

Q&A document from Ask the Top Doc webinar series

Questions answered by Dr. Estevan Garcia, Chief Medical Officer, Massachusetts Department of Public Health during webinars on January 17 and January 31, 2024.

Current as of 2/14/2024

Long COVID – Treatments

Q: What solutions are there for a person who lost their sense of smell and it never came back for two years? Is there anything that can help with the loss of smell?

A: There's no remedy for this loss of smell right now, but the person should talk with their health care provider or a specialist at a Long COVID clinic to find out if there is a clinical trial or study addressing the loss of smell due to COVID.

Q: Can you discuss treatments for various symptoms associated with Long COVID? Are there any treatments that are for multiple symptoms?

A: There are currently no medications for Long COVID in general, though there is currently research looking at possible options. Right now, treatments are specific to the symptoms, so I recommend that people with Long COVID be treated at a Long COVID clinic, where your care will be coordinated across the specialty areas. Mental health is impacted by Long COVID and should be treated along with your physical health.

Q: If someone has Long COVID, would the updated vaccine assist at all with Long COVID symptoms?

A: Right now, there's not enough data to know if getting the vaccine helps with Long COVID symptoms. This is another area of research that needs to be done.

Q: Is there a list of Long COVID clinics in the state?

A: The list will be part of webpages we're working on putting on the Department of Public Health's website. Until then, talk with your local healthcare professionals and reach out to programs listed in the [HHS Services and Supports for Longer-Term Impacts of COVID-19 document](#).

Q: How long does Long COVID last?

A: It varies from person to person, but it can last a few weeks or as long as a couple of years.

Q: What is the prognosis for people with Long COVID?

A: It is difficult to know because this disease is still relatively new. What we know now is that it certainly can last for years. It can be quite debilitating. Long COVID is now a protected condition under the Americans with Disabilities Act. We are still working on understanding Long COVID. The RECOVER Study (<https://recovercovid.org/>) is being done to help us understand what the prognosis is for Long COVID and to inform medical treatment for it.

Q: Is there an official test needed to access treatment for Long COVID?

A: There's no test at this point that diagnoses Long COVID. That's why it's important to speak with your provider about your symptoms. The CDC has some good tips and guidance on how to talk with your doctor about your Long COVID symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/post-COVID-appointment/index.html>

Q: Does a low inflammatory or low-histamine diet assist with Long COVID symptoms like prolonged coughing?

A: Not that I'm aware of. There's a lot of research going on to find out what things could be helpful, but I'm not aware of that having been studied at this point.

Q: Are breathing exercises effective for Long COVID, and what does that breathwork consist of?

A: A pulmonologist or physical therapist would have a better answer for that. I haven't had experience seeing it used for Long COVID, but I've heard folks feeling like that's helpful in other infections. Certainly, it's important to have the ability to clear mucus and get the pulmonary system working the way that it needs to.

Long COVID – Prevention

Q: Are there studies that compare those with Long COVID who are vaccinated versus those who are not vaccinated?

A: Studies have shown that the vaccine certainly protects from Long COVID, both in adults and children. At least in part, the vaccine protects against Long COVID because it protects against getting the COVID infection in the first place.

Q: What do we know about Long COVID prevalence or symptoms in people who did not have severe COVID?

A: You can absolutely have Long COVID, even from a very mild case of COVID. But if you have a severe case of COVID, you are more likely to develop Long COVID.

Q: Do we know if there are differences for those who got the RNA vaccines versus Novavax in protection from Long COVID?

A: I don't believe there's research completed yet on whether one type of vaccine is more protective against Long COVID. But certainly, that's something researchers will be looking at.

Q: Which age group is most affected by Long COVID?

A: It does seem to be adults, mostly middle-aged. The percentage of children with Long COVID appears to be low, even less than a few percent, as opposed to upwards of 10% for adults.

Q: Are there other risk factors for Long COVID?

A: Severe disease, being unvaccinated, and underlying comorbidities or underlying additional illnesses. Additional risk factors would be not having access to good health care and vaccines, so people in our Vaccine Equity Initiative communities and populations are at greater risk.

Q: What is the science behind how and why additional vaccine doses reduce the risk of Long COVID?

A: The science really speaks to getting vaccinated to prevent COVID infection in the first place, especially serious infections. Every time you get COVID, you can develop Long COVID. So by staying updated on your vaccine and preventing future COVID infections, we can prevent Long COVID. Whether it's your first COVID infection, your second one, or your third one, each of those infections puts you at risk of developing Long COVID.

Q: Is Long COVID contagious?

A: Researchers do not believe that Long COVID is contagious because it occurs after the initial contagious part of the COVID infection.

Long COVID -- Symptoms

Q: Is it considered Long COVID if you lost your sense of smell for a period of time after your initial COVID symptoms resolved, and is it still part of Long COVID if your sense of smell returns but not fully?

A: COVID is multisystem, so if the loss of smell is the only symptom, that probably doesn't meet the definition of Long COVID by itself. But loss of smell can certainly be part of a person's constellation of Long COVID symptoms. There is radiologic evidence of COVID impacting the olfactory bulb in the brain, and for some folks it does take quite some time for their sense of smell to return.

Q: Is there any information regarding anemia in Long COVID?

A: Anemia certainly can be a presenting symptom, but there's not anything specific. You don't have to have a certain degree of anemia. But certainly, anemia can be part of the constellation of symptoms.

Q: Some people who have had coughing also had a fluid or phlegm buildup around the throat area. Have you heard of this before? And could this possibly be Long COVID?

A: I think that's a common symptom with cough. It may be a symptom of Long COVID, but I think you see it in a lot of folks recovering from other upper respiratory illnesses and even pneumonia. So I don't think it's specific to Long COVID by any means, but certainly a common viral presentation.

Q: Is there a special study about individuals who continue to test positive for COVID and how long can it last?

A: I don't know of any studies for individuals who continue to test positive over time, though there may be some. You could check the RECOVER Study website (<https://recovercovid.org/>). In my experience, I've seen people test positive for months, but they were symptom-free.

Long COVID – Prevalence

Q: What's the prevalence of Long COVID in Massachusetts right now, and what are the trends?

A: This has been hard to track because the definition of Long COVID is not standard. I haven't seen any data that looks at Massachusetts specifically, but I wouldn't anticipate that it's different than in any of the other states, where 10% of COVID cases is the ballpark estimate that's used.

There's some belief among scientists that we may see the prevalence of Long COVID declining because the number of severe cases of COVID is declining. And that's because, at this point, almost 100% of individuals in the United States have either had COVID or been vaccinated.

Long COVID links:

- Find and join a RECOVER study: [About the Initiative | RECOVER COVID Initiative](#)
- The U.S. Department of Health and Human Services (HHS) has published a guide of federal programs and recommendations: [HHS: Services and Supports for Longer-Term Impacts of COVID-19 \(PDF\)](#).
- The Centers for Disease Control and Prevention (CDC) offer resources to help you prepare for your appointment:
 - [Patient Tips: Healthcare Provider Appointments for Post-COVID Conditions](#)
 - [Healthcare Appointment Checklist for Post-COVID Conditions \(PDF\)](#)
 - [Español: Lista de verificación para las citas de atención médica por afecciones pos-COVID \(PDF\)](#)
 - [Preparing to Discuss Post-COVID Conditions with a Healthcare Provider \(PDF\)](#)
 - [Español: Cómo prepararse para hablar sobre afecciones pos-COVID con un proveedor de atención médica \(PDF\)](#)

COVID – General information

Q: How does having COVID impact your immune system's ability to protect against other illnesses? Are you more likely to get sick with other illnesses if you have COVID?

A: When you have COVID or another infection, your immune system is spending its resources fighting that specific infection. It is harder for it to fight off new infections, so you are more likely to get sick with other illnesses when you're already sick. That's another reason to stay home and away from other people when you're ill, so that you're not exposed to other infections.

Q: What are the most common variants of COVID-19 currently infecting our communities?

A: The JN.1 subvariant of the BA.2.86 is about 62% of the COVID out there right now, so it is currently the most common. Fortunately, it does not appear to be more severe than past strains and it does respond to the 2023-24 COVID vaccine.

COVID Vaccine

Q: I received a call from a person asking about a new COVID booster that was just released. Is that true? I had not heard of anything new being released lately.

A: The current (2023-24) COVID vaccine that was released in the fall is the most recent COVID vaccine. So if you've had a COVID vaccine since September 12, 2023, you're up to date!

Q: Are there any major or minor side effects from the current (2023-24) COVID vaccine that we know about?

A: Not anything different than the side effects we've seen with past COVID vaccines, which includes the soreness in the arm, and then some people find that the following day they have a little bit of fever or feel a little flu-like. So very safe.

Q: How would you explain the value of vaccination to a person who recently had a mild to moderate case of COVID?

A: I would stress the importance of the vaccine in part by saying that every time you get COVID, there is the possibility of developing Long COVID. And the likelihood of developing Long COVID increases when the case of COVID is more severe. So get the updated vaccine, because even if you do end up getting COVID, you reduce your risk of a severe case and therefore reduce your risk of Long COVID. We have found that the COVID vaccines are very effective.

Q: What timing would you recommend for getting vaccinated after a mild to moderate case of COVID?

A: You should be symptom-free and have recovered before you get your vaccine and could delay your vaccine up to three months.

Q: What is your response to those who are avoiding further COVID 19 vaccines due to concern over adverse reactions and lack of long-term data?

A: I understand the concern, and it's good to have honest conversations about it. What we know is that the COVID vaccine is one of the most thoroughly studied vaccines in the world. The number of doses that have been given across the globe gives a very large body of evidence. Updating the vaccine to match the current strains of the disease is a process we do every year for Flu, and we do it to give the best protection against new strains of COVID, too. Getting COVID or Long COVID, which is so debilitating, is certainly worse than any side effects from the vaccine.

Q: Do you expect the 2024-25 COVID vaccine to be a monovalent like the 2023-24 is? And how will that be decided?

A: The 2024-25 COVID vaccine will be formulated to match whatever variants are circulating, the same way that they figure out how to formulate the annual Flu vaccine. I don't have any direct knowledge of whether it will be a monovalent (covering one strain) or bivalent (covering two strains) or even if an updated vaccine will be needed going into the 2024-25 season. But the prevailing thought is that there will be an annual type of immunization for COVID, just like there is for Flu.

Q: Is the fall COVID vaccine showing effectiveness?

A: Yes, the 2023-24 COVID vaccine is showing effectiveness. It's the right vaccine to have for the variants of COVID that are out there right now.

Q: How long will the current COVID vaccine last?

A: What we know is that the protection against severe illness, hospitalization and death lasts longer than the protection against infection. Though you might still get an infection five months after getting vaccinated from COVID, you've got protection against it being severe.

Q: Are we doing a good job with COVID vaccinations?

A: We've still got work to do. We're doing well compared to the national average, but we need to do better. Nationally, 8% of children have had the 2023-24 COVID vaccination. For adults, the national number is about 19%, and for adults over 65, it's 38%. These are all really low numbers. In Massachusetts, our vaccination rates are higher, but not high enough to prevent extra strain on our health care system. So please keep doing what you're doing to help your communities access COVID vaccinations. We really appreciate it. And it's making a difference for your communities and for all communities across the Commonwealth.

COVID guidelines and regulations

Q: After five days of isolation for somebody with COVID, how many negative tests do you need to have to be safe and not spread it?

A: As long as your symptoms have resolved and it's been five days since onset of symptoms or your first positive COVID test, you do not need to retest but should wear a mask for up to 10 days.

Q: Can you safely return to work if you still have symptoms but no fever?

A: So that the real issue here is if you have symptoms, you shouldn't return to work. That would be the best way to protect yourself and to protect others. If they are the exact same symptoms you had, even without fever, you should stay home. Do not go back to work until you are symptom-free.

Q: Can DPH provide guidelines and support to organizations to have a work environment free from COVID symptoms?

A: The Department has ensured that all hospital systems have a plan in place for when to institute masking. We aren't regulating specific symptoms because there are so many different symptoms that you can have from a COVID infection. We're not regulating whether or not a place of employment can be open or not or folks can go to work or not. We understand that some individuals don't have the opportunity to take a day off. You should stay home when you're ill with COVID or many other infections, but it is difficult at this time to have that as a regulation.

Q: Do you anticipate any future changes to CDC's COVID isolation protocols, or have any ideas of if or when the isolation period may be eliminated?

A: The virus is still prevalent and contagious. If research shows it's safe to come back out into the community earlier, the guidelines will be updated.

RSV

Q: Is RSV more contagious than COVID?

A: RSV and COVID are both very contagious. In fact, just about all children have had RSV by the time they're two years old. RSV is everywhere and everybody gets it.

Q: Does RSV last longer than COVID?

A: RSV tends to last for about a week. On days three and four the symptoms typically start getting worse, days five and six are the worst, and then it's better by day seven. COVID can last longer and can be in the system longer.

Q: Can you get the RSV vaccine if you've had RSV before or if you currently have RSV?

A: Adults aged 60 and above should get one dose of the RSV vaccine each year. If you're 60 or older and you had RSV this respiratory virus season but you didn't get the vaccine, you should wait till you are symptom free and then talk to your doctor about getting the vaccine.

With infants, the recommendation is different. Every baby born between the end of September and March should be getting the vaccine. Babies who are high risk, such as those who have heart

disease or had lung problems because they were born prematurely, usually need an additional dose.

Q: Are the symptoms for COVID and RSV similar in children?

A: The symptoms are very similar. There are quick tests we can do to see if a person has COVID, Flu, or RSV—which are the most common respiratory illnesses we see in the emergency department or doctors’ offices. There are many other viral infections that have similar symptoms but don’t affect people as much—they’re more like the common cold. The benefit of knowing if you’re COVID or Flu-positive is that, depending on a person’s age, there are treatments available.

Q: Do you recommend that people who are immunocompromised be vaccinated for RSV?

A: Right now, there isn’t a recommendation for people under 60 who are immunocompromised, but you should certainly get the RSV vaccine if you're over 60 and immunocompromised. But it’s a conversation people should have with their health care provider.

Q: What are the negative consequences of getting the flu and COVID and RSV vaccines?

A: Like all vaccines, the side effects are minimal. There can be soreness or discomfort in the arms where the shot is given, and people can have flu-like symptoms for the 24 hours after. But after that, you’re protected from severe illness and from spreading the disease to people who are vulnerable.

Flovent

Q: Why was Flovent discontinued?

A: Flovent was discontinued because the manufacturer decided to stop making it.

Q: Is Flovent stronger than Albuterol?

A: Flovent and Albuterol are different types of drugs that do different things. Albuterol is used in the middle of an asthma attack to open up the lungs. Flovent is a “controller” medication, a chronic management medication that helps stabilize the lungs and prevent asthma symptoms, but it doesn't help in the middle of an attack.