

Long COVID affects nearly 2 million in the UK

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The massive growth of Long COVID in the UK, now rapidly approaching 2 million cases, has exposed the devastating scale of the public health disaster produced by the government's profit-driven "living with COVID" strategy.

At the beginning of April, the number of people suffering Long COVID reached 1.8 million, 2.8 percent of the UK population, according to data published by the Office for National Statistics. Of these self-reported cases, 1.3 million have suffered one or more COVID symptoms for more than 12 weeks, 791,000 for more than one year, and 235,000 for more than two years.

The World Health Organisation has described the condition as a "pandemic within the pandemic". The number of cases worldwide has grown to an estimated 100 million as the wealthiest capitalist governments have allowed the virus to spread and mutate without restriction in the name of saving "the economy"—i.e., the profit interests of big business.

The most common symptoms reported are fatigue (51 percent), shortness of breath (33 percent), loss of smell (26 percent), and problems concentrating or brain fog (23 percent). Two-thirds of all cases, 1.2 million people, report being unable to perform some or all their regular daily activities. There are currently 1 million missing from the workforce compared to pre-pandemic employment in the UK, including 400,000 no longer working because of poor health, including Long COVID.

Long COVID is defined as suffering symptoms for 12 weeks or more after a COVID-19 diagnosis, in conditions where no other cause is identified. Half of all people hospitalised with COVID still exhibit at least one symptom two years after infection, according to a study published in the *Lancet* medical journal.

As with risk of serious illness and death from infection with COVID-19—which kills working-age people in the most deprived areas at nearly four times the rate than among people in the wealthiest areas—Long COVID is primarily a disease of the poor and socially vulnerable. The Imperial

College London's REACT study of 500,000 UK adults found a higher risk of persistent COVID symptoms among women, people who smoke or who are overweight, people who live in deprived areas, and those who have been admitted to hospital with COVID-19.

While some COVID survivors experience persistent symptoms for only a few weeks or months, there is a growing body of scientific research linking Long COVID to a plethora of life-changing and deadly chronic diseases, including brain damage, kidney disease, diabetes, chronic fatigue, nerve damage and heart disease. While these illnesses are more common in those who developed severe illness upon initial infection, Long COVID can also devastate the health of those who experienced only mild symptoms.

Research published earlier this month by scientists at the University of Cambridge and Imperial College London found that "cognitive impairment from severe COVID-19 is similar to that sustained between 50 and 70 years of age and is the equivalent to losing 10 IQ points". It described the recovery process after six months as "at best gradual". The study found that survivors of severe infection suffered heightened risk of cognitive dysfunction affecting memory, attention and reasoning, alongside mental health disorders including depression, anxiety, post-traumatic stress, low motivation, fatigue, low mood, and disturbed sleep. The risk is particularly pronounced among survivors who required mechanical ventilation.

Professor Adam Hampshire from the Department of Brain Sciences at Imperial College London, the study's lead author, said: "Around 40,000 people have been through intensive care with COVID-19 in England alone and many more will have been very sick, but not admitted to hospital. This means there is a large number of people out there still experiencing problems with cognition many months later. We urgently need to look at what can be done to help these people."

Researchers at the University of Oxford have also found considerable brain damage in people who suffered only

mildly symptomatic infections, based on an analysis of 800 brain scans taken before and after infection. As well as a reduction of grey matter in the orbitofrontal cortex (including the smell and taste centres of the brain) and the parahippocampal gyrus (part of the limbic system involved in memory), the study observed a reduction in overall brain size and higher levels of cognitive decline than in the general population.

Findings from the King's College London's ZOE COVID survey showed an increasing number of people infected with COVID are reporting tinnitus—a prolonged noise or ringing in the ears without an outside source. A survey of 14,500 people found about 5,000 reported ear-ringing after a positive test for COVID. Over half of these cases reported tinnitus lasting weeks or months following infection.

Professor Tim Spector, the co-founder of the study, said the findings show for “the first time that ear ringing, as with long term loss of smell... is something to take seriously because it does suggest that a different part of the body is being affected, more internal and close to the brain”.

Responding to a growing body of scientific evidence for prolonged and potentially permanent neurological damage, Alzheimer's Disease International has warned that COVID-19 may cause a “pandemic of dementia” like the higher risk observed in people infected with HIV (human immunodeficiency virus).

New research conducted by University College London has also linked Long COVID to increased risk of blood clotting. The study found a widespread imbalance in two blood proteins, the von Willebrand Factor (VWF) and ADAMTS13, which allow the blood to clot and seal off broken blood vessels. Overall, 28 percent of 330 study participants with Long COVID had heightened markers for blood clotting. The risk was even higher in those who showed reduced capacity for exercise, with 55 percent testing positive for blood clotting abnormalities.

The UK is already witnessing a surge in demand for Long COVID treatment and support. Demand for occupational health treatment has soared by 80 percent in the past six months, according to a survey by the Royal College of Occupational Therapists (RCOT). The charity Asthma and Lung UK reports the number of people seeking help for Long COVID doubled between September 2021 and March 2022, including enquiries from those suffering breathing difficulties about how to secure long-term oxygen treatment at home.

In the face of this avalanche of chronic illness and the prospect of long-term sickness and disability for hundreds of thousands more people in repeated waves of coronavirus, neither the Conservative government nor any of the major parties have deviated in the slightest from their profits-

before-lives policy of allowing mass infection to rip through the population.

Just £220 million has been made available to support 90 specialist clinics in England. And this is under conditions where the NHS, GP practices and social care services are already facing historic staffing shortages and treatment backlogs from the pandemic, on the back of decades of austerity and privatisation. The average waiting time to be seen by a Long COVID clinic stood at more than 15 weeks in March-April, according to National Health Service (NHS) data. Many patients waited a year or more for an initial referral.

Those who can afford it are turning to private healthcare in desperation. In one widely reported case, Dr. Binita Kane, a respiratory consultant, sought private medical care for her 11-year-old daughter in Germany, at the cost of £6,000. Severe fatigue, body pain, tinnitus, sore throat, and acute abdominal pain had reduced her to using a wheelchair, and the NHS was only able to offer fatigue management therapy. The additional tests available in Germany flagged dangerous blood abnormalities including hyperactivated sticky platelets, micro clots, and mild endothelial damage (a type of non-obstructive coronary artery disease). Her case has since improved dramatically following a detailed diagnosis and specific medical treatment.

The Johnson government, which is committed to strangling the NHS and widening the market for private health corporations, has no intention of providing the public health resources necessary to humanely address the public health disaster it has inflicted on the population.

The Equalities and Human Rights Commission (EHRC)—a nominally independent regulator with a board handpicked by the Tory government—has stated, “EHRC does not recommend that ‘Long COVID’ be treated as a disability,” citing a supposed lack of “scientific consensus” and “case law.”

Dr. Jenny Ceolta-Smith, an employment advocate for Long COVID Support and co-founder of Occupational Therapy for Long COVID, said: “There is already disbelief of workers’ Long COVID symptoms within the workplace, and this harmful announcement by the EHRC may make it much harder for workers to gain the support that they need from colleagues and line managers. It may even mean more jobs are lost.”



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