DL Hot Issues Brief

Potential for increased media attention regarding "long COVID" and Queensland Health's research
14 March 2024

Issue

 There is potential for increased media attention on "long COVID". This is a result of Queensland Health's research that compared ongoing symptoms and functional impairment one year after COVID-19 with outcomes one year after influenza or other respiratory illnesses.

 The findings will be presented at the European Congress for Clinical Microbiology and Infectious Diseases (ECCMID) to be held in Barcelona, Spain, in April 2024. The ECCMID press team has issued an advance press release about this study, and at the time of writing the ABC has prepared a story for publication on 15 March 2024.

 Queensland Health's research found that "long COVID" appears to be a post-viral syndrome indistinguishable from that following influenza and other respiratory illnesses. However, it may have appeared to be a distinct and severe illness because of higher case numbers of COVID-19 during the pandemic.

 As a result, the Chief Health Officer, Dr John Gerrard, has stated that the use of terms like "long COVID" should cease, because they wrongly imply there is something unique and exceptional about longer term symptoms associated with this virus.

• This is consistent with changes in terminology where "long COVID" is increasingly referred to as "post-acute sequelae of COVID-19" (PASC).

Similarly, the British Medical Journal published an important review of "long COVID" research, finding it was plagued with poor methodologies resulted in an overstating of the risk and reports of high prevalence. These are reported by the media and increase public concern and anxiety. The review also states the term "long COVID" connotes a permanent or long-term condition when the vast majority fully recover.

Background

- Queensland Health's research compared outcomes one year after PCR-confirmed COVID-19 with outcomes one year after a different respiratory illness (PCR-confirmed influenza infection, or a PCR test that was negative to COVID-19 and influenza). All participants were symptomatic at the time of the PCR test.
- After 12 months, 16 per cent of respondents with COVID-19 reported some ongoing symptoms. Similarly, 16 per cent of patients with other respiratory infections also reported some ongoing symptoms at 12 months.
- The COVID-19 patients with moderate-to-severe functional impairment ("Long COVID")
 recorded rates of 3 per cent, compared with 4.1 per cent for the participants who had
 respiratory symptoms that were not COVID related.
- In addition, the study asked participants to describe their ongoing symptoms one
 year later. For those with moderate-to-severe functional impairment, there was also
 no difference between these groups when they described the symptoms commonly
 associated with "long COVID": fatigue, post exertion symptom exacerbation, brain fog,
 and changes to smell and taste.

Prepared by: Matthew Brown
Position: Consultant Public Health Officer
Telephone: 8.73 Irrelevant
Date: 14 March 2024

Approved by: Naomi Main Position: A/Director, OCHO Telephone: 5.73 - Irrelevant Date: 14 March 2024 DLT Member / HSCE: Dr John Gerrard Position: Chief Health Officer Telephone: officer Information Date: 14 March 2024

- This research builds on other Queensland Health research that was published in the British Medical Journal last year and found no difference between COVID-19 and influenza symptoms after 3 months.
- When COVID-19 restrictions were eased in Queensland in early 2022, over 90 per cent
 of the population was vaccinated upon its exposure to the milder Omicron variant. As
 a result, international experiences of COVID-19 and reports of "long COVID" are not
 relevant to the Australian context.
- The rates of this post-viral syndrome across Australia are low. Research in the Lancet suggested that, for a highly vaccinated population during the Omicron wave, 2 per cent of hospitalised and 0.09 per cent of non-hospitalised adults develop "long COVID".
- There is no definitive diagnosis or objective test for "long COVID". Instead, it requires the elimination of other potential conditions and explanations.
- Current health advice is that people should speak with their GP in the first instance if they have concerns about "long COVID".
- There remains low demand for "long COVID" services. Queensland Health's GP Long COVID Focus Group has recently confirmed:
 - o Rates of this illness remain low across the State; and
 - Patients can be effectively managed in primary care, with onward referral to a specialist based on an individual's symptoms (as per any other illness).

Actions to date

- The Office of the Chief Health Officer continues to work closely with the Media and Communications team. Both reviewed and edited the press release from ECCMID and the ABC news story (yet to be published).
- Queensland Health has a number of resources available about this illness for primary care clinicians and the public. These have been shared widely with health networks.
- Queensland Health's webpage to support people with concerns is called "Your recovery from COVID-19". It includes resources where people can self-manage their ongoing symptoms as well as advice to speak with their GP if they have concerns.
- Queensland Health has also published advice to clinicians to support patients experiencing "long COVID". In addition, clinicians can access their relevant HealthPathways website for guidance and advice on managing patients

Media response

⋈ A media holding statement is not required.

Confidential

• The Metro South Hospital and Health Service runs the only state-funded "long COVID" service. From March 2022 to December 2023 inclusive, this service accepted 65 referrals from a catchment of over a million people.

Contact person

Matthew Brown, Consultant Public Health Officer, Office of the Chief Health Officer,



news

From:

Sent: Thursday, 14 March 2024 6:39 PM

To: news

Subject: RE - Long COVID study - TV interview

Follow Up Flag: Follow up Flag Status: Follow up

Categories: Connor/Keith, Emilee

Hi Emilee – no problem at all, thank you for letting me know!

Is there a more recent statement from the Department for this study or shall I use the quotes in the media release?

Thanks,

s.73 -Irrelevant information

> From: news <news@health.qld.gov.au> Sent: Thursday, March 14, 2024 6:32 PM

s.73 - Irrelevant information

Cc: news < news@health.qld.gov.au>

Subject: RE: s.73 - Irrelevant information - Long COVID study - TV interview

Hi again information

Thanks for that chat.

I've followed up and we won't have anyone available tomorrow morning at that time, unfortunately.

Happy for your weekend producers to chase, or to be kept as an option for next week.

Apologies again, and if anything changes tomorrow, we'll let you know.

Thanks Emilee



Media Unit

Strategic Communication Branch | Queensland Health

s.73 - Irrelevant

E news@health.qld.gov.au

W health.qld.gov.au

A 33 Charlotte St, Brisbane

From: news < news@health.qld.gov.au > Sent: Thursday, 14 March 2024 4:56 PM

s.73 - Irrelevant information		DoH RTI 5977/24
Го: С с: news < <u>news@health.qld.g</u>	ov.au>	
Subject: RE: s.73 - Irrelevant information	Long COVID study - TV int	erview
s.73 - Irrelevant information		
Just tried to give you a call.		
We're looking into your reque	est and will get back to you soo	n, noting that the release is embargoed.
	st and will get back to you soo	n, noting that the release is embargoed.
Thanks Emilee		
THE		
Media	Media Unit Strategic Communication Branch Queensland Health	s.73 - Irrelevant information
Strategic C		E news@health.qld.gov.auW health.qld.gov.au
Queensland		A 33 Charlotte St, Brisbane
Government		
From: Sent: Thursday, 14 March 202 To: news < news@health.qld.g Subject: S.73 - Irrelevant information		ew
To Queensland Health,		
We're hoping to interview a r	esearcher involved in the Long	COVID study embargoed until tomorrow on our show.
		live for 5 minutes with one of our hosts – either of the office of the o
It'd be via our information in B	risbane at 7.10am (QLD time),	live for 3 minutes with one of our nosts — either
I've attached a copy of the me	edia release for the study.	
		s.73 - Irrelevant information
Feel free to call me to discuss	this interview and timings – I'r	n on
Regards,		
73 - Irrelevant information		

news

From:

.73 - Irrelevant informatio

Sent:

Thursday, 14 March 2024 9:46 PM

To:

news

Subject:

Re: Radio interview, Health Report, Long Covid

Follow Up Flag: Flag Status:

Follow up Completed

Categories:

Connor/Keith, Emilee

Thanks for getting back to me Emilee,

We'll leave it to those other programs for now, I think it'll be too far after the fact for us by next week.

Cheers,

73 - Irrelevant information

From: news <news@health.qld.gov.au> Sent: Thursday, March 14, 2024 6:13:21 PM

To:

Cc: news < news@health.qld.gov.au>

Subject: RE: Radio interview, Health Report, Long Covid

Hi Rebecca

Thanks for your email and apologies for the delay.

We're looking into your request and will get back to you, noting we've also had multiple ABC teams reach out to us already.

Thanks

Emilee



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Strategic Communication Branch | Queensland Health

information

E news@health.qld.gov.au

W health.qld.gov.au

A 33 Charlotte St, Brisbane

s.73 - Irrelevant information

Sent: Thursday, 14 March 2024 12:13 PM **To:** news <news@health.qld.gov.au>

Subject: Radio interview, Health Report, Long Covid

ood afternoon,	
n hoping to arrange an interview with a om other post viral syndromes a year af	a lead author of the study into long covid, and it being indistinguishable fter infection.
ne interview would be with	it would be a pre-record and we can do that via WhatsApp or Facetime
udio only) depening on preference	
any thanks, Irrelevant information	
inclevant information	