The number of patients with acute covid-19 is falling, says the weekly survey from the Office for National Statistics (ONS), although cases in England are still 20 times higher than this time last year.1 A few months ago I was receiving a dozen notifications of new infections each day; this has now slowed to a trickle, although some of this is attributable to the lack of a mechanism for patients to report the results of self-bought tests. This restriction gives the impression that the UK Health Security Agency doesn’t actually want information about infections, which seems at odds with its remit to protect public health.

While we cross our fingers and hope that the next wave isn’t already on its way (and with decreased surveillance, we may not get much warning), “long covid” consultations have overtaken acute ones. I don’t know how many patients on my list have prolonged symptoms after covid infection: I speak to some regularly and have referred them to the local long covid clinic, but there will be more I don’t know about, who have simply reduced their activity and are battling on, assuming that nothing much can be done. I’m also seeing patients with non-specific symptoms such as fatigue, headache, and “brain fog” who ask me, “Is this because I had covid?” The only honest answer is that I don’t know, but there seems to be a lot of it about.

The Bank of England has highlighted a large rise in people leaving the UK workforce, and a member of its monetary committee has attributed this to long covid.2 This isn’t surprising, as the ONS figures tell us that this condition now affects 1.8 million people in the UK, or one in 36.1 The economic impact, for individuals and families but also for the country as a whole, should not be underestimated. Around the world, research groups are looking at the pathology of long covid and possible treatments, as well as the effects on people’s lives. My Twitter feed is dominated by a mix of personal accounts, about lives limited by this illness, and alarming scientific articles about its long term effects on the lungs, cardiovascular system, and brain.

If we know or suspect that an illness can cause serious long term health problems, we should act to prevent it. This is a large part of what I’ve always done as a GP, from organising immunisations to helping people control their blood pressure or diabetes. Fewer than 1% of children infected with polio go on to suffer paralysis, but we rightly take prevention by immunisation very seriously. In contrast, although nearly 800 000 people in the UK have had long covid for over a year and 346 000 have symptoms that severely limit their daily activities, we seem to have decided as a country to give up on trying to prevent covid infections.3 I understand that people don’t like wearing masks, but they’re still needed in crowded indoor places. We need to keep going with vaccinations, which have almost ground to a halt, and use this summer to make our schools and workplaces safe from airborne infections. We have the technology; where is the will?