

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 Zappala, 4CA AM, *The John Mackenzie Program*, Thursday, 30 May 2019

Subject: Influenza

JOHN MACKENZIE: Now, I meant to get to this story a couple of days ago because it's a really important one. I'm just astounded by the number of people that are getting crook with this flu, and they've even had a significant number of fatalities. Now, it said a couple days ago in *The Courier-Mail* doctors are running out of flu vaccines ahead of a deadly flu season that's killed 25 Queenslanders. It's landed 80 in intensive care. The Federal Health Department yesterday urged patients to call around GP clinics - doctor shopping - and pharmacies to find vaccines.

Now, flu has struck over 11,000 Queenslanders this year, compared with 15 [thousand] for the whole of last year. With the flu cases two and a half times higher this year than last, health authorities are urging people to get a flu vaccine as soon as possible. But medical clinics in Brisbane - this is earlier in the week - had run out of vaccine for paying patients, forcing them to doctor shop for a flu shot. Now, I haven't got an update from the local pharmacies here, but I would imagine if they're running short in Brisbane, it will be a similar situation here. This is an interesting development though - at-risk Queenslanders are being urged to become vaccinated against pneumonia at the same time as they're getting their flu vaccine. A leading infectious disease expert warns the dangerous conditions hunt together. You get the flu then you get pneumonia on top of it then it becomes potentially deadly.

I've got Dr Chris Zappala on the line now - Chris Zappala is the Vice-President of the AMA - to talk about this emerging crisis. Morning Chris.

CHRIS ZAPPALA: Good morning, John.

JOHN MACKENZIE: This situation in Queensland, we've got figures there, but I presume the same sort of level of risk right across the country, is it?

CHRIS ZAPPALA: Yeah, it is. We are seeing unprecedented numbers of influenza virus across the entire country. Queensland's faring a little bit better than the southern States, but it is definitely a national trend, well above recent previous years.

JOHN MACKENZIE: Now, why is it happening? I mean, I understand when we get a flu shot, you're protected against three or four different strains, aren't you? What's happened with this business? Is anyone who's getting the shots actually getting the flu, do you know?

CHRIS ZAPPALA: Look, we know that the flu vaccine achieves two things. One, it will actually stop a good proportion of people getting any infection at all. There are some people who can still manifest some disease or some symptoms, but if they've had the flu vax, the severity of that illness we know will be much, much less if they hadn't been vaccinated.

So there really is a lot of protection to be gained and those vulnerable people – say, for example, the over 65s, the people with some compromise of their immune system, et cetera - they really need to be off getting their flu vax if at all possible.

JOHN MACKENZIE: Now, you would have probably heard the same as me, there's stories going around - look, if you've got any doubts, don't just get one needle, go and get another vaccination as well, the same thing, a second one. What do you think of that?

CHRIS ZAPPALA: Look, you can do that. But I'm not aware of any evidence that says that that is required to boost immunity. Even though we've got unprecedented cases of flu at the moment, we have to remember that traditionally the peaks are around August, September nationally of all the flu cases. So, if you've actually had your flu vax quite early in the year, then there might be an argument for having a top-up to cover you through that period, but it's not universally recommended. And look, at the end of the day, if everyone's got their flu vax on board by about now, then they're probably right.

And of course, the other thing is remember, it's not just the flu vax. If you've got a flu-like illness, for goodness sake, stay home from work or stay home from school, do all the hand hygiene things, all the basics which you roll your eyes a bit about sometimes, but goodness they're so important.

JOHN MACKENZIE: I can't believe how many people I'm running into that have already been hit with it up here. Let me ask you this, and this is an interesting one, a whole lot of people might not have known this, and it says here that when it comes to pneumonia, the two actually hunt together - flu can turn to pneumonia without a great lot of difficulty. Tell us how this happens in language we can all relate to?

CHRIS ZAPPALA: Yeah sure. Well I think there's a few things there. If you've got a chronic respiratory illness, for example - let's say you've got smoking-related lung disease or asthma or something like that - then your airway defences are not as good as someone else's, and you're at risk of getting respiratory infections or chest infections, pneumonia. And so you can just be unlucky in that state of slight vulnerability and you get more than your fair share. So that's point one.

The other thing that can happen is, when you have a virus, it can actually cause damage in the airway. So you get inflammation and damage of the cells along our airway walls, but that's where a lot of our defences are. So, when we breathe in the bacteria, normally our airway would just gobble it up or bat it away and get rid of it. But if you've had a virus go through and strip your airway, then a lot of those defences have gone.

And so you can see scenarios where people get the flu, they're just getting better from that, and woomph, the bacteria says 'this is good, I get a free ride here down this airway'. And they can then set up shop and the individual can get, unfortunately, pneumonia on top of that. So that's why it can actually occur sequentially in some patients.

JOHN MACKENZIE: How much worse is the whole business, the whole infection, once it goes from flu to pneumonia?

CHRIS ZAPPALA: Well, that's difficult to predict. I mean, unfortunately, as you know from the newspaper articles we've been seeing, there is a mortality attached to the flu on its own. There's a mortality unfortunately still attached to pneumonia on its own. So it definitely can be a more severe infection.

But more often than not, it's just going to keep people feeling sick and terrible for a lot, lot longer, and therefore obviously off work and so on as well. So there is added risk, but there are the protections that we can put in place as we've mentioned as well.

JOHN MACKENZIE: Now, of course, one of the questions that you're probably being asked regularly from various people - what happens when they run out of this procedure? They're talking about doctor shopping and people think, oh my God, are we that desperate, going from pharmacy to pharmacy, trying to find what's available? What will the producers of this vaccine be desperately doing?

CHRIS ZAPPALA: Well, look, the Minister for Health, Minister Hunt, has said that he is speaking with the manufacturers and organising for many hundred thousand extra vaccines to be brought as quickly as possible into the country. And so that work is underway.

I don't think, to be fair to all of our epidemiological boffins who try to predict these things in advance, I don't think anyone could have predicted that we would see the number of cases that we're seeing, several-fold above the usual at this time of year. So it's just we've been terribly unlucky. But the new supply is coming in. There are still GPs in particular, that Commonwealth-directed supply, that's been a little bit more saved in a couple of places where people can potentially access it. But hopefully more is on the way very shortly.

JOHN MACKENZIE: We've got lots of people suffering up here. I'm just wondering how long are people fundamentally disabled for, if you like, not being able to go to work or deciding not to go to work so they don't spread it? Are we talking about a few days, a week, two weeks, what?

CHRIS ZAPPALA: Look that's a really tricky one to answer, and patients always ask us that because they might have kids or grandkids as well and they go I don't want to give it to anyone else. And the definite answer to that is when you feel well and you've stopped coughing, you're not infectious anymore. In truth, you'll have stopped being infectious probably prior to that but no one can draw an exact line in the sand and say look, that's the point.

So I think, as a general principle, when you're clearly feeling better, when the cough is significantly reduced to no longer productive - so you're not producing sputum - and you're not getting obviously fevers and so on anymore, then you are approaching - if not, at that point - not infectious. But please never, never, never think that you're not, and always practise those 'cover your sneeze', et cetera, tissues discarded, et cetera, all of those sorts of things always need to apply.

JOHN MACKENZIE: It's been really worthwhile. Good to talk to you Chris, thank you.

CHRIS ZAPPALA: My pleasure John.

JOHN MACKENZIE: Dr Chris Zappala, he's the Vice President of AMA.

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CONTACT: Maria Hawthorne 02 6270 5478 / 0427 209 753

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