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COVID-19 & DIGESTIVE HEALTH

Recommendations and calls by United European Gastroenterology (UEG) to governments, EU institutions and interest groups across Europe concerning the COVID-19 pandemic

Summary

As the outbreak of coronavirus disease (COVID-19) grows globally, adequate **support and continuous treatment must be ensured during this public health emergency also in the area of digestive health.**

Digestive diseases are amongst the most prevalent health conditions in Europe. COVID-19 has various implications on digestive health. **Digestive symptoms such as nausea, diarrhea and cramps, occur in COVID-19 positive patients,** in some cases, prior to respiratory symptoms. Moreover, **people with chronic digestive conditions, including IBD, digestive cancers, liver diseases or immunosuppressed liver transplanted patients, could be particularly vulnerable.**

This paper outlines the status quo, risks and recommendations related to digestive health during the COVID-19 pandemic for inflammatory bowel disease (IBD), digestive cancers, liver diseases and endoscopy.

UEG's main messages:

- As a scientific umbrella organisation, UEG can aid in rapidly developing standards of care for areas affected by COVID-19 and learning from regions with early experience and tested standards. **National and European scientific organisations are well-equipped for rapid distribution of online information** ([see UEG's COVID-19 dedicated webpage](#)) to an important number of healthcare professionals in the field. Therefore, **they should act as advisors to local and EU institutions on scientific questions regarding their disease area of interest.**
- **Authorities must ensure that all healthcare facilities, including facilities offering digestive health care, are adequately equipped, with personnel protective equipment (PPE) and protocols to follow.** For all endoscopic, surgical and other procedures and specific treatments, there will be a considerable backlog, highlighting the need to prioritize services in this area in the future.
- **Clear guidelines should be put in place by national health authorities for immunocompromised and oncological patients receiving adequate management and treatment** to avoid additional hospitalization related to unsupervised interruptions in diagnostic procedures and treatment.
- **Governments and EU institutions need to strengthen healthcare, invest in health, and strengthen prevention.** There is a need for EU-wide harmonized diagnostic and therapeutic standards in order to achieve improved healthcare infrastructures and modern facilities all over the EU.

What we know so far: COVID-19 and digestive health

COVID-19 has various implications on digestive health. Studies report that COVID-19 positive patients develop affections of the gastrointestinal (GI) tract and the liver and respective symptoms. As the virus has been detected in GI secretions and stool, transmission can occur from asymptomatic carriers as well.¹ In some cases, digestive symptoms can appear prior to respiratory symptoms and have been linked to worse disease outcomes.²

Recent data report detection of virus RNA in stool samples from 48.1% of patients, even in stool samples taken after a negative respiratory sample. Furthermore, it was found that 17.6% of patients with COVID-19 had digestive symptoms.³ With variable incidence between 5% and 50%, digestive health-related COVID-19 symptoms include nausea, diarrhea and cramps. Elevated liver enzymes have also been found in up to 30% of COVID-19 patients.⁴

Who is more vulnerable? Disease specific information

People with chronic digestive conditions, including IBD, digestive cancers, liver diseases or immunosuppressed liver transplanted patients, could be particularly vulnerable, as the medium or long-term consequences of a SARS-CoV-2 infection might increase morbidity and mortality. Therefore, patients with digestive health conditions should adhere to the general recommendations for COVID-19 (physical and social distancing, hand hygiene etc.).

Liver disease

The implications for patients with chronic liver diseases are not clear at the moment,⁵ but patients with advanced stage liver disease and patients post liver transplantation need to be treated as vulnerable groups with an increased chance for a severe course and outcome of COVID-19. Patients should be offered online consultations if possible and special protection when hospital admission is absolutely necessary, as emphasized by [EASL](#) and [ESCMID](#).⁶

Endoscopy and laparoscopic surgery

COVID-19 pandemic requires a prompt reshaping of the activities of interdisciplinary Digestive Health Departments in order to adequately address non-deferrable gastroenterological and surgical needs of the population, while minimizing patient access to hospital services.⁷ Particularly, endoscopic, surgical and other procedures present a high risk of contagion for both patients and doctors.⁸ Several societies (such as [ESGE](#), [ASGE](#), [SAGES](#) and [EAES](#)) divided endoscopic and surgical procedures into elective/non-urgent procedures that can be postponed and emergent/urgent procedures that have to be performed. It has

¹https://www.esge.com/assets/downloads/pdfs/general/ESGE_ESGENA_Position_Statement_gastrointestinal_endoscopy_COVID_19_pandemic.pdf

² Pan L, Mu M, Yang P, et al. Clinical characteristics of COVID-19 patients with digestive symptoms in Hubei, China: a descriptive, cross-sectional, multicenter study. *Am J Gastroenterol* 2020 [Online ahead of print].

³ <https://journalsblog.gastro.org/meta-analysis-a-comprehensive-look-at-gastrointestinal-effects-of-covid-19/>

⁴ <https://www.asge.org/home/joint-gi-society-message-covid-19>

⁵ <https://easl.eu/wp-content/uploads/2020/04/EASL-ESCMID-Position-Paper-on-COVID-19-and-the-liver-2-April-2020.pdf>

⁶ <https://easl.eu/wp-content/uploads/2020/04/EASL-ESCMID-Position-Paper-on-COVID-19-and-the-liver-2-April-2020.pdf>

⁷ Danese, S., Cecconi, M. & Spinelli, A. *Management of IBD during the COVID-19 outbreak: resetting clinical priorities*, *Nat Rev Gastroenterol Hepatol* (2020). <https://doi.org/10.1038/s41575-020-0294-8>

⁸ Danese S, Ran ZH, Repici A, et al. *Gastroenterology department operational reorganisation at the time of covid-19 outbreak: an Italian and Chinese experience*, *Gut* Published Online First: 16 April 2020. doi: 10.1136/gutjnl-2020-321143

been agreed that electrosurgery should be set to the lowest possible settings, while laparoscopic surgery should be avoided in COVID-19-positive patients.⁹ With endoscopic procedures delayed all over the EU, digestive cancer screening programs have also been notably impacted. The risk of mortality from a long-lasting postponement of interventions may become higher than that of a serious hospital-dependent COVID-19 disease. This is particularly important as 1 in 3 cancer-related deaths are caused by digestive cancers.

Immunocompromised patients

Medical treatment for patients with IBD and GI/liver cancer cannot be discontinued, therefore specific infection prevention measures may apply temporarily to these immunocompromised patients.¹⁰ The interruption of any elective or routine follow-up visits has now made telephone or digital medical consultation and advice the norm, following the recently lifted ban on remote consultation and treatment. Nevertheless, oncology patients who are undergoing chemo/radiotherapy remain in situations where they need to visit the hospital. The same applies to many IBD patients who have to visit the hospital regularly for infusion and consultation. Some IBD patients, despite their immunosuppressed status, appear to develop milder manifestations of COVID-19.¹¹ This could be the result of their immunosuppressed state protecting them from developing a harmful uncontrolled and overreacting immune response against the virus. However, there are ongoing registries to collect data before drawing any definitive conclusion.

The importance of research and researchers' needs

Public health emergencies like the COVID-19 outbreak, show the importance of consistent research funding and programmes to strengthen prevention, management and attenuating the long-term consequences of such an epidemic. At EU level, this should be ensured through an ambitious MFF (Multiannual Financial Framework) budget and a bold budget for Horizon Europe.

Researchers have launched several initiatives creating repositories and registries that link COVID-19 and digestive diseases ([Impact on GI practice](#), [SECURE-IBD](#), [SECURE EOE/EGID](#), [COVID-19 and liver disease](#)). These initiatives need to be supported through the current ambitious national and European investments in research on COVID-19.

COVID-19 is a major burden for medical professionals who are applying for Horizon 2020 grants. Hence the extension of deadlines until June 4, for several calls under Horizon 2020 Societal Challenge (Health) has been positively received. More flexibility and continuous guidance for ongoing Horizon 2020 projects will help to reduce uncertainty.

⁹ <https://www.sages.org/recommendations-surgical-response-covid-19/>

¹⁰ Danese S, Ran ZH, Repici A, et al, *Gastroenterology department operational reorganisation at the time of covid-19 outbreak: an Italian and Chinese experience*, Gut Published Online First: 16 April 2020. doi: 10.1136/gutjnl-2020-321143

¹¹ As stated by Dr. Silvio Danese of Humanitas University, in Milan, Italy, for Reuters Health