

## **Attachment—Additional Questions for the Record**

### **Subcommittee on Health Hearing on “The Long Haul: Forging a Path through the Lingering Effects of COVID-19” April 28, 2021**

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#### **The Honorable Cathy McMorris Rodgers (R-WA)**

- 1. I have been hearing from individuals in my district who are unable to be accepted into a COVID-19 long-hauler clinic even though they are clinically similar to COVID-19 long-hauler patients, but for whatever reason were unable to obtain a positive COVID-19 test. What is being done to address this problem? How can we provide better access to care for these patients?**

CDC Response: Primary care providers are generally able to diagnose and manage most cases of post-COVID conditions, and they may refer patients to post-COVID care clinics, where available. CDC does not recommend requiring a positive COVID-19 test for a patient to be considered for treatment of post-COVID conditions. CDC recognizes that some people may have been unable to obtain testing because of concerns related to access to care and testing. Individuals infected with the virus that causes COVID-19, but who were asymptomatic or exhibited only mild symptoms, may not have been aware that they had contracted COVID-19, and so may not have sought testing. Antibody testing may be helpful in establishing a history of infection in asymptomatic or mildly symptomatic people, but such testing is not required.

At this time, there is no single laboratory test that can confirm post-COVID conditions, in part due to the diversity of post-COVID symptoms. Consequently, the absence of abnormal laboratory test results alone should not preclude an individual from treatment for post-COVID conditions.

Health care professionals should communicate clearly with their patients about the information available on post-COVID conditions and set goals through shared decision-making. Additionally, clinicians should encourage patients to report any new symptoms and changes to their routines. Each treatment plan should be tailored to a patient’s symptoms and personal circumstances. CDC worked on interim guidance for health care providers on post-COVID conditions, with a focus on equipping primary care providers with available information on diagnosis and management. Providing guidance for front-line providers is critical to improve diagnosis, management, and patient care.

Additionally, CDC provides and regularly updates information on post-COVID conditions via webpages for both healthcare providers and the public. CDC also disseminates information through partners and multiple other channels, including Clinical Outreach and Communication Activity (COCA) calls targeting healthcare providers, as well as publications on the topic in CDC's Morbidity and Mortality Weekly Report (MMWR) and other scientific journals.

### **The Honorable Gus Bilirakis (R-FL)**

- 1. One thing the hearing did not touch upon in any great detail was the role of early diagnosis in the treatment and prevention of progression of long-COVID-19. Could you elaborate on that in more depth?**

CDC Response: Preventing infection with the virus that causes COVID-19 — SARS-CoV-2 — through vaccination and mitigation of transmission minimizes the chance of contracting COVID-19 and the possibility of developing post-COVID conditions. Post-COVID conditions can occur in patients with varying degrees of acute illness, including those who had mild or asymptomatic infections. Due to the variable symptomology and potentially low observability of post-COVID conditions, early diagnosis is critical if patients are to obtain immediate and proper treatment for their illness. This is one reason CDC recommends that health care providers inquire about a broad range of mental and physical symptoms potentially related to COVID-19, such as cognitive impairment, chest pain, diarrhea, difficult or labored breathing, fatigue, joint or muscle pain, and loss of smell or taste.

To promote early diagnosis of post-COVID conditions, health care professionals are encouraged to follow up with COVID-19 patients one to two weeks after they are discharged from hospital for assessment of post-COVID symptoms. For infected patients who were not hospitalized, but who experience COVID-like symptoms, clinicians should consider arranging follow-up three to four weeks after a patient's initial infection. Health care providers should also consider monitoring patient symptoms during the first four to twelve weeks after initial infection, and expanding care if symptoms persist beyond twelve weeks.