

Authors' Reply to: "COVID-19 in the IBD Population: The Need for Correct Nomenclature."

Mohamed Attaubi^{1,2,3}, Jakob Benedict Seidelin³, Johan Burisch^{1,2}

¹ Gastrounit, Medical Division, Copenhagen University Hospital, Hvidovre, Denmark

² Copenhagen center for inflammatory bowel disease in children, adolescents and adults, University of Copenhagen, Hvidovre Hospital, Denmark

³ Department of Gastroenterology and Hepatology, Herlev Hospital, University of Copenhagen, Denmark

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Contact details:

Johan Burisch: Johan.Burisch@regionh.dk

Jakob Benedict Seidelin: Jakob.Benedict.Seidelin@regionh.dk

Correspondence: Mohamed Attauabi

Gastrounit, Medical Division

Copenhagen University Hospital Hvidovre, Denmark

Phone: +45 81 75 43 60

Mail: Attauabi12@gmail.com

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MA: drafting and preparation of this manuscript.

JBS and JB: critical review of the manuscript.

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To the editor

With great interest we have read Drs' Ardabili, Creemers, and van Bodegraven comment on our paper regarding the occurrence and disease course of COVID-19 among patients with inflammatory bowel diseases (IBD) and other immune-mediated inflammatory diseases.¹ Therein, they emphasize the importance of strict application of definitions of infection with Severe acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) as opposed to the development of actual coronavirus disease 19 (COVID-19).

We agree that nomenclature standardization is crucial in epidemiological research. In our cohort of 76 SARS-CoV-2 positive IBD patients, most patients (n=69, 90.8%) were only tested if they had relevant symptoms of COVID-19 as they were tested before May 18th, 2020, which was the starting date of free testing in Denmark. Furthermore, all the remaining seven patients diagnosed after May 18th had relevant symptoms of COVID-19 as verified in their patient files, and two patients required hospitalization due to severe COVID-19.

The question of whether to monitor IBD patients with SARS-CoV-2 with and without the development of severe respiratory symptoms equally close is indeed unclear and should be considered with caution. Accordingly, the American Centers for Disease Control and Prevention embraces all cases of SARS-CoV-2 positivity as cases with COVID-19 and asymptomatic patients might in fact be presymptomatic.² Unfortunately, very limited research exists regarding an association between infection with the SARS-CoV-2 and potential development of long-term COVID-19 related sequelae, and no data exist regarding patients with IBD. However, studies warn about the overlooked pre- and asymptomatic cases with COVID-19 who are still contagious and therefore considered a serious public health issue.³ Furthermore, among SARS-CoV-2 infected subjects who remained asymptomatic, 54% were

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reported to have subclinical pulmonary changes on CT scans.⁴ These results are indeed worrying in light of the fact that several studies have demonstrated an association between other severe acute respiratory syndrome viruses and long-term impairment of pulmonary function.⁵

The broader point illustrated here is first of all our adherence to strict nomenclature of COVID-19, but also, in our opinion, the importance of carefully monitoring patients with IBD who test positive in order to manage the development of sequelae due to COVID-19.

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