

“Long COVID” or Post-Acute Sequelae of COVID-19 (PASC) is a syndrome in which symptoms persist weeks to months beyond acute infection. While the syndrome is well-described, research into the mechanisms is ongoing and there are currently no treatments other than supportive care.

Worried about PASC?

- Perform initial evaluation for the symptom using broad differential diagnosis
- Manage symptoms

Laboratory testing to consider:

- CBC, CMP, ESR, CRP
- COVID-19 Ab and Nucleic acid testing
- Other tests based on presentation

Reasons to refer:

- 1) Help with symptom management (your efforts have not helped)
- 2) Help evaluating for other etiologies

- *A diagnosis of PASC should be considered based on symptoms and documented or presumed prior COVID-19 infection.*
- *PASC should be treated as a diagnosis of exclusion so other pathologic causes of similar symptoms (bacterial pneumonia, urinary tract infections, migraines, etc) are not missed*
- *For some symptoms, it can be difficult to separate effects of pandemic related lifestyle changes such as less physical activity, altered sleep patterns.*
- *It is important to validate for patients that while PASC is still being studied, it is real clinical syndrome and not just “psychosomatic.”*
- *Referrals to subspecialists will generally be similar to before COVID-19: symptoms or signs so severe that you are concerned for significant underlying pathology*

Cardiology:

Diagnosis of MIS-C and exertional symptoms should always be referred.

Neurology:

Severe headache, autonomic symptoms

IP3:

Offers focused + integrative approaches for pain

Osher Center:

Offers comprehensive integrative approaches for chronic fatigue and pain

Rheumatology:

Arthritis, intermittent fever

Infectious Disease:

Prolonged fever without source

Pulmonology:

Exercise intolerance, shortness of breath

Mental Health:

Pre-existing or suspected mood disorder, support for coping