

Long COVID in general practice and new statewide referral criteria update

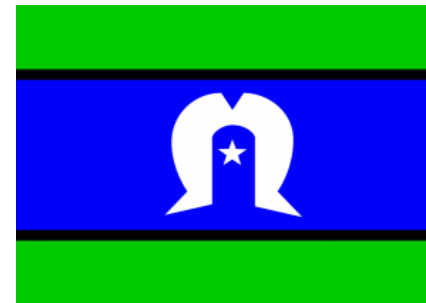
Thursday 5 October 2023

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



Housekeeping – Zoom Meeting

All attendees are muted

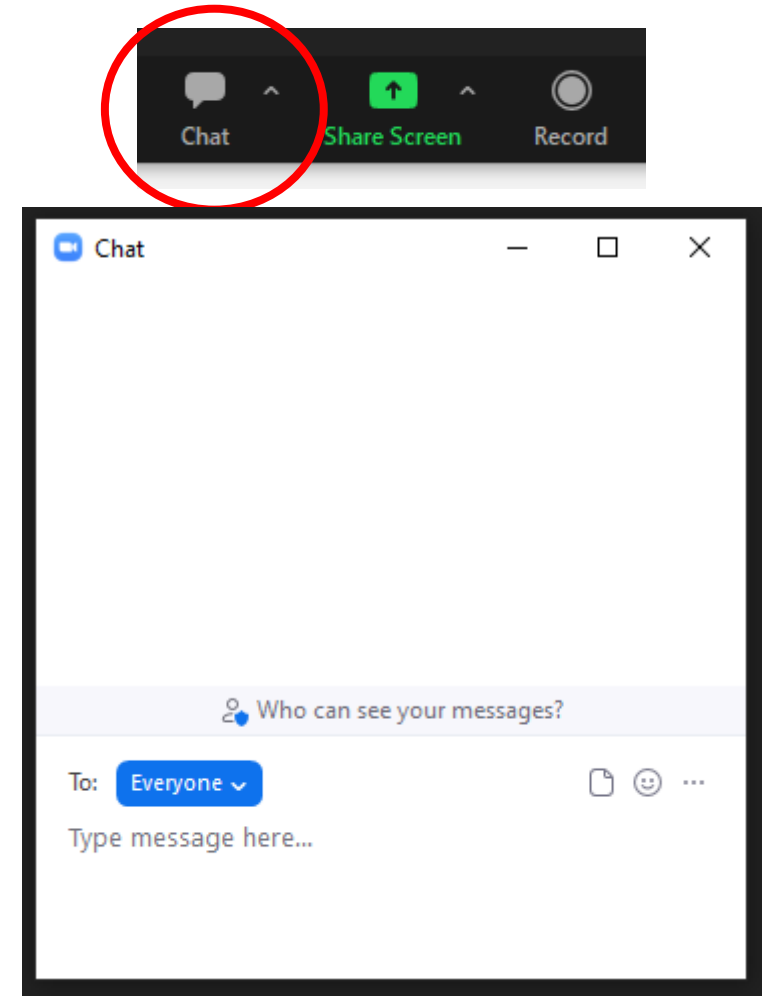
Please keep your microphone on mute

Please ask questions via the Chat box

This session is being recorded

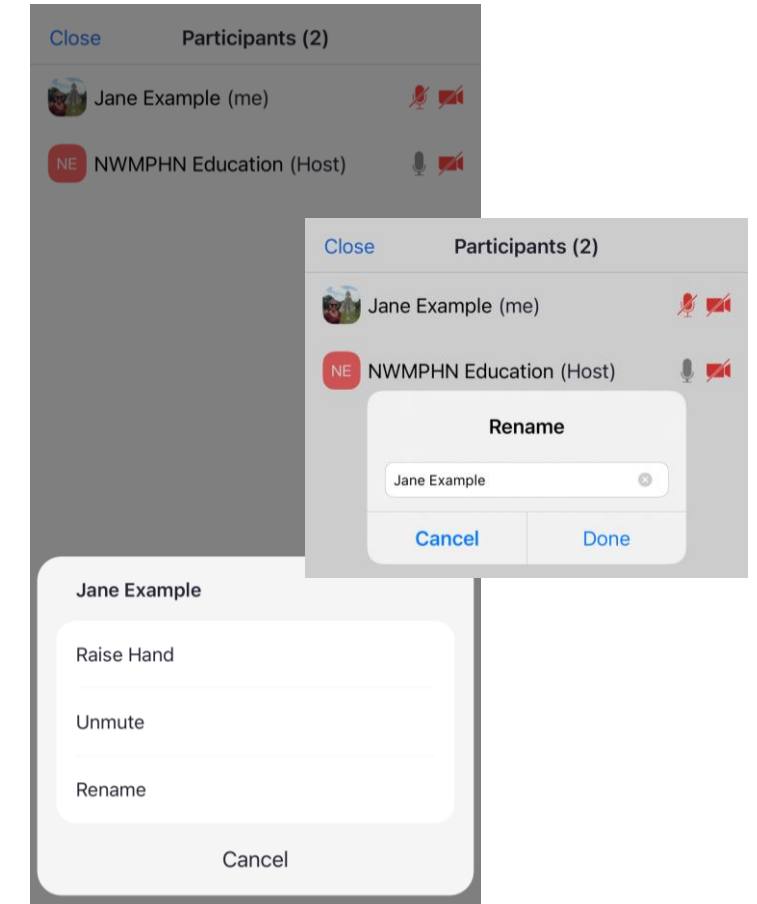
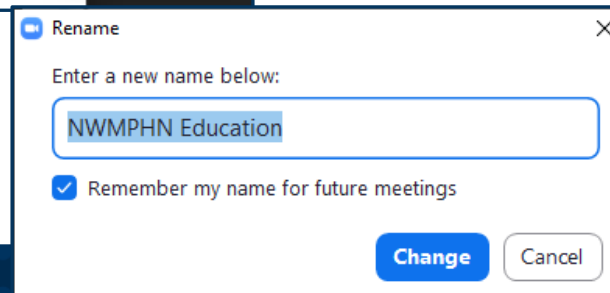
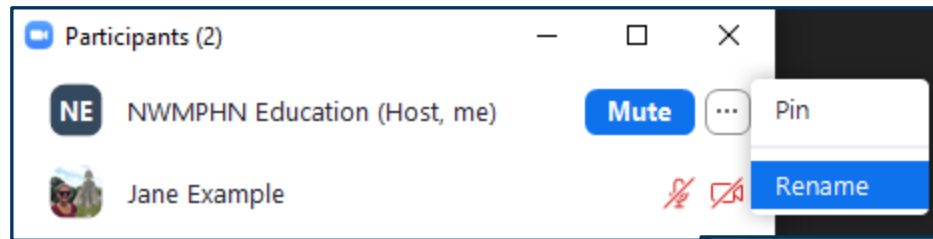
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1. Click on **Participants**
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Desktop: hover over your name and click the 3 dots
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3. Click on **Rename**
4. Enter the name you registered with and click
Done / Change / Rename



Agenda

6:30	Welcome, housekeeping and introductions	Peita Price	10 min
6:40	Clinical picture, management and multidisciplinary care of long COVID	Dr Bernard Shiu	30 min
7:10	General practice role in managing long COVID & long COVID HealthPathways demonstration	Dr Kate Graham	20 min
7:30	New statewide referral criteria for long COVID	Dr Shumaila Panhwar	10 min
7:40	Q & A	All	20 min

Speakers

- **Dr Bernard Shiu**
- **Dr Katherine Graham**
- **Dr Shumaila Panhwar**



1

Clinical picture, management and multidisciplinary care of long COVID

Dr Bernard Shiu

Long Covid by definition



1/ Signs and symptoms that persist **12 weeks**
from the initial acute COVID-19 infection

2/ Symptoms have been there for at least **4 weeks**

3/ Symptoms cannot be explained by **any other conditions**

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Common Symptoms in Adults

Respiratory symptoms

- Shortness of breath
- Cough

Generalised symptoms

- Fatigue
- Fever
- Pain

Cardiovascular symptoms

- Chest tightness
- Chest pain
- Palpitations

Neurological symptoms

- Cognitive impairment ('brain fog', loss of concentration or memory issues)
- Headache
- Sleep disturbance
- Peripheral neuropathy (pins and needles and numbness)
- Dizziness
- Delirium (in older populations)
- Mobility impairment
- Visual disturbance

Gastrointestinal symptoms

- Abdominal pain
- Nausea and vomiting
- Diarrhoea
- Weight loss and reduced appetite

Musculoskeletal symptoms

- Joint pain
- Muscle pain

Ear, nose and throat symptoms

- Tinnitus
- Earache
- Sore throat
- Dizziness
- Loss of taste and/or smell
- Nasal congestion

Dermatological symptoms

- Skin rashes
- Hair loss

Psychological/psychiatric symptoms

- Depression
- Anxiety
- Post-traumatic stress disorder

Common Symptoms in Children

Generalised symptoms

- Fatigue
- Exercise intolerance

Neurological symptoms

- Sleep disorders (e.g. insomnia, hypersomnia, and poor sleep quality)
- Headache
- Cognitive symptoms (e.g. less concentration, learning difficulties, confusion, memory loss)

Respiratory symptoms

Ear, nose and throat symptoms

- Sputum production or nasal congestion
- Altered smell

Gastrointestinal symptoms

- Loss of appetite

Psychological symptoms

- Mood symptoms

CARE OF PEOPLE AFTER COVID-19



NATIONAL
CLINICAL
EVIDENCE
TASKFORCE

COVID-19

VERSION 9.0

PUBLISHED
22 MAY 2023

FORMS OF GUIDANCE

Evidence-Based Recommendation (**EBR**)
Consensus Recommendation (**CBR**)
Practice Point (**PP**)

Types
of
EBRs

RECOMMENDATION FOR USE

RECOMMENDATION AGAINST USE

CONDITIONAL RECOMMENDATION
FOR USE

CONDITIONAL RECOMMENDATION
AGAINST USE

General

- This flowchart applies to **adults, adolescents and children** with signs and symptoms that continue, or develop, after acute COVID-19.
- These signs and symptoms are commonly referred to as 'long COVID'.
- A range of symptoms have been reported in both adults and children, with variation in the duration of symptoms and clinical sequelae. Growing evidence shows that these symptoms are driven by underlying immunological and biological changes.
- Symptoms may be experienced by people who had either mild, moderate or severe COVID-19.
- Some symptoms subside gradually with self-directed care alone, while other symptoms may require care from a health professional, and new symptoms may arise over time.

CURRENT DEFINITIONS

Acute COVID-19

- Signs and symptoms of COVID-19 for up to 4 weeks.

Post-COVID-19 condition/syndrome

- Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body. Post-COVID-19 condition may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed.

Ref:

<https://clinicalevidence.net.au/covid-19/>

https://clinicalevidence.net.au/wp-content/uploads/FLOWCHART-CARE-AFTER-COVID.pdf?_230522-34113

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The course of progression

*Persistent from **initial** infection*

*Initial symptoms, followed by a **recovery** phase then **re-appears** a few weeks later*

*Fluctuate or **relapse** over time*

Prevalence of Long Covid (Kate)

- **Varies** from country to country
- Very **unpredictable** with some common **confounding comorbidities** but no definitive confirmed association
- Estimate anywhere between **14-18%** of all COVID positive will suffer from Long Covid in Australia
- Data for **special groups of clients** are incomplete

Possible clinical theories

- 1/ Multi-organs **Microinflammation** – fatigue, muscle pain, brain fog
- 2/ **Coagulability** imbalance – PE and other coagulation related problems
- 3/ Persistent **Virus** presence – Multi organ involvements
- 4/ **Autonomic** deregulations – POTS, tachycardia, dizziness, BP variation
- 5/ Mast Cell **Degranulation** – Persistent Cough and SOB
- 6/ Affecting **microbiomes** in the guts – gastro symptoms, [SIM01](#)
- 7/ Activation of other conditions via **unknown** pathway

Main contributing factors

- **Unvaccinated** or not up-to-date vaccination
- **Initial severity** e.g. admission to ICU, needing O2 or intubation
- **Virus variants** eg *Alpha to Delta* Strain (hence the timing of infection between early 2020-late 2021)
- **Gender:** Female vs male (7:3 ratio) - observational

Geelong Long Covid Clinic Initial Team



Dr Bernard Shiu
General Practitioner
BSc, MD, FRACGP



Dr Victor Wong
General Practitioner
*MBBS(HK), DPD(Cardiff),
FHKCFP, FRACGP*



Dr Jenny Huang
General Practitioner
MBChB, BMedSc(hon), FRACGP



Dr Calvin Phang
Cardiologist
MBBS, BMedSc, FRACP, FCSANZ



Dr James Lindstrom
Respiratory Physician
MBBS, BMedSc, FRACP FCICM



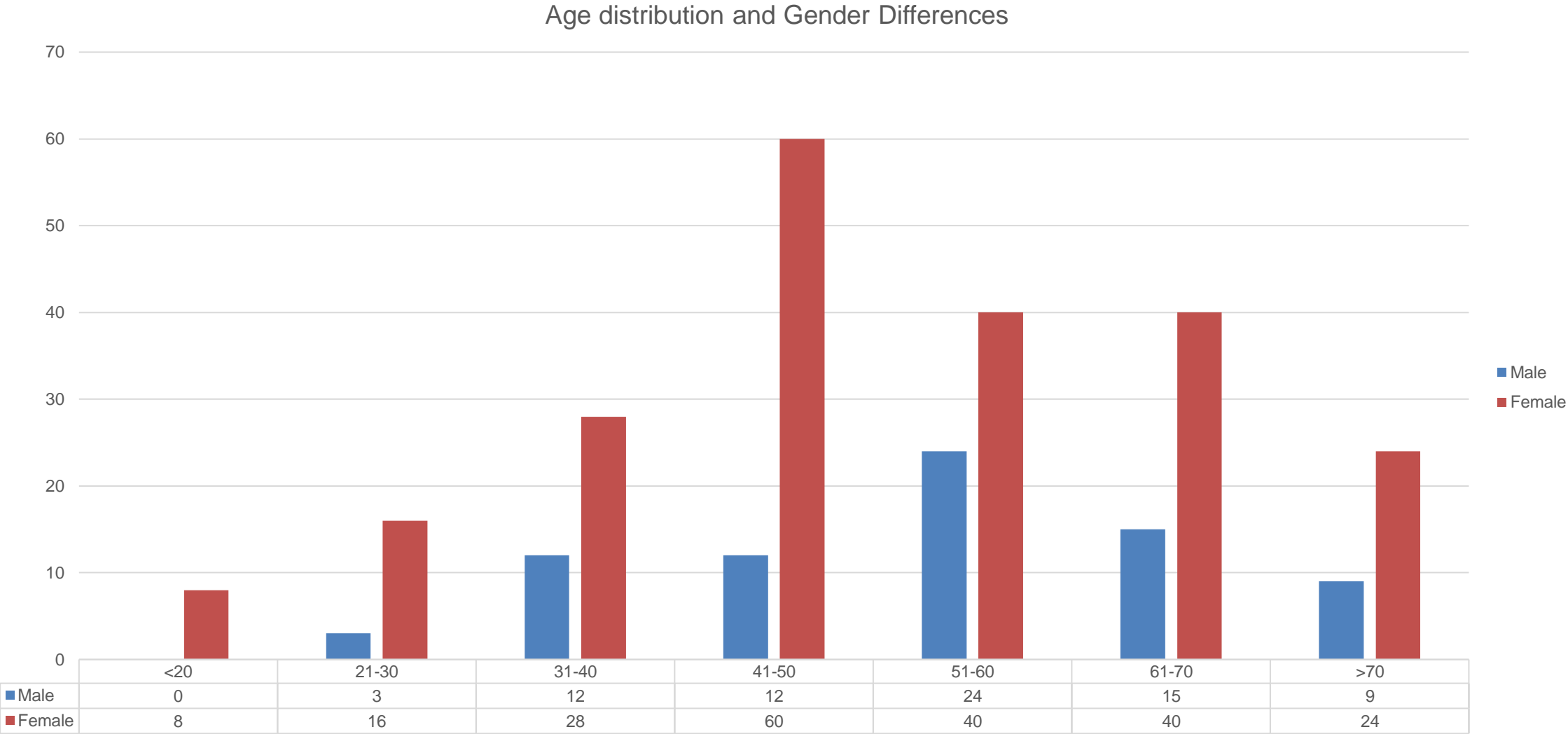
Dr Jossy Anthony
Psychiatrist
MBBS, MRCPsych, FRANZCP



Nicole Smith
Rehabilitation
Exercise Physiologist

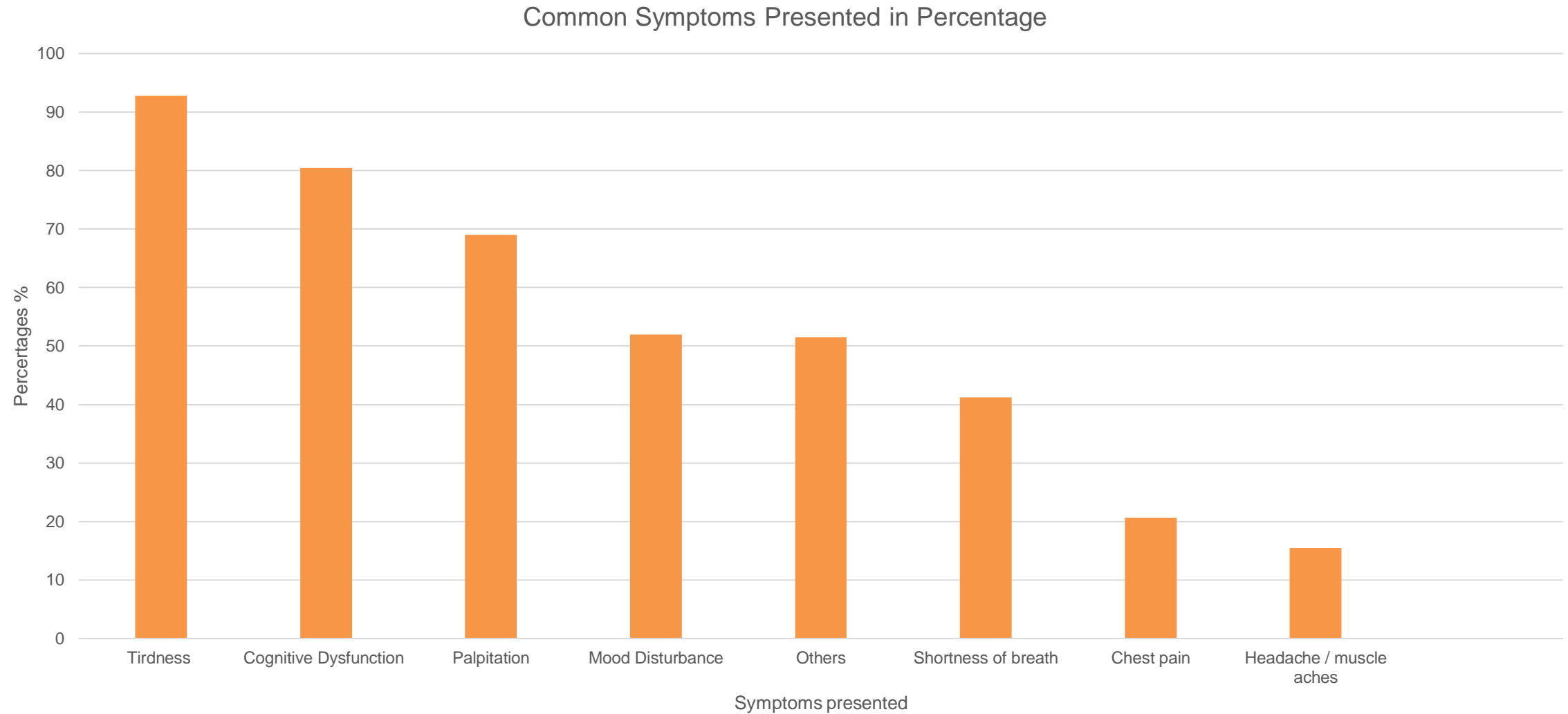
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Gender and Age distribution



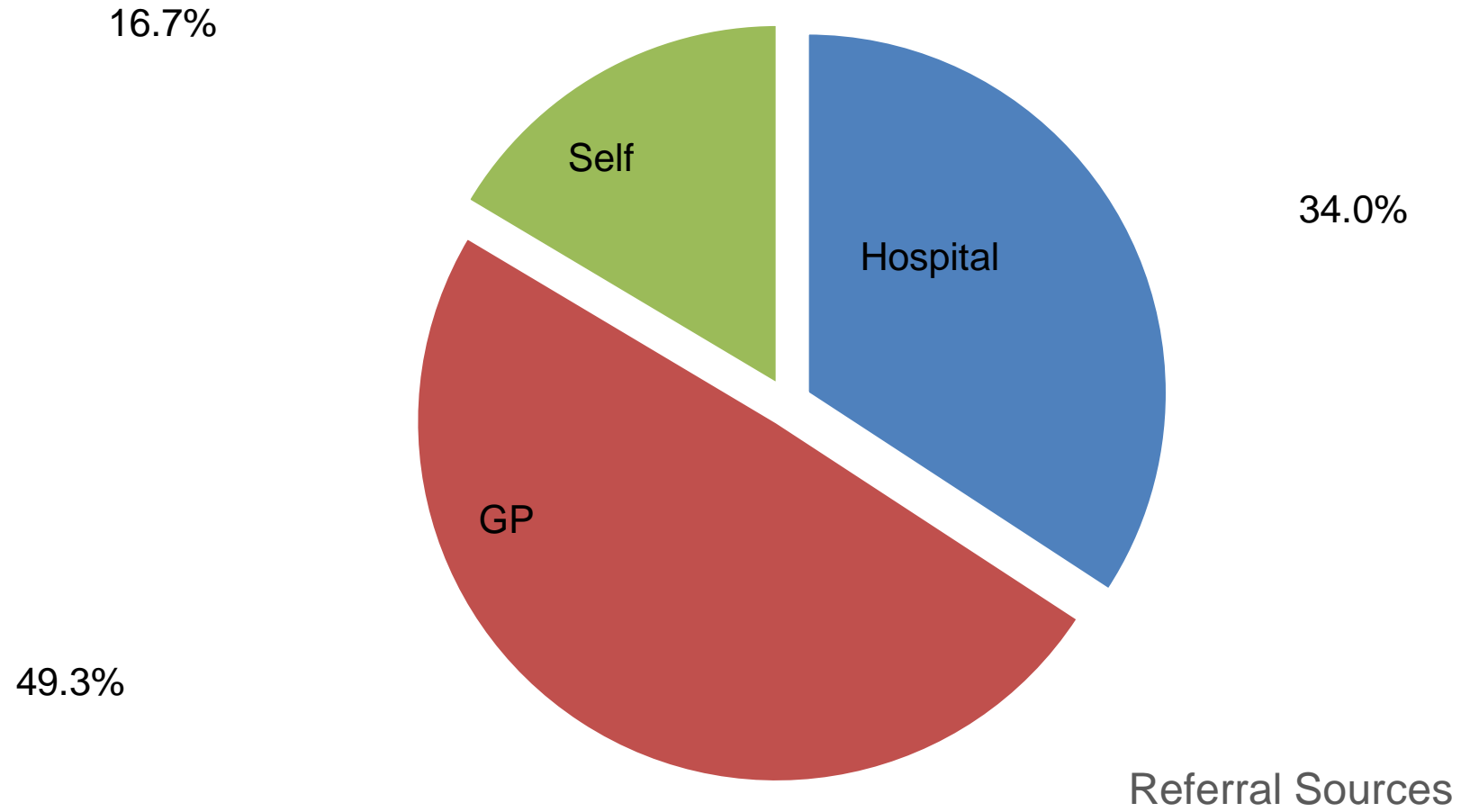
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Symptoms presented



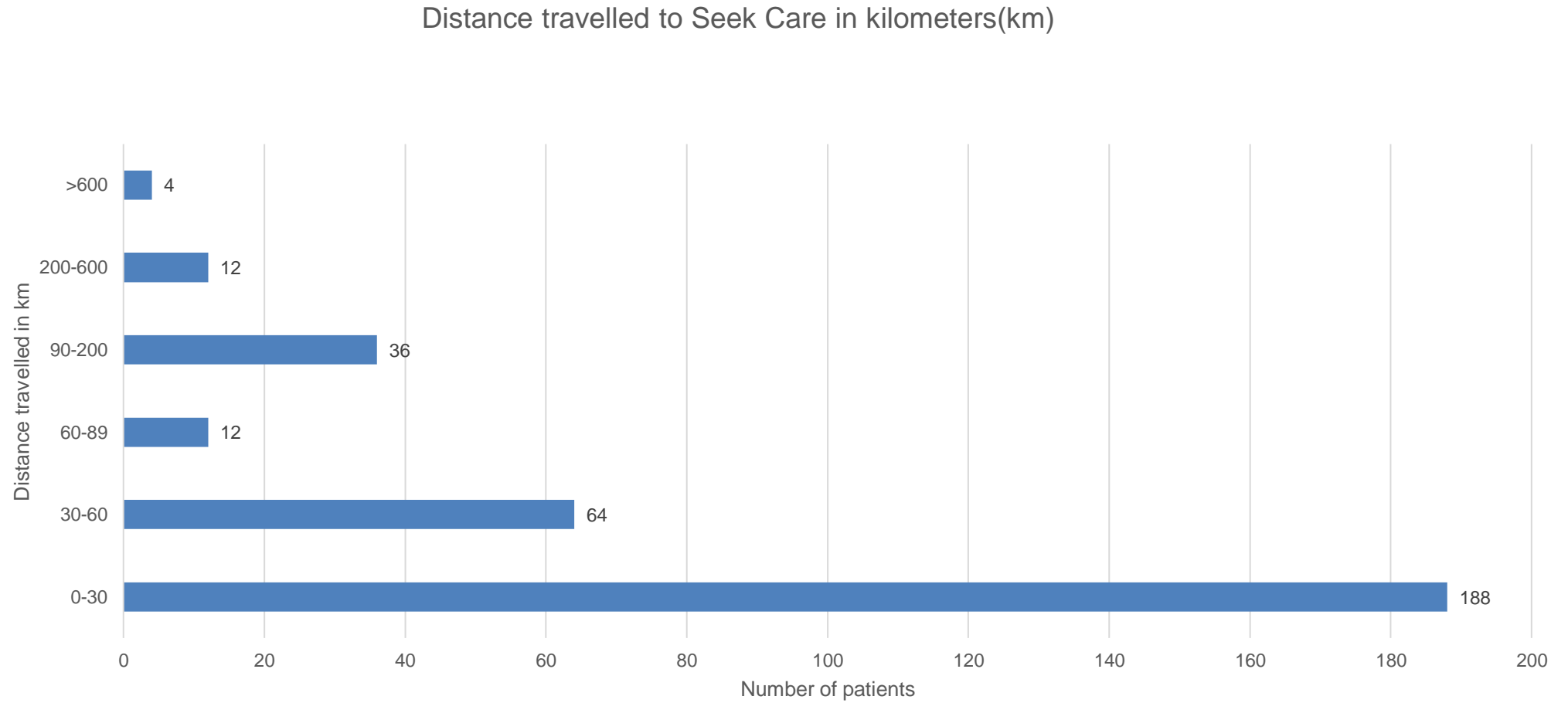
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Referral sources



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Distance Travel



What impacts we know so far

- Most people **recover** in time although timeline is different
- Children and teenagers are **less** likely to have severe Long COVID
- There is **no single test** to confirm a Long COVID diagnosis
- Affect patients' **Physical, Mental** and **Social** wellness
- Very similar to **Chronic fatigue syndrome/ Fibromyalgia**, because of the post viral sequelae
- Symptoms also resemble **POTS**

CFS/ME vs POTS (taken from Cleveland clinic and Johns Hopkins Medical)

CFS/ME

- Disrupted **sleep**
- Changes in blood pressure, feeling **dizzy** or pale
- **Palpitations**, increased heart rate or shortness of breath with exertion or on standing
- Problems with thinking, concentrating, memory loss, vision, clumsiness, muscle twitching or tingling (sometimes called 'neurocognitive problems')
- Pain or aches, joints or **head**
- Extreme **Exhaustion**/fatigue

POTS

- Disrupted **sleep** from chest pain, racing heart rate and excessive sweating during sleep.
- **Dizziness** or lightheadedness, especially when standing up, during prolonged standing in one position or on long walks. Shortness of breath (dyspnea).
- Chest pain. Heart **palpitations**
- **Forgetfulness** and trouble focusing (brain fog).
- **Headaches** and joint pain
- **Exhaustion**

The best way to protect against Long COVID

NOT TO GET INFECTED

Get vaccination updated regularly

Get treatment (Anti-Viral) early

**Have a COVID Positive action plan
(who to call, where to get meds and
support etc)**

Speak to specialists early

Your COVID-19 Readiness Plan

Date of assessment: _____ Clinic name: _____
Name: _____ Clinic phone number: _____
Date of birth: _____ Usual GP: _____

This information can help you to get the care you need if you get COVID-19. Show this information to healthcare workers so they can help you to rapidly get the right testing and treatment for you.

YOUR DOCTOR RECOMMENDS YOU GET TESTED
If you get symptoms that could be COVID-19, get a test as soon as you can. This will help you quickly get the care and support you need.

☐ Use a Rapid Antigen Test (RAT). Have RATs available at home.
☐ Get a PCR test. The closest testing site to you is: _____

YOUR DOCTOR RECOMMENDS YOU GET TREATED
If you have a **positive test** result on PCR or rapid antigen test (RAT), your doctor recommends you get treatment with antiviral medications as soon as possible. Follow the steps below.

Call your usual clinic on the phone number above.
Tell them you have tested positive for COVID-19 and your doctor has recommended you get treatment as soon as possible.
Out of hours call: _____

Recommended antiviral ☐ Molnupiravir (Lagevrio™) ☐ Nirmatrelvir+ritonavir (Paxlovid™)
☐ Other: _____

Pharmacy where you can fill your prescription: _____

IF YOU HAVE SEVERE SYMPTOMS CALL TRIPLE ZERO (000) IMMEDIATELY TO GET HELP
Severe symptoms might include severe shortness of breath or difficulty breathing, chest pain, lips or face turning blue, fainting, confusion or severe drowsiness.

Criteria for priority 1 (P1) PCR testing (at State testing sites)	Criteria for COVID-19 antiviral treatment eligibility
<ul style="list-style-type: none">• Unvaccinated or not up-to-date with vaccinations for COVID-19• Age 65 years or older• Pregnant (including up to two weeks postpartum)• Aboriginal and Torres Strait Islander• Underlying health conditions• Clinician discretion	<ul style="list-style-type: none">• COVID-19 positive on rapid antigen or PCR test; AND• Symptoms less than 5 days; AND<ul style="list-style-type: none">◦ 50 years and older with two additional risk factors for developing severe disease;◦ 30 years and older AND identifying as Aboriginal or Torres Strait Islander;◦ 18 years and older with moderate to severe immunocompromised <p>OR</p> <ul style="list-style-type: none">• 70 years and older; AND• Symptoms less than 5 days OR asymptomatic and treatment is initiated as soon as possible after diagnosis is confirmed

Updated July 2022. Criteria are subject to change, please check up to date guidance

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Special considerations 2

- **Culture** awareness and **language** barriers - Must be treated respectfully and carefully
- Aware of what **support resources** are available locally

Where do we go from here

It is an **evolving** space

Lots to learn, lots of unknown – **the more we know, the more we don't know**

All hands-on-deck approach, make good use of the carers, family, colleagues and friends to reach out to those who may well be suffering in silo

Majority of the care will be given in the **community**

Case Study 1

67F Came in 6 months after COVID infection

Symptoms persisted since the beginning

Severe dizziness, SOB – unable to complete full sentence

Previous GP did Bloods, X-ray, started her on asthma medications, none produced any benefit

Background: obesity, depression, good support from family

Case Study 1 (Cont'd)

Unable to perform 6 mins test

Looks unwell

- **Immediate transfer to hospital (under respiratory team)**
- **Outcome: Multiple PE**
- Discharged from Long Covid Clinic, back to GP's care

Case 2

48 F from Ballarat

X2 infections, 1st Jan 2022, 2nd Sept 2022, saw us in Feb 2023

Worked for the council, off work since October

Symptoms: tiredness, dizziness, chest pain and SOB

No other comorbidities

Started on high dose **prednisolone**, symptoms completely subsided, discharged back to GP

Case 3

73 year old man

Ex-coal miner but well otherwise

1st Infected in early 2021 before vaccination, multiple symptoms on and off and change over time

Saw us in July – lots of tests and treatment started – no improvement

2nd infection end of last year, anti-viral was given, all previous symptoms settled

Case 4 with permission

22 year old Uni student, working locally part time as a cashier

Previously fit and well

First case of COVID in Geelong 29/2/2020

Unwell for 2 weeks

Severe neurological problems appeared 2 months later

<https://www.geelongadvertiser.com.au/news/geelong/geelongs-first-coronavirus-case-confirmed-as-waurn-ponds-shopping-centre-worker/news-story/61be761873cab544fb247a5175bec692>

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Resources

International:

[https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-post-covid-19-condition](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-post-covid-19-condition)

<https://www.bmj.com/content/374/bmj.n1648>

<https://www.health.harvard.edu/diseases-and-conditions/answers-to-questions-about-long-covid>

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-long-haulers-long-term-effects-of-covid19>

<https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

Resources 2

Local:

<https://westvic.communityhealthpathways.org/783098.htm>

<https://www.yourcovidrecovery.nhs.uk/>

<https://www.coronavirus.vic.gov.au/long-covid>

<https://www.healthdirect.gov.au/covid-19/post-covid-symptoms-long-covid>

<https://covid19evidence.net.au/wp-content/uploads/FLOWCHART-POST-COVID-19.pdf?e=220606-212218>

<https://www.racgp.org.au/clinical-resources/covid-19-resources/clinical-care/caring-for-patients-with-post-covid-19-conditions/introduction>

Resources 3

AUSTIN HOSPITAL'S MODULES

INTRODUCTION: [HTTPS://RISE.ARTICULATE.COM/SHARE/COBDWH2-CRH44MGUJN6ECIXNM_AJDGLO#/](https://rise.articulate.com/share/COBDWH2-CRH44MGUJN6ECIXNM_AJDGLO#/)

FATIGUE: [HTTPS://RISE.ARTICULATE.COM/SHARE/DDRPQYPTUSFSNHUUBJN0WULMJEQMS2PG#/](https://rise.articulate.com/share/DDRPQYPTUSFSNHUUBJN0WULMJEQMS2PG#/)

ACTIVITY AND REST [HTTPS://RISE.ARTICULATE.COM/SHARE/TD6HR7OIRLL5SBREXUCGGCYV0TBAKYN1#/](https://rise.articulate.com/share/TD6HR7OIRLL5SBREXUCGGCYV0TBAKYN1#/)

SLEEP [HTTPS://RISE.ARTICULATE.COM/SHARE/XNBBKWNXL6FH21VO5LWVS2NGIFGQUM6X#/](https://rise.articulate.com/share/XNBBKWNXL6FH21VO5LWVS2NGIFGQUM6X#/)

PHYSIO

[HTTPS://WWW.YOUTUBE.COM/PLAYLIST?LIST=PLZYLGD4JQXQ-J5VC4HIMTGRJPKQN1PHMD](https://www.youtube.com/playlist?list=PLZYLGD4JQXQ-J5VC4HIMTGRJPKQN1PHMD)

[HTTPS://LONGCOVID.PHYSIO/](https://longcovid.physio/)

KIDS:

[HTTPS://WWW.SURVIVORCORPS.COM/PCCC-AUSTRALIA](https://www.survivorcorps.com/pccc-australia)



2

General practice role in managing long COVID & long COVID HealthPathways demonstration

Dr Kate Graham

Long COVID

Multiple, persistent symptoms that have lasted for more than two months that have developed after, or been exacerbated by a COVID-19 infection (at least 3 months ago) that cannot be explained by an alternative diagnosis



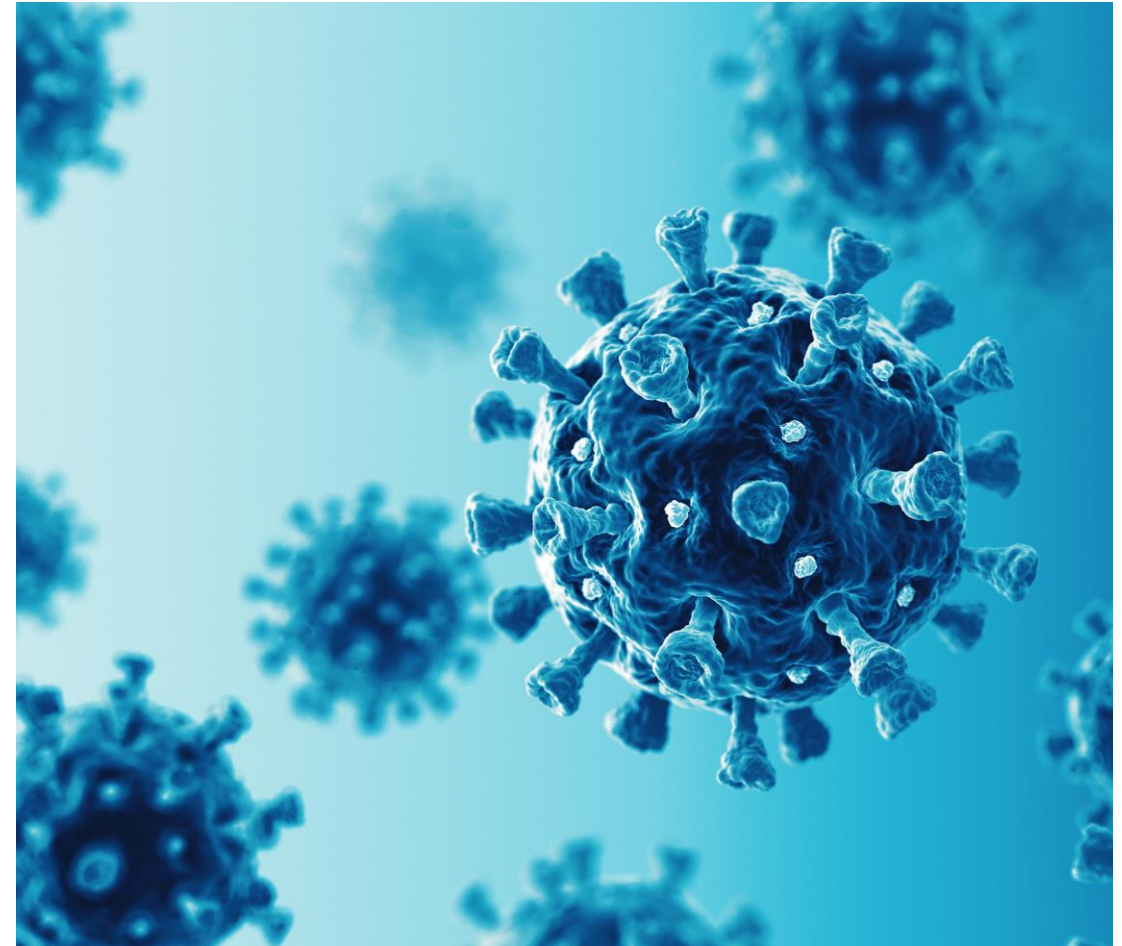
Long COVID challenges

GPs are used to coordinating and managing complex, chronic conditions and uncertainty

BUT...

Many barriers to accessing support for patients:

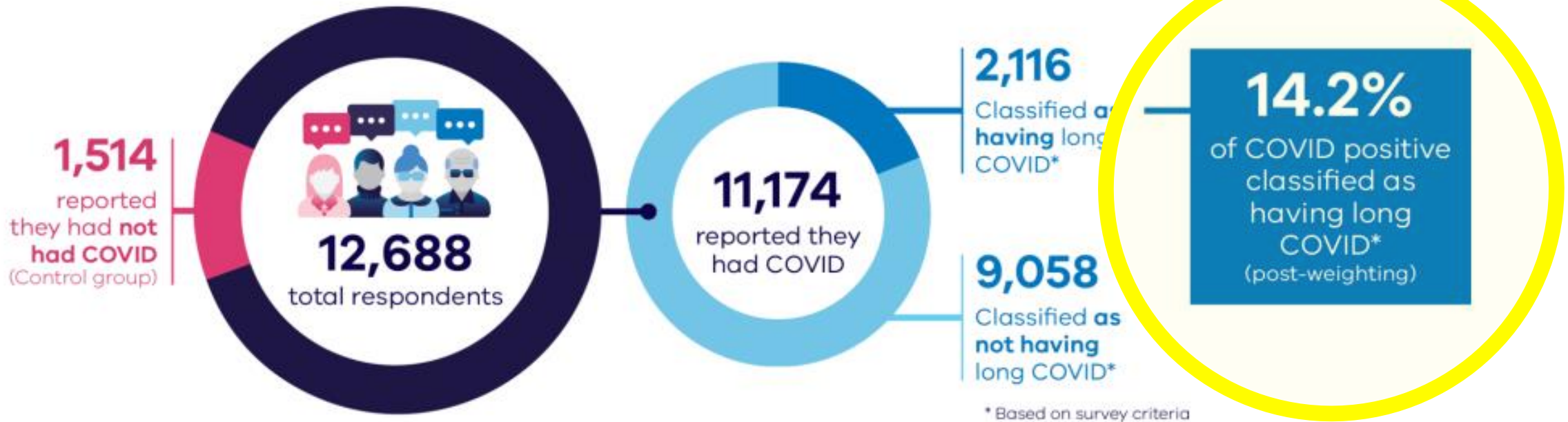
- Distance / Accessibility
- Fatigue relating to multiple appointments
- Cost and lost income
- Lack of sick leave
- Waiting times
- Provider knowledge and confidence



How much of an issue is it in primary care?



About the Long COVID Health Survey



Sample source:
COVID positive and close contacts aged 18+ from the Transmission and Response Epidemiology Victoria (TREVI) database

Infection dates:
January 2020–October 2022
(Controls sourced from close contact database: January 2020–November 2021)

Data collection dates:
September 2022–April 2023

Data weighted by:
Age, gender, location and education



Fatigue, 'brain fog' and physical weakness were the most common persistent symptoms among COVID positive respondents

New and persistent symptoms at time of survey

COVID positive and control respondents



Only 26% who met criteria for long COVID had been given a diagnosis

Note: Reference date for COVID positive was their infection date and for control groups, November 2021.



What does the survey tell us about respondents who were classified as having long COVID?

62%

Female gender

(50% for not long COVID)

40%

Aged 40-59

(32% for not long COVID)

97%

Symptomatic acute COVID

(90% for not long COVID)

8%

Reported receiving
hospital care for
acute COVID

(2% for not long COVID)

46%

Recalled slight to extreme
anxiety/depression before
first infection

(30% for not long COVID)

What are the
surprising
factors? Who
should we think
about following
up

Base: 2,116 COVID positive respondents classified as having Long COVID;
9,058 COVID positive respondents not classified as Long COVID

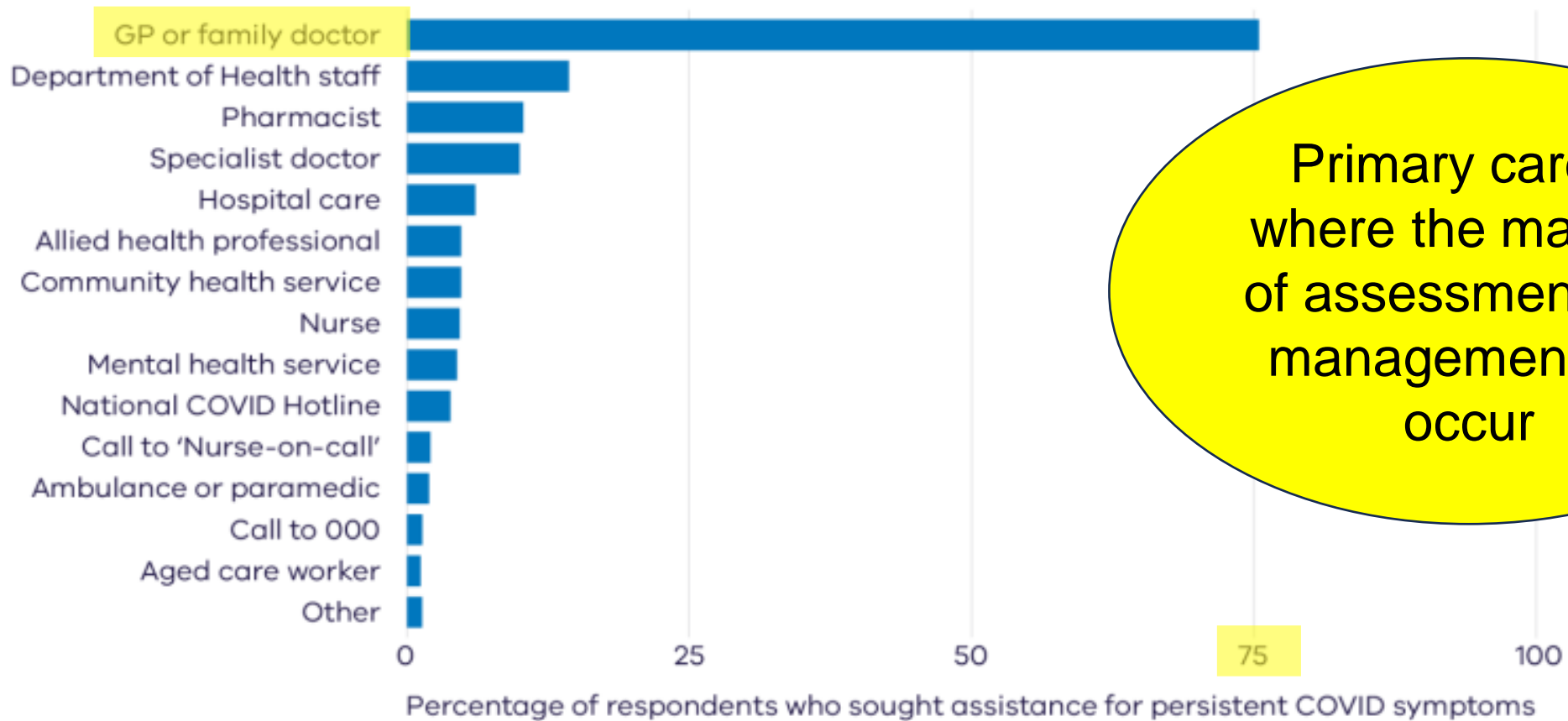
Slide adapted from [Long COVID conference presentation](#) by Dr Lance Emerson



GPs were the most common health service used for persistent COVID symptoms

Health service use for persistent COVID symptoms

COVID positive respondents



Primary care is where the majority of assessment and management will occur

Case study 1 - Ella



- 23yo university student
- COVID 4 months ago – cough, sore throat and headache at the time

Since then:

- severe headaches not responding to paracetamol / ibuprofen
- fatigue – missing classes, not going out with friends, not exercising, had to resign from part time bar work
- brain fog – struggles to remember things she is learning

Case study 1 - Ella

- GP ordered routine bloods for fatigue and performed imaging for headaches to exclude alternative diagnoses
- These results were normal and Ella returns to discuss further.
- For any Long COVID assessment, use a biopsychosocial approach to care and consider that a full assessment may require a longer appointment or multiple appointments
- To work out how much of an impact the symptoms are having and to develop a management plan, the GP decides to look at Healthpathways

Healthpathways



- Point of care use, Password protected
- Assessment, management, resources and referral guidance
- Evidence-based guidance
- 900 pathways, 30+ views per 1000 census population per month
- <https://www.healthpathwayscommunity.org> to find your local site and apply for access

Case study 1 - Ella

- Ensure no red flags

[Home](#) / [COVID-19](#) / [Post-COVID-19](#) / [Post-COVID-19 Condition - Long COVID](#)



Post-COVID-19 Condition - Long COVID

Last updated: 30 June 2023

Red flags



- ▶ Severe, new onset, or worsening breathlessness or hypoxia
- ▶ Syncope
- ▶ Unexplained chest pain
- ▶ Palpitations or arrhythmias
- ▶ New confusion
- ▶ Focal neurological signs or symptoms
- ▶ Multisystem inflammatory syndrome in children

Case study 1 - Ella

- Perform a full assessment including history.
- Consider anything that may put an individual at initial increased risk e.g. comorbidity, isolation, mental health risk, financial

Post-COVID-19 Condition - Long COVID

2. Consider screening in high-risk or priority populations, especially if barriers exist to accessing existing information and resources.
3. Take a history:
 - Confirm that the patient has had COVID-19 and take details of the [acute illness](#) ▼.
 - Check for:
 - current [post-COVID-19 symptoms](#) ▼ and consider asking the patient to keep a symptom diary.
 - symptoms of PIMS-TS (Paediatric Inflammatory Multisystem Syndrome Temporally Associated with SARS-CoV-2 Pandemic) ▼ in children.
 - Exclude [red flags](#) ▼ which can indicate [serious complications](#) ▼ of COVID-19. If present, continue assessment via the appropriate symptom or condition based pathway.
 - Assess the impact of COVID-19 on:
 - [pre-existing long term conditions](#) ▼.
 - quality of life, functioning, and other psychosocial determinants e.g., home situation, employment, social and financial supports, bereavement.
 - Ask about:
 - current medication use.
 - investigations already undertaken.
 - any treatments trialled for symptoms e.g., allied health or psychology.
 - patient concerns and priorities.
 - COVID-19 vaccination status

 SEND FEEDBACK

Case study 1 - Ella

- Decide on an assessment tool

Post-COVID-19 Condition - Long COVID

- COVID-19 vaccination status

4. Consider using [assessment tools](#) ^ to assess the severity and impact of symptoms.

Assessment tools

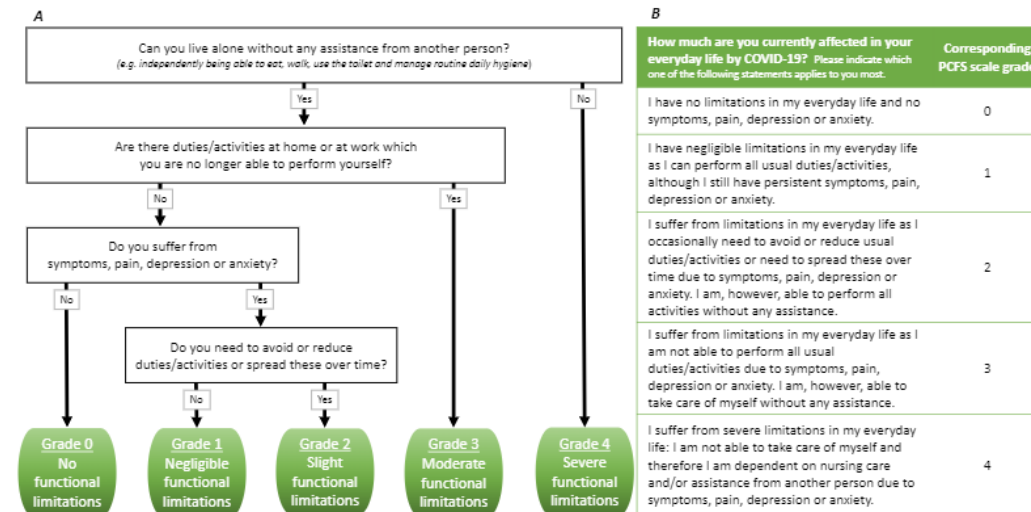
The only tool currently validated for post-COVID assessment is the COVID-19 Yorkshire Rehabilitation Screening (C19-YRS) tool. ⁶

Consider using, depending on symptoms:

- [COVID-19 Yorkshire Rehabilitation Screening \(C19-YRS\)](#) ⁶
- The [Post-COVID-19 Functional Status \(PCFS\) flowchart and table](#) to assess functional status
- [COPD Assessment Test](#) or [Modified Medical Research Council Dyspnoea Scale](#) for assessing breathlessness
- [PROMIS 29](#) for effect of fatigue or pain symptoms
- [Modified Fatigue Impact Scale](#) (MFIS)
- [DASS21](#) or [K10](#) to measure effect on mental health
- [National Institute for Health and Care Excellence \(NICE\) clinical and functional assessments](#) for adults following critical illness



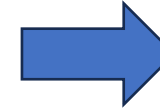
- e.g. [PCFS flowchart](#)



Case study 1 - Ella

Management

1. If any red flags ▼ or serious complications ▼, arrange an emergency assessment.
2. Provide management options using a patient-centred approach:
 - Provide education, reassurance, and support.
 - Offer information ⓘ about self-management of common post-acute COVID-19 symptoms.
 - Develop a management plan with the patient for their main symptoms, problems, or risk factors, and an action plan if worsening symptoms develop. Use of the [Yorkshire COVID-19 Screening Tool](#) ⓘ followed by a rehabilitation plan may be helpful for documentation.
 - If persistent symptoms and functional impairment, begin rehabilitation as soon as appropriate.²
 - When determining need for multidisciplinary and specialist referrals consider patient factors, equipment, location, cost, and availability including likely wait times.
 - Note that detailed [statewide referral criteria](#) ⓘ exist for referral to public long COVID services and clinics. If referral criteria are not met, consider if other sub-specialty referrals may be more appropriate or required more rapidly depending on the dominant symptoms.
 - Consider:
 - using [MBS items](#) ▼ for chronic disease, case conferences, health assessments, and mental health to support practice team management.
 - ongoing practice nurse appointments, with general practitioner input, to support ongoing patient rehabilitation activities.



Patient resource: Managing post-COVID-19 symptoms

Managing common post-COVID-19 symptoms at home

The following information may help you manage some of the more common post-COVID-19 symptoms at home.

Managing fatigue

Illness often changes your breathing patterns, requires you to use more energy, deconditions your muscles and increases stress. As a result, people recovering from COVID-19 often report feelings of fatigue.

When fatigued, typical daily activities can become exhausting. You may find you feel weak and tired after small amounts of physical activity or you can't process information or concentrate as efficiently as usual. You may feel frustrated and anxious.¹

If you're experiencing fatigue, following the three Ps can help you to make the most of your body's available energy – **pace, plan, prioritise**.²

The three Ps

Pace

Don't push yourself to exhaustion. Instead, pace yourself. Save your energy by breaking up your daily activities into smaller, more manageable tasks. Rest often.

Plan

Plan your week in advance. Spread activities that need more energy (eg gardening, food shopping, laundry) across the whole week, with plenty of rest planned in between. If you can, ask family members or friends to help you. Consider energy-saving options like food-delivery services.

Prioritise

Only do essential tasks and activities. Either remove unnecessary tasks from your weekly plan or consider asking a family member or friend to do them for you.


Case Study 1 - Ella

3. Manage specific symptoms or risks and refer as required according to current and referral criteria. Do not use unproven therapies outside of guidelines or trials

- Cough or breathlessness ✓
- Fatigue ✓
- Low grade fevers, arthralgia, or myalgias ✓
- Chest pain or concern about ongoing cardiac risk ✓
- Autonomic dysfunction and POTS ✓
- Neurological and cognitive symptoms ✓
- Persistent or chronic pain ✓
- History of Venous thromboembolism (VTE) or ongoing risk ✓
- Nutrition, swallowing, and weight loss ✓
- Functional mobility impairment ✓
- Mental health and well being ✓
- Abnormal liver function ✓
- Abnormal renal function ✓
- Anosmia ✓

• Fatigue ^

Fatigue

- Fatigue may be multifactorial after an acute COVID-19 infection.
- Consider excluding non-COVID-19 causes for fatigue. See also [Fatigue](#) and [Myalgic Encephalomyelitis/Chronic Fatigue Syndrome](#).
- Encourage the patient to use management strategies in their daily life, including: ¹¹
 - [sleep hygiene](#) 
 - nutrition
 - pace, plan, and prioritise activities (both cognitive and physical), and avoid trying to do too much
 - break tasks down into smaller ones that feel more manageable
 - be prepared to change plans at short notice, and set that expectation with others
 - gradually returning to pre-illness activity.
- If exertional desaturation and cardiac impairment have been excluded, encourage the patient to start low-level exercise cautiously, and reduce activity if there is any increase in symptoms.
- Assess for any features of [post-exertional malaise \(PEM\)](#) ✓ and consider discuss activity pacing and energy conservation techniques in collaboration with [exercise physiology](#) or [physiotherapy](#) if present.
- If orthostatic symptoms present, consider physical safety on return to exercise and

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Case study 1 - Ella

- Provide general advice about exercise

6. Encourage the patient to participate in tailored [exercise and rehabilitation](#) [^]. Investigate any new or unexplained cardiac or respiratory symptoms before recommending a return to exercise.

Exercise and rehabilitation

Exercise is likely to be indicated for most patients to support recovery from a range of [COVID-19 effects](#) [✓]. Rehabilitation should be aimed at relieving breathlessness (where present) and psychological distress, and improving physical function and quality of life.

Exercise and rehabilitation should be tailored to the patient's needs, taking into account severity of ongoing symptoms, patient co-morbidities and any COVID-19 complications.

Investigate any new or unexplained cardiac or respiratory symptoms before recommending a return to exercise.

- Consider starting a phased return to exercise only after investigation to exclude cardiac issues or exertional desaturation where required. ¹⁸ See [suggested return to physical activity following COVID-19 flow chart](#) [🔗].
- Commence exercise or strenuous physical activity only after an asymptomatic period of 7 days and when able to complete usual activities of daily living without significant symptoms. ¹⁸
- If patients have ongoing breathlessness or other post-COVID-19 symptoms, ensure these are reviewed and investigated where required prior to commencing any exercise.
- Consider exercise physiology referral for exercise modification if orthostatic symptoms.
- Consider the individual's premorbid function and exercise capacity when developing a plan for a phased return to physical activity.
- If the patient has significant fatigue, advise them to reduce activity if they experience any increase in symptoms.

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Use patient and health professional resources



For patients ^

- Asthma UK and British Lung Foundation – Post-COVID Hub – [Get Support After COVID-19](#)
- Austin Health – [Learn About Long COVID](#) [patient modules]
- Australian Government Department of Health and Aged Care:
 - [Getting Help for Long COVID](#)
 - [Long COVID](#)
- Centre for Culture, Ethnicity and Health – [Long COVID – Translated Fact Sheet and Audio Recordings](#)
- Lung Foundation Australia – [Understanding Long COVID](#)
- National Health Service (NHS) – [Supporting Your Recovery After COVID-19](#)
- RACGP – [Managing Common Post-COVID-19 Symptoms at Home](#)
- Royal College of Occupational Therapists:
 - [How to Conserve Your Energy During and After COVID-19](#)
 - [How to Manage Post-viral Fatigue After COVID-19](#)
- Victorian Department of Health – [Information for People With Long-COVID-19 Symptoms](#)



For health professionals ^

Education

RCGP Learning – [Post-COVID Syndrome](#)

General resources

- Agency for Clinical Innovation:
 - [Clinical Practice Guide for Assessment and Management of Adults With Post-Acute Sequelae of COVID-19](#)
 - [Living Evidence: Post Acute Sequelae of COVID-19 \(Long COVID\)](#)
 - [Rehabilitation Following COVID-19 in the Pulmonary Rehabilitation Setting](#)
- British Journal of Sports Medicine – [The Stanford Hall Consensus Statement for Post COVID 19 Rehabilitation](#)
- British Medical Journal:
 - [Management of Post-acute COVID-19 in Primary Care](#)
 - [Returning to Physical Activity After COVID-19 Infection](#)
- National COVID-19 Clinical Evidence Taskforce – [Care of People After COVID-19](#)
- NICE – [COVID-19 Rapid Guideline: Managing the Long-term Effects of COVID-19](#)
- RACGP – [Caring for Adult Patients With Post-COVID-19 Conditions](#)

Case study 1 – Ella - summary

- Referral isn't always needed
- Lots of information and resources to assist in assessment, management
- Patient resources for self-management are essential



Case study 2 – Matthew

- 54yo construction worker
- COVID 3 months ago. Hospitalised for 1 week
- Ongoing breathlessness, dizziness, sleep disturbance and fatigue
- Not able to work currently
- CXR / spirometry / cardiac investigations NAD
- Initial treatment with inhaled steroids has not been effective
- GP wants to refer for assistance with management



Case study 2 - Matthew

- Single specialty referral*
 - e.g. respiratory or rehab

OR

- Long COVID referral with statewide criteria

* Note that some other public specialties have long COVID statewide criteria in their referrals and that waiting times may differ:

- [Abnormal liver function tests](#)
- [Atrial fibrillation](#)
- [Chest pain](#)
- [Chronic refractory diarrhoea](#)
- [Headache](#)
- [Inflammatory arthritis](#)
- [Motor weakness or paraesthesia](#)
- [Movement disorders and dystonia](#)
- [New persistent or chronic pain related to COVID-19 infection](#)
- [Palpitations](#)
- [Stroke or transient ischaemic attack](#)
- [Vertigo \(neurology\)](#)

- Is he eligible?
- What is the aim of referral?
- What will his pathway be if referred to each option?
- Where can you get advice?
- What can you do in the meantime?

Long COVID criteria for referral to public hospital specialist clinic services:

- Multiple, persistent symptoms that have lasted for more than two months that have developed after, or been exacerbated by a COVID-19 infection (at least 3 months ago) that cannot be explained by an alternative diagnosis (that is a diagnosis of probable or confirmed long COVID) that are:
 - impacting on daily activities including impact on work, study, school or carer role, or
 - worsening or unresponsive to medical management and therefore further advice on, or a review of, the current management plan is required.

<https://src.health.vic.gov.au/advice-management-long-covid>

Information that must be provided:

- Reason for referral and expectation, or outcome, anticipated by the patient, or their carer, and the referring clinician from referral to the health service
- Onset, nature and duration of symptoms linked to COVID-19 infection with details on pre-morbid function
- Date of COVID-19 infection(s), provide month and year
- Full blood examination, liver function tests, urea and electrolytes
- Comprehensive past medical history, particularly any history of infectious mononucleosis (glandular fever) or chronic fatigue syndrome
- Current and complete medication history (including non-prescription medicines, herbs and supplements)

Information that must be provided:

- Investigations, imaging and medical or allied health assessments relevant to any of the following symptoms of concern (only provide if the patient has any of these symptoms of concern):
 - **Chest pain** provide details of any previous cardiology assessments or opinions
 - **Shortness of breath or respiratory symptoms**, provide any relevant x-ray, imaging or investigation results, D-dimer test results and any previous respiratory assessments or opinions
 - **Cognitive issues** provide thyroid stimulating hormone levels and vitamin B12 and folate test results, pre-infection psychological status and cognitive function and current level of cognitive function
 - **Fatigue** provide iron studies or serum ferritin thyroid stimulating hormone levels and vitamin B12 and folate test results
 - **Functional impairment** provide pre-infection level mobility or activities of daily living, or both, and current level of function or degree of impairment

Considerations

- A different service should be considered for patients who do not meet these referral criteria. Patients with single symptoms should be referred to most appropriate service for that symptom.
- The referral should note if the patient is eligible for compensable services (e.g. through WorkSafe).
- Where appropriate and available the referral may be directed to an alternative specialist clinic or service.
- Individual hospitals will have different access and triage processes. See the referral pages on healthpathways for detailed information

Referral to a public hospital is not appropriate for:

- Patients not able to actively participate in an assessment process or where the patient, or their carer, do not consent to being referred to a public hospital service
- Patients who do not have a probable or confirmed diagnosis of long COVID
- Referrals related to occupational physician support or return to work plans will usually not be accepted
- Patients who want to receive services as a compensable patient should not be referred to a health service that only provides publicly funded services.

Case study 2 - Matthew

- You hear back from the hospital – Matthew has been offered an appointment in approximately 4 months time
- He presents asking what he can do while he waits as he is not able to work

Case study 2 - Matthew

Options:

- seek advice e.g. virtual consult services
- private referrals
- continue management in primary care with allied health support e.g. physio, respiratory nurse
- provide ongoing education for self management using resources linked in healthpathways



• [Cough or breathlessness](#) ^

Cough or breathlessness

- Optimise medical management of pre-existing respiratory conditions.
- If changing pattern of breathlessness or cough, consider secondary infections, cardiac failure, or pulmonary emboli.
- Breathlessness following COVID-19 infections is often caused by abnormal breathing patterns with rapid, shallow breathing.
- Advise the patient to:
 - keep doing some activities, even if they sometimes feel breathless. Stopping all activity will lead to muscle deconditioning.
 - lean on their stick or walking aid when breathless if they have one.
 - use breathing techniques (e.g., [Blow As You Go](#) ^, pursed lipped breathing) to maintain control of breathing.
 - perform [breathing exercises](#) ^ to improve respiratory muscle conditioning and assist with rapid, shallow breathing patterns. ¹⁰
 - keep well hydrated.
- Provide patient information:
 - British Lung Foundation – [How Can I Manage my Breathlessness](#) ^
 - Your COVID Recovery:
 - [Breathlessness](#) ^
 - [Cough](#) ^

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Case study 2 – Matthew - summary

- If referral is needed, criteria may apply
- Consider single specialty referrals
- Waiting times may differ
- Consider what support can commence while waiting
- Currently no dedicated public Long COVID clinics available and no single coordination point
- Patients require more independent care navigation skills



Key points

- Long COVID is common but a diagnosis of exclusion
- Many people with long COVID have not had a formal diagnosis
- GPs will provide the majority of care
- Waiting times mean it is essential to commence assessment and management in primary care
- There are lots of resources for self-management
- Healthpathways provides evidence-based guidance for care
- Statewide referral criteria exist for services that treat Long COVID
- Data is important



3

New statewide referral criteria for long COVID

Dr Shumaila Panhwar

HealthPathways – Long COVID new Statewide Referral Criteria update

Key differences:

1. Long COVID Statewide Referral Criteria
 - *Multiple symptoms/systems*
 - *At least 3 months since COVID infection*
 - *Not intended for diagnosis*
2. Few or no dedicated public "long COVID clinics"
3. Centralised intake point for referrals
4. All hospitals with appropriate services will accept referrals



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HEALTHPATHWAYS

Health Alert

Victoria DHHS – Coronavirus COVID-19 Daily Update [🔗](#)

Latest News

1 September

[health.vic](#)

Health alerts and advisories [🔗](#)

13 September

60-day dispensing – PBS medicines and current item codes

From 1 September 2023, GPs are able to write scripts for 60 days with 5 repeats for certain PBS medications. For further information, see [60-day prescriptions of PBS medicines](#), [searchable table PBS for 60-day dispensing](#), and [information kit](#).

1 September

Changes to requirements for COVID-19 vaccinators

Pathway Updates

Updated – 11 September
[COVID-19 Practice Management](#)

Updated – 5 September
[Elder Abuse and Neglect](#)

Updated – 4 September
[Salivary Gland Disorders](#)

Updated – 1 September
[Tonsillitis and Sore Throat in Adults](#)

Updated – 31 August
[Hoarse Voice \(Dysphonia\)](#)

[VIEW MORE UPDATES...](#)

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Click 'Send Feedback' to add comments and questions about this pathway.

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long covid referral

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Aboriginal and Torres Strait Islander Health

Avoiding Hospital Admission



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HEALTHPATHWAYS

Latest News

20 September

 [health.vic](#)

[Health alerts and advisories](#)

19 September

Listeriosis – advice for people at risk

There are currently a number of multi-state clusters of listeriosis under investigation nationally. People at increased risk of listeriosis should avoid consuming high-risk foods. [Read more...](#)

Pathway Updates

Updated – 25 September

[Managing Type 2 Diabetes](#)

Updated – 21 September

[Motor Neurone Disease](#)

Updated – 21 September

[COVID-19 Vaccination](#)

Updated – 20 September

[Behavioural Disturbance in Older Adults](#)

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Link

HealthPathways – COVID-19 Relevant Pathways

[Post-COVID-19](#)

- [Post-COVID-19 Condition - Long COVID](#)
- [Long COVID Referral](#)

[COVID-19 Recent Changes](#)

[COVID-19 Assessment and Management](#)

- [COVID-19 Positive Management](#)
- [COVID-19 Aged Residential Care Assessment and Management](#)
- [Medications in COVID-19](#)
- [COVID-19 Treatment Referrals](#)

[COVID-19 Vaccination](#)

- [Myocarditis and Pericarditis After COVID-19 Vaccines](#)

[COVID-19 Practice Management](#)

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melbourne.healthpathways.org.au

The background is a dark blue field with various geometric patterns, including diagonal lines, concentric circles, and a grid of dots. In the top-left corner, there is a graphic consisting of two overlapping circles. The top circle is divided into four quadrants: top-left is green, top-right is orange, bottom-left is teal, and bottom-right is light blue. The bottom circle is purple and contains the number '4'.

4

Questions?

Session Conclusion

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

Western Victoria PHN will upload RACGP CPD hours within 30 days.

To attend further education sessions, visit,

<https://nwmpnhn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

<https://nwmpnhn.org.au/resources-events/resources/>

We value your feedback, let us know your thoughts.

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