

COVID-19 vaccine safety and efficacy

Date

Thursday 15 April 2021, 12.30pm AEDT

Presenters

Prof James Ward

Prof Kristine Macartney

This activity has been developed in partnership with Aboriginal Health & Medical Research Council of NSW, NSW Health, Centre for Aboriginal Health and National Centre for Immunisation Research and Surveillance



<https://www.racgp.org.au/our-work/immunisation/immunisation-programmes>



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.



Presenters



Prof James Ward
Director, UQ Poche Centre
UQ Poche Centre for Indigenous Health
Viertel Snr Medical Research Fellow
School of Public Health, the University
of Queensland



Prof Kristine Macartney
Director of The National Centre for
Immunisation Research and
Surveillance (NCIRS)



Learning Outcomes

By the end of this webinar, participants will

1. Understand the impact and the need for ongoing consideration of COVID-19
2. Understand vaccine safety and efficacy
3. Identify possible risk factors and adverse events



Global impact of COVID-19



Globally, as of 4:13pm (EST) 13 April 2021, there have been 136,291,755 confirmed cases of COVID-19, including 2,941,128 deaths, reported to WHO. As of 12 April 2021, a total of 732,981,684 vaccine doses have been administered.

Ref: WHO COVID-19 Dashboard. Geneva: World Health Organization, 2020. Available online: <https://covid19.who.int/> (14 April 2021)



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Vaccination for COVID-19

More than 900 million vaccine doses have been administered worldwide, equal to 16 doses for every 100 people. There is already a stark gap between vaccination programs in different countries, with many yet to report a single dose.



<https://www.nytimes.com/interactive/2021/world/covid-vaccinations-tracker.html>



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Global Indigenous populations COVID-19

	Cases	Active cases	Deaths	Vaccines
Australia (Aboriginal & Torres Strait Islander)	150 (1)	0	0	Commenced within 50 ACCHS, data available soon on doses
Canada (FN, Inuit Aboriginal)	25,174 (2)	635	290	610 communities 60-75% community adults vaccinated
USA (AI AN)	181,576 (3)		5,477	>400,000 32% of total AI/AN population
NZ (Maori) Pacific islanders	202 (4) 191 (4)	1 (4) 2 (4)	5 1	Just starting vaccine program Border and HCW

Indigenous peoples and COVID-19

- Brazil death rate is 16x higher among Indigenous peoples
- 1000 deaths and 50000 infected
- Very much likely to be an under estimation
- New variant of concern



COVID-19

- Its here to stay its never going away
- As soon as we open borders we will be liable
- Increasing VOC in global population
- At pandemic height for last 7 weeks more than 4m cases per week
- Disparity in vaccine availability between rich and poor countries
- Its not where we ant to be 16 months into a pandemic

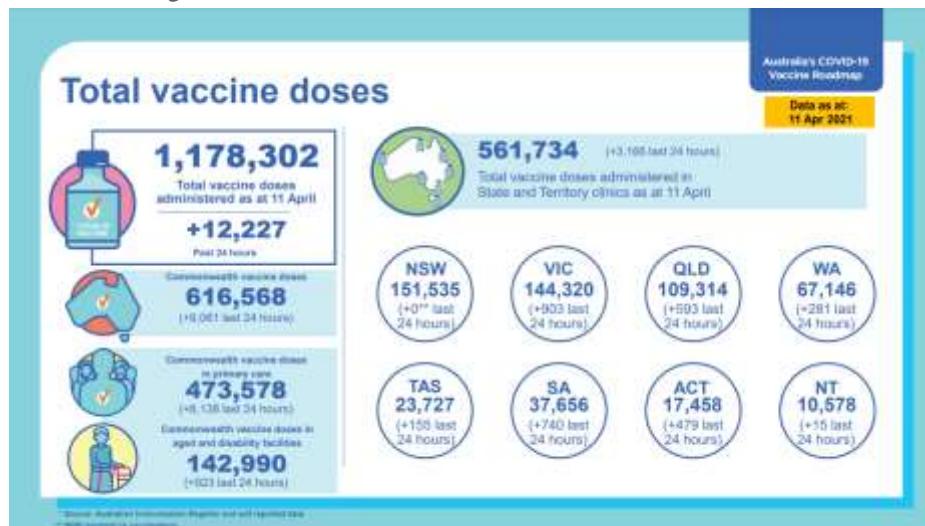


Vaccination and Public health

- Heralded as one of the big breakthroughs in public health
- Polio measles smallpox tetanus Hib cases have dramatically decreased since vaccines introduced
- As much as we vaccinate children with concern for their livelihood we now need to consider our elderly and their livelihoods COVID-19 impacts the frail people with comorbidities and the elderly
- Intergenerational households, family events funerals and other large gatherings are especially prevalent in our communities.

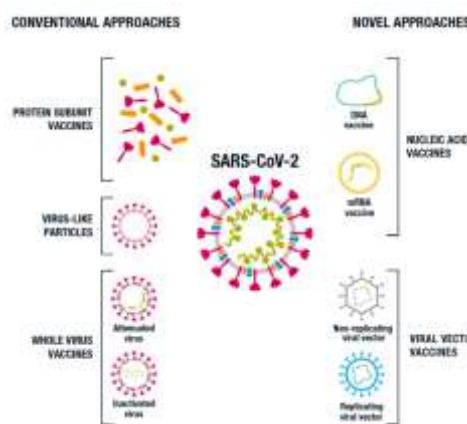


Vaccination for COVID-19



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Which vaccines where and when for Australia?



Novavax
Protein sub-unit
With adjuvant
2-8°C

Aus: 51m doses
2 dose schedule

Not yet registered

Pfizer/BioNTech
mRNA vaccine
- 80°C storage
(now some -20°C)
Aus: 40m doses
2 doses: 21 days apart

Started: 22 Feb 2021
Hubs in major metro
ACF outreach

AstraZeneca/Oxford
Viral vector vaccine
2-8°C
TGA Registration
Aus: 53.8m doses
2 doses: 12 weeks apart

Started: 7 March: hubs

<https://www.nps.org.au/australian-prescriber/articles/covid-19-vaccines-are-we-there-yet>



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Vaccination: known side effects

AusVaxSafety safety data (4th April)

AS OF 4 APRIL 2021

NO SAFETY SIGNAL DETECTED

242,255 surveys sent Australia-wide
165,209 participants (68.2% response rate)



49.4% of participants reported no adverse event.
 50.6% of participants reported any adverse event.
 1.2% of participants reported visiting a doctor or emergency department

<https://www.ausvaxsafety.org.au/safety-data/ covid-19-vaccines>



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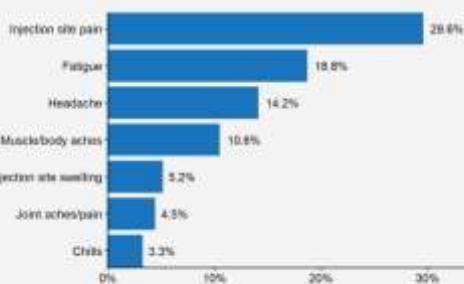


- Day 3 survey responses on adverse events
- Both Comirnaty and AstraZeneca
- Data complements the TGA enhanced safety surveillance activities

COMIRNATY Dose 1 Responses to Day 3 survey

27,888 people reported one or more adverse events.

The most commonly reported were (% of total participants):

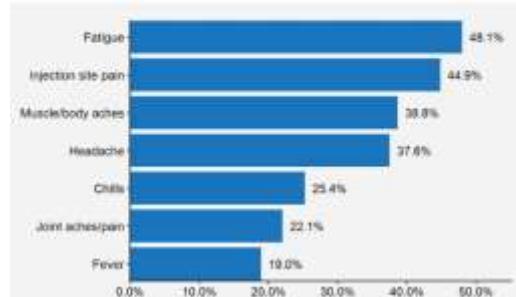


36% reported one/more adverse event
0.7% reported medical attendance

COMIRNATY Dose 2 Responses to Day 3 survey

18,769 people reported one or more adverse events.

The most commonly reported were (% of total participants):



60% reported one/more adverse event
1.9% reported medical attendance



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Health

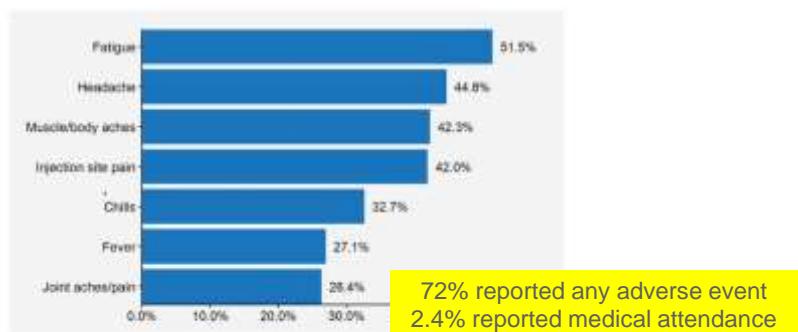


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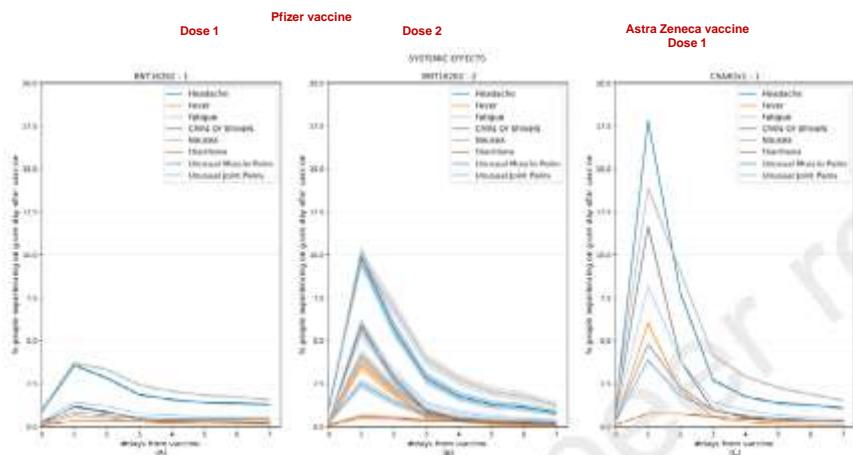
AstraZeneca Dose 1 Responses to Day 3 survey

37,011 people reported one or more adverse events.

The most commonly reported were (% of total participants):



Real-world vaccination UK: Self-reported systemic adverse events after vaccines



Menni et al. (2021) preprint: https://papers.ssm.com/sol3/papers.cfm?abstract_id=3795344



Adverse events: Indigenous and non Indigenous people in Australia



Table. Participation and health impact reported by participants for adverse events in Day 0-3 following COVID-19 vaccination, by Indigenous status, brand and dose

Variable, n/N (%)	Aboriginal & Torres Strait Islander	Non-Indigenous
Participation (response rate to survey)	2,385/3,190 (74.6%)	162,688/210,720 (77.2%)
Comirnaty Dose 1		
Any adverse event ^a	401/1,142 (35.1%)	27467/75,540 (36.4%)
Medical Attendance ^b	171/1,142 (1.5%)	574/75,540 (0.8%)
Missed work, study or normal/routine duties	56/1,142 (4.9%)	3,374/75,521 (4.5%)
Comirnaty Dose 2		
Any adverse event ^a	237/436 (54.4%)	18,531/30,744 (60.3%)
Medical Attendance ^b	22/436 (5.0%)	721/30,744 (2.3%)
Missed work, study or normal/routine duties	94/436 (21.8%)	6,684/30,731 (21.8%)
C-19 Vaccine AZ Dose 1		
Any adverse event ^a	515/807 (63.8%)	36,455/66,399 (64.6%)
Medical Attendance ^b	26/807 (3.2%)	1,277/66,399 (2.3%)
Missed work, study or normal/routine duties	195/806 (24.2%)	13,189/66,331 (23.4%)

^aAny adverse event: those who answered 'Yes' to the question 'Did you have any reaction(s) in the 3 days following the recent COVID-19 vaccination?'

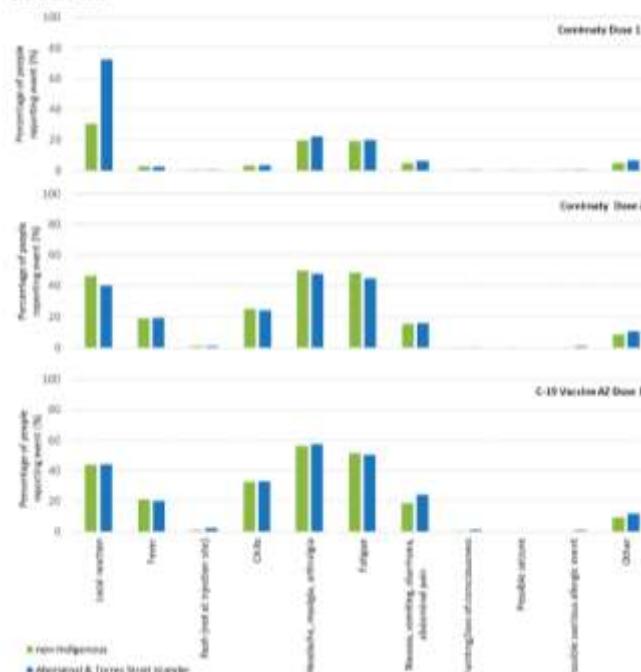
^bMedical attendance (MA): those who answered 'Yes' to the question 'Did any of the symptoms cause you to seek advice/care from a doctor/heathcare professional?' and ticked 'Care from a GP (in person, telehealth, email, urgent care clinic, home doctor)' and/or 'Visit to a hospital emergency department'.



Unpublished data: NCIRS and AusVaxSafety



Figure. solicited adverse events in Day 0-3 following COVID-19 vaccination, Indigenous status, brand and dose



Vaccination and co-morbidity

Benefits

- People with certain health conditions at higher risk of COVID-19
- Priority group for vaccination
- Many of 800 million vaccinated worldwide have risk conditions

Risks

- Clinical trials – no evidence of different risk profile in those with comorbidities
- No risk in post-market surveillance seen



Thrombosis (clots) and thrombocytopenia (low platelets) syndrome (TTS) after vaccination?

- appears to be new syndrome (internationally accepted name to be confirmed, also called VITT, VIPIT at present)
- mechanism may be similar to rare reaction to heparin infusion (HITS) but without heparin
- Blood clots in unusual places and low platelets – platelet dysfunction causes clotting and
 - Veins in brain (cerebral sinus venous thrombosis)
 - Veins in abdomen (splanchnic veins)
 - Also can be other sites (very ill patients) and rarely arterial thrombosis
- Onset and progression over 4-20 days after vaccination with Astra Zeneca vaccine
- Exact rate uncertain – estimates currently 4-6 per million; slightly more common, but still rare in younger adults
- No RISK FACTORS identified (including gender) – ie can't predict individuals who will get it
- Exact mechanism still under study

MHRA: www.gov.uk/government/news/mhra-response-to-irish-authorities-action-to-temporarily-suspend-the-astrazeneca-covid-19-vaccine
EMA: www.ema.europa.eu/en/en/news/emas-safety-committee-continues-investigation-covid-19-vaccine-astrazeneca-thromboembolic-events



Case series – 10 April

BRIEF REPORT

Thrombosis and Thrombocytopenia after ChAdOx1 nCoV-19 Vaccination

Ninna H. Schultz, M.D., Ph.D., Ingvild H. Sørøll, M.D.,
Anniko E. Michelsen, Ph.D., Ludvig A. Munthe, M.D., Ph.D.,
Frithjof Lund-Johansen, M.D., Ph.D., Marta T. Ahlen, Ph.D.,
Markus Wiedmann, M.D., Ph.D., Anne-Helle Aarnodt, M.D., Ph.D.,
Thor H. Skattet, M.D., Geir E. Tjønnfjord, M.D., Ph.D.,
and Pål A. Holme, M.D., Ph.D.

CONCLUSIONS

Vaccination with ChAdOx1 nCov-19 can result in the rare development of immune thrombotic thrombocytopenia mediated by platelet-activating antibodies against PF4, which clinically mimics autoimmune heparin-induced thrombocytopenia.
(Funded by the German Research Foundation.)



THE NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Thrombotic Thrombocytopenia after ChAdOx1 nCov-19 Vaccination

Andreas Greimel, M.D., Thomas Thiele, M.D., Theodor E. Warkentin, M.D.,
Karin Weisser, Ph.D., Paul A. Kyrie, M.D., and Sabine Eichinger, M.D.

ABSTRACT

New rare thrombosis and thrombocytopenia syndrome

- Case management and investigation
- What to look out for – new onset severe headache, abdominal pain 4-20 days after vaccination
- First steps
 - detailed medical assessment
 - FBC, d-dimer and other clotting studies
 - If hospitalised – consult haematologist on medical management
- IS rare, but awareness important

• TGA reporting of cases (2 confirmed in Australia in ~700,000 doses of AZ)
<https://www.tga.gov.au/alert/astazeneca-chadox1-s-covid-19-vaccine-1>



Program materials updated



Consent form for COVID-19 vaccination

Before completing this form make sure you have read the information sheet on the vaccine you will be receiving, either COVID-19 Vaccine AstraZeneca or Comirnaty (Pfizer).

About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from the disease called COVID-19.

There are two brands of vaccine in use in Australia. Both are effective and safe. For adults aged under 50 years either brand may be used, however Comirnaty (Pfizer) vaccine is preferred over AstraZeneca COVID-19 vaccine.

You need to have two doses of the same brand of vaccine. The person giving you your vaccination will tell you when you need to have the second vaccination.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild. They may start on the day of vaccination and last for around 1-2 days. As with any vaccine or medicine, there may be rare and/or unknown side effects.

A very rare side effect of blood-clotting has been reported in the 4-20 days after the first dose of AstraZeneca COVID-19 vaccine. This is not seen after the second dose of AstraZeneca COVID-19 vaccine or after any dose of Comirnaty (Pfizer) vaccine. For further information on the risk of this rare condition refer to the [Information on COVID-19 Vaccine AstraZeneca](#) fact sheet.



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On the day you receive your vaccine

Before you get vaccinated, tell the person giving you the vaccination if you:

- Have had an allergic reaction, particularly anaphylaxis (a severe allergic reaction) to a previous dose of a COVID-19 vaccine, to an ingredient of a COVID-19 vaccine, or to other vaccines or medications.
- If you are immunocompromised. This means that you have a weakened immune system that may make it harder for you to fight infections and other diseases.
- If you have a past history of cerebral venous sinus thrombosis (a type of brain clot) or heparin induced thrombocytopenia (a rare reaction to heparin treatment).

Yes. No

Do you have any serious allergies, particularly anaphylaxis, to anything?

Have you had an allergic reaction after being vaccinated before?

Do you have a mast cell disorder?

Have you had COVID-19 before?

Do you have a bleeding disorder?

Do you take any medicine to thin your blood (an anticoagulant therapy)?

Do you have a weakened immune system (immunocompromised)?

Are you pregnant?

Have you been sick with a cough, sore throat, fever or are feeling sick in another way?

Have you had a COVID-19 vaccination before?

Have you received any other vaccination in the last 14 days?

Relevant for AstraZeneca COVID-19 vaccine only:

Have you had cerebral venous sinus thrombosis in the past?

Have you had heparin-induced thrombocytopenia in the past?

Are you under 50 years of age?

ATAGI statement on AstraZeneca vaccine in response to new vaccine safety concerns

A statement from the Australian Technical Advisory Group on Immunisation (ATAGI) on the AstraZeneca COVID-19 vaccine in response to new vaccine safety concerns.

Date published: 8 April 2021

Consent information and patient resources

As with all other vaccines, informed consent is required before administering each COVID-19 vaccine dose. In the majority of cases, consent can be verbal. Written consent is not mandatory. However, written consent may be obtained in some settings according to usual practices by vaccination providers.

Resources for vaccination providers and their patients include:

- [ATAGI immunisation provider guide to obtaining informed consent for COVID-19 vaccine](#)
- [Eligibility declaration form for COVID-19 vaccination](#)
- [Consent form for COVID-19 vaccination](#)
- Patient resource to prepare for vaccination:
 - [Preparing for COVID-19 vaccination](#)
- Patient resources for Pfizer-BioNTech vaccine, COMIRNATY:
 - [Information on Pfizer-BioNTech vaccine, COMIRNATY](#)
 - [After your Pfizer-BioNTech vaccine, COMIRNATY](#)
 - [After your Pfizer-BioNTech vaccine](#)
- Patient resources for AstraZeneca vaccine:
 - [AstraZeneca vaccine and the COVID-19 vaccination program – Patient information](#)
 - [Information on COVID-19 AstraZeneca vaccine](#)
 - [After your AstraZeneca vaccine](#)

<https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-covid-19-vaccination-providers#consent-information-and-patient-resources>



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UK benefit risk



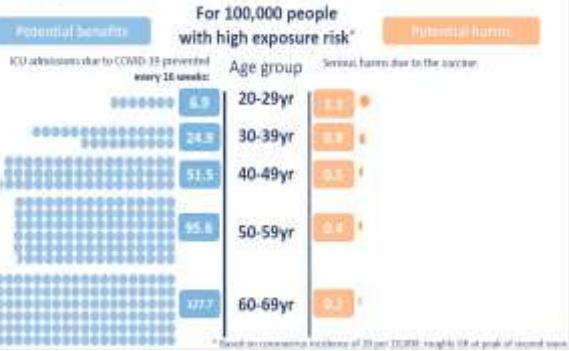
UNIVERSITY OF CAMBRIDGE Winton Centre for Risk and Evidence Communication

WintonCentre.cam.ac.uk

Weighing up the potential benefits and harms of the Astra-Zeneca COVID-19 vaccine



Weighing up the potential benefits and harms of the Astra-Zeneca COVID-19 vaccine



https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/976877/CovidStats_07-04-21-final.pdf



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UK assessment of benefit v risk



What are the benefits and risks of the vaccination?

Age	Risk from COVID-19	Benefit of vaccination	Risk of vaccination
Over 50 years of age or with underlying medical conditions	Low <ul style="list-style-type: none"> - catching infection - passing on infection Very high <ul style="list-style-type: none"> - hospitalisation - intensive care admission - death Moderate <ul style="list-style-type: none"> - Long COVID 	One dose more than 80% reduction <ul style="list-style-type: none"> - death - hospitalisation - intensive care Two doses more than 95% reduction <ul style="list-style-type: none"> - death 	Uncommon <ul style="list-style-type: none"> - sore arm - feeling tired - headache - general aches - flu like symptoms Extremely rare <ul style="list-style-type: none"> - clotting problems
30 to 49 years of age	High <ul style="list-style-type: none"> - catching mild infection - passing on infection Low <ul style="list-style-type: none"> - hospitalisation - intensive care admission - death Moderate <ul style="list-style-type: none"> - Long COVID 	One dose between 60% and 70% reduction <ul style="list-style-type: none"> - catching infection - passing on infection Two doses more than 85% reduction <ul style="list-style-type: none"> - catching and passing on infection 	Common <ul style="list-style-type: none"> - sore arm - feeling tired - headache - general aches - flu like symptoms Extremely rare <ul style="list-style-type: none"> - clotting problems
18 to 29 years of age	Very high <ul style="list-style-type: none"> - catching mild infection - passing on infection Very low <ul style="list-style-type: none"> - hospitalisation - intensive care admission - death Moderate <ul style="list-style-type: none"> - Long COVID 	One dose between 60% and 70% reduction <ul style="list-style-type: none"> - catching infection - passing on infection Two doses more than 85% reduction <ul style="list-style-type: none"> - catching and passing on infection 	Very common <ul style="list-style-type: none"> - sore arm - feeling tired - headache - general aches - flu like symptoms Extremely rare <ul style="list-style-type: none"> - clotting problems



<https://www.gov.uk/government/publications/covid-19-vaccination-and-blood-clotting>
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/976880/PHE_COVID-19_AZ_vaccination_guide.pdf



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Cases of Cerebral Venous Sinus Thrombosis with Thrombocytopenia after Receipt of the Johnson & Johnson COVID-19 Vaccine

Distributed via the CDC Health Alert Network
April 13, 2021, 1:00 PM ET
CDCCHAN-00442



Summary

As of April 12, 2021, approximately 6.85 million doses of the Johnson & Johnson (J&J) COVID-19 vaccine (Janssen) have been administered in the United States. The Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA) are reviewing data involving six U.S. cases of a rare type of blood clot in individuals after receiving the J&J COVID-19 vaccine that were reported to the Vaccine Adverse Events Reporting System (VAERS). In these cases, a type of blood clot called cerebral venous sinus thrombosis (CVST) was seen in combination with low levels of blood platelets (thrombocytopenia). All six cases occurred among women aged 18–48 years. The interval from vaccine receipt to symptom onset ranged from 6–13 days. One patient died. Providers should maintain a high index of suspicion for symptoms that might represent serious thrombotic events or thrombocytopenia in patients who have recently received the J&J COVID-19 vaccine. When these specific type of blood clots are observed following J&J COVID-19 vaccination, treatment is different from the treatment that might typically be administered for blood clots. Based on studies conducted among the patients diagnosed with immune thrombotic thrombocytopenia after the AstraZeneca COVID-19 vaccine in Europe, the pathogenesis of these rare and unusual adverse events after vaccination may be associated with platelet-activating antibodies against platelet factor 4 (PF4), a type of protein. Usually, the anticoagulant drug called heparin is used to treat blood clots. In this setting, the use of heparin may be harmful, and alternative treatments need to be given.

CDC will convene an emergency meeting of the Advisory Committee on Immunization Practices (ACIP) on Wednesday, April 14, 2021, to further review these cases and assess potential implications on vaccine policy. FDA



NACCHO FAQ

<https://www.naccho.org.au/aboriginal-health-alerts-coronavirus-covid-19/>

Latest safety information to be updated

Information about COVID-19 vaccines for Aboriginal and Torres Strait Islander People



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COVID-19 vaccination and influenza

- 14 days between COVID-19 vaccine and any other vaccine (including flu)
- All Aboriginal people (aged \geq 6 months) – flu vaccine free

<https://www.ncirs.org.au/updated-resources-2021-influenza-vaccines-australians-fact-sheet-and-faqs>



Take home messages Astra Zeneca

- Preference Pfizer for under 50 year olds
- Under 50 yr olds can weigh individual risk-benefit
 - AZ = not contraindicated
- Rare but severe event
 - ?1 per 200 000 doses
- Onset 4-20 days post vaccine
- Only reported after dose 1
- Dose 2 can be given

Commonwealth, state and territory governments examining how overall immunisation program will be 'modified' to account for these changes and ensure greater access to Pfizer doses



Other questions?

What about those aged 50-60 years old?

- If no contraindication – current advice is proceed

What if I have had “clots” in the past?

- If acquired – eg DVT after leg surgery – then current recommendation is safe to proceed
- If congenital thrombotic disorder
 - Advice is being generated by ATAGI – due for release in next week

What if I have already had dose 1 of AZ?

- If no reactions continue with dose 2

Should I get a different vaccine for dose 2?

- At the moment = No
- Mixed vaccine schedule studies underway in the UK

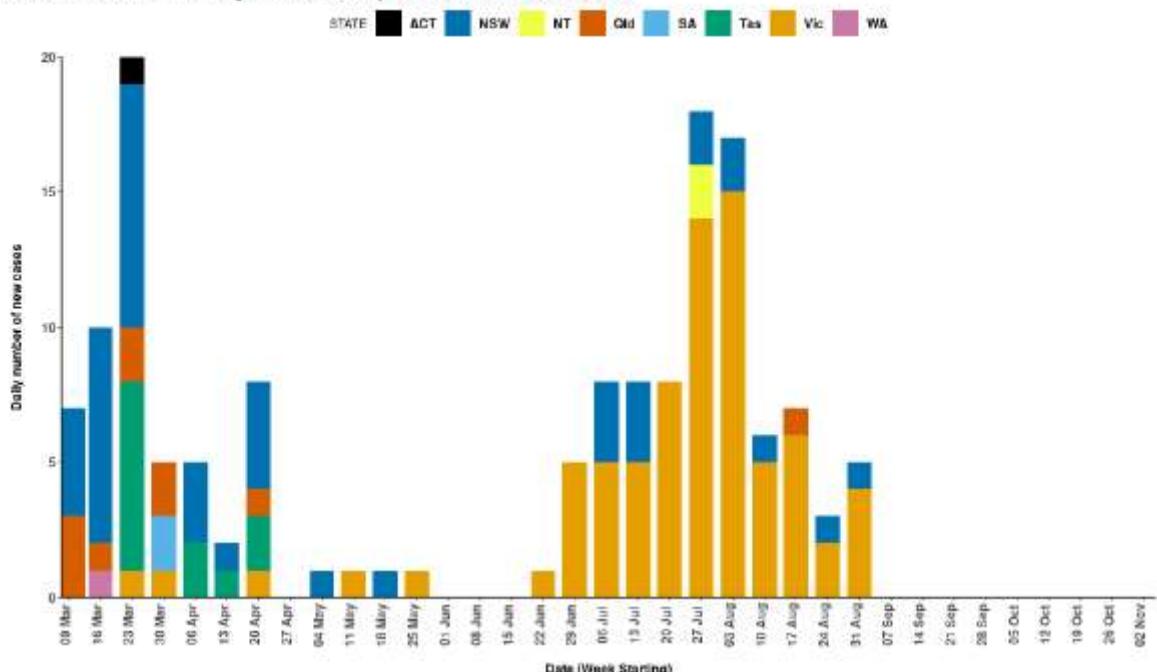


Current status of COVID-19 in Aboriginal & Torres Strait Islander communities

- Since January there have been 145 cases of COVID-19 reported among Aboriginal and Torres Strait Islander Peoples compared to near 27,000 cases in the non Aboriginal population here.
- This equates to a rate of around 6 times less than the non-Indigenous rate of diagnosis
- There have been no deaths, no cases reported in remote communities and we constantly are governing the situation
- But we are very early into the pandemic



received date^a and jurisdiction, 03 November 2020



Previous Research from H1N1 2009 influenza pandemic

- Highlighted serious gaps in governance aspects of the pandemic (notifications hospitalisations and deaths)
- Including expressed distrust and scepticism in relation to current Australian health policies on containment and told the researchers that specific plans for Aboriginal and Torres Strait Islander peoples were needed.
- Respondents indicated that policies and plans had been developed without respectful engagement with communities.



We listened, we learnt, so did Government

- Established early in March 2020
- Taskforce is Chaired jointly by the National Aboriginal Community Controlled Health Organisation (NACCHO and Dr Dawn Casey) and the Commonwealth Department of Health (Dr Lucas De Toca)
- The taskforce has 30-40 members; mostly comprising Senior staff from ACCHS nationally, including CEOs, and Aboriginal and non Aboriginal Doctors, experts
- Met initially three times per week and now once a week to discuss strategy, emerging issues, reports from strategies already implemented; concerns from the field.



Aboriginal & Torres Strait Islander COVID-19 Taskforce Roles

- Implement an Emergency Response Plan for Aboriginal & Torres Strait Islander Australians and communities, across urban regional and remote by developing a National Management Plan
- Advise on the National Management Plan
- Identify and escalate emerging and pressing issues
- Review and inform key documents, guidelines and plans as needed –the CDNA Series of National Guidelines for Public Health Units: [Coronavirus Disease 2019 \(SoNG\)](#)
- Liaise with [Australian Health Protection Principal Committee \(AHPPC\)](#) and its standing committees
- Review new communication materials to be sent out through existing channels
- Present information and advice to the Department of Health's Communications Branch
- Aid the flow of information with the Aboriginal and Torres Strait Islander Health sector



National Cabinet

- Prime Minister and State and Territory Premiers Chief Minister
- National communication response plans

Australian Health Protection Principal Committee

- Chief Medical Officer Australia and State and Territory Chief Medical Officers
- Protection of State and Territories, Border restrictions,
- S/T surveillance responses plans

Regular Advice

Aboriginal and Torres Strait Islander Taskforce on COVID-19

- Chaired by NACCHO & Department of Health
- ACCHS representation nationally, Government reps nationally
 - Specific issues related to surveillance, preparedness, response and communication, planning documents

Communicable Diseases Network Australia COVID-19 Working Group

- Leaders of State and Territory Communicable Disease Branches, experts
- National Surveillance, guidelines, policies and advice to and from Aboriginal Taskforce AHPCC and National Cabinet



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>
- Coronavirus (COVID-19) Updates and Information, National Aboriginal Community Controlled Health Organisation (NACCHO)
<https://www.naccho.org.au/aboriginal-health-alerts-coronavirus-covid-19/>
- NCIRS
<https://www.ncirs.org.au/covid-19/covid-19-vaccination-program-australia>
<https://www.ncirs.org.au/updated-resources-2021-influenza-vaccines-australians-fact-sheet-and-faqs>
<https://www.ncirs.org.au/public/influenza-vaccination-during-covid-19-faqs-aboriginal-and-torres-strait-islander-people>

www.health.gov.au
www.ncirs.org.au
www.ausvaxsafety.org.au
www.tga.gov.au
www.mbsonline.gov.au

- COVID-19 Resources for Aboriginal and Torres Strait Islander communities
<https://www.naccho.org.au/covid-19-resources>



Useful resources

The collage includes the following resources:

- Australian Technical Advisory Group on Immunisation (ATAGI): COVID-19 vaccination decision guide for women who are pregnant, breastfeeding, or planning pregnancy (February 2021)**
- Australian Technical Advisory Group on Immunisation (ATAGI): COVID-19 vaccination decision guide for frail older people, including those in residential aged care facilities (February 2021)**
- Decision guides coming soon for immunocompromised and palliative care**
- COVID-19 vaccination training program** (Information sheet for an online training module for people involved in the administration of COVID-19 vaccines)
- COVID-19 vaccination** (Safe Effective. Free.)
- COVID-19 vaccination** (Safe Effective. Free.)
- Phase 1B COVID-19 vaccine roll-out – General Practice EOI process**
- Frequently asked questions**
- COVID-19 vaccination training program** (Information sheet for an online training module for people involved in the administration of COVID-19 vaccines)
- COVID-19 vaccination** (Safe Effective. Free.)
- COVID-19 vaccination** (Safe Effective. Free.)
- Medicare Support for COVID-19 Vaccinations**
- MBS COVID-19 Vaccine Suitability Assessment Service** (Facial mask icon)
- NCIRS** (National Centre for Immunisation Research and Surveillance)
- AusVaxSafety** (Australia's active vaccine safety system)
- NCIRS** (National Centre for Immunisation Research and Surveillance)
- COVID-19 vaccines** (Information sheet for healthcare professionals)
- COVID-19 vaccines: Frequently asked questions**
- RACGP** (Royal Australian College of General Practitioners)
- Aboriginal Health & Medical Research Council of NSW**
- NSW Health**
- NCIRS** (National Centre for Immunisation Research and Surveillance)
- IMOGP** (Aboriginal and Torres Strait Islander Health Celebrating 10 years)

Other useful resources

COVID-19 vaccines – Is it true

- Accurate, evidence based answers
- <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/is-it-true>

NCIRS Frequently Asked Questions

- <https://www.ncirs.org.au/covid-19/covid-19-vaccines-frequently-asked-questions>

National coronavirus and COVID-19 vaccine helpline

- 1800 020 080

Translating and Interpreting Service

- 131 450

COVID-19 vaccines – Is it true?

With new COVID-19 vaccine developments every day, it's normal to have questions or concerns, and possibly feel hesitant about getting a vaccine. That's why we're providing accurate, evidence-based answers to questions about COVID-19 vaccines. Find out more.

COVID-19 VACCINATION

Safe. Effective. Free.

IS IT TRUE?

QUESTIONS
ANSWERED

COVID-19 vaccines: Frequently asked questions

We have provided answers to some of the most frequently asked questions about COVID-19 vaccines. We will be updating this page regularly (last updated 18 March 2021).

Questions about vaccination program

Which COVID-19 vaccines are being used in Australia in 2021? ▼

Who will get a COVID-19 vaccine first and how is this decided? ▼

Where will people be able to access the vaccine, and will it be free? ▼

How will I know when it is my turn to be vaccinated? ▼

Will the COVID-19 vaccine be mandatory? ▼

What is herd immunity and how does it relate to the COVID-19 vaccination program? ▼

Which COVID-19 vaccines are already in use in other countries? ▼



Any questions....

