



Inflammatory Bowel Disease and COVID-19

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Dear Editor,

SARS-CoV-2, a novel virus causing COVID-19 in addition to respiratory symptoms (1, 2), may present with gastrointestinal symptoms, including diarrhea (3-5), even without respiratory complaints (6).

This virus is severe in people with underlying diseases, including diabetes and cardiovascular disease, and those with cancer (1). There are controversial reports on the course of infection in people on immunosuppressive drugs (7-10).

Care of patients affected with inflammatory bowel disease (IBD) might be challenging during the current pandemic of SARS-CoV-2. IBD is a chronic disease characterized by exacerbations and remission, which may mandate the use of immunosuppressive treatment for control. Immunosuppressive medications are known to be a risk factor for viral infection (11). The exacerbation of disease needs to be distinguished from infection with the novel virus, while the use of immunosuppressive may affect the course of COVID-19.

To date, there are limited reports of IBD patients affected by COVID-19 (12-14). Here, we reported our experience in the care of these patients during the current pandemic.

The IBD outpatient clinic at the Faghihi Hospital affiliated to the Shiraz University of Medical Sciences, Shiraz, Iran, represents one of the largest referral clinics of IBD patients in the country. This clinic provided diagnostic, therapeutic, and maintenance follow up of IBD patients regularly before the epidemics of COVID-19 in Iran in February 2020. However, activities of the clinic were affected immediately after the disease. We promptly implemented an active strategy of phone call screenings and provided patients with medical consultation and health-promoting messages. Counseling services and quick re-

sponses through telematic tools were provided via social media, including Instagram and WhatsApp. This was a volunteered activity by physicians and nurses working at the clinic without being funded. Counseling services were voluntarily performed by a trained Inflammatory bowel disease (IBD) nurse, community medicine, and GI specialist. Up to June 4, 2020, around 300 registered IBD patients were telephoned, and 100 of them responded. The mean (\pm standard deviation) age of the respondents was 39.7 ± 15 , and 62% were female. Most of the patients (83%) had ulcerative colitis, and three women were pregnant. One-fourth (25%) of the patients were receiving glucocorticosteroids in different doses, 5% were receiving immunomodulators, mainly azathioprine, and 14% were receiving biologics, including Adalimumab or Infliximab. Twenty patients reported that they discontinued at least one of their medications in the last two months.

We found no IBD patients affected by COVID-19 in this group (0/100). During the same period, 6397 people were found to be infected with SARS-CoV-2 in Fars Province, Iran, and 113 related deaths were reported.

In concordance with other available evidence, this study indicated that IBD patients did not show any increased risk of COVID-19 infection (15-18). This might be related to high health literacy among these patients with chronic diseases and the appropriate information we provided to prevent the infection. These findings do not negate the published recommendations for infection prevention and IBD management during the COVID-19 pandemic (19, 20). Since the information about COVID-19 is rapidly changing on a daily basis, further large-scale investigations on IBD patients are urgently needed.

Footnotes

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