IBD Working Group
British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN)
Coronavirus (SARS-CoV-2) and COVID-19 in children with IBD

Position Statement: Guidance for Returning to School

The UK government is considering re-opening schools in England in June. We recognise that there is likely to be considerable concern and anxiety for many children, young people on this return. Additionally, guidance on who should be returning has been confusing. This statement is intended to summarise the national guidelines for returning to school including both, patients with IBD and their siblings. At the start of the SARS-CoV-2 pandemic, PIBD patients were risk-stratified according to the table established by the UK IBD COVID-19 working group which was adapted by BSPGHAN based on expert opinion and the available evidence at the time [1]. With emerging evidence, that PIBD patients are not at increased risk of COVID-19 compared to the general paediatric population, the overall consensus is to support children previously labelled as 'Moderate Risk' and 'Lowest Risk' and some children previously labelled 'Highest Risk' to return to school.

1. **Children previously labelled 'Highest Risk'**

Taking latest RCPCH and NICE guidance into consideration [2], we advise that most patients previously labelled as 'Highest Risk' continue shielding (highlighted as red in table below). They should not return to school until further evidence/guidance is available. The status of these children will change once type of treatment, duration or disease severity change. The requirement for ongoing shielding in patients with underlying comorbidities on 'Moderate Risk' therapy and/or moderate-severe active disease has to be assessed individually by the team responsible for the child's care (depending on severity of underlying comorbidity etc.). Short gut syndrome and requirement for parental nutrition in PIBD are rarely seen in isolation and this scenario does not qualify for ongoing shielding unless specifically advised by the PIBD team responsible for the patients' care.

2. **Children previously labelled 'Moderate Risk' and 'Lowest Risk'**

Taking latest RCPCH and NICE guidance into consideration [2], we advise that children in the 'Moderate Risk' or 'Lowest Risk' groups are, on the balance of probabilities, more likely to benefit from returning to school with their peers.

3. **Siblings from Children previously labelled 'Highest Risk'**

Siblings who live in a household with a child or young person who was previously labelled 'Highest Risk' should only attend if stringent social distancing can be adhered to and the child or young person is able to understand and follow those instructions. If not siblings should also be kept off school [3].

4. **Siblings from Children previously labelled 'Highest Risk'**

Siblings who live in a household with a child or young person who is in the 'Moderate Risk' or 'Lowest Risk' group can attend school.

Highest Risk	Moderate risk	Lowest risk
1. Paediatric IBD (PIBD) patients who have a comorbidity (respiratory, cardiac, hypertension or diabetes mellitus) **and*** are on any 'moderate risk' therapy for IBD (per middle column) **and/or** have moderate-to severely active disease***	1. Patients on the following medications****: • Anti-TNF (infliximab, adalimumab, golimumab, certolizumab) monotherapy • Biologic plus immunomodulator** in **stable patients** • Ustekinumab • Vedolizumab • Thiopurines (azathioprine, mercaptopurine, tioguanine) • Methotrexate • Calcineurin inhibitors (tacrolimus or ciclosporin) • Janus kinase (JAK) inhibitors (tofacitinib) • Immunosuppressive trial medication • Mycophenolate mofetil • Thalidomide • Prednisolone <20 mg (or < 0.5 mg/kg)^ or equivalent per day 2. Patients with moderate-to-severely active disease*** who are not on any of the medications in this column	Patients on the following medications: • 5ASA • Rectal therapies • Orally administered topically acting steroids (budesonide or beclometasone) • Therapies for bile acid diarrhoea (colestyramine, colesevelam, colestipol) • Anti-diarrhoeals (e.g. loperamide) • Antibiotics • Exclusive or Maintenance enteral nutrition
2. PIBD patients **regardless of comorbidity** and who meet one or more of the following criteria: • Intravenous or oral steroids ≥20 mg prednisolone (or > 0.5 mg/kg)^ or equivalent per day (only while on this dose) • Commencement of biologic plus immunomodulator or systemic steroids within previous 6 weeks** • Moderate-to-severely active disease*** not controlled by 'moderate risk' treatments • Short gut syndrome requiring nutritional support • Requirement for parenteral nutrition		

** i.e. at least one of therapy from middle column or moderate-to-severely active disease.*

*** Patients should be categorised as highest risk (requiring shielding) within 6 weeks of starting biologic if they are on concomitant immunomodulator treatment or systemic steroids, whether started simultaneously or prior to the biologic. After 6 weeks, they may enter the 'moderate' risk category provided not meeting other highest risk criteria e.g. moderate-severe disease not controlled by treatment. Biologic plus immunomodulator in stable patients may increase risk over monotherapy but there is no specific evidence for this situation.*

****As adjudged by clinical team responsible for patient care.*

^ for patients <40 kg

*****Patients who have stopped biologics or immunomodulators within the preceding 3 months should also be considered as having increased risk; for drugs with a much shorter half-life (e.g. tofacitinib) we advise clinician discretion.*

We recognise that returning to school is likely to be difficult and concerning for many. The UK government states that parents choosing to keep children off school are able to make that decision. In children who are unwell due to the first presentation of IBD or IBD flare, individual discussions with the team responsible for the child's care will determine the suitability for school attendance.

This IBD Working Group Statement is based on data available up to the 28nd of May 2020. More evidence of PIBD behaviour during the SARS-CoV-2 pandemic will emerge requiring regular updates. This document is a working group statement/recommendation and not evidence-based clinical guidance. The approach to PIBD patients in the SARS-CoV-2 pandemic might vary due to different individual trusts' policies.

IBD Working Group, BSPGHAN, 28nd of May 2020

Core References and Web-Links

1. BSPGHAN. Position Statement: Management of PIBD during the SARS-CoV-2 pandemic
2. RCPCH. COVID-19 - talking to children and families about returning to school: guiding principles.
3. Department of Education. Coronavirus (COVID-19): implementing protective measures in education