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The JCF in the Time of COVID-19

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Like the influenza epidemic of 1918, the COVID-19 pandemic of 2020 will long be remembered as a landmark event in world history. At the time of this writing, more than 7.8 million people have been infected across the globe, and the number of deaths from COVID-19 is approaching 450,000. In the U.S., 2 million people have been infected with SARS-CoV-2 and there have been more than 105,000 deaths. The pandemic has impacted all aspects of life for everyone, everywhere.

In healthcare, in addition to the direct effects of the virus on infected individuals and their families, COVID-19 has dramatically altered how we deliver care and how, or even if, patients seek and receive care. Virtual healthcare and telehealth, largely on the margin before COVID-19, are now at the forefront. Unfortunately but understandably, patients with serious health conditions, including acute heart failure, are staying home – often because they are afraid to go to the Emergency Department for fear of contracting COVID-19. While the full impact of this widespread reluctance to seek essential medical care remains to be elucidated, it is certain that it is contributing to the overall toll of the virus.

COVID-19 has spawned an explosion of research into the basic biology of SARS-CoV-2 in an effort to rapidly develop effective therapies and vaccines. As well, there has been an exponential increase in clinical research to better understand the clinical features of the disease and factors affecting its course and prognosis. Early on, investigators from Wuhan, China recognized that up to 25% of patients with severe COVID-19 developed cardiac complications, including elevated troponin, arrhythmias, and heart failure. Further, those with cardiac manifestations were at substantially increased risk for fatal outcomes. For these reasons, much research has focused on the cardiac aspects of COVID-19, and most major cardiology journals have seen a surge in COVID-19-related submissions.

At the *Journal of Cardiac Failure*, we have received more than 60 communications pertaining to COVID-19, and we have endeavored to provide expedited reviews and editorial decisions on all of these papers in light of the time-sensitivity of their content. In this edition of the *Journal*, we feature 6 of these original communications in what is a wholly unplanned mini-focus issue.

In response to the need for practical guidelines for the use of virtual visits in patients with heart failure, the Heart Failure Society of America (HFSA) developed a Consensus Statement describing best practices, associated policy and reimbursement changes, and technological considerations, including a survey of available platforms (doi: 10.1016/j.cardfail.2020.04.008. [Epub ahead of print 18 APR 2020]). A podcast featuring two of the authors of the report – Drs. Eiran Gorodeski and Parag Goyal – is also available on the HFSA website (hfsa.org/research/heart-failure-beat-podcast-provider-series).

Other articles in this issue include a report of 13 patients with heart transplants who were infected with SARS-CoV-2, a perspective on unique patterns of cardiac involvement in COVID-19, a review of possible mechanisms underlying elevated troponin levels in COVID-19 (doi: 10.1016/j.cardfail.2020.04.009 [Epub ahead of print 18 APR 2020]), two research letters related to the decline in admissions for heart failure during the pandemic, and 3 letters to the editor.

It is also reassuring that non-COVID related heart failure research is going strong. The current issue includes several important papers reporting novel findings unrelated to COVID-19. We present reports on changes in left ventricular (LV) structure and function in patients undergoing extended hemodialysis and on sex differences in remodeling in patients with left ventricular assist devices (both with excellent accompanying editorials). Two papers address associations between heart transplant center volumes and outcomes, while another study describes the relationship between left ventricular filling pressure and inferior vena cava measurements in patients with heart failure and preserved LV function. We also include a report on valsartan-sacubitril and tachyarrhythmias in an animal model.

While the trajectory of COVID-19 remains uncertain in the U.S. and around the world, the pandemic will continue to impact the care of patients with heart failure for many months to come, and it seems likely that some aspects of the response to COVID-19, including the rise in virtual visits, will fundamentally alter the practice of medicine, perhaps forever.

Like everyone everywhere, we at the JCF look forward to the time when “life as we know it” gets back to some semblance of “life as we knew it”, an odd thing for an old hippie (MWR) to say! In the meantime, to all of you involved in the care of patients with heart failure – thank you for all that you do and for your unflinching efforts in these most unusual and challenging times. Stay safe and stay well!

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