Supplementary document 1

British Society of Gastroenterology inflammatory bowel disease COVID-19 risk grid: Stratification of risk of serious COVID-19 disease into highest, moderate and lowest risk categories for patients with inflammatory bowel disease – Reproduced from Kennedy NA, Jones G-R, Lamb CA, et al. Gut 2020;69:984–990

British Society of Gastroenterology inflammatory bowel disease COVID-19 risk grid: Stratification of risk of serious COVID-19 disease into highest, moderate and lowest risk categories for patients with inflammatory bowel disease

Highest risk 'shielding'	Moderate risk 'stringent social distancing'*	Lowest risk 'social distancing'
1. IBD patients who either have a comorbidity (respiratory, cardiac, hypertension or diabetes mellitus) and/or are ≥70 years old and† are on any 'moderate risk' therapy for IBD (per middle column) and/or have moderate to severely active disease 2. IBD patients of any age regardless of comorbidity and who meet one or more of the following criteria: – Intravenous or oral steroids ≥20 mg prednisolone or equivalent per day (only while on this dose) – Commencement of biologic plus immunomodulator or systemic steroids within previous 6 weeks‡ – Moderate to severely active disease§ not controlled by 'moderate risk' treatments – Short gut syndrome requiring nutritional support – Requirement for parenteral nutrition	1. Patients on the following medications¶: – Anti-TNF (infliximab, adalimumab, golimumab, certolizumab) monotherapy – Biologic plus immunomodulator‡ in stable patients – Ustekinumab – Vedolizumab – Thiopurines (azathioprine, mercaptopurine, tioguanine) – Methotrexate – Calcineurin inhibitors (tacrolimus or ciclosporin) – Janus kinase (JAK) inhibitors (tofacitinib) – Immunosuppressive trial medication – Mycophenolate mofetil – Thalidomide – Prednisolone <20 mg or equivalent per day 2. Patients with moderate to severely active disease§ who are not on any of the medications in this column	Patients on the following medications: ► 5-ASA ► Rectal therapies ► Orally administered topically acting steroids (budesonide or beclometasone) ► Therapies for bile acid diarrhoea (colestyramine, colesevelam, colestipol) ► Antidiarrhoeals (eg, loperamide) ► Antibiotics for bacterial overgrowth or perianal disease

No specific recommendations are being made regarding IBD and pregnancy, and pregnant women with IBD are encouraged to follow the guidance available from the UK government for pregnant women in the general population.
This guidance was last updated by the BSG COVID-19 IBD Working Group on 2 April 2020, and was based on expert opinion and the available evidence at the time.
*The UK government advises those at increased risk, but not reaching the highest risk, of severe illness from coronavirus (COVID-19) to be particularly stringent when applying social distancing recommendations.
†That is, at least one of (comorbidity listed above or age ≥70 years) plus at least one of (therapy from middle column or moderate to severely active disease).
‡Patients should be categorised as highest risk (requiring shielding) within 6 weeks of starting biologics if they are on concomitant immunomodulator treatment or systemic steroids, whether started simultaneously or prior to the biologic. After 6 weeks they may enter the 'moderate' risk category provided they do not meet other highest risk criteria, for example, moderate–severe disease not controlled by treatment. Biologic plus immunomodulator in stable patients may increase the risk over monotherapy but there is no specific evidence for this situation.
§As judged by the clinical team responsible for patient care.
¶Patients who have stopped biologics or immunomodulators should remain within their pre-treatment cessation risk category for 3 months; for drugs with a much shorter half-life (eg, tofacitinib), we advise clinician discretion.
5-ASA, 5-aminosalicylic acid; IBD, inflammatory bowel disease; TNF, tumour necrosis factor.