

# New studies show COVID-19 leads to significant organ damage and the death of many survivors

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A landmark study in the UK by teams at University College London, the University of Leicester and the Office for National Statistics (ONS) confirms how deadly COVID-19 is. It backs up the growing mountain of evidence that the disease results in major organ damage in the human body.

The report, “Post-covid syndrome in individuals admitted to hospital with covid-19” was published Wednesday in the BMJ (formerly, *British Medical Journal*). It found, “Over a mean follow-up of 140 days, nearly a third of individuals who were discharged from hospital after acute covid-19 were readmitted (14,060 of 47,780) and more than 1 in 10 (5,875) died after discharge...”

Those readmitted needed to be taken back into hospital within four months of being sent home.

The remit of the cohort study was to “quantify rates of organ specific dysfunction in individuals with covid-19 after discharge from hospital compared with a matched control group from the general population.” The number of readmittances and deaths, it adds, occurred “at rates four and eight times greater, respectively” than in the control group.

The study compared medical records of nearly 48,000 people who had received treatment in a National Health Service (NHS) hospital for COVID-19 and been discharged by August 31, 2020. It concluded, “Individuals discharged from hospital after covid-19 had increased rates of multiorgan dysfunction compared with the expected risk in the general population.”

It has long been known that COVID-19 causes damage to the bodies’ major organs, including heart damage, kidney damage, lung damage, liver damage, hearing loss and contributing to bringing on Type 1 diabetes. In January, a study found that while no trace of COVID-19 had appeared in the brains of people with the infection, there was evidence of blood vessel damage caused by the body’s inflammatory response in the post-mortem brains of patients who tested positive for coronavirus. This suggests the virus may

indirectly attack the organ.

The UK study builds on previous research on outcomes for patients taken into hospital with COVID-19 but based on tens of thousands of cases is able to draw conclusions about the extent of dysfunction in organs of those affected.

The report notes, “Most studies so far have focused on symptoms associated with post-covid syndrome rather than organ dysfunction, and few have made use of a control group, allowing the inference of counterfactual outcomes.”

It states, “Since SARS-CoV-2 infection was recognised in late 2019, the academic and clinical emphasis has been on respiratory manifestations. Increasing evidence exists for direct multiorgan effects, however, and indirect effects on other organ systems and disease processes, such as cardiovascular diseases and cancers, through changes in healthcare delivery and patient behaviours.”

The BMJ states “In a recent study of 1,775 veterans in the United States admitted to hospital with covid-19, 20% were readmitted and 9% died within 60 days of discharge. After restricting follow-up in our study to the same length of time, we found similar prevalence rates of 23% and 9%, respectively. The US study did not analyse organ specific endpoints and was conducted in a specific population. Our study extends these findings as we found that covid-19 was associated with dysfunction in a range of organs after discharge in a broader population of patients admitted to hospital.”

The results in the UK survey demonstrate how deadly COVID-19 is. It is already known that approximately one-third will develop symptoms that typify what has been come to be known as Long COVID or “long-haulers”. It is common—after their COVID-19 infection has cleared up—even among those who have not required hospitalisation, to suffer from a number of symptoms like chronic fatigue or “brain fog.”

The phenomenon of Long Covid is still being analysed by scientists, with the BMJ study noting that “Long covid, or

post-covid syndrome, is not one condition, and is defined by the National Institute for Health and Care Excellence (NICE) as ‘signs and symptoms that develop during or after an infection consistent with covid-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis.’”

While Long Covid is still being investigated, it was known almost from the beginning of the COVID-19 pandemic, as thousands died, that this was a disease that once present in lungs and blood could spread to other organs, often resulting in fatalities.

Last month, the WSWS noted research published on Medrxiv in October 2020 carried out by a UK team of physicians, scientists and academics, based on a study of 201 patients. The study into “Multi-organ impairment in low-risk individuals with long COVID” found 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. Among those involved in the study was Dr Amitava Banerjee of the Institute of Health Informatics at University College London.

Banerjee also contributed to the new study published in the BMJ. He told the *Guardian*, “This is a concern and we need to take it seriously... We show conclusively here that this is very far from a benign illness. We need to monitor post-Covid patients so we can pick up organ impairment early on.”

The findings are proof of the criminal response of the ruling elite internationally, who despite being aware as soon as autopsies showed the deadly impact of highly contagious COVID-19—including its significant impact on human organs—did nothing to stop its spread. Instead, in the words of UK Prime Minister Boris Johnson’s former adviser Dominic Cummings, to “protect the economy” a policy of “herd immunity” should be adopted.

The implications for society globally of this homicidal policy are staggering. The study notes, “With over three million people in the UK having tested positive for covid-19 at the time of writing, and many more who have had the disease but have never received a test, our findings suggest that the long term burden of covid-19 related morbidity on hospitals and broader healthcare systems might be substantial. Also, organ dysfunction in hospital patients represents only part of the problem; other symptomatic manifestations of post-covid syndrome in individuals not requiring admission to hospital have the potential to be debilitating for patients, placing a considerable burden on healthcare resources, particularly in primary care.”

The number of people infected with COVID-19 globally

has risen significantly since the study was completed, with over 4.3 million people having contracted the disease in Britain alone resulting in over 150,000 deaths. Internationally nearly 130 million people have been infected with over 2.8 million people dead.

According to an Office of National Statistics survey published Thursday, an estimated 1.1 million people in Britain (from a population of around 66 million) were suffering with Long Covid symptoms in the four weeks from February 6. The ONS found that one in five people had Long Covid symptoms five weeks after an initial infection and one in seven after 12 weeks.

The survey was based on a large sample of 20,000 participants who tested positive for Covid-19 between April 26 last year and March 6 this year. The sample led to an estimation that of those with Long Covid symptoms, 674,000 reported infection in the previous three months. A staggering 70,000 people said they still had Long Covid symptoms over a year since infection. The ONS said, “674,000 (61.6%) experienced at least some limitation to their day-to-day activities as a result, and 196,000 (17.9%) reported that their day-to-day activities had been limited a lot.”

A wide age range among the population were suffering with Long Covid. Living in deprivation was an important factor, found the ONS. “Prevalence rates of self-reported long COVID were greatest in people aged 35 to 69 years, females, those living in the most deprived areas, those working in health or social care, and those with a pre-existing, activity-limiting health condition.”

Moreover, the disease has mutated numerous times into more contagious strains. The Kent, UK variant B.1.1.7 was first detected last September and by February 9, the variant had spread to 59 countries and has now been traced in over 100 countries. First detected in the United States at the end of December, the Centers for Disease Control and Prevention predicts that it could soon be the dominant variant in that country.



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