



IBD-ENC Group position statement on SARS-CoV2 vaccination in patients with Inflammatory Bowel Disease (IBD)

Introduction

The WHO (World Health Organization) on 11th March 2020 declared coronavirus disease COVID-19 as a Global Pandemic, triggering widespread safety measures being adopted by nations all across¹. In the last 10 months, the pandemic has caused over 1.9 million deaths and has infected over 100 million lives across the world, significantly impacting all demographics especially those with comorbidities. Recently, multiple vaccines have been approved for emergency use.

Vaccination rates in IBD patients have not been encouraging in the past. This was due to a perceived lack of benefit, as well as concerns regarding side-effects, risk of disease flares, needle aversion and inconvenience^{2,3}. Majority of the patients are immune compromised due to the disease itself as well as often being on immunosuppressants. Initial data from the SECURE-IBD registry displayed a negative association of corticosteroids with COVID-19 outcomes.⁴

Understandably, there is a lack of clarity and dilemma regarding the Covid-19 vaccines in IBD patients. The IBD- ENC therefore felt the need for a position statement for this highly populous region on the use of Covid-19 vaccination in IBD patients in the light of emerging information.⁵ We should assess the post-vaccination antibodies' level and duration of protection for IBD patients when compared to normal people. There is need for active research on efficacy of vaccines based on disease severity and type of vaccine.

As more data becomes available, IBD-ENC will update this position document.

Currently Available Vaccine in the IBD- ENC region

Company	Type	Efficacy	Dosage	Storage	Countries Available
 Oxford - Astrazeneka COVISHIELD	Viral Vector (Genetically modified Adenovirus)	60 - 90%*	X 2 	Regular fridge temperature	India, Bangladesh, Myanmar, Thailand (May 21)
 Bharat Biotech COVAXIN	Inactivated	Not known	X 2 	Regular fridge temperature	India, Myanmar
 Pfizer BioNTech COMIRNATY	mRNA	95%	X 2 	- 70 C	Israel, Malaysia, Qatar, Kuwait, Oman, UAE
 Gamalaya SPUTNIK V	Viral Vector (Genetically modified Adenovirus)	92%	X 2 	Regular fridge temperature	Data not available
 Sinopharm	Inactivated	Not known	X 2 	Regular fridge temperature	China, Thailand, UAE, Egypt, Myanmar

RECOMMENDATION 1: IBD patients > 16 years age should be vaccinated for COVID-19 irrespective of the severity of the disease. Immunosuppression is not a contraindication.

RECOMMENDATION 2: All vaccine types appear to be suitable and can be decided on the basis of availability and local regulatory approval.

RECOMMENDATION 3:

The risks of vaccination for SARS-CoV2 in IBD patients are expected to be very low

RECOMMENDATION 4: In the highly populous IBD-ENC region, vaccine distribution across the general population may have inordinate delays. In view of the immunocompromised state of many IBD patients, a priority status should be given for vaccination.

RECOMMENDATION 5: Active efforts should be taken to disseminate this information across all IBD care providers, practicing physicians, gastroenterologists, and local government authorities.

References

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4. Kumar A, Quraishi MN, Segal JP, Raine T, Brookes MJ. COVID-19 vaccinations in patients with inflammatory bowel disease. *Lancet Gastroenterol Hepatol*. 2020 Nov;5(11):965-966.
5. James L. Alexander^{1,2}, Gordon Moran et al . British Society of Gastroenterology on behalf of the IBD section of the British Society of Gastroenterology and the CRG.Inflammatory Bowel Disease section and IBD Clinical Research Group position statement on SARS-CoV2 Vaccination