

BELGIAN STROKE COUNCIL
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Brussels, 06/04/2020

Dear BSC sympathizer,

The scope and scale of events related to the COVID-19 pandemic is almost inconceivable. All efforts to organize the optimal care for a large amount of COVID-19 patients requires a huge amount of planning and decision-making beyond the expected. The Belgian Stroke Council acknowledges the enormous efforts done by every local stroke team. Several stroke units have been reorganized, moved or even closed to meet the need to assist patients with severe COVID-19 illness. Stroke neurologists had to figure out how to keep their stroke unit moving forward.

In these challenging times, sharing best practices within our Belgian Stroke community is crucial. The BSC supports the current local guidelines on COVID-19 treatment, but in addition aims to guide you to existing social media blogs (e.g. ESO and WSO) and scientific journals (e.g. Stroke, Lancet, JAMA).

Further, the BSC would like to point out some lessons learned about stroke care organization during the COVID-19 pandemic:

- **COVID-19-related strokes:** Strokes during hospitalisation in COVID-19 patients are not uncommon. A previous study of Mao et al. described the characteristics and outcomes between COVID-19 patients with and without central nervous system involvement including acute stroke. The latter was identified in 5.7% of severely affected COVID-19 patients. Therefore, we need to pay attention to neurologic manifestations, especially in those with severe infection.
- **Capacity problems in Stroke Units:** Stroke units all over the world have been reorganized, moved or even closed to meet the need to assist patients with a severe type of COVID-19 infection demanding for (non)-invasive ventilation. In some regions, the total number of stroke beds was significantly reduced due to problems with logistics or staff. Drainage of neurologists and stroke nurses to COVID-19 wards could lead to understaffing of stroke units.
- **Underutilization of acute stroke care:** We have noticed that patients during COVID-19 outbreak are reluctant to consult the emergency room for minor strokes and transient ischemic attacks (TIA). (what about major stroke? Possibly also less endovascular treatment → older patients are staying home or are not referred from their nursing home? Also, there is a risk of missing in-hospital strokes at COVID-19 and non-COVID-19 departments due to lack of adequately educated personnel. The BSC suggests that every member should collect data on the number of TIA/strokes and their COVID-19 status within your local stroke registry. In the future, these data could be used for retrospective analysis of the underutilization during the pandemic.

- **Stroke networks:** The coordinators of stroke networks should guide local neurologists about the changing capacity, potentially changing endovascular treatment criteria and modes for transport within their network. At a certain moment during the outbreak, neurologists may have to become more selective in the triage of eligible stroke patients. Telemedicine could play a role here. Some tertiary hospitals cannot afford futile transports during this pandemic, which especially applies for endovascular stroke centers. Therefore, it could be of value to make clear agreements with the ambulances and referring hospitals to prevent unnecessary transports or prolonged hospitalizations. Belgian stroke networks should organize back-up mechanisms.
- **mHealth :** Due to the limitations of outpatient visits and non-urgent cardiac investigations (e.g. Holter monitoring), the need to implement teleconsultations and mHealth in daily practice gets more and more urgent. Stroke coaches can play a crucial role here.

Please check well described experiences from all around the world at <https://eso-stroke.org/eso/stroke-care-during-covid-19-pandemic/> and <https://www.world-stroke.org/news-and-blog/news/stroke-care-and-the-covid19-pandemic>.

Further, the American Stroke Journal published their first papers (see attachment) on the impact on acute stroke care organization:

1. Temporary Emergency Guidance to US Stroke Centers During the COVID-19 Pandemic Stroke.
2. Challenges and Potential Solutions of Stroke Care During the Coronavirus Disease 2019 (COVID-19) Outbreak
3. Protected Code Stroke: Hyperacute Stroke Management During the Coronavirus Disease 2019 (COVID-19) Pandemic

To care for all stroke patients, neurologists have to stand up in the frontline during this outbreak. BSC wants to support all these neurologists in their daily struggle to deliver high-quality stroke care.

We hope that you and your loved ones will be safe through these difficult times.

Kind regards,

On behalf of the Scientific Board of the Belgian Stroke Council

André Peeters, Geert Vanhooren, Peter Vanacker, Sofie De Blauwe, Veerle De Herdt, Sylvie De Raedt, Philippe Desfontaines, Jelle Demeestere, Anne Dusart, Dimitri Hemelsoet, Robin Lemmens, Noemie Ligot, Jean-Marc Raymackers, Yves Vandermeeren, Laetitia Yperzeele.