

Press Release

February 28, 2022

FOR IMMEDIATE RELEASE

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### **SAFE Glen Cove Coalition: Long COVID's Effects on the Body**

A recent article in The New York Times discusses Long COVID and the millions of people who continue to suffer from exhaustion, cognitive problems and other long-lasting symptoms after COVID infection. New research while not offering causes, does offer insight into the toll the virus takes on the body affecting the brain, lungs, circulatory system and immune system.

According to recent research, patients with severe COVID may wind up in hospitals or on ventilators until their symptoms resolve. Damage to the body from severe COVID — pneumonia, low oxygen, inflammation — typically shows up on traditional diagnostic tests.

Long COVID is different: A chronic illness with a wide variety of symptoms, many of which are not explainable using conventional lab tests. Difficulties in detecting the illness have led some doctors to dismiss patients, or to misdiagnose their symptoms as psychosomatic. But researchers looking more deeply at Long COVID patients have found visible dysfunction throughout the body. Studies estimate that perhaps 10 to 30 percent of people infected may develop long-term symptoms. It is unclear why some people develop Long COVID and others don't, but four factors appear to increase the risk: high levels of viral RNA early during an infection, the presence of certain autoantibodies, the reactivation of Epstein-Barr virus and having Type 2 diabetes.

Long COVID patients appear to have [disrupted immune systems](#) compared to post-COVID patients who fully recover. Many researchers believe chronic immune dysfunction after a coronavirus infection may set off a chain of symptoms throughout the body. One possibility is that the body is still fighting remnants of the coronavirus. Researchers found that the virus spreads widely during an initial infection, and that viral genetic material can [remain embedded](#) in tissues — in the intestines, lymph nodes and elsewhere — for many months. Ongoing studies are trying to determine if these viral reservoirs cause inflammation in surrounding tissues, which could lead to brain fog, gastrointestinal problems and other symptoms. Researchers have also found evidence that COVID may trigger a lasting and damaging autoimmune response. Studies have found surprisingly high levels of [autoantibodies](#), which mistakenly attack a patient's own tissues, [many months](#) after an initial infection. A third possibility is that the initial viral infection triggers chronic inflammation, possibly by reactivating other viruses in the patient's body

that are normally dormant. The reactivation of Epstein-Barr virus, which infects most people when they are young, [might help predict](#) whether a person will develop Long COVID, one study found.

And just as different Long COVID patients may have different symptoms, they may also have different immune problems, too. Identifying the problems that are central to each patient's illness will be critical for guiding treatment- a patient with autoantibodies might benefit from immunosuppressive medication, while a patient with remnants of the COVID virus should receive antivirals. Depending on what each person has, the treatment would be quite different.

The New York Times is an American newspaper based in New York City with worldwide influence and readership. For more information please visit [www.nytimes.com](http://www.nytimes.com).

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