

Guidance for Restarting Inflammatory Bowel Disease Therapy in Patients Who Withheld Immunosuppressant Medications During COVID-19.

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J Crohns Colitis J Crohns Colitis 3817 pheoup 101318676 eccojc Journal of Crohn's & Colitis 1873-9946 1876-4479 pmc-is-collection-domain yes pmc-collection-title Oxford University Press - PMC COVID-19 Collection PMC7665410 PMC7665410.1 7665410 7665410 33085972 10.1093/ecco-jcc/jjaa135 jjaa135 1 Supplement Articles AcademicSubjects/MED00260 Guidance for Restarting Inflammatory Bowel Disease Therapy in Patients Who Withheld Immunosuppressant Medications During COVID-19 Siegel Corey A 1 <http://orcid.org/0000-0002-8746-4275> Christensen Britt 2 Kornbluth Asher 3 Rosh Joel R 4 Kappelman Michael D 5 Ungaro Ryan C 3 Johnson Douglas Forsyth 6 Chapman Scott 7 Wohl David A 8 Mantzaris Gerassimos J 9 for the International Organization for the Study of Inflammatory Bowel Diseases [IOIBD] 1 Section of Gastroenterology and Hepatology, Dartmouth-Hitchcock IBD Center , Lebanon, NH, USA 2 Gastroenterology Department, Royal Melbourne Hospital , Melbourne, VIC, Australia 3 Henry D. Janowitz Division of Gastroenterology, Icahn School of Medicine at Mount Sinai , New York, NY, USA 4 Division of Pediatric Gastroenterology, Goryeb Children's Hospital , Morristown, NJ, USA 5 Department of Pediatrics, University of North Carolina at Chapel Hill , Chapel Hill, NC, USA 6 Departments of Infectious Diseases and Internal Medicine, Royal Melbourne Hospital , Melbourne, VIC, Australia 7 Department of Infectious Diseases, St Vincent's Hospital , Sydney, NSW, Australia 8 Division of Infectious Diseases, University of North Carolina at Chapel Hill , Chapel Hill, NC, USA 9 Department of Gastroenterology, Evaggelismos-Ophthalmiatreion Athinon-Polykliniki GHA , Athens, Greece Corresponding author: Dr Corey A. Siegel, MD, MS, Inflammatory Bowel Disease Center, Section of Gastroenterology and Hepatology, Dartmouth-Hitchcock Medical Center, Lebanon, NH 03756, USA. Tel.: [603] 650 8101; email: corey.a.siegel@hitchcock.org 10 2020 21 10 2020 14 Suppl 3 368813 COVID-19 and IBD: Guidance from IOIBD and ECCO on management of patients S769 S773 21 10 2020 13 11 2020 16 11 2020 30 08 2023 © The Author(s) 2020. Published by Oxford University Press on behalf of European Crohn's and Colitis Organisation. All rights reserved. For permissions, please email: journals.permissions@oup.com 2020 This article is published and distributed under the terms of the Oxford University Press, Standard Journals Publication Model (https://academic.oup.com/journals/pages/open_access/funder_policies/chorus/standard_publication_model) This article is made available via the PMC Open Access Subset for unrestricted re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for the duration of the COVID-19 pandemic or until permissions are revoked in writing. Upon expiration of these permissions, PMC is granted a perpetual license to make this article available via PMC and Europe PMC, consistent with existing copyright protections. Abstract Patients with inflammatory bowel diseases [IBD] are frequently treated with immunosuppressant medications. During the coronavirus disease 2019 [COVID-19]

pandemic, recommendations for IBD management have included that patients should stay on their immunosuppressant medications if they are not infected with the severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], but to temporarily hold these medications if symptomatic with COVID-19 or asymptomatic but have tested positive for SARS-CoV-2. As more IBD patients are infected globally, it is important to also understand how to manage IBD medications during convalescence while an individual with IBD is recovering from COVID-19. In this review, we address the differences between a test-based versus a symptoms-based strategy as related to COVID-19, and offer recommendations on when it is appropriate to consider restarting IBD therapy in patients testing positive for SARS-CoV-2 or with clinical symptoms consistent with COVID-19. In general, we recommend a symptoms-based approach, due to the current lack of confidence in the accuracy of available testing and the clinical significance of prolonged detection of virus via molecular testing.