

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 Tony Bartone, the John Laws Show, 2SM, 27 March 2017

Subject: Tuberculosis Outbreak; Vaccination

JOHN LAWS: A Sydney man with tuberculosis has spent three months being misdiagnosed, leading to an outbreak that's affected at least 10 other people. The 23-year-old presented to his GP with a persistent cough and a shortness of breath. He was told it was everything from asthma to lung cancer before a proper diagnosis of tuberculosis was made.

Australian Medical Association Vice President, Tony Bartone, joins me on the line to explain a little bit about that. Tony, thank you and welcome to the program. Thank you for your time.

TONY BARTONE: Good morning.

JOHN LAWS: How could a GP get that wrong?

TONY BARTONE: Look, I can't, obviously, can't know the exact details of what transpired in this case. But it's a poignant reminder that where we've got a case of a chronic cough, especially in someone who's returned from overseas travel from one of the areas where tuberculosis rates are more common, and more prevalent, it's a message to us to remind ourselves that it needs to be kept in the diagnosis.

Where there's a cough, a persistent cough, plus a minor fever or chills, maybe a little blood staining in that cough with the sputum, that's a sign that really we need to be thinking about tuberculosis, which obviously is still prevalent in the community. Not as common as in the past, but it is there and we need to be aware of it.

JOHN LAWS: Okay. But, with respect Tony, it doesn't speak volumes for the GP who missed it.

TONY BARTONE: John, look, obviously as I say, I'm not aware of the conditions and the situation in which this all transpired. However, it is a very, very clear reminder that it does occur and, you know, fevers, chills, night sweats, blood stained sputum, returned traveller overseas from an area in question: really, you've got to consider it and a skin test ... I mean, a quick test plus sputum plus a chest x-ray would have been a more timely diagnosis in this case.

JOHN LAWS: Yeah. Will the GP be held responsible in any way?

TONY BARTONE: Look, this is obviously going to play out in the natural course of time. Again, I'm not aware of the [indistinct] situation behind it, but no doubt it will form a review when the patient completes their treatment.

JOHN LAWS: Yes, because, as I say, it doesn't actually speak volumes for the GP that it went undetected for so long. And why didn't somebody ... you'd wonder why the fellow didn't seek a second opinion himself. Anyway, he didn't.

TONY BARTONE: Well, look, I suppose at the end of the day also what it does tell me is the importance of having a very good relationship with your doctor and being able to communicate

your symptoms. And, if you're not getting better, actually to bring that up and say: "Well look, certainly something's going on here, especially the fever and chills, could it be an infection?" Have that conversation and then, you know, it's a much more informed two-way history and examination that's going on nowadays that basically will allow a much more effective and reliable process during the course of that consultation.

JOHN LAWS: Well we can only hope so. They say that this is a drug-resistant strain of tuberculosis. If it is drug-resistant, how the hell do we get rid of it?

TONY BARTONE: So this is where it gets all very complicated and a bit more involved. TB – tuberculosis – is a difficult organism, it requires a number of antibiotics usually to get rid of it and a long period of time.

But there are cases now of drug-resistant TB emerging – especially overseas, not so much in Australia but it is appearing – and there are more specialised antibiotics and treatments available. Obviously much more costly, much more prolonged and much more difficult and obviously in the realms of the specialist physicians who manage it.

But it's a timely reminder that we need to remember that it's still prevalent. And a persistent cough, especially in people from parts of the community where housing may be very dense, or immune resistance being low because of other treatments of other conditions, is a reminder to actually look for it early.

JOHN LAWS: There's also been an increase in the measles in New South Wales, and this morning we've heard of a case in Brisbane. Are our vaccines as effective as they used to be, or can people become immune to vaccination?

TONY BARTONE: Look, our vaccines are incredibly effective and incredibly good at what they do. The issue here is that over time as a population we've become a bit blasé. Some of these diseases have not been seen for decades and we've forgotten how deadly and how sick they can make us feel.

It's about the importance of ensuring that there is a widespread community push to ensure those levels of immunisation are at as high as we can get them. We aim for 95 per cent of the community to be immunised. We know that in the past decades, it's gotten below 90 per cent in some parts of Australia, and that puts us at risk.

We're a much more global society now too, so we move constantly and especially into areas where we come into contact with people that are from, you know, countries where immunisation isn't as prevalent, isn't as well organised as it is here. For example, the case in Disneyland about a year or two ago where a number of visitors to Disneyland got measles because of waxing and waning immunity levels from their immunisation.

JOHN LAWS: That's right. What do you say to people who deny their children vaccination?

TONY BARTONE: It's a difficult conversation to have with them. Here we are, we're speaking to the parents of people that cannot speak for themselves and are very, very dependent on their parents for their wellbeing - the most vulnerable members of our community.

We need to inform them of the risks they're placing their children at, we need to give them education and advice, and the worldwide scientific literature and advice that, you know, says that everything about immunisation is safe, is effective and will save lives.

JOHN LAWS: Yeah. Well, it's important that people remember that bit. There are some very strange people in the world, Tony.

TONY BARTONE: And that makes our job very interesting all the time.

JOHN LAWS: [Laughs] I guess it does. I guess it does. Thank you very much for giving us some of your time this morning. It was good to talk to you.

TONY BARTONE: My pleasure. Have a good day.

JOHN LAWS: And you too. Australian Medical Association Vice President, Tony Bartone.

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CONTACT: John Flannery
 Maria Hawthorne

02 6270 5477 / 0419 494 761
02 6270 5478 / 0427 209 753