

Title:
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Safety in Digestive Endoscopy during the ongoing Covid-19 pandemic

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Dear Editor,

We read with interest the study by Hernández-Camba et al. (1) about the little value found in antibody testing for Covid-19 before endoscopic procedures and we would like to make some comments

Nine months after the first state of alarm was declared in Spain due to the SARS-COV-2 pandemic, we know that infections in endoscopy staff are scarce if adequate protection is worn and non-urgent procedures are postponed in patients with active infection.

Therefore, the conclusions of the study appear to be, currently, self-evident. However, things were different at the time it was done. The study was performed during endoscopic activity resumption, after almost a full stop of most non-urgent endoscopic procedures. Furthermore, at that time, PCR tests on nasopharyngeal exudate were not widely available.

The authors point out that before the procedure, in addition to antibody testing, a previous questionnaire was carried out together with body temperature measurement. That questionnaire helped to discriminate a group of patients with symptoms who did not undergo endoscopy.

Antibodies were found in only four patients (1.9%) out of the 111 that were included in the study. This low positivity rate was similar to the global presence of antibodies in

the population of the Tenerife island, where the study was performed (2) -figure 1-.

There are several practical consequences that could be derived from the study by Hernández-Camba et al. (1). As a single province may have some health districts, the infection prevalence should be taken into account by such health areas instead of the entire province. As a consequence, in zones with the highest SARS-COV-2 incidence, perhaps it should be advisable to perform PCR testing prior to upper gastrointestinal procedures such as gastroscopy, enteroscopy, endoscopic ultrasound, and ERCP. It is known that “oral procedures” generate a large amount of aerosols.

Digestive Scientific societies have already made important recommendations on endoscopic activity during the ongoing pandemic (3, 4). In addition, other parameters should be defined, such as the number of procedures per room or the appropriate cleaning and ventilation between each procedure.

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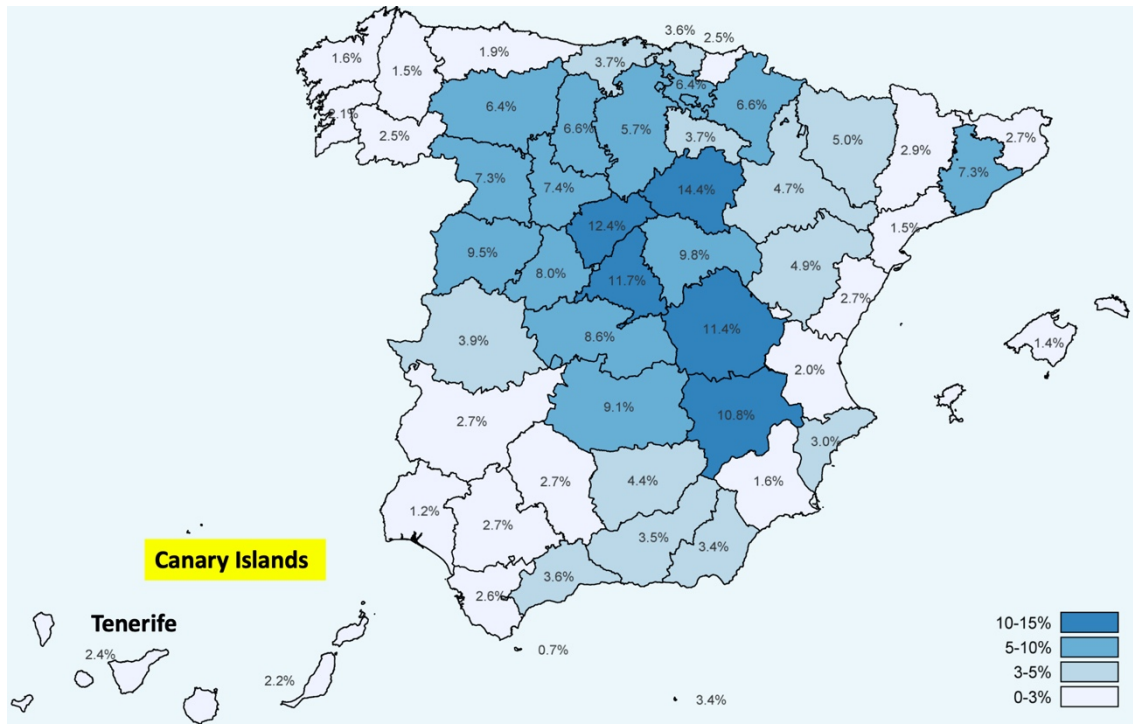


Figure 1: SARS-COV-2 seroprevalence rates in Spanish provinces up to June 22nd 2020 (source Spanish Ministry of Health)