

March 16, 2020

COVID-19 and cardiac device patients

Dear Colleagues,

With the declaration of COVID-19 as a pandemic by the World Health Organization on March 11, 2020, it becomes increasingly important to take precautionary measures to prevent the spread of the novel coronavirus to our patients. Basic preventive measures include regular handwashing, social distancing, and self-isolation or quarantine when appropriate.

Many hospitals and clinics will be looking at minimizing nonessential facility visits in order to slow the potential spread of this virus. Cardiac implantable electronic device (CIED) clinics often involve large numbers of patients visiting the facilities in person in fairly close quarters, both in the waiting areas as well as in the clinic rooms. These clinics therefore represent an area where non-critical hospital visits may be avoided or deferred during the highest risk periods to reduce the spread of COVID-19.

SPECIFIC RECOMMENDATIONS:

We recommend that all patients who presently have remote monitoring available for their devices should be followed up using the remote monitor system rather than showing up for in-person clinic visits during the period of social distancing. If the device is found to be functioning well, then routine clinic visits could be deferred until the situation stabilizes.

We recommend that low-risk patients who are not on remote monitoring but scheduled for routine clinic visits should defer those visits if it is felt to be safe. Low risk patients include asymptomatic patients with adequate device battery longevity, nondependent pacemaker patients, and primary prevention ICD patients without heart failure or arrhythmia symptoms.

Higher risk patients include pacemaker dependent patients nearing the expected battery depletion time of their device, ICD patients with recent syncope or shocks, any device patient with recent symptoms possibly related to device malfunction such as syncope or heart failure exacerbations, or any patients suspected of having a device infection. These higher risk patients who are not on remote monitoring should be seen according to usual individual CIED clinic guidelines. In these cases, all possible steps should be taken to minimize the risk of possible viral spread according to hospital guidelines.

Finally, for patients with an intermediate risk such as nondependent patients nearing battery depletion, an individualized approach to the need for follow-up should be taken.



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16 mars, 2020