

ICC Specific Advice

General Advice:

All symptomatic patients should follow relevant government advice on COVID-19 provided by the 111 website and call line, please state your condition. In an emergency please dial 999 and state your condition.

All patients should follow government advice on social distancing and work from home.

Patients with LQTS/CPVT/Idiopathic VF:

LQTS/CPVT/IVF patients are not at specific higher risk from COVID-19 infection.

Long QT syndrome patients infected with COVID-19 who receive antivirals and/or chloroquine/hydroxychloroquine will require ECG monitoring in case of exacerbation of QT prolongation and increased risk of arrhythmias during therapy.

If you are a keyworker you can continue to work.

Low Risk Brugada Patients:

1. Patients without an ICD who are not in a higher risk category will have all of the following:
 - a. a drug-induced type 1 ECG pattern,
 - b. no symptoms of syncope and;
 - c. no sign of a spontaneous type 1 pattern on follow-up.
2. The risk of visiting the emergency department and contracting COVID-19 is likely to outweigh the risk of a life-threatening event.

Advice:

3. All low risk patients should self-treat with paracetamol immediately if they develop signs of fever and self-isolate at home.
4. Attendance at hospital should then be dictated by other symptoms as per 111 or a non-COVID-19 related emergency.

If you are a keyworker you can continue to work.

Brugada patients with an ICD:

Patients with fever who have an ICD can isolate at home and follow guidance provided by 111.

We recommend social distancing even if you are a key worker.

Higher Risk Brugada Patients:

1. Patients without an ICD who are at higher risk due to fever include:
 - a. sodium channel mutation (P/LP variant) carriers with or without a type 1 ECG pattern,
 - b. children and young adults (under 26 years old) and the elderly (over 70 years) with Brugada syndrome;
 - c. all patients with a spontaneous type 1 Brugada pattern; and/or
 - d. all patients with cardiac syncope.

Advice:

1. All higher risk patients should self-treat with paracetamol immediately if they develop signs of fever and self-isolate.
2. If higher risk patients without an ICD develop a persistent high fever (>38.5C) despite paracetamol, they should contact 111 by phone, stating their condition, and may need to attend A+E*. A+E will need to be advised either by 111 or by the patient that they will attend to allow assessment by staff with suitable protective equipment. Assessment should include an ECG** and monitoring for arrhythmia. If an ECG shows the type 1 Brugada ECG pattern, then the patient will need to be observed until fever and/or the ECG pattern resolves. If all ECGs show no sign of the type 1 ECG pattern, then they can go home to self-isolate.

* A+E attendance may be regulated according to the capacity of service and risk of COVID-19 infection.

** ideally three different ECGs with V1 and V2 in the 4th, 3rd and 2nd intercostal spaces should be taken.

We recommend social distancing even if you are a key worker.

Higher Risk Patients with Cardiomyopathy:

Patients who are at increased risk of complications of infection who will require strict self-isolation to reduce the chance of contracting the virus:

1. Dilated, arrhythmogenic and hypertrophic cardiomyopathy patients with LV impairment and/or symptomatic left heart failure.
2. Arrhythmogenic cardiomyopathy patients with RV impairment and/or symptomatic right heart failure.
3. Symptomatic hypertrophic cardiomyopathy with or without significant obstruction.

If you do not fall into this group and you are a key worker – you will be able to continue working.