



Vice President Mike Pence  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

April 1, 2020

Dear Vice President Pence:

I am writing on behalf of the Heart Rhythm Society (HRS) to provide recommendations on how the White House Coronavirus Task Force and federal agencies can support healthcare professionals in desperate need of resources. HRS represents more than 6,700 specialists in cardiac pacing and electrophysiology, consisting of physicians, scientists and their support personnel. Electrophysiology is a distinct specialty of cardiology, with eligibility for board certification in clinical cardiac electrophysiology through the American Board of Internal Medicine, as well as in cardiology.

With more than 40% of the cardiology encounters being arrhythmia related and 17% of COVID-19 patients manifesting arrhythmias, which are a common cause of fatal outcomes in this disease, the current situation puts electrophysiologists on the frontline of this healthcare crisis. We are dedicated to taking care of all patients, and we need assistance during this pandemic. Thousands of people are dying worldwide, and we must have the tools to save lives. It is urgent.

As the pandemic spreads and continues to affect more people, it is imperative that we have access to personal protective equipment (PPE). The scientific community in the United States has learned from our colleagues in Asia and Europe. The SARS-CoV-2 virus that causes COVID-19 is highly contagious, associated with high viral loads in the upper respiratory tract and potential for viral shedding and transmission in patients who are without symptoms before they manifest overt symptoms of cough or fever. Limitations in testing capability in the US and transmission through droplets with the potential for viral persistence on surfaces that can be on the order of hours to days have created challenges to pandemic containment. Patients with COVID-19 may also present with seemingly unrelated medical problems or symptoms, such as digestive system symptoms, shortness of breath masquerading as heart failure, or palpitations suggesting arrhythmias. Such presentations may not trigger immediate triage and isolation, thereby potentially exposing healthcare providers, including cardiac electrophysiology personnel, who currently do not routinely wear PPE due to the need to conserve these diminishing resources. However, alarmingly we have knowledge of swaths of healthcare workers, including electrophysiology and cardiac physicians and personnel, who have been exposed, are COVID-19 positive, awaiting test results, or symptomatic but unable to undergo testing.

There are lessons learned from the tragic experiences in other countries. In China, containment in Wuhan and minimization of healthcare worker exposure has been attributed to routine wearing of surgical masks and gloves, a practice that has not been able to be encouraged in the US due to anticipated shortages. Obstacles to wide testing of our patients and fellow healthcare workers make the new clinical practice for empiric PPE even more fundamental to preventing the spread of the disease. Running out of PPE has led to the death of healthcare providers in Italy.

Confirmed cases in the United States have topped the totals in China and Italy, making the US the center of this global outbreak. The tally of death of physicians and other healthcare professionals is increasing, and the escalation of this crisis is faster than we had anticipated. Adequate PPE could have prevented this loss of life. Estimates from colleagues at the Brigham and Women's Hospital in Boston report that almost 60 physicians are infected with COVID-19 at their hospital alone. Electrophysiologists in New York City- the epicenter in the US- report that PPE remains in short supply, particularly gowns and N95 masks. The lack of PPE and the danger to healthcare providers is compounded by the reality of rationing who to place on ventilators based upon likelihood of survival. There is a critical shortage of ventilators and

IV pumps and New York City is experiencing dire shortages of skilled nurses – both in the critical care units as well as on the medical floors. In Ohio, which is just entering the surge period, 16% of COVID-19 positive cases are healthcare workers as of March 25, 2020, a number that is undoubtedly increasing, as more recent data report that in one Ohio county 26% of COVID-19 cases are healthcare workers. Throughout the country we prepare and brace ourselves for the tragedy that is bound to repeat if we do not have adequate resources.

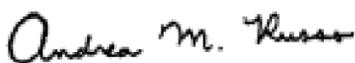
To avoid further tragic consequences and to ensure our ability to continue to care for our critically ill patients during the COVID-19 pandemic, we must have ready access to PPE. We need N95 masks, surgical masks, sterile and nonsterile gloves, eye protection, and surgical gowns to help ensure our ability to continue to provide patient care. Just as the healthcare system has wholly diverted resources to combating the COVID-19 pandemic, national resources need to be re-directed to increase production of needed supplies for not only healthcare providers but the general population at risk. This will require funding, mandates and federal resource assistance to provide these supplies and the redirection of industries to support production and distribution. As the peak of this pandemic is projected to occur within the next 2-3 weeks, this need is an emergency. As more and more COVID-19 positive patients are being hospitalized, our use of and need for PPE and ventilators will escalate. We urge you to continue to use all authorization and funding available to ensure production and distribution of critical medical supplies and equipment, including PPE and ventilators.

Reducing morbidity and mortality is dependent on evidence-based guidance to target and guide the allocation of resources to provide the desperately needed tools to care for people who are sick and dying of COVID-19. Guidance promulgated by HRS and its partners entitled **Guidance for Cardiac Electrophysiology During the Coronavirus (COVID-19) Pandemic from the Heart Rhythm Society COVID-19 Task Force; Electrophysiology Section of the American College of Cardiology; and the Electrocardiography and Arrhythmias Committee of the Council on Clinical Cardiology, American Heart Association** on the [Heart Rhythm journal website](#). We urge the Task Force to use this document to support evidence-based decisions to fight this pandemic.

HRS stands ready to partner with all stakeholders to ensure that heart rhythm care specialists are prepared to provide the safest and most effective care during this crisis. We ask that the federal government lead by example, devoting all its resources to help all healthcare providers provide the best possible care to save our patients.

If you have questions about the recommendation or the evidence cited in the accompanying Guidance document, please contact Laura Blum, Heart Rhythm Society's Vice President for Provider and Patient Advocacy at [lblum@hrsonline.org](mailto:lblum@hrsonline.org).

Sincerely,



Andrea M. Russo, MD, FHRS  
President