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CEORL-HNS Statement to COVID-19

Dear colleagues,

The next few weeks/ months will be a very difficult time for us. Coronavirus is spreading rapidly throughout Europe and the world. Many of us are involved in emergency planning for our hospitals and outpatient clinics, while immediate contemporary ENT related issues are emerging. In fact, we are communicating within the CEORL-HNS on a daily basis, trying to keep track of available data and possibly coordinate advice, comment and recommendations at transnational level, even though we know that responsibility for combating COVID-19 comes under national health institutions and authorities, adapted according to their available resources and local realities.

Obviously, otolaryngologists are significantly exposed to viral exposure due to exhaled aerosol and droplets coming from the airway of our patients. Experience from Wuhan, but also now in Europe shows that ENT specialists are being mostly affected. Although COVID-19 is primarily a lower respiratory disease with the most common symptoms being fever and cough, we as otolaryngologists could easily be exposed to the droplets of also asymptomatic patients, putting us extremely in danger without appropriate personal protective equipment (PPE). Some preliminary data suggests that anosmia/hyposmia and taste disorders could be presenting before the patients get typical COVID-19 symptoms, thus, these signs could additionally be helpful for us to raise our awareness for establishing adequate protection on examinations.

We would like to summarize the current recommendations:

1) **Endoscopic examinations** should be **avoided** and only be indicated **when necessary**.

2) **Avoid non-urgent and non-cancer surgery**. In particular, *Endonasal Endoscopic Sinonasal Surgery* and *Laryngological Surgery* (especially jet ventilated - orotracheal intubation is more appropriate)_seems to be the riskiest procedures.

Tracheostomy is considered to be a particularly high-risk procedure during surgery but also in aftercare which could potentially also increase amount of PPE consumed many folds that are already universally in short supply. The need for tracheostomy in COVID-19 patients should be carefully assessed by a multidisciplinary team.

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COVID-19 should be excluded in patients undergoing surgery. If the acute medical condition does not allow it, it is necessary to consider the patient positive until the result is negative.

The most important goal right now is to preserve the health and the wellbeing of the health care professionals! Only healthy doctors and nurses can handle the upcoming extreme situation. It is absolutely necessary to use adequate protective equipment, to follow hygienic recommendations, and to sleep and rest as much as possible. In the case of incipient signs of upper respiratory tract infections are seen, behave responsibly towards your colleagues, patients and, if possible, stay at home. Unfortunately, already some of our speciality friends have been infected and receive treatment, but also tragically passed away in the most affected countries. Please use your PPE and protect yourselves according to the published guidelines.

None of us has an experience with this situation, which, moreover, changes very dynamically, on daily basis. It is important to share verified professional information. That is why we make these documents available in English:

Handbook of Covid-19 from the First Affiliated Hospital, Zhejiang University School of Medicine <http://www.britishlaryngological.org/news/covid-19-important-guidance>

COVID-19 information for health professionals www.entuk.org/covid-19

We will be closely tracking and informing you on the developing new information.

Please stay safe and well!

Best regards and good luck,

Cem Meco, President

Jan Plzak, General Secretary

Miro Tedla, Treasurer

on behalf of CEORL-HNS Presidential Council