Latent viral infections as neglected risk factors for long COVID

Authors' reply

We appreciate the perspective offered by Amir Abdoli and colleagues regarding the potential role of latent viral infections, such as Epstein-Barr virus and herpes simplex virus, in dysregulating the immune system and hence influencing the development of long COVID. Although our systematic review[1] primarily focused on the burden, epidemiological correlates, and systemic or sociocultural determinants of reporting long COVID in Africa, we acknowledge the importance of these insights as they contribute to broadening our understanding of the subject.

The pathophysiological mechanisms behind long COVID are still not well understood. To our knowledge, no study in Africa has assessed the potential of latent infections, other than HIV and tuberculosis, as risk factors for long COVID.

HIV and tuberculosis have been shown to adversely affect the immune response to SARS-CoV-2 and are recognised as risk factors for severe acute COVID-19,[2,3] and severe acute COVID-19 is itself a risk factor for long COVID. Surprisingly, the studies that examined this question in our systematic review did not show an association between HIV or tuberculosis and the risk of developing long COVID.[4,5] However, this evidence should not be considered conclusive, given the scarce data available.

We agree with Abdoli and colleagues that screening for latent infections should be considered. Such screening programmes should ideally be embedded in research projects and designed with careful consideration of local resources and the prevalence of the latent infection in the region, and should include a comprehensive intervention plan encompassing prevention and follow-up care for those who test positive.

Research exploring the role of latent infections in long COVID is especially pertinent in the African context, given the high burden of infectious diseases in the region. The field of COVID-19 research is evolving rapidly, with new evidence emerging continually. This ever-changing landscape underscores the importance of regular evidence synthesis and primary research from diverse settings and populations to ensure equitable access to optimal care.

We declare no competing interests.

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