

Peer Review Report

Review Report on An overview of Long COVID support services in Australia and international clinical guidelines, with a proposed care model in a global context

Review, Public Health Rev

Reviewer: Eva Pagano

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EVALUATION

Q 1 Please summarize the main theme of the review.

The article consists of three main components: a review of Australian and international guidelines regarding Long COVID; an analysis of the services provided in Australia for patients affected by Long COVID; and a proposal for a model to enhance future services. This proposal is based on the findings from the previous two steps and the identification of gaps between them.

Q 2 Please highlight the limitations and strengths.

The study has a significant limitation in that the final proposal is only partially supported by the results obtained in the previous two steps. The involvement of individuals with Long COVID in the discussion is not directly derived from the research findings mentioned earlier. Furthermore, the reference to the potential role of artificial intelligence is unclear and irrelevant to the study's results. Its mention in the Conclusion section may lead to a misleading interpretation of the study's contribution to scientific knowledge.

In addition, the proposal primarily focuses on the organizational aspects of the services to be provided, but it lacks a quantitative component. There is no mention of the epidemiological need or the required scale of the service to address Long COVID. These factors are crucial in understanding the affordability of establishing a network of Long COVID clinics and assessing its potential cost-effectiveness. Given that three services in Australia were terminated due to funding constraints, ensuring economic sustainability becomes a relevant consideration in the proposal.

Other limitations are correctly described by the authors in Discussion.

Q 3 Please provide your detailed review report to the authors, structured in major and minor comments.

The main suggestion is to revise the discussion to be more consistent with the results of the analyses. All the reference to pre-COVID and first period of treatment after infection should be avoided as outside the focus of the present article. As consequence sentences in pag 7 from row 284 to 299 should be removed or highly condensed to provide only a brief mention of the reported aspects. The same is suggested for the paragraph "The role of people with Long COVID" that is only partially connected with the results. Conclusions should be strictly related to the results.

Minor comments:

Pag 2, row 51. Better reference to a generic "need of people affected by Long COVID" rather than to Australians as needs are not related to nationality.

Pag 3, Data extraction. Useful to specify better methods for data extraction, such as usage of a data extraction form and type of information extracted. In case, I suggest to attach it in supplementary material.

Pag 3, rows 123–126. Authors declare that two Canadian guidelines were not included as not country but provincial level specific. This is not a reasonable selection criteria if the guideline are of good quality as a provincial or regional health care system can have the same organizational characteristics as a national one. The matter should be the quality and not the geographical coverage.

Pag 5, ref to Table 3. Unclear calculation of percentages. If analysed services are overall 16, 67% are 10.7 and not an integer as expected. Probably I am missing something. Could you please clarify?

Pag. 8 row 330–334. The adoption of the recommendation of 4 weeks rather than 12 has relevant consequences in terms of activity levels and costs. The best would be to choose based on cost-effectiveness evidence (probably lacking). Please briefly discuss motivation and consequences of this choice.

Pag. 8 row 342. Services included should be 16. Is this a typo?

PLEASE COMMENT

Q 4 Does the reference list cover the relevant literature adequately and in an unbiased manner?

Guidelines included in the review were adequately selected, except for the exclusion criteria on the territorial coverage discussed above.

Q 5 Does this manuscript refer only to published data? (unpublished data is not allowed for Reviews)

Yes.

Q 6 Does the manuscript cover the issue in an objective and analytical manner

No.

Q 7 Was a review on the issue published in the past 12 months?

Yes.

Q 8 Does the review have international or global implications?

Yes, even if the service analysed Australian.

Q 9 Is the title appropriate, concise, attractive?

As the authors propose a model for enhancing Long COVID services, this should be described better in the title. I would suggest to change “implications” in “proposal” or something similar.

Q 10 Are the keywords appropriate?

Not reported.

Q 11 Is the English language of sufficient quality?

Yes, but I am not a native speaker.

Q 12 Is the quality of the figures and tables satisfactory?

Yes.

QUALITY ASSESSMENT

Q 13 ➤ Quality of generalization and summary

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Q 14 ➤ Significance to the field

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Q 15 ➤ Interest to a general audience

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Q 16 ➤ Quality of the writing

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REVISION LEVEL

Q 17 ➤ Please take a decision based on your comments:

Major revisions.