NANULI NINASHVILI^{1,2}, IRAKLI MCHEDLISHVILI^I, KHATUNA TCHAAVA¹, LEVAN GIORGOBIANI^I, NATIA SHAVDIA³, NINO GEGESHIDZE^I

POST COVID-19 CONDITION: NEEN FOR CONSENSUS DEFINITION

¹Tbilisi State Medical University; ²National Center for Disease Control and Public Health: ³University of Georgia. Tbilisi, Georgia

Doi: https://doi.org/10.52340/jecm.2022.07.42

ნანული ნინაშვილი ^{1,2}, ირაკლი მჭედლიშვილი ¹, ხათუნა ჭაავა ¹, ლევან გიორგობიანი ¹, ნათია შავდია ³, ნინო გეგეშიძე ¹

პოსტ -COVID-19 მდგომარეობა: აუცილებელია შეთანხმებული განსაზღვრება ¹თბილისის სახელმწიფო სამედიცინო უნივერსიტეტი; ²დაავადებათა კონტროლისა და საზოგადოებრივი ჯანმრთელობის ეროვნული ცენტრი, ³საქართველოს უნივერსიტეტი

რეზიუმე

ვხვდებით SARS-CoV2 ლიტერატურის მიმოხილვისას ხშირად ინფექციასთან დაავადების დაკავშირებული გახანგრძლივებული განსხვავებულ განმარტებებს და ინტერპრეტაციას, რაც სერიოზულ პრობლემას ქმნის შემთხვევების სისტემატურ დახასიათებაში ეპიდემიოლოგიური და კლინიკური მონაცემების მიხედვით. ჩვენი კვლევა ეხება პოსტ-COVID-19ის სიხშირის შეფასებას შემთხვევის განსაზღვრების კონტექსტში, რასაც მნიშვნელოვანი გავლენა აქვს მონაცემების ანალიზისათვის. განხილულ კვლევებზე დაყრდნობით, პოსტ-COVID-19 მდგომარეობის პრევალენტობა 10%-დან 77.8%-მდე მერყეობს და ის დროთა განმავლობაში გაიზრდება SARS-CoV2 ვირუსის მუტაციის პარალელურად. პოსტ-COVID-19 მდგომარეობის განსაზღვრებაში კონსენსუსის მიღწევა აუცილებელია COVID-19-ის გამოვლინების ყველა ფორმის პათოფიზიოლოგიური, ლაბორატორიული, კლინიკური, რადიოლოგიური და მახასიათებლების იდენტიფიცირებისა დახასიათებისთვის. ეპიდემიოლოგიური 00 ეს უკეთ გავიგოთ შესასწავლი დაავადება, განვსაზღვროთ მისი სიხშირე, დაგვეხმარება ეპიდემიოლოგიური და კლინიკური მახასიათებლები, ჩამოვაყალიბოთ მოვლის საუკეთესო პრაქტიკის სტანდარტები და შევიმუშაოთ ეფექტური კონტროლისა და პრევენციის ღონისძიებები.

Introduction: The worldwide scientific community is forging ahead to characterize a wide range of outcomes associated with SARS-CoV-2 infection; however, the underlying assumptions in these studies have varied so widely that the resulting data are difficult to compare (Rando). Relatively little is known about the clinical course of COVID-19 and return to baseline health for persons with milder, outpatient illness (Mark W. Tenforde). Less is known about the clinical evolution of COVID-19 patients after hospital discharge (Lledó). During literature review we come across to different definitions of prolonged illness associated with SARS-CoV2 infection, which made it difficult to characterize and compare COVID-19 cases by epidemiological and clinical patterns. Our study is an attempt to assess post-COVID-19 frequency in the context of the case definitions.

Methods: Literature review was performed in PubMed Central, ScienceDirect and Willey Online Library. Search key words included: post-Covid-19 and Long Covid-19, Acute and chronic post-COVID-19. As for the study design we considered for inclusion clinical trials, observational longitudinal comparative and non-comparative studies, cross-sectional and case series.

Results: The frequency of long COVID-19 widely varied by countries, patients' population and medical institutions even within the same countries due to differences in the case definitions. Post COVID-19 condition occurs in many different sets of patients, such as those hospitalized with COVID-19 illness of varying severity, those who have not been hospitalized or those having recovered from a paucior asymptomatic acute illness (WHO, Post COVID-19 condition: A webinar to expand our understanding of this condition). The syndrome can take many forms, from post–intensive care unit syndrome¹ to pulmonary fibrosis secondary to aggressive COVID-19 pneumonia. (McGroder CF). Substantial subset patients continue to complain of persistent symptoms after several months. (Garrigues E), (Huang C), (Fortini A), (Chopra V), (ONS), (S. K. Nalbandian A).

Prolonged illness is well described in adults with severe COVID-19, especially among older adults (Fortini A), (Grasselli G); (Guan WJ). COVID-19 can result in prolonged illness, even among young adults without underlying chronic medical condition. Among persons aged 18-34 years one in five had not returned to their usual state of health (Mark W. Tenforde). According to WHO, around 10%-15% of patients may present persistent symptoms after acute infection (WHO). (GCMSC) (Trisha Greenhalgh). The Office of National Statistics (ONS) estimating the prevalence of long COVID symptoms in the national Coronavirus (COVID-19) Infection Survey (CIS), concluded that: Around 1 in 5 respondents testing positive for COVID-19 exhibited symptoms for a period of 5 weeks or longer. Around 1 in 10 respondents testing positive for COVID-19 exhibited symptoms for a period of 12 weeks or longer. A substantial percentage of COVID-19 patients (77.8%) continue to complain of symptoms 3-6 months after hospital discharge (Lledó) and even longer (A. R. Sebastian Havervall, Symptoms and Functional Impairment Assessed 8 Months After Mild COVID-19 Among Health Care Workers.), (Tenforde). Evidence of persisting COVID-19 symptoms is accumulated; however, no consensus has yet been reached on the definition and chronology associated with persistent illness. The terms "prolonged COVID-19", "prolonged sequelae", "post-acute COVID-19", "post-acute COVID-19 Syndrome (PACS)", "persistent COVID-19 symptoms", "post-COVID-19 manifestations", "long-term COVID-19 effects", "post-COVID-19 syndrome", "post-acute COVID-19 sequelae", "chronic COVID syndrome", among others, have been used by different authors (Rando), sometimes – interchangeably (S. K. Nalbandian A). There is currently no agreement on which outcomes should be measured and how they should be measured. (Munblit). The Multidisciplinary Collaborative Group for the Scientific Monitoring of COVID-19 in its third report (June 2021), which was focused on persistent symptoms among convalescent patients, highlighted the need to establish a clear and common definition for Post-Acute COVID-19 syndrome (GCMSC). From all the existing definitions of Post COVID-19, the authors of the report support the use of the term Post-Acute COVID Syndrome, englobing two non-mutually exclusive sub-entities or scenarios: i) Long-COVID refers to symptoms that persist or appear beyond 4 weeks after infection, and which may be permanent, recurrent or progressively improve, ii) Sequelae refers to irreversible damage to organs 12 weeks after the infection, leading to different grades of permanent dysfunction and symptoms. In the absence of agreed definitions, some authors define post-acute covid-19 as extending beyond three weeks from the onset of first symptoms and chronic covid-19 as extending beyond 12 weeks (Trisha Greenhalgh), (Shah). WHO had established the ICD-10 code for the Post COVID-19 condition and by January 2021, had published its initial guidance on clinical management of patients after acute illness. WHO's clinical case definition of post COVID-19 condition by Delphi methodology that includes 12 domains, available for use in all settings (6 October 2021). (WHO, A clinical case definition of post COVID-19 condition by a Delphi consensus). The U.S. Centers for Disease Control and Prevention (CDC) issued the following definition and offered detailed interim guidance for healthcare providers. The term "Post-COVID Conditions" is an umbrella term for the wide range of physical and mental health consequences experienced by some patients that are present four or more weeks after SARS-CoV-2 infection, including by patients who had initial mild or asymptomatic acute infection (CDC). The time frame of four or more weeks provides a rough approximation of effects that occur beyond the acute period, but the timeframe might change as we learn more. Both organizations readily acknowledge that their definitions are likely to change as understanding of post-COVID conditions increases ((APTA)). In this regard it noteworthy that NIH launched the RECOVER (Researching COVID to Enhance Recovery) Initiative in February 2021 to bring together researchers and scientists to identify the causes and the means to prevent and treat postacute sequelae of SARS-CoV-2 infection PASC, including what is commonly called Long COVID or longhaul COVID (NIH). As yet it is unclear how long chronic post-COVID condition's symptoms may persist. Although literature on this topic is scarce, in one of the cohort studies Bosscolo-Rizzo et al. observed a variable range of COVID-19 symptoms beyond 12 months after the onset of the infection (P Boscolo-Rizzo). A systematic review of 25 observational studies with moderate to high methodological quality, considering 5440 participants none of the studies assessed the duration of signs/symptoms (Ana Luiza Cabrera Martimbianco). Post-COVID-19 condition could become a significant global health burden

(Munblit D). We consider that along with consensus definitions on post-COVID-19 conditions, there is a need in standard approach to and understanding of:

- Natural history of COVID-19, in general, and the duration of the acute clinical phase of the disease, in particular;
- Diagnostic criteria for post COVID-19 conditions;
- Clinical and laboratory indicators of fully recovery from acute COVID-19.

Conclusion: Prevalence of post-COVID-19 condition ranges from 10% up to 77.8% over the reviewed studies and tends to increase over time along with mutation of the SARS-CoV-2 virus. Consensus definition of Post-COVID Conditions is essential for identification and characterization of clinical, pathophysiological, laboratory, imaging and epidemiologic features of all forms of COVID-19 manifestation. It will help us better understand the disease entity, set up best-practice standards of care and elaborate effective control and preventive measures.

References:

- 1. (APTA), American Physical Therapy Association. https://www.apta.org/news/2021/10/19/who-vs-cdc-long-covid-definitions. n.d.
- 2. Ana Luiza Cabrera Martimbianco, Rafael Leite Pacheco,Ângela Maria Bagattini,Rachel Riera. "Frequency, signs and symptoms, and criteria adopted for long COVID-19: A systematic review." *The International Journal of Clinical Practice* (2021): Volume 75, Issue 10, e14357.
- 3. CDC. https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-index.html. n.d.
- Chopra V, Flanders SA, O'Malley M, et al. "Sixty- Day Outcomes Among Patients Hospitalized With COVID-19. ." *Chopra V, Flanders SA, O'Malley M, Malani AN, Prescott HC. Sixty- Day Outcomes Among Patients Hospi Ann Intern Med.* (2020 doi: 10.7326/M20-5661. [PMC free article] [PubMed] [CrossRef] [Google Scholar]).
- 5. Fortini A, Torrigiani A, Sbaragli S, et al. "COVID-19: persistence of symptoms and lung alterations after 3-6 months from hospital discharge." *Infection.* (2021;49(5):): 1007-1015.
- 6. Garrigues E, Janvier P, Kherabi Y, et al. "Post-discharge persistent symptoms and health-related quality of life after hospitalization for COVID-19. J Infect." *J Infect.* (2020;81:e4–e6. doi: 10.1016/j.jinf.2020.08.029. [PMC free article] [PubMed] [CrossRef] [Google Sc).
- GCMSC. "Post-Acute COVID. Syndrome (PACS):. Definition, Impact and Management. A Report of the Multidisciplinary. Collaborative Group for the Scientific." June, 2021. https://www.isglobal.org/documents/10179/7860911/Report+Post-Acute+COVID+Syndrome/58bf2369-c977-4c0a-8fbf-054f2d8df719>.
- 8. Grasselli G, Zangrillo A, Zanella A, et al. "COVID-19 Lombardy ICU." JAMA (2020;323:): 1574-81.
- 9. Guan WJ, Ni ZY, Hu Y, et al. "China Medical Treatment Expert Group for Covid-19. Clinical characteristics of coronavirus disease 2019 in China." *N Engl J Med.* (2020;): 1708–20. .
- Huang C, Huang L, Wang Y, et al. "Huang C, Huang L, Wang Y, et al. 6-month consequences of COVID-19 in patients discharged from hospital: a cohort study. ." *Lancet.* (2021 doi: 10.1016/S0140-6736(20)32656-8. [PMC free article] [PubMed] [CrossRef] [Google Scholar]).
- 11. Lledó, Gema M et al. "Post-acute COVID-19 syndrome: a new tsunami requiring a universal case definition." *Clinical microbiology and infection: the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, (2021): S1198-743X(21).000661-3.
- Lopez-Leon S, Wegman-Ostrosky T, Perelman C, et al. *More than 50 long-term effects of COVID-*19: a systematic review and meta-analysis. REs SQ [preprint]. 2021 Mar 1 :rs. 3. rs-266574. Update in Sci Rep 2021; 11:16144. PMID: 33688642; PMCID: PMC7941645.
- Mark W. Tenforde, Sara S. Kim, Christopher J. Lindsell, et al.,. "Symptom Duration and Risk Factors for Delayed Return to Usual Health Among Outpatients with COVID-19 in a Multistate Health Care System Network — United States, March–June 2020s." *Morbidity and Mortality Weekly Report.* (2020; 69:30.): 994-998.

- 14. McGroder CF, Zhang D, Choudhury MA, et al.:. "Pulmonary fibrosis 4 months after COVID-19 is associated with severity of illness and blood leucocyte telomere length." *Thorax* (2021;76:1242–5).
- 15. Munblit D, Nicholson T, Needham D.M., et al. "Studying the post-COVID-19 condition: research challenges, strategies, and importance of Core Outcome Set development." *BMC Med*. (20, 50 (2022)).
- Nalbandian A, Sehgal K, Gupta A, et al. "Post-acute COVID-19 syndrome." Nat Med (2021;27:): 601– 15.
- 17. National Institute for Health and Care Excellence;. "Developing NICE guidelines: the manual. Process and methods PMG20." n.d. *https://www.nice.org.uk/process/pmg20/resources/appendix-l-interim-process-and-methods-for-guidelines-developed-in-response-to-heal.*
- 18. NIH. https://covid19.nih.gov/news-and-stories/when-COVID-19-symptoms-linger. n.d.
- ONS. "The prevalence of long COVID symptoms and COVID-19 complications." (16 December 2020). https://www.ons.gov.uk/news/statementsandletters/theprevalenceoflongcovidsymptomsandcovid19 complications>.
- 20. P Boscolo-Rizzo, F Guida, J Polesel, et al. "Sequelae in adults at 12 months after mild-to-moderate coronavirus disease 2019 (COVID-19)." *Int Forum Allergy Rhinol* (2021,).
- 21. Quinn KL, Bell CM. "PLoS Med19(1): e1003891." *Pandemic health consequences: Grasping the long COVID tail.* (2022).
- 22. Rando, Halie M et al. ""Challenges in defining Long COVID: Striking differences across literature, Electronic Health Records, and patient-reported information." medRxiv : the preprint server for health sciences." *medRxiv : the preprint server for health sciences* (2021.03.20.21253896. 26 Mar. 2021, doi:10.1101/2021.03.20.21253896. Preprint.). ."https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8010765/>.
- 23. REZKALLA, S., KLONER, R.. "Post-Acute Sequelae of SARS-COVID-2 Syndrome: Just the Beginning." (2021.): 279-285. https://cardiologyres.org/index.php/Cardiologyres/article.
- 24. Sebastian Havervall, Axel Rosell, Mia Phillipson, et al.,. "Symptoms and Functional Impairment Assessed 8 Months After Mild COVID-19 Among Health Care Workers." *JAMA*, (2021;).
- 25. "Symptoms and Functional Impairment Assessed 8 Months After Mild COVID-19 Among **Health** Care Workers. JAMA, 2021; DOI: 10.1001/jama.2021.5612."
- 26. Sebastian Havervall, Axel Rosell, Mia Phillipson, Sara M. Mangsbo, Peter Nilsson, Sophia Hober, Charlotte Thålin. Symptoms and Functional Impairment Assessed 8 Months After Mild COVID-19 Among Health Care Workers. JAMA, 2021 and DOI: 10.1001/jama.2021.5612.
- 27. Shah, W., Hillman, T., Playford, E. D. & Hishmeh, L. " Managing the long term effects of COVID-19: summary of NICE, SIGN, and RCGP rapid guideline. ." *Brit. Med. J. 372, n136 (2021).* (n.d.).
- 28. Tenforde, Mark W et al. "Symptom Duration and Risk Factors for Delayed Return to Usual Health Among Outpatients with COVID-19 in a Multistate Health Care Systems Network - United States, March-June 2020." MMWR. Morbidity and mortality weekly report vol. 6. (n.d.).
- 29. Trisha Greenhalgh, Matthew Knight, Christine A'Court, et al. "Management of post-acute covid-19 in primary care." *BMJ 2020; 370* (n.d.).
- 30. WHO. <https://www.who.int/news-room/events/detail/2021/02/09/default-calendar, WHO New policy brief calls on decision-makers to support patients as 1 in 10 reports symptoms of "long COVID">.
- 31. "A clinical case definition of post COVID-19 condition by a Delphi consensus,." 6 October 2021. https://www.who.int/publications/i/item/WHO-2019-nCoV-Post_COVID-19_condition-Clinical_case_definition-2021.1>.
- 32. "Post COVID-19 condition: A webinar to expand our understanding of this condition." (n.d.). <https://www.who.int/news-room/events/detail/2021/02/09/default-calendar/webinar-post-covid-19-condition>.

NANULI NINASHVILI^{1,2}, IRAKLI MCHEDLISHVILI¹, KHATUNA TCHAAVA¹, LEVAN GIORGOBIANI¹, NATIA SHAVDIA³, NINO GEGESHIDZE¹ DOCT COMUL 10 CONDITION: NEEN EOD CONSENSUS DEFINITION

POST COVID-19 CONDITION: NEEN FOR CONSENSUS DEFINITION

¹Tbilisi State Medical University; ²National Center for Disease Control and Public Health: ³University of Georgia. Tbilisi, Georgia

SUMMARY

During literature review we come across to different definitions of prolonged illness associated with SARS-CoV2 infection, which made it difficult to characterize and compare COVID-19 cases by epidemiological and clinical patterns. Our study is an attempt to assess post-COVID-19 frequency in the context of the case definitions. Prevalence of post-COVID-19 condition ranges from 10% up to 77.8% over the reviewed studies and tends to increase over time along with mutation of the SARS-CoV-2 virus. Consensus definition of Post-COVID Conditions is essential for identification and characterization of clinical, pathophysiological, laboratory, imaging and epidemiologic features of all forms of COVID-19 manifestation. It will help us better understand the disease entity, set up best-practice standards of care and elaborate effective control and preventive measures.

НАНУЛИ НИНАШВИЛИ, ИРАКЛИЙ МЧЕДЛИШВИЛИ, ХАТУНА ЧААВА, ЛЕВАН ГИОРГОБИАНИ, НАТИА ШАВДИЯ, НИНО ГЕГЕШИДЗЕ СОСТОЯНИЕ ПОСЛЕ COVID-19: НЕОБХОДИМО ИМЕТЬ СОГЛАСОВАННОЕ ОПРЕДЕЛЕНИЕ Тбилисский государственный медицинский университет, Тбилиси, Грузия

РЕЗЮМЕ

При обзоре литературы мы сталкиваемся с различными определениями и интерпретациями продолжительного заболевания, связанного с инфекцией SARS-CoV2, что создает серьезную проблему для систематической характеристики случаев по эпидемиологическим закономерностям и клиническим проявлениям для их эффективного ведения и контроля. Наше исследование представляет собой попытку оценить частоту пост-COVID-19 в контексте определений случаев, поскольку это имеет важное значение для анализа. Распространенность пост-COVID-19 состояния, по рассмотренным исследованиям, колеблется от 10% до 77,8% и имеет тенденцию к увеличению по мере мутации вируса SARS-CoV-2. Согласованное определение пост-COVID-19 состояний необходимо для идентификации и характеристики клинических, патофизиологических, лабораторных, радиологических и эпидемиологических особенностей всех форм проявления пост-COVID-19. Это поможет нам лучше понять сущность заболевания, определить его частоту, эпидемиологические и клинические характеристики, установить стандарты лечения и разработать эффективные меры контроля и профилактики пост-COVID-19 состояний.

