

THE AUSTRALIAN

HEALTH

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Confused about Covid-19 jabs? Here's what a top doctor says



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Not sure whether you should have another Covid-19 booster? Confused about when it might be due? You're not alone. I'm one of the country's most senior doctors and I'm facing the same questions.

Like healthcare workers around the country, I spent much of my working life during 2022 encased in [personal protective gear](#). I treated people affected with Covid-19 infections and caught it myself several times. Approaching my 60th birthday and living with a chronic medical condition, I have been fanatical about keeping up to date with immunisations.

Yet as I prepared to travel overseas for work this month, I was shocked to realise that I had totally lost track of my Covid immunisation status. After hanging on every announcement from the Australian Technical Advisory Group on Immunisation (ATAGI) – Australia's expert immunisation advisory body – I had dropped the ball utterly. I couldn't even remember the current Covid vaccination recommendations. I don't think I'm alone in this, however. Vaccination rates in general are falling fast.

When I checked, I found that the current Australian advice is for adults aged between 18 and 64 years – my age group – to “consider” boosters every year based on a “risk-benefit assessment”. If you are immunocompromised, then you should “consider” yearly boosters. The advice is clearer if you're 75 or older: have a six-monthly booster. If you're in the 65 to 74 age group, have a yearly booster.

This advice is going to leave millions of Australians confused. ATAGI tells you that you're at increased risk if you have conditions such as diabetes, coronary artery disease, cancer, and obesity. Millions of Australians have those conditions. If we're expected to make individual risk-benefit comparisons, then obviously it is important to understand clearly the risks and the benefits.

Let's start with the benefits of a vaccination. There's no doubt that having a Covid-19 booster reduces the chance that you'll catch the infection a bit, but more importantly it reduces the chance you'll become really ill by a lot. It might also help to reduce the chance you'll infect someone else if you catch it.

[Covid-19 continues to take Australian lives](#) and cause serious illness. These days, though, it is the old and the vulnerable who are most at risk. On no day this year has there been any more than 250 people in Australian hospitals because of the disease. Deaths still occur but are few, although each is tragic. Compare this to 2022, during which the Australian Actuaries Institute – our national experts in death – reported that 20,000 more deaths occurred than had the pandemic not occurred.

[Vaccination is fundamental to public health](#). It has been estimated that vaccines have saved more than 150 million human lives in the last half-century. They are among the most effective medical treatments available to our species. An analysis by some of the world's foremost scientists, recently published in The Lancet, estimated that 20 million lives had been saved by Covid-19 vaccination during

the course of the pandemic.

Covid vaccines aren't perfect, but exhaustive global studies attest to their impressive record of safety and performance. A study of hundreds of thousands of Danish adults found that immediate adverse reactions were common, with pain, swelling at the injection site, and tiredness very common. Those are harmless to the average person.

Nerve and brain problems have certainly occurred following vaccinations. These problems include clotting of large veins around the brain, stroke, brain inflammation and other serious conditions. A comprehensive study published last year reported that stroke affects about one in one million adults from vaccination. To put this in perspective, the Brain Foundation reports that 56,000 Australians suffer a stroke each year that has nothing to do with vaccination.

Many people are concerned about effects of vaccination on the immune system. A comprehensive study from the US did indeed find some serious immune consequences. However, the risk was one in 62,000 and – because auto-immune conditions are common – it wasn't clear whether the vaccines caused all of the conditions or were just coincidental.

A common side effect in young Australians was inflammation of the heart muscle or its coverings. As the authors of a comprehensive review published in the American Journal of Preventive Medicine put it, the risks of these transient heart conditions are real but “are still significantly lower than the health risks observed in patients with Covid-19”.

I am risk-averse by nature and although I'm a medical scientist, I found the risk-benefit analysis ATAGI asked me to do challenging. I can understand why a healthy person my age would make a choice not to have a booster at this time. The ATAGI advice supports such a decision in the current circumstances.

From my perspective, it was important that I was able to provide care to my patients and not be on furlough for preventable illness. I also certainly want to minimise the chance that I might pass Covid-19 on to a vulnerable person I come into contact with – I think that is an altruistic thing to consider.

I checked with my GP and I'm overdue for a booster, so I'm going to brave the sore arm and day or two of fatigue and have it. I know that, either way, I'm going to be at low risk either of a serious complication of the vaccination or of any nasty outcome of the disease. I'm playing the odds. My elderly father and the patients I treat are actually the ones I'm hoping to protect.

My choice to vaccinate is about protecting the vulnerable people around me. Each of you can make your own individual choice.

Professor Steve Robson is one of Australia's most highly qualified surgical specialists, researchers and teachers. He works at the Australian National University Medical School.

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