

IMMUNOSUPPRESSANT MEDICATION & COVID-19 (AS AT 19/03/2020)

These are complex matters and it is advisable to phone Intus to speak to the clinician who has been treating your condition

The following is patient information on the implications of coronavirus (COVID-19) for patients with gastrointestinal (gut and liver) disorders, especially those on immunosuppressants (like Azathioprine, Infliximab etc). Below you will find facts and recommendations, largely based on available information, literature and guidance (e.g. societies and WHO), but also our own personal view.

1. COVID-19 is a viral disease. The incubation period (from contact to sickness) is estimated at 4 days (range from 2 to 7 days, other studies suggest from 2-14 days). Infected individuals produce a large quantity of virus during this prodrome period, even in absence of symptoms, contributing to the spread of the infection. Frequently reported signs and symptoms of patients admitted to the hospital include fever (77-98%), myalgia (muscle pain) or fatigue (11-52%), and shortness of breath (3-31%) at illness onset. Less commonly reported nausea prior to developing fever and lower respiratory tract signs and symptoms.
2. The majority of people have uncomplicated or mild illness (81%), some will develop severe illness requiring oxygen therapy (14%) and approximately 5% will require intensive care unit treatment.
3. Possible risk factors for progressing to severe illness may include older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions (like taking immunosuppressants), and pregnancy.
4. Patients on immunosuppressive drugs for IBD and autoimmune hepatitis should continue taking their medications. The risk of disease flare outweighs the chance of contracting COVID-19. CDC guidelines for at-risk groups suggest avoiding crowds and limiting travel. People taking immunosuppressants for e.g. their Crohn's Disease or Ulcerative Colitis may not be at increased risk of catching COVID-19, however, they may be at extra risk of complications from the virus if they are infected.
5. Current evidence does not support COVID-19 infection as a cause of IBD (Crohn's/Colitis) flares.
6. Consider rescheduling elective and non-urgent endoscopic procedures. Non-urgent/elective endoscopy should be decided case by case.
7. Do not forget about other diseases and general health. Eat healthy, stay active (but not in groups) and if you smoke – stop smoking as smokers seem to have a higher susceptibility to COVID-19.
8. Follow the Ministry of Health website/information:
<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus>
9. If you should develop symptoms: Call your GP or Healthline first – please do not just walk into the practice/hospital.

BEST PROTECTION AGAINST COVID-19 VIRUS TRANSMISSION:

- Cough or sneeze into your elbow or by covering your mouth and nose with tissues.
- Put used tissues in the bin or a bag immediately.
- Wash your hands with soap and water often (for at least 20 seconds).
- Try to avoid close contact with people who are unwell.
- Don't touch your eyes, nose or mouth if your hands are not clean.
- Avoid personal contact, such as kissing, sharing cups or food with unwell people.
- Clean and disinfect frequently touched surfaces and objects, such as doorknobs.

- Stay home if you feel unwell.
- Call Healthline on [0800 358 5453](tel:08003585453) if you have any symptoms and have been recently been overseas or have been in close contact with someone confirmed with COVID-19.