

IN REPLY: We thank Millar¹ for taking the time to respond to our article,² which details an evaluation of the Alfred Health post-COVID-19 clinical service established in June 2020. At that time we, like many health services around the world, faced the challenge of providing ongoing clinical management for patients with persistent and debilitating symptoms following SARS-CoV-2 infection, with little evidence to guide service provision or model of care.

As there were no data to guide patient selection, we invited all patients with a diagnosis of COVID-19 who had been managed by our health service (in hospital or in the community) to opt in if they perceived a need for ongoing care. This allowed us to quantify demand, as identified by patients who were affected. Our data confirm that a small proportion (6%) of individuals had persistent symptoms of long COVID that required medical and allied health specialist management. We consider this opt in approach a strength of our report; estimates of ongoing care needs following COVID-19 vary enormously,³ and our data suggest that demand may

be at the lower end of those estimates. As the pandemic progressed and more people with COVID-19 were managed in the community, we adapted to the clinical needs of our patients by accepting referrals from general practice.

We agree that there are limitations to our report, which are inherent in its nature as a service evaluation. We did not aim to provide epidemiological data on the prevalence or characteristics of long COVID; rather, we aimed to document the proportion of our patients following COVID-19 who identified ongoing care needs, and to describe their characteristics.

The recent federal parliamentary inquiry into long COVID⁴ states that “The role of specific long COVID clinics as a resource for primary health providers is very important to allow adequate services for major complications” and calls for the establishment of multidisciplinary long COVID clinics in selected public hospitals. We hope that our experience might be informative for other health services who are seeking to provide care for this small but important group of patients.

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- 1 Millar JL. The Alfred Health post-COVID-19 service, Melbourne, 2020-2022: an observational cohort study [letter]. *Med J Aust* 2024; <https://doi.org/10.5694/mja2.52379>.
- 2 Holland AE, Fineberg D, Marceau T, et al. The Alfred Health post-COVID-19 service, Melbourne, 2020-2022: an observational cohort study. *Med J Aust* 2024; 220: 91-96. <https://www.mja.com.au/journal/2024/220/2/alfred-health-post-covid-19-service-melbourne-2020-2022-observational-cohort>
- 3 Davis HE, McCorkell L, Vogel JM, Topol EJ. Long COVID: major findings, mechanisms and recommendations. *Nat Rev Microbiol* 2023; 21: 133-146.
- 4 Parliament of Australia. Sick and tired: casting a long shadow. Inquiry into Long COVID and Repeated COVID Infections. Standing Committee on Health, Aged Care and Sport, 2023. https://www.aph.gov.au/Parliamentary_Business/Committees/House/Health_Aged_Care_and_Sport/LongandRepeatedCOVID/Report (viewed Feb 2024). ■