

# IBD Patients in New Zealand – staying safe & well during Alert Level 1 & 2 of the COVID-19 outbreak

NZ Society of Gastroenterology  
NZ IBD Nursing Group

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Gastroenterology

Community Level Two means New Zealanders are getting back to work. We are getting many queries about patients with Inflammatory Bowel Disease (IBD) such as Crohn's disease (CD) and Ulcerative Colitis (UC) who take immunosuppressive medications. The following advice is based on NZ Ministry of Health (MOH) information, the British Society of Gastroenterology (BSG) consensus, and information from overseas about COVID-19 cases amongst IBD patients.

Giving specific guidance for individuals is a challenge. This advice takes into account the latest MOH guidance, and the current situation in New Zealand where we are confident that there is no significant community spread of COVID-19. This advice may change if we see a spike of new cases within the community. Please check for updates of information from the World Health Organisation, Auckland Regional Public Health and the MOH at:

<https://www.waitematadhb.govt.nz/patients-visitors/covid-19-information/>

## What is COVID-19?

Corona Virus Disease 19 is a new coronavirus that causes lung and airway infections. It is sometimes called SARS-CoV-2. The virus originated in Wuhan City, Hubei Province, China but cases have now been confirmed in all across the world, including now in New Zealand.

## What are the symptoms?

Typical symptoms of novel coronavirus include fever (at least 38 °C), coughing, chest tightness and shortness of breath. The current evidence is that most cases appear to be mild, with some patients becoming very unwell. The symptoms are similar to other viral illnesses like the common cold and flu. Some COVID-19 patients have gut upset, like diarrhoea.

## COVID-19 alert levels in New Zealand.

Guidance on the Covid-19 alert level in New Zealand and what that means for the general public can be found at <https://covid19.govt.nz/government-actions/covid-19-alert-system/#new-zealand-covid-19-alert-levels>

## Commonly prescribed IBD medications

5 ASA medicines are often prescribed to keep Ulcerative Colitis under control, so people with IBD can get well and stay. These medicines are not immune suppressives:

### 5ASA (Amino-Salicylate) agents:

- Mesalazine (Pentasa, Asacol, Asamax) – tablets, sachets, suppositories, enemas
- Olsalazine (Dipentum)
- Sulfasalazine (Salazopyrin)

## What are immunosuppressive drugs?

These are medicines that moderately suppress the immune system to keep IBD under control, so people with IBD can get well and stay well.

### Immuno-modulators:

- Azathioprine (Imuran/Azimun)
- 6-mercaptopurine (Puri-Nethol)
- Thioguanine (Lanvis)
- Methotrexate (Trexate, Methoblastin)
- Mycophenolate (CellCept)
- Cyclosporine (Neoral)
- Tacrolimus (Prograf)
- Sirolimus (Rapamune)

### Biological agents:

- Infliximab (Remicade)
- Adalimumab (Humira)
- Ustekinumab (Stellara)
- Vedolizumab (Entyvio)

### Steroids:

- Prednisone
- Budesonide (Entocort, Cortiment)
- Methylprednisolone

### Clinical Trial Agents

- Speak with your trial coordinator for specific advice.

## Should I keep taking my immunosuppression treatment?

- **YES** - you should continue with your immunosuppressive treatment, unless specifically advised by your medical team
- Immunosuppressive treatment does not increase the risk of being infected with coronavirus. You should take precautions to avoid infection through good personal hygiene and avoiding unnecessary close contact with people who are unwell, as discussed above
- If you stop taking your immunosuppressive medicine, you may have a flare which will increase your risk of complications if infected with coronavirus.
- If you still have concerns about continuing your medication, you should speak to the medical team caring for you.

- If you are at an increased risk of infection, for example, if you've been in direct contact with an infected individual, have travelled to a high infectivity area, or have another serious comorbidity that increases your risk further, you should seek advice from your medical team by telephone before making any changes to your medication.

## If am on an immunosuppressive drug am I at more risk of COVID-19?

- People taking immunosuppressants are not at increased risk of catching novel coronavirus.
- People over the age of 70 and with chronic health conditions such as diabetes, heart conditions and respiratory illness are at higher risk of complications such as intensive care admission or even death.
- Those who smoke or are taking non-steroidal anti-inflammatory drugs have also been found to be at increased risk of complications.

We have used the BSG Consensus to group IBD patients into **three categories**, based on underlying health conditions and also the type of immunosuppressive medications (see page 5 poster). Medium to High Risk patients are advised to be more cautious of coming in contact with people who have cold or flu-like symptoms.

### High risk groups

- The highest risk patients are those patients taking at least one immune suppressant medication for IBD **and** who have another underlying health condition such as diabetes or something which affects their lungs, heart or blood pressure, and/or are over the age of 70.
- Of all the immune suppressant medications used, high dose steroids (taking more than 20mg prednisone), and the first 6 weeks after starting Infliximab or Adalimumab are the highest risk
- Patients who are on three immune suppressive drugs together are at higher risk
- Patients with severely active disease that is not well controlled are also at higher risk

IBD patients in this group are at higher risk for worse outcomes and more complications if infected with COVID-19, and are advised to take the most precautions, which may include staying home during level two if possible.

### Medium risk groups

All patients who have been immunosuppressive medications since before lockdown, are considered moderate risk.

- It should be stressed that no patients on biologic or immune mediating therapy should stop their medication without discussing with their IBD team, since a flare in their disease may occur, and this could be very harmful.

### Low risk groups

Patients taking 5ASA medications (mesalazine, Olsalazine, Sulfasalazine) either orally or rectally are considered at the lowest risk. These patients need to take the same precautions as the general public including social distancing and good hand hygiene. If this is possible within their workplace, then it should be safe to return to work under level two.

## What can I do to lower my risk?

As with all viral illnesses, there are precautions we can all take reduce the risk of catching or spreading the virus;

- Always carry tissues with you and use them to catch your cough or sneeze. Then bin the tissue, and wash your hands, or use a sanitiser gel.
- Wash your hands often with soap and water, especially after using public transport. Use a sanitiser gel if soap and water are not available.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Avoid close contact with people who are unwell.
- Clean frequently touched surfaces like stair-rails and door handles.

## What does Level 2 mean in practice?

The community is starting to come out from their bubbles. The chance of COVID-19 spreading in the community seems to be low but we remain in a 'waiting room' to be sure. People who are sick with cold or flu symptoms are asked to stay home.

- Cafes and restaurants are opening; though patrons must be seated, separated and only a single server is allowed per table
- Businesses are reopening, if physical distancing can be maintained
- Schools and early learning centres are reopening, with strict hygiene practices.
- Group gatherings are no larger than 10 people




The NZ government has specific advice for at-risk people:

- Try not to interact with too many people outside of your own social circle as it won't be easy to do contact tracing if necessary.
- Keep a 2 metre distance from people you don't know in public places and take extra care with hygiene practices.
- Maintain good hygiene practices; Wash your hands. Wash your hands. Wash your hands.
- Avoid touching surfaces and wash your hands before and after you leave home.
- Wipe keys, handrails and regularly touched surfaces.
- Avoid passing around your mobile phone to other people.

# Advice for IBD patients in New Zealand during COVID-19 outbreak – Level 1 & 2

New Zealand Society of Gastroenterology

This is general advice. Please talk to your GP or IBD Team about keeping safe at home & work.

IBD Risk Profile during COVID-19	NZSG Advice	
<p><b>Low</b></p> 	<ul style="list-style-type: none"> <li>Well with no medication</li> <li>On 5-ASA medication:               <ul style="list-style-type: none"> <li>Mesalazine, Olsalazine, Sulfasalazine</li> </ul> </li> </ul>	<p>Follow <b>standard national guidelines</b> for the general population</p> <p>From May 2020: follow <b>Alert Level 2</b></p>
<p><b>Medium</b></p> 	<ul style="list-style-type: none"> <li>Stable IBD plus one or more medications<sup>†</sup> such as:               <ul style="list-style-type: none"> <li>Azathioprine, Mercaptopurine, Thioguanine, Methotrexate</li> <li>Stable Anti-TNF: Adalimumab OR Infliximab</li> <li>Budesonide</li> <li>Prednisone up to 20 per day</li> </ul> </li> <li>Clinical trial medication**</li> </ul>	<p>Follow national guidelines <b>one level higher</b> than the general population</p> <p>From May 2020: follow <b>Alert Level 3</b></p> <ul style="list-style-type: none"> <li>Stay at home except for essential movement</li> <li>Work from home <i>if you can</i>*</li> <li>Social distancing of 2m</li> <li>Strict hand hygiene</li> </ul>
<p><b>High</b></p> 	<p>Medium IBD risk profile AND one or more of the following <b>risk factors for severe COVID-19</b>:</p> <ul style="list-style-type: none"> <li>Moderate-Severe IBD flare</li> <li>&gt;20mg prednisone<sup>†</sup></li> <li>Started anti-TNF medication in the last 6 weeks</li> <li>Age over 70</li> <li>Other health conditions such as:               <ul style="list-style-type: none"> <li>Diabetes</li> <li>Hypertension</li> <li>Heart and lung conditions</li> </ul> </li> </ul>	<p><b>Strict social isolation</b> recommended</p> <ul style="list-style-type: none"> <li>Stay at home in your bubble</li> <li>Work from home</li> <li>Strict hand hygiene</li> </ul> <p>From May 2020: Follow national guidelines for <b>Alert Level 4</b></p>

\*Many people who are Medium Risk will want to work. It is important that the workplace is as safe as possible with **screening for potential cases, social distancing and hand hygiene**. The IBD team can help with specific advice. It is very important to continue taking IBD medication - if there are concerns this must be discussed with the IBD specialist team. \*\* Discuss clinical trial medication with the trial coordinator. <sup>†</sup>Patients on 3 or more immune suppressants may be high risk, especially if this includes prednisone.

Below are links to the NZ Government Covid19 pages related to wellbeing for at risk people, and a link to the Crohn's and Colitis UK site which has some useful information. Remember that the situation is very different in the UK where they have many more cases and are experiencing community spread.

<https://covid19.govt.nz/individuals-and-households/health-and-wellbeing/at-risk-people/>

<https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice>

## What about vaccinations?

To help you stay well at this time we suggest you contact your GP or local Pharmacy to receive your seasonal **Influenza (flu) jab**. If possible, talk to your GP about getting a **pneumococcal vaccination**.

## Should I come to clinic?

Many outpatient clinics were changed to video and telephone appointments over level 3& 4. In level 2, there will be a mixture of face to face (in person), phone and video appointments in most centres. We suggest calling or emailing ahead to work out what appointments are available, and best for you. Patients can still get medical advice from their GP and IBD specialist doctors and nurses over the phone.

## Should I still come in for my infliximab infusions?

Yes, day stay wards are still open for your usual Infliximab. It is important to keep on this drug if it is working for you.

## Do I need to stockpile my medications?

No, at this stage we are not anticipating shortages of prescription medications so there is no need to get a larger supply than usual.

## Who should I contact if I am worried?

If you have specific medication concerns or symptoms you are worried about, you should speak to your **GP**, contact **Healthline** 0800 358 5453, or get in touch with **your IBD specialist or specialist nurse**.

Please do this by telephone. We still advise calling ahead before going in person to hospital, clinic or your GP.

E waka eke noa. Stay safe everyone.

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