

COVID-19 “long-hauler” phenomenon presents in children and teens as schools reopen against expert advice

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As schools reopening across the globe result in catastrophic consequences in the spread of COVID-19, Facebook groups and recent articles showcase the stories of children and adolescents who continue to have extended and often debilitating symptoms weeks to months after an initial COVID-19 infection.

In May, adults began reporting persistent and sometimes debilitating symptoms weeks to months after their initial COVID-19 infection. They gathered on social media and began to call themselves “long-haulers.” They demanded that the condition receive attention from the scientific community and published a patient-led research paper on the condition.

Formal research on the subject of long-haulers is slim and in pediatric long-haulers there are only a few studies and surveys percolating.

Existing research on post-viral illnesses following previous viral outbreaks such as SARS suggest that roughly 5-10 percent of adults infected could experience extended symptoms. Data from an Italian study published in JAMA showed that only 12.6 percent of patients hospitalized with COVID-19 reported being symptom-free after 60 days.

The CDC also published results from a survey of symptomatic adults who had a positive outpatient test result for COVID-19, which showed that 35 percent of participants had not returned to their baseline health 2-3 weeks after testing. Physicians from a hospital in Paris, France recently reported seeing roughly 30 long-haulers per week beginning in mid-May. All of the above studies showed that even those with no previous health issues who had mild initial infections could become long-haulers.

The evidence in children is only anecdotal, but during a time of a quickly developing, unprecedented pandemic, this type of evidence should not be discounted. The first murmurings of extended COVID-19 symptoms in adults were discussed on Facebook groups that quickly swelled to contain a collective membership in the tens of thousands.

On the Facebook group “COVID-19 Long-Haulers Discussion Group”—a group with 9,600 members—parents participate in a thread on long-hauler symptoms in their children. The discussion thread has hundreds of comments through which parents describe their children’s symptoms and offer advice to others.

Parents share a sense of helplessness as they watch their children grow weak and stop participating in activities they once loved. Others describe watching their children faint from low blood pressure or cry from new onset anxiety. Below are several comments, each from different mothers, that illuminate the struggle with this phenomenon. Their names have been removed for their privacy.

- “Both of my kids and I have had post-COVID symptoms. Fever, sore throat, GI issues, aches, exhaustion. On month three now; [my kids] are starting to have more energy and fewer fevers, but they still have symptoms.”

- “My daughter has been sick for almost three months. The GI issues and the anxiety are the worst part. I just don’t know how to help her. She just turned nine.”

- “Two of my kids are having long-hauler symptoms. They are eleven and eight and they both have hypoglycemia issues now and they are tired all the time. They seem pale to me. My eight year old told me today that the back of his neck and shoulders hurt and he sometimes feels a sharp pain run through his brain. My heart breaks because I have had long-hauler symptoms too and I know how he feels and I don’t want him to feel anything like it.”

- “My daughter has lost thirty pounds, she has heart problems, she has joint swelling and pain, she spends four hours a week at therapy, she has weird infections, she fights fatigue daily, she has brain fog. I just found out yesterday that she has a weak heart with a constant rapid heart rate. She just hasn’t been the same.”

- “My kiddo couldn’t believe all the little kids going to school this morning. She started crying for them. She doesn’t understand why the kids are going to school when

they can end up like her. I wonder how many kids are like ours? Not much mention of them. All you ever hear is [covid is] not that bad for kids.”

A recent *New York Times* article profiled a 12-year-old girl who fell ill with COVID-19 in March and still has symptoms. She describes having chest pain, fatigue, dizziness and difficulty concentrating. While she now attends some in-person classes at school, she is unable to walk her usual 15-block commute and still doesn't have the energy for once-loved extracurriculars. The same article tells the story of a 19-year-old former collegiate track and cross country runner who still has severe respiratory symptoms, and a 14-year-old girl, struggling with severe fatigue, who told the *New York Times*, “The future is not looking too bright for me personally.”

The concept of viral infections inducing chronic or post-viral illness is not new. Previous studies of illnesses like SARS and Epstein-Barr show long recovery periods that sometimes turn into life-long chronic medical conditions. While it is too early to tell exactly what long-haulers are suffering from, some physicians agree that the clinical course appears to mirror conditions like Postural orthostatic tachycardia syndrome (POTS) and Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS).

POTS is a dysregulation in the body's ability to coordinate the act of blood vessel squeeze and heart rate response. As a result, blood pressure cannot be kept stable and the heart compensates, often beating quickly in an effort to raise blood pressure, especially during position changes. This can be a chronic condition, with varying levels of severity, the worst of which leaves people reliant on wheelchairs.

ME/CFS is a disabling and complex illness that requires much more research. It appears to affect all body systems and is life-altering, confining many to bed for months to years. There is no known cure and symptoms are vast and varied, and include fatigue, brain fog (forgetfulness, difficulty concentrating, difficulty word finding) and chronic pain.

Both conditions, especially ME/CFS, are frequently written off as psychological conditions. Patients are sent home with prescriptions for anti-anxiety medication and told it is all in their heads. Those who seek second opinions or repeat medical visits are chastised or labeled as drug-seeking. Many in the chronic illness community refer to this dismissiveness from medical professionals as “medical gaslighting” and studies show it can cause trauma or even medical PTSD in some patients. Medical gaslighting is also a common experience among long-haulers.

The stories of families and children dealing with continued COVID-19 symptoms are even more heartbreaking in the context of new data released by the American Academy of

Pediatrics. The October 19 report revealed two particularly crucial pieces of data that run contrary to the lies peddled by the mainstream media and government officials that COVID-19 is not harmful for children.

Results from the report show that children represent approximately 10.9 percent of all COVID-19 cases, a figure that encompasses a total number of 741,000 recorded positive test results since January. This result is derived from data from 49 states as well as New York City, Washington D.C., Guam and Puerto Rico. Results also show that from October 1 to October 15 there were 84,319 new child cases reported, a figure which represents a 13 percent increase in child cases over two weeks.

Limitations in this data collection included differing definitions of “child” in each state ranging from 0-14 to 0-20 years. In addition, there is no universal, national format or metrics for reporting COVID-19 cases, so this differs substantially by state. Lack of sufficient testing, especially in the beginning of the pandemic, also warps the data and leads to underestimates of infections.

The American Academy of Pediatrics data continue to show low mortality rates in children. According to this report, 120 children have died from COVID-19. However, COVID-19 deaths across all ages are likely underreported.

Any death or any child saddled with chronic illness is unacceptable. Both are tragedies that could have been avoided with online learning, adequate personal protective equipment for teachers, longer shutdowns and a rational, science-based approach to school reopenings.

The drive to reopen schools is part of a global campaign by the ruling elite—both Republican and Democrat—who are intent on reopening schools and accelerating the spread of the pandemic in the name of “herd immunity.” The Democratic Party and its backers in the teachers unions are in full agreement with the campaign to reopen schools. Their only difference with the Trump administration is that, instead of using blunt force, they advance the fraudulent claim that reopening schools can be done “safely,” with cosmetic safety measures.



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