BACKGROUND AND INTRODUCTION

Following the first reports of cases of acute respiratory syndrome in the Chinese Wuhan municipality at the end of December 2019, Chinese authorities have identified a novel coronavirus as the main causative agent. The outbreak has rapidly evolved affecting other parts of China and outside the country. Cases have been detected in several countries in Asia, but also in Australia, Europe, Africa, North as well as South America. On February 12th 2020, the novel coronavirus was named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) while the disease associated with it is now referred to as COVID-19. Human-to-human transmission has been confirmed but more information is needed to evaluate the full extent of this mode of transmission. The evidence from analyses of cases to date is that COVID-19 infection causes mild disease (i.e. non-pneumonia or mild pneumonia) in about 80% of cases and most cases recover, 14% have more severe disease and 6% experience critical illness. The great majority of the most severe illnesses and deaths have occurred among the elderly and those with other chronic underlying conditions (https://www.ecdc.europa.eu/en/current-risk-assessment-novel-coronavirus-situation).

The aim of the current document is to provide to health care professionals some understanding and knowledge on the best care we can offer to our patients in general and particularly those under immunosuppressive/ immunomodulatory treatment in the current situation of the COVID-19 epidemy.

Due to the urgency, ECCO has suggested to gather together a group of gastroenterologists with special interest in Opportunistic Infections and infectious disease experts, in order to provide on a regular basis a guidance to the physicians of the ECCO community.

This guidance shall not replace any national recommendations from health care authorities but must be understood as an additional piece of information that will be updated when necessary based on our better understanding of this novel disease. Similarly, the following guidance is not accompanied by any ECCO recommendations.

The format below is based on an interview by gastroenterologists and experts in infectious disease from various places in Europe and reviewed by the COVID-19 Taskforce.

This taskforce is composed of members of the Opportunistic Guidelines Consensus, members of the ECCO governing board and infectious disease experts.

QUESTIONS AND ANSWERS

Threats, fears, and challenges for the IBD community: results of the ECCO survey

Little is known about the new coronavirus and the management of COVID-19 in IBD patients. All gastroenterologists are facing problems never encountered before and the lack of robust evidence makes the physician's work even more challenging. For this reason, an ECCO survey[1] was developed to investigate current management of IBD patients and to define fears and difficulties of physicians during the global COVID-19 outbreak. A 39-question anonymous web-survey was conducted with the support of ECCO between 20 and 30 March 2020. ECCO members were asked about their fears, diagnostic / organizational approaches, and preventive measures taken and recommended to prevent infection spread. Eight hundred thirteen physicians from 72 countries in the world participated in the survey and 591 of them (70.1%) completed all questions. IBD patients with confirmed COVID-19 were reported by 66 physicians (10.4%) and most hospitals had fewer than ten cases (87.9%). Most respondents (54.4%)

believed that IBD was not associated with an increased risk of infection, while immunosuppressive and biological drugs were recognized as certain or likely predisposing factors in 161 (26.2%) and 255 (41.5%) cases, respectively. Many physicians reported that they were afraid of physical contact with other people (45.1%), were stressed (73.7%), were afraid about being infected (57.7%) or infecting (81.8%) their patients, were worried about being in quarantine (40.6%) or of dying from COVID-19 (30.3%). Most respondents used protections during consultations (72.2%) and recommended IBD patients to wear protective aids during their daily life (53%). In IBD patients without symptoms suggestive of infection, the SARS-CoV-2 test should not be performed (75.1%) and it was considered unnecessary even in patients treated with immunosuppressive or biological drugs (62.8%). On the other hand, in IBD patients with suspicious symptoms, systematic coronavirus testing was supported by 312 participants (54.6%). IBD drugs were stopped as a preventive strategy by 55 physicians (9.6%), while consultations and initiation of new biological therapies were postponed in 418 (73.2%) and 354 (62%) cases.

According to the survey results and in line with ECCO newsletters (https://ecco-ibd.eu/publications/covid-19.html) and the IOIBD recommendations[2], all physicians should use protective aids during outpatient visits and recommend protective aids to their patients during daily life activities. Moreover, immunosuppressive and biological drugs should not be discontinued as a preventive strategy in IBD patients without symptoms suggestive of COVID-19 and the SARS-CoV-2 test should not be performed in IBD patients without symptoms suggestive of COVID-19. Non-urgent outpatient visits should be postponed while the start of new biological drugs should be allowed if the IBD center / hospital can guarantee adequate protective measures. Finally, further questions need to be addressed. Whether IBD patients carry an increased risk of COVID-19 infection and whether subjects who discontinue IBD drugs experience disease flares leading to hospitalizations and surgeries must be further investigated.

Interview realized on behalf of the COVID-19 ECCO Taskforce with

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Note

Since the infection is dynamic and knowledge and evidence are growing rapidly, some of this guidance will be regularly updated based on tailored recommendations for each region according to the best evidence.

A very important project has been set up very recently to increase our knowledge on this novel disease in our IBD patients. We strongly encourage you to participate.

The project is a global initiative from the International Organization for the study of IBD (IOIBD) to record timely proven cases of COVID-19 infection in our IBD patient. We encourage IBD clinicians worldwide to report ALL cases of COVID-19 in their IBD patients, regardless of severity (including

asymptomatic patients detected through public health screening). Reporting a case to this Surveillance Epidemiology of Coronavirus) Under Research Exclusion (SECURE)-IBD registry should take approximately 5 minutes. Please report only confirmed COVID-19 cases, and report after sufficient time has passed to observe the disease course through resolution of acute illness and/or death. With the collaboration of our entire IBD community, we will rapidly be able to define the impact of COVID-19 on patients with IBD and how factors such as age, comorbidities, and IBD treatments impact COVID outcomes. This project, including a summary of all data collected to date, will be accessible following the link: https://covidibd.web.unc.edu/

References

1. D'Amico F, Peyrin-Biroulet L, Danese S. et al. Inflammatory bowel disease management during the COVID-19 outbreak: a survey from the European Crohn's and Colitis Organization (ECCO). Gastroenterology 2020. Article in Press.
2. Anon. IOIBD Update on COVID19 for Patients with Crohn's Disease and Ulcerative Colitis |IOIBD. Available at: https://www.ioibd.org/ioibd-update-on-covid19-for-patients-with-crohns-disease-and-ulcerative-colitis/ [Accessed April 23, 2020].