





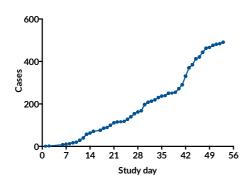
web: http://covidcirrhosis.org email: covid.cirrhosis@unc.edu twitter: @SecureCirrhosis web: https://covid-hep.net email: info@covid-hep.net twitter: @COVIDHep

Combined weekly update - 12 May 2020

We continue to wish everyone working to fight COVID-19 well and we welcome you to this combined update from our two collaborating international registries: **SECURE-Cirrhosis** covering North and South America, China/Japan/Korea and **The EASL COVID-Hep registry** covering the rest of the world in an attempt to collate clinical details of patients with chronic liver disease who develop COVID-19.

Total cohort (n = 491)

Submissions over time



Cirrhosis (n = 209)

Major aetiologies

Alcohol	63	30%
Non-alcoholic steatohepatitis	37	18%
Hepatitis C	24	11%
Hepatitis B	19	9%
Haemochromatosis	17	8%
Autoimmune hepatitis	10	5%
Alcohol & HCV	10	5%
Others and mixed	29	14%
Hepatitis C Hepatitis B Haemochromatosis Autoimmune hepatitis Alcohol & HCV	24 19 17 10	11% 9% 8% 5% 5%

Characteristics

442 (90%) hospitalised 320 (65%) men Median age 59 years (IQR 47-68)

Decompensation

Any	83	40%
New or worse ascites	50	24%
New or worse encephalopathy	47	22%
Variceal haemorrhage	5	2%

Submissions from 28 countries



Major outcomes

Intensive care admission	52	25%
Invasive ventilation	35	17%
Death	76	36%

Chronic liver disease, non-cirrhotic (n = 197)

Liver transplant (n = 85)

Major outcomes

Intensive care admission	34	17%
Invasive ventilation	32	16%
Death	13	7%

Major outcomes

Intensive care admission	19	22%
Invasive ventilation	15	18%
Death	17	20%