ISSUE 06 / **AUGUST 2022**

COVID matters

The ongoing impact of COVID-19 in, and on, the workplaces of Australia

> "This is science as we're living it, and it's quite unusual. People like myself are constantly looking at what is happening around the world, and if you look at medical journal databases, you can see there are over 250,000 articles out now in relation to COVID-19. It's impossible to keep track of what is happening."

PROFESSOR ADRIAN ESTERMAN
CHAIR OF BIOSTATISTICS AND EPIDEMIOLOGY, UNIVERSITY OF SOUTH AUSTRALIA
As quoted in mamamia.com.au on 5 April 2022

The art of science: Towards understanding Long COVID in the workplace

When we first launched this newsletter, back in December 2020, we undertook to track research and studies on COVID-19 and its impact on long-term health, mental health, neurological conditions, fatigue-related issues, workplace risk and changes to the Australian labour market – so you wouldn't have to. We told you: "It's a constant learning curve. We seek to make sense of it for you."

Two years later, we are still doing just that. COVID has been (still is!) a unique phenomenon for researchers. Phases of research have looked at the initial impact (what even is this thing called COVID-19?), epidemiology, vaccinations, mental health issues related to the pandemic, medium and long-term impacts, return to work and now..? There is a major focus on Long COVID.

Science is still trying to define it. (**This links to a great read on that global challenge.**) But whatever it is, or is not, workplaces are bracing for a wave of Long COVID and potentially with it staff absenteeism, presenteeism, rising claims costs and premiums.

This issue of COVID Matters looks specifically at Long COVID studies, distilling them into bite-sized learnings to save you time.

Long COVID is where our experience supporting people through illness and injury to return to work can come into play as a practical support for your organisation and people.

We have teamed with Monash University to develop a suite of evidence-based COVID support services.

This includes a screening tool for when a person with COVID might be heading towards Long COVID – and to define when you should seek early intervention for them. Plus, a tailored health coaching program to support return to work for people who are impacted by a COVID diagnosis or Long COVID.

See page 6 for more – and please reach out if you would like to discuss our COVID services and how they can support recovery and return to work for your people.

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COVID Long COVID risk falls only slightly after vaccination, huge study shows

BY REARDON, S.
Nature NEWS, 25 May 2022

Sara Reardon is a freelance science journalist from Bozeman, Montana with a role as a staff reporter at high-profile scientific journals including Nature, New Scientist and Science. See sarareardon.com

The findings in a nutshell

Long COVID is difficult to define and diagnose as a result of the wide variety of potential symptoms, which also makes it challenging to study from a research perspective.

It seems that previous estimations of Long COVID prevalence may have been inflated, with a very large study recently finding

7% of 4.5 million

people treated for COVID went on to present with Long COVID symptoms

This is in contrast to previously reported rates of up to 30% of those who have been infected by COVID.

Other evidence has shown that vaccination does reduce the likelihood of Long COVID in people previously infected, but by only around 15%. For those who do go on to develop Long COVID, being vaccinated does not seem to change how you experience Long COVID (type and severity), as demonstrated by the large cohort study.

Overview of the paper

This article cites five high profile research studies recently published in top scientific journals to present an evidence-based perspective on the **effectiveness of currently available COVID-19 vaccines in protecting individuals against Long COVID** and the implications of those findings.

Implications for Australian workplaces

Taken together, this new evidence of limited protection against Long COVID by vaccines places more importance on other measures such as mask wearing and social distancing especially in high traffic and highly populated areas of the workplace. Only then can we limit the number of people placed at risk of Long COVID, particularly those with compromised immune systems.

LONG COVID IS DIFFICULT TO DEFINE AND DIAGNOSE

READ FULL ARTICLE

COVIDmatters

COVID Post-acute COVID-19 cognitive impairment and decline uniquely associate with kynurenine pathway activation: a longitudinal observation study

BY CYSIQUE L., JAKABEK D., BRACKEN S.G., et al.

Preprint from medRxiv; DOI: 10.1101/2022.06.07.22276020, 7 June 2022

The authors are all Australian medical experts and researchers based in NSW at institutions including St Vincent's Hospital, the Kirby Institute, Faculty of Medicine and School of Psychology at UNSW, School of Psychology and Medical School Macquarie University.

The findings in a nutshell

- Clinically relevant mild-moderate cognitive impairment impacts up to 25% of patients at post-acute COVID stages, and the prevalence of the cognitive impairment increased slightly over time.
- Individuals showing evidence of mild cognitive impairment initially showed greater cognitive decline post-acute COVID than cognitively normal patients.
- Kynurenine pathway (KP) activation was confirmed as a potential biomarker for COVID-related cognitive decline and a therapeutic target.

Overview of the paper

This study used a rigorous longitudinal design, and a set of well validated neuropsychological tools to explore cognitive change over time post-COVID infection. Participants were divided into three acute severity groups (mild, moderate and severe). Based on past research, a range of potential biomarkers and metabolic products were selected, and in addition, the components of the plasma KP activation which has been shown to be dysregulated by COVID-19 infection (including mild cases). A range of other validated clinical tools also assessed mental health (anxiety and depressive symptoms), olfaction performance, and lung function.

Results indicated:

Of the **128** unvaccinated COVID positive patients sampled, mild-moderate cognitive impairment was identified in:

16%
2- months post-diagnosis

23%
4- months post-diagnosis

26%
12- months post-diagnosis

Mild cognitive decline (and NOT anxiety, depression, olfaction, lung function or COVID severity) was **uniquely** associated with KP activation suggesting a potential causal link and identifying it as a potential biomarker for COVID-related cognitive decline.

Implications for Australian workplaces

This study provides the foundation for further therapeutic intervention research that has the potential to identify and treat workers at risk of or experiencing COVID-related cognitive decline, minimising the negative implications for workplaces.

READ FULL ARTICLE

COVID Risk of Long COVID associated with Delta versus Omicron variants of SARS-CoV-2

BY ANTONELLI M., PUJOL J.C., SPECTOR T.D., OURSELINE S. & STEVES C.J.

The Lancet: Correspondence, 9 June 2022

Work supported by the UK department of Health; Research team based at Kings College, London, UK.

The findings in a nutshell

- Omicron appears to cause less severe acute illness than previous variants, at least in vaccinated populations
- However, the potential for large numbers of people to experience long-term symptoms is a major concern
- Omicron COVID cases were **less likely to experience Long COVID** than Delta cases (for all vaccine timings)
- Overall, the study found a reduction in odds of Long COVID with the Omicron variant versus the Delta variant of 0·24–0·50 depending on age and time since vaccination

Overview of the paper

The Omicron variant of COVID spread rapidly across the world from November 2021. The number of cases reported in Europe (as per a global COVID database) in a 4-month period from December 2021 to March 2022 far exceeded all previously reported cases. This observational study set out to identify the **relative odds** of Long COVID (new or ongoing symptoms 4 weeks or more after the start of acute COVID-19) during the Omicron stage compared with the Delta period. Data were collected via health surveillance measures following positive COVID diagnoses using smartphone apps (self-reported). Samples were all vaccinated prior to testing positive to COVID and included 40,000 individuals meeting the inclusion criteria for each group / period. Statistics adjusted for factors across the groups that are known to affect the risk of Long COVID.

Experiences of Long COVID

OMICRON
56,003 cases

4.5% (2,501)
experienced Long COVID

DELTA
41,361 cases

10.8% (4,469)
experienced Long COVID

Implications for Australian workplaces

Due to the rapid spread of Omicron, health and workforce planners need to be mindful and ready to act to ensure adequate resource allocation.

The full impact of the Omicron wave on the health of the Australian population in terms of developing Long COVID has not yet been realised.

READ FULL ARTICLE

COVID Post-COVID conditions among adult COVID-19 survivors aged 18-64 and 65+ years

BY BULL-OTTERSON L., BACA S., SAYDAH S., et al.

MMWR Morb Mortal Wkly Rep, 71:713-37, 26 May 2022

The authors are affiliated with the Center for Disease Control, United States Department of Health and Human Services.

The findings in a nutshell

One in five COVID-19 survivors aged 18 to 64 years and one in four aged over 65 years experienced at least one incident 'condition' that might be attributable to COVID-19 infection.

Overview of the paper

Electronic health record (EHR) data from March 2020 to November 2021, for persons in the United States aged over 18 years were used to assess the incidence of 26 conditions often attributable to post COVID among patients who had received a previous COVID-19 diagnosis, compared with the incidence among matched patients without evidence of COVID-19. Patients were followed for 30 to 365 days after the index encounter until one or more incident conditions were observed or through to 31 October 2021(whichever occurred first).

COVID-19 survivors were significantly more likely than were control patients to have incident conditions that might be attributable to a previous COVID-19 infection. Among all patients aged over 18 years, 38% of case patients experienced an incident condition, compared with 16% of controls. The conditions affected multiple systems, and included cardiovascular, pulmonary, hematologic, renal, endocrine, gastrointestinal, musculoskeletal, neurologic, and psychiatric signs and symptoms.

SURVIVORS HAVE TWICE THE RISK OF DEVELOPING RESPIRATORY CONDITIONS

Implications for Australian workplaces

The occurrence of post COVID incident conditions following infection might also affect a patient's ability to contribute to the workforce and might have economic consequences for survivors and their dependents, particularly among adults aged 18 to 64 years.

Implications more broadly include those for public health practice, i.e., that implementation of COVID-19 prevention strategies, as well as routine assessment for post COVID conditions among persons previously infected is critical to reducing the incidence and impact of post COVID conditions, particularly among older adults.

READ FULL ARTICLE

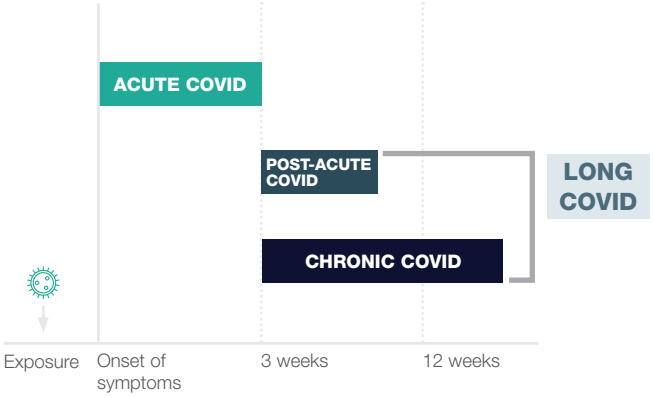
COVIDmatters

Individuals, employers and insurers are grappling with emerging cases and risk of Long COVID. Not all COVID claims will develop Long COVID, but for those that do, it is important to be able to accurately capture and triage the individuals, in order to deliver needs-based services and support people back to work and function.

Supporting individuals with complex biopsychosocial and psychological needs is a team effort, integrating doctors, exercise physiologists, treaters, mental health support and employers. Key to this is the ability to leverage the right medical specialists and engage GPs to provide correct management of Long COVID, while simultaneously supporting workers with evidence-based services.

When does Long COVID occur?

Fig. 1. Classification of Long COVID



Raveendran AV, Jayadevan R, Sashidharan S. Long COVID: An overview. Diabetes Metab Syndr. 2021

What support is available?

Pre-claim COVID Support

- Vaccination exemption reviews
- Large employer panel discussions
- Education and sharing of latest and emerging research

Claim-related COVID Support

0-4 weeks

- Triage screening
- Medical Liability Assessment
- Biopsychosocial Assessment
- Early intervention RTW support and case conference
- Advice from the mlcoa consultant medical officer

4-12 weeks (Post-Acute COVID Syndrome)

- Medical assessment to review work capacity, treatment, recovery expectations
- Biopsychosocial Assessment
- Health coaching, rehabilitation and RTW support
- Clinical escalation where required
- Specialist GP engagement and support
- Case conferencing
- Advice from the mlcoa consultant medical officer

12+ weeks (Long COVID)

- Specialist GP engagement and support
- Establishment of a recovery plan
- Medical management and monitoring
- COVID Specialist Panel support for Treating Specialist
- Home/Worksite visit
- Health coaching, rehabilitation and RTW support
- Clinical escalation where required
- Ongoing support for GP and individual

At any time: Access to flexible medical support

- Overseen by MedHealth's Chief Medical Officer and Monash University
- Triage managed by mlcoa Medical Advisor
- Access to Specialists/Doctors across Australia
- Triage screening tool developed with Monash University
- Medical opinions, file reviews, doctor to doctor contact, medical case conferences, independent examinations and second opinion services

TALK TO our experts

For COVID Support, please contact

IPAR
03 8648 0900
rehab@ipar.com.au

mlcoa
1800 652 621
contact@mlcoa.com.au

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