

above were observed in those who answered the Long Covid question with 'unsure' compared to those answering 'no', except for parental status and sexual orientation which were not significantly associated with the outcome in the multivariable model.

Conclusions: This study quantitatively highlights the high levels of uncertainty among primary care patients around experiencing LC, and the unequal distribution of LC burden among population groups. Our findings underline the need for better public health and primary care messaging to raise awareness around LC and ensure that those needing support can access services, particularly those already disadvantaged in society.

Key messages:

- There are high levels of uncertainty about having Long Covid among people attending primary care services.
- There is unequal burden of Long Covid in England underlining the need for improved awareness and access to support, particularly for minoritised groups.

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Using English General Practice Patient Survey data to explore Long Covid prevalence

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Background: High global burden of Long Covid (LC) has significant implications for population wellbeing, health/social care and the economy. We aimed to assess prevalence of LC, the level of uncertainty general practice (GP) patients felt about whether they were experiencing it and patient characteristics associated with LC.

Methods: This is a secondary data analysis of GP Patient Survey 2023 data (759,149 participants aged 16+yrs in England). The outcomes included self-reported LC, and being unsure about having LC. Identity and socioeconomic characteristics were explored in relation to these outcomes using univariable and multivariable regression analyses.

Results: 4.8% of respondents described themselves as having LC, and 9.1% were unsure whether they had it. Patient age (highest odds at 35-54 years), sex (females more than males), ethnicity (highest odds in Gypsy or Irish Traveller), sexual orientation (increased odds in gay or lesbian or bisexual compared to heterosexual), religion, smoking, carer status, parental status, having a long-term condition, and area-level index of multiple deprivation (higher odds in more deprived areas) were all significantly associated with reporting having LC in the multivariable model compared to answering that question with 'no'. Generally, similar patterns of association to the