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.

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Background: The COVID-19 (C19) pandemic led to a decline in non-emergent invasive cardiovascular procedures due to many factors including patient avoidance behavior. We assessed the risks of contracting C19 and the effects of surveillance testing on patient perceptions on undergoing non-emergent cardiac procedures in a prospective registry.

Methods: Patients underwent SARS-CoV2 antigen (Ag) screening and symptomatic screening up to 9 days prior to procedure, and a sub-group underwent pre- and post-procedure antibody (Ab) testing. Telephone follow up at 7-14 and 30 days and a patient perception survey were conducted post procedure. Repeat Ag and Ab screening was performed 7-14 days following the procedure.

Results: 97 patients underwent cardiac (25%), vascular (28%), EP (14%) and/or structural heart (33%) procedures from July, 2020 to June, 2021. 13 patients (14%) were Ab+ Ag- pre-procedure and 1 patient converted to Ag+ test during the follow-up period. Based on patient perception surveys (Figure), there were high levels of hesitancy for invasive procedures done during the pandemic. Patients had more concern for their cardiovascular rather than C19 risk and were reassured by intense hospital precautions and C19 testing post procedure.

Conclusion: Non-emergent elective cardiovascular procedures were performed with minimal additional risk during the C19 pandemic and patient avoidance behaviors were affected by reassurance from additional testing and hospital safety precautions.

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Mapping the Recovery of Cardiac Services During the Second Year of COVID-19 Pandemic in Iraq
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Background: Earlier studies reported how significantly COVID-19 impacted the cardiology services globally. Many countries are surfing subsequent waves of COVID-19, yet there is no global data in general nor from Iraq in particular regarding the extent of return of cardiac services to normal during the second year of pandemic, so, we investigated the rate of change in cardiac services during the second year of pandemic in Iraq.

Methods: A 23-item online survey was sent via social media to healthcare professionals who were involved in providing cardiac services. Survey focused on rate of change in non-invasive and invasive cardiac services in 2021 compared with 2020 and type of PPE currently used by participants. It also assessed the academic achievements of respondents during pandemic compared to pre-pandemic era.

Results: Thirty-two healthcare professionals responded, 15.6% were women, 15.6% work in COVID-19 designated hospital, 81.3% were interventional cardiologists, 9.4% were clinical cardiologists and 9.3% were pharmacists. Respondents were fellows-in training in 54.3%. Transthoracic echocardiography (TTE) and hospital admissions were most reported cardiac services returning to pre-pandemic rate in 25% and 18.8% respectively. Telemedicine was used by 56.3% in outpatient consultations. COVID-19 vaccine was received by 93.8%. Surgical mask was most commonly used PPE (71.88%). Compared to pre-pandemic, no change in number of academic publications in 37.5% while 46.9% reported decline in their contribution to conferences, 12.5% published COVID-19 related research.

Conclusions: With increasingly vaccinated healthcare professionals and during the second year of pandemic there was an increase in the non-invasive cardiac services in Iraq with TTE services were the most reported services that returned to pre-pandemic rate.

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Do People With Previous COVID-Positive Diagnosis Have Higher Pulse-Wave Values and Hemodynamic Parameters of Arterial Stiffness?
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INTRODUCTION: In COVID infection, vascular stiffening may be induced due to indirect damage caused by the virus and its systemic inflammatory state and binding to angiotensin-converting enzyme 2, which cause cellular injury1. These mechanisms may contribute to the progression of atherosclerosis and increased cardiovascular risk, arterial stiffness, and augmentation index in previously infected individuals. The objective of the present study was to seek correlation between pulse wave analysis data in individuals up to 30 years of age who tested positive for COVID at least 15 days before the exam and individuals who were not infected.

METHODOLOGY: Observational and cross-sectional study, carried out from May to July 2021 in students aged over 20 and under 30 years, in accordance with the current hypertension guideline of the Brazilian Society of Cardiology. Of 59 participants, 4 were excluded for absence of answers about COVID infection and 10 for age >30 years. After selection, participants were divided into 2 groups: prior COVID (CoP) and non-infected (NI). We used an anonymous questionnaire and the values provided by the Arteris device by means of the oscillometric method: PWV, AIx@75, heart rate(HR), central systolic pressure (CSBP) and central diastolic pressure (CDBP). The mean, maximum and minimum values were calculated using Excel software. Evaluation of sample normality (Shapiro-Wilk) and unpaired Student’s T test (with Welch correction) were performed for parametric samples and Mann Whitney for non-parametric samples, with confidence level of 95% through GraphPad Prism Software version 9.2.