



Canada's Drug and  
Health Technology Agency

CADTH Health Technology Review

# Post-COVID-19 Condition Summary of Guidelines

August 2022



## Post-COVID-19 Condition Summary of Guidelines

This report includes data from the COVID19 Recommendations and Gateway to Contextualization portal that will also be published elsewhere in the context of an overall evaluation of guidelines.

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Questions or requests for information about this report can be directed to [Requests@CADTH.ca](mailto:Requests@CADTH.ca).



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## Key Messages

- The purpose of this report is to provide an overview for the existing guidelines about post-COVID-19 condition available on the online COVID-19 Recommendations Map.
- As of May 2022, 16 clinical practice guidelines that addressed post-COVID-19 condition were available to be summarized, spanning 7 different intents (topic areas): diagnosis, health services and systems, infection control, planning and monitoring, screening, treatment and rehabilitation, and vaccination.
  - Eleven guidelines included recommendations related to diagnosis.
  - Five guidelines included recommendations related to health services and systems.
  - Six guidelines included recommendations related to infection control.
  - Six guidelines included recommendations related to planning and monitoring.
  - Four guidelines included recommendations related to screening.
  - Eleven guidelines included recommendations related to treatment and rehabilitation.
  - Six guidelines included recommendations related to vaccination.

## Background

Following the identification of COVID-19 in late 2019, WHO has reported more than 522 million confirmed cases and more than 6 million deaths to date globally.<sup>1</sup> The initial phase of COVID-19 infection is typically referred to “acute COVID-19,” which is defined as the period of up to 4 weeks after being infected.<sup>2</sup> The number of people who have continued to experience symptoms or who have faced a recurrence of symptoms beyond the initial 4 weeks has grown over the course of the pandemic. These individuals may be classified as having post-COVID-19 condition. According to WHO, post-COVID-19 condition is characterized by new or persisting symptoms 12 or more weeks following an initial confirmed or probable COVID-19 infection, and which cannot be explained by another diagnosis.<sup>2</sup> Additional terms that have been used for this condition include long COVID, chronic COVID syndrome, late sequelae of COVID-19, post-acute sequelae SARS-CoV-2 infection (PASC), and long haul COVID.

Post-COVID-19 condition may affect numerous organ systems in the body, including, but not limited to, pulmonary, cardiovascular, neurologic, and musculoskeletal systems.<sup>3</sup> There can also be a wide variety of symptoms. The most reported symptoms associated with post-COVID-19 condition include fatigue, body aches, respiratory difficulties such as shortness of breath, and cognitive and mental health challenges.<sup>3</sup> Post-COVID-19 condition can have notable effects on a person’s well-being and quality of life.<sup>3</sup> Given the sizable number of people who may potentially be affected, the presence of post-COVID-19 condition will have important implications for health systems.

Since the onset of the pandemic, the COVID-19 evidence landscape has evolved rapidly, leading to a substantial amount of literature that continues to grow. Health care decision-makers need to access trustworthy evidence to inform their work, yet the volume of resources has strained their ability to do so.<sup>4</sup> In response to this need, an

international collaborative team of researchers has developed the [COVID-19 Recommendations Map and Gateway to Contextualization](#),<sup>5</sup> a resource that houses the most up-to-date evidence-based guidelines and recommendations about COVID-19 topics. The collaboration includes [Cochrane Canada](#), the WHO Collaborating Center for Infectious Diseases, Research Methods and Recommendations at [McMaster University](#), [Evidence Prime Inc.](#), the [Norwegian Institute of Public Health](#), the [Guidelines International Network](#), and many other institutions or organizations, including CADTH. The COVID-19 Recommendations Map is a living project to which new literature is added as it becomes available.<sup>4</sup> It provides users free access to a comprehensive directory of critically appraised guidelines that covers a broad range of COVID-19–related topics, which includes post–COVID-19 condition.<sup>4</sup>

In July of 2022, CADTH, in collaboration with the WHO Collaborating Centre for Infectious Diseases, Research Methods and Recommendations at McMaster University, Cochrane Canada, and EvidencePrime, Inc developed an online platform dedicated to guidelines and recommendations related to post–COVID-19 condition. The content provided on [this platform](#) draws from the previously described COVID-19 Recommendations Map, which provides guidelines and recommendations related to COVID-19, not just post-COVID.

This report is part of CADTH’s [Condition-Level Review](#) on the post-COVID-19 condition.<sup>6</sup> A Condition Level Review is an assessment of the evidence on a range of health technologies and emerging issues on all aspects of the condition, including prevention, identification, treatment, and management.

### Objective

The objective of this report is to provide a summary of the existing guidelines about post–COVID-19 condition available on the COVID-19 Recommendations Map. The report captures only the guidelines that are available on the map at the time of writing. The information provided is intended to be a high-level summary and is not exhaustive. The source documents for each of the guidelines in this report are included and can be accessed to obtain additional information.

## Research Question

What are the clinical practice guidelines regarding the clinical classification, preventive measures, diagnostic approaches, or treatments for post–COVID-19 condition?

## Methods

Researchers from [Cochrane Canada](#), the WHO Collaborating Center for Infectious Diseases, and [Research Methods and Recommendations at McMaster University](#) used the following methods to identify guidelines to be included on the COVID-19 Recommendations Map.

Researchers performed a daily prefiltered bibliographic database search through OVID and PubMed.<sup>7,8</sup> They also performed a daily Application Process Interface call and web scraping from ECRI Clinical Guidelines, International Database of GRADE Guidelines, National Institute for Health and Care Excellence, WHO, the Center for Disease Control, the Public Health Agency of Canada, and the Guidelines International Network's library.<sup>7</sup> Additionally, researchers conducted a monthly search of grey literature, and involved personal contacts such as researchers, guideline developers, and global groups (e.g., other Cochrane groups) to help identify guidelines.<sup>7</sup> Databases and websites are searched from January 2020 to present.

Researchers then independently and in duplicate screened guidelines captured in the search to ensure they met the eligibility criteria.<sup>7</sup> To be eligible for inclusion, literature could be in any language, include any population group, and be in any form (i.e., new, updated, adapted, rapid, interim, living, recommendations with methods, and recommendations based on earlier guidelines). The literature had to meet the WHO definition of a guideline.<sup>7</sup> Additionally, any COVID-19 topic was eligible for inclusion, including post-COVID-19 condition.<sup>7</sup> The quality of the guidelines was appraised by 2 researchers using the AGREE-II instrument and data was extracted using the GRADEpro tool.<sup>7</sup>

The scores reported in the Quality column of Table 1 to Table 7 reflect the credibility assessment of included guidelines. The credibility of a guideline was assessed using the AGREE-II instrument. Three of the 6 AGREE-II domains are displayed on the COVID-19 Recommendation Map: Scope and Purpose, Rigour of Development, and Editorial Independence. Scope and Purpose relates to how well the guideline's overall objectives, health questions, and population of interest are described.<sup>9</sup> Rigour of Development is concerned with the evidence collection and synthesis process, and the methods by which recommendations are made and updated.<sup>9</sup> Editorial Independence refers to the level of bias or influence of competing interests on the creation of recommendations.<sup>9</sup> Each AGREE-II domain contains several items, and each item is rated on a 7-point scale. Domain scores are calculated based on the ratings for each individual item within the respective domains and reported as a percentage of the total possible score. Scores can range between 0% and 100%. A higher score means that more criteria for the corresponding domain are fulfilled and, according to the AGREE-II tool, the guideline is of higher quality.

## Overall Summary of Findings

As of May 2022,<sup>16,10-24</sup> clinical practice guidelines about the clinical classification, preventive measures, diagnostic approaches, or treatments for post COVID-19 condition were available on the COVID-19 Recommendation Map. The recommendations included in the guidelines spanned 7 different intents (area of focus): diagnosis, health services and systems, infection control, planning and monitoring, screening, treatment and rehabilitation, and vaccination. An overview of guideline details is organized by each intent and can be found in Table 1 to Table 7, respectively. These publications were produced by groups from world regions including North America,<sup>13,16-19</sup> East Asia and the

Pacific,<sup>22</sup> and Europe and Central Asia.<sup>3,10-12,21,24</sup> Guidelines from global groups (i.e., multiple world regions) were also identified.<sup>14,15,20,23</sup>

There were 11 guidelines that included recommendations related to diagnosis (Table 1).<sup>3,12-14,16-19,21-23</sup> Most guidelines were from North America (45.5%) and addressed topics related to physical examinations, laboratory tests, and imaging. Two guidelines included recommendations that specifically considered infants, children, and/or adolescents. Across guidelines, the quality scores for scope and purpose ranged from 50% to 91.7%. The quality scores for rigour of development ranged from 2.1% to 89.6%. The quality scores for editorial independence ranged from 0% to 100%.

There were 5 guidelines that included recommendations related to health services and systems (Table 2).<sup>3,13,14,19,23</sup> Most guidelines were from North America (40%) or global (40%) and addressed the topics of management and patient monitoring. One guideline included recommendations that specifically considered children. Across guidelines, the quality scores for scope and purpose ranged from 55.6% to 91.7%. The quality scores for rigour of development ranged from 2.1% to 89.6%. The quality scores for editorial independence ranged from 0% to 83.3%.

There were 6 guidelines that included recommendations related to infection control (Table 3).<sup>10,12,18,20,22,23</sup> Most guidelines were from Europe and Central Asia (33.3%) or global (33.3%) and addressed topics related to contact precautions (e.g., quarantine, personal protective equipment, handwashing). One guideline included recommendations that specifically considered neonates, and another included recommendations that specifically considered children. Across guidelines, the quality scores for scope and purpose ranged from 36.1% to 83.3%. The quality scores for rigour of development ranged from 2.1% to 74%. The quality scores for editorial independence ranged from 0% to 75%.

There were 6 guidelines that included recommendations related to planning and monitoring (Table 4).<sup>3,15,20,22-24</sup> Most guidelines were from Europe and Central Asia (50%) and addressed topics related to patient monitoring and diagnostic procedures. Two guidelines included recommendations that specifically considered children and/or adolescents. Across guidelines, the quality scores for scope and purpose ranged from 55.6% to 91.7%. The quality scores for rigour of development ranged from 6.3% to 89.6%. The quality scores for editorial independence ranged from 20.8% to 75%.

There were 4 guidelines that included recommendations related to screening (Table 5).<sup>12,18,22,23</sup> Each guideline was from a different world region. Most guidelines addressed topics related to patient examination and tests. Across guidelines, the quality scores for scope and purpose ranged from 55.6% to 83.3%. The quality scores for rigour of development ranged from 2.1% to 74%. The quality scores for editorial independence ranged from 0% to 70.8%.

There were 11 guidelines that included recommendations related to treatment and rehabilitation (Table 6).<sup>3,10-14,16-18,21,22</sup> Most guidelines were from Europe and Central Asia (45.5%) and addressed topics related to pharmacological interventions and follow-up management. Three guidelines included recommendations that specifically considered neonates, infants, children, and/or adolescents. Across guidelines, the quality scores for



scope and purpose ranged from 36.1% to 91.7%. The quality scores for rigour of development ranged from 2.1% to 89.6%. The quality scores for editorial independence ranged from 0% to 100%.

There were 6 guidelines that included recommendations for vaccination (Table 7).<sup>3,12,17-19,23</sup> Most guidelines were from North America (50%) and were on the topic of the COVID-19 vaccine. Two guidelines included recommendations that specifically considered infants, children, and/or adolescents. Across guidelines, the quality scores for scope and purpose ranged from 50% to 91.7%. The quality scores for rigour of development ranged from 2.1% to 89.6%. The quality scores for editorial independence ranged from 0% to 54.2%.

### Recommendations and Additional Data

The data captured in Table 1 to Table 7 are a selection of the information included in the guidelines and are intended to help direct users to literature that may be of use or interest. Each guideline in the tables includes a link to its source document, where more comprehensive information can be found. Additional data are available in the source documents and on the COVID-19 Recommendations Map, including detailed recommendations and interventions, specific target populations, PROGRESS-Plus (place of residence, race/ethnicity/culture/language, occupation, gender/sex, religion, social capital, socioeconomic position, age, disability, sexual orientation, other vulnerable groups) equity factors, and more. Additional information and resources on post-COVID-19 condition are available at CADTH's evidence portal.<sup>25</sup>

### Canadian Guidelines

As of May 2022, 2 Canadian guidelines<sup>13,16</sup> were available on the COVID-19 Recommendations Map. Both guidelines<sup>13,16</sup> included recommendations for the intents of Diagnosis (Table 1) and Treatment and Rehabilitation (Table 6). One guideline<sup>13</sup> also included recommendations for the intent of Health Services and Systems (Table 2).

**Table 1: Summary of Guidelines for Diagnosis**

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">American Academy of Pediatrics</a> <sup>17</sup> (2021)	US, North America	Pediatricians	Infant, child, adolescent	NA	Laboratory test	<ul style="list-style-type: none"> <li>• Scope and purpose: 50%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">Australian National COVID-19 Clinical Evidence Taskforce</a> <sup>22</sup> (2022)	Australia, East Asia, and the Pacific	People caring for and managing those with COVID-19, policy-makers, practice managers, researchers, students	All	NA	<ul style="list-style-type: none"> <li>• Physical assessment</li> <li>• Monitoring for signs and symptoms of infection</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 83.3%</li> <li>• Rigour of development: 74%</li> <li>• Editorial independence: 70.8%</li> </ul>
<a href="#">British Columbia Ministry of Health</a> <sup>13</sup> (2021)	Canada, North America	Family physicians and primary care nurse practitioners	All	NA	<ul style="list-style-type: none"> <li>• IgG antibody to SARS-related coronavirus</li> <li>• Detection of SARS-CoV-2 antibody</li> <li>• Management</li> <li>• Laboratory test</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 69.4%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">CAMFIC</a> <sup>21</sup> (2021)	Spain, Europe, and Central Asia	Health care professionals	All	NA	<ul style="list-style-type: none"> <li>• Physical assessment</li> <li>• Laboratory test</li> <li>• CT</li> <li>• Measurement of respiratory function</li> <li>• History and physical examination with evaluation and management of patient</li> <li>• Mean blood pressure</li> <li>• Monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 72.2%</li> <li>• Rigour of development: 34.4%</li> <li>• Editorial independence: 87.5%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
					<ul style="list-style-type: none"> <li>• Being informed</li> <li>• Management</li> <li>• Full body CT scan</li> </ul>	
<a href="#">Canadian Cardiovascular Society</a> <sup>16</sup> (2021)	Canada, North America	Health care professionals	All	NA	<ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Blood pressure monitoring</li> <li>• Troponin</li> <li>• Electrocardio-graphic procedure</li> <li>• Echocardiography</li> <li>• Imaging</li> <li>• Blood test</li> <li>• Chest imaging</li> <li>• CT</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 83.3%</li> <li>• Rigour of development: 12.5%</li> <li>• Editorial independence: 100%</li> </ul>
<a href="#">CDC</a> <sup>18</sup> (2021)	US, North America	Health care providers	All	NA	<ul style="list-style-type: none"> <li>• Follow-up management</li> <li>• History and physical examination with evaluation and management of patient</li> <li>• Chest imaging</li> <li>• Measurement of respiratory function</li> <li>• Echocardiography</li> <li>• CT</li> <li>• Laboratory test</li> <li>• Troponin</li> <li>• Fibrinogen measurement</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 72.2%</li> <li>• Rigour of development: 5.2%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">CDC</a> <sup>19</sup> (2022)	US, North America	Health care professionals	Adult, adolescent, all	NA	<ul style="list-style-type: none"> <li>• IgG antibody to SARS-related coronavirus</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 61.1%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
					<ul style="list-style-type: none"> <li>• COVID-19 vaccine (general)</li> <li>• Detection of SARS-CoV-2 antibody</li> <li>• Laboratory test</li> <li>• Blood test</li> </ul>	<ul style="list-style-type: none"> <li>• Rigour of development: 11.5%</li> <li>• Editorial Independence: 0%</li> </ul>
<a href="#">German Society of Neurology; German Society of NeuroIntensive and Emergency Medicine; German Society of Otolaryngology, Head and Neck Surgery; German Society of Neurorehabilitation</a> <sup>12</sup> (2021)	Germany, Europe, and Central Asia	Physicians, professional groups, affected persons and their relatives	All	NA	<ul style="list-style-type: none"> <li>• CT</li> <li>• Risk assessment</li> <li>• Platelet count</li> <li>• Personal protective equipment</li> <li>• Therapeutic intent</li> <li>• Continue treatment</li> <li>• Molecular testing</li> <li>• Laboratory test</li> <li>• Physical assessment</li> <li>• Imaging</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 69.4%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">NICE; SIGN; RCGP</a> <sup>3</sup> (2022)	Europe and Central Asia	Health care professionals	All	NA	Monitoring for signs and symptoms of infection	<ul style="list-style-type: none"> <li>• Scope and purpose: 91.7%</li> <li>• Rigour of development: 89.6%</li> <li>• Editorial independence: 54.2%</li> </ul>
<a href="#">Panel of long COVID experts</a> <sup>14</sup> (UK based, name not specified) (2021)	Global	Generalist doctors, mental health care specialists, multidisciplinary teams	All	NA	<ul style="list-style-type: none"> <li>• Electrocardiograph procedure</li> <li>• Troponin</li> <li>• Echocardiography</li> <li>• Monitoring</li> <li>• Chest imaging</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 55.6%</li> <li>• Rigour of development: 14.6%</li> <li>• Editorial independence: 83.3%</li> </ul>
<a href="#">WHO</a> <sup>23</sup> (2022)	Global	Member states	All	NA	<ul style="list-style-type: none"> <li>• Detection of SARS-CoV-2 antibody</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 55.6%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
					<ul style="list-style-type: none"> <li>• Vaccination, COVID-19 vaccine (general)</li> <li>• COVID-19 confirmed</li> <li>• Laboratory test</li> <li>• Molecular testing</li> <li>• Measurement of SARS-CoV-2 antigen</li> </ul>	<ul style="list-style-type: none"> <li>• Rigour of development: 13.5%</li> <li>• Editorial independence: 20.8%</li> </ul>

CAMFIC = Catalan Society of Family and Community Medicine; CDC = Centers for Disease Control and Prevention; IgG = immunoglobulin G; NA = not applicable; NICE = National Institute for Health and Care Excellence; RCGP = Royal College of General Practitioners; SARS = severe acute respiratory syndrome; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2; SIGN = Scottish Intercollegiate Guidelines Network.

**Table 2: Summary of Guidelines for Health Services and Systems**

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">British Columbia Ministry of Health</a> <sup>13</sup> (2021)	Canada, North America	Family physicians and primary care nurse practitioners	All	NA	<ul style="list-style-type: none"> <li>• Monitoring for signs and symptoms of infection</li> <li>• History and physical examination with evaluation and management of patient</li> <li>• Management, protocols</li> <li>• Patients being informed</li> <li>• Patient referral</li> <li>• Risk assessment</li> <li>• Physical assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 69.4%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">CDC</a> <sup>19</sup> (2022)	US, North America	Health care professionals	All	NA	<ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Data collection</li> <li>• Management</li> <li>• COVID-19 vaccine (general)</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 61.1%</li> <li>• Rigour of development: 11.5%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">NICE</a> ; <a href="#">SIGN</a> ; <a href="#">RCGP</a> <sup>3</sup> (2022)	Europe and Central Asia	Health care professionals	All	NA	<ul style="list-style-type: none"> <li>• Screening</li> <li>• Support</li> <li>• Chest imaging</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 91.7%</li> <li>• Rigour of development: 89.6%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
					<ul style="list-style-type: none"> <li>• Consultation</li> <li>• Mental health care</li> <li>• Follow-up management</li> <li>• Monitoring for signs and symptoms of infection</li> <li>• Verbal communication</li> <li>• Patients being informed</li> <li>• Blood pressure monitoring</li> <li>• Management</li> <li>• Laboratory test</li> <li>• Patient referral</li> </ul>	<ul style="list-style-type: none"> <li>• Editorial independence: 54.2%</li> </ul>
<a href="#">Panel of long COVID experts</a> <sup>14</sup> (UK based, name not specified) (2021)	Global	Generalist doctors; mental health care specialists; multidisciplinary teams	Child, adult, all	NA	<ul style="list-style-type: none"> <li>• Multidisciplinary collaboration</li> <li>• Management</li> <li>• Mental health care</li> <li>• Support</li> <li>• Protocols</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 55.6%</li> <li>• Rigour of development: 14.6%</li> <li>• Editorial independence: 83.3%</li> </ul>
<a href="#">WHO</a> <sup>23</sup> (2022)	Global	Member states	All	NA	<ul style="list-style-type: none"> <li>• Laboratory test</li> <li>• Vaccination</li> <li>• COVID-19 vaccine (general)</li> <li>• Management</li> <li>• Health care services</li> <li>• Monitoring</li> <li>• Outbreak investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 55.6%</li> <li>• Rigour of development: 13.5%</li> <li>• Editorial independence: 20.8%</li> </ul>

CDC = Centers for Disease Control and Prevention; NA = not applicable; NICE = National Institute for Health and Care Excellence; RCGP = Royal College of General Practitioners; SIGN = Scottish Intercollegiate Guidelines Network.

**Table 3: Summary of Guidelines for Infection Control**

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">Australian National COVID-19 Clinical Evidence Taskforce</a> <sup>22</sup> (2022)	Australia, East Asia, and Pacific	People caring for and managing those with COVID-19, policy-makers, practice managers, researchers, students	Neonate, adult	Pregnancy	<ul style="list-style-type: none"> <li>• Providing care according to standard</li> <li>• Breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 83.3%</li> <li>• Rigour of development: 74%</li> <li>• Editorial independence: 70.8%</li> </ul>
<a href="#">CDC</a> <sup>18</sup> (2021)	US, North America	Health care providers	All	NA	<ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Face masks</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 72.2%</li> <li>• Rigour of development: 5.2%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">Defence Medical Rehabilitation Centre</a> <sup>10</sup> (2021)	Great Britain, Europe, and Central Asia	Health care providers, patients	All	NA	<ul style="list-style-type: none"> <li>• Personal protective equipment</li> <li>• Preventive procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 36.1%</li> <li>• Rigour of development: 50%</li> <li>• Editorial independence: 75%</li> </ul>
<a href="#">German Society of Neurology; German Society of NeuroIntensive and Emergency Medicine; German Society of Otolaryngology, Head and Neck Surgery; German Society of Neurorehabilitation</a> <sup>12</sup> (2021)	Germany, Europe, and Central Asia	Physicians, professional groups, affected persons and their relatives	All	NA	<ul style="list-style-type: none"> <li>• Isolation</li> <li>• Quarantine</li> <li>• Contact precautions</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 69.4%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">SCMR</a> <sup>20</sup> (2020)	US, global	Health care professionals	Adult, child	NA	<ul style="list-style-type: none"> <li>• Imaging</li> <li>• Protocols</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 58.3%</li> <li>• Rigour of development: 6.3%</li> <li>• Editorial independence: 20.8%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">WHO</a> <sup>23</sup> (2022)	Global	Member states	All	NA	<ul style="list-style-type: none"> <li>• Outbreak investigations</li> <li>• Quarantine</li> <li>• Contact tracing</li> <li>• Contact precautions</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 55.6%</li> <li>• Rigour of development: 13.5%</li> <li>• Editorial independence: 20.8%</li> </ul>

CDC = Centers for Disease Control and Prevention; NA = not applicable; SCMR = Society for Cardiovascular Magnetic Resonance.

**Table 4: Summary of Guidelines for Planning and Monitoring**

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">Australian National COVID-19 Clinical Evidence Taskforce</a> <sup>22</sup> (2022)	Australia, East Asia, and the Pacific	People caring for and managing those with COVID-19, policy-makers, practice managers, researchers, students	Adult, adolescent, child	NA	<ul style="list-style-type: none"> <li>• Assisted ventilation in prone position</li> <li>• Monitoring</li> <li>• Monitoring for signs and symptoms of infection</li> <li>• Monoclonal antibody</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 83.3%</li> <li>• Rigour of development: 74%</li> <li>• Editorial independence: 70.8%</li> </ul>
<a href="#">ESCMID</a> <sup>24</sup> (2022)	Europe and Central Asia	Physicians	Adult	NA	<ul style="list-style-type: none"> <li>• Imaging</li> <li>• Electrocardiograph procedure</li> <li>• Thrombolytic therapy</li> <li>• Anticoagulant prophylaxis</li> <li>• History and physical examination with evaluation and management of patient</li> <li>• Measurement of respiratory function</li> <li>• Blood test</li> <li>• Management</li> <li>• Chest imaging</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 80.6%</li> <li>• Rigour of development: 43.8%</li> <li>• Editorial independence: 75%</li> </ul>



Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">NICE</a> ; <a href="#">SIGN</a> ; <a href="#">RCGP</a> <sup>3</sup> (2022)	Europe and Central Asia	Health care professionals	All	NA	<ul style="list-style-type: none"> <li>• Consultation</li> <li>• Discharge planning</li> <li>• Rehabilitation</li> <li>• Support</li> <li>• Monitoring</li> <li>• Monitoring for signs and symptoms of infection</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 91.7%</li> <li>• Rigour of development: 89.6%</li> <li>• Editorial independence: 54.2%</li> </ul>
<a href="#">SCMR</a> <sup>20</sup> (2020)	US, global	Health care professionals	Child, adult	NA	Imaging	<ul style="list-style-type: none"> <li>• Scope and purpose: 58.3%</li> <li>• Rigour of development: 6.3%</li> <li>• Editorial independence: 20.8%</li> </ul>
<a href="#">WHO</a> <sup>15</sup> (2022)	Europe and Central Asia	Health policy makers	All	NA	<ul style="list-style-type: none"> <li>• Follow-up management</li> <li>• Multidisciplinary collaboration</li> <li>• Protocols</li> <li>• Monitoring</li> <li>• Funding and financial management</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 61.1%</li> <li>• Rigour of development: 13.5%</li> <li>• Editorial independence: 41.7%</li> </ul>
<a href="#">WHO</a> <sup>23</sup> (2022)	Global	Member states	All	NA	<ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Management</li> <li>• Outbreak investigation</li> <li>• Laboratory tests</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 55.6%</li> <li>• Rigour of development: 13.5%</li> <li>• Editorial independence: 20.8%</li> </ul>

ESCMID = European Society of Clinical Microbiology and Infectious Diseases; NA = not applicable; NICE = National Institute for Health and Care Excellence; RCGP = Royal College of General Practitioners; SCMR = Society for Cardiovascular Magnetic Resonance; SIGN = Scottish Intercollegiate Guidelines Network.

**Table 5: Summary of Guidelines for Screening**

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">Australian National COVID-19 Clinical Evidence Taskforce<sup>22</sup></a> (2022)	Australia, East Asia, and the Pacific	People caring for and managing those with COVID-19, policy-makers, practice managers, researchers, students	Adult	NA	Laryngoscopy	<ul style="list-style-type: none"> <li>• Scope and purpose: 83.3%</li> <li>• Rigour of development: 74%</li> <li>• Editorial Independence: 70.8%</li> </ul>
<a href="#">CDC<sup>18</sup></a> (2021)	US, North America	Health care providers	All	NA	<ul style="list-style-type: none"> <li>• History and physical examination with evaluation and management of patient</li> <li>• Telemedicine consultation</li> <li>• Follow-up management</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 72.2%</li> <li>• Rigour of development: 5.2%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">German Society of Neurology; German Society of NeuroIntensive and Emergency Medicine; German Society of Otolaryngology; Head and Neck Surgery; German Society of Neurorehabilitation<sup>12</sup></a> (2021)	Germany, Europe, and Central Asia	Physicians, professional groups, affected persons and their relatives	All	NA	<ul style="list-style-type: none"> <li>• Personal protective equipment</li> <li>• Screening</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 69.4%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">WHO<sup>23</sup></a> (2022)	Global	Member states	All	NA	<ul style="list-style-type: none"> <li>• Detection of SARS-CoV-2 antibody</li> <li>• Laboratory tests</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 55.6%</li> <li>• Rigour of development: 13.5%</li> <li>• Editorial independence: 20.8%</li> </ul>

CDC = Centers for Disease Control and Prevention; NA = not applicable; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2.

**Table 6: Summary of Guidelines for Treatment and Rehabilitation**

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">American Academy of Pediatrics</a> <sup>17</sup> (2021)	US, North America	Pediatricians	Infant, child adolescent	NA	<ul style="list-style-type: none"> <li>• Care of intensive care unit patient</li> <li>• Measurement of respiratory function</li> <li>• Follow-up management</li> <li>• Chest imaging</li> <li>• Consultation</li> <li>• Telemedicine consultation</li> <li>• Patient referral</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 50%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">Australian National COVID-19 Clinical Evidence Taskforce</a> <sup>22</sup> (2022)	Australia, East Asia, and the Pacific	People caring for and managing those with COVID-19, policy-makers, practice managers, researchers, students	Neonate, infant, child, adolescent, adult	Pregnancy, breastfeeding, postpartum, receiving oxygen, receiving ACEIs or ARB, immunosuppressed, asthma, COPD, PIMS-TS, additional risk factors for VTE	<ul style="list-style-type: none"> <li>• Pharmaceuticals and pharmacological therapies</li> <li>• Nutraceutical</li> <li>• Airway management and monitoring</li> <li>• Ventilation</li> <li>• Extracorporeal membrane oxygenation</li> <li>• Patient referral</li> <li>• Management, prophylaxis</li> <li>• Standard precautions</li> <li>• Health care services</li> <li>• Providing care according to standard</li> <li>• Physical assessment</li> <li>• Contraception</li> <li>• Antenatal care</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 83.3%</li> <li>• Rigour of development: 74%</li> <li>• Editorial independence: 70.8%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
					<ul style="list-style-type: none"> <li>• Risk assessment</li> <li>• Vaccination</li> </ul>	
<a href="#">British Columbia Ministry of Health</a> <sup>13</sup> (2021)	Canada, North America	Family physicians and primary care nurse practitioners	All	NA	<ul style="list-style-type: none"> <li>• Management</li> <li>• Patients being informed</li> <li>• Support</li> <li>• Communication interventions</li> <li>• Multidisciplinary collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 69.4%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">CAMFIC</a> <sup>21</sup> (2021)	Spain, Europe, and Central Asia	Health care professionals	All	NA	<ul style="list-style-type: none"> <li>• Providing care according to standard</li> <li>• Continue treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 72.2%</li> <li>• Rigour of development: 34.4%</li> <li>• Editorial independence: 87.5%</li> </ul>
<a href="#">Canadian Cardiovascular Society</a> <sup>16</sup> (2021)	Canada, North America	Health care professionals	All	NA	<ul style="list-style-type: none"> <li>• Consultation</li> <li>• Follow-up management</li> <li>• Management</li> <li>• Continue treatment</li> <li>• NSAIDs</li> <li>• Colchicine</li> <li>• Beta-blocking drugs and vasodilators</li> <li>• Fluid balance regulation</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 83.3%</li> <li>• Rigour of development: 12.5%</li> <li>• Editorial independence: 100%</li> </ul>
<a href="#">CDC</a> <sup>18</sup> (2021)	US, North America	Health care providers	All	NA	<ul style="list-style-type: none"> <li>• Follow-up management</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 72.2%</li> <li>• Rigour of development: 5.2%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
						<ul style="list-style-type: none"> <li>• Editorial independence: 0%</li> </ul>
<a href="#">Defence Medical Rehabilitation Centre</a> <sup>10</sup> (2021)	UK, Europe, and Central Asia	Health care providers and patients	All	NA	<ul style="list-style-type: none"> <li>• Mental health care</li> <li>• Communication interventions</li> <li>• Training</li> <li>• Measurement of respiratory function</li> <li>• Screening</li> <li>• Patient referral</li> <li>• Being informed</li> <li>• Monitoring</li> <li>• Sleep and rest interventions</li> <li>• Rehabilitation</li> <li>• Blood tests</li> <li>• History and physical examination with evaluation and management of patient</li> <li>• Risk assessment</li> <li>• Physical assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 36.1%</li> <li>• Rigour of development: 50%</li> <li>• Editorial independence: 75%</li> </ul>
<a href="#">German Society of Neurology: German Society of NeuroIntensive and Emergency Medicine: German Society of Otolaryngology, Head and Neck Surgery: German Society of Neurorehabilitation</a> <sup>12</sup> (2021)	Germany, Europe, and Central Asia	Physicians, professional groups, affected persons and their relatives	All	NA	<ul style="list-style-type: none"> <li>• Antibiotics</li> <li>• Anticoagulant</li> <li>• Preventive procedure</li> <li>• Monoclonal antibody</li> <li>• Thrombolytic therapy</li> <li>• Physical assessment</li> <li>• Acute care inpatient service</li> <li>• Rehabilitation</li> <li>• Antiviral</li> <li>• Consultation</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 69.4%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
					<ul style="list-style-type: none"> <li>• Health care services</li> <li>• Immuno-suppressant</li> <li>• Immunomodulator</li> <li>• Therapeutic intent</li> <li>• Continue treatment</li> </ul>	
<a href="#">NICE, SIGN, RCGP<sup>3</sup></a> (2022)	Europe and Central Asia	Health care professionals	All, children	NA	<ul style="list-style-type: none"> <li>• Being informed</li> <li>• Traininga</li> <li>• Management</li> <li>• Patient referral</li> <li>• Support</li> <li>• Multidisciplinary collaboration</li> <li>• Health care services</li> <li>• Rehabilitation</li> <li>• Monitoring for signs and symptoms of infection</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 91.7%</li> <li>• Rigour of development: 89.6%</li> <li>• Editorial independence: 54.2%</li> </ul>
<a href="#">Panel of long COVID experts<sup>14</sup></a> (UK based, name not specified) (2021)	Global	Generalist doctors, mental health care specialists, multidisciplinary teams	All	NA	<ul style="list-style-type: none"> <li>• Monitoring</li> <li>• Sleep and rest interventions</li> <li>• Physical assessment</li> <li>• Fluid balance regulation</li> <li>• Rehabilitation</li> <li>• Mental health care</li> <li>• Continue treatment</li> <li>• Management</li> <li>• Food analysis</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 55.6%</li> <li>• Rigour of development: 14.6%</li> <li>• Editorial independence: 83.3%</li> </ul>
<a href="#">Swiss COVID Lung Study Group; SSP<sup>11</sup></a> (2021)	Switzerland, Europe, and Central Asia	Health care professionals, pulmonologists	All	NA	<ul style="list-style-type: none"> <li>• Corticosteroids</li> <li>• Follow-up management</li> <li>• Rehabilitation</li> <li>• Chest imaging</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 66.7%</li> <li>• Rigour of development: 32.3%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
					<ul style="list-style-type: none"> <li>Measurement of respiratory function</li> <li>Multidisciplinary collaboration</li> </ul>	<ul style="list-style-type: none"> <li>Editorial independence: 75%</li> </ul>

AEI = angiotensin converting enzyme inhibitors; ARB = angiotensin receptor blocker; CAMFiC = Catalan Society of Family and Community Medicine; CDC = Centers for Disease Control and Prevention; COPD = chronic obstructive pulmonary disease; NA = not applicable; NICE = National Institute for Health and Care Excellence; NSAID = non-steroidal anti-inflammatory drug; PIMS-TS = Paediatric Inflammatory Multisystem Syndrome; RCGP = Royal College of General Practitioners; SIGN = Scottish Intercollegiate Guidelines Network; SSP = Swiss Society of Pulmonology; VTE = venous thromboembolism.

<sup>a</sup> Training is intended for personnel in the various health care services involved with the management of patients with post-COVID-19.

**Table 7: Summary of Guidelines for Vaccination**

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
<a href="#">American Academy of Pediatrics</a> <sup>17</sup> (2021)	US, North America	Pediatricians	Infant, child, adolescent	NA	COVID-19 vaccine (general)	<ul style="list-style-type: none"> <li>Scope and purpose: 50%</li> <li>Rigour of development: 2.1%</li> <li>Editorial independence: 0%</li> </ul>
<a href="#">CDC</a> <sup>18</sup> (2021)	US, North America	Health care providers	All	NA	COVID-19 vaccine (general)	<ul style="list-style-type: none"> <li>Scope and purpose: 72.2%</li> <li>Rigour of development: 5.2%</li> <li>Editorial independence: 0%</li> </ul>
<a href="#">CDC</a> <sup>19</sup> (2022)	US, North America	Health care professionals	Child, adolescent, adult	Bell palsy, myocarditis, pregnancy, history of dermal filler use, HCT and CAR T-cell recipients, immunocompromised, thrombosis with	<ul style="list-style-type: none"> <li>COVID-19 vaccine (general)</li> <li>COVID-19 mRNA vaccine</li> <li>Counselling</li> <li>Being informed</li> </ul>	<ul style="list-style-type: none"> <li>Scope and purpose: 61.1%</li> <li>Rigour of development: 11.5%</li> <li>Editorial independence: 0%</li> </ul>

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
				thrombocytopenia syndrome, receiving treatment with immunosuppressive or immunomodulatory therapies	<ul style="list-style-type: none"> <li>• Communication interventions</li> <li>• Laboratory test</li> <li>• Consultation</li> <li>• Adverse effects</li> <li>• Blood test</li> <li>• Prophylaxis</li> <li>• Allergic reaction</li> <li>• Vaccination</li> <li>• Breastfeeding</li> <li>• Monitoring</li> <li>• Follow-up management</li> <li>• Management</li> <li>• Infection control</li> <li>• Administration of antipyretic</li> </ul>	
<a href="#">German Society of Neurology</a> ; <a href="#">German Society of NeuroIntensive and Emergency Medicine</a> ; <a href="#">German Society of Otolaryngology, Head and Neck Surgery</a> ; <a href="#">German Society of Neurorehabilitation</a> <sup>12</sup> (2021)	Germany, Europe, and Central Asia	Physicians, professional groups, affected persons and their relatives	All	Epilepsy	COVID-19 vaccine (general)	<ul style="list-style-type: none"> <li>• Scope and purpose: 69.4%</li> <li>• Rigour of development: 2.1%</li> <li>• Editorial independence: 0%</li> </ul>
<a href="#">NICE: SIGN: RCGP</a> <sup>3</sup> (2022)	Europe and Central Asia	Health care professionals	All	NA	<ul style="list-style-type: none"> <li>• COVID-19 vaccine (general)</li> <li>• Patients being informed</li> </ul>	<ul style="list-style-type: none"> <li>• Scope and purpose: 91.7%</li> <li>• Rigour of development: 89.6%</li> </ul>





## Post-COVID-19 Condition Summary of Guidelines

Guideline group	World region	Intended users	Age group	Coexisting conditions	Topic of intervention(s)	Quality
					<ul style="list-style-type: none"><li>• Verbal communication</li></ul>	<ul style="list-style-type: none"><li>• Editorial independence: 54.2%</li></ul>
<a href="#">WHO</a> <sup>23</sup> (2022)	Global	Member states	All	NA	Vaccination, COVID-19 vaccine (general)	<ul style="list-style-type: none"><li>• Scope and purpose: 55.6%</li><li>• Rigour of development: 13.5%</li><li>• Editorial independence: 20.8%</li></ul>

CAR = chimeric antigen receptor; CDC = Centers for Disease Control and Prevention; HCT = hematocrit; mRNA = messenger RNA; NA = not applicable; NICE = National Institute for Health and Care Excellence; RCGP = Royal College of General Practitioners; SIGN = Scottish Intercollegiate Guidelines Network.

## Limitations

There are some limitations to this report that should be noted. This report is meant to provide a high-level summary of the guidelines on post–COVID-19 condition available on the COVID-19 Recommendations Map. As a result, some of the more granular details of these guidelines are not included here and this summary should not be viewed as comprehensive. Details that are available but have not been included in this report can be found on the COVID-19 Recommendations Map. Additionally, unlike the COVID-19 Recommendations Map, this report is not a living document; and, as such, only includes the guidelines available on the COVID-19 Recommendations Map as of May 2022. Similarly, this report may not reflect any updates made to the included guidelines after May 2022. For the most up-to-date information on post-COVID guidelines and recommendations, please visit the CADTH post-COVID [platform](#).

## Conclusions

This report provides a summary of the existing guidelines about post–COVID-19 condition available on the COVID-19 Recommendations Map as of May 2022. It is part of CADTH’s [Condition-Level Review](#) on the post–COVID-19 condition, which also includes resources such as a scoping review on post–COVID-19 condition.

The most common areas of focus addressed by the literature are the diagnosis of post–COVID-19 condition and treatment and rehabilitation for post–COVID-19 condition. These 2 areas of focus are each addressed by 11 different guidelines. Conversely, the area of focus with the least amount of literature is screening for post-COVID-19 condition, which is addressed by 4 guidelines. While some guidelines include recommendations for specific age groups, such as infants, children, and adolescents, most of the guidelines are classified as targeting all age groups, and none of the included guidelines are specifically targeted toward older adults. Similarly, most of the included guidelines do not include recommendations addressing people with coexisting conditions. More guidelines with recommendations targeting specific age groups and people with coexisting conditions may be beneficial to tailoring care to best address the needs of these groups.

Additional data from the included guidelines that is not captured in this report is available in the source documents and on the COVID-19 Recommendations Map.<sup>5</sup> As well, further information and resources on post–COVID-19 condition are available at CADTH’s evidence portal.<sup>25</sup>

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