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RTI Released

news

From: John Gerrard
Sent: Saturday, 23 March 2024 5:32 AM
To: Tony Kirby
Cc: tony@tonykirby.com; news; Matthew Brown
Subject: Re: Long COVID study and security at ECCMID

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Emilee

Thank you very much Tony.
 It's only a poster.
 I did wonder whether you timed for Long COVID Awareness Day. We've never heard of it either.
 Cheers
 John

Get [Outlook for iOS](#)

From: Tony Kirby <tony.kirby@tonykirby.com>
Sent: Friday, March 22, 2024 9:26:55 PM
To: John Gerrard <s.73 - Irrelevant information@health.qld.gov.au>
Cc: tony@tonykirby.com <tony@tonykirby.com>; news <news@health.qld.gov.au>; Matthew Brown <s.73 - Irrelevant information@health.qld.gov.au>
Subject: Re: Long COVID study and security at ECCMID

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

I thought as I said to your news team it was reported very responsibly and you were in fact saying the term could be harmful, not that the disease did not exist.

I also had no idea that it was long COVID awareness day that day - I did not know such a day even existed (is it the first time they've done that) ?

I'm sure it won't be an issue having some of the security nearby - do you do a short presentation or are you just hanging the poster?

Tony

Tony Kirby
 Tony Kirby PR
 Official Press Agent of ECCMID 2024
tony.kirby@tonykirby.com
 +447834385827

On Fri, Mar 22, 2024 at 12:21 PM John Gerrard <s.73 - Irrelevant information@health.qld.gov.au> wrote:
 Thank you very much Tony.

The media (and social media) response last year was very tame compared with this year.

No security problems last year at ECCMID but the response was not nearly as intense.

I do think it's all quite hollow but some security assistance would be reassuring (I'd prefer not to have both of my legs broken as was suggested in one email!)

Thanks again for your help.

John

Get [Outlook for iOS](#)

From: Tony Kirby <tony.kirby@tonykirby.com>
Sent: Friday, March 22, 2024 9:04:36 PM
To: John Gerrard <s.73 - Irrelevant information @health.qld.gov.au>
Cc: tony@tonykirby.com <tony@tonykirby.com>; news <news@health.qld.gov.au>; Matthew Brown <s.73 - Irrelevant information @health.qld.gov.au>
Subject: Re: Long COVID study and security at ECCMID

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.

Dear John

I am very sorry to hear this - I will contact the ESCMID team to see what can be done.

Were there any problems following last year's conference re your work?

Will come back to you once I've heard from my colleagues

Tony

Tony Kirby
Tony Kirby PR
Official Press Agent of ECCMID 2024
tony.kirby@tonykirby.com
+447834385827

On Fri, Mar 22, 2024 at 11:04 AM John Gerrard <s.73 - Irrelevant information @health.qld.gov.au> wrote:

Hi Tony

Our Long COVID study for ECCMID and associated media release has attracted a fair bit of attention.

While I think this is very good, it has led to direct threats of violence to me personally and threats to disrupt the conference.

I'm pretty sure these are just empty threats but it would be nice to have some visibility from security when we display our poster on the Saturday of the conference.

What do you think we should do?

Thank you very much

John Gerrard

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From: [OCHO](#)
To: [news](#)
Cc: [OCHO](#)
Subject: FW: For approval: from jackie
Date: Friday, 22 March 2024 2:23:03 PM
Attachments: [image001.png](#)

Hi Team,

Please see CHO's comments below in red.

Kind regards



Sharon Jaklofsky OLY

BA (Mass Communication)
**Senior Executive Support and
Correspondence Officer**
Office of the Chief Health
Officer | Queensland Health
Working hours Monday to Friday

P [\[Redacted\]](#)
E [\[Redacted\]@health.qld.gov.au](#)
W [health.qld.gov.au](#)
A [lvl7, 33 Charlotte St. Brisbane. 4000](#)

From: John Gerrard [\[Redacted\]@health.qld.gov.au](#)
Sent: Friday, 22 March 2024 1:20 PM
To: news <[news@health.qld.gov.au](#)>
Cc: OCHO [\[Redacted\]@health.qld.gov.au](#); Naomi Main [\[Redacted\]@health.qld.gov.au](#)
Subject: RE: For approval: from jackie

From: news <[news@health.qld.gov.au](#)>
Sent: Friday, 22 March 2024 1:10 PM
To: John Gerrard [\[Redacted\]@health.qld.gov.au](#)
Cc: OCHO [\[Redacted\]@health.qld.gov.au](#); Naomi Main [\[Redacted\]@health.qld.gov.au](#); news <[news@health.qld.gov.au](#)>
Subject: For approval: from jackie

Hi John,

Are you ok with the below? We've added a bit in the preamble to provide more context to [\[Redacted\]](#) and spell it out a bit more about what the study is saying.

//

Hi [\[Redacted\]](#)

It would be incorrect to say in your story that the outcomes of the long COVID study invalidates

long COVID. That is not what is being inferred and it is not the key outcome of the study.

The study acknowledges that the symptoms of long COVID are real. However, the key point from the study emphasises these post viral symptoms are indistinguishable from the post-viral symptoms possible from seasonal influenza and other respiratory illnesses.

Importantly, the study highlights that COVID-19 is not the only infection that causes a post-viral syndrome with symptoms persisting after for three months or more.

To make it clearer, for example, the post-viral symptoms of influenza, can be similar to those of COVID-19, but there is no terminology of 'long influenza'.

Similarly, diseases like Ross River virus can also be similar to some symptoms experienced after COVID-19 infection. Chronic fatigue is very common after Ross River virus infection, but there is no common term of 'long Ross River virus'.

The study findings states using terms like 'long COVID' wrongly imply there is something unique and exceptional about longer term symptoms associated with the virus.

The Chief Health Officer has emphasised that post-viral syndromes are very real and may cause significant distress to those affected, but they can occur after many other viruses, not just COVID-19. We have noted this in the below formal response.

As we advised earlier, any questions relating to the timing of the media release should be addressed to the European Congress for Clinical Microbiology and Infectious Diseases (ECCMID) press office. Queensland Health did not have any control over the timing of this release, and it would be incorrect to say that we did.

Dr Gerrard's press conference and resulting comments were as a direct result of media interest in the ECCMID media release.

Please attribute to Chief Health Officer Dr John Gerrard:

I acknowledge that symptoms are real and can cause significant distress to those affected, but the research suggests the types of longer-term symptoms and complications after COVID-19 are not unique or exceptional to the virus.

The Queensland study highlights that COVID-19 is not the only infection that causes a post-viral syndrome with symptoms persisting after for three months or more, and that the incidence of post viral syndrome following COVID-19 in Queensland is similar to that experienced after other common respiratory viruses like influenza.

It is now very difficult to determine whether a particular symptom complex is in fact related to COVID with the virus widespread in the community.

I believe the specific term 'long COVID' is confusing and it is better to refer to the specific syndrome that affects an individual patient, such as Venous Thromboembolism, Chronic Fatigue syndrome, Postural Orthostatic Tachycardia Syndrome, etc..

This clarity may alleviate unnecessary fear and hypervigilance around lingering symptoms, potentially hindering recovery.

Long COVID may have appeared to be a distinct and severe illness because of high numbers of COVID-19 cases during the pandemic.

ENDS

From: s.73 - Irrelevant information >
Sent: Friday, 22 March 2024 10:22 AM
To: news <news@health.qld.gov.au>
Subject: from s.73 - Irrelevant information

Hi we have a story of a Queensland woman who has suffered badly from long Covid . She claims that the Chief Health Officer's comments on long Covid on Long Covid Awareness Day was "medical gaslighting"
She claims that the CHO's message filters through to the medical community who already "fob off" many people presenting with long Covid symptoms.

I just wanted to give Dr Gerrard a chance to reply if he wants to ... My deadline is early at 2pm
thanks so much

s.73 - Irrelevant information



From: [Connor Wallace](#)
To: [John Gerrard](#)
Cc: [OCHO](#); [Matthew Brown](#)
Subject: Media Alert for approval
Date: Friday, 15 March 2024 8:41:56 AM

Hey John,

Are you happy with the below media alert?

Also, as an FYI only, apparently it is International Long COVID Awareness Day today.

Queensland Health Chief Health Officer speaks on study, which says long COVID is 'indistinguishable' from other post-viral syndromes a year after infection

Chief Health Officer Dr John Gerrard will discuss the Queensland Health study which found no difference in ongoing symptoms and functional impairment when COVID-19 was compared with influenza.

When: 9:45am arrival for 10am press conference, Friday, 15 March 2024

Where: 33 Charlotte Street, Brisbane City

Who: Chief Health Officer Dr John Gerrard

Note: If you were not in the ECCMID send out for the early abstract media release for the 2024 conference, please email news@health.qld.gov.au and we can send you a copy.

Media contact: Queensland Health Media Unit – s.73 - Irrelevant information

From: [OCHO](#)
To: [Naomi Main](#); [Matthew Brown](#)
Subject: FYI - Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection
Date: Tuesday, 12 March 2024 3:10:00 PM
Attachments: [ECCMID release - long COVID Queensland \(003\).docx](#)
[image001.png](#)

FYI – thanks Naomi and Matt



Sharon Jaklofsky OLY

BA (Mass Communication)
**Senior Executive Support and
 Correspondence Officer**
 Office of the Chief Health
 Officer | Queensland Health
 Working hours Monday to Friday

P [s.73 - Irrelevant information](#)
E [s.73 - Irrelevant](#) [@health.qld.gov.au](#)
W [health.qld.gov.au](#)
A [lvl7, 33 Charlotte St, Brisbane, 4000](#)

From: news <news@health.qld.gov.au>
Sent: Tuesday, 12 March 2024 11:29 AM
To: Rachael Davies <rachaelvdavies@hotmail.co.uk>; Tony Kirby <tony.kirby@tonykirby.com>
Cc: news <news@health.qld.gov.au>
Subject: RE: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

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>
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 13th 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>

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

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.

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://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

+447834385827

RTI Release

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

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 CC ... [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

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.

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.

RTI Release

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

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.

From: [Naomi Main](#)
To: [Matthew Brown](#)
Subject: FW: FYI - HIB - Potential for increased media attention about "long COVID" and Queensland Health's research
Date: Monday, 18 March 2024 10:06:00 AM
Attachments: [image001.png](#)
[image008.png](#)
[image009.png](#)
[image010.png](#)
[image011.png](#)
[image012.png](#)
[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](#)

From: OCHO <s.73 - Irrelevant@health.qld.gov.au>
Sent: Friday, 15 March 2024 8:37 AM
To: Naomi Main <Naomi.Main@health.qld.gov.au>
Subject: FYI - HIB - Potential for increased media attention about "long COVID" and Queensland Health's research

FYI – thanks Naomi.



Sharon Jaklofsky OLY

BA (Mass Communication)
Senior Executive Support and Correspondence Officer
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 Working hours Monday to Friday

P [s.73 - Irrelevant information](#)
E s.73 - Irrelevant@health.qld.gov.au
W health.qld.gov.au
A [lvl7, 33 Charlotte St. Brisbane, 4000](#)

From: SDLO <s.73 - Irrelevant@health.qld.gov.au>
Sent: Thursday, 14 March 2024 5:18 PM
To: Alarna Lane-Mullins <s.73 - Irrelevant information@health.qld.gov.au>; Alex Mayfield <s.73 - Irrelevant information@health.qld.gov.au>; Amanda Medew <s.73 - Irrelevant information@ministerial.qld.gov.au>; Amy Louise Melville <s.73 - Irrelevant information@health.qld.gov.au>; Catherine McDougall <s.73 - Irrelevant information@health.qld.gov.au>; Claire Daly <s.73 - Irrelevant information@health.qld.gov.au>; CLLO <s.73 - Irrelevant information@health.qld.gov.au>; Courtney Padget <s.73 - Irrelevant information@ministerial.qld.gov.au>; DG correspondence <s.73 - Irrelevant information@health.qld.gov.au>; DL-ELT_Personal <s.73 - Irrelevant information@health.qld.gov.au>; Estimates <s.73 - Irrelevant information@health.qld.gov.au>; Finn Semple <s.73 - Irrelevant information@ministerial.qld.gov.au>; Inga Williams <s.73 - Irrelevant information@health.qld.gov.au>; Isabelle Shoshani <s.73 - Irrelevant information@ministerial.qld.gov.au>; Jacqueline Quigg <s.73 - Irrelevant information@ambulance.qld.gov.au>; Jessica Burns <s.73 - Irrelevant information@health.qld.gov.au>; Katie Watts <s.73 - Irrelevant information@health.qld.gov.au>; Kirstine Sketcher-Baker <s.73 - Irrelevant information@health.qld.gov.au>; Lauren Ashcroft <s.73 - Irrelevant information@health.qld.gov.au>; Madeleine Campbell <s.73 - Irrelevant information@ministerial.qld.gov.au>; Madeline Cunnington <s.73 - Irrelevant information@ministerial.qld.gov.au>; Michael Crowe <s.73 - Irrelevant information@ministerial.qld.gov.au>; Michael Walsh <s.73 - Irrelevant information@health.qld.gov.au>; Michaela.Edwards <s.73 - Irrelevant information@ministerial.qld.gov.au>; Michelle Akinin <s.73 - Irrelevant information@health.qld.gov.au>; Miranda Cloughton <s.73 - Irrelevant information@health.qld.gov.au>; Natarjsha Kramer <s.73 - Irrelevant information@ministerial.qld.gov.au>; news <news@health.qld.gov.au>; Olivia Amsden <s.73 - Irrelevant information@ministerial.qld.gov.au>; Paul Reynolds <s.73 - Irrelevant information@health.qld.gov.au>; Peta Bryant <s.73 - Irrelevant information@health.qld.gov.au>; Phoenix Campbell

s.73 - Irrelevant information @ministerial.qld.gov.au>; Rachel Western
 s.73 - Irrelevant information @ministerial.qld.gov.au>; Renaie Tesch s.73 - Irrelevant information @health.qld.gov.au>; Sabina
 Mandic s.73 - Irrelevant information @health.qld.gov.au>; Sally Gannon s.73 - Irrelevant information @health.qld.gov.au>;
 Stephanie Thompson s.73 - Irrelevant information @ministerial.qld.gov.au>; Tracey Walker
 s.73 - Irrelevant information @health.qld.gov.au>; Trish Leano s.73 - Irrelevant information @health.qld.gov.au>; Trish Nielsen
 s.73 - Irrelevant information @health.qld.gov.au>

Subject: HIB - Potential for increased media attention about "long COVID" and Queensland Health's research

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

P s.73 - Irrelevant information
E s.73 - Irrelevant information @health.qld.gov.au
W health.qld.gov.au
A Level 37, 1 Willam Street, Brisbane

Dear Mind campaign image



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

From: [John Gerrard](#)
To: [Matthew Brown](#)
Subject: Fwd: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection
Date: Sunday, 10 March 2024 1:49:11 PM

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From: news <news@health.qld.gov.au>
Sent: Sunday, March 10, 2024 1:37 pm
To: John Gerrard <s.73 - Irrelevant information>@health.qld.gov.au>
Cc: news <news@health.qld.gov.au>; Paul Reynolds <s.73 - Irrelevant information>@health.qld.gov.au>; Jane Hodgkinson <s.73 - Irrelevant information>@health.qld.gov.au>
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.

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 \(key4events.com\)](#)

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

+447834385827

RTI Release

From: [Ross Andrews](#)
To: [Matthew Brown](#)
Subject: RE: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection
Date: Tuesday, 12 March 2024 8:54:03 AM

Yes, that sentence is correct

From: Matthew Brown <[s.73 - Irrelevant information](#)> @health.qld.gov.au>
Sent: Tuesday, 12 March 2024 8:49 AM
To: Ross Andrews <[s.73 - Irrelevant information](#)> @health.qld.gov.au>
Subject: RE: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

No prob. Can you confirm the sentence should read: **After controlling for influential factors including age, sex, and First Nation status...**

From: Ross Andrews <[s.73 - Irrelevant information](#)> @health.qld.gov.au>
Sent: Tuesday, 12 March 2024 8:46 AM
To: Matthew Brown <[s.73 - Irrelevant information](#)> @health.qld.gov.au>
Subject: RE: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Re the question about controlling for vaccination and socio-economic status, short answer no. The analysis we submitted for the abstract had not included those potential predictors and we did not claim to have done so in the abstract.

From: Matthew Brown <[s.73 - Irrelevant information](#)> @health.qld.gov.au>
Sent: Tuesday, 12 March 2024 7:49 AM
To: Ross Andrews <[s.73 - Irrelevant information](#)> @health.qld.gov.au>
Subject: FW: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Hi Ross,

Just spoke with John, and apparently the press release is required for tonight. How's your capacity to have a look at it this morning?

Cheers,
 Matthew.

From: Matthew Brown
Sent: Monday, 11 March 2024 12:23 PM
To: Ross Andrews <[s.73 - Irrelevant information](#)> @health.qld.gov.au>
Subject: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Hi Ross,

Please see the attached draft ECCMID press release for your review. I've highlighted sections where your specific feedback would be great.

I note the CHO has said below that we will look at this urgently. I reckon it'll be OK to get feedback by tomorrow morning if you're pushed, but will let you know if it's needed before then.

Feel free to give me a yell.

Cheers,
Matthew.

From: Connor Wallace <s.73 - Irrelevant information @health.qld.gov.au>
Sent: Monday, 11 March 2024 11:12 AM
To: Matthew Brown <s.73 - Irrelevant information @health.qld.gov.au>
Subject: RE: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Sorry Matthew, see attached!

From: Matthew Brown <s.73 - Irrelevant information @health.qld.gov.au>
Sent: Monday, 11 March 2024 11:11 AM
To: Connor Wallace <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

Hi Connor,

Would you mind sending me the draft release?

Cheers,
Matthew.

From: John Gerrard <s.73 - Irrelevant information @health.qld.gov.au>
Sent: Monday, 11 March 2024 11:10 AM
To: Connor Wallace <s.73 - Irrelevant information @health.qld.gov.au>; CHO ESO <s.73 - Irrelevant information @health.qld.gov.au>; Matthew Brown <s.73 - Irrelevant information @health.qld.gov.au>
Subject: Re: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Thanks Connor
We will look at this urgently.
Could you include Matthew Brown in futur e-mails please?
Cheers
John

Get [Outlook for iOS](#)

From: Connor Wallace <s.73 - Irrelevant information @health.qld.gov.au>

Sent: Monday, March 11, 2024 10:43 am

To: John Gerrard s.73 - Irrelevant information [@health.qld.gov.au](mailto:john.gerrard@health.qld.gov.au); CHO ESO s.73 - Irrelevant information [@health.qld.gov.au](mailto:cho.eso@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

Hey John,

I think you may be across this one already, however please see attached draft release from ECCMID which is based on your abstract.

Are you able to please review and let me know if you have any changes, or if you are happy with their release?

Would be good to have this back by COB tomorrow (Tuesday 12/3) so we can get it back to them on the Wednesday before their UK deadline.

Thanks, Con

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 13th 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>
Sent: Saturday, March 9, 2024 10:00:02 PM
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.

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 \(key4events.com\)](#)

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

+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 a distinct and severe illness because of high numbers of COVID-19 cases.*

****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.

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.

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.

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.

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.

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%).

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.”

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

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.

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.

RTI-Privacy

From: Matthew Brown
Sent: Tuesday, 12 March 2024 9:21 AM
To: John Gerrard
Subject: ECCMID Press Release
Attachments: ECCMID release - long COVID Queensland.docx

Hi,

Attached is the press release with my edits. It has been reviewed by Ross.

Please note I included your comments, with some tweaking, so please consider if appropriate:

"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 of longer symptoms that can impede recovery".



Matthew Brown

Consultant Public Health Officer

Office of the Chief Health Officer | Queensland Health

P [0429 617 077](tel:0429617077)

E matthew.brown@health.qld.gov.au

W health.qld.gov.au

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.**

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

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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.

[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 illness 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), [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 [based on a validated tool](#), delivered by SMS link [to a survey](#).

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

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

... [1]

Commented [RD6]: @authors - have I understood this correctly?

Commented [MB7R6]: Yes. See edits.

Commented [RD8]: @authors - please can you provide exact dates.

Commented [MB9R8]: Done.

Commented [RD10]: @authors - does this include people hospitalised with influenza/COVID-19?

Commented [MB11R10]: Yes.

Commented [RD12]: @authors - did all individuals complete the questionnaire a year later?

Commented [MB13R12]: No. Response was voluntary. This statement is not accurate, as we had exclusions (eg people under 18yo, people who had deceased, etc). See ... [2]

Commented [RD14]: @authors - please can you provide examples.

Commented [MB15R14]: See attached. Participants rated their degree of impairment against their usual activities of daily life.

Commented [RD16]: @authors - did you also control for vaccination and socioeconomic profile?

Commented [MB17R16]: 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 ... [3]

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 a distinct and severe illness because of high volumes of COVID-19 cases. However, we found that the rate of ongoing symptoms and functional impairment, 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."

["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 of 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

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.

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:](#)

Commented [RD18]: @authors - please edit/add concluding quote mentioning what the findings mean for ongoing resource allocation for long COVID in Queensland

Commented [MB19R18]: See updated wording.

Commented [MB20]: The Chief Health Officer would like this statement included.

Commented [RD21]: @authors - please confirm whether you have any conflicts of interest and whether the research has been submitted to a journal or been published.

Commented [MB22R21]: We confirm there are no conflicts of interest.

[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.](#)

RTI Release

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

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 [MB13R12] 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.

Page 1: [3] Commented [MB17R16] Matthew Brown 12/03/2024 8:56:00 AM

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.

From: [Matthew Brown](#)
To: [John Gerrard](#)
Subject: Media Release: Eccmid
Date: Tuesday, 12 March 2024 9:59:00 AM
Attachments: [ECCMID release - long COVID Queensland.docx](#)
[image001.png](#)

Hi John,

Final version with track changes.

Cheers,
Matthew.



Matthew Brown
Consultant Public Health Officer
Office of the Chief Health
Officer | Queensland Health

P S.73 - Irrelevant information
E S.73 - Irrelevant information [@health.qld.gov.au](mailto:health.qld.gov.au)
W health.qld.gov.au

RTI Release

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](https://www.qld.gov.au/data/assets/pdf_file/0023/38074/1/long-covid-living-evidence-summary.pdf)

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

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](https://www.sciencedirect.com/science/article/pii/S1473309923000000)

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

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.

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.

RTI Release

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

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.

From: [Connor Wallace](#)
To: [Matthew Brown](#)
Subject: RE: ECCMID: Accepted Abstract
Date: Thursday, 14 March 2024 11:37:03 AM

Awesome, thank you!

From: Matthew Brown <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Sent: Thursday, 14 March 2024 11:35 AM
To: Connor Wallace <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Subject: Re: ECCMID: Accepted Abstract

Hi Connor,

We spoke with our data analyst this morning about the reduction from 6,400 to 5,112 in the study. He clarified the statement below is best:

About 6400 people responded and some of those **were deemed ineligible because they did not have respiratory infection symptoms at the time of the initial test.**

Just wanted to correct the info.

Cheers,
 Matthew
 Get [Outlook for iOS](#)

From: Connor Wallace <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Sent: Wednesday, March 13, 2024 12:27:26 PM
To: Matthew Brown <[s.73 - Irrelevant information](#)>@health.qld.gov.au>; news <[news@health.qld.gov.au](#)>; John Gerrard <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Subject: RE: ECCMID: Accepted Abstract

Legend, thanks heaps!

From: Matthew Brown <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Sent: Wednesday, 13 March 2024 12:23 PM
To: news <[news@health.qld.gov.au](#)>; John Gerrard <[s.73 - Irrelevant information](#)>@health.qld.gov.au>; Connor Wallace <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Subject: ECCMID: Accepted Abstract

Hi,

Here's the accepted abstract.

For further info: 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.

Cheers,
Matthew

From: news <news@health.qld.gov.au>
Sent: Wednesday, 13 March 2024 8:29 AM
To: Matthew Brown <s.73 - Irrelevant information [@health.qld.gov.au](mailto:Matthew.Brown@health.qld.gov.au)>
Subject: RE: Author review: Early ECCMID Media release on your abstract - Long COVID looks like other post-viral syndromes 12 months after infection

Hi Matthew,

They did – see attached.

Thanks, Connor

From: Matthew Brown <s.73 - Irrelevant information [@health.qld.gov.au](mailto:Matthew.Brown@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](mailto:John.Gerrard@health.qld.gov.au)>
Sent: Wednesday, 13 March 2024 7:23 AM
To: Matthew Brown <s.73 - Irrelevant information [@health.qld.gov.au](mailto:Matthew.Brown@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](mailto:John.Gerrard@health.qld.gov.au)>; OCHO <s.73 - Irrelevant information [@health.qld.gov.au](mailto:OCHO@health.qld.gov.au)>
Cc: Breanna Travers <s.73 - Irrelevant information [s@health.qld.gov.au](mailto:Breanna.Travers@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>
Cc: Rachael Davies <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> wrote:

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.

The embargo of 2301H UK time Thursday 14 March actually translates to 1001H 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 0600AM 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.

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

+447834385827

On Tue, Mar 12, 2024 at 2:28 AM news <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>

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 13th 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>
Sent: Saturday, March 9, 2024 10:00:02 PM
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.

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

+447834385827

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

Tony Kirby

Director, Tony Kirby PR

T) +44 7834 385827

E) tony@tonykirby.com

Skype) tony.kirby2

RTI Release

From: [John Gerrard](#)
To: [Connor Wallace](#)
Cc: [OCHO](#); [Matthew Brown](#)
Subject: RE: Media Alert for approval
Date: Friday, 15 March 2024 8:44:12 AM

Approved
John Gerrard

From: Connor Wallace <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Sent: Friday, 15 March 2024 8:42 AM
To: John Gerrard <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Cc: OCHO <[s.73 - Irrelevant information](#)>@health.qld.gov.au>; Matthew Brown <[s.73 - Irrelevant information](#)>@health.qld.gov.au>
Subject: Media Alert for approval

Hey John,

Are you happy with the below media alert?

Also, as an FYI only, apparently it is International Long COVID Awareness Day today.

Queensland Health Chief Health Officer speaks on study, which says long COVID is 'indistinguishable' from other post-viral syndromes a year after infection

Chief Health Officer Dr John Gerrard will discuss the Queensland Health study which found no difference in ongoing symptoms and functional impairment when COVID-19 was compared with influenza.

When: 9:45am arrival for 10am press conference, Friday, 15 March 2024

Where: 33 Charlotte Street, Brisbane City

Who: Chief Health Officer Dr John Gerrard

Note: If you were not in the ECCMID send out for the early abstract media release for the 2024 conference, please email news@health.qld.gov.au and we can send you a copy.

Media contact: Queensland Health Media Unit – [s.73 - Irrelevant information](#)

From: [ECCMID Secretariat](#)
To: [Matthew Brown](#)
Subject: ECCMID 2024 - Your abstract result
Date: Monday, 29 January 2024 8:38:39 PM

This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.



Basel, 29/01/2024

Dear Matthew Brown,

Thank you for submitting an abstract to the 34th European Congress of Clinical Microbiology and Infectious Diseases - [ECCMID 2024](#).

Abstract number: 00181

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

The ECCMID 2024 Programme Committee is pleased to inform you that your abstract has been accepted for a paper poster presentation and allocated to the following session:

Session type: Poster Session

Poster number : P0327

Session title: 1j. COVID-19 (incl virology, epidemiology, evolution, immune response, diagnosis, treatment, vaccination, prevention, response and societal impact)

Session date: 27/04/2024

Session time and location : 12:00 in Poster Area

If you are not the presenting author of this abstract, please forward this notification to the presenting author and inform the ESCMID abstract team at eccmidabstracts@escmid.org

Important notes on the poster sessions:

- Due to the hybrid nature of ECCMID 2024, in addition to the paper posters presented onsite, all accepted posters must be uploaded as ePosters to the ECCMID platform
- There are NO dedicated poster sessions online for ePosters, but delegates can contact the presenter with questions via chat on the ECCMID virtual platform
- The upload of the ePosters on your ECCMID speaker profile will be possible from the **1st of March 2024** until the **12th of April 2024** (please note that to access the speaker profile and upload ePoster the presenter must be registered to the congress)
- Templates to prepare ePosters and paper posters can be found [here](#) but are not mandatory. Please include your poster 'P number' in ePosters and paper posters
- All abstracts accepted for paper Poster Sessions will have a dedicated board for poster display
- All paper posters must be prepared in **A0 format, portrait orientation**. Using the wrong format may result in an incompatibility with board dimensions and inability to present
- You will find more detailed [instructions](#) including [poster printing](#) services offered by ESCMID on our website, as well as tips on how to create attractive posters
- The ECCMID 2024 [Scientific Programme](#) and information regarding your [session type](#) are available online

Important notes on ECCMID 2024:

- ECCMID 2024 will take place in Barcelona, Spain, on **27 - 30 April 2024** as a hybrid event
- In addition to onsite presence, the event will be live-streamed online for participants unable to join us in Barcelona
- The presenting author must register before **1st of April 2024**. Abstracts without a registered presenting author will not be included in the final ECCMID 2024 programme
- If you are unable to attend onsite/online, please inform us and request to withdraw your abstract before **1st of April 2024**
- Early-bird registration is available until the **14th of February 2024**
- To register now, please visit the [congress website](#). For any enquiries regarding registration please contact eccmidregistration@escmid.org

ECCMID 2024 registration includes access to four online-only events that will take place before the main congress. The [Pre-ECCMID Days](#) are an integral part of the 2024 scientific programme and will feature the following:

Pre-ECCMID events:

- Infection Prevention and Control - 28th February 2024, 15:00 - 19:00 CET
- Infections in special settings - 29th February 2024, 15:00 - 18:30 CET
- Infections under the One Health lens - 27th March 2024, 15:00 - 18:30 CET
- STIs and HIV - 28th March 2024, 15:00 - 18:30 CET

We congratulate you on the acceptance of your abstract and we look forward to seeing you in Barcelona.

Yours sincerely,

ECCMID Abstract Team
c/o ESCMID Executive Office
Aeschenvorstadt 55
4051 Basel
Switzerland
Phone +41 61 508 01 56
www.eccmid.org

You received this email because you are the submitter/presenting author of an abstract submitted to ECCMID 2024. If you have any questions in regards to this, please contact the scientific secretariat at: eccmidinfo@escmid.org. Please quote your abstract number in the email subject line.