

# Long COVID symptoms can emerge months after infection

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Long COVID can persist for at least a year after the acute illness has passed, or appear months later, according to the most comprehensive look yet at how symptoms play out over a year.

The multicenter study, a collaboration between UC San Francisco, the Centers for Disease Control and Prevention (CDC) and seven other sites, expands knowledge of post-COVID-19 conditions, describing trends in more detail than previous research and highlighting significant impacts the epidemic has had on the U.S. health care system.

The study appears in *Morbidity and Mortality Weekly Report (MMWR)*, a publication of the CDC.

For about 16% of the COVID-positive people in the study, symptoms lasted for at least a year; but for others, they came and went. The study assessed symptoms every three months, enabling researchers to differentiate between symptoms that improve and those that emerge months after the initial infection.

"It was common for symptoms to resolve then re-emerge months later," said lead author Juan Carlos Montoy, MD, Ph.D., associate professor at UCSF's Department of Emergency Medicine. "A lot of prior research has focused on symptoms at one or two points in time, but we were able to describe symptom trajectory with greater clarity and nuance. It suggests that measurements at a [single point](#) in time could underestimate or mischaracterizes the true burden of disease."

## **Fluctuating nature of disease**

Long COVID involves a range of symptoms that persist or develop about a month after initial infection. These symptoms are associated with significant morbidity or reduced quality of life.

The study involved 1,741 participants—two-thirds of them female—who sought COVID testing at eight major health care systems across the country. Three-quarters tested positive for COVID, but those who tested negative may also have had an infection of some type, since they were

experiencing symptoms. These included fatigue, [runny nose](#), headache, [sore throat](#), shortness of breath, [chest pain](#), diarrhea, forgetfulness and difficulty thinking or concentrating.

COVID positive participants were more likely to have [symptoms](#) in each of the symptom categories at baseline, but by the end of the year, there was no difference between those who were COVID positive and negative.

"We were surprised to see how similar the patterns were between the COVID positive and COVID negative groups," said Montoy. "It shows that the burden after COVID may be high, but it might also be high for other non-COVID illnesses. We have a lot to learn about post-illness processes for COVID and other conditions."

The data came from the CDC's INSPIRE project (Innovative Support for Patients with SARS-CoV-2 Infections Registry), which includes Rush University, Chicago; Thomas Jefferson University, Philadelphia; University of California, Los Angeles; University of Texas Southwestern Medical Center, Dallas; UTHealth Houston, Houston; University of Washington, Seattle; and Yale University, New Haven.

**More information:** Juan Carlos C. Montoy et al, Prevalence of Symptoms  $\leq 12$  Months After Acute Illness, by COVID-19 Testing Status Among Adults—United States, December 2020–March 2023, *MMWR. Morbidity and Mortality Weekly Report* (2023).

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[www.cdc.gov/mmwr/volumes/72/wr...htm?s\\_cid=mm7232a2\\_w](https://www.cdc.gov/mmwr/volumes/72/wr...htm?s_cid=mm7232a2_w)

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