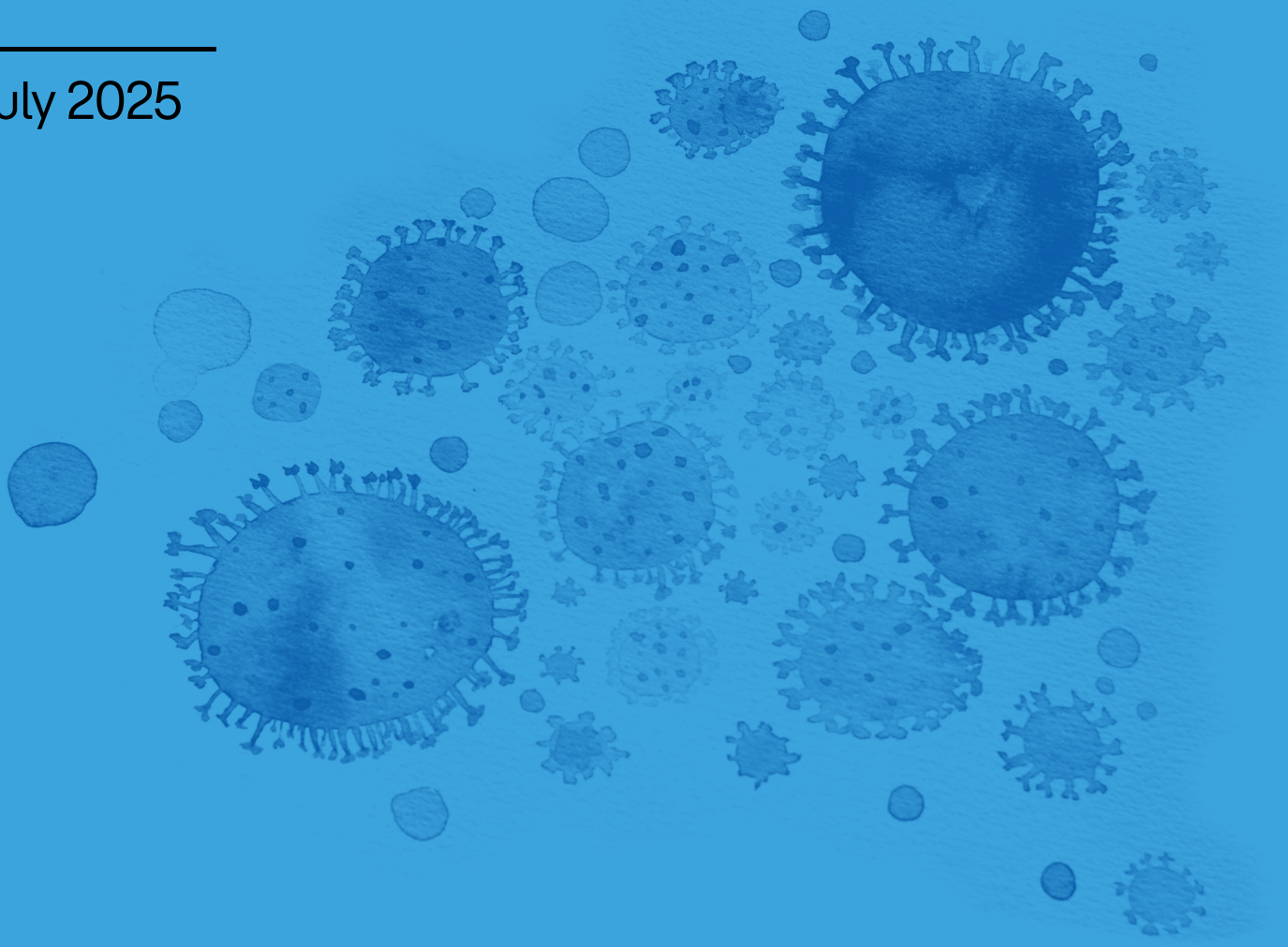
London-York Policy Research Programme Evidence Review Facility
Supporting national policy development and implementation

Reviews on Long COVID

Quarterly scopes of the literature
Summary of the evidence October 2022 – April 2025

July 2025



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EPPI Centre Evidence for Policy & Practice

London School of Hygiene & Tropical Medicine

University of York

Reviews on Long COVID: Quarterly scopes of the literature. Summary of the evidence from October 2022 to April 2025

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July 2025

EPPI Centre, UCL Social Research Institute
UCL Institute of Education, University College London.

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Key points

- Starting in November 2021 and ending in April 2025, we completed 14 evidence scans to identify and describe published reviews and protocols for reviews on Long COVID; this is a summary of the scans published from October 2022 to April 2025.
- Across the October 2022 to April 2025 scans, we identified 424 published reviews and 555 review protocols.
- The number of protocols identified per quarter has decreased over time from 63 in October 2022 to 48 in April 2025, with the largest number in April 2023 (n=68) and the fewest in January 2025 (n=28).
- The number of published reviews has been more consistent, with the largest number in April 2023 (n=50) being very similar to the number in our latest report (n=49).
- The two main categories of both reviews and protocols focused on prevalence of symptoms or effects and treatment or rehabilitation, with other categories such as risk factors, pathobiology or mechanisms, and prevention having much smaller shares.
- Among reviews, the proportion focused on prevalence of symptoms or effects has decreased over time, while that focused on treatment or rehabilitation has increased.
- Among protocols, the category of treatment or rehabilitation has reduced, due to there being many protocols on this topic in the first four reports from October 2022, while prevalence has maintained a consistently high proportion over time.

Introduction

To inform the development of a Long COVID plan, and support policy and service delivery, NHS England and the Department of Health and Social Care in England requested regular evidence scans of the Long COVID literature. Long COVID was conceptualised broadly as any symptoms or effects that persist or develop after COVID-19 infection.

The aim of these scans was to provide regular updates on two strands of research:

a) published and ongoing systematic reviews on Long COVID, and
b) published randomised controlled trials (RCTs) evaluating treatment or rehabilitation for Long COVID.

This report summaries strand a) published and ongoing systematic reviews on Long COVID. For this strand of the work, we published 14 reports, starting in November 2021. As there was overlap between our first three reports (November 2021, April 2022, and July 2022),[1-3] and our coding scheme changed, these reports are not included in this summary; instead, it covers the evidence scans published between October 2022 and April 2025.[4-14] All reports are available from the EPPI Centre website.

Methods

Identification of reviews

From October 2022 to April 2025, the searches were devised and run by an information specialist. To identify reviews about Long COVID, the Cochrane Database of Systematic Reviews (CDSR; via Wiley) and Epistemonikos were searched. In addition, MEDLINE (via Ovid) and CINAHL (via EBSCO) were searched, with retrieval limited to systematic reviews.[15, 16] The search dates are summarised in Table 1. Searches were limited by date to capture those records that were added to the databases since the previous search. No language restrictions were applied. Due to the rapid nature of the project, the database searches were designed to balance the need to retrieve as many relevant systematic reviews as possible against the

limited time available for screening. PROSPERO was searched by a member of the review team. An example search strategy, for the April 2025 report, can be found in Appendix 1. Search strategies for the earlier quarterly reports are in their appendices.[4-13]

Table 1: search dates and results for the database searches and protocols

Report	Search dates	Screened		Included	
		Databases	PROSPERO	Reviews	Protocols
October 2022	3rd and 11th Oct	668	275	29	65
January 2023	4th and 5th Jan	656	183	50	56
April 2023	3rd and 4th Apr	603	270	37	73
July 2023	7th July 2023	588	263	31	53
October 2023	3rd October 2023	558	177	46	44
January 2024	4th January 2024	470	187	42	42
April 2024	3rd and 4th Apr	491	203	36	63
July 2024	2nd and 3rd Jul	392	161	33	43
October 2024	3rd October 2025	444	180	38	35
January 2025	6th January 2025	660	156	33	30
April 2025	7th April 2025	468	150	49	51
Total		**8,203**		**424**	**555**

Study selection

To be included, reviews needed to have a primary focus on Long COVID (however defined) and be systematic in nature. A review was considered systematic if it reported some search terms and inclusion criteria, as well as the number of references found and studies included, and identified or referenced the included studies. Reviews could focus on adults and/or children and include primary studies of any design or other reviews (i.e., reviews of reviews). We did not apply criteria relating to the length of time after infection owing to variation in how Long COVID has been defined in the literature. Reviews were only included if the full text was readily available, and we excluded pre-prints. In the July 2022 review, the reviewers screened records in duplicate and compared decisions until agreement was over 90%. Subsequently, titles and abstracts were screened by one reviewer; two reviewers screened the full text of each retrieved paper.

Coding

We coded the included systematic reviews and protocols by synthesis method and focus, as well as extracting the review aim or protocol objective. Method was coded as review of primary studies, review of reviews, living review, review update, or evidence map (and whether it was a section of a review or not). Focus was coded as prevalence of symptoms or effects; treatment or rehabilitation; prevention; risk factors with or without prevalence; pathobiology or mechanisms; economics or societal impacts; or other, which included combinations of categories, diagnostic tools, and experiences. One reviewer coded each included record, and another reviewer checked the coding, with differences resolved by discussion.

Key findings

Between October 2022 and April 2025, we screened 8,203 records from the database and PROSPERO searches in EPPI-reviewer,[17] or in the PROSPERO system. We included **424 published reviews and 555 protocols for reviews** (see Table 1). Table 2 provides a summary of all reviews by focus. Table 4 (Appendix 3) provides a summary of the reviews by focus by quarterly report. Figure 1 summarises the numbers of reviews and protocols across reports. We also produced an online interactive map.

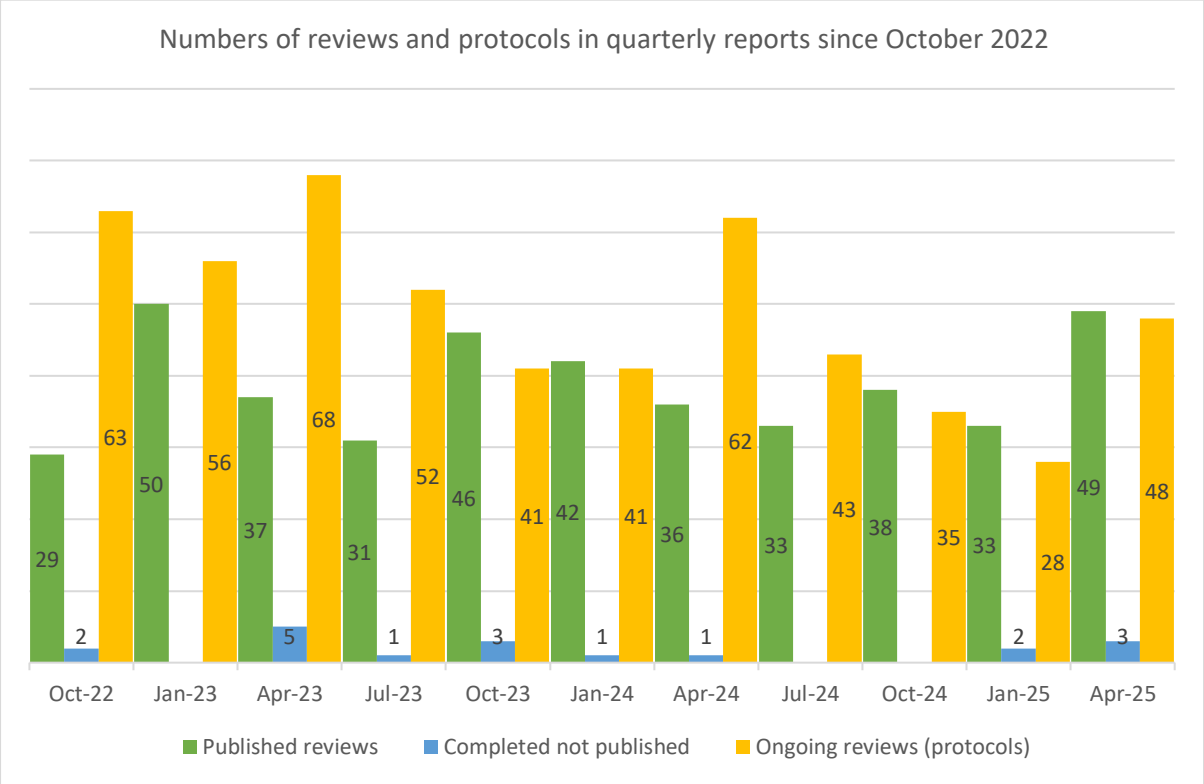
Table 2: Summary of all reviews and protocols (October 2022 to April 2025)

Review status Primary focus	Systematic review	Review of reviews	Evidence map	Living review	Review Update	All
Published reviews (n=424)						
Prevalence of symptoms or effects[1]	177	7	3	1	2	**189**
Treatment or rehabilitation	81	1	6	3		**91**
Risk factors +/- prevalence	54	3	1			**58**
Pathobiology or mechanisms	25	1				**25**
Prevention	12			1		**13**
Experiences	4					**4**
Economics, costs or societal impacts	2					**2**
Other, including combinations of topics	40	2				**42**
Total[2]	**395**	**14**	**10**	**5**	**2**	
Protocols (n=555)						
Prevalence of symptoms or effects[1]	197	1	1	1		**198**
Treatment or rehabilitation	191	2	1	2		**194**
Risk factors +/- prevalence	64	4				**68**
Pathobiology or mechanisms	33					**33**
Prevention	12			2	2	**16**
Economics, costs or societal impacts	7					**7**
Experiences	6					**6**
Other, including combinations of topics	32	1				**33**
Total[2]	**542**	**8**	**2**	**5**	**2**	

[1] three reviews were moved from prevalence to experiences when this new category was created

[2] Some records covered more than one type of review (e.g., a review of reviews and an update)

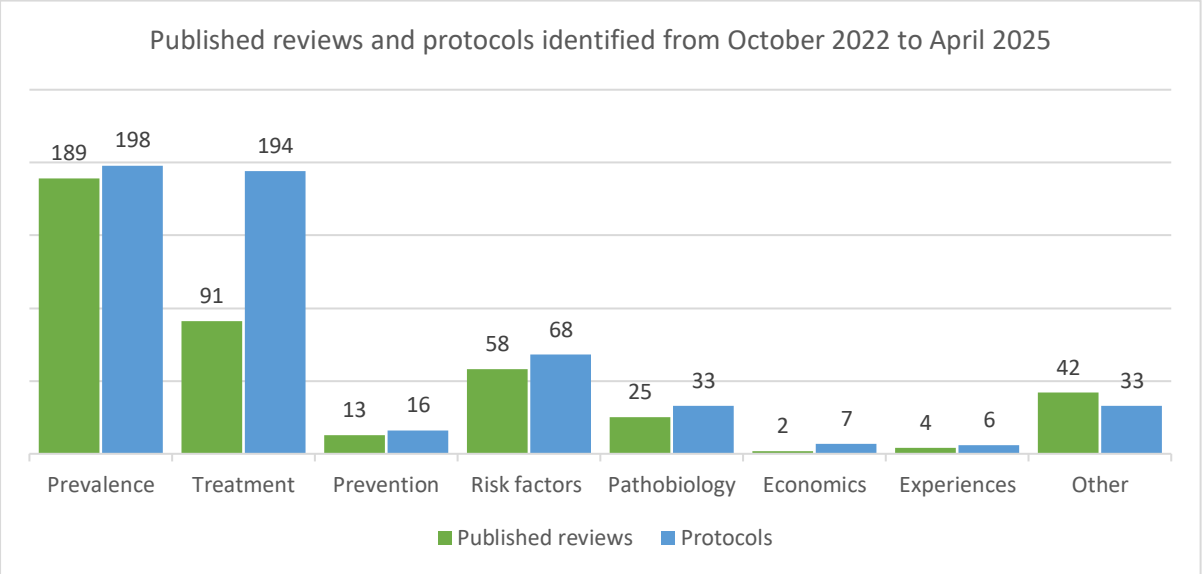
Figure 1: Summary of reviews and protocols across all reports Oct 2022 to Apr 2025



Reviews and protocols by topic

Generally, the numbers of reviews across topics were similar between published reviews and protocols, but the number of published reviews solely focused on treatment or rehabilitation was less than half the number of protocols on this topic (see Figure 2), suggesting that many reviews of treatments or rehabilitation are yet to be completed and published.

Figure 2: Summary of reviews and protocols by topic since October 2022



Specific content of the "other" category

Table 3 shows a breakdown of the numbers of reviews and protocols for reviews classified as "other" across all reports from October 2022 to April 2025. Combinations were reviews that focused on more than one category. The largest combination consisted of reviews that focused on the two categories of treatment or rehabilitation, and prevention, accounting for 2% of all reviews and 1% of all protocols. The category of reviews that focused on both prevalence and treatment accounted for a similar proportion of both reviews and protocols.

Table 3: Summary of combinations and other topics (October 2022 to April 2025)

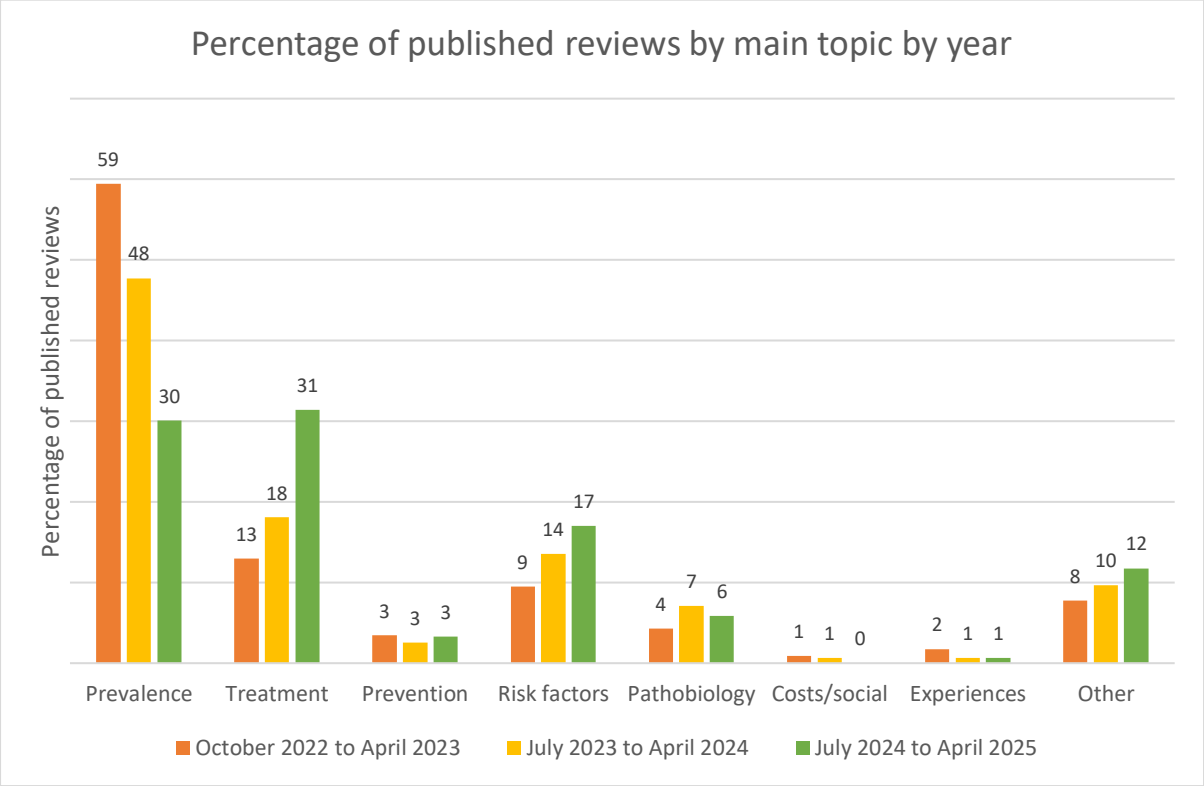
	Reviews	Protocols
All reviews or protocols	424	555
Treatment[1] and prevention	8	7
Prevalence[2] and treatment[1]	7	7
Risk factors[3] and treatment[1]	6	1
Prevalence[2] and pathobiology[4]	5	2
Diagnosis or monitoring tools	4	5
Risk factors[3] and pathobiology[4]	3	5
Treatment[1] and pathobiology[4]	2	
Prevalence,[2] treatment,[1] and pathobiology[4]	2	
Risk factors[3] and prevention	1	3
Prevalence,[2] treatment[1] and economics	1	
Treatment,[1] prevention and prevalence[2]	1	
Public, patient involvement	1	
Treatment,[1] prevention, prevalence,[2] pathobiology[4] and diagnosis	1	
Pathobiology[4] and treatment[1]		2
Prevalence[2] and prevention		1
All combinations or other reviews or protocols	42	33

1. Treatment = treatment or rehabilitation. 2. Prevalence = prevalence of symptoms or effects. 3. Risk factors = risk factors with or without prevalence of symptoms or effects. 4. Pathobiology = pathobiology or mechanisms.

Published reviews (n=424)

As shown in Table 2, just under half of the published reviews were solely on the prevalence of symptoms or the effects of Long COVID (189/424; 45%). Treatment or rehabilitation was the only focus for 91 reviews (21%); risk factors with or without prevalence were the focus for 58 reviews (14%). Pathobiology or mechanisms were the only focus in 25 reviews (6%); and prevention was the sole focus in 13 reviews (3%). Eight of these 13 reviews were on vaccination to prevent Long COVID, four were on antiviral treatments, and the other included any type of prevention. There were four reviews on people's experiences of Long COVID, and two reviews on economics, costs or societal impacts. The remaining 42 reviews (10%) addressed a combination of topics, such as both treatment and prevention, or other topics, such as diagnostic tools.

Figure 3: Percentage of published reviews by topic for three periods

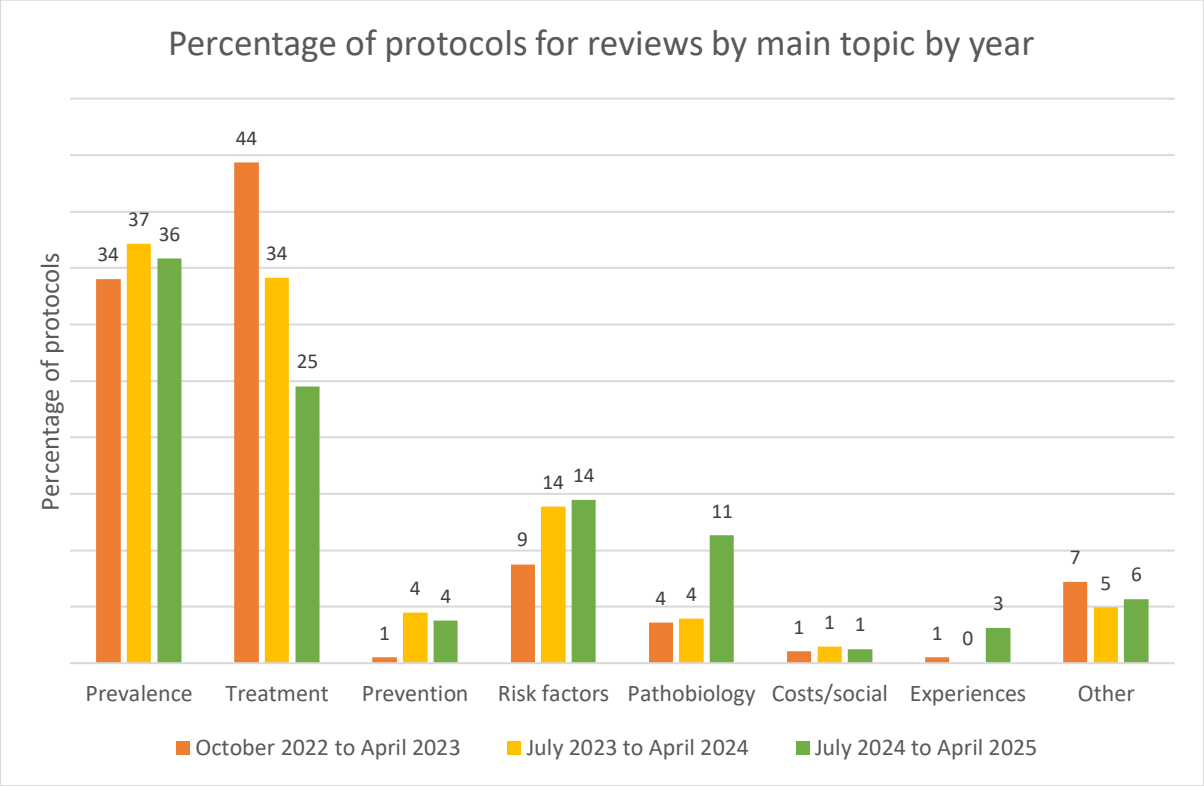


The topic or sole focus of the published reviews has changed over time. We combined the numbers of reviews from October 2022 to April 2023, July 2023 to April 2024, and July 2024 to April 2025 to produce approximately yearly numbers, and we calculated the percentage of the total published reviews for each period (see Figure 3). This shows that the number of reviews solely on the prevalence of symptoms or effects has decreased, as a percentage of published reviews (from 59% to 30%), while the number of reviews solely on treatment or rehabilitation has increased (from 13% to 31%), as have reviews on risk factors with or without prevalence (9% to 17%), and other topics or combinations of topics (8% to 12%). Despite this, prevalence and treatment reviews remain the largest two categories of review, accounting for over 60% of reviews in the year to date (April 2025).

Protocols (n=555)

Across the 555 protocols, 36% (n=198) solely focused on prevalence of symptoms or effects, 35% (n=194) on treatment or rehabilitation, 12% (n=68) on risk factors with or without prevalence, 6% (n=33) on pathobiology or mechanisms, and 3% (n=16) on prevention. Seven protocols focused on economics, costs or societal impacts, and six focused on people's experiences of Long COVID. The remaining 6% of protocols (n=33) were on other topics or a combination of topics.

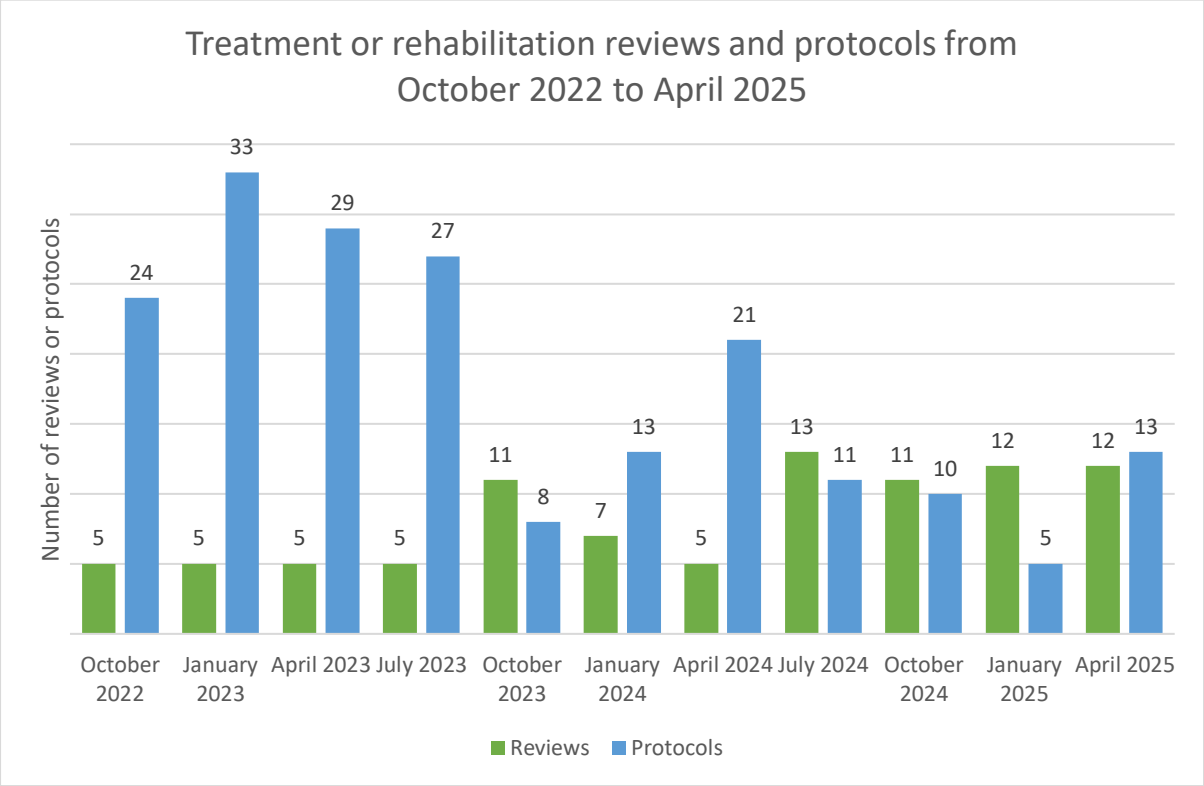
Figure 4: Percentage of protocols for reviews by topic for three periods



When comparing the percentage of protocols by topic over time (see Figure 4), the percentage with a sole focus on prevalence has not dropped as it had with published reviews. While the percentage with a sole focus on treatment or rehabilitation has decreased from 44% to 25%. There has been little change in the percentages for the other categories over time, with both pathobiology or mechanisms (from 4% to 11%) and risk factors with or without prevalence (9% to 14%) increasing over time. The large decrease in percentage of treatment protocols contrasts with the increase in share of published reviews for this topic. But, similarly to reviews, prevalence and treatment remain the largest two categories of protocols, accounting for over 60% of protocols in the year to April 2025.

As the two largest categories of reviews and protocols, the next two sections focus on treatment or rehabilitation and prevalence of symptoms or effects.

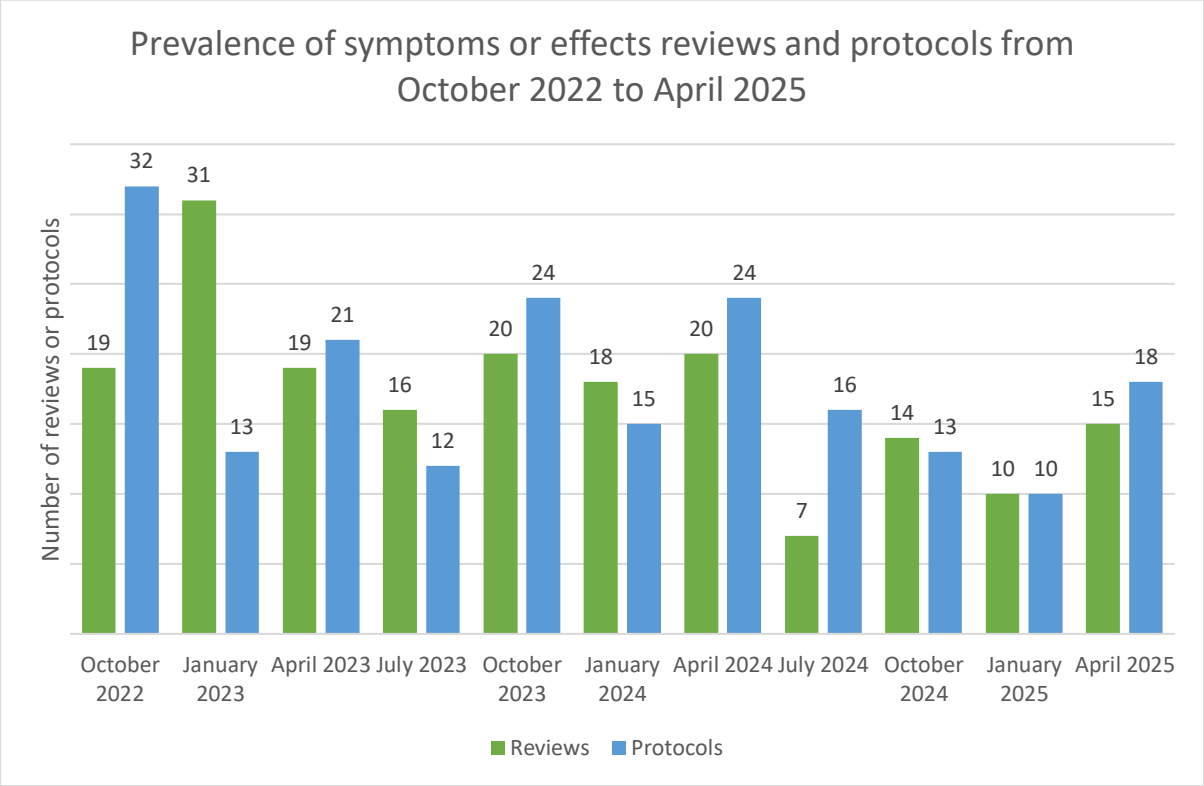
Figure 5: Treatment or rehabilitation reviews and protocols by quarterly report



Reviews and protocols solely focused on treatment or rehabilitation

Looking at the changes in published reviews and protocols for treatment and rehabilitation by quarterly report, Figure 5 shows that the number of published reviews has increased from five in the first four reports to 12 in the latest two reports. While the number of protocols has decreased from 24 to 13. This suggests that the earlier protocols are now being completed and published, and that fewer reviews on treatment or rehabilitation are now being conducted. Some of the earlier protocols may be for reviews that have now been abandoned or been completed without being published.

Figure 6: Prevalence of symptoms or effects reviews and protocols by quarterly report



Prevalence of symptoms or effects

Figure 6 shows the number of reviews and protocols on the prevalence of symptoms or effects in each quarterly report from October 2022 to April 2025. Unlike the treatment reviews and protocols, the number of reviews and protocols on prevalence have remained similar over time. Generally, both the numbers of published reviews and protocols for reviews have decreased.

Conclusion

Since October 2022, we have identified 424 published reviews and 555 protocols for reviews on Long COVID. The number of protocols has decreased over time from 63 in October 2022 to 48 in April 2025, with the largest number in Aoril 2023 (n=68) and the fewest in January 2025 (n=28). While the number of published reviews has been more constant, with the largest number in April 2023 (n=50) being very similar to the number in our latest report (n=49). Many of the protocols are likely to have been published and included as reviews in subsequent reports.

The two largest categories for both reviews and protocols were the prevalence of symptoms or effects, and treatment or rehabilitation. For reviews over time, the category of prevalence of symptoms or effects has decreased, while treatment or rehabilitation has increased. Whereas, for protocols, the category of treatment or rehabilitation has decreased due to there being many protocols on this topic in our early reports. Other categories of both reviews and protocols maintain much smaller shares of the totals.

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Appendix 1: Example search strategies

MEDLINE ALL

(includes: Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE Daily and Ovid MEDLINE)
via Ovid http://ovidsp.ovid.com/
Date range: 1946 to April 04, 2025
Date searched: 7th April 2025
Records retrieved: 381

Two new publication types were added to MEDLINE in March 2025: scoping review and network meta-analysis. These were added in lines 41 and 42 below.

1 Post-Acute COVID-19 Syndrome/ (4302)
2 COVID-19 post-intensive care syndrome.mp. (6)
3 COVID-19/ or SARS-CoV-2/ (297021)
4 Syndrome/ (125082)
5 Survivors/ (32515)
6 4 or 5 (157472)
7 3 and 6 (1284)
8 1 or 2 or 7 (5478)
9 ((long adj (covid$ or covid-19 or covid19 or coronavirus)) or longcovid$).ti,ab,kf,ot,bt. (7163)
10 ((post adj (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) or postcovid$).ti,ab,kf,ot,bt. (13648)
11 ((post acute or postacute) adj2 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (1394)
12 PASC.ti,ab,kf,ot,bt. (1260)
13 (sequela$ adj6 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (3678)
14 (chronic adj2 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (446)
15 ((long$ term or longterm) adj3 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (2980)
16 (persist$ adj6 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (5512)
17 ((post discharg$ or postdischarg$) adj5 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (155)
18 ((long haul$ or longhaul$) adj6 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (303)
19 (surviv$ adj3 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (3765)
20 (after adj (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (11849)
21 ((ongoing or lasting or prolonged or fluctuat$ or residual$ or continu$ or linger$) adj6 (symptom$ or effect$ or complication$ or sequela$ or syndrome or illness$ or disorder$ or dysfunction$ or impair$ or impact$ or consequence$) adj6 (covid$ or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)).ti,ab,kf,ot,bt. (3675)
22 or/9-21 (39532)
23 8 or 22 (40090)
24 systematic review.mp,pt. (384946)
25 search:.tw. (756060)
26 meta analysis.mp,pt. (333307)

27	review.pt. (3456850)
28	24 or 25 or 26 or 27 (4073793)
29	23 and 28 (6337)
30	qualitative review$.ti,ab,kf,ot,bt. (2043)
31	realist synthes$.ti,ab,kf,ot,bt. (489)
32	realist review$.ti,ab,kf,ot,bt. (857)
33	(meta-synthes$ or metasynthes$).ti,ab,kf,ot,bt. (2623)
34	(living adj2 (review$ or map$)).ti,ab,kf,ot,bt. (907)
35	pooled analysis.ti,ab,kf,ot,bt. (14678)
36	or/30-35 (21356)
37	23 and 36 (87)
38	29 or 37 (6349)
39	(202501$ or 202502$ or 202503$ or 202504$).dt. (442727)
40	38 and 39 (251)
41	"scoping review".pt. (24891)
42	network meta analysis.pt. (196)
43	41 or 42 (25087)
44	23 and 43 (137)
45	limit 44 to yr="2021 -Current" (132)
46	(2021$ or 2022$ or 2023$ or 2024$ or 2025$).dt. (6717362)
47	44 and 46 (131)
48	40 or 45 or 47 (383)
49	exp animals/ not humans.sh. (5325094)
50	48 not 49 (383)
51	preprint.pt. (38474)
52	50 not 51 (381)

CINAHL Plus
via Ebsco https://www.ebsco.com/
Date range: Inception to 20250408
Date searched: 7th April 2025
Records retrieved: 279

S1	(MH "Post-Acute COVID-19 Syndrome")	1,836
S2	TI (long N1 (covid* or covid-19 or covid19 or coronavirus) or longcovid*) OR AB (long N1 (covid* or covid-19 or covid19 or coronavirus) or longcovid*)	2,187
S3	TI (post N1 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2) or postcovid*) OR AB (post N1 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2) or postcovid*)	2,237
S4	TI (("post acute" or post-acute or postacute) N3 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB (("post acute" or post-acute or postacute) N3 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	475
S5	TI PASC OR AB PASC	143
S6	TI (sequela* N6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB (sequela* N6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	746

S7	TI (chronic N2 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB (chronic N2 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	325
S8	TI ((long* N1 term or long-term or longterm) N3 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB ((long* N1 term or long-term or longterm) N3 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	1,301
S9	TI (persist* N6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB (persist* N6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	1,201
S10	TI ((post N1 discharg* or post-discharg* or postdischarg*) N4 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB ((post N1 discharg* or post-discharg* or postdischarg*) N4 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	59
S11	TI ((long N1 haul* or long-haul* or longhaul*) N6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB ((long N1 haul* or long-haul* or longhaul*) N6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	91
S12	TI (surviv* N3 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB (surviv* N3 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	1,250
S13	TI (after N1 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB (after N1 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	5,289
S14	TI ((ongoing or lasting or prolonged or fluctuat* or residual* or continu* or linger*) N6 (symptom* or effect* or complication* or sequela* or syndrome or illness* or dysfunction* or disorder* or impair* or impact* or consequence*) N6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)) OR AB ((ongoing or lasting or prolonged or fluctuat* or residual* or continu* or linger*) N6 (symptom* or effect* or complication* or sequela* or syndrome or illness* or dysfunction* or impair* or impact* or consequence*) N6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2))	1,073
S15	S1 OR S2 OR S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 OR S11 OR S12 OR S13 OR S14	13,477
S16	(MH "Systematic Review") 143,445	
S17	(ZT "systematic review") 171,276	
S18	(ZT "meta analysis")	61,355
S19	(MH "Meta Analysis")	77,530
S20	TI (meta-analys* or metaanaly*) OR AB (meta-analys* or metaanaly*) 127,285	
S21	TI systematic* N1 review* OR AB systematic* N1 review* 180,310	
S22	S16 OR S17 OR S18 OR S19 OR S20 OR S21 294,886	

S23	(ZT "review") 378,880	
S24	AB systematic* or AB methodologic* or AB quantitative* or AB research* or AB literature* or AB studies or AB trial* or AB effective* 2,973,497	
S25	(S23 AND S24) 176,050	
S26	S22 OR S25 461,548	
S27	S15 AND S26	826
S28	(MH "Meta Synthesis")	2,487
S29	TI qualitative N1 review* OR AB qualitative N1 review*	4,544
S30	TI (realist N1 (review* or synthes*)) OR AB (realist N1 (review* or synthes*))	690
S31	TI (meta-synthes* or metasynthes*) OR AB (meta-synthes* or metasynthes*)	2,166
S32	TI (living N2 (review* or map*)) AND (living N2 (review* or map*))	254
S33	TI pooled N1 analys* OR AB pooled N1 analys*	8,937
S34	S28 OR S29 OR S30 OR S31 OR S32 OR S33	17,212
S35	S15 AND S34	36
S36	S27 OR S35	838
S37	EM 202412-	82,235
S38	(ZD "in process") 1,757,235	
S39	S37 OR S38 1,839,470	
S40	S36 AND S39	279

Cochrane Database of Systematic Reviews (CDSR)
via Wiley http://onlinelibrary.wiley.com/
Issue: Issue 4 of 12, April 2025
Date searched: 7th April 2025
Records retrieved: 0

ID	Search	Hits
#1	MeSH descriptor: [Post-Acute COVID-19 Syndrome] this term only	326
#2	MeSH descriptor: [COVID-19] this term only	8302
#3	MeSH descriptor: [SARS-CoV-2] this term only	3600
#4	MeSH descriptor: [Syndrome] this term only	6947
#5	MeSH descriptor: [Survivors] this term only	1773
#6	#2 or #3	8537
#7	#4 or #5	8714
#8	#6 and #7	110
#9	#1 or #8	412
#10	(long next (covid* or covid-19 or covid19 or coronavirus) or longcovid*):ti,ab,kw	653
#11	(post next (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2) or postcovid*):ti,ab,kw	1009
#12	((post acute or postacute) near/2 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	1766
#13	PASC:ti,ab,kw	88
#14	(sequela* near/6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	213
#15	(chronic near/2 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	47
#16	((long* term or longterm) near/3 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	1079
#17	(persist* near/6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	351

#18	((post discharg* or postdischarg*) near/5 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	1768
#19	((long haul* or longhaul*) near/6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	890
#20	(surviv* near/3 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	230
#21	(after next (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	376
#22	((ongoing or lasting or prolonged or fluctuat* or residual* or continu* or linger*) near/6 (symptom* or effect* or complication* or sequela* or syndrome or illness* or dysfunction* or disorder* or impair* or impact* or consequence*) near/6 (covid* or covid-19 or covid19 or coronavirus or SARS-CoV-2 or SARS-CoV2 or SARSCoV2 or SARSCoV-2)):ti,ab,kw	217
#23	{OR #10-#22}	3366
#24	#9 or #23 with Cochrane Library publication date Between Jan 2025 and Apr 2025, in Cochrane Reviews, Cochrane Protocols	0

Epistemonikos
https://www.epistemonikos.org/
Date searched: 7th April 2025
Records retrieved: 423

1. (title:((title:("long covid" OR long-covid OR longcovid OR "long covid 19" OR long-covid-19 OR longcovid19 OR "long covid19" OR long-covid19 OR "longcovid 19" OR longcovid-19 OR "long coronavirus" OR long-coronavirus OR longcoronavirus) OR abstract:("long covid" OR long-covid OR longcovid OR "long covid 19" OR long-covid-19 OR longcovid19 OR "long covid19" OR long-covid19 OR "longcovid 19" OR longcovid-19 OR "long coronavirus" OR long-coronavirus OR longcoronavirus)) OR (title:("post covid" OR post-covid OR postcovid OR "post covid 19" OR post-covid-19 OR postcovid19 OR "post covid19" OR post-covid19 OR "postcovid 19" OR postcovid-19 OR "post coronavirus" OR post-coronavirus OR postcoronavirus OR "post SARS CoV 2" OR post-SARS-CoV-2 OR postSARSCoV2 OR "post SARS CoV2" OR "post-SARS CoV2" OR "postSARS CoV2" OR "post SARS-CoV2" OR post-SARS-CoV2 OR postSARS-CoV2 OR "post SARSCoV 2" OR "post-SARSCoV 2" OR "postSARSCov 2" OR "post SARSCoV-2" OR "post-SARSCoV-2" OR "postSARSCoV-2" OR PASC) OR abstract:("post covid" OR post-covid OR postcovid OR "post covid 19" OR post-covid-19 OR postcovid19 OR "post covid19" OR post-covid19 OR "postcovid 19" OR postcovid-19 OR "post coronavirus" OR post-coronavirus OR postcoronavirus OR "post SARS CoV 2" OR post-SARS-CoV-2 OR postSARSCoV2 OR "post SARS CoV2" OR "post-SARS CoV2" OR "postSARS CoV2" OR "post SARS-CoV2" OR post-SARS-CoV2 OR postSARS-CoV2 OR "post SARSCoV 2" OR "post-SARSCoV 2" OR "postSARSCov 2" OR "post SARSCoV-2" OR "post-SARSCoV-2" OR "postSARSCoV-2" OR PASC))) OR abstract:((title:("long covid" OR long-covid OR longcovid OR "long covid 19" OR long-covid-19 OR longcovid19 OR "long covid19" OR long-covid19 OR "longcovid 19" OR longcovid-19 OR "long coronavirus" OR long-coronavirus OR longcoronavirus) OR abstract:("long covid" OR long-covid OR longcovid OR "long covid 19" OR long-covid-19 OR longcovid19 OR "long covid19" OR long-covid19 OR "longcovid 19" OR longcovid-19 OR "long coronavirus" OR long-coronavirus OR longcoronavirus)) OR (title:("post covid" OR post-covid OR postcovid OR "post covid 19" OR post-covid-19 OR postcovid19 OR "post covid19" OR post-covid19 OR "postcovid 19" OR postcovid-19 OR "post coronavirus" OR post-coronavirus OR postcoronavirus OR "post SARS CoV 2" OR post-SARS-CoV-2 OR postSARSCoV2 OR "post SARS CoV2" OR "post-SARS CoV2" OR "postSARS CoV2" OR "post SARS-CoV2" OR post-SARS-CoV2 OR postSARS-CoV2 OR "post

SARSCoV 2" OR "post-SARSCoV 2" OR "postSARSCov 2" OR "post SARSCoV-2" OR "post-SARSCoV-2" OR "postSARSCoV-2" OR PASC) OR abstract:("post covid" OR post-covid OR postcovid OR "post covid 19" OR post-covid-19 OR postcovid19 OR "post covid19" OR post-covid19 OR "postcovid 19" OR postcovid-19 OR "post coronavirus" OR post-coronavirus OR postcoronavirus OR "post SARS CoV 2" OR post-SARS-CoV-2 OR postSARSCoV2 OR "post SARS CoV2" OR "post-SARS CoV2" OR "postSARS CoV2" OR "post SARS-CoV2" OR post-SARS-CoV2 OR postSARS-CoV2 OR "post SARSCoV 2" OR "post-SARSCoV 2" OR "postSARSCov 2" OR "post SARSCoV-2" OR "post-SARSCoV-2" OR "postSARSCoV-2" OR PASC))))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 6, SR = 107

2. (title:("post acute" OR post-acute OR postacute) OR abstract:("post acute" OR post-acute OR postacute)) AND (title:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2) OR abstract:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 1, SR = 19

3. (title:("long haul" OR "long hauler" OR "long haulers" OR long-haul* OR longhaul*) OR abstract:("long haul" OR "long hauler" OR "long haulers" OR long-haul* OR longhaul*)) AND (title:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2) OR abstract:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 0, SR = 0

4. (title:(sequela*) OR abstract:(sequela*)) AND (title:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2) OR abstract:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 0, SR = 22

5. (title:("chronic covid" OR "chronic covid-19" OR "chronic covid19" OR "chronic coronavirus" OR "chronic SARS CoV 2" OR "chronic SARS-CoV-2" OR "chronic SARSCoV2" OR "chronic SARS CoV2" OR "chronic SARS-CoV2" OR "chronic SARSCoV 2" OR "chronic SARSCoV-2") OR abstract:("chronic covid" OR "chronic covid-19" OR "chronic covid19" OR "chronic coronavirus" OR "chronic SARS CoV 2" OR "chronic SARS-CoV-2" OR "chronic SARSCoV2" OR "chronic SARS CoV2" OR "chronic SARS-CoV2" OR "chronic SARSCoV 2" OR "chronic SARSCoV-2"))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 0, SR = 1

6. (title:("long term" OR "longer term" OR long-term OR longer-term) OR abstract:("long term" OR "longer term" OR long-term OR longer-term)) AND (title:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2) OR abstract:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 8, SR = 64

7. (title:(persist*) OR abstract:(persist*)) AND (title:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2) OR abstract:(covid OR covid-19 OR covid19 OR coronavirus

OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 2, SR = 57

8. (title:("post discharge" OR post-discharge OR postdischarge) OR abstract:("post discharge" OR post-discharge OR postdischarge)) AND (title:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2) OR abstract:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 0, SR = 1

9. (title:(survivor* OR survived) OR abstract:(survivor* OR survived)) AND (title:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2) OR abstract:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 2, SR = 21

10. (title:(ongoing OR lasting OR prolonged OR fluctuat* OR residual* OR continu* OR linger*) OR abstract:(ongoing OR lasting OR prolonged OR fluctuat* OR residual* OR continu* OR linger*)) AND (title:(symptom* OR effect* OR complication* OR sequela* OR syndrome OR illness* OR disorder* OR dysfunction* OR impair* OR impact* OR consequence* OR manifest*) OR abstract:(symptom* OR effect* OR complication* OR sequela* OR syndrome OR illness* OR disorder* OR dysfunction* OR impair* OR impact* OR consequence* OR manifest*)) AND (title:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2) OR abstract:(covid OR covid-19 OR covid19 OR coronavirus OR "SARS CoV 2" OR SARS-CoV-2 OR SARSCoV2 OR "SARS CoV2" OR SARS-CoV2 OR "SARSCoV 2" OR SARSCoV-2))
Limits = added to database from 06/01/2025 onwards, broad synthesis = 9, SR = 103

PROSPERO search strategy
https://www.crd.york.ac.uk/prospero/
Searched on 9th April, 2025
Records identified: 151

#1	long COVID OR post COVID OR PASC	1236
#2	COVID-19-related or COVID-related	739
#3	coronavirus OR SARS-CoV-2 OR SARS-CoV2 OR SARSCoV2 OR SARSCoV-2 OR 2019-nCoV	8723
#4	Persist* OR long term OR prolonged OR lingering OR dysfunction OR recover* OR survivor* OR long haul* OR post discharge OR postdischarge OR sequela* OR chronic OR post acute	111536
#5	#3 and #4	3051
#6	1 or #2 or #5	4134
	Limit to Clinical and 6th January to 7th April	151

Appendix 3: Summary of reports and updates

Table 4: Summary of reviews (November 2021 to January 2025)

Report date	**Apr 2025**	**Jan 2025**	**Oct 2024**	**July 2024**	**Apr 2024**	**Jan 2024**	**Oct 2023**	**July 2023**	**Apr 2023**	**Jan 2023**	**Oct 2022**	**July 2022**	**Apr 2022**	**Nov 2021**
Period searched **Main focus by review type**	Jan to Apr '25	Oct '24 to Jan '25	Jul to Oct '24	Apr to Jul '24	Jan to Apr '24	Oct '23 to Jan '24	Jul to Oct '23	Apr to Jul '23	Jan to Apr '23	Oct '22 to Jan '23	Jul to Oct '22	Apr to Jul '22	Nov '21 to Apr '22	Up to Nov '21
Published reviews	**49**	**33**	**38**	**33**	**36**	**42**	**46**	**31**	**37**	**50**	**29**	**28**	**54**	**51**
Treatment[1]	12	12	11	13	5	7	11	5	5	5	5	3	11	3
Treatment[1] and prevention		1		1			1	1	2		2			
Treatment[1] and pathobiology[4]	1						1							
Treatment,[1] prevention and prevalence[2]							1							
Prevention	1	1	1	2	1	3			1	2	1			1
Prevalence[2]	15	10	14	7	21	18	20	16	21	31	19	22	38	47
Prevalence[2] and treatment[1]	1			2	1	2		1						
Prevalence[2] and pathobiology[4]	2	1						1	1					
Prevalence,[2] treatment[1] and economics							1							
Prevalence,[2] treatment,[1] and pathobiology[4]	1				1									
Risk factors[3]	11	3	8	4	5	9	1	6	3	8		3		
Risk factors[3] and treatment[1]		2		1		1				1	1			
Risk factors[3] and prevention										1				
Pathobiology[4]	1	2	3	3	2	2	6	1	3	2				
Risk factors[3] and pathobiology[4]	1						2						5	
Health and social or economics							1				1			
Experiences[5]		1												
Public, patient involvement							1							
Diagnosis or monitoring tools	3		1											
Treatment,[1] prevention, prevalence,[2] pathobiology[4] and diagnosis									1					

Completed not published	**3**	**2**			**1**	**1**	**3**	**1**	**5**		**2**		**5**	**9**
Treatment[1]	1				1			1	2				1	1
Prevalence[2]	1					1	2		3		2		4	7
Risk factors[3]	1	1					1							
Pathobiology[4]		1												
Experiences[5]														1
Ongoing reviews (protocols)	**48**	**28**	**35**	**43**	**62**	**41**	**41**	**52**	**68**	**56**	**63**	**59**	**73**	**77**
Treatment[1]	12	5	10	11	20	13	8	26	27	33	24	12	17	15
Treatment[1] and prevention	1						1		1		4			
Prevention	1	1		4	3	2	2	2		1		2	4	
Prevalence[2]	17	10	13	16	24	14	22	12	18	13	30	31	47	59
Prevalence[2] and treatment[1]		1		1		3		1		1				
Prevalence[2] and pathobiology[4]	1						1							
Prevalence[2] and prevention		1												
Risk factors[3]	7	2	6	6	8	7	6	6	13	4		10		
Risk factors[3] and treatment[1]						1								
Risk factors[3] and prevention					2					1				
Pathobiology[4]	7	4	5	1	4	1		3	4	3		3		
Pathobiology[4] and treatment[1]	1			1										
Risk factors[3] and pathobiology[4]								1			4		5	
Diagnosis or monitoring tools		1	1						3					
Health and social or economics	1	1			1		1	1	1		1	1		3
Experiences[5]		2		3					1					

1. Treatment = treatment or rehabilitation. 2. Prevalence = prevalence of symptoms or effects. 3. Risk factors = risk factors with or without prevalence of symptoms or effects. 4. Pathobiology = pathobiology or mechanisms. 5. Experiences = experiences with or without prevalence of symptoms or effects.

NB: Caution is required in drawing direct comparisons across time. Records for the October 2022 and subsequent updates were identified using a more comprehensive search strategy and a different combination of databases, compared with the April and July 2022 reports. Pre-prints and early online versions of reviews were also included in the April and July 2022 reports. The November report searched the COVID-19 living map, as the main source, and covered a longer period than other reports. Four reviews in the July 2022 report were included as preprints in the April 2022 report. One review in the April 2022 report was in the November 2021 report, along with all five completed but not published protocols.

The London-York Policy Research Programme Evidence Review Facility puts the evidence into development and implementation of health policy through:

- **Undertaking policy-relevant systematic reviews of health and social care research**
- **Developing capacity for undertaking and using reviews**
- **Producing new and improved methods for undertaking reviews**
- **Promoting global awareness and use of systematic reviews in decision-making**

The Review Facility is a collaboration between the following centres:
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The views expressed in this work are those of the authors and do not necessarily reflect the views of the collaborating centres or the funder. All errors and omissions remain those of the authors.

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