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Correction to *Lancet Gastroenterol Hepatol* 2020; 5: 425–27

Mao R, Liang J, Shen J, et al. *Implications of COVID-19 for patients with pre-existing digestive diseases*. *Lancet Gastroenterol Hepatol* 2020; 5: 425–27—The fourth sentence of the third paragraph of this Comment should read “In this study,² 23 (2.1%) patients had hepatitis B infection; chronic hepatitis B infection did not seem to be associated with a severe course of COVID-19.” This correction has been made to the online version as of May 8, 2020.

Correction to *Lancet Gastroenterol Hepatol* 2020; 5: 649–57

Feld JJ, Cypel M, Kumar D, et al. *Short-course, direct-acting antivirals and ezetimibe to prevent HCV infection in recipients of organs from HCV-infected donors: a phase 3, single-centre, open-label study*. *Lancet Gastroenterol Hepatol* 2020; 5: 649–57—In this Article, in the first sentence of the Results section, the number of individuals who provided written informed consent should have been 83. This correction has been made to the online version as of June 15, 2020, and the printed version is correct.

Correction to *Lancet Gastroenterol Hepatol* 2020; 5: 667–68

Mao R, Qiu Y, He J-S, et al. *Manifestations and prognosis of gastrointestinal and liver involvement in patients with COVID-19: a systematic review and meta-analysis*. *Lancet Gastroenterol Hepatol* 2020; 5: 667–68—In this Article, due to errors in data extraction, data in figures 2–6 have been updated.

The appendix has also been updated. These changes do not materially affect the interpretation. The fifth sentence of the Findings in the Summary should read: “Subgroup analysis showed patients with severe COVID-19 had higher rates of abdominal pain (odds ratio [OR] 7.10 [95% CI 1.93–26.07]; $p=0.003$; $I^2=0\%$) and abnormal liver function including increased ALT (1.89 [1.30–2.76]; $p=0.0009$; $I^2=10\%$) and increased AST (3.08 [2.14–4.42]; $p<0.00001$; $I^2=0\%$) compared with those with non-severe disease.” The last sentence of the Findings should read: “Patients with gastrointestinal involvement tended to have a poorer disease course (eg, acute respiratory distress syndrome OR 2.96 [95% CI 1.17–7.48]; $p=0.02$; $I^2=0\%$).” In the sixth paragraph of the Results section, data for nausea or vomiting should read: “6% (5–9; range 1–19; $I^2=87\%$).” The legend for figure 3 should read: “Pooled estimate of the prevalence of abnormal liver chemistry in patients with COVID-19”. In the tenth paragraph of the Results section, the second and third sentences should read: “Patients with severe COVID-19 were more likely to present with abdominal pain (OR 7.10 [95% CI 1.93–26.07]; $p=0.003$; $I^2=0\%$) compared with those with non-severe disease. However, we found no significant difference between patients with severe and non-severe disease in loss of appetite (2.83 [0.92–8.69]; $p=0.07$; $I^2=64\%$), diarrhoea (1.22 [0.81–1.84]; $p=0.35$; $I^2=0\%$), or nausea or vomiting (1.11 [0.63–1.94]; $p=0.71$; $I^2=24\%$).” The first sentence of the 11th paragraph of the Results should read: “We found a higher risk of abnormal liver chemistry including increased ALT (OR 1.89 [95% CI 1.30–2.76], $p=0.0009$; $I^2=10\%$) and AST (3.08 [2.14–4.42]; $p<0.00001$; $I^2=0\%$; figure 6) in patients with severe COVID-19 than in those with non-severe disease.” The last sentence of paragraph 13 in the Results should read: “This trend was further confirmed by the finding that a larger proportion

of patients in Hubei had increased total bilirubin concentrations compared with those of patients outside of Hubei (appendix p 11).” In the penultimate paragraph of the Results, the third and fourth sentences should read: “Similarly, children with COVID-19 had a similar risk of liver injury to that of adult patients (9% [95% CI 3–21] vs 21% [9–43]; $p=0.0516$). However, children were less likely to present with increased ALT and AST compared with adult patients (appendix p 11).” The eighth sentence of paragraph five of the Discussion should read: “We found a higher prevalence of abdominal pain in patients with severe COVID-19 than in those with non-severe disease.” These changes have been made to the online version as of June 15, and the print version is correct.

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