

Statistical bulletin

# Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 4 November 2021

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

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# 1 . Main points

- An estimated 1.2 million people living in private households in the UK (1.9% of the population) were experiencing self-reported long COVID (symptoms persisting for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else) as of 2 October 2021; this is up from 1.1 million (1.7%) as of 5 September 2021, reflecting sustained increased COVID-19 infection rates in August 2021.
- 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.
- Of people with self-reported long COVID, 240,000 (20%) first had (or suspected they had) COVID-19 less than 12 weeks previously, up from 154,000 (14%) last month; 849,000 people (71%) first had (or suspected they had) COVID-19 at least 12 weeks previously, and 426,000 (35%) first had (or suspected they had) COVID-19 at least one year previously.
- The proportion of people with self-reported long COVID who reported that it reduced their ability to carry out daily activities remained stable compared with previous months; symptoms adversely affected the day-to-day activities of 780,000 people (65% of those with self-reported long COVID), with 233,000 (19%) 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 (55% of those with self-reported long COVID), followed by shortness of breath (39%), loss of smell (33%), and difficulty concentrating (30%).
- As a proportion of the UK population, prevalence of self-reported long COVID remained greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in health or social care, and those with another activity-limiting health condition or disability; compared with the previous month, prevalence of self-reported long COVID was notably higher among people aged 12 to 16 years or 17 to 24 years, with the latter now comparable to people aged 35 to 69 years.

If you are worried about new or ongoing symptoms four or more weeks after having COVID-19, there are resources available to help: see the [NHS webpage on the long-term effects of coronavirus](#) and the [NHS Your COVID Recovery](#) website, 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.

This is analysis of new, recently collected data, and our understanding of it and its quality will improve over time. Long COVID is an emerging phenomenon that is not yet fully understood. The estimates presented in this release are [experimental statistics](#), which are series of statistics that are in the testing phase and not yet fully developed.

## 2 . 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 November 2021

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.

### 3 . Measuring the data

This analysis was based on 331,254 responses to the [Coronavirus \(COVID-19\) Infection Survey](#) (CIS) collected over the four week period ending 2 October 2021, weighted to represent people aged two 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 coronavirus infection that were not explained by something else. Parents and carers answered survey questions on behalf of children aged under 12 years.

Date of first (suspected) COVID-19 infection was taken to be the earliest of: date of first positive test for COVID-19 during study follow-up; date of first self-reported positive test for COVID-19 outside of study follow-up; date of first suspected coronavirus 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.

The definition of self-reported long COVID in this release is consistent with that used for "Approach 3" in our recently published [technical article](#) on the prevalence of post-acute symptoms 4 or 12 weeks after COVID-19 infection. The estimates in this release are expressed out of everyone in the population; in contrast, the denominator for the estimates in our technical article is the number of infected people in the study sample. A further difference is that this analysis is based on confirmed and suspected COVID-19 infections, whereas the estimates in the technical article include only laboratory-confirmed cases.

The focus of this analysis is the population prevalence of self-reported long COVID. For data on the impact of long COVID, see results from the [Opinions and Lifestyle Survey](#) and the [Schools Infection Survey](#).

The strengths and limitations of this analysis are described in a [previous release](#). The survey questions relating to self-reported long COVID can be found in Section D of the [CIS questionnaire \(PDF, 494KB\)](#). See Tables 2a to 2f of the technical datasets accompanying the [latest Coronavirus \(COVID-19\) Infection Survey statistical bulletin](#) for survey response rates.

## 4 . Related links

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

Methodology article | Last updated 24 August 2021

Information on the methods used to collect the data, process it, 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 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, including antibody data by UK country, and region and occupation for England.

### [Technical article: Updated estimates of the prevalence of post-acute symptoms among people with coronavirus \(COVID-19\) in the UK: 26 April 2020 to 1 August 2021](#)

Article | Released 16 September 2021

Experimental estimates from three approaches to estimating the percentage of people testing positive for coronavirus (COVID-19) and who experience symptoms four or more weeks after infection, broken down by demographic and viral characteristics, using UK Coronavirus Infection Survey data.

### [Coronavirus and the social impacts of 'long COVID' on people's lives in Great Britain: 7 April to 13 June 2021](#)

Article | Released 21 July 2021

Indicators from the Opinions and Lifestyle Survey to understand the impact of the coronavirus (COVID-19) pandemic on people by their self-reported COVID-19 status.

### [COVID-19 Schools Infection Survey, England: Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in school pupils and staff: July 2021](#)

Bulletin | Released 28 September 2021

Estimates of the impact of ongoing symptoms following coronavirus (COVID-19) infection in staff and pupils from the COVID-19 Schools Infection Survey (SIS) across a sample of schools, within selected local authority areas in England.