



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**

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Dear Colleague,

[Long COVID](#) is an important and emerging clinical and public health issue, especially for individuals who were and continue to be disproportionately impacted by the COVID-19 pandemic and continue to experience structural barriers to comprehensive care. In this letter, we discuss current knowledge about Long COVID, including pathophysiology, clinical considerations for evaluation, strategies for prevention, and provide patient resources.

Pathophysiology and Clinical Presentation

[Long COVID is defined](#) as an infection-associated chronic condition that occurs after a symptomatic or asymptomatic SARS-CoV-2 infection and is present for at least three months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems. Anyone who has had a COVID-19 infection, regardless of severity, can develop Long COVID, including children.

The pathophysiology of [Long COVID appears multifactorial](#), potentially involving organ damage resulting from acute phase infection, immune dysregulation, [gut microbiota dysbiosis](#), occult viral persistence, blood clotting and endothelial dysfunction, and dysfunctional neurological signaling. As such, it can affect multiple organ systems with wide variability in symptoms across individuals. Clinically, Long COVID can present with: cognitive impairment; fatigue, often with post exertional malaise; sleep disturbance; pain; cardiopulmonary symptoms; anosmia and dysgeusia; headache; depression and anxiety; gastrointestinal symptoms; and dysautonomia (including postural orthostatic tachycardia syndrome). Its duration can range from weeks to years and severity can range from mild to severely disabling, impacting quality of life, psychological well-being, functioning, and ability to work and attend school.

Preventing Long COVID

For people who are concerned about developing Long COVID, including those with pre-existing conditions that increase risk of complications, remind them of preventative measures to avoid SARS-CoV-2 infection:

- Stay up to date with COVID-19 vaccines to reduce the risk of infection, transmission, and severe illness and outcomes, including Long COVID.
- Wear the most protective type of mask available. For example, a N95 or KN95 respirator. Ensure the mask you choose is well-fitting and covers your nose and mouth.
- [Improve ventilation](#) and airflow (opening windows) and move indoor activities outdoors where possible.
- [Practice good hand hygiene.](#)
- Stay home and away from others when sick, including people you live with who are not sick.

Provide free, high-quality masks to your workforce or visitors in times of higher respiratory viral spread and consider making these available year-round. **Nearly half of New York City (NYC) adults surveyed in September 2023 believed that masks should always be required for visitors or employees in healthcare settings, including nursing homes.** This sentiment was even

higher among Black respondents, with up to two-thirds in favor of this requirement. This is important in light of the [disproportionate effect of COVID-19 on this population](#)¹ and the racial inequities in [COVID-19 hospitalization rates](#) that are particularly apparent when infection rates surge, especially during summer and winter months.

Clinical Considerations When Evaluating for Long COVID

A key component of supporting patients with Long COVID is acknowledging and taking concerns seriously.

The complexity of Long COVID requires multidisciplinary solutions and may need to be coordinated through primary care providers and multiple specialists such as cardiologists, neurologists, autoimmune specialists, and rehabilitation providers.

- **Consider Long COVID in your differential diagnosis** if your patients report any [symptoms](#) or you observe signs consistent with [Long COVID](#).
- **Ask about history of COVID-19 infection, vaccinations, and hospitalization**, regardless of whether they had symptomatic illness or a positive laboratory test. Note that a positive SARS-CoV-2 viral test or serologic (antibody) test are not required to establish a diagnosis of Long COVID but can help assess for current or previous infection. Include history of COVID-19 infection in the medical record, using [ICD-10 Z86.16 \(personal history of COVID-19\)](#).
- **Remember that normal laboratory or imaging findings do not invalidate the existence, severity, or importance of a patient's post-COVID conditions.** Avoid minimizing or dismissing symptoms by facilitating a thorough diagnostic evaluation and affirm your patient's experiences.
- **Recognize that Black and Latinx New Yorkers have experienced a higher burden of COVID-19**, in part because of structural racism and longstanding inequities that have led to a disproportionate impact in these communities.
- For many people, the primary goal in managing Long COVID is to improve daily function and quality of life through well-established symptom management strategies. This includes identifying and addressing the most debilitating symptoms using a patient-centered approach and developing a comprehensive rehabilitation plan.
- **Document your patients' diagnoses** so that there is a record for covering providers and patients requesting accommodation and disability benefits, as well as for future research.
 - First add the specific ICD-10 codes associated with the symptoms or conditions related to Long COVID if known, such as chronic respiratory failure (J96.1-); loss of smell or taste (R43.8); pulmonary embolism (I26.-); and shortness of breath (R06.02).
 - Use ICD-10 code [U09.9](#) (post-COVID condition, unspecified), as secondary to the specific condition codes.
 - See [ICD-10](#) and [CMS](#) coding guidance for more details.

Patient Resource Needs

Assess and support your patients' resource needs that may be a direct or indirect result of having COVID-19, such as **food, housing, insurance, or help paying for medications or public transportation**. Direct patients to [access.nyc.gov](#) to check their eligibility for City, State, and Federal health and human service benefit programs, or instruct them or their patient navigators/community health workers to call 311 for assistance.

Determine if your patients have limitations for which they might need **temporary or long-term disability accommodations** and provide documentation as needed (see Guidance on "Long COVID" as a [Disability Under the Americans with Disabilities Act](#)).

For more information about Long COVID, visit [nyc.gov/health](#) and refer to these learning resources:

- [Clinical Overview of Long COVID](#) (Centers for Disease Control and Prevention)
- [A Long COVID Definition](#) (National Academies of Sciences, Engineering and Medicine)

Ensuring that all New Yorkers have access to health care when they need it is a top priority of the NYC Department of Health and Mental Hygiene (Health Department). Refer your patients to get free enrollment assistance and sign up for a low- or no-cost health insurance plan. Have them

1. Call 311;
2. Text "CoveredNYC" ("SeguroNYC" for Spanish) to 877-877; or
3. Visit <https://nyc.gov/getcoverednyc>.

Thank you for your commitment to protecting the health of New Yorkers.

Sincerely,



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1. New York City Department of Health and Mental Hygiene September 2023 Health Opinion Poll, unpublished data.