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



# Media Unit

Strategic Communication Branch | Queensland Health



E news@health.qld.gov.au



A 33 Charlotte St, Brisbane

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From: Matthew Brown

Sent: Saturday, 16 March 2024 4:28 AM

To:

Cc:

Subject: Re: Media Inquiry - Long COVID study

Follow Up Flag: Follow up Flag Status: Follow up

Categories: Connor/Keith

s.73 - Irrelevant information

Thanks for your interest. The full research paper is being prepared for submission to a peer-reviewed journal and is unable to provided at this time. It will go up as a pre-print when submitted.

Please find linked the press release associated with the ECCMID conference where the results will be presented, together with an interview of Dr Gerrard with the Australian Broadcasting Network.

### Links:

https://www.escmid.org/fileadmin/src/media/PDFs/2News\_Discussions/Press\_activities/2024/327longCOVIDQueensland.pdf

https://www.abc.net.au/news/2024-03-15/long-covid-symptoms-queensland-chief-health-officer-john-gerrard/103587836



Queensland's Chief Health Officer says it's time to stop using the term 'long COVID'

The state's chief health officer says the description wrongly implied long-term post-COVID viral symptoms were "somehow unique and exceptional" to other viral infections.

www.abc.net.au

I have also copied in our news team who may have further information.

Good luck with your piece,

Cheers, Matthew.

From: s.73 - Irrelevant information	
Sent: Friday, 15 March 2024 1	.1:09 PM
To: Matthew Brown < 5.73 - Irrelevant i	@health.qld.gov.au>
Subject: Media Inquiry - Long	COVID study
	outside Queensland Health. DO NOT click on any links or open attachments ender and know the content is safe.
Hello! My name is 5.73 - Irrelevant infor	I'm a health reporter for s.73 - Irrelevant information
Journal, I was wondering if you advocate scrapping the term	listed on the long COVID and influenza study published in the British Medical ou were also involved in the newer study that prompted Dr. John Gerrard to "long COVID."  that research? We will respect any embargo attached to it.
ii so, do you nave a copy or t	mat research? We will respect any embargo attached to it.
Thank you in advance for you	ur time!
Sincerely,	
.73 - Irrelevant information	

From:

news

Sent:

Saturday, 16 March 2024 5:51 AM

To:

- 13

Cc: Subject:

RE: Media Inquiry - Long COVID

s.73 - Irrelevant information

I Understand Matthew Brown has provided you with the links.

Dr John Gerrard stood up yesterday to talk to the media about the study. May be of interest to you? See here: <a href="https://vimeo.com/923593623/4acf86fec9?share=copy">https://vimeo.com/923593623/4acf86fec9?share=copy</a>

# Thanks, Connor

From: S.73 - I

**Sent:** Friday, 15 March 2024 10:57 PM

To: news < news@health.qld.gov.au>
Subject: Media Inquiry - Long COVID

Hello! My name is

s.73 - Irrelevant information

, I'm a health reporter for

s.73 - Irrelevant informa

I was wondering if it were possible to get a copy of the newest study on Long COVID that prompted Dr. John Gerrard to advocate scrapping the term.

Thanks in advance for your time! Sincerely,

s.73 - Irrelevant informatio

From: news

Sent: Saturday, 16 March 2024 5:59 AM

To: Matthew Brown Cc: John Gerrard

Subject: RE: S./3 - Irrelevant question about long COVID study

Yep that sounds good. I'll give you a call then!

From: Matthew Brown < 5.73 - Irrelevant information @health.qld.gov.au>

**Sent:** Saturday, 16 March 2024 5:58 AM **To:** news <news@health.qld.gov.au>

Cc: John Gerrard < s.73 - Irrelevant information@health.qld.gov.au>; news < news@health.qld.gov.au>

Subject: Re: information question about long COVID study

Thanks Connor. Can I call you in 20-30 mins? Alternatively feel free to give me a buzz on

. Call I call you ill 20-30 fillins: Alternatively feet free to give file a buzz of

Cheers, Matthew

## Get Outlook for iOS

From: news <<u>news@health.qld.gov.au</u>>
Sent: Saturday, March 16, 2024 5:54:49 AM

**To:** Matthew Brown < \$\frac{\sigma \text{5.73-Irrelevant information}}{\text{@health.qld.gov.au}}\$

Cc: John Gerrard . @health.qld.gov.au>; news < news@health.qld.gov.au>

Subject: RE: information question about long COVID study

Hi Matthew,

Let me know when you are up and about this morning and I will give you a call to discuss.

Happy to draft a response if you can provide information, just want to make sure answering these questions won't jeopardise the presentation of your study?

Thanks, Connor

From: Matthew Brown < <u>@health.qld.gov.au</u>>

**Sent:** Saturday, 16 March 2024 4:30 AM **To:** news <news@health.qld.gov.au>

Cc: John Gerrard S.73 - Irrelevant information @health.qld.gov.au >
Subject: Fw: information question about long COVID study

Hi team,

Can I hand this to you, at least in the initial phase. I'm happy to pull together the details but you may have info prepared for a response.

Cheers, Matthew.

From: Paul Reynolds

Sent: Saturday, 16 March 2024 10:54 AM

To: news

Subject: Re: FOR URGENT APPROVAL: Information question about long COVID study

Follow Up Flag: Follow up Flag Status: Follow up

Categories: Connor/Keith

Hi Con

Perfect. Approved. Sorry for the delay

Cheers Paul

## Get Outlook for iOS

From: news <news@health.qld.gov.au>
Sent: Saturday, March 16, 2024 10:49:19 AM

To: Paul Reynolds < ... @health.qld.gov.au>

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

Subject: FOR URGENT APPROVAL: nformation question about long COVID study

Hi Paul,

I can't get on to Chris and I need an urgent approval for the below before the olomback clocks off for the weekend.

Matthew Brown and John have approved the below response.

Are you happy with this?

11

III information

Thanks for your email.

I have attached the ECCMID media release and a copy of the abstract for your information. The media release provides answers to your questions.

For your background, and as per the media release, Queensland Health researchers are presenting a new study which suggests long COVID is indistinguishable from influenza or other respiratory illnesses, a year after infection. These new findings complement a previous study commissioned by Queensland Health which was <u>published</u> in the *BMJ Public Health* which found no difference in ongoing symptoms and functional impairment when COVID-19 is compared with influenza.

Please find the exclusive interview Dr John Gerrard facilitated with Australian Broadcasting Network which may provide further information for your story <u>here</u>.

Dr John Gerrard also held a press conference yesterday (Friday 15/3) for media about this topic which will be useful to your story. You can view the presser <u>here</u>.

Thanks, Connor

s.73 - Irrelevant information

Sent: Saturday, 16 March 2024 12:57 AM

To: Matthew Brown < ... @health.qld.gov.au >

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

Subject: s.73 - Irrelevant question about long COVID study

Hi Dr. Brown,

We're working on a story about the long COVID study you'll be presenting this year at ECCMID and I was hoping you could answer a few questions for us.

- Are the findings of this study enough to convince people to stop using long COVID terminology? Or is this
  conclusion based on this and also other findings?
- Why have you and your colleagues concluded that long COVID terminology causes unnecessary fear and potentially impedes recovery?
- In the study limitations, you note that participants who had severe disease or were hospitalized, or who had pre-existing conditions, were not identifiable in the cohort. Previous research has suggested that more severe disease increases risk for long COVID/post COVID symptoms. Do you think if these people were identifiable it would change your conclusion?
- What is the main takeaway of the study for clinicians?

Thanks so much!

Best,
s.73 - Irrelevant information