

**news**

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**From:** news  
**Sent:** Sunday, 10 March 2024 1:38 PM  
**To:** John Gerrard  
**Cc:** news; Paul Reynolds; Jane Hodgkinson  
**Subject:** Fwd: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Hi John

Pls see below regarding your long COVID paper.

Talk tomorrow.

Thanks Tracey

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**From:** Tony Kirby <tony.kirby@tonykirby.com>  
**Sent:** Sunday, March 10, 2024 8:01 am  
**To:** news <news@health.qld.gov.au>; Rachael Davies <rachaelvdavies@hotmail.co.uk>  
**Subject:** Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Dear Health Media Team,

Hello it's Tony Kirby here, I worked with you last year on the press release for the abstract of Dr John Gerrard CMO and colleagues abstract on long COVID.

Hello, I am Tony Kirby, I manage the press room at ECCMID each year.

This year, we are issuing press releases on some abstracts early ahead of the meeting, to both generate more news coverage and help promote the meeting.

We have selected your abstract 'Long COVID looks like other post-viral syndromes 12 months after infection' to be one of these early releases.

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If we can prepare the press release quickly, we may issue it as early as next week.

I copy the link of the abstract below:

[Long COVID looks like other post-viral syndromes 12 months after infection \(key4events.com\)](https://www.key4events.com/long-covid-looks-like-other-post-viral-syndromes-12-months-after-infection)

My colleague Rachael Davies in copy will prepare the draft and send it to you in the next couple of days.

Please could we ask you:

1. Has the abstract been submitted or published anywhere, and if so where (and if published, please could you send us the article PDF)
2. Please could you send the PDF of your e-poster, if it is ready. (Of course at this early stage we don't expect that-but just in case)
3. If you have any conflicts of interest related to the work

Thanks so much,

Tony Kirby

Tony Kirby PR

Official Press Agent of ECCMID 2024

[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)

+447834385827

RTI Release

## news

**From:** news  
**Sent:** Monday, 11 March 2024 10:34 AM  
**To:** Connor Wallace  
**Subject:** FW: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection  
**Attachments:** ECCMID release - long COVID Queensland.docx

Hi Con,

Are you able to take a look at his one and chat with John if he's happy with it or has any changes?

Let me know if you have any issues.

Thanks, Lisa

**From:** Rachael Davies <rachaelvdavies@hotmail.co.uk>  
**Sent:** Monday, 11 March 2024 7:06 AM  
**To:** news <news@health.qld.gov.au>; news <news@health.qld.gov.au>  
**Subject:** Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Dear Media team,

Further to Tony's email (below), please find attached the draft release based on Dr Gerrard's abstract. I would be grateful if you could forward it to him to review and return with any edits or comments using track changes as soon as possible, but by **EOP (UK time), Wednesday 13<sup>th</sup> March if possible**.

There are some important points for you to be aware of when reviewing the press release:

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- I have drafted a suggested quote in your name that are not directly from the abstract, please confirm that you are happy with this or please edit.
- **Please provide your preferred email address and phone number for journalists to contact you.** These will be included in the press release and shared directly with journalists.

Thanks and I look forward to hearing back from you.

Best wishes,  
 Rachael

Rachael Davies  
 Tel. +44 (0) 7974 560784

---

**From:** Tony Kirby <tony.kirby@tonykirby.com>  
**Sent:** Saturday, March 9, 2024 10:00:02 PM  
**To:** news <news@health.qld.gov.au>; Rachael Davies <rachaelvdavies@hotmail.co.uk>  
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1. Has the abstract been submitted or published anywhere, and if so where (and if published, please could you send us the article PDF)
2. Please could you send the PDF of your e-poster, if it is ready. (Of course at this early stage we don't expect that-but just in case)
3. If you have any conflicts of interest related to the work

Thanks so much,

Tony Kirby

Tony Kirby PR

Official Press Agent of ECCMID 2024

[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)

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## Long COVID 'indistinguishable' from other post-viral syndromes a year after infection

- *Comparison with influenza and other respiratory illnesses in Australian state of Queensland during Omicron wave in 2022 finds no evidence of worse post-viral symptoms or functional impairment a year after infection.*
- *Rather, authors say, long COVID may have appeared as a distinct and severe illness because of high numbers of COVID-19 cases.*

**Commented [RD1]:** @authors - your conclusions mention other respiratory illnesses but the results only seem to mention influenza. Is this because the PCR negative respondents were symptomatic (i.e., likely had other respiratory viruses)?

*\*Please mention the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024, Barcelona, 27-30 April) if using this material\**

*\*Embargo for both parts: 0001H CEST Barcelona time TBC March\**

Long COVID appears to manifest as a post-viral syndrome indistinguishable from seasonal influenza and other respiratory illnesses, with no evidence of increased moderate-to-severe physical limitations a year after infection, according to new research being presented at this year's this year's European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024) in Barcelona, Spain (27-30 April).

The study by Queensland Health researchers suggests that in the highly vaccinated population of Queensland exposed to the Omicron variant [1], long COVID's impact on the health system is likely to stem from the sheer number of people infected with SARS-CoV-2 within a short period of time, rather than the severity of long COVID symptoms or physical impairment.

The findings add to a previous analysis by the same authors comparing long COVID symptoms in adults diagnosed with COVID-19 and influenza 12 weeks post infection.

**Commented [RD2]:** @authors - has your previous analysis been published?

Around 5-10% of COVID-19 cases in Australia are estimated to have resulted in long COVID, according to the Australian Institute of Health and Welfare. The disorder can appear as a continuation of the original COVID-19 symptoms or manifest as new symptoms affecting any part of the body, including brain fog, digestive problems, and vascular issues, for months or even years after the original infection.

To understand more about the impact of long COVID on the Australian state of Queensland, researchers surveyed 5,112 symptomatic individuals (aged 18 years and older) with PCR-confirmed infection for COVID-19 (2,399 adults) or who were PCR negative for COVID-19 (2,713 adults: 995 influenza positive and 1,718 PCR negative for both suggestive of other respiratory illness) between May and June 2022.

**Commented [RD3]:** @authors - have I understood this correctly?

Because all laboratory testing for COVID-19 and influenza in Queensland is recorded in the Department of Health's Notifiable Conditions System, the study is a census of all individuals in the state who tested positive for COVID-19 or influenza during that time.

**Commented [RD4]:** @authors - please can you provide exact dates.

**Commented [RD5]:** @authors - does this include people hospitalised with influenza/COVID-19?

A year later, participants were asked about ongoing symptoms and the degree of functional impairment using a questionnaire delivered by SMS link to a survey.

**Commented [RD6]:** @authors - did all individuals complete the questionnaire a year later?

Overall, 16% (834/5,112) reported ongoing symptoms a year later, and 3.6% (184) reported moderate-to-severe functional impairment such as difficulty XXX.

**Commented [RD7]:** @authors - please can you provide examples.

After controlling for influential factors including age, sex, First Nation status, vaccination status, and socioeconomic profile (based on postcode), the analysis found no evidence that COVID-19 positive adults were more likely to have moderate-to-severe functional limitations a year after their diagnosis than symptomatic adults who were negative for COVID-19 (3.0% vs 4.1%).

**Commented [RD8]:** @authors - did you also control for vaccination and socioeconomic profile?

Moreover, results were similar when compared with the 995 symptomatic adults who had influenza (3.0% vs 3.4%).

Interestingly, the analysis also found that those aged 50 years or older, and those who had symptoms of dizziness, muscle pain, shortness of breath, post-exertional malaise, and fatigue, were more likely to report moderate-to-severe functional impairment.

"In health systems with highly vaccinated populations, long COVID may have appeared as a distinct and severe illness because of high volumes of COVID-19 cases, but is indistinguishable from other post-viral illnesses", says Dr John Gerrard, Queensland's Chief Health Officer. "These findings underscore the importance of comparing post-COVID-19 outcomes with those following other respiratory infections, and of further research into post-viral syndromes."<sup>1</sup>

**Commented [RD9]:** @authors - please edit/add concluding quote mentioning what the findings mean for ongoing resource allocation for long COVID in Queensland

The authors caution that the findings are associations only, and point to several limitations, including that they can't rule out the possibility that other unmeasured factors such as underlying illness and influenza vaccination may have influenced the results. They also note that the risk of long COVID has been lower during the Omicron wave compared with other SARS-CoV-2 variants, and because 90% of people in Queensland were vaccinated when Omicron emerged, the lower severity of long COVID could be due to vaccination and/or the variant.

For interviews with the report authors, please contact Queensland Health's Media Team in Australia at [news@health.qld.gov.au](mailto:news@health.qld.gov.au)

Alternative contact in the ECCMID Press Room: Tony Kirby T) + 44(0)7834 385827 E) [tony@tonykirby.com](mailto:tony@tonykirby.com)

**Notes to editors:**

**Commented [RD10]:** @authors - please confirm whether you have any conflicts of interest and whether the research has been submitted to a journal or been published.

[1] More than 90% of the population of Queensland had been vaccinated against COVID-19 before the community first experienced transmission of the Omicron variant in 2022.

The authors declare no conflicts of interest.

This press release is based on a poster at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID). All accepted abstracts have been extensively peer reviewed by the congress selection committee. There is no full paper at this stage, but the authors are happy to answer your questions. The research has not yet been submitted to a medical journal for publication.

## news

**From:** Connor Wallace  
**Sent:** Tuesday, 12 March 2024 10:18 AM  
**To:** Natarjsha Kramer; @HealthMedia; Rachel Western; Phoenix Campbell  
**Cc:** news; Tracey Walker; Paul Reynolds; Bennett Annis-Brown; Breanna Travers; Inga Williams; Robert Hoge  
**Subject:** Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection  
**Attachments:** ECCMID release - long COVID Queensland (003).docx  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed  
**Categories:** Connor/Keith

Hi all,

As an FYI only, please see attached media release which has been edited (with track changes) and approved by Chief Health Officer Dr John Gerrard.

I will be sending to London shortly.

Thanks, Connor

**From:** Rachael Davies <rachaelvdavies@hotmail.co.uk>  
**Sent:** Monday, 11 March 2024 7:06 AM  
**To:** news <news@health.qld.gov.au>; news <news@health.qld.gov.au>  
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 Rachael

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Thanks so much,

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## Long COVID 'indistinguishable' from other post-viral syndromes a year after infection

- Comparison with influenza and other respiratory illnesses in Australian state of Queensland during Omicron wave in 2022 finds no evidence of worse post-viral symptoms or functional impairment a year after infection.
- Rather, authors say, long COVID may have appeared as to be a distinct and severe illness because of high numbers of COVID-19 cases during the pandemic.

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Long COVID appears to manifest as a post-viral syndrome indistinguishable from seasonal influenza and other respiratory illnesses, with no evidence of increased moderate-to-severe physical-functional limitations a year after infection, according to new research being presented at this year's this year's European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024) in Barcelona, Spain (27-30 April).

The study by Queensland Health researchers suggests that in the highly vaccinated population of Queensland exposed to the Omicron variant [1], long COVID's impact on the health system is likely to stem from the sheer number of people infected with SARS-CoV-2 within a short period of time, rather than the severity of long COVID symptoms or physical functional impairment.

The findings add to a previous analysis research by the same authors and published in the British Medical Journal comparing long COVID symptoms in adults diagnosed with COVID-19 and influenza 12 weeks post infection.

Around 5-10% of COVID-19 cases in Australia are estimated to have resulted in long COVID, according to the Australian Institute of Health and Welfare. Rates of long COVID in Australia are low due to high vaccination rates upon easing of COVID restrictions and the population's subsequent exposure to the Omicron variant. The disorder can appear as a continuation of the original COVID-19 symptoms or manifest as new symptoms affecting any part of the body, including brain fog, digestive problems, and vascular issues, for months or even years after the original infection. Symptoms reported with the illness include fatigue, brain fog, cough, shortness of breath, change to smell and taste, dizziness, and rapid or irregular heartbeat.

To understand more about the impact of long COVID on the Australian state of Queensland, researchers surveyed 5,112 symptomatic individuals (aged 18 years and older), comprising those with PCR-confirmed infection for COVID-19 (2,399 adults) and those who were PCR negative for COVID-19 (2,713 adults: 995 influenza positive and 1,718 PCR negative for both but symptomatic with a suggestive of other respiratory illness) between 29 May and 25 June 2022 May and June 2022.

Laboratory reporting for COVID-19 and influenza is mandated upon PCR test request under Queensland's public health legislation, with the results recorded in Because all laboratory testing for COVID-19 and influenza in the Queensland is recorded in the Department of Health's Notifiable Conditions System, the study is a census of all individuals in the state who tested positive for COVID-19 or influenza during that time.

A year after their PCR test, in May and June 2023-later, participants were asked about ongoing symptoms and the degree of functional impairment using a questionnaire delivered by SMS link to a survey.

**Commented [RD1]:** @authors - your conclusions mention other respiratory illnesses but the results only seem to mention influenza. Is this because the PCR negative respondents were symptomatic (i.e., likely had other respiratory viruses)?

**Commented [MB2R1]:** Correct. Our study looked at symptomatic adults who were:  
-PCR-positive to COVID; or  
-PCR positive to influenza; or  
-PCR negative to COVID and influenza (but may have tested positive to something else, or nothing, noting they were symptomatic also).

**Commented [RD3]:** @authors - has your previous analysis been published?

**Commented [MB4R3]:** Yes, in the BMJ (link attached). It too found no difference between rates of ongoing symptoms and mod/severe functional impairment after 12 weeks between those who tested PCR positive to COVID and those testing PCR positive to influenza.

Here is the article: [Ongoing symptoms and functional impairment 12 weeks after testing positive for SARS-CoV-2 or influenza in Australia: an observational cohort study | BMJ Public Health](#)

**Commented [MB5]:** Suggest this is deleted. The AIHW's figure is based on overseas estimates using unvaccinated populations largely in the pre-Omicron era.

While our study does not estimate prevalence, other studies suggest prevalence in the Australian context is very low. We suggest reading the "Prevalence in Australia" section in this summary  
[https://www.qld.gov.au/data/assets/pdf\\_file/0023/38074/1/long-covid-living-evidence-summary.pdf](https://www.qld.gov.au/data/assets/pdf_file/0023/38074/1/long-covid-living-evidence-summary.pdf)

Note the Lancet published an Australian modelling estimate that 0.09% of non-hospitalised adults had long COVID. [Epidemiologic and economic modelling of optimal COVID-19 policy: public health and social measures, masks and vaccines in Victoria, Australia - ScienceDirect](#)

We suggest "Rates on long COVID in Australia are believed to be low, due to high vaccination rates upon easing of C [...]" [1]

**Commented [MB6]:** These are the most commonly reported symptoms and align with our study where we asked the cohorts about their existence (though in the interests of space this is not covered in our abstract).

**Commented [RD7]:** @authors - have I understood this correctly?

**Commented [MB8R7]:** Yes. See edits.

**Commented [RD9]:** @authors - please can you provide exact dates.

**Commented [MB10R9]:** Done.

**Commented [RD11]:** @authors - does this include people hospitalised with influenza/COVID-19?

**Commented [MB12R11]:** Yes.

**Commented [RD13]:** @authors - did all individuals complete the questionnaire a year later?

**Commented [MB14R13]:** No. Response was voluntary. This statement is not accurate, as we had exclusions (eg people under 18yo, people who had deceased, etc). See [...]" [2]

Overall, 16% (834 / 5,112) of all respondents reported ongoing symptoms a year later, and 3.6% (184) reported moderate-to-severe functional impairment in their activities of daily life, such as difficulty XXX.

After controlling for influential factors including age, sex, and First Nation status, vaccination status, and socioeconomic profile (based on postcode), the analysis found no evidence that COVID-19 positive adults were more likely to have moderate-to-severe functional limitations a year after their diagnosis than symptomatic adults who were negative for COVID-19 (3.0% vs 4.1%).

Moreover, results were similar when compared with the 995 symptomatic adults who had influenza (3.0% vs 3.4%).

Interestingly, the analysis also found that those who were more likely to report moderate-to-severe functional impairment were those aged 50 years or older, and those who had symptoms of dizziness, muscle pain, shortness of breath, post-exertional malaise, and fatigue, were more likely to report moderate-to-severe functional impairment.

"In health systems with highly vaccinated populations, long COVID may have appeared as to be a distinct and severe illness because of high volumes of COVID-19 cases during the pandemic. However, we found that the rates of ongoing symptoms and functional impairment, but is are indistinguishable from other post-viral illnesses", says Dr John Gerrard, Queensland's Chief Health Officer. "These findings underscore the importance of comparing post-COVID-19 outcomes with those following other respiratory infections, and of further research into post-viral syndromes."

"Furthermore, we believe it is time to stop using terms like 'long COVID'. They wrongly imply there is something unique and exceptional about longer term symptoms associated with this virus. This terminology can cause unnecessary fear, and in some cases, hypervigilance to longer symptoms that can impede recovery"

The authors caution that the findings are associations only and do not represent prevalence. They, and point to several limitations, including that they can't rule out the possibility that other unmeasured factors such as participants who were hospitalised or had underlying pre-existing illness were not identifiable within the cohort and influenza vaccination may have influenced the results. They also note that the risk of long COVID has been lower during the Omicron wave compared with other SARS-CoV-2 variants, and because 90% of people in Queensland were vaccinated when Omicron emerged, the lower severity of long COVID could be due to vaccination and/or the variant.

For interviews with the report authors, please contact Queensland Health's Media Team in Australia at [news@health.qld.gov.au](mailto:news@health.qld.gov.au)

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#### Notes to editors:

[1] More than 90% of the population of Queensland had been vaccinated against COVID-19 before the community first experienced transmission of the Omicron variant in 2022.

The authors declare no conflicts of interest.

This press release is based on a poster at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID). All accepted abstracts have been extensively peer reviewed by the congress selection committee. There is no full paper at this stage, but the authors are happy to answer your questions. The research is being prepared for has not yet

Commented [RD15]: @authors - please can you provide examples.

Commented [MB16R15]: See attached. Participants rated the degree of impairment against their usual activities of daily life.

Commented [RD17]: @authors - did you also control for vaccination and socioeconomic profile?

Commented [MB18R17]: Our paper for peer review will control for these. At the time of writing the abstract we had not finalised data linkages to include influenza vaccination. In our experience with the 12 week paper this has not changed results.

Commented [RD19]: @authors - please edit/add concluding quote mentioning what the findings mean for ongoing resource allocation for long COVID in Queensland

Commented [MB20R19]: See updated wording.

Commented [MB21]: The Chief Health Officer would like this statement included.

Commented [RD22]: @authors - please confirm whether you have any conflicts of interest and whether the research has been submitted to a journal or been published.

Commented [MB23R22]: We confirm there are no conflicts of interest.

been submitted to a medical journal for publication ahead of the conference in April 2024.

This research complements the authors' analysis of impacts 12 weeks after PCR confirmation of either COVID-19 or influenza, which was published in the British Medical Journal in 2023:

Brown M, Gerrard J, McKinlay L, et al. Ongoing symptoms and functional impairment 12 weeks after testing positive for SARS-CoV-2 or influenza in Australia: an observational cohort study. BMJ Public Health 2023; 1(1).

It too found no difference in ongoing symptoms and functional impairment when COVID-19 is compared with influenza, 12 weeks after an infection.

The authors are happy to answer your questions. Note also that both John Gerrard (Queensland's Chief Health Officer) and Matthew Brown (Consultant Public Health Officer) will be at ECCMID in Barcelona and available for interview during the conference.

Page 1: [1] Commented [MB5] Matthew Brown 11/03/2024 11:31:00 AM

Suggest this is deleted. The AIHW's figure is based on overseas estimates using unvaccinated populations largely in the pre-Omicron era.

While our study does not estimate prevalence, other studies suggest prevalence in the Australian context is very low. We suggest reading the "Prevalence in Australia" section in this summary  
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Page 1: [2] Commented [MB14R13] Matthew Brown 11/03/2024 12:03:00 PM

No. Response was voluntary. This statement is not accurate, as we had exclusions (eg people under 18yo, people who had deceased, etc). See edits, although perhaps the paragraph is best removed unless the mandatory recording aspect is critical.

## news

**From:** news  
**Sent:** Tuesday, 12 March 2024 11:29 AM  
**To:** Rachael Davies; Tony Kirby  
**Cc:** news  
**Subject:** RE: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection  
**Attachments:** ECCMID release - long COVID Queensland (003).docx

Hi Rachel,

Thanks for your email. As requested, please see attached media release which has been edited (with track changes) and approved by Chief Health Officer Dr John Gerrard.

Please let me know if you need any further assistance.

Thanks, Connor

---

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If we can prepare the press release quickly, we may issue it as early as next week.

I copy the link of the abstract below:

[Long COVID looks like other post-viral syndromes 12 months after infection \(key4events.com\)](https://key4events.com)

My colleague Rachael Davies in copy will prepare the draft and send it to you in the next couple of days.

Please could we ask you:

1. Has the abstract been submitted or published anywhere, and if so where (and if published, please could you send us the article PDF)
2. Please could you send the PDF of your e-poster, if it is ready. (Of course at this early stage we don't expect that-but just in case)
3. If you have any conflicts of interest related to the work

Thanks so much,

Tony Kirby

Tony Kirby PR

Official Press Agent of ECCMID 2024

[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)

+447834385827

## Long COVID 'indistinguishable' from other post-viral syndromes a year after infection

- Comparison with influenza and other respiratory illnesses in Australian state of Queensland during Omicron wave in 2022 finds no evidence of worse post-viral symptoms or functional impairment a year after infection.
- Rather, authors say, long COVID may have appeared as-to be a distinct and severe illness because of high numbers of COVID-19 cases during the pandemic.

*\*Please mention the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024, Barcelona, 27-30 April) if using this material\**

*\*Embargo for both parts: 0001H CEST Barcelona time TBC March\**

Long COVID appears to manifest as a post-viral syndrome indistinguishable from seasonal influenza and other respiratory illnesses, with no evidence of increased moderate-to-severe physical-functional limitations a year after infection, according to new research being presented at this year's this year's European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024) in Barcelona, Spain (27-30 April).

The study by Queensland Health researchers suggests that in the highly vaccinated population of Queensland exposed to the Omicron variant [1], long COVID's impact on the health system is likely to stem from the sheer number of people infected with SARS-CoV-2 within a short period of time, rather than the severity of long COVID symptoms or physical functional impairment.

The findings add to a previous analysis research by the same authors and published in the British Medical Journal comparing long COVID symptoms in adults diagnosed with COVID-19 and influenza 12 weeks post infection.

Around 5-10% of COVID-19 cases in Australia are estimated to have resulted in long COVID, according to the Australian Institute of Health and Welfare. Rates of long COVID in Australia are low due to high vaccination rates upon easing of COVID restrictions and the population's subsequent exposure to the Omicron variant. The disorder can appear as a continuation of the original COVID-19 symptoms or manifest as new symptoms affecting any part of the body, including brain fog, digestive problems, and vascular issues, for months or even years after the original infection. Symptoms reported with the illness include fatigue, brain fog, cough, shortness of breath, change to smell and taste, dizziness, and rapid or irregular heartbeat.

To understand more about the impact of long COVID on the Australian state of Queensland, researchers surveyed 5,112 symptomatic individuals (aged 18 years and older), comprising those with PCR-confirmed infection for COVID-19 (2,399 adults) and those who were PCR negative for COVID-19 (2,713 adults: 995 influenza positive and 1,718 PCR negative for both but symptomatic with a suggestive of other respiratory illness) between 29 May and 25 June 2022 May and June 2022.

Laboratory reporting for COVID-19 and influenza is mandated upon PCR test request under Queensland's public health legislation, with the results recorded in Because all laboratory testing for COVID-19 and influenza in the Queensland is recorded in the Department of Health's Notifiable Conditions System, the study is a census of all individuals in the state who tested positive for COVID-19 or influenza during that time.

A year after their PCR test, in May and June 2023 later, participants were asked about ongoing symptoms and the degree of functional impairment using a questionnaire delivered by SMS link to a survey.

**Commented [RD1]:** @authors - your conclusions mention other respiratory illnesses but the results only seem to mention influenza. Is this because the PCR negative respondents were symptomatic (i.e., likely had other respiratory viruses)?

**Commented [MB2R1]:** Correct. Our study looked at symptomatic adults who were:  
-PCR-positive to COVID; or  
-PCR positive to influenza; or  
-PCR negative to COVID and influenza (but may have tested positive to something else, or nothing, noting they were symptomatic also).

**Commented [RD3]:** @authors - has your previous analysis been published?

**Commented [MB4R3]:** Yes, in the BMJ (link attached). It too found no difference between rates of ongoing symptoms and mod/severe functional impairment after 12 weeks between those who tested PCR positive to COVID and those testing PCR positive to influenza.

Here is the article: [Ongoing symptoms and functional impairment 12 weeks after testing positive for SARS-CoV-2 or influenza in Australia: an observational cohort study | BMJ Public Health](#)

**Commented [MB5]:** Suggest this is deleted. The AIHW's figure is based on overseas estimates using unvaccinated populations largely in the pre-Omicron era.

While our study does not estimate prevalence, other studies suggest prevalence in the Australian context is very low. We suggest reading the "Prevalence in Australia" section in this summary  
[https://www.qld.gov.au/data/assets/pdf\\_file/0023/38074/1/long-covid-living-evidence-summary.pdf](https://www.qld.gov.au/data/assets/pdf_file/0023/38074/1/long-covid-living-evidence-summary.pdf)

Note the Lancet published an Australian modelling estimate that 0.09% of non-hospitalised adults had long COVID. [Epidemiologic and economic modelling of optimal COVID-19 policy: public health and social measures, masks and vaccines in Victoria, Australia - ScienceDirect](#)

We suggest "Rates on long COVID in Australia are believed to be low, due to high vaccination rates upon easing of COVID-19 restrictions" ... [1]

**Commented [MB6]:** These are the most commonly reported symptoms and align with our study where we asked the cohorts about their existence (though in the interests of space this is not covered in our abstract).

**Commented [RD7]:** @authors - have I understood this correctly?

**Commented [MB8R7]:** Yes. See edits.

**Commented [RD9]:** @authors - please can you provide exact dates.

**Commented [MB10R9]:** Done.

**Commented [RD11]:** @authors - does this include people hospitalised with influenza/COVID-19?

**Commented [MB12R11]:** Yes.

**Commented [RD13]:** @authors - did all individuals complete the questionnaire a year later?

**Commented [MB14R13]:** No. Response was voluntary. This statement is not accurate, as we had exclusions (eg people under 18yo, people who had deceased, etc). See ... [2]

Overall, 16% (834 / 5,112) of all respondents reported ongoing symptoms a year later, and 3.6% (184) reported moderate-to-severe functional impairment in their activities of daily life, such as difficulty XXX.

Commented [RD15]: @authors - please can you provide examples.

After controlling for influential factors including age, sex, and First Nation status, vaccination status, and socioeconomic profile (based on postcode), the analysis found no evidence that COVID-19 positive adults were more likely to have moderate-to-severe functional limitations a year after their diagnosis than symptomatic adults who were negative for COVID-19 (3.0% vs 4.1%).

Commented [MB16R15]: See attached. Participants rated the degree of impairment against their usual activities of daily life.

Commented [RD17]: @authors - did you also control for vaccination and socioeconomic profile?

Moreover, results were similar when compared with the 995 symptomatic adults who had influenza (3.0% vs 3.4%).

Commented [MB18R17]: Our paper for peer review will control for these. At the time of writing the abstract we had not finalised data linkages to include influenza vaccination. In our experience with the 12 week paper this has not changed results.

Interestingly, the analysis also found that those who were more likely to report moderate-to-severe functional impairment were those aged 50 years or older, and those who had symptoms of dizziness, muscle pain, shortness of breath, post-exertional malaise, and fatigue, were more likely to report moderate-to-severe functional impairment.

"In health systems with highly vaccinated populations, long COVID may have appeared as to be a distinct and severe illness because of high volumes of COVID-19 cases during the pandemic. However, we found that the rates of ongoing symptoms and functional impairment, but is are indistinguishable from other post-viral illnesses", says Dr John Gerrard, Queensland's Chief Health Officer. "These findings underscore the importance of comparing post-COVID-19 outcomes with those following other respiratory infections, and of further research into post-viral syndromes."

Commented [RD19]: @authors - please edit/add concluding quote mentioning what the findings mean for ongoing resource allocation for long COVID in Queensland

"Furthermore, we believe it is time to stop using terms like 'long COVID'. They wrongly imply there is something unique and exceptional about longer term symptoms associated with this virus. This terminology can cause unnecessary fear, and in some cases, hypervigilance to longer symptoms that can impede recovery".

Commented [MB20R19]: See updated wording.

Commented [MB21]: The Chief Health Officer would like this statement included.

The authors caution that the findings are associations only and do not represent prevalence. They, and point to several limitations, including that they can't rule out the possibility that other unmeasured factors such as participants who were hospitalised or had underlying pre-existing illness were not identifiable within the cohort and influenza vaccination may have influenced the results. They also note that the risk of long COVID has been lower during the Omicron wave compared with other SARS-CoV-2 variants, and because 90% of people in Queensland were vaccinated when Omicron emerged, the lower severity of long COVID could be due to vaccination and/or the variant.

For interviews with the report authors, please contact Queensland Health's Media Team in Australia at [news@health.qld.gov.au](mailto:news@health.qld.gov.au)

Alternative contact in the ECCMID Press Room: Tony Kirby T) + 44(0)7834 385827 E) [tony@tonykirby.com](mailto:tony@tonykirby.com)

#### Notes to editors:

Commented [RD22]: @authors - please confirm whether you have any conflicts of interest and whether the research has been submitted to a journal or been published.

[1] More than 90% of the population of Queensland had been vaccinated against COVID-19 before the community first experienced transmission of the Omicron variant in 2022.

Commented [MB23R22]: We confirm there are no conflicts of interest.

The authors declare no conflicts of interest.

This press release is based on a poster at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID). All accepted abstracts have been extensively peer reviewed by the congress selection committee. There is no full paper at this stage, but the authors are happy to answer your questions. The research is being prepared for has not yet



been submitted to a medical journal for publication ahead of the conference in April 2024.

This research complements the authors' analysis of impacts 12 weeks after PCR confirmation of either COVID-19 or influenza, which was published in the British Medical Journal in 2023:

Brown M, Gerrard J, McKinlay L, et al. Ongoing symptoms and functional impairment 12 weeks after testing positive for SARS-CoV-2 or influenza in Australia: an observational cohort study. BMJ Public Health 2023; 1(1).

It too found no difference in ongoing symptoms and functional impairment when COVID-19 is compared with influenza, 12 weeks after an infection.

The authors are happy to answer your questions. Note also that both John Gerrard (Queensland's Chief Health Officer) and Matthew Brown (Consultant Public Health Officer) will be at ECCMID in Barcelona and available for interview during the conference.

Page 1: [1] Commented [MB5] Matthew Brown 11/03/2024 11:31:00 AM

Suggest this is deleted. The AIHW's figure is based on overseas estimates using unvaccinated populations largely in the pre-Omicron era.

While our study does not estimate prevalence, other studies suggest prevalence in the Australian context is very low. We suggest reading the "Prevalence in Australia" section in this summary [https://www.qld.gov.au/data/assets/pdf\\_file/0023/380741/long-covid-living-evidence-summary.pdf](https://www.qld.gov.au/data/assets/pdf_file/0023/380741/long-covid-living-evidence-summary.pdf)

Note the Lancet published an Australian modelling estimate that 0.09% of non-hospitalised adults had long COVID. [Epidemiologic and economic modelling of optimal COVID-19 policy: public health and social measures, masks and vaccines in Victoria, Australia - ScienceDirect](#)

We suggest "Rates on long COVID in Australia are believed to be low, due to high vaccination rates upon easing of COVID restrictions and the population's subsequent exposure to the Omicron variant".

Page 1: [2] Commented [MB14R13] Matthew Brown 11/03/2024 12:03:00 PM

No. Response was voluntary. This statement is not accurate, as we had exclusions (eg people under 18yo, people who had deceased, etc). See edits, although perhaps the paragraph is best removed unless the mandatory recording aspect is critical.

news

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**From:** Tony Kirby <tony.kirby@tonykirby.com>  
**Sent:** Wednesday, 13 March 2024 3:58 AM  
**To:** news  
**Cc:** Rachael Davies  
**Subject:** Re: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection  
**Attachments:** 327longCOVIDQueensland.docx  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed  
**Categories:** info only

Dear Connor and team

Thanks very much for yours and Dr Gerrard's assistance helping Rachael with the press release.

The timings for the release are as follows

We will issue the release afternoon time European time on Wednesday 13 March, embargoed to 2301H UK time Thursday 14 March (Standard ECCMID European embargo format) - this means stories will appear from the early hours European time on Friday 15 March.

We are issuing afternoon European time as that means that the release will arrive in Australian media inboxes through the night Weds 13- Thurs 14 March, reducing the risk of an embargo break by Australian media on Thursday 14 March. Australian journalists will then have all of Thursday 14 March to contact your office/Dr Gerrard to get their stories ready.

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So basically, most of the requests pre-embargo will come to your office during Thursday 14 March, though I imagine after last year's experience that Dr Gerrard may get plenty of requests for live interviews on Friday 15 March.

Sorry that's all a bit complex! Let me know if I need to explain anything.

Attached is the media release with the link to the abstract now added.

Thanks so much,

Tony Kirby

Tony Kirby PR

Official Press Agent of ECCMID 2024

[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)

+447834385827

On Tue, Mar 12, 2024 at 2:28 AM news <[news@health.qld.gov.au](mailto:news@health.qld.gov.au)> wrote:

Hi Rachel,

Thanks for your email. As requested, please see attached media release which has been edited (with track changes) and approved by Chief Health Officer Dr John Gerrard.

Please let me know if you need any further assistance.

Thanks, Connor

---

**From:** Rachael Davies <[rachaelvdavies@hotmail.co.uk](mailto:rachaelvdavies@hotmail.co.uk)>

**Sent:** Monday, 11 March 2024 7:06 AM

**To:** news <[news@health.qld.gov.au](mailto:news@health.qld.gov.au)>; news <[news@health.qld.gov.au](mailto:news@health.qld.gov.au)>

**Subject:** Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Dear Media team,

Further to Tony's email (below), please find attached the draft release based on Dr Gerrard's abstract. I would be grateful if you could forward it to him to review and return with any edits or comments using track changes as soon as possible, but by **EOP (UK time), Wednesday 13<sup>th</sup> March if possible**.

There are some important points for you to be aware of when reviewing the press release:

- **Please carefully check the press release for factual accuracy** and ensure that the numbers and statistics used are correct.
- I have added several comments to the document to ask for clarification, please respond to these.
- Please use **tracked changes** to make any edits.
- I have drafted a suggested quote in your name that are not directly from the abstract, please confirm that you are happy with this or please edit.
- **Please provide your preferred email address and phone number for journalists to contact you.** These will be included in the press release and shared directly with journalists.

Thanks and I look forward to hearing back from you.

Best wishes,  
Rachael

Rachael Davies

Tel. +44 (0) 7974 560784

---

**From:** Tony Kirby <[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)>

**Sent:** Saturday, March 9, 2024 10:00:02 PM

**To:** news <[news@health.qld.gov.au](mailto:news@health.qld.gov.au)>; Rachael Davies <[rachaelvdavies@hotmail.co.uk](mailto:rachaelvdavies@hotmail.co.uk)>

**Subject:** Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Dear Health Media Team,

Hello it's Tony Kirby here, I worked with you last year on the press release for the abstract of Dr John Gerrard CMO and colleagues abstract on long COVID.

Hello, I am Tony Kirby, I manage the press room at ECCMID each year.

This year, we are issuing press releases on some abstracts early ahead of the meeting, to both generate more news coverage and help promote the meeting.

We have selected your abstract 'Long COVID looks like other post-viral syndromes 12 months after infection' to be one of these early releases.

The advantages of having an early release are that you are not competing with any other material from the meeting.

If we can prepare the press release quickly, we may issue it as early as next week.

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[Long COVID looks like other post-viral syndromes 12 months after infection \(key4events.com\)](https://key4events.com)

My colleague Rachael Davies in copy will prepare the draft and send it to you in the next couple of days.

Please could we ask you:

1. Has the abstract been submitted or published anywhere, and if so where (and if published, please could you send us the article PDF)
2. Please could you send the PDF of your e-poster, if it is ready. (Of course at this early stage we don't expect that-but just in case)
3. If you have any conflicts of interest related to the work

Thanks so much,

Tony Kirby

Tony Kirby PR

Official Press Agent of ECCMID 2024

[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)

+447834385827

\*\*\*\*\*

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\*\*\*\*\*

## Long COVID 'indistinguishable' from other post-viral syndromes a year after infection

- **Authors say it is time to stop using terms like 'long COVID' as they wrongly imply there is something unique and exceptional about longer term symptoms associated with the virus**
- **Comparison with influenza and other respiratory illnesses in Australian state of Queensland during Omicron wave finds no evidence of worse post-viral symptoms or functional impairment a year after infection.**
- **Rather, long COVID may have appeared to be a distinct and severe illness because of high numbers of COVID-19 cases during the pandemic.**

**Embargo: 2301H UK time Thursday 14 March**

**\*\*Note: the release below is a special early release from the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024, Barcelona, Spain, 27-30 April). Please credit the congress if you use this story\*\***

Long COVID appears to manifest as a post-viral syndrome indistinguishable from seasonal influenza and other respiratory illnesses, with no evidence of increased moderate-to-severe functional limitations a year after infection, according to new research being presented at this year's European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024) in Barcelona, Spain (27-30 April).

The study by Queensland Health researchers suggests that in the highly vaccinated population of Queensland exposed to the Omicron variant [1], long COVID's impact on the health system is likely to stem from the sheer number of people infected with SARS-CoV-2 within a short period of time, rather than the severity of long COVID symptoms or functional impairment.

The findings add to previous research by the same authors and published in *BMJ Public Health* which found no difference in ongoing symptoms and functional impairment when COVID-19 was compared with influenza, 12 weeks post infection [2].

Rates of long COVID in Australia are low due to high vaccination rates upon easing of COVID restrictions and the population's subsequent exposure to the Omicron variant. Symptoms reported with the illness include fatigue, brain fog, cough, shortness of breath, change to smell and taste, dizziness, and rapid or irregular heartbeat.

To understand more about the impact of long COVID on the Australian state of Queensland, researchers surveyed 5,112 symptomatic individuals aged 18 years and older, comprising those with PCR-confirmed infection for COVID-19 (2,399 adults) and those who were PCR negative for COVID-19 (2,713 adults: 995 influenza positive and 1,718 PCR negative for both but symptomatic with a respiratory illness) between 29 May and 25 June 2022.

Laboratory reporting for COVID-19 and influenza is mandated upon PCR test request under Queensland's public health legislation, with the results recorded in the Queensland Department of Health's Notifiable Conditions System.

A year after their PCR test, in May and June 2023, participants were asked about ongoing symptoms and the degree of functional impairment using a questionnaire delivered by SMS link.

Overall, 16% (834/5,112) of all respondents reported ongoing symptoms a year later, and 3.6% (184) reported moderate-to-severe functional impairment in their activities of daily life.

After controlling for influential factors including age, sex, and First Nation status, the analysis found no evidence that COVID-19 positive adults were more likely to have moderate-to-

severe functional limitations a year after their diagnosis than symptomatic adults who were negative for COVID-19 (3.0% vs 4.1%).

Moreover, results were similar when compared with the 995 symptomatic adults who had influenza (3.0% vs 3.4%).

Interestingly, the analysis also found that those who were more likely to report moderate-to-severe functional impairment were those aged 50 years or older, and those who had symptoms of dizziness, muscle pain, shortness of breath, post-exertional malaise, and fatigue.

“In health systems with highly vaccinated populations, long COVID may have appeared to be a distinct and severe illness because of high volumes of COVID-19 cases during the pandemic. However, we found that the rates of ongoing symptoms and functional impairment are indistinguishable from other post-viral illnesses”, says Dr John Gerrard, Queensland’s Chief Health Officer. “These findings underscore the importance of comparing post-COVID-19 outcomes with those following other respiratory infections, and of further research into post-viral syndromes.”

He adds, “Furthermore, we believe it is time to stop using terms like ‘long COVID’. They wrongly imply there is something unique and exceptional about longer term symptoms associated with this virus. This terminology can cause unnecessary fear, and in some cases, hypervigilance to longer symptoms that can impede recovery.”

The authors caution that the findings are associations and do not represent prevalence. They point to several limitations, including that participants who were hospitalised or had pre-existing illness were not identifiable within the cohort. They also note that the risk of long COVID has been lower during the Omicron wave compared with other SARS-CoV-2 variants, and because 90% of people in Queensland were vaccinated when Omicron emerged, the lower severity of long COVID could be due to vaccination and/or the variant.

**For interviews with the report authors, please contact Queensland Health’s Media Team in Australia at [news@health.qld.gov.au](mailto:news@health.qld.gov.au)**

**Alternative contact in the ECCMID Press Room: Tony Kirby T) + 44(0)7834 385827 E) [tony@tonykirby.com](mailto:tony@tonykirby.com)**

#### **Notes to editors:**

[1] More than 90% of the population of Queensland had been vaccinated against COVID-19 before the community first experienced transmission of the Omicron variant in 2022.

[2] [Ongoing symptoms and functional impairment 12 weeks after testing positive for SARS-CoV-2 or influenza in Australia: an observational cohort study \(bmj.com\)](https://www.bmj.com)

The authors declare no conflicts of interest.

This press release is based on poster abstract P327 to be presented at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) in Barcelona (27-30 April). All accepted abstracts have been extensively peer reviewed by the congress selection committee. The research is being prepared for submission to a medical journal ahead of the conference in April 2024.

**For full abstract, click [here](#)**



## news

**From:** news  
**Sent:** Wednesday, 13 March 2024 8:29 AM  
**To:** Matthew Brown  
**Subject:** RE: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection  
**Attachments:** 327longCOVIDQueensland.docx

Hi Matthew,

They did – see attached.

Thanks, Connor

**From:** Matthew Brown <s.73 - Irrelevant information@health.qld.gov.au>  
**Sent:** Wednesday, 13 March 2024 8:28 AM  
**To:** news <news@health.qld.gov.au>  
**Subject:** FW: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Hi team,

I'm just wondering if the ECCMID press agents provided a final copy of the release. If so, could you please forward me a copy and I'll share with John.

Cheers,  
 Matthew.

**From:** John Gerrard <s.73 - Irrelevant information@health.qld.gov.au>  
**Sent:** Wednesday, 13 March 2024 7:23 AM  
**To:** Matthew Brown <s.73 - Irrelevant information@health.qld.gov.au>  
**Subject:** FW: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

**From:** news <news@health.qld.gov.au>  
**Sent:** Wednesday, 13 March 2024 7:03 AM  
**To:** John Gerrard <s.73 - Irrelevant information@health.qld.gov.au>; OCHO <s.73 - Irrelevant information@health.qld.gov.au>  
**Cc:** Breanna Travers <s.73 - Irrelevant information@health.qld.gov.au>  
**Subject:** Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Hi John,

Just wanted to give you a heads up for the ECCMID release. Tony (from the press team) has provided the details below should it be of interest to you.

Thanks, Connor

**From:** Tony Kirby <tony.kirby@tonykirby.com>  
**Sent:** Wednesday, 13 March 2024 4:11 AM

**To:** news <[news@health.qld.gov.au](mailto:news@health.qld.gov.au)>

**Cc:** Rachael Davies <[rachaelvdavies@hotmail.co.uk](mailto:rachaelvdavies@hotmail.co.uk)>

**Subject:** Re: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Apologies - I have my timings out by an hour as QLD is an hour behind NSW/MELB

Correcting that par as below:

The embargo of 2301H UK time Thursday 14 March actually translates to 0901H AM Brisbane time on Friday 15 March, but as we always do with Australian led research, we allow Aus Newspapers to run it that same day, Friday 15 March, and TV/radio to cover from 0500H AM Brisbane time Fri 15 March- this is so that Australian media do not 'miss out' on the news cycle. I will do this via the Australian Science Media Centre, who will send out an advisory to their journalists.

On Tue, Mar 12, 2024 at 6:58 PM Tony Kirby <[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)> wrote:

Dear Connor and team

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Official Press Agent of ECCMID 2024

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**Sent:** Monday, 11 March 2024 7:06 AM

**To:** news <[news@health.qld.gov.au](mailto:news@health.qld.gov.au)>; news <[news@health.qld.gov.au](mailto:news@health.qld.gov.au)>

**Subject:** Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Dear Media team,

Further to Tony's email (below), please find attached the draft release based on Dr Gerrard's abstract. I would be grateful if you could forward it to him to review and return with any edits or comments using track changes as soon as possible, but by **EOP (UK time), Wednesday 13<sup>th</sup> March if possible**.

There are some important points for you to be aware of when reviewing the press release:

- **Please carefully check the press release for factual accuracy** and ensure that the numbers and statistics used are correct.
- I have added several comments to the document to ask for clarification, please respond to these.
- Please use **tracked changes** to make any edits.
- I have drafted a suggested quote in your name that are not directly from the abstract, please confirm that you are happy with this or please edit.
- **Please provide your preferred email address and phone number for journalists to contact you.** These will be included in the press release and shared directly with journalists.

Thanks and I look forward to hearing back from you.

Best wishes,  
Rachael

Rachael Davies

Tel. +44 (0) 7974 560784

---

**From:** Tony Kirby <[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)>

**Sent:** Saturday, March 9, 2024 10:00:02 PM

**To:** news <[news@health.qld.gov.au](mailto:news@health.qld.gov.au)>; Rachael Davies <[rachaelvdavies@hotmail.co.uk](mailto:rachaelvdavies@hotmail.co.uk)>

**Subject:** Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Dear Health Media Team,

Hello it's Tony Kirby here, I worked with you last year on the press release for the abstract of Dr John Gerrard CMO and colleagues abstract on long COVID.

Hello, I am Tony Kirby, I manage the press room at ECCMID each year.

This year, we are issuing press releases on some abstracts early ahead of the meeting, to both generate more news coverage and help promote the meeting.

We have selected your abstract 'Long COVID looks like other post-viral syndromes 12 months after infection' to be one of these early releases.

The advantages of having an early release are that you are not competing with any other material from the meeting.

If we can prepare the press release quickly, we may issue it as early as next week.

I copy the link of the abstract below:

[Long COVID looks like other post-viral syndromes 12 months after infection \(key4events.com\)](https://key4events.com/Long-COVID-looks-like-other-post-viral-syndromes-12-months-after-infection)

My colleague Rachael Davies in copy will prepare the draft and send it to you in the next couple of days.

Please could we ask you:

1. Has the abstract been submitted or published anywhere, and if so where (and if published, please could you send us the article PDF)
2. Please could you send the PDF of your e-poster, if it is ready. (Of course at this early stage we don't expect that-but just in case)
3. If you have any conflicts of interest related to the work

Thanks so much,

Tony Kirby

Tony Kirby PR

Official Press Agent of ECCMID 2024

[tony.kirby@tonykirby.com](mailto:tony.kirby@tonykirby.com)

+447834385827

\*\*\*\*\*

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\*\*\*\*\*

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**news**

**From:** Connor Wallace  
**Sent:** Wednesday, 13 March 2024 12:49 PM  
**To:** Janelle Miles  
**Cc:** news; Breanna Travers; John Gerrard; Matthew Brown; OCHO  
**Subject:** Media release on abstract - Long COVID looks like other post-viral syndromes 12 months after infection  
**Attachments:** 327longCOVIDQueensland.docx; ECCMID\_AcceptedAbstract.pdf  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed  
**Categories:** Connor/Keith

Hey Janelle,

As discussed, John is happy to chat with you over the phone for radio/online this evening.

As discussed, see attached embargoed release from ECCMID which has an embargo until 2301H UK time Thursday 14 March which is 6am Friday 15 March Queensland time.

Also, the accepted abstract attached (also embargoed).

For your further information and as per the abstract, we sent 30,023 texts to people who had a PCR test. The responses received totalled 6,407 but we cleaned this to remove duplicates, to remove those who subsequently tested positive to another illnesses at a later date, etc. The response rate before cleaning was over 22%. The final figure for "cleaned" responses is 5112.

Thanks, Connor



**Connor Wallace**  
 Senior Media Officer  
 Media Unit  
 Strategic Communication  
 Branch | Queensland Health

**P** s.73 - Irrelevant information | s.73 - Irrelevant information  
**E** s.73 - Irrelevant information @health.qld.gov.au  
**W** health.qld.gov.au  
**A** lvl 3. 33 Charlotte Street, Brisbane

**MENTAL  
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Dear mind, remember to make time for you  
 Visit [qld.gov.au/mentalwellbeing](http://qld.gov.au/mentalwellbeing)



Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past, present and future.

## Long COVID 'indistinguishable' from other post-viral syndromes a year after infection

- **Authors say it is time to stop using terms like 'long COVID' as they wrongly imply there is something unique and exceptional about longer term symptoms associated with the virus**
- **Comparison with influenza and other respiratory illnesses in Australian state of Queensland during Omicron wave finds no evidence of worse post-viral symptoms or functional impairment a year after infection.**
- **Rather, long COVID may have appeared to be a distinct and severe illness because of high numbers of COVID-19 cases during the pandemic.**

Embargo: 2301H UK time Thursday 14 March

**\*\*Note: the release below is a special early release from the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024, Barcelona, Spain, 27-30 April). Please credit the congress if you use this story\*\***

Long COVID appears to manifest as a post-viral syndrome indistinguishable from seasonal influenza and other respiratory illnesses, with no evidence of increased moderate-to-severe functional limitations a year after infection, according to new research being presented at this year's European Congress of Clinical Microbiology and Infectious Diseases (ECCMID 2024) in Barcelona, Spain (27-30 April).

The study by Queensland Health researchers suggests that in the highly vaccinated population of Queensland exposed to the Omicron variant [1], long COVID's impact on the health system is likely to stem from the sheer number of people infected with SARS-CoV-2 within a short period of time, rather than the severity of long COVID symptoms or functional impairment.

The findings add to previous research by the same authors and published in *BMJ Public Health* which found no difference in ongoing symptoms and functional impairment when COVID-19 was compared with influenza, 12 weeks post infection [2].

Rates of long COVID in Australia are low due to high vaccination rates upon easing of COVID restrictions and the population's subsequent exposure to the Omicron variant. Symptoms reported with the illness include fatigue, brain fog, cough, shortness of breath, change to smell and taste, dizziness, and rapid or irregular heartbeat.

To understand more about the impact of long COVID on the Australian state of Queensland, researchers surveyed 5,112 symptomatic individuals aged 18 years and older, comprising those with PCR-confirmed infection for COVID-19 (2,399 adults) and those who were PCR negative for COVID-19 (2,713 adults: 995 influenza positive and 1,718 PCR negative for both but symptomatic with a respiratory illness) between 29 May and 25 June 2022.

Laboratory reporting for COVID-19 and influenza is mandated upon PCR test request under Queensland's public health legislation, with the results recorded in the Queensland Department of Health's Notifiable Conditions System.

A year after their PCR test, in May and June 2023, participants were asked about ongoing symptoms and the degree of functional impairment using a questionnaire delivered by SMS link.

Overall, 16% (834/5,112) of all respondents reported ongoing symptoms a year later, and 3.6% (184) reported moderate-to-severe functional impairment in their activities of daily life.

After controlling for influential factors including age, sex, and First Nation status, the analysis found no evidence that COVID-19 positive adults were more likely to have moderate-to-

severe functional limitations a year after their diagnosis than symptomatic adults who were negative for COVID-19 (3.0% vs 4.1%).

Moreover, results were similar when compared with the 995 symptomatic adults who had influenza (3.0% vs 3.4%).

Interestingly, the analysis also found that those who were more likely to report moderate-to-severe functional impairment were those aged 50 years or older, and those who had symptoms of dizziness, muscle pain, shortness of breath, post-exertional malaise, and fatigue.

"In health systems with highly vaccinated populations, long COVID may have appeared to be a distinct and severe illness because of high volumes of COVID-19 cases during the pandemic. However, we found that the rates of ongoing symptoms and functional impairment are indistinguishable from other post-viral illnesses", says Dr John Gerrard, Queensland's Chief Health Officer. "These findings underscore the importance of comparing post-COVID-19 outcomes with those following other respiratory infections, and of further research into post-viral syndromes."

He adds, "Furthermore, we believe it is time to stop using terms like 'long COVID'. They wrongly imply there is something unique and exceptional about longer term symptoms associated with this virus. This terminology can cause unnecessary fear, and in some cases, hypervigilance to longer symptoms that can impede recovery."

The authors caution that the findings are associations and do not represent prevalence. They point to several limitations, including that participants who were hospitalised or had pre-existing illness were not identifiable within the cohort. They also note that the risk of long COVID has been lower during the Omicron wave compared with other SARS-CoV-2 variants, and because 90% of people in Queensland were vaccinated when Omicron emerged, the lower severity of long COVID could be due to vaccination and/or the variant.

**For interviews with the report authors, please contact Queensland Health's Media Team in Australia at [news@health.qld.gov.au](mailto:news@health.qld.gov.au)**

**Alternative contact in the ECCMID Press Room: Tony Kirby T) + 44(0)7834 385827 E) [tony@tonykirby.com](mailto:tony@tonykirby.com)**

#### **Notes to editors:**

[1] More than 90% of the population of Queensland had been vaccinated against COVID-19 before the community first experienced transmission of the Omicron variant in 2022.

[2] [Ongoing symptoms and functional impairment 12 weeks after testing positive for SARS-CoV-2 or influenza in Australia: an observational cohort study \(bmj.com\)](#)

The authors declare no conflicts of interest.

This press release is based on poster abstract P327 to be presented at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) in Barcelona (27-30 April). All accepted abstracts have been extensively peer reviewed by the congress selection committee. The research is being prepared for submission to a medical journal ahead of the conference in April 2024.

**For full abstract, click [here](#)**



## ATTACHMENT 1

P0327

**Long COVID looks like other post-viral syndromes 12 months after infection**

01. Viral infection &amp; disease (incl. COVID-19)

01j. COVID-19 (incl virology, epidemiology, evolution, immune response, diagnosis, treatment, vaccination, prevention, response and societal impact)

M. Brown <sup>1</sup>, J. Gerrard <sup>1</sup>, T. Sparrow <sup>1</sup>, R. Andrews <sup>1</sup>.<sup>1</sup>Queensland Health - Brisbane (Australia)**Background**

To understand the impact of "long COVID" on an Australian public health system, we compared ongoing symptoms and functional impairment 12 months after symptomatic adults received a PCR test for an acute respiratory illness.

**Methods**

We undertook an observational cohort study among symptomatic adults who were PCR positive for COVID-19 or PCR negative for COVID-19 (i.e. either PCR positive for influenza, or negative to both COVID-19 and influenza). PCR testing occurred between May-June 2022 with follow-up conducted 12 months later in 2023. Respondents were asked about the existence of ongoing symptoms and if so, the symptom type, and the degree of functional impairment. We conducted a multivariate logistic regression analysis, controlling for age, sex and First Nations status.

**Results**

Among 5112 eligible respondents who were symptomatic when PCR tested, 834 (16.3%) reported ongoing symptoms 12 months later and 184 (3.6%) reported moderate-to-severe functional impairment. In total, 2399 symptomatic adults were COVID-19 positive, and 2713 were COVID-19 negative at baseline (995 influenza positive, 1718 PCR negative).

After controlling for potential predictor variables, we found no evidence that COVID-19 positive adults were more likely to have moderate-to-severe functional impairment ("long COVID") than symptomatic adults who were PCR negative for COVID-19 (3.0% vs 4.1%; aOR 0.74; 95% CI 0.51–1.07). Results were similar when compared with 995 symptomatic adults who were influenza-positive (3.0% vs 3.4%; aOR 0.89; 95% CI 0.54–1.46).

The predictor variables associated with moderate-to-severe functional impairment were age over 50 years, and the symptoms of dizziness, muscle pain, shortness of breath, post-exertional malaise, and fatigue.

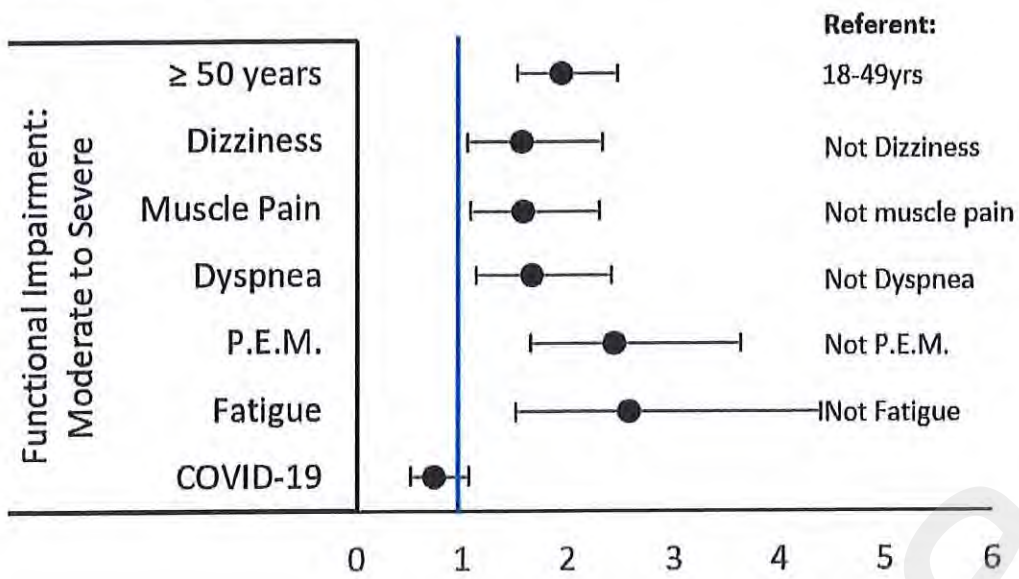
**Conclusions**

One year after a PCR test, "long COVID" manifested as a post-viral syndrome indistinguishable from influenza and other respiratory illnesses, with no evidence of increased risk of functional impairment among those who tested PCR positive for COVID-19. In health systems, long COVID may have appeared as a distinct and severe illness because of high volumes of COVID-19 cases.

These findings underscore the importance of comparing post-COVID-19 outcomes with those following other respiratory infections, and of further research into post-viral syndromes.

(see image)

**Figure 1:** Predictor variables associated with moderate-to-severe functional impairment



news

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**From:** s.73 - Irrelevant information  
**Sent:** Thursday, 14 March 2024 12:13 PM  
**To:** news  
**Subject:** Radio interview, Health Report, Long Covid

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

**Categories:** Emilee

Good afternoon,

I'm hoping to arrange an interview with a lead author of the study into long covid, and it being indistinguishable from other post viral syndromes a year after infection.

The interview would be with s.73 - Irrelevant information it would be a pre-record and we can do that via WhatsApp or Facetime (audio only) depending on preference

Many thanks,

s.73 - Irrelevant information

s.73 - Irrelevant information

## news

**From:** SDLO  
**Sent:** Thursday, 14 March 2024 5:18 PM  
**To:** Alarna Lane-Mullins; Alex Mayfield; Amanda Medew; Amy Louise Melville; Catherine McDougall; Claire Daly; CLLO; Courtney Padget; DG correspondence; DL-ELT\_Personal; Estimates; Finn Semple; Inga Williams; Isabelle Shoshani; Jacqueline Quigg; Jessica Burns; Katie Watts; Kirstine Sketcher-Baker; Lauren Ashcroft; Madeleine Campbell; Madeline Cunnington; Michael Crowe; Michael Walsh; Michaela.Edwards; Michelle Akinin; Miranda Claughton; Natarjsha Kramer; news; Olivia Amsden; Paul Reynolds; Peta Bryant; Phoenix Campbell; Rachel Western; Renaie Tesch; Sabina Mandic; Sally Gannon; Stephanie Thompson; Tracey Walker; Trish Leano; Trish Nielsen  
**Subject:** HIB - Potential for increased media attention about "long COVID" and Queensland Health's research  
**Attachments:** HIB - Potential for increased media attention regarding "long COVID" and Queensland Health's research.pdf; HIB - Potential for increased media attention regarding "long COVID" and Queensland Health's research.docx  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed  
**Categories:** HIB

Good afternoon,

Please see attached Hot Issues Brief (HIB) prepared by the Office of the Chief Health Officer (CHO) regarding the potential for increased media attention about "long COVID" and Queensland Health's research.

Kind regards,  
 Lauren



**Lauren Ashcroft**

A/Senior Briefing and Liaison Officer  
 Ministerial and Executive Services  
 Unit | Queensland Health

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