

Getting to the Bottom of Long COVID

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The CDC defines Long COVID as “a wide range of new, returning, or ongoing health problems that people experience” after infection with SARS-CoV-2. The list of reported symptoms is almost unlimited, there are no definitive tests or evaluations that confirm it, and there is no predictable trajectory of this condition. No one knows how many people are affected. According to a General Administration Office between 7.7 million and 23 million Americans have Long COVID.¹

Post Acute Infection Syndromes (PAISs) are common and associated with other pathogens such as Ebola, Dengue, Polio, Chikungunya, and West Nile Virus. Even infection with chickenpox can lead to long-term symptoms.² It’s therefore not surprising that people report post-sequelae symptoms following SARS-CoV-2.

Study design is a major limiting factor in getting to the bottom of Long COVID. Most studies have no control groups and do not include data about the health status of individuals prior to COVID infection. This makes it almost impossible to draw any conclusions. The few studies that have involved a control group, however, do provide some insight.

A study published in *JAMA Network* compared 300 adolescents who definitely had COVID-19 with 85 matched controls who definitely did not have COVID. The kids were followed up for six months with questionnaires and blood tests.

The primary endpoint was how many kids in each group had Post Covid Conditions or PCC:

COVID group	48.5%
No COVID group	47.1%

Bottom line – no difference.

A secondary endpoint was how many kids had post-infective fatigue syndrome (PFIS):

COVID group	14%
No COVID group	8.2%

Not statistically significant.

Having COVID or not having COVID did not seem to make a difference. What did was make a difference was female sex and psychosocial traits such as neuroticism and emotional maladjustment.

The authors note in the discussion that “Correspondingly, a large population-based study found no associations between most persistent symptoms attributed to COVID-19 and serological evidence of SARS-CoV-2 infection.”

They also noted that “The prevalence of PIFS (Post infection fatigue syndrome) in the current study was comparable with observations from studies of sequelae after other infections.”³

In other words, many people have difficulty recovering from infections of all types. It’s a common phenomenon, and it is related to physical and psychological health prior to infection. It’s not new or mysterious, but rather blown out of proportion like all things related to COVID.

Another study co-authored by Dr. Vinay Prasad, looked at the importance of control groups when discussing Long COVID. Prasad and his co-author conducted a search for studies published in high-impact journals on human patients with long COVID. Of 83 studies, only three were randomized controlled trials testing interventions for Long COVID, while the others were observational. Their conclusion: Studies of Long COVID are seriously flawed. There is no standardized definition of Long COVID, there is usually no control group, and the studies do not control for confounders. Some studies show clear bias.⁴

Dr. Prasad’s Substack provides some additional commentary on both of these studies. He states that fear-mongering about COVID-19 in kids is not justified since they will all eventually get it anyway. Many will suffer symptoms commonly associated with Long COVID, but the symptoms are not related to Long COVID. He also writes that the media has done a tremendous disservice by reporting inaccurate information about Long COVID but they did so in order to scare people and justify restrictions in younger populations.

He concludes with this statement: “All kids will get COVID19 soon. There are few data to support vaccinating health kids. We should let parents decide, and keep quiet, and in the meantime, learn to never restrict kids’ lives again.”⁵

Note: Dr. Vinay Prasad is the keynote speaker for Wellness Forum’s annual Fall Conference, scheduled for November 3-5 in Columbus Ohio. Tickets are available now – a maximum of 85 people can join us in-person at our center; all others can purchase remote access. More info and registration forms are available at www.wellnessforumhealth.com

Second note: Wellness Forum staff have been assisting people who have had difficulty recovering from illnesses like colds and flu for almost three decades, by addressing the underlying conditions that interfere with recovery, as mentioned in the article above. If you suffer from long-term sequelae from COVID or any illness, and would like to change your health status, email pampopper@msn.com.

¹ <https://www.gao.gov/products/gao-22-105666>

² <https://www.nature.com/articles/s41591-022-01810-6/tables/1>

³ Selvakumar J, Havdal LB, Drevvatne M et al. "Prevalence and Characteristics Associated With Post-COVID-19 Condition Among Nonhospitalized Adolescents and Young Adults." *JAMA Netw Open* 2023 Mar;6(3):e235763

⁴ Haslam A, Prasad V. "Comparability of Control and Comparison Groups in Studies Assessing Long COVID." *Am J Med* 2023 Jan;S0002-9343(23):00038-4

⁵ <https://vinayprasadmmpm.substack.com/p/bombshell-new-study-on-long-covid>