

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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. importantly, no endoscopy-related COVID-19 nosocomial infections have been reported because of the strict execution of screening protocols in our center. Our experience demonstrates that strict screening procedures may prevent the spread of COVID-19 during digestive endoscopy during the resuming period.

DISCLOSURE

All authors disclosed no financial relationships.

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Resource-sparing urgent endoscopies by a mobile on-call team in the Paris area during the COVID-19 outbreak

To the Editor:

We have read with interest the article by Repici et al.¹ Our institution, Assistance Publique—Hôpitaux de Paris (APHP), brings together 39 university hospitals in the Greater Paris area, comprising 16 endoscopy units. In the context of the COVID-19 outbreak, only urgent endoscopy acts are performed, whereby COVID-19–dedi-

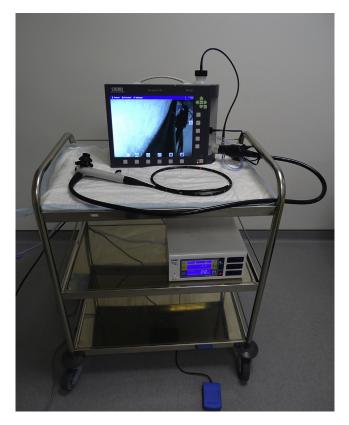


Figure 1. Endoscopic setup in the critical care unit: 7-kg portable processor, gastroscope, 3-kg portable power source with blue foot pedal for bipolar electrocoagulation.

cated medical and critical care units are mobilized. We report herein on how a mobile Parisian on-call endoscopy team (POET) performs urgent endoscopy acts outside regular hours, by means of portable equipment, in a dense urban area (6.7 million inhabitants within 762 km²), thereby allowing the most effective use of manpower where and when needed.

There are 3 such on-call teams operating in Paris and its suburbs. We decided to extend the outreach of POET (usually within the Paris city limits) to the whole Greater Paris area. POET is based in the Saint-Antoine Hospital in Paris, where reprocessing and equipment storage take place. The team comprises, for each round of interventions, a senior physician and a paramedic, both specialized in endoscopy. These caregivers are used in one of the APHP hospitals, and they have clearance to perform urgent procedures in all the critical care units of these hospitals. Therefore, patients from outside hospitals or clinics in the greater Paris area are transferred for endoscopy to one of these APHP sites. The mobile team is equipped with a 7-kg portable processor (Telepack X GI, Karl Storz, Tuttlingen, Germany), 3 endoscopes (GI Silver Scope Series, Karl Storz), a 4-kg portable power source (Vio 100C, Erbe, Tuebingen, Germany), and ancillary tools (Fig. 1), carried on a foldable moving cart (Fig. 2). POET relies on transportation by taxicab from each hospital to the next



Figure 2. Attending endoscopist *(rigbt)* and registered nurse *(left)* wearing "low-risk" personal protective equipment, at the doorstep of the critical care unit. Foldable moving cart stacked with portable equipment, stored in suitcases (from *top* to *bottom*: power source, 2 gastroscopes, ancillary tools, and processor).

to perform urgent procedures. All necessary precautions and procedures are those described in the recent publication by Repici et al. 1

This new organization allows a more optimal deployment of caregivers in other departments. A mobile team reduces the need to transport patients at a time when the ambulance system and logistics are saturated. We expect that it also probably reduces the risk of dissemination of the virus. Furthermore, street traffic is virtually nonexistent because of the restrictions on travel, which allow rapid transit between hospitals. We believe that this system simplifies how urgent endoscopies are performed at a time of crisis when smart protocols and logistics procedures are critical.

DISCLOSURE

Dr Camus is a consultant for Boston Scientific and Cook Medical. Dr Dray is a consultant for Boston Scientific, Fujifilm, Medtronic, Pentax, Alfasigma, Bouchara, and Recordati and a cofounder of, and a shareholder in, Augmented Endoscopy. The other authors disclosed no financial relationships.

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ERCP during the pandemic of COVID-19 in Wuhan, China

To the Editor:

We read with great interest the recent articles by Repici et al^1 and Soetikno et $al.^2$ An outbreak of a novel coronavirus pneumonia spread rapidly through the whole country and is now a worldwide pandemic. Up until

Paris, France