

COVID-19 and EOE/EGID

This form is to be completed by a health care professional caring for a patient with EOE/EGID and documented coronavirus (COVID 19). The form should be completed after the patient has had COVID 19 for a long enough duration to experience partial or complete recovery, hospitalization, or death.

Thank you!

Reporting center information

Name of reporting center _____

Name of treating physician _____

email address of treating physician _____

Patient Demographics

Is patient older than 89 years old? Yes No

Year of birth _____

Age of patient at time of COVID-19 infection _____

Gender Male Female Other

Race/Ethnicity
*mark as many as apply

- Native American/Canadian/Alaska Native
- Black/ African American
- Arab
- Western European
- Native Australian
- Hispanic/Latino
- Eastern European
- South Asian (Indian)
- Asian
- White
- Other

If other, please detail _____

Country of residence

- Åland Islands
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia, Plurinational State of
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- Brunei Darussalam
- Bulgaria
- Burkina Faso
- Burundi
- Côte d'Ivoire
- Cambodia
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Congo, the Democratic Republic of the
- Cook Islands
- Costa Rica
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Falkland Islands (Malvinas)
- Faroe Islands

- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern Territories
- Gabon
- Gambia
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Holy See (Vatican City State)
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran, Islamic Republic of
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, Democratic Peoples Republic of
- Korea, Republic of
- Kuwait
- Kyrgyzstan
- Lao Peoples Democratic Republic
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libyan Arab Jamahiriya
- Liechtenstein
- Lithuania
- Luxembourg
- Macao
- Macedonia, the former Yugoslav Republic of
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia, Federated States of

- Moldova, Republic of
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar
- Namibia
- Nauru
- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Pakistan
- Palau
- Palestinian Authority -Gaza, Judea and Samaria
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn
- Poland
- Portugal
- Qatar
- Ré union
- Romania
- Russian Federation
- Rwanda
- Saint Barthélemy
- Saint Helena, Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Saint Martin (French part)
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Georgia and the South Sandwich Islands
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Swaziland
- Sweden
- Switzerland
- Syrian Arab Republic
- Taiwan, Province of China

- Tajikistan
- Tanzania, United Republic of
- Thailand
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela, Bolivarian Republic of
- Vietnam
- Virgin Islands, British
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

State or Territory of residence

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Federated States of Micronesia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Marshall Islands
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Northern Mariana Islands
- Ohio
- Oklahoma
- Oregon
- Palau
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virgin Islands
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

Smoking status

- No exposure
- Active smoker
- Passive exposure

Does patient have Asthma? Yes No Unknown

Does patient take chronic or preventive treatment for asthma (inhaled steroids, montelukast, biologics) Yes No Unknown

Has patient been hospitalized in the past year for asthma exccerbation? Yes No Unknown

Does the patient used inhaled Beta-agonists (EG albuterol etc.) more than 2/week? Yes No Unknown

Does the patient have Atopic dermatitis? Yes No Unknown

Does the patient have Allergic rhinitis? Yes No Unknown

Does the patient have food allergy? Yes No Unknown

If yes, please detail _____

Does the patient suffer from any other chronic disease other than EOE/EGID? Yes No

Please detail _____

EOE/EGID information

Type of EOE/EGID

*mark as many as apply

Eosinophilic Esophagitis (EOE)

Eosinophilic Gastritis (EG)

Eosinophilic Enteritis (EE)

Eosinophilic Colitis (EC)

Year of diagnosis _____

Age at diagnosis _____

Lab work performed in the 4 months prior to the COVID-19 infection:

Eosinophils $10^3/uL$ Not Done

Eosinophils result _____

WBC $10^3/uL$ Not Done

WBC result _____

Hemoglobin (gr/L) (gr/dL) Not Done

Hemoglobin result _____

Albumin gr/L gr/dL Not Done

Albumin result _____

ESR mm/h Not Done

ESR result _____

CRP mg/L
 mg/dL
 mg/%
 Not Done

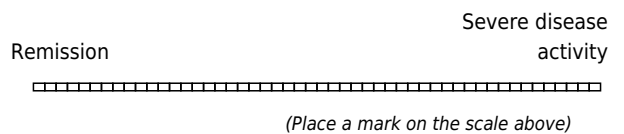
CRP Upper Limit of Normal _____

CRP result _____

EOE/EGID-related disease activity

Global assessment of disease activity prior to COVID-19 exposure Complete remission (clinically and, as much as known, also histologically)
 Clinical remission (but, as much as known, histologically active)
 Mild disease activity
 Moderate disease activity
 Severe disease activity

Longitudinal physician global assessment -
Make your global assessment of the patient's EoE/EGID disease severity in the year prior to infection.



Imaging

Type of last imaging prior to COVID-19 infection US
 MRE
 CTE
 Barium Swallow

Year of last imaging test _____

Imaging results _____

Endoscopic assessment (upper endoscopy or ileocolonoscopy or video endoscopy)

Year of last endoscopic assessment _____

Assessment of endoscopic severity None
 Mild
 Moderate
 Severe

Please describe endoscopic results _____

EOE/EGID-related treatments

Please select current EOE/EGID medication (within 3 months of infection)

*Mark as many as apply

In this section, questions about stopping treatment refer to stopping PRIOR to the COVID-19 infection.

- Dietary Elimination
- Swallowed Topical Steroids
- Systemic Steroids
- PPI
- Azathioprine/6mp
- Enteric Budesonide
- Anti IL-5 (Mepolizumab, Reslizumab)
- Anti IL-5 receptor (Benralizumab)
- Dupilumab
- Vedolizumab
- Omalizumab
- Anti Siglec-8 antibody
- Montelukast
- Cromolyn
- Ketotifen
- Other

Dietary Elimination: What elimination?

Was Dietary Elimination undertaken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Dietary Elimination stopped?

Swallowed Topical Steroids: Type of Steroid

- Viscous budesonide
- Jorveza
- Fluticasone inhaler
- Other

other: please specify

Were Swallowed Topical Steroids taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Swallowed Topical Steroids stopped?

Swallowed Topical Steroids: Dose (mg/dose)

Swallowed Topical Steroids: Number of Doses per day

Were Systemic Steroids taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Systemic Steroids stopped?

Systemic Steroids: Dose (mg/dose)

Systemic steroids: Number of doses per day

Were PPI taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was PPI stopped?

PPI: Dose (mg/dose)

PPI: Number of doses per day

Was Azathioprine/6mp taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Azathioprine/6mp stopped?

Azathioprine/6mp: Dose (mg/dose)

Azathioprine/6mp: Number of doses per day

Was Enteric Budesonide taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Enteric Budesonide stopped?

Budeson: Dose (mg/dose)

Budeson: Number of doses per day

Was Anti IL-5 (Mepolizumab, Reslizumab) taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Anti IL-5 (Mepolizumab, Reslizumab) stopped?

Anti IL-5 (Mepolizumab, Reslizumab): Dose (mg/doses)

Anti IL-5 (Mepolizumab, Reslizumab): Interval between doses (weeks)

Was Anti IL-5 receptor (Benralizumab) taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Anti IL-5 receptor (Benralizumab) stopped?

Anti IL-5 receptor (Benralizumab): Dose (mg/dose)

Anti IL-5 receptor (Benralizumab): Interval between doses (weeks)

Was Dupilumab taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Dupilumab stopped?

Dupilumab: Dose (mg/dose)

Dupilumab: Interval between doses (weeks)

Was Vedolizumab taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Vedolizumab stopped?

Vedolizumab: Dose (mg/dose)

Vedolizumab: Interval between doses (weeks)

Was Omalizumab taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Omalizumab stopped?

Omalizumab: Dose (mg/dose)

Omalizumab: Interval between doses (weeks)

Was Anti Siglec-8 antibody taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Anti Siglec-8 antibody stopped?

Anti Siglec-8 antibody: Dose (mg/dose)

Anti Siglec-8 antibody: Interval between doses (weeks)

Was Montelukast taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Montelukast stopped?

Montelukast: Dose (mg/dose)

Montelukast: Number of doses per day

Was Cromolyn taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Cromolyn stopped?

Cromolyn: Dose (mg/dose)

Cromolyn: Number of doses per day

Was Ketotifen taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was Ketotifen stopped?

Ketotifen: Dose (mg/dose)

Ketotifen: Number of doses per day

If other, please detail

Was this treatment (other) taken at the time of the COVID-19 infection?

Yes No

How many weeks before the infection was this treatment (other) stopped?

Other: Dose (mg/dose)

Other: Number of doses per day

Has the patient ever had an esophageal dilation?

Yes No

Was an esophageal dilation performed during the last 3 months prior to COVID-19 infection?

Yes No

Does the patient currently have a feeding tube?

Yes No

Past EOE/EGID treatments (discontinued at least 3 months prior to infection)

- Dietary Elimination
- Swallowed Topical Steroids
- Systemic Steroids
- PPI
- Azathioprine/6mp
- Enteric Budesonide
- Anti IL-5 (Mepolizumab, Reslizumab)
- Anti IL-5 receptor (Benralizumab)
- Dupilumab
- Vedolizumab
- Omalizumab
- Anti Siglec-8 antibody
- Montelukast
- Cromolyn
- Ketotifen
- Other

Was patient receiving any other medication not related to EOE/EGID

Yes No

Please detail:

COVID-19- related data

The COVID-19 diagnosis was

Confirmed Suspected

Year of COVID-19 diagnosis

Confirmation based on:

Why was this suspected case not confirmed by virology testing?

Patient weight (kg) closest to COVID-19 infection

Patient height (cm) closest to COVID-19 infection

Who was the index contagious case, if known

- parent
- spouse
- child
- work contact
- travel out of the country of residence
- neighbor
- other
- unknown

Presenting symptoms

*mark as many as apply

- Asymptomatic
- Low fever (38°C-39°C)
- Highest fever >39°C
- Cough
- Dyspnea
- Runny nose
- Other

Other: please detail

Severity of COVID 19 infection

- asymptomatic
- mild
- moderate
- severe
- unknown

COVID-19 related hospitalization

- Yes
- No

Number of hospitalization days

Intensive Care Unit admission

- Yes
- No

Mechanical ventilation

- Yes
- No

ECMO

- Yes
- No

Total days from symptoms to clinical resolution of the infection

Were there residual symptoms related to COVID-19 at time of report?

- Yes
- No

If yes, please detail

Did the patient receive any antiviral medication

- Yes
- No
- Unknown

Name of antiviral medication

Did the infection induce a flare of the EOE/EGID?

- Yes
- No
- Unknown

If yes, please specify:

- Mild
- Moderate
- Severe

Did you stop the EOE/EGID treatment because of the COVID-19 infection?

- Yes
- No
- Unknown

Which EOE/EGID medication was stopped?

Was treatment re-started?

- Yes
- No

For how many weeks had the treatment been stopped?

Death

- Yes
- No

Any other comments?
