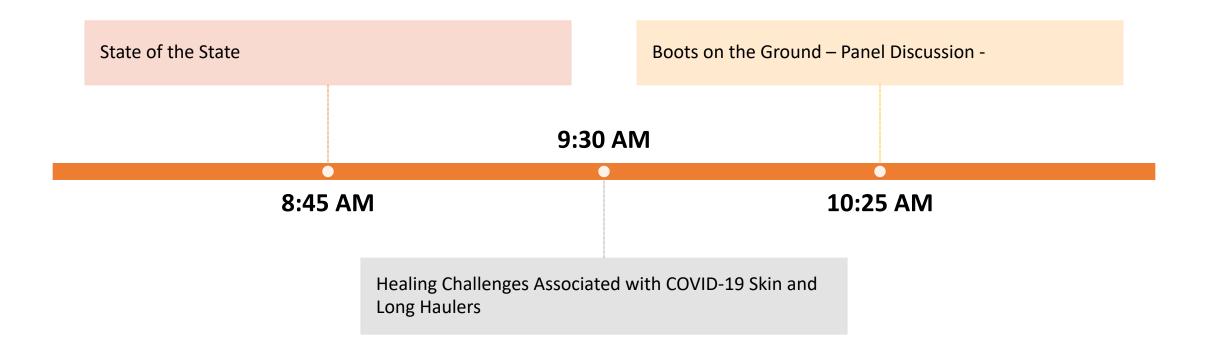
LONG COVID SUMMIT

Lovid

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Long COVID Summit Agenda



LONG COVID – State of the State

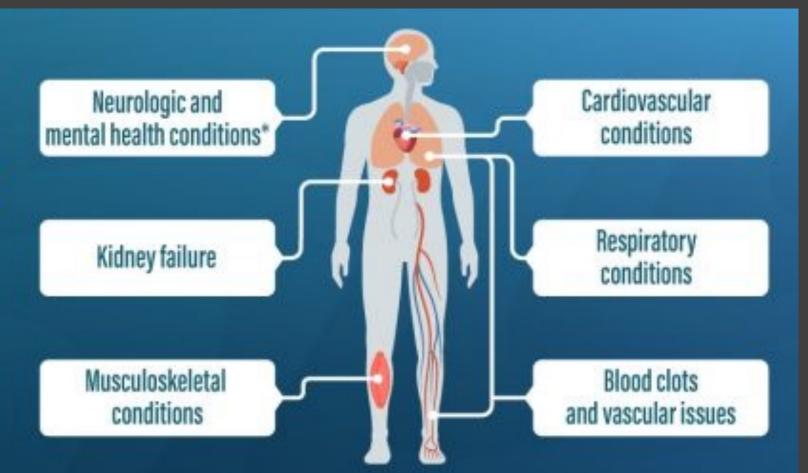
Diane Sanders-Cepeda, DO CMD FMDA – President UHC Retiree Solutions Senior Medical Director

Speaker's Disclosure

Dr. Sanders-Cepeda - UnitedHealthcare Full – time Employee

Approximately 1 in 5 adults

ages 18+ have a health condition that might be related to their previous COVID-19 illness, such as:





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

bit.ly/MMWR7121

* Adults aged 65 and older at increased risk





What is Long COVID?

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





Home / Publications / Overview / A clinical case definition of post COVID-19 condition by a Delphi consensus, 6 October 2021

A clinical case definition of post COVID-19 condition by a Delphi consensus, 6 October 2021

6 October 2021 | COVID-19: Clinical care



Post Acute Sequiae of COVID (PASC) WHO definition

History of probable or confirmed COVID - 19 infection Symptoms 3 months from the onset of COVID

Symptoms that cannot be explained by an alternative diagnosis

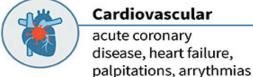
Lasting for at least 2 months

COVID-19: Lasting impact

Even those survivors with mild initial cases can have wideranging health issues for six months or more.

WashU researchers link many diseases with COVID-19, signaling long-term complications for patients and a massive health burden for years to come.





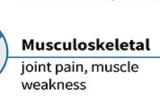


Respiratory system cough, shortness of breath, low blood oxygen



Kidney acute kidney injury, chronic kidney disease





General malaise, fatigue, anemia



Mental health

anxiety, depression, sleep problems, substance abuse



Nervous system

stroke, headaches, memory problems, smell problems

Metabolic/

endocrine





obesity, diabetes, high cholesterol

Gastrointestinal constipation, diarrhea, acid reflux

Skin disorders

hair loss, rash

Coagulation disorders blood clots



https://www.emergency-live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety/long-covid-washington-university-study-highlights-consequences-for-covid-19-survivors/live.com/health-and-safety-live.com/health-an



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Research Letter | Infectious Diseases Sequelae in Adults at 6 Months After COVID-19 Infection

Jennifer K. Logue, BS; Nicholas M. Franko, BS; Denise J. McCulloch, MD, MPH; Dylan McDonald, BA; Ariana Magedson, BS; Caitlin R. Wolf, BS; Helen Y. Chu, MD, MPH

	No. (%)							
Characteristic	Total recovered individuals (n = 177)	Inpatients (n = 16)	Outpatients (n = 150)	Asymptomatic individuals (n = 11)	Healthy controls (n = 21)			
Post-COVID-19 follow-up characteristics								
Time after illness onset, median (SD), d ^b	169 (39.5)	179 (44.9)	169 (37.1)	139 (47.1)	87 (31.3)			
Persistent symptoms ^c								
0	119 (67.2)	10 (62.5)	98 (65.3)	11 (100.0)	20 (95.2)			
1-2	29 (16.4)	2 (12.5)	28 (18.7)	0	0			
≥3	24 (13.6)	3 (18.8)	21 (14.0)	0	1 (4.8)			
Missing	7 (4.0)	1 (6.3)	3 (2.0)	0	0			
Worsened quality of life ^d	53 (29.9)	7 (43.8)	44 (29.3)	2 (18.2)	2 (9.5)			



American Academy of Physical Medicine and Rehabilitation

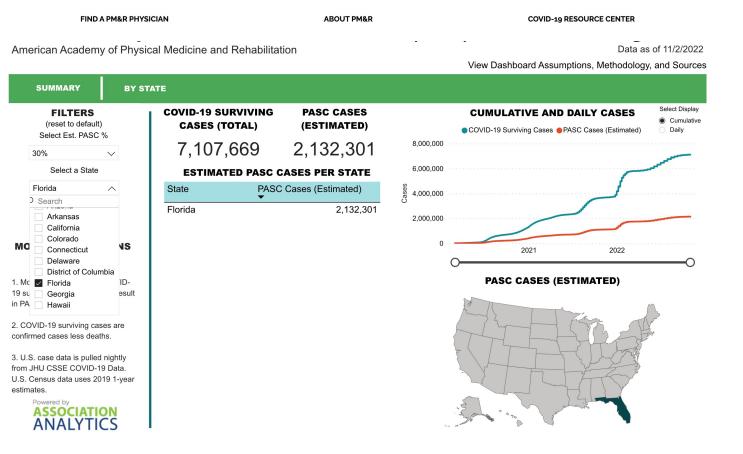
MARCH 18, 2021 NEWS RELEASE

President Biden And Congress Urged to Prepare and Implement National Crisis Management Plan to Address Needs of Millions Suffering from Long COVID



FIND A PM&R PHYSICIAN				ABOUT PM&R				COVID-19 RESOURCE CENTER		
American Academy of Physical Medicine and Re			al Medicine and Rel	- ehabilitation				Data as of 11/2/2022 View Dashboard Assumptions, Methodology, and Sources		
	SUMMARY	BY ST	ATE							
	FILTERS (reset to defau Select Est. PAS	ult)	COVID-19 SURVI CASES (TOTA		PASC CASES (ESTIMATED)			CUMULATIVE AND DAILY CASES Select Display © Cumulative COVID-19 Surviving Cases ● PASC Cases (Estimated) Daily		
	30%	~	96,379,79	90	28,913,937	100,000,0	000			
	Select a State ESTIMATE			D PASC CASES PER STATE						
	All	\sim	State	PASC	C Cases (Estimated)	^ % 50,000,0	000			
	Select a County		California	•	3,378,818	Ö				
	All	\sim	Texas		2,355,206					
		Florida		2,132,301		0				
MODEL ASSUMPTIONS AND SOURCES (see all)			New York		1,851,117			2021 2022		
		Illinois		1,132,309		()()			
1. Model assumes 30% of COVID- 19 surviving cases in the U.S. result in PASC.		Pennsylvania		977,133			PASC CASES (ESTIMATED)			
		North Carolina		963,146						
		Ohio		943,460			ind the second			
2. COVID-19 surviving cases are confirmed cases less deaths.			Michigan		839,151					
		Georgia		832,066						
3. U.S. case data is pulled nightly from JHU CSSE COVID-19 Data. U.S. Census data uses 2019 1-year estimates. Powered by		New Jersey		827,460		1				
			Arizona		676,901					
		2019 1-year	Tennessee		667,839					
			Virginia		626,466					
	ASSOCIAT	ION	Indiana		573,847			and the second sec		
ANALYTICS		Wisconsin		564,005	V					







Administration Priorities COVID Plan

APRIL 05, 2022

Memorandum on Addressing the Long-Term Effects of COVID-19

BRIEFING ROOM > PRESIDENTIAL ACTIONS

National Research Action Plan on Long COVID

Department of Health & Human Services August 2022

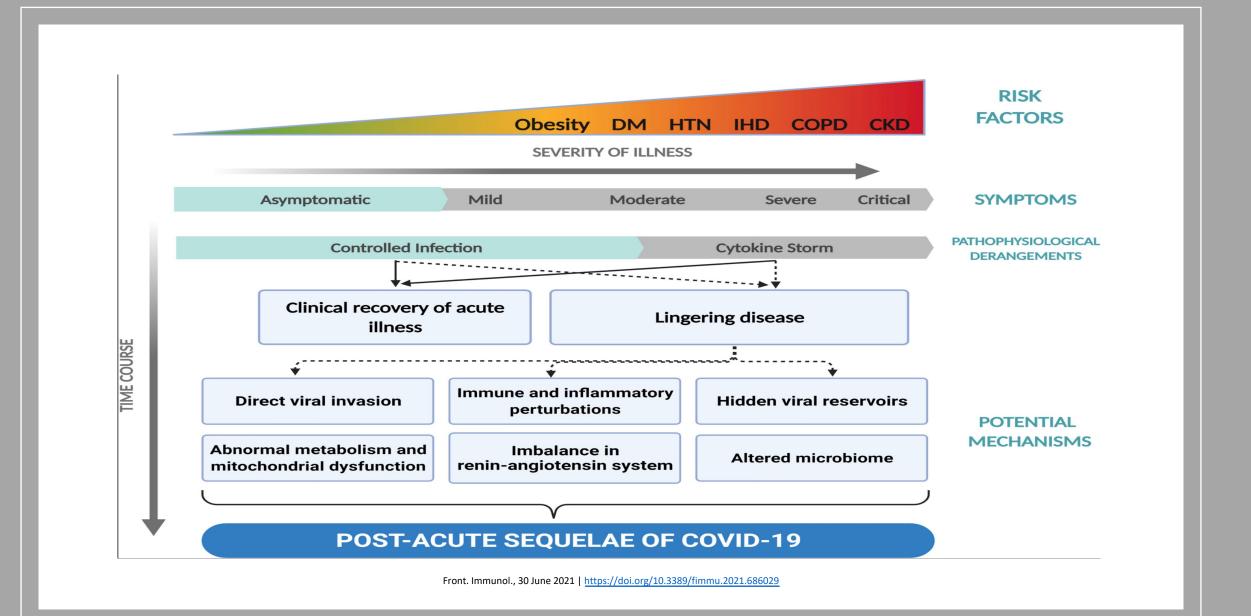


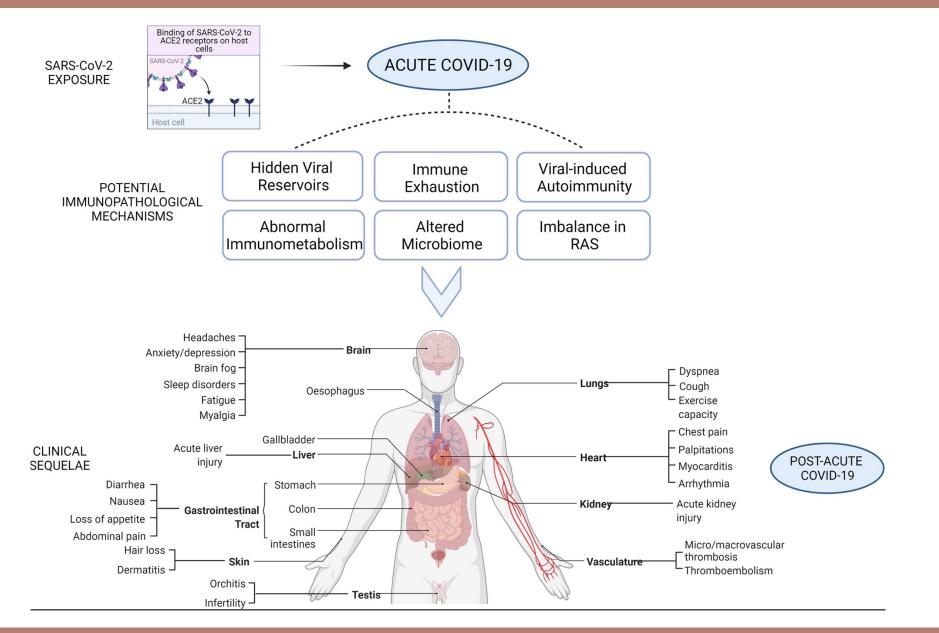
Priorities align across Seven Research Areas

- 1. Characterizing the Full Clinical Spectrum of Long COVID and Diagnostic Strategies
- 2. Pathophysiology
- 3. Surveillance and Epidemiology
- 4. Long COVID and Overall Well-Being
- 5. Therapeutics and other Health interventions
- 6. Human Services, Supports, and Interventions
- 7. Health Services and Health Economics Research



Research Moving Forward...





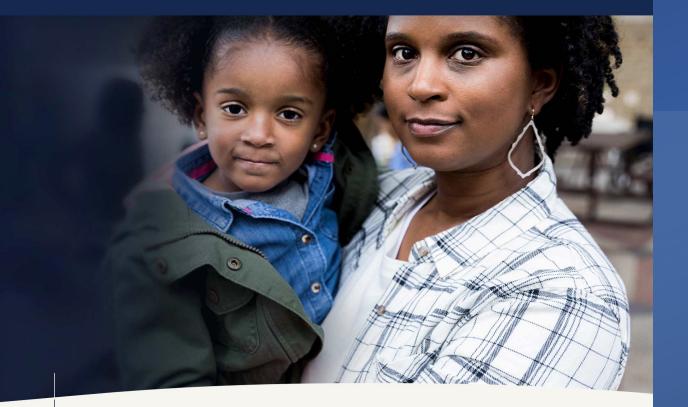


RECOVER: Researching COVID to Enhance Recovery

The National Institutes of Health (NIH) created the RECOVER Initiative to learn about the long-term effects of COVID.

Everyone can join the search for answers to Long COVID. Whether or not you have had COVID, you may be able to participate in RECOVER research.

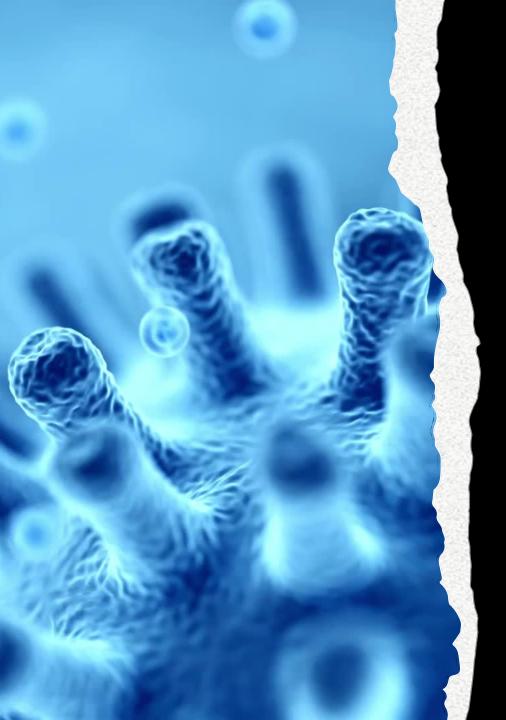
FIND A STUDY SITE NEAR YOU (>



RECOVER research aims to understand how people recover from a COVID infection, and why some people do not fully recover and develop **Long COVID** or **PASC** (post-acute sequelae of SARS-CoV-2). Long COVID is when people have symptoms weeks or months after they first had COVID.



RECOVER program takes first steps in advancing toward clinical trials to better understand Long COVID



Research Highlights

- Hidden Viral Resoviors Reactivation of SARS CoV-2 particles
- Impaired Immune reaction triggering inflammatory response
- Immune system response leading to Autoantibody production

The Washington Post Democracy Dies in Darkness

Coronavirus U.S. cases and deaths by state World map New CDC guidance When am I still contagious? The people who never get covid

HEALTH

'We are in trouble': Study raises alarm about impacts of long covid



By <u>Frances Stead Sellers</u>

Updated October 13, 2022 at 4:20 p.m. EDT | Published October 12, 2022 at 5:00 a.m. EDT

nature communications

Article

https://doi.org/10.1038/s41467-022-33415-5

Outcomes among confirmed cases and a matched comparison group in the Long-COVID in Scotland study

Received: 25 July 2022

Accepted: 15 September 2022

Claire E. Hastie¹, David J. Lowe^{1,2}, Andrew McAuley^{3,4}, Andrew J. Winter ⁵, Nicholas L. Mills ^{6,7}, Corri Black^{8,9}, Janet T. Scott¹⁰, Catherine A. O'Donnell¹, David N. Blane ¹, Susan Browne¹, Tracy R. Ibbotson¹ & Jill P. Pell ¹

Published online: 12 October 2022

Original Investigation | Infectious Diseases

October 27, 2022

Prevalence and Correlates of Long COVID Symptoms Among US Adults

Roy H. Perlis, MD, MSc^{1,2}; Mauricio Santillana, PhD³; Katherine Ognyanova, PhD⁴; <u>et al</u>

» Author Affiliations | Article Information

JAMA Netw Open. 2022;5(10):e2238804. doi:10.1001/jamanetworkopen.2022.38804

Key Findings – JAMA LONG COVID Prevalence Study 10-2022

Sociodemographic features

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

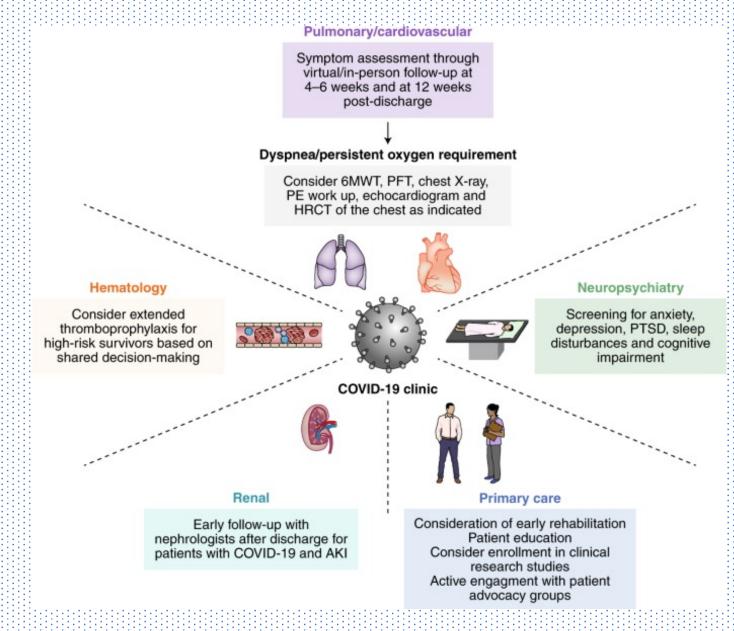
Most Common Lingering Symptoms

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

Managing Long COVID

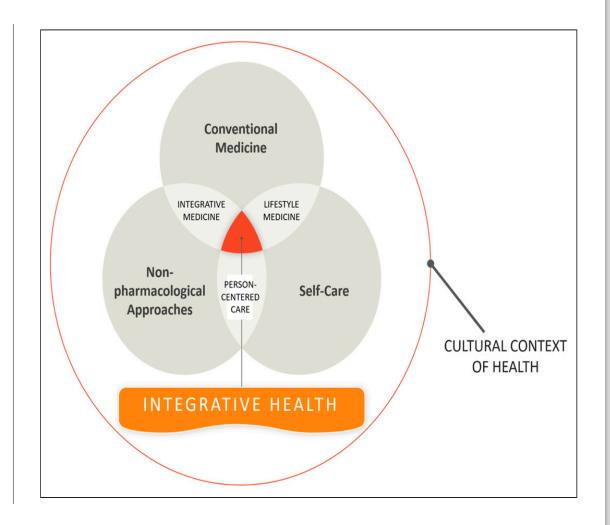
Post-COVID Clinics

Post COVID Clinic Model



Addressing the Long COVID Crisis: Integrative Health and Long COVID

Alan Roth, DO¹, Pan San Chan, MD¹, and Wayne Jonas, MD²[©]



Global Advances in Health and Medicine Volume 10: 1–6 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/21649561211056597

Thinking about treatment

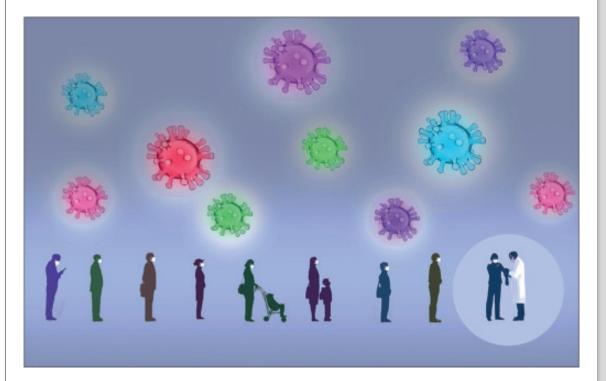
THE LANCET Respiratory Medicine

NEWS | ONLINE FIRST

Do vaccines protect from long COVID?

Priya Venkatesan

Published: January 20, 2022 • DOI: https://doi.org/10.1016/S2213-2600(22)00020-0





THE PREPRINT SERVER FOR HEALTH SCIENCES

O Comment on this paper

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BMJ

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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

Spring Harbor

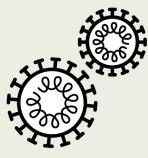
Michael A. Simon, Ryan D. Luginbuhl, Richard Parker

Network 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, 132 Women



Adult patients with SARS-CoV-2 infection confirmed with a PCR-based assay as outpatients **Mean (SD) age, 45.2 (14.6) y**

SETTINGS / LOCATIONS



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

INTERVENTION

214 Patients randomized and analyzed



PRIMARY OUTCOME

shortness of breath, and fatigue

50 Standard of care Standard outpatient prescription for viral illness

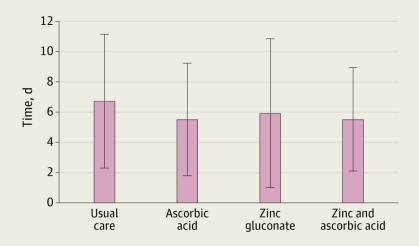
48 Ascorbic acid 8000 mg Ascorbic acid

58 Zinc gluconate 50 mg Zinc

58 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 end point, a 50% reduction in symptoms



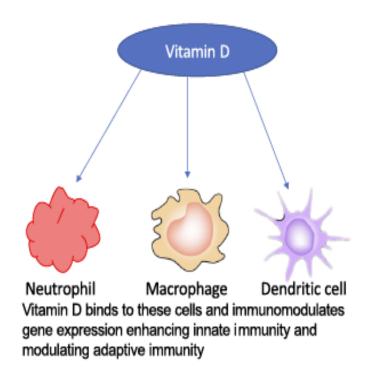
Time to 50% symptom reduction Usual care: Mean (SD), 6.7 (4.4) d Ascorbic acid: Mean (SD), 5.5 (3.7) d Zinc gluconate: Mean (SD), 5.9 (4.9) d Zinc and ascorbic acid: Mean (SD), 5.5 (3.4) d

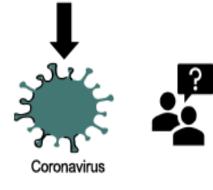
Thomas S, Patel D, Bittel B, et al. Effect of high-dose zinc and ascorbic acid supplementation vs usual care on symptom length and reduction among ambulatory patients with SARS-CoV-2 infection: the COVID A to Z randomized clinical trial. *JAMA Netw Open*. 2021;4(2):e210369. doi:10.1001/jamanetworkopen.2021.0369

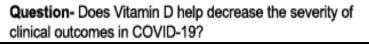
The primary end point was the number of days required to reach

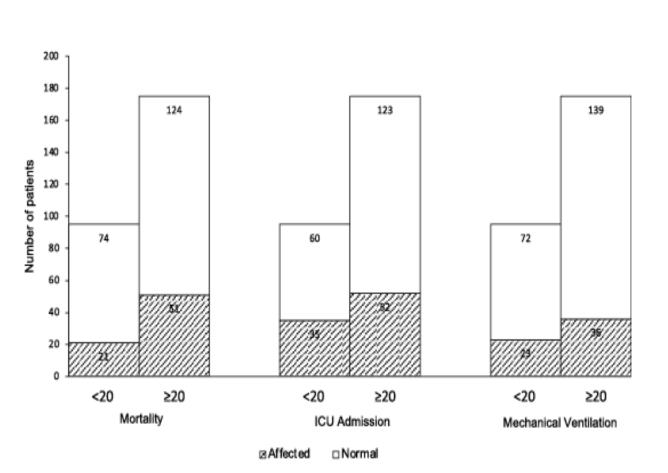
a 50% reduction of symptoms, such as severity of fever, cough,

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





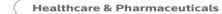




Severe disease outcomes in relation to Vitamin D Levels

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







Aa

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2 minute read · October 27, 2022 6:41 PM EDT · Last Updated 6 days ago

U.S. government to test Pfizer's Paxlovid for long COVID

By Julie Steenhuysen



#rror_mod = modifier_ob mirror object to mirro irror_mod.mirror_object Peration = "MIRROR_X": Peration = "MIRROR_X": Peration = "MIRROR_X": Fror_mod.use_X = True peration = "MIRROR_Y" False operation = "MIRROR_Y" Fror_mod.use_Y = True operation = "MIRROR_Z" peration = "MIRROR_Z"

election at the end -add _ob.select= 1 er_ob.select=1 ntext.scene.objects.action "Selected" + str(modifient irror_ob.select = 0 bpy.context.selected_ob ata.objects[one.name].selected_ob ata.objects[one.name].selected_ob

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OPERATOR CLASSES -----

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X mirror to the select
ject.mirror_mirror_x"
ror X"

context): context.active_object is not Coding Post COVID Syndrome

Post COVID – 19 Condition ICD-10 U09.9

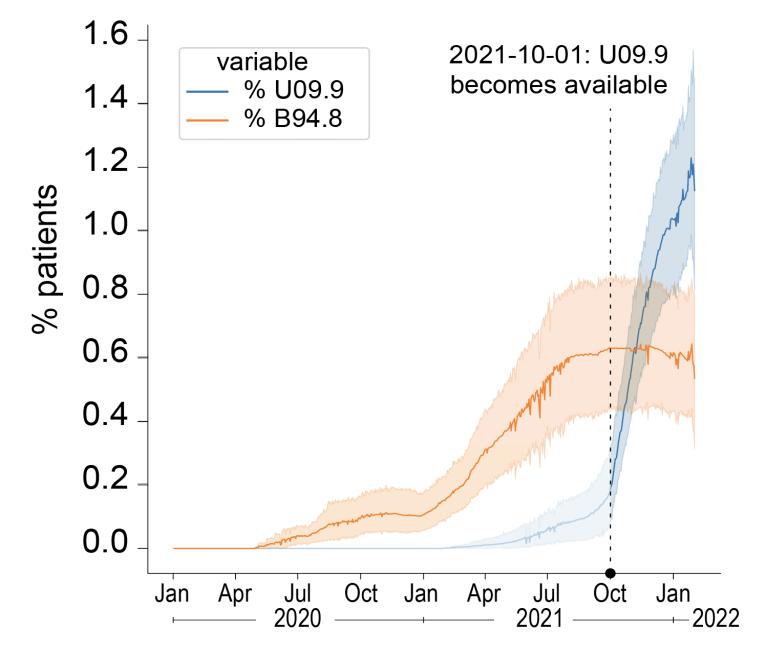
WHO added new code to ICD-10

Proposal to add to ICD-10 CM made at the March 2021 Meeting

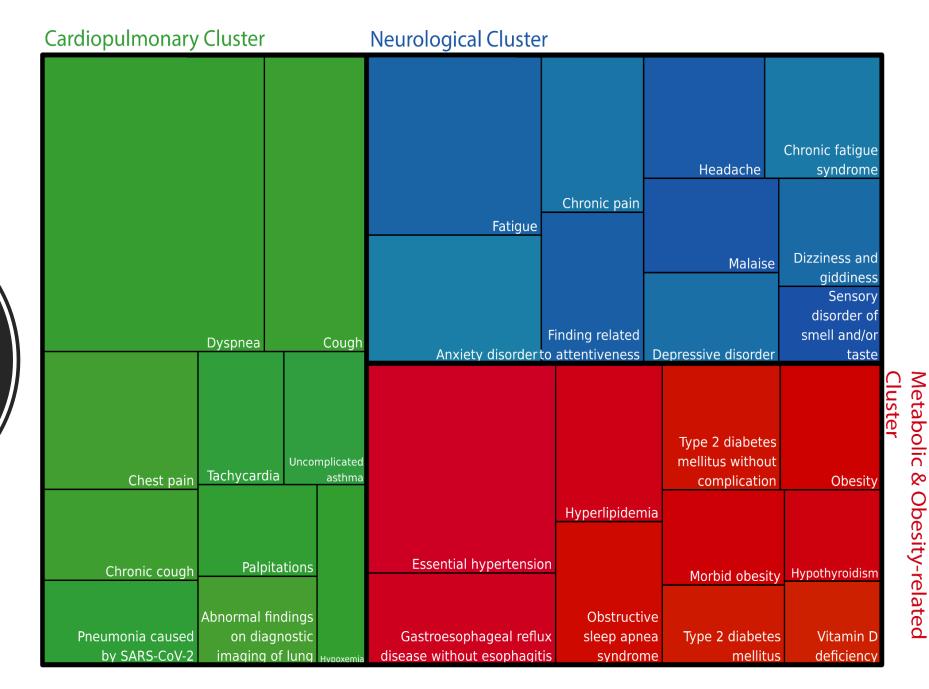
Implementation date – October 1, 2021

Transitioning to U09.9

- B94.8 Sequelae of other specified infectious and parasitic diseases
- U09.9 Post COVID Conditions



https://doi.org/10.1101/2022.04.18.22273968; this version posted April 19,



U09.9 code & Co-occurring diagnoses

https://doi.org/10.1101/2022.04.18.22273968; this version posted April 19, 2022

POST COVID Syndrome Symptoms

- Fatigue
- Difficulty thinking or concentrating
 - sometimes referred to as "brain fog"
- Difficulty breathing
 - with and without abnormal imaging and pulmonary function testing
- Cough
- Painful joints or muscles
- Chest pain

- **Depression** or **anxiety**
- Headache
- Fever
- Palpitations
- Loss of smell or taste
- Dizziness on standing
- Rashes
- Hair Loss
- Lesions on Toes " COVID TOES"

Code presenting symptom first, then code Post COVID condition

Example: Coding Post COVID Condition

Add	U09 Post COVID-19 condition
Add	U09.9 Post COVID-19 condition, unspecified
Add Add	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.
Add	Post-acute sequela of COVID-19
Add	Code first the specific condition related to COVID-19 if known, such as:
Add	chronic respiratory failure (J96.1-)
Add	loss of smell (R43.8)
Add	loss of taste (R43.8)
Add	multisystem inflammatory syndrome (M35.81)
Add	pulmonary embolism (I26)
Add	pulmonary fibrosis (J84.10)

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

Where Do We Go From Here?



Open Discussion