

Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and the dynamic pandemic situation some of the information might be incomplete or only correct for the time being. Thus, please consider the date with the below information. All available information was provided by a country representative from the PHIRI network during or in connection to the respective meeting.

Date: 07.06.2021

Table 1: Overview of country responses – Part 1

| Country | Pre-selected question: Treatment/management of long COVID patients | Additional information |
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| Albania | Until now, Albania doesn't have specific centers for long COVID patients. They keep receiving the services they need in normal hospitals (COVID hospitals as they are mentioned) and the rest at home (if they don't need hospitalization). | |
| Austria | <p>Coordination on a national level for the management of long COVID patients is currently ongoing. The Austrian Association on Family Doctors (ÖGAM) is currently developing guidelines for out-patient treatment of long COVID patients. Some hospitals have started initiatives (https://www.longcovidustria.at/wichtige-anlaufstellen-fuer-betroffene/):</p> <ul style="list-style-type: none"> • Vienna General Hospital, department of pulmonology coordinates interdisciplinary out-patient department for long COVID patients. Patients can schedule appointments for themselves. https://kurier.at/wissen/gesundheit/long-covid-wir-hoffen-dass-sie-nicht-ihr-restliches-leben-leiden/401217420. • A clinic in Vienna has established a specialized out-patient department for post COVID patients: program of 2 days a week for 6 weeks with psychotherapy, physical examinations, physical exercise, relaxation. Patients may schedule appointments for themselves. https://www.bhswien.at/iii-med-abteilung-psychosomatik/angebot/post-covid-19-programm • A clinic in Graz has established a specialized out-patient department for the interdisciplinary treatment of long COVID patients. Referral from a GP or specialist is required for access. <p>A patient organisation of long COVID patients has been established: https://www.longcovidustria.at/</p> | |
| Belgium | In BE, there are no evidence-based regulations regarding the treatment of long COVID patients in place, however, guidelines are being developed at the moment. The hospitalization of long COVID patients is being followed up. Patients are referred by their GP's. The Belgium federal cabinet is about to discuss a plan to structure. | |
| Bulgaria | In BG, there is no protocol or guidelines in place to follow the long COVID patients. It seems that patients do receive services, but not getting specialized examinations. There is no centralized approach in BG at the moment. BG will send further information when available. | |
| Czech Republic | <p>In the Czech Republic, the centres concentrating on post – COVID care provision are now emerging. So far, there is information about 3 large centres in major hospitals (their pneumological clinics), and a network of collaborating offices (pneumologists), which are recommended to the patient.</p> <p>As regards the referral, a GP or a specialist should recommend a patient for such care, when he/she is more than 3 months after COVID-19 disease and has symptoms (there is a clear definition of post COVID syndrome; the patient with this kind of difficulties should be followed by these centres).</p> | |



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| Finland | FI doesn't have any fixed protocols for long COVID patients in place at the moment. | |
| Ireland | <p>A national approach to long COVID is currently under consideration. A working group on long COVID has been established here in Ireland, under the governance of the Health Service Executive (HSE). Guidance is being developed to align needs with care provision and to develop criteria and strategies for the ongoing evaluation of patients. The HSE, as part of its work on post-COVID, is now looking at how it can model the possible numbers that will be affected, noting that this will take time as more evidence emerges.</p> <p>Clinical management is currently based on symptomatology and includes pulmonary rehabilitation, physiotherapy (particularly for deconditioned older people), symptomatic management of shortness of breath, and beta blockers for tachycardia. Current clinical advice includes rests during the acute recovery period, however a gradual rehabilitation approach is likely to be more suitable for PASC (post-acute sequelae of COVID).</p> <p>Specific guidance on what has been referred to as the “long-tail” is presently under development. People who have had COVID-19 are being followed up with by their doctors as appropriate - this is usually their GP, and in the case of those who required hospitalisation and/or ICU admission, this is hospital-based. People who have been discharged from hospital following COVID-19 are followed up as appropriate by their team. People in the community who are concerned about persistent COVID-19 symptoms are advised to contact their GP.</p> | |
| Italy | <p>The National Institute of Health-ISS is going to publish a report providing main principles for the Long-COVID management. The management of Long-COVID requires special measures and funding and dedicated pathways of diagnosis and assistance, based on a multidisciplinary approach. The report summarizes the current framework of this new condition and provides general principles for its management, in line with the recommendations issued by the World Health Organization-WHO.</p> <p>The need for assistance and care for Long-COVID patients has been addressed in various ways, both from the point of view of clinical and instrumental diagnosis and from the management point of view, with the prompt creation in various locations of "post-COVID" clinics and clinics directly linked to varying degrees with general and hospital medicine. They are part of institutions such as hospitals or primary care centres. The variety of symptoms and the age range of the affected population have clearly indicated the need for an integrated and multidisciplinary approach.</p> <p>The multidisciplinary approach: the organization of care should be led by a doctor with expertise and experience in COVID-19 (e.g., GP, pulmonologist, geriatrician, infectious disease specialist, internist), make use of appropriate specialist support, and follow local paths that include integration of primary and specialist care, multidisciplinary and hospital rehabilitation services.</p> <p>Based on the patient's conditions and territorial availability, the approach can be provided with specific services that provide a one-stop assessment (i.e. concentrating the consultations of various specialists and diagnostic tests in a single appointment day, such as in day hospital Long-COVID), preferable in elderly or frail patients, or delayed over time. The treatment path must also include an individualized follow-up on the characteristics of the patient.</p> <p>Care in patients with Long-COVID characterized by low degrees of clinical complexity can be coordinated and managed by the MMG. In more complex patients, treatment can be managed in another context (for example hospital), as long as there is always direct contact with the GP who is treating the client. In order to coordinate assistance in more complex cases, the figure of the family or community nurse, introduced by Legislative Decree 34 of 2020, so-called “Relaunch Decree”, converted with law no. 77/2020, in order to strengthen local nursing services, can be used.</p> <p>This need for assistance and care has been addressed in various ways, both from the point of view of clinical and instrumental diagnosis</p> | |



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| | and from the management point of view, with the prompt creation in various locations of "post-COVID" clinics and clinics directly linked to varying degrees with general and hospital medicine. The variety of symptoms and the age range of the affected population have clearly indicated the need for an integrated and multidisciplinary approach. | |
| Malta | Long COVID patients are treated at the regular health providers, mainly pulmonology clinics. There is no centralized approach as of yet. | |
| Netherlands | <p>The general practitioner or medical specialist can assess whether someone is eligible for primary paramedical recovery care for long COVID. This recovery care can consist of physiotherapy, remedial therapy, occupational therapy, dietetics and speech therapy. Sometimes care is required in the form of specialist medical care or geriatric rehabilitation care. People can also make use of the general practitioner, district nurses and mental health care during their recovery.</p> <p>The general practitioner or medical specialist gives a referral for paramedical recovery care if he determines that a patient needs this care.</p> <p>There is no dedicated clinic for long COVID care.</p> <p>https://www.zorginstituutnederland.nl/Verzekerde+zorg/herstelzorg-na-corona health care institute Netherlands/all insured care topics/recovery care after corona</p> | |
| Poland | <p>In accordance with the issued decisions of the Minister of Health recommending the President of the National Health Fund to develop and implement rehabilitation programs for persons after COVID-19, the President of the National Health Fund specified:</p> <ul style="list-style-type: none"> • program and conditions for the provision of services in the field of rehabilitation of patients after COVID-19 disease, in medical entities that are health resort facilities or entities that provide rehabilitation in the inpatient mode, • physiotherapy program for persons who have undergone COVID-19, in entities performing medical activities, carried out on an outpatient basis or at the patient's home. <p>The programs have been established to improve respiratory, exercise and circulatory capacity, muscular strength, and general physical condition, as well as to support the mental health of convalescents. The aim of the physiotherapy program is to support the full recovery (including professional activity) of people after COVID-19. Convalescents are eligible for the COVID-19 rehabilitation program at a physiotherapeutic office no later than 6 months after the end of the treatment of the disease. They are mainly patients with persistent breathlessness that seriously impairs normal functioning.</p> <p>Provision of services is performed based on a referral from a health insurance physician. Patients who have undergone COVID-19 and have difficulties with independent movement benefit from post-COVID rehabilitation at home. As with rehabilitation in a physiotherapy office, the patient must demonstrate breathlessness.</p> <p>Post-COVID rehabilitation in the clinic or at the patient's home lasts up to 6 weeks and is divided into several stages. Beneficiaries are also provided with home-based exercise plans to match the difficulty and intensity of training to their own capabilities. Services are provided by a physiotherapist. Supervision of a Master of Physiotherapy with at least 3 years of experience in the profession of a physiotherapist is required. Entities that can provide services under the program in question are units that perform medical activities corresponding to the implementation of outpatient physiotherapy, entered into the registers specified in the Act of 15 April 2011 on medical activities (Journal of Laws of 2020, item 295, as amended) meeting the requirements specified in the program and having an agreement signed with the National Health Fund for the provision of services in the field of outpatient physiotherapy.</p> | |



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| | <p>A separate program has been developed for patients with a history of COVID-19 disease, which is implemented in medical entities that are health resort facilities or entities that provide inpatient therapeutic rehabilitation.</p> <p>COVID-19 rehabilitation services are provided based on a referral issued to the beneficiary by a health insurance doctor, after the completed treatment of the confirmed COVID-19 disease. The benefits are provided to beneficiaries who, due to the continuation of treatment, require comprehensive rehabilitation services and 24-hour nursing supervision. The duration of rehabilitation is from 2 to 6 weeks.</p> <p>Each participating facility provides patients with the diagnostic tests, drugs, and medical devices they need in order to achieve the best results from the treatment program. Throughout the rehabilitation period, the patient is under medical and nursing care. The medical staff constantly monitors the patient's progress in returning to full fitness after the disease. Services are provided by doctors (a specialist in pulmonology or therapeutic rehabilitation or cardiology or orthopedics and traumatology or neurology or internal diseases or balneology and physical medicine is required), physiotherapists, psychologists, nurses.</p> <p>The program is implemented by entities that have signed an agreement with the National Health Fund for the provision of services in stationary mode, such as therapeutic rehabilitation, health resort or hospital treatment.</p> | |
| Slovakia | <p>The treatment and management of long COVID patients in SK are organized in the same facility where the patient was admitted mainly with severe respiratory disorders. After recovery from critical phase, the patient with persisting symptoms stays in the restricted COVID area unit until COVID negative. The patient receives care from relevant "flying" specialists, such as pneumologists, cardiologists, nephrologists, and neurologists. Nurses are permanently allocated to the patients. Psychologists and/or mental health specialists are not really deployed.</p> <p>After recovering from COVID, the patients may be transferred to a standard hospital ward according to persisting clinical signs. SK does not have stand-alone COVID clinics, although in the peaks of the pandemic they have had whole hospitals transformed into COVID facilities on the regional level, now they are redesigned back to standard regional facilities.</p> <p>Long COVID is not really a registered topic in SK. Moreover, the recommendation of WHO-FIC is only emergency ICD codes for COVID – related conditions. Those conditions stop at 30 days after COVID infection. Under these circumstances Long COVID is just a new use case in standard hospital or outpatient management. Naturally the treating physician can intuitively relate any suspicious clinical signs to COVID in the personal history. Finally, such finding is recorded into the System just as a free text, Long COVID doesn't have a code.</p> | |
| Spain | <p>Currently no treatment/management of long COVID patients is organised at national level. Patients are treated within the usual care pathways, in primary and hospital care, as part of the basket of benefits covered by the NHS. Hospitals and primary care centres assisting COVID-19 patients are providing them with guidance on respiratory and physical rehabilitation to face the consequences of COVID-19.</p> <p>Some professional and scientific organizations have written protocols, but they are not implemented at national level yet.</p> <p>https://www.semg.es/index.php/consensos-guias-y-protocolos/363-guia-clinica-para-la-atencion-al-paciente-long-covid-covid-persistente</p> <p>https://www.semfyec.es/formacion-y-recursos/manifestaciones-persistentes-de-la-covid-19-guia-de-practica-clinica/</p> | |

