

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

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

First combined weekly update – 13 Apr 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 The Americas, China/Japan/Korea and **COVID-Hep** covering the rest of the world in an attempt to collate clinical details of patients with chronic liver disease who develop COVID-19.

Submissions to date: 137 cases, 80 (58%) men, median age of 61 years (IQR 48-69) from 17 countries.

Cirrhosis (n = 82)

Major aetiologies

Alcohol	21	26%
Non alcoholic steatohepatitis	16	20%
Hepatitis B	14	17%
Hepatitis C	7	9%
Autoimmune hepatitis	4	5%

Major outcomes

Intensive care admission	10	12%
Invasive ventilation	8	10%
Death [†]	28	34%

† = 23 deaths (82%) were of respiratory cause; 2 (7%) from cardiogenic shock; 3 (11%) liver-related

Child-Pugh-Turcot stages

CPT A	35	43%
CPT B	24	30%
CPT C	19	23%
Unknown	4	4%

Decompensating events

New / worsening ascites	19	23%
AKI with RRT	3	4%
Encephalopathy	14	17%
SBP	5	6%
Variceal bleeding	2	2%

AKI = acute kidney injury; RRT = renal replacement therapy; SBP = spontaneous bacterial peritonitis

Pre-cirrhotic chronic liver disease (n = 33)

Major outcomes

Intensive care admission	10	30%
Invasive ventilation	9	27%
Death [†]	4	12%

† = 2 deaths of respiratory cause; 1 liver-related; 1 other

Liver transplant (n = 22)

Major outcomes

Intensive care admission	6	27%
Invasive ventilation	3	14%
Death [†]	4	18%

† = 3 deaths of respiratory cause; 1 liver-related

We look forward to providing more updates in future and thank all our contributors so far.