

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

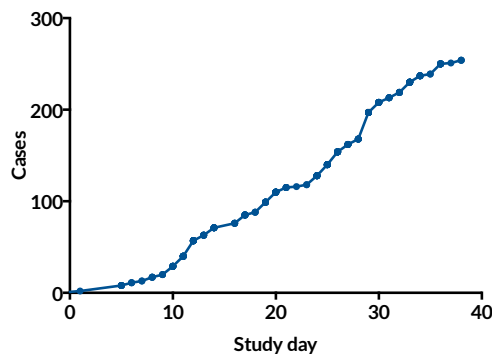
web: <https://covid-hep.net>
email: info@covid-hep.net
twitter: @COVIDHep

Combined weekly update – 28 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.

Total cohort (n = 254)

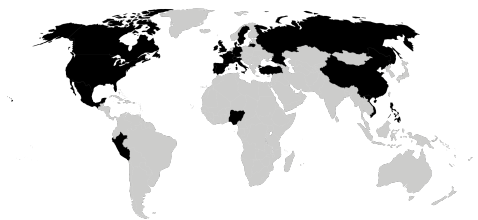
Submissions over time



Submissions to date: 254 cases; 156 (61%) men;
median age of 61 years (IQR 50-68).

233 (92%) hospitalised.

Submissions from 23 countries



Chronic liver disease without cirrhosis (n = 62)

Major outcomes

Intensive care admission	16	29%
Invasive ventilation	16	29%
Death	8	13%

Cirrhosis (n = 151)

Major aetiologies

Alcohol	46	30%
Non alcoholic steatohepatitis	27	18%
Hepatitis B	15	10%
Hepatitis C	14	9%
Haemochromatosis	13	9%
Autoimmune hepatitis	8	5%
Alcohol & HCV	4	3%
Others and mixed	24	16%

Decompensation

Any	57	38%
New or worse ascites	36	24%
New or worse encephalopathy	31	21%
Variceal bleeding	4	3%

Major outcomes

Intensive care admission	36	24%
Invasive ventilation	24	16%
Death	60	40%

Liver transplant (n = 41)

Major outcomes

Intensive care admission	10	24%
Invasive ventilation	9	22%
Death	9	22%