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Société Suisse de Cardiologie  
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## Criteria for the definition of chronic heart disease (indicating a potentially increased risk during COVID-19)\*

### GENERAL CRITERIA

1. Dyspnoea functional class NYHA  $\geq$  II and elevation of NT-Pro BNP > 125 pg/ml (Guidelines HF ESC 2016)
2. Patients with  $\geq$  2 cardiovascular risk factors (including diabetes and hypertension)
3. Previous stroke and/or symptomatic vasculopathy
4. Chronic kidney disease (Stage 3, GFR <60)

### OTHER CRITERIA

#### 1. Coronary artery disease

- a. Myocardial infarction (STEMI and NSTEMI) within 12 months
- b. Symptomatic chronic coronary syndrome despite medical treatment (irrespective of previous revascularization)

#### 2. Valvular Heart disease

- a. Moderate or severe stenosis and/or regurgitation of a native valve in addition to one of the general criteria
- b. Patients with a surgical or percutaneous valve prosthesis and a least one of the general criteria

#### 3. Heart failure

- a. Patients with dyspnoea NYHA  $\geq$  II or NT-Pro BNP > 125pg/ml despite medical treatment irrespective of LVEF (HFpEF, HFmrEF, HFrEF)
- b. Any known cardiomyopathy
- c. Pulmonary hypertension

#### 4. Arrhythmia

- a. Atrial fibrillation with CHA2DS2-VASc Score  $\geq$  2
- b. Previous PM, ICD and/or CRT Implantation in addition to one of the general criteria

#### 5. Adult congenital heart disease

- a. Congenital heart disease according to individual assessment by their cardiologist, pediatric cardiologist or GUCH specialist

#### 6. Cardiovascular risk factors

- a. Hypertension complicated by organ damage
- b. Diabetes complicated by organ damage and/or metabolic syndrome

\* In the absence of strong clinical evidence, the list is based on scientific evidence obtained in comparable clinical contexts and on general consensus of experts. According to currently limited knowledge, the susceptibility to an infection with SARS-CoV-2 for patients with chronic heart disease as compared to the general population is uncertain. However, patients with chronic heart disease exhibit an increased risk for a more serious course of COVID-19. The risk may vary considerably depending on the underlying heart disease and therefore a clinical evaluation by the consulting physician remains essential.