



Evidence-based guidance for health center care teams

WHAT is long COVID?

Long COVID, or post-COVID conditions as defined by the Centers for Disease Control and Prevention (CDC), includes a range of cognitive and physical conditions present four or more weeks after a COVID-19 infection (CDC's list of symptoms). The World Health Organization considers symptoms that last longer than 12 weeks to be long COVID.

It's been a real challenge for health center care teams to recognize when patients have post-COVID conditions after a severe, mild, or asymptomatic acute infection—and know how to manage them.

WHAT do health center staff need to know?

The CDC estimates 1 in 5 adults (1 in 4 older adults) who had COVID-19 struggle with long COVID. Women and people with disabilities are more likely to suffer. The most common symptoms are fatigue, sleep disturbance, labored breathing, “brain fog”, cough, and chest pain.

Many essential workers and people heavily impacted by COVID-19 receive care at health centers. In fact, health center patients in National Association of Community Health Centers' (NACHC) large (>1 million patients) sample, had a COVID-19 positivity rate (16.7%) far higher than the national average. As federal COVID-19 insurance ends, uninsured health center patients (25%) lose access to specialists and allied health professionals outside health centers.

******* More COVID-19 cases = More post-COVID syndromes *******

Care team members need training and resources to recognize long COVID and treat symptoms as high-risk life events. Because the duration of long COVID is unknown and symptoms can heavily impact a patient's well-being, many patients feel a high level of associated anxiety and depression.

WHERE can care teams find guidance to help patients with long COVID?

Long COVID symptoms often improve when care teams know what to look for. It's important to ask patients with possible symptoms about their health history including recent COVID-19 infections. Long COVID diagnosis, treatment, reassurance, and follow-up can lead to relief. Updates on treatment can be found here:

<https://www.nachc.org/coronavirus/>

Action steps for health center care teams:

- **Inform patients with acute COVID-19 about the potential for long-term symptoms.** Patients should reach out if a symptom persists.
- **Ask if symptoms began after a COVID-19 infection or the vaccine.** Ask how long symptoms exist.
- **Ask about patterns.** If a patient has one or two consistent or new symptoms (fatigue, physical weakness, brain fog, shortness of breath, cough, exercise intolerance, dizziness, heart palpitations, chronic pain, headaches, chronic tingling, mood disorders, changes in menstrual cycle...), consider long COVID.
- **Ask how symptoms affect a person's life,** and what medications are currently being used.

- **Avoid unnecessary tests but regularly reevaluate.** Use testing to rule out other medical and mental health causes. If there is no clear cause, consider long COVID. Try to avoid excess, anxiety-provoking tests, but inquire about symptoms regularly.
- **Schedule frequent touchpoints while long COVID persists.** Patients benefit from a longitudinal and supportive care relationship.
- **Treat the symptoms you can treat.** Offer supportive treatments and use allied and behavioral health professionals to support symptom management. Evidence-based therapies are available.
- **Emphasize prevention.** COVID-19 is still prevalent. Steps to avoid reinfection are essential.

The [Health+ Long COVID Report](#), commissioned by HHS and produced by Coforma, combines 1,000 hours of interviews, workshops, and human-centered design research into a long COVID scientific assessment with insight from the expertise of caregivers, frontline workers and people experiencing long COVID conditions.

“Managing long COVID requires consistent, long-term engagement with patients and continued collaboration with a range of care team specialists.”

Julia Skapik, MD, MPH, FAMIA
Chief Medical Information Officer, NACHC

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) offers the following [evidence-based clinical guidance statements](#) (check for updates) based on common long COVID symptom-groups:

Fatigue—try the energy-conserving 4 P’s for patients (Prioritize, Plan, Pace, and Position)

Cognitive symptoms—try Cognitive Behavioral Therapy, compensatory tools, and other techniques

Breathing discomfort—try inhalers, respiratory therapy, and physical therapy for structured breathing

Cardiovascular complications—try pacing and energy conservation tips plus lab and imaging tests

Pediatrics Guidance Statement—tips for post-acute sequelae

HOW

is NACHC gathering information and resources to support health centers?

NACHC advocates for resources and clear guidance to help health center teams care for patients.

NACHC leaders:

- **Participate** in the Working Group on Health Equity
- **Consult** the White House COVID-19 Task Force
- **Coordinate** with the CDC
- **Collaborate** with the National COVID Cohort Collaborative (N3C)
- **Partner** with AAPM&R
- **Provide** COVID-19 related programming at in-person and virtual NACHC meetings and forums—always advocating for health centers