A negative test may be a false negative with rates up to 30%; a positive test does not mean that the patient is infectious and shedding active virus.[5] Until more reliable markers of infectivity are found, we recommend modifying the discharge criteria to state that patients who have recovered from COVID-19 can be discharged to a LTCF if it is 10 days after their first positive swab or 10 days after clear symptom onset; with exceptions being those who are heavily immunosuppressed (transplant patients or those with severe genetic immunodeficiencies) as shown in Table 1. This is simple and more in line with the UK's self-isolation guidance for those who test positive for COVID-19 in the community, as well as the most recent World Health Organization guidance and should be continuously updated.[6,7] ■

WAKANA TERANAKA
Specialist registrar in geriatric medicine, Newham University Hospital, London, UK

DANIEL PAN
Academic clinical fellow in infectious diseases, Leicester Royal Infirmary, Leicester, UK and University of Leicester, Leicester, UK

References

1 Graham NSN, Junghans C, Downes R *et al*. SARS-CoV-2 infection, clinical features and outcome of COVID-19 in United Kingdom nursing homes. *J Infect* 2020;81:411–9.
2 Public Health England. *COVID-19: guidance for stepdown of infection control precautions within hospitals and discharging COVID-19 patients from hospital to home settings*. GOV.UK, 2020. www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-control-precautions-within-hospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings [Accessed 06 November 2020].
3 Meyerowitz E, Richterman A, Ghandhi R, Sax P. Transmission of SARS-CoV-2: a review of viral, host, and environmental factors. *Ann Intern Med* 2020:M20-5008.
4 Guetl K, Moazedi-Fuerst F, Rosskopf K *et al*. SARS-CoV-2 positive virus culture 7 weeks after onset of COVID-19 in an immunocompromised patient suffering from X chromosome-linked agammaglobulinemia. *J Infect* 2020 [Epub ahead of print].
5 Woloshin S, Patel N, Kesselheim A. False negative tests for SARS-CoV-2 infection - Challenges and Implications. *N Engl J Med* 2020:S0163-4453(20)30684-8 [Epub ahead of print].
6 World Health Organization. *Criteria for releasing COVID-19 patients from isolation*. WHO, 2020. www.who.int/publications/i/item/criteria-for-releasing-covid-19-patients-from-isolation [Accessed 06 November 2020].
7 Department of Health and Social Care. *Statement from the UK chief medical officers on extension of self-isolation period: 30 July 2020*. GOV.UK, 2020. www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-extension-of-self-isolation-period-30-july-2020 [Accessed 06 November 2020].

Persistent fatigue in patients with COVID-19

DOI: 10.7861/clinmed.Let.21.1.3

Editor – We read with interest the review by Sullivan who described the long-term sequela of patients who acquired severe acute respiratory syndrome coronavirus infection and Middle East respiratory syndrome coronavirus infection.[1] Based on the previous experiences with the two epidemics, the author suggested that patients who recovered from COVID-19 may also suffer from the similar long-term complications which include cardiopulmonary sequelae and fatigue.

We wish to discuss the condition of persistent fatigue following the recovery of COVID-19. In fact, available studies have reported fatigue as the most prevalent symptom that persists in patients who recovered from COVID-19, which has now been termed as 'long COVID'. An Italian study of 179 patients reported that 87.4% of patients had persistence of at least one symptom in 60 days after their initial COVID-19 diagnosis, with fatigue being the most prevalent symptom (53.1%).[2] Likewise, Townsend *et al* which evaluated 128 patients who recovered from the acute phase of COVID-19 reported persistent fatigue in 52.3% of patients at 10 weeks after initial symptoms.[3] Moreover, an analysis of data from 4,182 incident cases of COVID-19 logged in the COVID Symptom Study app revealed that 13.3% of cases had symptoms lasting >28 days, with fatigue being the most commonly reported symptom (97.7%) among those who had long COVID.[4]

We agree with Sullivan that clinicians will need to monitor for long-term complications in patients who recover from COVID-19, especially persistence of fatigue.[1] In patients who are particularly troubled with persistent fatigue, drug therapy including glucocorticoids and methylphenidate could be offered on a case-by-case basis after evaluating risks and benefits. A double-blind, randomised, placebo-controlled trial of 25–35 mg/day of oral hydrocortisone for 12 weeks in 70 patients with chronic fatigue syndrome (CFS) showed modest improvement at the expense of adrenal suppression.[5] In another randomised crossover trial, improvement in fatigue level was observed in response to 5–10 mg/day of hydrocortisone among 32 CFS patients.[6] A double-blind, randomised, placebo-controlled crossover study of 60 CFS patients evaluated treatment with methylphenidate (10 mg twice daily) compared with placebo and reported clinical improvement in 17% of patients.[7] ■

CHIA SIANG KOW
Research fellow, International Medical University, Kuala Lumpur, Malaysia

SYED SHAHZAD HASAN
Senior research fellow, University of Huddersfield, Huddersfield, UK and University of Newcastle, Callaghan, Australia

References

1 O'Sullivan O. Long-term sequelae following previous coronavirus epidemics. *Clin Med* 2021;21:e68–70.
2 Carfì A, Bernabei R, Landi F, Gemelli Against COVID-19 Post-Acute Care Study Group. Persistent symptoms in patients after acute COVID-19. *JAMA* 2020;324:603–5.
3 Townsend L, Dyer AH, Jones K *et al*. Persistent fatigue following SARS-CoV-2 infection is common and independent of severity of initial infection. *PLoS One* 2020;15:e0240784.
4 Sudre CH, Murray B, Varsavsky T *et al*. Attributes and predictors of long-COVID: analysis of COVID cases and their symptoms collected by the COVID Symptoms Study app. *medRxiv* 2020.10.19.20214494.
5 McKenzie R, O'Fallon A, Dale J *et al*. Low-dose hydrocortisone for treatment of chronic fatigue syndrome: a randomized controlled trial. *JAMA* 1998;280:1061–6.
6 Cleare AJ, Heap E, Malhi GS *et al*. Low-dose hydrocortisone in chronic fatigue syndrome: a randomised crossover trial. *Lancet* 1999;353:455–8.
7 Blockmans D, Persoons P, Van Houdenhove B, Bobbaers H. Does methylphenidate reduce the symptoms of chronic fatigue syndrome? *Am J Med* 2006;119:167.e23–30.