

In sum, our data suggest that neuropsychologic post-COVID symptoms like chronic fatigue and depression seem to be more frequently compared with other infections and are not only restricted to severe cases. Outpatients must be included into post-COVID care programs.

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### The author replies:

It was interesting to read through the letter by Reuken et al (1). The authors elegantly described their work about the prevalence of neuropsychologic symptoms affecting patients who recovered from mild-to-severe coronavirus disease 2019 (COVID-19). Furthermore, they compared these descriptive findings to patients who recovered from Sepsis enrolled in a German sepsis cohort. Interestingly, the authors found that those patients who suffered COVID-19 had a higher rate of chronic fatigue and depression.

We also appreciate the author's comments about our study (2) published recently in *Critical Care Medicine*. Still, it is essential to highlight that the objective of our report was to describe the frequency of symptoms affecting the core domains of the postintensive care syndrome (PICS) in patients who had critical illness related to severe COVID-19. PICS is now a well-recognized clinical condition, defined as the presence of any impairment affecting the physical, psychiatric, or cognitive domains resulting from critical illness (3). Similar to the report done by Reuken et al (1), we found that patients who suffered COVID-19 had a high rate of psychiatric manifestations; however, we additionally identified an increased frequency of physical impairments (1, 2).

To date, there have been several observational and case series, studies, and multiple reports from patient advocacy groups that have suggested that patients who suffered even a relatively mild COVID-19 infection may experience a wide range of symptoms after recovery from the acute illness (4, 5). This constellation of symptoms which has adopted multiple terms, including "Post-Acute COVID-19," "long COVID," and "post-COVID syndrome," appears to have multisystem involvement and typically includes fatigue, dyspnea, chest pain, and additional psychologic and cognitive symptoms, similar to PICS (3, 5).

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Currently, healthcare professionals caring for patients who recovered from acute COVID-19 have an essential role in investigating and managing ongoing or new symptoms and monitor organ-specific complications that developed during critical illness. We agree with the conclusion by Reuken et al (1) that even patients who suffered from the mild form of the COVID-19 infection spectrum and are affected by postacute COVID-19 need to have outpatient comprehensive multidisciplinary care.

We believe that COVID-19 should be recognized as a chronic disease, so appropriate resources are allocated for rehabilitation interventions, neuropsychologic assessment, and long-term monitoring of symptoms to address this condition's sequelae, improve quality of life, and facilitate the return to pre-COVID functional status. PICS and postacute COVID-19 seem to share a similar clinical presentation; however, we require further research to characterize different clinical phenotypes associated with this clinical entity.

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# Aerosol Generating Procedure, Aerosol, and Personal Protective Equipment: The Link Is Still Missing

To the Editor:

We read with interest the meta-analysis by Chan et al (1). The authors took the data from studies with very different designs at face value and joined two distinct hypotheses, namely aerosol generating procedure (“AGP”) producing infection and personal protective equipment (PPE) reducing infection in “AGP”, concluding that full PPE must be always encouraged even when the aerosol exposure risk is small. Although we do not dispute the importance of PPE, a blanket grouping of these activities as “AGP” without clinical context does not further our understanding regarding why these procedures are high risk and how to best protect healthcare workers (HCWs).

First, most shortlisted literature had various objectives, recruiting heterogeneous subjects and adopting different methodologies—many being retrospective questionnaires/interviews: not ideal for exploring causation. In the analysis on PPE use, all selected studies included HCW not involved in “AGP”. Consequently, the results do not best apply to “AGP” scenarios, which is what the authors originally intended to investigate.

At the beginning of this pandemic, little was known about coronavirus disease 2019. Most recommendations extrapolated the observations from severe acute respiratory syndrome/Middle East Respiratory Syndrome (2), assuming procedures like intubation and cardiopulmonary resuscitation (CPR)-generated

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