Supplemental Table 1: Timeline and categories of acute and post-acute COVID-19 as defined by different organizations.

<table>
<thead>
<tr>
<th>System</th>
<th>Name(s) used for post-acute COVID-19</th>
<th>Severity classification of acute COVID-19</th>
<th>Timeline of post-acute COVID-19</th>
<th>Systemic or symptomatic subcategories of post-acute COVID-19</th>
</tr>
</thead>
</table>
| Center for Disease Control and Prevention 1,2 | Post-acute hyperinflammatory illness (PHI); late sequelae (LS) | Mild to moderate: 81%
Mild symptoms up to pneumonia
Severe: 14%
Dyspnea, hypoxia, or more than 50% lung involvement on imaging
Critical: 5%
Respiratory failure, shock, or multiorgan system dysfunction | Week 0: symptom onset
Week 2: PHI includes MIS-C and MIS-A
Week 4: LS | PHI- Viral test (+/-) and antibody (+)
Gastrointestinal, cardiovascular, dermatological/mucocutaneous, respiratory, neurological, musculoskeletal
LS- No characterized profile
Cardiovascular, pulmonary, neurological, and psychiatric |
| National Institute of Health 3 | Long-COVID; post-acute sequelae of COVID (PASC); long haulers | Asymptomatic:
Viral test (+) or antibody (+) symptom (-)
Mild:
Viral test (+) or antibody (+) symptom (+, - dyspnea, SOB, imaging)
Moderate:
Viral test (+) or antibody (+) symptom (+)
(SpO2) ≥ 94% on room air at sea level
Severe:
Viral test (+) or antibody (+) symptom (+)
(SpO2) ≤ 94% on room air at sea level, PaO2/FiO2 < 300 mm Hg, respiratory frequency > 30 breaths/min, or lung infiltrates > 50%
Critical: Viral test (+) or antibody (+) symptom (+) | Sequelae that extend > 4 weeks after initial infection | Fatigue, cardiopulmonary, neuropsychiatric, |
<table>
<thead>
<tr>
<th><strong>World Health Organization</strong>&lt;sup&gt;4&lt;/sup&gt;</th>
<th>Post-COVID condition; chronic COVID syndrome; late sequelae of COVID-19; long COVID; long haul COVID; long-term COVID-19; post-COVID syndrome; post-acute COVID-19; post-acute sequelae of SARS-CoV-2 infection</th>
<th>Mild: exposure (day 0), symptom onset (day 5-6), recovery (week 2)</th>
<th>Any symptom that lasts for weeks to months after recovery from acute illness</th>
<th>Cardiovascular, respiratory, dermatologic, neurologic, psychiatric</th>
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</thead>
<tbody>
<tr>
<td><strong>European Centre for Disease Prevention and Control</strong>&lt;sup&gt;5&lt;/sup&gt;</td>
<td>post-acute COVID-19; chronic COVID-19; sub-acute or ongoing symptomatic COVID-19; post-COVID condition; long COVID</td>
<td>Mild: no hospitalization or advanced care but still symptomatic</td>
<td>Week 0: symptom onset</td>
<td>Respiratory, cardiovascular, neuropsychiatric, endocrine, gastrointestinal, renal, and skin</td>
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<td></td>
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<td>Severe: Prolonged viral shedding, increased viral load, prolonged symptoms more common, requires hospitalization or advanced care</td>
<td>Week 3: post-acute COVID-19</td>
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<tr>
<td></td>
<td></td>
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<td>Week 4 to 12: sub-acute or ongoing symptomatic COVID-19</td>
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<td>Week 12+: chronic COVID-19</td>
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</tr>
</tbody>
</table>

a FiO₂, fraction of inspired oxygen; MIS-A, Multisystem inflammatory syndrome in adults; MIS-C, Multisystem inflammatory syndrome in children; PaO₂, partial pressure of oxygen; SpO₂, oxygen saturation
Supplemental Figure 1: Effect of severe disease and ICU admission on post-COVID symptom prevalence.\textsuperscript{6-10} Images created with open-source images from Canva\textsuperscript{®}(https://www.canva.com)

ICU patients
\begin{itemize}
  \item Dyspnea: 66%
  \item Fatigue: 72%
  \item Pulmonary embolism: 23%
  \item Mood, anxiety or psychiatric disorder: 13%
\end{itemize}

Non-ICU patients
\begin{itemize}
  \item Dyspnea: 43%
  \item Fatigue: 60%
  \item Pulmonary embolism: 15%
  \item Mood, anxiety or psychiatric disorder: 9%
\end{itemize}

\textsuperscript{a} ICU, intensive care unit
Supplemental Figure 2: Triage at time of initial follow-up for post-acute COVID-19. Images created using Microsoft® PowerPoint®

- Symptomatic or hospitalized Post-COVID patient
- Point of care (POC) screening
- Increased work-up
- Referral to specialist

Initial screen

Abnormal POC result

After diagnosis

- EKG, PFT, 6MWT, Pulse Ox, Tilt Table
- Labs: chem 7, CBC, TSH, glucose, D-dimer, coagulation studies, CRP, troponin-T, fecal culture, ESR, COVID-19 serology or PCR
- Other screens: fecal cultures, neuropsychiatric screenings for mood disorder, PTSD, and OCD

Rule out POTS for dizziness and weakness

Rule out SECONDARY infection (mucormycosis)

Manage with standard guidelines

Manage with Post-COVID guidelines

Medications, physical therapy, psychotherapy
Nutrition, individualized exercise programs
Mindfulness, meditation, breathing exercises (pranayama)

Topic is rapidly updating, check for most recent GUIDELINES

a 6MWT, 6-minute walk test; CBC, complete blood count; CT, computerized tomography; EKG, electrocardiogram; ESR, erythrocyte sedimentation rate; MRI, magnetic resonance imaging; OCD, obsessive compulsive disorder; PCR, polymerized chain reaction; PFTS, pulmonary function tests; PTSD, post-traumatic stress disorder; Pulse Ox, pulse oxygen; TSH, thyroid stimulating hormone

References

1. Datta SD, Talwar A, Lee JT. A Proposed Framework and Timeline of the Spectrum of Disease Due to SARS-CoV-2 Infection: Illness Beyond Acute Infection and Public Health

Joshee, 4


