

web: <https://covidcirrhosis.web.unc.edu/>
email: covid.cirrhosis@unc.edu
twitter: @SecureCirrhosis

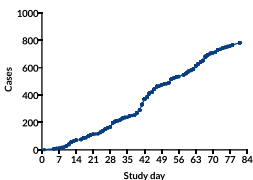
web: <https://covid-hep.net>
email: info@covid-hep.net
twitter: @COVIDHep

Combined weekly update – 09 June 2020

We welcome you to this combined update from our two collaborating international registries: **SECURE-Cirrhosis** and **EASL supported COVID-Hep** collating clinical details of patients with chronic liver disease who develop COVID-19. *Please note that our registries contain predominantly hospitalised patients and are subject to reporting biases.*

Total cohort (n = 783)

Submissions from 31 countries over 11 weeks



Characteristics

698 (89%) hospitalised
499 (63%) men
Median age 58 years (IQR 47-67)
169 (22%) taking immunosuppressant drugs

Output

Chronic liver disease, JHep: bit.ly/3bYxUy6
Liver transplant, Lancet G&H: bit.ly/2Xmng01
Europa.eu ERN Webinar 4th June: bit.ly/2XMcoZH

Chronic liver disease, non-cirrhotic (n = 297)

Major outcomes

Hospitalised	266	90%
Intensive care admission	60	20%
Invasive ventilation	54	18%
Death	25	8%

Cirrhosis (n = 352)

Major aetiologies

Alcohol	109	31%
Non-alcoholic steatohepatitis	69	20%
Hepatitis C	37	11%
Hepatitis B	24	7%
Haemochromatosis	22	6%
Autoimmune hepatitis	21	6%
Alcohol & HCV	20	6%

Decompensation

Any	155	44%
New or worse ascites	93	26%
New or worse encephalopathy	90	26%
Variceal haemorrhage	13	4%

Major outcomes

Hospitalised	323	92%
Intensive care admission	96	27%
Invasive ventilation	65	18%
Death	121	34%

Liver transplant (n = 134)

Major outcomes

Hospitalised	109	81%
Intensive care admission	39	29%
Invasive ventilation	24	18%
Death	25	19%

We look forward to providing more updates in future and soon hope to publish more definitive analyses of both our transplant and chronic liver disease cohorts. We would like to thank all contributors to both registries.