

Long COVID's Impact on Patients, Workers & Society

Webinar Nov. 1st, 2023 https://healthconference.org



The Effectiveness of Vaccines to Prevent Long COVID

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University of Massachusetts Amherst

Disclosure

- I have no financial or intellectual property interests in any of the products or companies mentioned in this presentation.
- I have not personally worked on or supervised COVID-19 vaccine development.
- It is my goal to explain the science supporting vaccination but not necessarily to convince anyone to take any of the COVID-19 vaccines. That is a personal decision

What's long COVID?







If you've recovered from COVID-19 but still feel unwell or have symptoms, you may have long COVID.

Long COVID includes a wide range of new, returning or ongoing health problems lasting 4 or more weeks after COVID-19.



Affects up to 1 in 3 people who've had COVID, including those with mild cases or no symptoms.

COMMON SYMPTOMS





Unusual tiredness



'Brain fog" (difficulty thinking, focusing)

Headaches

or dizziness



Chest pain

It can develop soon

after COVID-19 or

3-6 months later

and beyond.



Shortness of breath



Cough



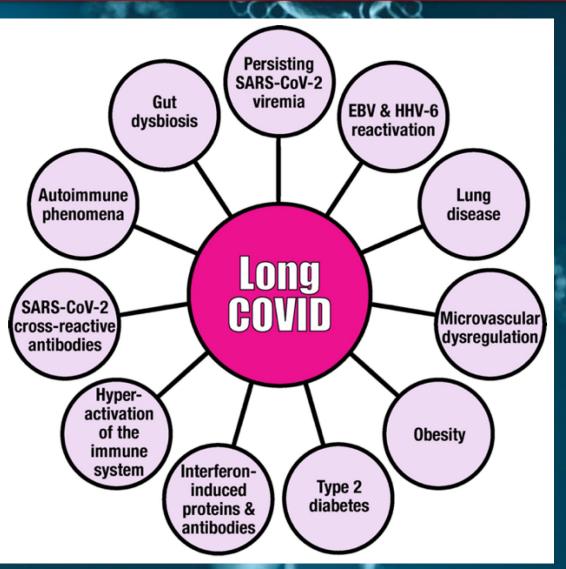


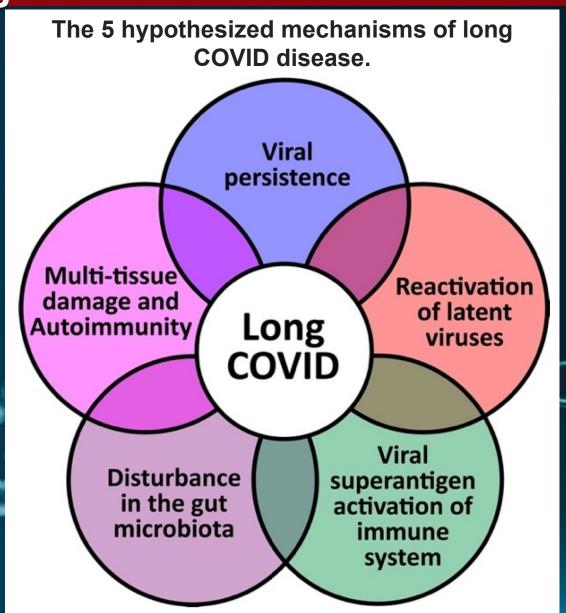


Feeling worse with activity

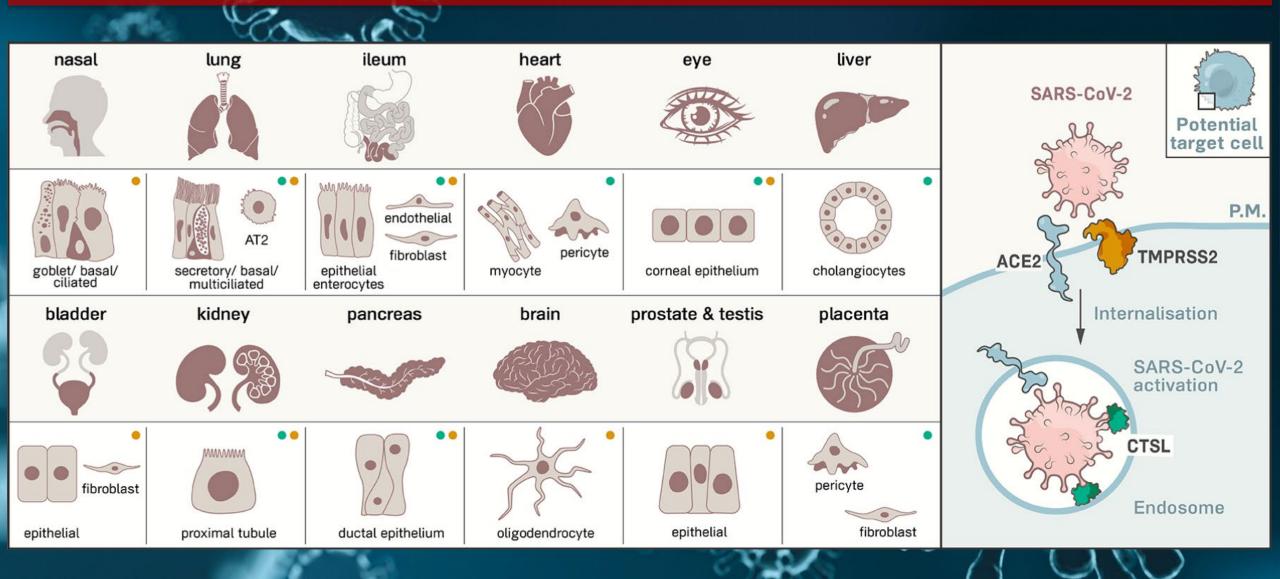


Major Factors That May be Involved in The Pathophysiologic Mechanism of Long COVID Disease





Receptors for SARS-CoV-2 Present in Wide Variety of Human Cells



Organ Systems Affected by Long COVID



Mental Health

- Anxiety
- Depression
- · Sleep problems
- · Substance abuse



Respiratory System

- Cough
- · Low blood oxygen
- · Shortness of breath



Kidney

- · Acute kidney injury
- · Chronic kidney disease



Gastrointestinal

- · Diarrhea
- · Acid reflux
- Constipation



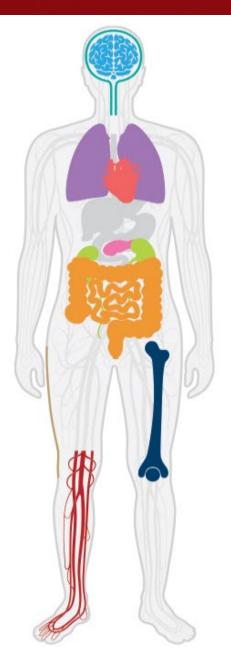
Skin Disorders

- · Rash
- · Hair loss



Blood Disorders

- Anemia
- · Blood clots





Nervous System

- Stroke
- Headaches
- · Memory problems
- Loss of smell and taste



Cardiovascular

- · Arrhythmia
- · Palpitations
- · Heart failure
- · Acute coronary disease



Metabolic/Endocrine

- Obesity
- Diabetes
- · High cholesterol



Musculoskeletal

- · Joint pain
- · Muscle weakness

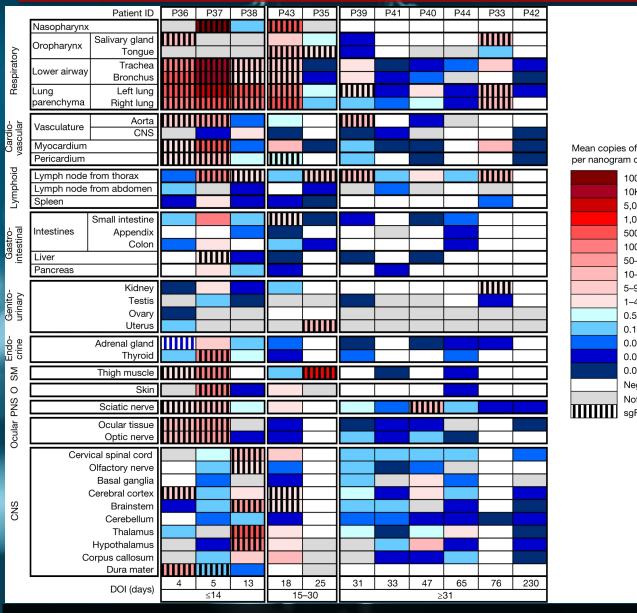


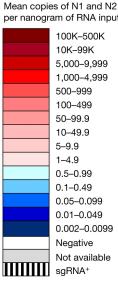
General

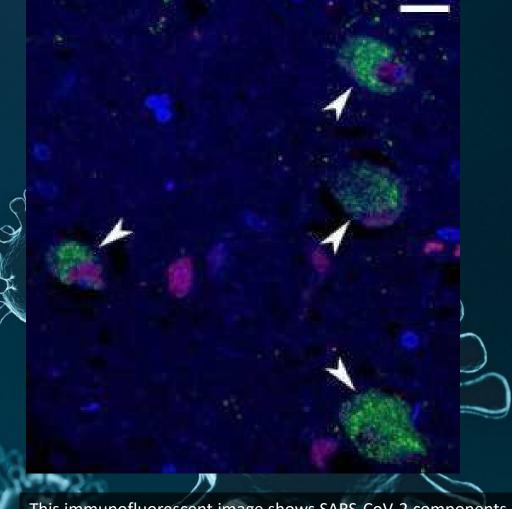
- Fatigue
- Malaise
- Mitochondrial dysfunction



SARS-CoV-2 Infection and Persistence in The Human Body







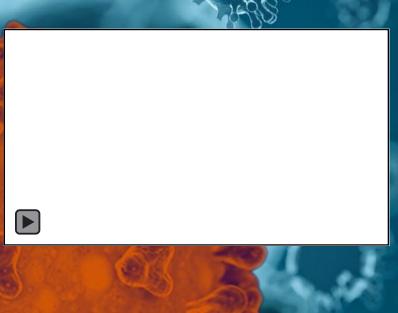
This immunofluorescent image shows SARS-CoV-2 components (green) specifically in neurons (magenta) in the hypothalamus of the brain of a person who died from COVID-19. Image captured and colorized at Rocky Mountain Laboratories in Hamilton, Montana. Credit: NIAID

Stein, S.R., Ramelli, S.C., Grazioli, A. et al. SARS-CoV-2 infection and persistence in the human body and brain at autopsy. Nature 612, 758–763 (2022). https://doi.org/10.1038/s41586-022-05542-y

Hierarchical Phase-Contrast Tomography (HiP-CT) of COVID Lung

BY MICHAEL GRESHKO
PHOTOGRAPHS BY LUCA LOCATELLI AND
ESRF, HUMAN ORGAN ATLAS







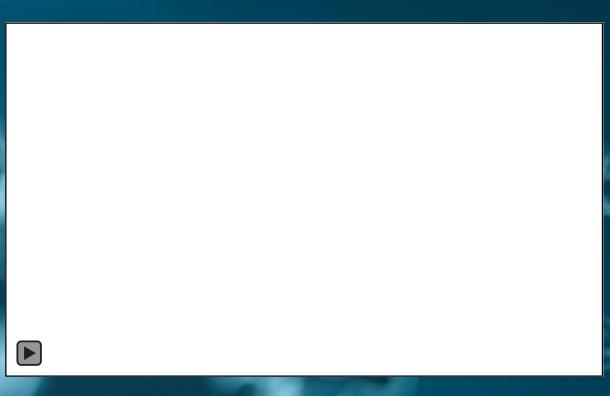
the vasculature within a lung lobe from a 54-yearold male who died of COVID-19. HiP-CT scans show that in severe COVID-19 cases, the lungs' blood vessels are severely damaged: Here, airspaces are colored with cyan, lood vessels are red, damaged blood vessels are colored in

This HiP-CT scan reveals

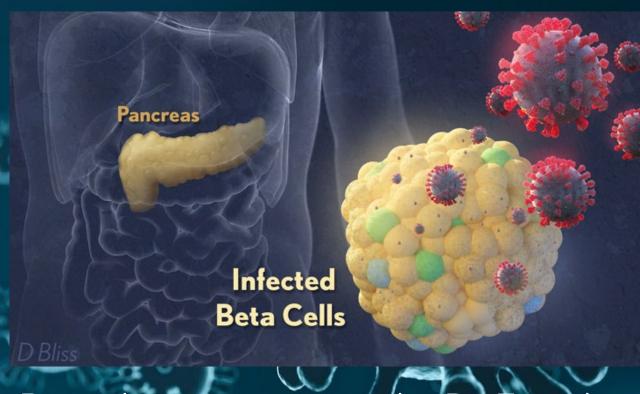
Copyright © 2015-2022 National Geographic Partners, LLC.

Post-COVID Diabetes

Patients in the study were about 40% more likely than the control groups to develop mainly type 2 diabetes.



SARS-CoV-2 infects and replicates in cells of the human endocrine and exocrine pancreas. Müller JA, Groß R, Conzelmann C, Münch J, Heller S, Kleger A, et al. Nat Metab. 2021 Feb;3(2):149-165.



Posted on June 8th, 2021 by <u>Dr. Francis</u> Collins, NIH

Study Verifies COVID-19 Infection Increases Diabetes Risk | Cedars-Sinai



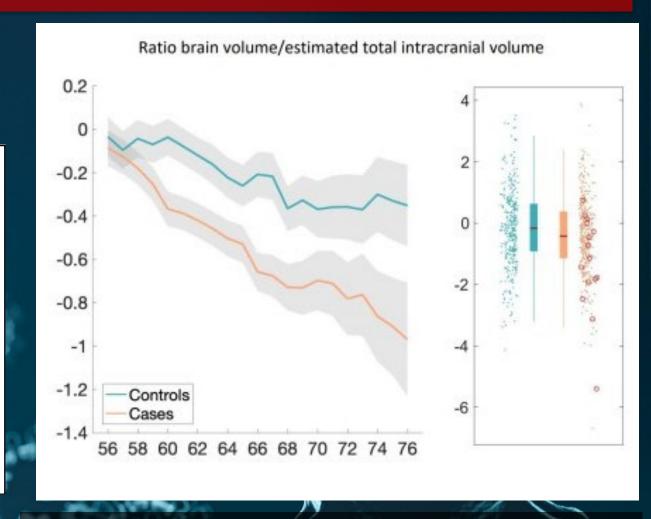
Even Mild COVID is Linked to Brain Damage

Even a mild case of COVID can shrink your brain the same as aging 10 years



Hierarchical Phase-Contrast Tomography or 'HiP-CT' of Human Brain. Performed at the ESRF-EBS 4th generation synchrotron in Grenoble

COVID-19 Kills Blood Vessels in The Brain of Infected Individuals!



The graph shows changes in the size of the brain between Covid patients (orange) and those who did not catch the virus (blue). It shows in both cases those who had Covid saw a faster decline while they aged (Credits: Douaud, G., Lee, S., Alfaro-Almagro, F. et al. SARS-CoV-2 is associated with changes in brain structure in UK Biobank. Nature 604, 697–707 (2022). https://doi.org/10.1038/s41586-022-04569-5)

Neuroinflammation in post-acute sequelae of COVID-19 (PASC) as assessed by [11C]PBR28 PET correlates with vascular disease measures

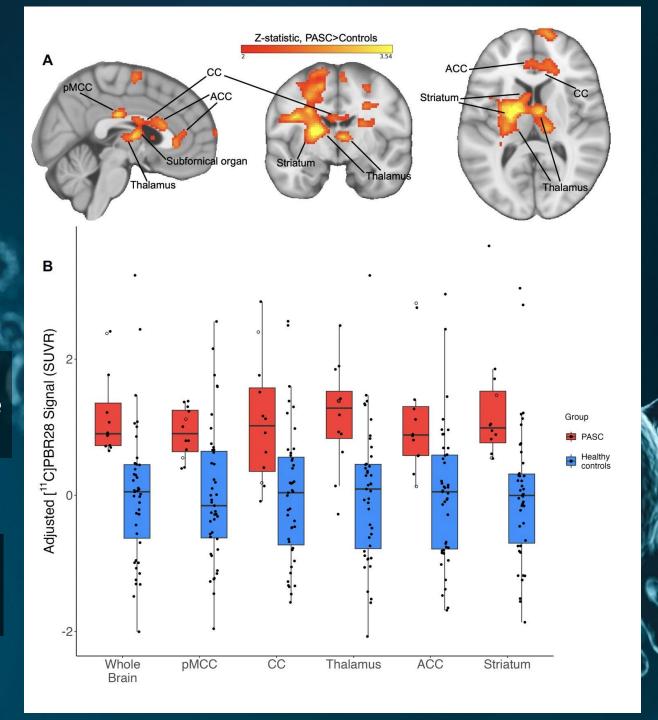
pMCC = posterior midcingulate cortex; CC = corpus callosum; ACC = anterior cingulate cortex

M.B. VanElzakker, M. G. H. Martinos and Hannah F. Bues

bioRxiv preprint doi:

https://doi.org/10.1101/2023.10.19.563117;

this version posted October 20, 2023



COVID-19 Increases The Risk of Cardiovascular Disease 12 Months Later!



Hierarchical Phase-Contrast Tomography or 'HiP-CT'. Performed at the ESRF-EBS 4th generation synchrotron in Grenoble

Xie, Y., Xu, E., Bowe, B. *et al.* Long-term cardiovascular outcomes of COVID-19. *Nat Med* (2022). https://doi.org/10.1038/s41591-022-01689-3

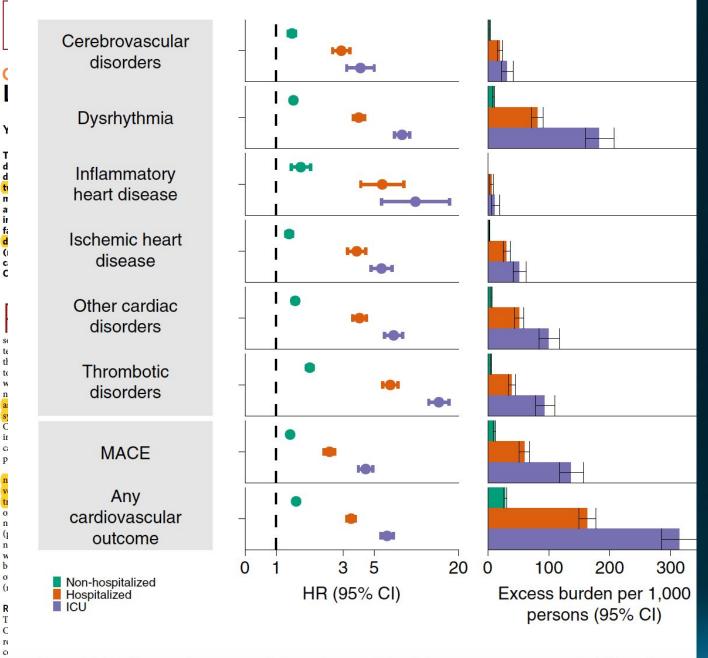
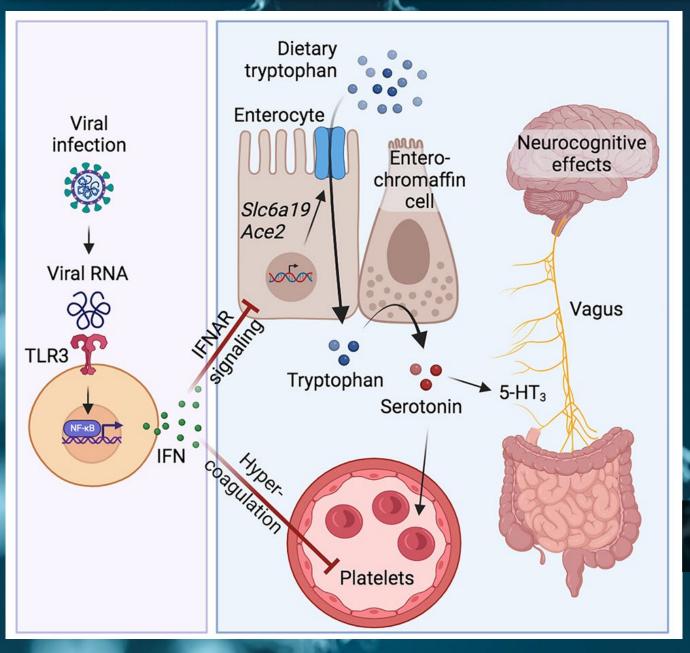


Fig. 6 | Risks and 12-month burdens of incident post-acute COVID-19

Serotonin Reduction in Long COVID Drives Brain Fog



- Long COVID is associated with reduced circulating serotonin levels
- Serotonin depletion is driven by viral RNA-induced type I interferons (IFNs)
- IFNs reduce serotonin through diminished tryptophan uptake and hypercoagulability
- Peripheral serotonin deficiency impairs cognition via reduced vagal signaling

Wong et al. Cell, 2023.

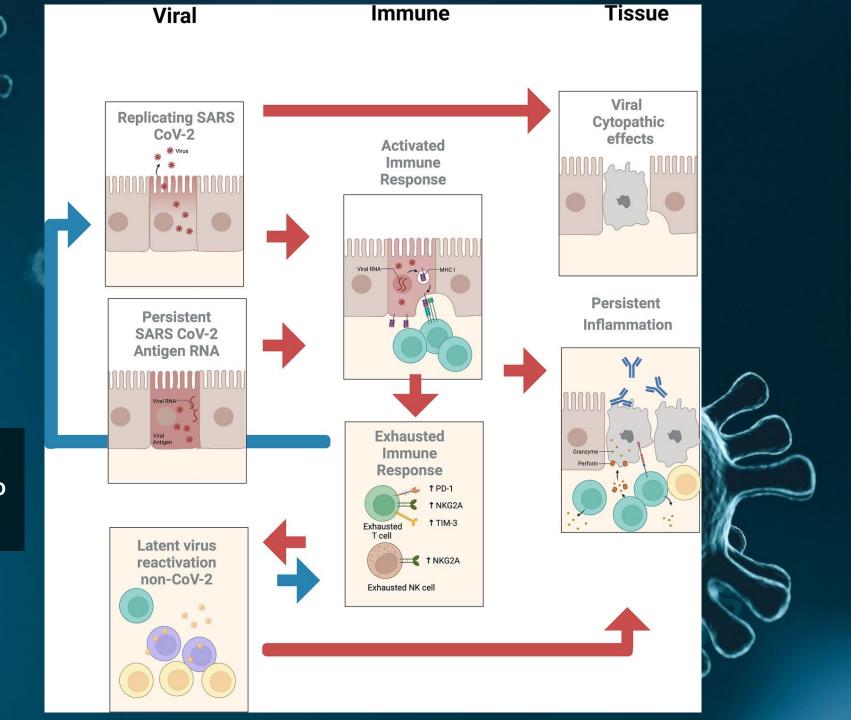
https://doi.org/10.1016/j.cell.2023.09.013

Summary of Potential Viral, Immune, and Tissue Roles in Postacute Sequelae of SARS CoV-2 Infection (PASC).



Chen, et al. RECOVER Mechanistic Pathways Task Force (2023) **Viral persistence**, **reactivation**, **and mechanisms of long COVID** *eLife* **12**:e86015.

https://doi.org/10.7554/eLife.86015



Latent Viruses Activated Following SARS-CoV-2 Infection

Cytomegalovirus (CMV)

In Babies: brain, liver, spleen, lung, and growth problems.

Human Herpesvirus Family

Herpes simplex virus (HSV) 1 & 2; Kaposi Epstein-Barr Virus (EBV); Sarcoma-associated Herpesvirus; Varicella-Zoster Virus (VZV)

Parvovirus B19

'slapped face rash', sore throat, headache, cough



Human Endogenous Retrovirus K (HERV-K)

Associated with malignant tumors of the testes; has multiple copies in the human genome

Adenovirus

Typically cause mild cold- or flu-like illness.

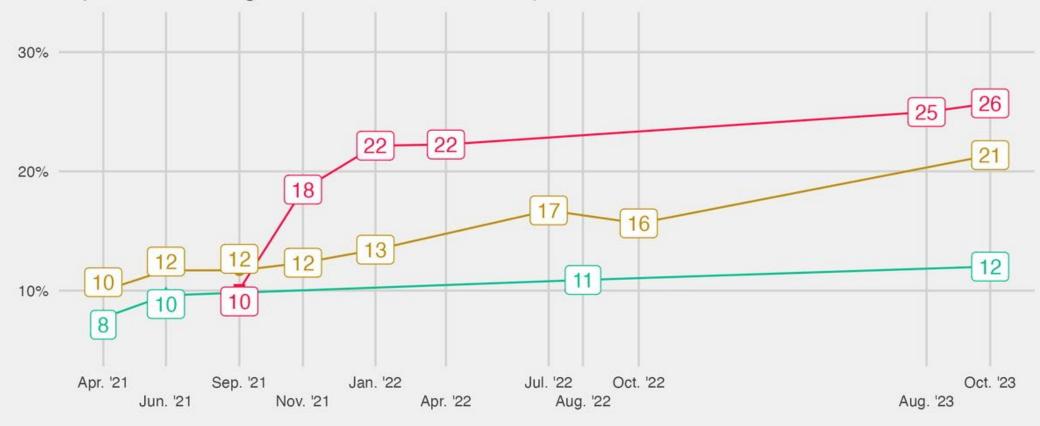
Others:

HIV, John Cunningham (JC) virus; BK virus (Human polyomavirus 1)

Post-acute sequelae of SARS-CoV-2 infection (PASC) associated with latent virus activation

Increasing Belief in Vaccine Misinformation

(% of respondents holding science-inconsistent views)



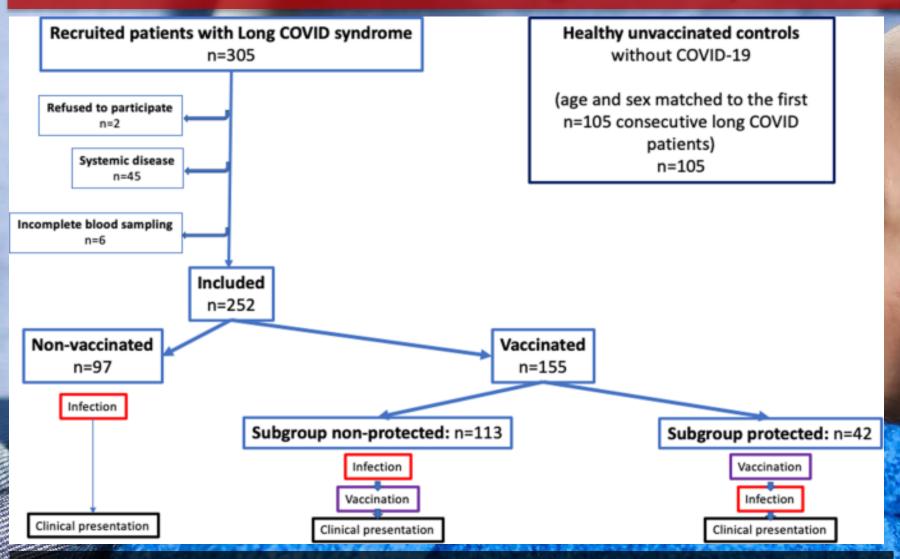




Vaccines in general are full of toxins and harmful ingredients like "antifreeze"

COVID-19 vaccine NOT safer than getting COVID-19

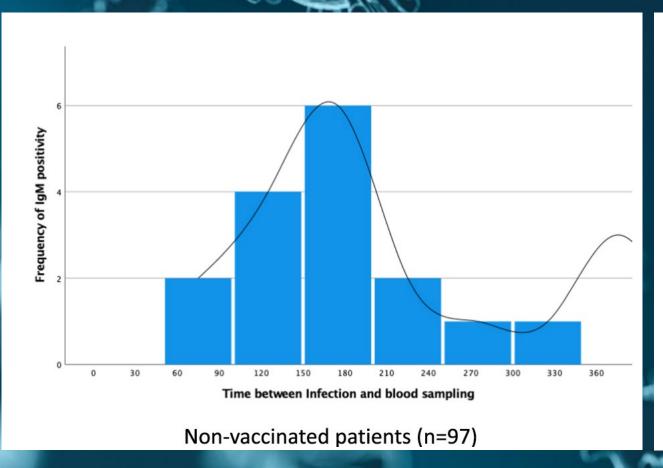
Anti-SARS-CoV-2 Vaccination May Interrupt Viral Cross-talk in Patients with Long-COVID Syndrome

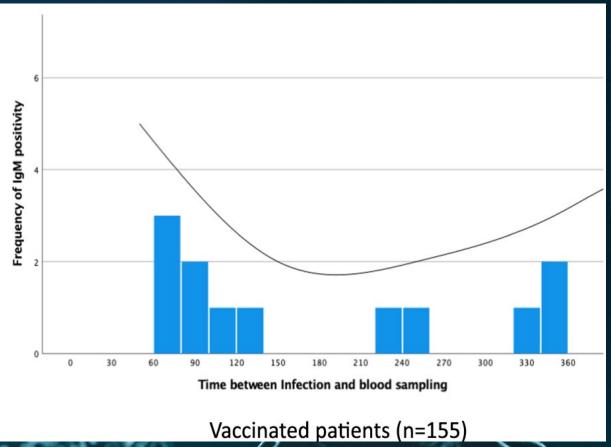


Gyöngyösi, M., Lukovic, D., Mester-Tonczar, J. et al. Effect of monovalent COVID-19 vaccines on viral interference between SARS-CoV-2 and several DNA viruses in patients with long-COVID syndrome. npj Vaccines 8, 145 (2023). https://doi.org/10.1038/s41541-023-00739-2

Cardiology Long-COVID Unit of the Division of Cardiology, Department of Internal Medicine II, Medical University of Vienna, Austria: ClinicalTrials.gov Identifier: NCT05398952

Cumulative IgM positivity, for Herpes Simplex virus (HSV), Varicella-zoster virus (VZV), Cytomegalovirus (CMV), Epstein–Barr virus (EBV), and Parvovirus-B19

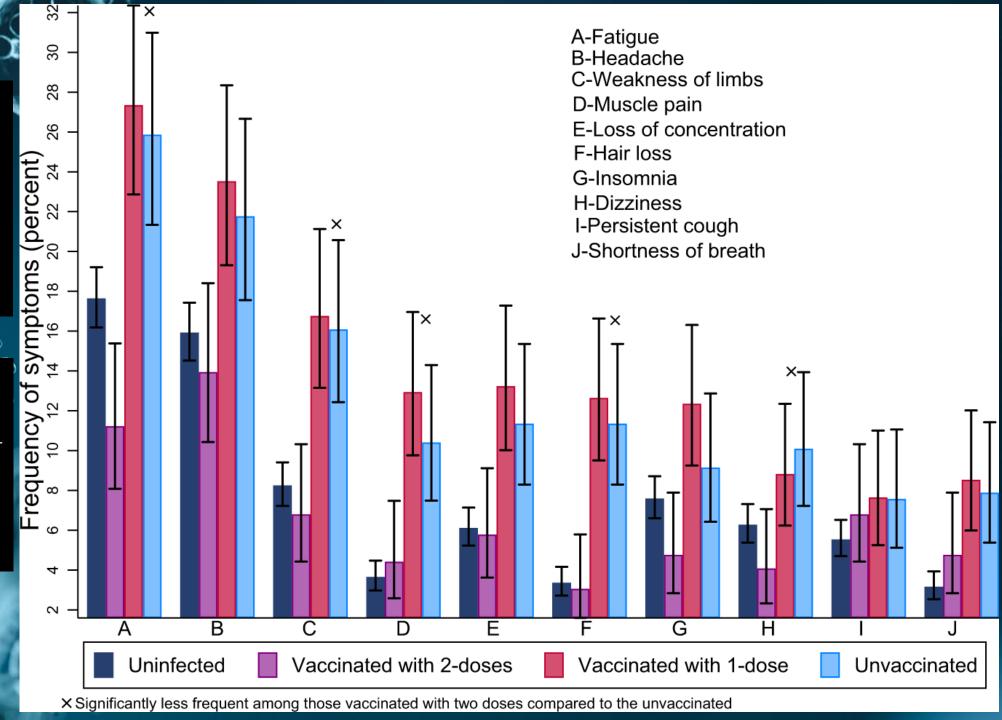




Gyöngyösi, M., Lukovic, D., Mester-Tonczar, J. *et al.* Effect of monovalent COVID-19 vaccines on viral interference between SARS-CoV-2 and several DNA viruses in patients with long-COVID syndrome. *npj Vaccines* **8**, 145 (2023). https://doi.org/10.1038/s41541-023-00739-2

Association between BNT162b2 vaccination and reported incidence of post-COVID-19 symptoms: cross-sectional study 2020-21, Israel

Kuodi, P., Gorelik, Y., Zayyad, H. *et al.* Association between BNT162b2 vaccination and reported incidence of post-COVID-19 symptoms: cross-sectional study 2020-21, Israel. *npj Vaccines* **7**, 101 (2022). https://doi.org/10.1038/s41541-022-00526-5



Watanabe A, Iwagami M, Yasuhara J, Takagi H, Kuno T. Protective effect of COVID-19 vaccination against long COVID syndrome: A systematic review and meta-analysis.

Vaccine. 2023 Mar 10;41(11):1783-1790. doi: 10.1016/j.vaccine.2023.02.008. Epub 2023 Feb 8. PMID: 36774332; PMCID: PMC9905096.

Study involved six observational studies involving 536,291 unvaccinated and 84,603 vaccinated (before SARS-CoV-2 infection) patients (mean age, 41.2–66.6; female, 9.0–67.3%) and **six** observational studies involving 8,199 **long COVID patients** (mean age, 40.0 to 53.5; female, 22.2–85.9%) who received vaccination after SARS-CoV-2 infection were included.

a) two-dose vaccination vs. no vaccination

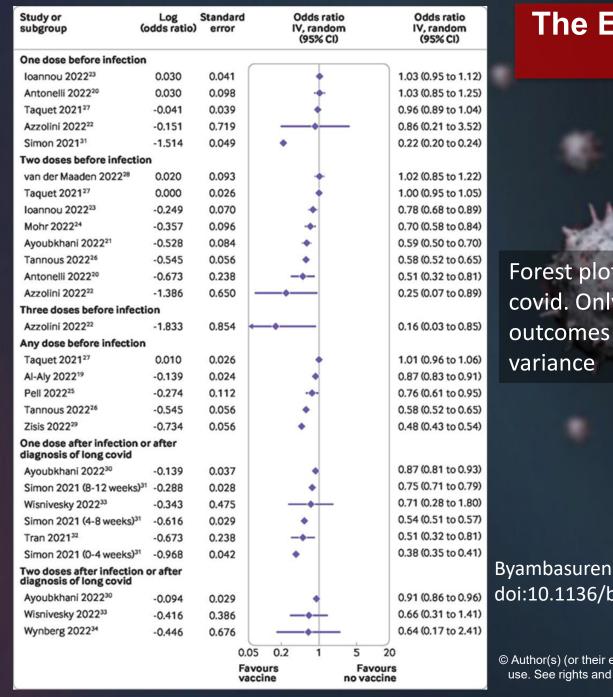
Study or Subgroup	log[Odds Ratio]	SE	Weight	Odds Ratio IV, Random, 95% Cl	ĺ	Odds Ratio IV, Random, 95% CI	
Al-Aly [16] Azzolini [17] Emecen [23] Meza-Torres [22]	-0.1936 0 -1.3863 0 -0.6349 0 -0.3011 0).6363).1563	42.0% 7.0% 32.2% 18.8%	0.82 [0.80, 0.85] 0.25 [0.07, 0.87] 0.53 [0.39, 0.72] 0.74 [0.40, 1.37]			
Total (95% CI) Heterogeneity: Tau ² = Test for overall effect:			100.0 % = 0.009);	0.64 [0.45, 0.92] 2 = 74%	0.01	0.1 1 10 10 Favors [2 dose] Favors [no vaccination]	00

b) two-dose vaccination vs. one-dose vaccination

Study or Subgroup	log[Odds Ratio]	SE	Weight	Odds Ratio IV, Random, 95% CI	Odds Ratio IV, Random, 95% CI
Antonelli [25]	-0.6162 0.	.2005	69.2%	0.54 [0.36, 0.80]	-
Azzolini [17]	-0.7133 0.	.7933	4.4%	0.49 [0.10, 2.32]	
Meza-Torres [22]	-0.1985 0.	.3249	26.4%	0.82 [0.43, 1.55]	-
Total (95% CI)			100.0%	0.60 [0.43, 0.83]	•
Heterogeneity: Tau ² = 0 Test for overall effect: 2		2 (P =	0.53); I ²	= 0%	0.01 0.1 1 10 100 Favors [2 dose] Favors [1 dose]

c) one-dose vaccination vs. no vaccination

				Odds Ratio		Odds	Ratio	
Study or Subgroup	log[Odds Ratio]	SE	Weight	IV, Random, 95% CI		IV, Rando	m, 95% CI	
Azzolini [17]	-0.1508 0.	.7147	0.7%	0.86 [0.21, 3.49]				
Meza-Torres [22]	-0.1054 0.	.0588	99.3%	0.90 [0.80, 1.01]				
Total (95% CI)			100.0%	0.90 [0.80, 1.01]		•		
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0.00$, $df = 1$ (P = 0.95); $I^2 = 0\%$ Test for overall effect: $Z = 1.80$ (P = 0.07)				0.01	0.1 Favors [1 dose]	1 10 Favors [no vaccina	100 ation]	



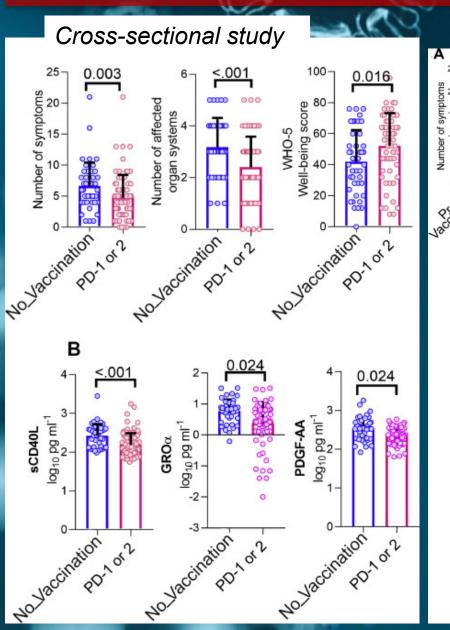
The Effect of Covid-19 Vaccine Doses on Long Covid.

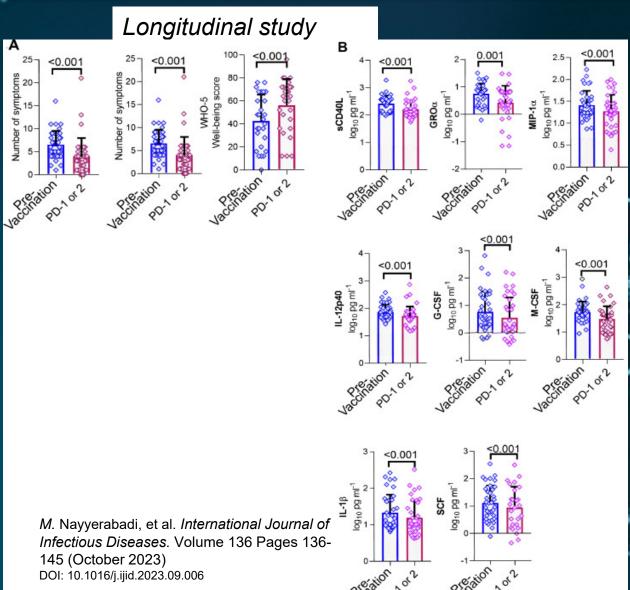
Forest plot of the effect of covid-19 vaccine doses on long covid. Only relevant outcomes from all reported outcomes in individual studies were chosen. IV=inverse variance

Byambasuren O, et al. BMJMED 2023;2:e000385. doi:10.1136/bmjmed-2022-000385

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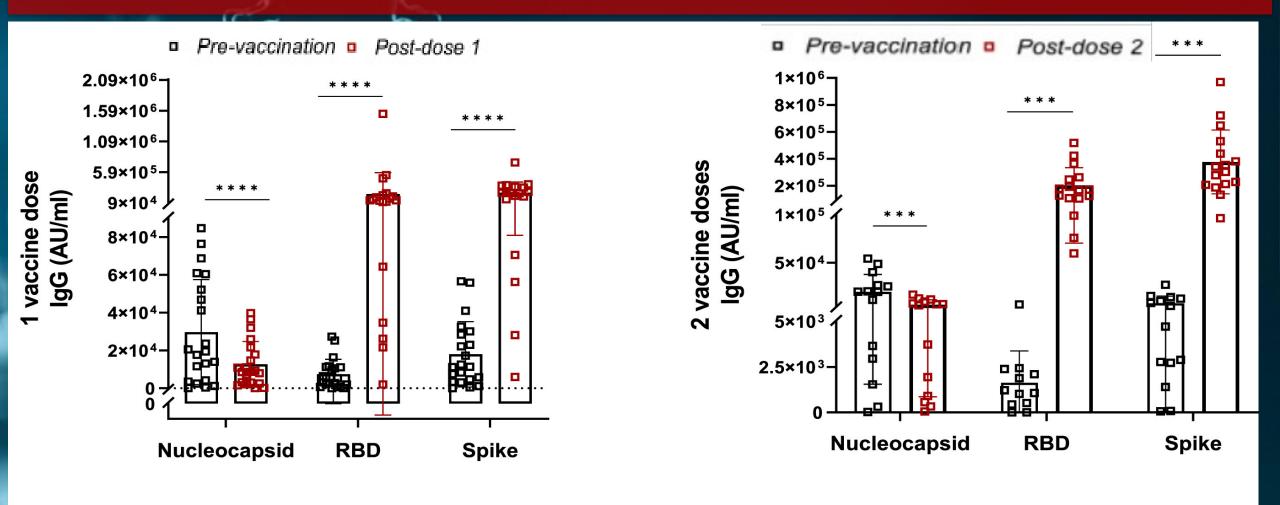
Vaccination After Developing Long COVID: Impact on Clinical Presentation, Viral Persistence, and Immune Responses





Study shows higher proinflammatory responses associated with PCC symptoms and brings forward a possible role for vaccination in mitigating PCC symptoms by decreasing systemic inflammation.

Vaccination After Developing Long COVID: IgG Immune Response



COVID Vaccination After Long COVID Linked to Better Outcomes

Vaccination linked to lower cytokines

The five most common PCC symptoms reported at the beginning of the study were **fatigue** (81.9%), **trouble with concentration** (47.0%), **trouble with memory** (39.8%), **headache** (32.5%) and **shortness of breath at rest** (31.3%) during all follow-ups.

After vaccination, 77.8%, 7.4%, and 14.8% of participants reported **improved**, worsened and unchanged well-being scores, respectively, the authors said. And **86%**, 8.3% and 5.6% of participants reported **fewer**, more, and the same **number of PCC symptoms**, respectively.

66 We observed a significant reduction in systemic inflammatory cytokine/chemokine levels post-vaccination, independent of number of vaccine doses received. 99

16 cytokines and chemokines were significantly decreased after vaccination in participant blood samples, a sign that inflammatory proteins were mitigated by vaccination.

"High inflammatory cytokine/chemokine levels have been correlated with increased acute COVID-19 severity and poor prognosis," the authors concluded. "We observed a significant reduction in systemic inflammatory cytokine/chemokine levels post-vaccination, independent of number of vaccine doses received." - CIDRAP

Review Estimates 69% 3-dose Vaccine Efficacy Against Long COVID

Vaccinated individuals	COVID-19 vaccine before/after COVID-19 infection**	Studies included (n)	Participants [vaccinated + unvaccinated] (n)	Pooled Diagnostic Odds Ratio [DOR] (95% CI)	I ² test for heterogeneity	Vaccine effectiveness* (95% CI)
Fully vaccinated	Before/After	24	620,221	0.680	0%	32.0%
				(0.523, 0.885)		(11.5%, 47.7%)
Fully vaccinated	Before	21	618,841	0.631	0%	36.9%
				(0.518, 0.769)		(23.1%, 48.2%)
Fully vaccinated	After***	5	396,101	1.303	19.9%	-
				(0.890, 1.907)		
Fully vaccinated	Before (Omicron era)	7	25,414	0.684	50.1%	31.6%
				(0.542, 0.862)		(13.8%, 45.8%)
Booster dose (1 st)	Before	3	5,948	0.313	0%	68.7%
				(0.278, 0.353)		(64.7%, 72.2%)

Receiving a complete COVID-19 vaccination prior to contracting the virus resulted in a significant reduction in post-COVID conditions throughout the study period, including during the Omicron era. <u>Vaccine effectiveness demonstrated an increase when supplementary doses were administered.</u>

Association of Vaccination Status With Post-COVID-19 Condition (PCC), 2021 to 2022

			Favors	Favors	
Source	OR (95% CI)		vaccination	no vaccinat	ion
Ayoubkhani et al ¹⁸	0.59 (0.50-0.69)		-		
Emecen et al ²⁶	0.53 (0.40-0.71)		-		
loannou et al ³⁴	0.78 (0.68-0.90)		-		
Zisis et al ¹²	0.43 (0.37-0.49)		-		
Total (random effects)	0.57 (0.43-0.76)				
Prediction interval	(0.15-2.22)	←			
Heterogeneity: $\chi_3^2 = 35.00 (P < .001)$; $I^2 = 91\%$					
		0.2	0.5	1.0 2.0	5.0
		OR o	of PCC by vacci	nation status ((95% Cl)

Individuals who were vaccinated against COVID-19 with 2 doses had a significantly lower risk of developing PCC than individuals who had not been vaccinated. The dotted line represents the point of no difference between the 2 groups, and the dashed line represents the average effect of all studies when pooled together. OR indicates odds ratio.

Tsampasian V, Elghazaly H, Chattopadhyay R, et al. Risk Factors Associated With Post-COVID-19 Condition: A Systematic Review and Meta-analysis. *JAMA Intern Med.* 2023;183(6):566–580. doi:10.1001/jamainternmed.2023.0750

Main Take Away

HEALTHWATCH >

Long COVID has affected nearly 7% of American adults, CDC survey data finds



BY SARA MONIUSZKO

SEPTEMBER 26, 2023 / 1:32 PM / CBS NEWS

Epidemic Prevention/ Success Stories

"VOICES" OF LONG COVID STRESS THE URGENCY OF COVID-19 VACCINATION

Awareness campaign spotlights COVID long-haulers to increase vaccine uptake



I used to run 5 to 6 miles a day. Now, when I walk up a flight of stairs, I'm gasping for air ... I'm telling my Long COVID story because I don't want it to ruin other people's lives like it did mine."

-Rob, 22

PUBLIC HEALTH

Evidence grows that vaccines lower the risk of getting long COVID

March 24, 2022 · 5:00 AM ET

By Will Stone





Mary Van Beusekom, MS, March 1, 2023 Topics: COVID-19



△ NEWS

TOPICS & PROJECTS ~

some things that happened even way before I got COVID ... I'm telling my Long COVID story so that you won't have one to tell."

-Katelyn, 20

I can no longer remember

Review estimates 69% 3-dose vaccine efficacy against long COVID

Mary Van Beusekom, MS, October 13, 2023

Topics: COVID-19









