What's next after COVID-19 recovery?

It is my great interest to introduce the special series entitled "*Clinical and Non-clinical Consequences After COVID-19 Recovery*" in the *Journal of Public Health and Emergency*. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic rapidly became a difficult health challenge worldwide from different points of views. The first intervention concerns the preventive approach with the extensive vaccination; the second is the early cure of patients with infection and major risk of progression but without evidence of respiratory involvement using neutralizing monoclonal antibody or novel direct antivirals; the third is the treatment of hospitalized patients with moderate or severe disease that required both antiviral and supportive therapies; finally, the follow-up of discharged or healed patients seems to be relevant for the clinical and non-clinical consequences after acute COVID-19 recovery. The "long COVID" or "post-COVID" syndrome includes a large number with different characteristics of sign and symptoms unresolved after viral clearance and persistent after 12 or more weeks. Clinical consequences are widely described and involve multiple aspects: metabolic, physical, neurological, psychiatric, respiratory, cardiovascular and others. However, a direct effect of the SARS-CoV-2 infection is still debated, and in most cases, we should distinguish between direct viral action and consequences of hospitalization with major emphasis on the mechanical ventilation, need of intensive-care-unit support, prolonged use of corticosteroids.

Among non-clinical consequences of COVID-19 we include all socio-economic and working aspects related to the persistence of symptoms with some limitations in everyday life and employment. These aspects should be better deepened and described with the purpose of novel perspectives of investigation.

We aim to encourage all Authors to contribute to this special series in reason of a greater interest about these topics thanking them for their contribution.

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