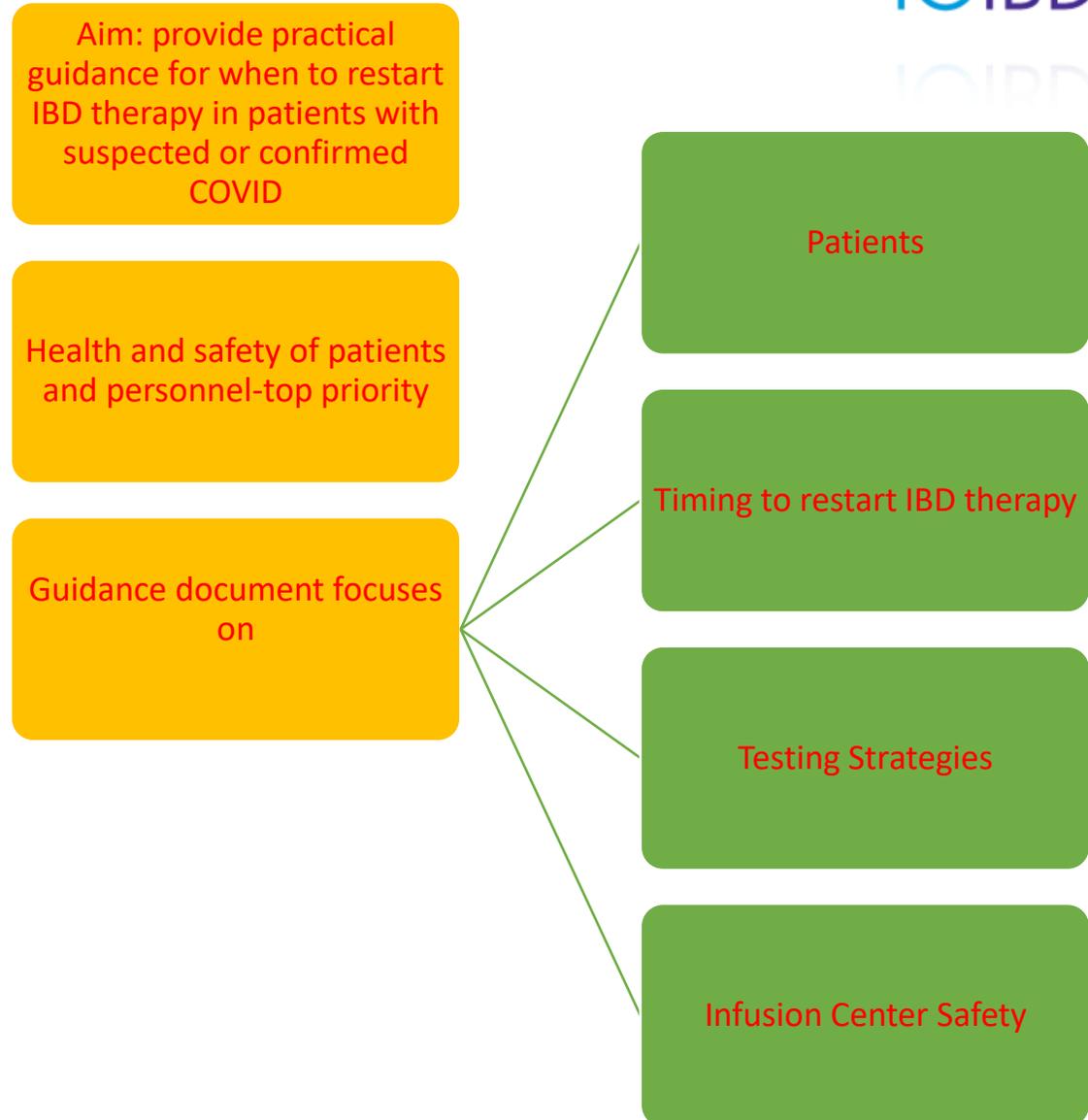


**IOIBD Recommendations:
Best practice guidance for
when to restart IBD therapy
in patients who have had
confirmed or suspected
COVID 19**

**from:
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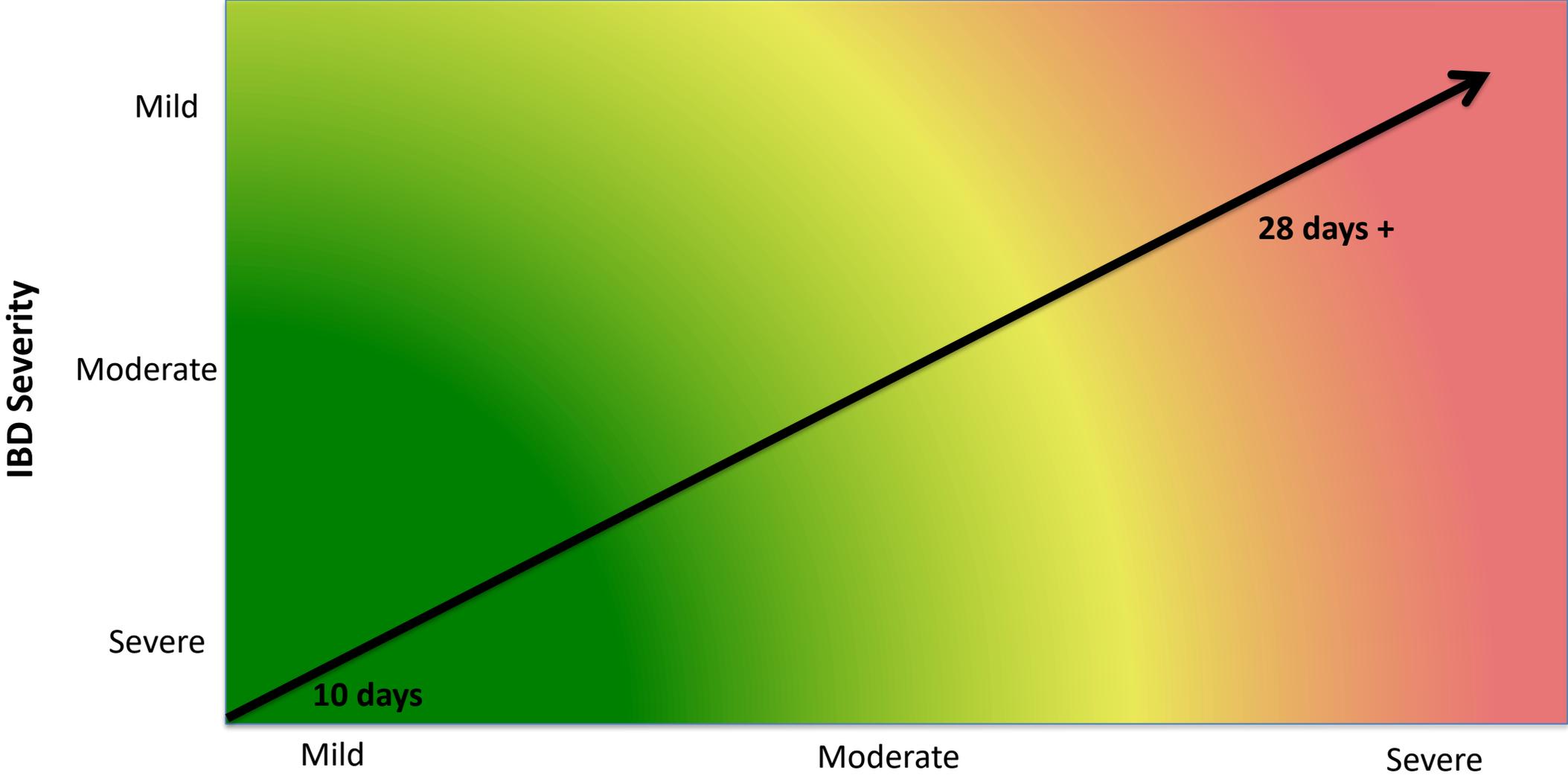


Category	Main recommendations restarting IBD therapy in suspected or confirmed COVID date: May 16, 2020
Patients	<ol style="list-style-type: none"> Patients may have prolonged shedding with ongoing detection of virus RNA (PCR +). This does not necessarily correlate to positive viral culture and therefore positive PCR testing does not always indicate active infection or infectivity. Whether immunocompromised patients are at greater risk of prolonged shedding of infectious virus is not known. Given 1 and 2, we therefore recommend a “<i>symptom-based</i>” strategy for decision making rather than reliance on a “<i>test-based</i>” strategy to determine timing of medication recommencement Timing of recommencement should take into consideration patient’s IBD and COVID-19 severity (Fig 1)
Timing of Medication Recommencement	
<i>Symptom-based strategy</i>	<ol style="list-style-type: none"> Medication recommencement in patients with laboratory-confirmed SARS-CoV-2 infection who have not had any symptoms: <ul style="list-style-type: none"> At least 10 days have passed since date of first positive COVID-19 diagnostic test assuming they have NOT subsequently developed symptoms since positive test. Medication recommencement in patients with symptomatic COVID-19 (Fig 1 and 2): <ul style="list-style-type: none"> At least 10 days have passed since COVID-19 symptom onset and at least 3 days (72 hours) <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) In severe COVID-19, a greater time frame from recovery may be appropriate depending on severity of IBD and need to re-start medication
<i>Test-based strategy</i>	<ol style="list-style-type: none"> The above clinical parameters PLUS two consecutive negative nasopharyngeal or oropharyngeal COVID-19 molecular assays (RT-PCR or NAAT swab specimens) collected ≥ 24 hours apart
Testing strategies	<ol style="list-style-type: none"> Testing currently should rely on lab based RT-PCR or NAAT assay (preferably nasopharyngeal swab) <ol style="list-style-type: none"> Nasopharyngeal swab is the gold-standard for diagnosis of SARS-CoV-2 infection in symptomatic patients. Whether prolonged detection of viral RNA in the nasopharynx during convalescence represents transmission-competent virus is unclear. Other testing options: <ol style="list-style-type: none"> Serology (IgM/IgG) lab based or point-of-care: False negatives occur if screening during intubation phase or early disease onset. Antibody detection is most reliable at least 14 days after symptom onset. Therefore serology is not helpful to confirm suitability of medication recommencement as it does not mirror disease activity. Serology can be used in asymptomatic patients to assess individual and population infection; however, in areas with low prevalence of true infection, false positive rates may be high even with highly specific assays.
Infusion Center Safety	<ol style="list-style-type: none"> Patients can recommence infusions following a symptom-based strategy. Infection control measures must be adhered to at infusion centres. This includes use of appropriate PPE by staff and patients and those accompanying patients. If the infusion centre requires a test-based strategy to resume infusion: <ol style="list-style-type: none"> The test-based strategy above can be followed. If a result is positive, the decision whether to proceed with the infusion should be based on need for IBD therapy, time from symptom onset and improvement/resolution of COVID-19 infection. In cases where infusion of an immunosuppressing IBD medication is indicated in a patient who may be infectious, proper PPE use and infection control procedures must be followed, and the patient monitored closely for progression of their infection.

RT-PCR = reverse transcription-polymerase chain reaction; NAAT = nucleic acid amplification test

Figure 1

Clinical strategy for when to restart immunosuppressant IBD medications in the setting of resolving COVID-19 infection



IBD = inflammatory bowel disease
COVID-19 = coronavirus disease 2019

COVID-19 Severity

Figure 2

Management of IBD therapies in the setting of COVID-19

