



TIP SHEET:

WHAT PROVIDERS SHOULD KNOW ABOUT LONG COVID?

NYC Health + Hospitals' AfterCare program for Long COVID has put together this tip sheet for providers caring for patients with Long COVID. For more information on patient resources, call **212-COVID-19** (212-268-4319) and **press 4** to speak with an **AfterCare navigator** (translation available), or visit nyc.gov/AfterCare.

Definition: Long COVID is a wide range of new, returning, or ongoing symptoms people can experience 4 or more weeks after contracting COVID-19. Anyone who is infected with COVID-19 can develop Long COVID symptoms, even if they had mild or no symptoms initially.

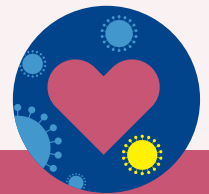
Prevention: The only way to prevent Long COVID is to prevent COVID-19 infection. Getting vaccinated and staying current with COVID vaccinations, as well as regularly wearing masks in high-transmission areas can prevent COVID-19.

Most Common Symptoms:

- Fatigue
- Brain fog (difficulty concentrating or remembering)
- Dyspnea (difficulty breathing)
- Chest pain
- Joint pain
- Cough
- Post-exertional malaise
- Fever
- Anxiety & depression
- Heart palpitations

Scale¹: Research estimates that up to 1 in 5 (20%) of people who have had COVID-19 report symptoms of Long COVID.

- **Women** are more likely to report Long COVID than men, and often have different symptoms than men.
- **Younger adults** are more likely to have Long COVID than older adults.
- **Bisexual and transgender people** are also more likely to have Long COVID symptoms than people of other sexual orientations and gender identities. LGBTQ+ individuals also experience depression and anxiety at higher rates overall.



CARING FOR PATIENTS WITH LONG COVID: TIPS FOR PROVIDERS

Consider Long COVID in your differential diagnosis, as symptoms and symptom clusters differ vastly between patients. Long COVID is a diagnosis of exclusion. A positive COVID test result is not required nor conclusive to determine if a patient has Long COVID.

Ask your patient about their history of COVID-19 infection, vaccination, and hospitalization, including:

- When they were infected
- Which symptoms they had at the time of infection
- Which symptoms have persisted or which are new
- What helps alleviate their symptoms
- How their symptoms impact their level of functioning

Document this history and set of symptoms in their health chart, with appropriate ICD codes.

Schedule regular follow-up visits to evaluate your patients' progress. Telehealth or virtual follow-up visits are helpful for patients with Long COVID who may have energy constraints with travel.

Refer your patient to the appropriate specialists, post-COVID care clinic, or additional testing based on their symptoms. Physical medicine and rehabilitation specialists can play an important role in helping patients improve their level of function.

¹ CDC: Long COVID - Household Pulse Survey - June 1st- 13th, 2022. <https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm>

Identify your patient's socioeconomic needs and refer them to NYC Health + Hospitals' AfterCare program.

As a result of their Long COVID symptoms, patients may be dealing with job loss, eviction, disability, or poor mental health. AfterCare Navigators can connect people with Long COVID to health and socioeconomic needs resources, for:

Physical health:

- COVID **Centers of Excellence** (See side panel)
- Self-Care & Management. Visit nyc.gov/AfterCare.

Mental health services:

- NYC Well
 - Call **1-888-NYC-WELL** (1-888-692-9355)
- Mayor's Office of Community Mental Health
 - Visit <https://mentalhealth.cityofnewyork.us>

Financial support:

- Access HRA:
 - Call **1-718-557-1399** (Monday-Friday 8am-5pm)
 - Visit <https://a069-access.nyc.gov/accesshra>
- Housing Resources:
 - Call 311, and ask for “Tenant Helpline”
 - Visit www.nyc.gov/civiljustice
- NYC Care for health insurance:
 - Call **646-NYC-Care** (1-646-692-2273)
 - Visit <https://www.nyccare.nyc>

Paid Sick Leave:

- Call **311**, and ask for “Paid Safe and Sick Leave”
- Email: OLPS@dca.nyc.gov
- Visit: <https://www1.nyc.gov/site/dca/workers/workersrights/know-your-worker-rights.page>

Community support:

- Body Politic Support Group for people with Long COVID
 - Visit: www.wearebodypolitic.com/COVID19 and complete webform

Speak with an **AfterCare navigator** at **212-COVID-19** (212-268-4319) or visit nyc.gov/AfterCare for more information.

Centers of Excellence

**NYC Health + Hospitals
Gotham Health, Roosevelt
COVID-19 Center of Excellence**
1920 Webster Ave.
Bronx, NY 10457

**NYC Health + Hospitals
Gotham Health, Tremont
COVID-19 Center of Excellence**
37-50 72nd St.
Jackson Heights, NY 11372

**NYC Health + Hospitals
Gotham Health, Broadway
COVID-19 Center of Excellence**
815 Broadway
Brooklyn, NY 11206



HOW DO I TALK TO MY PATIENTS ABOUT LONG COVID?

Provide affirming and trauma-informed care to your patients by acknowledging their symptoms and trusting their accounts. Listen and ask follow-up questions. Providers should also be time-sensitive to their patients' limitations - speaking, breathing, and even simple movement may have become more difficult for people with Long COVID.

Do not minimize or dismiss your patients' concerns. Women, people of color, and non-English speakers often encounter medical bias and stigma when describing their symptoms - there are many ways that patients may describe what they are feeling.

Determine if your patients require temporary or long-term disability accommodations and provide the necessary documentation. Long COVID is considered a **disability** under the Americans with Disability Act (ADA), Section 504 of the Rehabilitation Act of 1973, and Section 1557 of the Patient Protection and Affordable Care Act. A person with long COVID has a disability if the person's condition or any of its symptoms is a “physical or mental” impairment that “substantially limits” one or more major life activities.

Be transparent and open with your patients. Providers should also be sensitive to patients' additional cognitive burdens in sharing their symptoms - they may have seen many other providers, or might be scared or worried about their diagnosis. Take an interest in their journey leading up to that visit. Reflect on how you respond to diagnostic uncertainty, and how you convey that information and those feelings to your patient.