

Early peak in Australia influenza season causes concern

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31 July 2019

With the Australian winter influenza season striking earlier this year, indications are that it will be severe. To date, at least 306 predominately elderly people have died nationally. Two children as young as two and a 13-year-old also died of the disease.

There were over 138,322 laboratory-confirmed cases from January 1 to July 10, with the highest numbers in the most populous states of New South Wales (NSW) and Victoria. This is almost eight times the five-year average of 17,349 cases at this point of the year. Last month saw at least 40,000 confirmed cases in NSW, the highest ever recorded for June.

There have been 35,000 notified cases of influenza in Victoria this year, but clinicians said the true number was likely many times that. This time last year, there were fewer than 3,000 reported cases and 5,000 at the same point in 2017.

The 2017 season, the worst on record, resulted in 1,165 deaths nationwide according to the Australian Bureau of Statistics, with approximately 250,000 laboratory-confirmed cases. In the milder 2018 season, 486 deaths occurred.

The influenza virus develops rapidly, with fever, chills, muscle aches, fatigue and coughs worsening during the initial few days. Most sufferers will improve without medical care, but some are at higher risk of severe complications, such as pneumonia or sepsis. Sepsis occurs when the body's response to an infection injures its own tissues and organs, leading to shock, multi-organ failure and death.

Influenza can affect anyone, but the most at risk groups, where the notification rates are higher, and severe complications more prevalent, are children and those aged over 65 years. Pregnant women and Aboriginal and Torres Strait Islander people are at higher risk also.

Influenza is a global problem. The virus strains are internationally monitored by scientists to predict the strains for the winter seasons in both the northern and southern hemispheres. In Australia, flu incidences typically peak in August, with the season running from May to September, so a full assessment cannot be made until the flu season ends. Health experts are still urging people to be vaccinated, in order to minimise the severity of the outbreak.

Nursing homes and aged care facilities are particularly vulnerable. As of early July, there had been more than 360 influenza outbreaks at residential aged care facilities across Australia. In NSW, there had been 112 outbreaks at aged care facilities, a mental health facility and hospital, resulting in 66 confirmed deaths.

Early this month, five residents were hospitalised and three died in a single nursing home, south of Wollongong, near Sydney. Twenty staff also contracted the flu, requiring the nursing home to be quarantined.

South Australia is experiencing a very bad early season, with 82 deaths and the number of reported cases surpassing 20,000. This compares to the whole 2017 flu season, which saw 124 deaths and 28,486 cases.

Doctors in South Australia have raised concerns over the lack of uniform and evidence-based standards for vaccination and containment of virus outbreaks in aged care. There are about 250 aged care facilities in the state.

Dr Rod Pearce, a member of the Immunisation Coalition, told newsGP, a website of the Royal Australian College of General Practitioners: "At the moment there's no predictable response from [residential aged care facilities] that satisfies GPs that their patients are being looked after properly."

The flu vaccine, while not affording complete

protection, is the best-known defence against the virus. The vaccine is only provided free of charge to children, people over 65 years of age and Aboriginal and Torres Strait Islanders. Other people must pay a GP or a chemist to be vaccinated.

There is ongoing scientific research into a universal vaccine that could target a part of the virus that is not susceptible to mutation. Mutations of the virus mean that yearly vaccines, targeting specific strains, can be ineffective or have reduced protection.

A universal vaccination would permit a one-off vaccination against the flu. However the development of such a vaccine by the giant pharmaceutical companies would require profitable returns. Fears have been expressed on financial markets that universal vaccinations would not be profitable enough, and would disrupt the existing vaccine market.

A recent National Australia Bank report on the stock price of Commonwealth Serum Laboratories, which produced vaccines, stated: “If a universal vaccine was developed, the seasonal vaccine would be obsolete. Switching a yearly shot to a once or twice in a lifetime vaccine would cause a huge decline in sales.”

The report warned that the company developing a universal vaccine would not see a return on its investment unless the price of the vaccine was raised substantially above the existing levels.

This year’s outbreak is putting increased pressure on a healthcare system suffering from years of funding cuts. The Australian Institute of Health and Welfare, a government-funded body, published a report in May showing that the number of people presenting to hospital emergency departments increased by 11 percent between 2013–14 and 2017–18, to more than 8 million patients, or an average of 22,000 per day. The report said this was greater than expected, considering the average population growth over the same period.

Earlier this year, the Australian Medical Association (AMA)’s pre-federal budget assessment stated the allocated healthcare funding over the next four years was inadequate and would provoke a healthcare crisis. The submission stated: “Despite their importance and despite our reliance on our hospitals to save lives, and improve quality of life, they have been chronically underfunded for too long.”

AMA president Dr Tony Bartone stated: “Wait times in emergency departments, as well as elective surgery

wait times, especially for non-urgent categories, have remained significantly under target.”

The flu season is an annual and predictable event whose severity could be minimised with global free access to vaccination, and the development of a universal vaccine. Instead, chronically-underfunded public health systems strain under the weight of influenza outbreaks.



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