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Transcript: AMA Vice President, Dr Chris Moy, ABC News Channel, *Mornings with Joe O'Brien*, Monday, 8 February 2021

Subject: COVID-19 vaccine wastage; testing regime for returned travellers

JOE O'BRIEN: And more now on those concerns about vaccine wastage. Dr Chris Moy is the Vice President of the AMA and he joins us now from Adelaide. Chris, g'day, great to talk to you again. Spell out for us in very basic terms in what form the Pfizer vaccine arrives? And what health professionals have to do administering it? And I understand you got a few props there, so feel free to use the props as much as you like.

CHRIS MOY: Yeah look, obviously these vaccines are incredibly precious. Now, they are more difficult than the normal flu shot, for example, because most times people have had flu shots, they come in these pre-filled syringes which makes them very easy - just put a needle on it and basically pop it in the individual's arm. The new vaccines are all in what are called multi-dose vials, basically to get them out as fast as possible.

So, they all come in a vial like this. And each one of these has to be diluted with a certain amount of saline; and then after that, you get a set number of doses. So each one, you have to put a needle in there, suck out a certain dose. Now, the dose is tiny. It's about 0.3 of a mil each time. The problem with such a small dose is you can actually lose a tiny bit in the needle and also in the bottom of the syringe.

Now, the Pfizer vaccine was initially designed with five doses in each syringe. But what they found is that if you're very careful with it and you use special syringes with less loss at the bottom and you were super careful, you might even get six, even seven doses out of each vial. That's what they mean by wastage. At the moment, they come in these multi-dose vials. If we don't do this properly and people aren't trained properly we may find, because of the small volumes involved and the potential for wastage in each syringe, we could actually lose them. But also lose them because of all the messing around in doing that. We have to get those dosages into the arms at a certain period of time, as been indicated, for about six hours after you dilute it, so it's going to be a coordinating level that we've not had before, and it's not like the flu shot.

JOE O'BRIEN: And what challenges have there been overseas?

CHRIS MOY: There has been this level of wastage. The vials are actually designed with a certain amount of wastage in mind, exactly what I described. But it's interesting, when they were first designed, the Pfizer was actually designed with five doses in mind, but what they found is that if you're really careful with the types of syringes, you could actually get that sixth, if not seventh, dose out of it. And that's the aim here, to get as much out as possible because it is such a precious thing for us and we want to get that out as much as possible.

We don't want a situation where we either lose too much in the syringes or we end up with odd amounts in the bottom of each vial. But also, if we don't coordinate it and we end up with, for example, not getting the right number of patients in to match the number of doses that we've just drawn out in that six hours, because once we've lost that window, we've missed the opportunity to give that vaccine.

JOE O'BRIEN: So, are you confident those challenges can be overcome in Australia? And the lessons can be learned with what's happened overseas so there is minimum wastage here in Australia?

CHRIS MOY: What I'd say is that we're learning a lot from overseas. But look, we're going to need this level of training commitment which we've not had before from a mass vaccine rollout in the time that's been required. So, there is this training, which is being developed, which is being reviewed

at the moment, just to get the right amount of training so we make sure that everybody knows exactly what they're doing. And also, for example, to make sure we get special syringes that have the minimum wastage at the bottom. So, all these things need to happen and there's a fair bit of work still to happen before, before it all comes to be.

JOE O'BRIEN: Are you comfortable with the range of people who are going to be administering these vaccines?

CHRIS MOY: Look, we really need all hands on deck. The Pfizer vaccine is, to a great degree, going to be provided in tertiary institutions like hospitals because of the storage issues at minus 70, and places where we can manage that level of storage. But to get the number of vaccines out there we really need to get the support of everybody – GPs, particularly, are going to be the centre of this because they have the knowledge of the individual's medical history and their trust. And we explain what happens with the vaccine and all the questions, which I think is a critical component of the whole process.

JOE O'BRIEN: And what's the set-up with the AstraZeneca vaccine?

CHRIS MOY: The AstraZeneca vaccine, the storage is less, but the number of doses is supposed to be getting towards 10. Again, there's been a level of wait-

JOE O'BRIEN: [Interrupts] Ten per vial?

CHRIS MOY: Ten per vial. So, the more doses that have to come out of the vial, the more chance for wastage to a degree. That's the more difficult part of it, but the advantageous part is the storage requirements are less. So that's going to be, in theory, as long as it's approved - and we haven't approved it yet - if it is approved for use in Australia, that's probably going to be the one that's going to be easier to get out into the community and the wider population.

JOE O'BRIEN: But there's a six-hour time frame on that as well?

CHRIS MOY: All of them have some limitations in terms of the time frame to get it out. Once you have diluted it and put it in the syringe, you have to administer it in a particular time, which is a logistical thing. This is going to require a level of coordination we haven't had. I mean, flu shots, you basically pull it out, put a needle on and you can give it to the individual.

This is another level completely of skill and coordination, and we really would hope the Australian health workforce can step up because the community needs us to do this. And the education is going to be really important and we all need to join the fight on this.

JOE O'BRIEN: And Chris, just a question on another issue while we got you. This case today of a returned traveller testing positive after 16 days, so they left hotel quarantine and tested positive two days after. What's your view on if that indicates that there should be any change in requirements of the testing regime for returned travellers?

CHRIS MOY: Well, I assume this has been done because of the concerns particularly about the new variants, about the fact that they seem to be- often being picked up later, and there's a possibility they may be infectious for a longer period of time. So up until now the 14 days has been thought to be well and truly enough for a person who hasn't developed symptoms and has tested negative at the end of the quarantine period to be okay. If somebody develops symptoms, usually within 10 days they're no longer infectious.

The problem in this case it appears this person has caught it overseas but still has a positive test at day 16. Even despite the fact that it's possibly one of the new variants, it's likely that the person is not going to be particularly infectious at that stage and you're just getting the very end of the infection and possibly it's just the remnants.

But if that's not the case and we have to review our thinking about this, this is going to put a cat amongst the pigeons with regards to thinking. Because again, these new variants are a worry to us because they are doing things that are different - not only being more infectious and more serious, but the length of time that they can become infectious for and the time before they become infectious is changing.

JOE O'BRIEN: Just go into a bit more detail for us on why you would think it's probably the case that this is someone who has a pretty low load.

CHRIS MOY: One would hope that this is the sort of situation where it's been at the end at the infection because it's so long since they would have caught it, and you have people shedding at the end of infections.

JOE O'BRIEN: Yeah.

CHRIS MOY: The problem is that people actually had negative tests, it sounds like, earlier which is the concerning situation. So, if this is a new onset of infection so long after the initial contact overseas, that's going to throw the cat amongst the pigeons completely. This is not something we've been bargaining for and may change the whole thinking about how long we have to quarantine people for and how you have to keep monitoring people for.

JOE O'BRIEN: Yeah. Okay, Chris Moy, thanks so much for talking to us this morning.

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