

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



Transcript: AMA Vice President, Dr Chris Moy, ABC Radio Adelaide, *Mornings with David Bevan*, Monday, 18 January 2021

Subject: COVID-19 vaccine rollout

DAVID BEVAN: Dr Chris Moy, SA President of the AMA, joins us now. Good morning, Chris Moy.

CHRIS MOY: G'day David.

DAVID BEVAN: Chris, how prepared are we in South Australia to roll out a vaccine?

CHRIS MOY: We're probably going to be as prepared as we can be, knowing that none of the vaccines have actually been approved in Australia yet because we are going through the normal approval processes to make sure that everybody trusts that we're not cutting corners on this. But at the same time, having been involved behind the scenes, there is a lot going on to prepare as if the vaccines have been approved.

So there is a lot going on, not only with the initial stages, which are probably going to be with this Pfizer vaccine which has a lot of logistical problems because it has to be stored in and transported at minus 70. But also, the probable wider rollout of the AstraZeneca vaccine, which will be a massive undertaking. I've been working very hard over the weekend on this and making lots of phone calls and we've also spoken to the Therapeutic Goods Administration head John Skerritt on Friday. This is an undertaking on the level of Dunkirk, really, trying to get so many vaccines out, two shots for the majority of the population in as fast as possible time over the first three-quarters of this year probably.

DAVID BEVAN: Well, I want to ask you - and Professor Esterman in a moment as well - why is the US having so much trouble? Because I would have thought, you know, it's not like this thing crept up on us. They've had a year to develop the vaccine and you'd think they'd have another group of people working out ways to distribute it as well. But maybe it's not as simple as that. We'll come to that question in a moment, though.

But Sal from Unley - this is a good question and I think a lot of people want answers to - she says, can someone please explain that the vaccine doesn't mean you won't get COVID, it's just not so severe. What's the story there, Chris? Will the vaccine stop you from getting it or will it just mean that when you get it, the symptoms won't be so severe?

CHRIS MOY: Look, your caller's absolutely hit the nail on the head, because there's been a lot of confusion over the last week about things like herd immunity and things like that. The only thing that is certain about the Pfizer-BioNTech, the AstraZeneca and the Moderna vaccines is that they are all extremely good at stopping people getting severe disease, ending up in hospital and dying. So if you get a shot, that's what we're stopping you doing. And in fact, that is the point of the whole Australian strategy at the moment to do that. So, if we can vaccinate people, we could be assured that people are not going to end up in hospital and die.

There is a separate issue about this thing about whether people can still get asymptomatic infection; that means they get infection but have no symptoms, or whether they can pass it along to other people, which has ramifications, because therefore, we cannot be sure that just by immunising people that they are no longer infectious and can still travel around. And all the issues about travelling are not resolved until we get more information.

But your listener's absolutely hit the nail on the head. At the moment, the only thing that is certain about it is that. We hope we will get more information about whether it will stop you still catching it, but not having symptoms and passing it on.

DAVID BEVAN: Right. And this is where we talk about herd immunity. Can you tease that out for us? What does that mean in relation to a vaccination which might not stop you transmitting, it just knocks off the worst effects of the virus?

CHRIS MOY: So, there was a lot of debate last week, a bit of confusion about the numbers and about the fact that the Pfizer vaccine has an efficacy level of about 95 per cent, and AstraZeneca is about somewhere in the order of 70 to 80 per cent. And people are going, oh gee, we're getting a second-class vaccine. Now, that's a complete red herring in all this, because at the moment, the only thing that shows the efficacy level is whether it stops your ability to get any symptoms at all, whether you get a runny nose. It will stop you getting a runny nose, so the Pfizer's probably a bit better at stopping you getting a runny nose. But there is, again, no certainty with any of the vaccines whether you can still catch and pass it on.

Now, herd immunity is the point where you vaccinate enough people so that you get a certain percentage, which is usually 70 to 80 per cent, where there's enough people vaccinated with people that can't pass it along so that it can't spread through the community, it can't propagate through the community. At the moment, the only thing that is certain about the vaccine is that it'll stop the person getting it, getting serious illness and dying. But because we cannot be certain about this ability to still catch it and pass it on, this herd immunity debate has not- we haven't got to the point of being able to say that whether they are able to do that. We won't be able to do that until we get more information. And so, there's no overpromising about the ability of the vaccines to do that at this stage.

DAVID BEVAN: Oh, okay. Now, Greg has called from North Adelaide. We're talking to Dr Chris Moy, SA President of the AMA, about the vaccination rollout. Ali was talking to the Premier about this this morning, and I think he was saying February, by the end of February we'll be in a position to roll these things out. But Greg, what's your question?

CALLER GREG: Morning. Thanks. Look, my question is - for Dr Moy - what is the best estimate of how long it will take to vaccinate 20 odd million people in Australia? Because the thing about it is, we don't even know how long this vaccine actually provides protection. So if it's three or four months, by the time you've got half the population, the first three months, the other half in the second three months, the first three months' guys will have lost their immunity. So, there's sort of a bit of a concern I have. What sort of time frame does he think that this vaccine can be given to everyone?

DAVID BEVAN: Okay. Chris Moy, those two questions; how long to vaccinate everybody? And when you have vaccinated them, how long does it last? It could be a bit like painting the Sydney Harbour Bridge. Can you answer those questions?

CHRIS MOY: Well, it must be said that we had all these questions about whether we'd ever have a vaccine and whether a vaccine would actually last. We've been able to create some great vaccines which look as though they're safe and they work. And look, there is increasing evidence that immunity does last for longer than we thought before, that we were concerned that we wouldn't be able to get that long-term immunity.

Now, whether that's going to be 12 months or whether that's two years, we can't be sure because the vaccines haven't been around for long enough. But if we can do that, if we can get it, say, 12 months, we're talking into flu vaccine territory where we could actually potentially give boosters and that sort of thing to people. So, that's one thing.

The second thing is about the logistics of it. And as I said, I think this is a huge undertaking. And even on the weekend, we - myself and the President of the Australian Medical Association - were in direct discussions with the Health Minister about this matter, about making sure we support the GPs to be able to really get out there and vaccinate the population. Because that's going to be a huge undertaking, it's going to be two shots for everybody. We have to provide the education and answer the questions of people that may have questions with these very complex multi-dose vials - that means you have to take out several shots from each vial, each bottle - and we have to do this in a COVID-safe manner. So, a lot of these logistics are still being worked out. But we have to be up to it, we have to do it, and we are learning from what's happening overseas at the moment.

DAVID BEVAN: Okay. Let's go to Professor Adrian Esterman; he's Professor of Biostatistics, Clinical and Health Services- Health Sciences at the University of SA. Good morning, Adrian.

[INTERVIEW WITH ADRIAN ESTERMAN]

DAVID BEVAN: Just coming back to Chris Moy, Chris, you say you and your Federal AMA President were discussing how this thing is going to be rolled out in Australia with the Health Minister. That would be the Federal Health Minister, was it?

CHRIS MOY: Yes, that's right.

DAVID BEVAN: Okay. And how will it be rolled out here? Will it be with volunteers like they're using in the UK or will it be through GPs? Will it be through pharmacies? Are we going to have to open up school halls so everybody just gets down there as quickly as possible? How is it going to work?

CHRIS MOY: Look, the first thing is in the very first stage, the Pfizer vaccine, which is the much more complex one, would just be filtering into Australia and it will only be given probably through hospitals or sort of major medical facilities because of the fact that it has to be kept in minus 70, and the logistics of that are massive, and it'll only be just coming to Australia very slowly.

Later, the big push on will be primarily through general practice, but there may be other services that may come into this as well. But because we're going to have to do so many and we also have to make sure the rest of the health system keeps going, people are coming up with great ideas of hiring out halls and potentially running it through a sort of a sequential drive-through, so we make sure consent and questions and then people move on to the next stage. All these sort of options are on the plate, and the sort of times we may have to do it is after hours on Sunday, those sort of things, so that we can actually make sure that we can do it in COVID-safe manner and the rest of the health system can keep going at the same time.

So, this is a big undertaking, and that's why I'm saying it's sort of a Dunkirk-level thing because we are really trying to protect the whole population here.

DAVID BEVAN: Yeah. I mean, I can't help but think, Chris, that the story here in South Australia and Australia generally is such a positive one. I'm not trying to be Pollyanna about this. It's just that we, through good fortune, but also through a lot of good hard work by good people, it's... where would you want to be? You wouldn't want to be anywhere else in the world.

CHRIS MOY: Yeah. Look, I've felt right throughout the whole thing that, to some degree, this has been a test of governments and structures and health systems. And while Australia has had some luck in being an island - and we must acknowledge that - I think the fact that people have held together, governments have worked together and there's been incredible community spirit generally in this, and there's been a trust in science and health and that's very important - that's why things have turned out. And, look, things aren't going to be perfect in the vaccine rollout. I've probably made it sound like this

is going to be this wonderful, but it isn't going to be at the start because we are having to learn as we go along. But I think you can see is that everybody is on board to really get a push on to this because we want to protect everybody out there and make sure that we can do the best to make sure that you are safe.

[TALKBACK CALLS WITH ADRIAN ESTERMAN]

DAVID BEVAN: Okay. That's just the way it is. John from Angle Vale. Good morning, John.

CALLER JOHN: Hello there. I'm just curious to know the Pfizer vaccine that has to be kept at minus 70, does that actually freeze? And do they have to take it out and wait for it to thaw out before they can inject you or do they break off little bits, like chip it off, what- does it freeze?

DAVID BEVAN: Dr Chris Moy from the AMA, do you know the answer to that?

CHRIS MOY: I do, and I've got to say this is a nightmare vaccine. You've talked about what's happening in the US, part of the reason is it's just a nightmare vaccine to handle. It comes in batches of about 970, something like that. They're all frozen at minus 70. They have to be defrosted in one hit. You've got five days to get the whole lot out. And each vial has several doses, and you've got four hours from the time you pull it out in a syringe to be able to give it. So if you have to get it out to, say, nursing homes or to people at home, you've got this very tight window to get it done.

The logistics of the Pfizer are massive, and that is part of the reason why I'm just hearing, because I've been on phone calls last week, about what's been happening over the US. If they don't get the delivery in time and they've lined up all their people ready to go, it's a logistical nightmare as a vaccine. So that's why there's major problems with it.

DAVID BEVAN: Alright. I'd say you're on the money with that question, John. Another listener wants to know, what's going on with Norway? Now, Dr Chris Moy, we've heard reports that there were some deaths associated with the Pfizer vaccine in Norway amongst elderly people who might have had other complications, and the Federal Government, when this news came out, said: well, we'll get onto it, we'll try and get some information. But do we know what has happened in Norway and should we be worried?

CHRIS MOY: Look, what I'd say to people is just be calm and steady about this. This is exactly why our Therapeutic Goods Administration is calm about things and they take things properly, because what they're trying to analyse is whether this is the unfortunate but normal sort of background death rate in that age group, or whether there's something about the Pfizer vaccine. And we know the Pfizer vaccine causes really quite an intense immune response to try and develop that immunity, but it does produce some side-effects like diarrhoea and fever, which may, in particular individuals who are frail, cause stresses that they can't stand.

Now, that's exactly why we are slow. The trust in the vaccine is really important. So this is why we were on the call with John Skerritt, the head of the Therapeutic Goods Administration. It's an independent body, and they are looking at this because, at the end of it, what they may say is that, just like, you know, where you've got tablets, they'll say: these people shouldn't have it, these people can have it; and this is where we need to end up with this approach.

DAVID BEVAN: Alright. Okay. Well, Chris Moy from the AMA, thank you very much for your time.

18 January 2021

CONTACT: 0427 209 753
media@ama.com.au

Follow the AMA Media on Twitter: http://twitter.com/ama_media

Follow the AMA President on Twitter: <http://twitter.com/amapresident>

Like the AMA on Facebook <https://www.facebook.com/AustralianMedicalAssociation>