

Australia: Queensland's chief health officer calls for the scrapping of the term 'Long COVID'

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In a press conference on March 15, Queensland's Chief Health Officer Dr John Gerrard used a study that will be presented at the European Congress of Clinical Microbiology and Infectious Diseases in Barcelona in April to cast doubt on the term Long COVID as a distinct condition.

"What we are saying is that the incidence of these symptoms is no greater in COVID-19 than it is with other respiratory viruses, and that to use this term 'long COVID' is misleading and I believe harmful," Gerrard said.

Gerrard's assertion is part of the campaign by the political establishment in Australia to normalise COVID-19 with the claim that Long COVID is no different to the long-term symptoms of seasonal influenza.

The *World Socialist Web Site* correctly called the pandemic a mass disabling event. In what is a vast undercount, according to the worldmeter website 704 million people have been infected and seven million have died. However, measures of excess deaths put the toll at 28 million. In Queensland there have been 1.8 million people infected with 3,375 dying. The most conservative estimate is that 10 percent of the infected cohort will develop Long COVID.

Gerrard and his group's study surveyed 5,112 adults who had respiratory infections in May and June 2022, at the height of the Omicron surge. Polymerase chain reaction tests (PCR) were used to identify that there were 2399 who had COVID-19, 995 had influenza and 1,718 were negative for both. In the infected cohort, 16 percent had symptoms a year later, while 3.6 percent reported moderate to severe symptoms.

Their study found that 3 percent of the COVID-19 patients had ongoing impairment while 3.4 percent of influenza patients had ongoing issues.

Gerrard concluded that "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."

While the study has not yet been published or peer reviewed, an outline of his findings has been published in the mainstream media. The story was embargoed until March 15, dubbed #LongCovidAwarenessDay, representing a slap in the face for the

millions of sufferers internationally.

Gerrard's study, funded by Queensland Health that he heads, is very limited in its scope and his findings have no veracity.

The methodology is highly suspect. It only used a very small sample size of 2,713 people and relied on the participants' subjective assessment of their condition. He eliminated a number of people on unclear grounds. The study was conducted via SMS and the subjects were not examined or interviewed. The subjects were simply asked questions via text message.

Director of the Australian National Phenome Centre at Murdoch University Professor Jeremy Nicholson told the *Guardian* the question of whether long COVID is unique "cannot be simply answered in this work. The study is observational, based on reported symptoms with no physiological or detailed functional follow-up data. Without laboratory pathophysiological assessment of individual patients, it is impossible to say that this is indistinguishable from flu-related or any other post-viral syndrome."

Moreover, according to reports of the study, the symptoms examined by text were also limited and included fatigue, post exertional symptom exacerbation, brain fog and changes to taste and smell. This is insufficient in drawing out the differences between Long COVID, which can affect every organ of the body, and Long influenza. Both conditions are caused by viral infections, but they impact on the body in quite different ways.

The study and Gerrard's conclusions are politically motivated and aimed at sidelining Long COVID as a distinct condition under conditions where governments, state and federal, have ended virtually all much-needed COVID restrictions.

Nephrologist at Campbelltown Hospital Dr Satoshi Akima posted on X/Twitter: "Even if the incidence of post-viral syndromes is the same after all viral infections, this is not grounds to gaslight, but to take all post-viral syndromes infinitely more seriously."

Despite the media downplaying the coverage of COVID generally, this study has been widely reported internationally and may form the basis for justifying the dismantling of the very limited Long COVID measures in place.

An earlier version of Gerrard's study published in the *BMJ (British Medical Journal)* in August 2023 "Ongoing symptoms and functional impairment 12 weeks after testing positive for

SARS-CoV-2 or influenza in Australia: an observational cohort study.”

It was essentially the same study, using the same people as subjects but following them up after only 12 weeks, a very short time for the full extent of the conditions to emerge. The participants responded to three questions on the impact of their condition, making any serious assessment their infection impossible.

Yet Gerrard draws almost identical conclusions in both versions. “In a highly vaccinated population exposed to the SARS-CoV-2 Omicron variant, long COVID may manifest as a postviral syndrome of no greater severity than seasonal influenza but differing in terms of the volume of people affected and the potential impact on health systems,” the 2023 study stated.

Gerrard is a crass proponent of herd immunity. In December 2021, at the start of the Omicron surge, government authorities in Australia and internationally used the new variant’s emergence to eliminate the limited mitigation programs in place. Without a shred of evidence, they pronounced Omicron less virulent.

In December 2021, Gerrard told the Australian Broadcasting Corporation (ABC): “In order for us to go from the pandemic phase to an endemic phase, the virus has to be widespread. We all have to have immunity [and] there’s two ways you can do that—by being vaccinated or getting infected. Once we’ve done that, once the virus is spreading, once we all have some degree of immunity, the virus becomes endemic and that is what is going to happen.”

This was a cruel hoax and was used as the pseudo-scientific argument to ignore the virus’s existence as it continued to proliferate, mutating into variants able to evade human immunity more effectively.

Gerrard’s work is in line with the far-right’s campaign to liken COVID-19 to the seasonal flu. Figures such as the former Brazilian President Jair Bolsonaro called COVID-19 a “little flu.”

This claim was definitively disproved in a landmark study led by Dr. Ziyad Al-Aly, the director of the Clinical Epidemiology Center, chief of research and development service at the Veterans Affairs (VA) Saint Louis Health Care System. The research was published in the *Lancet* on 14 December 2023, “Long-term outcomes following hospital admissions from COVID-19 versus seasonal influenza: a cohort study.”

While Al-Aly did not intend it as such, his group’s paper represents a devastating rebuttal of Gerrard’s comments and his study. It involved a far greater number of patients than Gerrard did, and was conducted in a far more systematic manner.

Dr. Al-Aly and his group used the data from the Veterans Affairs (VA) Saint Louis Health Care System to compare 82,000 patients who had been admitted for COVID-19 between March 1, 2020, and June 30, 2022 to an historical group of influenza sufferers between October 1, 2015, and February 28, 2019 of nearly 11,000 influenza patients who had been hospitalised, for a comparison group. An historical group was used for influenza as the virus had been almost eliminated due to COVID mitigation measures.

Importantly the group examined 94 health measures encompassing 10 organ systems. It analysed “cardiovascular, coagulation and hematological, fatigue, gastrointestinal, kidney, mental health, metabolic, musculoskeletal, neurological, and

pulmonary” symptoms over an extended period of 18 months.

Over the 18-month period, COVID-19 was associated with “significant increased risk” in 64 of the 94 measured health outcomes that encompassed nearly every organ system in the human body. By comparison, seasonal influenza was only associated with increases in six of the 94 health outcomes that included, angina, tachycardia, type 1 diabetes, and three pulmonary outcomes (cough, hypoxia, and shortness of breath).

In a communication with the *World Socialist Web Site*, Dr Al-Aly concluded: “We observed higher risks of death, healthcare utilization and hits in most organ systems in COVID-19 than the flu... COVID-19 remain a much more serious threat to human health than the flu.”

He added that the study findings underscored that “COVID-19 is really a multisystemic disease and flu is more of a respiratory virus... The burden of health loss from *Long-Flu* is substantial, but the burden of health loss from *Long-COVID-19* is even higher. Yet, both Long-COVID-19 and Long-Flu lead to *more* health loss than either acute COVID-19 or Flu. *Conceptualizing these illnesses as acute events obscures the much larger burden of health loss that occurs in the post-acute phase.*” [Emphasis added]

A number of scientists, doctors and long COVID patients have specifically opposed Gerrard’s claims which have also drawn myriad criticisms via social media. His pseudo-scientific claims represent an attack on the millions of sufferers of Long COVID internationally. This condition was brought to the attention of the medical and scientific fraternity by Long COVID sufferers, dubbing themselves “long haulers.”

Leading Long COVID advocate Dr. Elisa Perego, who first coined the hashtag #LongCovid in May 2020 after her experience with prolonged symptoms posted a searing indictment of Gerrard’s work on X: “The very same term #LongCovid is an existential threat for people who told their citizens that getting infected was a way to immunity, that infection with SARS-CoV-2 (the virus that causes COVID-19) was necessary and desirable... They *did* it for real.”

Respiratory physician at Royal North Shore Hospital in Sydney Dr. David Joffe summarised the criticisms posting on X: “I think you would cringe at the methodology and statistical evaluation. It’s unpublished, non-peer reviewed. Based on a text response, and excluded many candidate subjects. Long C-19 Awareness Day—March 15. This is an attempt to trivialise a serious disease.”

The fact that a figure such as Gerrard is selected to oversee the public health of Queensland demonstrates that the political establishment has completely renounced any measures to mitigate the pandemic or treat the millions who suffer from Long COVID. His study was seized upon by the corporate media to further justify the policy that governments everywhere have adopted.



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