

Long COVID

The Lingering Pandemic



As the pandemic continues to ravage the health care system, global economies, and everyday life for most of society, an alarming trend for many of those who survived the initial COVID-19 infection is becoming increasingly evident. Long COVID—or what is now being referred to as “post-acute sequelae of COVID-19” by the National Institutes of Health—is persistent symptoms or new symptoms that typically develop at least four to eight weeks after the initial infection with COVID-19. While most people who have experienced COVID-19 recover completely within a few weeks, others, even those who had mild versions of the disease, continue to experience symptoms after their initial recovery. In these cases, the virus can damage the lungs, heart, and brain, increasing the risk of long-term health problems.¹

What do we know?

The presence of persistent symptoms after apparent resolution from COVID-19 has frequently been reported throughout the pandemic by individuals labeled as “long-haulers.”² The Centers for Disease Control and Prevention (CDC) estimates that more than 114 million Americans had been infected with COVID-19 through March 2021. Factoring in new infections in unvaccinated people, we can conservatively expect more than 15 million cases of Long COVID resulting from this pandemic. And though data are

still emerging, the average age of patients with Long COVID is about 40, which means the majority are in their prime working years.³ On July 26, 2021, the Health and Human Services department (HHS) and the U.S. Department of Justice announced that Americans suffering from “Long COVID” will now be eligible for the benefits and protection provided under federal disability law.⁴

How is Long COVID affecting survivors?

Long COVID symptoms may affect a number of organ systems, occur in diverse patterns, and frequently get worse after physical or mental activity.³ Patient groups report several months of sequelae that can involve a varying, relapsing, and remitting appearance of symptoms in unpredictable combinations. There seems no clear correlation between the severity of the acute disease and long-term sequelae. Indeed, many patients come from that large, hidden iceberg of those who self-isolated when they were unwell at home.⁵ In one of the first nationwide aggregate COVID-19 studies published by a health plan, Cigna revealed the most common long-term complications from COVID-19 infection among the American workforce. The key complications shown in the data indicated more than one-third of this population suffered from pre-existing conditions, most notably hypertension and diabetes.⁶

¹ <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-long-term-effects/art-20490351>

² <https://www.medrxiv.org/content/10.1101/2021.03.03.21252086v1.full-text>

³ https://www.nejm.org/doi/full/10.1056/NEJMp2109285?query=TOC&cid=NEJM%20eToc,%20July%201,%202021%20DM126402_NEJM_Non_Subscriber&bid=526941353

⁴ [Americans with ‘long COVID’ will be covered under federal disability law \(beckershospitalreview.com\)](https://blogs.bmj.com/bmj/2020/12/09/confronting-the-pathophysiology-of-long-covid/)

⁵ <https://blogs.bmj.com/bmj/2020/12/09/confronting-the-pathophysiology-of-long-covid/>

⁶ https://www.cigna.com/static/www-cigna-com/docs/about-us/newsroom/innovation/long-term-covid-19-impact_article.pdf

Common Long COVID Signs and Symptoms Include Lingering:

- Fatigue
- Shortness of breath or difficulty breathing
- Cough
- Joint pain
- Chest pain
- Memory, concentration, or sleep problems
- Muscle pain or headache
- Fast or pounding heartbeat
- Loss of smell or taste
- Depression or anxiety
- Fever
- Dizziness when you stand
- Worsened symptoms after physical or mental activities¹

What is being done?

In December, Congress provided \$1.15 billion in funding over four years for the National Institutes of Health (NIH) to support research into the prolonged health consequences of COVID-19 infection. Some of the initial underlying questions this initiative hopes to answer are:

- What does the spectrum of recovery look like across the population?
- How many people continue to have symptoms or develop new symptoms after acute COVID-19 infection?
- What is the underlying biological cause of these prolonged symptoms?
- What makes some people vulnerable, but not others?
- Does COVID-19 infection trigger changes in the body that increase the risk of other conditions, such as chronic heart or brain disorders?

These initial research opportunities will support a combination of ongoing and new research studies and the creation of core resources. The NIH anticipates other kinds of research, in particular clinical trials to test strategies for treating and promoting recovery from infection.⁷

In addition, 41 hospitals and health systems have created COVID-19 recovery programs to support patients who experience lingering symptoms. Most COVID-19 recovery programs currently involve an initial evaluation and referrals to a network of specialists.⁸

Where do we go from here?

Efforts to increase COVID-19 vaccination could include messaging to states that preventing COVID-19 also prevents post-COVID-19 conditions.⁹ We now know that people with Long COVID need integrated multidisciplinary holistic care, and health systems should quickly adapt to this reality.⁸

⁷ [NIH launches new initiative to study "Long COVID" | National Institutes of Health \(NIH\)](#)

⁸ [41 hospitals, health systems that have launched post-COVID-19 clinics \(beckershospitalreview.com\)](#)

⁹ [Symptom Duration and Risk Factors for Delayed Return to Usual Health Among Outpatients with COVID-19 in a Multistate Health Care Systems Network — United States, March–June 2020 | MMWR \(cdc.gov\)](#)

Please be advised that any and all information, comments, analysis, and/or recommendations set forth above relative to the possible impact of COVID-19 on potential insurance coverage or other policy implications are intended solely for informational purposes and should not be relied upon as legal or medical advice. As an insurance broker, we have no authority to make coverage decisions as that ability rests solely with the issuing carrier. Therefore, all claims should be submitted to the carrier for evaluation. The positions expressed herein are opinions only and are not to be construed as any form of guarantee or warranty. Finally, given the extremely dynamic and rapidly evolving COVID-19 situation, comments above do not take into account any applicable pending or future legislation introduced with the intent to override, alter or amend current policy language.

Brown & Brown, Inc. and all its affiliates, do not provide legal, regulatory or tax guidance, or advice. If legal advice counsel or representation is needed, the services of a legal professional should be sought. The information in this document is intended to provide a general overview of the services contained herein. Brown & Brown, Inc. and all its affiliates, make no representation or warranty as to the accuracy or completeness of the document and undertakes no obligation to update or revise the document based upon new information or future changes.