

Establishing Safe Out-of-Hospital Infusion Centers May Improve the Quality of Care in Patients With IBD During the COVID-19 Pandemic

Key Words: inflammatory bowel diseases, COVID-19, infusion center

To the Editors,

We read with great interest the article by Occhipinti and Pastorelli¹ about the challenges in the care of patients with inflammatory bowel disease (IBD) during the COVID-19 pandemic. We experienced a similar situation at Rouhani University Hospital, which is the largest medical center in northern Iran. With intensification of the SARS-CoV-2 epidemic in February 2020, our hospital was transformed into a COVID-19 referral center and outpatient clinics, including the IBD clinic, were closed. The majority of the hospital wards became exclusive COVID-19-operating units. However, 2 medical wards were maintained COVID-19-free to provide care for patients with urgent situations and essential services.

To accommodate the care of our patients with IBD, we expanded on our

existing telemedicine service, which included phone access to a trained individual at any time to answer questions. During the outbreak, we began using this service to provide necessary information about the symptoms and prevention of COVID-19 by phone message. In addition, we gave special consideration to patients with IBD who were on immunosuppressive therapy and decided to continue biologic infusions in the hospital's COVID-19-free wards.

Our patients' conditions were regularly followed by phone. However, the news about the rapid spread of the virus caused high rates of anxiety among our patients and most of them developed an overwhelming fear of admission to the hospital, even for essential purposes. In our experience, 92% of the patients whose scheduled biologic infusion dates were during the peak of the outbreak in early February through March refused to come to the hospital to receive their infusions. All of our patients emphasized that they were afraid of viral contamination, and 61% of these patients admitted that despite knowing that the biologic infusion ward was located in the COVID-19-free area of the hospital, they were truly terrified of coming to the epicenter of COVID-19 in our region. The patients noted that if the infusion ward had not been located in the

hospital, then they would have come to receive their infusions.

To date, there is no definite cure or vaccine for COVID-19,^{2,3} and there are rising concerns of a second wave of infections in many countries.⁴ Establishing safe biologic infusion centers outside the hospital may relieve the anxiety of patients with IBD who require infusions during the COVID-19 outbreak and in turn diminish the risk of IBD relapse in these difficult times.

**Catherine Behzad, MD,*
Hassan Taheri, MD,[†] and
Mehrdad Kashifard, MD[†]**

From the *Clinical Research and Development Unit, Rouhani University Hospital, Babol University of Medical Sciences, Babol, Iran; [†]Department of Gastroenterology, Babol University of Medical Sciences, Babol, Iran

Address correspondence to: Catherine Behzad, MD, Department of Gastroenterology and Hepatology, Faculty of Medicine, Babol University of Medical Science, Babol, Iran (c.behzad@mubabol.ac.ir).

REFERENCES

1. Occhipinti V, Pastorelli L. Challenges in the care of IBD patients during the CoViD-19 pandemic: report from a "Red Zone" area in Northern Italy. *Inflamm Bowel Dis*. 2020;26:793–796.
2. Sanders JM, Monogue ML, Jodlowski TZ, et al. Pharmacologic treatments for coronavirus disease 2019 (COVID-19): a review. *JAMA*. 2020;323:1824–1836.
3. Kandimalla R, John A, Abburi C, et al. Current status of multiple drug molecules, and vaccines: an update in SARS-CoV-2 therapeutics. *Mol Neurobiol*. Published online ahead of print July 15, 2020. doi:10.1007/s12035-020-02022-0.
4. Horton R. Offline: the second wave. *Lancet*. 2020;395:1960.