



# COVID-19 VACCINATION WEBINAR

RACGP

Wednesday 5 May 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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# How to build confidence in COVID-19 vaccines

Department of Health and RACGP webinar 5 May 2021

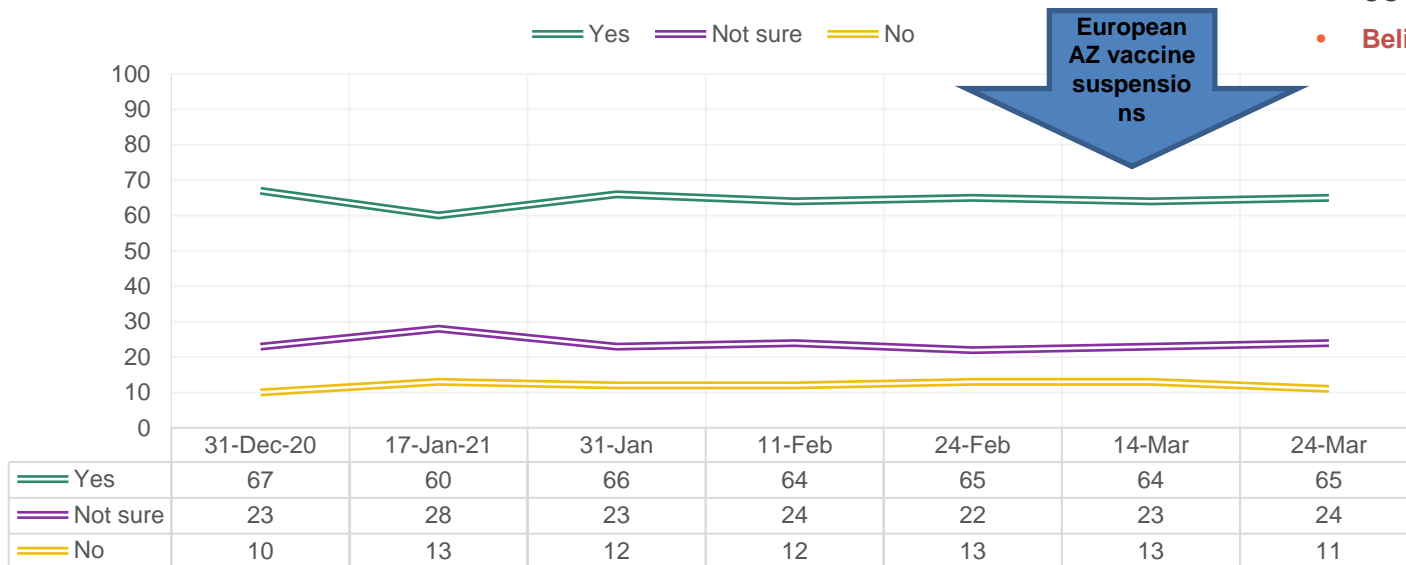
Presented by a/Prof Margie Danchin

# Outline

- **Intention to vaccinate and uptake COVID-19 vaccines available in Australia**
- **COVID-19 vaccine development and safety**
- **How to build vaccine confidence in your practice**
- **Discussing COVID-19 vaccines with people who have questions**
- **Responding to vaccine misinformation**

# COVID-19 vaccine acceptance – Australia

## WOULD GET COVID-19 VACCINE



- New vaccines tend to be trusted less
- COVID-19 vaccine environment unique
- **Beliefs are being shaped right now**

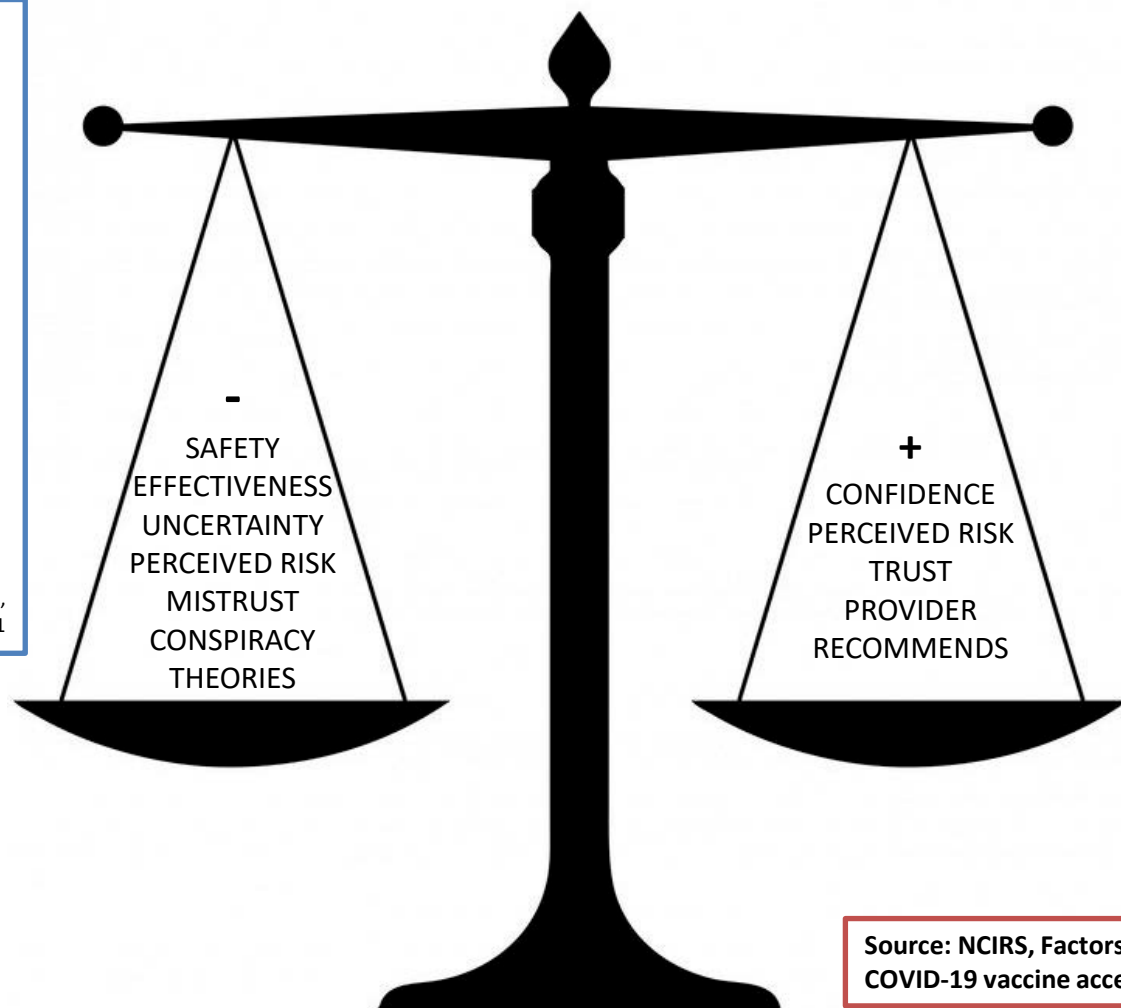
If a COVID-19 vaccine is available to you, will you get it?

[YouGov & ICL COVID-19 Behaviour Tracker](#)

## Less willing to receive

- Females
- Age 25-34
- Language other than English at home
- < Yr 12 education
- Outside capital city
- Financial distress

ANU Centre for Social Research and Methods, Feb,  
2021



Source: NCIRS, Factors influencing  
COVID-19 vaccine acceptance

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# COVID-19 Vaccine Preparedness study, Feb –April 2021

## COVID vaccine key cohort preparedness and communication strategies: a report for the Victorian Government



### Mixed methods study

- 3224 healthcare workers (HCW) recruited
- 1828 members of the prioritised public (aged > 70 years and chronic medical conditions)
- 40 qualitative interviews and 2 focus groups

### Key findings:

- Intention to vaccinate amongst HCWs was high
- Seek to provide additional information on vaccine safety, long-term effects (if known) and serious reactions
- Only 1/3 HCWs felt that they had enough information and knowledge highly associated with vaccine acceptance
- Convenience for getting a COVID-19 vaccine was important and a barrier to uptake – most preferred a hospital setting
- Information preferences and trust in information sources were important

# HCW intention to vaccinate

**Among HCWs, 78% (n=2515) intended to accept a COVID-19 vaccine**

one in seven HCWs were unsure (14%, n = 434) and 8% (n=268) did not intend to vaccinate.

**Compared to nurses, medical doctors were 8.6 times more likely to accept a COVID-19 vaccine (aOR 8.6, 95% CI 3.1,23.1)**

**Personal support workers were 60% less less likely (aOR 0.4, 95% CI 0.2,0.7)**

**HCWs in community or private practice were more likely to accept COVID-19 vaccine compared to HCWs in hospitals (aOR, 95% CI 1.6, 1.2, 2.1).**

**HCWs in residential aged or disability care facilities were 40% less likely to accept a COVID-19 vaccine compared to HCWs in hospitals (aOR 0.6, 0.5, 0.9).**

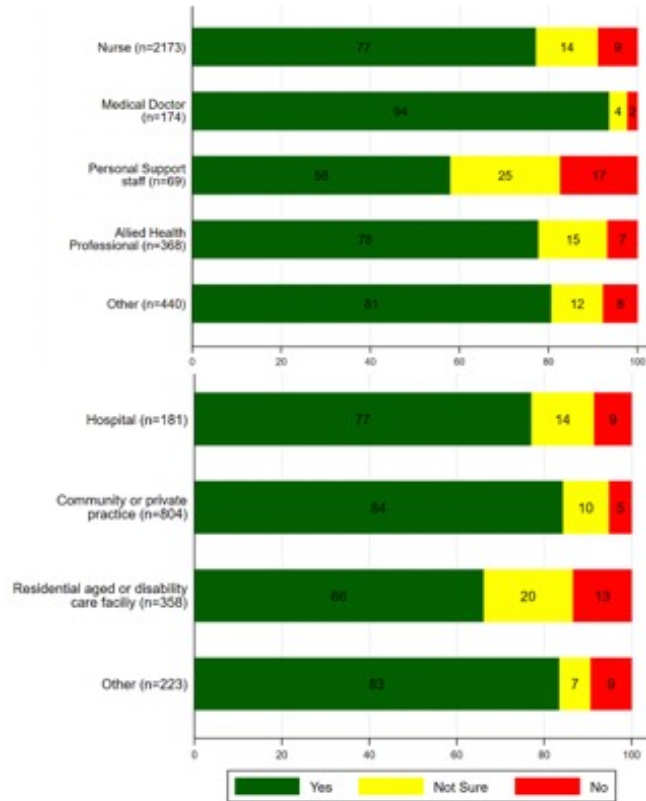


Figure 2: HCW intention to accept COVID-19 vaccines (by role and setting)

# HCW intention to vaccinate

## For HCWs strong motivators for uptake included

A recommendation from a professional society

Vaccine availability at their workplace

Requirement to be vaccinated to travel overseas

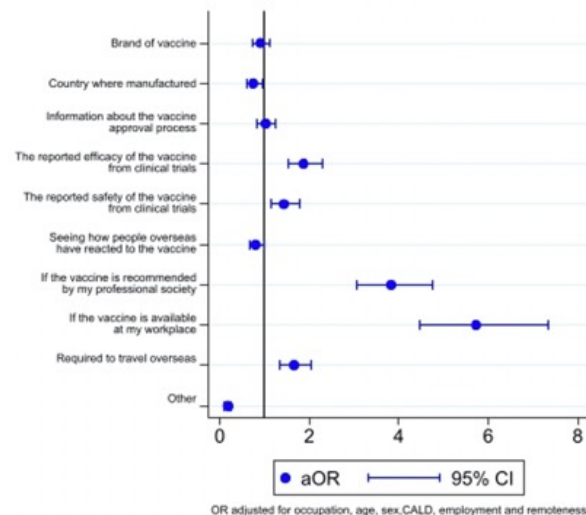


Figure 5: Factors influencing HCWs' COVID-19 vaccine decisions (association with intention to accept a COVID-19 vaccine)



# HCW information preferences

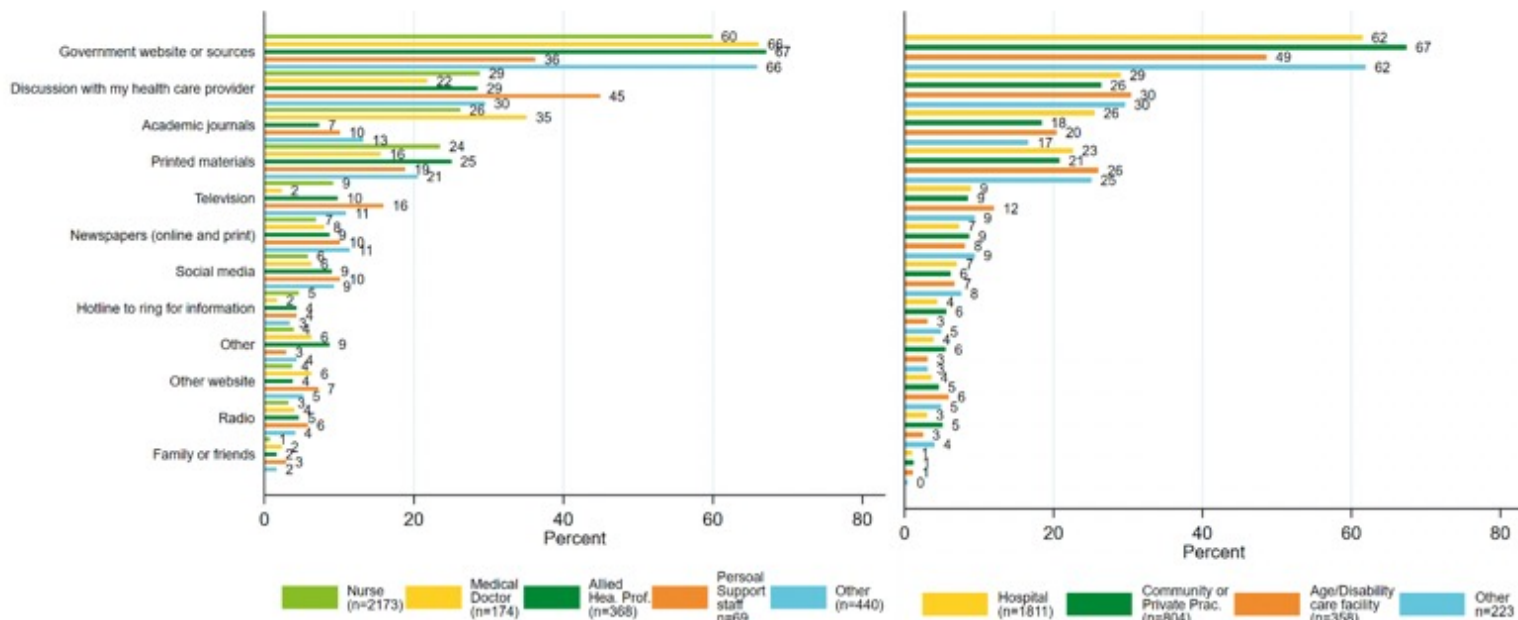


Figure 9: Preferred method of receiving COVID-19 vaccine information

HCWs want to receive information via government websites and medical professionals and preferably printed information for patients and training modules

# HCWs trusted sources of information

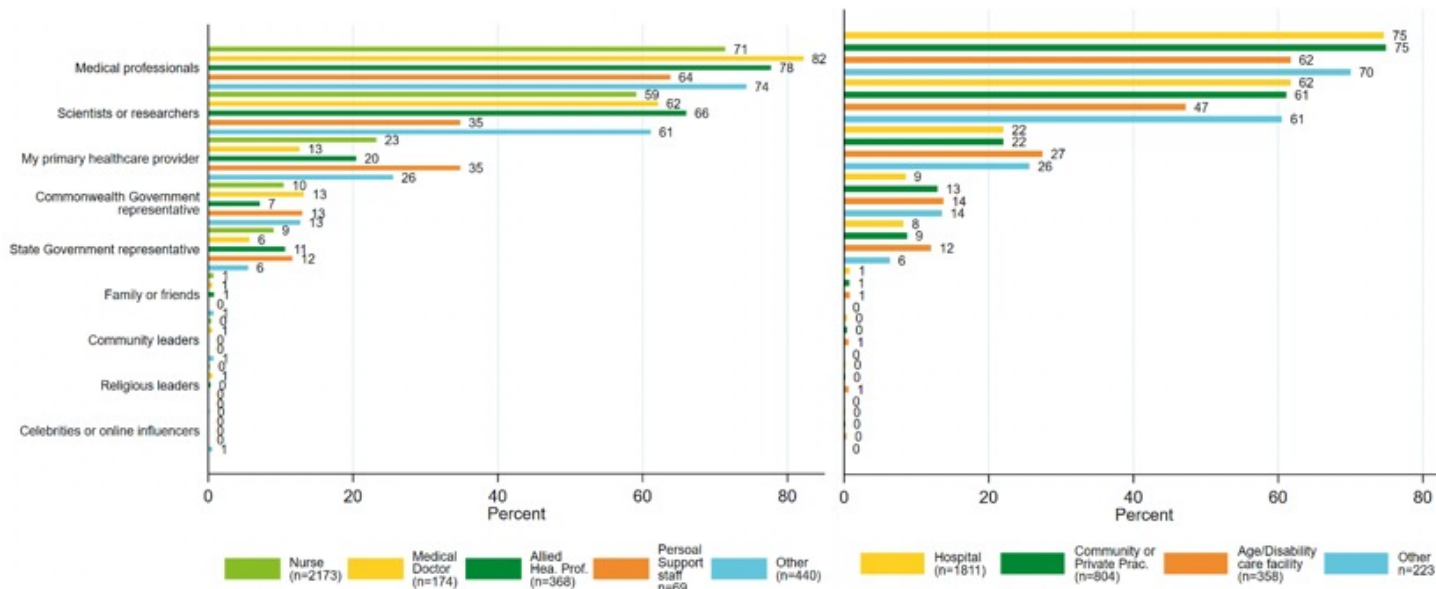


Figure 10: Trusted source of COVID-19 vaccine information

**Medical professionals, scientists or researchers most trusted spokespeople** - should be prioritised in communication campaigns to deliver key messages

Commonwealth and state government representatives were less trusted sources of information.

# COVID-19 vaccine concerns

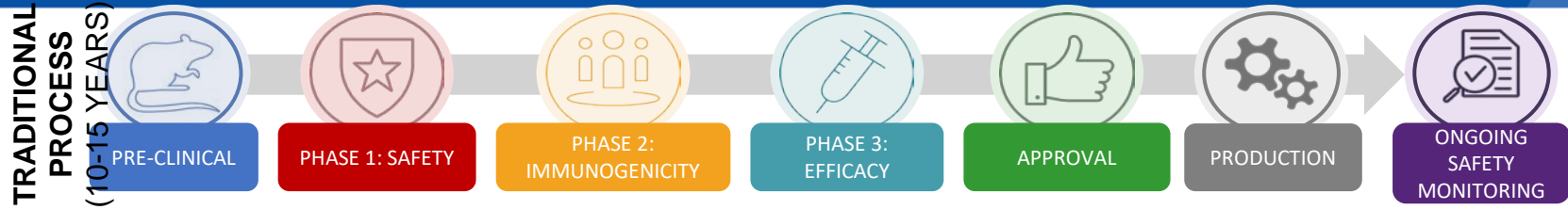
**Need 60-80% coverage for herd immunity threshold**

## **Main issues:**

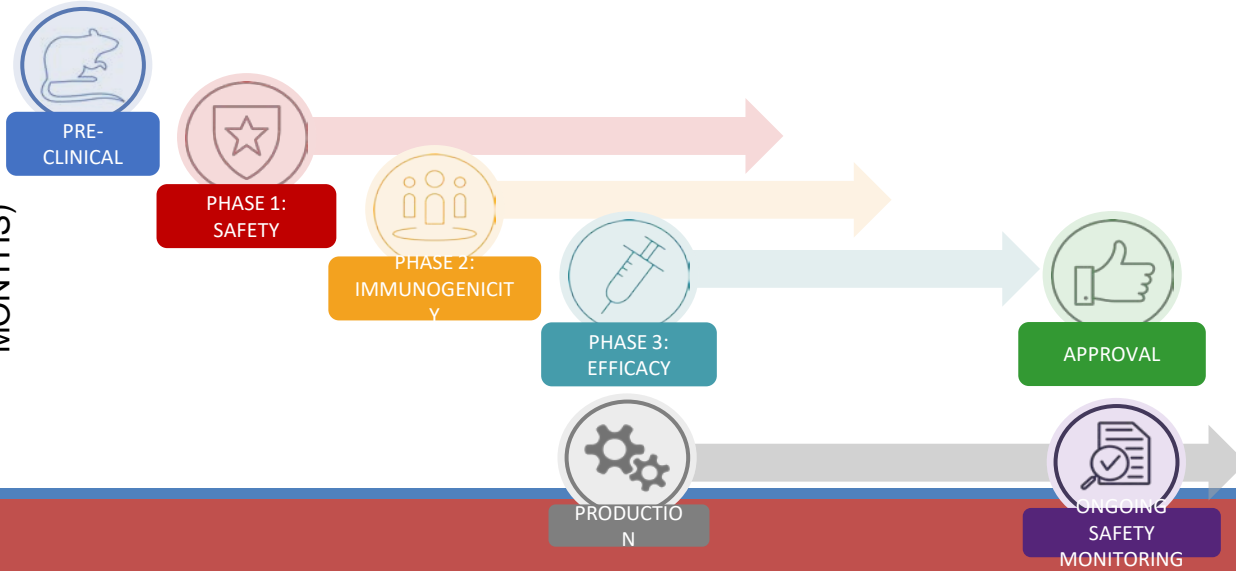
- **Speed of development**
- **Vaccine safety**
  - Anaphylaxis, blood clots, pregnancy/breastfeeding
- **No previously approved mRNA vaccines**
- **Reluctance to trust medical and scientific establishments**
- **Conspiracy theories on social media platforms – “alter DNA”**
- **Practical issues with the vaccine rollout**
  - Vaccine supply, availability/making appointments, locations and delays



# Vaccine development and approval



**PANDEMIC PROCESS**  
(OVERLAPPING PHASES, 12-18 MONTHS)



# General vaccine safety

- **Local and systemic adverse events are**
  - Worse after dose 2 Pfizer and dose 1 AZ are
- **Anaphylaxis: 4.7 per million doses (Pfizer) vs 1.1 per million doses (AZ)**

	Pfizer	AstraZeneca
Pain	83%	61%
Tiredness	47%	76%
Headache	52% (dose 2)	65%
Aches (myalgia)	37%	53%
Fever	4-8% (very low)	4-8% (very low)

# Thrombosis with Thrombocytopenia Syndrome (TTS)

- **Rare but serious complication; 25% mortality**
- **Clinical presentation**
  - Occurs within 4-20 days
  - Symptoms – most common symptoms include severe persistent headache, abdominal pain, shortness of breath
- **Uncertain and changing evidence - varying risk estimates in different countries**
  - UK: 100 cases in 20.6 million doses (**1 from 1 million second doses or 1 in 250,000 doses**)
  - Australia - now **3 cases in ~800,000** doses (500,000 2 weeks ago)
  - Germany, Norway – highest estimates (**EU 1 in 100,000 doses**)
  - Unable to identify risk factors

# Thrombosis with Thrombocytopenia Syndrome (TTS)

- **Biological mechanism still being investigated**
  - most likely immune-mediated
  - Idiosyncratic
- **Appears to be an increased risk in younger adults, more cases in women but link to sex not proven**
- **A 'platform specific' mechanism related to the adenovirus-vectored vaccines not certain possible**
- **Many countries have suspended all/part of AZ program**

# AstraZeneca vaccine safety and recommendations

## Recommendation (12th April)

- **ATAGI recommends Pfizer preferred for adults aged under 50 years**
- **AZ can be used in adults <50 years where the benefits outweigh the risks and the person has made an informed decision**
- **Second dose can be administered to anyone who has safely received the first dose**
- **Situation may change in the setting on an outbreak**
- **Based on current situation in Australia**
- **No vaccine choice at present**

[https://www.who.int/news/item/16-04-2021-global-advisory-committee-on-vaccine-safety-\(gacvs\)-review-of-latest-evidence-of-rare-adverse-blood-coagulation-events-with-astrazeneca-covid-19-vaccine-\(vaxzevria-and-covishield\)](https://www.who.int/news/item/16-04-2021-global-advisory-committee-on-vaccine-safety-(gacvs)-review-of-latest-evidence-of-rare-adverse-blood-coagulation-events-with-astrazeneca-covid-19-vaccine-(vaxzevria-and-covishield))

<https://www.health.gov.au/news/atagi-statement-on-astrazeneca-vaccine-in-response-to-new-vaccine-safety-concerns>



# Resources



Australian Government  
Department of Health



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## Patient information sheet on AstraZeneca COVID-19 vaccine and thrombosis with thrombocytopenia syndrome (TTS)

Patient information about the AstraZeneca vaccine and the COVID-19 vaccination program.

### New documents on AstraZeneca and TTS :

- [Patient information on AstraZeneca vaccine and thrombosis with thrombocytopenia syndrome](#)
- [Information on weighing up risks and benefits of AstraZeneca COVID-19 vaccination](#)

### Updated documents

- [Preparing for your COVID-19 vaccination](#)
- [AstraZeneca vaccine information sheet](#)
- [After your AstraZeneca vaccine](#)
- [Pfizer vaccine information sheet](#)
- [COVID-19 vaccine consent form](#)

# Thrombosis with Thrombocytopenia Syndrome (TTS)

- **Benefit-risk analysis needs to consider**
  - COVID disease rates and severity
  - age groups
  - availability of alternative vaccines

- **Benefits include**

- prevention of hospitalisation
- ICU admissions, death
- Long COVID
- Social mobility – grandparents, gatherings
- Freedom from lockdowns/school closures
- Travel
- Financial security

Exposure risk comparable to Australian first wave

Potential benefits

For 100,000 people  
with low exposure risk\*

Potential harms

ICU admissions due to COVID-19  
prevented every 16 weeks:



Age group

Specific blood clots due to the vaccine:



# Victorian second wave

Age group	Hospitalisation	ICU	Death
20-29 yrs	3.9%	0.31%	0.02%
30-39 yrs	6.6%	0.66%	0.04%
40-49 yrs	9.4%	1.43%	0.05%
50-59 yrs	13.9%	3.26%	0.44%
60-69 yrs	22.6%	5.15%	1.58%
70-79 yrs	38.0%	7.4%	9.8%
80-89 yrs	53.1%	2.8%	29.8%
90+ yrs	45.5%	0.26%	40.3%

## Potential benefits

For 100,000 people  
with low exposure risk\*

## Potential harms

ICU admissions due to COVID-19  
prevented every 16 weeks:



## Age group

Specific blood clots due to the vaccine:



Risk ICU and death increases  
3-fold with each decade of life

Exposure risk comparable to Victorian second  
wave

# AstraZeneca vaccine safety and recommendations

- Rare but serious side effect of AZ: Thrombosis with Thrombocytopenia Syndrome (TTS)
- **Approximately 4 to 10 cases per million adults vaccinated**
- **Not linked to mRNA vaccines**
- **Appears to be an increased risk in younger adults, more cases in women but link to sex unclear**

## Recommendation:

- **ATAGI recommends Pfizer preferred for adults aged under 50 years**
- **AZ can be used in adults <50 years where the benefits outweigh the risks and the person has made an informed decision**
- **Second dose can be administered to anyone who has safely received the first dose**






[https://www.who.int/news/item/16-04-2021-global-advisory-committee-on-vaccine-safety-\(gacvs\)-review-of-latest-evidence-of-rare-adverse-blood-coagulation-events-with-astrazeneca-covid-19-vaccine-\(vaxzevria-and-covishield\)](https://www.who.int/news/item/16-04-2021-global-advisory-committee-on-vaccine-safety-(gacvs)-review-of-latest-evidence-of-rare-adverse-blood-coagulation-events-with-astrazeneca-covid-19-vaccine-(vaxzevria-and-covishield))

<https://www.health.gov.au/news/atagi-statement-on-astrazeneca-vaccine-in-response-to-new-vaccine-safety-concerns>

- **Compare apples to apples where possible**
- **Beware of creating new concerns (e.g. birth control pill clots)**
- **Avoid overstating precision**
- **Consider benefits beyond disease reduction**



### How does the risk of serious side-effects from the AstraZeneca vaccine compare with other risks?

Change in a million of...	25-year-old	55-year-old
serious harm due to vaccine side-effects 	<b>11</b> in a million	<b>4</b> in a million
dying with coronavirus 	<b>23</b> in a million	<b>800</b> in a million
dying due to an accident or injury 	<b>110</b> in a million	<b>180</b> in a million
dying in a road accident 	<b>38</b> in a million	<b>23</b> in a million
being hit by lightning this year 	<b>1</b> in a million	<b>1</b> in a million

Source: Winton Centre for Risk and Evidence Communication

# Vaccine safety for women who are...

- **Planning pregnancy**

- **No evidence of increased risk of pregnancy complications** in women who become pregnant after vaccination

- **Breastfeeding**

- Women **can continue breastfeeding** before or after vaccination
- **No evidence of increased risk of complications in breastfeeding women** vaccinated against COVID-19

- **Currently pregnant**

- Recommended to wait until after pregnancy to be vaccinated if the woman has no risk factors for severe COVID-19 and/or not at high risk of exposure to COVID-19



<https://www.health.gov.au/sites/default/files/documents/2021/03/covid-19-vaccination-covid-19-vaccination-decision-guide-for-women-who-are-pregnant-breastfeeding-or-planning-pregnancy-covid-19-vaccination-covid-19-vaccination-decision-guide-for-women-who-are-pregnant-breastfeeding-or-p.pdf>

# Vaccines and faith

- Taking COVID-19 vaccines during Ramadan does not invalidate the fast (*British Islamic Medical Association*)
- COVID-19 vaccines are Halal (*Australian Federation of Islamic Councils*)
- COVID-19 vaccines do not contain any cells from an aborted foetus

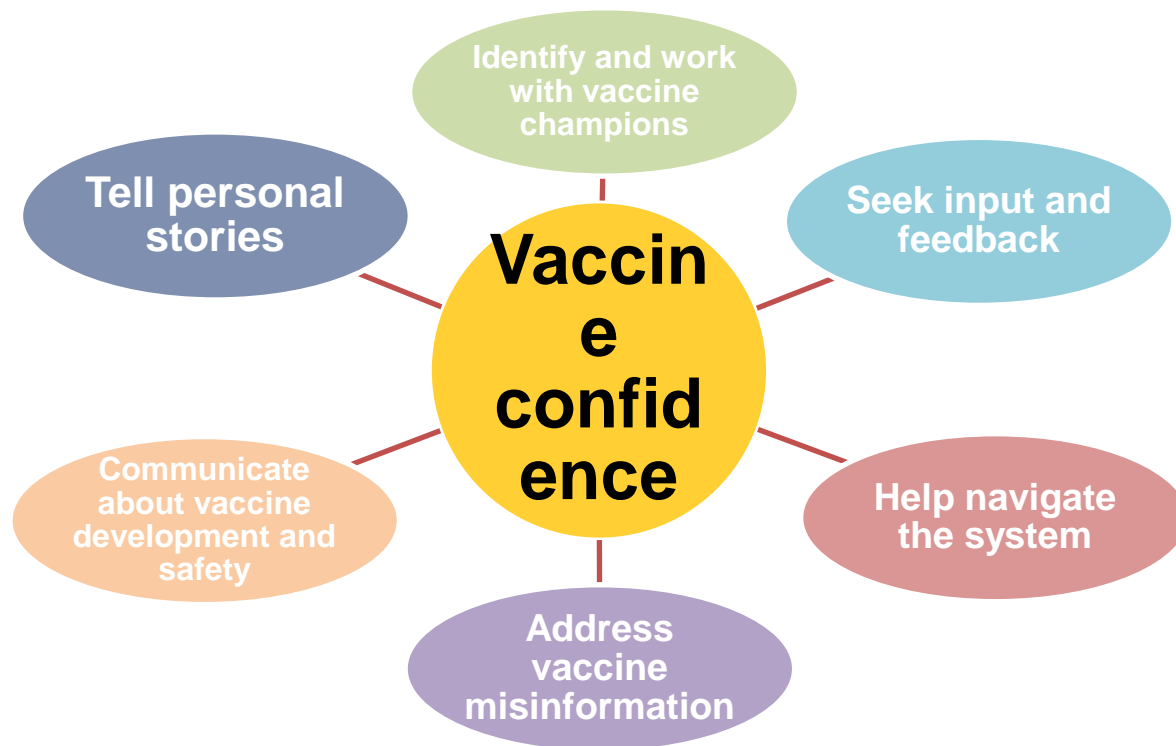


# Take away messages about vaccine safety

- **Hundred of millions of doses of vaccines already delivered**
- **Vaccine safety is constantly being monitored**
- **Safety issues are rare**
- **Information and pandemic conditions may continue to change**
- **Media headlines can be misleading**



# Strategies to build vaccine confidence in your setting



# Identify and work with vaccine champions

Identify and work with vaccine champions

- Vaccine champions should **look like** and **be trusted by** people in your practice
- Brainstorm strategies for your clinic (e.g. what has worked to promote flu vaccines?)
- Empower vaccine champions through practice meetings, they can also engage with patients via email blasts, social media, blog posts



# Seek input and feedback

- Organise live Q&A sessions, town hall meetings, brown bag sessions
- Create a feedback process (e.g. email inbox, post box, physical question box, anonymous survey)
- Follow through and respond to queries and concerns

Seek input and feedback



# Help navigate the system

- **Help people appraise information quality**
- **Support understanding of individual vaccine eligibility**
- **Communicate where, when, and how people will be offered the vaccine (eg if at workplace)**

Help navigate  
the system

# Address vaccine misinformation

- **Pick your battles: Is it being shared widely?**
- **Is it affecting behaviour?**

Address vaccine  
misinformation

- 1. Try and talk in a private setting**
- 2. Do not attack**
- 3. Ask questions**
- 4. Embark on a common journey to find the truth**
- 5. Acknowledge the emotion**
- 6. Clearly express the truth and repeat it regularly**
- 7. Take it step by step**

Ref: [flyer\\_v18.pdf \(shapingtomorrowsworld.org\)](#) <https://hackmd.io/@scibehC19vax/home>

# Communicate about development and safety

Communicate  
about vaccine  
development and  
safety

- Tailor messages for your organisation
- Emphasise scientific consensus
- Use visuals
- Keep messages short, clear, simple and focused on positive narratives
- Key resources:
  - Australian Government COVID-19 vaccine information
    - <https://www.australia.gov.au/covid19vaccines>
  - Melbourne Vaccine Education Centre (MVEC)
    - <https://mvec.mcri.edu.au/covid-19/>
  - AusVaxSafety
    - <https://www.ausvaxsafety.org.au/our-work/covid-19-vaccine-safety-surveillance>
  - COVID-19 vaccine FAQs | NCIRS
    - <https://www.ncirs.org.au/covid-19/covid-19-vaccines-frequently-asked-questions>
  - Translated Australian Government COVID-19 vaccine information
    - <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/covid-19-vaccine-information-in-your-language>

# Tell personal stories

Tell personal stories/plans



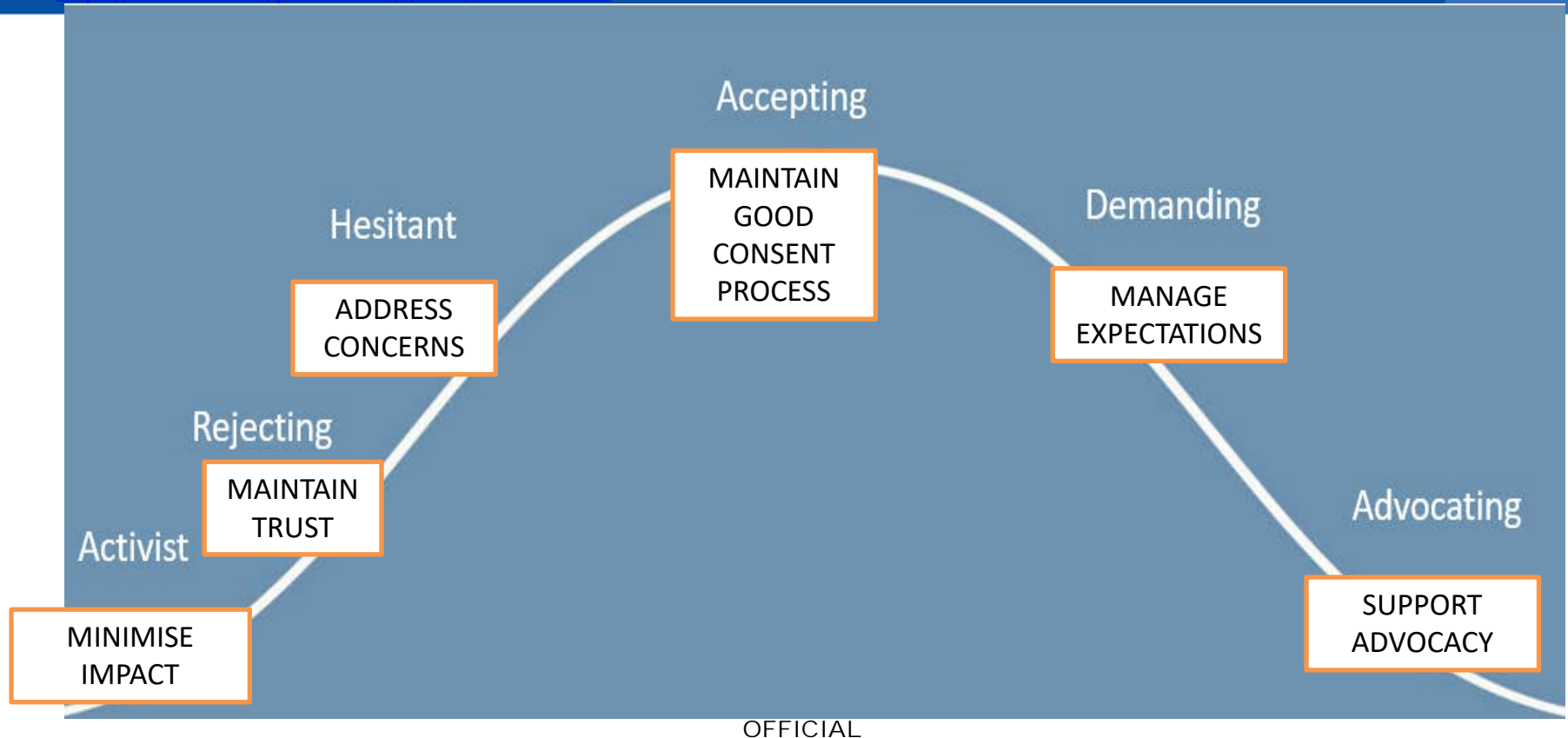
- Share your reasons for deciding to get vaccinated
- If you've been vaccinated, talk about the experience
- Share photos (avoid needles!)
- Be transparent

**Outcome: Set the in-group norm**

# Range of vaccination positions

Source: Covid-19 vaccines: safety surveillance manual communication module

<https://www.who.int/publications/i/item/10665338400>





# Recommended communication practices

- **Elicit questions and concerns**
  - Use open-ended questions: *“What questions do you have?”*
  - Resist the righting reflex
- **Acknowledge concerns and share knowledge**
  - *“Having questions is very normal.”*
  - Share facts on vaccine safety and effectiveness
  - Elicit and reinforce motivation
- **Discuss disease severity**
  - Centre discussion on disease, not vaccines
- **Recommend vaccination**
  - And explain where to go
- **Continue the conversation**
  - Keep communication open



# Communication with friends or family

## What should I say to someone who is hesitant about the potential COVID-19 vaccine?

ABC Health & Wellbeing / By Health reporter Olivia Willis  
Posted Sun 20 Sep 2020 at 7:01am, updated Sun 20 Sep 2020 at 11:54am



Despite Australia's high immunisation rates, we  
Images: Tara Mooney

So what's the best way to  
approach these tricky  
conversations?

We asked three experts.



DR KATIE ATWELL



DR JESSICA  
KAUFMAN



PROF JULIE LEASK



By Jessica Kaufman & Margie Danchin  
<https://theconversation.com/everyone-can-be-an-effective-advocate-for-vaccination-heres-how-111828>

- Ask, listen and acknowledge concerns
- Share what you know
- Don't aggressively rebut myths
- Tell your story
- Don't pass judgment

# Examples of good communication

- Dr John Cook's series of videos about *critical thinking about COVID*.

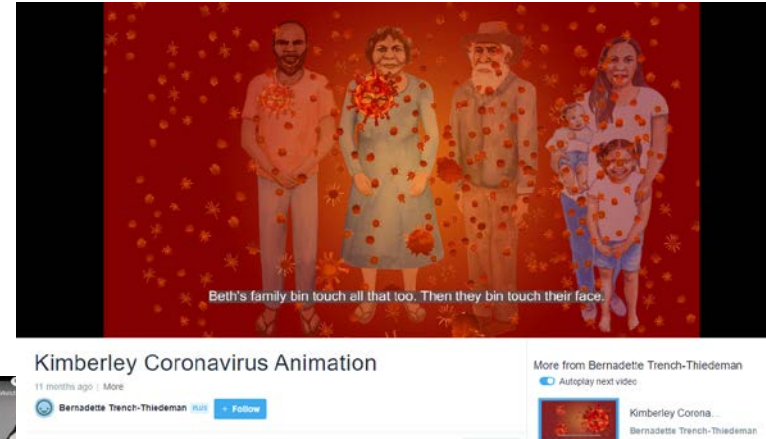
First video in the series:



[https://www.youtube.com/watch?v=W7Zut\\_jPtgs](https://www.youtube.com/watch?v=W7Zut_jPtgs)



[https://www.greaterthancovid.org/theconversation/?utm\\_source=betweenusaboutus.com&utm\\_medium=vanity%20url](https://www.greaterthancovid.org/theconversation/?utm_source=betweenusaboutus.com&utm_medium=vanity%20url)



<https://vimeo.com/407920895>

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# Communication online

- **Have a clear moderation policy and use it**
- **Speak to the silent audience**
- **Try to respond quickly, simply and once**

Counter  
misinformation

Share clear,  
evidence-based  
resources

Use storytelling

Partner with  
the pro-vaccine  
community

How organisations promoting vaccination respond to misinformation on social media: a qualitative investigation

[Maryke S. Steffens](#) , [Adam G. Dunn](#), [Kerrie E. Wiley](#) & [Julie Leask](#)

*BMC Public Health* 19, Article number: 1348 (2019) | [Cite this article](#)

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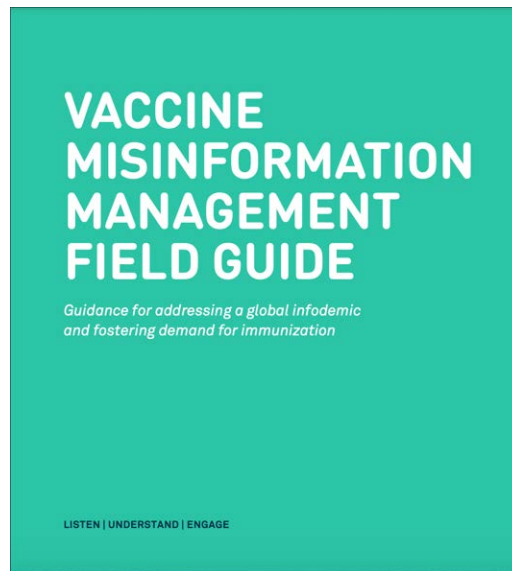
# Why is misinformation so appealing and hard to correct?

- **Conspiracy theories flourish at times of uncertainty**
- **Easy or familiar explanations feel true**
- **Repetition reinforces beliefs**
- **Misinformation may support people's sense of identity or world view**
- **No one likes to be wrong**
- **Myth-busting can backfire**



# When to respond to misinformation?

- Is it being shared a lot?
- Is it affecting behaviour?
- Consider whether a response could just give oxygen to misinformation and spread it further
- Fill the gap – early and factual communication



<https://vaccinemisinformation.guide/>

Unicef, First Draft, Yale Institute for Global Health, and PGP (The Public Good Projects)

# Responding (debunking): “mRNA COVID-19 vaccines will change your DNA”



**Clearly and concisely  
state the truth**

“No COVID-19 vaccine will affect your body’s DNA.”



**Point out the  
misinformation or myth**

“It is not possible for mRNA to combine with our DNA to change our genetic code.”



**Explain why the myth  
is wrong and provide  
an alternative  
explanation**

“mRNA is just a set of instructions. The Pfizer vaccine uses mRNA to tell your body how to recognise and fight off COVID-19 viruses. Your body breaks down mRNA a few hours after it delivers its message.”



**Restate the facts**

“There is no risk that mRNA vaccines will change your DNA. COVID-19 mRNA vaccines have already been delivered safely to millions of people around the world.”

# Acknowledgements

- **Dr Jessica Kaufman, Vaccine Uptake group, MCRI**
- **A/Prof Holly Seale, School of Public Health and Community Medicine, University of New South Wales and COSSI and Prof Julie Leask, Susan Wakil School of Nursing and Midwifery, University of Sydney and COSSI**
- **Vaccine communication training and Vaccine Preparedness research for key priority groups supported by the Victorian Government Department of Health, with thanks**





# COVID-19 Vaccination

Department of Health and RACGP webinar 5 May 2021

Prof Ben Cowie

Senior Medical Advisor, Executive Director - Engagement and Partnerships

# COVID-19 Immunisation program update

- Total of 230,404 (8,406 total in the last 24 hours)
- Last week Victoria surpassed NSW in delivering more vaccinations than any other State or Territory
- People aged 50 years and over can be vaccinated at State vaccination clinics
- Call centre experienced more than double the volume of calls in the morning and some sites had more than an hour wait time for walk-ins!
- 21 vaccination centres have opened to provide vaccinations to eligible Victorians
- Diverting AstraZeneca doses to general practice



# Prioritisation of Pfizer for people under 50 years of age

**People aged under 50 years are currently eligible for priority access to Pfizer vaccine if they are:**

- Hotel quarantine, border workers, frontline healthcare and testing staff, ambulance services and paramedics, public and private sector residential aged care staff.
- Household members of hotel quarantine staff, other healthcare workers.
- Identified by a state commissioned provider as being vulnerable and at high risk of contracting or developing serious illness from COVID-19, and residents of a high-risk accommodation or corrections and detention staff and clients (in most cases, bespoke models are in place or being planned for these cohorts).
- private sector residential aged care facility staff.

**The following people will be the next priority groups to receive Pfizer vaccine. The Department of Health will advise when these people can access Pfizer vaccine.**

- Phase 1b (Priority 2) – Critical and high-risk workers (e.g. emergency services, CFA/SES volunteers, meat processing, and those involved in AstraZeneca manufacturing), and adults with underlying medical conditions or disability
- Phase 1b (Priority 3) – Transport workers

# Victorian Specialist Immunisation Services

**Thank you for sharing the below Victorian Specialist Immunisation Services with your networks**

People aged 50 years and over will only be eligible for Pfizer vaccine if they:

- ☐ Have already had their first dose of Pfizer vaccine.
- ☐ Have a history of cerebral venous sinus thrombosis (CVST), heparin-induced thrombocytopenia (HIT), thrombosis with thrombocytopenia syndrome (TTS) and other situations where it is medically indicated.
- ☐ Have had anaphylaxis after a previous dose of AstraZeneca vaccine.
- ☐ Have had anaphylaxis to polysorbate 80 (a component of AstraZeneca vaccine).

People with these indications should be referred to the Victorian Specialist Immunisation Services (VicSIS) network for further review. For guidance on how to make referral, visit the [Melbourne Vaccine Education Centre \(MVEC\) website](#).



# Thank you

Questions

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