Addressing Long COVID

**An Interview with Ashish K. Jha, MD, MPH,
Dean of the School of Public Health, Professor of Health Services, Policy, and Practice,
Brown University School of Public Health**

EDITORS' NOTE *A practicing physician, Ashish Jha is recognized globally as an expert on pandemic preparedness and response as well as on health policy research and practice. He has led groundbreaking research around Ebola and is now on the front lines of the COVID-19 response, leading national and international analysis of key issues and advising state and federal policy makers. Dr. Jha was recently appointed by President Biden as the new White House COVID Response Coordinator. He joined Brown University School of Public Health after leading the Harvard Global Health Institute and teaching at the Harvard T.H. Chan School of Public Health and Harvard Medical School. Dr. Jha has published more than two hundred original research publications in prestigious journals such as the* New England Journal of Medicine *and the* BMJ*, and is a frequent contributor to a range of public media. He has extensively researched how to improve the quality and reduce the cost of healthcare, focusing on the impact of public health policy nationally and around the globe. Dr. Jha was born in Pursaulia, Bihar, India in 1970. He moved to Toronto, Canada in 1979 and then to the United States in 1983. In 1992, Dr. Jha graduated* magna cum laude *from Columbia University with a BA in economics. He received his MD from Harvard Medical School in 1997 and then trained as a resident in Internal Medicine at the University of California, San Francisco. He returned to Boston to complete his fellowship in General Medicine from Brigham and Women's Hospital and Harvard Medical School. In 2004, he completed his Master of Public Health degree at the Harvard T.H. Chan School of Public Health. He was elected to the National Academy of Medicine in 2013.*

Ashish K. Jha

INSTITUTION BRIEF *Brown University School of Public Health (brown.edu/academics/public-health) is committed to tackling pressing health challenges and improving population health by advancing science and training tomorrow's leaders. Its nationally renowned research centers have expertise in key aspects of health and the ability to translate cutting-edge research into high-impact policies and care initiatives. The School's student-centered academic training and culture of collaboration prepare future health leaders to respond to urgent health challenges. Public Health at Brown goes beyond preventing disease to reshaping healthcare and safeguarding vulnerable populations.*

Where do you see the country in the battle against COVID-19?

As a nation, we are in a much better place now than we were at the start of this pandemic. We know much more and have many more tools to fight COVID, including new vaccines and therapeutics, more testing, and a better understanding of how to stop the spread of this virus. Important progress has been and continues to be made, but we are not done with COVID.

More Americans are getting vaccinated since Omicron arrived – as of February 2022, 64 percent of Americans have had at least two doses, and 75 percent have received at least one dose. At the same time, we need to vaccinate a lot more people. Vaccinations are our most powerful weapon against the pandemic, particularly when people get all three shots, but the booster roll-out has been slow, with only 27 percent of Americans boosted.

The vaccine is free, but there are parts of the country where access is limited, and communities where people cannot take time off from work to get their shot or take a day off if they get a fever or other side effects. And we're still waiting on another step of the vaccine roll-out for children aged between 6 months and 5 years. This is a really important group, particularly for vulnerable communities and communities of color. Nearly half of children in this age group are of color, whose communities have been disproportionately impacted by the pandemic.

We also have made important progress in testing and benefited from what we've learned about the effectiveness of masks, social distancing and improved ventilation. The Biden administration has made testing easier by mailing free at-home testing kits to American households, and by requiring insurers to cover the cost of rapid test kits. And our government has provided critical support to increase ventilation systems, especially in schools. Mask mandates, now beginning to drop as Omicron infection numbers go down, have proven effective in stopping the spread of this airborne virus and remain available for those at greatest risk.

One of the biggest challenges of this pandemic – one we are still facing – is clearly communicating accurate data and facts with the

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American people. Inconsistent messaging has undermined trust and a barrage of mis- and disinformation has and continues to feed confusion and fear that blocks progress and threatens lives.

While much of the focus has been on dealing with the current crisis, Long COVID is a major concern going forward. Will you provide your views on the potential size and scale of Long COVID?

We think that between 10 percent and 30 percent of people who contract COVID report persisting symptoms. Based on numbers of infections reported by the Centers for Disease Control and Prevention (CDC) in October 2021, just over 100 million Americans between the ages 18 to 64 have contracted COVID-19, meaning that, within this group, 10 million to 30 million Americans are struggling with Long COVID. The CDC's own estimate is that around 31 million working-age Americans – more than one in seven – may have experienced, or be experiencing, persisting symptoms.

It's not yet clear whether Omicron causes lower rates of Long COVID, but it will certainly lead to more cases. Just because Omicron leads to milder infections on average doesn't necessarily mean that there is a lower risk of developing Long COVID.

We are also still learning about the success of vaccines in preventing Long COVID. For people who get breakthrough infections it is unclear whether vaccination helps prevent Long COVID, or whether vaccination can provide symptomatic relief from Long COVID. But what we do know is that vaccines are very good at preventing infection and, in particular, at protecting people from severe forms of COVID-19 including hospitalization and death. Severe forms of COVID-19 are more likely to cause Long COVID, so vaccinations are a powerful tool against it.

What do you see as the keys to effectively addressing Long COVID and driving positive impact for those experiencing this issue?

We have no precise definition of Long COVID. The World Health Organization (WHO) and the CDC have provided separate definitions, and there is significant disagreement in key areas of those definitions, including how long symptoms must persist to meet the definition: is it after four weeks or after three months? Even the name is debated: is it Long COVID or Post-COVID Syndrome? These inconsistencies make it difficult for people in healthcare to effectively address Long COVID. Research can give us a more detailed understanding, which will help with diagnosing long haulers who can then exercise their rights regarding disability benefits.

In July 2021, the Biden Administration made Long COVID a disability under the Americans with Disabilities Act (ADA), but as of today, many long haulers are struggling to access benefits because of misguided requirements. For example, they need to show a positive COVID-19 test to prove they had COVID-19. The issue is that many long haulers who contracted COVID-19 at the beginning of the pandemic were unable to get tested because there weren't enough tests at the time. So, without a positive test, they are denied benefits. Again, a better definition of Long COVID will help us better serve the individuals suffering from this syndrome.

How critical is it to invest in research on Long COVID and is this a focus for the Brown University School of Public Health?

Research is absolutely critical because we don't know enough about Long COVID. At the Brown University School of Public Health, our Long COVID Initiative is bringing together researchers, clinicians and policy experts to understand the social and economic impacts of Long COVID by looking at the latest evidence and developing policies to better serve people suffering with Long COVID. There is an urgent need for accelerated clinical research to provide people with a proper diagnosis, effective support and safe treatments. Without good support from the healthcare system, some with Long COVID turn to alternative, unresearched treatments to cure their symptoms – treatments which can be dangerous. The U.S. healthcare system is already difficult to navigate. Without clear guidance, people with Long COVID and their healthcare providers struggle to make informed decisions. Research will also help us to track and debunk misinformation as part of providing reliable, safe, and accessible treatment for people with Long COVID.

Communities of color have been disproportionately impacted by the pandemic, so they are also at higher risk of developing Long COVID. But this isn't always reflected in the data we have, indicating that those from communities of color are presenting at lower rates, possibly because of difficulty in accessing care and getting a diagnosis. One of the things Brown's Long COVID Initiative will do is give us a better understanding of this gap to ensure that adequate resources are made available to people in these communities.

How important is it for leaders in health and leading health systems to work together and collaborate in addressing the issue of Long COVID?

It is very important for leaders in health and health systems to collaborate to address Long COVID, but it is even more important that we focus on facilitating open and honest conversations with all stakeholders to make sure everyone is being heard: patients, patient advocates, researchers, clinicians, payers and others. Long COVID is a new syndrome and this is an opportunity for all to work together and learn together. Sharing information and having discussions with all impacted individuals can help fill in the gaps and lead, inform research and translate into effective policy and treatments.

What do you tell people who are dealing with Long COVID about the need to stay positive and to focus on recovery?

The symptoms that come with Long COVID can be extremely debilitating. It is difficult to imagine what some people are living with every day unless you've experienced it yourself. People with Long COVID are managing symptoms that get in the way of every aspect of day-to-day life. For these people, "back to normal" is not an option. We launched Brown University's Long COVID Initiative because we want to connect with people with Long COVID and share resources to understand the gaps in research and the impact of Long COVID on their social and economic lives, so that we can support their recovery. It's time for policymakers, employers, and researchers to make Long COVID a real priority to help with recovery and, hopefully, get people back to their healthy baseline. ●