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to make the raw consolidated data from this web-based case report form open access.

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admission to an intensive-care unit or intubation) might be difficult.

The European Academy of Neurology (EAN) aims to gather evidence about the neurological impact of COVID-19. Encompassing 45 000 European neurologists, 47 European National Neurological Societies, and ten associate National Societies from Africa and Asia, the EAN has created a multidisciplinary task force, the EANcore COVID-19, to develop: diagnostic and treatment recommendations for patients with COVID-19 with all subgroups of neurological condition; an online Neuro COVID-19 survey on neurological complications of COVID-19 (for which more than 4200 responses have been already received as of April 30, 2020); and the EAN Neuro COVID-19 registry, which arises from a collaboration with the Italian, Spanish, and Portuguese neurological societies and aims to collect standardised information about demographics, comorbidities, general and neurological manifestations, and course and outcome of COVID-19. This registry, launched on April 29, 2020, will be offered by the EAN to all interested neurologists, neurology departments, and National Societies, together with the necessary ethical, methodological, and technical support. EAN will also provide a platform for rapid COVID-19-related literature alerts and information.

Difficult times ask for innovative and courageous solutions. Neurologists are called on to play their part. The EAN is ready to support and join international efforts to alleviate the medical consequences and also the burden associated with the COVID-19 pandemic.

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A call for a global COVID-19 Neuro Research Coalition

Reports are emerging at a rapid pace that the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) affects the nervous system in various ways. Preliminary data from Wuhan, China, suggest that neurological manifestations are present in more than 30% of patients presenting with coronavirus disease 2019 (COVID-19).¹ Neurological features range from quite diffuse neurological signs and symptoms like headache, dizziness, reduced level of consciousness, confusion, diffuse corticospinal tract signs, and paraesthesia, to more specific manifestations, such as seizures, stroke, encephalitis, or meningoencephalitis, and myopathy.^{1,2} To date, SARS-CoV-2 has not been detected in the neural

For EAN survey on neurological symptoms in patients with COVID-19 see https://www.surveymonkey.com/r/eansurvey_lancet

For more information on how to express interest in the registry see <https://forms.gle/xBbrwcjRTxvQnuzj7>

For the EANcore COVID-19 website see https://www.ean.org/eansurvey_lancet

This online publication has been corrected. The corrected version first appeared at [thelancet.com/neurology](https://www.thelancet.com/neurology) on July 20, 2020

A call from the European Academy of Neurology on COVID-19

The frequency, determinants, and evolution of neurological manifestations associated with coronavirus disease 2019 (COVID-19) remain unknown, because of few available data and the retrospective nature of most reports.¹⁻⁴ Furthermore, the possible neurotropic nature of the virus (leading to dyspnoea and respiratory failure) is yet to be confirmed.⁵

Neurologists are facing many other challenges in the current pandemic, including the management of older patients and those with pre-existing neurological disorders for whom ethical decisions about escalation of care (eg,