(English version)

Question for written answer E-002992/26
to the Commission
Moritz Körner (Renew)
(15 July 2026)

Subject: Impact of COVID-19

COVID-19 not only causes acute illness, but has also triggered a growing wave of chronic diseases, which continue to affect millions of people and are the source of mounting socioeconomic costs. Alongside long COVID or post-COVID syndrome, ME/CFS (Myalgic Encephalomyelitis/Chronic Fatigue Syndrome) has also long been thought to cause considerable societal costs.

Can the Commission indicate the number of people living with ME/CFS or long COVID and the cost of those diseases in the EU?

Submitted: 15.7.2026

Answer given by Mr Várhelyi on behalf of the European Commission
(24 September 2026)

Myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) is a serious chronic and complex multi-system disease characterised by symptoms such as post-exertional malaise, fatigue, cognitive impairment and pain. Diagnosis is based on international consensus criteria, and no curative treatment is available ([1]).

A recent 2025 scoping review on burden of disease in ME/CFS continues to highlight the uncertainty related to the number of affected people, giving a European prevalence range of 0.1-2.2% ([2]).

Recent estimates indicate that long COVID affected around 5% of the Organisation for Economic Cooperation and Development (OECD) population on average in 2021, corresponding to around 75 million people, with direct healthcare costs estimated at USD 53 billion.

While prevalence has since declined, long COVID is projected to affect 0.6-1.0% of the OECD population between 2025 and 2035, with direct healthcare costs estimated at around USD 11 billion annually. Indirect economic costs related to reduced workforce participation and productivity are expected to be higher, with projected losses of 0.1-0.2% of gross domestic product ([3]).

The Network of Expertise on long COVID ([4]), supported under the EU4Health programme ([5]) brings together national centres of expertise on long COVID to exchange experiences on diagnosis, treatment, and management.

([1]) https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2796.2011.02428.x; https://link.springer.com/article/10.1007/s40258-025-01006-2?utm_source=chatgpt.com.
A recent OECD report estimates for the prevalence of long COVID to remain below 1% from 2025 to 2035 (affecting 0.6-1.0% of the OECD and EU population).
([2]) https://www.oecd.org/content/dam/oecd/en/publications/reports/2026/03/addressing-the-costs-and-care-for-long-covid_e203e3d0/87a0c171-en.pdf.
([3]) See footnote 2.
([4]) https://health.ec.europa.eu/non-communicable-diseases/expert-group-public-health/network-expertise-long-covid_en.
([5]) https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en.