



Naeije Robert¹, Caravita Sergio^{2,3},

1Free University of Brussels, Brussels, Belgium. 2Dept of Management, Information and Production Engineering, University of Bergamo, Bergamo, Italy. 3Dept of Cardiovascular, Neural and Metabolic Sciences, Istituto Auxologico Italiano IRCCS, Ospedale San Luca, Milan, Italy.

Corresponding author: Robert Naeije (rnaeije@gmail.com) 2021202158022062021230620212021

The public health consequences of the epidemic of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infections may well go beyond the current burden on hospital services and the indirect effects of social distancing and lockdowns. Patients, particularly older ones with comorbidities, experience persistent dyspnoea, fatigue, body aches and brain fog for months after the acute phase of coronavirus disease 2019 (COVID-19) [1]. Post-acute sequelae of SARS-CoV-2 infection, more commonly called “long COVID”, attract considerable media attention, patient advocacy group-initiated research and, recently, USD 1.15 billion of funding by the US National Institutes of Health (NIH) [1]. Cellular damage, inflammatory cytokine production and pro-coagulant state induced by SARS-CoV-2 infection provide a pathophysiological rationale for long-lasting symptomatology [2]. Given the magnitude of the COVID-19 pandemic, with currently over 150 million reported cases, long COVID may emerge as a huge worldwide medical problem [1, 2].