



Long COVID: clues about causes

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Scott *et al.* examined monocyte and inflammatory profiles in patients previously hospitalised with COVID-19. They propose localised lung injury causes post-COVID breathlessness, with inflammation affecting monocytes and tissue macrophages driving fatigue. <https://bit.ly/40jXs2d>

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Many patients report persistent symptoms after resolution of acute COVID-19, regardless of SARS-CoV-2 variant and even if the initial illness is mild [1, 2]. A multitude of symptoms have been described under the umbrella term “long COVID”, otherwise known as “post-COVID syndrome” or “post-acute sequelae of SARS-CoV-2 (PASC)”; for simplicity we will use the term long COVID. Symptoms are diverse but include breathlessness, fatigue and brain fog, reported to affect up to 69% of cases [3]. Long COVID can be debilitating, with 45.2% of patients requiring a reduced work schedule [4]. The World Health Organization estimates that 17 million people in Europe experienced long COVID during the first 2 years of the pandemic [5]. SARS-CoV-2 variants continue to circulate and the risk of post-acute complications remains; a recent study of 56 003 UK patients found that even after Omicron infection, 4.5% suffered persistent symptoms [6]. It is therefore likely that long COVID will provide a substantial medical and economic burden for the foreseeable future. There is an urgent need to understand the mechanisms of the disease and develop effective treatments based on this understanding.