

New study finds Long COVID is one of the most common diseases globally

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Drs. Ziyad Al-Aly, Akiko Iwasaki and Eric Topol, along with other acclaimed researchers, have issued a position statement on Long COVID published yesterday in the journal *Nature Medicine*. This document provides a much-needed perspective on the continued dangers posed by the “forever COVID” policy enshrined in official public health policies.

This important review comes on the heels of the recent publication in the *New England Journal of Medicine* (NEJM) of a reference frame for the chronic disease. It was developed by the National Academies of Sciences, Engineering, and Medicine (NASEM) Committee on Examining the Working Definition for Long COVID.

The 2024 NASEM Long COVID definition is: “Long COVID is an infection-associated chronic condition that occurs after SARS-CoV-2 infection and is present for at least 3 months as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.”

Most importantly, previous documentation of a COVID infection is not required for the diagnosis. The NASEM report explains: “By now, most persons worldwide have had at least one episode of acute SARS-CoV-2 infection. A requirement for proof of diagnosis could wrongly exclude many patients ...”

This closer approximation to a scientific definition of long COVID is an important step towards educating the public and issuing a call for action to address the viral assault on the global population.

The authors of the study, published in *Nature Medicine*, should be commended for giving urgency to an issue that Dr. Al-Aly has rightly called “the elephant in the room.” Yet as sincere as these appeals may be to take Long COVID seriously, they will not convince the bourgeois authorities who have already dismissed warnings about the acute stage of COVID-19.

The complex multisystem disorder that can affect nearly every organ system after a COVID infection spares no one across the age spectrum. It appears that even fetuses in utero are at increased risk of respiratory ailments if the mother was infected during pregnancy.

Considering our rapidly developing comprehension of the long-term health consequences of COVID, thanks to the exemplary work being done by these scientists, the policy of

mass infection demanded by the financial oligarchy assumes an even more sinister and deranged character.

The “cardinal” symptoms of Long COVID include brain fog and memory changes, fatigue, rapid sudden onset of heart rate, significant sleep disturbances, and immense sense of discomfort and illness after exerting oneself. There are no cures and, worse, no diagnostic tools that can tell someone they have Long COVID. Only recently have healthcare workers and researchers begun to identify treatments for Long COVID, but there is an absence of randomized trials to guide these decisions.

The authors note, “Care for people with Long COVID varies widely across settings and practitioners. It is often challenged by lack of widespread recognition and understanding of Long COVID among medical professionals, constrained resources and competing demands on healthcare systems still recovering from the shock of the pandemic, lack of standardized care pathways, lack of definitive diagnostic and treatment tools, and a general pervasive pandemic fatigue with an urge to ‘move on.’” The last point is a byproduct of the impact of forcing the population to accept COVID as a permanent fixture of society.

On top of the horrific impact it has on an individual person, on a social scale, mass Long COVID leads to loss of productivity, disruption in the workplace and increased risk of occupational-related injury or fatalities. Cognitive impairment, even after mild infections, is common, and there can be dire consequences for workers in occupations where the slightest error or inattention can be devastating: truck drivers, electricians, airline pilots, first responders and more. To say nothing of the impact on the wider community.

The report makes reference to the 2022 US Brookings Institute estimates on the figure of 2 million to 4 million US adults who were out of work because of Long COVID. Add to this the Minneapolis US Federal Reserve Bank report from July 2022, finding that people with Long COVID had a 10 percent poorer chance of being employed, and when they were, worked 25 to 50 percent less than uninfected individuals.

On a global scale, the authors wrote, “On the basis of all the available data, a conservative estimate of the annual global economic toll of Long COVID could be around \$1 trillion, amounting to 1% of the 2024 global GDP.” Other estimates are

even higher: An economic study from 2022 placed the cost of Long COVID at \$3.7 trillion, or \$11,000 per capita for the US alone, amounting to 17 percent of the gross domestic product (GDP).

Most compelling in the Al-Aly et al. review was their assessment of the global cumulative incidence of Long COVID, which until now had been opaque.

Basing their estimates on meta-regression studies that pooled all the available evidence, they estimated that figure for the first four years of the pandemic at 409 million cases of Long COVID. The authors remarked, “It is crucial to emphasize that these estimates only represent cases arising from symptomatic infections and are likely to be conservative. The actual incidence of Long COVID, including cases from asymptomatic infections or those with a broader range of symptoms, is expected to be higher.”

By comparison, among the most common ailments afflicting the world’s population, heart and circulatory issues, affect around 620 million. This means that in only four years, Long COVID, as a disease, has risen nearly to the top of the global list. Furthermore, Long COVID, as a multi-organ disease process, will only exacerbate noncommunicable and communicable diseases that arise in the future.

Placing these figures into context, this week, based on wastewater data, infection modelers estimate that COVID infections have once again climbed above 1 million cases per day, a staggering figure, to which the CDC is completely indifferent. COVID modeler Dr. Mike Hoerger of the Pandemic Mitigation Collaborative, in a social media discussion with this writer, said that presently, on average, every American has been infected between three or four times.

In a rare show of concern, the World Health Organization (WHO) announced that COVID-19 was spreading across the globe, with positivity rates in Europe above 20 percent. In opening their August 6, 2024, news report on COVID, they warned, “The UN health agency is also concerned that more severe variants of the coronavirus may soon be on the horizon.”

The European continent is swimming in a river of infection, like the unfortunate Olympic athletes sickened by swimming in the polluted Seine. And as we have already noted, the Olympics themselves have been a superspreader event.

Knowing that reinfections, more severe disease, and remaining unvaccinated, all raise the risk of Long COVID, one can only watch the current wave of infections with alarm. These will be given further fuel as schools and universities begin to open their doors later this month. Furthermore, global COVID vaccinations have essentially come to a halt. Long COVID is the long tail of the ongoing pandemic that has no end.

Unique in the report by Dr. Al-Aly and colleagues is the raising of social issues affecting the global impact of Long COVID. In support of the UN Foundation’s Sustainable

Development Goals (SDG), they raise the need to end poverty and hunger, improve access to health, provide quality education, improve working conditions and reduce inequalities. They also call for funding to support coordinated interdisciplinary research on Long COVID on a global footing.

The recognition of the social issues that need to be addressed is an important insight. However, the appeal to existing public health institutions and political processes to heed their warnings will not bear any fruit.

First and foremost, the “forever COVID” policy is not a misguided public health construct. It is a calculated and coordinated approach to ensure pandemic threats would not impede the unfettered accumulation of surplus value off the backs of the working class. If the sick and infirm fall by the wayside, these social losses are seen as financial gains by the class that seeks to extract from the working class every minute of their potential labor power and avoid the cost of their “lingering on.”

In this regard, Senator Bernie Sanders’ introduction of legislation titled the “Long COVID Research Moonshot Act of 2024” is simply political theater, aimed at deluding the public into thinking that the capitalist system is capable of reform. The bill would provide a paltry \$1 billion in mandatory funding per year for 10 years to the National Institutes of Health (NIH) to support Long COVID research.

To think this legislation will see the light of day while social spending is being slashed to fund the forever wars is to look at the world through very thick rose-colored glasses. Those researchers and public health advocates who wish to promote the application of the scientific principles that guide their own work must recognize the necessity for a broader social perspective.

To address Long COVID, as the world Trotskyist movement has demanded, one must begin by eliminating COVID across the world. Despite the dismissal of such a perspective by capitalist governments and the corporate media, zero COVID is and remains the only viable solution.

Only one social class is capable of taking up and fighting for such a policy: the international working class. The fight against COVID and future pandemics, like the looming H5N1, must be integrated into the revolutionary mobilization of the working class against the capitalist system and the establishment of a socialist society, in which human needs, including the most basic concerns of healthy life, will be the basis of social policy, not private profit.



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