

on the prevalence of COVID-19, local guidelines, and the available resources.

Fourth, we read with interest the significant proportion of Italian endoscopy units performing endoscopy using only surgical masks. We would like to emphasize that the sample size is small, we are unsure of the endoscopic procedures performed, and that this practice deviates from what is recommended by most guidelines.^{2,4-6} Before more evidence is made available, we believe that N95 respirators or equivalent should still be mandated. Last, policymakers should be made aware of the shortages in negative pressure facilities for endoscopy to plan ahead and enhance preparedness for future pandemics.

The holy grail for endoscopy units should be to attain zero percent infection rates among health care professionals while providing essential services to patients.⁷ To succeed, general measures such as social distancing, adequate hand hygiene, and universal masking,⁸ at least in health care settings are equally important. Future studies should explore the safety of measures such as the extended use or reuse of N95, the infective risk of different endoscopic procedures, and softer but equally important issues, such as the effects of COVID-19 on endoscopy training. Lessons learned from this study and others can pave the way and guide best practices when endoscopy and clinical services gradually return to normal in a stepwise manner.⁶

In facing COVID-19, only one thing is certain. The global community must come together in solidarity as we are all in this together. We must try our best to stay safe and healthy, to protect our patients and our loved ones. This is not a time for complacency.

RASHID N. LUI

RAYMOND S.Y. TANG

Division of Gastroenterology and Hepatology
Department of Medicine and Therapeutics and
Endoscopy Centre
Prince of Wales Hospital

PHILIP W.Y. CHIU

Endoscopy Centre
Prince of Wales Hospital and
Division of Upper Gastrointestinal and Metabolic Surgery
Department of Surgery
The Chinese University of Hong Kong
Hong Kong, China

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Conflicts of interest

The authors disclose no conflicts.

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COVID-19 Transmission among Gastrointestinal Endoscopists



Dear Editors:

We read with interest the paper by Repici et al on the North Italian experience of gastrointestinal endoscopy practice during the coronavirus disease-2019 (COVID-19) pandemic.¹ Based on a 1-week survey among 42 endoscopy centers 1 month after the first confirmed case in Italy, the authors describe the changes in the organization and case-load of the endoscopy units related to the COVID-19 outbreak. Additionally, they report confirmed COVID-19 infections among nurses and physicians in 12 endoscopy units, and 6 health care workers (HCW) requiring hospital admission. In further report from the same survey, only 4.3% (42/968) of the HCW had a confirmed COVID-19 infection.² The authors conclude that the risk of patient to HCW transmission is limited.

Although the Italian GI-COVID19 Working Group provides a detailed investigation on the burden of COVID-19 on endoscopic activity in a high-risk area, we would like to question the message they convey on the low risk of COVID-19 transmission to HCW.

During the last week of March, at the peak of the COVID-19 circulation (from March 23-27 2020, 23 days after the 100th confirmed case) the French Society of Digestive Endoscopy (Société Française d'Endoscopie Digestive, SFED) conducted a web-based survey on the impact of the pandemic on gastrointestinal endoscopic activity. The questionnaire had 35 items, including the number of endoscopic procedures performed and their indications, and the rate of COVID-19 cases among gastroenterologists, and the use of protective measures at the beginning of the COVID-19 infection in France. The recommendations of the SFED on the protective measures for HCW in endoscopy units were published on March 10 on the SFED website.

Accounting for 21% of the 3300 French Gastroenterologists, 694 gastroenterologists took the survey. Thirty percent worked in areas with a high prevalence of COVID-19 infection (East of France and Paris area), comparable with that of Northern Italy. Thirteen percent of all gastroenterologists presented symptoms consistent with a COVID-19 infection during March 2020. A polymerase chain reaction test for COVID-19 was performed in only 37% of them, because few laboratories were able to perform the test in France at this time. The polymerase chain reaction test was

performed 6 days after the onset of the symptoms and was positive in 46% of the cases. Only 54% of the endoscopists wore a surgical mask during this period. Indeed, endoscopists reported difficulty to obtain surgical masks in $\leq 14\%$ of cases, FFP2 masks in 55% of cases, and glasses in 25% of cases.

In the high-incidence areas, the incidence of COVID-19 infection among endoscopists was higher than in low-incidence areas of COVID-19 infection (21.0% vs 9.5%), but still twice as high as the numbers from by Repici et al. Additionally, other reports from Northern Italy mention $>10,000$ positive cases among Italian HCW and 100 deaths among Italian doctors.³ Of note, most COVID-19 infections of the HCW in endoscopy units occurred at the onset of the epidemic, when protective measures had not been implemented, and our 21% infection rate is comparable with the rate to the incidence of COVID-19 infection in HCW at the onset of the outbreak in Italy.⁴

Although our survey is limited by the small proportion of respondents, the poor adherence of French endoscopists to the protective measures, and the small number of confirmed cases, the study from the ITALIAN GI-COVID19 Working Group is retrospective, and could have overlooked HCW contaminations. Gastrointestinal endoscopy remains a procedure at very high risk for COVID-19 transmission to HCW, by aerosolization of saliva droplets, possible airborne transmission, and fecal excretion of the virus: we suggest that HCW in endoscopy units scrupulously follow the recommended protective

measures to prevent COVID-19 spread to patients, other HCW, and their families.

MAXIMILIEN BARRET

Gastroenterology and Digestive Oncology
Cochin Hospital
Assistance Publique-Hôpitaux de Paris and
University of Paris
Paris, France

OLIVIER GRONIER

STANISLAS CHAUSSADE

Gastroenterology and Digestive Oncology
Cochin Hospital
Assistance Publique-Hôpitaux de Paris and
University of Paris
Paris, France

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Correction



Lee JK, Jensen CD, Levin TR, et al. Long-term Risk of Colorectal Cancer and Related Death After Adenoma Removal in a Large, Community-based Population. *Gastroenterology* 2020;158:884–894.

In the above article, the 7th author's name should be displayed as Aruna Kamineni with no middle initial.

Correction



Li D, Li N, Zhang Y-F, et al. Persistent Polyfunctional Chimeric Antigen Receptor T Cells That Target Glypican 3 Eliminate Orthotopic Hepatocellular Carcinomas in Mice. *Gastroenterology* 2020;158:2250–2265.

In the above article, there was an error in the spelling of the surname of one of the co-authors. The name should read Dropulic, not Dropublic.