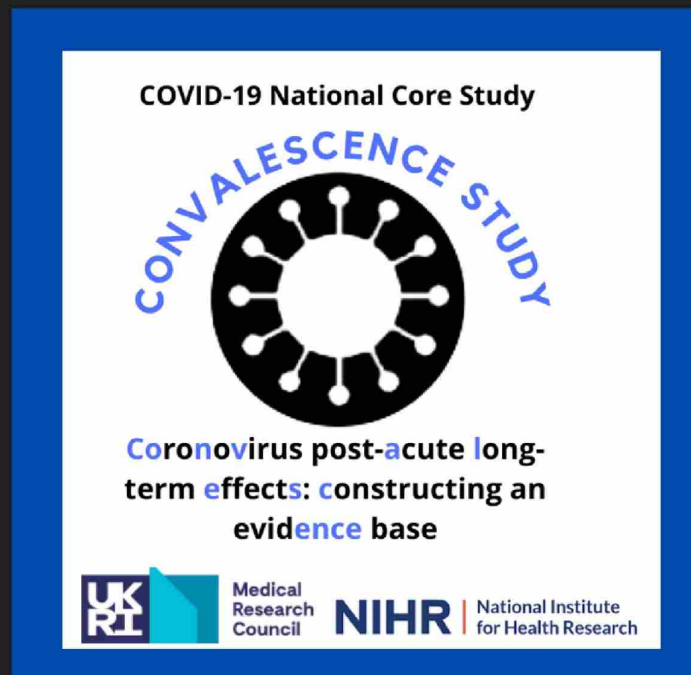


1ST FEBRUARY 2022

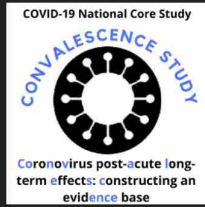
# Cabinet Office Teach In

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## long COVID

EVIDENCE FROM THE CONVALESCENCE STUDY,  
COVID-19 LONGITUDINAL HEALTH AND WELLBEING NATIONAL  
CORE STUDY



## FINDINGS

- Prevalence of long COVID in 45,096 longitudinal population cohort participants ranges from 8-17%
- Daily life is affected 12+weeks after COVID-19 infection in 1.2% of 20 years olds and 4.8% in middle age.
- Coding of long COVID by GPs is low.
- Long COVID patients are falling at the first hurdle in accessing support or treatment. Only 21 out of 38 respondents had managed a GP appointment and 2/38 have managed to access long COVID clinics.
- Risk factors for long COVID include: women, obesity, prior asthma, prior adverse physical and mental health and white ethnicity.
- Symptom Analysis: High and low symptom reporting clusters identified. Comparison of symptoms across 3 groups (No COVID-19, COVID-19<4 weeks and COVID-19 >12weeks) is ongoing.
- COVID-19 has long term adverse effects, irrespective of long COVID symptoms
- Health and socioeconomic consequences observed even in those who apparently make a full recovery.
- Risk of adverse outcomes is much higher in hospitalised COVID-19 patients compared to the general population but similar to those hospitalised with pneumonia.
- Increased risk of heart disease and clots even a year post infection – excess risks even in those not hospitalised, some indication that ethnic minorities have greater risk

CONVALESCENCE STUDY



# AUTHORS

## Co-leads

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## Long COVID Risk Factors

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## Low long COVID GP coding

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## Symptom Clustering

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## Qualitative Study

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## Cardiovascular Risk

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## Cardiovascular Outcomes

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**CONVALESCENCE STUDY**