

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 – 14 July 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 = 957 from 1013 submissions)

Submissions from 34 countries over 14 weeks



Characteristics

842 (88%) hospitalised
607 (63%) men
Median age 59 years (IQR 47-67)
201 (21%) taking immunosuppressant drugs

Output

Chronic liver disease, JHep: bit.ly/3bYxUy6
Liver transplant, Lancet G&H: bit.ly/2Xmng01

Chronic liver disease, non-cirrhotic (n = 372)

Major outcomes

Hospitalised	332	89%
Intensive care admission	68	18%
Invasive ventilation	64	17%
Death	27	7%

Cirrhosis (n = 425)

Major aetiologies

Alcohol	130	31%
Non-alcoholic steatohepatitis	93	22%
Hepatitis C	46	11%
Hepatitis B	28	7%
Autoimmune hepatitis	25	6%
Alcohol & HCV	22	5%

Decompensation

Any	194	46%
New or worse ascites	117	28%
New or worse encephalopathy	111	26%
Variceal haemorrhage	16	4%

Major outcomes

Hospitalised	381	90%
Intensive care admission	117	28%
Invasive ventilation	79	19%
Death	137	32%

Liver transplant (n = 160)

Major outcomes

Hospitalised	129	81%
Intensive care admission	47	29%
Invasive ventilation	31	19%
Death	30	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.