



Cabinet Office

Directorate General for Analysis, C19 Taskforce

September Review Analysis Pack

Jointly produced by Directorate General for Analysis (DGA), JBC, SPI-M, PHE, DHSC, DfE, HMT & ONS

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OFFICIAL SENSITIVE - DRAFT FOR DISCUSSION - NOT GOVERNMENT POLICY

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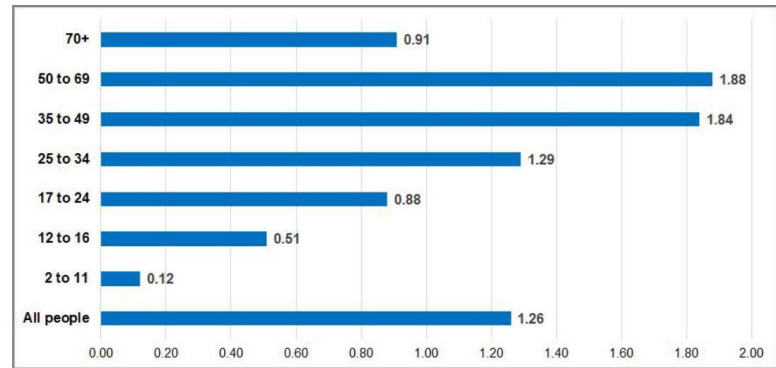
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Theme 4: Long Covid

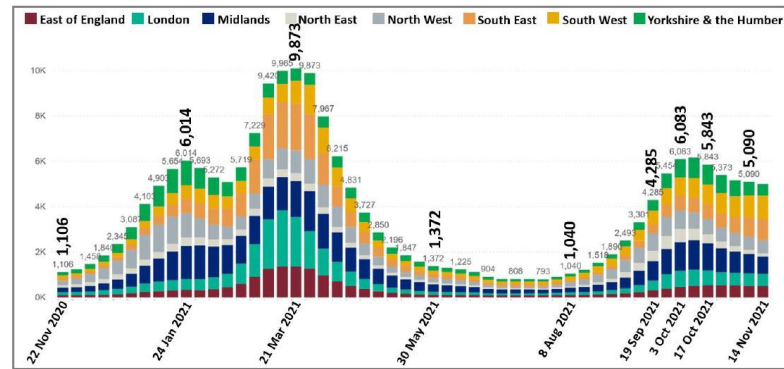
“What are the potential impacts of Long COVID on the NHS, Education and the labour market?”

Long COVID prevalence has been static in the last few months but is predicted to rise and peak this autumn

% of UK population with self-reported long COVID symptoms for 12+ weeks post infection



Long Covid prevalence per week based on estimated infection rates and ONS Long Covid survey (symptoms lasting for 12+ weeks and severe intensity)

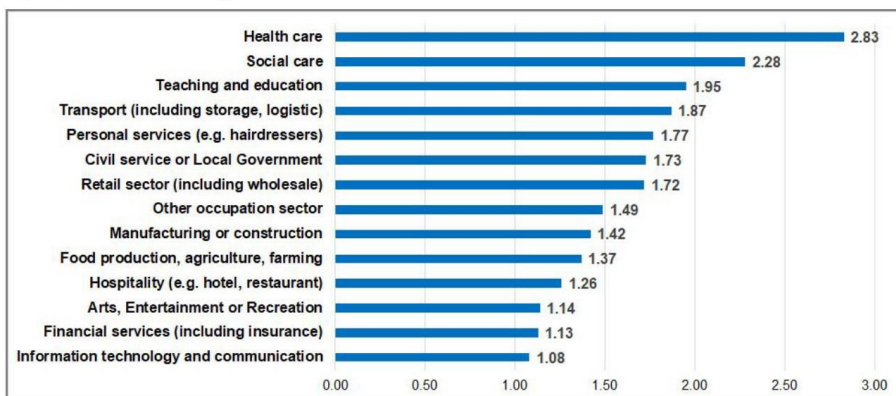


Sources: ONS long COVID survey, PHE modelling, CLoCk study, Convalescence study, DHSC, Imperial College

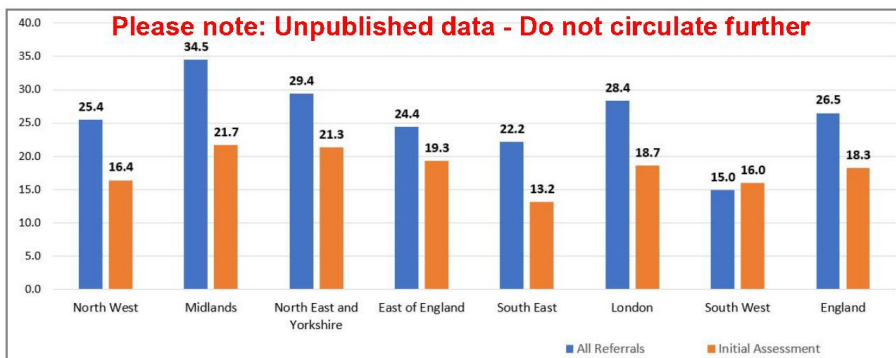
- Prevalence & symptoms (ONS):** 13.7% of people testing positive for COVID-19 continue to report a symptom 12 weeks later (ONS estimate, April 2021 study). Latest data shows that 1.26% of the UK population has self-reported long COVID symptoms for 12+ weeks from infection. Of those, 19.3% report that their ability to undertake their day-to-day activities has been “limited a lot”. Tiredness is reported the most (471,000), followed by shortness of breath (343,000), muscle ache (260,000) and difficulty concentrating (262,000).
- Prevalence in children:** According to the CLoCk study, up to 14% of children who caught COVID-19 may have symptoms linked to the virus 15 weeks later. According to the ONS, long COVID is prevalent in 0.12% of the 2-11 year old population and in 0.51% of 12-16 year old population in the UK.
- Characteristics of patients:** Long COVID is most common in people aged 35-69. The REACT-2 study suggests that the persistence of one or more symptoms for 12+ weeks increases with age, with a linear increase of 3.5% per decade of life.
- DIGs impacted:** Symptoms tend to be most prevalent in females, those living in the most deprived areas, those working in health/social care and those with additional health conditions or disabilities. Non-white ethnicities are less likely to report long COVID. Prevalence is also linked to poorer pre-pandemic mental and physical health.
- Prevalence (PHE):** Since 29th of August 2020, an estimated 1,089,664 people had ongoing COVID-19 symptoms persisting for 12 weeks after initial infection. Of these, 201,156 are likely to have had their activity significantly limited. The chart on the left shows the distribution of these cases. It is estimated that between 1st of January and 1st of April 2021 there were 105.3 long COVID cases resulting from hospitalised COVID-19 patients per 1,000 long COVID cases. This has fallen to 21 per 1,000 between 1st of May and 8th of August 2021.

Vaccination reduces the risk of long COVID but there is still an impact on education, the economy and the NHS

% of UK population (by employment sector) with self reported symptoms of long COVID for 12+ weeks



Referrals & Initial assessment for long COVID clinics (21 Jun-15 Aug) per 100,000 population



Sources: [Name Redacted] ONS Long COVID survey, DHSC, NHS data, DfE

- Vaccination effect:** The risk of long COVID is reduced in double vaccinated individuals, in addition to the documented reduced infection risk.
- Impact on education:** In the UK, the estimated percentage of people working in Teaching & Education with self-reported long COVID is 1.95%. This is 35% higher compared to prevalence for all people (1.26%). The impact of Long COVID on student absences is minimal compared to the amount of learning time lost due to COVID-19 for other reasons. But for the students that end up with significantly fewer days in education because of long COVID symptoms, there could be an impact to their attainment and potentially lifelong earnings.
- Economic impact:** The cost of absenteeism due to long COVID is estimated between £248 - £476 million, for the current cohort of Long COVID sufferers, based on ONS estimates that around 70,000 people in employment are currently reporting symptoms that have a significant impact on their day to day life. Other indirect costs have not yet been quantified and include but are not limited to: less tax revenue, increase in welfare and housing expenditure, lower productivity/earnings, increased demand for social care support, as well as the individual cost of reduction in quality of life.
- NHS impact:** Demand for healthcare services is already increasing and it is likely that the burden will mostly fall on primary, mental health and community care services. The demand for long COVID clinics is highest in the Midlands where 34.5 referrals were made per 100,000 population in the period 21 June - 15 August. It is also the region with the largest number of people that have been referred but are still waiting for their initial assessment (12.8 people per 100,000 compared to 8.2 on average for England).