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Dear Editor,

Loneliness is a common experience and is often a complex and unpleasant response to isolation or lack of companionship [1]. About 80% of people under the age of 18 and 40% of adults over the age of 65 reports feeling lonely at least sometimes [1]. Loneliness represents perceived social isolation, so we can say that people can live relatively solitary life and not feel lonely, and on the contrary, they can have a seemingly rich social life and still feel lonely. So, we can define loneliness as an unpleasant feeling that the social needs of the person are not satisfied through the quantity or especially the quality of social relations [1, 2].

A growing body of research suggests that loneliness predicts increased morbidity and mortality.\(^1\) Also, a significant effect of loneliness on mortality has been reported in studies, it has also been reported that depressive symptoms have been associated with loneliness and adverse health outcomes, in general, feeling lonely is a sign of increased risk of illness and mortality [1].

After about three years have passed since the terrible epidemic of Covid-19 and the infection of more than 761 million people and the death of more than 6.8 million people around the world [3], as well as the experience of successive quarantines and social distancing, generally the communication of humans with It has decreased rapidly and people feel more lonely in this situation, because their relationship and talking with each other has decreased, so it seems that the feeling of loneliness needs to be redefined after the corona pandemic. This means that loneliness has become much deeper and we need more psychological rehabilitation measures in society.
Based on a meta-analysis of the prevalence of loneliness in 113 countries, it was reported that the prevalence of loneliness ranged from 9.2% in Southeast Asia to 14.4% in the Eastern Mediterranean [4]. The prevalence of severe loneliness during COVID-19 was reported to be 21% in one study [5], while this study was reported in October 2021, and this statistic has been increasing since then with the increase in deaths. However, this number is an indicator of the importance of loneliness after COVID-19, which threatens survivors of this pandemic with the risks of severe depression, increased adverse health outcomes, and death.

It seems that the end of COVID-19 is the beginning of a new concept of loneliness around the world, which can be a challenge for the health systems ahead and in the future, a challenge that will plague the world community and the World Health Organization, not now, but in the next few years. It begs the question, how ready are we to be alone after COVID-19? Can the helpless and damaged healthcare system after the corona pandemic, which needs to be rebuilt, handle these patients?

Therefore, it seems that considering that the death statistics were very high and the effects of quarantine for years on the relationship between the affected people, the World Health Organization for the survivors of the COVID-19 pandemic, considers the processes of rehabilitation and mental reconstruction to witness the wave. Let's not have an increasing number of mental disorders caused by loneliness after the coronavirus, and don't bring heavy costs to the helpless health and medical system after the coronavirus era.

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