ME/CFS and Long COVID: a concerning situation in France

As biomedical knowledge about ME/CFS, Long COVID and post-infectious syndromes is advancing rapidly, some medical training content in France continues to approach these conditions through a psychiatrizing lens. For AFEMISE, this gap raises major issues around medical training, recognition of post-exertional malaise, and patient safety.

By Alexandra Sauvage, Ph.D. (Sydney & Paris-Sorbonne), for AFEMISE (contact@afemise.com).

An alarming gap between scientific knowledge and medical training

May 2026, the global awareness month for myalgic encephalomyelitis / chronic fatigue syndrome (ME/CFS), highlighted a concerning contrast between the scientific and medical momentum observed in several European countries and the situation in France.

In France, in 2026, some medical training programmes still frame ME/CFS and Long COVID through a psychiatrizing lens, while international research has increasingly been documenting biomedical mechanisms, supporting the fact that post-exertional malaise (PEM) requires specific precautions in care.

It is in this context that AFEMISE is particularly concerned about the framing proposed by the university diploma “From medically unexplained symptoms to functional disorders”, offered by Université Paris Cité, when ME/CFS and Long COVID are approached in this way [1].

This gap is not merely theoretical. It has concrete consequences for diagnosis, referral, proposed care pathways and patient safety. When post-exertional malaise is not identified, inappropriate exertion leads to lasting deterioration in people with these illnesses.

This is why AFEMISE wishes to look back at several significant events, in order to make them more understandable and place them in their scientific, medical and community context. The aim is not to place opposing approaches on an equal footing, but to show how recent medical knowledge is, or is not, taken into account in the analysis and teaching of ME/CFS, Long COVID and post-infectious syndromes.

In other words: are these conditions being approached on the basis of current scientific evidence and a precise clinical assessment, including the identification of post-exertional malaise? If not, on what criteria is their clinical interpretation based?

For AFEMISE, the central issue is medical and scientific responsibility in the dissemination of up-to-date knowledge, particularly when inappropriate care pathways worsen the health of people with these illnesses. AFEMISE takes a clear position here, while documenting the points presented so that everyone can consult the cited sources and form their own view.

An international momentum recognizing ME/CFS as a biomedical issue

Solid scientific advances are now available to provide objective evidence for ME/CFS and to improve care and support for people with the illness.

Every year around 12 May, World ME/CFS Awareness Day, Professor Carmen Scheibenbogen, from Charité – Universitätsmedizin Berlin, brings together international experts on ME/CFS and Long COVID for a scientific symposium dedicated to advances in biomedical research [2].

This year, pending the official publication of the work presented, AFEMISE chose to make French-language summary notes of all the presentations from the symposium held on 7 and 8 May 2026 available on its website [3] :

Figure 1 : Screenshot of the AFEMISE summary of the advances presented at the International ME/CFS Conference 2026, organized around biomedical research on ME/CFS.

This international momentum continued at the end of the month with the 18th Invest in ME Research International ME Conference, held in Cambridge, England. On 29 May 2026, it was opened by Dr Hans Kluge, WHO Regional Director for Europe, placing ME/CFS within a European public health perspective [4].

This European recognition is also reflected in structural funding: in June 2026, the European Union awarded more than €7.5 million, through the Horizon Europe programme, to the international DISCOVER-ME project, coordinated by the Medical University of Vienna, in order to better characterise the biological mechanisms of ME/CFS, identify patient subgroups, and develop more targeted diagnostic and therapeutic approaches [5].

In light of these developments, biomedical research has advanced considerably since the Covid-19 pandemic. Although it has not resolved everything, it now provides a solid scientific basis to enable physicians, both general practitioners and specialists, to better support people with these illnesses, without being hindered in their public health mission by the still uneven dissemination of up-to-date knowledge. **When knowledge exists, disseminating it becomes a medical responsibility.**

French research also provides objective evidence of organic abnormalities

Since the Covid-19 pandemic, several biomedical studies, including in France, have helped provide objective evidence of organic abnormalities associated with Long COVID and post-infectious syndromes. **These data make a primarily psychiatric or functional interpretation difficult to sustain when it disregards the biological mechanisms currently documented.**

For example, neuroimaging studies conducted by Professor Éric Guedj (head of the nuclear medicine department at Assistance Publique – Hôpitaux de Marseille) and his team have shown, in adults and children with prolonged symptoms after Covid-19, a hypometabolic profile distinct from that observed in psychiatric disorders or physical deconditioning [6] :

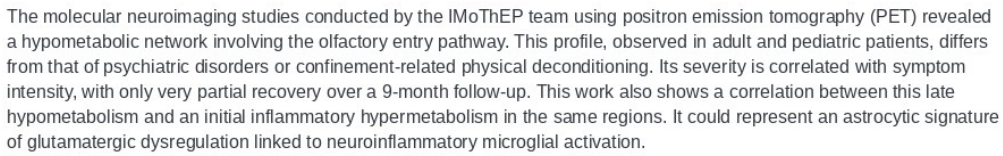

The molecular neuroimaging studies conducted by the IMoThEP team using positron emission tomography (PET) revealed a hypometabolic network involving the olfactory entry pathway. This profile, observed in adult and pediatric patients, differs from that of psychiatric disorders or confinement-related physical deconditioning. Its severity is correlated with symptom intensity, with only very partial recovery over a 9-month follow-up. This work also shows a correlation between this late hypometabolism and an initial inflammatory hypermetabolism in the same regions. It could represent an astrocytic signature of glutamatergic dysregulation linked to neuroinflammatory microglial activation.

Figure 2 : Translated excerpt from the presentation of the neuroimaging work conducted by Professor Éric Guedj and his team.

This work was awarded a prize by the French National Academy of Medicine in 2024. By recognizing this research, the Academy acknowledged the importance of studies providing objective evidence of biological profiles distinct from psychiatric disorders or deconditioning.

This recognition is part of a broader momentum, driven by the medical and scientific teams gathered in Berlin and Cambridge, and echoed at the European level by Dr Hans Kluge's intervention for WHO Europe: to better recognize ME/CFS, Long COVID and post-infectious syndromes as biomedical and public health issues [2,4].

All these teams point in the same direction: establishing causes, understanding mechanisms, identifying treatments and, starting now, developing care pathways that avoid worsening the health of people with these illnesses. This issue is central when post-exertional malaise is not recognized, or when exhaustion is interpreted primarily as "neurofunctional".

The risk of too quickly interpreting these illnesses through functional disorders

This divergence in approaches crystallized once again in late April, during a press conference involving Professor Brigitte Ranque, a specialist in internal medicine, and Professor Cédric Lemogne, a specialist in psychiatry [7].

In the approach presented, ME/CFS and Long COVID tend to be interpreted primarily through a functional or neurofunctional lens, rather than on the basis of the post-infectious mechanisms currently being studied. This hypothesis appears to rest in particular on the idea of a brain maintained in "defence mode", mistakenly processing certain bodily signals as dangerous [7].

This approach is part of a longer history. For several decades, certain psychiatric, psychosomatic or functional interpretive frameworks have tended to treat the absence of easily identifiable biological markers as a reason to interpret ME/CFS as belonging primarily to the psychological or functional field.

This situation must also be placed within the history of an illness that has long been underdiagnosed, insufficiently studied and heavily underfunded. Although equivalent data are not available for France, recent US data, summarized by CrunchME from NIH funding for 2022–2024 and disability indicators, estimate that ME/CFS research receives only around 1% of the funding that would be expected given the burden of the disease [8-10] :

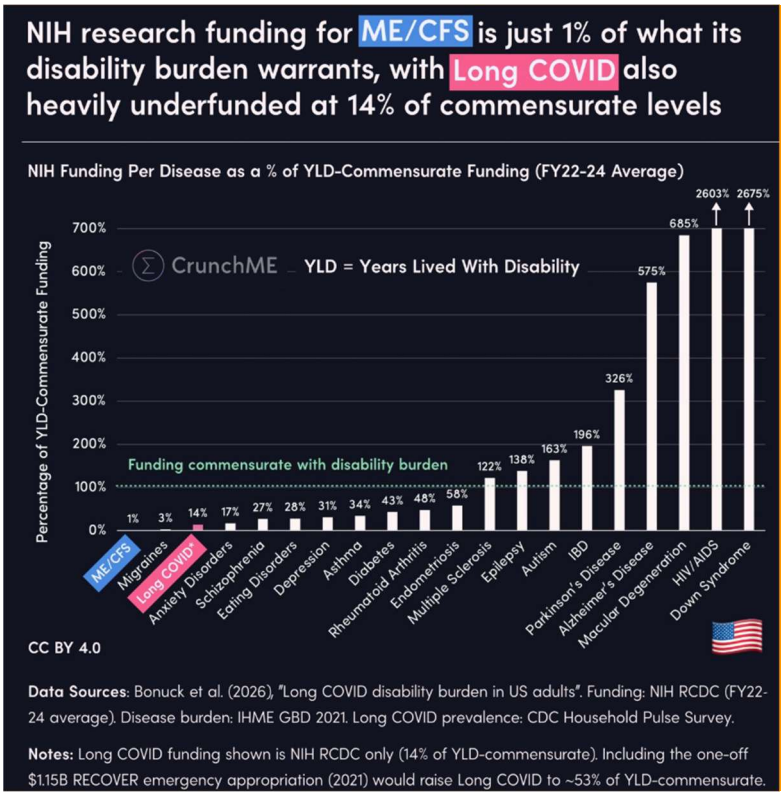


Figure 3 : CrunchME infographic illustrating the gap between the burden of ME/CFS and Long COVID and research funding allocated in the United States. CrunchME, CC BY 4.0.

This raises the following question: what evidence supports a primarily neurofunctional interpretation of ME/CFS and Long COVID when it does not fully integrate these recent biomedical data, which are nevertheless essential to an evidence-based medicine (EBM) approach?

The article in L'Express reports several points put forward during this press conference: the idea of a brain maintained in "defence mode", the parallel drawn between the past visibility of Lyme disease and that of Long COVID since the pandemic, and the example of a worker convinced that he had driven a nail into his foot [7] :

L'EXPRESS

But it is with chronic Lyme, believed to be transmitted by ticks, that the parallel is most striking. According to about a dozen researchers specializing in these diseases interviewed by L'Express, there is a direct link between the two patient populations. Before the pandemic, infectious disease clinics regularly saw a steady flow of patients attributing their symptoms to a supposed chronic form of Lyme disease. Today, it is Covid. Not because these patients have recovered, but because Long Covid—more recent, more widely covered in the media, and above all associated with a global pandemic—offers a more powerful framework of identification when patients suffer from persistent unexplained symptoms.

Figure 4 : Translated excerpts from the L'Express article on the neurofunctional interpretation of Long COVID, notably drawing a parallel with Lyme disease.

L'EXPRESS

phenomena. "We do not see the world as it is, but as the brain predicts it," she explains, before going on to give demonstrations such as the famous clinical case of a worker who drives a nail into his shoe and screams in pain for hours—until the shoe is removed and it is discovered that the nail passed between his toes. "The brain traces pathways between ...

Figure 5 : The parallel with the example of the nail in the foot.

These examples are problematic when they are used to interpret Long COVID or ME/CFS. They tend to shift the analysis away from the post-infectious context and towards an error of individual perception or interpretation. Taken to its logical conclusion, this reasoning undermines the recognition of any illness that is not yet sufficiently objectified, on the grounds that the brain is always involved in constructing our bodily perceptions.

The issue is not to deny the role of the brain in the experience of symptoms. It is to reduce complex post-infectious clinical pictures to this single interpretive framework, while biological, neurological, metabolic, immunological and dysautonomic abnormalities are increasingly being documented. This is why several physicians working with people with ME/CFS or Long COVID, including Dr Jérôme Larché, have publicly challenged this interpretation [11,12] :

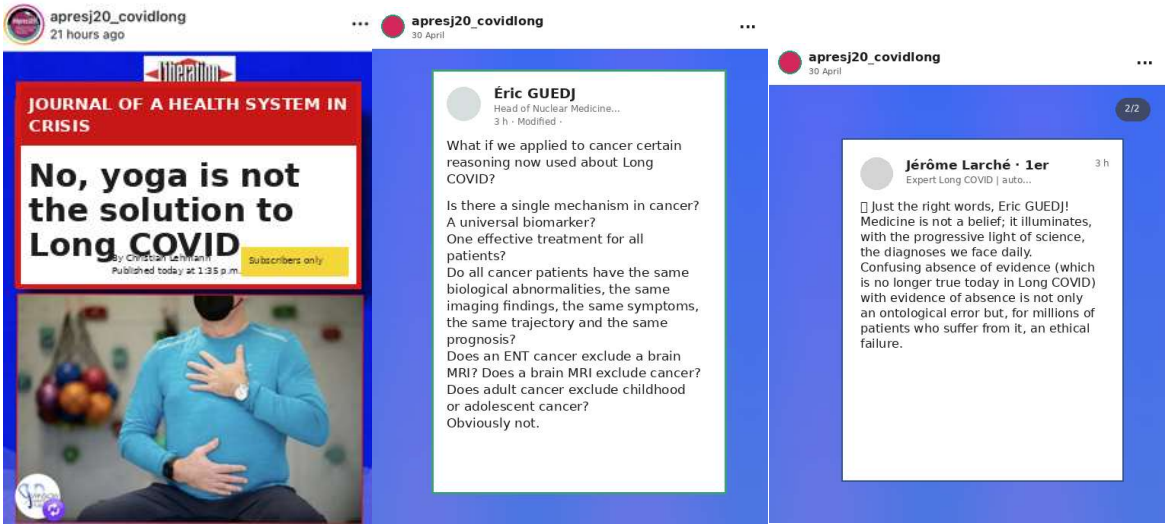


Figure 6 : Translated screenshots of posts shared by Après J20, documenting reactions from physicians and researchers to the functional or psychiatrizing framing of Long COVID.

Professor Éric Guedj had already co-authored an opinion piece published in Le Monde, signed by a collective of physicians, scientists, people with lived experience of illness, and patient organization representatives. The signatories warned of the risk of creating a “parallel science of symptoms”, which could divert medicine away from the search for organic causes. This position reflected a clear opposition to the psychiatrization of Long COVID and ME/CFS when it leads to the dismissal of available biomedical data [13] :

Figure 7 : Translated screenshot of the opinion piece published in Le Monde, warning against the risk of creating a “parallel science of symptoms” at the expense of investigating organic causes.

In this opinion piece, the authors point out that the absence of visible abnormalities on certain standard tests does not mean the absence of organic damage. Rather, it reflects the limitations of the exploratory tools currently available. Professor Éric Guedj's work illustrates this point: through neuroimaging, it provides objective evidence of patterns of impairment that are distinct from psychiatric disorders and physical deconditioning, while also making it possible to connect ME/CFS and Long COVID through certain shared neurological and systemic impacts [6,13] :

> For Long COVID and myalgic encephalomyelitis (called "chronic fatigue" in the original op-ed), the imaging work has, for example, shown neurobiological correlates of symptoms. By choosing the right tools, lesions that had until then been invisible are revealed, including in animal models. For fibromyalgia, studies converge toward alterations in the central modulation of pain and its circuits: it is a cerebral phenomenon, measurable, even if it does not take the form of a macroscopic lesion.

Figure 8 : Translated excerpt emphasizing that the absence of visible abnormalities on standard tests does not mean the absence of organic damage, particularly in Long COVID and ME/CFS.

These findings are therefore not only relevant to research: by providing objective evidence of biological abnormalities, they call for greater attention to the specific clinical signs of ME/CFS and Long COVID, foremost among them post-exertional malaise, which is crucial for adapting care and preventing deterioration.

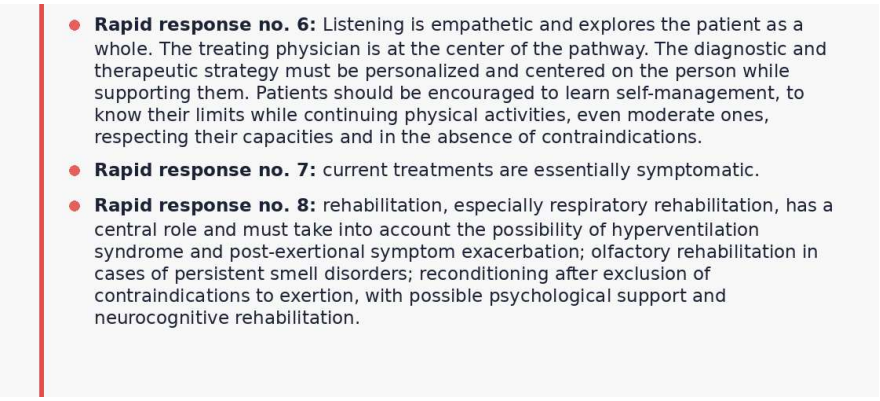
Post-exertional malaise: a central clinical criterion for patient safety

Post-exertional malaise (PEM) is a cardinal symptom of ME/CFS. It is distinct from general chronic fatigue, which is present in many illnesses. It refers to a worsening of symptoms after physical, cognitive, emotional or sensory exertion, sometimes minimal, and may occur with a delay [14].

This is another major limitation of a primarily psychiatric or functional interpretation: when it does not precisely characterize post-exertional malaise, it fails to distinguish between people who may benefit from a gradual return to activity and those for whom inappropriate exertion may lead to lasting deterioration.

This distinction is essential when interpreting the outcomes of evaluated care approaches. If the presence or absence of post-exertional malaise is not documented at baseline, improvements observed in some groups do not allow us to conclude that these approaches would be suitable for people with ME/CFS and PEM.

This is precisely why the French National Authority for Health - Haute Autorité de Santé, HAS - emphasizes, in its care pathway for Long COVID, the need to take into account the risk of post-exertional symptom exacerbation, to adapt rehabilitation goals to the person's capacities, to break activities down into smaller steps, and to plan rest breaks before symptoms worsen [15] :



- **Rapid response no. 6:** Listening is empathetic and explores the patient as a whole. The treating physician is at the center of the pathway. The diagnostic and therapeutic strategy must be personalized and centered on the person while supporting them. Patients should be encouraged to learn self-management, to know their limits while continuing physical activities, even moderate ones, respecting their capacities and in the absence of contraindications.
- **Rapid response no. 7:** current treatments are essentially symptomatic.
- **Rapid response no. 8:** rehabilitation, especially respiratory rehabilitation, has a central role and must take into account the possibility of hyperventilation syndrome and post-exertional symptom exacerbation; olfactory rehabilitation in cases of persistent smell disorders; reconditioning after exclusion of contraindications to exertion, with possible psychological support and neurocognitive rehabilitation.

Figure 9 : Translated excerpt from the French National Authority for Health's rapid responses on prolonged symptoms following Covid-19, mentioning the need to take post-exertional symptom exacerbation into account.

To clarify these "rapid responses", the phrases "encouraging patients to learn self-management" and "respecting their capacities" are consistent with the principles of pacing. This personalized approach aims to help the person remain within their energy envelope, that is, within the limits of their available energy, in order to avoid worsening symptoms [15].

This is therefore not a predefined graded exercise programme with automatic increases in exertion. Any moderate activity, rehabilitation or attempt at reconditioning must remain adjusted to the person's capacities on that day, broken down into smaller steps, re-assessable at any time, and conditional on the risk of post-exertional malaise. PEM may occur with a delay, sometimes up to 48 hours after the activity [14,15].

This distinction is consistent with the UK NICE recommendations, which state that people with ME/CFS should not be offered programmes based on fixed, incremental increases in physical activity, such as graded exercise therapy, as this approach worsens symptoms when it leads people to exceed their energy limits [14,16].

Psychiatry: supporting suffering people without reducing the illness

The issue is not to systematically oppose psychiatry and ME/CFS. Many people with ME/CFS may benefit from psychological or psychiatric support. Anxiety or depressive disorders may be present before the illness, or may emerge or worsen in its context, particularly because of its neurological, cognitive, functional and social impact.

The illness can indeed brutally disrupt a person's life: loss of autonomy, work stoppage, economic insecurity, social isolation, giving up life plans, and lack of understanding from those around them.

But recognizing this psychological suffering does not mean that ME/CFS can be explained psychiatrically. Many mental health professionals know how to distinguish associated or reactive psychological suffering from a central symptom of ME/CFS: post-exertional malaise. **PEM cannot be reduced to depression, anxiety, or a misinterpretation of bodily signals.**

Many healthcare professionals have also been directly confronted with Long COVID and post-infectious syndromes, sometimes in their own lives, or in the lives of their patients or loved ones. Their experience has helped make visible a clinical reality that is now difficult to ignore: these conditions cannot be reduced to a psychosomatic explanation.

As the scientists and physicians gathered in Berlin have shown, recent advances in investigative tools and research methods make it possible to document biological, metabolic, neurological, immunological and dysautonomic abnormalities. ME/CFS, Long COVID and post-infectious syndromes must therefore be approached as complex and multisystemic conditions, and medical training must reflect the current state of knowledge [2,5,6].

Training physicians: an urgent issue

While, in the late twentieth century, certain psychiatric, psychosomatic or functional frameworks may have interpreted ME/CFS and post-infectious syndromes as belonging primarily to their field, in the historical legacy of categories such as hysteria, somatization or somatoform disorders, this interpretation is now largely outdated by recent biomedical knowledge.

It is therefore concerning to see it reappear as early as the first week of a university diploma programme devoted to medically unexplained symptoms and functional disorders, offered by Université Paris Cité, under the responsibility of Cédric Lemogne and Brigitte Ranque [1] :

Université Paris Cité

From "medically unexplained symptoms" to functional disorders
Cédric LEMOGNE & Brigitte RANQUE

	Topic	Speaker
Week 1 - Monday 01/25/2027		
Welcome of participants and presentation of the course		Cédric Lemogne + Brigitte Ranque
History of concepts	From hysteria to the notion of persistent physical symptoms and transnosographic mechanisms	Cédric Lemogne
Nosography	Main functional somatic syndromes: fibromyalgia, irritable bowel syndrome, chronic fatigue, hyperventilation syndrome	Brigitte Ranque
	Psychiatric nosography: from somatoform disorders to disorders with somatic symptomatology; Bodily distress disorder	Clément Gouraud
Epidemiology	Prevalence of FDs and risk factors for transnosographic mechanisms	Anne Pastorello
Case discussion	Patient testimony "Chronic Lyme disease" + discussion	Cédric Lemogne + Brigitte Ranque

Figure 10 : Translated excerpt from the programme of the Université Paris Cité university diploma "From medically unexplained symptoms to functional disorders", in which ME/CFS and Long COVID appear within an approach centred on functional somatic disorders.

Functional neurological disorders exist and must be treated. But ME/CFS cannot be assimilated to them when it is defined by its own diagnostic criteria, particularly post-exertional malaise. Likewise, the illnesses mentioned in this diploma programme cannot be indiscriminately brought together under the same neurofunctional framework without a differentiated clinical assessment.

It is concerning to see that in France, in 2026, physicians can still be trained using concepts that do not integrate recent biomedical data, despite these being widely discussed nationally and internationally.

The mobilization of many physicians and patient organizations therefore goes beyond the scope of a single press conference. On 29 April 2026, the call for applications for this university diploma programme reopened, even though its framing places ME/CFS and Long COVID within a primarily functional or psychiatrizing interpretation [1] :

Program

Training reference : DUC831

Total hours : 79 hours including 60.5 hours of lectures, 17.5 hours of supervised work, 1 hour of written exam

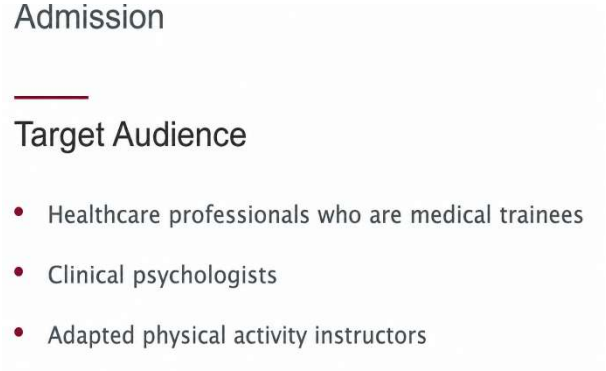
Schedule : From January 25 to 29 and from March 22 to 26, 2027

Pace : 2 times per week, 8 hours per day

Location : Hôpital européen Georges Pompidou, 20 rue Leblanc 75015 Paris

Figure 11 : Translated excerpt from the university diploma programme specifying the number of teaching hours, the calendar, the schedule and the location of the training.

The risk is to train a new generation of healthcare professionals with clinical reference points that would lead them not to first listen to people with these illnesses and relieve their symptoms as much as possible, but to interpret their complaints through preconceived ideas :



Week 1 - Thursday 01/28/2027		
Cognitive and Behavioral Semiology	Interprétation of symptoms (including catastrophizing) and behaviors (including symptoms and uncertainity)	Clément Gouraud
	Specificities of idiopathic environmental intolerance	Victor Pitron
CE: clinical discussion	Patient testimony: Hyperacusis/SCF + discussion	Cédric Lemogne
CE: Limiting useless explorations	Practical video capsule #3A: "It's very probably nothing"	Brigitte Ranque
	Practical video capsule #3B: Limiting useless explorations	Brigitte Ranque

Figure 12 : Translated excerpt from the programme presenting the intended audience for the diploma, as well as training content devoted to the interpretation of symptoms, avoidance behaviours and the limitation of investigations.

It is legitimate to question the place given, at Université Paris Cité, to older medical legacies that do not take recent biomedical data into account, while specialists from major research centres (Stanford, Yale, Montreal, British Columbia, Edinburgh, Berlin, Frankfurt, Munich, Bergen, Melbourne and the Sunshine Coast, among others) are working to document the biological mechanisms of ME/CFS, Long COVID and post-infectious syndromes [2].

Up-to-date training exists and must be developed

The need to train physicians on ME/CFS, Long COVID and post-infectious syndromes is now crucial. Up-to-date training already exists and must be developed.

It is in this perspective that Graad Santé offers an online training course on Long COVID, designed to help healthcare professionals better screen, diagnose and follow up people affected, in line with the recommendations of the French National Authority for Health and the guidance of health authorities [17].

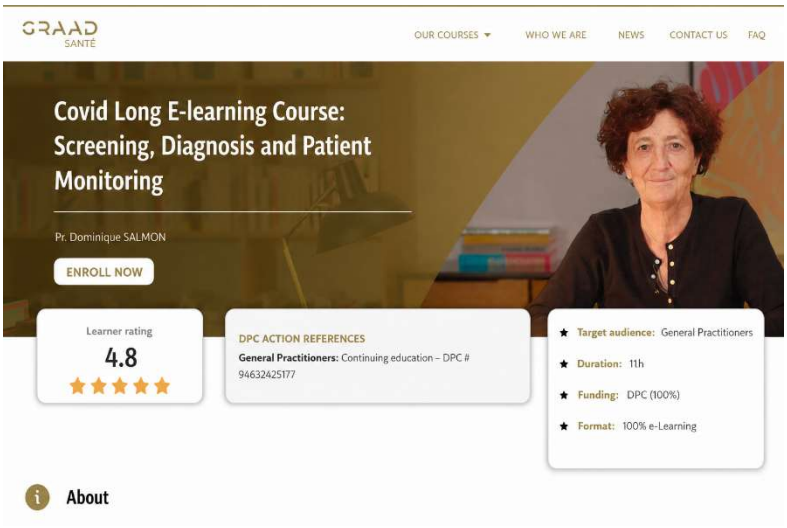


Figure 13 : Translated screenshot of the Graad Santé online training course on the screening, diagnosis and follow-up of Long COVID, intended in particular for general practitioners.

This type of training for general practitioners must be strengthened and expanded to meet the needs of the very many people affected by ME/CFS, Long COVID and post-infectious syndromes with systemic exertion intolerance and post-exertional malaise.

Training for medical specialists is also expected to integrate post-infectious syndromes as a field in its own right. Taking neuroimaging as an example, the universities of Tours, Aix-Marseille and Lorraine offered in 2025 the inter-university diploma “Diagnostic and Therapeutic Nuclear Neurology”, which illustrates the gradual integration of new fields of investigation, such as “PET imaging of Long COVID and post-infectious syndromes”, into specialist medical training [18] :

Session 7: Infection, inflammation, vascular and psychiatry

- Neuroimmune encephalitis
- Other inflammatory CNS disorders (neurolupus, vasculitis, granulomatosis, CJD)
- PET imaging of encephalitis
- PET imaging of other inflammatory CNS disorders
- Imaging of MS
- PET imaging of long COVID and post-infectious syndromes
- PET/CT imaging of other neuro-infectious disorders
- “Neurovascular disorders” PET/CT imaging in neurovascular disease
- Classification of psychiatric disorders and biomarkers
- Traumatic brain injury and PTSD
- PET/CT imaging in psychiatry

Figure 14 : Translated excerpt from the brochure for the inter-university diploma “Diagnostic and Therapeutic Nuclear Neurology”, mentioning PET imaging of Long COVID and post-infectious syndromes.

A university diploma devoted to ME/CFS, Long COVID and post-infectious syndromes, grounded in recent scientific data, national and international recommendations, and the recognition of post-exertional malaise, would have a rightful place in France.

Medical students and practising physicians are entitled to expect an up-to-date, rigorous university training offer that is directly useful to clinical practice. **People with these illnesses, for their part, must be able to rely on care based on reliable and consistent clinical reference points.**

A health, social and economic issue

In France, in the absence of a dedicated national registry, the number of people with ME/CFS remains estimated by extrapolation from international data. Depending on the assumptions used, several hundred thousand people may be affected, with recent extrapolations exceeding 450,000 people since the pandemic [19–21]. The illness predominantly affects women and remains very largely underdiagnosed: international data estimate that 84% to 91% of people affected may not be diagnosed [19,20].

The issue goes beyond the mere transmission of relevant medical information. **Properly training physicians in ME/CFS, Long COVID and post-infectious syndromes is also a response to the health, social and economic consequences of these illnesses.**

Several international studies show that Long COVID can lead to long-term activity limitation, reduced capacity to work, increased unemployment, or prolonged financial distress. The OECD also highlights the impact of Long COVID on healthcare systems and economies [22] :

Figure 15 : Excerpt from the OECD report on the health, social and economic costs of Long COVID and its effects on healthcare systems.

The pandemic has increased the number of people experiencing prolonged symptoms after infection, a majority of whom meet the criteria for ME/CFS. It has also often worsened the condition of some people already affected by ME/CFS. These situations contribute to increasing the number of people who are durably limited in their activities, and many of them unable to work.

In Germany, a study published in 2025 by the ME/CFS Research Foundation and Risklayer estimated the combined annual societal cost of Long COVID and ME/CFS at €63.1 billion in 2024, equivalent to around 1.5% of German GDP [23] :

Figure 16 : Screenshot from the ME/CFS Research Foundation presenting the estimated combined annual societal cost of Long COVID and ME/CFS in Germany.

« To cure sometimes, to relieve often, to listen always»

The psychiatrization of symptoms will not address the impact of post-infectious syndromes on health and society. **An effective response to Long COVID, ME/CFS and post-infectious syndromes must involve up-to-date training for healthcare professionals,** capable of improving recognition, diagnosis, support and the prevention of deterioration.

Training grounded in up-to-date knowledge about ME/CFS, Long COVID and post-infectious syndromes would enable both practising and future physicians to better identify, refer and support people with these illnesses. Such training would be an essential part of the responses recommended by the OECD to limit the health, social and economic impact of Long COVID [22].

For AFEMISE, this is an issue of medical training, patient safety and respect for those affected. When medicine does not yet know how to cure, it must at least relieve suffering, prevent deterioration and listen. This is the meaning of the phrase often attributed to Pasteur :

> **« To cure sometimes, to relieve often, to listen always. »**

Sources

[1] Université Paris Cité. University diploma “From medically unexplained symptoms to functional disorders”. https://odf.u-paris.fr/fr/offre-de-formation/diplome-d-universite-du-diu-1/sciences-technologies-sante-STS/du-des-symptomes-medicalement-inexpliques-aux-troubles-fonctionnels-MD4ORU3W.html

[2] ME/CFS Research Foundation. Videos and publications from the International ME/CFS Symposium 2026. https://events.mecfs-research.org/en/events/conference_2026/videos

[3] AFEMISE. Official website. https://afemise.com/

[4] Invest in ME Research. Opening address by Dr Hans Kluge, WHO Regional Director for Europe, at the 18th International ME Conference, 29 May 2026. https://www.investinme.org/iimec18-hanskluge.shtml

[5] Medical University of Vienna. “ME/CFS: International research project launched under the leadership of MedUni Vienna”, 30 June 2026. https://www.meduniwien.ac.at/web/en/about-us/news/2026/news-in-june-2026/me/cfs-international-research-project-launched-under-the-leadership-of-meduni-vienna/

[6] Aix-Marseille University. “French National Academy of Medicine: the 2024 Joseph-Antoine Maury Prize awarded to Professor Guedj and his team”. https://infuse.univ-amu.fr/fr/talents/academie-nationale-de-medecine-prix-joseph-antoine-maury-2024-decerne-pr-guedj-equipe

[7] Garcia V. “Long COVID: a consortium defends the brain hypothesis”, *L’Express*, 28 April 2026. https://www.lexpress.fr/sciences-sante/covid-long-la-science-donne-raison-a-la-piste-du-cerveau-53VFH2OXRJCNFEWZ4KF2CTJDLQ/?cmp_redirect=true

[8] Mirin A., Dimmock M., Jason L. “Research update: The relation between ME/CFS disease burden and research funding in the USA”, *Work*, 2020. https://pubmed.ncbi.nlm.nih.gov/32568148/

[9] CrunchME. “NIH Funding as a % of Disability-Commensurate Levels”, visualization based on Bonuck et al., 2026. https://crunchme.org/visuals/2026-04-23-01

[10] Bonuck K., Gao Q., Congdon S. et al. “Long COVID disability burden in US adults”, 2026. https://pubmed.ncbi.nlm.nih.gov/41917225/

[11] Guedj É. Response to Victor Garcia’s 28 April 2026 article in *L’Express*: “What if we applied to cancer some of the reasoning currently used about Long COVID?” https://www.linkedin.com/feed/update/urn:li:activity:7455485458647670784/

[12] Après J20 Covid Long. https://www.apresj20.fr/

[13] Collective opinion piece. “Creating a parallel science of symptoms would lead physicians to exempt themselves from searching for organic causes”, published in *Le Monde*, 5 December 2025. https://www.lemonde.fr/sciences/article/2025/12/05/creer-une-science-parallele-des-symptomes-conduirait-les-medecins-a-s-exonerer-de-la-recherche-des-causes-organiques_6656114_1650684.html

[14] National Institute for Health and Care Excellence. *Myalgic encephalomyelitis/chronic fatigue syndrome: diagnosis and management*. NICE guideline NG206, 2021. https://www.nice.org.uk/guidance/ng206

[15] French National Authority for Health - Haute Autorité de Santé. *Prolonged symptoms following Covid-19 in adults: diagnosis and management*. Information updated on 21 March 2024, accessed on 7 June 2026. https://www.has-sante.fr/jcms/p_3237041/fr/symptomes-prolonges-suite-a-une-covid-19-de-l-adulte-diagnostic-et-prise-en-charge

[16] National Institute for Health and Care Excellence. *Evidence review G: Non-pharmacological management of ME/CFS*. NICE guideline NG206, 2021. https://www.nice.org.uk/guidance/ng206/evidence/g-nonpharmacological-management-of-mecfs-pdf-9265183028

[17] Graad Santé. Online training course “Long COVID: screening, diagnosis and patient follow-up”. https://graad-sante.fr/formation/formation-covid-long-depistage-diagnostic-et-suivi-du-patient/

[18] University of Tours. Inter-university diploma “Diagnostic and Therapeutic Nuclear Neurology”, universities of Tours, Aix-Marseille and Lorraine. https://formation-continue.univ-tours.fr/version-francaise/formations-compatibles-avec-une-activite-professionnelle/medecine/neurologie-nucleaire-diagnostique-et-therapeutique-1

[19] Institute of Medicine. *Beyond Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Redefining an Illness*. National Academies Press, 2015. https://www.ncbi.nlm.nih.gov/books/NBK284910/

[20] Lim E. J. et al. “Systematic review and meta-analysis of the prevalence of chronic fatigue syndrome/myalgic encephalomyelitis”, *Journal of Translational Medicine*, 2020. https://pmc.ncbi.nlm.nih.gov/articles/PMC7038594/

[21] Estévez-López F. et al. “Systematic Review of the Epidemiological Burden of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Across Europe: Current Evidence and EUROMENE Research Recommendations for Epidemiology”, 2020. https://pmc.ncbi.nlm.nih.gov/articles/PMC7290765/

[22] OECD. *Addressing the Costs and Care for Long COVID. The Long Shadow of the Pandemic*, 8 April 2026. https://www.oecd.org/en/publications/addressing-the-costs-and-care-for-long-covid_87a0c171-en/full-report/long-covid-impacts-health-systems-and-the-economies_608d2480.html

[23] ME/CFS Research Foundation and Risklayer. *The Rising Cost of ME/CFS and Long COVID in Germany*, 2025. https://mecfs-research.org/en/news-costreport-long-covid-and-mecfs/