

Two Bs or not two Bs? GPs query flu vaccine decision

JOCELYN WRIGHT

GPs are questioning whether elderly patients will have optimal protection from influenza this year given that the virulent B/Brisbane strain is not included in the funded vaccine.

The Federal Government is funding two boosted trivalent flu vaccines, Fluzone and Fluad, for the over-65s' National Immunisation Program.

However, Melbourne GP Dr Shikha Parmar says she's baffled as to why the B/Brisbane strain has been omitted from these vaccines, which contain two A strains and another B strain.

"The danger of this virulent strain is all over the news and included in the regular quadrivalent vaccine recommended for everyone else under 65," she says.

The B/Brisbane strain is blamed for contributing to a particularly bad influenza season last year when 90% of the 1100 deaths occurred in the elderly.

Dr Parmar says she chose to vaccinate a family member with diabetes using both the enhanced trivalent and quadrivalent vaccine.

Queensland GP Dr Wade Wil-

PHOTO: Sharon Walker



Dr Parmar is baffled at the decision to omit the B/Brisbane strain from the vaccines for over-65s.

son also expressed concern on *Channel 9 News* in April that his elderly patients wouldn't be well protected against flu with this year's vaccine.

"Unfortunately they've left the wrong virus out of it," he said.

Chief Medical Officer Professor Brendan Murphy responded on the show, saying older people were

better off with a vaccine that conferred a greater immune response and would probably get some cross-protection from the B strain included in the trivalent vaccine.

In March, the PBAC accepted advice from the Australian Technical Advisory Group on Immunisation (ATAGI) that there was "sufficient evidence" for the adju-

vanted trivalent vaccines' superior effectiveness for over-65s.

The PBAC agreed with ATAGI that the additional protection in the boosted trivalent vaccines was "substantial enough to offset, if not outweigh, potential loss of protection against the alternative B lineage not in the vaccine, in most years, for those over 65".

Govt ignores review's homeopathy stance

GEIR O'ROURKE

THE Federal Government will allow Australia's 5500 pharmacies to continue to sell homeopathic quackery alongside evidence-based medicine, despite an independent review calling for a ban to protect patients from being ripped off.

The King Review of remuneration in the pharmacy industry has called for all pharmacies dispensing PBS-funded medicine to stop selling homeopathy, saying the products pose an "unacceptable" risk to patients who need effective treatment.

But the Federal Government, which commissioned the review, has rejected the call, declaring that individual pharmacists bear the "sole responsibility" of deciding if it's appropriate to offer such remedies.

The decision comes despite the NHMRC declaring in 2015 that there was no evidence to support homeopathy for any health condition, and that "health practitioners should always offer treatments and therapies based on the best available evidence".

However, the Pharmacy Guild

of Australia has been arguing that keeping homeopathic products in pharmacies would ensure patients had easy access to a "medicines expert" to advise on safe and appropriate use.

In response to the King recommendations, the government said: "Professional standards have been designed for use by individual pharmacists to assess their own professional practice ... However, it is the sole responsibility of the individual pharmacist to determine whether a higher standard is required."

The review also called for all complementary medicines to be cordoned off from other products in pharmacies, with "appropriate signage" warning of their limitations.

But again the government will take no action, stating only that the suggestion had been "noted".

In total, the King Review made 44 recommendations for reforming pharmacy funding and regulations — including scrapping the location rules and placing strict price controls on prescription drugs.

The government accepted just three recommendations in full.

Pelvic inflammatory disease from STIs on the rise

JOCELYN WRIGHT

INCREASING rates of pelvic inflammatory disease linked to chlamydia and gonorrhoea infections have Australian sexual health experts concerned.

A team of STI researchers analysed data on more than 75,000 pelvic inflammatory disease (PID) or ectopic pregnancy hospital presentations in Victoria, NSW and Queensland from 2009 to 2014.

They found that the rate of PID presentations to ED had increased from 72.6 per 100,000 women to 97 per 100,000 women, while the rate of ectopic pregnancies presenting to ED rose from 84.1 per 100,000 women to 96.7 per 100,000 women.

Overall, the total rate of PID and ectopic pregnancy hospital admissions remained the same.

The researchers noted that, during

the study period, the number of chlamydia and gonorrhoea-related cases steadily increased by 73%.

They said a declining trend in PID and ectopic pregnancy seen in studies prior to 2009 appeared to

have "ceased or even reversed".

Co-author Professor Basil Donovan, from the Kirby Institute in Sydney, said the findings on gonorrhoea were concerning but not altogether surprising.



Gonorrhoea has re-emerged as a heterosexual STI, Professor Donovan says.

"It's to be expected — while gonorrhoea tends to be more clinically dramatic than chlamydia, it has re-emerged as a heterosexual STI in Australian cities," he told *Australian Doctor*. "It is concerning though because the trends in general practice and hospital admission [data] was tracking down, but now it's turned back up again."

It was "slightly reassuring" that total PID admissions had not gone up. However, increasing antibiotic-resistant gonorrhoea would make treatment difficult in future, he said.

Professor Donovan added that the study confirmed that clinicians were seeing an increase in disease as well as infection, evidence that increased notifications might not be entirely due to increased testing.

Sexually Transmitted Infections 2018; online.

In Brief

Staff writers



Bulk-billing rate up for 15th straight year

THE bulk-billing rate for GP visits has risen to yet another record high, but out-of-pocket costs are also climbing, Medicare statistics reveal. Figures released last week showed 85.8% of GP attendances were bulk-billed between July 2017 and March 2018 — up 0.4 points on the previous year. It's the 15th annual rise in the bulk-billing rate, which has increased every year since 2003. But private billing GPs increased their fees \$1.56 over the year, leaving patients with an average out-of-pocket cost of \$36.96.

Deputy PM refuses to give up on rural med school

THE Deputy Prime Minister is ramping up his fight for rural medical schools to help repair Australia's regional doctor shortage. Despite almost universal opposition from the profession, Michael McCormack says governments have already tried training students in the bush for a few years after graduation, and now it's time to train doctors in the regions from start to finish. "We get that simply training more doctors is not the answer ... but we are elected to speak up for the people who do not have the access to a doctor they deserve," Mr McCormack wrote in *Fairfax Media* last week.

Study links family violence with brain injury

AN alarming 40% of all family violence victims admitted to hospital in Victoria over the past decade had suffered a brain injury, a study reveals. The report by Brain Injury Australia also found that nearly one-third of the 16,000 victims hospitalised in Victoria in that period were children. The researchers believe the figures don't reveal the full extent of brain injuries inflicted by family violence offenders. "Unfortunately ... hospitalisations are bound to be the tip of a very large iceberg," Brain Injury Australia's executive officer Nick Rushworth said.

CORRECTION

AN article in the 20 April edition stated Dr Daniel Xu was a senior research fellow at Curtin University in Sydney. Curtin University is in Perth, WA. *Australia Doctor* apologises for the error.