

COVID-19 Vaccine rollout and community

Date	Tuesday 30 March 2021, 12.30pm AEDT
Presenters	Kristy Crooks Dr Heather McKenzie Patrick Cashman

This activity has been developed in partnership with Aboriginal Health & Medical Research Council of NSW and NSW Health



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Acknowledgement of Country

We recognise the traditional custodians of the lands and seas on which we live and work.

We pay our respects to Elders past and present.



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Presenters



Kristy Crooks
Aboriginal Program Manager,
PhD Scholar,
Population Health – Hunter New
England Local Health District



Dr Heather McKenzie
GP
Tharawal Aboriginal Medical Service



Patrick Cashman
HNE Immunisation Coordinator
Health Protection
Population Health – Hunter New
England Local Health District



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Learning Outcomes

By the end of this webinar, participants will

1. Understand some of the logistics of vaccine roll out within the sector
2. Understand key principles for providing effective culturally responsive care for Aboriginal and Torres Strait Islander people
3. Identify some of challenges with Covid-19 vaccination protocols



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Why to vaccinate?

Confused about the COVID-19 vaccine?

✓ Here are the facts:

The vaccine **won't** give you COVID-19.

The vaccine **won't** cause you to test positive for COVID-19.

Receiving an mRNA vaccine will not alter your DNA.

You **still** need to get immunized if you had COVID-19.

Getting vaccinated **can help** prevent getting sick with COVID-19.



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COVID-19 vaccination rollout in remote Indigenous communities may fail unless more consultation is sought, experts say

"It's just that it's new and I guess they need some more time to be reassured that it's safe and of benefit."

"One of the issues for generations of Aboriginal people is being forced to do things that they haven't clearly understood what is happening and the consequences of those actions being taken," she said.

A 'fear' of the unknown

Charles Darwin University Larrakia academic-in-residence and elder Aunty Bilawara Lee is an expert in cross-cultural communication.

[COVID-19 vaccination rollout in remote Indigenous communities may fail unless more consultation is sought, experts say \(msn.com\)](https://www.msn.com/health/coronavirus/covid-19-vaccination-rollout-in-remote-indigenous-communities-may-fail-unless-more-consultation-is-sought-experts-say)



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Leyland P79



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AHW

For Aboriginal and Torres Strait Islander Health Workers and Practitioners, the following table shows the current scope of practice regarding administering and supplying COVID-19 vaccines. This table is up-to date as at 1 February 2021 and may only be applicable in specified locations to people who have completed all other requirements. The table should only be used as a guide.

Table 1. Aboriginal and Torres Strait Islander Health Workers and Practitioners supplying and administering COVID-19 vaccines.

Jurisdiction	Professional title	Can administer	Can supply
ACT, NSW, SA & VIC	Aboriginal and Torres Strait Islander Health Practitioner	X	X
	Aboriginal and Torres Strait Islander Health Worker	X	X



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Training

[Home](#) [Initiatives and programs](#) [COVID-19 vaccines](#)

COVID-19 vaccination training program

Information about free and accredited training modules for people involved in the administration of COVID-19 vaccines

[COVID-19 vaccination training program | Australian Government Department of Health](#)



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Australia's COVID-19 vaccination schedule

Vaccination roll-out by group and estimated population covered.

Phase 1A

1.4 million doses

- Quarantine and border workers
- Frontline health care workers
- aged care and disability care staff and residents

Phase 1B

14.8 million doses

- Indigenous people aged 55 and over
- non-Indigenous people aged 70 and over
- all other health care workers
- younger adults with underlying medical conditions or disabilities
- critical and high risk defence, police, fire, emergency services and meat processing workers

Phase 2A

15.8 million doses

- Indigenous people aged between 18 and 54
- non-Indigenous people aged 50 and over
- other critical and high risk workers

Phase 2B

16 million doses

- Balance of population aged 16 and over
- follow-up of any adults missed in previous phases

Phase 3

13.6 million doses

- Children under 16 (if recommended, Pfizer vaccine only).



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AstraZeneca Covid-19 Vaccine



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Multi Dose Vial

Vaccination with the COVID-19 Vaccine AstraZeneca will not affect a polymerase chain reaction (PCR) swab test used to detect COVID-19. Results may be altered for serum antibody tests if they detect the spike protein antibodies (AstraZeneca, 2021).

Each multi-dose vial (MDV) contains either **4 mL** or **5 mL** of liquid depending on where the vial was manufactured. Each dose is 0.5 mL, meaning there are either **8** or **10** doses in each MDV. There are 10 MDVs in a box (AstraZeneca, 2021).

Supply Route	Dose volume	Vial Size	Doses per Vial
Local CSE	0.5 mL	5 mL	10 doses per vial
Imported Stock type 1	0.5 mL	5 mL	10 doses per vial
Imported Stock type 2	0.5 mL	4 mL	8 doses per vial



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If a full dose cannot be drawn up from the remaining liquid in the MDV, it must be discarded as doses cannot be drawn from multiple MDVs and combined. (AstraZeneca, 2021).

When handling the vaccine vial, ensure you do not shake the vial (AstraZeneca, 2021).



The stability of the vaccine after drawing it up into a syringe has not been studied and it therefore should be administered immediately after being drawn up (AstraZeneca Pharmaceuticals LP, 2021).

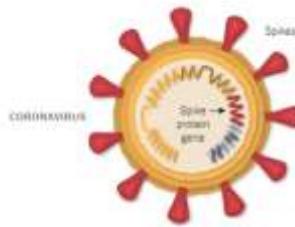


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Adenovirus (ChAdOx1 nCoV-19) S protein (now called AZD1222)

A Piece of the Coronavirus

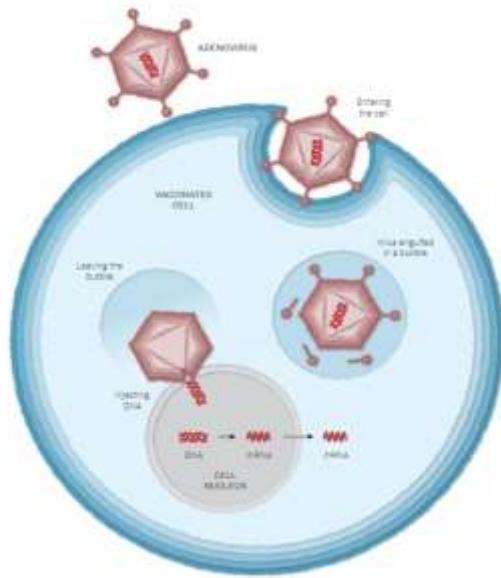
The SARS-CoV-2 virus is studded with proteins that it uses to enter human cells. These so-called spike proteins make a tempting target for potential vaccines and treatments.



The Oxford-AstraZeneca vaccine is based on the virus's genetic instructions for building the spike protein. But unlike the Pfizer, BioNTech and Moderna vaccines, which store the instructions in single-stranded RNA, the Oxford vaccine uses double-stranded DNA.

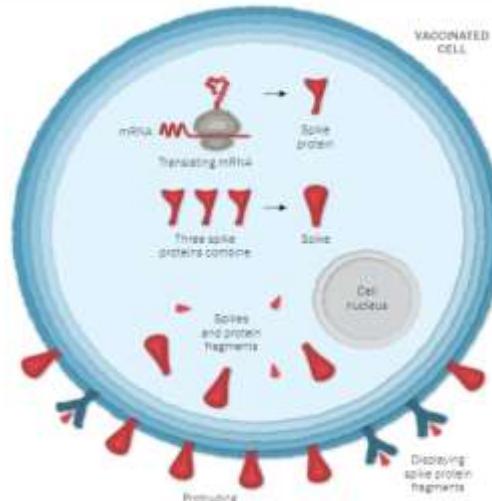


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Building Spike Proteins



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Efficacy

- No COVID-19-related hospital admissions occurred in ChAdOx1 nCoV-19 recipients, whereas ten (two of which were severe) occurred in the control groups.
- Vaccine efficacy for the prespecified primary analysis against the primary endpoint of COVID-19 occurring more than 14 days after the second dose was 70.4%

[Oxford–AstraZeneca COVID-19 vaccine efficacy - The Lancet](#)

[VOLUME 397, ISSUE 10269](#), P72-74, JANUARY 09, 2021



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Adverse Events



National COVID-19 vaccine safety surveillance
Report No. 26 • 23 March 2021
Surveillance of COVID-19 vaccinations from 22 February 2021
Data provided by VicHealth and Sentinel (data up to 25 March 2021 at 12 AM AEDT)

NO SAFETY SIGNAL DETECTED

115,546 surveys sent Australia wide
79,234 participants (68.6% response rate)



Table 4. Solicited adverse events following COVID-19 vaccination, by brand and survey period

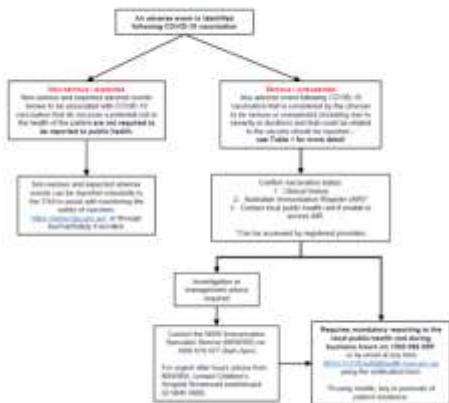
Solicited adverse event, n (%)	C-19 Vaccine AZ Dose 1 Stay 54 N = 17,824
Local pain, redness, swelling, itching ^a	8,730 (50%)
Pain	8,434 (48%)
Redness	1,305 (7.5%)
Swelling	2,030 (12%)
Itching	721 (4.1%)
Fever	5,689 (35%)
Rash (not at injection site)	168 (1.0%)
Chills	6,448 (37%)
Headache, myalgia, arthralgia ^a	10,950 (63%)
Headache	8,784 (50%)
Myalgia	8,454 (48%)
Arthralgia	5,173 (30%)
Fatigue	9,080 (53%)
Nausea, vomiting, diarrhoea, abdominal pain ^a	3,605 (21%)
Nausea	2,771 (16%)
Vomiting	351 (2.0%)
Diarrhoea	1,094 (6.5%)
Abdominal pain	959 (5.5%)
Fainting/loss of consciousness	119 (0.7%)
Possible seizure ^a	9 (<0.1%)
Possible serious allergic event ^a	71 (0.4%)
Other	1,871 (11%)



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AEFI Reporting to PHU

Summary of reporting requirements and pathways for adverse events identified following COVID-19 vaccination



	Australian Government Department of Health Vaccination Adverse Events Scheme
TGA case entry	
Date report received:	
Notification ID:	

This form, unless completed online, is the official reporting form for the TGA and is to be used for reporting adverse events to the TGA via the COVID-19 vaccination reporting system.

National Adverse Events Following Immunisation (AEFI) reporting form

Vaccination person's details	
Personal details	
Surname:	
Given name:	
Relationship:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown
Date of birth:	dd
Age:	Months: Years:
Street address:	
Suburb:	
State:	
Postcode:	
Name of general practitioner (if relevant):	
Phone: (inc. area code) or mobile:	

RACGP Aboriginal and Torres Strait Islander Health
Celebrating 10 years

Pandemic communication

- Key issues
 - Lack of funding and resourcing programs
 - Misinformation causes confusion
 - Aboriginal people have to drive the process



Pandemic communication

- Media and government messaging
 - Build relationships and trust
 - Engaging Aboriginal Health Workers and local community champions
 - Access to trusted information sources
 - Understanding local experiences and issues



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Engagement

- Framework for engaging with Aboriginal and Torres Strait Islander people for infectious disease emergencies
- Government transparency about the vaccine

“If you get the process right, the outcome look after themselves...”

(First Nations Elders)



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Tharawal: Community engagement prior to vaccination

- Clinical yarning event : presenting information in a culturally appropriate way- trusted source
- Answering questions honestly
- Opportunistic engagement with patients re vaccine
- Culturally appropriate flyer FAQ
- SMS regarding vaccine clinic to eligible patients



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Vaccine delivery at Tharawal

- Training: mandatory for all vaccinators to have completed Covid19 vaccination training module
- Weekly AM Covid vaccine clinic - 80 doses first clinic fully booked
- Morning tea provided
- Transport provided where needed
- Vaccinating prominent elders first
- 1 doctor drawing up all the doses
- Dedicated area for observation post vaccination (15min)
- Communicare clinical item : consent (locally created)



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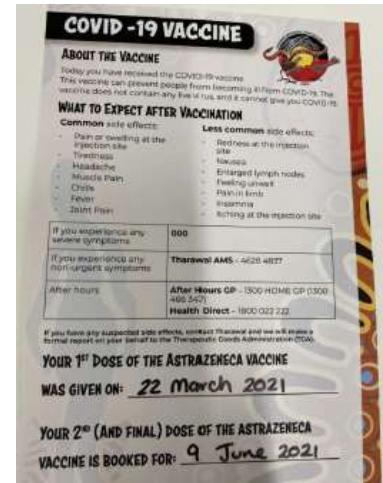
Vaccine follow-up

- Reporting any adverse events through: AEFI reporting form TGA
- Publicising the vaccine clinic (SMH, local PHN, radio)
- Fridge magnet w details of 2nd vaccine appointment provided
- Ordering stock through the portal (RN) 100 doses/ week
- SMS to follow up progress
- MBS items and the ACCHS sector: ?
- Follow up community event: reporting back incidents and answering questions
- Cold chain management



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Tharawal: vaccine roll-out



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Vaccinating Elders first



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Useful resources

- **COVID-19 Vaccines, Department of Health:** *The latest news and information about COVID-19 vaccines in Australia.*
https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines?gclid=Cj0KCQiAnKeCBhDPARIsAFDTLTKZ8qh4XUQmVgN_M1dR0E_J8cZDvkYvk0wC25aZ1MkS51h93vPQFLsaAnzYEALw_wcB&qclsrc=aw.ds
- **COVID-19 vaccination in NSW, NSW Government**
<https://www.nsw.gov.au/covid-19/how-to-protect-yourself-and-others/covid-19-vaccination-nsw>
- **COVID-19 vaccination: information for the NSW Community, NSW Health**
<https://www.health.nsw.gov.au/Infectious/covid-19/vaccine/Pages/community.aspx>
- **COVID-19 vaccination in NSW: Fact sheet for NSW health workers, NSW Health**
<https://www.health.nsw.gov.au/Infectious/factsheets/Pages/covid-vaccination-health-workers.aspx>
- **COVID-19 Vaccines, Aboriginal Health & Medical Research Council of NSW**
<https://www.ahmrc.org.au/covid-19-vaccines/>
- **How to talk to friends and family feeling unsure about COVID-19 vaccines**
https://amp.abc.net.au/article/100018588/?_twitter_impression=true&fbclid=IwAR2ThjvUhJTrAQSQvH77LPwMUyl6FtbUJnn2tyEXAt7taFOYnSv02G0rm88



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Any questions....



Coming up...

COVID-19 Vaccine safety and efficacy webinar
Wed 14 April 2021, 12:30-1.30pm

www.racgp.org.au/racgp-digital-events-calendar/home

