Patients with advanced liver disease and transplant recipients require specific care during COVID-19

The European Association for the Study of the Liver (EASL) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) have issued a Position Paper, providing recommendations for clinicians caring for patients with liver diseases during the current pandemic.

2 April 2020 – Geneva, Switzerland: Currently, there are limited data on the impact of pre-existing liver disease and the course of SARS-CoV-2 infection, with many open questions.

However, patients with advanced liver disease and recipients of liver transplants represent vulnerable groups and are likely to be at an increased risk of infection and/or a severe course of COVID-19. In addition, the COVID-19 pandemic is placing an increasing burden on healthcare systems across the world, which could negatively impact the care of patients with chronic liver diseases who require ongoing medical attention.

To promote the best possible care in these challenging circumstances, this Position Paper provides recommendations for clinicians treating patients with chronic liver diseases.

Recommendations include: promoting telemedicine in the outpatient setting, prioritising outpatient contacts, and avoiding nosocomial dissemination of the virus to patients and healthcare providers while maintaining standard care for patients who require immediate medical attention.

Additionally, the paper includes a flowchart on prioritising patient care in patients with chronic liver disease:

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**Specific considerations for Patients with viral hepatitis:**
- No increased risk of a severe course of COVID-19
- Send follow-up prescriptions for patients on antiviral therapy by mail

**Patients with NAFLD or NASH:**
- May suffer from diabetes, hypertension and obesity, putting them at increased risk of a severe course of COVID-19

**Patients with autoimmune liver disease:**
- We currently advise against reducing immunosuppressive therapy. Reduction should only be considered under special circumstances after consultation with a specialist
- Emphasis on the importance of vaccination for Streptococcus pneumoniae and influenza

**Patients with compensated cirrhosis:**
- Consider delaying hepatocellular carcinoma surveillance and screening for varies. Individualized and non-invasive risk assessment should be applied for stratification (see also section on “Liver-related diagnostic procedures”)

**Patients with decompensated liver disease (including hepatocellular carcinoma):**
- Care should be maintained according to guidelines
- Minimal exposure to medical staff, by using telemedicine/visits by phone wherever possible/required to avoid admission
- Listing for transplantation should be restricted to patients with poor short-term prognosis, as transplantation activities/organ donations will likely be reduced in many countries and areas
- Reducing the in-hospital liver transplant evaluation program to the strictly necessary is recommended to shorten hospital stays
- Emphasis on the importance of vaccination for Streptococcus pneumoniae and influenza
- Guidelines on prophylaxis of spontaneous bacterial peritonitis and hepatic encephalopathy should be closely followed to avoid admission
- Include testing for SARS-CoV-2 in patients with acute decompensation or acute-on-chronic liver failure

**Patients with hepatocellular carcinoma:**
- Care should be maintained according to guidelines, including continuing systemic treatments and evaluation for liver transplantation
- Minimal exposure to medical staff by using telemedicine/visits by phone wherever possible/required to avoid admission
- In case of COVID-19, early admission is recommended. See also section on “Inpatient care”

**Patients after liver transplantation:**
- Maintain care according to guidelines
- Minimal exposure to medical staff, by using telemedicine/visits by phone wherever possible/required to avoid admission
- Emphasis on the importance of vaccination for Streptococcus pneumoniae and influenza
- In stable patients, perform local lab testing (including drug levels)
- We currently advise against reducing immunosuppressive therapy. Reduction should only be considered under special circumstances after consultation with a specialist

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**All patients with chronic liver disease should adhere to common rules of physical distancing:**
- Visits to specialized centres can be postponed
- Routine laboratory testing can be performed locally (off-site)
- Use telemedicine/visits by phone wherever possible
“While the threat COVID-19 poses to our populations is clear, it remains vital to maintain appropriate care for patients with chronic liver disease. Clinicians will need to identify ways to prioritise their care even when healthcare resources are limited. EASL has therefore published this joint Position Paper to help support clinicians facing these difficult challenges,” said Prof. Phil Newsome, Secretary General of the European Association for the Study of Liver Disease (EASL) and Director of the Centre for Liver and Gastrointestinal Research & Professor of Hepatology at the University of Birmingham, UK.

The paper provides recommendations on the use of outpatient care, ways to reduce direct exposure to COVID-19, and advice on managing patients with compensated/decompensated liver disease, with hepatocellular carcinoma, and following liver transplantation. It also includes advice on liver-related diagnostic procedures (including endoscopy, ultrasound, and liver biopsy), on the collaboration with local healthcare providers and primary care physicians, and on inpatient care and treatments currently being suggested.

“These recommendations address the specific concerns of patients with liver disease and are meant to provide additional guidance for their care. It is important to stress that all general recommendations and guidelines with regards to prevention, diagnosis and treatment of COVID-19 from local authorities must be adhered to,” said Prof. Thomas Berg, Vice-Secretary General of EASL and Head of the Section of Hepatology Acting Director of the Clinic of Gastroenterology, University Hospital Leipzig, Germany.

“This joint Position Paper is a major EASL-ESCMID collaborative effort on management of liver disease during the COVID-19 pandemic strengthening links between our societies,” said co-author and ESCMID Fellow Prof. Mario Mondelli, Professor of Infectious Diseases, University of Pavia, Clinical Lead, Division of Infectious Diseases and Immunology, Fondazione IRCCS Policlinico San Matteo, Italy.

“Technical solutions are available to enable remote physician-patient interactions, which can be helpful during the pandemic. Health authorities should be urged to equip hospitals with such systems. This is not only to support COVID-19 patients in quarantine at home, but also to care for and guide patients needing to be protected from a potentially harmful infection in the hospital setting,” commented lead author Dr Tobias Boettler, Department of Medicine II, Faculty of Medicine, University of Freiburg, Germany.

Read the full Position Paper on the EASL website.

This Position Paper will be published shortly in the open access journal, JHEP Reports.

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About EASL – The Home of Hepatology

Since its foundation in 1966, this not-for-profit organisation has grown to over 4,000 members from all over the world, including many of the leading hepatologists in Europe and beyond. EASL is the leading liver association in Europe, having evolved into a major European association with international influence, and with a track record in promoting research in liver disease, supporting wider education and promoting changes in European liver policy.

About ESCMID

Since its founding in 1983, ESCMID has evolved to become Europe’s leading society in clinical microbiology and infectious diseases with members from all European countries and all continents. For more than 30 years, ESCMID has been an influential component in the professional lives of microbiologists and infectious disease specialists and now reaches more than 8,500 individual and 30,000 affiliated members around the world. ESCMID, based in Basel, Switzerland, welcomes new colleagues from all nations.

About JHEP Reports

JHEP Reports is the first open access journal of the European Association for the Study of the Liver (EASL). It publishes original papers, reviews, and letters to the Editor pertaining to clinical and basic research in the field of hepatology. JHEP Reports is now indexed in PubMed Central.