

Study finds prevalence of long COVID varies geographically in the United States

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There is geographic variation in the prevalence of long COVID in the United States, according to [research](#) published in the Feb. 15 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*.

Nicole D. Ford, Ph.D., from the CDC in Atlanta, and colleagues analyzed data from non-institutionalized U.S. adults participating in the 2022 Behavioral Risk Factor Surveillance System to examine the prevalence of long COVID, defined as the self-report of any symptoms lasting three or more months that were not present before COVID-19.

The researchers found that 6.4 percent of non-institutionalized U.S. adults reported ever having experienced long COVID, nationally. There was variation observed in the weighted age- and sex-standardized prevalence, from 1.9 to 10.6 percent for the U.S. Virgin Islands and West Virginia, respectively; in seven states, prevalence exceeded 8.8 percent (the highest prevalence quintile cutoff). In New England and the Pacific, prevalence tended to be lower, while higher prevalence was seen in the South, Midwest, and West.

"Given the increased health care needs among persons experiencing long COVID, ongoing assessment of state- and territory-level prevalence data could guide policy, planning, or programming," the authors write. "State-level estimates might also help identify geographic disparities in long COVID across the United States that could guide interventions to promote health equity."

More information: Nicole D. Ford et al, Notes from the Field: Long COVID Prevalence Among Adults—United States, 2022, *MMWR. Morbidity and Mortality Weekly Report* (2024). [DOI: 10.15585/mmwr.mm7306a4](https://doi.org/10.15585/mmwr.mm7306a4)

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