

British Society of Paediatric Gastroenterology Hepatology and Nutrition

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 shielding and returning to school 1st of September 2020

The UK government has relaxed shielding rules from the 1st August 2020. This applies to all children with IBD including those who were previously in the category of 'Highest risk' (table 1). This group of children remains particularly closely monitored and a subgroup of those were defined as 'clinically extremely vulnerable' in the latest RCPCH guidance (highlighted in red in table 1).

We recognise that there is likely to be considerable concern and anxiety for this small group of children, young people and families for whom guidance is changing. This information is intended to summarise the national guidelines. The advice here is subject to change and local restrictions may be enforced.

SHIELDING:

The UK government is advising all patients that shielding is no longer needed. This means that all 'clinically extremely vulnerable' IBD patients previously classified as 'Highest Risk' (highlighted in red in table 1), no longer need to shield. A discussion with their paediatric gastroenterology team may be required to determine specific precautions for an individual, including returning to school in September. Children and families should be at the centre of this process. This is the consensus advice from the RCPCH and the UK Government.

SOCIAL DISTANCING:

Children with IBD should stringently adhere to government advice for social distancing, including at school. This needs to be particularly emphasised to 'clinically extremely vulnerable' IBD patients. This is consensus advice from the RCPCH and the UK Government.

RETURNING TO SCHOOL:

All children with IBD are recommended to return to school including 'clinically extremely vulnerable' children (and their siblings) who would previously been classified as 'Highest Risk'. We acknowledge that this will likely need to be assessed on an individual case basis always prioritising patient safety (see above). We acknowledge that there is likely to be significant anxiety surrounding this and envisage a degree of flexibility from the authorities if families are not willing to liberalise their shielding behaviour. However, whilst case numbers are very low the national guidance is that returning to school is safe and encouraged.

Highest Risk	Moderate risk	Lowest risk
 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*** 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 	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 Patients with moderate-to-severely active disease*** who are not on any of the medications in this column	Patients on the following medications:

Table 1. Paediatric IBD patients were previously stratified into highest, moderate and lowest COVID-19 risk. With the discontinuation of shielding, this no longer applies. The RCPCH definition of 'clinically extremely vulnerable' IBD patients is highlighted in red.

ADDITIONAL POINTS:

- If parents/carers have doubts about their child's risk they should contact their paediatric gastroenterology team. This may particularly apply to 'clinically extremely vulnerable' children previously classified as 'Highest Risk'.
- We recognise that returning to school is likely to be difficult and concerning for many, we endeavour to support children and families to facilitate this return.
- To date, international and national research looking at the impact of COVID-19 on children and young people continues to be reassuring, however the safety of patients is the absolute priority.
- This guidance is subject to change, even at short notice. Local restrictions may apply. Please continue to follow national guidelines.

This IBD Working Group Statement is based on data available up to the 31st of August 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.

Author: James Ashton on behalf of the IBD Working Group, BSPGHAN, 31st of August 2020

Core References and Web-Links

https://www.rcpch.ac.uk/resources/covid-19-shielding-guidance-children-young-people#update-on-shielding-18-august-2020

https://www.cicra.org/news/coronavirus/

https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/covid-19-guidance-for-young-people-on-shielding-and-protecting-people-most-likely-to-become-unwell-if-they-catch-coronavirus