforce (see https://crohnsandcolitis.ca/About-Crohn-s-Colitis/COVID-19-and-IBD/Guidance).

NOTE: This guidance may evolve as new evidence emerges and/or as pandemic activity changes.

1. Patient with IBD is suspected to have COVID-19

- Patient should be isolated if in hospital or self- isolate if at home.
- Testing details:
  - Typical turn-around time for 'standard testing' from receipt of sample in the lab is 12-24 hours.
  - AHS 'expedited testing' has a turn-around time of less than 6 hours from receipt in lab.
    - Indications for expedited testing include immunocompromised patients waiting for a result prior to commencing urgent treatment.
    - Expedited testing requires the approval of the virologist on call or microbiologist on call
    - Further information on expedited testing: https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-expedited-testing.pdf

2. Patient with IBD has tested positive for COVID-19

- Medications that are not immunosuppressive should be continued. The following IBD treatments do not suppress the immune system:
  - 5- aminosalicylates (5-ASA's): mesalamine, mesalazine (Asacol®, Mezavant®, Pentasa®, Salofalk®), sulfasalazine (Salazopyrin®)
  - Locally acting steroids: budesonide (Entocort®), budesonide MMX (Cortiment®), steroid enemas
  - Enteral nutrition (formula feeds) or dietary therapies
- Patients using immunosuppressive medications should temporarily hold their medications. Immunosuppressive and biologic medications include:
  - Corticosteroids: prednisone (Deltasone), methylprednisolone, hydrocortisone (Hydrocort, Cortate)
    - If clinically possible, corticosteroids should be weaned to dose below 20 mg per day or eventual discontinuation. NEVER stop prednisone suddenly – after it has been prescribed for more than 2 weeks.
  - Immunomodulators: azathioprine (Imuran), 6-mercaptopurine (Purinethol), methotrexate

  - Anti-TNF biologics: infliximab (Remicade®, Inflectra®, RenflexisTM), adalimumab (Humira®), golimumab (Simponi®)
  - Anti-IL12/23 biologics: ustekinumab (Stelara®)
  - Anti-leukocyte migration biologics: vedolizumab (Entyvio®)
  - JAK inhibitor small molecules: tofacitinib (Xeljanz®)
- Immunosuppressive medication can be resumed two weeks from onset of symptoms for patients who have recovered from COVID-19 related symptoms. A negative PCR nasal/throat swab is not required for resumption of immunosuppressive medications for patients who recover and are 14 days past their symptom onset.
  - Some people with COVID-19 may continue to experience mild symptoms (such as post-viral cough, lack of ability to smell/taste) for longer than two weeks. Clinical judgement is required to determine whether a repeat PCR test is required.
  - Please note that some patients will continue to test positive on PCR nasal/throat swab even though they are no longer infectious.
- Patients with severe active inflammation due to IBD but who are at low risk of complications due to COVID-19, may need to restart immunosuppressive medications sooner than the 14-day window. This is a clinical decision by the gastroenterologist that balances the risk of complications from IBD with the risk of complications from COVID-19.
- Decision making for inpatients with IBD who are COVID-19 positive should be managed by the gastroenterologist on call in collaboration with infectious disease or general medicine.
- Gastroenterologists are encouraged to report COVID-19 positive patients with IBD into SECURE-IBD registry: https://covidibd.org/

As noted, these recommendations are subject to clinical judgment based on individual patient needs. We hope they will be helpful as you consider appropriate testing for your patients, within the context of COVID-19.

Thank you for your efforts during this challenging time.

Sincerely,

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