



Brenda Sabaine Rodrigues

Professor Flora Cornish

June 16th, 2025

The Invisible Crisis: Long Covid and Related Conditions in Brazil

*In April 2025, Brenda Sabaine, a PhD student in the Department of Methodology, Professor Flora Cornish, and their colleagues co-authored an article in Global Public Health, titled '**The erasure of infection-associated chronic conditions: Critical interpretive synthesis of literature on healthcare for Long COVID and related conditions in Brazil**'. They share with us their concerns that long Covid, and the wider category of infection-associated chronic conditions, suffer significant neglect in global health systems.*

Introduction

The global pandemic of SARS-CoV-2 has left in its wake another global pandemic: the infection-associated chronic condition, long Covid.

Readers are probably familiar with long Covid through media coverage, but fewer may realise that other acute infections have “long” forms, or that myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) can develop following initial recovery from a range of different infections. Long Covid offers a window into understanding this much broader phenomenon.

Long Covid is a multisystemic chronic illness with symptoms that persist beyond 12 weeks after COVID-19 infection, **affecting approximately 10-20% of those infected with SARS-CoV-2**. With **Brazil reporting 37.7 million COVID-19 cases by early 2025**, conservative estimates suggest at least 3.7 million Brazilians have experienced the chronic condition.

Long Covid is not the only long form or sequelae of an acute disease. ‘Infection Associated Chronic Conditions’ (IACC) is a descriptive umbrella term used to describe a cluster of chronic conditions triggered by infections such as chikungunya, zika, dengue and Epstein-Barr virus, all of them endemic illnesses in Brazil. Besides significant commonality in their sequelae, they also can trigger ME/CFS.

We initially set out to review literature relevant to healthcare for long Covid in Brazil. However, we found only 5 articles addressing dimensions beyond the biomedical and epidemiological and so expanded our scope to include other IACC (with the assumption that healthcare professionals draw on their repertoire for treating other IACC to inform their care for long Covid patients). Through a critical interpretive synthesis of available literature, we uncovered a troubling pattern: despite their significant burden, long Covid and related conditions remain largely invisible within Brazilian healthcare knowledge, practices, and systems.

The Process of Erasure

The erasure of long Covid in Brazil unfolds through interconnected mechanisms. We found significant gaps in professional knowledge about the condition and other IACC. In one [survey](#), 61% of Brazilian long Covid patients reported negative interactions with healthcare providers, including dismissal of their symptoms. Many described being told their symptoms were “just anxiety” – a familiar pattern of healthcare professionals psychologising symptoms that lack clear explanations or established treatments.

This lack of knowledge intersects with broader systemic pressures. Brazil’s Universal Healthcare System (SUS) operates under severe financial constraints. Healthcare providers struggling to meet acute care demands have little capacity to develop expertise in complex chronic conditions like long Covid. The result is a vicious cycle: without recognition as a significant condition requiring evidence-based care, long Covid remains invisible in healthcare planning and resource allocation.

These clinical and systemic failures amplify existing inequalities. The burden of chronic illness in Brazil disproportionately affects socioeconomically vulnerable populations, such as Black, Indigenous and *Pardo* people. These populations face significant barriers to healthcare access and have limited decision-making power to influence healthcare priorities.

Potential Paths Forward in Brazil

Brazil’s healthcare landscape also offers reasons for optimism. The country’s extensive network of community-based support systems and strong tradition of social participation in health provide potentially productive channels for innovation. Brazil’s considerable health research infrastructure could develop the surveillance systems and care protocols that long Covid demands. Moreover, historical precedent offers encouragement: [Brazil’s globally recognised response to HIV/AIDS](#) demonstrated how political will, social mobilisation, and commitment to affordable treatment can transform a health crisis. Just as the HIV/AIDS epidemic triggered a global transformation in how we understand structural determinants of health, long Covid presents an opportunity to catalyse a similar paradigm shift, reshaping how healthcare systems worldwide approach IACC and their disproportionate impact on marginalised populations.

Global Health Equity Implications

The pattern of erasure extends beyond Brazil. Globally, long forms of other infections like chikungunya, zika, or dengue do not even have International Classification of Diseases codes, contributing to their worldwide invisibilisation.

Global inequity in health systems research and healthcare practice development has massive implications for long Covid patients, with specialist expertise in particularly short supply, and with the condition concentrated in urban areas in low and middle-income countries (LMICs).

Creating mechanisms for South-South and South-North knowledge exchange among policymakers, health professionals, and patient groups is of immediate importance. Most advancements in long Covid care models have been produced in the Global North and may not be transferable to LMICs, necessitating the development of context-specific measures.

Moving Forward

Addressing the erasure of long Covid and related conditions requires concerted action at multiple levels—from building clinical knowledge and guidelines to engaging patient voices in healthcare planning and delivery.

The erasure of long Covid and IACC is deeply frustrating, but there is genuine reason to remain hopeful. In recent years, the condition has gained significant recognition throughout the Global North through patient organising and advocacy, opening doors for other previously overlooked infection-triggered conditions. This recognition has been built on foundations laid by ME/CFS communities, drawing on both patient experiences and existing research in the field. The attention to long Covid may begin to transform conversations about chronic illness more broadly, as researchers connect dots between various post-infection syndromes, generating broader awareness and understanding of IACC across multiple contexts and disciplines.

Featured image sourced from [Pexels](#).

About the author

Brenda Sabaine Rodrigues

Brenda Sabaine Rodrigues is a Social Research Methods PhD candidate in the Department of Methodology at LSE. She is a social psychologist focusing on qualitative methods, with previous professional experience in Brazilian public healthcare services.

Flora Cornish is Professor in Research Methodology in the Department of Methodology at the LSE. She is a community psychologist using qualitative and participatory methods to support local responses to public health crises.

Posted In: COVID 19



© LSE 2025