British Society of Gastroenterology



COVID-19 Guidance and Advice IBD Risk Grid

Highest Risk 'Shielding'	Moderate risk 'Stringent social distancing'	Lowest risk 'Social distancing'		
 IBD patients who either have a comorbidity (respiratory, cardiac, hypertension or diabetes mellitus) and/or are ≥70 years old 	Patients on the following medications: • Anti-TNF (infliximab, adalimumab, golimumab) monotherapy	Patients on the following medications: • 5ASA		
and* are on any 'moderate risk' therapy for IBD (per middle column)	Biologic plus immunomodulator** in stable patients Ustekinumab	Rectal therapies Orally administered topically acting steroids (budesonide or		
 2. IBD patients of any age regardless of comorbidity and who meet one or more of the following criteria: Intravenous or oral steroids ≥20 mg prednisolone or equivalent per day (only while on this dose) Commencement of biologic plus either immunomodulator or systemic steroids within previous 6 weeks** Moderate-to-severely active disease*** not controlled by 'moderate risk' treatments Short gut syndrome requiring nutritional 	Vedolizumab Thiopurines (azathioprine, mercaptopurine, tioguanine) Methotrexate Calcineurin inhibitors (tacrolimus or ciclosporin) Janus kinase (JAK) inhibitors (tofacitinib) Immunosuppressive trial medication Mycophenolate mofetil	beclometasone) Therapies for bile acid diarrhoea (colestyramine, colesevelam, colestipol) Anti-diarrhoeals (e.g. loperamide) Antibiotics for bacterial overgrowth or perianal disease		
support Requirement for parenteral nutrition	Thalidomide Prednisolone <20 mg or equivalent per day			



bsg.org.uk/covid-19-advice. Accessed March 31, 2020.

What About IBD Therapy? OBD 5



Statement	5-ASA	BUD	PRED ≥20mg/d	AZA/ 6MP	мтх	Anti- TNF	VEDO	UST	TOFA
This therapy increases the risk of infection with SARS-CoV-2.									
This therapy increases the risk of COVID-19.									
Patients taking this therapy should reduce the dose of therapy to prevent SARS-CoV-2 infection.									
Patients taking this therapy should discontinue therapy to prevent SARS-CoV-2 infection.									
Patients taking this therapy should stop therapy if they test positive for SARS-CoV-2 but don't have the COVID-19.									
Patients taking this therapy should stop therapy if they develop COVID-19.									

Appropriate	Uncertain	Inappropriate
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What About IBD Therapy?



	5-ASA	BUD	PRED (≥20mg /d)	AZA/ 6MP	мтх	Anti- TNF	VEDO	UST	TOFA
To prevent SARS-CoV-2 infection.									
If infected with SARS- CoV-2 but don't have COVID-19.									
Confirmed COVID-19.									

O Continue Therapy (

Unsure

Hold/Delay/Stop Therapy

Reliable References to Stay Updated

- who.int/health-topics/coronavirus
- cdc.gov/coronavirus/2019-ncov
- coronavirusupdates.uchicago.edu
- crohnscolitisfoundation.org/coronavirus
- rubinlab.uchicago.edu/blog
- twitter.com/IBDMD
- covidibd.org
- clinicaltrials.gov
- gastro.org/covid









RUBIN'S REFLECTIONS





