**Supplementary Table 1.** Demographics, clinical outcomes, symptoms, and prevalence of probable long-haul COVID-19.

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| Study | Participant and clinical characteristics | Follow-up duration | Symptom (% prevalence) |
| Carvalho-Schneider et al. (2020) | N = 150; 49 ± 15 years; 56% females; 64.7% outpatients; 35.3% were hospitalised;77.3% had mild-to-moderate disease; 22.7% had severe disease; Tours, France. | 60 days after symptom onset. | * Flu-like symptoms: Myalgia, headache, or asthenia (21.5%) * Anosmia/ageusia (22.7%) * Arthralgia (16.3%) * Chest pain (13.1%) * Digestive disorders (11.5%) * Cutaneous signs (11.5%) * Heart palpitations (10.9%) * Dyspnoea (7.7%) |
| Goertz et al. (2020) | \*N = 2113; median age = 47; 85.3% females; 94.7% outpatients (16.3% confirmed COVID-19; 41.7% symptom-based COVID-19; 36.7% suspected COVID-19); 5.3% were hospitalised; Maastricht, Netherlands and Flanders, Belgium. | Mean of 79 days after symptom onset. | * Fatigue (94.9%) * Dyspnoea (89.5%) * Headache (76%) * Chest tightness (75.2%) * Cough (68.1%) * Myalgia (64.7%) * Sore throat (61.9%) * ↑ body temperature (61.2%) * Shoulder blade pain (61%) * Pain in lungs (60.5%) * Heart palpitations (54.9%) * ↑ resting heart rate (54.6%) * Dizziness (51.6%) * Burning in trachea (43.9%) * Fever (42.7%) * Ageusia (42.3%) * Diarrhoea (41.1%) * Anosmia (39.7%) * Joint pain (38.2%) * Nausea (36.5%) * Mucus (36.2%) * Sneezing (31.6%) * Hot flushes (25.9%) * Eye problems (25.7%) * Ear pain (21.7%) * Sudden weight loss (18.4%) * Vomiting (9%) * Red toes (5.6%) * Others: cognitive impairments, sleep problems, chills, and rashes (29.5%) |
| Hall et al. (2021) | N = 200; 54.8 ± 15.0 years; 38.5% females; 89.5% inpatients; 69.5% needed supplemental O2; 38.5% admitted to ICU; London, U.K. | 4-6 weeks after hospital discharge. | * Dyspnoea (40.5%) * Other symptoms not tested. |
| Halpin et al. (2021) | N = 68 ward (median age = 70.5; 48.5% females; 66.7% needed supplemental O2) and 32 ICU (median age = 58.5; 40.6% females) patients; Leeds, U.K. | Mean of 48 days after hospital discharge. | * Fatigue (60.3% from ward; 72% from ICU) * Dyspnoea (42.6% from ward; 65.6% from ICU) * PTSD symptoms (23.5% from ward; 46.9% from ICU) * Impaired concentration (16.2% from ward; 34.4% from ICU) * Impaired memory (17.6% from ward; 18.8% from ICU) * Laryngeal sensitivity (11.8% from ward; 25% from ICU) * Decreased life quality (45.6% from ward; 68.8% from ICU) |
| Mandal et al. (2020). | N = 384; 59.9 ± 16.1 years; 38% females; 100% inpatients; 59.8% needed supplemental O2; 14.5% admitted to ICU; 7.1% needed intubation; London, U.K. | Median of 54 days after hospital discharge. | * Fatigue (69%) * Dyspnoea (53%) * Cough (34%) * Depression (15%) |
| Mazza et al. (2020) | N = 402; 57.8 ± 13.33 years; 34.3% females; 25.4% outpatients; 74.6% were hospitalised; Milano, Italy. | Mean of 31 days after hospital discharge | * ≥1 symptom (55.7%) * ≥2 symptom (36.8%) * ≥3 symptom (20.6%) * ≥4 symptom (10%) * Symptoms: PTSD, depression, anxiety, and obsessive-compulsive symptoms. |
| Miyazato et al. (2020) | N = 63; 48.1 ± 18.5 years; 33.3% females; 100% inpatients; 27% needed supplemental O2; 7.9% needed MV; Tokyo, Japan. | 60 days after symptom onset. | * Dyspnoea (17.5%) * Dyssomnia (16.1%) * Fatigue (15.9%) * Cough (7.9%) * Dysgeusia (4.8%) |
| Moreno-Pérez et al. (2021) | N = 277; median age = 62; 47.3% females; 34.3% outpatients; 19.5% had no pneumonia; 14.8% had mild disease; 65.7% had severe disease and hospitalised; 8.7% admitted to ICU; Alicante, Spain. | Median of 77 days after disease onset. | * Fatigue (34.8%) * Dyspnoea (34.4%) * Anosmia/dysgeusia (21.4%) * Cough (21.3%) * Myalgia/arthralgia (19.6%) * Headache (17.8%) * Cognitive impairments (15.2%) * Diarrhoea (10.5%) * Skin symptoms (8.3%) * Visual loss (5.4%) |
| Poyraz et al. (2020) | N = 284; 60.1% outpatients; 39.7 ± 12.7 years; 49.8% females; 2.8% had asymptomatic infection; 50.8% had mild disease; 32.5% had moderate disease; 12.6% had severe disease; 1.2% had critical disease; Istanbul, Turkey. | Mean of 50 days after diagnosis. | * Fatigue (40%) * Impaired sleep quality (38.8%) * PTSD (25.4%) * Myalgia (22%) * Taste dysfunction (18%) * Probable depression (18.8%) * Probable anxiety (18.4%) * Smell dysfunction (17%) * Headache (17%) * Concentration difficulties (15%) * Light-headedness,   skin numbness and tingling, dyspnoea,  chest pain, and cough (≤10%) |
| Raman et al. (2021) | N = 58; 55 ± 13 years; 41% females; 100% inpatients; 91.3% needed supplemental O2; 36% admitted to ICU; Oxford, U.K. | Median of 1.6 months after hospital discharge. | * Dyspnoea (64%) * Fatigue (55%) * Moderate-to-severe depression (19.3%) * Moderate-to-severe anxiety (14%) |
| Salmon et al. (2020) | N = 70; 91.4% outpatients; median age = 45; 78.6% females; 8.6% were hospitalised; 2.9% needed supplemental O2; Paris, France. | 2 months after symptom onset. | * ≥1 symptom (90%) * Fatigue (72.9%) * Sensory disturbance (55.7%) * Chest pain (52.9%) * Dyspnoea (42.9%) * Tachycardia or heart palpitations (41.4%) * Headache (41.2%) * Cognitive impairments (37.1%) * Anosmia or dysgeusia (30%) * Myalgia or arthralgia (25.7%) * Gastrointestinal symptoms (24.3%) * Skin and vascular symptoms (14.4%) * Cough (12.9%) |
| Sollini et al. (2020). | \*N = 10; 50% outpatients; 58 ± 13 years; 70% females; 50% were hospitalised; 20% admitted to ICU; Milan, Italy. | >30 days after hospital discharge. | * Dyspnoea (70%) * Fatigue (70%) * Ageusia (20%) * Joint pain (20%) * Chest pain (10%) * Headache (10%) * Trembling hands (10%) |
| Tomasoni et al. (2020) | N = 105; median age = 55; 26.7% females; 100% inpatients; 22.9% needed O2 therapy; | Median of 46 days after virological clearance (assessed at least 14 days after hospital discharge). | * ≥1 symptom (52.4%) * Fatigue (31.4%) * Anxiety (29%) * Cognitive impairment (17.1%) * Depression (11%) * Pain (10.5%) * Dyspnoea (6.7%) * Dysgeusia (5.7%) * Anosmia (5.7%) * Others: chest pain, headache, cough, constipation, tinnitus, insomnia, palpitations, or sore throat (17.1%) |
| Townsend et al. (2021) | N = 153; 57.5% females; 51.6% outpatients (40.2 ± 11.4 years); 35.9% were hospitalised (56.4 ± 15.5 years); 12.4% admitted to ICU (54.5 ± 11.6 years); Dublin, Ireland. | Median of 75 days after diagnosis. | * Fatigue (48%). * Ill health (62%). * Other symptoms not tested. |
| Trinkmann et al. (2021) | N = 246; 48 ± 15 years; 56% females; 91% outpatients; 9% were hospitalised; 0.8% admitted to ICU; Heidelberg, Germany. | Mean of 68 days after infection. | * ≥1 symptom (46%) * Dyspnoea (32%) * Cough (14%) * Chest pain (6%) * Anosmia (4%) * Fatigue, sore throat, rhinitis, headache, and joint pain (≤1%) |
| Weerahandi et al. (2021) | N = 161, median age = 62; 37.3% females; 100% inpatients needing supplemental O2; 45.3% admitted to ICU; 36.7% needed MV; New York, U.S. | Median of 37 days after hospital discharge. | * Dyspnoea (74.3%) * Other symptoms not tested. |

Note: Years refer to age presented as mean ± standard deviation, unless otherwise stated as median. \* refers to sample size that specifically involved long-haul COVID-19 participants. Abbreviations: ICU, intensive care unit; MV, mechanical ventilation; O2, oxygen; PTSD, post-traumatic stress disorder.

Reference list

Carvalho-Schneider, C., et al. (2020), 'Follow-up of adults with noncritical COVID-19 two months after symptom onset', *Clin Microbiol Infect*.

Goertz, Y. M. J., et al. (2020), 'Persistent symptoms 3 months after a SARS-CoV-2 infection: the post-COVID-19 syndrome?', *ERJ Open Res,* 6 (4).

Hall, Jocelin, et al. (2021), 'Identifying patients at risk of post-discharge complications related to COVID-19 infection', *Thorax*, thoraxjnl-2020-215861.

Halpin, S. J., et al. (2021), 'Postdischarge symptoms and rehabilitation needs in survivors of COVID-19 infection: A cross-sectional evaluation', *J Med Virol,* 93 (2), 1013-22.

Mandal, S., et al. (2020), ''Long-COVID': a cross-sectional study of persisting symptoms, biomarker and imaging abnormalities following hospitalisation for COVID-19', *Thorax*.

Mazza, M. G., et al. (2020), 'Anxiety and depression in COVID-19 survivors: Role of inflammatory and clinical predictors', *Brain Behav Immun,* 89, 594-600.

Miyazato, Y., et al. (2020), 'Prolonged and Late-Onset Symptoms of Coronavirus Disease 2019', *Open Forum Infect Dis,* 7 (11), ofaa507.

Moreno-Pérez, Oscar, et al. (2021), 'Post-acute COVID-19 Syndrome. Incidence and risk factors: a Mediterranean cohort study', *Journal of Infection*.

Poyraz, B. C., et al. (2020), 'Psychiatric morbidity and protracted symptoms after COVID-19', *Psychiatry Res,* 295, 113604.

Raman, B., et al. (2021), 'Medium-term effects of SARS-CoV-2 infection on multiple vital organs, exercise capacity, cognition, quality of life and mental health, post-hospital discharge', *EClinicalMedicine,* 31, 100683.

Salmon, D., et al. (2020), 'Clinical, virological and imaging profile in patients with Persistent or Resurgent forms of COVID-19: a cross-sectional study', *J Infect*.

Sollini, M., et al. (2020), 'Vasculitis changes in COVID-19 survivors with persistent symptoms: an [(18)F]FDG-PET/CT study', *Eur J Nucl Med Mol Imaging*.

Tomasoni, D., et al. (2020), 'Anxiety and depression symptoms after virological clearance of COVID-19: A cross-sectional study in Milan, Italy', *J Med Virol*.

Townsend, L., et al. (2021), 'Persistent Poor Health Post-COVID-19 Is Not Associated with Respiratory Complications or Initial Disease Severity', *Ann Am Thorac Soc*.

Trinkmann, F., et al. (2021), 'Residual symptoms and lower lung function in patients recovering from SARS-CoV-2 infection', *Eur Respir J*.

Weerahandi, H., et al. (2021), 'Post-Discharge Health Status and Symptoms in Patients with Severe COVID-19', *J Gen Intern Med*.