

# Surveillance Epidemiology of Coronavirus (COVID 19) Under Research Exclusion (SECURE)

This form is to be completed by a health care professional caring for a patient with inflammatory bowel disease and documented coronavirus (COVID 19). Please report only confirmed COVID-19 cases, and report after a minimum of 7 days and sufficient time has passed to observe the disease course through resolution of acute illness or death.

If you have any questions, please reach out to [COVID.IBD@unc.edu](mailto:COVID.IBD@unc.edu)

Thank you!

## Reporter Information

Name of reporter

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Email address of reporter

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Name of physician providing care for IBD

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Name of center/practice providing care for IBD

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## Patient Information

Is the patient  $\geq 90$  years of age?

- Yes  
 No

Age

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Country of residence

- Not in this country list ---
- Åland Islands
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia, Plurinational State of
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Côte d'Ivoire
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Congo, the Democratic Republic of the
- Cook Islands
- Costa Rica
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia

- Falkland Islands (Malvinas)
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern Territories
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Holy See (Vatican City State)
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran, Islamic Republic of
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, Democratic Peoples Republic of
- Korea, Republic of
- Kuwait
- Kyrgyzstan
- Lao Peoples Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Macao
- Macedonia, the former Yugoslav Republic of
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte

- Mexico
- Micronesia, Federated States of
- Moldova, Republic of
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Palestinian Territory, Occupied
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn
- Poland
- Portugal
- Qatar
- Ré union
- Romania
- Russian Federation
- Rwanda
- Saint Barthélemy
- Saint Helena, Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin (French part)
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Swaziland
- Sweden
- Switzerland

- Syrian Arab Republic
- Taiwan
- Tajikistan
- Tanzania, United Republic of
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela, Bolivarian Republic of
- Vietnam
- Virgin Islands, British
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

State of residence

- ALABAMA     ALASKA
- AMERICAN SAMOA     ARIZONA
- ARKANSAS     CALIFORNIA
- COLORADO     CONNECTICUT
- DELAWARE     DISTRICT OF COLUMBIA
- FLORIDA     GEORGIA
- GUAM     HAWAII     IDAHO
- ILLINOIS     INDIANA
- IOWA     KANSAS     KENTUCKY
- LOUISIANA     MAINE
- MARYLAND     MASSACHUSETTS
- MICHIGAN     MINNESOTA
- MISSISSIPPI     MISSOURI
- MONTANA     NEBRASKA
- NEVADA     NEW HAMPSHIRE
- NEW JERSEY     NEW MEXICO
- NEW YORK     NORTH CAROLINA
- NORTH DAKOTA     OHIO
- OKLAHOMA     OREGON
- PENNSYLVANIA     PUERTO RICO
- RHODE ISLAND     SOUTH CAROLINA
- SOUTH DAKOTA     TENNESSEE
- TEXAS     UTAH     VERMONT
- VIRGIN ISLANDS     VIRGINIA
- WASHINGTON     WEST VIRGINIA
- WISCONSIN     WYOMING

Gender

- Female     Male     Other

Race (may check more than one)

- White
- Black or African American
- American Indian / Native Alaskan
- Asian
- Native Hawaiian / Pacific Islander
- Other
- Unknown / Not applicable

Please specify other race

\_\_\_\_\_

Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino
- Unknown / Chose not to answer

Patient weight (kg)

\_\_\_\_\_

Specify units for patient height

- cm
- feet and inches
- height unknown

Patient height (cm)

\_\_\_\_\_

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Patient height (feet)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

(Enter remaining inches in next question)

---

Patient height (in)

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11

(Not including feet listed in previous question)

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Conversion to total height in inches (i.e. (height in feet x12) + height in inches)

\_\_\_\_\_

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BMI for respondents who gave height in cm (kg/m2)

\_\_\_\_\_

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Conversion from total height in inches to total height in cm

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BMI for respondents who gave height in feet and inches (kg/m2)

\_\_\_\_\_

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Combined bmiin and bmicm

\_\_\_\_\_

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IBD Diagnosis

- Crohn's disease
  - Ulcerative colitis
  - Inflammatory bowel disease unspecified
- 

IBD disease activity at time of COVID 19 infection (by physician global assessment), if known

- Remission
- Mild
- Moderate
- Severe
- Unknown

**IBD Medications**

IBD medications at time of COVID diagnosis (please include medications stopped within two weeks of time of diagnosis). Indicate all that apply. Only include oral or parenteral medications.

- Biologic therapy
- 5-aminosalicylates
- Immunomodulators
- Corticosteroids
- Janus kinase inhibitors (tofacitinib)
- Other
- None

Biologic therapy

- Infliximab
- Adalimumab
- Vedolizumab
- Ustekinumab
- Certolizumab pegol
- Golimumab
- Natalizumab
- Other

Specify infliximab dose (mg) (if prefer to answer in mg/kg skip to next question)

\_\_\_\_\_  
(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

Specify infliximab dose (mg/kg)

\_\_\_\_\_  
(Enter total mg/kg dosage given in a single day)

Specify infliximab dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

Specify adalimumab dose (mg) (if prefer to answer in mg/kg skip to next question)

\_\_\_\_\_  
(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

Specify adalimumab dose (mg/kg)

\_\_\_\_\_  
(Enter total mg/kg dosage (if given multiple times per day, add doses and provide total daily value))





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Specify certolizumab pegol dose (mg) (if prefer to answer in mg/kg skip to next question)

(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

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Specify certolizumab pegol dose (mg/kg)

(Enter total mg/kg dosage (if given multiple times per day, add doses and provide total daily value))

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Specify certolizumab pegol dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
  - Greater than daily but less than weekly
  - Weekly
  - Q2 weeks
  - Q3 weeks
  - Q4 weeks
  - Q5 weeks
  - Q6 weeks
  - Q7 weeks
  - Q8 weeks
  - Q9 weeks
  - Q10 weeks
- 

Specify golimumab dose (mg) (if prefer to answer in mg/kg skip to next question)

(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

---

Specify golimumab dose (mg/kg)

(Enter total mg/kg dosage (if given multiple times per day, add doses and provide total daily value))

---

Specify golimumab dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
  - Greater than daily but less than weekly
  - Weekly
  - Q2 weeks
  - Q3 weeks
  - Q4 weeks
  - Q5 weeks
  - Q6 weeks
  - Q7 weeks
  - Q8 weeks
  - Q9 weeks
  - Q10 weeks
- 

Specify natalizumab dose (mg) (if prefer to answer in mg/kg skip to next question)

(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

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Specify natalizumab dose (mg/kg)

(Enter total mg/kg dosage (if given multiple times per day, add doses and provide total daily value))

Specify natalizumab dosing interval (round to closest interval)

- Daily (includes daily and > once daily)  
 Greater than daily but less than weekly  
 Weekly  
 Q2 weeks  
 Q3 weeks  
 Q4 weeks  
 Q5 weeks  
 Q6 weeks  
 Q7 weeks  
 Q8 weeks  
 Q9 weeks  
 Q10 weeks

Specify other medication dose (mg) (if prefer to answer in mg/kg skip to next question)

\_\_\_\_\_  
 (Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

Specify other medication dose (mg/kg)

\_\_\_\_\_  
 (Enter total mg/kg dosage (if given multiple times per day, add doses and provide total daily value))

Specify other medication dosing interval (round to closest interval)

- Daily (includes daily and > once daily)  
 Greater than daily but less than weekly  
 Weekly  
 Q2 weeks  
 Q3 weeks  
 Q4 weeks  
 Q5 weeks  
 Q6 weeks  
 Q7 weeks  
 Q8 weeks  
 Q9 weeks  
 Q10 weeks

5-aminosalicylate

- Sulfasalazine  
 Mesalamine

Specify sulfasalazine dose (mg)

\_\_\_\_\_

Specify sulfasalazine dosing interval (round to closest interval)

- Daily (includes daily and > once daily)  
 Greater than daily but less than weekly  
 Weekly  
 Q2 weeks  
 Q3 weeks  
 Q4 weeks  
 Q5 weeks  
 Q6 weeks  
 Q7 weeks  
 Q8 weeks  
 Q9 weeks  
 Q10 weeks

Specify mesalamine dose (mg)

\_\_\_\_\_

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Specify mesalamine dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

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Immunomodulator

- Methotrexate
- Cyclosporine
- Tacrolimus
- Azathioprine
- 6-mercaptopurine

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Specify methotrexate dose (mg)

\_\_\_\_\_  
(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

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Specify methotrexate dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

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Specify cyclosporine dose (mg)

\_\_\_\_\_  
(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

---

Specify cyclosporine dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

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Specify tacrolimus dose (mg)

\_\_\_\_\_  
(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

---

Specify tacrolimus dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

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Specify azathioprine dose (mg)

\_\_\_\_\_  
(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

---

Specify azathioprine dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

---

Specify 6-mercaptopurine dose (mg)

\_\_\_\_\_  
(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

---

Specify 6-mercaptopurine dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

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Corticosteroid

- Budesonide
- Prednisone or prednisolone
- Intravenous formulations

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Specify budesonide dose (mg)

\_\_\_\_\_



Specify tofacitinib dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

Name of medication

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Specify other medication dose (mg)

(Enter total mg dosage (if given multiple times per day, add doses and provide total daily value))

Specify other medication dosing interval (round to closest interval)

- Daily (includes daily and > once daily)
- Greater than daily but less than weekly
- Weekly
- Q2 weeks
- Q3 weeks
- Q4 weeks
- Q5 weeks
- Q6 weeks
- Q7 weeks
- Q8 weeks
- Q9 weeks
- Q10 weeks

Were any of the previously specified IBD medications stopped due to COVID 19?

- Yes
- No

Specify IBD medications that were stopped due to COVID 19 (check all that apply)

- Infliximab
- Adalimumab
- Vedolizumab
- Ustekinumab
- Certolizumab pegol
- Golimumab
- Natalizumab
- Sulfasalazine
- Mesalamine
- Methotrexate
- Cyclosporine
- Tacrolimus
- Azathioprine
- 6-mercaptopurine
- Budesonide
- Prednisone or prednisolone
- Intravenous corticosteroid formulations
- Tofacitinib
- Other

Specify other medication that was stopped due to COVID 19

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Does the patient have any of the following comorbidities (check all that apply)?

- Cardiovascular disease (coronary artery disease, heart failure, arrhythmia, etc.)
- Diabetes
- Asthma
- COPD
- Other Chronic Lung Disease (NOT asthma/COPD)
- Hypertension
- Cancer
- History of stroke
- Chronic renal disease (CKD, etc.)
- Chronic liver disease (PSC, NAFLD, cirrhosis, etc.)
- Current cigarette smoker
- Current user of tobacco products other than cigarettes (vaping, etc)
- Other (relevant comorbidity not listed above)

Specify other relevant comorbidity

\_\_\_\_\_

### COVID 19 Questions

Year of diagnosis of COVID 19

- |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> 2019 | <input type="radio"/> 2020 | <input type="radio"/> 2021 |
| <input type="radio"/> 2022 | <input type="radio"/> 2023 | <input type="radio"/> 2024 |
| <input type="radio"/> 2025 | <input type="radio"/> 2026 | <input type="radio"/> 2027 |
| <input type="radio"/> 2028 | <input type="radio"/> 2029 | <input type="radio"/> 2030 |
| <input type="radio"/> 2031 | <input type="radio"/> 2032 | <input type="radio"/> 2033 |
| <input type="radio"/> 2034 | <input type="radio"/> 2035 | <input type="radio"/> 2036 |
| <input type="radio"/> 2037 | <input type="radio"/> 2038 | <input type="radio"/> 2039 |
| <input type="radio"/> 2040 |                            |                            |

How was the COVID-19 diagnosis made?

- Nasopharyngeal PCR
- Saliva PCR
- Suspected symptom-based diagnosis with confirmatory antibody serology

Specify approximate number of days of symptoms from COVID 19 (if known)

\_\_\_\_\_

Have patient's symptoms resolved at the time of this report?

- Yes
- No
- Unknown
- Patient never developed symptoms (just tested positive)

Did patient develop new gastrointestinal symptoms at the time of COVID 19 infection?

- Yes
- No
- Unknown

What were the patient's gastrointestinal symptoms at the time of COVID 19 infection?

- Abdominal pain
- Diarrhea
- Nausea
- Vomiting
- Other

Specify the patient's gastrointestinal symptom at the time of COVID 19 infection

\_\_\_\_\_



Were any medications and/or investigational therapies used to treat COVID-19 in this patient?

- Remdesivir  
 Chloroquine  
 Hydroxychloroquine  
 Oseltamivir  
 Lopinavir/ritonavir  
 Tocilizumab  
 Corticosteroids (Check this box only if started specifically for COVID-19 treatment, not for IBD care)  
 Other  
 No medications and/or investigational therapies were used  
 Unknown

Specify the medication and/or investigational therapy used to treat COVID-19 in this patient

\_\_\_\_\_

Did patient die of COVID-19 or other complications caused by or contributed to by COVID-19?

- Yes  
 No  
 Unknown

NOTICE: You have reported that the patient died of COVID-19 or other complications caused by or contributed to by COVID-19. If this is accurate, please confirm here. If this is not accurate, please adjust your answer above.

- I confirm that the patient died of COVID-19 or other complications caused by or contributed to by COVID-19.

Was patient evaluated in a hospital ER?

- Yes  
 No  
 Unknown

Did the patient develop any thrombotic complications (including peripheral venous or arterial complications)?

- Yes  
 No  
 Unknown

Specify the thrombotic complication(s) (check all that apply)

- Peripheral venous thrombosis (including deep venous thrombosis)  
 Pulmonary embolism  
 Thrombotic stroke  
 Peripheral arterial thrombosis  
 Other

Specify other thrombotic complication

\_\_\_\_\_

Did the patient develop any other COVID-19 complications? (check all that apply)

- No known complications
- Hemorrhagic stroke
- Acute Respiratory Distress Syndrome (ARDS)
- Hypotension requiring pressors
- Myocarditis or pericarditis
- Cardiac arrhythmias
- New heart failure
- Acute kidney injury without need for dialysis
- Acute kidney injury requiring dialysis
- Concomitant or secondary infection (i.e. pneumonia, bacteremia, flu)
- Gastrointestinal bleeding
- Vasculitis (i.e. hyper-inflammatory shock, Kawasaki-like disease)
- Other serious complication

Specify other serious complication

\_\_\_\_\_

At the time of COVID-19 symptom onset (or diagnosis if asymptomatic), was the patient taking any of the following medications? (check all that apply)

- ACE inhibitor
- Angiotensin receptor blocker
- Nonsteroidal anti-inflammatory (other than COX-2 inhibitors)
- COX-2 inhibitor
- Aspirin
- Proton pump inhibitor
- H2-blocker
- PD-5 inhibitor (i.e. sildenafil)
- No, the patient was not taking any of these medications
- Unknown

Were any of the medications specified in the previous question stopped due to COVID-19? (Check all that apply)

- ACE inhibitor
- Angiotensin receptor blocker
- Nonsteroidal anti-inflammatory (other than COX-2 inhibitors)
- COX-2 inhibitor
- Aspirin
- Proton pump inhibitor
- H2-blocker
- PD-5 inhibitor (i.e. sildenafil)
- No the medication(s) was/were continued
- Unknown

Has the patient been hospitalized due to COVID-19 or other complications caused by or contributed to by COVID-19?

- Yes
- No
- Unknown

Name of hospital

\_\_\_\_\_

Length of stay (days)

\_\_\_\_\_

Did patient require a ventilator?

- Yes
- No
- Unknown

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Did patient require admission to an intensive care unit (including step-down units)?

- Yes  
 No  
 Unknown

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We truly appreciate the time you have taken out of your busy schedule to report a case during this global crisis. We would like to acknowledge your contribution. Please check this box ONLY IF YOU WOULD LIKE TO OPT-OUT of being included in future publication acknowledgments and in the Reporter Acknowledgments section of our website ([www.covidibd.org](http://www.covidibd.org)). The listing would include both reporter and physician names.

- I would like to OPT-OUT of being included in future publication acknowledgments and in the Reporter Acknowledgments section of the website ([www.covidibd.org](http://www.covidibd.org)).