



# COVID-19

RACGP Wednesday 17 February  
2021

For the latest information visit  
[www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)



Department  
of Health

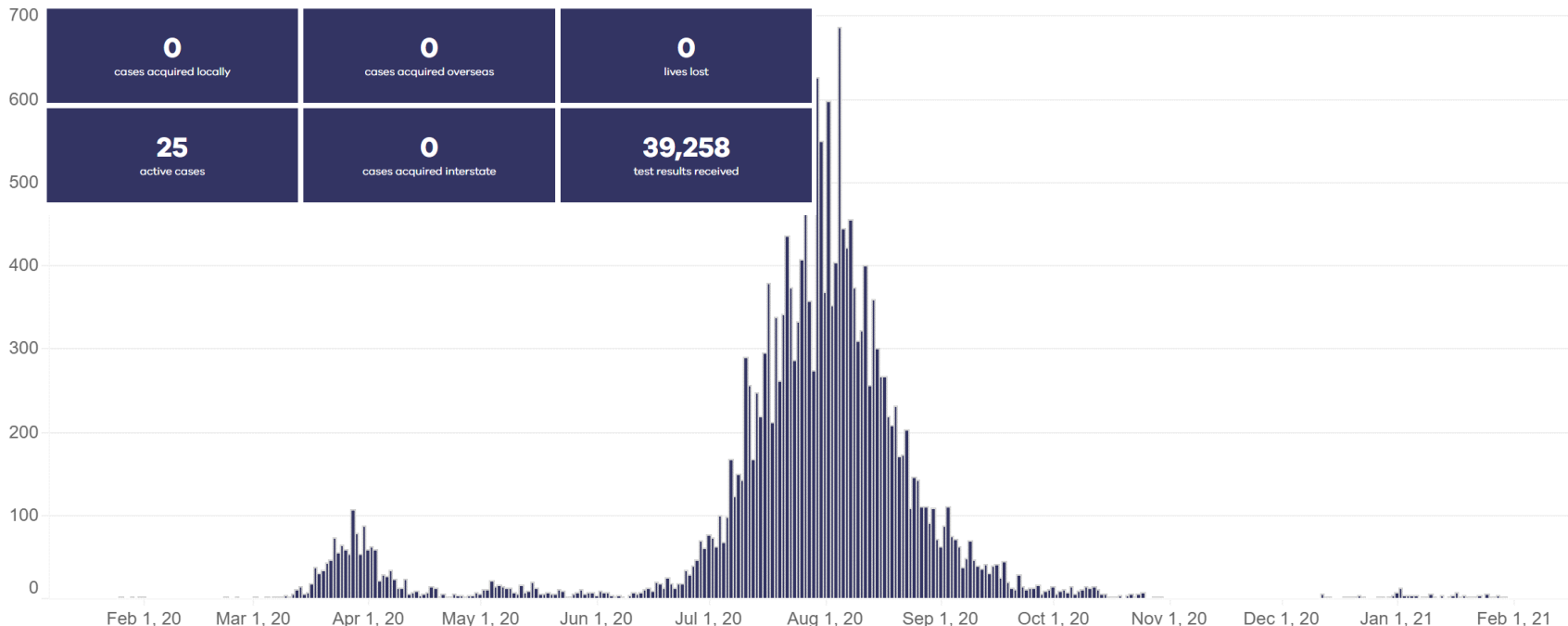
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# Situation in Victoria

## Latest Victorian numbers

Updated: 17 February 2021 12:00pm

In the past 24 hours statewide, there have been:



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# Victoria's circuit breaker actions

STAY SAFE

STAY OPEN

COVIDSafe  
principles



Wear a face mask



Physical distancing  
(1.5 metres)



Good hand hygiene



Don't go to work unwell



Cough and sneeze into  
tissue or elbow



Outdoor activities

- From 11:59pm on Friday 12 February until 11:59pm Wednesday 17 February circuit breaker actions in place across Victoria:
- Only four reasons to leave your home:
  - shopping for necessary goods and services (one person per household, once per day)
  - caregiving or compassionate reasons
  - exercise for up to two hours a day, with one other person or members of your household or intimate partner
  - permitted work - if you can work from home you must.
- Face masks mandatory everywhere except in your home.
- Stay within 5km of your home. This limit does not apply to work, or when giving or receiving care. You can leave your home in an emergency or if there is family violence.

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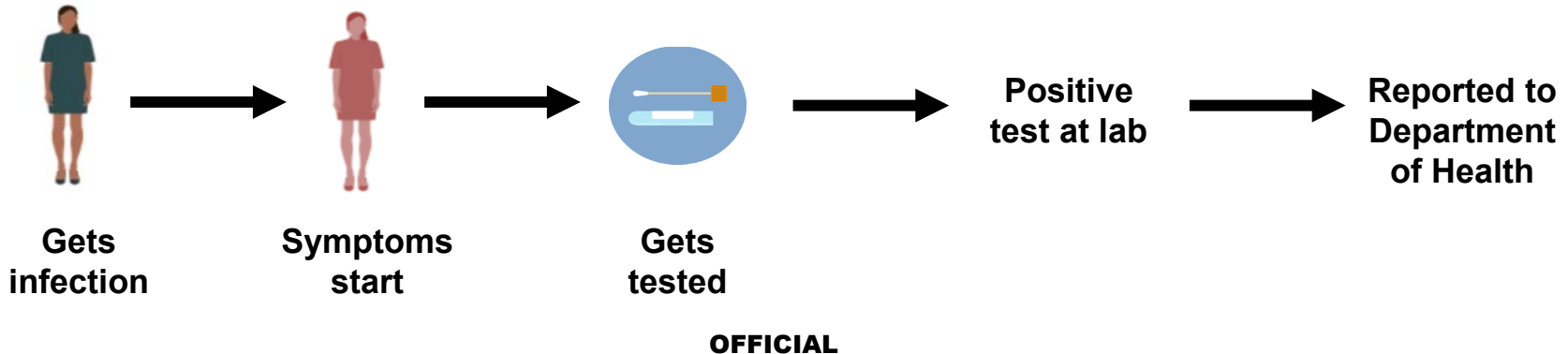
# Current restrictions

## State-wide restrictions from 11.59pm Wednesday 17 February

- No restrictions on travel or reasons to leave your home
- Up to five people can visit you at home
- Outdoor gatherings of up to 20
- Always carry a face mask – face masks must be worn indoors and outside when you can't physically distance
- Schools are open
- Phased return to on-site work – 50 per cent capacity
- Restaurants, cafes, bars and pubs can open with density quotients
- Weddings, funerals and religious gatherings can occur – no attendee limits, density quotients
- Visits in hospitals and aged care limited to one household per a patient per a day

# Finding COVID-19

- Testing and contact tracing
  - For people who test positive – isolation stops further transmission.
  - For close contacts – quarantine stops transmission prior to symptoms starting.
  - People with infection are infectious usually **1 to 2 days before symptoms start**.
- Symptoms can start around **5 to 6 days** (up to 14 days) after infection.
- Delays can occur when seeking help and getting tested, at the lab, or in reporting.



# Conclusions

- **COVID-19 is a significant disease**
  - Older people are most at risk, but younger people (especially those with chronic conditions) can have severe complications.
- **COVIDSafe Summer** lets Victorians get back to doing the things they love, while also protecting everything we have worked so hard to achieve this year.
- **We need everyone to help**
  - follow the six COVIDSafe principles
  - get tested if you feel unwell
  - we can't contact trace unless we identify a case
  - it is important to get the message out to everyone



# COVID-19 Vaccination Victorian Update

February 2021

# Three pillars of COVID-19 vaccine program



## Access for all Victorians

- Vaccines are free
- Easy to access for all eligible Victorians during each phase
- Equitable access across geography, social and cultural groups
- Services are appropriate for the populations they are serving
- Workforce availability is sufficient to maintain services



## Highest levels of safety and quality

- Vaccination sites are supported by comprehensive clinical safety and quality procedures
- Vaccination workforce is appropriately trained and supervised
- Data systems in place to underpin monitoring, analysis and reporting of safety, quality and adverse events
- Specialist services will manage adverse events following immunisation



## Public trust and confidence

- Public information and messaging is clear, credible, consistent and easy to access
- Broad and sustained engagement with stakeholders across sectors, community and government
- Local engagement activities enable information flow via established professional and community networks

# Roles and Responsibilities



## Commonwealth

- Secure and purchase vaccines
- Approve vaccines (TGA)
- Allocate, deliver and track vaccine products
- Fund General Practice, pharmacy and ACCHO sectors
- National booking system planned (delayed)
- Commission and oversee vaccination of private residential aged and disability staff and residents
- Partner with jurisdictions to enable localisation and scale up



## Victorian Government

- Commission and support establishment of vaccine clinics, outreach and mobile models
- Workforce identification and regulatory approval
- Setting state-based policy positions and approaches
- Monitor and ensure safety and quality, manage adverse events
- Provision of COVID vaccine management system (CVMS)
- Communicate and engage at a state level

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## Vaccine Centers

- Establish vaccine centers, outreach and mobile models to administer vaccines
- Manage vaccine product appropriately to minimise waste
- Complete reporting requirements to AIR and into CVMS
- Report adverse events through existing pathways
- Work with DH to communicate with priority cohorts and the community to create and manage demand
- Establish Specialist Immunisation Services

# Predicted rollout phases (supply dependent)

## Phase 1 a - up to 1.4m doses

ONGOING

Quarantine and border workers	70,000	Phase 1 b - up to 14.8m doses		Phase 2 a - up to 15.8m doses		Phase 2 b - up to 16m doses		Phase 3 - up to 13.6m doses	
Frontline health care worker sub-groups for prioritisation	100,000	Elderly adults aged 80 years and over	1,045,000	Adults aged 60-69 years	2,650,000	Balance of adult population	6,643,000	< 18 if recommended	5,670,000
		Elderly adults aged 70-79 years	1,858,000	Adults aged 50-59 years	3,080,000				
		Other health care workers	953,000	Aboriginal and Torres Strait Islander people 18- 54	387,000				
Aged care and disability care staff	318,000	Aboriginal and Torres Strait Islander people > 55	87,000	Other critical and high risk workers	453,000	Catch up any unvaccinated Australians from previous phases			
Aged care and disability care residents	190,000	Younger adults with an underlying medical condition, including those with a disability	2,000,000	Total	6,570,000				
		Critical and high risk workers including defense, police, fire, emergency services and meat processing	196,000						
Total	678,000	Total	6,139,000						

Source – Australian Government







Population numbers are current estimates for each category.

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# Phase 1a priority groups

ACCESS

Prioritisation

	Vaccine Recipient Cohorts	Delivery Model
	<b>Staff involved in Vaccination Program</b>	<b>Hospital Hubs</b>
	<b>Hotel Quarantine Staff</b> (and associated staff)	<b>Outreach from a Hospital Hub (Monash Health Hub, in collaboration with Alfred Health)</b>
	<b>Health Care Workers at Vic COVID19 Testing Sites</b> (including administrative staff)	<b>Hospital Hubs and possible mobile clinics to some sites</b>
	<b>High risk staff at Ports of Entry (PoE) workers</b> (Air and Marine ports with international arrivals)	<b>Melbourne Airport Sub-Hub (Wester Health Hub) Hospital Hubs access for other workers</b>
	<b>Prioritised Hospital Staff</b> (ER; ICU; COVID wards - all staff physically associated with these work areas)	<b>Hospital Hubs</b>
	<b>Prioritised health care workers</b> e.g. General Practice, Paramedics	<b>Hospital Hubs initially</b>

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# Phase 1a priority groups

Prioritisation



**Public sector residential aged care and disability care workers**

**Outreach from Hospital Hubs**



**Public sector residential aged care and disability care residents**

**Outreach from Hospital Hubs**

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# Hospital Hubs – to commence February 22

## Purpose of Hospital Hubs (referred to by the Commonwealth as 'Pfizer Hubs')



- 9 hospital hubs aligned to Victoria's Local Public Health Units will commence Victoria's COVID-19 vaccine rollout and will be the delivery point for the Pfizer vaccine into Victoria.
- The primary purpose is to achieve rapid and early coverage of several priority cohorts in phases 1a and 1b.
- Hubs will also play an important role in designing Victorian based models, and training staff to work in other models.



### Target Cohort

Primarily targeted 1a and 1b cohorts in the first instance, with focus on health care workers, public sector residential aged care



### Projected Outputs

Primary vehicle for distribution of Victoria's Pfizer allocation



### Delivery Model

Large fixed clinics at or adjacent to large public hospitals affiliated with LPHUs. Outreach to HQ and PoE sites, outreach to other health services, PSRACs



### Commencement and Duration

Proposed readiness for commencement from 22 Feb 2021, to continue throughout 2021 or until product is no longer available



### Proposed State Government Support

Provision of funding to support infrastructure establishment, initial staff training, access to surge workforce  
Co-design of Pfizer Hubs Guidelines and SOPs  
Requirement to use Victoria's CVMS

# Increasing the workforce to support the program



Secretary authorisation of additional surge workforce under public health emergency authorisation will increase those available to administer the vaccine.



State-wide surge support will source and deploy workforce in short, medium and long-term placements across system.



Compulsory training packages for all immunisers and support staff have been developed and will be deployed in February



Minimum supervision ratios to ensure oversight of surge workforce by medical practitioners and senior nurse immunisers



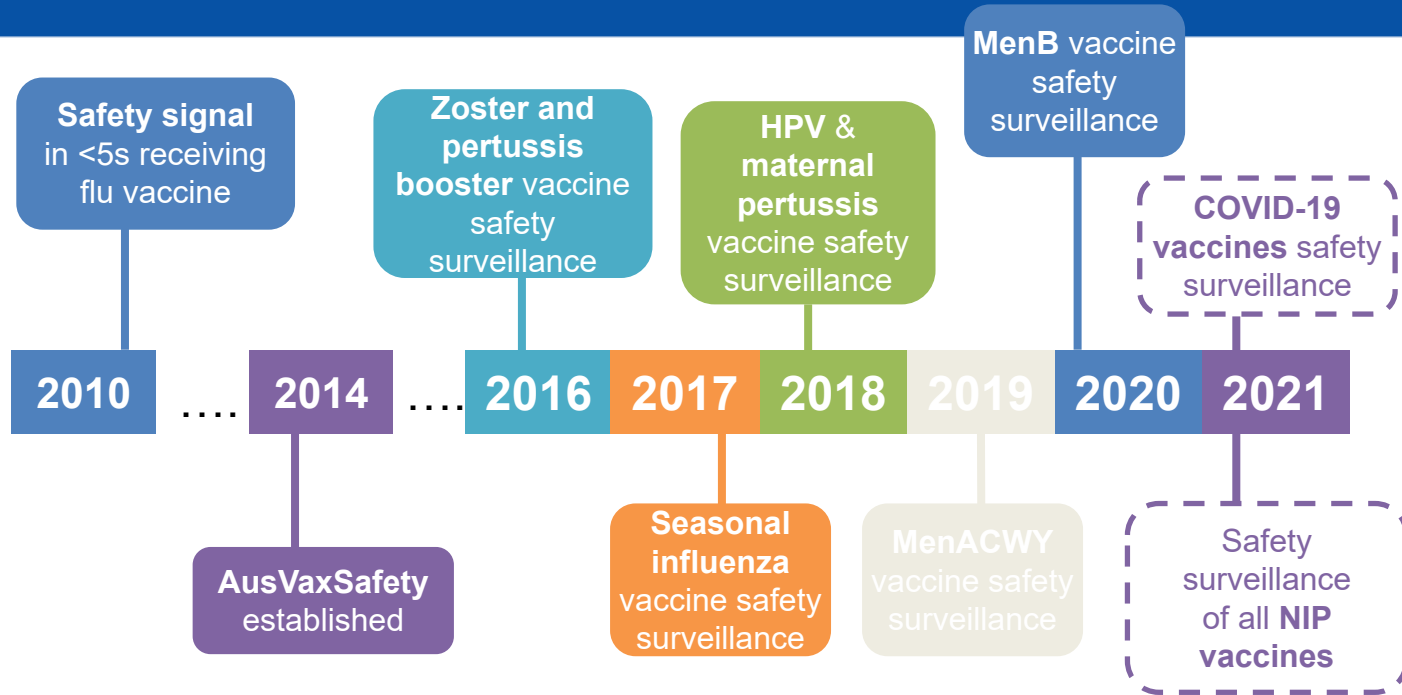
Supporting health services and community health to train up to 1,500 additional senior nurse immunisers



RACGP Victoria

# Active, enhanced, national Vaccine Safety Surveillance

# History and growth of AusVaxSafety active surveillance



For more information (including publications) see: [www.ausvaxsafety.org.au](http://www.ausvaxsafety.org.au)

# How will AusVaxSafety monitor vaccine safety?

## ☰ COVID-19 vaccine safety surveillance

### Active vaccine safety surveillance

#### COVID-19 vaccine safety surveillance

What is AusVaxSafety doing?

[How will AusVaxSafety monitor vaccine safety?](#)

Information for immunisation providers

Reporting of COVID-19 vaccine safety data

### Adverse Events Following Immunisation Clinical Assessment Network (AEFI-CAN)

### Vaccine safety in Australia AusVaxSafety summary report

### Publications

## AusVaxSafety ACTIVE safety surveillance of COVID-19 vaccines

Click on the image below to access the resource [PDF - 313 KB].



## AusVaxSafety's ACTIVE follow-up after your COVID-19 vaccination

### What is AusVaxSafety?

AusVaxSafety is a national system for monitoring vaccine safety in Australia. The system is led by the National Centre for Immunisation Research and Surveillance. It is funded by the Australian Government Department of Health.

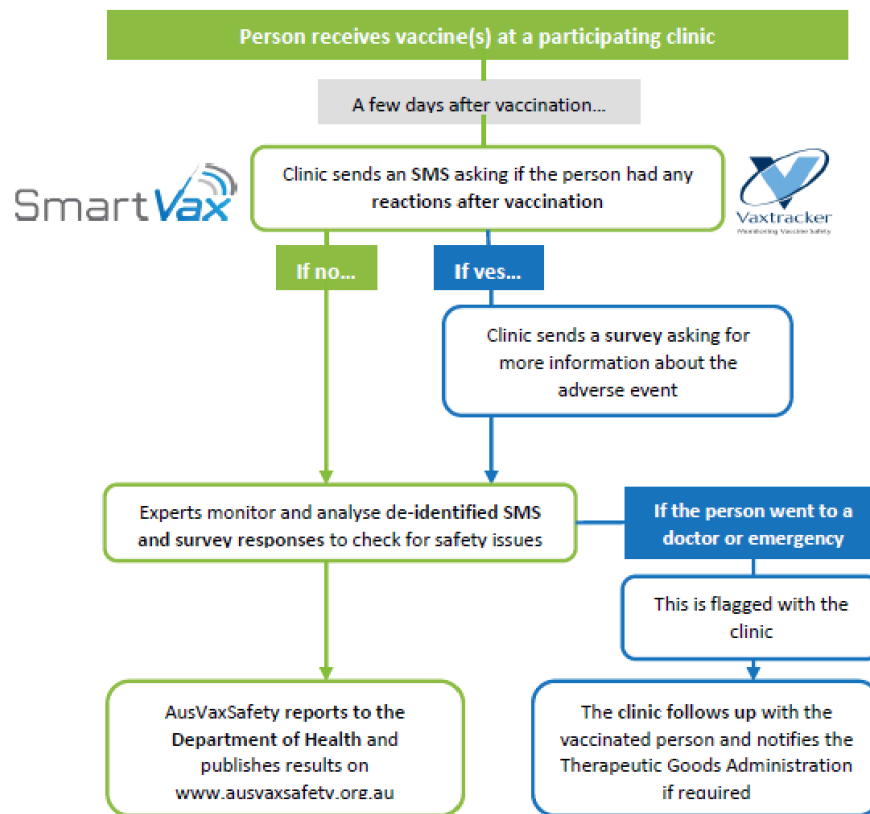
### AusVaxSafety monitoring vaccine safety of COVID-19 vaccines

In partnership with the Australian state and territory health departments, AusVaxSafety is following up people who receive a COVID-19 vaccine by sending them an SMS or email with a short survey that asks if they experienced any adverse event following vaccination (AEFI).



# AusVaxSafety Active (module 1) overview

## Participant-provided adverse event details via SMS

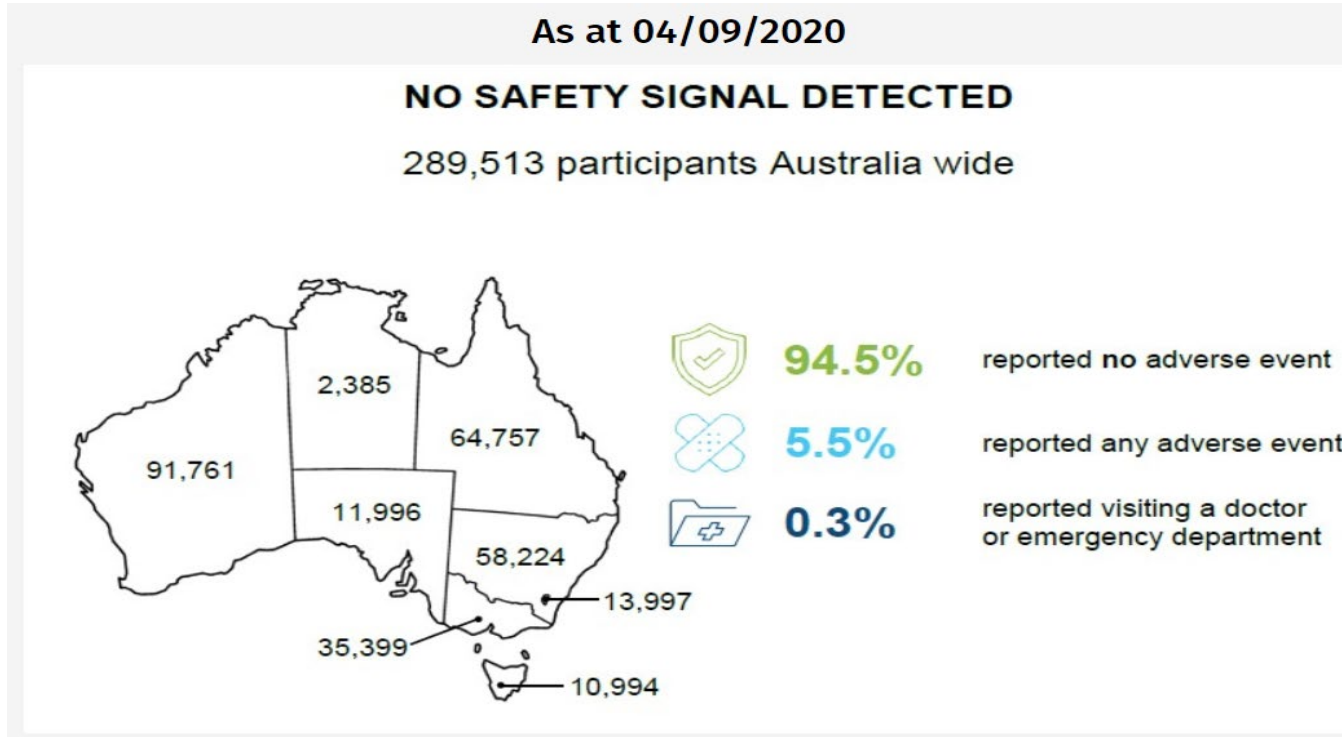


# AusVaxSafety: active sentinel surveillance sites and types of healthcare settings as at end 2020 (pre COVID-19 vaccine introduction)



**Note:** This map does not include the multiple new sites/systems which will be used for COVID19 vaccine rollout

# Influenza results - 2020



# Module 1: Active SMS follow-up of vaccine recipients

**What** **AUSVAXSAFETY** Active sentinel AEFI surveillance

**Why** Rapid signal detection – AEFI within 1 week following immunisation

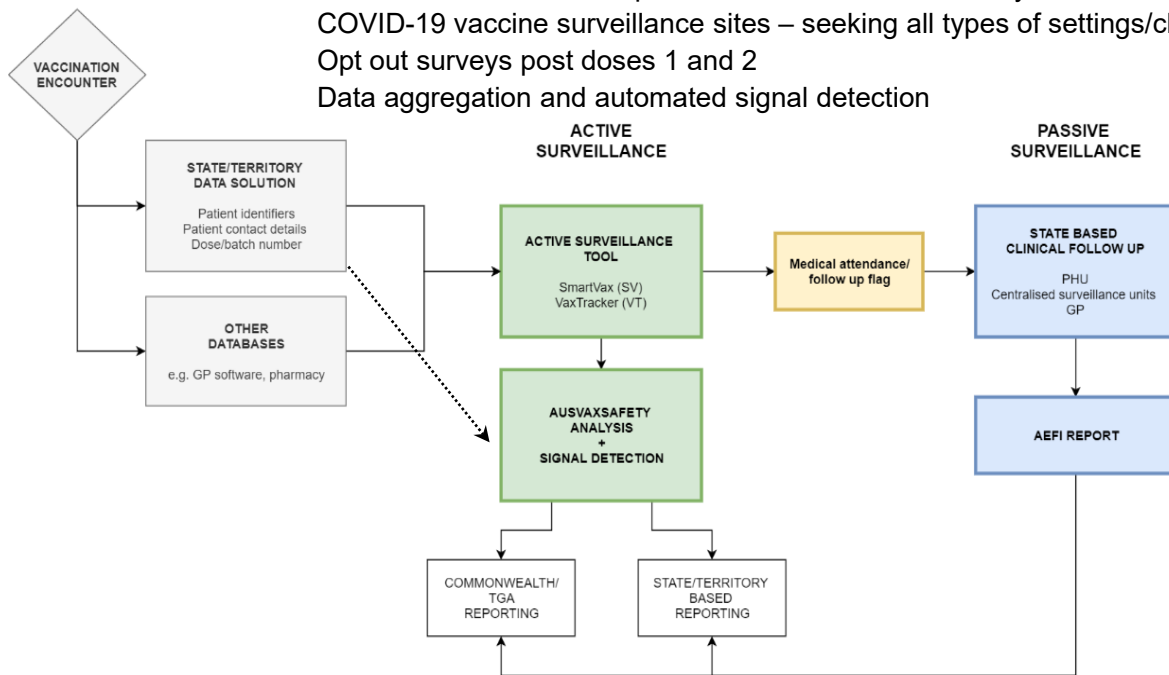
**How** **1. NIP vaccines**

**2. COVID-19 vaccines** -specific SMS-based AEFI survey after COVID-19 vaccine

COVID-19 vaccine surveillance sites – seeking all types of settings/clinics

Opt out surveys post doses 1 and 2

Data aggregation and automated signal detection



# AusVaxSafety Module 1: Active surveillance

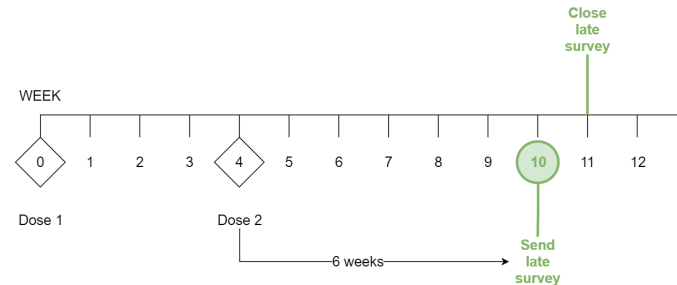
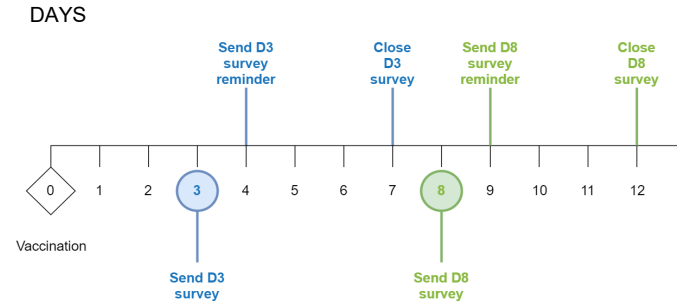
## COVID-19 SMS surveys

### Early surveys

- 4 per vaccine course
- Day 3 and 8 post each dose
- AEFI in week 1
- Signal detection
- Symptom recovery Health impact

### Late survey

- 6 weeks post dose 2
- New serious illness since last vaccination?



# COVID-19 SMS survey screenshots – in pilot

**SmartVax COVID-19 VACCINE SURVEY**

This is a survey to learn if you've reactions *in the 3 days following* COVID-19 vaccination.

This survey is completely voluntary and will assist in the monitoring of the side effects of the COVID-19 vaccines used in Australia. Thank you for your assistance!

**Dose**

Was this your first or second dose of the COVID-19 vaccine?

☒ First  
☐ Second  
☐ I don't know

*\*The question is required*

**Reaction(s) to vaccine**

Did you have any reactions in the 3 days following your most recent COVID-19 vaccination?

☒ Yes  
☐ No

*\*The question is required*

**Medical Assistance**

Did any of the symptoms cause you to seek advice/care from a doctor/healthcare professional?

☒ Yes  
☐ No

*\*The question is required*

Please select the type of advice/care that you received (select all that apply)

☐ Phone advice (e.g. HealthDirect)  
☒ [Other]

**Fever**

What was the HIGHEST temperature you measured (Leave blank if not measured)

100

**Rash (not at injection site)**

Where was the rash? (select all that apply)

☐ Face  
☐ Body  
☒ Arms  
☐ Legs

**Are you still experiencing any of the symptoms you reported?**

☒ No, all of my symptoms have gone away  
☐ Yes, I am still experiencing one or more symptoms

**Health impact**

Did any of the symptoms reported cause you to stop work, study or normal routine/duties?

☒ Yes  
☐ No

**How many days did you stop work, study or normal routine/duties?**

☐ Less than 1 day  
☒ 1 day  
☐ 2 days  
☐ 3 or more days

**Do you have any chronic medical conditions?**

☒ Yes  
☐ No

**Please select all that apply**

☐ Heart disease (coronary heart disease or failure)  
☐ Poorly controlled blood pressure  
☒ Diabetes  
☐ Chronic lung disease (not including mild/moderate asthma)  
☐ Obesity with BMI  $\geq 40$  kg/m<sup>2</sup>  
☐ Chronic kidney failure  
☐ Chronic liver disease  
☐ Cancer (not including blood or bone marrow cancer) diagnosed in the last 12 months  
☐ Blood cancer (e.g. leukaemia, lymphoma or myelodysplastic syndrome) diagnosed within the last 5 years  
☐ Currently receiving chemotherapy or radiotherapy

**Medical History**

# Surveys flagged for review

## **Early surveys**

YES to “Did any of the symptoms cause you to seek advice/care from a doctor/healthcare professional?”

**OR**

Selected 2 combinations of the following

- Rash (not at injection site)
- Loss of consciousness
- Associated cough/shortness of breath/lip or tongue swelling

## **Late survey**

YES to “Have you been admitted to hospital since your COVID-19 vaccination?”

# How to join?

## Join over 300 general practices and health clinics in Australia using SmartVax to monitor vaccine safety

Install SmartVax software program:

- Free for practices
- Runs in the background of your practice software
- Increases patient satisfaction and retention rates
- You will be automatically notified if your patient reports a serious reaction
- De-identified data are automatically sent to AusVaxSafety for analysis and reporting to the TGA



**Register your interest here:**  
[www.smartvax.com.au](http://www.smartvax.com.au)





# Thank you

**For the latest information**

[www.dhhs.vic.gov.au/coronavirus](http://www.dhhs.vic.gov.au/coronavirus)

**Information is available in 50+  
community languages at**

[www.dhhs.vic.gov.au/translations](http://www.dhhs.vic.gov.au/translations)



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