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Transcript: AMA President Dr Tony Bartone, *Sunrise*, Seven Network, Sunday, 10 June 2018

Subject: Flu vaccinations

BASIL ZEMPILAS: We all know that we've just hit flu season and, after more than 1,000 flu-related deaths in Australia last year, we're being told this year could be even worse.

MONIQUE WRIGHT: Now, as a result, we're all being urged to get vaccinated to avoid the dreaded lurgy and to do our bit to limit the amount of people who get sick this flu season. As a result, demand for flu shots is up and supplies are struggling to keep up. However, studies around the world are showing having the flu shot is not necessarily as effective as medical authorities would have us believe. Some authorities are calling for a new way to look at flu prevention strategies.

BASIL ZEMPILAS: One of those is Peter Collignon, Infectious Diseases Professor at The Australian National University, who joins us from Canberra. Good morning to you. And putting the case for flu vaccination is AMA National President, Dr Tony Bartone, from Melbourne. Morning.

Peter, if we can start with you. You've looked at studies from around the world on how effective flu vaccinations are. What exactly is it that you've found?

PETER COLLIGNON: Well, the main issue with flu vaccine is compared to a lot of other good vaccines we've got - measles, the different vaccines we have for meningitis in children, tetanus, for instance, diphtheria - they're 95, 90 per cent-plus effective, and when you use them you can see a dramatic drop in disease in the population. Polio, for instance, we don't see any more.

That's not the case for influenza vaccine. While if you're in a high-risk group, you do need to get vaccinated because it can be the straw that breaks the camel's back, these vaccines in general are only about 50 per cent effective. And in the really serious part of it, stopping you getting to hospital, they're probably only 30 per cent effective. And last year we had the situation where the predominant strain that was circulating, what we call the H3 strain, it probably was only 15 or 20 per cent effective, and even less for keeping people out of hospital.

And while we do have deaths, and we really worry about 1918, for instance, when tens of millions of people died, still, a lot of those deaths last year and particularly in 1918 were associated with serious bacterial infections. And that's probably what we need to prevent more, because the current vaccine does not seem to be effective at stopping influenza in its tracks. And for most people who are otherwise in good health, there is an issue about the side-effects versus the benefit, particularly if you only have one infection every 25 years for instance.

MONIQUE WRIGHT: This is massive, it's quite controversial, and I'm totally confused now because I've been going with the advice, to this point. Tony, you disagree.

TONY BARTONE: Thank you for the opportunity. It's not that we disagree. We've always recognised that there is a place for good preventive measures, and what the Professor has indicated is that they are very important measures. But it's not one or the other. They both have a role to play, synergistically, in trying to keep Australians healthy, in trying to keep

Australians out of hospital and out of the complications from a nasty, virulent infection like influenza.

So it's about understanding that yes, it's not supremely effective, but even at 50 per cent or 40 per cent effectiveness it will reduce the burden of disease in the community, it will keep Australians out of hospital and it will stop many Australians from dying and that's what we're trying to do.

Now, the studies that we're talking about here are in healthy Australians. Yes, they need to take measures to prevent the spread, but it's about ensuring that our loved ones that we come into contact with, the vulnerable people of our population, are protected during an epidemic. And that's the message that we're trying to say. Influenza immunisation has a role to play but also all the other measures are important too.

MONIQUE WRIGHT: Okay, in terms of those other measures, Professor, do you think because we put all this reliance on the flu shot, it means that we're overlooking some really crucial things like hand washing?

PETER COLLIGNON: Well, I think it does. I mean, if we look at a lot of the infections we get in winter, the cold virus, lots of others, our hands are probably a major way they're transmitted. We pick up the virus on our hands, we touch our nose, touch our eyes, and that's probably how a lot of infection occurs. So hand washing, even with soap and water, but those alcohol hand rubs can make a lot of difference.

So can actually not going to work when you're sick, so you spread less virus to other people. Because the reality is people who mainly spread this virus are ones that are sick. And in a lot of Asian countries what they do is wear masks. Now, we don't do that, but that physical barrier, at least in one study when SARS was around in Hong Kong, showed that you markedly decreased all the respiratory viruses when a large proportion of the population wore masks.

Now, a lot of this is cultural change, but washing our hands, being careful with our hands, we can all do and we need to do that more frequently, particularly in winter. And when you look at it, it's actually not only effective for influenza, but also for a lot of other viruses we don't have vaccines for that are much more common than influenza anyway.

BASIL ZEMPILAS: Sure. All right, Peter, Tony, thank you. It's a good discussion this morning.

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