

Australian Medical Association Limited

ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600

PO Box 6090, Kingston ACT 2604

T: (02) 6270 5400 F: (02) 6270 5499 W: ama.com.au



Transcript: AMA President, Dr Omar Khorshid, ABC Triple J Hack, Thursday, 8 April 2021 5:37pm

Subject: AstraZeneca COVID-19 vaccine side effects

AVANI DIAS: A lot of people texting in and most people feeling like this is just completely fine. They're not worried. Dylan in Brisbane; people roll the dice on much worse odds. For example, smoking and the risk of cancer. I myself ride a motorbike and statistically that is far more dangerous than getting this vaccine. Another person, all the other vaccines we get probably have similar risks but we just don't talk about them as much. Someone else; nurse here, I'm on my way to get my vaccine as we speak. Yeah, text me. Have you got a question about the vaccine and this news that, you know, the UK is offering an alternative to young people because of a very rare link of the AstraZeneca vaccine to blood clotting? I'd love to hear from you, 043 9757 555. Dr Omar Khorshid is here to break this down with us. He's from the Australian Medical Association. Thanks for coming back on Hack. So, the European regulators are saying the risk is really low. But why is this specifically aimed at young people?

OMAR KHORSHID: As was mentioned in that package, the issue for young people is really when you're looking at the risk versus the benefits. So whilst the risk is very, very low, we also know that COVID doesn't affect young people in anywhere near the same way that it affects older people. And the UK authorities over the weekend have shown us some graphs saying if you've got a low amount of COVID in your community, like here in Australia at the moment, then in fact the risk/benefit perhaps doesn't stack up for young people. But as soon as you get a higher risk of contracting COVID, in fact, that risk is much, much smaller than the benefit. And one thing we need to remember here in Australia is COVID is coming. One day, we are going to get an outbreak of in this country, whether it's because our border arrangements slip or whether we open them back up again once to the vaccination numbers up, who knows? But certainly the only way to prevent yourself getting COVID is with vaccines. And in that setting, the risk of the vaccines is completely dwarfed by the benefits.

AVANI DIAS: Amy from Geelong has called in. How are you feeling about this news about AstraZeneca?

CALLER AMY: At first, I wasn't really too concerned by it, but the more that the information is coming out, it does make me a little nervous. I have a clotting disorder already. So I'm not allowed to be on any estrogen contraception or anything like that. I'm a health worker and I got the AstraZeneca recently, Should I ... I don't know if I should be on any aspirin on something. I've got no ... no information has really come through in regards to the people who have already had the vaccine.

AVANI DIAS: Omar, obviously you can't give direct advice to Amy's situation, but are certain people more susceptible to blood clotting if they get AstraZeneca?

OMAR KHORSHID: So at this stage, we just don't know the answer to that. There has been a suggestion from our vaccine advisory group, that perhaps people with a history of strange clotting disorders. And in particular one associated with a medicine called heparin, perhaps they should avoid the AstraZeneca vaccine due to a similarity between the immune system response to heparin and also the one to the vaccine. But other than that, we just don't know. For instance, is there an increased risk if you're on the pill? Is there an increased risk if you've had clots before? Is there an increased risk if you've had COVID before? And unfortunately, we just don't have the answers to those questions at the moment. But we do know that it is really, really rare. And I think the recommendations for everyone who's had their first doses of vaccine is that they should have their second dose.

AVANI DIAS: Amy, thanks so much for calling in. Someone's texted in, Holly on Gabby. Gabby Country (*) says, I got my vaccine today, the Astra one. I'm 24 and work in pharmacy and a nursing student. I feel comfortable getting the vaccine as I've been on birth control since I was 13. The benefits outweigh the risks for me. Dr Omar Khorshid, so now the TGA: So, our medical regulator, is looking at what's coming out of Europe. They're going to make a decision tomorrow. What exactly are they doing right now to see whether we should follow in the UK's steps?

OMAR KHORSHID: Well, what they're doing is just looking at the data that is available from countries where they've given much more vaccine than we have. And as you heard in the story, there's been 79 cases in the UK that have also been similar prevalence of cases in Europe. So they're going to be looking at that data and trying to apply it to the Australian context, but also recognising that we don't have a lot of other options for vaccines. And we don't want to deprive Australians of access to a vaccine just due to a very, very rare and unlikely risk. So if we're not going to offer young Australians AstraZeneca, what are we going to offer them? Now, we do have the Pfizer vaccine, about 20 million doses coming into the country gradually over time. But also we have a vaccine called Novavax, which hasn't yet been approved in Australia, but the government's ordered 50 million doses. And by the time we get to the younger part of that population, which will be in the second half of the year, it may be that this vaccine is another option available for young Australians.

AVANI DIAS: So as a young person listening right now who may be a bit worried, who may be thinking, you know, what's going on, it's all a bit unclear. What is your advice to weigh up these risks before we get the vaccine?

OMAR KHORSHID: So my advice is actually pretty simple. You don't actually need to weigh up the risks as an individual because it's impossible to understand the technical information that the even most doctors can't actually interpret. What you need to do is rely on the experts. They are used to reading these papers. They're used to looking at the numbers. They'll be able to tell us if there's any significant risks, or if there's a better option for young people than the AstraZeneca vaccine. If there is a better option, there is no doubt they'll recommend it, because the last thing

anyone involved in vaccination wants to do is cause more harm than good. That's the ultimate sin when it comes to vaccination programmes. You've got to do good, and you've got to help a huge number of people and harm a very, very small number of people with any vaccination programme. So when the recommendations come out, my advice would be to follow them and to just take the advice of the experts. Remembering, too, that we're still months away from the vaccine rollout for most young, healthy people in Australia.

AVANI DIAS: Alright, Dr Omar Khorshid from the Australian Medical Association, appreciate you breaking that down for us.