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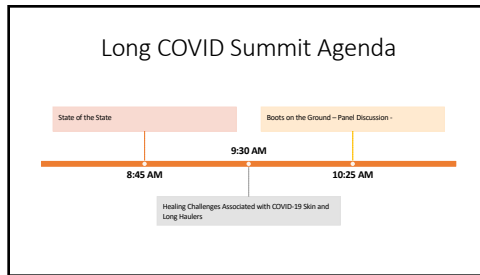
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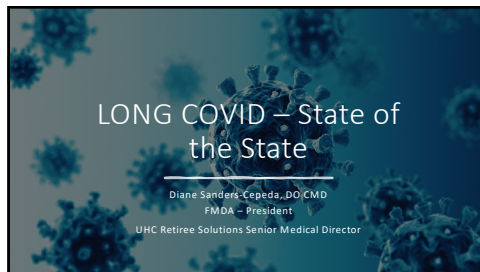
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# Speaker's Disclosure

Dr. Sanders-Cepeda - UnitedHealthcare Full – time Employee

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Approximately **1 in 5 adults** ages 18+ have a health condition that might be related to their previous COVID-19 illness, such as:

- Neurologic and mental health conditions\*
- Cardiovascular conditions
- Kidney failure
- Respiratory conditions
- Musculoskeletal conditions
- Blood clots and vascular issues

**Talk to your health care provider if you have symptoms after COVID-19**

Source: CDC, MMWR 7/12/21

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## What is Long COVID?

- Long COVID
- Long haulers COVID
- Post Acute Sequelae of COVID
- Post COVID Conditions

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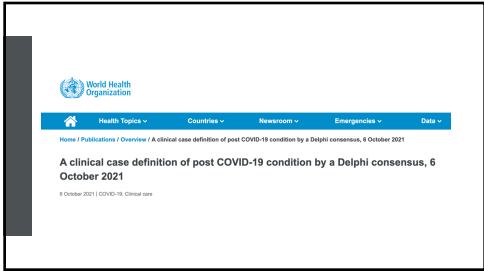
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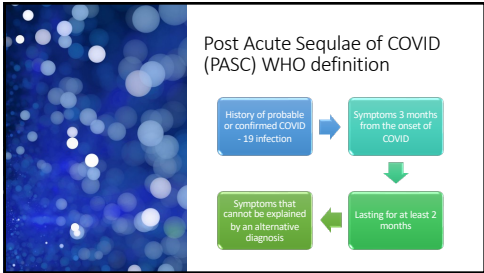
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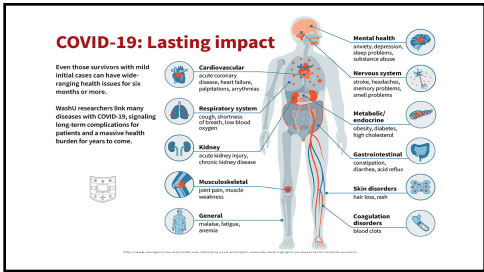
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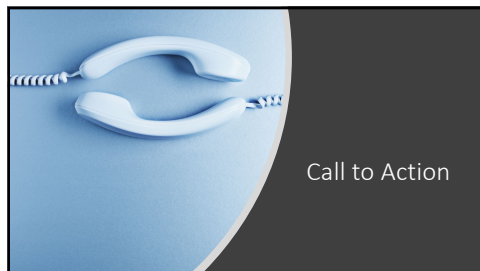
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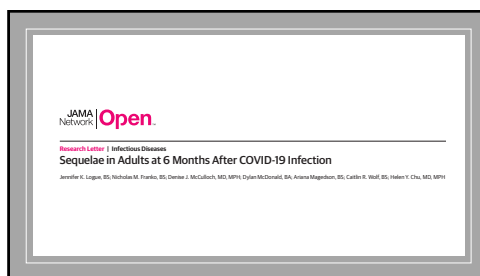
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Characteristics	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Total population	177 (100)	177 (100)	177 (100)	177 (100)	177 (100)
Post-COVID-19 sequelae	177 (100)	177 (100)	177 (100)	177 (100)	177 (100)
Time after illness onset, median (SD), d <sup>a</sup>	169 (19.5)	179 (14.9)	169 (17.1)	179 (17.1)	169 (17.1)
Parosmia symptoms <sup>b</sup>					
0	119 (67.2)	101 (56.5)	98 (56.5)	11 (10.0)	20 (10.2)
1-2	29 (16.4)	2 (1.1)	29 (16.4)	0	0
3-5	24 (13.5)	3 (1.7)	21 (11.9)	0	1 (0.5)
Missing	7 (4.0)	5 (2.8)	3 (1.7)	0	0
Worsened quality of life <sup>c</sup>	51 (29.3)	7 (4.0)	44 (25.4)	2 (1.1)	2 (1.1)

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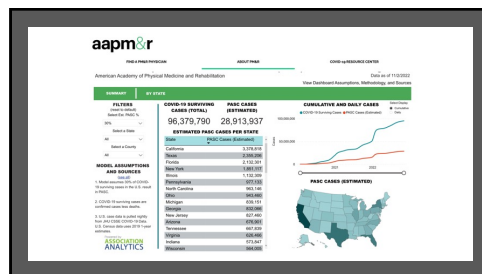
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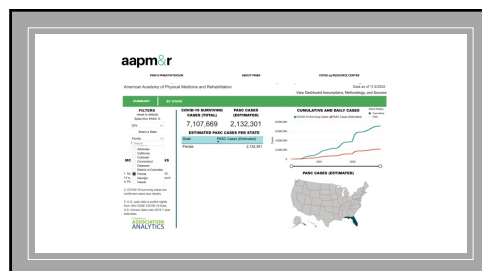
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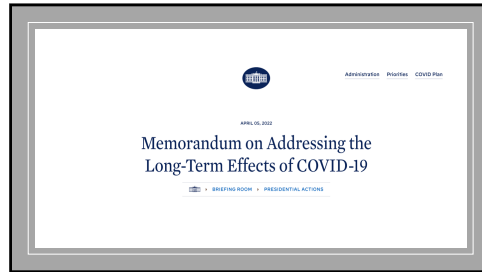
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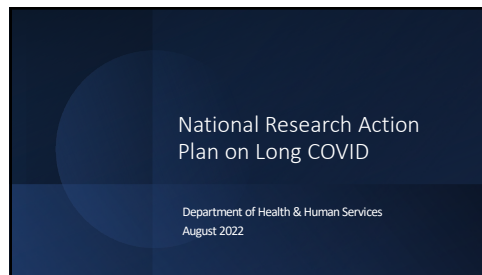
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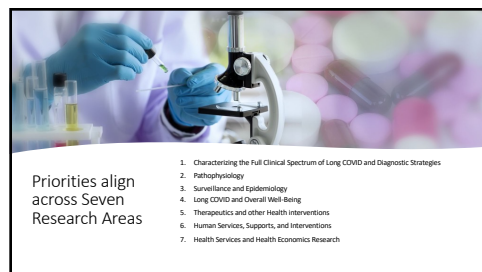
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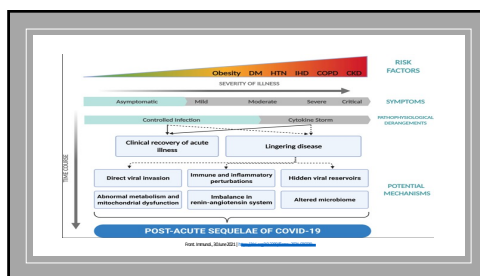
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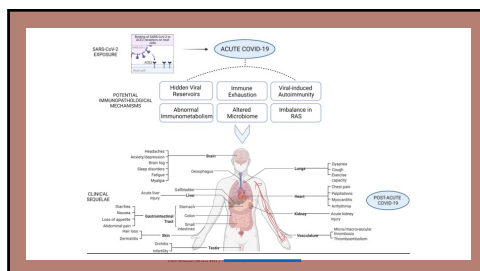
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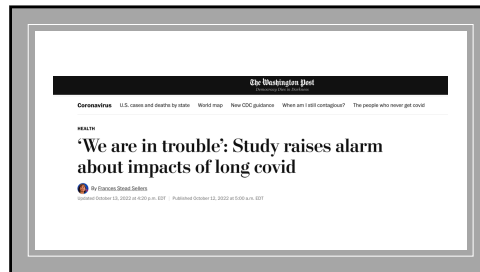
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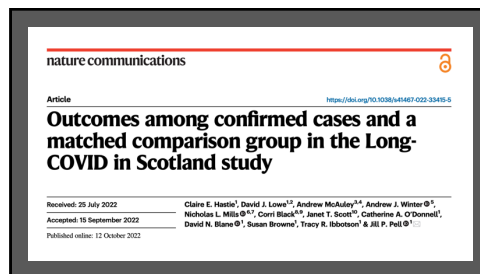
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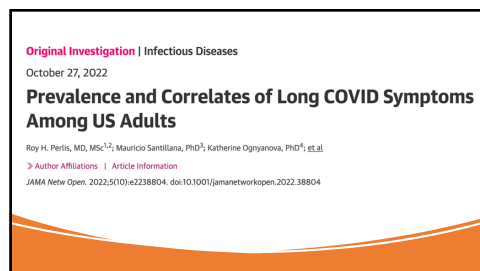
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Key Findings – JAMA LONG COVID Prevalence Study 10-2022

Sociodemographic features

- Age > 40 and female gender– higher prevalence
- Urban environment and Higher level of education – lower prevalence

Most Common Lingering Symptoms

- Fatigue
- Loss of Smell
- Brain Fog
- Shortness of Breath

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Managing Long COVID

Post-COVID Clinics

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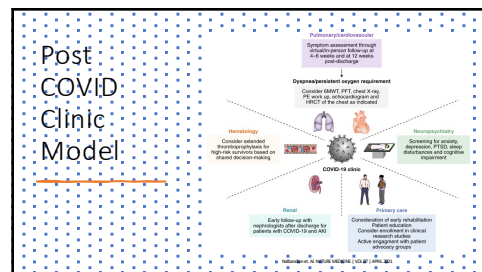
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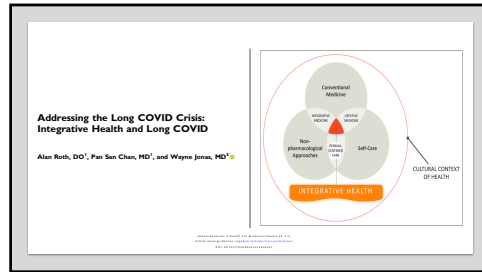
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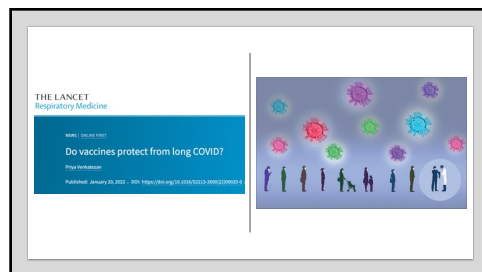
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Reduced Incidence of Long-COVID Symptoms Related to Administration of COVID-19 Vaccines Both Before COVID-19 Diagnosis and Up to 12 Weeks After

Michael A. Simon, Ryan D. Luginbuhl, Richard Parker

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JAMA


Networks

Open

**RCT: Effect of High-Dose Zinc and Ascorbic Acid Supplementation on Symptom Length Among Ambulatory Patients With SARS-CoV-2 Infection**

**POPULATION**

82 Men, 123 Women




Adult patients with SARS-CoV-2 infection confirmed with a PCR-based assay as outpatients.

Mean (SD) age, 45.2 (14.4) y

**INTERVENTION**

214 Patients randomized and analyzed



50 Standard of care  
Standard outpatient prescription for and illness

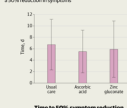
10 Ascorbic acid  
8000 mg ascorbic acid

10 Zinc gluconate  
50 mg zinc

10 Zinc and ascorbic acid  
50 mg zinc and 8000 mg of ascorbic acid

**FINDINGS**

The study was stopped for a low conditional power for benefit with no significant difference among the 4 groups for the primary endpoint, a 50% reduction in symptoms.



**Time to 50% symptom reduction**

Standard care: Mean (SD), 8.7 (4.4)d


Ascorbic acid: Mean (SD), 5.5 (3.7)d

Zinc gluconate: Mean (SD), 5.3 (4.8)d

Zinc and ascorbic acid: Mean (SD), 5.5 (3.4)d

**SETTINGS / LOCATIONS**

Hospitals in a single health system with sites in Ohio and Florida



**PRIMARY OUTCOME**

The primary end point was the number of days required to reach a 50% reduction of symptoms, such as severity of fever, cough, shortness of breath, and fatigue.

Thomas S. Patel's Research, et al. Effect of High-Dose Zinc and Ascorbic Acid Supplementation on Usual Care on Symptom Length and Reduction Among Ambulatory Patients With SARS-CoV-2 Infection: The COVID-19 Zinc Supplement Study. JAMA Network Open. 2020;4(12):e20202505. doi:10.1001/jamanetworkopen.2020.2505

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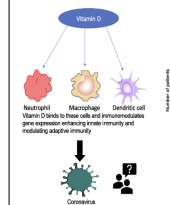
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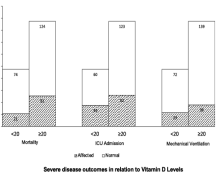
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**Exploring the link between Vitamin D and clinical outcomes in COVID-19**





**Severe disease outcomes in relation to Vitamin D Levels**

Question: Does Vitamin D help decrease the severity of clinical outcomes in COVID-19?

Conclusion: No significant association found between Vitamin D levels and clinical outcomes in COVID-19.

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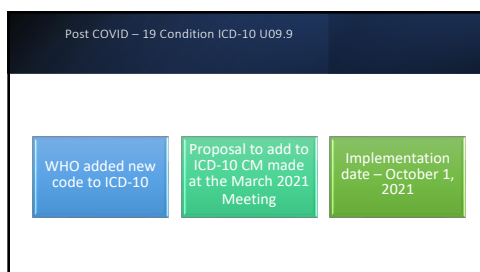
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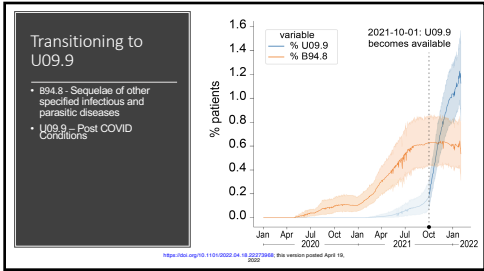
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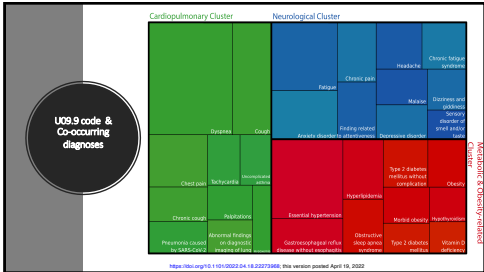
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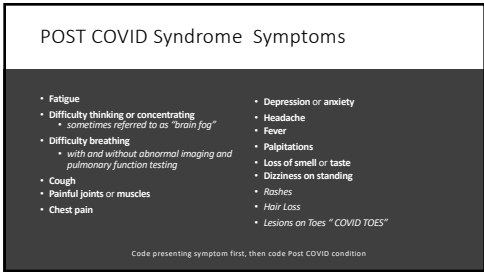
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Example: Coding Post COVID Condition

Ask

U09 Post COVID-19 condition

Ask

U09.9 Post COVID-19 condition, unspecified

Ask

Note: This code enables establishment of a link with COVID-19. This code is not to be used in cases that are still presenting with active COVID-19. However, an exception is made in cases of re-infection with COVID-19, occurring with a condition related to prior COVID-19.

Ask

Post-acute sequelae of COVID-19

Ask

Code first the specific condition related to COVID-19 if known, such as:

Ask

chronic respiratory failure (J96, 1-)

Ask

loss of smell (R43.8)

Ask

loss of taste (R43.8)

Ask

multisystem inflammatory syndrome (M35.81)

Ask

pulmonary embolism (I26, -)

Ask

pulmonary fibrosis (J84, 10)

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Example: Coding Post COVID Condition



CODE The Presenting Condition first

Patient with Fatigue 2 months after COVID infection

You will code R53.8 first



Then add Post COVID Condition code

Then, You will code U09.9

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