



JOHNS HOPKINS COVID LONG STUDY

Spring 2026 Newsletter

The Johns Hopkins COVID Long Study began in February of 2021 with the goal of learning more about the short- and long-term health impacts of COVID-19 illness. Thanks to our dedicated participants, we have heard from more than 31,000 individuals from across the United States and more than 4,500 individuals from around the globe.

Every COVID-19 story matters. We are grateful to everyone who has shared their story with us.

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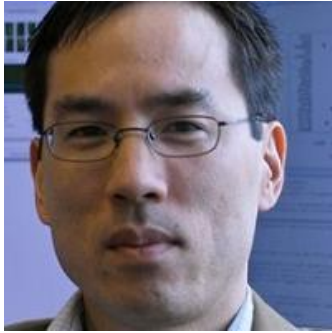
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PRINCIPAL INVESTIGATOR CORNER

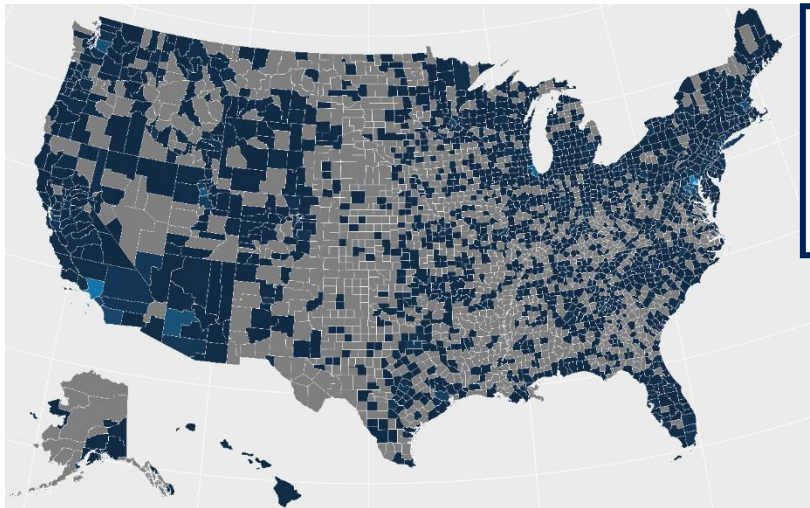


Thank you once again for your invaluable participation in the Johns Hopkins COVID Long Study. Your continued engagement and dedication are instrumental to our understanding of this very complex condition. We are still actively collecting and analyzing data, and each data point you have contributed has added to this understanding. In addition, we have one research paper currently under review and one research paper just accepted for publication at scientific journals that we are excited to share with you in the near future. Once they have been fully published, we will share them on our [website](#). Thank you for helping us move the science of long COVID forward and for your commitment to improving outcomes for all those affected by long COVID. Whether you have long COVID, had COVID and fully recovered, or have never experienced COVID-19, your voice and your story matter.

RECRUITMENT UPDATES

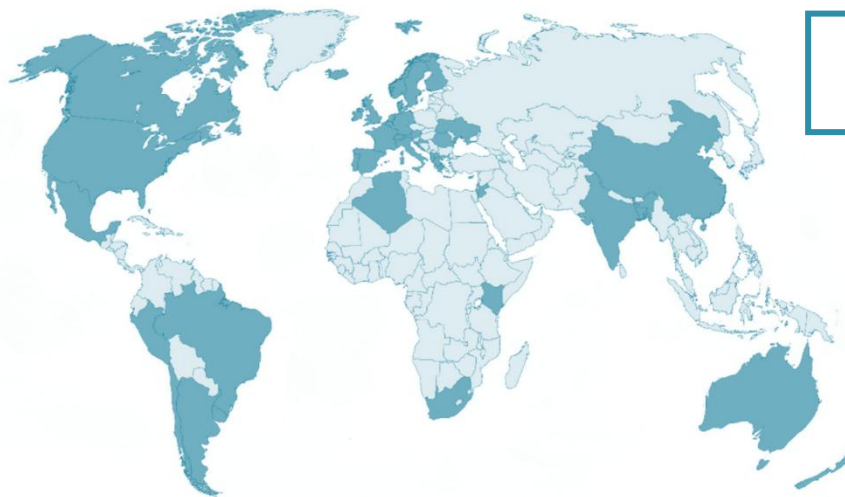
As of April 30, 2026, we have recruited 31,895 individuals across 53 states and territories in the United States and 4,590 individuals across 100 different countries globally. Additionally, we have 12,167 individuals who completed their first follow-up survey! We have recruited participants of all ages, and while the majority of our participants are white (81%), we also have participants who are Black, East Asian, South Asian, Native American/American Indian, Alaskan Native, and Native Hawaiian/Pacific Islander. Of all who have participated, 7% reported being of Hispanic, Latino, or Spanish origin. Our participants are 74% female. Of our global participants, 28% are from Canada, 20% are from Australia, 15% are from Germany, and 8% are from the United Kingdom. At the time of their initial COVID-19 illness, 99% reported having symptoms, and 83% reported new/continuing symptoms after their initial illness had cleared. If you haven't read our cohort profile paper in *BMJ Open* yet, you can read it [here!](#)

WHO WE ARE



Northeast: 18%
South: 36%
Midwest: 18%
West: 20%
Territories: <1%

**Darker colors represent more surveys responses*



Global
representation



COVID Status**
Recovered COVID: 7%
Long COVID: 41%
Indeterminate Status: 16%
non-COVID: 37%

***This breakdown is as of August 26, 2025, and represents a participant's COVID status at the time of their first survey completion (baseline). We used the [WHO](#) definition of long COVID to classify a participant as having long COVID or recovered COVID. A participant with an indeterminate status is someone we could not classify as there was not enough time between their initial SARS-CoV-2 infection and the date they completed their baseline survey to make a determination. A participant with a non-COVID status is someone who reported they never experienced a SARS-CoV-2 infection at baseline.*

WHAT WE HAVE LEARNED

Odds of Developing Long-COVID & Incident Mental Health Conditions

N = 9,637
Participants

Johns Hopkins COVID Long Study

HEART ODDS OF DEVELOPING LONG-COVID

How do pre-existing comorbidities impact the likelihood of developing long-COVID?

1.47

Non-Mental Health
Comorbidities Only

1.49

Mental Health
Comorbidities Only

Key finding: Odds among those with mental health comorbidities were elevated, but *not beyond* those with other physical comorbidities.

DOSE-RESPONSE RELATIONSHIP

Relationship between **persistent long-COVID symptoms** and **incident depression/anxiety**



FEWER SYMPTOMS → MORE SYMPTOMS

A strong **dose-response relationship** exists: As the number of persistent long-COVID symptoms increases, the odds of developing new-onset depression and anxiety symptoms rises significantly.



Clinical Implications: Monitoring both physical and mental health is crucial. Enhanced understanding of the factors associated with long-COVID is essential for improving patient care and developing effective interventions.

The full research paper containing these findings is currently in press at the *Journal of Medical Virology*.

STUDENT SPOTLIGHT



The Johns Hopkins COVID Long Study values the contributions of PhD and master's students who join our team to assist with data cleaning, data analysis, and to pursue their thesis work using our study data. Our student investigators play a vital role in advancing our research, bringing fresh perspectives to our project. One such student investigator is Yuzheng Xing.

Yuzheng (Kath) Xing is currently finishing her Master of Health Science in Epidemiology at the Johns Hopkins Bloomberg School of Public Health. She became interested in long COVID after witnessing friends and family affected by the pandemic and recognizing the essential role of public health during that time.

Experiencing the pandemic as she graduated high school shifted her perspective and highlighted the need for ongoing public health efforts, particularly in areas like long COVID.

For her thesis, Kath is examining the pre- and acute-infection characteristics associated with post-exertional malaise (PEM), believing these findings can help people better understand PEM and contextualize it within their own health experiences. PEM is the worsening of symptoms after physical or mental activity, even after something as simple as walking or taking a shower. It is one of the hallmark symptoms of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and has been reported by long COVID patients as well. PEM symptoms can last for hours, days, or longer, and don't resolve with rest like normal tiredness does.

Outside of her academic work, Kath has been dedicating more time to volunteering in Baltimore, which has deepened her appreciation for the city, its community, and the public health challenges residents face. She also enjoys participating in community and fandom spaces, as well as watching sports.

RESOURCES

- American Academy of Physical Medicine and Rehabilitation: Long COVID (PASC) Resources
[Link](#)
- Centers for Disease Control and Prevention: COVID-19
[Link](#)
- Centers for Disease Control and Prevention: More Resources about COVID-19
[Link](#)
- Centers for Disease Control and Prevention: Long COVID or Post-COVID Conditions
[Link](#)
- FACT SHEET: Americans with Disabilities Act Resources to Support Individuals with Long COVID
[Link](#)
- Johns Hopkins Bloomberg School of Public Health: Coronavirus Questions and Answers
[Link](#)
- Long COVID Alliance
[Link](#)
- Survivor Corps
[Link](#)
- U.S. Department of Health & Human Services: Guidance on “Long COVID” as a Disability Under the ADA, Section 504, and Section 1557
[Link](#)
- World Health Organization: COVID-19 pandemic
[Link](#)

**Note: The Johns Hopkins COVID Long Study is a survey-based study. Resources are being offered for informational purposes only. This list is not comprehensive and does not constitute an endorsement by the Johns Hopkins University.*