



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

COVID-19 Evidence Synthesis: Protocol for an international review of clinical guidelines and models of care for long COVID.

15 September 2022

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About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children, Equality, Disability, Integration and Youth, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.
- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.
- **Regulating health services** — Regulating medical exposure to ionising radiation.
- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.
- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.
- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.
- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the HSE.

Purpose and Aim

The Health Service Executive have requested the Health Information and Quality Authority (HIQA) to undertake an international review of clinical guidelines and or models of care for the diagnosis and management of long COVID. Long COVID is known by several names (for example, post-acute COVID-19, post-acute sequelae of SARS CoV-2 infection, long-term effects of COVID, and chronic COVID). Typically, it refers to a range of post-COVID conditions that people experience after first being infected with SARS-CoV-2. This protocol aims to outline the process by which the health technology assessment (HTA) directorate will undertake this review.

1. Process outline

It is vital that a standardised approach to the process is developed and documented to allow for transparency, aid project management, and mitigate risks that may arise during the project.

Four distinct steps in the process have been identified and will be completed. These are listed below and described in more detail in sections 2.1-2.4.

- 1.** Identify and search relevant data sources.
- 2.** Screen identified documents.
- 3.** Data extraction and quality appraisal of included documents.
- 4.** Summarise findings.

This review will address the following research question (RQ):

What clinical guidelines and or models of care are currently available for the diagnosis and management of long COVID internationally?

2.1 Identify and search relevant data sources

Clinical guidelines and or models of care for long COVID will be identified from the following sources:

- a) organisations

Websites of organisations that produce clinical guidelines, HTA agencies and guideline repositories will be searched for clinical guidelines and or models of care for long COVID. Appendix 1 contains a list of the organisations that will be searched; this list is not exhaustive. In instances where no guidelines and or models of care can be identified in the public domain, organisations may be contacted via email to check for unpublished clinical guidelines or models of care.

b) grey literature

Additionally, a grey literature search will be conducted in grey literature databases (for example, Turning Research into Practice database, Google and Google Scholar) to identify clinical guidelines and or models of care for long COVID; see Appendix 1.

2.2 Screen identified documents

Documents will be eligible for inclusion if they are international, national or regional clinical guidelines and or models of care for the diagnosis and or management of long COVID. Documents will be excluded if they do not meet this criterion (for example, local- or hospital-based clinical guidelines or models of care, will be excluded) or if they are not available in English. Clinical guidelines and or models of care for long COVID will be identified through searching the websites of eligible organisations and through grey literature searching as described in section 2.1. This will be done by one reviewer and identified documents will be reviewed by a second reviewer to confirm their eligibility.

2.3 Data extraction and quality appraisal of included documents

For each clinical guideline and or model of care, data on the country of publication, endorsing organisation and date of publication (including any planned updates) will be extracted. Data on the definition, diagnosis and management of long COVID will also be extracted.

Data extraction will be completed by one reviewer and checked for accuracy and omissions by a second reviewer. Where disagreements occur, discussions will be held to reach consensus and where necessary, a third reviewer will be involved. Data extraction will be conducted in Microsoft Word, using predefined data extraction forms (see Appendix 2). The data extraction forms will be piloted and refined as necessary.

Two reviewers will independently appraise the quality of included clinical guidelines using the Appraisal of Guidelines for Research and Evaluation Global Rating Scale (AGREE GRS) tool.⁽¹⁾ Upon completing the four items on the AGREE GRS, an overall assessment of the guideline will be made regarding the overall quality of the guideline (1=lowest quality, 7=highest quality), taking into account the criteria used in the assessment of the four core items. Reviewers will also rate whether they would recommend the guideline for use in practice and whether they would make use of a guideline of that quality in their own professional decisions (1=strongly disagree, 7=strongly agree); this is in accordance with the AGREE GRS manual.⁽¹⁾

For included clinical guidelines, the publication date and the dates covered by the most recent evidence search will be extracted to inform consideration of the currency of the guideline.⁽²⁾

2.4 Summarise findings

A summary of the clinical guidelines and or models of care currently available for the diagnosis and management of long COVID internationally will be compiled and compared with the current interim model of care for long COVID in Ireland.

3 Quality assurance process

The review question will be undertaken in accordance with HIQA's HTA directorate's Quality Assurance Framework and led by an experienced member of the team. The report will be reviewed by two senior members of the team, to ensure processes are followed and quality is maintained.

4 Review and update

Given the rapidly changing environment, this protocol will be regarded as a live document and amended when required to ensure it reflects any changes made to the outlined processes; amendments will be documented in the version history.

References

1. Brouwers MC, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G, et al. The global rating scale complements the AGREE II in advancing the quality of practice guidelines. *J Clin Epidemiol* 2012;65:526-34.
2. The ADAPTE Collaboration (2009). The ADAPTE Process: Resource Toolkit for Guideline Adaptation. Version 2.0. Available from: <https://g-i-n.net/document-store/working-groups-documents/adaptation/adapte-resource-toolkit-guideline-adaptation-2-0.pdf> Accessed: August 04, 2022.

Appendix 1: Search Strategies

Organisation search

| Organisation name | Organisation URL |
|---|---|
| Australia | |
| Australian National Health and Medical Research Council | https://www.nhmrc.gov.au/ |
| Australian Government, Department of Health and Aged Care | https://www.health.gov.au |
| Royal Australian College of General Practitioners | https://racgp.org.au |
| Austria | |
| Austrian Society of General and Family Medicine | https://oegam.at |
| Federal Ministry of Education, Science and Research | https://www.bmbwf.gv.at |
| Belgium | |
| Belgian Health Care Knowledge Centre | https://kce.fgov.be/en |
| Canada | |
| Canadian Agency for Drugs and Technologies in Health | https://www.cadth.ca/ |
| Government of Canada | https://www.canada.ca/en |
| McMaster GRADE centre | https://cebgrade.mcmaster.ca/ |
| Royal College of Physicians and Surgeons of Canada | https://www.royalcollege.ca/ |
| Denmark | |
| Danish Health Authority | https://www.sst.dk/en/English |
| Estonia | |
| Estonian Health Insurance Fund | https://www.haigekassa.ee/en |
| Ravijuhend | https://www.ravijuhend.ee/ |
| Finland | |
| Finnish Institute for Health and Welfare | https://thl.fi/fi/ |
| France | |
| Haute Autorite de Sante | https://has-sante.fr/ |
| Germany | |
| Association of the Scientific Medical Societies | https://www.awmf.org/en/awmf.html |
| Federal Ministry of Health | https://www.zusammengedengcorona.de/en/ |
| Italy | |
| Instituto Superiore di Sanita | https://www.iss.it/ |
| Netherlands | |
| Government of the Netherlands | https://www.rijksoverheid.nl/ |
| Ministry of Health, Welfare and Sport | https://www.government.nl/ministries/ministry-of-health-welfare-and-sport/ |
| New Zealand | |
| Ministry of Health | https://www.health.govt.nz |
| New Zealand College of Public Health Medicine | https://nzcphm.org.nz/ |
| The Best Practice Advocacy Centre New Zealand | https://bpac.org.nz/guidelines/ |
| Norway | |
| Norwegian Institute of Public Health | https://www.fhi.no |
| Singapore | |
| Ministry of Health | https://www.moh.gov.sg |
| Spain | |
| CAMFIC, Catalan Society of Family and Community Medicine, Catalonia | https://camfic.cat/ |
| Sweden | |
| National Board of Health and Welfare | https://www.socialstyrelsen.se/en/regulations-and-guidelines/national-guidelines/ |
| Public Health Agency of Sweden | https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/ |

| | |
|--|---|
| Switzerland | |
| Federal Office of Public Health | https://www.bag.admin.ch/bag/de/home.html |
| Swiss Centre for International Health | https://swisstph.ch/en/about/scih |
| UK | |
| Health Protection Scotland, Scotland | https://www.hps.scot.nhs.uk/ |
| National Institute for Health and Care Excellence, UK | https://www.nice.org.uk/ |
| Scottish Intercollegiate Guidelines Network, Scotland | https://www.sign.ac.uk/ |
| Public Health Agency of Northern Ireland, Northern Ireland | https://www.publichealth.hscni.net/ |
| Royal College of General Practitioners, UK | https://rcgp.org.uk/ |
| USA | |
| Agency for Healthcare Research and Quality | https://www.ahrq.gov/ |
| American College of Physicians | https://www.acponline.org |
| Centers for Disease Control and Prevention | https://www.cdc.gov/ |
| National Academy of Medicine (previously known as the Institute of Medicine) | https://nam.edu/about-the-nam/ |
| International | |
| Australasian Faculty of Public Health Medicine | https://www.racp.edu.au/ |
| European Network for Health Technology Assessment | https://www.eunethta.eu/ |
| European Centre for Disease Prevention and Control | https://www.ecdc.europa.eu/en |
| Guidelines International Network | https://g-i-n.net/ |
| World Health Organization | https://www.who.int/ |

Grey literature search

A comprehensive grey literature search will be conducted to find relevant clinical guidelines and models of care. Established grey literature databases including, Turning Research into Practice database (<https://www.tripdatabase.com/>), Google and Google Scholar will be searched. Additionally, websites that have COVID-19 collections (namely, Epistimonikos, BMJ Best Practice and the WHO COVID-19 Database) will be searched.

Appendix 2: Data extraction templates

Table 1 Data extraction template for guidelines and recommendations relating to general long COVID

| | |
|--|--|
| Country | |
| Endorsing Organisation | |
| Title | |
| Date published | |
| National or regional guideline | |
| Update(s) planned (including dates) | |
| Definition of long COVID used in the guideline | |
| Recommendations for diagnosis of long COVID | |
| Recommendations for treatment and or management of long COVID | |

Table 2 Data extraction template for guidelines and recommendations relating to specific long COVID sequelae

| | |
|--|--|
| Country | |
| Endorsing Organisation | |
| Title | |
| Date published | |
| National or regional guideline | |
| Update(s) planned (including dates) | |
| Specific long COVID sequelae referred to | |
| Definition used in the guideline | |
| Recommendations for diagnosis of the specific long COVID sequelae | |
| Recommendations for treatment and or management of the specific long COVID sequelae | |

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