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depression should have been handled as either major contributing factors or covariates with confounding effects.

Finally, aside from the depression and anxiety symptoms, other notable and common mental health problems in COVID-19 survivors such as post-traumatic stress disorder symptoms and stigma^{5,6} were not examined. Such problems could lead to a host of negative health outcomes, including depression and anxiety in the survivors of serious infectious diseases.^{7,8}

We declare no competing interests. Y-JZ and WB contributed equally.

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The conditions that linger after recovery from COVID-19 are commonly referred to as the long-term effects of COVID-19 (long COVID). The risk for sequelae varies according to the severity of the initial acute SARS-CoV-2 infection.¹

We note that the proportion of patients admitted to intensive care units included in Lixue Huang and colleagues' analysis of 1-year outcomes in hospital survivors with COVID-19 was small (4%) and might not realistically capture the repercussions of long COVID. Furthermore, patients with comorbid activity-limiting health conditions or disabilities, a patient demographic previously shown to have an increased prevalence of long COVID by the UK Office for National Statistics, were excluded.³

Anxiety or depression were observed infrequently in patients at both 6 months (23%) and 12 months (26%). Self-reported symptoms of depression might be misleading and overestimate the actual prevalence. This overestimation might explain why only one patient with COVID-19 reported participation in a psychological intervention programme.² In the future, the investigators might consider using questionnaires specific to depression and anxiety to avoid this issue.

Cytokines are closely associated with the progression and severity of chronic fatigue syndrome.⁴ Given the high rate of fatigue and weakness and the availability of data on cytokines, are the investigators able to compare the difference in the number of survivors between patients with fatigue or muscle weakness and those without fatigue or muscle weakness?

Lastly, reinfection with SARS-CoV-2 variants have been confirmed with genetic evidence.⁵ It is unclear whether patients with long COVID also have an increased susceptibility to reinfection because of the poor durability of their antibody response. Despite the success of COVID-19 vaccines, their effectiveness in preventing long COVID has yet to be elucidated.

SJT reports a grant from the Canadian Institutes of Health Research. All other authors declare no competing interests.

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Authors' reply

Yan-Jie Zhao and colleagues and Chengliang Yang and colleagues all recommend specific questionnaires to evaluate depression and anxiety symptoms in hospital survivors with COVID-19 1 year after onset.¹ We agree that the professional questionnaires could provide the actual prevalence of psychiatric symptoms. However, these questionnaires are somewhat complex and time-consuming. It is challenging to integrate all these assessments into our follow-up study.¹ The EuroQol five-dimension five-level (EQ-5D-5L) questionnaire is commonly used to assess the quality of life from five domains in clinical studies. The EQ-5D-5L questionnaire used in our research is from the Chinese version of the EQ-5D user guide.² Zhao and colleagues point out that the EQ-5D-5L