Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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main demographic and clinical characteristics of participants. COVID-19 patients were more likely to be obese, be on anticoagulants and have a tracheostomy in place. 11.1% of the patients with COVID-19 developed PEG-related complications compared to 16.3% patients without COVID-19. A total of 2,121 patients (Table 1) completed the baseline survey with a response rate of >90% for each follow-up survey. The general level of concern regarding the pandemic and the level of concern regarding IBD medications during the pandemic decreased significantly over the survey period (Figures 1A-1D). Over time, the percentage of patients concerned about the pandemic showed a slight increase. The association between baseline characteristics and levels of concern regarding the pandemic was analyzed using logistic regression. The success rates of PEG placement in patients with and without COVID-19 were similar at 97.2% and 90.3%, respectively, p=0.65. The success rates of PEG placement in patients with and without COVID-19 were similar at 97.2% and 90.3%, respectively, p=0.65. The success rates of PEG placement in patients with and without COVID-19 were similar at 97.2% and 90.3%, respectively, p=0.65. The success rates of PEG placement in patients with and without COVID-19 were similar at 97.2% and 90.3%, respectively, p=0.65. The success rates of PEG placement in patients with and without COVID-19 were similar at 97.2% and 90.3%, respectively, p=0.65.
COVID and COVID vaccination among outpatients with functional GI and GI motility disorders: effects on GI symptoms.

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Introduction: The ongoing COVID pandemic from SARS-CoV-2 infection has posed healthcare challenges. COVID and even COVID vaccines have been reported to have effects on underlying GI conditions. Several efficacious vaccines with infrequent side effects are available. However, many eligible recipients are not getting vaccinated. Aims: The aims of this study were threefold: 1) Determine the prevalence of prior COVID infection and COVID vaccination in patients within a GI practice seeing primarily functional GI and GI motility disorders; 2) Inquire as to why patients do not get vaccinated; and 3) Assess if COVID-19 vaccination in patients within a GI practice seeing primarily functional GI and GI motility disorders; (2) Inquire as to why patients do not get vaccinated; and 3) Assess if COVID-19 vaccination in patients within a GI practice seeing primarily functional GI and GI motility disorders.

Methods: Patients seen in clinical practice either in person or telemedicine were asked about COVID vaccination and prior COVID infection. If patients had not been vaccinated, they were asked the reasons for that decision. If patients had COVID and/or COVID vaccination, they were asked if either caused worsening of their typical GI symptoms. Results: 538 patients (414 females and 124 males, average age 49 ± 17.7 years) were questioned about COVID vaccination and prior COVID-19 acquisition. Of these 538 patients, 105 had esophageal disorders, 358 had gastrointestinal disorders, and 88 had colonic disorders. 456 of the 538 (83.8%) had received a COVID-19 vaccination (Table 1). Of the 82 people not getting COVID vaccination, 13 people did not receive vaccine due to medical reasons (allergies, immune system disorders), and prior COVID infection. If patients had not been vaccinated, they were asked the reasons for that decision.

The COVID-19 pandemic impacted the life of people worldwide. We used a cross-sectional survey to evaluate the effects of COVID-19 inflammatory bowel disease patients registered with Johns Hopkins. We assessed the methods used to minimize the risk of infection, coping mechanisms, changes in disease activity and management in the first 6 months of pandemic. Of the 405 patients who completed the questionnaire, 240 (58.8%) had Crohn’s disease, 132 (32.6%) ulcerative colitis and 35 (8.6%) unclassified IBD. The median (IQR) age was 49 (28, 71). Two hundred seventy-three (67.4%) received biologics including patients on hospital-based (4.2%) infusions, outpatient-based infusions (26.7%) and home infusion (22.2%). Majority had other comorbidities, either heart (142/35.1%) or lung disease (19/4.7%), diabetes (225/4.4%), hypertension (75/19%), or obesity (13/3.1%). Most patients were at low risk for infection as they lived in a non-metropolitan area (291 patients, 71.8%).

We looked at the patient and their family’s experience with regards to multiple aspects of management of Coeliac disease during the government-imposed lockdown and various restrictions from March 2020 to November 2021. Methods: We designed a questionnaire to assess patient’s experience of management of their coeliac disease and included identifying symptoms during lockdown, access to gluten