GUEST EDITORIAL

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A reason for hope in the face of long COVID

In this issue, Mayo and colleagues[1] summarize what we know about patients with long COVID. The report made me pause and realize that it has been 3 years since we heard the very first reports of patients infected with SARS-CoV-2, which would eventually cause the COVID-19 pandemic. I suspect that I am not alone in having been fascinated by the rapid communication of information (of variable quality and veracity) via peer-reviewed papers, pre-print servers, the media, and social media.

The early studies were largely descriptive, focusing on symptom constellations and outbreak data. Much of what we had by way of treatment was supportive and "let's try anything"—whether reasonable or, in some cases, not. In relatively short order, though, we developed effective vaccines to help protect people from getting seriously ill, being hospitalized, and dying; we also identified targeted therapies for those who became ill.[2] But variants continued—or rather, continue—to emerge, and we remain committed to meeting the demands of the day.

What we know about long COVID appears to be following the early course of its parent illness.

The Centers for Disease Control and Prevention reports that more than 98 million Americans have contracted COVID, and more than 1 million have died.[3] Besides the astonishingly high total mortality, the ravages of COVID-19 include new-onset respiratory, cardiovascular, neurologic, and psychiatric illnesses.[4,5] As many as half of adults hospitalized for COVID report having persistent symptoms.[6]

As described in this issue, what we know about long COVID appears to be following the early course of its parent illness. As was true then, we are learning about the symptoms, etiology, and best ways to manage our patients. As in the early days of the pandemic, treatment is supportive, and we await definitive therapies.

I am optimistic, though. Why? Because shortly after the first reports of COVID-19, the virus' DNA sequence was shared online. Based on that information, diagnostic assays were developed. Within 2 years of the outbreak, we had effective vaccines and specific therapies.

Another call to action. If 5% of patients contracting COVID (a very low estimate) develop long COVID, that would translate to 4.9 million people with long COVID in the United States. That is an astounding burden of suffering that I have no doubt will motivate innovation.

Innovation is a strength of the US health care system. I believe we will rise to the next challenge that COVID-19 has put before us. We have reason to be hopeful.

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