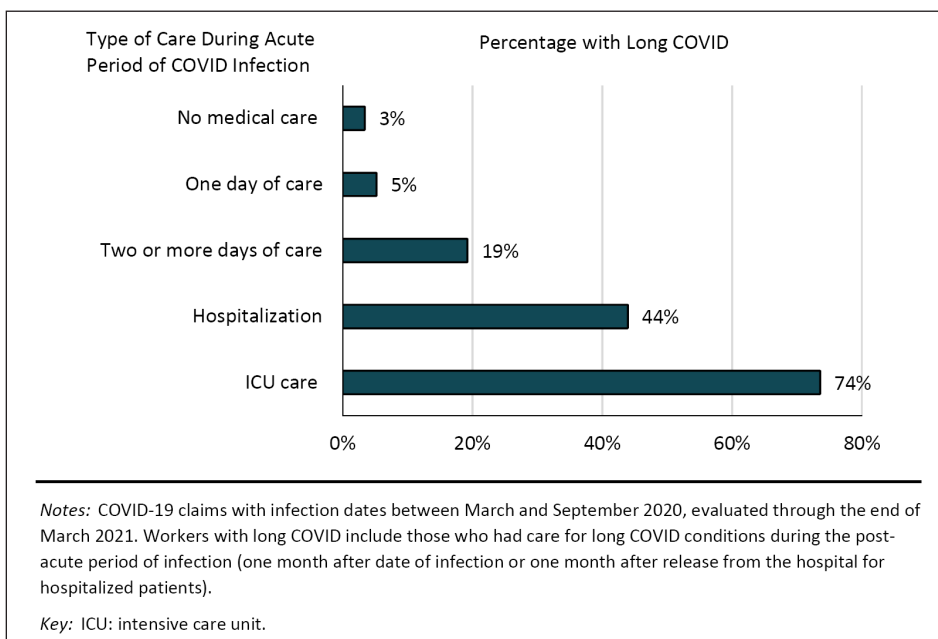


Seven Percent of Workers with COVID-19 Claims Developed Long COVID

By: Bogdan Savych, PhD



A recent study, “Long COVID in the Workers’ Compensation System Early in the Pandemic” from the Workers Compensation Research Institute (WCRI) examined the prevalence of long COVID among injured workers early in the pandemic by studying the COVID-19 workers compensation claims that occurred between March 2020 and September 2020. Most patients infected with COVID-19 recovered quickly. However, some patients did not return to their initial health status, and re-

ported recurring or new symptoms and complications (such as chronic cough, shortness of breath, heart palpitations and muscle, joint or chest pain) weeks or even months after the initial infection. These persistent health consequences of COVID-19 became known as long COVID.

The WCRI study found that seven percent of workers with COVID-19 claims had not returned to their preinjury health status within 10 months of their

COVID-19 infection. These patients continued to receive treatment beyond the acute stage of the COVID-19 infection.

The prevalence of long COVID varied widely by the nature of the medical care that workers received during the acute stage of the infection. Workers who were hospitalized or had intensive care unit (ICU) care in the first month of the infection were substantially more likely to receive care for long COVID symptoms than workers who had limited exposure to medical care early after the infection. Among those with an ICU stay early on, 74 percent received treatment for long COVID conditions, with many of them continuing to receive care months after the acute stage of the infection.

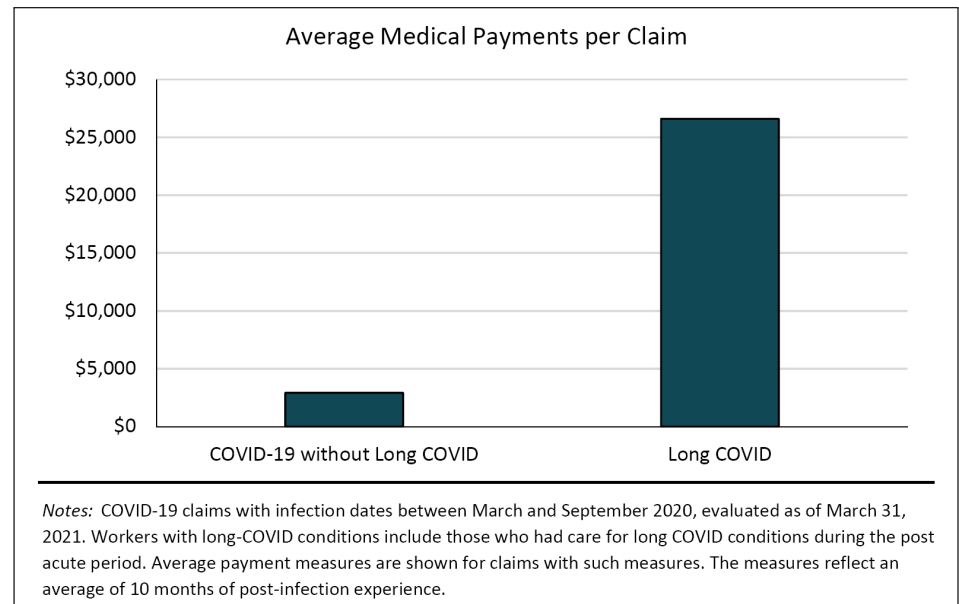
At the same time, even some workers who had minor symptoms during the acute stage of the infection still developed long COVID symptoms months later. Among workers with one day of medical care within the first month of the infection, about five percent had care for long COVID conditions during the post-acute period. The workers with relatively minor symptoms early on represented a substantial share of the workers with long COVID.

We found that long COVID was an important driver of costs for COVID-19 cases. Compared to COVID-19 claims without long COVID, claims with long COVID had higher average medical payments and higher average income replacement benefits. Specifically, we found a nearly 10-fold difference in the average medical payment per claim. The average medical payment for claims with long COVID was over \$25,000, while the average medical payment for claims without long COVID was less than \$3,000. Importantly, hospitalizations and ICU care contributed substantially to the medical costs of long COVID claims. For instance, the average medical costs were above \$50,000 for hospitalized workers and above \$150,000 for workers with ICU care.

Our findings indicate that many workers with long COVID had three months of temporary disability benefits within the first year after infection. This suggests that long COVID impacted workers' ability to work well beyond the acute period of the infection.

The Consequences of Long COVID

Understanding COVID-19 and its consequences poses unique challenges for the research community since patient experiences varied so widely. The benefit of studying long COVID in the workers compensation data is that it provides insights into patient experiences after a COVID-19 infection that are rarely afforded by other sources of information. The sample of COVID-19 cases reported in the workers compensation system included the whole spectrum of patient experiences: patients with serious



illnesses that required hospitalization and ICU stays, patients with moderate illnesses that did not require hospitalization and patients who used little or no medical care.

A majority of workers with COVID-19 claims received only income replacement benefits (compensation for lost wages) and did not have any medical care. These are relatively minor cases where workers stayed away from work during the acute stage of the infection, had relatively minor symptoms, recovered relatively quickly and did not need any medical intervention. The patients who did not have any medical care are typically not observed in many administrative sources of data on COVID-19 patients, although they represent a substantial number of COVID-19 infections.

In those unusual times, there was limit-

ed guidance about preferred treatments, and even access to providers was not always available as medical facilities were often overwhelmed. The scientific consensus about the definition of long COVID is still developing, and the definition is likely to evolve as more data about experiences throughout the pandemic are examined. This study provided insights into workers recoveries from COVID-19 early in the pandemic. However, further research is needed to understand how the pattern of recovery changed in the subsequent waves of infection and once vaccinations became available. Furthermore, it will be important to examine the potential longer-term disability implications of long COVID. ■

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