

Written Statement of Gareth ‘Yanto’ Evans on behalf of Long Covid Support

Submitted to the Public Accounts and Public Administration
Committee

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Introduction

1. My name is Gareth ‘Yanto’ Evans. I am a Trustee for Long Covid Support – a charity registered in England and Wales (Charity Number 1198938)¹. I am submitting this written statement for consideration by the Committee in relation to recommendations from Module 1 of the UK Covid Inquiry examining the resilience and preparedness of the United Kingdom from a Wales perspective.

Long Covid Support

2. The Long Covid Support Facebook² group was set up in May 2020 to provide a confidential space for those who had fallen ill with Covid-19 and hadn’t recovered following the prescribed two weeks. During the pandemic, the numbers within this group has grown steadily, and continues to grow today. As of December 2025, the Facebook group is made up of over 67,000 members. The majority are based in the UK and the US however there is representation from over 100 countries and territories worldwide.
3. In May 2022, Long Covid Support registered as a charity in England and Wales. Our purpose is to reduce the impact of Long Covid and improve the lives of all those affected. Our strategy focuses on 5 areas:
 - i) Build a community of support, our organisation and a wider network for change.
 - ii) Accelerate the search for treatments.
 - iii) Push for access to dedicated health and care services.
 - iv) Enable access to appropriate work, welfare and wider support.
 - v) Prevent new cases of Long Covid.
4. The core membership of the charity mainly consists of Long Covid patients who are based across the UK – many of whom were previously employed in a variety of full time, professionally qualified roles. They include former key workers such as NHS healthcare workers and teachers. However, their ongoing physical and

¹ [Long Covid Support is a charity registered in England and Wales - Long Covid Support](#)

² [Long Covid Support | Facebook](#)

cognitive impairments, some lasting five years or more, severely restrict their ability to perform basic everyday tasks let alone advocate for themselves and others. The Long Covid community in Wales, therefore, welcome the opportunity to contribute to this Committee.

5. Long Covid Support were selected as a Core Participant in Modules 2, 3 and 9 of the UK Covid Inquiry. An application was submitted by the charity to become Core Participants for Module 1 however this was turned down. I applied, in an individual capacity, to be a Core Participant in Module 2B examining core decision making and political governance in Wales. However, this application was also turned down.
6. In December 2024, Long Covid Support were appointed as the Secretariat for the UK All-Party Parliamentary Group (APPG) on Long Covid³ which is chaired by the Right Honourable Member of Parliament, Jo Platt – who has been personally affected by Long Covid herself.
7. In 2024, myself and other members of the Long Covid patient community in Wales worked with Hefin David MS to secure a Short Debate in the Senedd. On 11th December 2024, Hefin David MS chaired a debate entitled ‘Long Covid: Developing an all-Wales approach for tackling a growing health crisis’.⁴

Long Covid

8. ‘Long Covid’ is a term derived by patients themselves. We use ‘Long Covid’ as an umbrella term to encapsulate long-term illness caused by infection from Covid-19. ‘Post Covid-19 Syndrome’ has been used by bodies such as the National Institute for Health and Care Excellence (NICE) and the NHS to refer to the condition of Long Covid. The World Health Organisation (WHO) uses the term ‘post-COVID condition’.⁵

Definition

9. In a Covid-19 rapid guideline developed by NICE⁶ on 18th December 2020, and last updated on 11th November 2021, it defines Post Covid-19 Syndrome as the following:

“Signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis. It usually presents with clusters of symptoms, often

³ [All-Party Parliamentary Group \(APPG\) on Long Covid - Long Covid Support](#)

⁴ [Plenary 11/12/2024 - Welsh Parliament](#)

⁵ [Post COVID-19 condition \(long COVID\)](#)

⁶ [Overview | COVID-19 rapid guideline: managing the long-term effects of COVID-19 | Guidance | NICE](#)

overlapping, which can fluctuate and change over time and can affect any system in the body. Post-COVID-19 syndrome may be considered before 12 weeks while the possibility of an alternative underlying disease is also being assessed”.

Symptoms and Prevalence

10. Although Covid-19 was initially regarded as a respiratory illness, SARS-CoV-2 can damage many organ systems. Presentation of symptoms vary amongst Long Covid patients and can fluctuate over time. Common symptoms include fatigue, shortness of breath and cognitive dysfunction. A large body of scientific evidence has identified more than 200 potential symptoms with impacts on multiple organ systems including the heart, brain, lungs, gut and nervous system⁷. Recent research has identified links between repeat COVID infections and heart attacks⁸, strokes⁹ and aggressive cancers¹⁰, even in young, seemingly healthy people.
11. Long Covid can affect anyone regardless of age, gender, health status, vaccination status or previous mild COVID infections. Those severely affected are left bed-bound and dependent on care. As of December 2025, there is no diagnostic test and similarly there are no approved treatments or any guarantee that patients will fully recover.
12. Due to a lack of a diagnostic test, prevalence measures of Long Covid are difficult to quantify. The WHO estimated that 1 in 10 COVID-19 infections can result in Long Covid. You will note that is infections rather than people. This highlights the growing burden of Long Covid on all populations. An article published in August 2024¹¹ estimated the cumulative global incidence of Long Covid (at that time) to be 400 million individuals and growing.
13. In April 2024, the Office for National Statistics (ONS) published a Winter Coronavirus (COVID-19) Infection Study¹² based on self-reported cases in England and Scotland alone (Wales opted not to take part). They determined a prevalence rate of 3.3% which equates to approximately 2 million people in England and Scotland living with Long Covid. As these are self-reported cases, it assumes those surveyed are aware their symptoms were triggered by a COVID-19 infection. On this basis, it is likely to be an undercount. If we were to apply

⁷ [Long COVID: major findings, mechanisms and recommendations](#)

⁸ [How does Covid-19 affect your heart? - BHF](#)

⁹ [Fibrin drives thromboinflammation and neuropathology in COVID-19 | Nature](#)

¹⁰ [Possible cancer-causing capacity of COVID-19: Is SARS-CoV-2 an oncogenic agent? - ScienceDirect](#)

¹¹ [Long COVID science, research and policy | Nature Medicine](#)

¹² [Self-reported coronavirus \(COVID-19\) infections and associated symptoms, England and Scotland - Office for National Statistics](#)

this rate to the Wales population, we estimate the prevalence to be over 100,000 people living with Long Covid as of April 2024.

14. It is with great disappointment to the Long Covid Support charity that the ONS have stated there are no foreseeable plans to conduct any further studies examining prevalence rates of Long Covid in the UK. Similarly, there are no attempts to count Long Covid cases here in Wales. In 2025, a GP Patient Survey¹³ conducted by NHS England surveyed approximately 700,000 patients in 2025. They were asked – ‘Would you describe yourself as having ‘Long Covid’?’. 4.2% answered ‘Yes’. Another 10% stated they were not sure. If we were to apply the 4.2% prevalence rate to the Wales population, it would suggest there are at least 130,000 people in Wales living with Long Covid as of 2025.

Economic and Societal Impact

15. With a growing percentage of the population becoming severely affected by Long Covid, the majority of which being of working age, it stands to reason this is having a significant impact on the nation’s workforce, healthcare systems and the wider economy. In 2024, research conducted by UCL¹⁴ estimates that working days lost to Long Covid could be costing the UK economy up to £20 billion a year.
16. According to the ONS, the numbers of economically inactive due to long-term sickness has risen sharply since 2020¹⁵. Likewise, we’ve seen an unprecedented rise in benefit claims that the Department for Work and Pensions (DWP) have said is ‘unsustainable’.¹⁶
17. Due to their continued exposure to airborne viruses, absences amongst healthcare staff in Wales are currently 6.5%¹⁷ which is more than 3 times the national average and equates to 1 in 15 NHS workers on sickness absence at any one point in time. This includes healthcare staff living with Long Covid who are left unable to work due to their condition. Some are being forced to leave the profession altogether. This is only adding to the significant pressures being placed on the NHS in Wales.
18. As far as children and young people are concerned, a recent report in the US states that Long Covid is now the number one chronic illness among children, ahead of asthma¹⁸. Here in Wales, school absenteeism rates have still not

¹³ [GP Patient Survey](#)

¹⁴ [Long Covid could cost the economy billions every year | UCL News - UCL – University College London](#)

¹⁵ [INAC01 SA: Economic inactivity by reason \(seasonally adjusted\) - Office for National Statistics](#)

¹⁶ [Benefit expenditure and caseload tables 2025 - GOV.UK](#)

¹⁷ [heiw.nhs.wales/files/nhs-workforce-trends-march-2023/](#)

¹⁸ [Long COVID is here to stay—even in children - The Lancet Infectious Diseases](#)

returned to pre-pandemic levels¹⁹. The main reason attributed to these high absence rates is 'illness'. In November 2022, the Children, Young People and Education Committee held a short inquiry into pupil absences. Although it wasn't among the chief recommendations, Long Covid was identified as a possible cause. The Children's Commissioner for Wales said, "I would suggest additional research would be helpful to understand the medical and social impact of post-viral fatigue conditions on children".²⁰

Module 1 - The Resilience and Preparedness of Welsh Government

19. Those in the Long Covid patient community have suffered life-changing chronic illness and disability as a result of the COVID-19 pandemic. They are keen to understand the lessons learned and recommendations made for future pandemic planning to avoid a repeat of their experiences. The findings from Module 1 are therefore of considerable significance to them.

20. Following the publication of the recommendations from Module 1 of the UK Covid Inquiry, the Long Covid Support charity is concerned there is no specific reference to the UK (and thereby Wales') preparedness for the post-acute sequelae of SARS-CoV-2. Nor does it refer to Long Covid and its ongoing impact on the economy and the long-term health and wellbeing of the population.

Lessons learnt from previous diseases, epidemics and pandemics

21. The Long Covid Support charity is keen to ascertain whether any consideration was given to previous SARS outbreaks. Notably, the SARS epidemic of 2003 and the Middle East respiratory syndrome (MERS) outbreak in 2012. It is apparent that survivors of those coronavirus infections suffered with a constellation of persistent symptoms similar to Long Covid. Follow ups with survivors of those outbreaks report poor levels of recovery, reduced quality of life and reduced capacity for work or exercise up to 20 years later²¹.

22. Post viral symptoms are well documented following other viral infections including Chikungunya and Ebola. Chikungunya leaves 20% of patients with post-viral chronic inflammatory joint disease. Ebola resulted in 70% of survivors suffering from musculoskeletal pain. About 80% had major limitations in mobility, cognition and vision one year after discharge²².

¹⁹ [Absenteeism from secondary schools: September 2022 to August 2023 \(revised\) \[HTML\] | GOV.WALES](#)

²⁰ [Pupil absence](#)

²¹ [Chronic widespread musculoskeletal pain, fatigue, depression and disordered sleep in chronic post-SARS syndrome; a case-controlled study - PubMed](#)

²² [51353957](#)

23. Long Covid symptoms are often “debilitating enough to leave patients unable to work and are similar to those of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), and those triggered after infections with Poliovirus, and Borrelia (Lyme Disease) which fall under the well-known concept of post-acute infection syndrome”.²³
24. The Long Covid Support charity notes there were several pre-Covid planning and exercises that shaped the UK’s pandemic response, which we believe ought to have been considered in Module 1’s assessment of whether the UK was adequately prepared for the health impacts of Covid-19 or not. The BMA in their July 2022 report²⁴ crucially notes that: “there were several exercises (undertaken) – both UK-wide and in the devolved nations – that did look at planning for MERS which, despite being a different disease to COVID-19, is a coronavirus and shares some characteristics. Exercise Alice, for example, made several informed recommendations that would have been relevant to the handling of the eventual COVID-19 pandemic, but these do not appear to have been acted on.”
25. The BMA’s May 2022 report continues to explain that in terms of preparedness, the UK was prepared for the ‘wrong kind of pandemic’ in its primary assumption that the major risk to the public health was from an influenza-style pandemic which led to a focus on treatment of the disease instead of containment. The exercises the Government relied upon, such as Operation Winter Willow, Exercise Pica and Operation Cygnus, all (wrongly) anticipated an influenza-style pandemic, despite other exercises which accounted for evidence from the two coronavirus pandemics of SARS and MERS.
26. We urge that the Committee consider how recommendations from previous exercises modelled on coronavirus pandemics were incorporated into the Welsh Covid-19 response, if at all, and to question why they were not followed. Further, to what extent if at all, knowledge from previous pandemics of the risk of long-term illness and disability from coronavirus were planned for.
27. The post-acute effects which stem from previous infections would have been able to provide clues on what post-acute effects are to be expected after Covid-19²⁵. Long Covid or post-acute sequelae should not have been a surprise, and it is imperative to determine whether the direct health impact of long-term sequelae was adequately considered, and if not, why not.

²³ [Long COVID: An opportunity to focus on post-acute infection syndromes - The Lancet Regional Health – Europe](#)

²⁴ [The public health response by UK governments to COVID-19](#)

²⁵ [Medical Science Monitor | Historical Insight into Infections and Disorders Associated with Neurological and Psychiatric Sequelae Similar to Long COVID - Article abstract #931447](#)

Data Collection

28. In the early days of the COVID-19 pandemic, there was significant attention paid to the number of deaths and hospitalisations resulting from COVID-19 infections. However, there was hardly any mention of those who had caught COVID-19 and did not recover. It should be borne in mind that the vast majority of those living with Long Covid were not initially hospitalised. This was particularly the case immediately after lockdown where the public, unless they were critically ill, were encouraged to stay at home to relieve pressure on the NHS.
29. Even today, six years on, there are no concerted efforts to record how many people in Wales are currently living with Long Covid.
30. As early as March 2021 the World Health Organisation (WHO) recognised the significance of identifying, monitoring, recording and learning from Long Covid for a further variant or future pandemic planning, stating that “health policy makers should be preparing responses to those with this condition”.²⁶
31. The WHO reinforced their view in February 2022, highlighting that Long Covid “is something that needs significant amounts of attention because for any future scenario of this virus, any future variants post-COVID condition will be part of our future”.²⁷
32. The ongoing health impacts from Long Covid is categorised as an area that needs significant attention to avoid critical gaps in the health system going forward.
33. The enduring impact of Long Covid upon quality of life, livelihoods, healthcare services and the national economy should be directly acknowledged and placed at the heart of decisions to tighten or ease public health restrictions in the future.²⁸
34. The Lancet Commission report on the lessons for the future from the Covid-19 pandemic notes that Long Covid has a substantial disease burden and that it might itself be an emerging pandemic. It states that those affected will require “multidisciplinary and stigma-free care, which is not readily available in many settings.”²⁹
35. Any surveillance currently conducted in Wales revolves around hospital admissions caused by acute respiratory infections – namely Influenza, RSV,

²⁶ [COVID-19 Social media Q&A - 16 February 2022](#)

²⁷ [Policy_brief_A4](#)

²⁸ [The science of COVID | Conference report](#)

²⁹ [The Lancet Commission on lessons for the future from the COVID-19 pandemic - The Lancet](#)

Norovirus as well as Covid-19³⁰. It does not take into account the long-term sequelae associated with viral infections. Covid-19 can cause lasting damage to multiple organs as opposed to being a mere 'respiratory infection'. Furthermore, many Long Covid patients are not initially hospitalised at the outset of their condition. This means that those left disabled by a COVID-19 infection are not being captured in any of the current data.

Public Health Messaging

36. Scientific research and anecdotal evidence have shown that anyone can get Long Covid regardless of age, health status, vaccination status or even previous mild infections. In the last six years, there has been significant amounts of research worldwide confirming that every subsequent infection increases the risk that any individual can develop Long Covid³¹. Repeat COVID-19 infections have been linked to a greater risk of heart attacks, strokes and aggressive cancers.

37. In our communications with the Cabinet Secretary for Health and Social Care, we have stressed the need to inform the public of the emerging research on the impacts on repeat Covid infections. In his response, the Cabinet Secretary asserted the population is developing 'natural immunity' to COVID-19. The scientific research confirms this is not true. This understanding is fundamental to the appropriate mitigations needed to prevent the spread of COVID-19. Without it, we place the people of Wales at greater risk of death or disability caused by multiple, cumulative Covid infections. It also disregards the continuing threat of emerging Covid variants that could prove to be more transmissible or lethal than its predecessors.

38. Patients in Wales who suspect they may have Long Covid are encouraged to visit their local GP in the first instance. What is clear from anecdotal reports amongst fellow patients is that many GPs have insufficient knowledge of this novel condition. This makes the diagnosis and treatment of Long Covid particularly difficult. In our communications with fellow patients, many GPs in Wales aren't aware of those services currently available to Long Covid patients. Instead, patients are referred to a succession of consultant appointments that provide little in the way of answers to their condition. The Long Covid Support charity would like to see efforts to educate healthcare professionals on the diagnosis and treatment of post-viral conditions.

³⁰ [Weekly Influenza and Acute Respiratory Infection Report - Public Health Wales](#)

³¹ [Fig. 5: Cumulative risk and burden of sequelae in people with one, two and three or more SARS-CoV-2 infections compared to noninfected controls. | Nature Medicine](#)

39. A recent study³², together with conversations with service leads, has shown that the data coding of Long Covid in clinical settings is being applied inconsistently. This only compounds the difficulties in understanding prevalence. This data would be fundamental in aiding diagnoses, patient management, epidemiological monitoring and potential research opportunities.
40. In 2021, the NICE guidelines on the treatment of ME/CFS patients were updated to advise against prescribing harmful treatments such as Graded Exercise Therapy (GET) and Cognitive Behavioural Therapy (CBT).³³ However, we hear many healthcare professionals are still prescribing this treatment to both ME/CFS and Long Covid patients causing further permanent harm.

Long Covid Services

41. Prior to April 2023, Welsh Government had invested £10 million to develop 'Adferiad' services for the purposes of supporting those living with Long Covid. In April 2023, they announced £8.3 million of recurrent funding to widen the access of these services to those living with similar post-viral conditions, such as Myalgic Encephalomyelitis (ME/CFS) and Fibromyalgia. This funding is allocated to each of the seven health boards who choose to provide those services they see fit. These services are not clinician-led and revolve around coping strategies such as counselling, physiotherapy and occupational health. While there is a place for these treatments, these interventions alone are insufficient to fully rehabilitate patients.
42. What is clear is that there is no consensus among the seven health boards regarding those tests and treatments that may best serve Long COVID patients. Most health boards appear to be working independently of each other with no sharing of knowledge and little in the way of patient involvement.
43. With Welsh Government's intention that Long Covid services be provided within the community as far as possible, this prevents the harnessing of specialist knowledge that could form the basis of research into new diagnostics and treatments.
44. While we are grateful for the funding from Welsh Government towards the provision of Adferiad services in Wales, this funding is not ring-fenced. The charity was disappointed to learn the service in Cwm Taf Morgannwg Health Board paused in January 2025 and is now 'under review'. They cite low referral numbers however, as mentioned earlier, patients struggle to get referred to the service. Instead, the funding is being directed to other non-related services within the NHS.

³² [Using healthcare records - Long COVID diagnosis & treatment](#)

³³ [Recommendations | Myalgic encephalomyelitis \(or encephalopathy\)/chronic fatigue syndrome: diagnosis and management | Guidance | NICE](#)

45. The Long Covid Support charity is keen to ensure the Adferiad-funded services are making provision appropriate to the needs of patients living with Long Covid and other post-viral conditions. As such, we would like to see Welsh Government bring together an expert group of health professionals and, together with those with lived experience, develop a national strategy framework and appoint an all-Wales specialist consultant for post-infectious chronic conditions.

Vaccinations

46. Those with Long Covid live with a real fear that further COVID-19 infections could not only hinder their recovery but render them worse off than before. Inexplicably, they are not classed as clinically vulnerable. As such, they are not eligible for the COVID-19 vaccine.

47. Given that repeat COVID infections can cause long term harm in anyone, the new restrictions on the availability of COVID-19 vaccines will only cause further health inequalities. This will be especially the case in deprived areas where those who are not eligible for a COVID-19 vaccine must weigh up paying anything up to £100 for a vaccination.

Wastewater Monitoring

48. While large scale Covid-19 testing has stopped, we believe there would be much value in conducting wastewater monitoring as part of any ongoing and future pandemic preparedness exercises. Welsh Government invested in the creation of a world-class, state of art facility at Bangor University.³⁴ The facility was opened in May 2023. They were able to monitor epidemiology, not just SARS-CoV-2 but other viruses such as Influenza, RSV and Norovirus. It's a very cheap, comprehensive and unobtrusive method of detecting emerging health threats. It was disappointing to learn therefore that, in April 2024, Welsh Government withdrew funding for this facility.

49. It is worth noting that, as of December 2025, all countries within the EU conduct some form of wastewater monitoring.³⁵ Similarly, Scotland still operate wastewater surveillance.³⁶ That leaves England, Northern Ireland and Wales as the only countries that don't perform such activity.

³⁴ [Health minister opens new wastewater monitoring lab at Bangor University | Bangor University](#)

³⁵ [July 2025 Bulletin 310725_jfbyUEP.pdf](#)

³⁶ [Scotland's Wastewater Monitoring Programme](#)

Welsh Government's Response to the Module 1 Report

50. While the Long Covid Support charity welcome some of the measures proposed in response to the Module 1 report, including the Wales Resilience Framework, we are mindful that these measures are forward-looking and cover a wide range of civil emergencies not specific to pandemics. There does not appear to be, as far as we know, a closer examination of the decisions made by Welsh government during the latest pandemic to help inform future health emergencies.
51. There is no specific reference to the risks of long-term sequelae resulting from viral infections such as Long Covid.
52. Of the internal reviews conducted as part of the Special Purpose Committee, there has been no contributions from members of the public. The recent Tier 1 Exercise – ‘Exercise Pegasus’ – was carried out in Autumn 2025. None of the Long Covid groups were invited to take part in that exercise.
53. In Recommendation 7 of the Module 1 report, Baroness Hallett refers to the need for external expertise from outside government and the Civil Service to challenge and guard against ‘groupthink’. The charity maintains that meaningful involvement of interested groups (such as ours) is vital to the success of pandemic preparedness exercises.
54. We would like to take this opportunity to highlight that the language in the report refers to the pandemic in the past tense. While the WHO downgraded COVID-19 as a global health emergency in May 2023, the Director-General, Tedros Adhanom Ghebreyesus insisted, ‘That does not mean COVID-19 is over as a global health threat’.³⁷ On 10th December 2024, he stated, “We cannot talk about COVID in the past tense. It’s still with us, it still causes acute disease and “long COVID”, and it still kills...The world might want to forget about COVID-19, but we cannot afford to”.³⁸

Module 2 – Core Decision-Making and Political Governance

55. We accept the Committee has no plans to scrutinise the findings from Module 2 in this current parliament. However, there are several findings from Module 2, and also Modules 3 and 9, that we believe Welsh Government should address urgently due to the ongoing impacts on our patient community, NHS Wales and the wider economy.

³⁷ [Statement on the fifteenth meeting of the IHR \(2005\) Emergency Committee on the COVID-19 pandemic](#)

³⁸ [WHO Director-General's opening remarks at the media briefing – 10 December 2024](#)

56. As far as Long Covid services are concerned, NHS England opted to set up specialist clinics for the purpose of diagnosing and treating Long Covid patients. This differs from the Welsh approach where services are provided within the community as far as possible. These services aren't clinician-led and do not diagnose or prescribe medications. Therapies revolve around symptom management such as counselling, occupational health and physiotherapy. Many patients report completing all the available treatments on offer but not seeing any significant improvements. This has forced some to travel to England or further afield to access private healthcare at great personal cost.
57. In his evidence to the UK Inquiry, Long Covid expert, Professor Chris Brightling, outlined the shortcomings of the Welsh approach and highlighted that specialised clinics would ensure patients got access to the relevant services as quickly as possible. He added it would benefit staff in developing specialist knowledge and, further, helping research into new diagnostics and therapies.³⁹
58. In June 2021, Welsh Government commissioned Cedar to produce a national evaluation of Long Covid services in Wales. While users were grateful for the support they received and felt listened to, the report cites negative feedback identifying that referral to services were slow, treatments aren't tailored to individual needs and patients would benefit from a 'one-stop shop' offering diagnostic services and referrals for further investigations.⁴⁰
59. In Wales, there appears to be little in the way of dedicated paediatric services.

Module 3 – Impact of Covid-19 Pandemic on Healthcare Systems in the 4 Nations of the UK

60. What is of immediate concern to us is that the official guidance from the Infection Prevention and Control (IPC) cell maintains, even today, that COVID-19 is spread via droplets. This is contrary to evidence submitted in the UK Covid Inquiry by several experts who insist COVID-19 is spread primarily via the airborne route.⁴¹
61. Due to their continued exposure to airborne pathogens, NHS staff and other frontline workers face a greater risk of death and disability. Based on the latest science that COVID-19 is airborne, they are still not being provided with the appropriate Personal Protective Equipment (PPE).

³⁹ [ED-C19 Inquiry 291024 M3 Day 21.ecl](#)

⁴⁰ [Adferiad \("Recovery"\) Long COVID Evaluation - CEDAR - Centre for Healthcare Evaluation](#)

⁴¹ [Covid Airborne Transmission Alliance Latest News | BAPEN](#)

62. This prompted Core Participants to write to Baroness Hallett in December 2024 to request an Urgent Interim Recommendation that the IPC guidance be updated and the introduction of appropriate measures revolving around the use of FFP3 masks (as opposed to Fluid Repellent Surgical Masks), improved standards of ventilation and air filters.⁴²
63. In addition, our patient community is made up of a significant number of key workers (including healthcare workers and teachers) who sacrificed a great deal to work on the frontline yet find themselves struggling with little in the way of medical or financial support. We're aware that some have been left unable to work or forced to leave the profession altogether. Some have lost their homes or their partners. Sadly, some have taken their own lives.

Module 9 – Economic Response

64. As has been touched upon already, the growing burden of Long Covid is likely to be having a profound impact on the Welsh economy. Many of those living with Long Covid have been left unable to work with some forced to leave their jobs while others reduce their hours to accommodate their newfound physical and cognitive limitations. This could be extended to those forced to take on the role of carers to their loved ones disabled by Long Covid.
65. The difficulty in accessing appropriate financial support is compounded by a welfare system under increasing pressure following a sharp rise in benefit claims since 2020.⁴³
66. Consequently, this is likely to be impacting household incomes, the workforce and productivity.
67. Coupled with an increased demand for healthcare systems already beset with high absence rates, this will only add further significant pressure on the NHS.
68. So far, to date, there has been no detailed examination of the impact of Long Covid on the Welsh economy. Given that chronic illness is a foreseeable consequence of a pandemic, it is vital to conduct such an exercise to, not only gauge the growing burden of long-term illnesses but, inform the relevant actions needed for future pandemics.

⁴² [joint-letter-to-chair-20.12.24-redacted.pdf](#)

⁴³ [Benefit expenditure and caseload tables 2025 - GOV.UK](#)