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"LONG COVID"

By Scott A. O'Mara

"LONG COVID" is a new medical term used to characterize continuation of the illnesses which many individuals have developed since their first COVID-19 diagnosis. Many COVID-19 patients are still experiencing effects of the disease despite the optimism that they have achieved a substantial recovery.

What may be occurring is that the subjective complaints typically related to COVID-19 have been recurring in many cases, along with new and expanded objective findings and additional subjective complaints. Some of the subjective complaints which treating doctors hear are headaches, dizziness, poor memory, poor concentration and loss of taste and/or smell. Additional subjective complaints include breathing problems, shortness of breath, tiredness, muscle pain and weakness. Some patients even develop chest pain, palpitations, erratic (racing) heart rates, tachycardia, blood pressure problems (either highly-elevated or very low blood pressure). These subjective complaints can be indicative of harm to the brain, heart, lungs, kidneys, and/or abdominal area. Some individuals have even developed diarrhea and rashes. Moreover, this list is not all-inclusive. All of these symptoms and conditions are but a fraction of the potential changes and symptoms a COVID-19 patient may experience.

Many of these subjective complaints can be confirmed by objective findings by tests which can confirm a link between the subjective complaints and objective findings, such as heart testing, kidney testing, pulmonary testing, memory testing, etc. The complexity of COVID-19 has led to creation of the term "LONG COVID", which is a reflection of the fact that while the illness itself may cause immediate problems from which injured workers over time may believe they have recovered, those symptoms may return later on, possibly along with various and numerous new ones.

COVID-19 patients are desirous of receiving treatment so they can return to a higher level of function. As complaints lessen, patients may misperceive this development as an indicator of recovery. However, the LONG COVID concept is based on the finding that a diminution of subjective complaints is no guarantee of recovery, as the condition may return at a later time with equal or possibly even greater impact than the patient previously experienced.

Studies done by the University of Oxford and the National Institutes of Health indicate that COVID-19 does have long-term symptoms and long-term disability in many situations because these symptoms and disability manifest at a later date. An additional study found that approximately 10% of patients between the ages of 18 and 49 struggled with symptoms of COVID-19 before they actually became sick, and approximately half of those individuals experienced more symptomatology later than they did at their first onset of COVID-19. Other studies found that 25% of the patients studied still had one or more symptoms 90 days after their COVID-19 diagnosis. A major concern is that sleep deprivation and problems with memory and concentration can have a horrendous impact upon the cardiovascular, pulmonary, digestive and nervous systems. This impact may not become fully manifest until some time after these patients' so-called "recovery".

Some current discussions indicate that "LONG COVID" symptoms create inflammation which can impact various body systems and organs, as mentioned, even after the virus supposedly is gone. Studies are being done of the heart, and some MRI findings have revealed muscular inflammation of the heart --- yet another example of the longterm impact of COVID-19.

Again, not to be minimized is the fact that brain function is impacted when there is a degradation in memory and concentration. As a result, some patients have had difficulty finding the right words to express what they want to say. Again, this neurological deficit is related to the impact of LONG COVID.

Autopsies have been performed on patients who had COVID-19, and they have revealed coronavirus particulates in regions of the brain which would impact the ability to smell. These particulates also were found in blood vessels, causing inflammation and brain damage.

Documentation of patients' subjective complaints --- such as pulmonary problems, chronic coughing, breathing problems, muscular weakness, cardiovascular problems, etc. --- is a significant vehicle for identification of problems so patients can receive appropriate treatment.

I previously discussed COVID-19 in 2020 Newsletter Issue #8, and mentioned the concern regarding the possible recurrence of problems related to this disease. Additional studies reinforce that concern, thereby strongly directing injured workers affected by the COVID-19 virus NOT to settle their cases by Compromise & Release, which would terminate their right to any further treatment under the umbrella of Workers' Compensation should they have a COVID-19 recurrence, Instead, injured workers should resolve their cases by Stipulations with Request for Award, or Findings and Award by the Court, so they potentially can receive lifetime medical care and the right to reopen their cases for new and further disability if their residual impairment increases within five years from their date of injury.

As stated previously, as more information is garnered regarding the potential insidious and progressive nature of COVID-19, the Court may make a finding based upon medical evidence that a worker's medical condition is not subject to the five-year limitation on the right to reopen, thereby allowing a LONG COVID case to be reopened at any point.

According to recent findings by the state of California, 50,592 COVID-19 claims were filed between January 2020 and November 2, 2020. In a majority of those cases, the employers recognized their workers' exposures to this virus, and less than onethird of these cases have been denied. Of the 50,592 cases, 30,438 were filed against insured employers; and 20,154 were filed against self-insured employers.

The vast majority of workers who have been exposed to COVID-19 and filed claims are health care workers. The second largest exposed group of California workers is public safety and government workers. Health care workers accounted for 37.1% of the claims filed, and public safety and government workers accounted for 15%.

As a case goes forward and if the employer tries to buy out the employee's lifetime medical care, that is a horrendous disadvantage to the worker. Employees should be entitled to the right to reopen their cases, and the right to potentially receive lifetime medical care for any and all of the various body systems which are now being discussed as being impacted by LONG COVID.

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