



Supporting individuals with long-term effects of COVID-19 illness

Scope – version no. 2

02/09/2020

1 Guideline title

Supporting individuals with long-term effects of COVID-19 illness

2 The need for a guideline

While long-term respiratory, musculoskeletal, and neuropsychiatric sequelae have been described for other coronaviruses (SARS and MERS),^{1,2,3} there is growing evidence that a proportion of people recovering from the acute phase of COVID-19 illness caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection may also experience debilitating long-term symptoms beyond the more common 14-day resolution period. Evidence for the epidemiology of extended effects of COVID-19 is still emerging. Data from the COVID Symptom Study suggests that one in ten people still has COVID-19 symptoms after three weeks,⁴ while one cohort study of 131 patients admitted to hospital with a positive SARS-CoV-2 test result reported that 40% of cases still had symptomatology on discharge from hospital and around 15% of cases had at least one symptom after one month.⁵

Extended symptoms are not unique to hospitalised individuals or those experiencing severe COVID-19 illness. In a multistate telephone survey of symptomatic adults who had a positive outpatient test result for SARS-CoV-2 infection in the USA, 35% had not returned to their usual state of health when interviewed 2–3 weeks after testing. Among persons aged 18–34 years with no chronic medical conditions, one in five had not returned to their usual state of health.⁶ In contrast, over 90% of outpatients with influenza recover within approximately 2 weeks of having a positive test result.⁷

While transmitted as a respiratory virus, the effects of SARS-CoV-2 extend beyond cough and fever and are increasingly being understood to range from cardiovascular to gastrointestinal to neurological symptoms.

In a cohort study of 416 patients hospitalised with confirmed COVID-19 in Wuhan, China, cardiac injury occurred in nearly one fifth of individuals, possibly caused by the virus triggering a 'cytokine storm', where the immune system overreacts to the infection, leading to inflammation of the heart muscle (myocarditis).⁸

In a further cohort study one third of 214 hospitalised Covid-19 patients in Wuhan had neurologic symptoms, the most common of which were dizziness, headaches, impaired consciousness, loss of taste and smell, and skeletal-muscle injuries. More serious but less commonly reported symptoms included seizures and stroke.⁹

NHS England launched [a guide to After-care needs of inpatients recovering from COVID-19](#) in June (updated in August) and an on-demand 'Your COVID recovery' portal in August, in which patients who have been in hospital or

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