

I have COVID. How likely am I to get long COVID?

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EG.5 or the Eris COVID variant is dominant in parts of [Australia](#). Eris, along with other circulating strains, are descendants of omicron.

While these strains appear less severe than the original alpha and delta variants, the risk of long COVID remains.

So what does the latest data say about the chance of long COVID? What [symptoms](#) should you look out for? And what can be done to support people with long COVID?

When COVID becomes 'long COVID'

For most people, long COVID means not getting better after a COVID infection.

The World Health Organization [defines long COVID](#) as continuing or new symptoms at least three months from the start of a COVID infection that last at least two months and cannot be explained by an alternative diagnosis.

The most [common symptoms](#) include fatigue, brain fog, breathlessness, headaches and abdominal pain. But people with long COVID can experience [a wide range](#) of problems including cardiovascular issues, [mental health problems](#) such as depression and anxiety, insomnia, muscle and joint pain, and gastrointestinal problems.

How common is long COVID?

Australian data on long COVID [remains limited](#) compared to [international data](#), and estimates of its prevalence have varied. A report from Australia's parliamentary inquiry into long COVID, [published in April](#), suggested 2%-20% of people may develop long COVID following an infection.

A recent Australian study conducted when vaccines were widely

available indicates earlier omicron variants [saw 10% of people](#) who caught COVID develop long COVID.

Another recent study, yet to be peer-reviewed, found [18.2%](#) of those infected went on to have long COVID. The wide-ranging estimates are likely to be because of different COVID variants, differences in vaccination, and different long COVID definitions and assessment methods.

The risk is lower in children. One Australian study indicated persistent symptoms in [8% of children](#) who had COVID in 2020, while [preliminary research](#) points to a slightly lower risk among children infected in 2021.

But more research is needed, especially as the virus continues to evolve. This can be complicated because typical long COVID symptoms are common to many other [health problems](#). As in other countries, more research is now underway [in Australia](#) to determine the accurate prevalence of the condition using a definition and methods that carefully exclude other causes.

Although research on long COVID risk factors with new variants is ongoing, we expect being female, having more severe initial disease and having other [health conditions](#) will [increase a person's chance](#) of getting long COVID.

What's different this time?

Research shows COVID vaccines offer [protection](#) against long COVID. As well as vaccinations, immunity from previous COVID infections and antiviral treatments are contributing to less severe COVID and potentially less long COVID than we saw earlier in the pandemic.

But while the omicron waves may lead to [fewer cases of long COVID](#) than the earlier Alpha and Delta variants, because so many Australians are contracting COVID, this will still result in a large number of people with long COVID. And each [repeat infection](#) presents a new risk of prolonged symptoms.

Long COVID can affect all aspects of life

Long COVID can [impact](#) a person's life in many ways. Fatigue following exertion, brain fog and other symptoms can reduce capacity to perform tasks such as concentrating at a computer, manual labor, and even normal household tasks.

Many people with long COVID submitted evidence to the recent [parliamentary inquiry](#) that they were unsupported, stigmatized, isolated, and not taken seriously by health professionals.

Evidence suggests many symptoms [will improve](#) in most people over [12 to 18 months](#), although recovery time can differ between symptoms. Some, including gastrointestinal and respiratory symptoms, tend to [resolve sooner than others](#), such as cognitive symptoms.

I think I have long COVID, what can I expect from my doctor?

Long COVID is the kind of challenge Australia's [health system finds most difficult](#). GPs are stretched and the small number of specialist [long COVID clinics](#) are struggling to maintain funding.

Australia has trailed behind the US, the UK and Europe in rolling out care for long COVID, and in collecting data on the condition.

As a result, support for long COVID in Australia is [hard to access](#), expensive and patchy.

However, there is consensus on what constitutes good care. Clinicians seeing patients with possible long COVID should:

- validate the person's experience of symptoms and the impact their symptoms are having on their functioning, particularly when the cause is not clear
- diagnose and treat any other health conditions that are part of the picture
- support people to minimize the impairment their symptoms cause by pacing of physical and cognitive activities. Importantly, this doesn't involve pushing through fatigue.

These steps are not a cure, but they may improve a person's ability to function in their day-to-day life, at work and to fulfill their caring responsibilities.

We still need to focus on reducing COVID transmission

The best way to prevent long COVID is to avoid contracting—and spreading—COVID. This means:

- getting vaccinated or boosted, if you're eligible
- staying home if you feel unwell
- wearing a mask to protect yourself and vulnerable community members
- testing for COVID if you have symptoms and if you test positive, taking antivirals (if eligible) and isolating until your symptoms resolve.

Long COVID is not going away, but we all have a role to play in preventing and responding to it.

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