

## Letter to the Editor

# SARS-CoV-2 Infection in the Follow-Up of a Population With Inflammatory Bowel Disease

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To the Editors:

We read the manuscript titled “COVID-19 and Outcomes in Patients with Inflammatory Bowel Disease: Systematic Review and Meta-Analysis” by Tripathi et al<sup>1</sup> with great interest. It included 23 studies and 18 case reports incorporating 51 661 patients with inflammatory bowel disease (IBD), 1467 of whom had confirmed coronavirus disease 2019 (COVID-19). We agree with the most important messages that the prevalence of COVID-19 in IBD patients is low, anti-tumor necrosis factor therapy is not associated with an increased risk of adverse outcomes, and patients should continue their maintenance medications.

However, clinical reports with longer follow-up are lacking. A recent observational study with 1 year of follow-up suggested that neither IBD nor immunosuppressant use is associated with an increased risk of severe COVID-19.<sup>2</sup> There are scarce data about COVID-19 and outcomes in Latin American IBD patients. Therefore, we decided to describe our experience of Chilean IBD patients during the first 20 months of the COVID-19 pandemic. A cross-sectional study was performed between January 2020 and August 31, 2021. Of 393 IBD patients being followed up, 22 (6%) were diagnosed with COVID-19 and 6 (27%) had comorbidities (4 had hypertension and 2 had diabetes). Demographic and clinical characteristics are presented in Table 1. Thirteen patients had COVID-19 before the vaccination period, 8 patients had COVID-19 after receiving 1 vaccine dose, and 1 patient had COVID-19 after receiving 2 vaccine doses. Four patients required hospitalization and no patients died.

Our findings are in accordance with the study by Tripathi et al and other publications.<sup>3</sup> Data acquired during 20 months of follow-up showed that neither IBD nor immunosuppressant use was associated with an increased risk of COVID-19. Young patient age, a low frequency of comorbidities, and a high percentage of patients in clinical remission at the time of SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) infection may be associated with a lower risk of COVID-19, consistent with a previous study.<sup>2</sup>

**Table 1:** Demographic and clinical characteristics of Chilean patients with inflammatory bowel disease

	No SARS-CoV-2 Infection (n = 371)	SARS-CoV-2 Infection (n = 22)	P
Diagnosis			
Ulcerative colitis	243 (65)	14 (64)	NS
Crohn disease	117 (32)	8 (36)	
No classifiable IBD	11 (3)	0	
Age, y	41 (14-85)	36 (22-52)	NS
Sex			NS
Female	238 (64)	15 (68)	
Male	133 (36)	7 (32)	
Treatment			
5-ASA	229 (62)	13 (59)	NS
Immunosuppressant	105 (28)	7 (32)	NS
Biologic therapies	112 (30)	8 (36)	.042
Anti-TNF (ADA/IFX/Goli)	63/17/27	2/2/1	—
p40 inhibitors (IL-12/23)	5	2	—
Anti-integrins	0	1	—
Small molecules			—
Tofacitinib	1	0	—
Prednisone	1 (<1)	0 (0)	—
Budesonide	16 (4)	1 (4)	—
Nontreatment	27 (7)	0 (0)	—
COVID-19 symptoms			
General symptoms	—	10 (45)	
Respiratory symptoms	—	9 (41)	
Digestive symptoms	—	2 (9)	
Asymptomatic	—	1 (5)	
Inflammatory activity after SARS-CoV-2 infection	—	22 (100)	

**Table 1.** Continued

	No SARS-CoV-2 Infection (n = 371)	SARS-CoV-2 Infection (n = 22)	P
Remission	—	0 (0)	
Flare	—	—	

Values are N (%), median (range), or n.

Abbreviations: 5-ASA, 5-aminosalicylic acid; ADA, adalimumab; COVID-19, coronavirus disease 2019; Goli, golimumab; IBD, inflammatory bowel disease; IFX, infliximab; IL, interleukin; NS, not significant; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2; TNF, tumor necrosis factor.

Attenuated immunogenicity to a single dose of a COVID-19 vaccine has been observed in IBD patients treated with infliximab.<sup>4</sup> In our study, 50% of patients diagnosed with COVID-19 after receiving the first vaccine dose were on biological therapy. Another vaccine dose or booster vaccination is necessary in these patients. In the meantime, patients must maintain selfcare measures.<sup>5</sup>

In conclusion, our data suggest that patients with IBD are not at increased risk of COVID-19. Adherence to the immunization program is required by all IBD patients.

### Author Contributions

P.N., R.Q., and L.F. contributed equally to drafting and preparation of this manuscript. All authors reviewed and approved the final manuscript.

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### Conflicts of Interest

None.

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