

# The road to recovery from COVID-19.



## Overcoming the gravity of COVID-19 infections.

At this point in the pandemic, we know that individuals infected with Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2) continue to experience a wide and varied range of symptoms. While some are completely asymptomatic or experience minor symptoms, others have experienced chronic and persistent symptoms or even death.

Approximately 33% of people infected with COVID-19 are initially without symptoms and 75% of these remain totally symptom free during their course of infection.<sup>1</sup> It is not yet clear why some symptom-free individuals go on to experience symptomatic, clinically notable disease.



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## The CDC uses the following definitions to describe varying levels of symptoms:<sup>2</sup>



- 1 Acute, early-phase infection is defined as having symptoms less than one month since onset.
- 2 Subacute refers to symptoms which remain for one to three months.
- 3 Chronic infection means symptoms which persist for longer than three months.

Other terms often seen in the literature from news outlets and online include ongoing symptomatic, post-COVID syndrome, post-acute sequelae, long COVID-19 or Long Hauler.

### What characterizes COVID–long haul syndrome?

Long Haul/Post-COVID-19 conditions represent a wide variety of health-related conditions which impact individuals through physical, mental/neurocognitive and behavioral effects. Common, persistent symptoms often include fatigue, muscle aches, headaches, brain fog, and loss of taste and smell. For those with lung and heart damage, symptoms may include shortness of breath, chronic cough, chest discomfort, palpitations and lightheadedness/dizziness.<sup>3,4</sup> Long-haul symptoms seem to have some gender-related predilections with men suffering more severe disease and middle-aged women (between 40-60) sustaining more of the long-haul symptoms.<sup>1</sup> These observations seem to be related to the fact that autoimmune conditions are more common in women age 40-60 sustaining more long-haul symptoms.<sup>1</sup> When the immune system is pushed into a hyperactive state to protect against invading viruses, it can cause damage to tissues and organs.<sup>5</sup> These damaging effects may lead to the syndrome of long-term symptoms.

The presence of chronic symptoms has frequently been noted by patients of advanced age, those with chronic health conditions such as diabetes, cardiac disease, clotting disorders, chronic respiratory issues (such as COPD/asthma), neurologic impairments (such as neuropathy), and underlying psychologic disorders.

Acute mental health disorders (including anxiety, depression, PTSD/Adjustment Disorder and Post-ICU Syndrome) are common after-effects of COVID-19 infection. The stress related to socio-economic pressures, isolation due to social distancing and loss of social/family/work interaction, as well as the lack of clear direction on how to remain healthy and navigate safely through the pandemic, all may have a negative impact on one's mental health. Many may not realize, but the occurrence of the ongoing symptoms known as long-haul is not specific only to COVID-19, but is also seen with other viral infections such as Influenza.<sup>6,7,8</sup>

**Autoimmune conditions are more common in women age 40-60 sustaining more long-haul symptoms.<sup>1</sup>**

# How to consider the effects of long-COVID?



Evaluating the effects of COVID-19 and related symptoms is part of a whole person evaluation of each individual considering their personal history and course of illness. At this time, there are not specific definitive tests which distinguish post-COVID-19 (long-haul) conditions from other etiologies. CDC guidance in June 2021 on evaluating and caring for patients with post-COVID conditions indicates that objective lab or imaging findings should not be the only measures utilized in assessing the status and well-being of each individual patient. There are multiple symptom inventories, assessment tools, physical and cognitive functional tests considered by treating clinicians to further direct care and understand the functional effects of COVID-19 for each individual.

## When is it OK to consider return to activity?

Return to activity (including work) should be assessed by a medical professional after thorough consideration of the individual's clinical status, functional limitations, physical and mental demands of a job, the necessity for ongoing treatments (including impairing medication use), necessity for use of personal protective equipment, potential for risk to others, and consideration of reasonable accommodations (with the employer's input). In general, most patients recover from the acute illness and can be encouraged to return to exercise and activity as tolerated, starting with low intensity levels and slowly increasing the intensity over several weeks.<sup>6</sup> Patients with persistent symptoms or slow recovery may be candidates for exercise testing before progressing. For those who remain without symptoms, return to pre-COVID-19 levels of activity may continue with close monitoring.<sup>6</sup>

For those suffering from a mental health condition but who are clinically stable from a physical perspective, promoting recovery with a return to physical activity has been shown to have a positive impact on mood and mental wellbeing.<sup>5</sup> Physical activity may play an important role in the prevention and treatment of mental health conditions. With that said, physical activity should be promoted as part of an overall treatment plan with allowances for additional support when needed.<sup>6,9</sup>

## We have so much yet to learn...

The analysis of data collected from multiple ongoing studies evaluating the long-term symptoms and effects of COVID-19 will help to improve our understanding of post-COVID-19 syndrome, promote development of clear guidelines for evaluation and management of COVID-19, and should result in improved outcomes and the overall health of those impacted by COVID-19.

At New York Life Group Benefit Solutions (NYL GBS), we know that there is no one-size-fits-all plan for recovery; especially in the wake of this unprecedented and evolving pandemic. That's why our Absence Managers focus on the individual and their unique needs to help ensure the best outcome. At NYL GBS, our specialized in-house clinical team and vocational resources focus on better understanding complex medical conditions and ongoing care requirements in order to support our customers' return to health. We also work with employers to help them implement accommodations to prepare for an employee's return to work.



[Click here](#) to learn more about the personalized approach we take to support those we serve.

### References:

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2. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-care%2Flate-sequelae.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/post-covid-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-care%2Flate-sequelae.html); brief summary of the long-term effects.; <https://acoem.org/COVID-19-Resource-Center/COVID-19-National-Resources#Industry>; <https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/guidance-long-covid-disability/index.html>
3. Ann Intern Med. 2021;174(5):655. Epub 2021 Jan 22
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8. <https://www.medicalnewstoday.com/articles/exercise-and-mental-health-during-covid-19-study-explores-link-trends>
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COVID-19 information is being provided for general knowledge and is not a substitute for professional medical advice. You should not use this information to diagnose or treat a health condition without consulting a qualified healthcare provider. Please consult your healthcare provider regarding your specific medical condition. For the most current information on COVID-19, please visit the Centers for Disease Control and Prevention website [here](#).

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