

Transcript Details

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Investigating the Implications of COVID-19 on IBD

Dr. Buch:

This is your host for *GI Insights* on ReachMD, Dr. Peter Buch. Today we will be discussing the impact of COVID-19 on inflammatory bowel disease, or IBD. Here to guide us is Dr. Russell Cohen. Dr. Cohen is the Director of the Inflammatory Bowel Disease Center and the Co-director Advanced IBD Fellowship Program at the University of Chicago School of Medicine. He is also one of the co-authors of *AGA Clinical Practice Update on Management of Inflammatory Bowel Disease During the COVID-19 Pandemic: Expert Commentary* which was published in *Gastroenterology* in 2020. Dr. Cohen, thanks so very much for joining us here today.

Dr. Cohen:

Well, thanks, Peter. And I really appreciate you giving me this time and also the audience for taking time to listen to us.

Dr. Buch:

There's so much to discuss. Are patients with inflammatory bowel disease at increased risk for COVID-19 infection?

Dr. Cohen:

Well, Peter, you know, we don't think so. It's interesting because even from the early parts of the infection back in Wuhan, China, many of the doctors notified their patients with inflammatory disease, particularly those on immunosuppressants, that there is a bad virus going around and they should lay low. So there are very few reported cases. And moving forward, many of us who treat inflammatory bowel disease have related that our patients barely ever came out during the pandemic; they only would come out to go to their doctors appointments and sometimes wouldn't even do that. It's not uncommon for me to have my patients tell me that this is the first time since March of 2020 that they have left their house. So our patients laid low, and as a result, we really don't have any data suggesting that they're at a higher risk for COVID.

Dr. Buch:

Thank you. What should we recommend for an IBD patient in remission who is positive for COVID but without pulmonary manifestations of COVID-19?

Dr. Cohen:

Well, that's a great question. And for patients who are not vaccinated for COVID and I would really want to emphasize very strongly that every patient should get vaccinated against COVID-19 irregardless if they have IBD and irregardless of their medicines. But presuming that they were not vaccinated, patients who were newly diagnosed with COVID-19 who are not very sick likely would not obviously be hospitalized. We usually have them hold off on taking their biologics or immune suppressants for 10 to 14 days. Usually by that time frame, we'll know whether the patients proceed to sicker COVID patients or not. And if they're 10 to 14 days out of their initial testing positive and they're feeling fine, they can restart their therapies.

Dr. Buch:

Interesting that you talked about China just a moment ago; China does stool testing for COVID-19. Should we?

Dr. Cohen:

You know, Peter, again, we do not have strong information suggesting that would be helpful. And this is why: it was identified rather early on during the pandemic that you could isolate COVID from the stool, and we take extraordinary precautions when we're doing procedures involving exposure to bodily fluids in our gastroenterology units. But there was an interesting paper from Italy, which as you know, got very hard hit from COVID earlier than they did in the U.S. and they did not have adequate PPE or personal protective

equipment at the time, and the gastroenterology reports did not show any transmission of COVID to the people doing the procedures. So we do not believe that you can actively infect humans from one to another using stool; it's of course possible, but we really haven't seen evidence that that's the case. So testing for the stool may not be that helpful.

Dr. Buch:

For those of you just joining us, you're listening to ReachMD, *GI Insights*. This is your host, Dr. Peter Buch discussing COVID-19 and inflammatory bowel disease with Dr. Russel Cohen.

Dr. Cohen, how should we approach an IBD patient with active disease who has an active COVID-19 infection?

Dr. Cohen:

Well, Peter, that's a very good question. Patients who have inflammatory bowel disease who have active infection with COVID-19 should, of course, seek assistance through the appropriate healthcare authorities. We do recommend that they hold off on taking their biological agents or immunosuppressive agents for 10 to 14 days, probably 14 days if they are active. However, after that point, if they are already getting better, then we usually restart them on therapy, sometimes we might wait another week, depends on the individual circumstances. If they are not getting better with their COVID and in fact getting worse, then we would recommend that they speak to their treating authorities. I do want to point out that some of the therapies that we use to treat IBD have been tested experimentally in treating COVID, so they may end up getting a therapy that treats inflammatory diseases through their COVID provider.

Dr. Buch:

The article that you published is already several months old. What have you learned since you published that article?

Dr. Cohen:

Well, you know in these days, even before COVID, you would publish something, it comes out electronically first, and then finally it comes out in the journal and you're like, 'Oh wait a minute, that was months later.' So the article that I wrote with Dave Rubin, my partner and the other authors Joseph Feuerstein and Andrew Wang were also involved in this *AGA Clinical Practice Update* where it's pretty much spot on. The recommendations that we gave and really Dave and I wrote this in March of 2020 pretty much all holds today; the idea that we don't want patients with IBD stopping their medicines just because there is a pandemic. We don't want them stopping their medicines if they happen to test positive with the exception, as I mentioned, for the first 10 to 14 days just to make sure they're not sick. And if they do get COVID and recover, we want them to restart their medicines.

Dr. Buch:

Would you kindly discuss the SECURE registry and why listeners should register their IBD patients on this registry so we can learn some more about it?

Dr. Cohen:

Absolutely, Peter. So, one of the fantastic things is that many of our colleagues led by a group at the University of North Carolina, Chapel Hill, and Mount Sinai in New York, as well as international committee members, initiated the SECURE-IBD database and anybody listening to this broadcast or even those not listening, can access it at COVIDIBD.org, one word, COVIDIBD.org.

We do, please request that healthcare providers enter information regarding their patient with IBD who test positive for COVID-19. It's very easy, it's free to do, and you have access to the data. This is how we find out the answers to many of the questions that people might have because the information is gathered prospectively, i.e., as it's happening, rather than retrospectively. So for example, I'm looking at the database right now; there's over 6,000 cases, a little over 2,000 in the United States, so about 4,000 from the rest of the world. They break it down, not only by location, but by age of the patients, by gender, by how sick their IBD is, by whether they're smokers, if they have other comorbidities and probably most importantly, the outcomes of patients based on what types of IBD therapies they're on. And we've learned much valuable information from this database. And the nice thing is that it is created by the providers themselves.

Dr. Buch:

That's great. And that's very important for audience members to participate in this study. Before we conclude, what message would you like to share with our audience?

Dr. Cohen:

Well one thing that I certainly like to share with them is what I pressed on earlier. Everybody should get vaccinated; it does not matter that you have IBD or that you're on biologics or small molecules. If you don't wanna get vaccinated on the same day as your dose for that biologic, then push off the biologic dose for a few days, that's fine, but absolutely, positively get vaccinated. Any of the vaccines you can get, you should do. There probably will be boosters in the future, that remains to be seen.

If you do happen to get COVID, don't panic, just contact your healthcare provider and as I mentioned, we usually just hold off on the advanced medicines, biologics, immune suppressants for 10 to 14 days and if you're fine, just restart them. Don't stay off them longer. The worst thing you can do is flare and need prednisone. Prednisone leads to bad things when people on prednisone end up catching COVID. So stay on your therapies, if you're not sure, ask your physician or even go to appropriate sources of the CDC.

Dr. Buch:

That's all the time we have for today. I really wanna thank Dr. Cohen for sharing his expertise with us today.

Dr. Cohen:

Perfect. Thank you, Peter, so much.

Dr. Buch:

For ReachMD, this is Dr. Peter Buch. To access this episode as well as others from this series, visit ReachMD.com/GIInsights, where you can Be Part of the Knowledge. Thanks for joining us today.