

Interim Adapted Clinical Guidelines for Post-COVID Conditions (Long-COVID)

October 2021

The CDC recently released [interim guidance](#) for supporting individuals with Post-COVID conditions, also known as “Long-COVID.” The purpose of this guide is to adapt the CDC clinical guidance for health care providers to meet the unique needs and challenges that people experiencing homelessness may face while managing Long-COVID.

What is Long-COVID?

Long-COVID is the continual, recurrent, or new presence of physical and mental health symptoms four or more weeks after infection.¹ These symptoms can occur regardless of age, gender, or severity of original symptoms and includes people who were asymptomatic when they were COVID-positive. The understanding of what causes Long-COVID and optimal treatment for Long-COVID are evolving.

Typical Long-COVID Symptoms

- Shortness of breath
- Fatigue
- Difficulty concentrating
- Cough
- Chest or stomach pain
- Headache
- Mood changes
- Fast-beating heart
- Joint or muscle pain
- Diarrhea
- Sleep problems
- Fever
- Dizziness
- Change in smell or taste

Key Recommendations

- Consider referring patients experiencing homelessness who are acutely ill from COVID-19 to a medical respite program, as appropriate. Optimizing symptom management and improving control of other chronic conditions can decrease risk of Long-COVID.
- Prioritize a trauma-informed and patient-centered approach in medical history collection, assessment, and testing.
- Collaborate with behavioral health providers to support those with co-occurring mental health and substance use disorders. Both the physical illness and the necessary treatment can be triggering events for an individual and possibly exacerbate mental illness.
- Co-locate assessment, testing, and treatment of Long-COVID with other homeless service providers to ensure access to shelter/housing and coordinated wraparound services.
- Ensure access to health care beyond clinic walls through telehealth services and street-based medical care.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-background.html>

General Clinical Considerations

Long-COVID conditions are associated with a spectrum of physical, social, and psychological consequences, as well as functional limitations that can present substantial challenges to patient wellness and quality of life. Team-based care is key to addressing and supporting the myriad of symptoms a person is experiencing.

Patients who have been hospitalized and have ongoing complications may benefit from being referred to a medical respite care program. [Medical respite care](#) is acute and post-acute care for persons experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital.

Virtual care has become a vital resource among people experiencing homelessness, however it is not equally available in all regions. Many people experiencing homelessness depend on providers going to the shelters or encampments where they reside or to other homeless service providers that they access. To improve access to care, a multipronged approach is recommended.

- Ensure access to telehealth services, especially audio only, when allowed by the jurisdiction. Audio only is essential as it is the most frequently utilized telehealth modality by people experiencing homelessness.
- Provide medical services to encampments and/or public places where people congregate or sleep.
- Collaborate with homeless service providers to offer onsite assessment at non-congregate and alternate care sites.

Patient History and Physical Exam

Below are important considerations to consider when completing medical histories and assessments for people experiencing homelessness:

- Active listening and creative problem-solving will help collect a more complete medical history, which may be sporadic and incomplete due to limited access to care.
- Many of the symptoms of Long-COVID, including fatigue, “brain fog”, mood changes, headache, and insomnia or other sleep changes, can be common among people experiencing homelessness due to poor living conditions and/or may be confused with other conditions (e.g., substance use, dementia, etc.). It is important to consider the possibility of Long-COVID and include it in differential diagnoses when assessing a complex myriad of symptoms to ensure proper treatment.
- Consider additional evaluation for other specific illnesses such as impaired renal function, critical illness myopathy and polyneuropathy, residual cardiac or pulmonary manifestations, and psychiatric sequelae.²
- Utilize a trauma-informed approach when collecting a person’s history, during their assessment, and throughout their care. Behavioral health conditions may have been exacerbated during the pandemic due to isolation and lack of access to providers.

² <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-assessment-testing.html>

Assessment

The CDC recommends Functional Status and Quality of Life assessment tools in addition to laboratory tests:

- Assess for activities of daily living.
- Assess for behavioral health impact.
- Assess for substance use changes.

Management of Long-COVID Conditions

Given how little is known about Long-COVID at this time and the evolving research on its impact and duration, patient-driven goal development and treatment planning is essential. Manifestations of Long-COVID continue to evolve and may present differently in various patients, and/or be harder to detect among people experiencing homelessness.

The CDC highlights that people of color have experienced a higher burden of COVID-19 in part because of structural racism and longstanding disparities in social determinants of health, which could reasonably lead to a higher incidence of Long-COVID conditions in these same populations.³

- Due to higher burden of COVID-19 infections in communities of color, measuring and tracking race data for infections, testing, and vaccinations is an important strategy in creating more equitable outcomes.
- Utilize shared decision making to empower clients and build engagement in their care.
- Identify and focus on the client’s priorities for treating symptoms. Do not assume which symptoms are most problematic or what treatment modalities they prefer.
- Prepare for lengthy times between visits by providing anticipatory guidance for the evolution of symptoms, and how and when to report changes.

Public Health and Policy Recommendations

Congregate living and unstable housing do not allow for individuals to fully treat and recover from the symptoms of Long-COVID. To provide adequate opportunities to recover, communities should:

- Provide permanent housing with supportive services (where needed) to all people experiencing homelessness and at least those living with Long-COVID.
- Ensure client enrollment in comprehensive insurance coverage to facilitate connections to specialty care and other services as needed.
- Offer [alternate care sites](#) that are non-congregate and allow for adherence to public health recommendations to treat and recover from Long-COVID while awaiting permanent housing.
- Expand medical respite care programs for acute medical and supportive service needs.
- Integrate health care within the state’s Continuum of Care, as well as shelters and alternate care sites, to facilitate access to quality, comprehensive health care.
- Apply for disability benefits (SSI/SSDI) using [new guidance](#) on “Long-COVID” as a disabling condition.

³ Berger, Z., De Jesus, V. A., Assoumou, S. A., & Greenhalgh, T. (2021). Long COVID and Health Inequities: The Role of Primary Care. *The Milbank Quarterly*, 99(2), 519.