Weekly Checkup

Long COVID and the Labor Market

CHRISTOPHER HOLT | APRIL 22, 2022

As the COVID-19 pandemic rolls on, consider two enduring mysteries. One is the disease itself and, in particular, its long-term effects. The other is the impact of pandemic on the labor market. Increasingly, and unsurprisingly, it appears the two may be related in the form of "long COVID." **Long COVID, or technically, the "incidence of persistent clinical symptoms and risk factors in Post-Acute Sequelae of SARS-CoV-2," remains poorly defined at this stage, but it is becoming more apparent that it presents unique policy challenges beyond treatment.**

No one is entirely sure what constitutes long COVID or what causes it, but broadly it features symptoms that continue after the patient has recovered from the initial COVID-19 infection. Long COVID impacts people differently, and can include persistent shortness of breath, cardiac problems such as heart inflammation, kidney damage, long-term loss of taste and smell, poor blood circulation, severe headaches, dizziness, fatigue, and difficulty maintaining focus or so called "brain fog." To date there is no discernable connection between instances of long COVID and the initial severity of the COVID-19 infection or underlying medical conditions. Symptoms have appeared at similar rates in chronically ill patients who were hospitalized because of their COVID-19 diagnosis and those who tested positive but were asymptomatic. **Further research around long COVID and more precise definitions are clearly needed but will take time.**

The Centers for Disease Control and Prevention estimates that between February 2020 and September 2021 nearly 147 million Americans contracted COVID-19, with a little over 100 million of those cases presenting in working-age adults. **Multiple studies—including recent analysis from researchers at the University of California, Los Angeles—have found that roughly 30 percent of those infected with COVID-19 experience some long COVID symptoms, again with no correlation to severity of the initial illness.** A January report from the Brookings Institution pulls this all together, concluding that roughly 30 million working-age Americans have likely experienced long COVID, and further points to multiple studies finding that between 23–28 percent of long COVID patients reported being out of work because of their symptoms. **All told, the report concludes that between 1.04–1.26 million people could be out of work at any given point because of long COVID.**

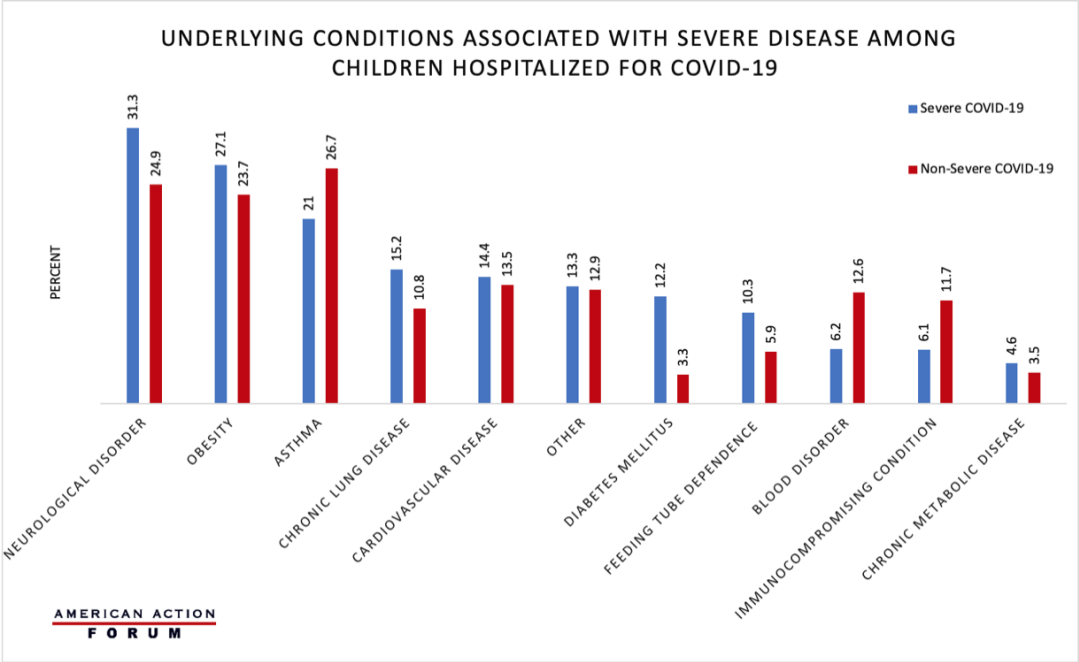
In a similar vein, *The Wall Street Journal* reported this month that that the U.S. labor force is 3.5 million workers short of where it would have been in the absence of the COVID-19 pandemic if labor force participation had continued along previous trendlines. Additionally, the report cited survey data showing that 3 million people who have left the workforce say they do not intend to "return to pre-COVID activities—whether that includes going to work, shopping in person or dining out—even after the pandemic ends."

Given the uncertainty around long COVID, it's hard to make any emphatic claims, but it is likely that persistent long COVID is having an impact on labor market participation, and potentially a large one. It's a subject that will merit further study, and which policymakers will need to watch moving forward.

CHART REVIEW: UNDERLYING CONDITIONS ASSOCIATED WITH SEVERE DISEASE AMONG CHILDREN HOSPITALIZED FOR COVID-19

Yashashree Marne, Health Care Policy Intern

The Centers for Disease Control and Prevention (CDC) recently published a report on COVID-19 hospitalizations of children 5-11 years old, based on COVID-19-Associated Hospitalization Surveillance Network data from March 1, 2020 through February 28, 2022. According to the report, roughly two-thirds of all children hospitalized for COVID-19 had one or more underlying medical conditions. The chart below shows the underlying medical conditions associated with severe disease among children hospitalized with severe and non-severe COVID-19 as the primary reason for admission. “Severe disease” is defined as those requiring ICU admission, invasive mechanical ventilation, or in-hospital death. Of note, the underlying medical conditions are not mutually exclusive, and patients may be included in more than one category, and thus the percentages sum to greater than 100 percent. Among children hospitalized for COVID-19, those with underlying conditions such as neurological disease, obesity, chronic lung disease, cardiovascular disease, diabetes mellitus, feeding tube dependence, and chronic metabolic disease were more likely to have severe COVID-19 than non-severe COVID-19. Conversely, children hospitalized for COVID-19 who had asthma, blood disorders, or immunocompromising conditions were not at increased risk for severe disease and were more likely to be hospitalized with non-severe COVID-19. The CDC report suggests these outcomes could be due to a lower threshold for hospital admission among children with these conditions.

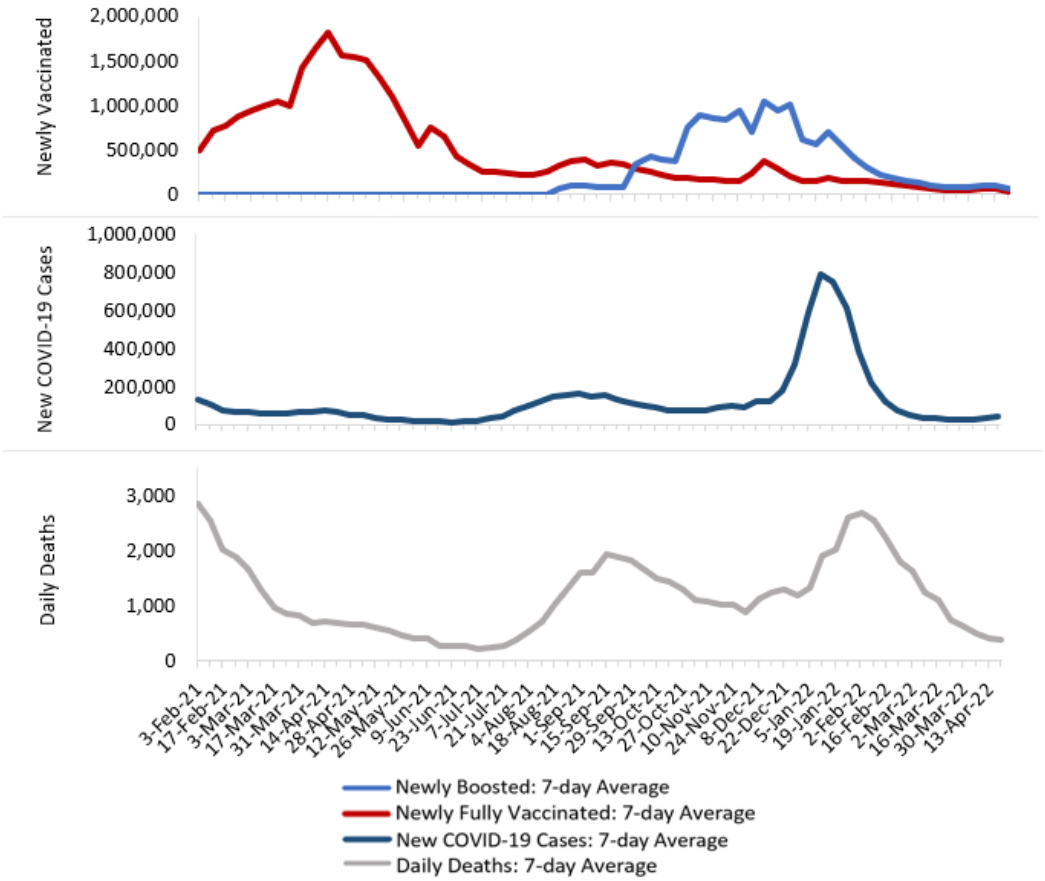


Notes: Chronic lung disease” excludes asthma and “chronic metabolic disease” excludes diabetes mellitus. “Other” includes liver disease, renal disease, rheumatologic, autoimmune, and inflammatory conditions.

TRACKING COVID-19 CASES AND VACCINATIONS

Jackson Hammond, Health Care Policy Analyst

To track the progress in vaccinations, the Weekly Checkup will compile the most relevant statistics for the week, with the seven-day period ending on the Wednesday of each week.



Sources: Centers for Disease Control and Prevention Trends in COVID-19 Cases and Deaths in the US, and Trends in COVID-19 Vaccinations in the US

Note: The U.S. population is 332,622,326.