



COVID-19 (coronavirus): Long-term effects

COVID-19 symptoms can sometimes persist for months. The virus can damage the lungs, heart and brain, which increases the risk of long-term health problems.

By Mayo Clinic Staff

Most people who have coronavirus disease 2019 (COVID-19) recover completely within a few weeks. But some people — even those who had mild versions of the disease — continue to experience symptoms after their initial recovery.

These people sometimes describe themselves as "long haulers" and the condition has been called post-COVID-19 syndrome or "long COVID-19."

Older people and people with many serious medical conditions are the most likely to experience lingering COVID-19 symptoms, but even young, otherwise healthy people can feel unwell for weeks to months after infection. The most common signs and symptoms that linger over time include:

- Fatigue
- Shortness of breath
- Cough
- Joint pain
- Chest pain

Other long-term signs and symptoms may include:

- Muscle pain or headache
- Fast or pounding heartbeat
- Loss of smell or taste
- Memory, concentration or sleep problems
- Rash or hair loss

Although COVID-19 is seen as a disease that primarily affects the lungs, it can damage many other organs as well. This organ damage may increase the risk of long-term health problems. Organs that may be affected by COVID-19 include:

- **Heart.** Imaging tests taken months after recovery from COVID-19 have shown lasting damage to the heart muscle, even in people who experienced only mild COVID-19 symptoms. This may increase the risk of heart failure or other heart complications in the future.
- **Lungs.** The type of pneumonia often associated with COVID-19 can cause long-standing damage to the tiny air sacs (alveoli) in the lungs. The resulting scar tissue can lead to long-term breathing problems.
- **Brain.** Even in young people, COVID-19 can cause strokes, seizures and Guillain-Barre syndrome — a condition that causes temporary paralysis. COVID-19 may also increase the risk of developing Parkinson's disease and Alzheimer's disease.

COVID-19 can make blood cells more likely to clump up and form clots. While large clots can cause heart attacks and strokes, much of the heart damage caused by COVID-19 is believed to stem from very small clots that block tiny blood vessels (capillaries) in the heart muscle.

Other parts of the body affected by blood clots include the lungs, legs, liver and kidneys. COVID-19 can also weaken blood vessels and cause them to leak, which contributes to potentially long-lasting problems with the liver and kidneys.

People who have severe symptoms of COVID-19 often have to be treated in a hospital's intensive care unit, with mechanical assistance such as ventilators to breathe. Simply surviving this experience can make a person more likely to later develop post-traumatic stress syndrome, depression and anxiety.

Because it's difficult to predict long-term outcomes from the new COVID-19 virus, scientists are looking at the long-term effects seen in related viruses, such as the virus that causes severe acute respiratory syndrome (SARS).

Many people who have recovered from SARS have gone on to develop chronic fatigue syndrome, a complex disorder characterized by extreme fatigue that worsens with physical or mental activity, but doesn't improve with rest. The same may be true for people who have had COVID-19.

Much is still unknown about how COVID-19 will affect people over time. However, researchers recommend that doctors closely monitor people who have had COVID-19 to see how their organs are functioning after recovery.

Many large medical centers are opening specialized clinics to provide care for people who have persistent symptoms or related illnesses after they recover from COVID-19.

It's important to remember that most people who have COVID-19 recover quickly. But the potentially long-lasting problems from COVID-19 make it even more important to reduce the spread of the disease by following precautions such as wearing masks, avoiding crowds and keeping hands clean.

Show References

1. Carfi A, et al. Persistent symptoms in patients after acute COVID-19. *JAMA*. 2020; doi:10.1001/jama.2020.12603.
2. Teneforde MW, et al. Symptom duration and risk factors for delayed return to usual health among outpatients with COVID-19 in a multistate health care systems network — United States, March-June 2020. *MMWR Morbidity and Mortality Weekly Report*. 2020; doi: 10.15585/mmwr.mm6930e1.
3. McIntosh K. Coronavirus disease 2019 (COVID-19): Clinical features. <https://www.uptodate.com/contents/search>. Accessed July 23, 2020.
4. Puntman VO, et al. Outcomes of cardiovascular magnetic resonance imaging in patients recently recovered from coronavirus disease 2019 (COVID-19). *JAMA Cardiology*. 2020; doi:10.1001/jamacardio.2020.3557.
5. Yancy CW, et al. Coronavirus disease 2019 (COVID-19) and the heart — Is heart failure the next chapter? *JAMA Cardiology*. 2020; doi:10.1001/jamacardio.2020.3575.
6. Mitrani RD, et al. COVID-19 cardiac injury: Implications for long-term surveillance and outcomes in survivors. *Heart Rhythm*. 2020; doi:10.1016/j.hrthm.2020.06.026.
7. Salehi S, et al. Long-term pulmonary consequences of coronavirus disease 2019 (COVID-19): What we know and what to expect. *Thoracic Imaging*. 2020; doi:10.1097/RTI.0000000000000534.
8. Fotuhi M, et al. Neurobiology of COVID-19. *Journal of Alzheimer's Disease*. 2020; doi:10.3233/JAD-200581.
9. Pero A, et al. COVID-19: A perspective from clinical neurology and neuroscience. *The Neuroscientist*. 2020; doi:10.1177/1073858420946749.
10. Myalgic encephalomyelitis/chronic fatigue syndrome: Information for healthcare providers. Centers for Disease Control and Prevention. <https://www.cdc.gov/me-cfs/healthcare-providers/index.html>. Accessed Feb. 4, 2020.
11. Barker-Davies RM, et al. The Stanford Hall consensus statement for post-COVID-19 rehabilitation. *British Journal of Sports Medicine*. 2020; doi:10.1136/bjsports-2020-102596.

12. Lambert NJ, et al. COVID-19 "long hauler" symptoms survey report. Survivor Corps. <https://www.survivorcorps.com/reports> . Accessed Nov. 13, 2020.
13. Living with COVID-19: A dynamic review of the evidence around ongoing COVID-19 symptoms (often called long COVID). National Institute for Health Research. <https://evidence.nihr.ac.uk/themedreview/living-with-covid19>. Accessed Nov. 10, 2020.
14. Levison ME. Commentary: What we know so far about post-COVID syndrome. Merck Manual Professional Version. <https://www.merckmanuals.com/professional/news/editorial/2020/09/23/20/17/post-covid-syndrome>. Accessed Nov. 13, 2020.
15. Long-term effects of COVID-19. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html>. Accessed Nov. 10, 2020.
16. Late sequelae of COVID-19. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/late-sequelae.html>. Accessed Nov. 10, 2020.

Nov. 17, 2020

Original article: <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-long-term-effects/art-20490351>

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

[Terms and Conditions](#)

[Privacy Policy](#)

[Notice of Privacy Practices](#)

[Notice of Nondiscrimination](#)

[Manage Cookies](#)

Mayo Clinic is a nonprofit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

[Advertising and sponsorship policy](#)

[Advertising and sponsorship opportunities](#)

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.

© 1998-2020 Mayo Foundation for Medical Education and Research (MFMER). All rights reserved.