



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

119886**COVID-19 and dementia: Recommendations from the Italian dementia national plan working group**

Marco Canevelli^{ab}, Ilaria Bacigalupo^b, Giulia Remoli^b, Emanuela Salvi^c, Teresa Di Fiandra^d, Nicola Vanacore^b, ^a*Sapienza University of Rome, Department of Human Neurosciences, Rome, Italy*, ^b*National Institute of Health, National Center for Disease Prevention and Health Promotion, Rome, Italy*, ^c*National Institute of Health, Pharmacoepidemiology Unit, National Centre for Drug Research and Evaluation, Rome, Italy*, ^d*Ministry of Health, General Directorate for Health Prevention, Rome, Italy*

Background and aims

Worldwide, about a fifth of those who died with COVID-19 were affected by dementia. A high number of excess deaths among people with dementia living in Italy was documented during the first wave of the epidemic. Based on such data, the Italian Dementia National Plan Working Group produced a report addressed to caregivers and healthcare professionals for the management and support of patients with dementia during the pandemic.

Methods

Between September and October 2020, 11 online meetings were organized by the members of the Working Group. Documents produced by national and international Organizations were collected and analyzed together with the specific scientific literature on dementia and COVID-19. After reaching a consensus, recommendations for different health care settings were provided.

Results

The report is structured into four sections: 1) reorganization of clinical and social care activities (e.g. swab execution procedures, management of behavioral disorders, accessibility to invasive treatments); 2) assistance in home settings; 3) care and support in day centers and residential structures (e.g. management of group activities in full safety, visits by family members); 4) training for health and social personnel (e.g. training on frequent atypical presentation of COVID-19 like delirium). The report "Interim guidance for the appropriate support of people with dementia in the current COVID-19 pandemic scenario" was sent to 4,609 representatives of outpatient dementia care services. Additional videos and iconographic materials were released to improve the diffusion of the main contents (<https://www.epicentro.iss.it/demenza/demenze-covid19-report-ISS-2020>).

Conclusions

The impact of the report will be assessed throughout the pandemic with dedicated initiatives.

doi:[10.1016/j.jns.2021.119886](https://doi.org/10.1016/j.jns.2021.119886)

119887**Longitudinal-transvers myelitis in asymptomatic COVID-19 convalescent**

Piotr Błaszak, Agnieszka Witowska, Robert Bonek, *Regional Specialistic Hospital in Grudziadz, Neurology and Neuroimmunology, Grudziadz, Poland*

Background and aims

There is a wide variety of viruses that can predispose to longitudinal-transvers myelitis in humans and COVID-19 seems to be no different. Here we would like to present the case of a 45-year-old male, COVID-19 convalescent, with family history of sclerosis

multiplex. He was admitted to the Department of Neurology and Neuroimmunology in late October 2020 after being hospitalized on Internal Diseases ward due to urine congestion, constipation and progressive lower limbs palsy.

Methods

A series of tests and imaging studies led to the diagnosis of longitudinal-transvers myelitis of undetermined cause. We run cerebrospinal fluid and serology tests to search for immune background, however we have not found any specific antibodies present nor any other typical cause. The patient denied any COVID-19 related symptoms in recent past, and he had no record of positive COVID-19 PCR test. We run another blood test to determine whether had he underwent COVID-19 infection asymptotically. The man turned out to be seropositive for anti-SARS-CoV-2 and anti-SARS-CoV-2 IgG antibodies that confirmed our suspection. We introduced treatment with steroids after which neurologic symptoms subsided.

Results

There are known cases of myelitis in COVID-19 patients and convalescents, however, there usually is a history of previously detected and symptomatic infection and myelitis onset begins between day 7–10 after first COVID-19 symptoms.

Conclusions

In present era it would seem to be crucial to screen patients with myelitis for anti-SARS-CoV-2 seropositivity.

doi:[10.1016/j.jns.2021.119887](https://doi.org/10.1016/j.jns.2021.119887)

119888**The risk of coronavirus disease (COVID-19) transmission to health workers in the neurology medical service at Dr. Cipto Mangunkusumo National Hospital, Jakarta**

Ahmad Yanuar Safri, Riwanti Estiasari, Kartika Maharani, Astri Budikayanti, Ediva Pradiptaloka, Jovita Stephanie, Darma Imran, July Kumalati, *University of Indonesia, Neurology, Jakarta, Indonesia*

Background and aims

Background and Aims COVID-19 transmission in the hospital environment is a serious threat to the patients and health or non-healthcare workers. Previous research identified changes in patients' status to COVID-19 positive during the treatment period reached 10.06%; indicated the high risk of transmission, including in neurology treatment area. This study aims to identify COVID-19 risk factors in the neurology medical service of Cipto Mangunkusumo General Hospital.

Methods

Methods Health workers and non-health workers in non-COVID 19 neurology medical services went through a serial serological examination of total COVID-19 antibodies (day 1 and 30) or PCR test if clinical manifestation was found. Demographic, clinical, and risk factors were assessed using a questionnaire (day 0, 7, 14, 21, 30). Identification of risk factors classified as internal and external, which assessed the activities and contact history within or outside the hospital.

Results

Result Among 103 subjects, seven subjects are diagnosed as COVID-19 based on PCR or seroconversion in antibody test. The significant internal risk factor identified were worked in shift ($p = 0.045$; OR 1.12), ate together ($p = 0.002$; OR 18), contacted within ≤ 1 m ($p = 0.029$; OR 1.125), and performed procedures that involved physical contact ($p = 0.004$; OR 1.17). The significant