

Long COVID Services

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“We don’t fully understand it BUT we will help you through”



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Establishing Long COVID services in Aotearoa NZ – what can we learn from overseas?

Posted on [March 21, 2022](#) by [carra86p](#)

*Robyn Whittaker, Rosie Dobson, Felicity Oh, Sharon Russell, Karen Carter, Penny Andrew**

Long COVID (LC) is becoming a substantial issue internationally and many countries are establishing dedicated health services to support people with the condition. In this blog, we discuss what LC services look like overseas and identify key components and considerations for the development of high quality and culturally appropriate LC services in Aotearoa New Zealand (NZ).

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International LC Services

- Range of services from existing to new services
 - Primary care based (eg. UK NHS Enhanced Service Spec) with referral to social and specialist services as appropriate
 - Hospital initiated 1-stop shop type clinics (respiratory, nurse, physio, OT, psychologist, SLT, social worker, dietitians, cardiology, ORL/ENT, infectious diseases, neurology, renal, rheumatology, sleep, psychology, immunology)
 - Rehab focused led by Allied Health
- Varied eligibility criteria, most >12 weeks since COVID and rely on new and unexplained symptom set
- New screening tools/ functional status questionnaires
- Guidelines based (NICE, Survivor Corps, NHI, CDC, Rehabilitation)
- Little evidence of impact published as yet

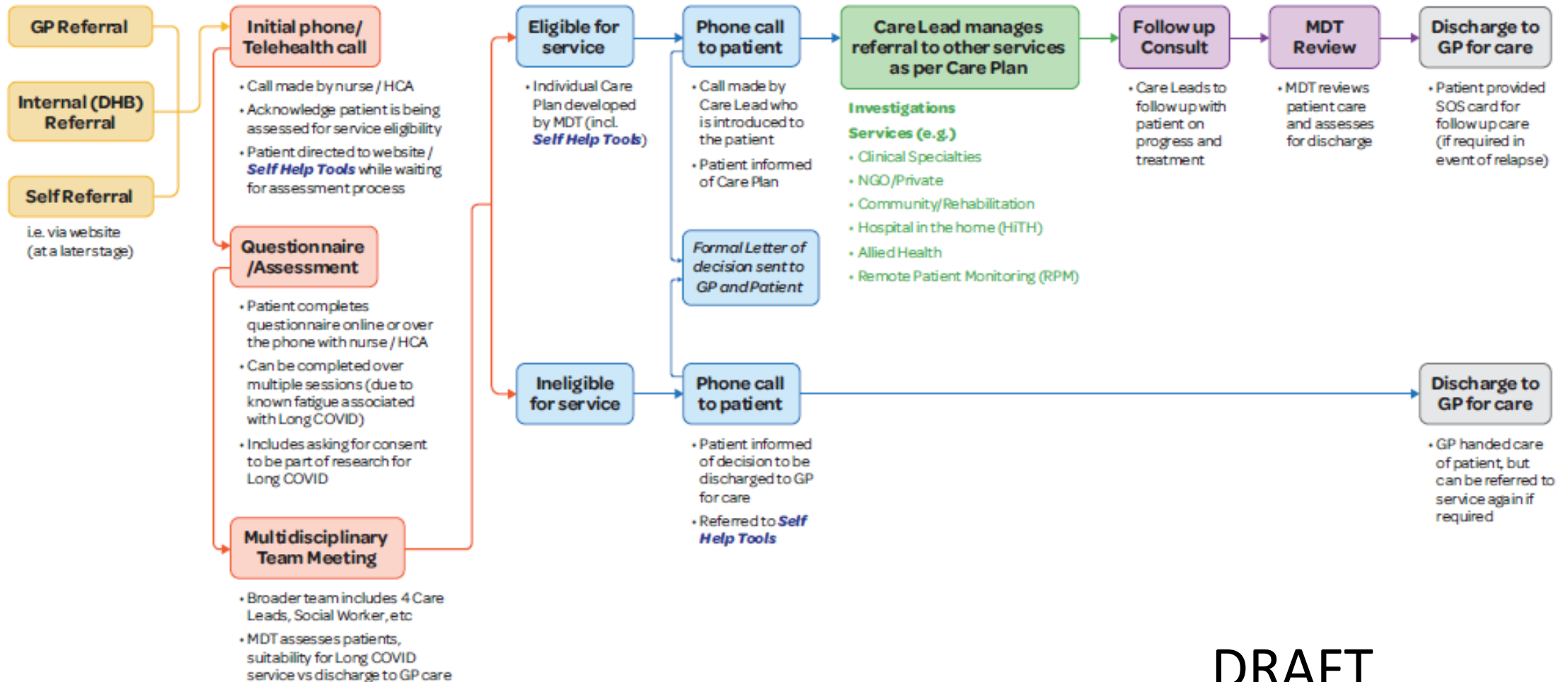
Key Components of LC Services for Aotearoa NZ

- Education of patients, whānau, health professionals
- Standardised definition for diagnosis and validation of their experience
- Initial assessment of symptoms and needs - for the right level of care
- Support and advice for living with their symptoms
- Multi-disciplinary team support and individualised care plan
- Appropriate referrals (specialists, investigations, therapy, support)
- Patient/peer support networks
- Provide remote/virtual service delivery
- Agreed measures for improvement

Critical Aspects

- Co-design for a patient and whānau centred approach
- Equity focus – Māori, Pacific, border/healthcare workers, disabled people, long-term conditions
- Multi-disciplinary, multi-organisational, multi-sectoral
- Building on what we have learned and developed in acute COVID
- Embedding research and evaluation, building and sharing the body of knowledge, connected nationally and internationally
- Responsive and flexible so we can continue to adapt as needed

Proposed Pathway



DRAFT

Information for GPs and other health professionals

Updated 10 March 2022

What is Long COVID?

Long COVID (also known as post-acute COVID syndrome [PASC], chronic COVID, long-haul-COVID) is the name given to the symptoms some people may experience three months from the first appearance of COVID-19 and lasting at least two months. The symptoms may be new or persisting from the acute infection¹ and for many will last for a year post initial infection².

A positive COVID-19 test should not be seen as a pre-requisite for Long COVID as many people were not able or did not meet the criteria to get tested in the early stages of the pandemic, and false negatives are not uncommon³.

Some researchers are suggesting that long COVID is a spectrum⁴ or can be split into different phases defined by the amount of time symptoms are persisting for since initial COVID-19 diagnosis^{5,6}.

What is the prevalence of Long COVID?

Globally, around one in five people who have tested positive for COVID-19 report a range of health symptoms more than five weeks after their first symptom^{7,8}, and one in ten after more than 12 weeks^{9,10}. A recent [report](#) from the UK Government's Office of National Statistics (published 6 Jan, 2022) indicated 2% of its total population had self-reported Long COVID.

In Development:

Online health information

Resources on how to live with the impacts

Learning from people with lived experience and their needs

Building on the work of our Māori and Pacific health teams and community organisations

Building a multidisciplinary team

Communication

Acknowledgements

Felicity Oh, Rosie Dobson, Sharon Russell, Jenene Crossan,
Karen Carter, Penny Andrew, Chris Bullen, Amanda Calder,
Juma Rahman, Cassie Khoo, Ivana Nakarada-Koric



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