

To: [redacted]@rivm.nl
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Sent: Thur 11/26/2020 8:36:14 AM
Subject: long COVID
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[Persistent symptoms 3 months after a SARS-CoV2 infection. the post-COVID-19 syndrome. Goertz et al..pdf](#)

Hoi [redacted] en [redacted] (voor de literatuursignalering),

2 stukken over long COVID in NL

Bij het Radboud:

<https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1750/5998118?searchresult=1>

Results: 124 patients (age 59±14 years, 60% male) were included; 27 with mild, 51 with moderate, 26 with severe and 20 with critical disease. Lung diffusion capacity was below lower limit of normal in 42% of discharged patients. Ninety-nine percent of discharged patients had reduced ground-glass opacification on repeat CT imaging, and normal chest X-rays were found in 93% of patients with mild diseases. Residual pulmonary parenchymal abnormalities were present in 91% of discharged patients, and correlated with reduced lung diffusion capacity. Twenty-two percent had low exercise capacity, 19% low fat-free mass index, and problems in mental and/or cognitive function were found in 36% of the patients. Health status was generally poor, particularly in the domains functional impairment (64%), fatigue (69%) and QoL (72%).

En de aangehangen pdf is methodologisch minder sterk in mijn ogen, beschrijft de Facebook groep die in het voorjaar ontstond bij COVID patienten die maar heel langzaam beter lijken te gaan. Is gekke subset maar voor een beschrijvend onderzoek OK.

5.1.1d

Ik vind het heel belangrijk om dit in ieder document naar VWS over vaccinatie dit erin te zetten, ik heb geen enkele publicatie gezien die QALY loss bij mensen in categorie 40-60 jaar meeneemt. (of jonger)

Jij wel [redacted]

Groet [redacted]