

Study finds people suffering Long COVID have higher rates of cardiovascular events and excess deaths

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As the Biden administration attempts to rapidly draw the curtains on the COVID pandemic, a critical study published last week in the *Journal of the American Medical Association* has only offered further confirmation that infection with SARS-CoV-2, the virus that causes COVID-19, has dire long-term implications.

The study in *JAMA Health Forum* conducted by Dr. Andrea DeVries and colleagues from Elevance Health, Inc. Indianapolis, Indiana, utilizing a large commercial insurance database, found that people who developed the post-acute phase of COVID-19 (Long COVID) suffered increased risk of “cardiovascular events and excess all-cause mortality.”

To conduct their study, the authors compared and contrasted two groups. One comprised 13,435 individuals who had experienced post-COVID conditions and the other 26,870 without evidence of COVID-19. Additional analyses were performed on a subgroup of persons who had experienced Long COVID after severe acute infections that required them to be hospitalized within a month of their infection.

What is significant about their study is how well its subjects matched the US population, allowing one to generalize its findings to the US population.

The compelling investigation conducted by Dr. Ziyad Al-Aly and his team at Washington University in St. Louis last year among veterans highlighted the increased risk of heart attacks associated with COVID infections but had been criticized for the predominance of an older male population (median age 60 and 90 percent male), inevitable given the population from which the data was drawn.

In the latest study, all adult age groups (mean age of 50) are well represented from every region of the country. Women account for 58 percent of the study population.

The largest age-group is represented by those who are 45 to 64 years-old, comprising nearly 52 percent. More than 40 percent were in the lower socioeconomic indices and over half the subjects had two or more health co-morbidities.

Also, approximately 27 percent of those with post-COVID syndrome had been hospitalized after their infection.

The findings were staggering. Among those with Long COVID one month after their infection up to twelve months from first testing positive, rates of cardiac arrhythmias were 2.35-fold higher. Pulmonary embolism, which is a blood clot that travels to the lungs, occurred in eight percent of the Long COVID patients, a rate that was 3.64 times higher than purportedly non-infected individuals. Ischemic strokes occurred at nearly twice the rate, affecting almost 4 percent. Coronary artery disease affected 17 percent of the Long COVID group, nearly twice the rate. Rates of heart failure, chronic obstructive pulmonary disease, and asthma had all doubled.

Beside the morbidity associated with Long COVID and higher utilization of medical care, there was a pronounced jump in mortality associated with COVID 30 days after the acute phase of infection, with the curves diverging more slowly after day 90 from first infection. One year later, among the Long COVID group, 2.8 percent had died, compared to 1.2 percent in the non-COVID group. This translates to an excess death rate of 16.4 per 1,000 or a rate, more than 2.3 times higher than those that remained uninfected.

The authors note in their summary, “Results from this study [indicate] a statistically significant increased risk for a range of cardiovascular conditions as well as mortality. While these risks were heightened for individuals who experienced a more severe acute episode of COVID-19, it is essential to note that most individuals (72.5 percent) in the cohort did not experience hospitalization during the acute phase. Many of these conditions will have lasting effects on quality of life.”

Many who died from complications associated with their post-acute COVID syndrome initially were either asymptomatic or had only mild to moderate COVID. It also becomes clear that their death although not characterized by

the health system and the Centers for Disease Control and Prevention (CDC) as a “COVID” death, when it actually was directly related to complications caused by COVID infection.

Arguably, the alarming findings from this study alone should compel the government and the entire public health structure to resume population-based testing and tracking, including the critical variant sequencing to detect viral evolution. Such information is vital for researchers, epidemiologists, and the medical community as a whole such that they can continue quantifying the impact of COVID. More than funding Long COVID studies, long-term observational studies on the impact of the pandemic over the next several decades will be instructive.

In light of the present discussion, the relevance of the Al-Aly et al., study in November 2022 on the impact of COVID reinfection has particular significance. A second infection with SARS-CoV-2 caused more harm to organ systems and in the post-acute phase, was more lethal than the first infection, regardless of vaccination status. The accumulating evidence bears out the warnings made by principled scientists early in the course of the pandemic to observe the precautionary principle.

Most egregious and criminal is the part played by the Trump and Biden administrations to dismiss and minimize the conclusions of these evidence-based studies. They sought to ensure business operations and schools returned to normal operations as expeditiously as possible regardless of the dangers it posed to the public.

In a recent study published in *Nature Cardiovascular Research* that reviewed excess cardiovascular (CVD) deaths in the US from March 2020 to March 2022, the authors wrote, “That the COVID-19 pandemic indirectly led to increased CVD deaths has been reported in many countries during the initial phase of the pandemic ... After more than two years of living with the pandemic we found that, nationwide, increased CVD deaths have persisted throughout the two years and the trajectory of excess CVD deaths was almost coincident with the COVID-19 death waves in the United States.”

Cardiologist and researcher at Scripps Research Translational Institute Dr. Eric Topol recently reviewed the evidence behind heart attacks and strokes following after COVID. In a table format, he summarized six large population-based studies that, when combined, conclusively demonstrate the late impact COVID has on the heart, well after the initial phase of the infection has cleared.

According to a *Kaiser Family Foundation* report published on January 26, 2023, on the latest Long COVID figures, the number of people currently suffering from Long COVID has declined in the last seven months from 19 percent to 11

percent. Among those who have ever had Long COVID, over half are no longer reporting symptoms.

Still, if we assume that the vast majority of the population has been previously infected, this roughly amounts to possibly more than 20 million of whom 27 percent characterize their symptoms as “significantly limiting.” This remains on par with the estimates provided by the Brookings Institution in August 2022 that as many as four million people are out of work due to their long-term COVID condition.

In an opinion piece published in early February in the *New York Times*, David Wallace-Wells asked why so many Americans were still dying. After taking account that about 1.1 million had officially died during the pandemic, he remarked that the CDC estimated “more than 300,000 additional Americans [had] died over the past three years whom we would not have expected to in more normal times.”

He added, “Over the last three years, the country’s large excess mortality has been mostly attributed to COVID-19. But perhaps a quarter of the total, and at times a larger share than that, has been chalked up to other causes.” This gap Wallace-Wells call the “excess” excess mortality or extra “unexpected deaths.” After explaining that although COVID-19 death tolls have declined due in part to immunity acquired from vaccination and even “natural” immunity from surviving COVID infections, he notes, “But the gap between COVID-19 mortality and overall excess mortality has proved remarkable, and mystifyingly, persistent.”

Although Wallace-Wells offers multiple hypotheses and favors undiagnosed COVID deaths as the most likely cause, the evidence cited by these ongoing studies suggest that the COVID pandemic as a mass-debilitating event destroyed even more lives than publicly acknowledged.

That is why the Biden administration is shutting down all metrics to track COVID infections and ending any mitigation measures against its spread. Having declared COVID a “forever” disease, they now proceed to pretend it no longer exists.



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