



Dear Patient,

COVID-19 poses an ongoing challenge to all our patients, including those with inflammatory bowel disease (IBD). The most serious complications of COVID-19 include being hospitalized, requiring a ventilator, and death.

There are currently three vaccines against COVID-19 which are approved in Canada (Pfizer, Moderna, and AstraZeneca). These vaccines have demonstrated efficacy and safety in large clinical trials. While these vaccines have NOT been studied specifically in patients with IBD or in patients on immunosuppressants, there is no evidence to suggest any increased risk in these patient populations. Patients with IBD including those on immunosuppressants continue to get annual flu vaccines among many other non-live vaccines without any added risk. The new COVID-19 vaccines are non-live vaccines and as such there is no reason to believe there should be any added risk to our patients. There is a possibility that certain patients, especially those on steroids (e.g., prednisone), may not mount the same immune response to the vaccine thus potentially limiting its effectiveness.

You may have seen public messages from Ontario Public Health, hospitals, and certain medical institutions that mention patients with autoimmune conditions or those on immunosuppressants should speak with their physicians about vaccination. While the vaccine has not been studied in this specific population, we feel the benefits of vaccination far outweigh any potential risks. **This is in keeping with current guidelines recently published by the Canadian Association of Gastroenterology that suggest the COVID-19 vaccine be given to all patients with IBD.** (<https://www.cag-acg.org/images/publications/CAG-COVID-19-Vaccines-in-IBD-Patients.pdf>)

We do have some minor exceptions which require careful discussion. First, patients should not receive the vaccine within 72 hours of an injection or infusion of an immunosuppressant medication. This is to avoid any confusion in the event of a reaction. Second, patients on prednisone therapy or those experiencing a flare of their IBD should speak directly to their treating physician regarding optimal timing of vaccination. Last, any patient who is pregnant or breastfeeding should speak directly to their GP, NP, or Obstetrician regarding the safety of the vaccine.

**Overall, after reviewing current literature and recommendations, Barrie GI Associates recommends the following for our patients:**

- All patients with IBD (including those on immunosuppressants) should receive the COVID-19 vaccine as soon as it is available. **We recommend taking whichever vaccine is offered to you first and we do not have a preference in terms of type of vaccine.** If you are experiencing a current flare of your IBD **OR** if you are taking Prednisone please speak directly with your treating gastroenterologist.
  - If you are pregnant, please speak with your primary care provider or obstetrician.
  - If you have a history of anaphylaxis or allergy to any of the ingredients within the vaccine, you should speak with your primary care provider prior to vaccination.
- The vaccine should not be given within 72 hours of either an infusion or injection of an immunosuppressant medication.

- Do NOT delay your regular infusions or injections for purpose of vaccination. You should continue your regular treatment schedule as prescribed by your physician.

We understand this is a stressful time for our patients and the above recommendations may not be applicable in all cases. Individual risks may vary and as evidence and/or recommendations change we will provide updates.

We are here for you. Please contact our office to speak with your physician if you have any specific concerns.

Sincerely,

Barrie GI Associates