

Long COVID Policy Statement

POSITION

ASTHO recommends implementing evidence-based strategies to prevent Long COVID and the development of policies to support those currently living with post-COVID conditions.

BACKGROUND

While many people diagnosed with COVID-19 recover completely, some individuals report symptoms that persist or emerge weeks to months after their initial infection.¹ One in five COVID-19 patients aged 18–64 years and one in four patients aged ≥65 years have experienced at least one condition that might be attributable to previous COVID-19 infection.² Among patients with symptomatic SARS-CoV-2 infections who survived the acute phase in 2020 and 2021, 6.2% experienced at least one of the three "Long COVID" symptom clusters (i.e., persistent fatigue with bodily pain, cognitive or neurological problems, or ongoing respiratory

Recommendations:

- Continue to promote effective SARS-CoV-2 mitigation strategies to prevent Long COVID.
- **Develop and implement surveillance** strategies to better understand and monitor the incidence and prevalence of Long COVID.
- **Develop policies** that increase access to care and support for people with Long COVID.
- Support research on the pathophysiology and clinical course of Long COVID.

problems).³ The disease burden associated with Long COVID can have many adverse consequences on individuals, families, and communities.

RECOMMENDATIONS/EVIDENCE-BASE

ASTHO recommends implementing the following strategies to address Long COVID.

- 1. Prioritize Long COVID Prevention: In addition to lowering the risk of severe disease, studies have found that Long COVID occurs less frequently among those who are vaccinated. Efforts should support attaining high rates of COVID-19 vaccination in the public and among populations at highest risk, in combination with other non-pharmaceutical interventions to prevent infection with SARS-CoV-2.
 - Emerging evidence also supports the potential benefits of nirmatrelvir (Paxlovid) for reducing a variety of symptoms and post-COVID sequalae among individuals with SARS-CoV-2 infection.⁶ Efforts should support developing increased awareness and access to therapeutics for individuals with COVID-19 who are at risk for progression to severe illness, and public campaigns to highlight the importance of timely antiviral treatment for eligible individuals.⁷
- 2. Increase Awareness of Long COVID: Messaging campaigns to increase the public's literacy and awareness of Long COVID should be supported to identify cases early and reduce stigma associated with this chronic condition. Culturally competent communications will increase the effectiveness of messaging and should be prioritized for all populations. An evidence-based approach includes developing communication materials in collaboration with people with Long COVID and other trusted messengers from the community. People with Long COVID frequently encounter challenges and delays in the diagnosis and treatment of their condition. Efforts should be made to collaborate with medical societies and associations to share definitions of Long COVID, clinical guidance, best practices, and other educational materials for healthcare providers, patients, and the public.

- 3. Improve Data Collection, Surveillance and Research: Surveillance strategies should be developed and implemented to assess the medical and societal burden of Long COVID. Surveillance efforts should leverage existing population-based surveys and systems to better understand and monitor the incidence and prevalence of Long COVID across the population. Public health agencies need further information about the pathophysiology and clinical course of Long COVID. Federal funding should be provided to support data collection, surveillance, and research. Epidemiologic analyses should be conducted to understand risk factors for Long COVID and relevant outcomes. Any federal efforts to monitor the incidence and burden of Long COVID should be informed by state efforts and experience, supported by adequate funding and technical resources, and mandated for inclusion in electronic reporting systems.
- 4. Promote Policies to Support People with Long COVID: People whose Long COVID symptoms substantially limit one or more major life activities can be considered disabled under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and Section 1557 of the Affordable Care Act.8 Additionally, people with severe Long COVID conditions can qualify for Social Security Disability Insurance benefits to supplement lost income due to their disability.9 While these programs and benefits offer some support to people with severe Long COVID conditions, public health agencies need continued support and additional clarification to implement protections under these laws across all ranges of Long COVID conditions.

Establishing a clear definition and diagnostic criteria for Long COVID is critical to ensure appropriate disability benefit determination and adequate health insurance coverage by public and private insurers. Behavioral health benefits should be included in these coverage plans, and the use of telehealth services should be continued through public and private insurance coverage to provide expanded access to care and support. To better promote the recovery and wellness of people with Long COVID, public health agencies can coordinate with health care systems, community-based organizations, and other relevant support structures to provide necessary linkage to care.

APPROVAL DATES

Infectious Disease Policy Committee Approval: Community Health and Prevention Policy Committee Approval:

Board of Directors Approval: March 6, 2023

Policy Expires: March 31, 2026

ASTHO membership supported the development of this policy, which was subsequently approved by the ASTHO Board of Directors. Be advised that the statements are approved as a general framework on the issue at a point in time. Any given state or territorial health official must interpret the issue within the current context of his/her jurisdiction and therefore may not adhere to all aspects of this Policy Statement.

Copyright © 2023 ASTHO

REFERENCES

- 1. Department of Health and Human Services, Office of the Assistant Secretary for Health. 2022. National Research Action Plan on Long COVID. National Research Action Plan. Accessed November 15, 2022.
- 2. CDC MMWR, Post–COVID Conditions Among Adult COVID-19 Survivors Aged 18–64 and ≥65 Years — United States, March 2020–November 2021. Post–COVID Conditions Among Adult COVID-19 Survivors Aged 18-64 and ≥65 Years — United States, March 2020-November 2021. Accessed November 14, 2022.



- 3. Global Burden of Disease Long COVID Collaborators. Estimated Global Proportions of Individuals With Persistent Fatigue, Cognitive, and Respiratory Symptom Clusters Following Symptomatic COVID-19 in 2020 and 2021. JAMA. 2022;328(16):1604-1615. doi:10.1001/jama.2022.18931
- 4. Al-Aly, Z., Bowe, B. & Xie, Y. Long COVID after breakthrough SARS-CoV-2 infection. Nat Med 28, 1461–1467 (2022). https://doi.org/10.1038/s41591-022-01840-0.
- 5. U.S. Department of Health and Human Services. Health+ Long COVID Report: Health+ Long Covid Human-Centered Design Report (hhs.gov). Published online November 21, 2022.
- 6. Yan Xie, Taeyoung Choi, Ziyad Al-Aly. Nirmatrelvir and the Risk of Post-Acute Seguelae of COVID-19. medRxiv 2022.11.03.22281783; doi: https://doi.org/10.1101/2022.11.03.22281783.
- 7. Shah MM, Joyce B, Plumb ID, et al. Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 — United States, April–September 2022. MMWR Morb Mortal Wkly Rep 2022;71:1531–1537. DOI: http://dx.doi.org/10.15585/mmwr.mm7148e2.
- 8. Department of Health and Human Services, Office of Civil Rights, Disability Rights Division, July 26, 2021. Guidance on "Long COVID" as a Disability Under the ADA, Section 504, and Section 1557. Accessed 02-17-2023.
- 9. Social Security Administration. Evaluating Cases with Coronavirus Disease 2019 (COVID-19). April 16, 2021. Accessed 02-17-2023.

