Major Updates to COVID-19 Clinical Insights Document

4/16/2020

- Emerging data suggest that patients with NAFLD may be at higher risk for COVID-19
- Patients with chronic liver disease and transplant recipients are potentially at increased risk for severe COVID-19 until further data become available
- Consider etiologies unrelated to COVID-19, including other viruses such as hepatitis A, B, and C when assessing patients with COVID-19 and elevated liver biochemistries
  - Updated Figure 1
- Proceed with treatment of hepatitis B and C in patients without COVID-19 as clinically warranted
- Initiating treatment of hepatitis B in a patient with COVID-19 is not routinely warranted but should be considered if there is clinical suspicion of a hepatitis B flare or when initiating immunosuppressive therapy
- Initiating treatment of hepatitis C in a patient with COVID-19 is not routinely warranted
- Consider the following issues in hospitals with a high prevalence of COVID-19:
  - The risk of nosocomial transmission during the transplant admission
  - Difficulty obtaining procedures or other resources when complications arise
  - Limitations on family/caregiver visitation for a postoperative period that often relies on the engagement of caregivers
- Due to cancelations of elective/non-urgent endoscopy:
  - Consider, in the interim, primary prophylaxis with beta blocker therapy for patients with clinically significant portal hypertension or high risk of decompensation
- Data suggest that a surgical mask worn by infected individuals may reduce the risk of transmission (source control)
  - All healthcare workers should wear a surgical mask in patient care settings

4/7/2020

- New sections
  - Diagnosis of SARS-CoV-2 Infection
  - COVID-19 Liver Disease/Transplant Registries
- New tables
  - Diagnostic Methods for SARS-CoV-2 Detection
  - Investigational Treatments for COVID-19
- New figures
  - Approach to the Patient with COVID-19 and Elevated Serum Liver Biochemistries
  - Approach to Liver Transplant Organ Offers
  - Approach to the Liver Transplant Recipient with COVID-19
- Expanded “What We Know” sections
- Added virology of SARS-CoV-2
- Added liver histology in COVID-19
• Expanded COVID-19 symptoms for screening: sore throat, diarrhea, new loss of sense of taste or smell
• Expanded complications of COVID-19 complications when evaluating patients with elevated liver tests: myositis, cytokine release syndrome, ischemia/hypotension, DILI
• Clarified recommendations for treatment of patients with liver disease
  o Recommend continue treatment for hepatitis B or C
  o Consider delaying initiation of hepatitis C treatment
  o Removed specific prednisone 10 mg recommendation to avoid confusion when tapering high-dose prednisone in patients with COVID-19
  o Recommend initiating immunosuppressive therapy in patients with liver disease with or without COVID-19 who have strong indications for treatment (e.g., autoimmune hepatitis, graft rejection)
• Clarified recommendations for monitoring patients with HCC and surveillance of patients at risk for HCC
• Expanded section on Medication Management of Patients with COVID-19 to include new information about investigational agents
• Revised PPE recommendations for endoscopic procedures to include N95 masks