

# COVID-19 Update

➔ **SPECIAL EDITION: LONG COVID**

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Medical Director NEBGH

Monday May 9<sup>th</sup>, 2022

# Speaker



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# Post-Acute Sequelae of SARS CoV-2 (Long Covid)

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**Mount  
Sinai**

# Disclosures

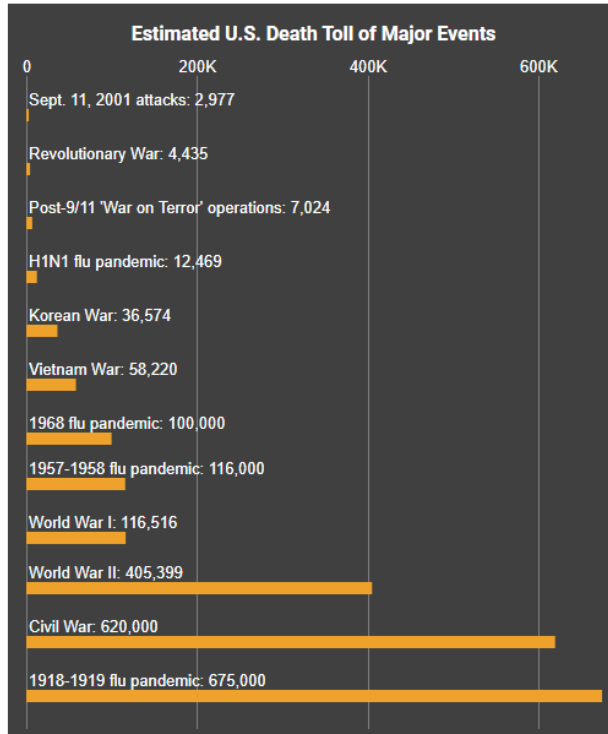
I have NO financial disclosure of conflicts of interest with the material in this presentation.

# Objectives

- Introduction to the origins of Long-COVID
- Define Long-COVID
- Brief update on current literature and clinical significance
- Overview of Mount Sinai Post-COVID clinic
- Patient and physician attitudes towards Long-COVID



# COVID-19: Impacting statistics



**\*2,154,614**

- **COVID-19 – Globally**
- ~500 Million total cases
- ~6.2 Million total deaths
- **COVID-19 – United States**
- ~81 million total cases
- ~1 million deaths
- **COVID-19 – New York City**
- ~2.4 Million total cases
- ~40,000 total deaths
- **Total hospital beds: NYC**
- 15,366

# A New Paradigm in COVID Care



- Emergence of patients that were:
- Too sick to go home
- Not sick enough for the hospital

# What is .....????

Long-Covid

Long Haulers

Post-acute  
sequelae SARS-  
CoV-2 Infection  
(PASC)

Post-COVID-19  
syndrome

Long-Covid 19

# What is .....????

Post-COVID conditions are a wide range of new, returning, or ongoing health problems patients can experience ***four or more weeks*** after first being infected with the virus that causes COVID-19.

# What is .....????

## Prevalence and Persistence of symptoms vary substantially

- Heterogenous study design
- Difference in syndrome definition

## Group of individual conditions lumped together

- Prolonged post-viral syndrome
- Long-term tissue / organ damage
- Ongoing inflammation

# PACS Impact – Populations

~1.7 Million people living in private households in the UK (2.7% of population) experiencing self-reported “long-COVID” symptoms (persistent > 4 weeks after suspected coronavirus infection otherwise unexplained)

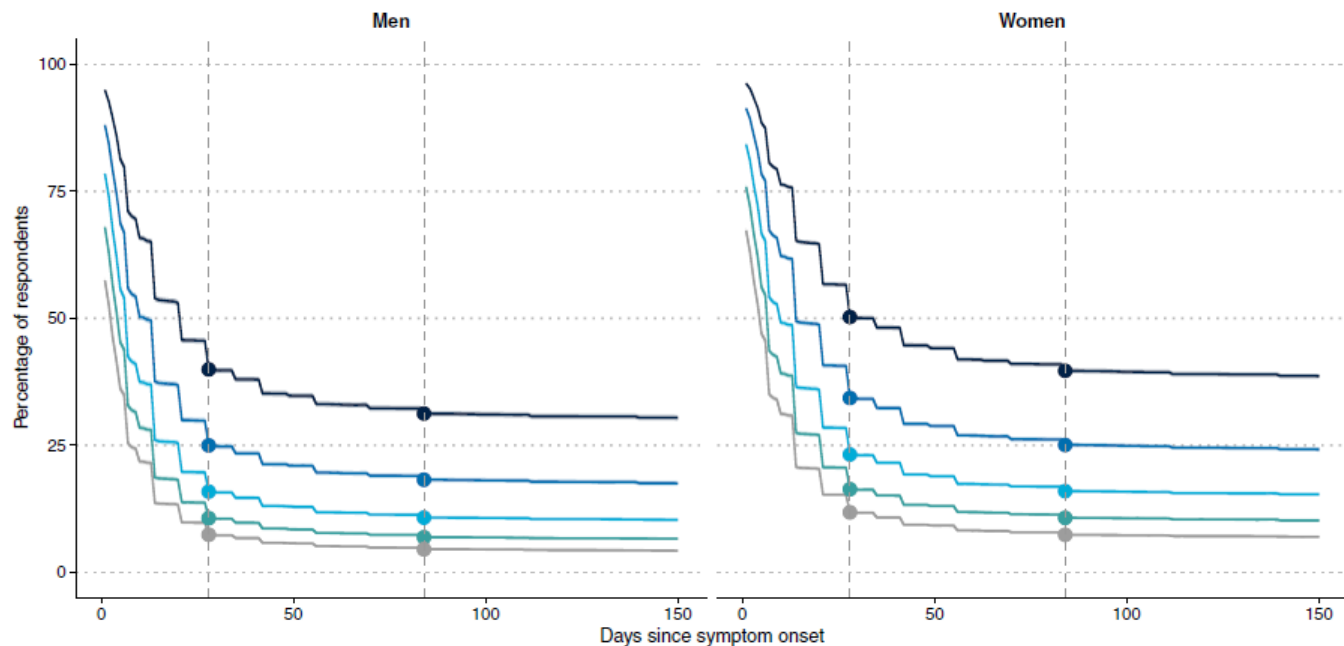
More than 1.1 million respondents report symptoms that ***adversely affected day-to-day activities***, with severe limitations reported by 322,000 (67% and 19% of total people reporting symptoms)

Greatest in ages 35-69, females, people living in more deprived areas, health/social care workers, those with pre-existing health conditions/disability (notable increases in 17 to 24 year olds)

# PACS Impact – Populations

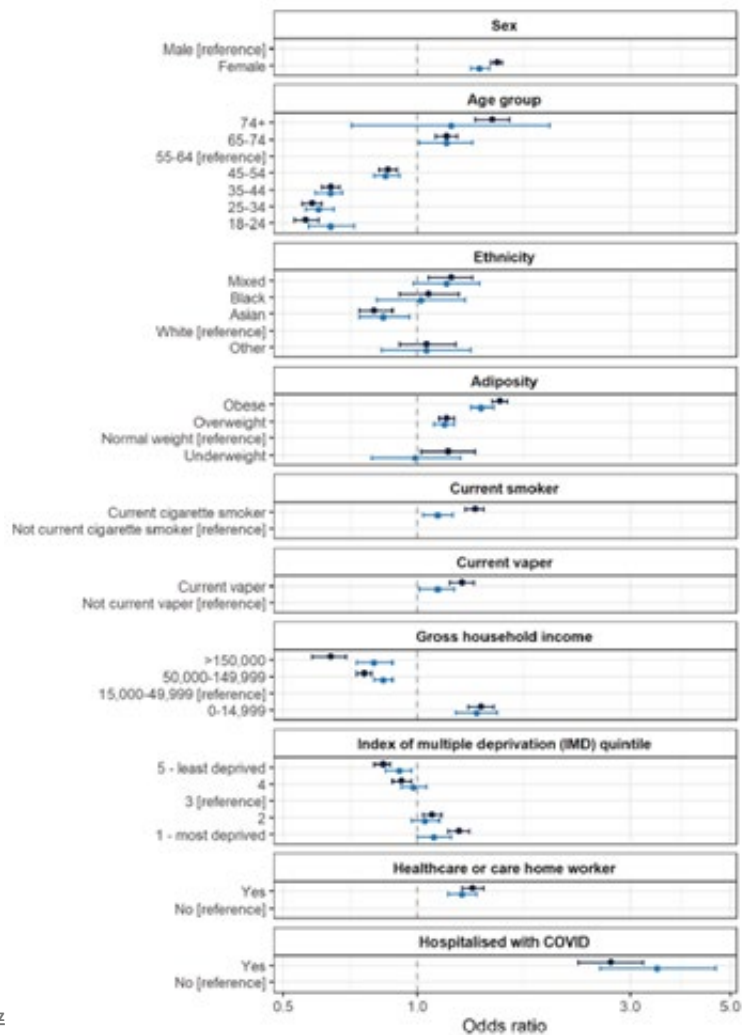
Sex

n=71642

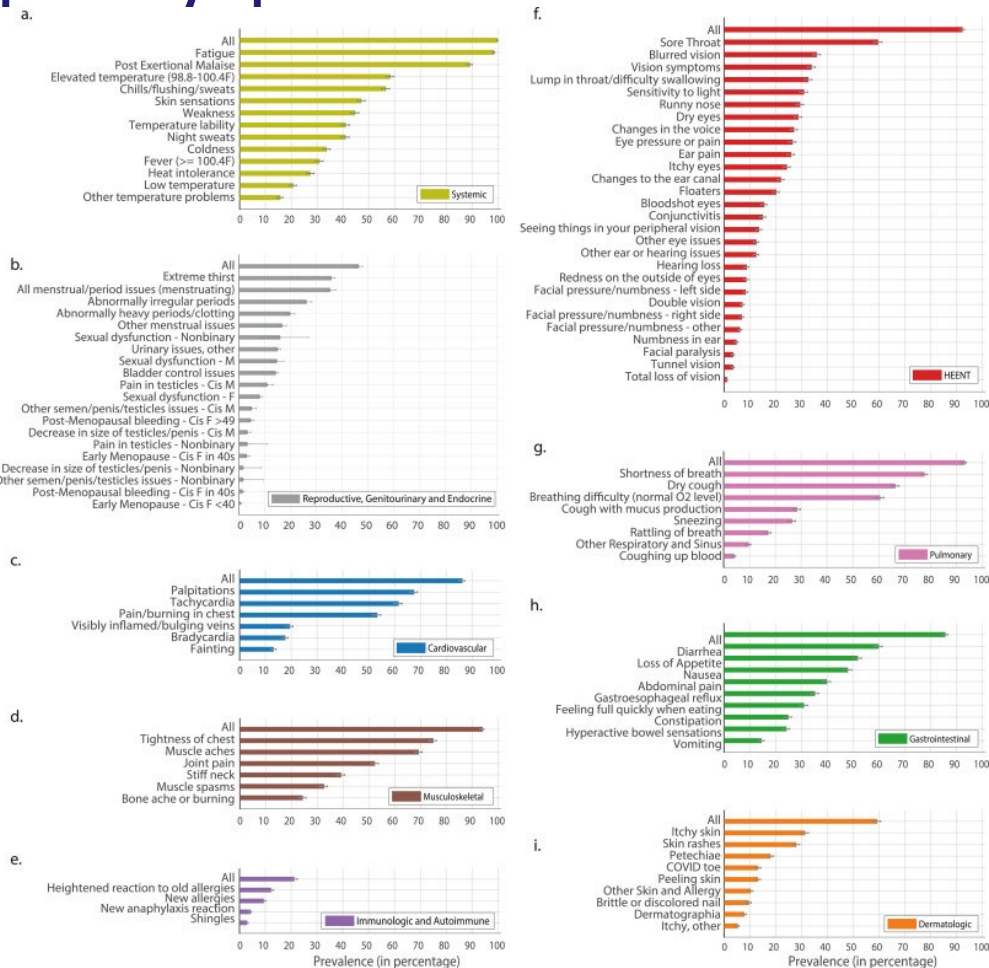


Number of symptoms — One or more — Two or more — Three or more — Four or more — Five or more

## PACS Impact – Populations



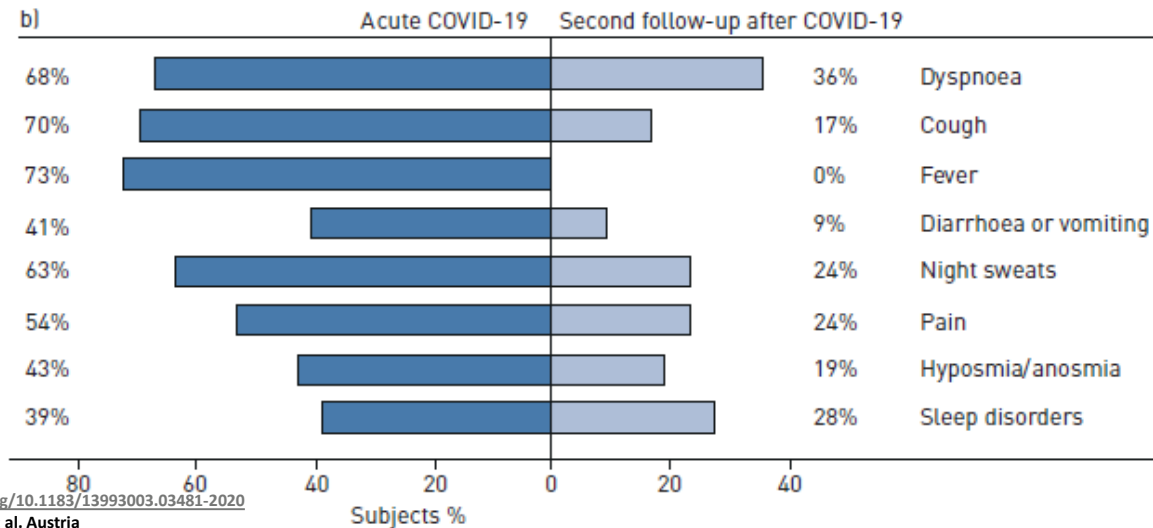
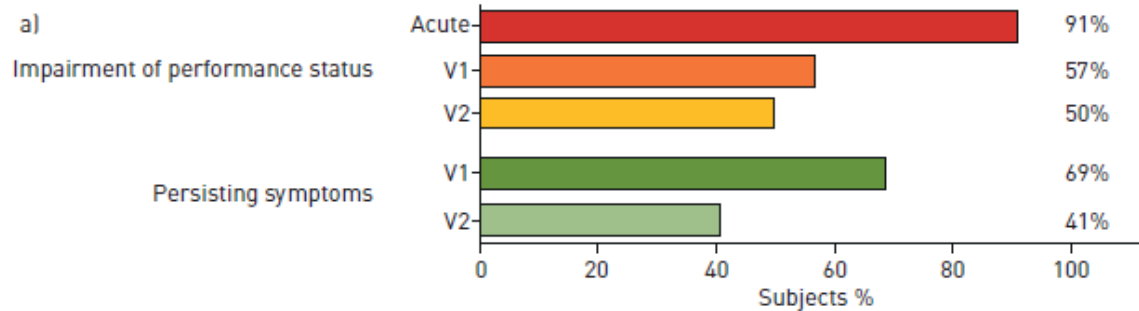
# PACS Impact – Symptom Persistence



# PASC – Cardiopulmonary Disease

- Evaluation of patients at 60 days and 100 days after onset of COVID-19 infection
- Inclusive of patient hospitalized, or those with outpatient care but with persistent symptoms
- Patients evaluated via:
  - Clinical examination
  - Medical record review
  - COVID-19 symptom questionnaire
  - Spirometry
  - CT scan
  - Labs

# PASC – Cardiopulmonary Disease



# PASC – Cardiopulmonary Disease

TABLE 2 Pulmonary function of coronavirus disease 2019 (COVID-19) patients at follow-up

	First follow-up <sup>#</sup>	Second follow-up <sup>¶</sup>	p-value time change
Subjects	126	133	
Lung function impaired <sup>*</sup>	53 (42)	48 (36)	0.388
FVC L	3.6±1.0	3.7±0.9	<b>&lt;0.001</b>
FVC <80% predicted	34 (27)	29 (22)	<b>0.049</b>
FEV <sub>1</sub> L	2.9±0.8	3.0±0.8	<b>0.001</b>
FEV <sub>1</sub> <80% predicted	28 (22)	30 (22)	1.000
FEV <sub>1</sub> /FVC %	84±11	80±11	<b>&lt;0.001</b>
FEV <sub>1</sub> /FVC <70%	5 (4)	11 (8)	0.063
TLC L	6.2±1.3	6.2±1.3	0.881
TLC <80% predicted	14 (11)	15 (11)	0.791
D <sub>LCO</sub> mmol·min <sup>-1</sup> ·kPa <sup>-1</sup>	7.7±2.4	7.9±2.3	<b>&lt;0.001</b>
D <sub>LCO</sub> <80% predicted	39 (31)	28 (21)	<b>0.022</b>
P <sub>O<sub>2</sub></sub> mmHg	79±10	78±9	0.864
P <sub>O<sub>2</sub></sub> <75 mmHg	40 (32)	45 (37)	0.871

# PASC – Cardiopulmonary Disease

**Table 2**

Pulmonary function tests results at three-month follow-up.

N = 122	
FEV1/FVC ratio (% , median, IQR)	96 (83–106)
FVC (% predicted values, median, IQR)	88 (78–98)
N patients with impaired FVC (Z-score $\leq -2$ ) (N, %)	24 (19)
FEV1 (% predicted values, median, IQR)	91 (81–102)
N patients with impaired FEV1 (Z-score $\leq -2$ ) (N, %)	19 (15)
N patients with impaired FEF25-75 (Z score $\leq -2$ ) (N, %)	5 (3.73)
DLCO (% predicted values, median, IQR)	74 (61–89)
N patients with impaired DLCO (Z-score $\leq -2$ ) (N, %)	58 (46)

FEV1: forced expired volume in 1 s; FVC: forced vital capacity; DLCO: lung diffusion capacity; FEF25-75: forced expiratory flow at 25–75% of forced vital capacity.

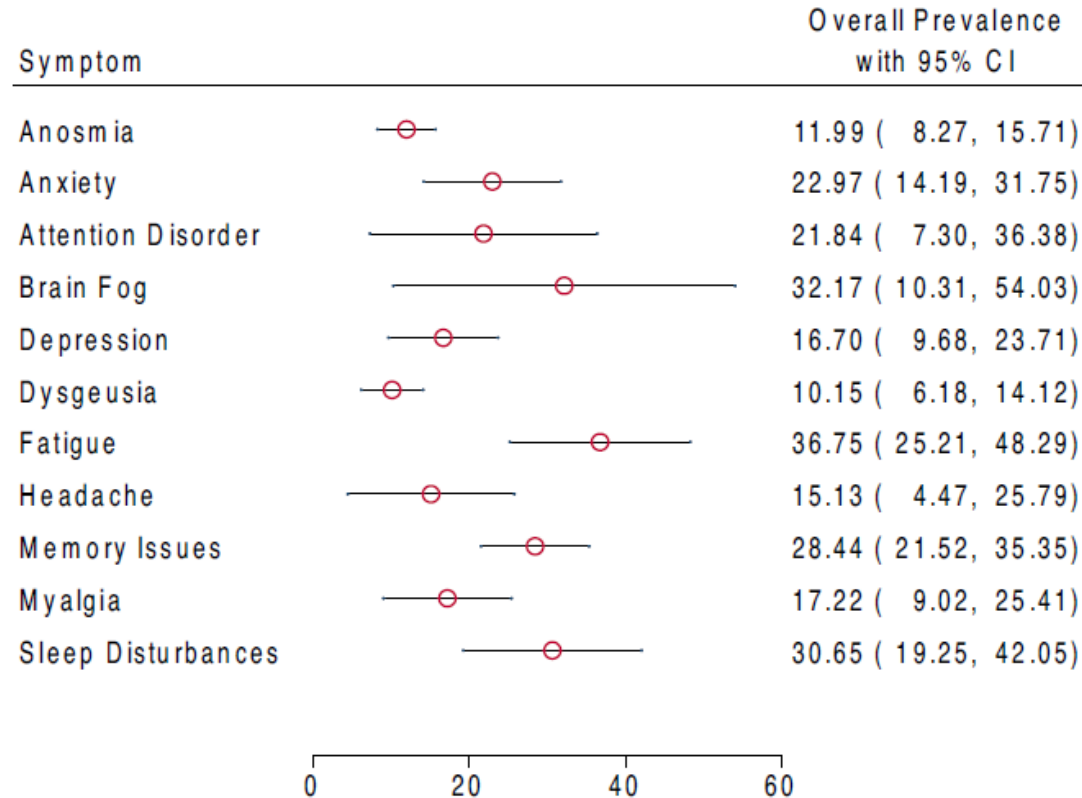
# PASC – Cardiopulmonary Disease

- Pre-print study Mount Sinai Respiratory Institute
  - 24 patients with Acute PE many weeks post acute COVID-19
  - 75% of these patients did not require hospitalization
  - Recommendation that consideration be made for PE evaluation if symptoms of persistent shortness of breath or chest pain present in setting of:
    - D-dimer elevation
    - Factor VIII elevation
    - Other clinical risk of VTE
  - Unknown if prophylaxis can reduce development of VTE

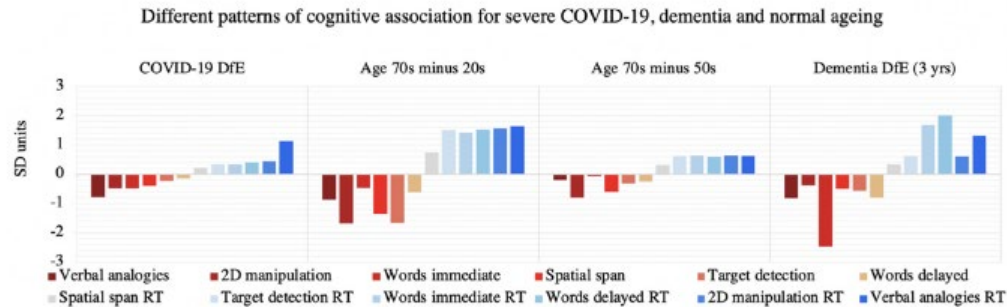
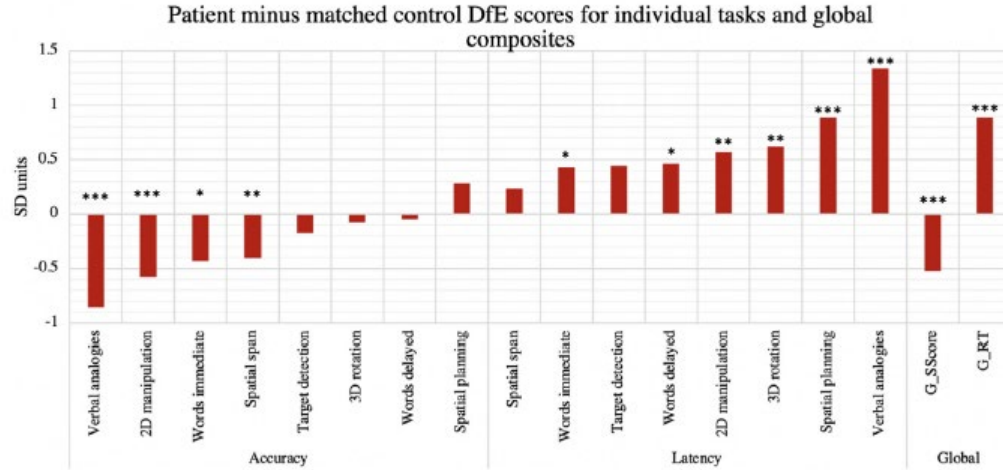
# PASC – Neurologic and Neurocognitive Dysfunction

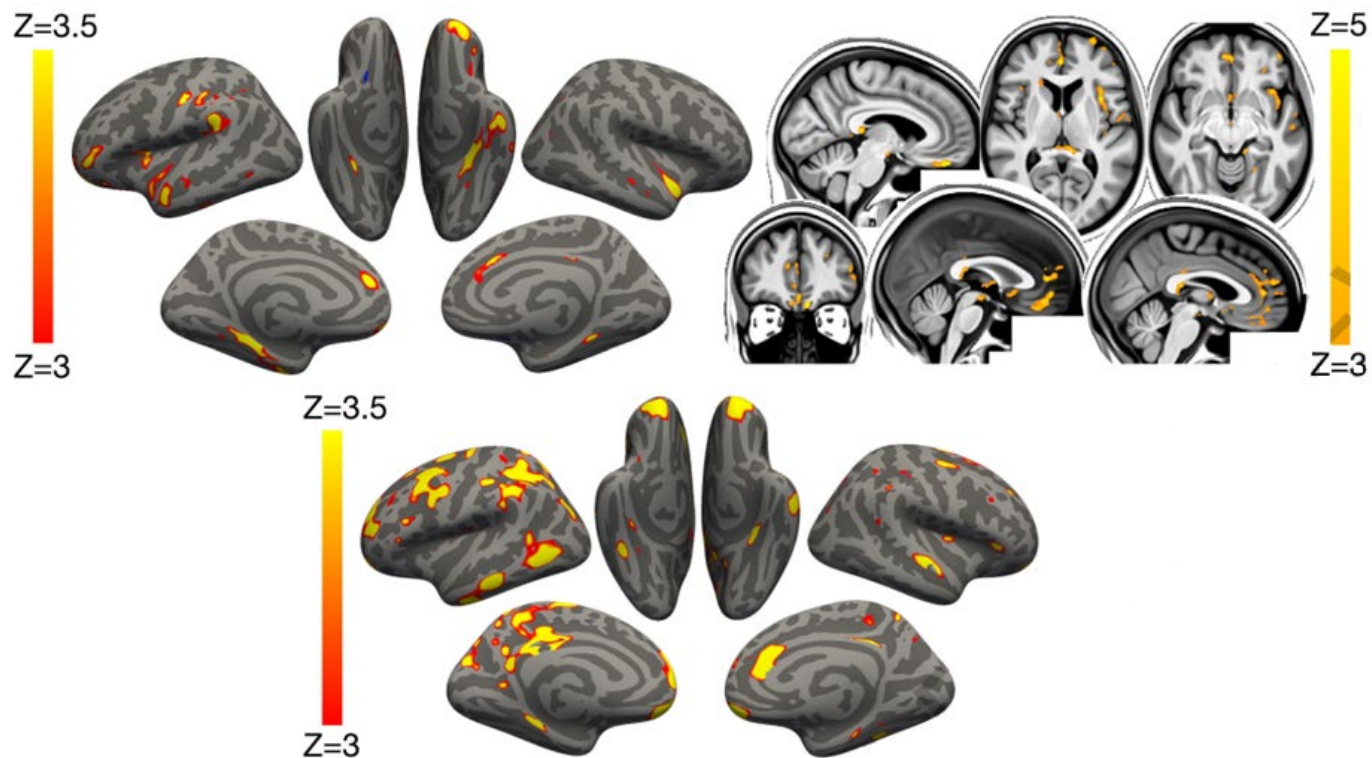
	All Patients (N=10,530)	Non-hospitalised (N= 4,747)	Hospitalised (N=5,783)
<b>Demographic Characteristics</b>			
Male <sup>a</sup>	4115/10140 (41)	924/4245 (22)	2975/5464 (54)
Age <sup>b</sup> , mean, (SD)	52 (10)	46 (4)	57 (7)
<b>Acute COVID-19 Information</b>			
Hospital admission	6107/10530 (58)	324/4747 (7)	5783/5783 (100)
Duration of hospital admission <sup>c</sup> , days (SD)	12 (4)	-	12 (4)
ICU admission	522/4045 (13)	-	522/4045 (13)
Duration of ICU admission <sup>d</sup> , days (SD)	13 (4)	-	13 (4)
<b>Comorbidities</b>			
CAD	117/4682 (3)	30/3762 (1)	87/920 (9)
CKD	232/4088 (6)	-	232/4088 (6)
COPD	187/8032 (2)	15/3762 (0)	172/4270 (4)
Diabetes	998/8217 (12)	68/3762 (2)	930/4455 (21)
Hypertension	1885/8217 (23)	342/3762 (9)	1543/4455 (35)
<b>Acute COVID-19 Symptoms</b>			
Anosmia	416/818 (51)	202/353 (57)	214/465 (46)
Confusion	7/120 (6)	-	7/120 (6)
Dysgeusia	346/776 (45)	183/353 (52)	163/423 (39)
Headache	198/413 (48)	183/353 (52)	15/60 (25)
Myalgia	100/538 (19)	-	100/538 (19)
<b>Neurological symptoms of post-COVID-19 syndrome</b>			
Anosmia	357/3164 (11)	93/505 (18)	264/2659 (10)
Attention Disorder	271/1207 (22)	73/130 (56)	198/1077 (18)
Brain Fog <sup>e</sup>	1557/4329 (36)	1515/3914 (39)	42/415 (10)
Confusion <sup>e</sup>	95/949 (10)	74/152 (49)	21/797 (3)
Dysgeusia	246/2703 (9)	86/505 (17)	160/2198 (7)
Fatigue	3197/7173 (45)	2430/4747 (51)	767/2426 (32)
Headache	1502/7437 (20)	1398/4267 (33)	104/3170 (3)
Memory Issues <sup>e</sup>	1584/5033 (29)	1311/3892 (34)	273/1141 (24)
Movement Disorder	28/857 (3)	-	28/857 (3)
Myalgia	1373/7555 (18)	1159/4267 (27)	214/3288 (7)
Pain	582/2086 (28)	107/350 (31)	475/1736 (27)
Paraesthesia	78/1218 (6)	-	78/1218 (6)
<b>Neuropsychiatric symptoms of post-COVID-19 syndrome</b>			
Anxiety	598/3104 (20)	198/632 (31)	400/2472 (16)
Depression	480/3104 (15)	173/632 (27)	307/2472 (12)
PTSD	135/964 (14)	35/130	100/834 (12)
Sleep disturbance	2411/7993 (30)	1411/3892 (36)	1000/4101 (24)

# PASC – Neurologic and Neurocognitive Dysfunction



# PASC – Neurologic and Neurocognitive Dysfunction





# SARS-CoV-2 is associated with changes in brain structure in UK Biobank

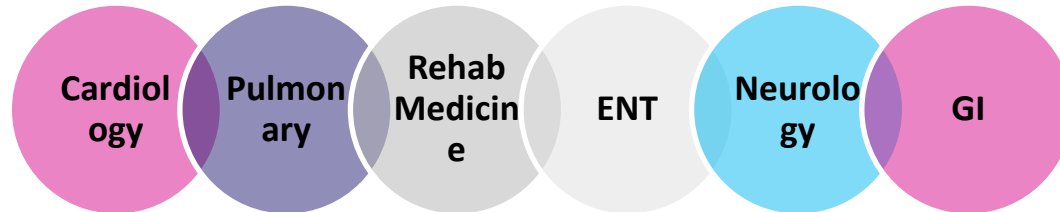
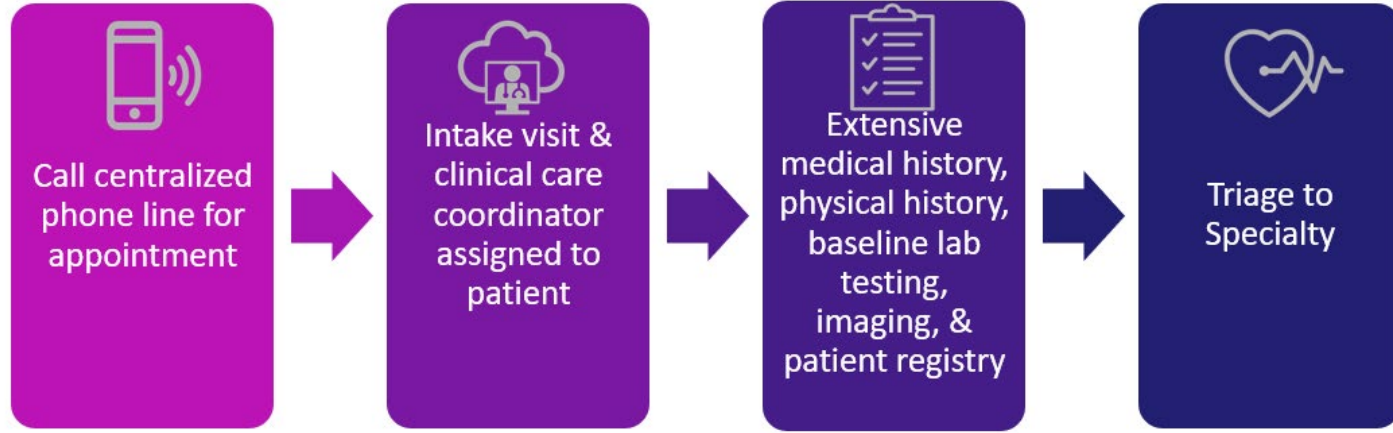
## Area of Interest

- Parahippocampal gyrus
- Anterior cingulate cortex
- Temporal pole
- Orbitofrontal cortex
- Insula
- Supramarginal gyrus
- Amygdala
- Fronto-parietal lobe
- Temporal lobe

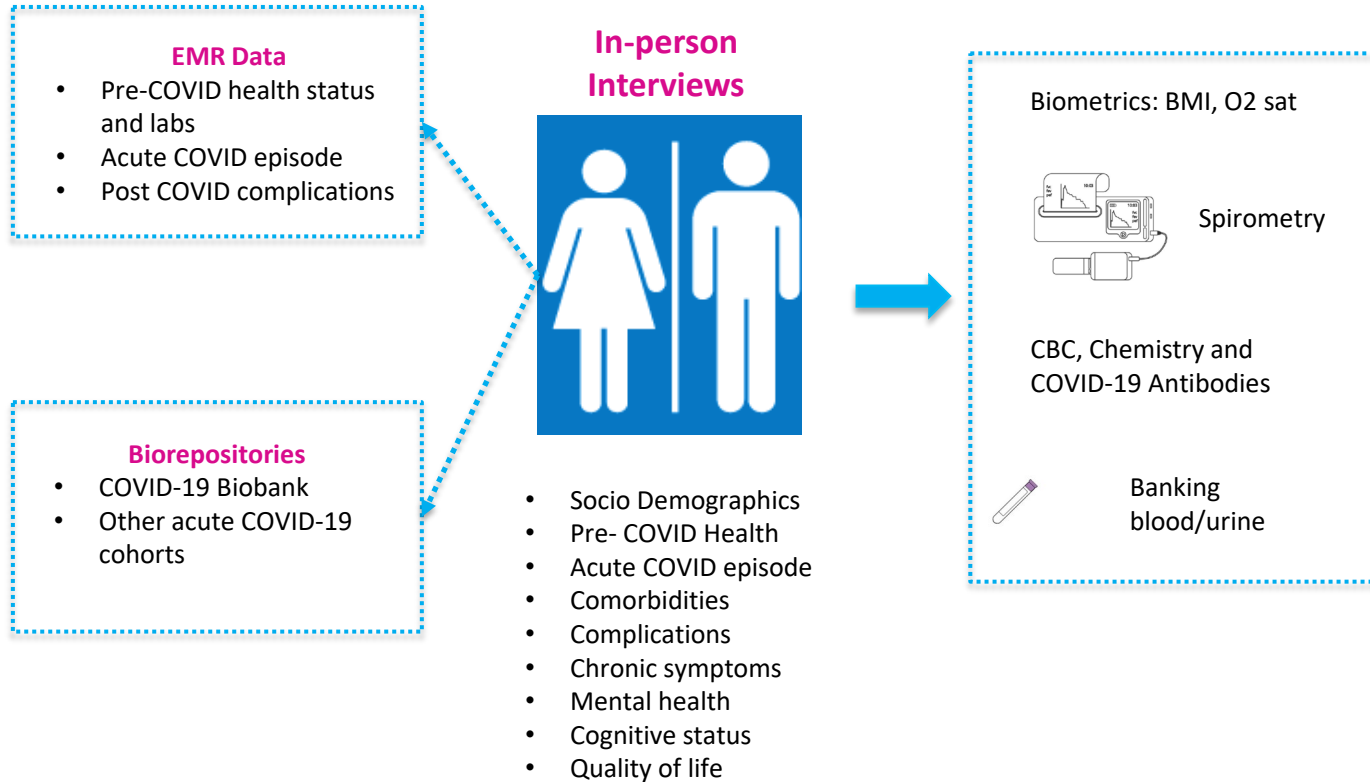
## Function

- Memory encoding and retrieval
- Complex cognitive function: empathy, emotions, impulse control, decision making
- High order cognitive function
- Sensory integration, decision making, expectations
- Detection of novel stimuli/emotions
- Interpretation of tactile sensory data
- Encoding memories and regulating emotions
- Executive function, cognitive function, goal-orientation
- Memory encoding and auditory information processing

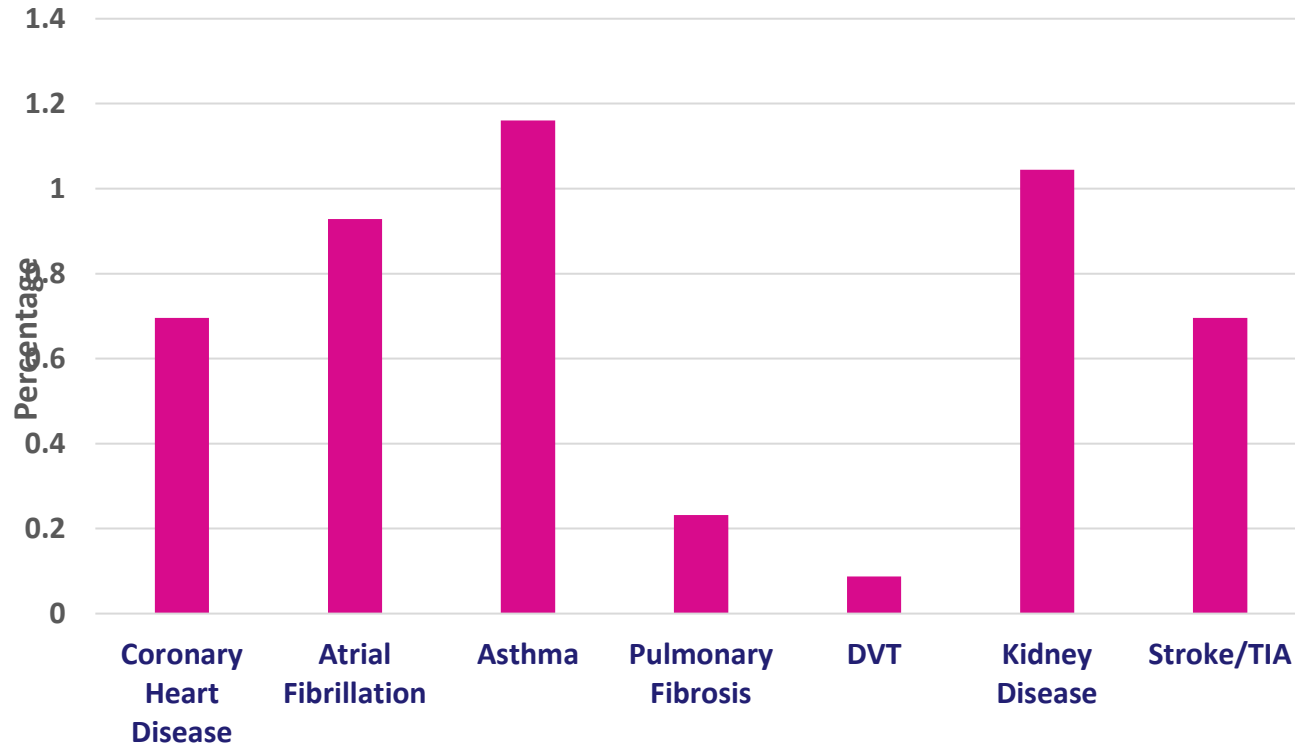
# Center for Post COVID Care – Mount Sinai



# Registry and Biobank – Data Collection



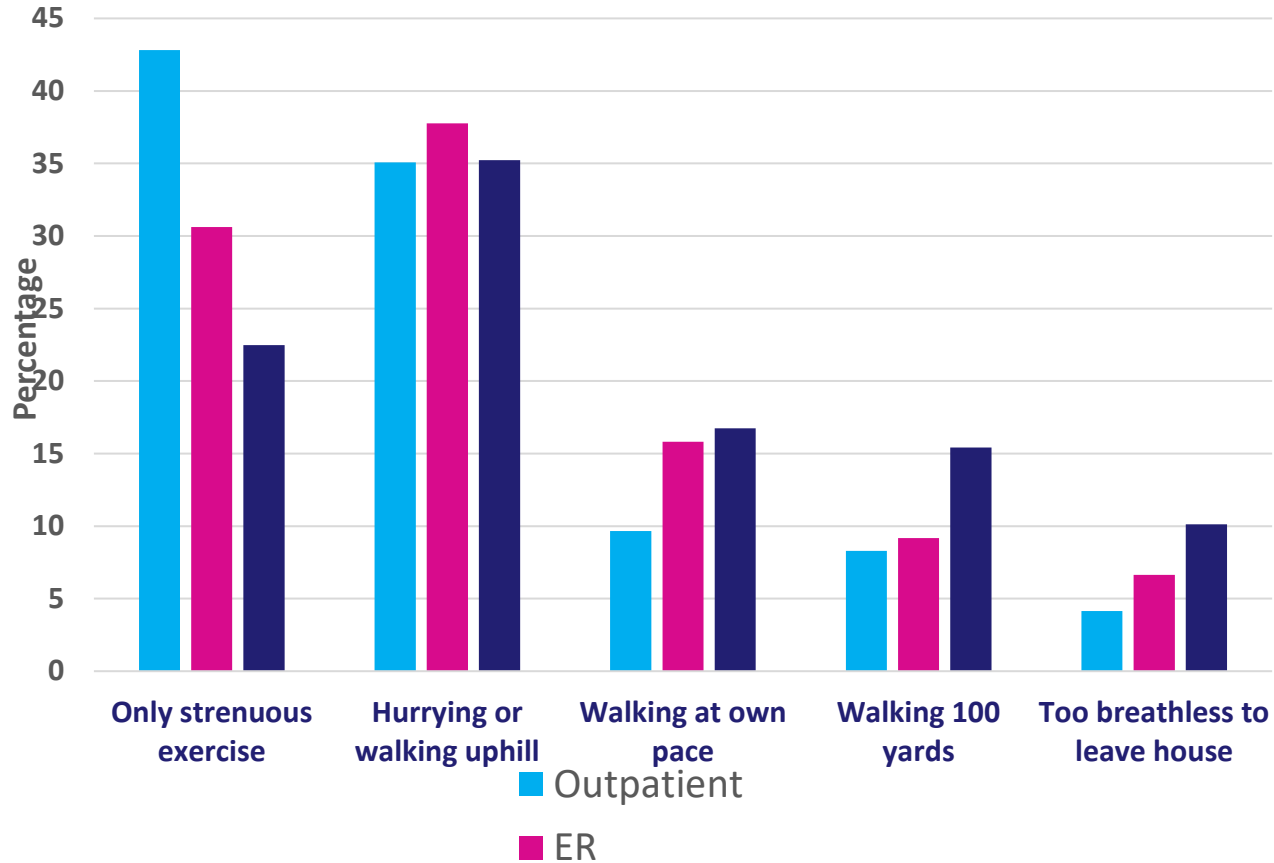
# New Comorbidity Diagnoses Post-COVID-19



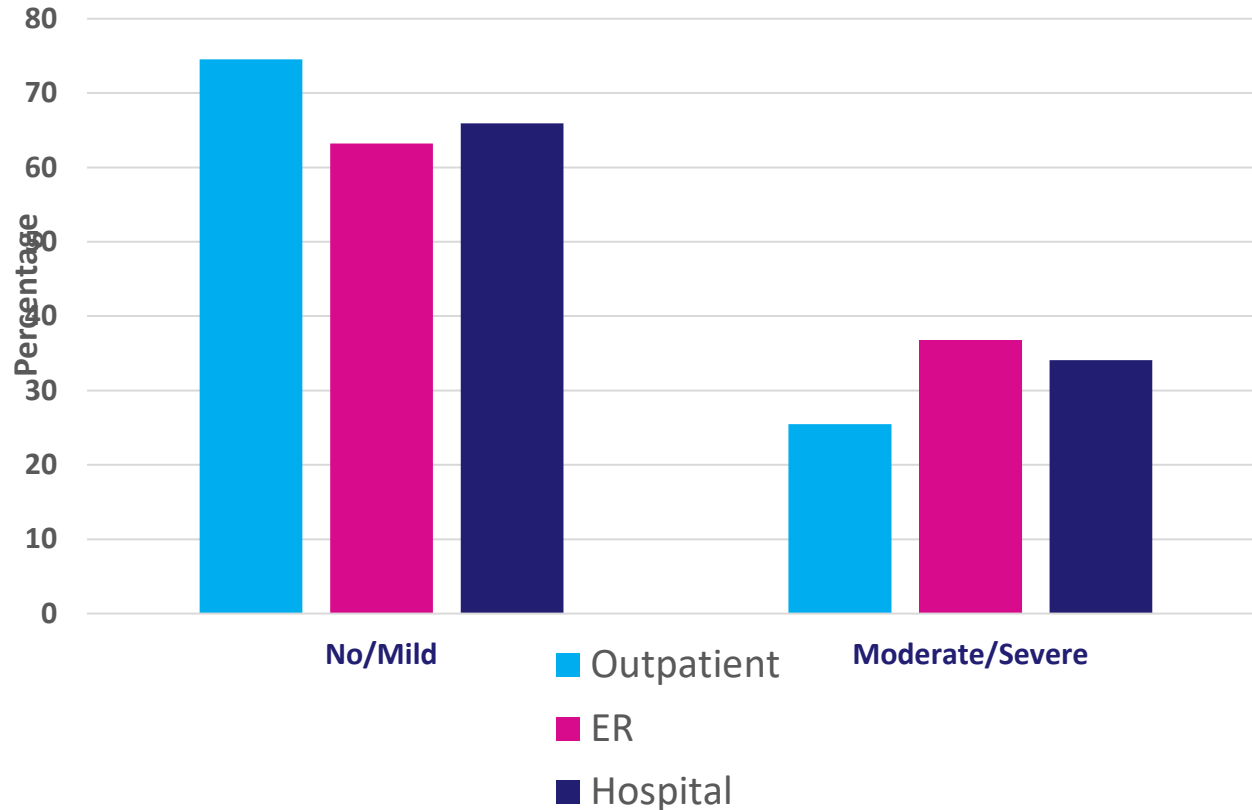
# Self-reported General Health Pre- vs. Post-COVID-19



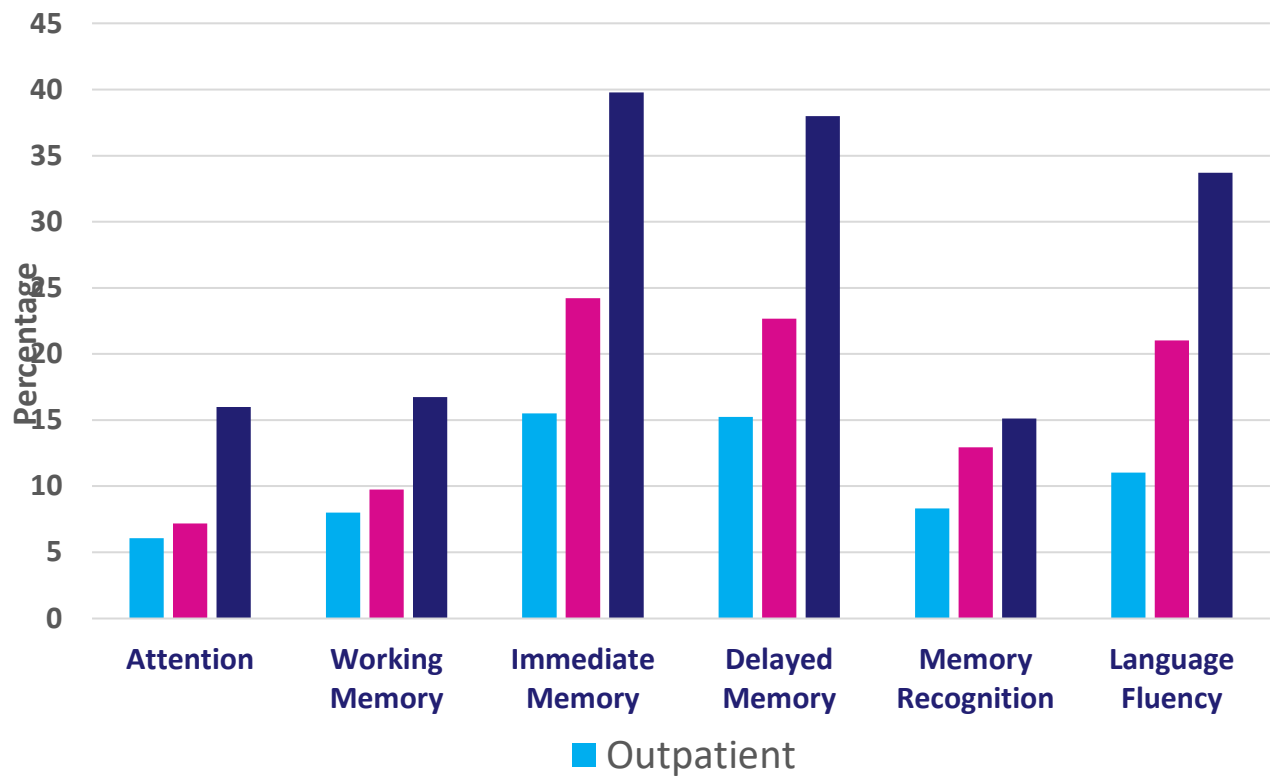
# Prevalence of Shortness of Breath among Registry Participants



# Self-reported Symptoms of Depression among Registry Participants



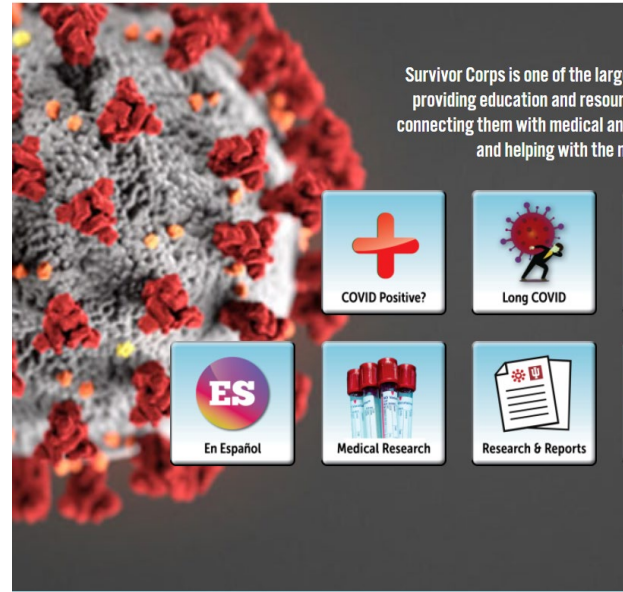
# Prevalence of Cognitive Dysfunction Post-COVID-19





**SURVIVOR**  
**CORPS**  
Empathize • Organize • Mobilize

About COVID Positive? Long COVID Resources News / Media  
Support SCorps En Español



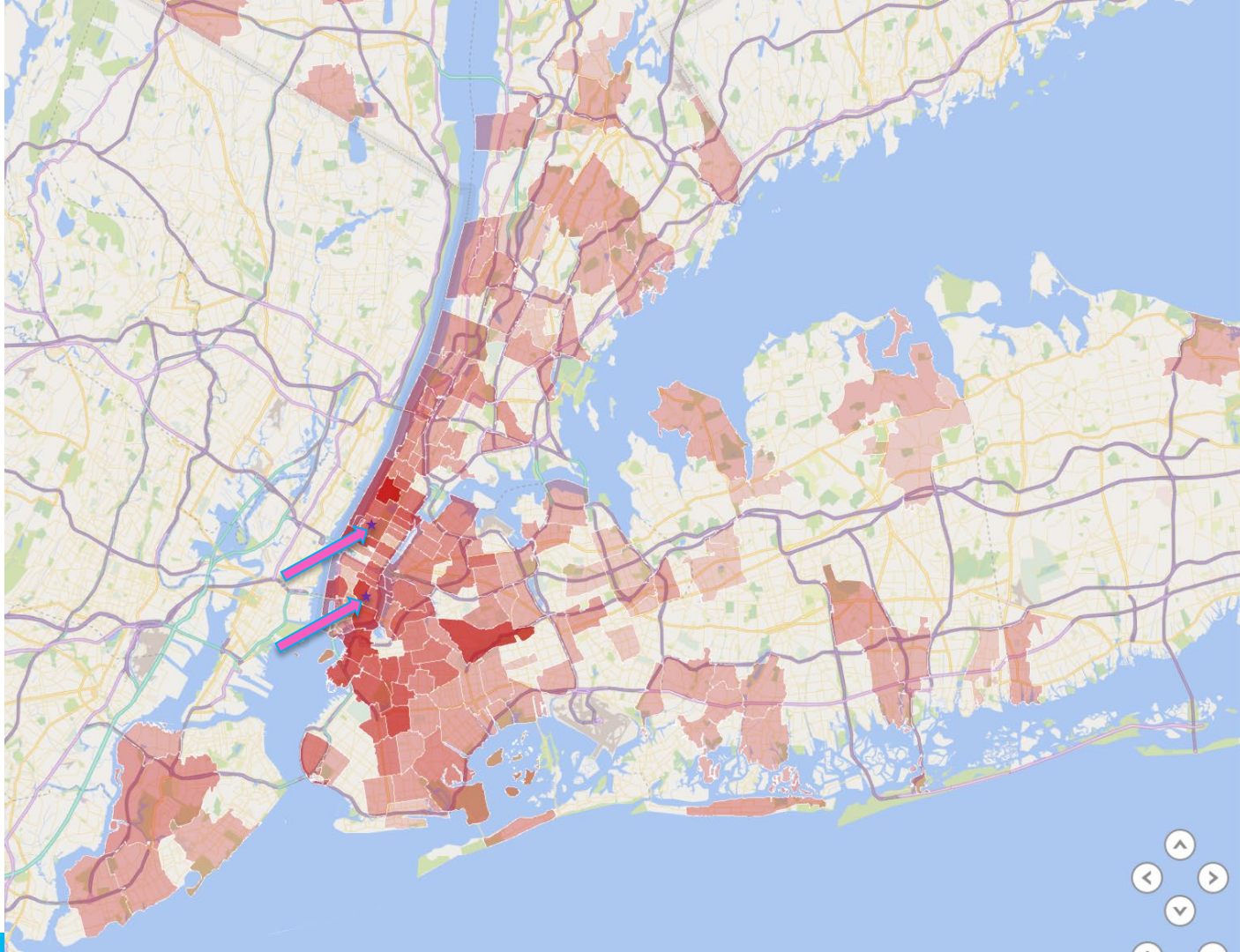
## Conclusions

Considerable prevalence of pulmonary symptoms

Large proportion of COVID-19 patients reporting symptoms of depression and PTSD

Symptoms correlate with disease severity

Longer follow-up is needed to evaluate whether these patients are at increased risk of chronic complications



# Acknowledgements

- **Patients participating in our cohort and registry**
- COE Center staff: Drs. Bosco and Lai. Michael Felcone (PA), Christine Andriakos (PA), Stacey Valcourt (NP)
- Dr. Juan Wisnivesky – PI for COVID Registry (as well as registry staff)
- Drs. Cassano and Thomas– Health System Leadership
- Drs. Samuel (cardiology), Zatakia, Steiger (pulmonary), Putrino, McCarthy(rehab), Del Signore (ENT), Naasan, Navis (neurology), Mitchell (psychiatry) and many many others

# Questions

## Upcoming NEBGH virtual events:

- **May 10** – Racial Health Equity: Make Sure ALL Employees Have Access to Best Practice Obesity and Diabetes Treatment
- **May 16** – Monday COVID-19 Update
- **May 18** - CAA Transparency in Coverage Rules: What We Know
- **June 16** - Benefits Leadership for a Changing World: Accept the Challenge!