

Statistical bulletin

Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 4 August 2022

Estimates of the prevalence of self-reported long COVID and associated activity limitation, using UK Coronavirus (COVID-19) Infection Survey data. Experimental Statistics.

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1 . Main points

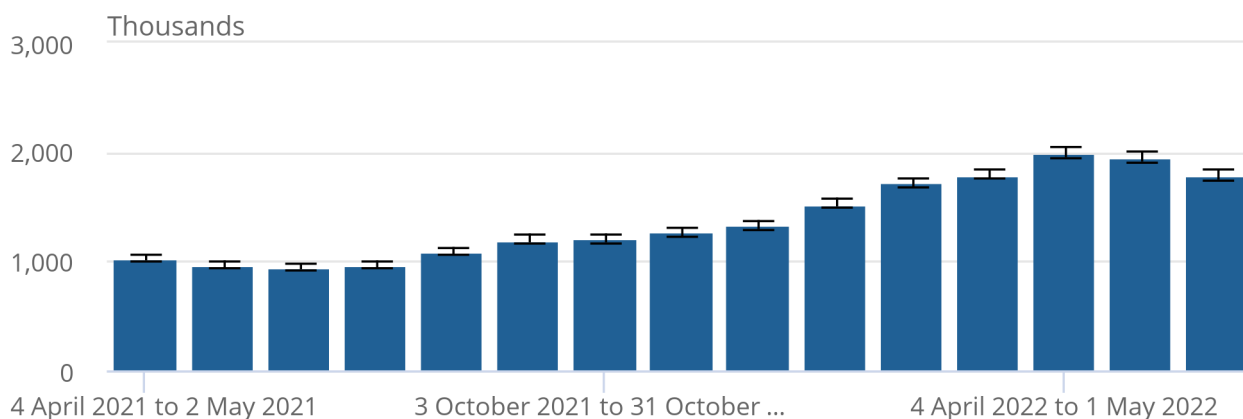
- An estimated 1.8 million people living in private households in the UK (2.8% of the population) were experiencing self-reported long COVID (symptoms continuing for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else) as of 2 July 2022 (see Figure 1).
- Of people with self-reported long COVID, 243,000 (14%) first had (or suspected they had) COVID-19 less than 12 weeks previously, 1.4 million people (81%) at least 12 weeks previously, 761,000 (43%) at least one year previously, and 380,000 (21%) at least two years previously.
- Of people with self-reported long COVID, 530,000 (30%) first had (or suspected they had) COVID-19 before Alpha became the main variant; this figure was 221,000 (12%) in the Alpha period, 356,000 (20%) in the Delta period, and 586,000 (33%) in the Omicron period.
- Long COVID symptoms adversely affected the day-to-day activities of 1.3 million people (72% of those with self-reported long COVID), with 369,000 (21%) reporting that their ability to undertake their day-to-day activities had been "limited a lot".
- Fatigue continued to be the most common symptom reported as part of individuals' experience of long COVID (54% of those with self-reported long COVID), followed by shortness of breath (31%), loss of smell (23%) and muscle ache (22%).
- As a proportion of the UK population, the prevalence of self-reported long COVID was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those aged 16 years or over who were not students or retired and who were not in or looking for paid work, and those with another activity-limiting health condition or disability.
- The estimates presented in this analysis relate to self-reported long COVID, as experienced by study participants who responded to a representative survey, rather than clinically diagnosed ongoing symptomatic COVID-19 or post-COVID-19 syndrome in the full population.

Figure 1: 1.8 million people were experiencing self-reported long COVID as of 2 July 2022

Estimated number of people living in private households with self-reported long COVID of any duration, UK: four-week periods ending 2 May 2021 to 2 July 2022

Figure 1: 1.8 million people were experiencing self-reported long COVID as of 2 July 2022

Estimated number of people living in private households with self-reported long COVID of any duration, UK: four-week periods ending 2 May 2021 to 2 July 2022



Source: Office for National Statistics - Coronavirus (COVID-19) Infection Survey (CIS)

Notes:

1. Estimates relate to self-reported long COVID, as experienced by study participants, rather than clinically diagnosed ongoing symptomatic COVID-19 or post- COVID-19 syndrome. Study participants were asked to respond to the following question: "Would you describe yourself as having 'long COVID', that is, you are still experiencing symptoms more than 4 weeks after you first had COVID-19, that are not explained by something else?"
2. Estimates include people living in private households, and do not include those in communal establishments such as halls of residence, prisons, schools, hospitals, or care homes.
3. [Estimates for the four-week period 6 February 2021 to 6 March 2021](#) are also available.

If you are worried about new or ongoing symptoms four or more weeks after having COVID-19, there are resources available to help. See [Long-term effects of coronavirus \(NHS\)](#) and [Your COVID Recovery \(NHS\)](#), which can help you to understand what has happened and what you might expect as part of your recovery. The time it takes to recover from COVID-19 is different for everyone, and the length of your recovery is not necessarily related to the severity of your initial illness or whether you were in hospital.

Long COVID is an emerging phenomenon that is not yet fully understood, and there is no universally agreed way to measure its prevalence. These are therefore [Experimental Statistics](#), which are statistics that are in the testing phase and not yet fully developed

2 . Prevalence of ongoing symptoms in the population aged 16 years and over by employment status

We estimated the prevalence of self-reported long COVID as a percentage of the population aged 16 years or older, broken down by employment status as reported on the [Coronavirus \(COVID-19\) Infection Survey \(CIS\) questionnaire](#):

- employed (employee or self-employed)
- unemployed (not in paid work and able to start)
- not in paid work and not looking for paid work
- retired
- student (attending college or other further education provider, including apprenticeships)

Please note that the [CIS questionnaire](#) is not perfectly aligned with the [Labour Force Survey \(LFS\) questionnaire](#) and therefore these groups are not fully comparable with those used in [ONS's official labour market statistics](#).

As of 2 July 2022, 5.0% of people who were not in and not looking for paid work were experiencing self-reported long COVID. This was higher than for the other employment statuses: unemployed (3.5%), employed (3.3%), retired (2.9%) and students (1.7%).

The estimated prevalence of self-reported long COVID has generally been highest among people not in and not looking for paid work throughout the previously published four-week reference periods (Figure 2). Among employed people, prevalence has generally been numerically higher for the self-employed than employees (see the [accompanying datasets](#)). Prevalence has increased in every employment status category over the past year, but has risen most quickly among retired people (from 1.3% at 1 August 2021 to 2.9% at 2 July 2022) and those not in and not looking for paid work (from 2.4% to 5.0%).

It is not possible to say from this analysis whether the increase in the prevalence of self-reported long COVID among retired people and those not in and not looking for paid work is being driven by new long COVID symptoms among people already in these groups, or people with long COVID moving into these groups from other employment status categories.

Figure 2: Around 1 in 20 people aged 16 years and over who were not in and not looking for paid work were experiencing self-reported long COVID as of 2 July 2022

Estimated percentage of people aged 16 years and over living in private households with self-reported long COVID of any duration, stratified by employment status, UK: four-week periods ending 2 May 2021 to 2 July 2022

Notes:

1. Estimates relate to self-reported long COVID, as experienced by study participants, rather than clinically diagnosed ongoing symptomatic COVID-19 or post COVID-19 syndrome. Study participants were asked to respond to the following question: "Would you describe yourself as having 'long COVID', that is, you are still experiencing symptoms more than 4 weeks after you first had COVID-19, that are not explained by something else?"
2. Estimates include people aged 16 or over and living in private households, and do not include those in communal establishments such as halls of residence, prisons, schools, hospitals, or care homes.

Download the data

[.xlsx](#)

This is the first time we have published prevalence estimates by employment status, and we will continue to do so in the [datasets accompanying each month's statistical bulletin](#). For this month, we have also published historical estimates in a separate [dataset](#).

More about coronavirus

- Find the latest on [coronavirus \(COVID-19\) in the UK](#).
- [Explore the latest coronavirus data](#) from the ONS and other sources.
- View [all coronavirus data](#).

3 . Prevalence of ongoing symptoms following coronavirus infection in the UK data

[Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK](#)

Dataset | Published 4 August 2022

Estimates of the prevalence and characteristics of people with self-reported long COVID and associated activity limitation, using UK Coronavirus (COVID-19) Infection Survey data.

4 . Measuring the data

This analysis was based on 221,164 responses to our [Coronavirus \(COVID-19\) Infection Survey](#) (CIS) collected over the four-week period ending 2 July 2022, weighted to represent people aged 2 years and over living in private households in the UK. Self-reported long COVID was defined as symptoms persisting for more than four weeks after the first suspected COVID-19 infection that were not explained by something else. Parents and carers answered the survey questions on behalf of children aged under 12 years.

Date of first (suspected) COVID-19 infection was taken to be the earliest of:

- the date of first positive test for COVID-19 during study follow-up
- the date of first self-reported positive test for COVID-19 outside of study follow-up
- the date of first suspected COVID-19 infection, as reported by the participant

Those with an unknown date of first (suspected) COVID-19 infection are in the estimates for "any duration" but not in duration-specific estimates. All estimates by duration are calculated from the date of the first (suspected) COVID-19 infection, and reinfections are not taken into consideration.

The survey questions relating to self-reported long COVID can be found in Section F of the enrolment and Section D of the follow-up [CIS questionnaires](#).

5 . Strengths and limitations

Strengths

This analysis is based on data from the Coronavirus (COVID-19) Infection Survey (CIS), a large study that provides an important indicator of national COVID-19 positivity. CIS responses are weighted to represent the UK population in private households according to age group, sex and region. The sampling weights are adjusted to account for non-response to the survey over the reference period.

All participants had the opportunity to answer the survey questions relating to long COVID, regardless of whether they had previously tested positive for COVID-19.

Limitations

Like all household surveys, not all sampled households invited to participate in the study actually enrol, and individuals may drop out over time (see Tables 2a to 2f of the [technical dataset](#) accompanying the latest CIS statistical bulletin for survey response rates). Our estimates are weighted to account for non-response. However, bias may be introduced if non-response is related to long COVID, for example, participants being more willing, or less able, to continue in the study because of their symptoms.

Long COVID status was self-reported by study participants and so misclassification is possible. For example, some participants may have been experiencing symptoms because of a health condition unrelated to COVID-19 infection. Others who did have symptoms caused by COVID-19 may not have described themselves as experiencing long COVID (for example, because of lack of awareness of the term or not knowing they were initially infected with COVID-19).

6 . Related links

[Self-reported long COVID after infection with the Omicron variant in the UK: 18 July 2022](#)

Bulletin | Released 18 July 2022

The likelihood of self-reported long COVID after a first coronavirus (COVID-19) infection compatible with the Omicron BA.1 or BA.2 variants, compared with the Delta variant, using data from the Coronavirus (COVID-19) Infection Survey.

[COVID-19 Infection Survey: methods and further information](#)

Methodology article | Last updated 3 August 2022

Information on the methods used to collect the data, process them, and calculate the statistics produced from the Coronavirus (COVID-19) Infection Survey.

[Coronavirus \(COVID-19\) latest insights](#)

Interactive tool | Updated as and when data become available.

Explore the latest data and trends about the coronavirus (COVID-19) pandemic from the Office for National Statistics (ONS) and other official sources.

[Coronavirus \(COVID-19\) Infection Survey: characteristics of people testing positive for COVID-19 in England](#)

Bulletin | Released fortnightly

Characteristics of people testing positive for COVID-19 from the Coronavirus (COVID-19) Infection Survey.