

Expert Opinion Highlights

COVID-19 and Inflammatory Bowel Disease (IBD)

During this time, it is normal to feel uncertain or anxious if you are living with an immune-mediated condition like Inflammatory Bowel Disease.

These highlights have been developed following interviews with leading Gastroenterologist Professor Michael Grimm, with questions provided by Crohn's and Colitis Australia.

The views and opinions expressed in this document are those of Professor Grimm alone, and do not necessarily reflect the views and opinions of Janssen. This information is current as of 26 March 2020 and is general information only. Always contact your healthcare professional for advice about your condition or your medication.

If I have IBD, am I more at risk of contracting COVID-19?

The risk of acquiring COVID-19 is probably no greater in IBD patients than in the general population. That is supported by the low number of infections that have been reported so far in IBD patients. But our general understanding of the way immune suppression works would suggest that although the risk of getting infections is not greater, it might be the risk of bad outcomes from infections that's greater. So, avoiding infection becomes all the more important. Specialists will continue to monitor IBD cases worldwide as COVID-19 evolves.

Am I at increased risk of COVID-19 if I take immune suppressants or other treatments for my IBD?

For IBD patients who are taking immune suppressant medications or biological medications that work on the immune system, there doesn't appear to be an increased risk of acquiring COVID-19 infection. It is prudent to take heightened precautions compared to the general population, not because of the risk of getting the infection but because of the risk of complications from the infection.

How should I manage my risk of contracting COVID-19 if I have IBD?

A lot of IBD patients are asking how they should manage their risk of COVID-19 infection and my advice takes a couple of angles, the first of those is that they don't abruptly stop their IBD treatments. Particularly if they're in remission their treatment is likely to be very important in maintaining that remission and stopping the treatment puts them at risk of disease relapse which could cause significant problems. The second thing is about what they can do to minimise their risk of acquiring COVID-19 in the first place. Those measures are pretty much the same that are being recommended widely for the general community. IBD patients, particularly ones on immune suppressant medications, need to be much more aware and much more cautious about following those recommendations.

Should I stop my biological or any other medications if I come into close contact with someone with COVID-19?

A lot of our patients are really concerned about being exposed to close contacts with COVID-19, and whether they then should be stopping their medications to reduce their risk. I think the advice for most of those patients would be that that's not a good thing to do. Because their risk of a relapse from their inflammatory bowel disease is probably greater than their risk from the infection particularly if they take appropriate precautions about being around somebody who is infected. So I think the risk of disease relapse is the biggest problem and patients need to avoid that and continue their IBD medications. If you are unsure or want to find out further information, contact your specialist or GP directly.

Are there any vaccinations people living with IBD should get in this current environment?

A lot of patients are concerned with having vaccination when they are immune suppressed with medications for their IBD, related to their IBD irrespective of their treatment and more particularly now with the coronavirus concern and COVID-19 disease. For the most part we continue to recommend the usual vaccinations that we would recommend for all our patients, and in particular I think flu vaccination. It's very important that patients reduce their chance of developing illnesses that might confuse the picture, getting influenza in the coming months is going to be very difficult for people to sort out. People who are due for pneumococcal vaccination should have pneumococcal vaccination done, that probably should be done every 3 years in our IBD patients and it is a safe and effective immunisation in IBD patients including those on immune suppressant medications. People on immune suppressant medications should also avoid live vaccinations eg. herpes zoster (shingles) or yellow fever.

How do I get specialist support if I can't go to a face to face appointment?

Most IBD clinics are now managing a lot of their consultation, a lot of their patient care by telephone. As long as people are still able to get periodic blood tests where they're required and those results are available to their IBD carers, a lot of the routine care can be managed by telephone. It's a bit different of course if people are really sick with their IBD and they need to be physically seen to be examined, and in that case, people are going to have to travel and make themselves available to be examined and seen. But for the most part a lot of the routine care month to month can be managed in a virtual way.

Is there anything I can do to manage my wellbeing during this time?

It's very difficult for IBD patients and any patients with chronic illnesses to deal with their chronic illness and then have something external super imposed like COVID-19 is. There is a lot of anxiety in the community and that's going to be higher in people who are dealing with a chronic illness. It's important to discuss the issues around COVID-19 with your carers if you're an IBD patient to make sure you really understand what the risks are both from your treatment and stopping your treatment and from the infection if you're going to be exposed to it. Having those facts at hand can be very reassuring for people, because even if there are concerns about the risks at least you have the knowledge about it. For most people that provides a lot of power and a lot of reassurance.

For further information, please visit:

Department of Health: www.health.gov.au

Australian Department of Health - At risk populations: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/advice-for-people-at-risk-of-coronavirus-covid-19

Gastroenterology Society of Australia (GESA): www.gesa.org.au/resources/covid-19

Health Direct COVID-19 Checker: www.healthdirect.gov.au/symptom-checker/tool?symptom=CORO

Crohns and Colitis Australia: www.crohnsandcolitis.com.au

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