

MOTION BY SUPERVISOR HILDA L. SOLIS

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**Addressing the Long-Term Effects of the Relentless COVID-19 Virus**

It is known that acute infection with the novel coronavirus (COVID) can cause a range of symptoms, from mild problems such as headaches, fevers and cough to more severe complications including complete respiratory failure and death. Unfortunately, there is now mounting evidence that effects of the coronavirus do not end with these acute symptoms, but instead can last weeks to months with devastating effects. Across the globe, even those with initially mild illness are reporting continued issues, sometimes more severe than the initial illness itself. These symptoms can include difficulty breathing, fatigue, headaches, cardiovascular issues, neurological complications, potential infertility and other physical problems, but the mental health complications are also considerable.

The impact of these long-term coronavirus symptoms, popularly termed Long-Haul COVID, is substantial. People are often unable to return to their daily lives, with effects including delayed return to work, inability to care for family and loved ones, and even problems performing their daily activities like self-care, cooking, or walking. The underlying cause and risk factors for Long-Haul COVID are not well understood, and no public information exists regarding rates among Los Angeles County residents.

**MOTION**

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The initial research, led by COVID-19 patients themselves, suggested in May, 2020 that the long-term impacts of COVID-19 were extensive, prevalent, and seemingly unrelated to acute phase severity. Later, research from Germany, demonstrated that over half of the patients sampled had ongoing inflammation of their heart 2-3 months after COVID was diagnosed. This was regardless of preexisting conditions, severity and overall course of the acute illness, and time from the original diagnosis. Researchers in the United Kingdom found similarly dismaying long-term sequelae in hospitalized patients with COVID, with 74% reporting persistent breathlessness, excessive fatigue or other symptoms. Many also reported poor quality of life and difficulty doing daily activities such as bathing, dressing or returning to work. Italian research published much the same results, with 87% of patients reporting continuation of at least one symptom, especially fatigue and breathlessness, an average of 2 months after their initial illness. They also reported that almost half of people surveyed reported a lower quality of life.

When the Centers for Disease Control and Prevention surveyed non-hospitalized COVID-patients and people with milder disease 2-3 weeks after their positive test, over one-third reported that they had not returned to their usual state of health. Even among those who had returned to their usual state of health, one third of them continued to have COVID-related symptoms.

A COVID diagnosis not only causes physical harm, but mental harm as well. Mental health experts are warning about possible massive increases in COVID-related PTSD among survivors. This could be related to stays in Intensive Care Units, invasive procedures such as breathing tubes and tracheostomies, and the stigma or disbelief that people may encounter from family, friends, and even medical professionals who are

unfamiliar with the multisystemic impacts of the virus and their long-term persistence. Additionally, the psychological and neurological complications of COVID-19 appear extensive. Even mild infections can exacerbate mental health conditions such as depression, mania, and severe anxiety, and lead to other neurologic consequences such as seizures and poor cognitive functioning. Long-Haul COVID patients frequently report being referred for mental health treatment to the exclusion of more thorough physical or clinical exams.

Additionally, COVID impacts different communities in different ways, yet little research exists on the effects of Long-Haul COVID and its relationship to communities of color, communities with a lower socioeconomic status and communities with limited access to healthcare. Given the diversity within Los Angeles County, there exists a unique opportunity to better understand the long-term effects of COVID such varied communities.

People with Long-Haul COVID are in a situation heretofore unseen. In comparison, unlike COVID patients, 90% of people with influenza recover within two weeks of illness onset. To have the symptoms of a viral illness linger for weeks to months is taking a toll on the people of Los Angeles as it is the rest of the world, yet we know very little about it. We must first ascertain the extent of Long-Haul COVID before we can effectively start helping these vulnerable and brave survivors.

**I, THEREFORE, MOVE** that the Board of Supervisors direct the Department of Public Health, in collaboration with the Department of Health Services, to report back in 30 days regarding COVID-19 survivors and long-term symptoms and the need for services that these survivors may require, including the feasibility of collecting data from COVID-19 survivors regarding long term symptoms.

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