

# Long COVID symptoms impact significant numbers half a year after the acute phase

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Many people are marking the first anniversary of their COVID-19 infection. What is remarkable is that chronic issues termed post-viral syndrome or Long COVID continue to plague many of them.

They complain of days of devastating fatigue brought on by mental exertion or physical activity. They resort to making frequent notes to compensate for short-term memory loss. Sudden onsets of shortness of breath and racing heartbeat provoke anxiety and depression. It remains a mystery why this condition afflicts some and not others.

Mild to moderate COVID-19 symptoms are typical for millions of people infected with the SARS-CoV-2 virus, usually middle-aged and without the medical comorbidities that define those most at risk for severe disease.

However, approximately one-third will develop symptoms that typify what has been come to be known as Long COVID. Also called long haulers, most of them never even required hospitalization, but after clearing their infection, began to complain of symptoms like chronic fatigue or “brain fog,” leading to cognitive and memory issues and difficulties with concentration. Their persistent loss of smell vexes many.

Children, in this regard, aren’t spared. Almost 3.2 million children in the US have tested positive for SARS-CoV-2. Pediatricians have been noting that some are developing problems that have persisted for weeks or months after their infection. Though large-scale data on this issue is sorely lacking, data emerging out of the UK shows that around 13 percent of children under 11 with confirmed SARS-CoV-2 PCR testing had at least one symptom five weeks after infection. Fatigue, poor sleep, and breathing difficulties were some of the disorders mentioned. For adolescents, that figure was similar, at 15 percent.

There is no federal registry in the US that is presently tracking these cases. A National Institutes of Health initiative was announced in late February that promised to study the cause of Long COVID. The UK’s Office for National Statistics estimated that by mid-December there were at least 186,000 people in England that had persistent COVID-19 symptoms five to 12 weeks or longer after the acute phase of the infection.

“If even a small proportion of the vast numbers of people infected with COVID-19 develop Long COVID syndrome, it

represents a significant public health concern,” said Dr. Francis Collins, director of the National Institutes of Health (NIH) in January.

Though the number of deaths globally is approaching 3 million, the number of confirmed infected individuals is almost 125 million. It is very possible that this virus has already infected about ten percent of the globe’s population. A report published in *Royal Society Open Science* from November 2020 remarks, “Despite an overall improvement in detection rates as the pandemic has progressed, our estimates showed that as of August 31, 2020, the true number of people to have been infected across our sample of 15 countries was 6.2 (95% CI: 4.3–10.9) times greater than the reported number of cases.”

A recent collaborative international study conducted between the UK and US cited by the NIH attempted to characterize Long COVID in an international cohort and its impact on daily life.

There were 3,762 participants across 56 countries. Eighty percent were women, and the dominant age group was those in their 40s, accounting for a third of the responders. Less than 10 percent reported being hospitalized, and just over a quarter had received a laboratory confirmation of their infection. Yet, 96 percent reported having persistent symptoms three months after catching the coronavirus.

The most frequent symptoms respondents reported after six months were fatigue (77.7 percent), post-exertional malaise or ill-feeling after routine activity (72 percent), and cognitive dysfunction (55.4 percent). They wrote, “Respondents with symptoms over six months experienced an average of 13.8 symptoms in month 7. 85.9 percent experienced relapses, with exercise, physical or mental activity, and stress as the main triggers.” Many patients, even seven months after their infection, continued to “experience significant symptom burden.” Nearly half couldn’t return to full-time work.

In a recently published report in *JAMA Network*, titled “Sequelae in Adults 6 months After COVID-19 Infection,” a total of 234 participants were contacted by researchers from the University of Washington, Seattle to complete a questionnaire between three and nine months after their illness. A total of 177 participants completed the survey.

The average age among these subjects was 48 years. Only 13

percent had high blood pressure, five percent had been diagnosed with diabetes, and around 4.5 percent were smokers. The study found that with rising age, there was a greater persistence of these chronic symptoms.

Six percent had been asymptomatic with COVID-19, while 85 percent had suffered just mild disease and were never hospitalized. Nine percent had been admitted for treatment for moderate to severe illness.

The most common persistent symptom reported was a deep sense of being tired, in approximately 14 percent. In a similar number, a loss of taste or smell was described. Overall, 13 percent reported other symptoms, of which the most insidious, brain fog, occurred in 2.3 percent of these subjects.

Dr. Ravindra Ganesh, an internist from the Mayo Clinic in Rochester, Minnesota, said, “The brain fog’s particularly debilitating to folks who do a lot of intellectual work and often work from home via computer. They can’t focus on the computer that long, and the bright lights bother them and give them headaches. They’re just not as productive as they used to be, and it’s very frustrating for them.”

Dr. Thomas Gut, director of ambulatory care services at Staten Island University Hospital in New York City, explained to *WebMD* that though the Seattle-based study had a small data set of patients, there was an uncanny similarity in pattern with other researchers’ findings in England, Canada, and China.

In still another study, published in *The Lancet* on January 16, 2021, the authors reported on 1,733 patients discharged from Jin Yin-Tan hospital in Wuhan, China, between January 7 and May 29, 2020. All patients were interviewed with a standardized questionnaire, examined, and blood tests were performed.

The follow-up time of this large group was in the range of six months. They were divided into three groups based on their hospital treatment—group one did not require supplemental oxygen, group two did, and group three needed ventilation support. Their median age was 57, almost ten years older than the Seattle cohort.

Fatigue and muscle weakness were still present in 63 percent. The next most common symptom was sleep difficulties, afflicting 26 percent. Twenty-three percent reported anxiety or depression. Those with the most severe disease requiring ventilation support had more mobility problems, pain, and anxiety.

Approximately one in four in all three groups had a reduced walking capacity. However, as baseline data for these patients were not available, direct attribution to their COVID infection remains to be resolved.

A small subset of these patients had lung function tests performed. Astonishingly, six months from being discharged, 22 percent in group one, 29 percent in group two, and 56 percent in group three had impairments of their pulmonary functioning. In another subset of patients at the six-month follow-up, 487 of 1,393 patients, or 35 percent, were found to

have suffered some level of chronic kidney injury.

A study released on medRxiv in preprint form in October 2020 on 201 patients, found that heart, lung, and gastrointestinal issues were prevalent among COVID survivors who had been at low risk for severe COVID. They noted mild impairment in heart (32 percent), lungs (33 percent), kidneys (12 percent), and liver (10 percent), including pancreas and spleen. Multiorgan impairment was observed in 25 percent, while 66 percent had some form of derangement of a single organ.

Researchers have referenced older studies from long-term SARS infections in attempting to understand the potential chronic complications associated with SARS-CoV-2 infections. In a Canadian study, researchers found that 33 percent of SARS survivors noted a significant decline in their mental health one year after the acute phase of their infection. A study out of Hong Kong published in 2009, a four-year follow-up, found that 40 percent of the SARS survivors continued to report chronic fatigue problems. These findings have significant implications for those suffering from chronic debilitating symptoms.

A February report published in *The Lancet*, though encouraged by announcements that public health institutions were acknowledging the disease as a significant public health issue, cautioned that “guidelines must represent the complexity of Long COVID, including the areas where evidence is still emerging. Hasty attempts to rename the condition or compare it to other conditions is a disservice to thousands of people and could result in missed pathology to the detriment of the patient. Comprehensive Long COVID guidelines are essential to prevent an epidemic of long-term, chronic disease as a result of early mismanagement of pathology, and the potential implications of such an epidemic for health systems and economies.”



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