“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.

A diagnosis of PASC is 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.

Worried about PASC?
- Perform initial evaluation for the symptom using broad differential diagnosis
- Manage symptoms

Reasons to refer:
1) Help with symptom management (your efforts have not helped)
2) Help evaluating for other etiologies

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

June 1, 2021; Contact theodore.ruel@ucsf.edu for questions or comments.