Stage I - No detectable cognitive deficits attributable to COVID-19 infection

- Most individuals in the population with a confirmed (or questionable) history of COVID-19 would fit into this stage. Reasons for individuals to see a neuropsychologist:
  - Other neurological factors unrelated to COVID-19 cause cognitive dysfunction.
  - A history of mild, asymptomatic, or questionable COVID-19 infection may have other external incentive. Alternatively, they may misattribute normal variations in cognition to COVID-19.
Model for Cognitive Dysfunction in COVID-19

Stage II - Mild cognitive symptoms attributable to COVID-19 infection and/or treatment

- Individuals with prolonged ventilator and/or ICU treatment who are experiencing generally mild cognitive deficits
  - Able to maintain most or all functional abilities and activities of daily living.
  - May have returned to work but are receiving feedback about declining work performance, for example.
Model for Cognitive Dysfunction in COVID-19

Stage III - Moderate to severe cognitive symptoms attributable to COVID-19

- More severe cognitive dysfunction attributable COVID-19 and associated complications, including hypoxia, ARDS, stroke, etc.
- Difficulty with activities of daily living.
- Unlikely to have returned to work, driving, or to be independent.
- If they have returned to independence, there will likely be questions about whether they can maintain independence.
Let’s remember there is really good news—Polack et al., 2020 NJEM

Vaccine efficacy of 95% (95% credible interval, 90.3 – 97.6%)