

## Re: Fresh evidence of the scale and scope of long covid

*"Coding is Caring"*

Dear Editor,

Sivan et al's editorial (1) in relation to the cohort study presented by Ayoubkhani et al (2) describes the scale of the adverse health outcomes of patients who have been hospitalised with COVID-19.

If the health system is to rise to the challenge of "long covid" we need to systematically record cases in primary care computerised medical record (CMR) systems. At present people with long covid may be invisible to searches, and there is every possibility that those who present and prospectively get flagged in record systems will be the more articulate and less deprived, who are then referred to the emergent services for long covid.

A number of key questions are yet to be answered of this complex, heterogeneous patient group such as whether particular variations of symptoms and clusters exist, whether disparities exist within the group, and whether the young and fit population are disproportionately affected as early data seems to suggest (3).

In England, we have been slow to provide clinical terms that enable those with long covid to be recorded in CMR systems. However, we now have a schema for doing this provided by National Institute for Health and Care Excellence (NICE) and now included in the SNOMED clinical terms:

- **Acute COVID-19:** signs and symptoms of COVID-19:  $\leq 4$  weeks.
- **Ongoing symptomatic COVID-19:** signs and symptoms of COVID-19: 4-12 weeks.
- **Post-COVID-19 syndrome:** signs and symptoms that develop during or after COVID-19, lasting  $>12$  weeks and not explained by another diagnosis (4).

"Coding is caring" and in order to answer some of the key questions we need a means to flag those with long COVID. Our recommendation is that if a patient presents with long covid – please code the diagnosis as a problem. In England use the "post-COVID-19 syndrome" SNOMED CT term, ensuring you record the start date as three months after that person's positive test date.

Please code correctly and caringly so we can collect the necessary real world evidence called for by Sivan et al to manage covid-19 and its complicated sequelae.

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