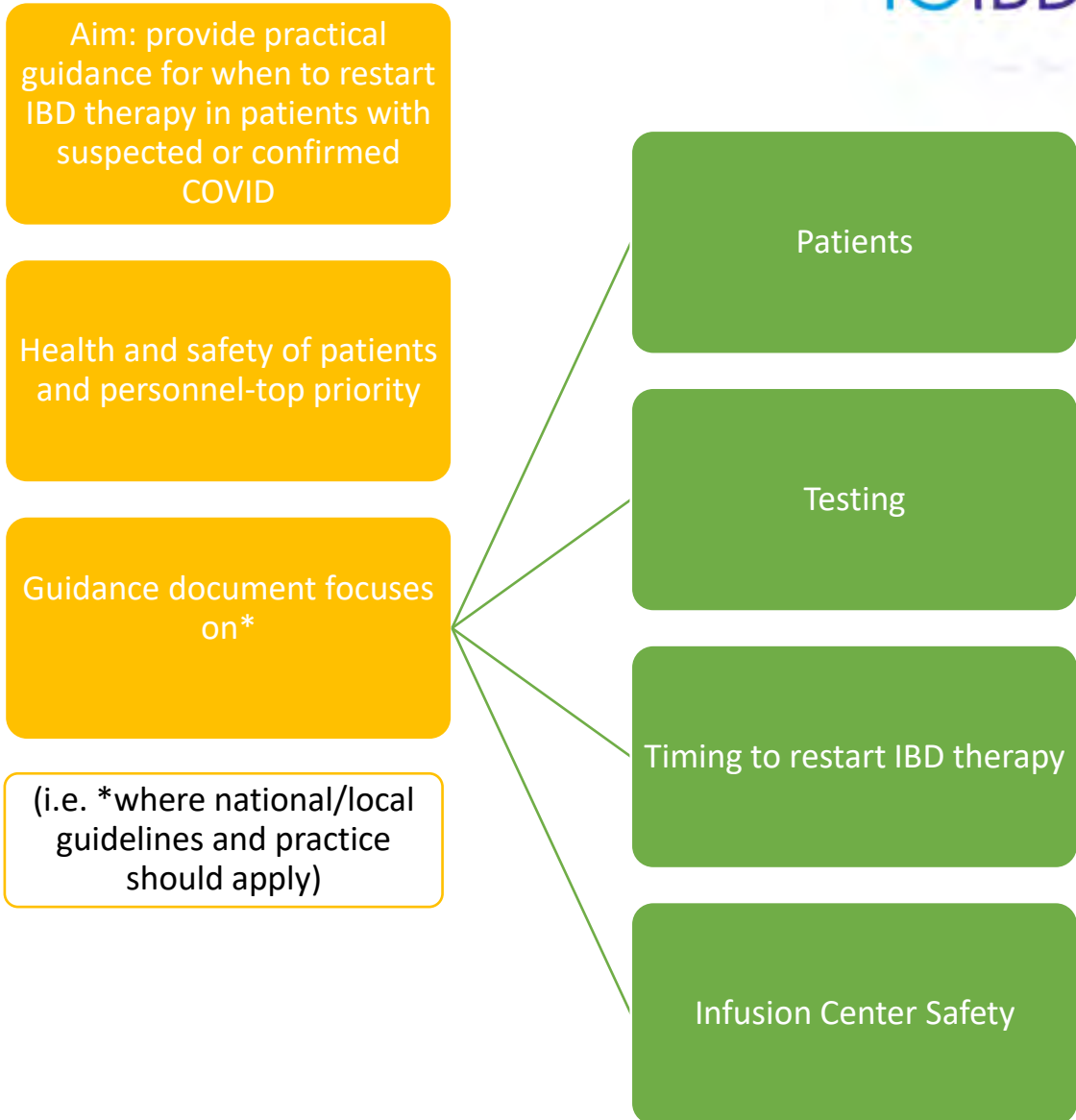


IOIBD Recommendations: Best practice guidance for when to restart IBD therapy in patients who have had confirmed or suspected COVID 19

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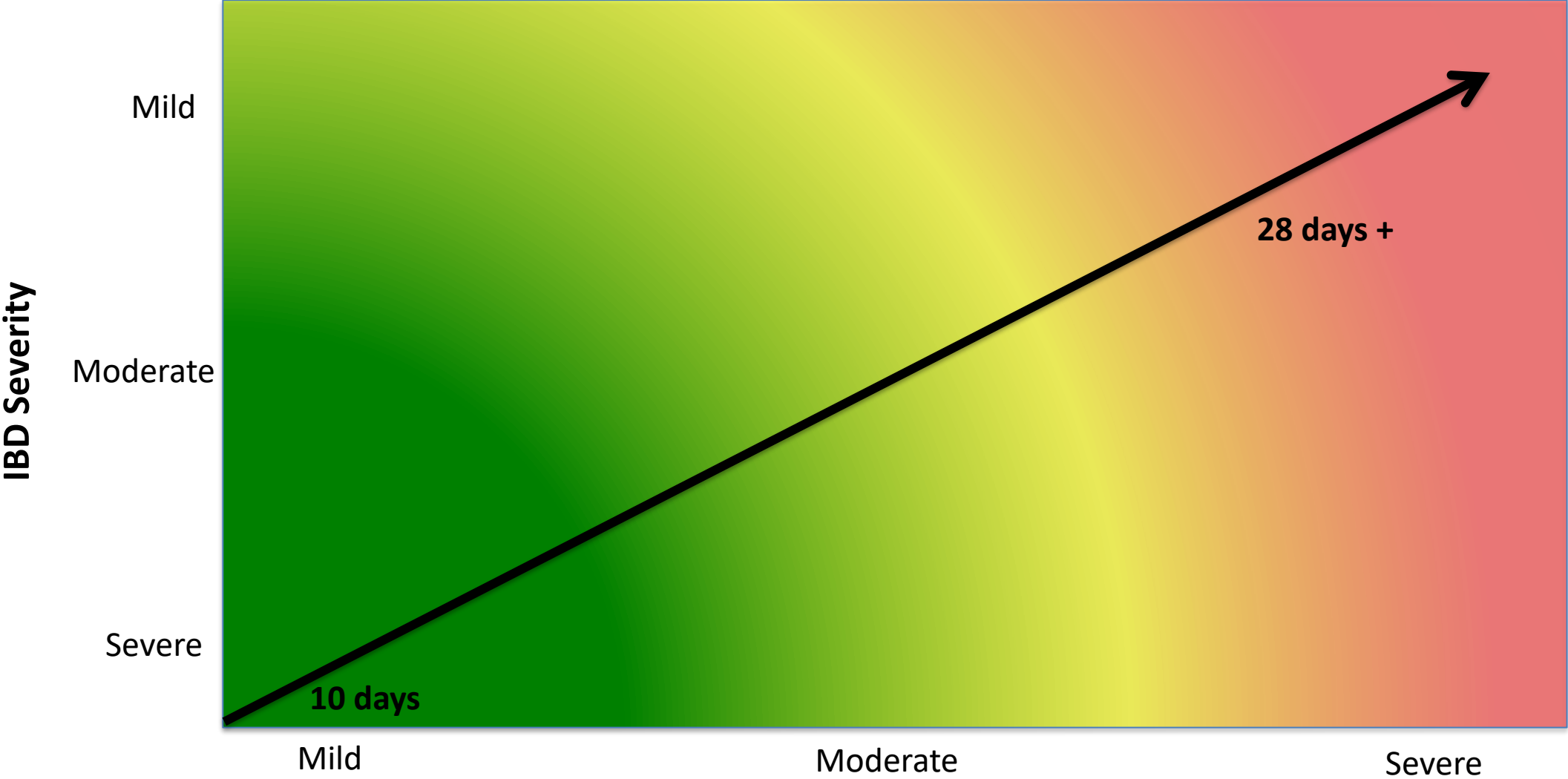




Category	Main recommendations restarting IBD therapy in suspected or confirmed COVID date: May 16, 2020
Patients	<ol style="list-style-type: none"> 1. Patients may have prolonged shedding with ongoing detection of virus RNA (PCR +ve). This does not necessarily correlate to positive viral culture and therefore positive PCR testing does not always indicate active infection or infectivity. 2. Immunocompromised patients may be at greater risk of prolonged shedding 3. We therefore recommend a “symptom-based” strategy for decision making not “test-based” strategy to determine timing of medication recommencement 4. Timing of recommencement should take into consideration patients IBD and COVID-19 severity (Fig 1)
Symptom-based strategy	<ol style="list-style-type: none"> 1. Medication recommencement in patients with symptomatic COVID-19 (Fig 1 and 2): <ul style="list-style-type: none"> - At least 10 days 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 and critical COVID-19 a greater time frame from recovery (7-14 days) may be appropriate depending on severity of IBD 2. 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 since date of first positive COVID-19 diagnostic test assuming they have NOT subsequently developed symptoms since positive test.
Test-based strategy	<ol style="list-style-type: none"> 1. Resolution of fever without the use of fever-reducing medications and Improvement in respiratory symptoms (e.g., cough, shortness of breath), and 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"> 1. Testing currently should rely on lab based RT-PCR or NAAT assay (nasopharyngeal or oropharyngeal swab) <ol style="list-style-type: none"> 1. Gold-standard for diagnosis of SARS-CoV-2 infection in symptomatic patients. Less useful for screening during incubation period in asymptomatic patients as negative predictive factor in this setting still unknown. Due to prolonged shedding following infection may have false positive in convalescence phase. 2. Other testing options: <ol style="list-style-type: none"> 1. Point-of-care sample-to-answer NAAT assay: Likely comparable to lab based RT-PCR 2. Point-of-care Antigen detection: Yet to be developed. Likely lower sensitive than lab-based NAAT and RT-PCR 3. Serology (IgM/IgG) lab based or point-of-care: False negative if screening during intubation phase or early disease onset. Antibodies can take days to weeks to be reliably positive so not helpful to confirm suitability of medication recommencement as does not mirror disease activity. Can be used in asymptomatic patients to assess individual and population immunity although varying accuracy of current tests with high false-positives in some.
Infusion Center	<ol style="list-style-type: none"> 1. Patients are safe to recommence infusions following symptom based strategy above, however, if patient still has residual symptoms (ie. residual cough) then patient to wear mask 2. If infusion centre requires testing based strategy: <ol style="list-style-type: none"> 1. Patient safe with no specific precautions if patient has two negative swabs 24 hours apart (see above) confirming clearance of virus 2. Positive test is not a contraindication to infusion. If patient tests positive and to recommence infusion based on symptoms based strategy: Infusion in single room, patient to wear mask and if possible 1 to1 nursing with nurse in full personnel protection gear with N95 mask and waterproof gown. Repeat testing prior to next infusion to determine if can remove contact precautions

Figure 1

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

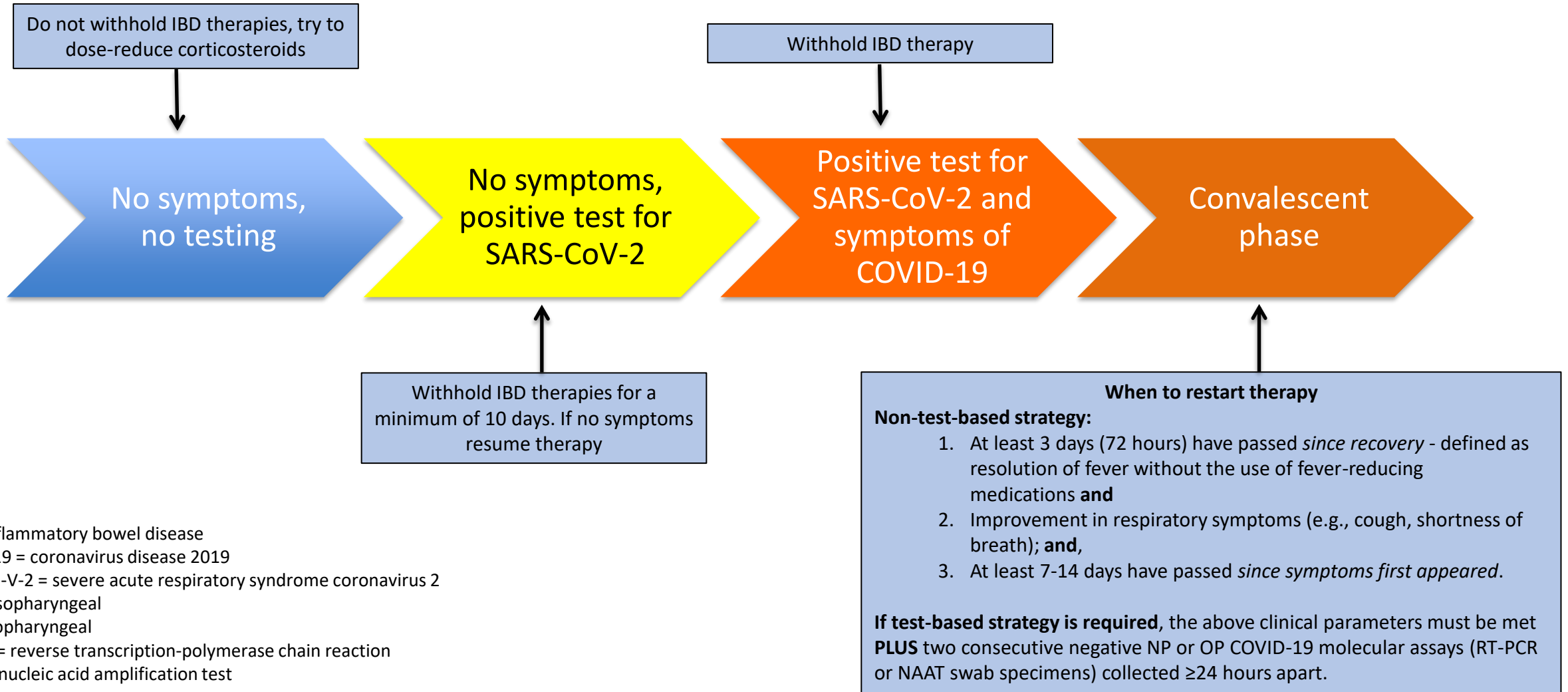


IBD = inflammatory bowel disease
COVID-19 = coronavirus disease 2019

COVID-19 Severity

Figure 2

Management of IBD therapies in the setting of COVID-19



IBD = inflammatory bowel disease
COVID-19 = coronavirus disease 2019
SARS-Co-V-2 = severe acute respiratory syndrome coronavirus 2
NP = nasopharyngeal
OP = oropharyngeal
RT-PCR = reverse transcription-polymerase chain reaction
NAAT = nucleic acid amplification test