

news

From: news
Sent: Friday, 15 March 2024 9:00 AM
To: s.73 - Irrelevant information
Cc: news
Subject: RE: Long-covid research
Attachments: 327longCOVIDQueensland.docx; ECCMID_AcceptedAbstract.pdf

Hi s.73 - Irrelevant information

Not from us, but please see attached release from ECCMID.

Also attached is the abstract.

Thanks
Emilee



Media Unit

Strategic Communication Branch | Queensland
Health

P s.73 - Irrelevant information
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: s.73 - Irrelevant information
Sent: Friday, 15 March 2024 8:54 AM
To: news <news@health.qld.gov.au>
Subject: Long-covid research

Hi media team,

Can you please advise if there is a media release to accompany the Chief Health Officer's comments about new Long-Covid research?

Thanks in advance!

s.73 - Irrelevant information

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

Alternative contact in the ECCMID Press Room: Tony Kirby T) + 44(0)7834 385827 E) 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 & disease (incl. COVID-19)

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

M. Brown ¹, J. Gerrard ¹, T. Sparrow ¹, R. Andrews ¹.¹Queensland 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.

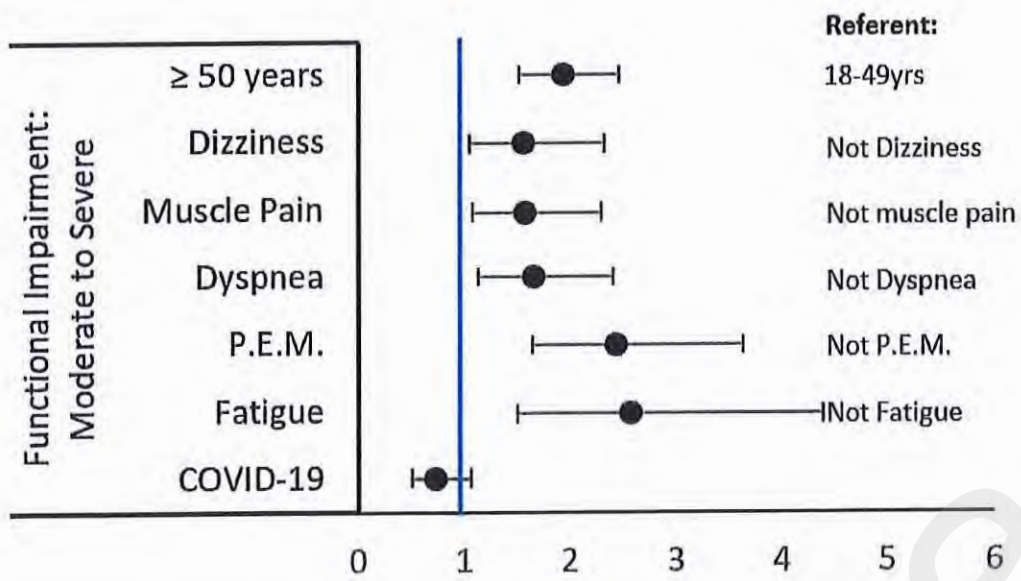
Conclusions

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

From: news
Sent: Friday, 15 March 2024 9:14 AM
To: [Redacted]
Cc: news
Subject: RE: Long covid study
Attachments: 327longCOVIDQueensland.docx; ECCMID_AcceptedAbstract.pdf

Hi [Redacted]

We aren't streaming it but can send the audio post conference.

Please find attached.

Thanks
Emilee



Media Unit

Strategic Communication Branch | Queensland Health

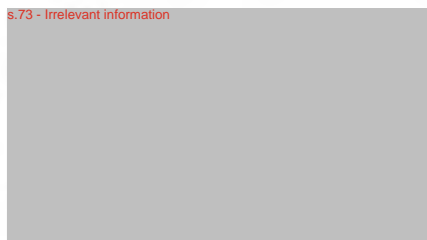
P [Redacted]
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: [Redacted]
Sent: Friday, 15 March 2024 9:05 AM
To: news <news@health.qld.gov.au>
Subject: Long covid study

Hi,

[Redacted] Keen to cover the long covid study today – could I please grab the early abstract media release?

Where can I watch the doorstep? I'm in Sydney.



news

From: news
Sent: Friday, 15 March 2024 2:02 PM
To: s.73 - Irrelevant information
Cc: news
Subject: RE: Long Covid

Hi s.73 - Irrelevant information

We have just been waiting on confirmation.

Yes, it has been peer reviewed by EDDMID (European Congress of Clinical and Infectious Diseases).

Thanks
Emilee



Media Unit

Strategic Communication Branch | Queensland
Health

P s.73 - Irrelevant information
E news@health.qld.gov.au
W health.qld.gov.au
A [33 Charlotte St, Brisbane](http://33.Charlotte.St.Brisbane)

From: s.73 - Irrelevant information
Sent: Friday, 15 March 2024 1:41 PM
To: news <news@health.qld.gov.au>
Subject: Re: Long Covid

Hi there,

Just reiterating that last question - has the study been peer reviewed?

s.73 - Irrelevant information

From: s.73 - Irrelevant information
Sent: Friday, March 15, 2024 11:39:15 AM
To: news <news@health.qld.gov.au>
Subject: RE: Long Covid

Has it been peer reviewed?

From: news <news@health.qld.gov.au>
Sent: Friday, March 15, 2024 11:36 AM

To: [Redacted]
Cc: news <news@health.qld.gov.au>
Subject: RE: Long Covid

Hi [Redacted]

The study has not yet been published in full. That will be published at the conference overseas.

The abstract is just an early release.

Thanks
Emilee



Media Unit

Strategic Communication Branch | Queensland Health

P [Redacted]
E news@health.qld.gov.au
W health.qld.gov.au
A 33 Charlotte St, Brisbane

From: [Redacted]
Sent: Friday, 15 March 2024 11:03 AM
To: news <news@health.qld.gov.au>
Subject: RE: Long Covid

Hi again Emilee,

Is it possible to see the full study please?

Cheers,

[Redacted]

From: news <news@health.qld.gov.au>
Sent: Friday, March 15, 2024 10:58 AM
To: [Redacted]
Cc: news <news@health.qld.gov.au>
Subject: RE: Long Covid

Hi [Redacted]

Please find attached the release and the abstract.

We'll add you to our list.

Thanks
Emilee



Media Unit

Strategic Communication Branch | Queensland
Health

P s.73 - Irrelevant information
E news@health.qld.gov.au
W health.qld.gov.au
A [33 Charlotte St, Brisbane](https://www.health.qld.gov.au/locations/33-Charlotte-St-Brisbane)

From: s.73 - Irrelevant information
Sent: Friday, 15 March 2024 10:48 AM
To: news <news@health.qld.gov.au>
Subject: Long Covid

Hi There,

Can you forward me the link to the study that the CHO has referenced today regarding why the words long Covid should be avoided?

Can you also add me to your DL for media releases?

Cheers,

s.73 - Irrelevant information

news

From: news
Sent: Friday, 15 March 2024 2:47 PM
To: Matthew Brown; John Gerrard
Cc: Naomi Main; news
Subject: FW: Fact correction - Long COVID research

Importance: High

Hi both

As discussed with Matthew, we've made contact with s.73 - Irrelevant information to try and remove that part of their package.

They technically shouldn't be running it with incorrect facts.

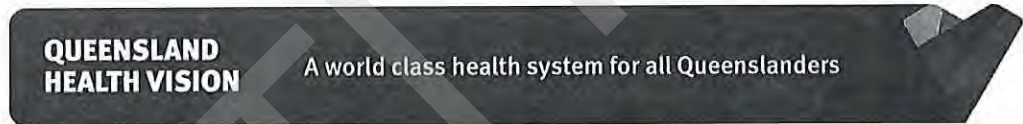
Please see below – FYI

Thanks
Emilee



Emilee Colasimone
Team Leader– Media and Issues Unit
Strategic Communication
Branch | Queensland Health
Working hours Monday - Friday

P Call me on Teams or s.73 - Irrelevant information
E s.73 - Irrelevant information @health.qld.gov.au
W health.qld.gov.au



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

From: news <news@health.qld.gov.au>
Sent: Friday, 15 March 2024 2:44 PM
To: s.73 - Irrelevant information
Cc: news <news@health.qld.gov.au>
Subject: Fact correction - Long COVID research
Importance: High

Hi s.73 - Irrelevant information

Nice to meet you this morning.

Looking at the comments of s.73 - Irrelevant information in the story, we have identified a comment of concern.

He said that the study “excluded anyone who went to hospital”. This is factually incorrect.

We assume he has misinterpreted this line from the ECCMID media release, “They point to several limitations, including that participants who were hospitalised or had pre-existing illness were not identifiable within the cohort.”

“Not identifiable” does not mean they weren’t included in the study, just that the researchers couldn’t identify which participants had been to hospital, or who had a pre-existing illness etc.

If the story continues to run today/tonight, can we please ask that section of his interview is removed?

Kind regards
Emilee



Queensland
Government

Media Unit

Strategic Communication Branch | Queensland
Health

- P** s.73 - Irrelevant information
- E** news@health.qld.gov.au
- W** health.qld.gov.au
- A** [33 Charlotte St, Brisbane](#)

news

From: s.73 - Irrelevant information
Sent: Friday, 15 March 2024 3:15 PM
To: news, s.73 - Irrelevant information
Subject: Re: Fact correction - Long COVID research

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Emilee

Hi all,

Just letting you know we do not receive any s.73 - Irrelevant information

Thanks,

s.73 - Irrelevant information

From: news <news@health.qld.gov.au>
Sent: 15 March 2024 16:11
To: s.73 - Irrelevant information
Cc: news <news@health.qld.gov.au>
Subject: RE: Fact correction - Long COVID research

Amazing, thank you so much s.73 - Irrelevant information

From: s.73 - Irrelevant information
Sent: Friday, 15 March 2024 3:00 PM
To: news <news@health.qld.gov.au>; s.73 - Irrelevant information
Subject: Re: Fact correction - Long COVID research

Hi Emilee,

Lovely meeting you as well.

I've looped in s.73 - Irrelevant information who can assist with the s.73 - Irrelevant information interview with s.73 - Irrelevant information
 Would we be able to cut out s.73 - Irrelevant information comments in the s.73 - Irrelevant information at all?

Thank you

From: news <news@health.qld.gov.au>
Sent: Friday, 15 March 2024 2:44 PM
To: s.73 - Irrelevant information
Cc: news <news@health.qld.gov.au>
Subject: Fact correction - Long COVID research

Hi s.73 - Irrelevant information

Nice to meet you this morning.

Looking at the comments of s.73 - Irrelevant information in the story, we have identified a comment of concern.