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Post-COVID Syndrome

Poliomyelitis or *polio* was a scary event in Your Blogger's childhood. Even into the 1950s, parents were frightened by polio epidemics. Although the number of annual deaths never came close to COVID-19 numbers, polio could kill or paralyze the victim. Parents were thrilled by the Salk (mid-1950s) and Sabin (early 1960s) that relegated polio to the sidelines.

From the CDC website:

In the immediate prevaccine era, during the first half of the 20th century, improved sanitation resulted in less frequent exposure and increased the age of primary infection, resulting in large epidemics with high numbers of deaths. The incidence dramatically decreased after the introduction of inactivated polio vaccine (IPV) in 1955 and continued to decline following oral polio vaccine (OPV) introduction in 1961. From the more than 21,000 paralytic cases reported in 1952, only 2,525 cases were reported in 1960 and 61 cases in 1965.

(<https://www.cdc.gov/vaccines/pubs/pinkbook/polio.html>)

While these number do not seem big in comparison with the case numbers of COVID-19, there were few families without a member or a close relative that had not been touched by polio. YB did not lose family members to polio, but at least one cousin had it as a child, and maybe others.

By the 1970s and 1980s, according to the Mayo Clinic, doctors discovered that thirty to forty years after the initial polio illness, many survivors encountered some of the following symptoms: (1) progressive muscle and joint weakness and pain; (2) general fatigue and exhaustion with minimal activity; (3) muscle atrophy; (4) breathing or swallowing problems; (5) sleep-related breathing disorders, such as sleep apnea; (6) decreased tolerance of cold temperatures.

(<https://www.mayoclinic.org/diseases-conditions/post-polio-syndrome/symptoms-causes/syc-20355669>).

Factors that could increase risk of developing post-polio syndrome include severity of the initial polio infection, age at onset (adults fared worse), extent of the recovery (the "greater" the recovery, the larger the problem), and excessive physical activity. In short, recovery from polio came with accompanying problems down the road. Having had polio seemed like walking every day with five-pound weight around one's ankles. Eventually it wore out the survivors.

This is a health economics blog, and health economists look at the human body as a capital good (a machine, as it were) that needs maintenance and repair, and that can depreciate. Polio would damage the machine; even if repaired, it may not function as well or as long. It had long-term impacts on peoples' health capital.

Scientists are still trying to figure out the long-term impacts of COVID-19; after all it has been around for no more than two years. There may be serious

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fatigue issues, as well as respiratory issues. Long-term impacts are just those; they take a long time to find.

There will also be mental illness issues, in terms of constant fear, and apprehension. Large numbers of children have had their educations at least temporarily, and more likely permanently, altered. Some adults have had major adjustment issues. YB lost a beloved colleague in September 2020. COVID-19 didn't kill him ... but he died because of COVID-19. It will take a while to count up all of the deaths and life-years lost due to illness that COVID-19 has caused.

Post-COVID Syndrome. It will be a companion for life.

Allen C. Goodman
Professor of Economics