

One in five Americans previously infected with SARS-CoV-2 reports lingering symptoms of Long COVID

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According to a recent survey conducted by the federal government, one in five Americans with a previous COVID infection may be suffering from symptoms of Long COVID, also known as post-acute COVID syndrome (PACS).

The Household Pulse Survey of more than 62,000 adults found that 40 percent had previously been infected with SARS-CoV-2. Of these, 19 percent reported they are currently having persistent and lingering symptoms of “Long COVID.” This means 7.4 percent of the adult population, or nearly 20 million people, are suffering the effects of Long COVID *now!*

The 20-minute online survey, conducted every four weeks, was established in partnership between the Census Bureau and the National Center for Health Statistics (NCHS) in late April 2020 to assist the federal government in obtaining relevant information on the impact of the pandemic in the US.

Beginning on June 1, 2022, the NCHS added a question to the survey about symptoms associated with COVID that have lasted for three months or longer. Overall, NCHS found that one in 13 adult Americans has Long COVID symptoms that he or she didn’t have before the initial infection.

A separate CDC study last month confirmed the main finding of the NCHS survey, that 20 percent of COVID survivors develop Long COVID, lending the NCHS survey enormous credibility.

The CDC study was based on a comprehensive review of electronic health records that assessed the incidence of 26 conditions often attributable to post-COVID and compared the records of those infected with COVID and those who had not been infected. It found that one in five COVID-19 survivors aged 18 to 64 (20 percent) and one in four aged 65 and older (25 percent) had experienced at least one incident condition that might have been attributable to previous COVID-19 infection.

The NCHS survey found that younger adults are *more* likely to have Long COVID than the elderly, which contradicts the CDC finding. Such differences arise from the different methods used: a simple question posed on an online survey for the NCHS, a detailed review of medical records by the CDC.

However, what is astounding is the corroboration by the CDC study and NCHS survey of the scale of the chronic mass

debilitating event underway as the COVID pandemic is allowed to rage unopposed by any public health interventions.

The assault on the health and well-being of the population continues unabated. Even after a million Americans have died from acute COVID infections, the long game of Post-Acute COVID Syndrome is beginning to play out mercilessly.

It bears translating these percentages into actual numbers.

On April 26, 2022, the CDC published a report on the seroprevalence of infection-induced antibodies and found that by February 2022, the proportion of the overall US population that had previously been infected had reached almost 58 percent, or nearly 192 million people, of whom 132 million are 20 years old or more. This would mean over 25 million Americans (7.4 percent) possibly carry the diagnosis of Long COVID.

As the Solve Long COVID Initiative noted: “Long COVID is a complex, multi-system illness that increases medical needs... [it is] a collection of lingering symptoms devastating the lives of many COVID-19 survivors. The most frequent prolonged symptoms—persistent fatigue, brain fog, and depleted energy after minimal effort—profoundly impact everyday functioning.”

Three main theories explain Long COVID: dysregulation of the immune system, viral persistence, or micro-clots due to the injury to small blood vessels after infection. Some have argued that these three processes can be interrelated. However, additional and urgent research is necessary to begin identifying the complex nature of the disease process, and to develop treatments to help the afflicted millions worldwide.

The main limitation of the Household Pulse Survey is that it does not raise any questions about the population's health after COVID. The CDC Long COVID study, which followed the health status of those with Long COVID for one year after their acute infection, found that both the elderly and young had a significant deterioration of the lungs, with the risk of pulmonary embolism (a blood clot to the lungs) doubling when compared to non-infected individuals.

Terrifyingly, even among the younger adults, the risk of abnormal heart rhythms and muscle and joint pains was significantly higher. At higher rates, the elderly suffer from

worsening kidney failure, blood clot disorders, strokes, diabetes, anxiety and other neurological and mental health dysfunction. These medical disorders also lead to higher death rates, meaning if COVID didn't kill the patient, Long COVID might.

More than a debilitating mass event, Long COVID has the potential for culling the oldest and feeblest in society—an outcome expressly desired by the financial aristocracy, which regards Social Security, Medicare and end-of-life medical care as a drain on its potential profits.

However, because the PCR tests of Long COVID sufferers will be “negative” for SARS-CoV-2 at the time of death, their families will not know that COVID was responsible. Only epidemiological reports on these conditions will offer a window into the truth behind their deaths.

Evidence is mounting that vaccines, though protective against severe disease, hospitalization and immediate death, do little to reduce the risk of Long COVID and its complications. Additionally, reinfection with SARS-CoV-2 appears to bring additional risks of “all-cause mortality” even after symptoms subside and the person is declared recovered.

And, in perhaps the most sinister conclusion, the current subvariants of Omicron, specifically the BA.4 and BA.5 versions, seem to have considerable ability to escape antibody responses among people who have been previously infected with COVID or who have been vaccinated and boosted. The two strains are quickly becoming dominant across the US.

Dr. Dan Barouch, the lead author of a recent study on immune escape by the latest Omicron subvariants, published in the *New England Journal of Medicine*, wrote to CNN in an email, “Our data suggest that COVID-19 still has the capacity to mutate further, resulting in increased transmissibility and increased antibody escape. As pandemic restrictions are lifted, it is important that we remain vigilant and keep studying new variants and subvariants as they emerge.”

The statement demonstrates that the failed pandemic policy that insists that humanity must “live with the virus” is truly criminal. High levels of antibodies in the population, whether from prior infection or vaccination, will do little to impede the ongoing transmission of the endless waves of COVID.

One in five reported Long COVID symptoms today will in a few short years mean that most, if not all, of the population, will report these symptoms and face the consequences of multiple reinfections. The day-to-day consequences can mean fighting to collect disability and facing impoverishment, or dealing with dangerous working conditions while struggling with Long COVID symptoms.

Based on its seroprevalence models, the Solve Long-COVID Initiative has placed the number of adults suffering from Long COVID at between 22 and upwards of 43 million, or 7 to 13.4 percent of the population.

The Solve Long-COVID Initiative writes, “of these cases, seven to 14 million (2 to 4 percent of the total US population)

are expected to result in long-term disability—placing individuals at risk of lifelong complex health problems and economic ruin from health care costs, unemployment, denied benefits, eviction, and homelessness.” Their estimate of the financial burden on American adults ranges from \$386 to \$511 billion just through January 31, 2022.

In conjunction with the rise in the number of people reporting Long COVID symptoms, the US Bureau of Labor Statistics monthly employment surveys have been demonstrating an upward trend in the number of people reporting disability since the middle of 2021.

Nicole Maestas, an associate professor of health care policy at Harvard, who has been watching for signs of the impact of the pandemic on disability, speaking with *The Atlantic*, observed that these population surveys might be the first indication of a rise. “As you watch them keep going up each quarter, it's starting to look like maybe there is something going on,” she said.

The implications for the working class are ominous. There is a preponderance of evidence for the dangers of SARS-CoV-2 and its long-term sequelae, though many workers persevere with *mild* symptoms out of sheer necessity to put food on the table and care for their families.

Surveys and studies continue to unearth similar horrific findings and yet nothing is being done to address the pandemic and the casualties it has amassed. No capitalist government will take action. Only the intervention of the working class, fighting for a program of elimination and eradication of COVID-19 regardless of the cost to the capitalist class, offers a way forward.



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