

Need for speed on vaccine

We must overcome hesitancy and prevent delays to rollout



LANAI SCARR

Yesterday marked 100 days since Scott Morrison rolled up his sleeves and got his first COVID-19 jab.

Wearing a Netball Australia jersey and an Australia flag mask in February he received one of the first Pfizer vaccines in the country.

"I'm ready to go, just like the country," he said. The Prime Minister flashed the victory sign and bumped elbows with Health Minister Greg Hunt after receiving the dose. The photo op was meant to drive confidence and show Australians that they, too, would soon be able to be inoculated against the virus that had changed our lives forever.

Four million Australians were supposed to be vaccinated by March and 80,000 vaccines were to be administered a week in the early phase.

But despite high hopes, the vaccine rollout has been less than impressive. We have only just surpassed 4.2 million Australians being vaccinated. That's nearly three months after the initial timeline.

The cancelled shipment of AstraZeneca and the hurdles with regards to its safety in people under the age of 50 have slowed things.

But with just 2 per cent of our population vaccinated twice, Australia is the slowest among developed countries when it comes to the vaccine rollout.

There is vaccine hesitancy in the community. Concerns about blood clots and the speedy approval of vaccines have hindered people's willingness to get jabbed.

Australia, too, has remained relatively COVID-free, with Victoria the only State that has experienced mass cases and continued lockdowns.

People feel safe and they think "why would I put something in my body that was developed so quickly?"

The fastest vaccine developed before the COVID-19 jab was the mumps vaccine. It took four years to be developed, but the timeline is slightly misleading. For decades researchers had been dipping in and out of mumps research.

COVID-19 hit the world like a freight train last year and in less than a year a vaccine was developed and ready to be administered. But unlike other challenges before, scientists around the world were all working together to battle a virus that was causing millions of deaths.

Since the pandemic began 171 million people globally have contracted COVID-19 and 3.5 million people have died.

And that's assuming each country is reporting accurately — which just simply would not be possible in developing nations.

Fortress Australia may be safe for now while international travel is stymied and there are few cases escaping hotel quarantine,

but what happens when we need to travel again?

The Australian economy has outperformed all other major economies in pulling out of the COVID recession.

But if our international travel remains blocked because of a delay in our vaccine rollout then that will not continue to be the case.

The Federal Government has ramped up its buying of the Pfizer jab. A total of 350,000 vaccines are now coming into the country and in August this will double again.

AstraZeneca is continuing to be made locally by CSL but it will have to temporarily slow down when some mandatory cleaning of the lines occurs.

If our Pfizer supply is slowed down or delayed, the Government's goal of having everyone who wants to be vaccinated done by the end of the year will fail.

To date, only 14 per cent of the Australian population has received even one dose of the COVID vaccine. This compares with 60 per cent in Israel, 58 per

cent in Britain and 50 per cent in the United States.

Some say Australia's delays are not just down to supply but are because Australia, being as safe as it is, is not prioritising first doses but is ensuring it fully the vaccines to be able to inoculate a person in the recommended timeline.

For Pfizer, that means having a second dose three weeks after the first.

The reality is while Victorians who are in another lockdown are desperate to get the jab, there is still work to be done convincing those in other States about why they should get it.

Perhaps some money spent on an advertising campaign with celebrities wouldn't go astray.

But as one MP said to me yesterday "the vaccine is not a silver bullet either". There is no doubt it will help our lives go back to normal. But COVID will still exist in the community.

Currently, about one in 100 travellers who serve their 14 days of quarantine are likely to develop symptoms after their mandated quarantine period. This poses risks to the community and means COVID still keeps kicking around.

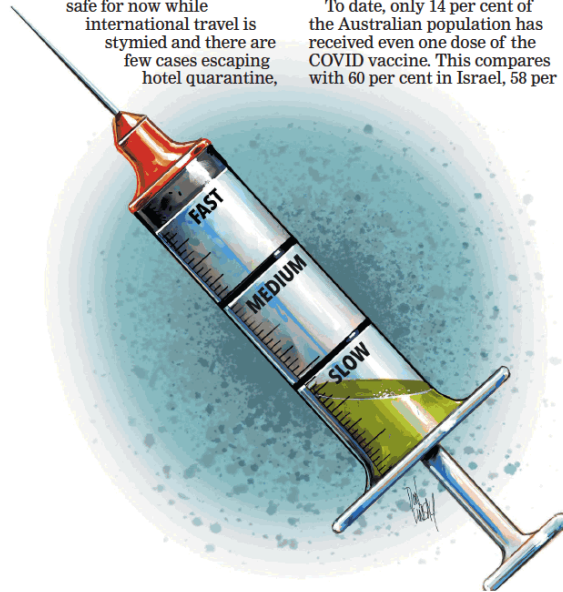
While vaccines and herd immunity are vitally important, the reality of masks and hand sanitising will remain for some time.

Scott Morrison better hope there are no more vaccine delays and that he can keep his word of having everyone who wants to be vaccinated done so by the end of the year.

And the Government needs to work out how to persuade the one-in-three Australians who are feeling uneasy about the vaccine to go ahead with it.

Vaccines save lives. Without a COVID vaccine for all, our lives will never be closer to the way they were pre-2020.

Lanai Scarr is The West's Federal Political Editor



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Time we work out new way to decide what we mean by "old"

When we are young, all we dream of is being older.

As we age, we wonder where time has gone while many of us wish we could turn back the clock.

Although most of us will not admit it, the angst and anxiety associated with the pandemic most likely sped up our personal ageing process.

But at what point do we make the transition from middle-aged to our golden years?

As we age, most of us will set our own benchmarks to signal the onset of old age.

Perhaps it is the day your back gives in after an intense workout or when you catch a glimpse of yourself in the

GARY MARTIN



mirror and believe you are starting to look like your mother or father.

Maybe it is the moment you are at a concert and consider the loud music to be unbearable, the day you were prescribed medication for high blood pressure, the occasion when you noticed your hairline was receding or when you got the news a friend a few years older than you had passed away. All of these random ideas may provide us with food for

thought though none are true indications of whether we are past our "use by date".

In the past we have made the decision about whether we are "old" based on our chronological age.

But what would happen if we argued a new case for old age based on our prospective age — our life expectancy, or how much time we believe we have left to live?

What would happen if you only applied the term "old" if you estimated you had a life expectancy of, say, 10 years or less? It would make someone "old" not when they turn 45, 50, 60 or even 70 or 80 but when their life expectancy was 10

years or less. A 10-year time frame will likely capture the period in which most of us will really start to experience the signs of ageing in such a way that the quality of life slowly deteriorates, or takes a turn for the worse.

Of course, we may need the assistance of our doctor to work out how many years we still have ahead of us because that estimation will need to consider everything from genetics to diet, exercise regimes and general health.

And yes, even the best predictions of life expectancy can be dead wrong.

However, this new method has more science behind it than

simply crying "old" because of an aversion to loud music, a dislike of the latest fashion accessories, a reoccurring sporting injury or the onset of a few wrinkles.

If you remain unconvinced, spend a little more time pondering your own personalised version of how you will know you have crossed the line that separates middle from old age — and take the opportunity to share these thoughts with those in your age group.

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