

COVID-19 for people with Crohn's or Colitis

This information is about COVID-19 for people with [Crohn's](#) or [Colitis](#). It can help you understand:

- Your risk of getting COVID-19
- COVID-19 vaccines and if you can get booster vaccines
- How COVID-19 may affect you and what to do if you get COVID-19
- COVID-19 treatments you may be able to access
- Your rights in the workplace relating to COVID-19

In this information, where we refer to 'Colitis', we mean Ulcerative Colitis. More research is needed to understand the risk of COVID-19 in people with Microscopic Colitis. There is no specific guidance about COVID-19 for people with Microscopic Colitis. But you may still find some of this information helpful. Speak to your healthcare professional if you have any concerns.

Contents

Key facts about COVID-19	3
Risk of COVID-19 with Crohn's and Colitis	4
Are people with Crohn's or Colitis at higher risk?	4
Things that affect your risk of COVID-19	4
How Crohn's and Colitis medicines affect risk.....	5
Protecting yourself if you are at higher risk.....	6
COVID-19 vaccines.....	6
COVID-19 vaccine safety and side effects	7
COVID-19 vaccines and Crohn's or Colitis flare-ups.....	8
How well the vaccine works in people with Crohn's or Colitis	8

Seasonal COVID-19 booster vaccines	9
Monitoring the vaccine programme.....	10
If you have not been vaccinated at all.....	10
When to have the COVID-19 vaccine.....	11
What to do if you have COVID-19.....	12
COVID-19 and Crohn's or Colitis flare-ups	12
Testing for COVID-19	12
Isolating with COVID-19	13
Looking after yourself at home	13
Taking Crohn's or Colitis medicines if you have COVID-19	14
Long COVID in people with Crohn's or Colitis.....	15
COVID-19 treatments.....	16
Who can get COVID-19 treatments.....	16
Getting treatment for COVID-19.....	18
COVID-19 treatment options	19
If you've not had the vaccine	19
COVID-19 in the workplace	19
How your employer can protect you	20
If you feel your employer is not considering your safety	21
Other organisations	21
Help and support from Crohn's & Colitis UK.....	22
Helpline service.....	22
Social events and Local Networks.....	23
Crohn's & Colitis UK Forum	23
Help with toilet access when out	23

About Crohn's & Colitis UK	23
About our information.....	24

Key facts about COVID-19

- Most people with Crohn's or Colitis do not have a greater risk of getting COVID-19.
- Many people with Crohn's or Colitis do not have a greater risk of having more severe COVID-19.
- Being in a flare-up and taking steroids are both risk factors for severe COVID-19. Taking medicines to keep your Crohn's or Colitis under control can help prevent flare-ups and needing steroids.
- If you have COVID-19, ask your IBD team if you can temporarily stop your Crohn's or Colitis medicines.
- COVID-19 vaccines are safe for people with Crohn's and Colitis. But people taking certain immunosuppressant medicines may respond less well to the vaccine. Or they might lose its protection faster.
- Some people with Crohn's or Colitis may be eligible for booster vaccines, and free COVID-19 tests and treatments. This includes people taking immunosuppressants.

Risk of COVID-19 with Crohn's and Colitis

COVID-19 is a mild illness for most people, especially if they have been vaccinated. Currently, there are no COVID-19 restrictions in the UK.

Are people with Crohn's or Colitis at higher risk?

COVID-19 is a relatively new illness. Research on COVID-19 is still ongoing in people with Crohn's or Colitis. Everyone's risk is individual to them, but research shows that:

- Being diagnosed with **Crohn's Disease** or **Ulcerative Colitis** does not increase your risk of **getting** COVID-19.
- Being diagnosed with **Crohn's Disease** or **Ulcerative Colitis** does not increase your risk of **severe illness** with COVID-19.

However, taking certain medicines or being in a flare-up could affect your risk of COVID-19.

Things that affect your risk of COVID-19

Your risk of becoming severely ill with COVID-19 can be affected by many things. These include:

- **Whether you are vaccinated.** Getting vaccinated is the best thing you can do to reduce your risk of severe illness with COVID-19.
- **Whether your Crohn's or Colitis is under control.** Being in a flare-up may increase your risk.
- **Your treatment.** Taking some types of [steroids](#), such as prednisolone, may increase your risk of severe COVID-19. Some medicines can reduce how well the vaccine works. This can also put you at higher risk. See the next section on [How Crohn's and Colitis medicines affect risk](#).
- **Other conditions you have.** Conditions including lung disease, heart disease, obesity and diabetes can increase your risk of severe COVID-19.
- **How old you are.** Older age increases your risk.

- **Your ethnic background.** People with Crohn's or Colitis who are Black, Asian or Hispanic have a greater risk of severe COVID-19.

Having some of these risk factors could make you eligible for [COVID-19 vaccine boosters](#) or [COVID-19 treatments](#).

How Crohn's and Colitis medicines affect risk

Most Crohn's and Colitis medicines do not increase your risk of getting COVID-19 or having a more severe illness. This includes [5-ASAs](#), [azathioprine](#), [mercaptopurine](#), [biologics and other targeted medicines](#). However, some of these medicines weaken your immune system. This can reduce how well the COVID-19 vaccine works. You may be classed as being higher risk if you take certain medicines that weaken your immune system.

Some [steroids](#), known as systemic steroids, can increase your risk of severe illness with COVID-19. This includes prednisolone. You may need steroids if you have a flare-up of Crohn's or Colitis. But steroids that work directly in your bowel, like budesonide or beclomethasone, do not increase your risk.

Medicines classed as higher risk

People taking certain medicines that weaken their immune system are classed as higher risk. This means they could be eligible for COVID-19 treatments, COVID-19 vaccinations or both. This includes people taking:

- Systemic steroids, such as prednisolone
- Biologic medicines, such as adalimumab, golimumab, infliximab, mirikizumab, risankizumab, ustekinumab or vedolizumab
- JAK inhibitors, such as filgotinib, tofacitinib or upadacitinib
- S1P modulators, such as etrasimod or ozanimod
- Other medicines that weaken the immune system, such as mycophenolate mofetil, oral tacrolimus, azathioprine, mercaptopurine, methotrexate or ciclosporin

Taking your usual Crohn's or Colitis medicines will help prevent flare-ups and the need for steroids.

Talk to your IBD team if you're worried about how your medicines may affect your risk.

Protecting yourself if you are at higher risk

Information is available for people who are higher risk because of a weakened immune system. Read the guidance for your nation:

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)

You do not need to 'shield'. 'Shielding' is staying at home to reduce your contact with others. But if you are at higher risk, you may:

- Be eligible for [COVID-19 vaccine boosters](#). Vaccines are the best way to protect yourself from severe COVID-19.
- Be eligible for [COVID-19 treatments](#) and free lateral flow tests.
- Decide to take extra precautions, such as:
 - Avoiding contact with people who have COVID-19 symptoms
 - Avoiding crowded places
 - Wearing a face mask

COVID-19 vaccines

The UK Health Security Agency recommends that people at higher risk of severe COVID-19 have COVID-19 vaccines when offered. This is the best way to reduce your risk of severe COVID-19.

Key points about COVID-19 vaccines in people with Crohn's or Colitis

- COVID-19 vaccines are safe for people with Crohn's or Colitis and those taking medicines that weaken their immune system.
- COVID-19 vaccines are not live vaccines. They do not infect you with COVID-19.
- There is no evidence that COVID-19 vaccines will cause a Crohn's or Colitis flare-up.
- Having Crohn's or Colitis does not make the vaccine any less effective.
- People taking certain immunosuppressant medicines may not get full protection from COVID-19 vaccines or lose protection faster. Extra vaccine doses can increase their protection. These are known as boosters.
- A reduced response to the vaccine is still better than not having the vaccine at all.

COVID-19 vaccine safety and side effects

The COVID-19 vaccine is safe for people:

- With Crohn's or Colitis
- Taking medicines that weaken their immune system

You may get some side effects after the COVID-19 vaccine. The most common ones are:

- A sore arm where you had the vaccine
- Feeling tired
- Headache
- Muscle aches

People with Crohn's and Colitis have similar side effects to the general population. Side effects are usually mild.

COVID-19 vaccines are not live vaccines. They do not contain any live virus and cannot infect you with COVID-19.

You can report vaccine side effects through the [MHRA Yellow Card](#). Speak to your GP or IBD team if you're worried about any side effects.

COVID-19 vaccines and Crohn's or Colitis flare-ups

There's no evidence that the COVID-19 vaccine will cause a Crohn's or Colitis flare-up. Research shows some people had a flare-up soon after having the vaccine. But a similar number of people who did not have the vaccine also had a flare-up

How well the vaccine works in people with Crohn's or Colitis

Having Crohn's or Colitis does not make the vaccine less effective. If you're taking [5-ASAs](#) or no medicine at all, the vaccine should work as well as someone who does not have Crohn's or Colitis. The vaccine works less well in people taking certain immunosuppressant medicines.

Vaccines pretend to be a virus, to trick your immune system into learning how to fight it. If you then come in to contact with the real virus, your immune system already knows how to attack it. This can protect you from becoming severely ill from the virus. If you're taking immunosuppressants, your immune system might not respond as well to the vaccine as other people's.

Some people may not get full protection from the COVID vaccine, known as a reduced response. This includes people taking anti-TNF medicines, such as [infliximab](#) or [adalimumab](#), or the JAK inhibitor [tofacitinib](#). We do not know whether this is the same for the other JAK inhibitors filgotinib or upadacitinib. More research is needed.

A reduced vaccine response can mean:

- Fewer antibodies. Antibodies are made by your immune system and protect you against infection.
- A reduced T-cell response. T-cells are a type of white blood cell that fight infections.
- More 'breakthrough infections'. These are infections with COVID-19 after a person has been vaccinated.
- Protection after having the vaccine does not last as long.

We do not know if other immunosuppressants have a similar effect. But research suggests that azathioprine, ustekinumab and vedolizumab do not reduce vaccine response in people with Crohn's or Colitis.

You should not stop taking your medicines before getting vaccinated. Stopping your medicines could cause a flare-up of your Crohn's or Colitis. A flare-up puts you at greater risk of severe COVID-19.

Even if the COVID-19 vaccine does not work as well for you, it still gives you greater protection than not having the vaccine.

Extra doses of the vaccine can increase its protection in people taking immunosuppressants. These are known as boosters. You may be eligible for seasonal COVID-19 boosters if you take immunosuppressants.

Seasonal COVID-19 booster vaccines

COVID-19 booster vaccines are usually given in spring and autumn. If your NHS record says you are eligible, the NHS will contact you about when and where to get your booster.

See [Seasonal vaccines for people with Crohn's or Colitis](#) for the latest information on the COVID-19 booster programmes.

If you live in England, Northern Ireland or Scotland, you may be able to book an appointment yourself. You can use the link for your nation below.

And for more on COVID-19 booster programmes, including who is eligible, see the information for your nation:

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)

Having other vaccines

- It is not recommended to have the respiratory syncytial virus (RSV) vaccine on the same day as the COVID-19 vaccine. The RSV vaccine is offered to people aged 75 to 79 years, or pregnant women.
- It is safe and effective to have any other vaccine at the same time as the COVID-19 vaccine. For example, you may have flu and COVID-19 vaccines at the same appointment. You'll have one vaccine in each arm.

Monitoring the vaccine programme

The COVID-19 variants that are causing infections are being monitored. People at higher risk may be offered more boosters if a serious variant develops.

If you have not been vaccinated at all

The NHS does not provide COVID-19 vaccines for people who are not at higher risk of severe illness.

If you're at higher risk from COVID-19, you can still get vaccinated. This will usually be when booster programmes are running in spring and autumn.

See [Seasonal Covid-19 booster vaccines](#) for how to book an appointment.

You may be able to get vaccinated sooner if you develop a new health condition. Or if you start a treatment that severely weakens your immune system. Your specialist healthcare professional or GP will advise you on this.

When to have the COVID-19 vaccine

You will usually be invited to have a COVID-19 booster six months after your last COVID-19 vaccine.

- You can have the vaccine while taking medicines for Crohn's or Colitis.
- You can have the vaccine at any point in your treatment cycle. Even on the same day.
- You do not need to leave a gap between a biologic injection or infusion and having the vaccine.

There may be times when it's better to delay having a vaccine or a new medicine for a short time. This could include:

- **If you feel very unwell** on the day of your appointment. For example, if you have a high fever or symptoms of COVID-19. You should delay having the vaccine until you have fully recovered, or for four weeks if you've had a positive COVID-19 test.
- **If you're having a flare-up of Crohn's or Colitis symptoms.** It's safe to have a vaccine during a flare-up. But it can make it hard to tell whether any symptoms are due to your flare-up or side effects of the vaccine.
- **If you're taking steroids.** As a precaution, your IBD team may recommend that you reduce your dose or finish your course of steroids. In other health conditions, higher doses of steroids have been shown to affect how well the vaccine works.
- **If you're about to start a new, or a higher dose of biologic or other immunosuppressant medicine.** Speak to your IBD team about the best time to have your vaccine doses. Once you start these medicines, the vaccines might not work as well for you. It is safe to have the vaccine when taking these medicines.

Talk to your IBD team about whether to delay having the vaccine. It will depend on factors that are individual to you.

What to do if you have COVID-19

It's ok to feel worried if you get COVID-19 symptoms or a positive COVID-19 test. For most people, including those with Crohn's or Colitis, COVID-19 is a mild illness.

Common symptoms of COVID-19 include:

- High temperature
- New, continuous cough
- Loss of or change in your sense of taste or smell
- Muscle aches and pains
- Headache
- Lack of energy or feeling tired
- Sore throat, or a blocked or runny nose
- Loose or watery poo more often than normal, known as diarrhoea
- Feeling or being sick

Some of the symptoms of COVID-19, such as diarrhoea or a lack of energy, are similar to Crohn's or Colitis symptoms.

COVID-19 and Crohn's or Colitis flare-ups

There is currently no evidence that COVID-19 causes a flare-up of Crohn's or Colitis.

COVID-19 can cause symptoms such as diarrhoea, stomach pain and feeling or being sick. People with Crohn's or Colitis who have COVID-19 are more likely to have these symptoms. They are also common in people with a stoma or pouch who have COVID-19. It's hard to tell if these symptoms are caused by COVID-19 or by Crohn's or Colitis.

Testing for COVID-19

Most people do not need to test if they have COVID-19 symptoms. This includes people with Crohn's or Colitis. But you can buy COVID-19 lateral flow tests if you want to take a test.

If you're at higher risk of severe illness and eligible for COVID-19 treatments, you can get free lateral flow tests. See the section on [COVID-19 treatments](#).

Isolating with COVID-19

You do not need to isolate if you have COVID-19. But if you have a high temperature or you don't feel well enough to do your normal activities, try to avoid others. This advice is the same for any respiratory virus. If possible, stay at home until you feel better.

If you've had a positive COVID-19 test, try to avoid other people for:

- Five days after taking the test if you are an adult
- Three days after taking the test if you are under 18

If you have a medical appointment to go to, contact your healthcare team. Let them know about your symptoms or positive test.

Looking after yourself at home

Most people with Crohn's or Colitis will be able to manage their COVID-19 symptoms at home. To help feel as well as you can, you could:

- Get plenty of rest.
- Drink fluids to stay hydrated.
- Take paracetamol to help with symptoms such as fever.
- If you have a cough, avoid lying on your back. Try having a teaspoon of honey.
- Sit upright and try slow breathing techniques to help with breathlessness.

If you are getting severe symptoms or you're worried, contact your IBD team, GP or NHS 111. If you need urgent medical help, go to your nearest A&E department or call 999.

Taking Crohn's or Colitis medicines if you have COVID-19

Contact your IBD team if you've tested positive or you have symptoms of COVID-19. Ask your IBD team if you should stop taking your Crohn's or Colitis medicines. This decision will be individual to you. It's especially important to talk to your IBD team if:

- Your COVID-19 symptoms are severe
- You are having a flare-up of Crohn's or Colitis
- You are at a higher risk of complications due to your age or other health conditions

You can carry on taking 5-ASAs, budesonide, rectal therapies and enteral nutrition while you have COVID-19.

Your IBD team may ask you to stop or delay taking medicines that weaken your immune system until you feel better. These include:

- Adalimumab
- Azathioprine
- Ciclosporin
- Etrasimod
- Filgotinib
- Golimumab
- Infliximab
- Mercaptopurine
- Methotrexate
- Mirikizumab
- Ozanimod
- Risankizumab
- Tacrolimus
- Tofacitinib
- Upadacitinib
- Ustekinumab
- Vedolizumab

Do not stop taking steroids suddenly, as this can be dangerous. Instead, your IBD team may advise you to gradually reduce your dose.

This section on taking Crohn's or Colitis medicines if you have COVID-19 is general information. Always follow the advice of your IBD team.

Do not stop taking any of your Crohn's or Colitis medicines until you've spoken to your IBD team. If you can't get hold of your IBD team, contact your GP or NHS 111.

You may be worried about stopping your Crohn's or Colitis medicines. Stopping your Crohn's or Colitis medicine may increase your risk of a flare-up. And being in a flare-up can increase your risk of severe COVID-19. The immunosuppressants listed above are slow-acting medicines. This means they stay in your body and continue to work for some time, even when you stop taking them.

It's important that you talk to your IBD team. They can help you understand the risks and benefits of stopping your medicine. You can decide together what's best for you. Children and young people under 18 with Crohn's or Colitis are at low risk of severe COVID-19. They may not need to stop their Crohn's or Colitis medicines. Contact their IBD team for advice.

Long COVID in people with Crohn's or Colitis

Some people who get COVID-19 continue to have symptoms for weeks or months after the infection has cleared. This is called 'long COVID'. There is not much research on long COVID and Crohn's or Colitis. The current research shows:

- You may be more likely to get long COVID if you have Crohn's or Colitis. In particular, you may feel longer-lasting [fatigue](#).
- Your risk of long COVID is not affected by Crohn's or Colitis medicines.

For more on how to cope with long COVID, see the information by [SIGN](#).

COVID-19 treatments

Only people at the highest risk of severe illness are eligible for treatment. This includes some people with Crohn's or Colitis. You have these treatments at home or in community hospital units. You do not need to be admitted to hospital. They are not a cure for COVID-19. But they can help to reduce the risk of complications or needing to be admitted to hospital.

Who can get COVID-19 treatments

You should be offered COVID-19 treatment as soon as possible if:

- You have tested positive for COVID-19, **and**
- You're at the [highest risk](#) of getting severely ill from COVID-19, **and**
- You're over 12 years of age, **and**
- You have symptoms of COVID-19 that are not getting better.

You must meet all of the above to be offered treatment.

Highest risk of COVID-19

Many things can increase your risk of severe COVID-19. See the earlier section on [Risk of COVID-19 with Crohn's and Colitis](#). But only people at the **highest risk** are eligible for treatment. This includes adults aged 18 years and over with Crohn's or Colitis, who also:

- Have other conditions that increase their risk, such as:
 - A [body mass index \(BMI\)](#) greater than 30
 - Diabetes
 - High blood pressure, known as hypertension
 - Severe kidney, liver, nervous system or lung problems
- Have been taking steroids equal to 10mg or more of prednisolone, every day for at least 28 days before a positive COVID-19 test
- Are currently taking JAK inhibitors, such as filgotinib, tofacitinib or upadacitinib
- Are currently taking biologic medicines, such as adalimumab, golimumab, infliximab, mirikizumab, risankizumab, ustekinumab or vedolizumab

- Are currently taking azathioprine, mercaptopurine, ciclosporin, mycophenolate mofetil or oral tacrolimus
- Currently have, or had in the three months before a positive COVID-19 test, active or uncontrolled disease that needed any of the following:
 - Starting a new [immunosuppressant medicine](#) or oral steroids
 - Having a steroid injection
 - Increasing the dose of an immunosuppressant medicine you were already taking
 - Being admitted to hospital

Being on this list does not mean that you will definitely receive the treatment. A healthcare professional will check you and make the final decision.

- **You might not have been told that you are eligible for COVID-19 treatment. If you're not sure, speak to your GP or IBD team.**
- **If you change or start a new medicine, ask your IBD team whether you're eligible for COVID-19 treatment.**

Most children and young people under 18 with Crohn's or Colitis will not be offered treatment. This is because their risk of severe illness from COVID-19 is low. If you're unsure or if your child has other conditions, check with their IBD team or GP.

Getting treatment for COVID-19

How you access treatment will depend on where you live. See the information for your nation:

- [England](#)
- [Northern Ireland](#)
- [Scotland](#)
- [Wales](#)

Getting lateral flow tests

Before getting treatment, you'll need to do a lateral flow test to check if you have COVID-19. If you are eligible for COVID-19 treatments, you are also eligible for free lateral flow tests. Keep some lateral flow tests at home so you can test as soon as you have symptoms of COVID-19, even if they're mild.

If you're in England, Northern Ireland or Wales

Free tests can be collected from your community pharmacy. Someone else can pick these up for you. They'll need to know:

- Your medical condition(s). If you have an email or letter confirming you are eligible for treatment they should take this.
- Your NHS number, if available.
- Your full name.
- Your date of birth.
- Your address.

If you're in Scotland

You can [order tests for free online](#) or by calling 0800 008 6587.

COVID-19 treatment options

Treatments available for people at highest risk of severe COVID-19 include:

Antiviral treatments

- Nirmatrelvir plus ritonavir. These are taken as tablets.
- Remdesivir. This is taken as a drip in your arm, known as an infusion.
- Molnupiravir. This is taken as a tablet.

These stop the virus from growing and spreading in your body. This reduces your risk of severe illness.

Monoclonal antibody treatments

- Sotrovimab. This is taken as a drip in your arm, known as an infusion.

Monoclonal antibodies are made by scientists in a lab. They are similar to the antibodies your body makes to fight infection. Monoclonal antibodies attach themselves to the virus, stopping or reducing infection.

The NHS has more information on:

- [Nirmatrelvir plus ritonavir](#), also known as the brand name Paxlovid
- [Molnupiravir](#), also known as the brand name Lagevrio
- [Sotrovimab](#), also known as the brand name Xevudy

If you've not had the vaccine

If you have not had the COVID-19 vaccine, it will not affect your eligibility for COVID-19 treatment. However, the UK Health Security Agency advises everyone at higher risk to get their COVID-19 vaccines when invited.

COVID-19 in the workplace

Most people can follow general [guidance](#) on staying safe and stopping the spread of respiratory illnesses like COVID-19. Your employer does not have to let you work from

home, even if you are at higher risk from COVID-19. But if working from home is something you would prefer to do, talk to your employer.

If you are not able to work from home, speak to your employer about what could be done to reduce your risk. You may be entitled to a reasonable adjustment under the [Equality Act](#) in England, Scotland and Wales, or the [Disability Discrimination Act](#) in Northern Ireland.

See our [Guide for employees](#) for more on reasonable adjustments.

How your employer can protect you

Employers do not legally have to do a risk assessment for COVID-19. But health and safety, employment and equality laws still apply.

Employers are encouraged to follow guidance on staying safe at work. This could include:

- Better air flow
- Keeping the workplace clean
- Allowing flexible or hybrid working when possible

See the guidance for employers in each nation:

- England: [Reducing the spread of respiratory infections, including COVID-19, in the workplace](#)
- Northern Ireland: [Reducing the spread of Coronavirus \(COVID-19\) and other respiratory infections: staying safe at work](#)
- Scotland: [Respiratory infections including Coronavirus \(COVID-19\): safer workplaces and public settings](#)
- Wales: [Public health advice for employers, businesses and organisations: coronavirus](#)

If you feel your employer is not considering your safety

Employers may not understand Crohn's or Colitis and COVID-19. If you have a flare-up or change medicines, you may be more at risk. Our [guide for employers](#) has information on how to support an employee with Crohn's or Colitis. You may want to share this with your employer.

If you feel your employer is not taking reasonable steps to help protect you, you can:

- Contact your employee representative.
- Contact your trade union, if you have one. If you're not a member of a trade union, you can find advice on joining one on [GOV.UK](#).
- Report this to an enforcing authority. Find the enforcing authority for your workplace:
 - England, Scotland and Wales: [Health and Safety Executive \(HSE\)](#)
 - Northern Ireland: [Health and Safety Executive Northern Ireland \(HSENI\)](#)

Other organisations

For the latest COVID-19 advice, including treatment and vaccination programmes, see the NHS information for your nation:

- England: www.nhs.uk/conditions/covid-19/
- Northern Ireland: www.nidirect.gov.uk/information-and-services/health-and-wellbeing/coronavirus-covid-19
- Scotland: www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-treatments
- Wales: [111.wales.nhs.uk/encyclopaedia/c/article/coronavirus\(covid19\)/](http://111.wales.nhs.uk/encyclopaedia/c/article/coronavirus(covid19)/)

Health and Safety Executive (HSE)

www.hse.gov.uk/coronavirus/

Great Britain's national regulator for workplace health and safety.

Health and Safety Executive Northern Ireland (HSENI)

www.hseni.gov.uk/topics/covid-19-advice-and-guidance-places-work

Northern Ireland's national regulator for workplace health and safety.

ACAS

www.acas.org.uk/working-safely-coronavirus

Free and impartial advice for employers and employees on employment rights. ACAS also offer help resolving workplace disputes.

SIGN patient information on long COVID

www.rightdecisions.scot.nhs.uk/sign-patient-information-managing-the-long-term-effects-of-covid-19/

Help and support from Crohn's & Colitis UK

We're here for you. Our information covers a wide range of topics. From treatment options to symptoms, relationship concerns to employment issues, our information can help you manage your condition. We'll help you find answers, access support and take control.

All information is available on our [website](#).

Helpline service

Our helpline team provides up-to-date, evidence-based information. You can find out more on our [helpline web page](#). Our team can support you to live well with Crohn's or Colitis.

Our Helpline team can help by:

- Providing information about Crohn's and Colitis
- Listening and talking through your situation
- Helping you to find support from others in the Crohn's and Colitis community

- Providing details of other specialist organisations

You can call the Helpline on **0300 222 5700**. Or visit our [LiveChat service](#). Lines are open 9am to 5pm, Monday to Friday, except English bank holidays.

You can email helpline@crohnsandcolitis.org.uk at any time. The Helpline will aim to respond to your email within three working days.

Our helpline also offers a language interpretation service, which allows us to speak to callers in their preferred language.

Social events and Local Networks

You can find support from others in the Crohn's and Colitis community through our virtual social events. There may also be a Local Network in your area offering in-person social events. Visit our [Crohn's and Colitis UK in your area webpage](#) to find out what is available.

Crohn's & Colitis UK Forum

This closed-group Facebook community is for anyone affected by Crohn's or Colitis. You can share your experiences and receive support from others. Find out more about the [Crohn's & Colitis UK Forum](#).

Help with toilet access when out

There are many benefits to becoming a member of Crohn's & Colitis UK. One of these is a free RADAR key to unlock accessible toilets. Another is a Can't Wait Card. This card shows that you have a medical condition. It will help when you are out and need urgent access to the toilet. See [our membership webpage](#) for more information. Or you can call the Membership Team on **01727 734465**.

About Crohn's & Colitis UK

Crohn's & Colitis UK is a national charity, leading the fight against Crohn's and Colitis. We're here for everyone affected by these conditions.

Our vision is to see improved lives today and a world free from Crohn's and Colitis tomorrow. We seek to improve diagnosis and treatment, fund research into a cure, raise awareness and give people hope and confidence to live freer, fuller lives.

Our information is available thanks to the generosity of our supporters and members. Find out how you can join the fight against Crohn's and Colitis by calling **01727 734465**. Or you can visit [our website](#).

About our information

We follow strict processes to make sure our information is based on up-to-date evidence and is easy to understand. We produce it with patients, medical advisers and other professionals. It is not intended to replace advice from your own healthcare professional.

You can find out more on [our website](#).

We hope that you've found this information helpful. Please email us at evidence@crohnsandcolitis.org.uk if:

- You have any comments or suggestions for improvements
- You would like more information about the evidence we use
- You would like details of any conflicts of interest

You can also write to us at **Crohn's & Colitis UK, 1 Bishops Square, Hatfield, Herts, AL10 9NE**. Or you can contact us through the **Helpline** on **0300 222 5700**.

We do not endorse any products mentioned in our information.

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