

UK studies on Long COVID reveal its brutal impact and prevalence

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The spread of COVID-19 continues in Britain with new strains still taking the lives of up to 200 people a week in England alone.

Moreover, an estimated up to 2 million people are suffering from Long COVID in the UK. The condition encompasses a variety of symptoms such as fatigue, shortness of breath, and cognitive impairments. Estimates suggest that approximately 10 percent of all individuals who contract COVID-19 experience Long COVID.

Several recent UK studies have investigated this harm being done to the population's health by the policy of "living with the virus" enacted jointly by the Conservative and Labour parties.

Research carried out by academics at Newcastle University found a fifth of GP patients in some areas of northern England suffer from Long COVID. The study, "Navigating the Long Haul: Understanding Long Covid in Northern England", also found that there were regional inequalities in terms of the incidence of Long COVID in the North East of England and Yorkshire, where rates in the most deprived areas were 5.2 percent higher than in the less deprived areas.

Its summary explains, "Our 'A Year of Covid-19 in the North' report showed Covid-19 hit the region harder than the South of the country and this report shows this pattern is repeated in Long Covid in the region. In some areas of the North the prevalence of the illness is as high as 20%." It adds, "The average for England as a whole was 4.4%."

The highest rate of prevalence was recorded among patients at Parklands medical practice in Bradford and Margaret Thompson medical centre in Liverpool. All ten of the GP surgeries with the highest rates of Long COVID among patients are in the North.

Drawing attention to the lack of care and support

available to Long COVID sufferers, the report notes, "While many employers in the North provide support for Covid-19, this is specified on an acute basis, rather than in response to Long Covid/post Covid illnesses." The report notes that "Only three out of 10 northern employers contacted offered a specific rehabilitation package to employees living with Long Covid despite the high prevalence in the region."

Separate research published in the *Journal of Infection* on August 28 details the prevalence and impact of persistent symptoms following SARS-CoV-2 infection among healthcare workers. Researchers from the UK Health Security Agency (UKHSA) and Public Health Scotland analysed data from the SARS-CoV-2 Immunity and Reinfection Evaluation (SIREN) study.

It explains that "SIREN participants were eligible for the survey if they had a recorded SARS-CoV-2 infection by 12 September 2022 and had not withdrawn from the study before the survey date." 16,599 health care workers were eligible to complete the survey. Of these 6,677 responded and 5,053 were included in the final analysis.

The study found that "A substantial proportion of UK healthcare workers in our cohort experienced persistent symptoms following their initial SARS-CoV-2 infection, and this has impacted their life and work."

Another important conclusion was the higher prevalence of persistent symptoms found among those who were unvaccinated (38.1 percent) than among those who were vaccinated (22 percent).

The study notes, "When asked about the impact of persistent symptoms on day-to-day and work-related activities, 51.8% and 42.1% replied 'a little' (for day to day and work-related activity respectively) and 24.0% and 14.4% replied 'A lot' (first infection only).

"When asked about at work adjustments among those

reporting persistent symptoms, 8.9% reported they had reduced their working hours and 13.9% had changed their working pattern. The medium number of sick days participants reported taking off work due to persistent symptoms for their first infection was 14 days”, with an interquartile range of seven to 50 days and an overall range of one to 680 days.

That the upper range of sick days required is approaching two years shows the horrific impact of the disease on a layer of workers in the National Health Service.

Despite the widespread prevalence of COVID and Long COVID among health workers, there is no general mask mandate in place in the National Health Service. The reality of the virus and its impact has, however, pushed a number of NHS hospital trusts to implement their own mandates.

In July it was reported that at Worcestershire’s Acute Hospitals NHS Trust, with COVID cases at their highest level in seven months, mask wearing was required “to protect patients, their loved ones and hospital staff.”

The Royal Stoke University Hospital and County Hospital in Stafford also introduced mask requirements in clinical areas. The *Daily Express* reported that in “Staffordshire, the situation is equally dire, with 108 patients battling the virus and two wards at Royal Stoke Hospital completely occupied by those affected.” The trusts acted after COVID hospitalisations rose, as the summer holiday season got underway, to 3.31 per 100,000 people from 2.67 in the preceding week.

A study by researchers from the Institute of Health Informatics and the Department of Primary Care and Population Health at University College London (UCL), in collaboration with the software developer Living With Ltd, analysed self-reported symptoms from 1,008 people in England and Wales.

Its report, “Long COVID symptoms and demographic associations: A retrospective case series study using healthcare application data”, published in *JRSM Open*, looked at the health of people referred to a National Health Service post-COVID clinic who had reported their symptoms on the Living with COVID Recovery Digital Health Intervention app. The data covered the period November 30, 2020, to March 23, 2022.

The findings concluded that pain, including headache, joint pain and stomach pain, was the most common

symptom, as reported by 26.5 percent of participants. Other common symptoms included anxiety and depression (18.4 percent), fatigue (14.3 percent), and dyspnoea, or shortness of breath (7.4 percent).

ScienceDaily noted that “The study also examined the impact of demographic factors on the severity of symptoms, revealing significant disparities among different groups. Older individuals were found to experience much higher symptom intensity, with those aged 68-77 reporting 32.8% more severe symptoms, and those aged 78-87 experiencing an 86% increase in symptom intensity compared to the 18-27 age group.”

Deprivation (broken down by geographical area), gender and ethnicity were also significantly associated with symptom severity. The least deprived decile had symptoms 68 percent less intense than those of the most deprived, women reported symptoms 9.8 percent more intense than men, and non-white groups 23.5 percent more intense than white.

The UK research adds to a growing body of scientific evidence internationally showing the seriousness of Long COVID.

Last month, the *World Socialist Web Site* reported on a position paper on Long COVID published by Drs. Ziyad Al-Aly, Akiko Iwasaki Eric Topol, and other acclaimed researchers, published in the *Nature Medicine* journal.

The WSWs explained, “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.’”



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