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Management of Cardiac Patients During the COVID-19 Pandemic

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SARS-CoV-2 is a novel RNA-virus belonging to the coronavirus family that induces coronavirus disease 2019 (COVID-19). After its first clinical manifestations at the end of 2019 [1–4], the virus rapidly spread due its high contagiousity and COVID-19 was defined as a pandemic by the World Health organization (WHO) [5]. While initially, COVID-19 was considered as an infectious air way disease, it has soon become clear that other organs may as well be severely affected or even dominate the clinical presentation like cardiac or renal failure or extensive thrombotic manifestations [6].

Besides its high contagiousity that makes spread from one individual to another easy and rapid, via respiratory droplets and aerosols, the virus present in the throat can spread before onset of any symptoms and signs of disease of the carrier. Although the threat of the virus is highest for elderly patients and patients with underlying morbidities like asthma, diabetes mellitus, and heart disease, many patients, especially children and younger adults, may not become ill but may be carriers of the virus and, thus, distribute it. This makes management of patients during these times of the pandemic so challenging since apparently healthy asymptomatic patients may harbor the virus. Front line care givers are especially susceptible of infection since they are first responders to the COVID-19 outbreak. This

requires special precautions when patients come for cardiac evaluation either for routine check-up or follow-up or even during emergencies. Hazards include exposure to the pathogen, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence. The WHO and other organizations have highlighted the rights and responsibilities of health workers, including the specific measures needed to protect occupational safety and health [7].

In this special issue of the Journal of the Saudi Heart Association, important and timely topics on how to manage patients with suspected or proven SARS-CoV-2 infection when in need of cardiological care, are addressed by several authors from the Kingdom of Saudi Arabia. In these manuscripts, measures to risk stratify patients with cardiac disease to avoid contamination and infection of others in the health care setting are presented and discussed. Several priorities emerge that should be estimated when a patient with suspected or confirmed SARS-CoV-2 infection is to be admitted to a health care setting. This includes an evaluation of the urgency of the clinical presentation with high priority in case of acute coronary syndrome, acute decompensated heart failure, or hemodynamically compromising and potentially life-threatening arrhythmias. Most important is the protection of the health care personnel in case that a patient harbors the virus but as well as important is the protection of the patient getting infected. These considerations

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and the necessary protective measures in the setting of diagnostic and therapeutic measures are discussed in the five[8–12] articles that make up this special issue of the Journal.

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Declaration of Competing Interest

The authors declare no conflict of interest.

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