



MEDIA RELEASE

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Over five million Australians now eligible for free influenza vaccines this winter

— Over 80 percent of Australian hospital admissions for confirmed or suspected influenza occur in those aged under 65 years¹ —

29 March 2010: Influenza experts today joined together to remind Australians that influenza is not just a risk for older Australians, with national data showing that 80 percent of those hospitalised annually with suspected or confirmed influenza are younger than 65 years of age.^{1*}

The announcement follows a recent Commonwealth Government decision² to make free influenza vaccines available to approximately 2.2 million Australians^{3**} aged under 65 years who live with underlying medical conditions, are pregnant or are of Aboriginal or Torres Strait Islander descent.

“Many people under 65 years are not aware of the risks from contracting influenza, or the benefits of having the vaccine,” said Dr Alan Hampson, OAM, Chair of the Influenza Specialist Group (ISG) and consultant to the World Health Organization (WHO).

“The body’s response to an influenza infection can seriously upset its normal balance, meaning the body is not able to maintain its usual control over the underlying medical condition and fight the influenza infection. As a result influenza often precipitates heart attacks in susceptible people, reduces their ability to deal with other conditions and predisposes them to infections such as pneumonia,” he explained. “It can also have serious or even life-threatening outcomes on pregnant women and people of Aboriginal or Torres Strait Islander heritage.”

Annual influenza vaccination is the most effective form of protection against influenza and is recommended for many Australians, particularly those who are predisposed to severe complications. This includes those aged ≥ 65 years, people living with an underlying medical condition, pregnant women and Aboriginal or Torres Strait Islanders aged ≥ 15 years.⁴ Underlying medical conditions include heart disease, chronic lung disease (incl. severe asthma), diabetes, chronic kidney failure, neuromuscular disorders and people who have weakened immune defences.⁴

Prof Lou Irving, ISG Director and Director of Respiratory Disease at Royal Melbourne Hospital, welcomed the Government’s decision to fund influenza vaccines in these younger Australians. He explained that complications arising from influenza increase the risk of death by 40-800 times in those who have underlying medical conditions,⁵ while evidence suggests the vaccine is up to 90⁴ percent effective in protecting against influenza infection.

“In 2009 we saw a significant increase in younger Australians admitted to our hospitals and intensive care units with serious complications from influenza – including pregnant women, those with underlying medical conditions and also people who were obese,” he explained. “While the impact can vary from year to year, it does serve as a timely reminder that influenza should be taken seriously by young and old.”

There are on average over 2,200 hospital admissions each year in Australia where influenza is the proven or suspected primary cause of hospitalisation; and over 1,750 of these cases are in people aged under 65 years.¹

However, this figure belies the true burden of influenza, with many more people admitted to hospital with other diagnoses, such as heart attack, stroke or respiratory disease that have been precipitated by an influenza infection. In fact, modelling data commissioned by the ISG estimates there are on average 18,000 hospitalisations caused by influenza every year in Australia, and nearly 3,500*** deaths.^{6,7}

Influenza vaccination has been shown to reduce hospitalisation and death, particularly among susceptible groups. Multiple studies show that the influenza vaccine decreases the incidence of cardiovascular events by 20-70 percent;⁸ reduces hospitalisations for diabetes by 79 percent during epidemic periods;⁹ and reduces death among those with cystic fibrosis and advanced kidney disease.^{10,11} The influenza vaccine also has economic benefits, with studies showing it can decrease total winter absenteeism in the workplace by 36 percent.¹²

“Now is a good time to speak with your GP about influenza vaccination, particularly as many people under 65 are now eligible for a free seasonal influenza vaccine,” said Prof Irving. “You can also visit www.influenzaspecialistgroup.org.au to assess your own risk.”

Influenza infections typically start to increase in June, peaking between July and September, but in some years do occur earlier. As it takes two weeks for full immunity to develop after vaccination,¹³ now is the time to get vaccinated against influenza. Basic personal hygiene, such as coughing and sneezing etiquette, is also essential to preventing the spread of influenza.

“The seasonal influenza vaccine helps protect you against the three most common strains which have been identified by the WHO as potentially leading to serious illness in the southern hemisphere this winter. This includes A/H1N1 ‘swine flu’ which is just one of the viruses that we are likely to face,” said Dr Hampson. “As a result it’s really important you speak with your GP if you are predisposed to serious complications from influenza or want to reduce your chances of falling ill, **regardless of whether or not you’ve received a pandemic A/H1N1 ‘swine flu’ vaccine.**”

People who do become ill with influenza can help protect others by staying at home, or if you have to be in contact with other people ensure you cover your mouth when coughing or sneezing. In addition, there are antiviral medications available on prescription for those who fall ill with influenza. These medications can help limit the effect of influenza if they are taken within the first two days of the onset of symptoms.

— ENDS —

NOTE: The ISG is holding a media briefing and photo opportunity at the Prince Alfred Hospital [Large Conference Room, Kerry Packer Education Centre (Building 89), Level 4, Missenden Road, Camperdown] on Monday 29 March 2010

For further information, to arrange an interview or to receive photographs please contact:

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Notes to the editor:

* Based on estimating the average number of hospitalisations annually where the primary cause was laboratory confirmed influenza or suspected influenza (between 1998-99 and 2007-08).¹

** Calculated by estimating the number of Australians <65 years who meet the new National Immunisation Program criteria, including: ATSI (2,97,143¹⁴), cardiac disease (cyanotic congenital heart disease, coronary heart disease, congestive heart disease – 360,360¹⁵), diagnosed COPD (758,880¹⁶), severe asthma (35,000¹⁷), diagnosed diabetes mellitus (525,950¹⁸), chronic renal failure (129,494^{14,19}), HIV infection (26,836²⁰), malignant cancer (220,100¹⁸), chronic neurological conditions (262,200¹⁸) and pregnancy (292,021²¹). Data was then weighted to remove double/triple counting using AIHW data (excl. pregnancy).²²

*** Deaths calculated by estimating the rate of mortality caused by influenza among those aged 50-64 years (1.3 percent of all deaths) and ≥65 years (2.8 percent of all deaths);⁶ and applying this to the most recent Australian mortality data, whereby it is estimated that 132,662 Australians (16,964 aged 50-64; 115,698 aged ≥65 years)⁷ within this age group died in 2008.

The Influenza Specialist Group:

The Influenza Specialist Group (ISG) consists of medical and scientific specialists from around Australia and New Zealand with an interest in influenza. The ISG is chaired by Dr Alan Hampson, former Deputy Director of the WHO Collaborating Centre for Reference and Research on Influenza. Dr Hampson was instrumental in the formation and development of the ISG and continues in a consultancy role with WHO and the Australian Government. The ISG works in conjunction with key professional and consumer groups and also with the Australian State and Territory government departments of health in their educational activities regarding influenza and its prevention. The ISG receives funding from industry and through its Board of Directors maintains full control over all of its activities and published materials.

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