



ACADEMY OF MEDICINE
SINGAPORE



CHAPTER OF GASTROENTEROLOGISTS
COLLEGE OF PHYSICIANS
SINGAPORE

APRIL 2020

FREQUENTLY ASKED QUESTIONS (FAQS)

COVID-19 FAQs FOR INFLAMMATORY BOWEL DISEASE (IBD) PATIENTS IN SINGAPORE

COVID 19 is a disease caused by a novel coronavirus, recently named SARS-CoV-2 by the World Health Organisation. In humans, most patients will have mild symptoms like cough but in a minority, severe lung failure or death can result. You can catch the virus from an infected person through close contact, or via droplets if the infected person coughs or sneezes. It is also possible that the virus is spread via contact with contaminated surfaces such as tables.

We appreciate that you may have some concerns regarding IBD and COVID-19 and we hope that this FAQ will address some questions you might have.

What can I do to protect myself?

1. In line with Singapore's Ministry of Health (MOH) advisory, social distancing should be practised by everyone. There should be no gatherings of any size.
2. Stay at home as far as possible.
3. Leave your home only for essential reasons (e.g. work, shopping for groceries). When out and about, maintain a distance of at least 1 metre between persons
4. Wear a mask if you do need to leave home.
5. Avoid having visitors to your home.

6. Wash your hands regularly for at least 20 seconds with soap and water. A portable alcohol based sanitiser gel is a suitable alternative.
7. Do not touch your face with unwashed hands.

Am I at higher risk of COVID-19 infection?

- Immunomodulators or biologics alter the way your body's immune system works. This means that you may be at higher risk of a more severe infection if you are infected. This means that you need to adhere strictly with the hygiene measures to protect yourself.

Should I continue taking 5 aminosalicylates (Sulfasalazine, Pentasa, Salofalk, Octasa, Azacol)?

- Yes. 5 ASAs is very safe and is not known to lower a patient's immunity. There is no data to suggest that 5 ASAs increases the risk of COVID19 infection or complications.

Should I continue taking steroids (prednisolone, budesonide), immunomodulators (azathioprine, mercaptopurine, methotrexate), biologics (infliximab, adalimumab, golimumab, vedolizumab, ustekinumab) or tofacitinib?

- Yes. Most patients on IBD treatment should continue taking their medications to achieve or maintain remission. It is important that you remain well during this period, which includes having good control over IBD with medications.
- If you stop your medications, there may be some risk of an IBD flare, which might require the use of other medications like steroids. These might lead to a higher risk of infective complications, including COVID19.
- However, if you suspect that you have COVID19 infection, or have been in close contact with a patient with COVID19, you should seek medical advice from your Gastroenterologist.
- If you require infusions for biologics, workflow processes in clinics and hospitals have been optimised to minimize the risks of infections. Healthcare workers continue to practice high standards of hygiene and personal protection when administering the biologics.

Should I continue visiting my Gastroenterologist?

- Yes. Scheduled visits are important to keep your IBD under control. During a visit, relevant blood tests may be done to check for IBD disease activity and potential complications from IBD medications.

- Discuss with your Gastroenterologist to check if a teleconsultation & home delivery of medications is a feasible alternative to manage your IBD.

I have COVID19 symptoms, what should I do?

- Use a mask to limit droplet spread.
- Seek medical attention at your primary healthcare physician who will assess your symptoms and perform further evaluations as required.
- Do not stop your medications without consulting your Gastroenterologist.

I am having symptoms of a flare, what should I do?

- Get in touch with your Gastroenterologist who will assess you and where needed, help you weigh the benefits and harms of adjusting your IBD medications

COVID19 is likely to be with us until the end of 2020 and possibly beyond. You need to keep yourself safe and continue to have medical treatment to keep your IBD under control.

As the situation is dynamic, we would advise that you keep current with the latest developments and seek clarification from your doctor if there are any uncertainties that you may have.

USEFUL ONLINE RESOURCES

1. Crohn's & Colitis UK: <https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice>
2. Crohn's & Colitis Foundation:
<https://www.crohnscolitisfoundation.org/coronavirus/what-ibd-patients-should-know>
3. Singapore Ministry of Health (COVID19): <https://www.moh.gov.sg/covid-19>

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FREQUENTLY ASKED QUESTIONS (FAQS)

新加坡炎症性肠病 (IBD) 病患针对新冠肺炎 COVID-19 的常见问题

2019 冠状病毒疾病（简称冠病, **COVID-19**）是一种由新型冠状病毒引起的疾病。世界卫生组织最近将其命名为 **SARS-CoV-2**。多数患者一般只会出现包括咳嗽在内的轻微症状，但仍有少数患者会出现严重肺衰竭，甚至是死亡。

任何人都可能因与患者密切接触而感染病毒。例如当患者咳嗽或打喷嚏时所喷出的飞沫，就有可能导致他人感染。公众也可能通过触碰遭污染的表面（如桌子）而感染病毒。

我们深知您可能对 **IBD** 和冠病存有疑问，希望这份资料能解答您的一些常见问题。

如何自我保护？

1. 根据卫生部的告示，每个人都应严格遵守社交距离规定。无论人数多寡，都应避免举办聚会

2. 避免外出，尽量待在家中
3. 只有在必要时才离开家，如工作，购买日常用品
4. 若因必要活动外出，必须与他人保持至少一米的安全距离
5. 外出时请戴上可重复使用的口罩
6. 避免邀请访客来家中
7. 应经常洗手，每次使用肥皂与清水清洗至少 **20** 秒。也可选择使用含酒精成分的消毒洗手液
8. 避免触碰脸部

我感染冠病的风险是否比较高？

- 免疫调制剂（**Immunomodulators**）或生物制剂（**biologics**）都会改变人体免疫系统的运作。这意味着若您不幸感染冠病，您出现严重症状的风险会比一般人来得高。请务必遵守严格的卫生措施自我保护。

我是否应该继续服用 5-氨基水杨酸（**5-aminosalicylate**），例如柳氮磺胺吡啶（**Sulfasalazine**）、颇得斯安（**Pentasa**）、莎尔福（**Salofalk**）、奥曲萨（**Octasa**）、安萨科（**Asacol**）？

- 您应该继续服用这类药物，因为没有研究显示它们会降低病人的免疫力，也没有数据显示这类药物会增加感染冠病与并发症恶化的风险。

我是否应该继续服用类固醇（泼尼松龙 **Prednisolone**；布地奈德 **Budesonide**）、免疫调制剂（硫唑嘌呤 **Azathioprine**、巯嘌呤 **mercaptopurine**、甲氨蝶呤 **Methotrexate**），以及托法替尼 **Tofacitinib**，又或是注射生物制剂（英夫利西单抗 **Infliximab**、阿达木单抗 **adalimumab**、维多珠单抗 **Vedolizumab**、戈利木单抗 **golimumab, ustekinumab**）？

- 您应该继续服用或是注射这些药物。多数正在接受 **IBD** 治疗的病人都应该继续治疗以避免疾病复发。这段时间保持自身健康至关重要，因此病人也因继续服药以控制 **IBD** 病情。
- 若您停止服药，将可能面对 **IBD** 复发的风险，使得您甚至需要使用其他药物如类固醇。这反而可能增加患上感染性并发症的风险，例如冠病

- 不过，若您怀疑自己不幸感染冠病，或是曾密切接触确诊病例，您应联系自己的肠胃科医生寻求协助。
- 若您需要注射生物制剂，请放心。医院与诊所的工作流程已加以提升，从而减少病人遭感染的风险。医护人员为您注射生物制剂时，也会采纳严格的卫生与个人保护措施。

我是否应该继续看肠胃科医生？

- 您应该继续定期复诊，以确保 IBD 病情获得控制。复诊时，医生会在必要时为您抽血检查，以了解您的 IBD 情况、潜在药物并发症等。
- 请向您的肠胃科医生了解是否能够通过科技远程复诊，以及安排药物送至家中来继续管理您的 IBD。

若出现冠病症状时，我该怎么做？

- 请佩戴医用口罩避免飞沫传播
- 请前往私人诊所寻求家庭医生的协助，让他们诊断您的病情
- 请千万别在未询问您的肠胃科医生的情况下，停止服用 IBD 药物

若我的 IBD 病情出现发作迹象，我该怎么做？

- 请联系您的肠胃科医生，让他诊断您的病情的同时，也协助您衡量调整 IBD 药物的利与弊。

冠病疫情很可能会持续至 2020 年底，甚至是更久。您须要注意自己的健康并继续接受 IBD 治疗，以确保病情获得控制。

有鉴于整个形式充满变动，吁请所有病人留意疫情最新发展，并在面对疑惑时联系各自的医生解答疑虑。

参考资料

1. 英国克罗恩病和溃疡性结肠炎疾病机构 (Crohn's & Colitis UK):
<https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice>
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3. 新加坡卫生部冠病网站 (COVID19): <https://www.moh.gov.sg/covid-19>

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SOALAN LAZIM

SOALAN LAZIM COVID-19 UNTUK PESAKIT INFLAMMATORY BOWEL DISEASE (IBD) DI SINGAPURA

COVID 19 adalah penyakit yang disebabkan oleh coronavirus, yang baru-baru ini dinamakan SARS-CoV-2 oleh Pertubuhan Kesihatan Sedunia. Pada manusia, kebanyakan pesakit akan mengalami gejala ringan seperti batuk dan pada minoriti pesakit, ianya boleh mengakibatkan kegagalan paru-paru dan kematian yang parah. Anda boleh terkena virus dari seseorang yang telah dijangkiti melalui hubungan rapat, atau melalui titisan jika orang yang dijangkiti itu batuk atau bersin. Mungkin juga virus itu boleh tersebar melalui sentuhan dengan permukaan yang terkontaminasi seperti meja.

Kami menghargai kebimbangan anda mengenai IBD dan COVID19. Kami berharap bahawa FAQ ini dapat membantu menjawab beberapa soalan yang anda mungkin ada.

Apa yang boleh saya lakukan untuk melindungi diri saya?

1. Selaras dengan khidmat nasihat Kementerian Kesihatan Singapura (MOH), pengasingan sosial perlu diamalkan oleh semua orang. Di larang sebarang perhimpunan sosial tidak kira saiz.
2. Senantiasa berada di rumah.
3. Keluar rumah anda hanya untuk sebab-sebab tertentu (misalnya kerja, belanja untuk bahan makanan).

4. Ketika anda berada diluar persekitaran, langkah jarakan selamat sekurang-kurangnya 1 meter pada seseorang harus dipatuhi.
5. Gunakan pelitup sekiranya anda harus keluar rumah.
6. Elakkan mempunyai tetamu datang ke rumah anda.
7. Basuh tangan anda selama sekurang-kurangnya 20 saat dengan sabun dan air. Gel sanitiser mudah alih yang mengandungi alkohol adalah alternatif yang sesuai.
8. Jangan sentuh muka anda dengan tangan yang tidak dicuci.

Adakah saya mempunyai risiko jangkitan COVID19 yang lebih tinggi?

- Imunomodulator atau biologi mengubah cara sistem kekebalan tubuh anda berfungsi. Ini bermakna anda mungkin berisiko tinggi untuk mendapat jangkitan yang lebih teruk jika anda dijangkiti. Ini bermakna anda perlu mematuhi langkah-langkah kebersihan untuk melindungi diri anda.

Haruskah saya terus mengambil 5 aminosalicylates (Sulfasalazine, Pentasa, Salofalk, Octasa, Azacol)?

- Ya. 5 ASA sangat selamat dan tidak diketahui bahawa ia akan menurunkan sistem imuniti pesakit. Tiada data untuk menunjukkan bahawa 5 ASA meningkatkan risiko jangkitan atau komplikasi COVID19.

Haruskah saya terus mengambil steroids (prednisolone, budesonide), immunomodulators (azathioprine, mercaptopurine, methotrexate), biologics (infliximab, adalimumab, golimumab, vedolizumab, ustekinumab) or tofacitinib?

- Ya. Kebanyakan pesakit dalam rawatan IBD harus terus mengambil ubat mereka untuk mencapai atau mengekalkan peringkat remisi/beda. Adalah penting untuk anda kekal sihat dalam tempoh ini, termasuk pengawalan yang baik terhadap IBD dengan ubat-ubatan.
- Jika anda berhenti mengambil ubat, anda mungkin berisiko menghadapi keadaan IBD yang lebih teruk hingga memerlukan penggunaan ubat-ubatan lain seperti steroid. Ini mungkin membawa kepada risiko komplikasi yang lebih tinggi, termasuk COVID19.
- Walau bagaimanapun, jika anda mengesyaki bahawa anda mempunyai jangkitan COVID19, atau telah bersentuhan dengan pesakit COVID19, anda harus mendapatkan nasihat perubatan dari ahli Gastroenterologi anda.
- Sekiranya anda memerlukan pengambilan infusi untuk biologic, klinik dan hospital telah diubah suai untuk meminimumkan risiko mendapatkan jangkitan. Pekerja

penjagaan kesihatan terus mengamalkan keutamaan kebersihan dan mempraktikkan perlindungan diri yang tinggi apabila mengendalikan biologi.

Haruskah saya terus melawat ahli gastroenterologi saya?

- Ya. Lawatan berjadual adalah penting untuk mengekalkan kawalan IBD anda. Semasa lawatan, ujian darah yang berkaitan mungkin dilakukan untuk memeriksa keadaan penyakit IBD dan komplikasi yang berpotensi dari ubat IBD.
- Bincang dengan ahli Gastroenterologi anda untuk mendapat kepastian sama ada berkonsultasi melalui telefon & penghantaran ubat-ubatan ke rumah adalah alternatif yang sesuai untuk menguruskan IBD anda.

Saya mempunyai simptom COVID19, apa yang perlu saya lakukan?

- Gunakan pelitup untuk menghadkan penyebaran titisan.
- Dapatkan rawatan perubatan doktor penjagaan kesihatan utama anda yang akan membuat penilaian gejala anda dan melakukan penilaian lanjut sekiranya.
- Jangan berhenti mengambil ubat-ubatan anda tanpa berunding dengan Gastroenterologist anda.

Apakah yang perlu saya lakukan sekiranya keadaan IBD saya semakin teruk?

- Hubungi ahli Gastroenterologi anda untuk mendapati nasihat yang selanjutnya.

COVID19 dijangka akan berlarutan sehingga akhir tahun 2020 dan kemungkinan lebih lama lagi. Anda perlu menjaga diri anda dan terus menjalani rawatan perubatan untuk memastikan keadaan IBD anda terkawal.

Memandangkan situasi terkini agak dinamik, kami menasihatkan anda agar terus mengambil tahu akan perkembangan terkini dan dapatkan penjelasan perubatan sekiranya ada sebarang ketidakpastian.

ANTARA SUMBER TALIAN BERGUNA

1. Crohn's & Colitis UK: <https://www.crohnsandcolitis.org.uk/news/coronavirus-covid-19-advice>
2. Crohn's & Colitis Foundation:
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3. Kementerian Kesihatan Singapore (COVID19): <https://www.moh.gov.sg/covid-19>

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