

Lebererkrankungen im Kontext von COVID-19



European
Reference
Network

Hepatological Diseases
(ERN RARE-LIVER)



RALID
LBI-RUD

Assoc.Prof. Priv.Doiz. Dr. Thomas Reiberger

Univ. Klinik Innere Medizin III, Abteilung Gastroenterologie und Hepatologie



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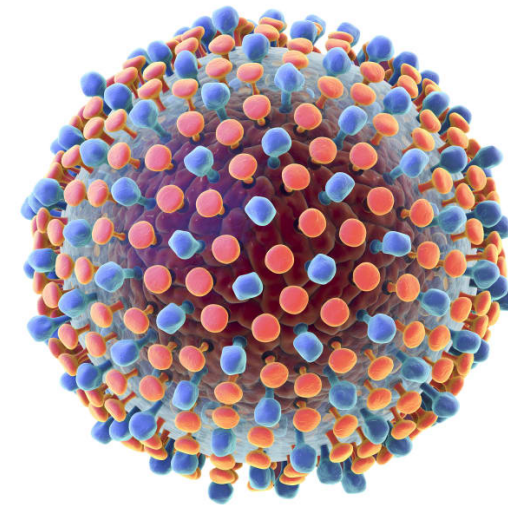
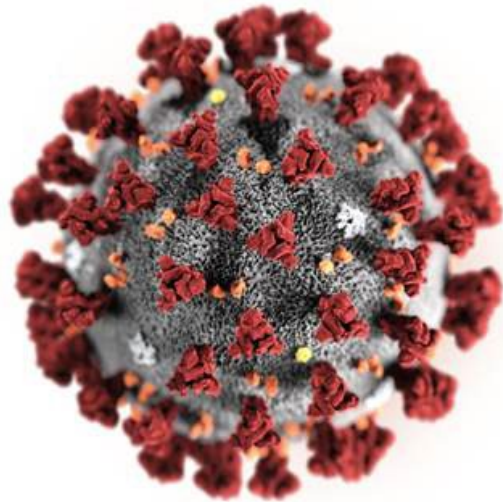
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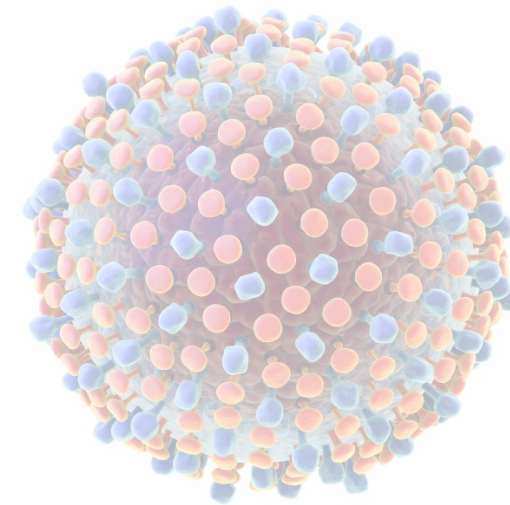
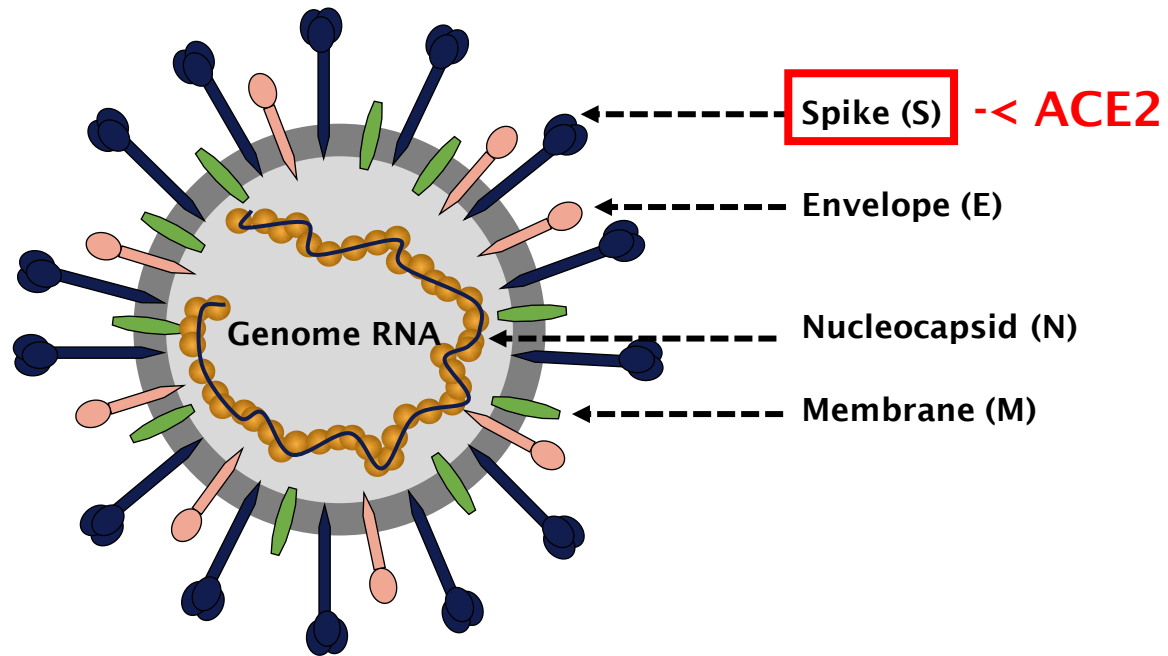




SARS-CoV-2 (COVID-19)

Hepatitis C Virus (HCV)





Adapted from Jin Y et al.
Viruses. 2020 March 7

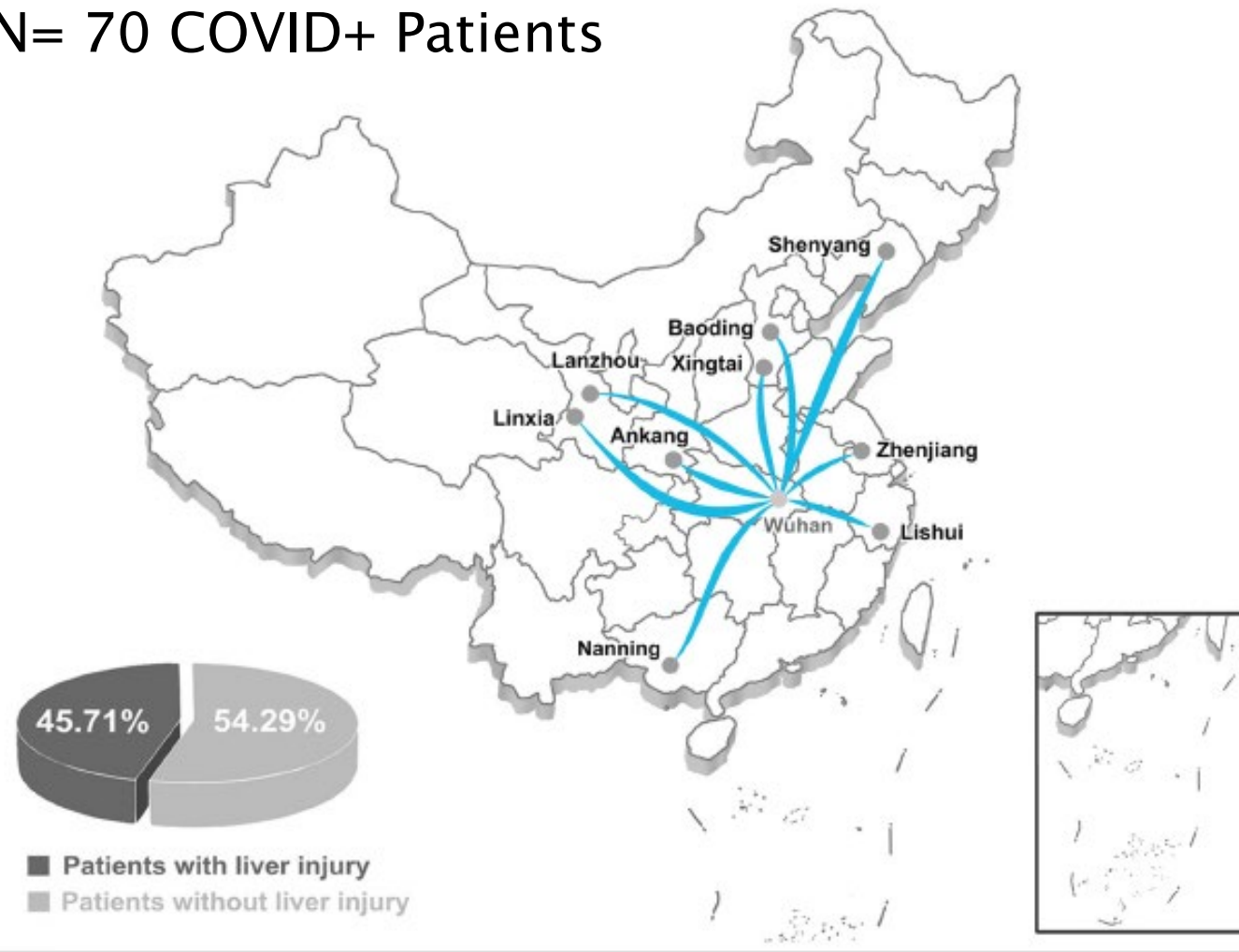
Erhöhte Leberwerte (AST>ALT)
können bei COVID-19 vorkommen

(präexistente) GGT-Erhöhung kommt
bei assoziierte Fettleber (NAFLD) vor



Verlauf von COVID-19 bei Patienten mit Leberschaden (ALI)

N= 70 COVID+ Patients



Leberwerte können wegen zugrundeliegenden Lebererkrankungen oder auch durch medikamentös-induzierten Leberschaden erhöht sein



Virushepatitis B (HBV)
Virushepatitis C (HCV)

Primär Biliäre Cholangitis (PBC)
**Primär Sklerosierende
Cholangitis (PSC)**

Immunsuppression
bei Autoimmunhepatitis (AIH)
nach Lebertransplantation

**Dekompensierte Leberzirrhose
(Child-Pugh B und C)**



Register für COVID-Infektionen bei Patienten mit Lebererkrankungen



Registerstudien zu Lebererkrankungen und COVID-19



Behandlungsrichtlinien für Leberpatienten “während” COVID-19

Patients with chronic liver disease
(including compensated cirrhosis)

- Visits to specialized centres can be postponed
- Routine laboratory testing can be performed locally/off-site
- Use telemedicine/visits by phone wherever possible

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 varices. 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

Specific considerations for

Patients actively listed for transplantation:

- SARS-CoV-2 routine testing should be performed before transplantation in both donors and recipients, acknowledging that negative testing cannot completely rule out infection.
- Consent for diagnostic and therapeutic procedures related to transplantation should include the potential risk for nosocomial COVID-19
- Living-donor transplantations should be considered on a case-by-case basis.

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

Chronische Lebererkrankungen

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

Leberzirrhose und Leberkrebs

- Care should be maintained according to guidelines
- Minimal exposure to medical staff, by using telemedicine/visits by phone wherever possible/required to avoid admission
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- 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

- 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*"

Lebertransplantation



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Specific considerations for

Patients actively listed for transplantation:

- SARS-CoV-2 routine testing should be performed before transplantation in both donors and recipients, acknowledging that negative testing cannot completely rule out infection.
- Consent for diagnostic and therapeutic procedures related to transplantation should include the potential risk for nosocomial COVID-19
- Living-donor transplantations should be considered on a case-by-case basis.

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

Danke für die Aufmerksamkeit !!

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