



COVID-19 PANDEMIC IN SLOVENIA

**Results of a panel online survey on the impact
of the pandemic on life (SI-PANDA),
11th wave**

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INTRODUCTION

Pandemic fatigue is the expected and natural human response to long-lasting public health crisis that significantly affects the daily life of an individual. It appears gradually and is influenced by emotions, experience, and attitudes. It is a response to long-lasting and unsolved distress in people's lives. The severity and the scope of COVID-19 pandemic and the introduction of strict measures to prevent and limit the transmission of the infection have a huge impact on the daily lives of all people, including those not directly affected by the virus. Over time, people's compensatory mechanisms for crisis management become fatigued and so these people lack motivation to follow recommended self-protective behaviours, and consequently jeopardize the effectiveness of measures to prevent the spread of SARS-CoV-2 infection among the population.

Understanding COVID-19-related human behaviour enables the identification of at-risk target groups and contributes to finding solutions that encourage better adherence to protective behaviour recommendations. Adherence to measures most effectively reduces the transmission and spread of SARS-CoV-2 in the long run, reduces fatigue and distress of all kinds, and increases the quality of life. In addition, it maintains a functioning healthcare system, enables the normalization of health promotional, preventive, and curative treatments, normalizes the functioning of all segments of society, from education to economy, and enables reducing inequalities through remote determinants of health. Above all, it can most effectively reduce the COVID-19 burden at the individual and social level in Slovenia.

The aim of the research is to investigate and understand human behaviour in relation to COVID-19 and to assess pandemic fatigue during and after the COVID-19 pandemic in Slovenia. With the help of this research, we hope to identify and address the impact of the pandemic, the measures introduced, and the recommendations and decisions made by the government on people's lives. Here are some key results. The data collected in the survey provide key information on pandemic fatigue of the general population for professionals and decision makers. This also enforces the recommendation of the World Health Organization¹, that countries regularly conduct qualitative and quantitative population surveys, which should serve as the basis for further action.

¹ <https://apps.who.int/iris/bitstream/handle/10665/335820/WHO-EURO-2020-1160-40906-55390-eng.pdf>

METHODOLOGY

The survey in the form of an online questionnaire is conducted in twelve waves (repetitions once every two weeks) starting on 4 December 2020. The survey is conducted on behalf of the National Institute of Public Health (NIJZ) by the Mediana Institute for Market and Media Research, while the data are analysed by NIJZ.

Every two weeks, selected panel members are invited to take part in an online survey conducted through Mediana's web panel. Each wave of online survey involves a sample of about 1,000 adults aged 18 to 74 who are included in Mediana's web panel.

In the survey, we use the World Health Organization (WHO)² questionnaire, which was translated, and adjusted to the situation in our country in accordance with the WHO instructions.

The data presented in the report are weighted by gender, age groups and statistical regions.

The report mostly presents data from the **11th wave** of the panel web survey, that took place **from 23 April 2021 to 26 April 2021** on a sample of 1,001 adults aged 18 to 74 years. Some comparisons with previous waves of survey are also shown.

Do sedaj so bili izvedeni naslednji valovi raziskave:

- 1st wave: from 4 Dec 2020 to 6 Dec 2020
- 2nd wave: from 18 Dec 2020 to 21 Dec 2020
- 3rd wave: from 4 Jan 2021 to 5 Jan 2021
- 4th wave: from 15 Jan 2021 to 17 Jan 2021
- 5th wave: from 29 Jan 2021 to 30 Jan 2021
- 6th wave: from 12 Feb 2021 to 15 Feb 2021
- 7th wave: from 26 Feb 2021 to 1 Mar 2021
- 8th wave: from 12 Mar 2021 to 15 Mar 2021
- 9th wave: from 26 Mar 2021 to 29 Mar 2021
- 10th wave: from 9 Apr 2021 to 12 Apr 2021
- 11th wave: from 23 Apr 2021 to 26 Apr 2021

² <https://www.euro.who.int/en/health-topics/health-determinants/behavioural-and-cultural-insights-for-health/tools-and-resources/who-tool-for-behavioural-insights-on-covid-19/survey-tool-and-guidance-behavioural-insights-on-covid-19-produced-by-the-who-european-region>.

SUMMARY OF THE SURVEY



Indicator	1 st wave 4.-6.12.2020 (%)	11 th wave 26.-29.3.2021 (%)
 Use of the protective mask in public <i>(the share of respondents who have complied with the measure in the last 7 days)</i>	95.7	88.2
 Maintaining recommended interpersonal distance in public <i>(the share of respondents who have complied with the measure in the last 7 days)</i>	90.7	80.8
 Hand disinfection when washing is not possible <i>(the share of respondents who have complied with the measure in the last 7 days)</i>	90.6	85.5
 Avoiding a private social event <i>(the share of respondents who have complied with the measure in the last 7 days)</i>	87.4	69.3
 Testing in case of close contact with a person who tested positive for COVID-19 <i>(the share of respondents who would definitely get tested in case they were in contact with someone who tested positive for COVID-19 and would not develop any symptoms themselves)</i>	64.4	67.4
 Intention to get vaccinated against COVID-19 <i>(the share of respondents who will get vaccinated against COVID-19, when it is their turn to get vaccinated)</i>	51.1	57.4
 Avoiding a visit to the doctor due to a problem not related to COVID-19 <i>(the share of respondents who avoided a visit to the doctor in the last 2 weeks due to a non-COVID-19 problem)</i>	35.8	30.2
 Mental health problems <i>(the share of respondents with depressive disorder or mental health problems)</i>	37.5	33.9
 Deterioration of the personal financial situation <i>(the share of respondents who estimated that their financial situation in the last 3 months was worse than before)</i>	31.4	25.1

MAIN RESULTS

Complying with current measures

Most respondents stated that they had complied with the prescribed measures and recommendations to prevent the transmission of SARS-CoV-2 virus in the last 7 days (Figure 1). Of listed measures, respondents mostly comply with proper sneezing and coughing hygiene and (89.8%), and the least with disinfection of surfaces (53.5%). Complying with the measure of staying at home, which includes working from home, school or study from home, has fell slightly again in this wave of the survey (for 2.3 percentage points compared to 10th wave), which is expected given the end of a temporary lockdown.

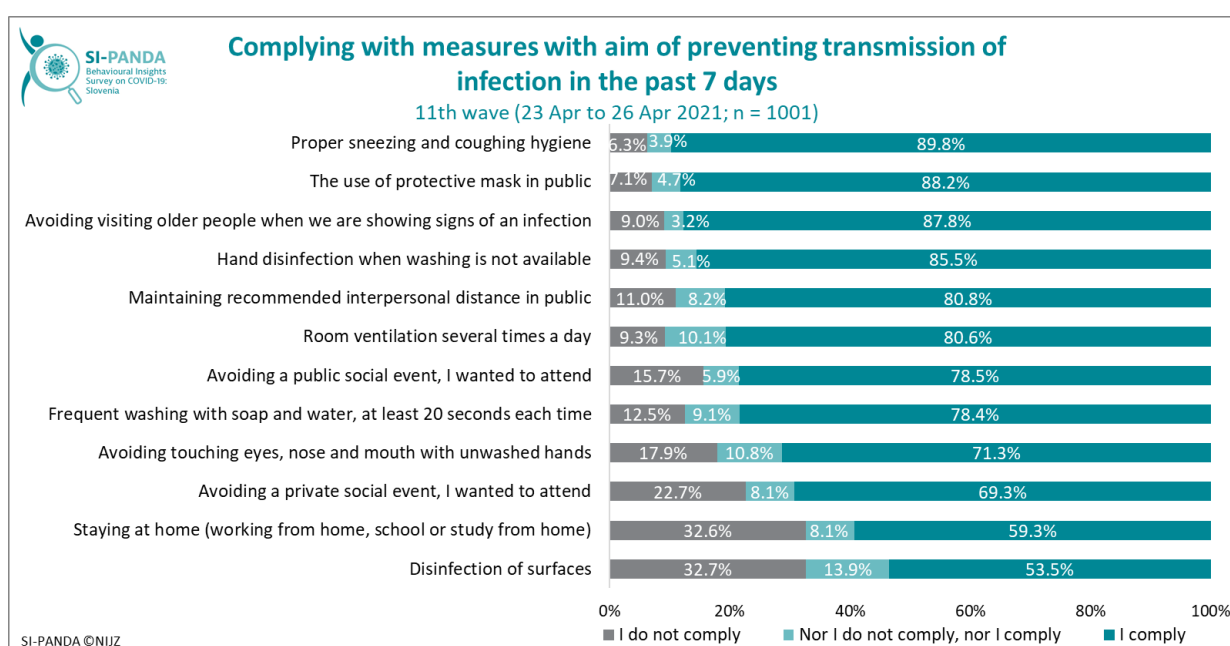


Figure 1: Complying with measures with aim of preventing infection in the last 7 days, total.

If we compare the results of individual survey waves, the use of a protective mask in public was the most considered measure up to the 9th wave of the survey (Figure 2), while in the 10th and 11th waves of the survey the percentage of using a protective mask in public fell for the first time in the course of the survey to such an extent that proper sneezing and coughing hygiene became the most considered measure. In addition to the use of a protective mask in public and staying at home, the 11th wave of the survey shows a decrease in compliance with some other measures, namely a decrease in compliance with maintaining interpersonal distance in public (by 3 percentage points), room ventilation several times a day (by 4.6 percentage points) and a decrease in the avoidance of private social events (by 3.5 percentage points). Compared to the beginning of the survey, the largest decline in the compliance occurred with the measure of avoiding a private social event, namely by 18 percentage points compared to the first wave. Despite the declining proportion of people who have complied with the measures in the last 7 days, a proportion of people who would definitely get tested if they were in contact with COVID-19 positive person remains stable through individual waves. This proportion equals 67.4% in the 11th wave and is 3 percentage point higher compared to the first wave of the survey.

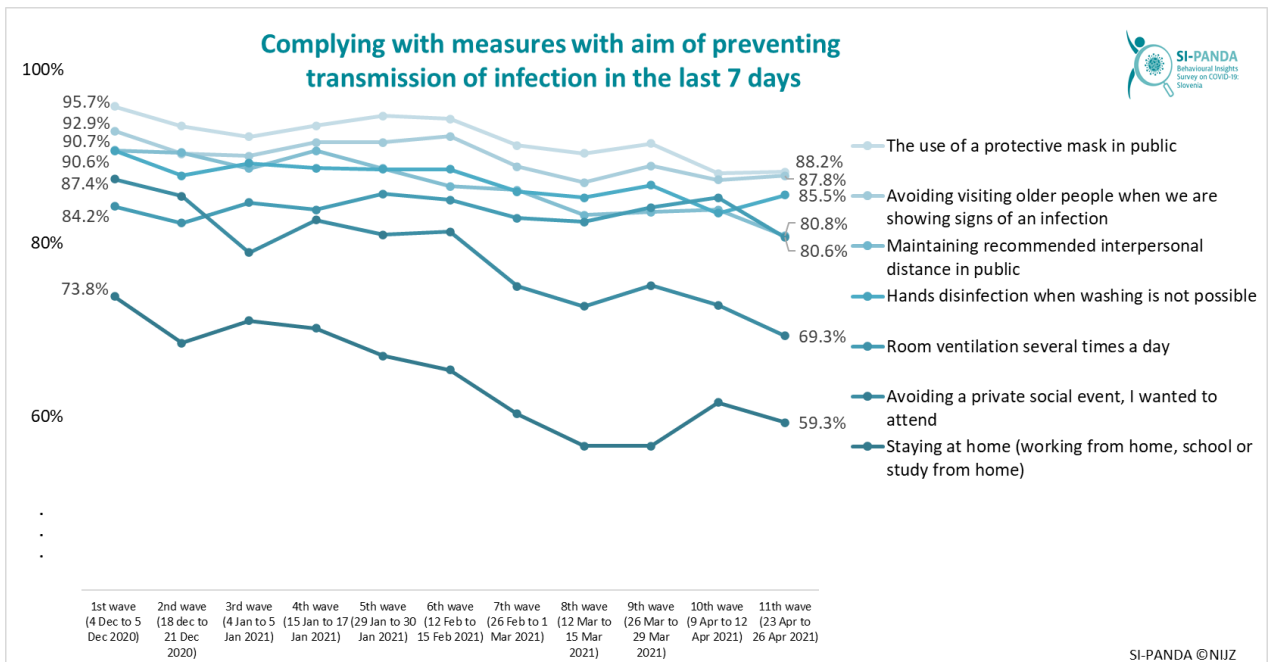


Figure 2: Complying with some measures with aim of preventing infection in the last 7 days total, by survey waves.

We also asked the respondents where they had been working in the last 7 days. Nearly 45 percent of people answered they went to work all the time because their work could not be done from home. As many as 12 percent of respondents worked from home during this entire time (Figure 3).

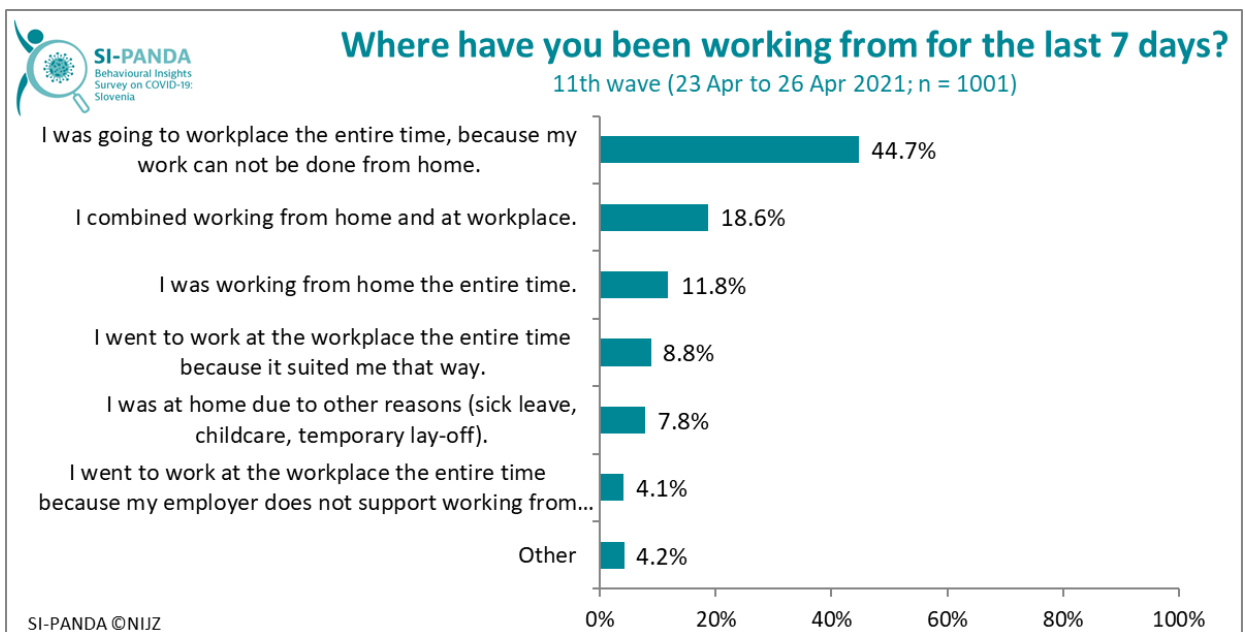


Figure 3: The location of performing work during the last 7 days, total.

If we compare several waves of the survey³, the share of people who worked from home in the last 7 days has been declining since the 2nd wave of survey, except for the 10th wave of survey,

³ The question of the location of performing work was included for the first time in the 2nd wave of the survey. This issue was not included in the 3rd wave of the survey due to the ongoing Christmas and New Year holidays.

in which it increased slightly again due to temporary lockdown. In this wave, the share of people who combined working from home and working at workplace increased (Figure 4).

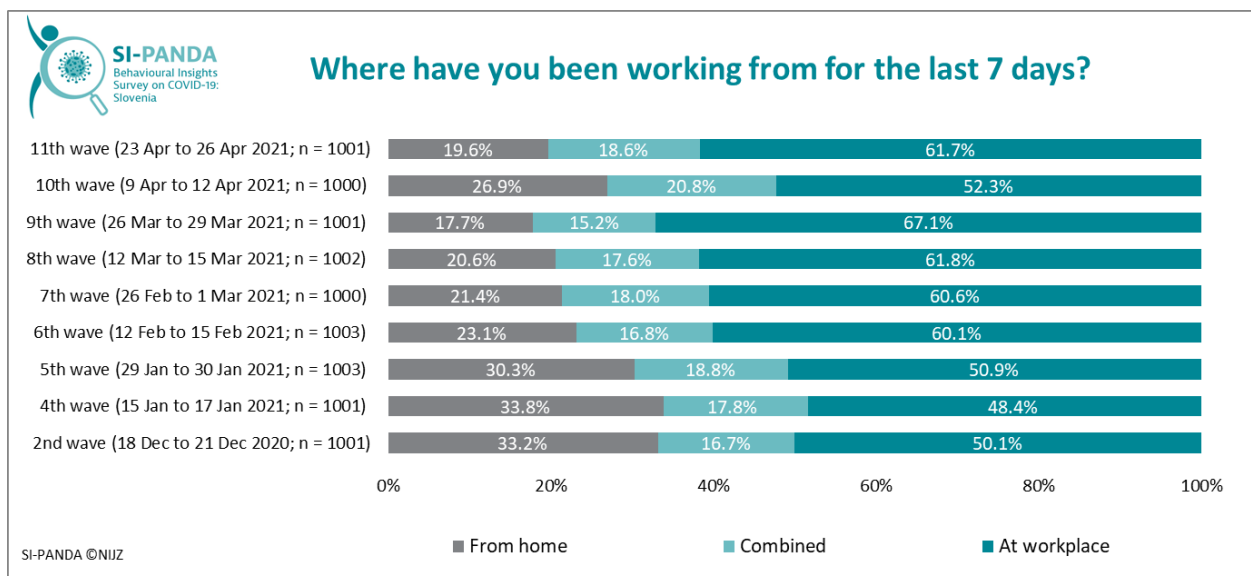


Figure 4: The location of performing work during the last 7 days, by survey waves.

Supporting the measures currently in force

Measures to prevent and limit the spread of SARS-CoV-2 virus are very diverse, varying slightly between individual waves of survey, and have received very different support. During the 11th wave of the survey, measures were released in the field of service and catering activities in accordance with the COVID-19 Pandemic Relief Plan of 9 April 2021 (from 24 April 2021), and from 26 April 2021 under certain conditions, higher education institutions and student dormitories were also opened. Therefore, respondents were asked to what extent they supported the SARS-CoV-2-related interim measures in force at the time of the survey. Support for all measures was considerable, respondents were the least supportive of regional easing or tightening of measures according to the epidemiological picture (52.3%), and the most the opening of schools for pupils and secondary school students – this measure was supported by 88.0% of respondents (Figure 5).

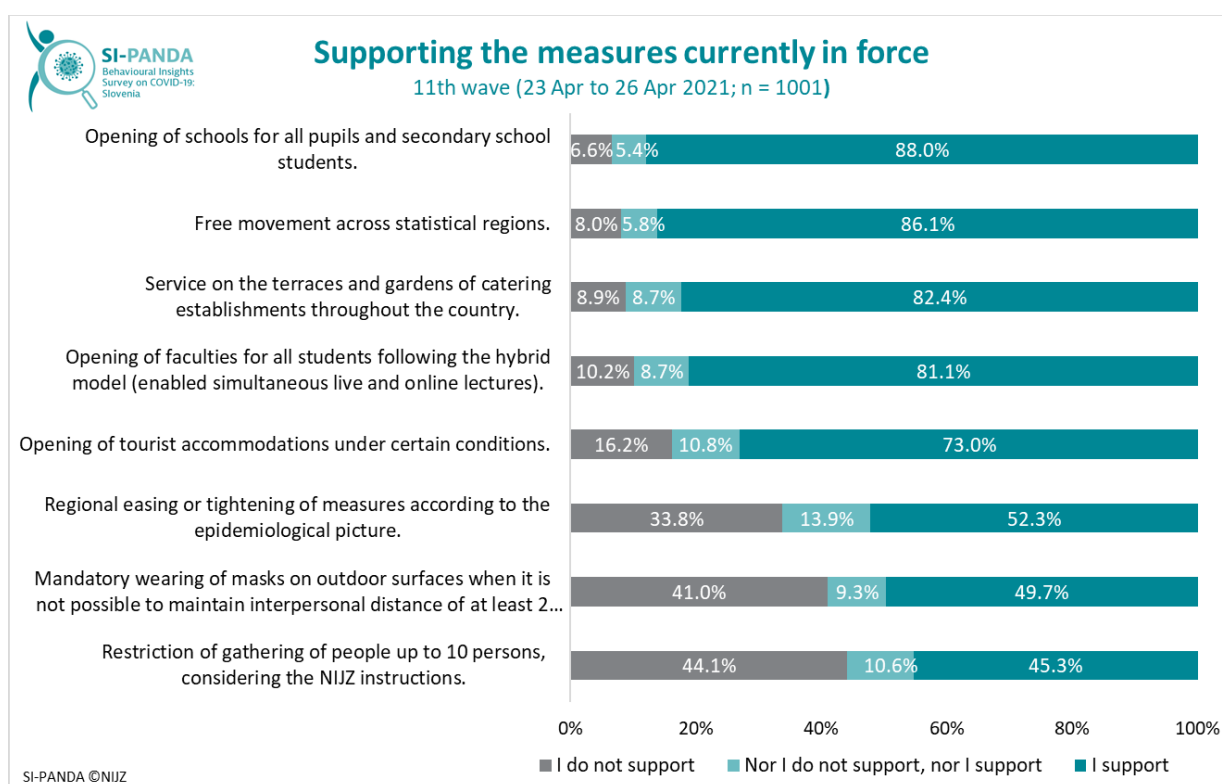


Figure 5: Supporting the measures currently in force, total.

Among the measures that were in force for a longer period (already at the time of the survey for the 8th, 9th, and 10th waves), in the 11th wave, the respondents again supported the opening of schools for all pupils (88.0%); this was followed by support for the regional release or tightening of measures according to the epidemiological picture (52.3%), which in this wave had higher support than wearing masks in open public places or spaces, which was otherwise the most supported measures throughout all the other waves. Restriction of gathering of people up to 10 persons, considering the NIJZ instructions, was supported by 45.3% of respondents in the 11th wave.

Throughout the survey, the respondents were also asked whether they find the restrictions currently in force as exaggerated. In the 10th wave – in time of temporary lockdown – 64.3% of

respondents answered affirmative, which was the highest share so far (Figure 6), in the 11th wave, however, the share of persons with such opinion fell again (57.2%).

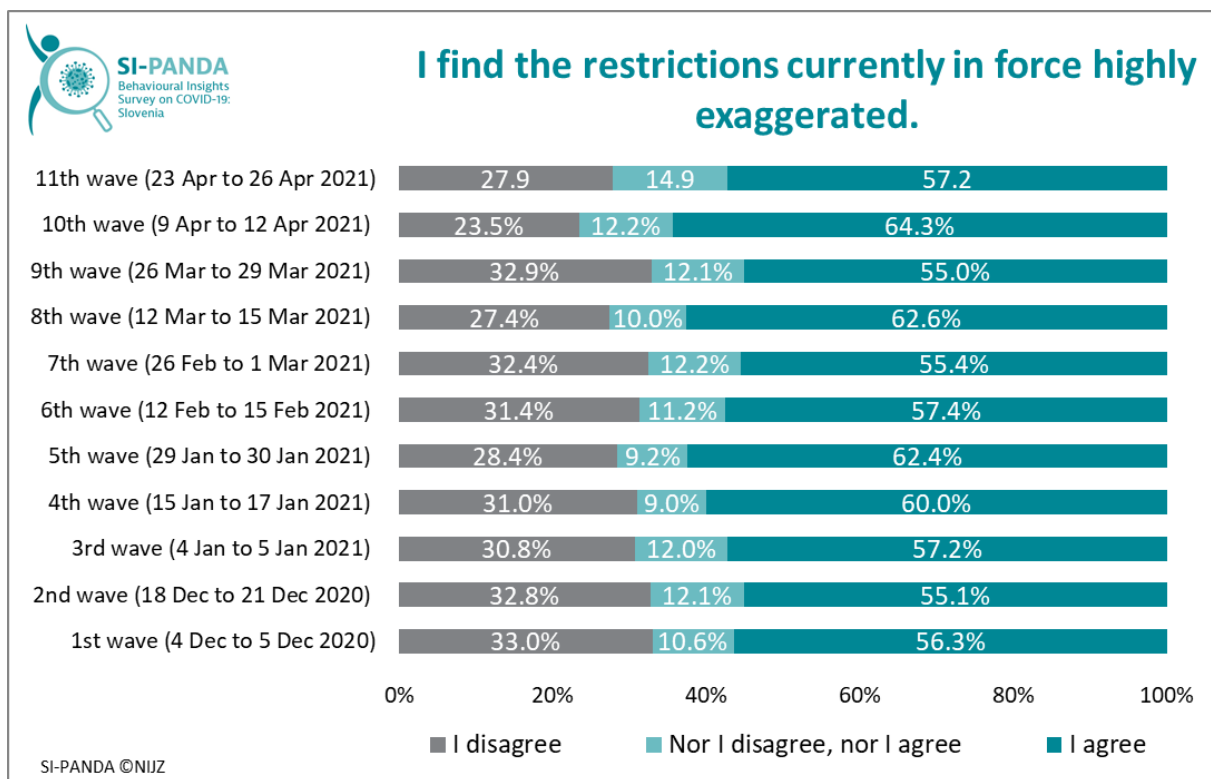


Figure 6: Opinion on the exaggeration of current limitation measures, total, by survey waves.

Supporting the possible measures

During the 11th wave of the survey, there was a lot of talk about the introduction of voluntary free self-testing for pupils and students with rapid antigen tests at home, so we asked the respondents on their opinion regarding the introduction of various free self-tests. More than half of the respondents expressed support for voluntary free self-testing for all residents with rapid antigen tests at home (56.5%). Respondents were less supportive of self-testing of pupils and secondary school students with rapid antigen tests at home, namely they were slightly more supportive of testing pupils and secondary school students at schools (46.8%) compared to testing at home (45.3%) (Figure 7).

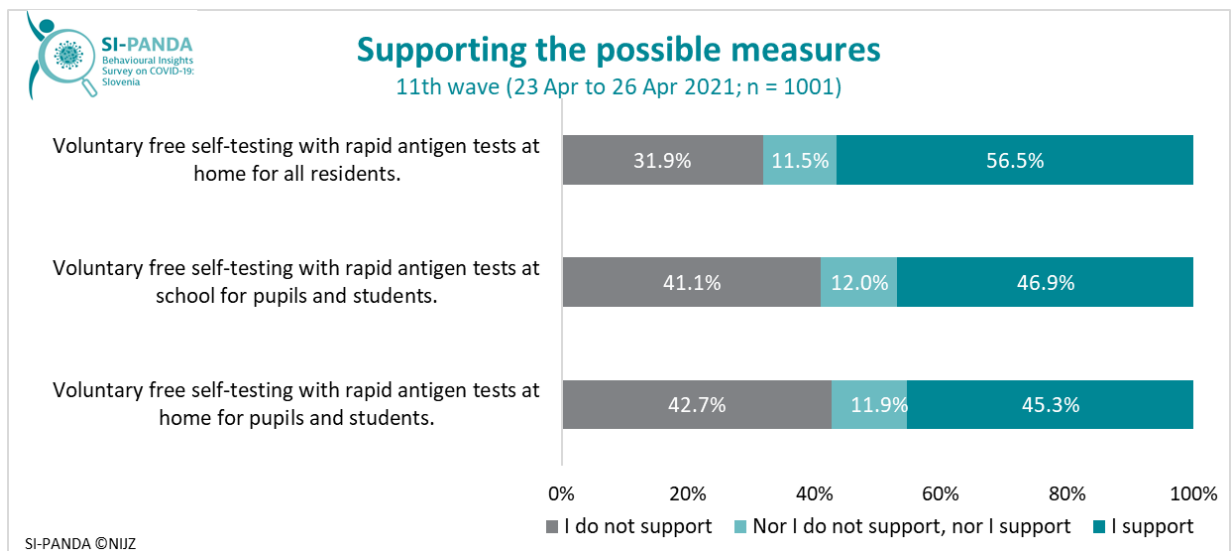


Figure 7: Supporting the possible measures, total.

Trust in persons and institutions to manage the pandemic adequately

Throughout the survey waves, respondents trust their personal physicians the most in terms of proper pandemic management – the average confidence on the 7-point scale in the 11th wave is 5.3. This is followed by trust in hospitals with an average of 4.9 and trust in employers with an average of 4.6 (Figure 8). If we compare the individual waves of survey, we find a slow but consistent decrease in trust in almost all listed persons or institutions.

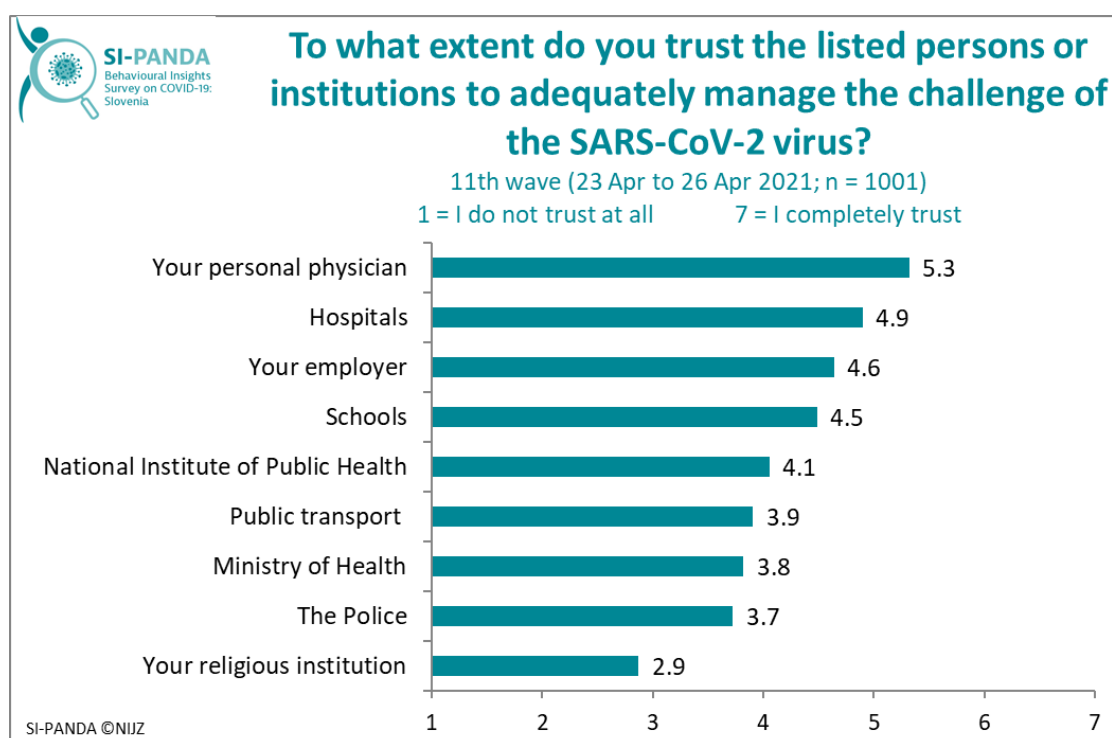


Figure 8: Trust in persons and institutions to manage the pandemic adequately, total.

Throughout the survey, respondents were also asked how difficult or easy it is for them to assess whether the information about the SARS-CoV-2 virus in the media is reliable. The percentage of people who think that such an assessment is easy or very easy to make has decreased by around 6 percentage points since the beginning of December and currently stands at 32.4% of respondents (Figure 9).



How difficult or easy it is for you to assess whether the information about the SARS-CoV-2 virus in the media is reliable?

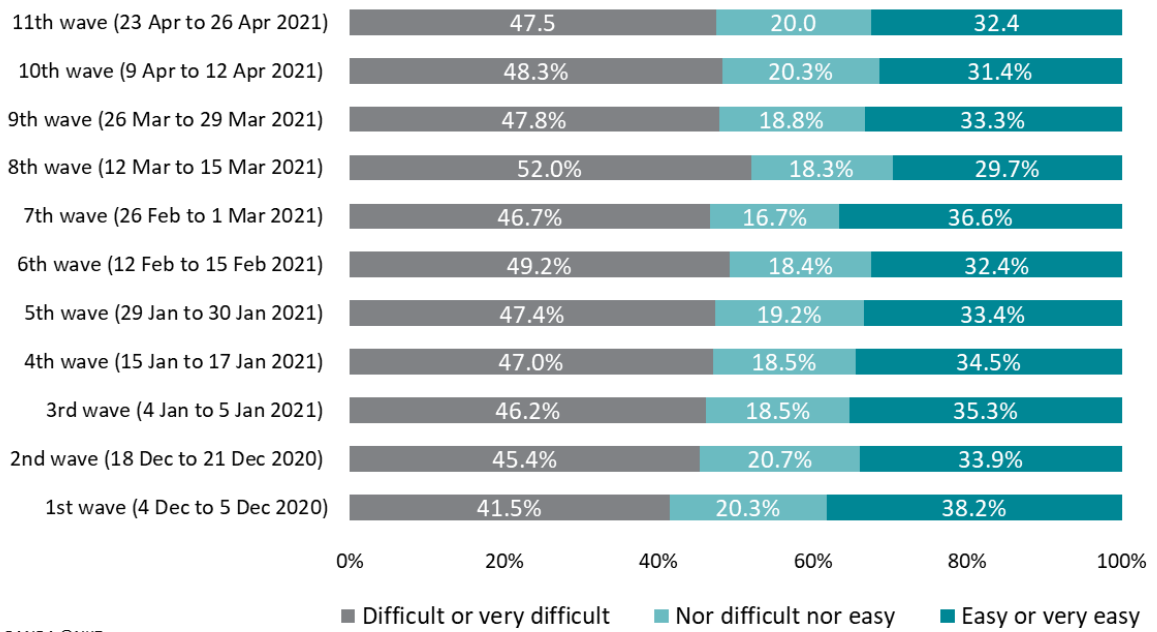


Figure 9: The difficulty to assess the reliability of information about the SARS-CoV-2 virus in the media, total and by survey waves.

Vaccination

In the 11th wave, a little less than two thirds (62.7%) of respondents believe that the COVID-19 vaccine can help curb the spread of SARS-CoV-2. Throughout the survey waves, younger people are more sceptical about the vaccine compared to older people (Figure 10).

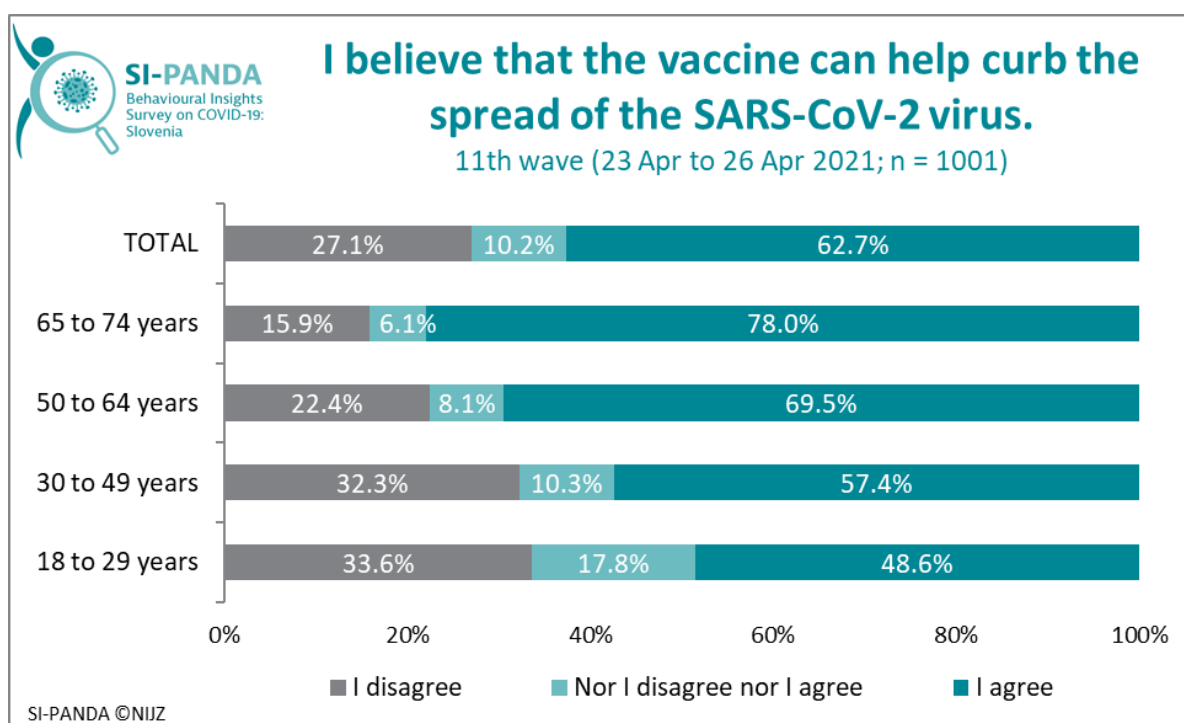


Figure 10: Opinion on whether the vaccine can help curb the spread of SARS-CoV-2 virus, total and by age groups.

If we compare the different waves of the survey, the share of persons who believe that the vaccine against COVID-19 can help curb the spread of SARS-CoV-2 has fallen again after raising in 9th and 10th wave, and currently stands at 62.6% (Figure 11).



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I believe that the vaccine can help curb the spread of the SARS-CoV-2 virus.

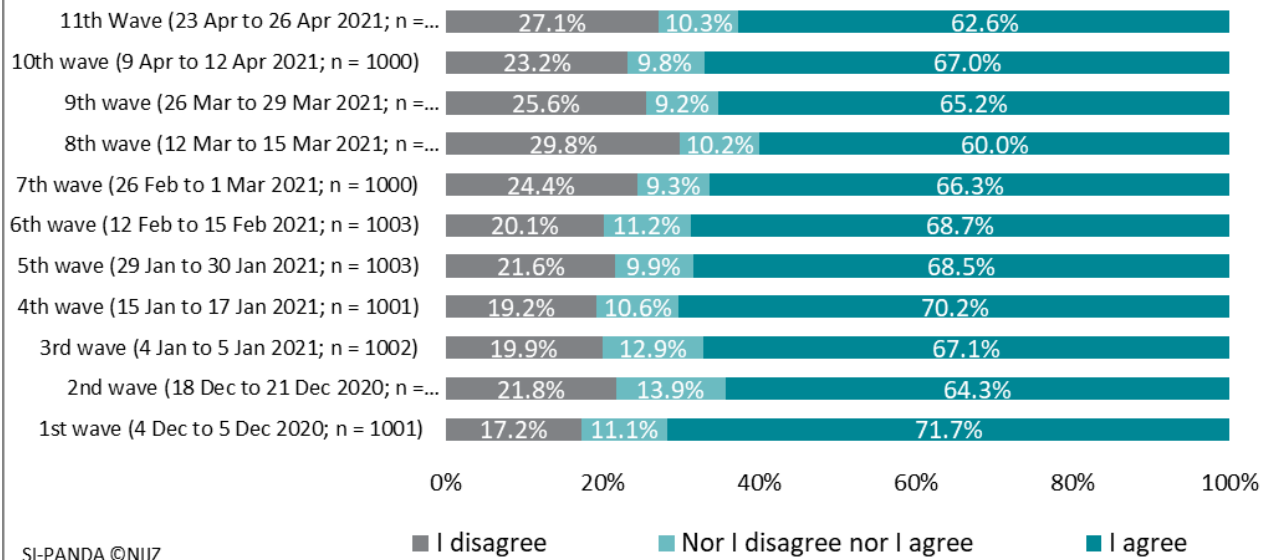


Figure 11: Opinion on whether the vaccine can help curb the spread of SARS-CoV-2, total, by survey waves.

A good half of the respondents (57.4%) intend to be vaccinated against COVID-19 once the vaccine is available to them. The intention to vaccinate was the highest in the 10th wave of the survey (Figure 12). The decline in intention to get vaccinated in the 8th wave of the survey could be attributed to the suspension of vaccination with AstraZeneca vaccine between 15 and 18 March 2021, which received a lot of media attention. After the positive opinion of the European Medicines Agency (EMA) on the safety of this vaccine, there is renewed intention to get vaccinated. If we only consider persons who have not yet been vaccinated against COVID-19, 42.4% of them report the intention to be vaccinated in the 11th wave.



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I will get vaccinated against COVID-19 once the vaccine is available for me.

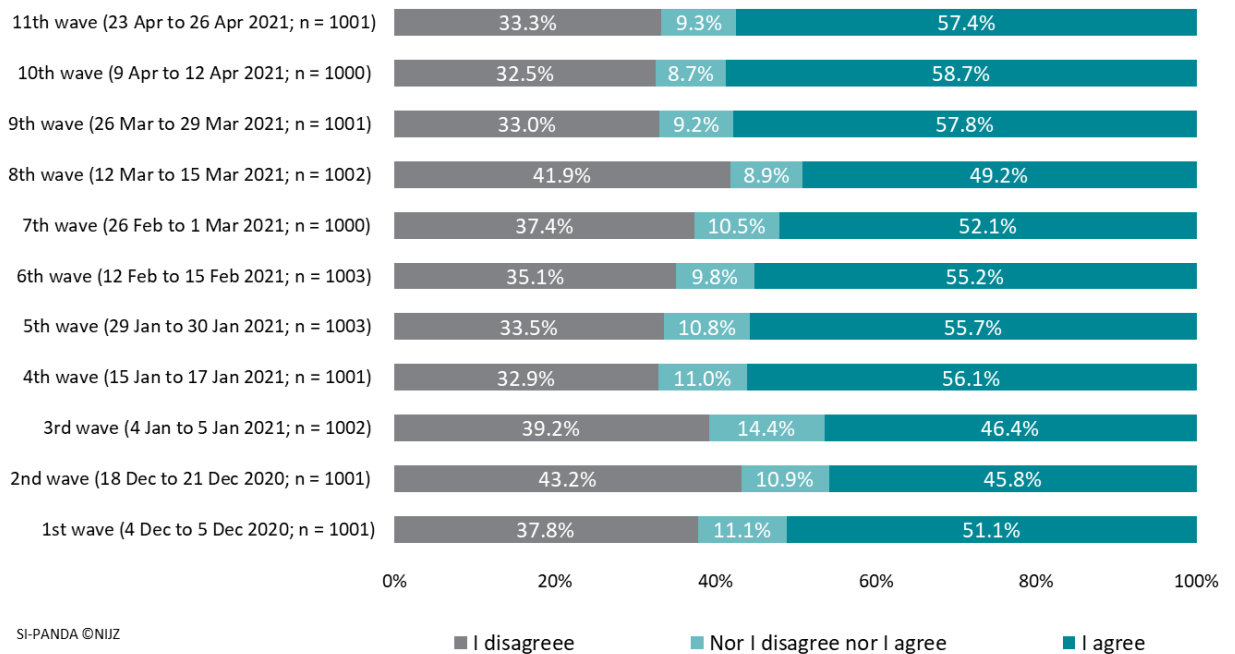


Figure 12: Intention to get vaccinated against COVID-19, total, by survey waves.

The intention to get vaccinated increases with age (Figure 13). As expected, it is the highest in the age group 65 to 74, where good three quarters of respondents (82.4%) are determined to be vaccinated. More men (63.7%) than women (50.9%) intend to get vaccinated. Among people with chronic diseases, 66.3% intend to get vaccinated

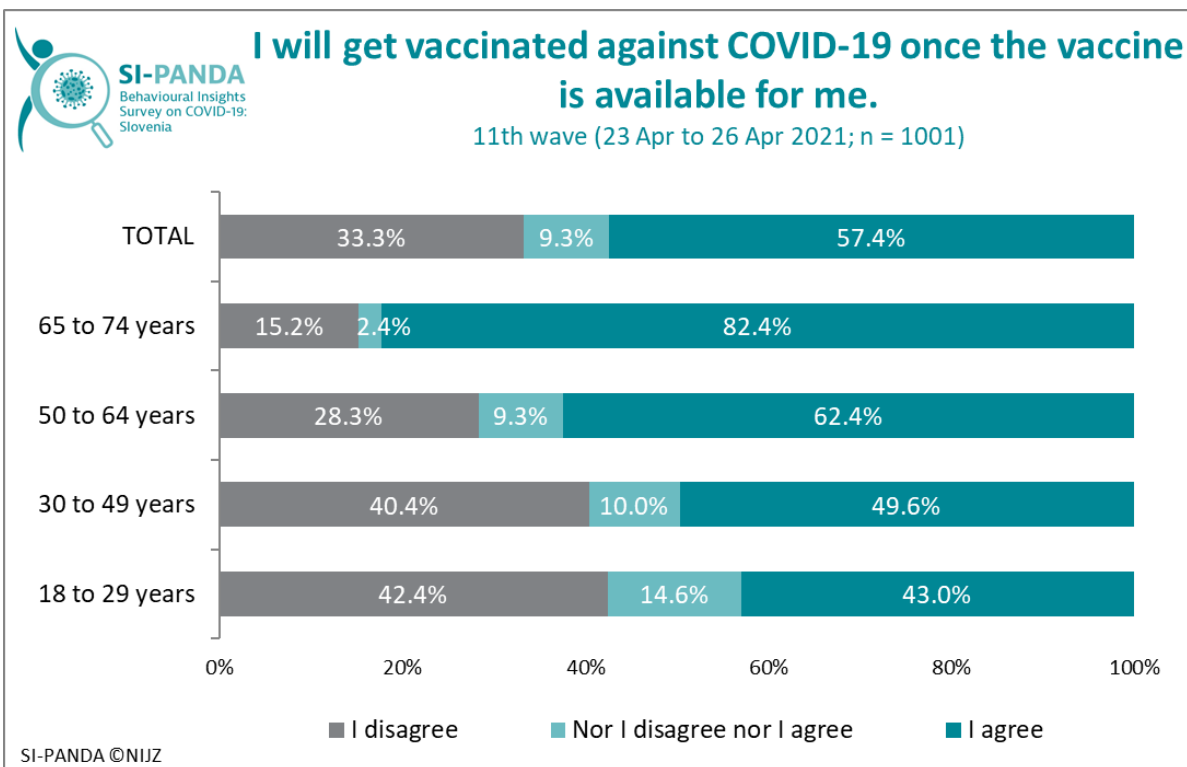


Figure 13: Intention to get vaccinated against COVID-19, total and by age groups.

Data from the 11th wave of the survey show that 26.8% of respondents have already been vaccinated, namely 5.1% of people have already received two doses of vaccine and 21.7% one dose of COVID-19 vaccine. The share of vaccinated persons (with one or two doses of COVID-19 vaccine) among the oldest age group of respondents (aged 65 to 74 years) is already 67.3% (Figure 14). A little less than two-fifths (38.0%) of respondents did not get vaccinated so far because the vaccine was not yet available for them, and a little less than a third (30.4%) of respondents does not intend to get vaccinated. The share of those who do not intend to get vaccinated is, as expected, the highest in the youngest age group (39.5%). Women (35.8%) are less in favour of vaccination than men (25.3%).

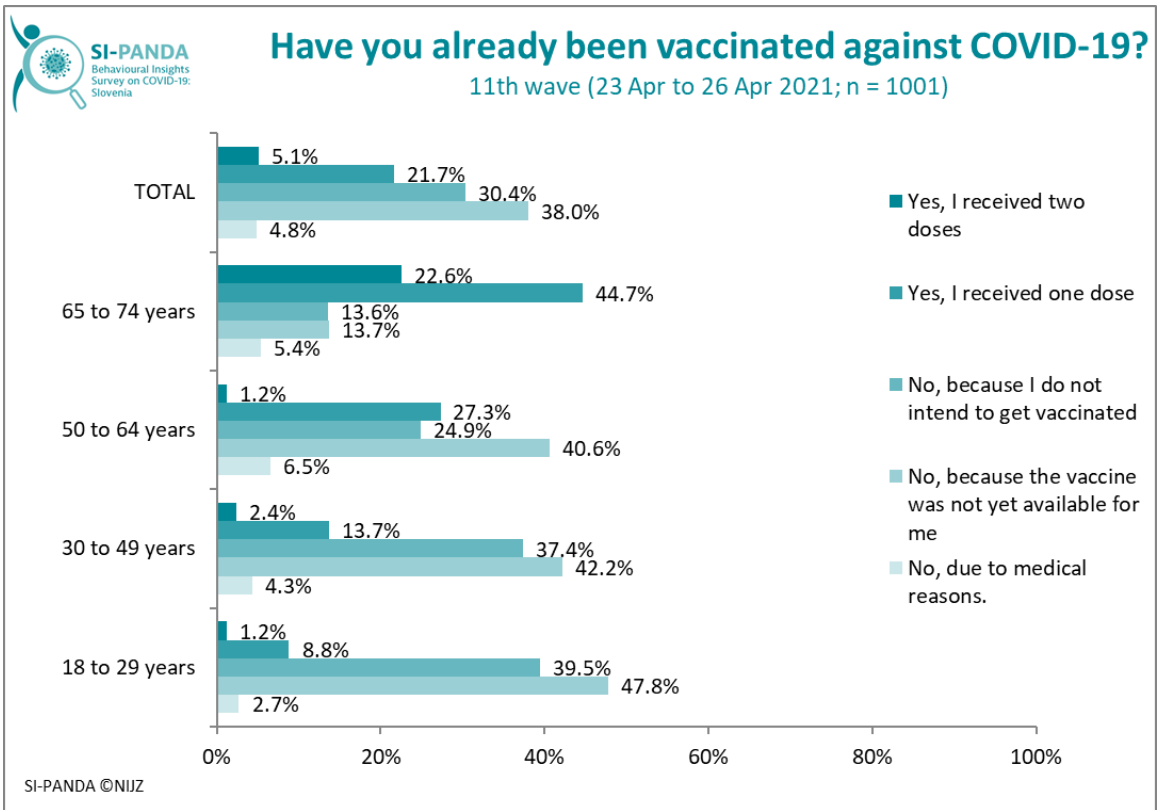


Figure 14: Vaccination against COVID-19, total and by age groups.

The share of those who will not be vaccinated is much higher among women (42.5%) compared to men (28.4%) (Figure 15), and in terms of living environment it is the highest among those living in rural areas (41.2%) (Figure 16).

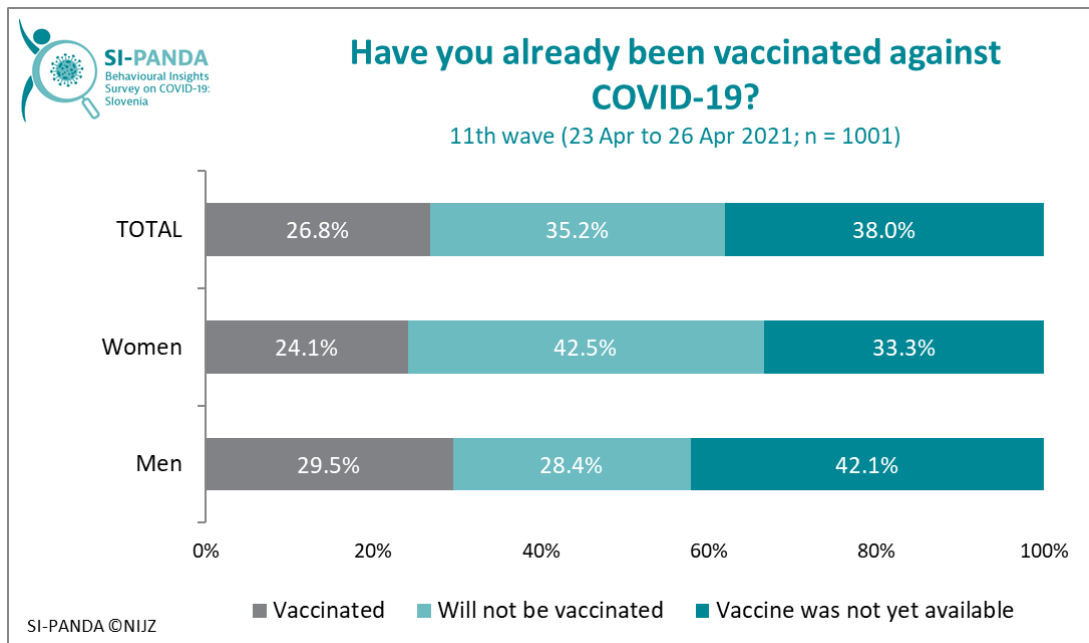


Figure 15: Vaccination against COVID-19, total any by gender⁴.

⁴ Non-vaccination for health reasons is also included in the "will not be vaccinated" category.

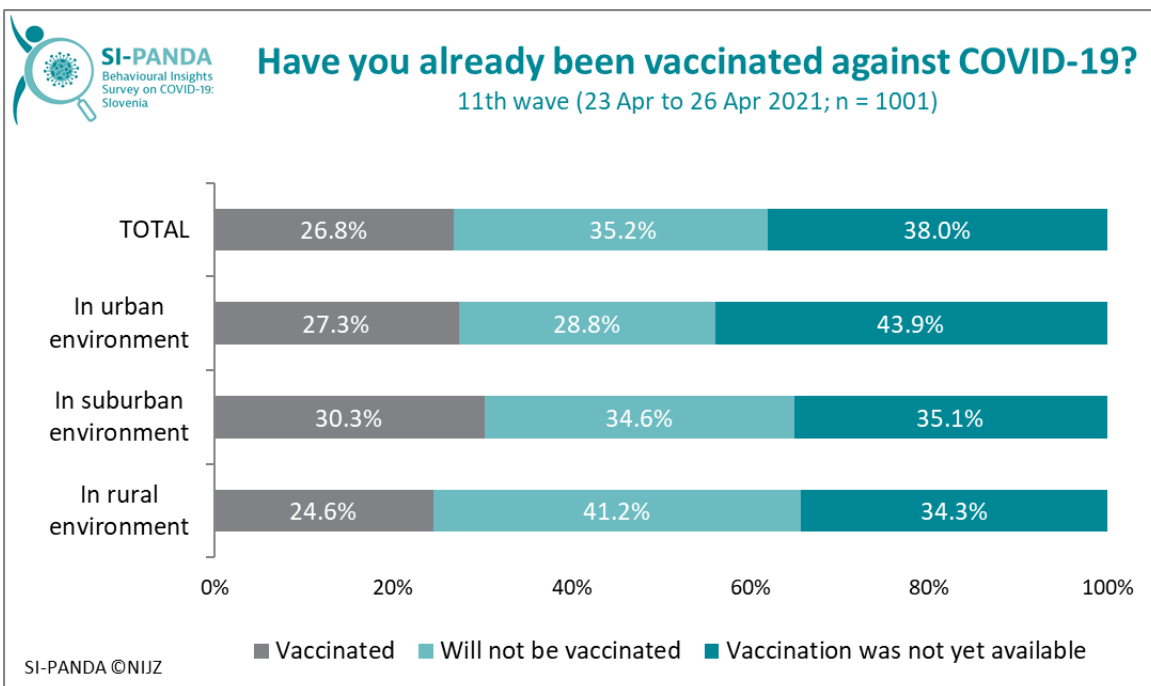


Figure 16: Vaccination against COVID-19, total and by living environment⁵.

If we compare the 9th, 10th, and 11th wave of survey in terms of vaccination rate, the share of those who do not intend to be vaccinated increased slightly in 11th wave and equals 30.4%. The share of those to whom the vaccine was not yet available decreased, while the share of those vaccinated with one or two doses increased (Figure 17). Among those who do not intend to be vaccinated are more women, more young people, people with the highest secondary education, people coming from the urban environment and people from Eastern Slovenia.

⁵ Non-vaccination for health reasons is also included in the "will not be vaccinated" category.

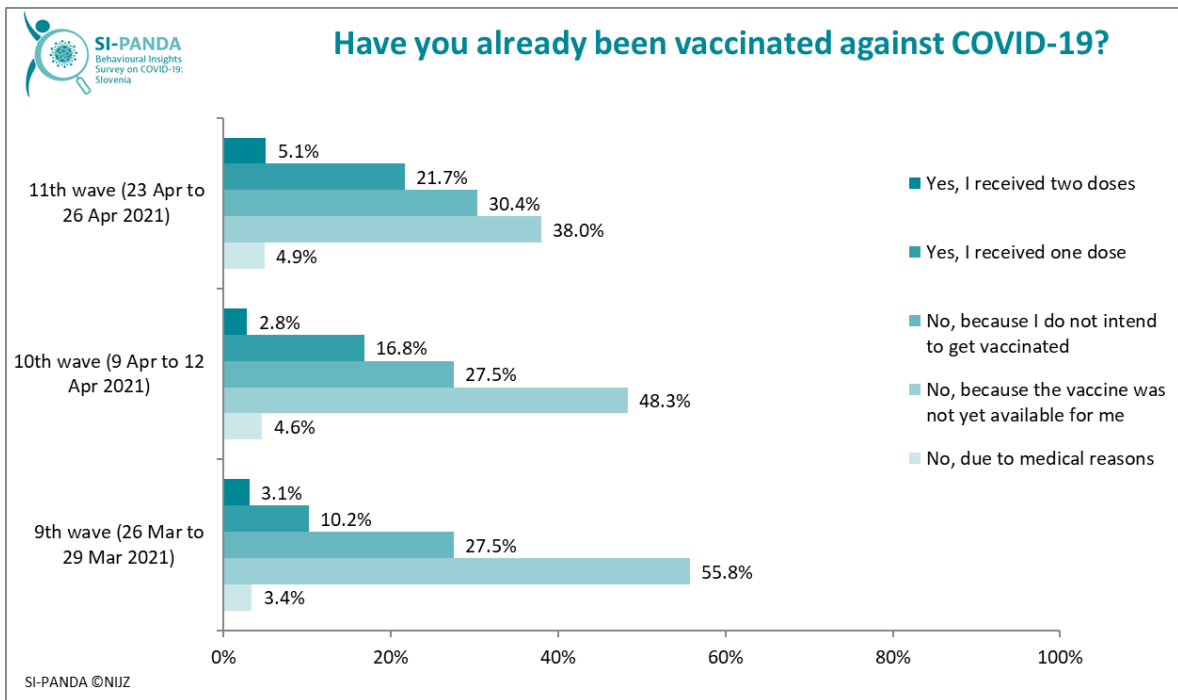


Figure 17: Vaccination against COVID-19, total, 9th to 11th wave of survey.

When asked what the decision to vaccinate will depend on, respondents most agree on average that their decision to vaccinate will depend on whether enough data is available that the vaccine is safe (in 11th wave, the average value on a 7-point scale is 5.3), whether sufficient data will be available on whether the vaccine is effective (5.2), whether the vaccine has been in use for a long time (4.6), whether vaccination is free of charge (4.4), and on the recommendation of a personal physician (4.3) (Figure 16). Interestingly, compared to previous waves of the survey, there has been an increase in agreement that the vaccination is free-of-charge.

However, if we look at what the decision to vaccinate depended on among those who had already been vaccinated against COVID-19, there were also claims in the first two places that the decision to vaccinate depended most on whether enough data was available that the vaccine was safe (average value on a 7-point scale was 5.1), and whether the vaccine is effective (5.0), followed by a decision based on the recommendation of a personal physician (5.0), and a decision based on the fact that high vaccination coverage will mean the release of restrictions on movement and socializing in groups (4.6) (Figure 18).

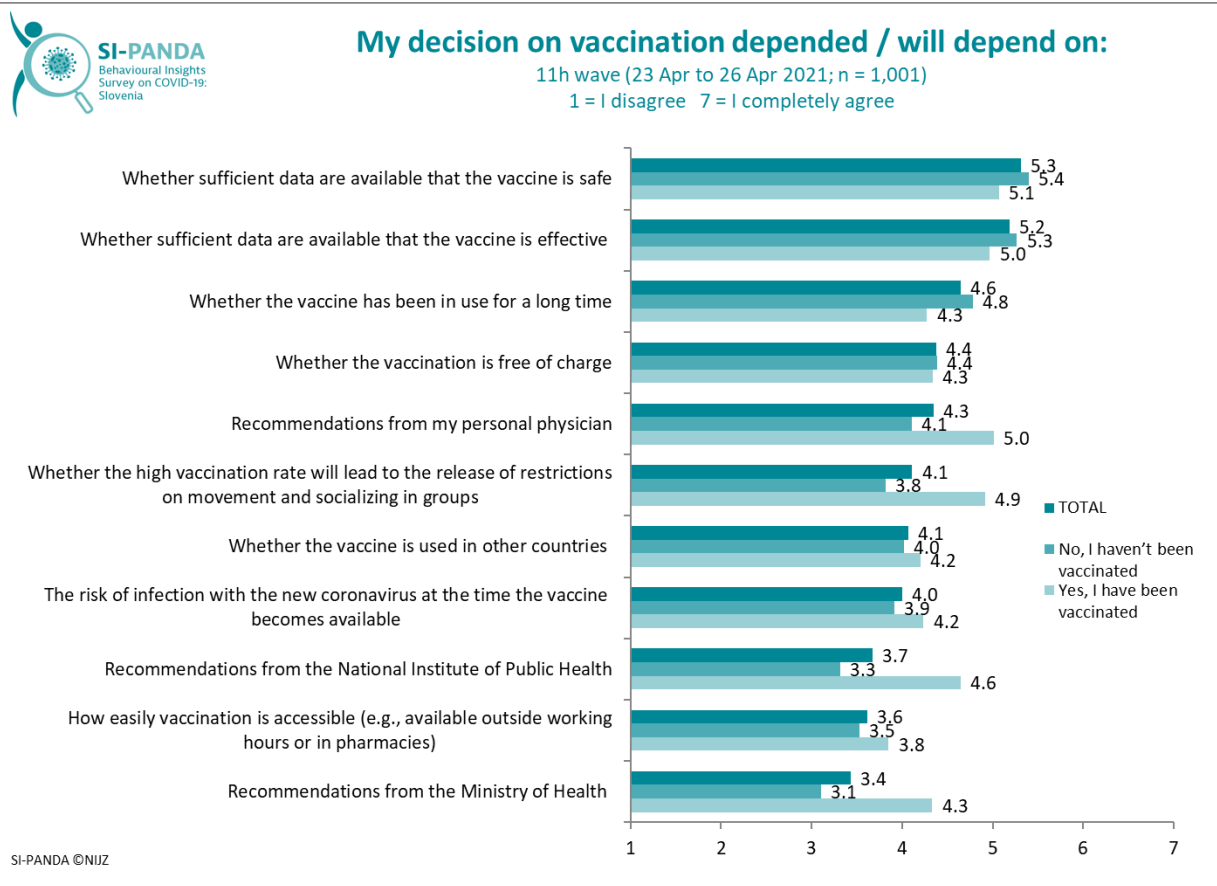


Figure 18: Reasons for the decision to get vaccinated against COVID-19, total, vaccinated and unvaccinated persons.

As many as 29.7% of people believe that vaccination against SARS-CoV-2 is not necessary and that it is better to get over the disease naturally. Regarding age groups, the share of people with such an opinion is, as expected, the highest in the youngest age group, where it amounts to little less than 35% (Figure 19).

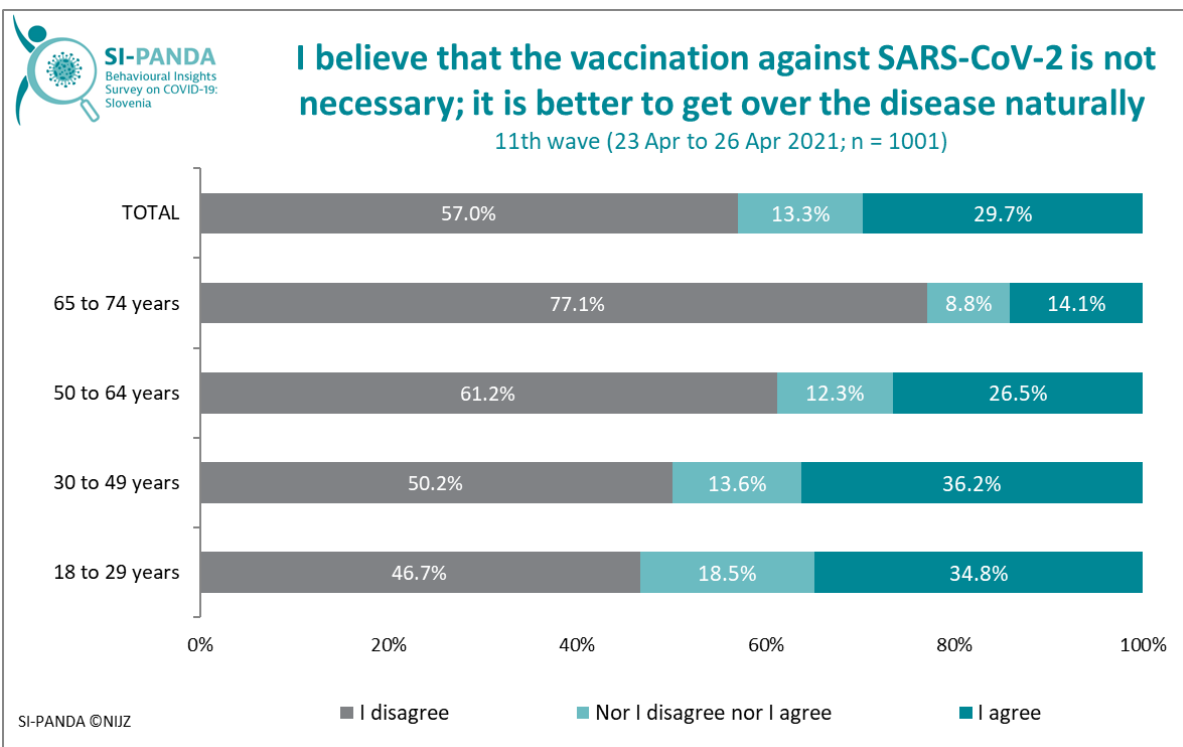


Figure 19: The share of persons who believe that vaccination against SARS-CoV-2 is not necessary, and that it is better to get over the disease naturally, total and by age groups.

In the 9th and 11th waves of the survey, we also asked about some opinions related to vaccination against COVID-19. As in the 9th wave, the relatively high share of those who believe that they do not have enough reliable information about the COVID-19 vaccine (61.9%) still surprises in the 11th wave. Almost half (45.8%) respondents would be vaccinated if they could choose which vaccine against COVID-19 they will be vaccinated with (46.6% in the 11th wave compared to 45.8% in the 9th wave). However, compared to the 9th wave of the survey, the share of people who would be vaccinated if this were a condition for a holiday abroad decreased significantly, namely by 6.2 percentage points. About 15% of people are in distress due to waiting to be vaccinated against COVID-19 (Figure 20).

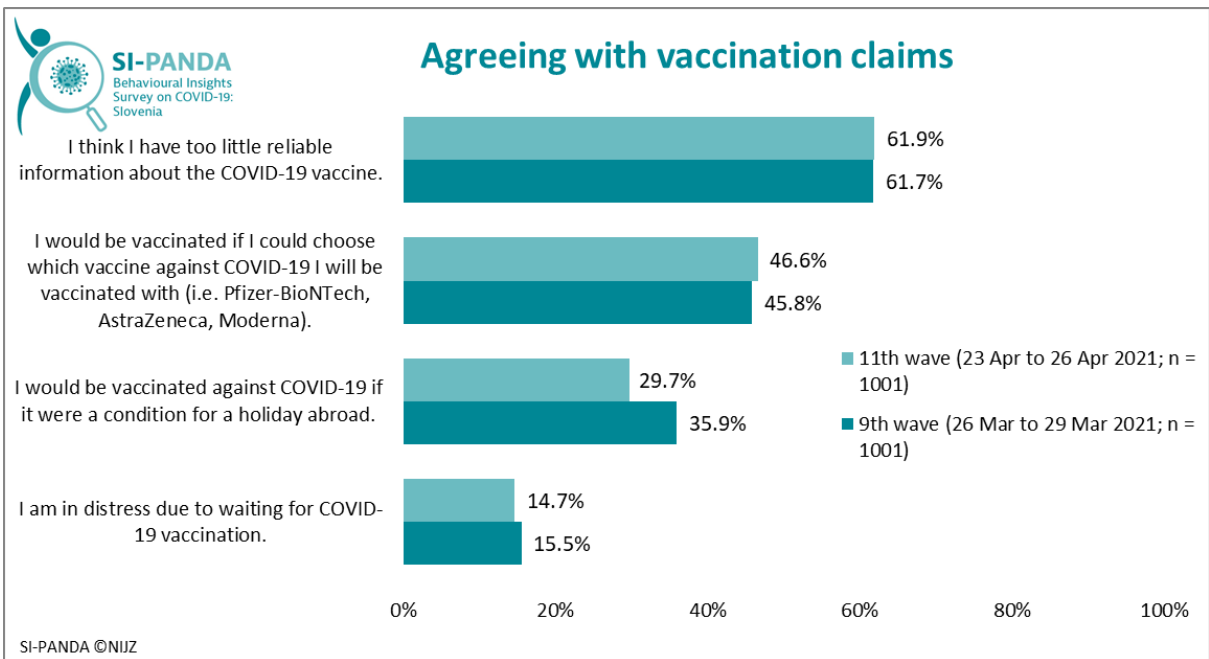


Figure 20: Agreeing with claims on vaccination against COVID-19, 9th and 11th wave.

The impact of the pandemic on lifestyle and bad condition

In the 11th wave of the survey, a good third of respondents (35.1%) stated that they had been less physically active in the last 2 weeks than before the pandemic; a little less than a fifth (18.6%) ate more unhealthy food than before the pandemic; 14.6% of the respondents smoked more than before the pandemic; and 8.7% drank more alcohol than before the pandemic (Figure 21). If we compare all the waves of the survey so far, among the lifestyle factors, the pandemic had the greatest impact on the reduction of physical activity. In the 11th wave of the survey, after deteriorations in the 10th wave, there are renewed improvements in lifestyle, especially in terms of physical activity, but also in terms of eating unhealthy food, and smoking and drinking alcohol, which is gratifying.

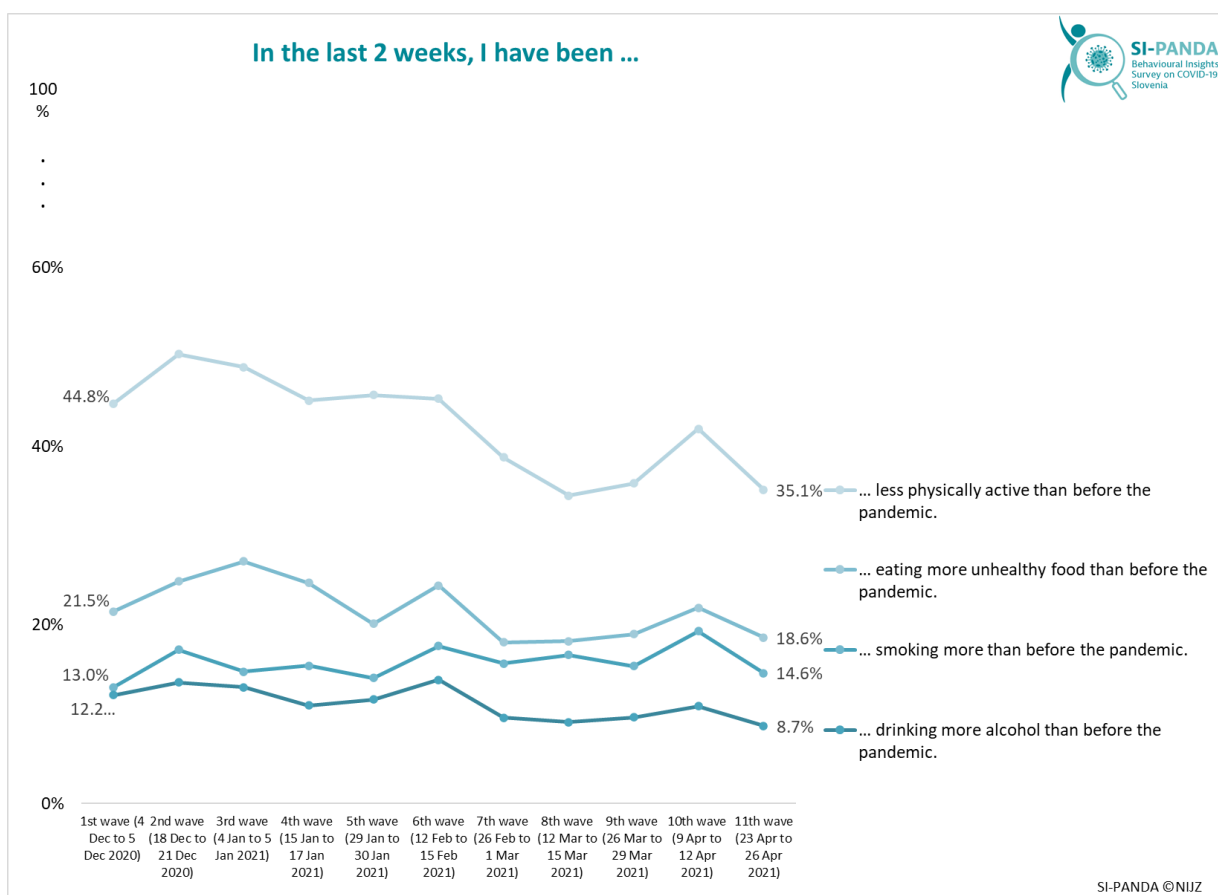


Figure 21: The impact of the pandemic on lifestyle in the last 2 weeks, total, by survey waves.

Throughout the survey, the youngest age group of the respondents reported the unhealthiest lifestyle habits (Figure 22). Compared to other age groups, they ate more unhealthy foods than before the pandemic (31.4% of the respondents aged 18 to 29). A little less than a quarter (23.0%) reported that they smoke more than before the pandemic, while 14.1% of those respondents increased alcohol consumption during the pandemic.

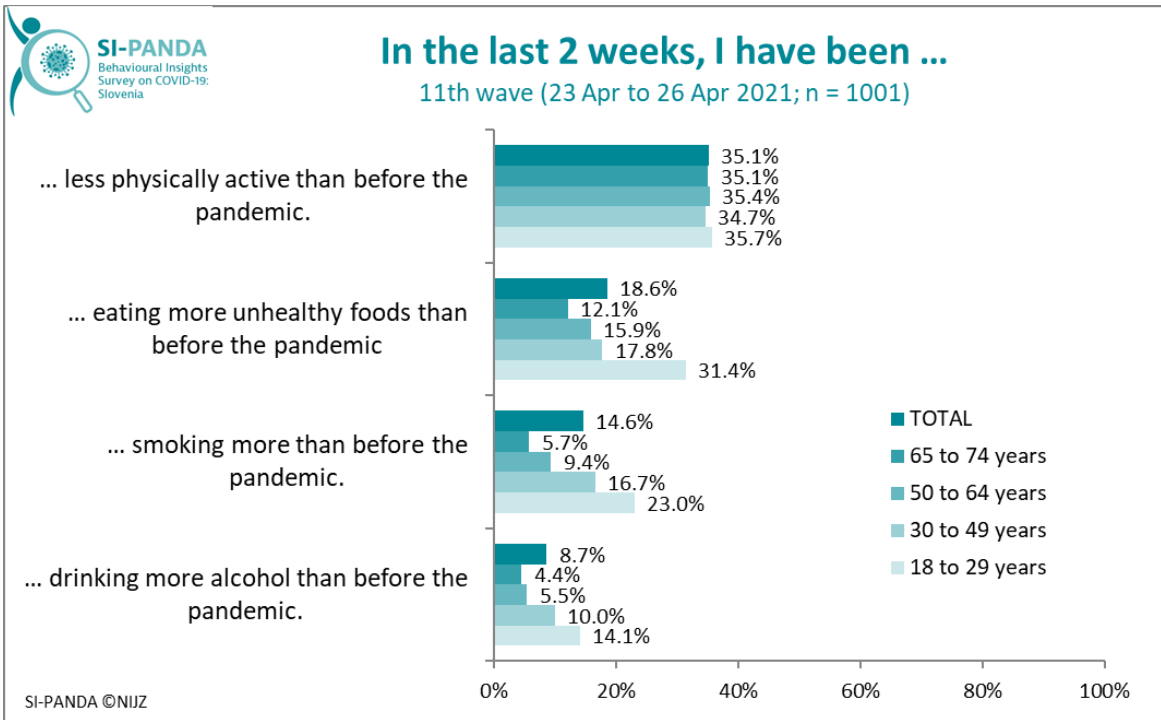


Figure 22: The impact of the pandemic on lifestyle in the last 2 weeks, total and by age groups.

We also checked for the presence of mental health problems during the pandemic. In the 11th wave of the survey, we found that 23.0% of respondents had mental health problems and 10.9% had signs of depressive disorder. The youngest age group of respondents (aged 18 to 29) reported the most mental health problems also in the 11th wave, with the shares of people with mental health problems (35.1%) and depressive disorder (15.1%) highest compared to other age groups (Figure 23). This is in line with the predictions that the COVID-19 pandemic affected mainly the older generations, while the consequences of measures to contain it mainly affected younger generations.

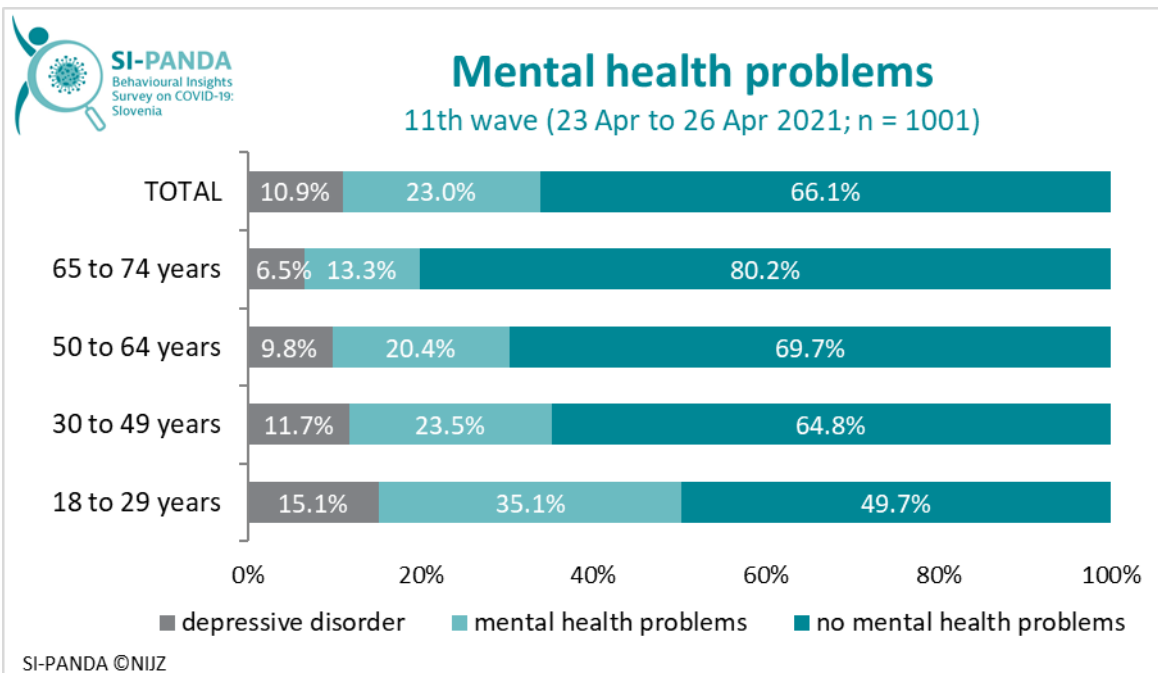


Figure 23: Mental health problems, total and by age groups.

If we compare the presence of mental health problems and the presence of depressive disorder throughout all waves of the survey, we note that the presence of these disorders in the 11th wave of the survey decreased significantly in all age groups, except in the age group 18 to 29 years, where from the 7th wave onwards a steady upward trend of these problems is observed (Figure 24).

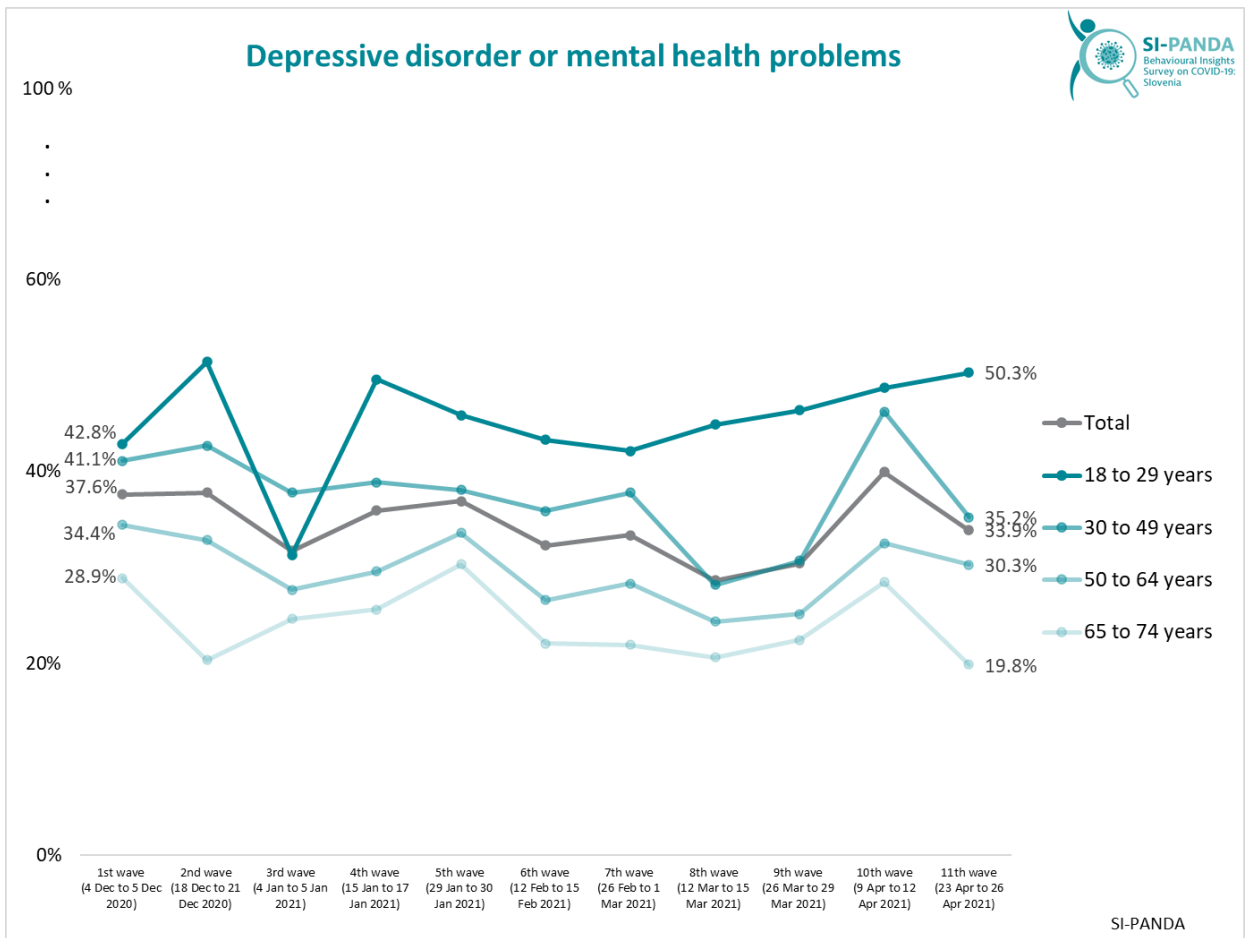


Figure 24: Mental health problems, by age groups and survey waves.

Contact with the healthcare system

In the 11th wave of the survey, almost a third of respondents (30.2%) avoided visiting a doctor due to the problem not related to SARS-CoV-2, and 6.9% postponed vaccination for themselves or their child. In 8th and 9th wave, doctor avoidance decreased significantly, but increased again in the 10th and 11th waves (Figure 25).

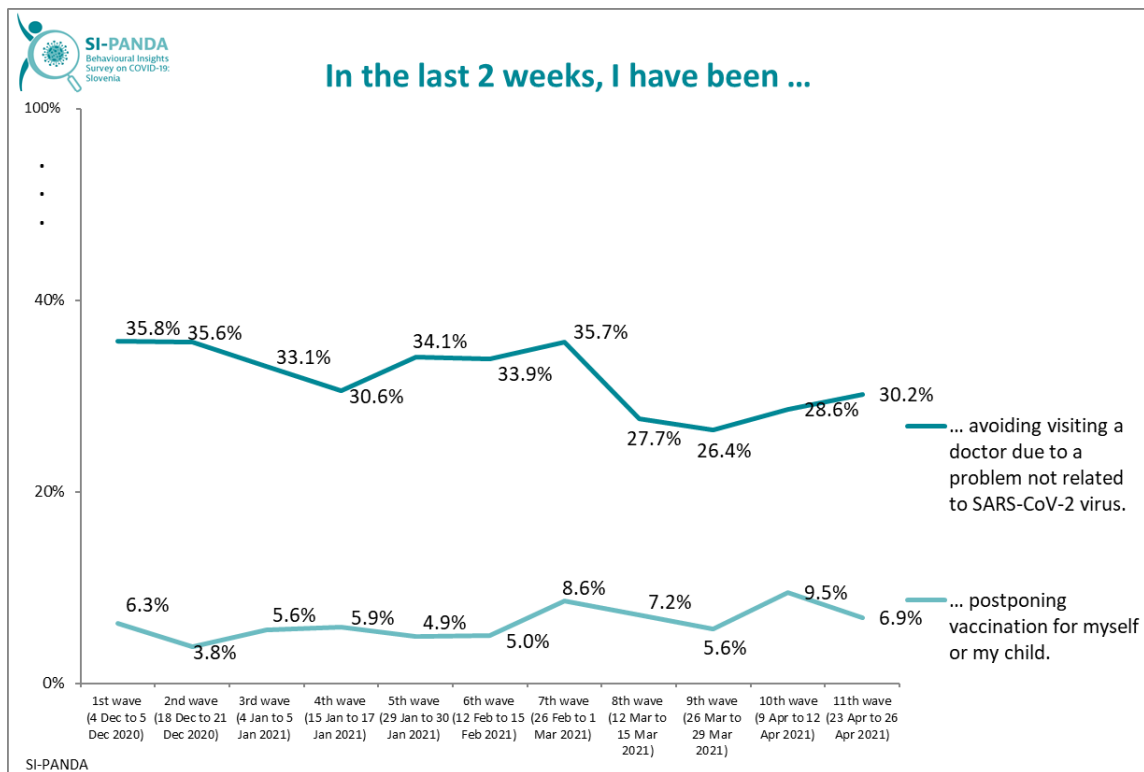


Figure 25: The impact of the pandemic on the contact with healthcare system in the last 2 weeks, total, by survey waves.

Respondents of the youngest age group (38.9%) are those who are most likely to avoid visiting a doctor due to a problem not related to SARS-CoV-2 virus (Figure 26).

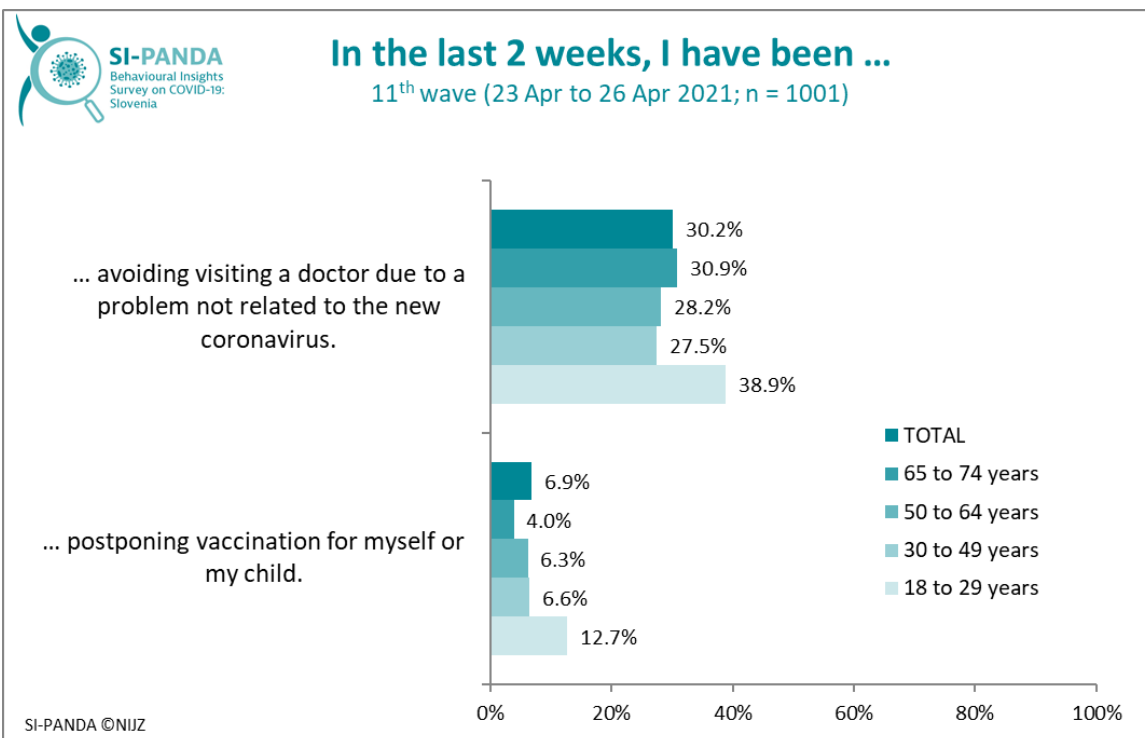


Figure 26: The impact of the pandemic on the contact with healthcare system in the last 2 weeks, total and by age groups.

Due to perceived delayed contacts with the doctor and the medical team, which we perceive throughout the entire duration of the survey, and due to suspended preventive activities at the primary healthcare level, a worsening of the pandemic of chronic non-communicable diseases with all syndemic consequences is expected, probably more pronounced in socioeconomically vulnerable groups.

The impact of the pandemic on the financial situation

A quarter (25.1%) of the respondents believe that their financial situation in the last 3 months is worse than before. The share of respondents who believe that their financial situation is worse in the last 3 months than before has decreased by 6.3 percentage points compared to the 1st wave of the survey. Respondents, aged 18 to 29, perceive their financial situation the worst (Figure 27) so it will be necessary to pay special social attention to this group also in accordance with the proposed EU programmes for managing the current crisis. Given their employment status, the unemployed and the self-employed perceive their financial situation as bad, which indicates a major public health problem.

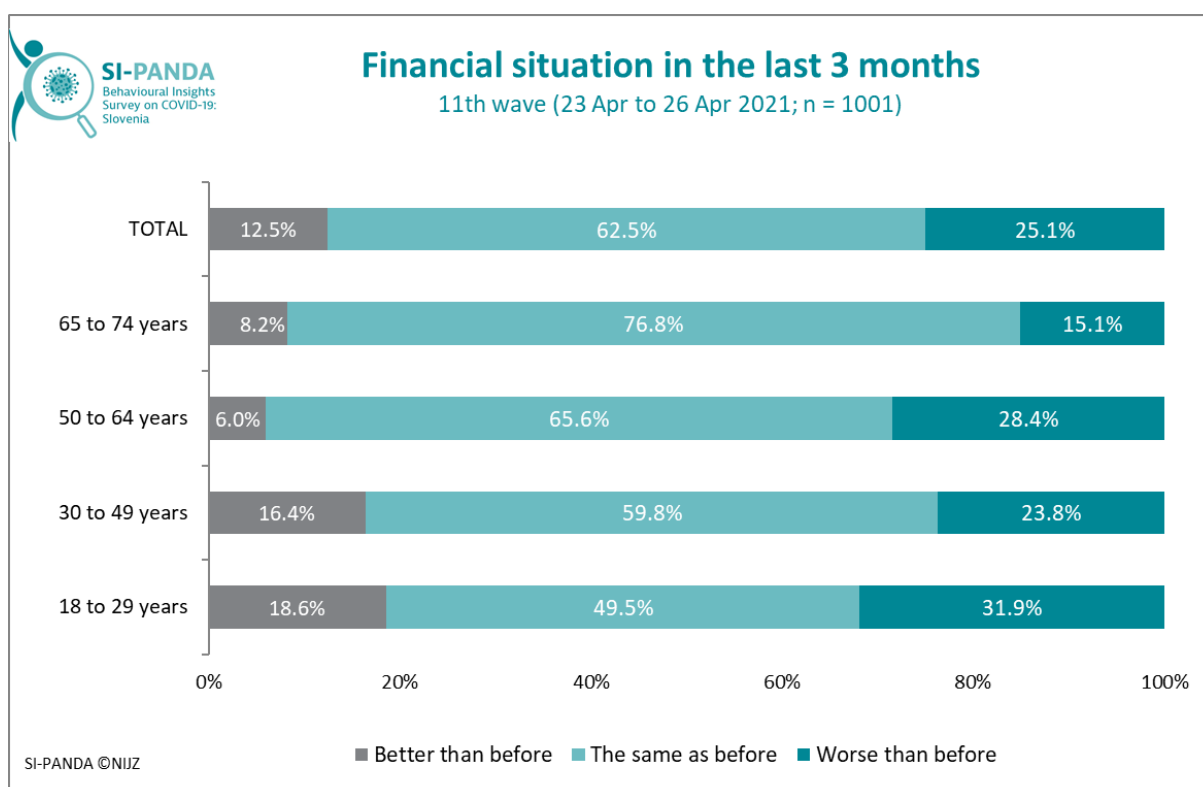


Figure 27: Perception of financial situation in the last 3 months, total and by age groups.

In terms of gender and education, the financial situation in the last 3 months was perceived as worse by most women with secondary education (30.3%). To a lesser extent, the financial situation deteriorated for women with college education or higher (20.8%).

Highlighted topics of the 11th wave of the survey

Voluntary free self-testing

In the 11th wave of the survey, we were interested in what respondents thought about free testing for SARS-CoV-2 infection and the availability of services and activities under certain conditions related to it. More than two thirds (64.7%) of respondents agree that residents should have two free PCR tests per month, which would be available without health reasons. If the condition for using the service is a negative test, 56.1% of respondents believe that a rapid antigen test should suffice. Almost the same share of respondents (54.7%) also believe that all services and activities should be accessible to all, without evidence of vaccination, recovery or negative test and just under a third (32.9%) agree that as evidence of a negative test, only a test performed by the PCR method should be valid (Figure 28).

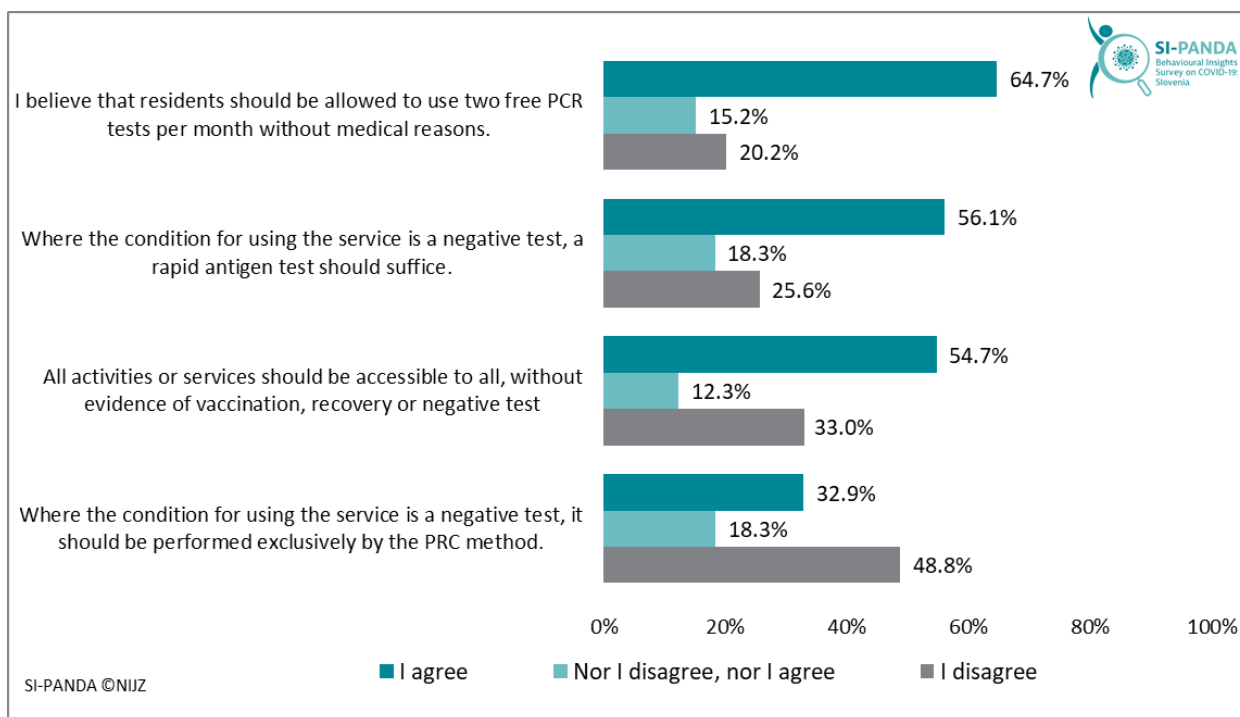


Figure 28: Respondents' opinions on COVID-19 testing and conditions for using services, total.

The share of people who believe that residents should have two free PCR tests per month, which would be available to them without health reasons, is the highest among respondents living in an urban environment (73.8%) (Figure 29).

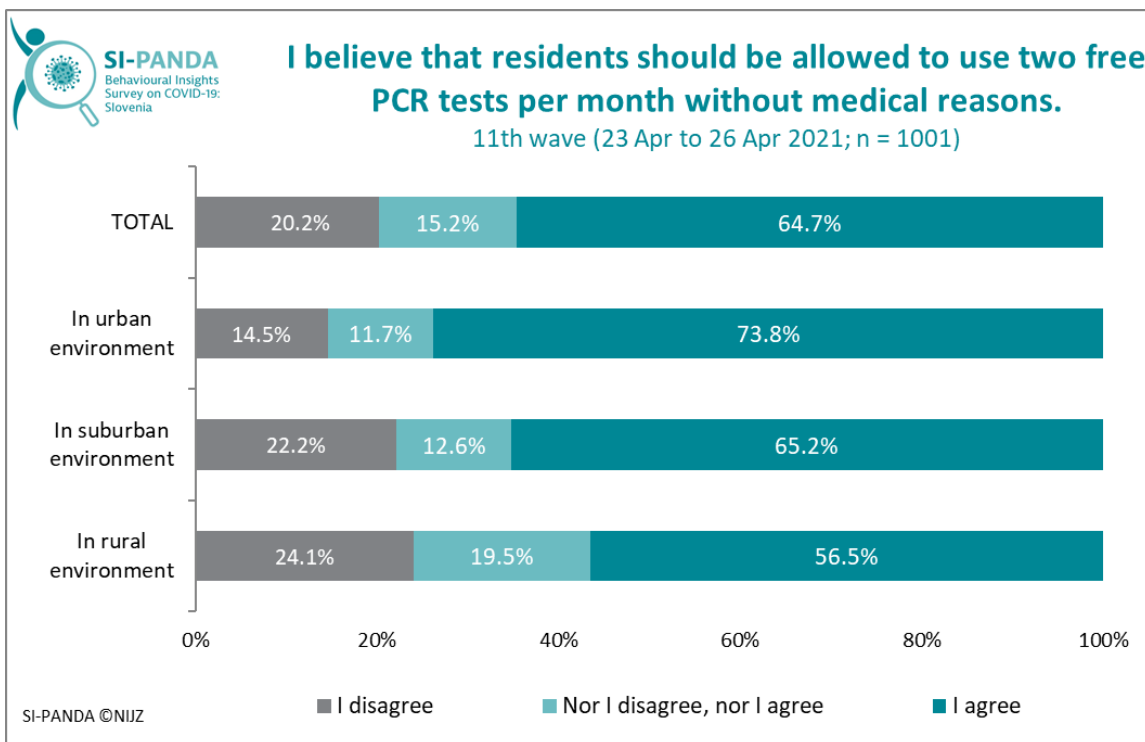


Figure 29: The share of persons who believe that residents should have access to two free PCR tests per month without medical reasons, total and by living environment.

More women (60.4%) than men (51.7%) believe that a rapid antigen test should suffice where a negative test is a condition for using the service (Figure 30) and vice versa more men (35.5%) than women (30.4%) believe that in such a case only PCR test method should suffice (Figure 31).

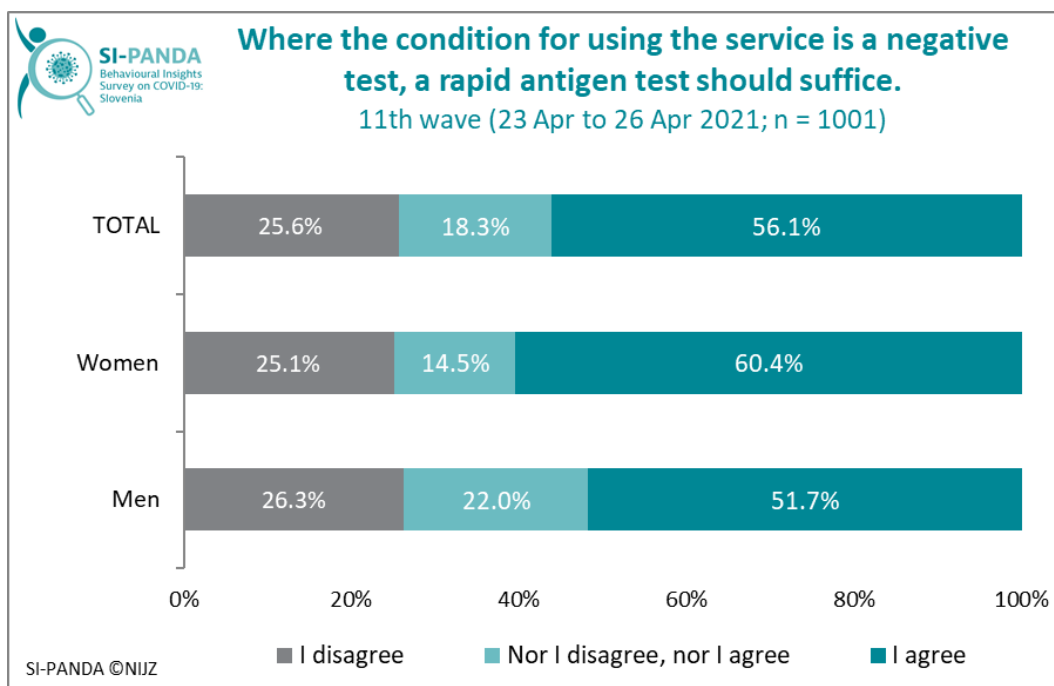


Figure 30: Respondents' opinion on the fact that where a negative test is a condition for using the service, a rapid antigen test should suffice, total and by gender.

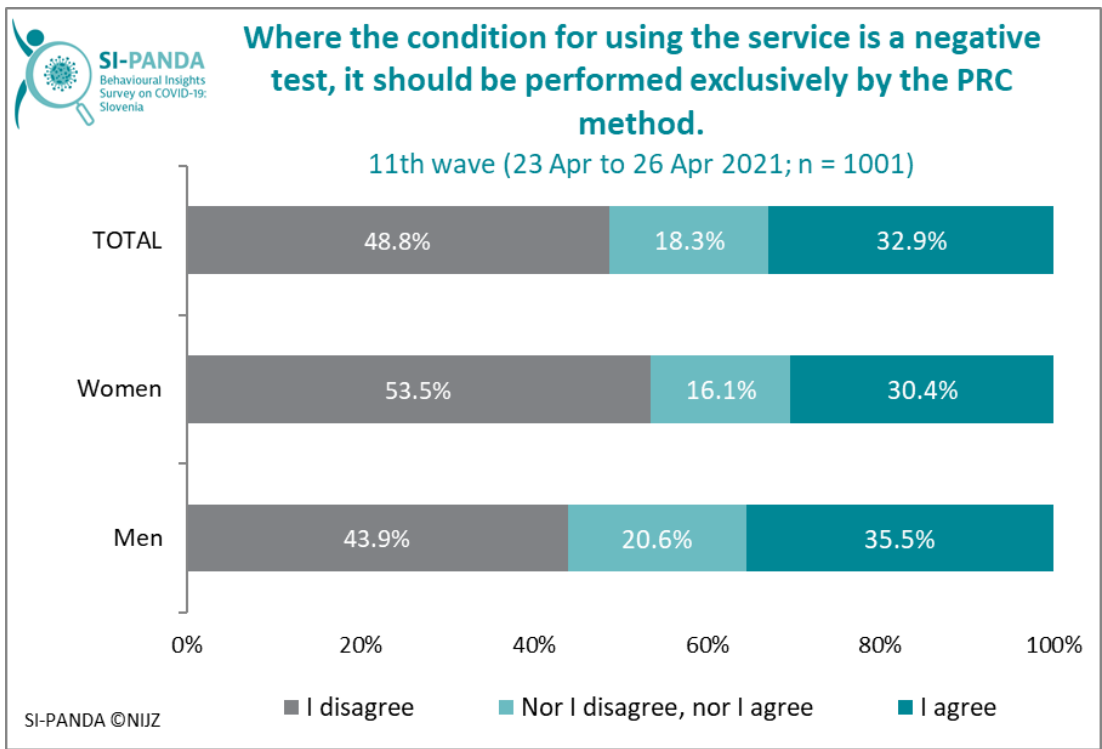


Figure 31: Respondents' opinion on the fact that, where a negative test is a condition for using the service, it should be performed exclusively by PCR method, total and by gender.

With regard to age groups, in the youngest age group, as expected, is the highest share of those who believe that a rapid antigen test should suffice as evidence (61.7%), while in the oldest age group the share of this opinion is equal to the opinion that only a test performed by the PCR method should suffice as evidence (Figure 32).

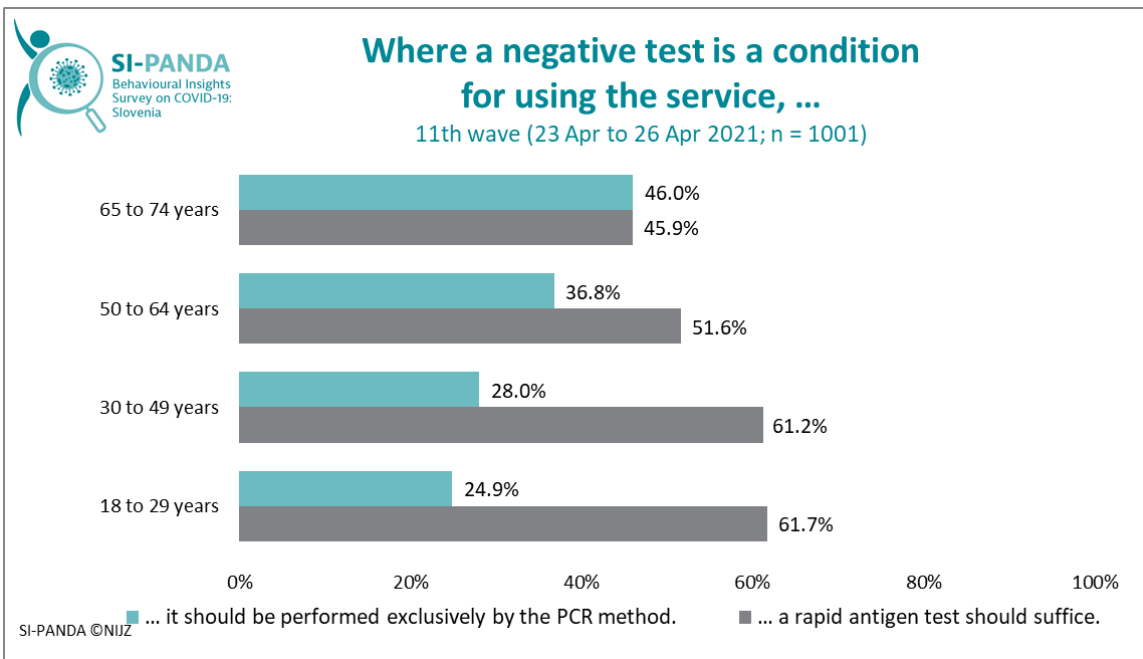


Figure 32: Respondents' opinion on what type of test should suffice as evidence where the condition for using the service is a negative test, by age groups.

If we compare respondents with regard to vaccination rate, among those who do not intent to be vaccinated, the share of those who believe all services and activities should be accessible without any COVID-19-related evidence is the largest (Figure 33).

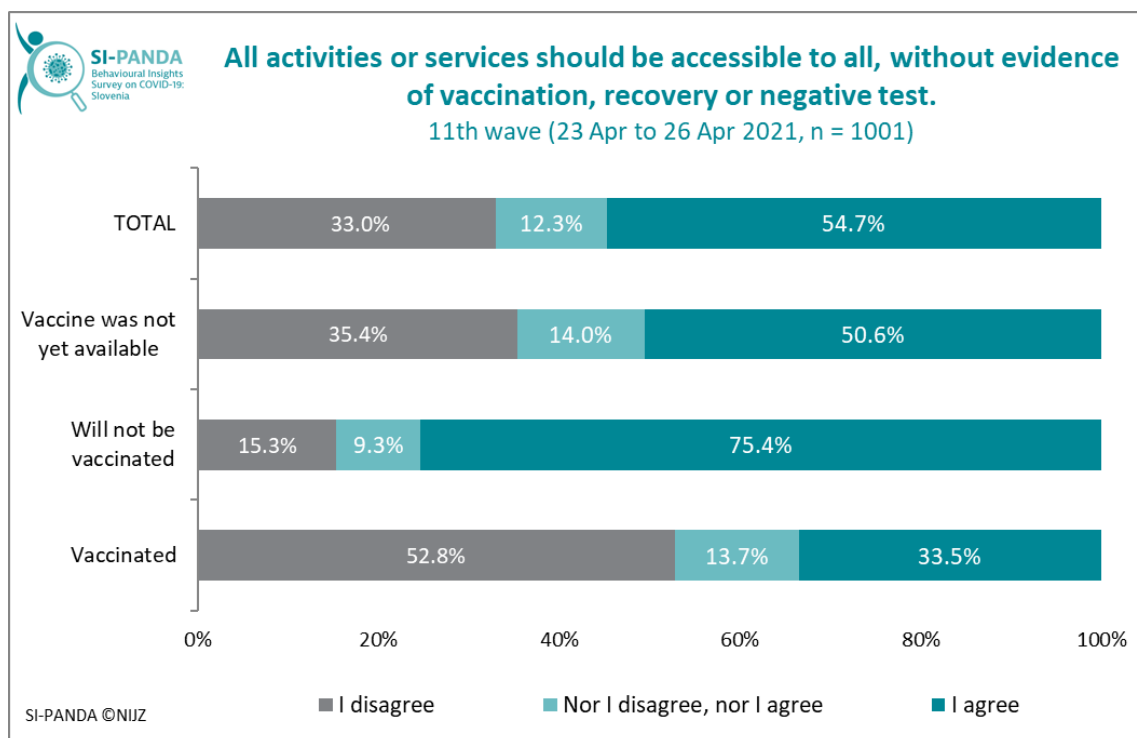


Figure 33: Respondents' opinion on whether all activities and services should be accessible to all, without any evidence on vaccination, recovery or negative test, total and by vaccination rate.

Problems after SARS-CoV-2 virus infection recovery – post-COVID syndrome or long COVID

Most people who get COVID-19 recover in a few weeks. But researchers, as well as healthcare professionals, find that in some people, individual symptoms persist for months after diagnosis, or they disappear and reappear weeks or months after initial recovery. Abroad, these problems have been termed post-acute COVID-19 or long COVID. It also occurs in those with a milder form of the disease and even among young adults and children without previous health problems. The symptoms of long-COVID are varied, e.g., fatigue, shortness of breath, insomnia, memory and concentration problems (i.e., foggy brain), heart palpitations, pain in various parts of body, diarrhoea, nausea, etc. ⁶.

In the 11th wave of the survey, 19.4% of respondents report that they are or have been infected with the SARS-CoV-2 virus so far, of which 82.1% report that the course of the disease was mild, and 17.9% that the course of the disease was more difficult. Respondents who are or have been infected with SARS-CoV-2 virus (194 respondents) were asked about possible problems after recovering from SARS-CoV-2 virus infection.

In Slovenia, we do not yet have data on how often these various symptoms appear after recovery. It is estimated that they occur in 10 to 15% of COVID-19 patients. Therefore, in the SI-PANDA survey, we were interested in whether the subjects who survived COVID-19 had or still have one of the symptoms shown below one month after recovering from SARS-CoV-2 virus infection (Figure 34).

We can find that most people (75%) still had some problems after one month of infection, namely a little less than half (42.3%) felt malaise, fatigue, lack of energy; a little less than a third (31.6%) had problems with perception of taste and smell; and about a quarter had problems with concentration and memory (26.4%) and sleep disorders (24.7%). This is followed by muscle and joint pain, chest pain and difficulty breathing, discomfort, health palpitations, and digestive problems (Figure 34). On average, the respondents had two problems.

⁶ Nalbandian, A., Sehgal, K., Gupta, A. et al. Post-acute COVID-19 syndrome. *Nat Med* 27, 601–615 (2021). <https://doi.org/10.1038/s41591-021-01283-z>.

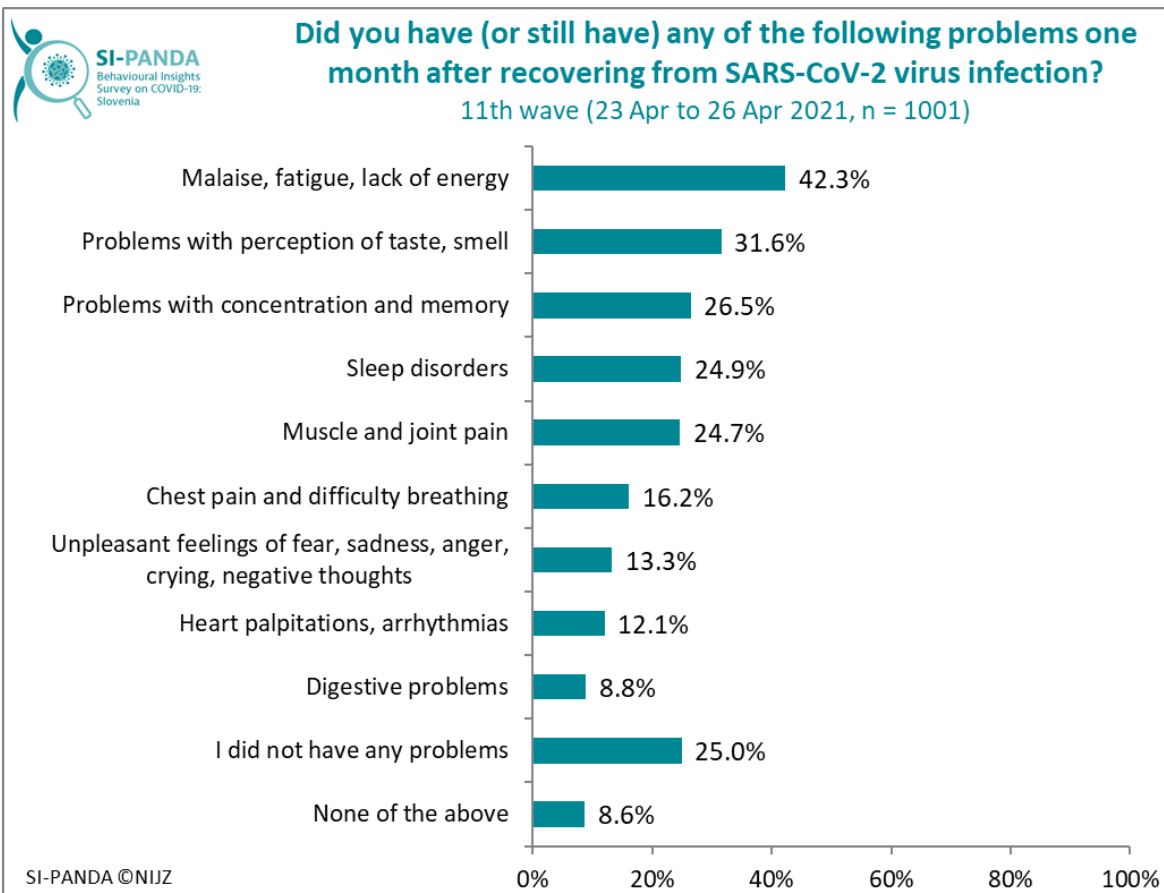


Figure 34: Heart problems after one month when respondents had already recovered from SARS-CoV-2 virus infection, total.

Just over half of people (58.7%) did not consult a doctor about these problems. Perhaps also because we do not yet have clear guidelines regarding the treatment of people with long COVID.

Much is still unknown about the long-term effects of SARS-CoV-2 infection on humans, but research is underway. Abroad, many major health centres are already opening specialized clinics to care for people who have permanent symptoms after recovering from COVID-19. Support groups are also available.

It is important to note, however, that most people with COVID-19 recover quickly. Although the risk of long-term health problems after COVID-19 virus infection is relatively small, it is even more important to strictly take precautions, such as washing hands, wearing masks indoors, maintaining physical distance and avoiding crowds, room ventilation, and vaccination when available to the individual.



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