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15 February 2023

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2023019340

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 17 January 2023 for information regarding long COVID. Please find a response to each part of your request below:

I would like to make an Official Information Request to the Ministry of Health for any information it holds pertaining to Long COVID in New Zealand. Specifically, I am seeking:

1. *Briefings, policy papers or information about or mentioning the impact of Long COVID in New Zealand*

I have identified three documents are within scope of this part of your request. All documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

You may also be interested to know that Manatū Hauora has made a range of information related to long COVID publicly available. This includes resources for health providers to support and manage long COVID symptoms and research that informs the ongoing response to long COVID in Aotearoa New Zealand. This information is available at the following links:

- www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/long-covid-programme
- covid19.health.nz/advice/i-have-covid-19/long-covid
- www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-science-news#long-covid

2. *Any data the Ministry of Health holds relating to Long COVID prevalence in New Zealand*

Clinical codes for long COVID are now available across primary and secondary care in Aotearoa New Zealand. Manatū Hauora expects to begin reporting on long COVID conditions later in 2023, once there is regular use of the code allowing this information to be tracked. Therefore, your request is refused under section 18(g)(i) of the Act, as the information requested is not held by the Ministry and there are no grounds for believing it is held by another agency subject to the Act. You may wish to make a new request for this information at the end of the year.

3. *Any information or documents relating to research in to Long COVID and treatments or support available to Long COVID patients in New Zealand. Information or documents relating to research in to Long COVID*

Manatū Hauora provides system-level, strategic leadership for health research and innovation in Aotearoa New Zealand. Further information about this can be found at: www.health.govt.nz/our-work/health-research-and-innovation-system-leadership/manatu-hauoras-role-health-research-sector. Manatū Hauora is committed to supporting research that aims to improve our understanding of the mechanisms behind long COVID and identify suitable medical interventions. While Manatū Hauora does not conduct research directly, funding has been made available to groups regarding long COVID research. These projects focus specifically on long COVID, other funded projects include long COVID within their research scope. The outcomes of these studies will be used to help inform responses to long COVID, and future pandemic preparedness.

Manatū Hauora has funded several research projects on the ongoing impacts of COVID-19 and future pandemic responses, as noted here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/long-covid-programme. In August 2021, Victoria University of Wellington was funded to undertake the “*Impacts of COVID-19 in Aotearoa—Ngā Kawekawe o Mate Korona*” study. This study aims to understand the experiences of people in Aotearoa New Zealand who have had COVID-19, and to learn about the short and longer-term impacts of COVID-19 on the health and well-being of individuals, whānau and families. More information about this study can be found here: coviidaotearoa.com/.

The study focuses particularly on Māori, Pacific peoples, people with disabilities (including long COVID), and people who developed COVID-19 through their employment. The study was completed in August 2022, with its findings recently made available. The report puts forward 33 recommendations for planning for future pandemic preparedness. The lead health agencies will work together to consider the recommendations of the study and explore an implementation plan for agreed outcomes. More recently, the following projects were funded by Manatū Hauora:

- The LOGIC study: Long term health Impact of COVID-19: Waikato Hospital Cohort
- Burden of long COVID in Aotearoa New Zealand: Establishing a Registry

These projects focus specifically on long COVID, while other funded projects include long COVID within their research scope. The outcomes of these studies will be used to help inform responses to long COVID, and future pandemic preparedness. A brief overview of the funded projects is available at the following link: www.health.govt.nz/our-work/health-research-and-innovation-system-leadership/covid-19-and-national-immunisation-programme-research-projects.

Treatments or support available to long COVID patients in New Zealand:

Manatū Hauora carried out a long COVID programme of work to support the development of the long COVID rehabilitation and service delivery guidance for Aotearoa New Zealand. This included:

- monitoring health districts with existing specific services for long COVID.
- establishing an Expert Advisory Group to provide guidance and input into the long COVID rehabilitation guideline, with broad representation from Māori, Pacific peoples, researchers, clinicians, service providers and people with lived experience.
- monitoring emerging evidence to inform clinical pathways to identify and manage long COVID.
- ongoing research to identify gaps that are particular to Aotearoa New Zealand and identify options for how they might be addressed.

Details relating to this programme can be found here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/long-covid-programme.

Long COVID clinical guidelines

In September 2022, Manatū Hauora also released its first long COVID guidelines for adults and children, updated in December 2022: www.health.govt.nz/publication/clinical-rehabilitation-guideline-people-long-covid-coronavirus-disease-aotearoa-new-zealand. These documents are intended to provide clinical guidance about the management of long COVID conditions in Aotearoa New Zealand and are primarily for primary care practitioners, community, and hospital clinicians. However, these will also be useful for individuals who have adults and children in their whānau with long COVID.

The guidelines are evidence-based and look at the options for care available to people with the condition. It gives advice to health professionals on what to look for when diagnosing long COVID and what resources are available to people to manage those symptoms. As there is no known cure for long COVID, the focus on the guidelines is identification, assessment, diagnosis, interventions, supports and care pathways for rehabilitation of individuals with the condition.

Manatū Hauora is continuing to develop its approach to long COVID rehabilitation guidance and service delivery. This will be shared with the sector and general public as information and evidence comes to hand. Further information can be found below:

- www.tewhātuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/long-covid-for-health-professionals
- www.tewhātuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/long-covid-funding-for-primary-care

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

A handwritten signature in black ink, appearing to read 'L. Karageorge'.

Louise Karageorge
**Group Manager, Intelligence, Surveillance and Knowledge
Public Health Agency | Te Pou Hauora Tūmatanui**

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	25 March 2022	Memo: Funding Long COVID investigation and treatment in Primary and Community Care	Released in full.
2	9 June 2022	Memorandum: Work to date on Long COVID	Some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons.
3	9 August 2022	Memorandum: Update on the Long COVID Expert Advisory Group and work programme	

Memo

Funding Long COVID investigation and treatment in Primary and Community Care

Date: 25 March 2022

To: Robyn Shearer, Deputy Chief Executive, Sector Support and Infrastructure
Clare Perry, DDG Health System Improvement and Innovation

Copy to: Adeline Cumings, Group Manager Primary Health Care System Improvement & Innovation
Dr Martin Chadwick, Chief Allied Health Professions Officer
Geoff Gwynn, Programme Director, Health System Preparedness Programme

From: Dr Joe Bourne, Senior Clinical Lead, COVID-19 Care in the Community Programme

For your: Decision

Purpose of report

1. This memo seeks approval on the approach for managing Long COVID in the primary care setting and wider New Zealand Health and Disability System.

Background and context

2. Long COVID is one of the names given to the symptoms experienced by people after a COVID-19 infection. Globally, the condition is also known as post-COVID syndrome, long-haul COVID, post-acute COVID syndrome, chronic COVID, or post-acute sequelae of SARS-CoV-2 infection¹.
3. Based on data from the Delta variant of COVID-19, the Ministry of Health estimates 20 percent of people who have tested positive for COVID-19 experience a range of health symptoms more than five weeks after their initial diagnosis, and 10 percent experience at least one enduring symptom three months later. Data is not yet available to estimate rates of Long COVID following an Omicron infection.

COVID-19 profile during the infectious period and risks of Long COVID-19

4. The ongoing symptoms of long COVID are varied, and severity can range from mild to disabling, with multiple body systems affected. Long COVID is seen in all age groups, including children. But the risk of long COVID is increased for those who: are older, have multiple underlying chronic medical conditions, a higher body mass index, are female, or experience more than five symptoms during the first week of illness.

¹ National Institute for Health Innovation [Long COVID | NIHI \(auckland.ac.nz\)](https://www.nihi.ac.nz/long-covid)

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5. The risk of Long COVID also appears higher for people that are admitted to hospital as part of their COVID-19 infection. A study in the UK found, for those hospitalised with COVID-19, 50-89 percent have at least one enduring symptom after two months².
6. As New Zealand experiences increasing numbers of COVID-19 cases in the community, the proportion of people who experience long-term side effects from COVID-19 is likely to increase.

Quantifying Long COVID

7. There is little definitive evidence quantifying Long COVID in New Zealand, however evidence from overseas estimates rates of Long COVID between four and thirty percent, post the COVID-19 infection.
8. The COVID-19 pandemic has disproportionately impacted different population groups in New Zealand, with Māori and Pacific people making up a high proportion of COVID-19 cases, and a high proportion of COVID-19 hospitalisations. Given the disproportionate case numbers of COVID-19 for Māori and Pacific people, it is possible these population groups will have higher rates of Long COVID.

Scope of COVID-19 Care in the Community funding

9. COVID-19 Care in the Community funding secured through the December 2021 Cabinet paper is intended to fund COVID-19 related care for those in the acute stage of their infection while they are isolating at home.
10. Currently all COVID-19 related care is fully publicly funded, including ambulance transfers to hospital.
11. The rationale for fully funding COVID-19 consultations and related care is to minimise barriers for accessing testing and treatment, to identify as many cases as possible, and to support isolation, thereby reducing the risk to the wider community.
12. Provision also exists in the current funding for a single post COVID-19 review up to six weeks after recovery from the acute infection, should it be needed. Based on current evidence, it is clinically appropriate to treat any presentations beyond that time as outside of the acute infection for which the current funding is provided.

Provision of care for Long COVID

13. Long COVID is a relatively new illness that has the same clinical characteristics as a range of other health conditions and can be difficult to diagnose.
14. Overseas, there are a range of responses in place regarding Long COVID. For example:
 - The UK government has invested 34 million pounds through the NHS in 80 clinics across England dedicated to the treatment of Long COVID.
 - Spain has recognised COVID-19 as an occupational illness for some frontline workers and is undertaking a comprehensive study on Long COVID for the wider healthcare system.

² [Coronavirus \(COVID-19\) Infection Survey: methods and further information - Office for National Statistics](#)

- Sweden has produced recommendations to support decision makers and healthcare staff dealing with Long COVID.
15. In New Zealand, clarity is required regarding which COVID-19 related clinical symptoms will be fully funded, as these symptoms may be like those of many other conditions. There is a risk of creating perverse incentives for people to peruse a Long COVID diagnosis to receive funded care, instead of investigating and working-up other diagnoses for potentially serious, but unfunded conditions.
 16. There is new work underway by the Office of the Chief Allied Health Professions to develop the methodology to inform Long COVID rehabilitation guidance and service delivery in the longer term.
 17. This includes the establishment of a broad Expert Advisory Group to provide advice and leadership across emerging academic research, evidence, consumer experience, clinical and operational matters relating to Long COVID.

Funding implications of Long COVID

18. Currently appointments in general practice for long-term conditions attract a co-payment. Difficulties determining symptoms relating to Long COVID, versus those of other long-term conditions, may lead to confusion and distress about which conditions require a co-payment.
19. If no co-payments (in the case of general practice), patient part charges (in the case of emergency ambulance services) or prescription charges (in the case of community pharmacies) are charged for Long COVID, as is the case currently for acute COVID-19 infections, there may be an impact on the ability of providers to meet demand.
20. In addition, there may be perceived unfairness and inequities if symptoms relating to Long COVID are treated differently than similar symptoms resulting from other long-term conditions.
21. Fully funding treatment for people with Long COVID is likely to require a significant level of additional government funding.

Proposed Approach

22. The proposed approach, supported by current evidence, is that once the acute phase of the COVID-19 infection is resolved, any longer-term presentations beyond the funded six-week check are managed in the same way as other long-term conditions. That is, primary care level treatment would require a co-payment (general practice), patient part-charge (emergency ambulance), prescription payment (community pharmacy) and specialist level treatment would be funded by DHBs, or self-funded if accessed privately. This approach is consistent with decisions made by Cabinet in December 2021 on the Care in the Community programme, where Cabinet agreed that all COVID-19 related care would be fully subsidised to enable people to comply with the requirements of isolation [CAB-21-MIN-0555 refers]. Requiring co-payments for Long COVID as a long-term condition is consistent with how primary care is generally provided.

Recommendations

It is recommended that you:

1.	note	the new work underway by the Office of the Chief Allied Health Professions to develop the methodology to inform Long COVID rehabilitation guidance and service delivery in the longer term	Yes/ No
2.	note	the issues with Long COVID in relation to current low evidence, difficulty with diagnosis, perceived unfairness and inequities if treated differently to other long-term conditions, and workforce capacity	Yes/ No
3.	agree	the proposed approach to manage Long COVID symptoms under the same funding regime as other long-term conditions, meaning co-payments will be charged to patients in general practice.	Yes/ No
4.	agree	the proposed approach to manage Long COVID symptoms under the same funding regime as other medical conditions or medical emergencies, meaning patient part-charges may be charged for emergency ambulance call-outs, and prescription for medication may be charged by community pharmacies.	Yes / No



Robyn Shearer
Deputy Chief Executive
Sector Support and Infrastructure

Date: 5/04/2022



Clare Perry
Deputy Director-General
Health System Improvement and Innovation

Date: 5/04/2022

Memorandum

Work to date on Long COVID

Date due to MO:	9 June 2022	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20221026
To:	Hon Andrew Little, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Martin Chadwick	Chief Allied Health Professions Officer	s 9(2)(a)

Action for Private Secretaries

N/A

Date dispatched to MO:

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Work to date on Long COVID

Purpose

1. This report responds to your request for a summary of work to date on Long COVID.

Background / context

2. Long term effects following COVID-19 infection have been reported internationally. Given the numbers of people who have been or will be infected with SARS-CoV-2 worldwide, the public health impact of Long COVID could be significant
3. Due to the proportionately low rates of COVID-19 infection in New Zealand prior to 2022, the proportion of the total population with long term effects from COVID-19 to date has been small.
4. COVID-19 has disproportionately affected certain populations and exacerbated inequities, and the burden of Long COVID is likely to continue this trend.

Work carried out to date

Clinical guidance and research

5. An agreed clinical case definition for post-COVID conditions has been endorsed by the Expert Advisory Group for long COVID programme, which provides clarity to all sectors and the wider population, as well as forming the basis accurate representation for data collection, analysis and reporting.
 - a. **ongoing symptomatic COVID-19** is defined as signs and symptoms of COVID-19 from 4 weeks up to 12 weeks
 - b. **post COVID syndrome** is defined as 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 usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body.
6. Read and SNOMED diagnostic codes for Long COVID for Post COVID (4-12 weeks) and Long COVID (over 12 weeks) have been developed, to support coding in patient's health records. Further work is underway to enable this coding to be utilised in practice.
7. As a result of emerging research, the 2020 document *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand* was updated. This will be published the week commencing 13 June 2022.

Communications and engagement

8. The Long COVID Expert Advisory Group has been established, and an inaugural meeting was held on 1 June 2022. The purpose of the group is to provide guidance and input into the development of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand*, through a Te Tiriti-aligned governance approach. The group has

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broad representation from Maori, Pacific peoples, researchers, clinicians, service providers and people with lived experience.

9. Key actions resulting from the meeting were the endorsement of the clinical case definition and, and direction to increase the consumer representation on the group to include people with disabilities and Pacific peoples.
10. The Ministry of health team has also held discussions with other jurisdictions (including Australia, United Kingdom and Canada) to understand the approach to the management of Long COVID and associated health impacts. The discussion with the United Kingdom included an initial investigation of a patient / clinician digital tool (Living With) to support the management of Long COVID.
11. Several presentations have been made to key stakeholders and wider population groups, including a presentation to the national Long COVID Symposium – *Journeying through the Fog*.

Next steps

12. Next steps include:
 - a. development of first iteration of *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand* for Expert Advisory Group review at next meeting on 13 July 2022
 - b. publication of the clinical case definition ongoing symptomatic COVID-19 and post COVID-19 syndrome
 - c. publish the updated *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand*.
13. Further information can be provided at your request.

Martin Chadwick

Chief Allied Health Professions Officer
Ministry of Health

Memorandum

Update on the Long COVID Expert Advisory Group and work programme

Date due to MO:	9 August 2022	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20221304
To:	Haley Ataera, Private Secretary, Office of Hon Andrew Little, Minister of Health		
Consulted:	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

Contact for telephone discussion

Name	Position	Telephone
Martin Chadwick	Chief Allied Health Professions Officer	s 9(2)(a)

Action for Private Secretaries

N/A

Date dispatched to MO:

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Information on the Long COVID Expert Advisory Group and work programme

Purpose

1. In March 2022, a Long COVID programme of work was initiated within Manatū Hauora. The programme is focussed on the development of a clinical guideline, review of the current and emerging research, identify gaps for future research and establish an expert advisory group to provide guidance and input into the Long COVID clinical rehabilitation guideline.
2. This report responds to your request for information and specific questions on the Long COVID Expert Advisory Group, and an update on the overall work programme.

Defining Long COVID and associated symptoms

3. The term 'Long COVID' is commonly used to describe signs and symptoms that continue or develop after acute COVID-19. Symptoms may last for weeks or months after the acute illness. Long COVID usually presents with clusters of symptoms, often overlapping, which can fluctuate and change over time and can affect any system in the body.
4. To better understand how Long COVID could be diagnosed, it is important to understand how symptoms, signs and tests are used to make a diagnosis for any condition. Symptoms are what a patient feels, such as a sore throat or headache. Signs are changes which a healthcare practitioner notices when they examine a person (such as a fast heart rate, or fast breathing) which in turn informs management and treatment.
5. There are often very few signs of Long COVID, and no diagnostic test in existence. Therefore, the diagnosis is made on the basis of persistent symptoms occurring after a person has had COVID-19. There are a wide range of symptoms for acute COVID-19, ongoing symptomatic COVID-19, and Long COVID, but these symptoms are also common in many other conditions. Ongoing symptoms can vary widely and affect people differently.
6. Commonly reported symptoms are included in Appendix One.
7. Long COVID is referred to in literature as ongoing symptoms of COVID-19, post COVID-19 syndrome, post-COVID-19 conditions, post-acute sequelae of COVID-19. There is however not international consensus on a definition for Long COVID.
8. A core part of the work programme has been defining Long COVID for the New Zealand context. The following clinical case definitions have been published on the Manatū Hauora website:
 - a. **Acute COVID-19** – signs and symptoms of COVID-19 for up to 4 weeks
 - b. **Ongoing symptomatic COVID-19** – signs and symptoms of COVID-19 post the acute illness period of the illness, from 4 weeks up to 12 weeks

- c. **Post COVID-19 syndrome (Long COVID)** – signs and symptoms that develop during or after an infection consistent with COVID-19, that continue for more than 12 weeks and are not explained by an alternative diagnosis.
9. The clinical case is defined by the timeframes outlined above, and irrespective of a confirmed diagnosis by testing.

Long COVID in Aotearoa

10. It is important to note that Long COVID is likely to affect Aotearoa differently than the rest of the world. The vast bulk of our COVID-19 cases have been of the Omicron variant, as opposed to other countries who saw significant case numbers in the early days of the pandemic.
11. Some research has indicated that the risk of ongoing symptoms or Long COVID is significantly lower for Omicron than the Delta variant; although the absolute numbers of people affected by Omicron means the potential burden of Long COVID remains high.

Linking the Long COVID work programme with other agencies

12. Through the work programme, specific linkages have been made with the Ministry of Social Development.
 - a. Specifically, this has been via the provision of information and international resources on vocational services to support people returning to work with Long COVID and input into discussions on how the kaimanaaki (social services) workforce within Public Health Units could feasibly provide Long COVID support within the community.
 - b. Vocational and welfare support for Long COVID, or the provision of specific health services is out of scope of the Manatū Hauora work programme. Following the finalisation of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand* at the end of August 2022, we will work with Te Whatu Ora, and if appropriate the Ministry of Social Development, to confirm how the guidelines can be applied practically across both sectors.
13. Discussions have also been held with Whaikaha to inform them of the work programme (noting they are represented on the Long COVID Expert Advisory Group) and with the Ministry of Foreign Affairs and Trade to seek reports from diplomatic postings on international approaches to Long COVID and their experience (including Scotland, Singapore, Italy, Canada, Australia, Hong Kong, Israel, and France).

Long COVID Expert Advisory Group

14. The Long COVID Expert Advisory Group (the EAG) was established in May 2022 to assess the evidence on Long COVID and apply it to the Aotearoa New Zealand context, to help inform recommendations for clinical practice and guidelines.
15. The EAG includes broad representation from Māori, Pacific peoples, researchers, clinicians, service providers and people with lived experience of Long COVID. The full membership list can be found in Appendix Two.

16. Meetings have been held on 1 June and 13 July 2022. These meetings focussed on the endorsement of the clinical case definition for Long COVID, initial feedback on the draft clinical guideline for Long COVID, and sharing of experiences, resources and literature on the management of Long COVID symptoms.
17. The next meeting is scheduled for 17 August 2022. The meeting will focus on finalising the clinical rehabilitation guidance for people with Long COVID which is expected to be published by the end of August 2022.
18. No meeting has been held between the EAG and Ministers, and there are currently no plans for a meeting to be scheduled.
19. As the EAG has a specific focus on the development of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand*, it is unlikely that a meeting with Ministers is of any particular benefit, however the group would be open to extending an invite to the Minister if there was particular interest in attending a future meeting.
20. Given Manatū Hauora's Long COVID work programme currently ends with the publication of the *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand*, the EAG may not meet again following the meeting on 17 August 2022.

Public communication regarding the EAG

21. Material considered by the EAG is will be published on the Manatū Hauora website, and a public webinar is scheduled following the next meeting to communicate progress on the overall work programme.
22. We will look for opportunities to include the EAG and the Long COVID work in other Manatū Hauora announcements and communications at the appropriate times.

Updates on specific pieces of work

23. Updates on specific pieces of work are outlined below, as requested:
 - a. Development of first iteration of *Clinical rehabilitation guidelines for people with Long COVID in Aotearoa New Zealand* – a first review of the guidelines was completed by the EAG in July 2022, with a revised version currently out for further consultation. An updated version will be presented to the EAG at the next meeting, and the first iteration is expected to be published by the end of August 2022.
 - b. Publication of the clinical case definition ongoing symptomatic COVID-19 and post-COVID-19 syndrome following approval of the Director-General of Health – the clinical case definitions were published on 18 July 2022.
 - c. Publication of the updated *Guidance for the acute phase of rehabilitation of people with or recovering from COVID-19 in Aotearoa New Zealand* following approval of the Director-General of Health – the guidance was published on 30 June 2022.
24. Regarding international engagement:
 - a. A meeting was held with Australia in April 2022. At this point Australia had published clinical guidelines, aligning to emerging best practice and expert opinion where gaps remained. Australia did not have a clinical diagnostic code in their

patient management systems and were managing patients with Long COVID like other long-term conditions. An outcome of this meeting was to share any guidance or insight reports with one another.

- b. A meeting was held with Italy in late July 2022. Italy had previously published principles of care for Long COVID, however have now realised a need for more practical guidelines which they expect to be published in October 2022. They currently do not have any standardised treatment, and the guidelines will include a recommendation for rehabilitation.
- c. Currently Italy has 120 centres for Long COVID using pre-established pathways of care – 10% of centres are for paediatric patients, rehabilitation services are available only at 5% of centres, and 20% provide telemedicine or home visits.
- d. A meeting was recently held with the Five Eyes intelligence alliance which included a discussion on Long COVID. The meeting gave particular insight into the United Kingdom experience, where they are seeing decreased demand for speciality Long COVID clinics which they attribute to the combination of mixed immunity and Omicron becoming the dominant variant. Around 3% of the United Kingdom population are demonstrating ongoing symptomology following acute COVID-19, and most are able to undertake regular daily activities.
- e. Invitations to meet have been extended to the Dudley Group NHS Foundation Trust, however a response has not yet been received.

Next steps

25. Officials can provide further information about this topic at your request. Regular monthly updates will be provided through the weekly report.



Martin Chadwick

Chief Allied Health Professions Officer

Date: 08/08/2022

Appendix One – Symptoms of Long COVID

Commonly reported symptoms include (but are not limited to) those in the table below. Note the symptoms can be common across acute COVID-19, ongoing symptomatic COVID-19, and Long COVID.

Respiratory symptoms	Breathlessness Cough
Cardiovascular symptoms	Chest tightness Chest pain Palpitations
Neurological symptoms	Cognitive impairment ('brain fog', loss of concentration or memory issues) Headache Sleep disturbance Pins and needles and numbness Dizziness Delirium (in older populations) Mobility impairment Visual disturbance Musculoskeletal symptoms Joint pain Muscle pain
Generalised symptoms	Fatigue Fever Pain Gastrointestinal symptoms Abdominal pain Nausea and vomiting Diarrhoea Weight loss and reduced appetite
Ear, nose and throat symptoms	Tinnitus Earache Sore throat Dizziness Loss of taste and/or smell Nasal congestion

Appendix Two – Long COVID Expert Advisory Group Membership

Dr Martin Chadwick (Chair) - Chief Allied Health Professions Officer, Manatū Haoura

Dr Donna Cormack (Kāti Mamoe, Kai Tahu) – Senior Researcher, Department of Public Health University of Otago

Dr Arran Culver – Associate Deputy Director-General, Mental Health and Addiction, Manatū Haoura

Jo Hikaka (Ngāruahine) - Research fellow at University of Auckland

Rāwā Karetai Wood Bradley – Principal Advisor to Deputy Chief Executive, Strategy, Policy and Performance, Ministry of Disabled People and lived experience with disability

Rawiri Keenan (Te Ati Awa/Taranaki) - Leader and educator of Māori general practitioners.

Luke Maclean-McMahon – Lived experience of Long COVID, Cook Island Māori with Irish and Scottish descent

Jen Mephram – Chair Physiotherapy NZ, Cardiorespiratory Special Interest group and physiotherapist working at Mercy Hospital, Dunedin

Cathy O'Malley - General Manager Strategy, Primary and Community, Te Whatu Ora, Nelson Marlborough

Sharon Russell - Associate Chief of Allied Health Scientific and Technical Professions Officer, Te Whatu Ora Waitematā

Emily Sorby - Māori Director Starship Community, Te Whatu Ora Auckland

Dr Ian Town - Chief Science Advisor, Manatū Haoura

Robyn Whittaker - Clinical Director of Innovation at the Institute for Innovation and Improvement, Te Whatu Ora Waitematā

Juanita Woodhouse - Lived experience of Long COVID, New Zealand Māori

Youth representative – to be confirmed