

SUPPLEMENTARY MATERIAL

Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022

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SUPPLEMENTARY METHODS

National Health and Nutrition Survey

The Mexican National Health and Nutrition Survey (ENSANUT) comprises a series of population-based surveys that provide precise information on the health and nutritional status of Mexican population, as well as on the performance of our health care system. ENSANUT uses a two-stage probabilistic cluster stratified sampling based on households and individuals from each group of interest (adults [≥20 years], adolescents [10-19 years], school age [5-9 years], and preschool age [0-4 years]), and it is representative at a regional (North, Center, Mexico City, and South), and national level for rural and urban areas. ENSANUT has been conducted in 2006, 2012, 2016, 2018, 2020, 2021, and 2022. Sociodemographic and dwelling data is obtained from each household, and individual participants undergo a standardized health questionnaire that is applied in face-to-face interviews, followed by a physical exam including measurement of blood pressure and anthropometry (height in centimeters, weight in kilograms, and waist circumference in centimeters [not available for 2020]) by trained personnel. The physical exam was performed only in a subset of participants for the 2018 (40%) and 2021 (80 %) surveys. Additionally, a random subset of each cycle was selected for venous blood collection for biochemical evaluation of the following serum laboratory parameters: albumin, creatinine, uric acid, triglycerides, total cholesterol, LDL-cholesterol, HDL-cholesterol, glucose, insulin, glycated hemoglobin, and from 2020 onwards SARS-CoV-2 serology. All questionnaires and procedures were reviewed and approved by the Ethics, Investigation and Biosecurity Committee from the National Institute of Public Health for each year of survey (1–4).

REFERENCES

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2. Vista de Encuesta Nacional de Salud y Nutrición 2018-19: metodología y perspectivas [Internet]. [cited 2023 Apr 20]. Available from: <https://www.saludpublica.mx/index.php/spm/article/view/11095/11824>
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SUPPLEMENTARY TABLES

SUPPLEMENTARY TABLE 1. Sociodemographic and clinical characteristics of individuals with post-acute sequelae of SARS-CoV-2 symptoms (PASC) as identified by a PASC score ≥ 12 compared with PASC indeterminate individuals in ENSANUT 2022.

SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022

Overall Sample				
Characteristic	Overall, N = 5,211 ¹	Without PASC-CDC, N = 2,372	With PASC-CDC, N = 2,893 ¹	p-value ²
Male sex (%)	2,322 (45%)	1,148 (48%)	1,174 (41%)	<0.001
Age (years)	43 (31, 55)	41 (30, 54)	45 (32, 56)	<0.001
Reinfection (%)	638 (12%)	258 (11%)	380 (13%)	0.006
Omicron variant (%)	2,087 (40%)	1,033 (44%)	1,054 (37%)	<0.001
COVID-19 vaccine (%)	4,830 (93%)	2,219 (94%)	2,611 (92%)	0.029
Symptom duration				<0.001
No persistent symptoms	2,320 (45%)	2,320 (98%)	0 (0%)	
<1 month	1,363 (26%)	45 (1.9%)	1,318 (46%)	
1-3 months	478 (9.2%)	3 (0.1%)	475 (17%)	
3-6 months	124 (2.4%)	0 (0%)	124 (4.4%)	
>6 months	126 (2.4%)	0 (0%)	126 (4.4%)	
Still persistent	800 (28%)	4 (0.2%)	796 (28%)	
Any symptom (%)	2,839 (54%)	2,394 (50%)	445 (100%)	<0.001
Loss of smell/taste (%)	692 (13%)	0 (0%)	692 (24%)	<0.001
Brain fog (%)	166 (3.2%)	0 (0%)	166 (5.8%)	<0.001
Gastrointestinal symptoms (%)	160 (3.1%)	0 (0%)	160 (5.6%)	<0.001
Chest pain (%)	285 (5.5%)	0 (0%)	285 (10%)	<0.001
Breathlessness (%)	358 (6.9%)	0 (0%)	358 (13%)	<0.001
Dyspnea (%)	513 (9.8%)	0 (0%)	513 (18%)	<0.001
Musculoskeletal pain (%)	913 (18%)	0 (0%)	913 (32%)	<0.001

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Overall Sample				
Characteristic	Overall, N = 5,211 ¹	Without PASC-CDC, N = 2,372	With PASC-CDC, N = 2,893 ¹	p-value ²
Dizziness (%)	213 (4.1%)	0 (0%)	213 (7.5%)	<0.001
Headache (%)	817 (16%)	0 (0%)	817 (29%)	<0.001
Weight loss (%)	203 (3.9%)	0 (0%)	203 (7.2%)	<0.001
Loss of appetite (%)	210 (4.0%)	0 (0%)	210 (7.4%)	<0.001
Kidney problems (%)	55 (1.1%)	0 (0%)	55 (1.9%)	<0.001
Sleep disturbances (%)	288 (5.5%)	0 (0%)	288 (10%)	<0.001
Fever (%)	670 (13%)	0 (0%)	670 (24%)	<0.001
Depression (%)	187 (3.6%)	0 (0%)	187 (6.6%)	<0.001
Anxiety (%)	256 (4.9%)	0 (0%)	256 (9.0%)	<0.001
Fatigue (%)	1,250 (24%)	0 (0%)	1,250 (44%)	<0.001
Chronic cough (%)	978 (19%)	0 (0%)	978 (34%)	<0.001
Post-exertional malaise (%)	541 (10%)	5 (0.2%)	536 (19%)	<0.001
PASC score	0.0 (0.0, 5.0)	0.0 (0.0, 0.0)	4.0 (1.0, 8.0)	<0.001
DISLI quartile				<0.001
Q1	1,707 (33%)	840 (35%)	867 (31%)	
Q2	1,630 (31%)	751 (32%)	879 (31%)	
Q3	965 (19%)	406 (17%)	559 (20%)	
Q4	909 (17%)	375 (16%)	534 (19%)	
CES-D score	5.0 (3.0, 8.0)	5.0 (3.0, 7.0)	6.0 (3.0, 8.0)	<0.001
Diabetes (%)	358 (14%)	128 (12%)	230 (16%)	0.004

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Overall Sample				
Characteristic	Overall, N = 5,211 ¹	Without PASC-CDC, N = 2,372	With PASC-CDC, N = 2,893 ¹	p-value ²
Hypertension (%)	505 (20%)	178 (17%)	327 (23%)	<0.001
Daily smoking (%)	178 (7.1%)	88 (8.2%)	90 (6.3%)	0.061
Vaccine type				0.049
Unvaccinated	381 (7.3%)	153 (6.5%)	228 (8.0%)	
mRNA	1,607 (31%)	749 (32%)	858 (30%)	
Adenovirus vector	2,629 (50%)	1,200 (51%)	1,429 (50%)	
Inactivated virus	438 (8.4%)	188 (7.9%)	250 (8.8%)	
Other	156 (3.0%)	82 (3.5%)	74 (2.6%)	
Incapacitating symptoms	457 (8.8%)	5 (0.2%)	452 (16%)	<0.001

¹n (%); Median (IQR)

²Pearson's Chi-squared test; Wilcoxon rank sum test; Fisher's exact test

SUPPLEMENTARY TABLE 2. Sociodemographic and clinical characteristics of individuals with post-acute sequelae of SARS-CoV-2 symptoms (PASC) with the CDC definition compared with individual with prior diagnosis of COVID-19 who did not report persistent symptoms in ENSANUT 2022.

SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022

Overall Sample				
Characteristic	Overall, N = 5,211 ¹	PACS indeterminate, N = 4,766 ¹	PACS positive, N = 445 ¹	p-value ²
Male sex (%)	2,322 (45%)	2,124 (45%)	198 (44%)	>0.9
Age (years)	43 (31, 55)	43 (31, 55)	47 (34, 56)	0.007
Reinfection (%)	638 (12%)	584 (12%)	54 (12%)	>0.9
Omicron variant (%)	2,087 (40%)	1,954 (41%)	133 (30%)	<0.001
COVID-19 vaccine (%)	4,830 (93%)	4,442 (93%)	388 (87%)	<0.001
Symptom duration				<0.001
No persistent symptoms	2,320 (45%)	2,320 (49%)	0 (0%)	
<1 month	1,363 (26%)	1,113 (23%)	250 (56%)	
1-3 months	478 (9.2%)	382 (8.0%)	96 (22%)	
3-6 months	124 (2.4%)	107 (2.2%)	17 (3.8%)	
>6 months	126 (2.4%)	109 (2.3%)	17 (3.8%)	
Still persistent	800 (28%)	735 (30%)	65 (15%)	
Any symptom (%)	2,839 (54%)	2,394 (50%)	445 (100%)	<0.001
Loss of smell/taste (%)	692 (13%)	336 (7.0%)	356 (80%)	<0.001
Brain fog (%)	166 (3.2%)	68 (1.4%)	98 (22%)	<0.001
Gastrointestinal symptoms (%)	160 (3.1%)	77 (1.6%)	83 (19%)	<0.001
Chest pain (%)	285 (5.5%)	146 (3.1%)	139 (31%)	<0.001
Breathlessness (%)	358 (6.9%)	221 (4.6%)	137 (31%)	<0.001
Dyspnea (%)	513 (9.8%)	349 (7.3%)	164 (37%)	<0.001
Musculoskeletal pain (%)	913 (18%)	645 (14%)	268 (60%)	<0.001

SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022

Overall Sample				
Characteristic	Overall, N = 5,211 ¹	PACS indeterminate, N = 4,766 ¹	PACS positive, N = 445 ¹	p-value ²
Dizziness (%)	213 (4.1%)	108 (2.3%)	105 (24%)	<0.001
Headache (%)	817 (16%)	586 (12%)	231 (52%)	<0.001
Weight loss (%)	203 (3.9%)	104 (2.2%)	99 (22%)	<0.001
Loss of appetite (%)	210 (4.0%)	106 (2.2%)	104 (23%)	<0.001
Kidney problems (%)	55 (1.1%)	22 (0.5%)	33 (7.4%)	<0.001
Sleep disturbances (%)	288 (5.5%)	166 (3.5%)	122 (27%)	<0.001
Fever (%)	670 (13%)	446 (9.4%)	224 (50%)	<0.001
Depression (%)	187 (3.6%)	107 (2.2%)	80 (18%)	<0.001
Anxiety (%)	256 (4.9%)	153 (3.2%)	103 (23%)	<0.001
Fatigue (%)	1,250 (24%)	952 (20%)	298 (67%)	<0.001
Chronic cough (%)	978 (19%)	645 (14%)	333 (75%)	<0.001
Post-exertional malaise (%)	541 (10%)	268 (5.6%)	273 (61%)	<0.001
PASC score	0.0 (0.0, 5.0)	0.0 (0.0, 4.0)	15.0 (13.0, 19.0)	<0.001
DISLI quartile				0.003
Q1	1,707 (33%)	1,594 (33%)	113 (25%)	
Q2	1,630 (31%)	1,465 (31%)	165 (37%)	
Q3	965 (19%)	882 (19%)	83 (19%)	
Q4	909 (17%)	825 (17%)	84 (19%)	
CES-D score	5.0 (3.0, 8.0)	5.0 (3.0, 8.0)	6.0 (3.0, 9.0)	0.075
Diabetes (%)	358 (14%)	311 (14%)	47 (21%)	0.002

Overall Sample				
Characteristic	Overall, N = 5,211 ¹	PACS indeterminate, N = 4,766 ¹	PACS positive, N = 445 ¹	p-value ²
Hypertension (%)	505 (20%)	447 (20%)	58 (26%)	0.018
Daily smoking (%)	178 (7.1%)	164 (7.2%)	14 (6.3%)	0.6
Vaccine type				<0.001
Unvaccinated	381 (7.3%)	324 (6.8%)	57 (13%)	
mRNA	1,607 (31%)	1,476 (31%)	131 (29%)	
Adenovirus vector	2,629 (50%)	2,422 (51%)	207 (47%)	
Inactivated virus	438 (8.4%)	397 (8.3%)	41 (9.2%)	
Other	156 (3.0%)	147 (3.1%)	9 (2.0%)	
Incapacitating symptoms	457 (8.8%)	245 (5.1%)	212 (48%)	<0.001

¹n (%); Median (IQR)

²Pearson's Chi-squared test; Wilcoxon rank sum test; Fisher's exact test

PASC indeterminate: An individual with PASC score <12

SUPPLEMENTARY TABLE 3. Sociodemographic and clinical characteristics of individuals with post-acute sequelae of SARS-CoV-2 symptoms (PASC) according to clustering in four categories using hierarchical agglomerative clustering in ENSANUT 2022.

SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022

Overall Sample						
Characteristic	Overall, N = 1,050 ¹	Cluster 1, N = 286 ¹	Cluster 2, N = 563 ¹	Cluster 3, N = 111 ¹	Cluster 4, N = 90 ¹	p-value ²
Male sex (%)	388 (37%)	120 (42%)	192 (34%)	36 (32%)	40 (44%)	0.042
Age (years)	47 (35, 57)	50 (36, 58)	48 (36, 57)	43 (29, 54)	47 (38, 59)	0.005
Reinfection (%)	173 (16%)	50 (17%)	91 (16%)	11 (9.9%)	21 (23%)	0.078
Omicron variant (%)	371 (35%)	109 (38%)	214 (38%)	15 (14%)	33 (37%)	<0.001
COVID-19 vaccine (%)	987 (94%)	265 (93%)	535 (95%)	106 (95%)	81 (90%)	0.2
Symptom duration						
No persistent symptoms	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
<1 month	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
1-3 months	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
3-6 months	124 (12%)	34 (12%)	60 (11%)	15 (14%)	15 (17%)	
>6 months	126 (12%)	30 (10%)	64 (11%)	17 (15%)	15 (17%)	
Still persistent	800 (76%)	222 (78%)	439 (78%)	79 (71%)	60 (67%)	
Any symptom (%)	1,046 (100%)	286 (100%)	559 (99%)	111 (100%)	90 (100%)	0.6
Loss of smell/taste (%)	191 (18%)	17 (5.9%)	21 (3.7%)	111 (100%)	42 (47%)	<0.001
Brain fog (%)	92 (8.8%)	4 (1.4%)	26 (4.6%)	5 (4.5%)	57 (63%)	<0.001
Gastrointestinal symptoms (%)	41 (3.9%)	5 (1.7%)	12 (2.1%)	1 (0.9%)	23 (26%)	<0.001
Chest pain (%)	115 (11%)	16 (5.6%)	54 (9.6%)	7 (6.3%)	38 (42%)	<0.001
Breathlessness (%)	160 (15%)	16 (5.6%)	85 (15%)	10 (9.0%)	49 (54%)	<0.001
Dyspnea (%)	230 (22%)	20 (7.0%)	143 (25%)	20 (18%)	47 (52%)	<0.001

SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022

Overall Sample						
Characteristic	Overall, N = 1,050 ¹	Cluster 1, N = 286 ¹	Cluster 2, N = 563 ¹	Cluster 3, N = 111 ¹	Cluster 4, N = 90 ¹	p-value ²
Musculoskeletal pain (%)	296 (28%)	181 (63%)	35 (6.2%)	13 (12%)	67 (74%)	<0.001
Dizziness (%)	83 (7.9%)	6 (2.1%)	37 (6.6%)	6 (5.4%)	34 (38%)	<0.001
Headache (%)	242 (23%)	44 (15%)	117 (21%)	14 (13%)	67 (74%)	<0.001
Weight loss (%)	54 (5.1%)	5 (1.7%)	14 (2.5%)	8 (7.2%)	27 (30%)	<0.001
Loss of appetite (%)	41 (3.9%)	7 (2.4%)	16 (2.8%)	4 (3.6%)	14 (16%)	<0.001
Kidney problems (%)	25 (2.4%)	2 (0.7%)	10 (1.8%)	1 (0.9%)	12 (13%)	<0.001
Sleep disturbances (%)	119 (11%)	20 (7.0%)	47 (8.3%)	5 (4.5%)	47 (52%)	<0.001
Fever (%)	62 (5.9%)	19 (6.6%)	17 (3.0%)	3 (2.7%)	23 (26%)	<0.001
Depression (%)	70 (6.7%)	3 (1.0%)	35 (6.2%)	1 (0.9%)	31 (34%)	<0.001
Anxiety (%)	111 (11%)	7 (2.4%)	56 (9.9%)	0 (0%)	48 (53%)	<0.001
Fatigue (%)	467 (44%)	93 (33%)	274 (49%)	21 (19%)	79 (88%)	<0.001
Chronic cough (%)	241 (23%)	139 (49%)	56 (9.9%)	7 (6.3%)	39 (43%)	<0.001
Post-exertional malaise (%)	199 (19%)	39 (14%)	86 (15%)	18 (16%)	56 (62%)	<0.001
PASC score	3.0 (1.0, 8.0)	4.0 (0.0, 5.0)	1.0 (0.0, 5.0)	8.0 (8.0, 10.0)	13.0 (10.0, 19.0)	<0.001
DISLI quartile						0.007
Q1	277 (26%)	64 (22%)	157 (28%)	32 (29%)	24 (27%)	
Q2	326 (31%)	77 (27%)	171 (30%)	48 (43%)	30 (33%)	
Q3	244 (23%)	84 (29%)	120 (21%)	20 (18%)	20 (22%)	
Q4	203 (19%)	61 (21%)	115 (20%)	11 (9.9%)	16 (18%)	

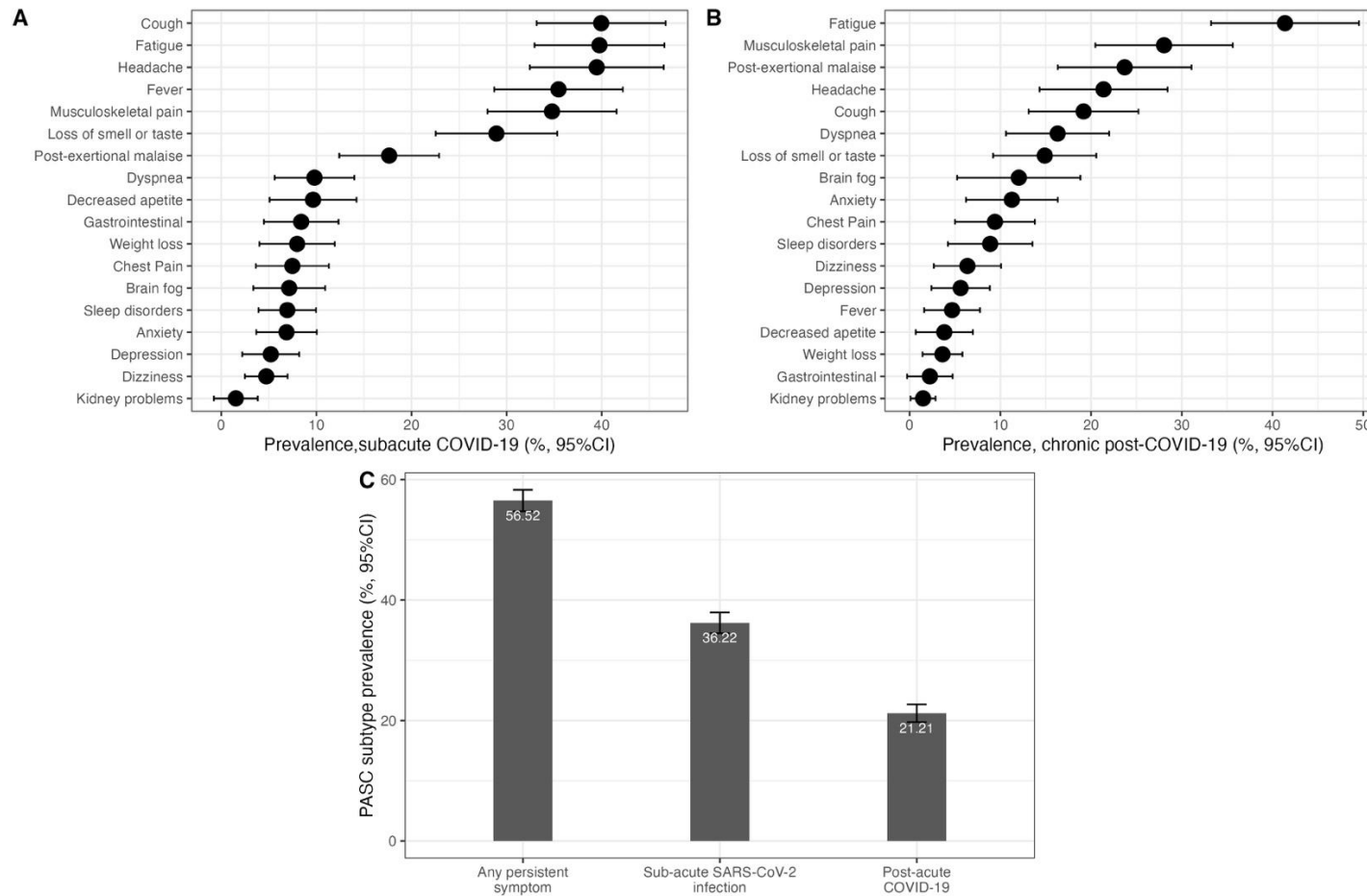
SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022

Overall Sample						
Characteristic	Overall, N = 1,050 ¹	Cluster 1, N = 286 ¹	Cluster 2, N = 563 ¹	Cluster 3, N = 111 ¹	Cluster 4, N = 90 ¹	p-value ²
CES-D score	6.0 (4.0, 9.0)	6.0 (4.0, 9.0)	6.0 (4.0, 9.0)	5.0 (3.0, 9.0)	8.0 (6.0, 10.0)	0.005
Diabetes (%)	100 (17%)	35 (24%)	50 (16%)	8 (14%)	7 (14%)	0.11
Hypertension (%)	148 (26%)	48 (33%)	75 (24%)	12 (20%)	13 (25%)	0.14
Daily smoking (%)	38 (6.6%)	8 (5.5%)	18 (5.7%)	10 (17%)	2 (3.9%)	0.024
Vaccine type						
Unvaccinated	63 (6.0%)	21 (7.3%)	28 (5.0%)	5 (4.5%)	9 (10%)	
mRNA	316 (30%)	81 (28%)	173 (31%)	35 (32%)	27 (30%)	
Adenovirus vector	554 (53%)	151 (53%)	299 (53%)	58 (52%)	46 (51%)	
Inactivated virus	94 (9.0%)	29 (10%)	47 (8.3%)	12 (11%)	6 (6.7%)	
Other	23 (2.2%)	4 (1.4%)	16 (2.8%)	1 (0.9%)	2 (2.2%)	
Incapacitating symptoms	147 (14%)	38 (13%)	78 (14%)	16 (14%)	15 (17%)	0.9

¹n (%); Median (IQR)

²Pearson's Chi-squared test; Wilcoxon rank sum test; Fisher's exact test

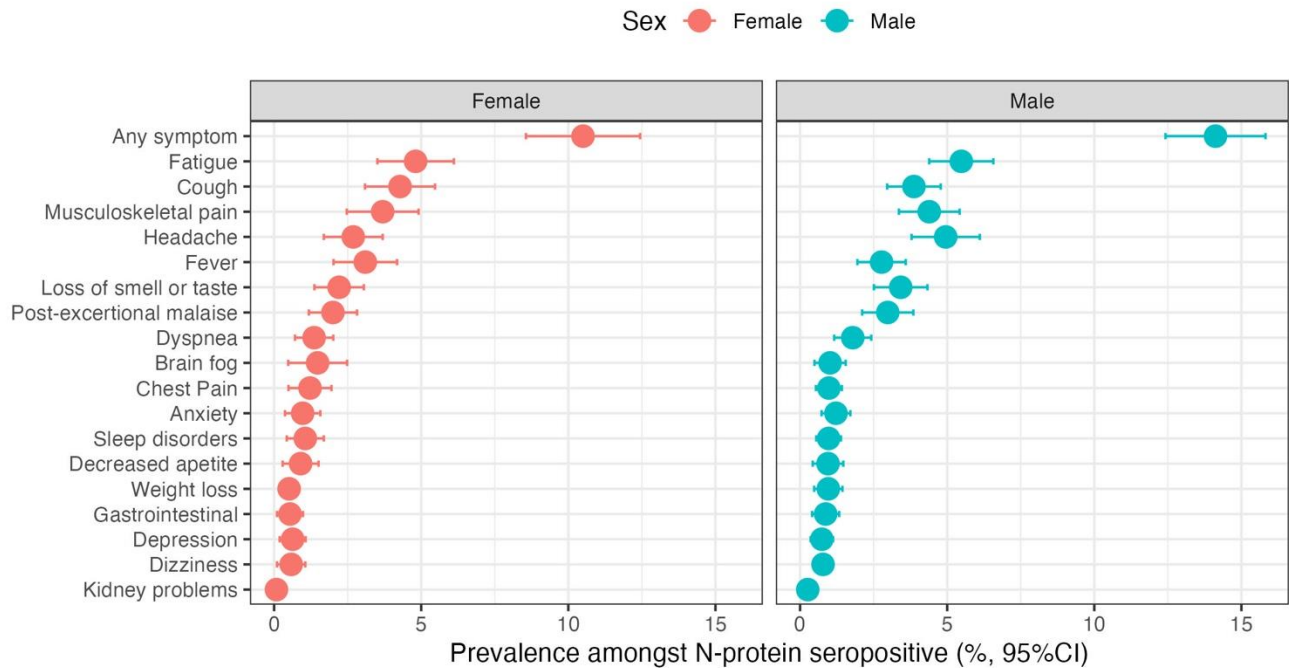
SUPPLEMENTARY FIGURES



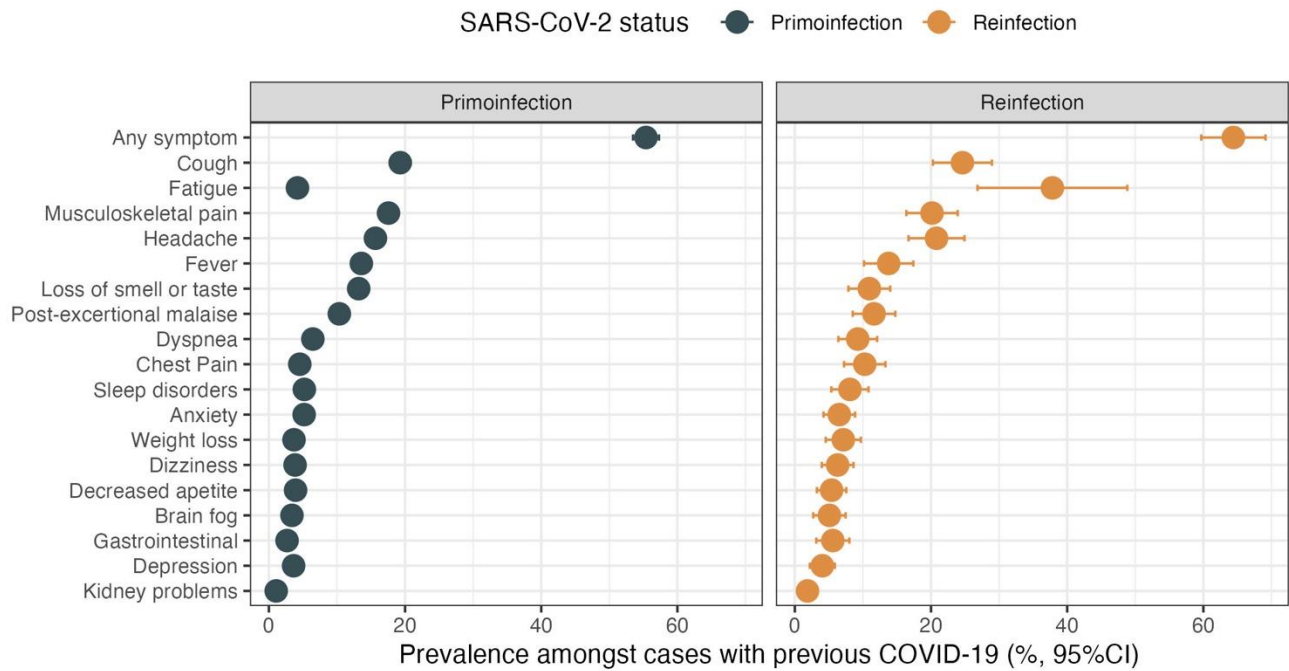
Supplementary Figure 1. Prevalence of persistent COVID-19 symptoms amongst SARS-CoV-2 N-protein seropositive adults ≥20 years in ENSANUT 2022 stratified comparing cases with subacute or ongoing symptomatic COVID-19 (A) and chronic post-COVID-19 syndrome according to the NICE definition (B). The figure also shows the prevalence any persistent COVID-19 symptom, subacute SARS-CoV-2 infection and chronic post-COVID-19 sequelae according to the NICE definition (PASC-NICE, C).

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A

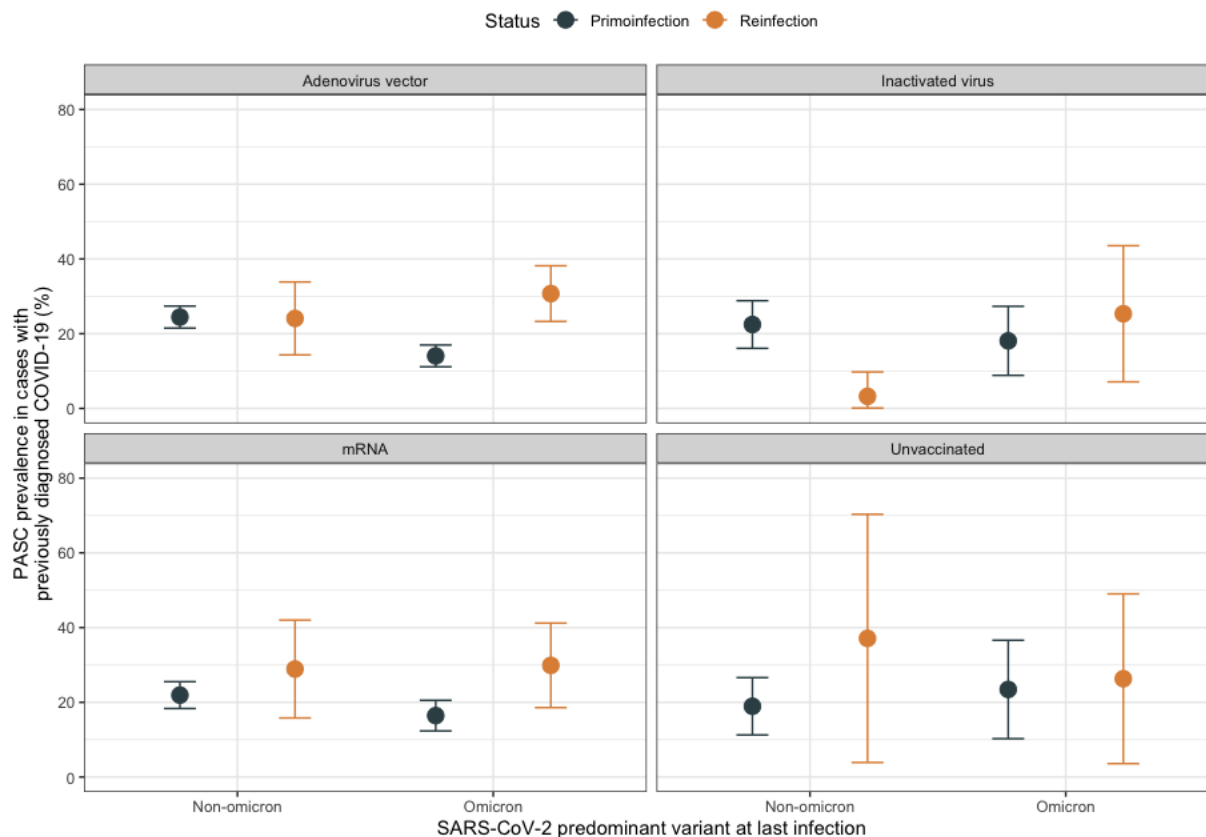


B



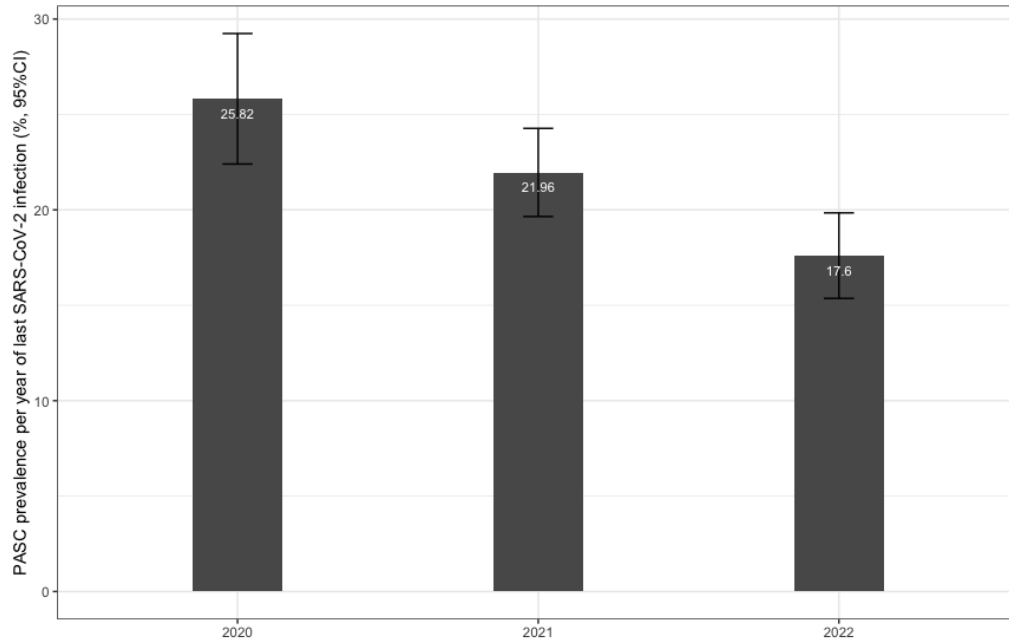
Supplementary Figure 2. Prevalence of persistent COVID-19 symptoms amongst SARS-CoV-2 N-protein seropositive adults ≥ 20 years in ENSANUT 2022 stratified by sex (A) and by SARS-CoV-2 infection status (primoinfection vs. at least one reinfection, B).

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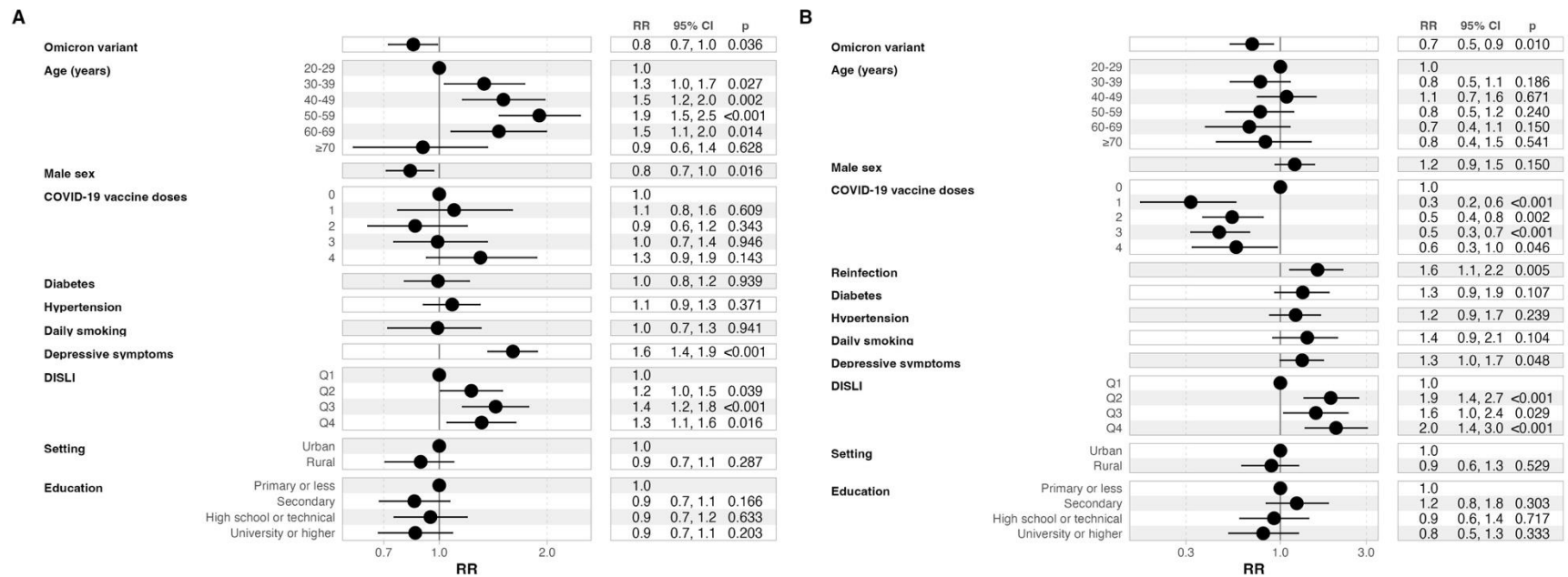
Supplementary Figure 3. Prevalence of post-acute SARS-CoV-2 sequelae using the NICE definition (PASC-NICE) in cases with and without primoinfection comparing periods of Omicron and non-Omicron variant predominance stratified by specific vaccine product.

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Supplementary Figure 4. Comparison of the prevalence of post-acute sequelae after SARS-CoV-2 infection (PASC) for cases with infections detected in 2020, 2021 and 2022.

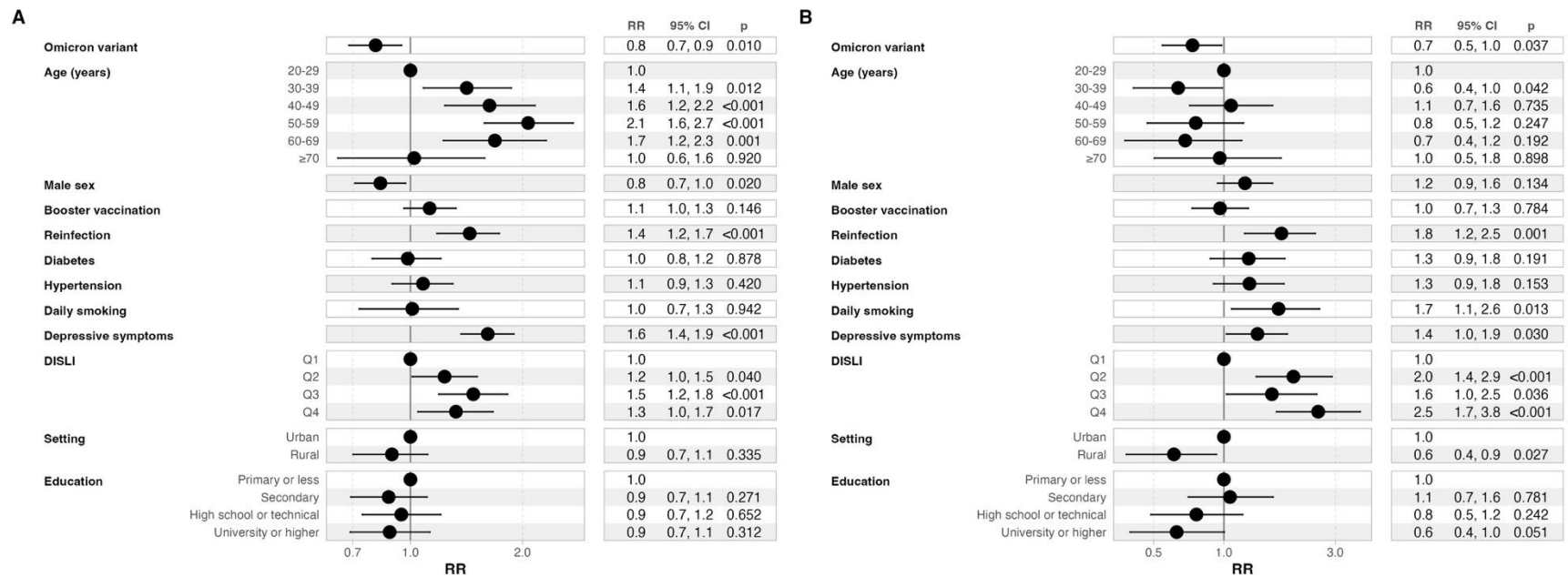
SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022



Supplementary Figure 6. Fixed effects log-binomial regression model with robust standard errors adjusted by survey weights for prediction of post-acute sequelae of SARS-CoV-2 symptoms (PASC) using the NICE definition (**A**) and identified by a PASC score ≥ 12 (**B**) amongst Mexican adults enrolled in ENSANUT 2022, disaggregating vaccinations by the number of vaccine doses compared to unvaccinated individuals. All results are presented as Relative Risks (RR) with their corresponding 95% confidence intervals.

Abbreviations: DISLI, Density-independent social lag-index; Depressive symptoms: Moderate to severe depressive symptoms identified by the Center for Epidemiologic Studies Depression Scale

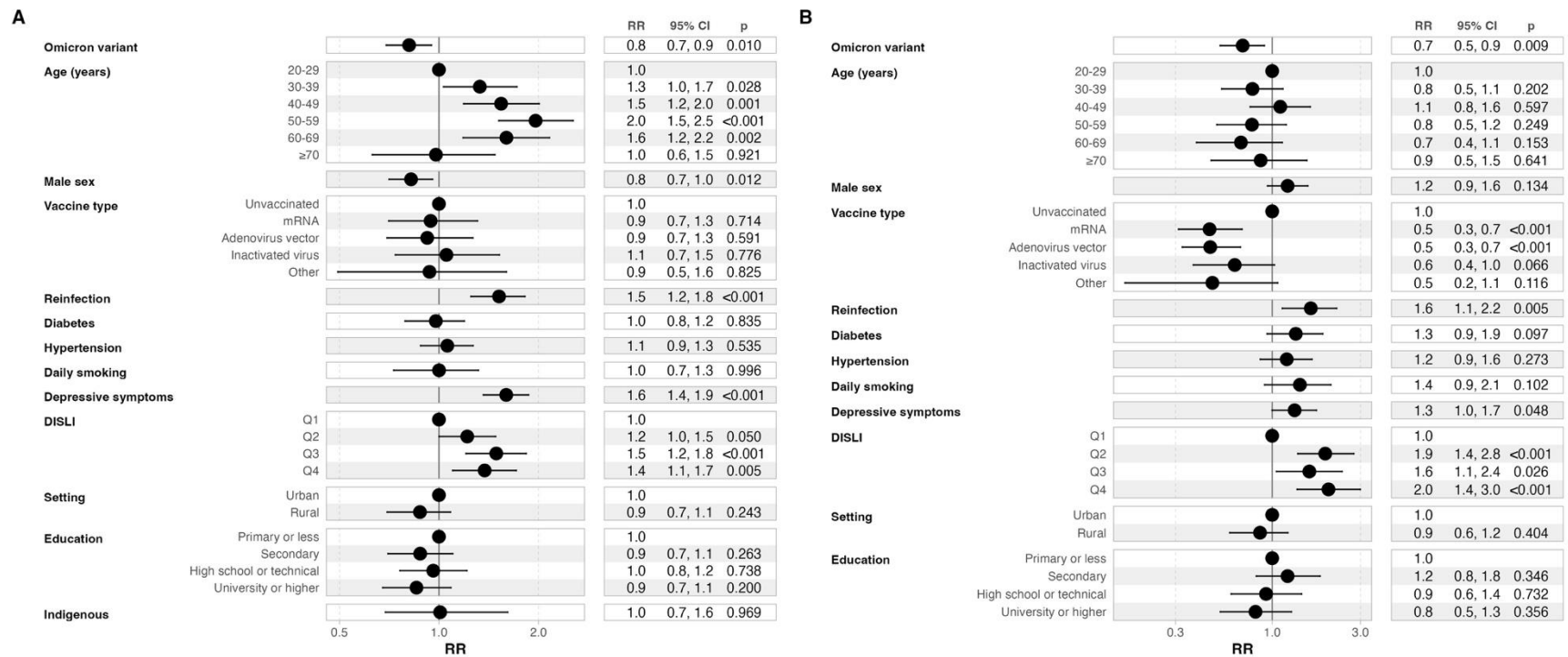
SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022



Supplementary Figure 7. Fixed effects log-binomial regression model adjusted by survey weights for prediction of post-acute sequelae of SARS-CoV-2 symptoms (PASC) using the NICE definition (**A**) and identified by a PASC score ≥ 12 (**B**) amongst Mexican adults enrolled in ENSANUT 2022 who received full primary vaccination schedule to assess the influence of vaccine boosters. All results are presented as Relative Risks (RR) with their corresponding 95% confidence intervals.

Abbreviations: DISLI, Density-independent social lag-index; Depressive symptoms: Moderate to severe depressive symptoms identified by the Center for Epidemiologic Studies Depression Scale

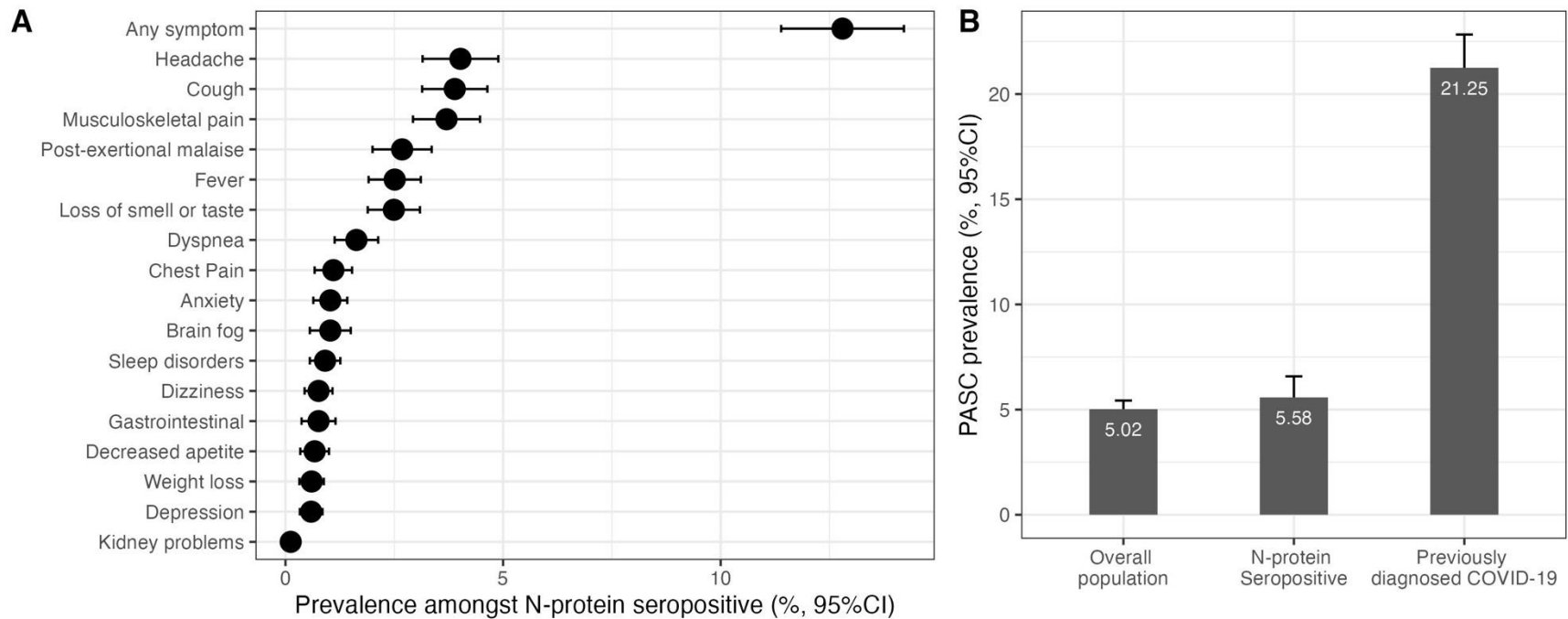
SUPPLEMENTARY MATERIAL - Nationally representative prevalence and determinants of post-acute sequelae of SARS-CoV-2 infection (Long COVID) amongst adults in Mexico during 2022



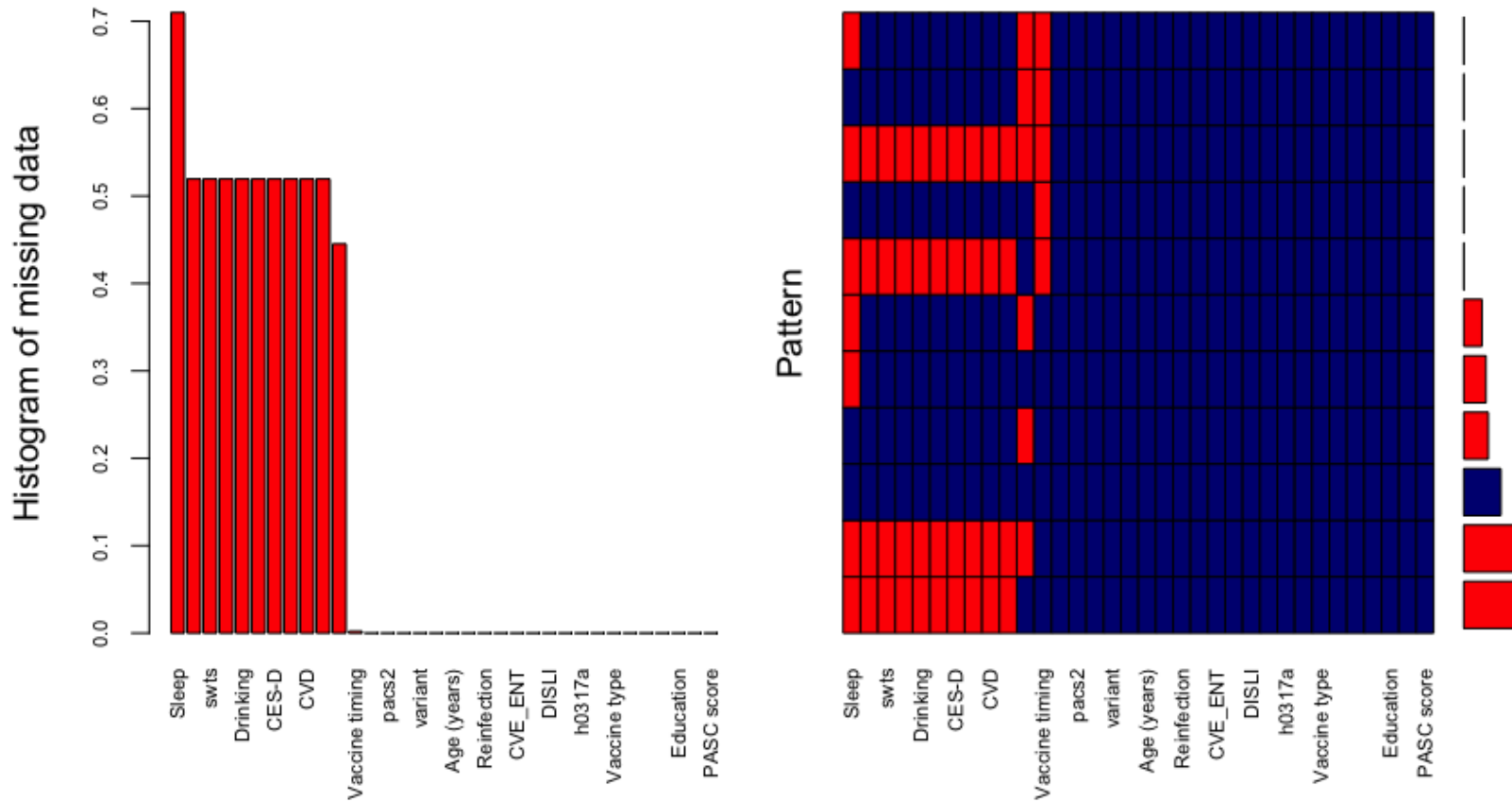
Supplementary Figure 8. Fixed effects log-binomial regression model adjusted by survey weights for prediction of post-acute sequelae of SARS-CoV-2 symptoms (PASC) using the NICE definition (**A**) and identified by a PASC score ≥ 12 (**B**) amongst Mexican adults enrolled in ENSANUT 2022, disaggregating vaccinations by vaccine type of primary vaccination schedule compared to unvaccinated individuals. All results are presented as Relative Risks (RR) with their corresponding 95% confidence intervals.

Abbreviations: DISLI, Density-independent social lag-index; Depressive symptoms: Moderate to severe depressive symptoms identified by the Center for Epidemiologic Studies Depression Scale

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Supplementary Figure 9. Prevalence of persistent COVID-19 symptoms amongst SARS-CoV-2 N-protein seropositive adults ≥ 20 years in ENSANUT 2022 who did not receive the CoronaVac vaccine (A) and prevalence of post-acute sequelae of SARS-CoV-2 symptoms (PASC) as identified by the NICE definition in the overall population who did not receive the CoronaVac vaccine, in SARS-CoV-2 N-protein seropositive adults who did not receive the CoronaVac vaccine and in individuals with COVID-19 previously diagnosed by a physician who did not receive the CoronaVac vaccine in the ENSANUT 2022 sample (B).



Supplementary Figure 10. Missing data patterns in participants with previous diagnosis of COVID-19 by a doctor, analyzed with the *VIM* R package. No data was missing regarding persistent symptoms. Most missing data was related to comorbidities. Because no apparent patterns were identified, complete-case analyses were conducted under the assumption of data missing completely at random.