

An initial exploration into the benefits of a proactive post-COVID-19 health check

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Whakarongorau Aotearoa | New Zealand Telehealth Services delivers national, free 24-hours a day, 7 days a week digital healthcare services, offering a comprehensive, multi-disciplinary range of services provided by professionals, including psychologists, counsellors, nurses, doctors and paramedics.¹

During the October 2021 New Zealand outbreak of the COVID-19 Delta variant, Whakarongorau Aotearoa was the primary provider of care in the community for those impacted by COVID, and their whānau. This was provided through the COVID Healthline, the COVID Vaccination Healthline and the COVID Welfare and Healthline services. When Omicron became the prevalent strain, care was devolved to primary care, ensuring a shared approach across the country. Guidelines for GPs about post-COVID checks were also distributed, with the care offered by Whakarongorau-run services consistent with guidance.

While the sequelae of COVID infection has been given various names, in December 2022 the World Health Organization (WHO) defined the post-COVID-19 condition (commonly known as long COVID) as “*the continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection, with these symptoms lasting for at least 2 months with no other explanation.*”² With over 200 recognised symptoms associated with post-COVID^{2,3} our knowledge and understanding about the impact and how we can safely treat the disease continues to evolve.

As a result of the COVID-19 services offered by Whakarongorau and the organisation’s extensive data set, we conducted a 6-week check (within the Te Whatu Ora post-COVID timeframe of ongoing symptomatic COVID-19: from 4 weeks up to 12 weeks) with 244 participants from a contact list of service users in the Northern Region who identified as Māori and Pasifika, who had tested positive for COVID-19, spent time in CIQ care (community supported isolation and quarantine) and who had been referred to Whakarongorau’s

COVID Healthline in August 2022.

In New Zealand, in their description for health professionals (updated 28 February 2023), Te Whatu Ora – Health New Zealand⁴ has described the progression of the disorder as:

- Acute COVID-19: Signs and symptoms of COVID-19 for up to 4 weeks.
- Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 post the acute period of illness from 4 weeks up to 12 weeks.
- Post-COVID-19 syndrome: signs and symptoms that develop during or after an infection, consistent with COVID-19, continue for more than 12 weeks, and are not explained by an alternative diagnosis.

It has been noted that the evolution of our definitions reflects our limited understanding of the “nature and underlying mechanisms” of post-COVID,⁵ meaning that guidelines about our understanding and how to manage the disease are continually updating. Underpinning the emerging insight must surely be the need for compassion, acknowledgement of the challenges people are experiencing and identification of those individuals requiring more detailed investigation to understand whether they are likely to need more intensive and specialist support. Indeed, the New Zealand Manatū Hauora – Ministry of Health’s *Clinical Rehabilitation Guideline for People with Long COVID (Coronavirus Disease) in Aotearoa New Zealand* highlights some of the emotional and practical challenges that those struggling with this disease may experience, such as: barriers to accessing health services, including culturally sensitive services; lack of community awareness and understanding; social support and the ability to change appointments.⁶ Similar to Indigenous ethnicities around the world,⁷ Māori and Pasifika communities in New Zealand have been identified as (among those) most impacted by the COVID-19 pandemic.⁸

Given that, in the updated WHO Clinical Management of COVID-19 Living Guideline⁹, new recommendations include “*a focus on continuity and co-ordination of person-centered care, and shared decision-making, standardised symptoms assessment and outcomes measurement, and follow-up and referral systems*”, it seemed timely to reach out to better understand the level of potential post-COVID symptoms among a cohort of our previous tāngata whai ora.

The method involved a clinician calling the tāngata whai ora and completing an agreed courtesy health check (an adapted Newcastle post-COVID syndrome Follow Up Screening Questionnaire). There were two possible outcomes from the call. Either the tāngata whai ora did not meet any of the thresholds for a post-COVID clinical health check and the clinician thanked them for their time, or they remained symptomatic and therefore did meet one of the thresholds required for a post-COVID syndrome clinical health check. Participants were provided with information for self-care, for example, advice about community health pathways.

There was a general willingness from tāngata whai ora to engage in conversation, talk about their experiences and participate in the health check. This included being open to accepting a call outside of business hours if they were not available during standard working hours.

Of the 244 contacts, 62 (25.4%) tāngata whai ora experienced ongoing symptoms with fatigue being the most common symptom followed closely by cough, breathlessness, trouble concentrating and recalling information and low mood. Only nine of these tāngata whai ora had been prescribed a course of antiviral treatment medication.

In early 2022, public health experts identified possible key components for the establishment of a long COVID service in New Zealand, including the

availability of an initial remote assessment process, potentially telehealth, offered by allied health or nursing professionals in order that any concerns identified could be referred to ongoing support and alternative services. They noted the importance of the public being able to easily access information and support when they needed it and while they waited for referral for treatment. Based on the acknowledged disproportionately negative impact of COVID-19 on Māori and Pasifika, they highlighted the need for “proactive engagement with these communities” in the development of long COVID services.¹⁰

Recent correspondence from *The Lancet*¹¹ highlighted the failure of the global “Access To COVID-19 Tools Accelerator” (ACT-A) to “*ensure equitable availability for anti-SARS-CoV-2 technologies – vaccines, treatments, and diagnostics*”. In response, further correspondence¹² warned against the narrative that “the worst is over” and that the focus should now be on planning for future pandemics. The author acknowledges the need for this but highlights the importance of institutions, including governments, not forgetting those who have suffered a loss or who continue to be clinically vulnerable to COVID-19, warning that “moving on” may deplete already existing inadequate “care, response and advocacy”, and potentially risk “further failing the people they intend to serve”.

With Whakarongorau’s depth of data and knowledge, experience supporting the public through the COVID-19 pandemic, clinical expertise, the range of services offered by the organisation and connections with other statutory services, this small exploratory health check supports the consideration for, and the benefits of, a wider post-COVID syndrome service to create tangible benefits for New Zealand citizens.

COMPETING INTERESTS

Nil.

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