

Ngā Kawekawe o Mate Korona | Impacts of COVID-19 in Aotearoa

Summary of some key Results and Recommendations

Dr Mona Jeffreys and Dr Lynne Russell

Te Hikuwai Rangahau Hauora | Health Services Research Centre

Te Herenga Waka-Victoria University of Wellington



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKawe O MATE KORONA

How common is long COVID?



- 217 people with long COVID
- Denominator
 - 405 who answered LC survey: 54% (>1m)
 - 990 who answered any survey: 22% (440,000) *
 - 8,735 who were eligible: 2.5% (51,000) ‡

* Three times the no of people living with heart disease

* Twice the no of people living with diabetes

‡ Twice the no of people living with Crohn's disease

International literature



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKĀWE O MĀTE KORONA

We report (using 194 studies including 735,006 participants) on the prevalence and symptomology of Long Covid in a general (i.e., non-specialist clinic or vulnerable/at-risk population) population post-COVID-19. This systematic review shows that at an average follow-up time of 126 days, **45% of COVID-19 survivors, regardless of hospitalisation status, go on to experience at least one unresolved symptom.** In addition, the prevalence of ongoing symptoms appears to be higher in post-hospitalised cohorts compared to non-hospitalised populations.

The prevalence and long-term health effects of Long Covid among hospitalised and non-hospitalised populations: A systematic review and meta-analysis

Lauren L. O'Mahoney,^a Ash Routen,^a Clare Gillies,^{a,b} Winifred Ekezie,^a Anneka Welford,^a Alexa Zhang,^c Urvi Karamchandani,^d Nikita Simms-Williams,^e Shabana Cassambai,^a Ashkon Ardavani,^a Thomas J. Wilkinson,^a Grace Hawthorne,^a Ffion Curtis,^a Andrew P. Kingsnorth,^a Abdullah Almaqhawi,^f Thomas Ward,^g Daniel Ayoubkhani,^{b,h} Amitava Banerjee,^{i,j} Melanie Calvert,^{a,k,l} Roz Shafran,^c Terence Stephenson,^c Jonathan Steme,^m Helen Ward,^d Rachael A. Evans,^{g,n} Francesco Zaccardi,^{a,b} Shaney Wright,^o and Kamlesh Khunti^{a,*}

Unknowns



- Prevalence: little evidence on duration
- Impact of different strains
 - Are Omicron variants less likely to cause LC?
- Impact of re-infection
 - Increased risk?
- Long COVID in children
 - Being addressed

Recommendation



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA

- Acknowledge that little is known about long COVID. Regularly update evidence base for health professionals and employers on what works to best support those with long COVID.

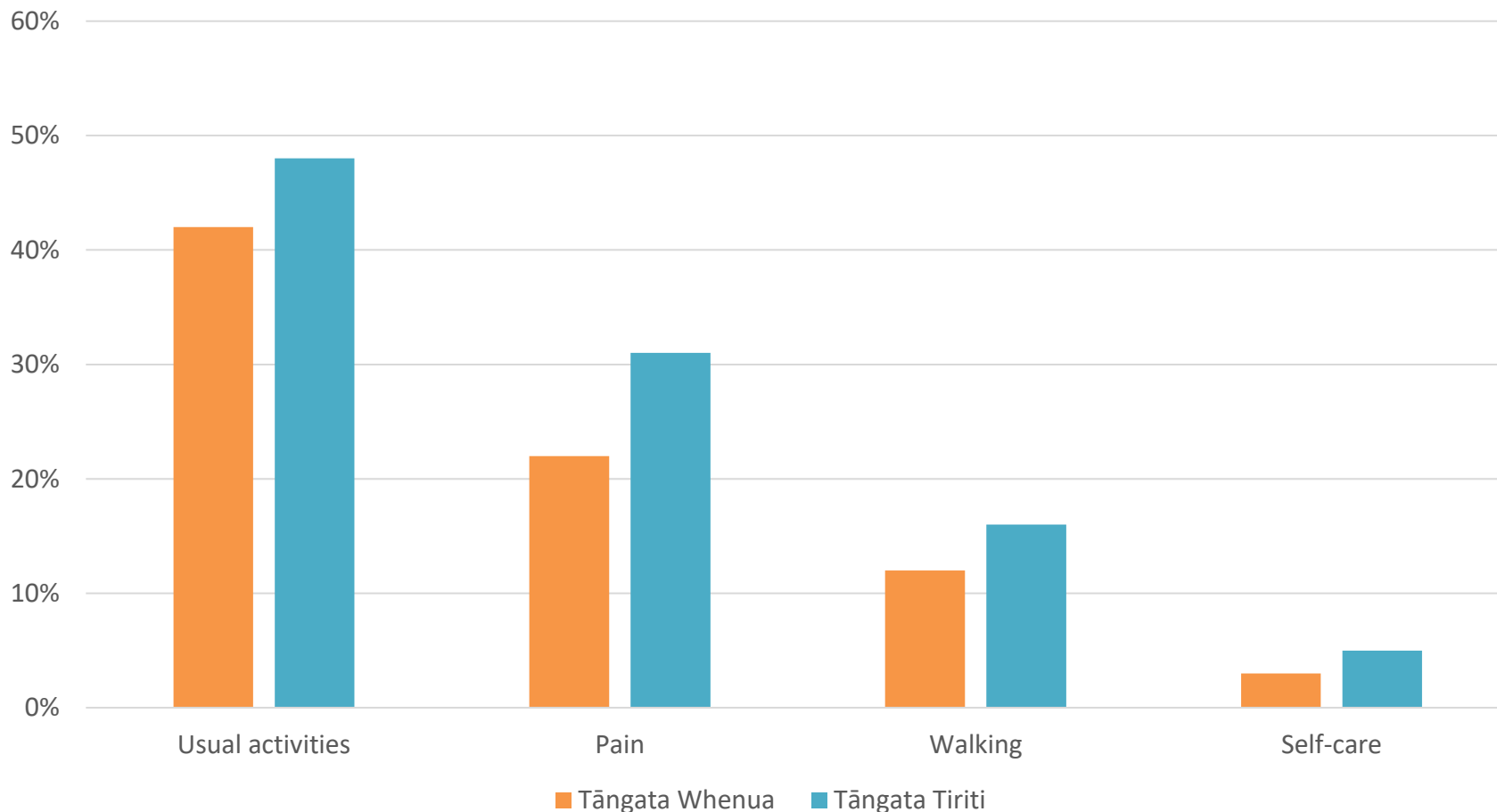
Long COVID Symptoms



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA



Quality of Life



Recommendation



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA

- Ensure that long COVID is recognised as a disability, to allow access to financial and practical support.

Recommendation



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKĀWE O MATE KORONA

- Ensure that long COVID is recognised as a disability, to allow access to financial and practical support.

Long covid and disability: a brave new world

Nicholas Evans and colleagues argue that long covid needs to be better recognised, understood, and supported, and should stimulate a rethink of our approach to disability

<https://www.bmj.com/content/bmj/378/bmj-2021-069868.full.pdf>

A person with long COVID has a disability if the person's condition or any of its symptoms is a "physical or mental" impairment that "substantially limits" one or more major life activities.

<https://www.hhs.gov/civil-rights/for-providers/civil-rights-covid19/guidance-long-covid-disability/index.html>

Post exertional malaise



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKĀWE O MATE KORONA

Managing post-exertional symptoms exacerbation or malaise

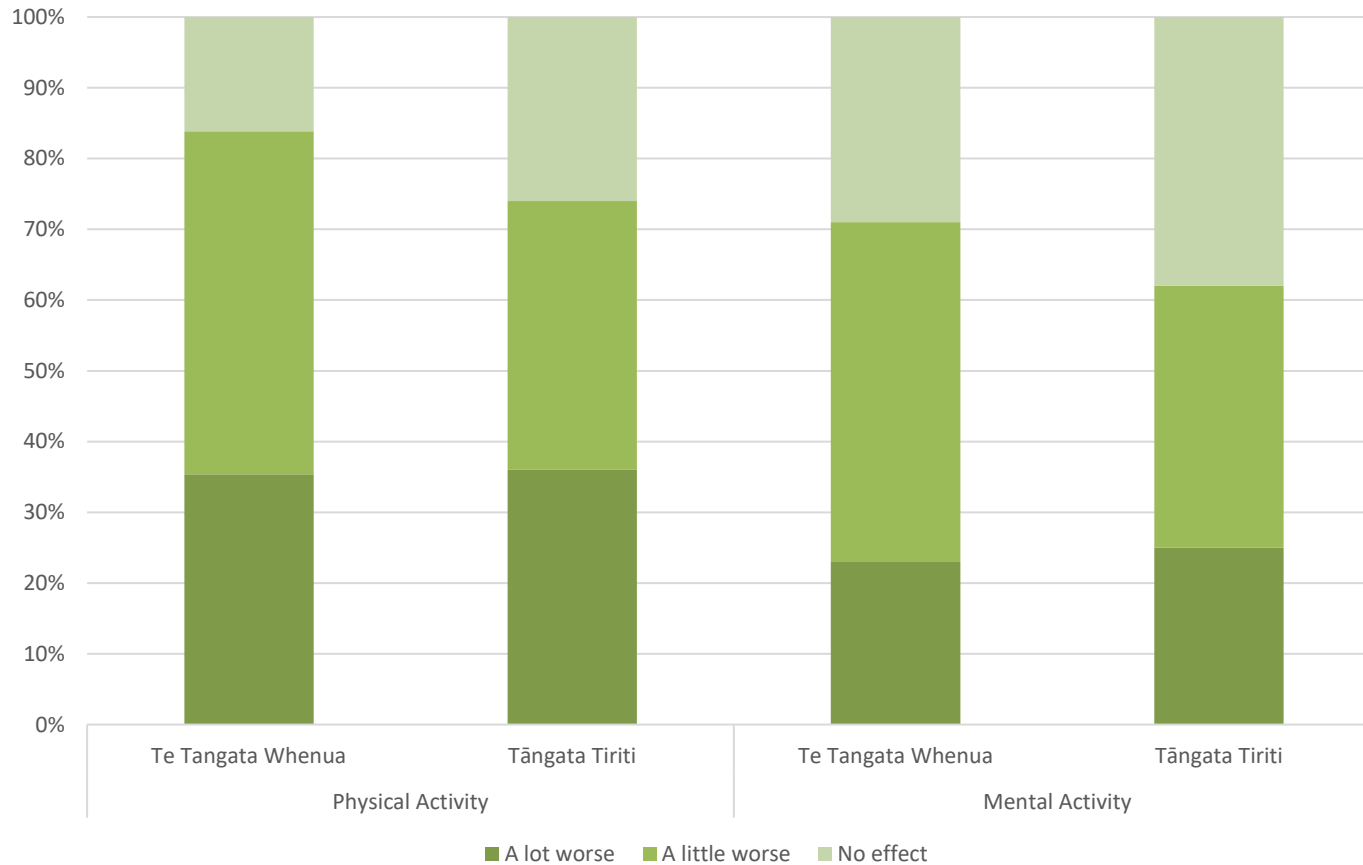
Post-exertional malaise (PEM) or post-exertional symptom exacerbation (PESE) is when symptoms are made worse from physical or mental activities. Onset can occur immediately or up to 72 hours from the exertion and affects people differently. Recovery from this can take from days to weeks or months.

<https://www.tewhātuora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/long-covid-for-health-professionals/>

Post exertional malaise



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA



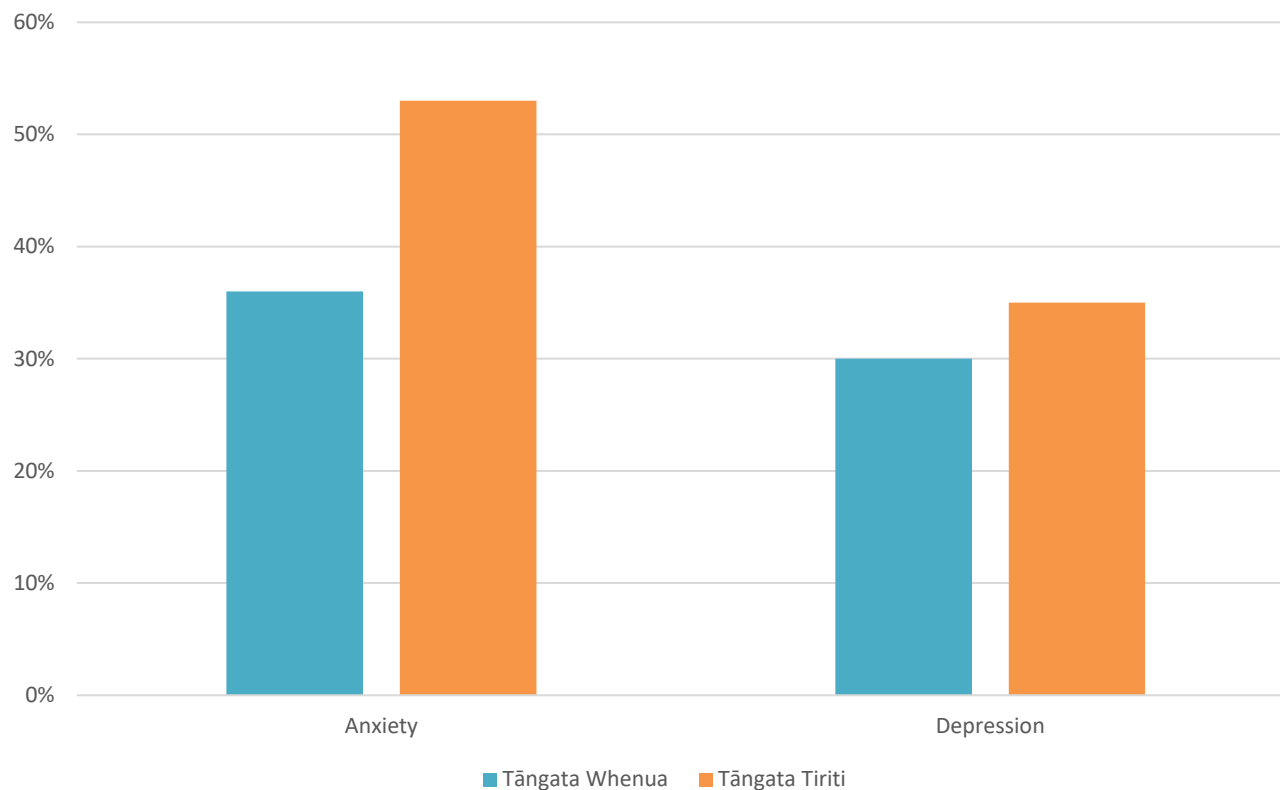
Mental distress



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MĀTE KORONA



Mental distress



Mental distress



- Very high concordance between three measures of anxiety or depression
 - Self-reported
 - GAD-2/PHQ-2 questions
 - EuroQol ADL questions
- Anxiety and depression were much higher among
 - Tāngata whaikaha Māori (60%) compared to non-disabled Tāngata Whenua (33%)
 - Disabled Tāngata Tiriti (53%) compared to non-disabled Tāngata Tiriti (31%)
- Previous anxiety or depression does not predict Long COVID

Mental Health Support



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA

- Mental health support as an area of unmet need
 - What sort of help or support did you receive, or would like to have received?
 - Mental health support (someone to talk to) – 35% said it would be been useful
 - Mental health support (other support) – 31% said it would be been useful
- Mental health support was significantly less than among non-disabled Tāngata Whenua than tāngata whaikaha Māori, despite the need being greater.

Recommendation



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA

- Pro-actively ensure tāngata whaikaha Māori and disabled people at risk of mental distress are well supported.
- Support providers to be able to offer mental health services alongside the other services they provide, including to whānau or family members of those who are unwell.

Predictors of LC



	OR*	95% CI
Age Group		
16-24	0.90	0.46 to 1.77
25 to 44	1	
45 to 64	1.03	0.66 to 1.60
65+ years	0.81	0.75 to 1.37
Ethnicity (prioritised)		
Māori	0.99	0.57 to 1.71
Pacific peoples	0.11	0.03 to 0.50
Asian people	0.62	0.26 to 1.50
Others	1	
Gender		
Female/ other	1	
Male	0.78	0.51 to 1.19

*OR: Odds Ratio; CI: Confidence Interval

Predictors of LC



Pre-existing conditions	aOR*	95% CI
Allergies	2.29	(0.90 to 5.82)
Anxiety	2.73	(0.75 to 9.87)
Arthritis	0.82	(0.25 to 2.66)
Asthma	1.93	(0.73 to 5.13)
Chronic Pain	2.08	(0.69 to 6.27)
Depression	1.60	(0.51 to 5.01)
Diabetes	1.67	(0.42 to 6.70)
Heart disease	8.65	(1.29 to 57.86)
High blood pressure	1.98	(0.58 to 6.78)
High BMI \geq 25kg/m ²	2.29	(1.30 to 4.00)

*aOR: Adjusted Odds Ratio, adjusted for age, sex, ethnicity; CI; Confidence Interval

Recommendation



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA

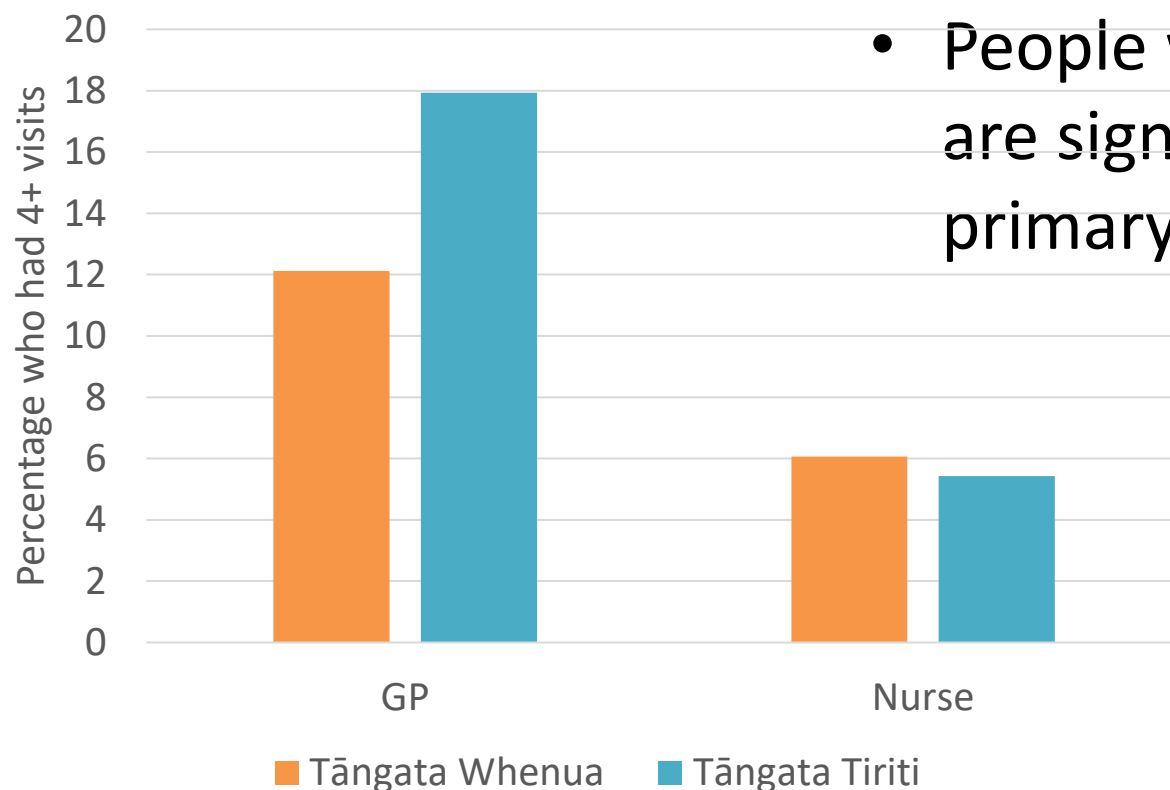
- Acknowledge that little is known about long COVID. Regularly update evidence base for health professionals and employers on what works to best support those with long COVID.

Long COVID for health professionals

Most people with COVID-19 recover within 2–6 weeks. For others, a full recovery will take up to 12 weeks.

<https://www.tewhatauora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/long-covid-for-health-professionals/>

Primary Care Use

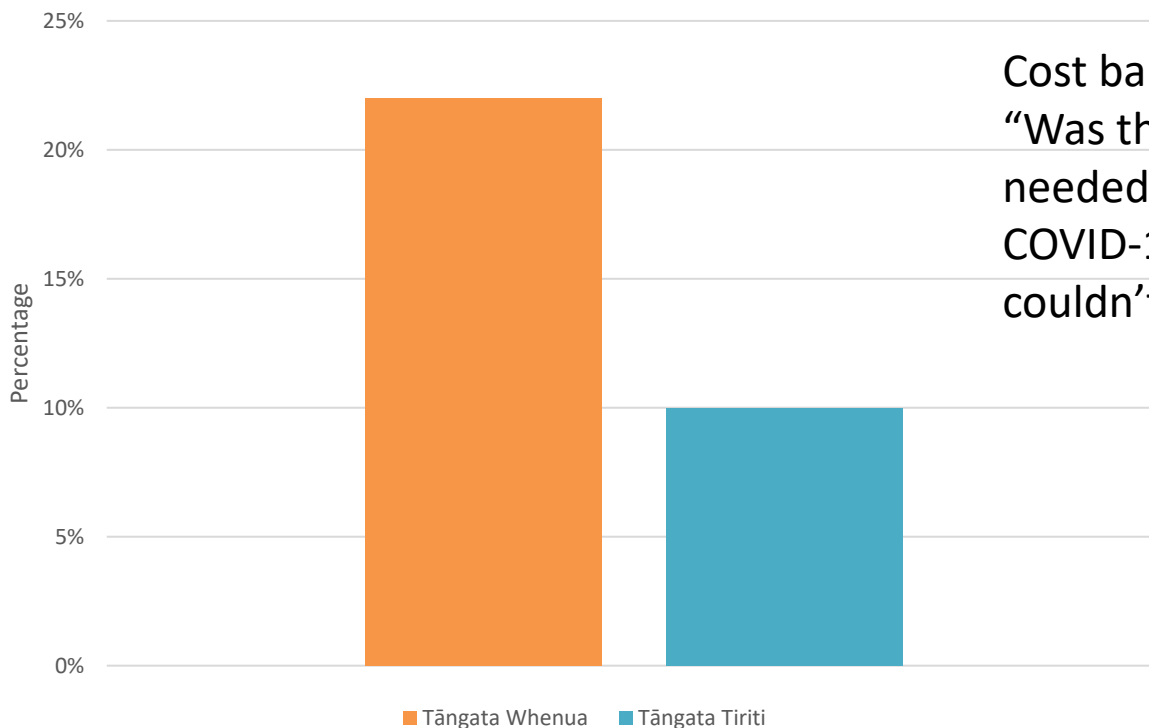


- People with Long COVID are significant users of primary health care

Barriers to Primary Care



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKĀWE O MĀTE KORONA



Cost barrier to care:
“Was there ever a time that you needed to see a doctor because of COVID-19 but didn’t because you couldn’t afford it”

Recommendation



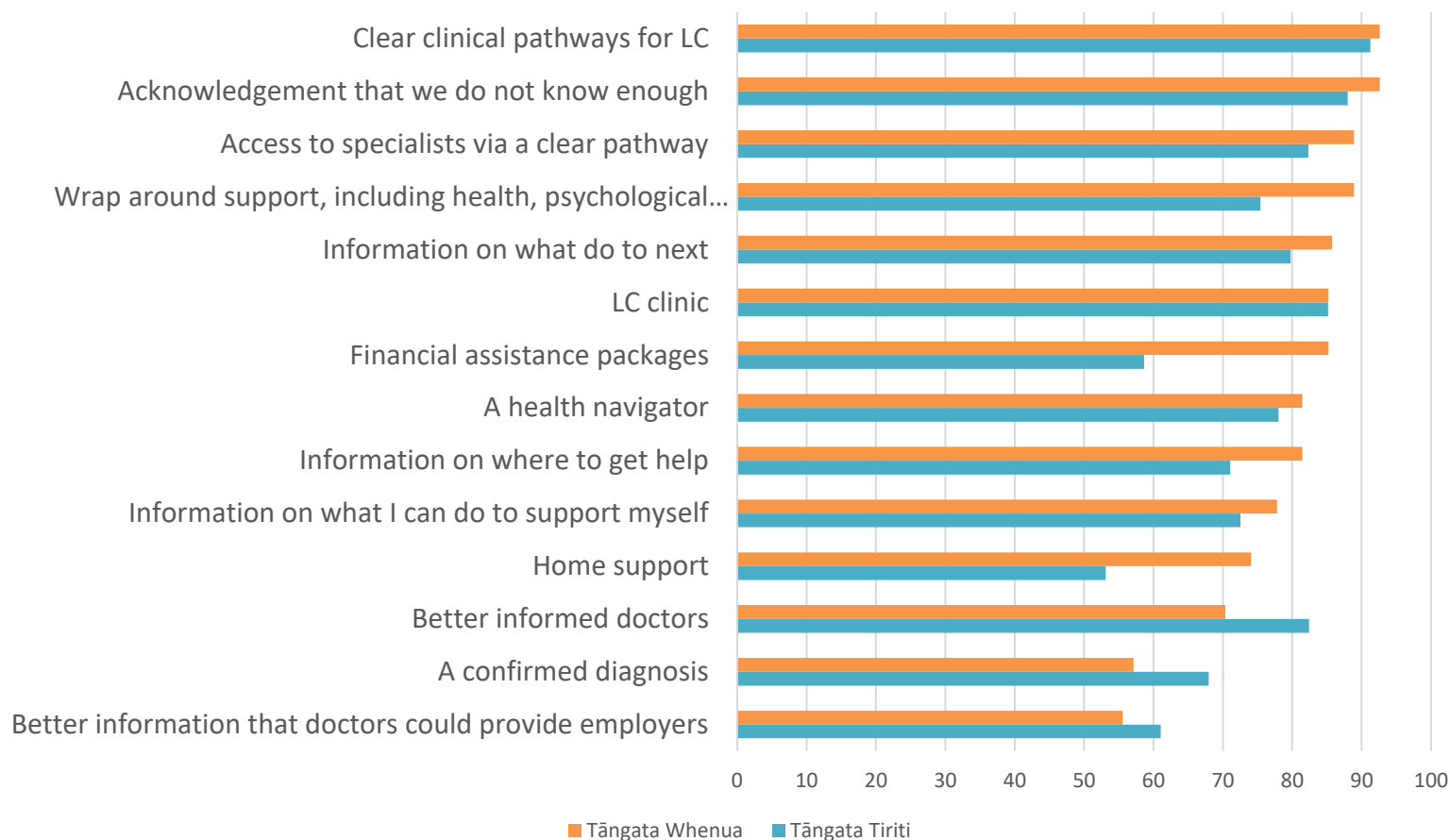
IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA

➤ Reduce barriers to access for primary health care, especially for Te Tangata Whenua, including tāngata whaikaha Māori, for Pasifika peoples, and for disabled Tāngata Tiriti with long COVID.

- Normal co-payments for general practice appointments will apply, as well as part charges for emergency ambulance callouts, and prescription co-payments at community pharmacies.. Specialist level treatment will be funded by the regional divisions of Te Whatu Ora, or self-funded if accessed privately.

<https://www.tewhatauora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/long-covid-funding-for-primary-care/>

Areas of support needed



Recommendation



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA

- Establish a **national long COVID centre** to support local clinics. The national centre would be consumer-led and would develop evidence-based guidelines for **wraparound services** to support not just health but wider wellbeing, and resources to better support those with long COVID. Local clinics would include **case managers** to work with consumers to develop consumer-led local pathways for wrap-around services to support both health and wellbeing. Such clinics should be **widely available**, and **free for the service-users**, in order to ensure accessibility. Ideally, clinics should be located in the community, closely linked with primary health care and **community-based Iwi, Māori providers, and Pasifika providers** to foster integration with existing care. **Specialist care** would be included as needed.

Summary



IMPACTS OF COVID-19 IN AOTEAROA
NGĀ KAWEKAWE O MATE KORONA

- Long COVID is common and debilitating
- Frequent visits with non-specific symptoms may be a sign of long COVID
- Further recognition of its impact
- Mental distress is very common among people with long COVID
- Mental health needs of disabled people should be investigated proactively
- Need service development and funding

Acknowledgements



- Rōpū Kaitiaki | Advisory Board
- Rōpū Rangahau | Research Team
- Dr Lynne Russell
- All those who took part
- Manatū Hauora | Ministry of Health