

Letters to the Editor

Rapid Scholarly Dissemination and Cardiovascular Community Engagement to Combat the Infodemic of the COVID-19 Pandemic



To the Editor:

While the body of literature on the novel coronavirus disease 2019 (COVID-19)-related cardiac complications rapidly expands alongside the exponential surge of confirmed cases,¹ print and social media pose significant challenges and opportunities in propagating an infodemic during the COVID-19 pandemic.

As #COVID19 takes to trending on social media, #CardioTwitter steps up to combat misinformation. Within 24 hours, COVID-19-related hashtags accompanied #CardioTwitter in 124 of 560 (22%) tweets reaching over 600,000 individuals (Fig. 1). These were exemplified in health care professionals correcting preliminary and false assumptions online in the treatment of COVID-19, which included (1) the improper cessation of angiotensin-converting enzyme-inhibitors, angiotensin receptor blockers, and low-dose acetylsalicylic acid in patients with stable cardiovascular disease, and²; (2) the ingestion of hydroxychloroquine with azithromycin as treatment of COVID-19, which is not recommended without proper physician supervision because of the risk of QT prolongation.³ In this setting, the role of preprints, open-access information, and asynchronous global scholarly dissemination becomes ever so apparent.

The Canadian Cardiovascular Society (CCS) established a COVID-19 Rapid Response Team led by President Dr Andrew Krahn, and swiftly put forward evidence-based and consensus-based recommendations to guide management and prepare for the surge of COVID-19-positive cardiovascular patients.⁴ In collaboration with Elsevier, and

together with other leading cardiology and cardiac surgery journals, the *Canadian Journal of Cardiology* lifted its paywall on COVID-19-related publications and instituted expedited peer-review of pertinent submissions to accelerate the generation and dissemination of groundbreaking research. In response to public demand, the CCS hosted a live-virtual townhall to provide practical advice to the cardiovascular community on how to implement their recommendations, address issues encountered, and offer potential solutions. In turn, on social media, medical professionals pool knowledge regarding COVID-19, propel open-source hackathons to address shortages in necessary medical equipment (eg, #BuildForCOVID19), raise awareness of challenges faced on the front line (eg, #GetMePPE), and empower the public to take charge of their own health (eg, #StayHomeSaveLives).

Critical medical leadership is urgently required at all levels of our health systems. Now is the time for collaboration, rather than fragmentation, to provide the necessary care for our patients, while bettering our understanding of the complexities brought upon individuals' cardiovascular health due to COVID-19. We applaud the CCS and the *Canadian Journal of Cardiology* for their efforts to promote cardiovascular physician engagement on social media and encourage all to join in to combat the infodemic of the era by using your voices as physicians to educate during the COVID-19 pandemic.

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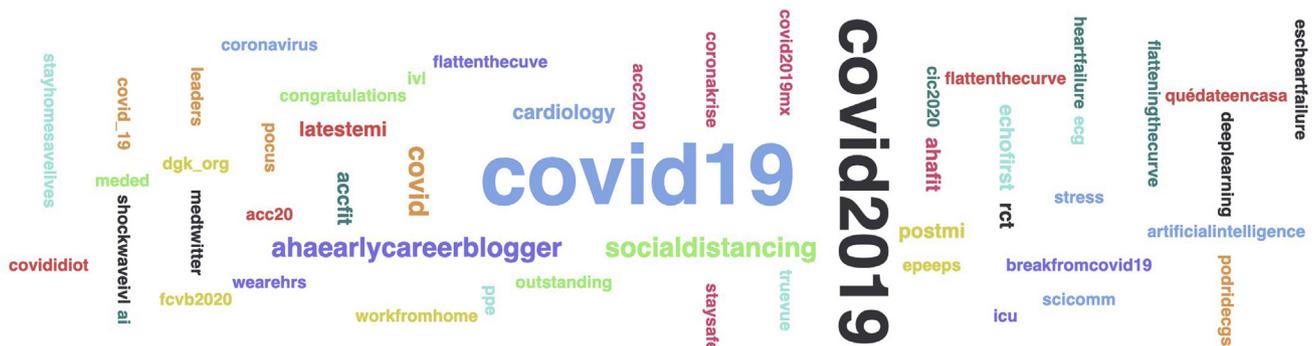


Figure 1. Word cloud of most frequently mentioned hashtags with tweets of #CardioTwitter within 24 hours (March 26, 2020).

Disclosures

The authors have no conflicts of interest to disclose.

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