

## Enhancing recovery from sepsis and COVID-19: improved awareness, prevention and treatment strategies are urgently required

The COVID-19 pandemic has highlighted that severe infections, even if not treated in an intensive care unit, can lead to long-term health impairments. COVID-19 survivors have named the cluster of persisting symptoms “long Covid”<sup>1</sup>. Common symptoms are fatigue and muscle weakness which can last for months<sup>2</sup>.

Sepsis - the life-threatening body response to an infection – affects 52% of hospitalized COVID-19 patients and 78% of those in ICU<sup>3</sup>. After hospital-treated sepsis, up to 75% of survivors suffer from new diseases and 32% are newly dependent on nursing care<sup>4</sup>. Every second COVID-19 patient reports at least one new symptom after four months<sup>5</sup>.

Consequences of severe infections are life-changing, but health care systems throughout Europe are not supporting recovery adequately. Patients and families are left alone in the return path to a normal life. With an estimated 39 million sepsis survivors per year and approximately 62 million survivors from COVID-19 to date in Europe, the problem is huge. Patients and families are calling for political leadership<sup>6</sup>.

Therefore, the European Sepsis Alliance urges new structures, measures and financial support to enhance recovery from sepsis. A sustained, cross-sectoral and coordinated effort is needed from healthcare providers, authorities and policy makers.

The ESA asks policy makers and relevant institutions to ensure the following:

- Primary care and emergency physicians and other medical personnel must be trained to detect sepsis early and initiate sepsis treatment, that is not only life-saving but also reduces the risk of sequelae.
- During intensive care, potential sequelae are prevented or mitigated with e.g., delirium and pain management, early mobilization and physical therapy.
- Primary care physicians need to be trained to recognize and monitor sequelae.
- Sepsis or COVID-19 must be stated explicitly in discharge documents. At discharge, doctors must communicate with patients and families about potential long-term effects.
- As early as hospital discharge, and in regular intervals thereafter, patients need to be checked for presence and severity of sequelae and recommended steps for appropriate treatment.
- Patients must be offered rehabilitation as early as possible, ideally starting already during acute care hospitalization.
- Rehabilitation must be multidisciplinary and routinely, including specialists from intensive care, cardiology, neurology, nephrology, ENT, neuro-psychology, urology, diabetology, wound management, physical and occupational therapists, nutrition specialists, speech therapists and social workers.

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<sup>1</sup> Callard F, Perego E (2021) How and why patients made Long Covid. *Social science & medicine* (1982) 268:113426

<sup>2</sup> Huang C, Huang L, Wang Y et al. (2021) 6-month consequences of COVID-19 in patients discharged from hospital: a cohort study. *Lancet* 397:220-232

<sup>3</sup> Karakike E, Giamarellos-Bourboulis EJ, Kyprianou M, et al. (2021) Coronavirus Disease 2019 as Cause of Viral Sepsis: A Systematic Review and Meta-Analysis. *Crit Care Med*, Jul 12. doi: 10.1097/CCM.0000000000005195. Online ahead of print

<sup>4</sup> Fleischmann-Struzek C, Rose N, Freytag A et al. (2021) Epidemiology and costs of post-sepsis morbidity, nursing care dependency, and mortality in Germany. *medRxiv*:2021.2002.2025.21252347

<sup>5</sup> Chopra V, Flanders SA, O'Malley M, et al. (2021) Sixty-Day Outcomes Among Patients Hospitalized With COVID-19. *Ann Intern Med* 174: 576-578

<sup>6</sup> Staunton O, Staunton C. (2021) We Are Not Waiting for a Cure for Sepsis-We Are Waiting for Leadership. *Crit Care Med* 49: 1192-1193

- Healthcare plans and insurances must cover rehabilitation and recovery from sepsis, COVID-19 and severe infections.
- Added funding for clinical research and quality improvement initiatives on how to prevent and treat sepsis sequelae.

## About us

The ESA, one of the regional sepsis alliances of the Global Sepsis Alliance, was established in 2018 with the aim to raise awareness for sepsis, reduce sepsis deaths and harm, and advocate for the implementation of the WHA Resolution on Sepsis in Europe.

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