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**Transcript:** AMA President, Dr Michael Gannon, 3AW, *Mornings with Neil Mitchell*,  
 Monday 9 April 2018

**Subject:** Flu Vaccinations

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**NEIL MITCHELL:** I mentioned the flu season, last year what, 48,000 cases, 4000 in kids under five. About 150 deaths. The State Government's trying to get proactive though, they're throwing \$50 million at the hospitals to help with it, which is a good idea. But I'm getting the message that there's some bugs out and about now. Some people have been calling about it. I wouldn't think the flu's arrived yet, but is there something going on? Dr Michael Gannon is President of the Australian Medical Association, good morning.

**MICHAEL GANNON:** Good morning, Neil.

**NEIL MITCHELL:** Is it bug time already?

**MICHAEL GANNON:** Well, certainly, as soon as the weather starts cooling down you see more and more colds. It's very important that we make a distinction between influenza and cold viruses. Probably everyone gets at least one cold during winter. It might make you snuffle. You probably won't miss a day of work, but if you get influenza you certainly will.

**NEIL MITCHELL:** Yeah, but there's not flu here yet.

**MICHAEL GANNON:** Look, there's always cases of influenza coming in. Of course there is a peak in winter, and there are a lot of people who will bring influenza that they've acquired in the Northern Hemisphere winter back to Australia. You can catch it in the summer, but certainly the peak in Australia most years is July-August and, of course, last year in Victoria and Queensland we saw a second spike in September. That's got the Health Departments both at a State level and at the Commonwealth level thinking.

**NEIL MITCHELL:** So, what sort of flu are we expecting this year? What is it? What strain?

**MICHAEL GANNON:** Well, every year the predominant strain of Influenza A or Influenza B gets a special name where it's been isolated. Brisbane gets a mention this year. I don't think that's anything that we should necessarily celebrate. That's the way it basically works is that the health authorities from different parts of the world cooperate with each other. They identify the most damaging form of the flu virus. Remembering that's the main problem with Influenza. It has a near-unique ability to mutate and continually evade control by our immune systems. This year's Southern Hemisphere vaccine will include four strains: two A strains, two B Strains, and you would expect that to give substantial protection to everyone but real protection, real total prevention in about 70 per cent of vaccinees.

**NEIL MITCHELL:** My GP rang me last night to shout at me because I hadn't had a flu injection. I'm going to go and do that today. Is it too early?

**MICHAEL GANNON:** Look, I think the most important message for me to give to people is the value of the vaccine. So rather than get caught up in a debate about whether you have at your GP or in a pharmacy or whether you have it on April 10 or May 1, the most important message is that it's safe, it's effective, it's important ...

**NEIL MITCHELL:** And how long does it last though? How long's the cover?

**MICHAEL GANNON:** Well we do see - if you look at the studies, you see something like a 10 per cent drop in effectiveness month on month. You see maximum effectiveness start to wane after four months after administration. So, the National Immunisation Program, the free program for the people who get free vaccine isn't rolling out until the second half of April. The first and the ideal time we're telling patients to be vaccinated is at the end of April, early May. So, I don't know why your GP is yelling at you but ...

**NEIL MITCHELL:** Well, he always does.

**MICHAEL GANNON:** [Laughs] But I think the main message is I support your GP yelling at you, rather than him yelling at you - him, her - yelling at you this week rather than next week.

**NEIL MITCHELL:** But if you have it early can you have a booster?

**MICHAEL GANNON:** Look, there's no contrary indication to that but we don't recommend it. There's not a lot of signs that it works. Remembering that you're going to be getting the same vaccine and one of the reasons why it diminishes in effectiveness is the ability of the virus to mutate.

**NEIL MITCHELL:** To mutate, yeah.

**MICHAEL GANNON:** The important message for people who've had flu vaccine year on year is there seems to be a significant amount of protection once you've had a load of doses of the vaccine. In other words, flu can mutate backwards if that makes sense to your listeners. The most important message is how important it is. It's recommended for everyone over the age of six months. For the highest risk groups, the Government pays for it for free.

**NEIL MITCHELL:** Okay, and just another question. I'm talking to a university researcher soon who wants to change the attitude towards psychedelic drugs and further investigation of them, you know, the old LSD and stuff like that, as possibly being useful in treatment of mental health. Has the AMA got a view on that?

**MICHAEL GANNON:** Oh, well, our view on just about everything Neil, it might sound a bit stale and boring is show us the evidence. So, if within well-controlled trials that have a meticulous look at safety and have strict end points on effectiveness, they want to in controlled settings trial known drugs to see whether they might work then we would support that. Whether it's medicinal cannabis, whether it's other drugs that have been well known, whether it's novel pharmaceuticals developed by industry, our answer is very simple: show us the evidence. If it's safe and effective, doctors will support it.

**NEIL MITCHELL:** Well, it's a part of the argument here is that we're not doing any research on it. Is it time to do research on those sort of drugs?

**MICHAEL GANNON:** Well, it might be worth going backwards and having a look at that. The drugs you're talking about aren't new so someone might be able to develop a pilot program saying that there was, I don't know, less schizoaffective disorder, less schizophrenia, in people using LSD 40 years ago. I'd be surprised if that's the case but as someone develops a hypothesis and does serious research, making sure they've got very strict inclusion, exclusion, and safety criteria, and we should always be open minded to new therapeutic possibilities.

**NEIL MITCHELL:** Thank you very much for your time. Dr Michael Gannon, I agree. President of the Australian Medical Association. I agree if LSD can be used, and I would have thought the problem with LSD and magic mushrooms and things like that over the years has been the dose, you didn't know what you're getting or who'd cooked it up, whether Carl Williams had made it or whatever. Scientifically controlled regulated dosage and see if it works. Why not? I mean I'm forever saying, they used to use heroin during child birth, why not use cannabis or LSD or anything if it works. But you've got to approve it first.

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