

# RACGP + Department of Health Webinar

COVID-19 Vaccine Program Update

15 September 2021

Dr. Thomas Schulz



Department  
of Health

# Program Updates

- 5,905,895 doses administered in Victoria
  - 67.6% - first dose
  - 41.4% - second dose
  - <https://www.health.gov.au/sites/default/files/documents/2021/09/covid-19-vaccine-rollout-update-14-september-2021.pdf>
- Eligibility:
  - 12-59 able to receive Pfizer or Moderna vaccine
  - 18-59 able to choose between Pfizer and AstraZeneca vaccine
  - 60+ AstraZeneca vaccine

# Program Updates

- VCE Student Vaccination Blitz
- Improved access for construction workers
- Prioritising **pregnant patients** and **household contacts** of people working in COVID/streaming wards and/or likely to interact with HR SCOVID/COVID+ patients
- Moderna availability in pharmacies
- AstraZeneca interval now 6 weeks
- Pop-up clinics in 100 priority postcodes – targeted communications to communities
- Group bookings at state vaccination centres
- COVID-19 vaccination safety webinar coming shortly: Managing Covid+ cases and vaccine side effects in primary care – 29<sup>th</sup> September

# Impact of COVID-19 on people affected by cancer .

Danielle Spence

Head of the Strategy and Support Division  
Cancer Council Victoria



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of Health

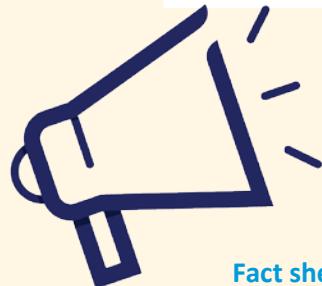


# Our role during COVID



# Priority Pfizer appointments

- People 12 and over, with or recovering from cancer are prioritised for Pfizer **regardless of age**
- 13 11 20 connects callers to Coronavirus hotline
- Complaints escalation process; resolved in 24 hours



Fact sheet available at [www.cancervic.org.au/COVID-19-vaccines](http://www.cancervic.org.au/COVID-19-vaccines)



**Access reserved COVID-19 vaccination appointments**  
For people with or recovering from cancer  
3 August 2021  
OFFICIAL

**Reserved COVID-19 vaccine appointments**  
Victoria has reserved COVID-19 vaccine appointments for people aged 16 years and over deemed to be vulnerable and at high risk from COVID-19, including people with or recovering from cancer. This helps people get vaccinated sooner and ensures appointments are available at vaccination centres that are convenient.

People with the following conditions can access reserved appointments:

- Haematological diseases or cancers
- Solid organ transplant recipients who are on immune suppressive therapy
- Bone marrow transplant recipients or chimeric antigen receptor T-cell (CAR-T) therapy recipients or those with graft host disease
- Non-haematological cancer
- Adult survivors of childhood cancers
- Chronic inflammatory conditions requiring medical treatments
- Primary or acquired immunodeficiency

This is not an exhaustive list. The overarching principle is that those at higher risk of severe disease should be able to access a reserved appointment.

**Cancer and COVID-19 vaccination**  
COVID-19 vaccination for patients with cancer is highly recommended.

- People with cancer are at no greater risk of side effects from COVID-19 vaccines than anyone else.
- Cancer patients have a higher risk of morbidity and mortality associated with COVID-19 infection.
- None of the approved vaccines in Australia contain the live virus. This means they cannot give you COVID-19.

**Which vaccine will you get?**  
You will receive the Pfizer vaccine regardless of your age.

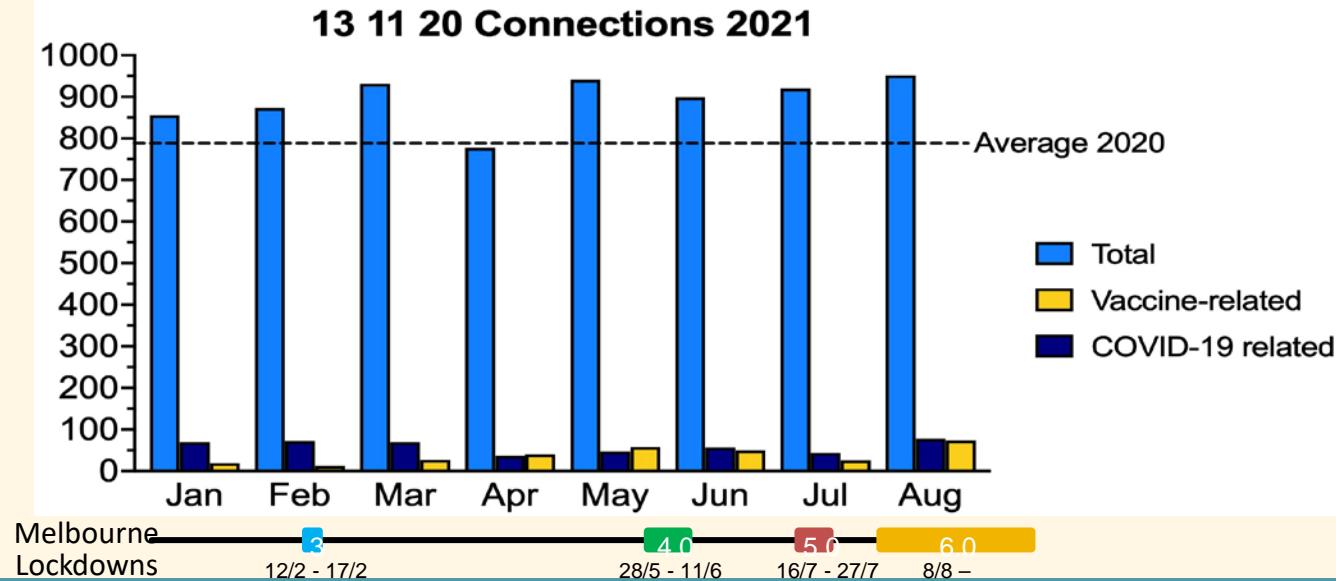
**How to book a reserved COVID-19 vaccine appointment**  
Reserved appointments are only available by calling the Victorian Coronavirus hotline on 1800 675 398. Please tell the hotline operator you are deemed to be vulnerable and at high risk from COVID-19. They will not ask you questions about your medical condition.

**VICTORIA**  
State Government

Department of Health

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# COVID-19 enquiries to 13 11 20



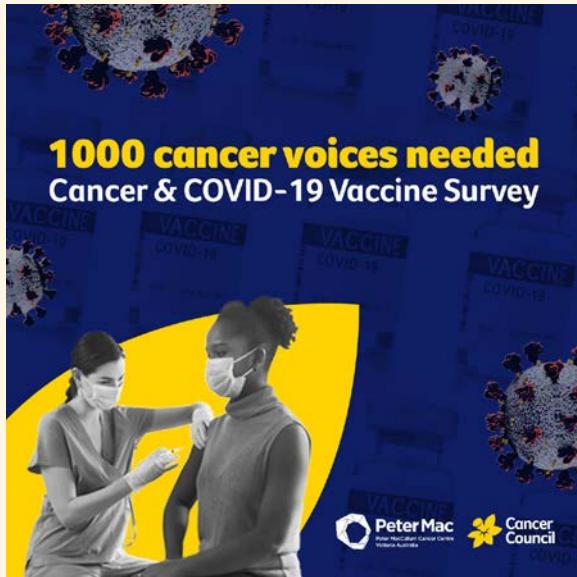
# COVID-19 vaccine patient experience



## Key themes

- Delays getting appointments
- GPs awareness of Pfizer priority
- Logistics accessing vaccination centers
- Access of partners / family members
- Spacing of doses
- Continued fear of COVID despite vaccination

# COVID-19 vaccination survey



- National online survey
- Open 10 Aug - 7 Sept 2021
- People 18+ diagnosed/treated in last 5 years
- More than **1,500 responses**
- Results to be used to tailor information, communications and strategies for people with cancer and their families and close contacts.

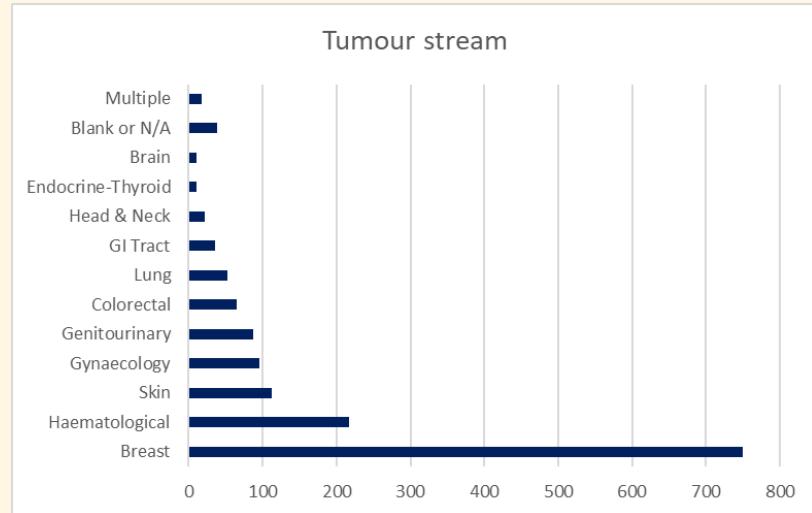
# COVID-19 vaccination survey results

## Demographics

- ~82% female
- ~49% university educated
- ~94% speak English as first language
- ~56% aged 25-59
- ~50% from Victoria

- >40% currently receiving cancer treatment
- ~58% diagnosed with early-stage cancer

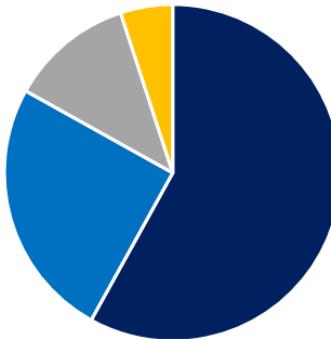


# COVID-19 vaccination survey results

## Attitudes to vaccination

“I had to fight cancer that was out of my control, but getting the vaccine was no brainer cause it was something I could do to try stop getting covid, plus protecting me and my loved ones - worth it.”

% vaccinated against COVID-19



■ Received two doses ■ Received one dose ■ Not received ■ Booked an appointment

# COVID-19 vaccination survey results

## Factors/concerns contributing to vaccination decision

Not vaccinated

- Concerns about side effects from COVID-19 vaccine
- Concerns about long term safety of COVID-19 vaccine
- Concerns about vaccine development
- Concerns about whether the COVID-19 vaccine is effective for cancer patients

People who [received at least one](#) dose

- Concerns I will get COVID-19

# COVID-19 vaccination survey results

## Getting a vaccine

“Change in time between shots, after I had my first jab - Pfizer was choice as could have both doses within 3 weeks however they have now extended to 6 weeks and this will delay my chemo restart”

“Not well enough due to chemo treatment”

“Worrying about having to go out in a huge public space just to get a jab (that has since changed and I can go locally now). Also my doctor doesn't have Pfizer so I have to get her to send a medical history to a different clinic.”

“Getting clear consistent information about my eligibility for a particular vaccine, plus long waits on phone help lines.”

“I wanted a certain one but was unable get it due to supply”

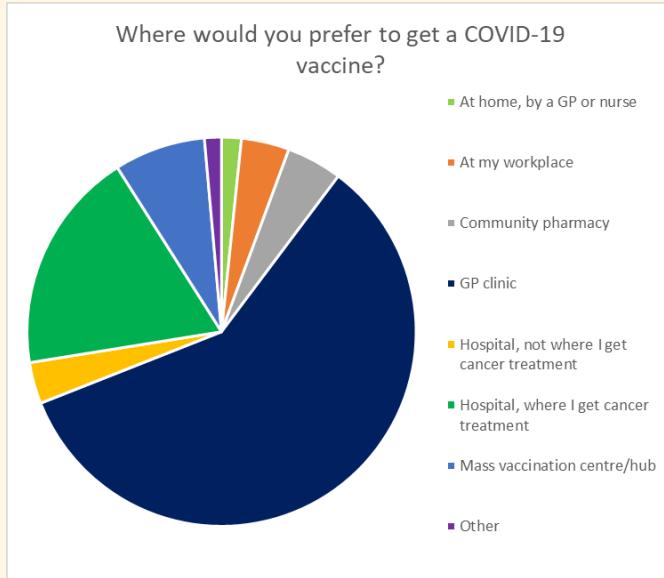
“Online booking confusion”

What made it hard to get a COVID-19 vaccine?

# COVID-19 vaccination survey results

## Getting a vaccine

“Was easy once GPs/Dr surgery were able to give them”



# COVID-19 vaccination survey results

## Information preferences (top 3)

**Who would you prefer to receive information and education about the COVID-19 vaccine from?**

1. General Practitioner
2. Cancer specialist
3. Cancer organisations (e.g. Cancer Council)

**Where/how would you prefer to receive information and education about the COVID-19 vaccine?**

1. Cancer organisation websites
2. Government websites
3. Information factsheets

# 'Get Factsinated' campaign

## Objective

Cut through the noise and mixed messages by providing people with cancer and their networks with the facts about COVID-19 and the vaccines.

## Timing

October for 4-6 weeks

Focus on patients and families to encourage vaccine uptake and get HP advice



Digital displays in pharmacies and GP clinics

Talkback radio

## Audience

- Primary: People with cancer, their carers and loved ones
- Secondary: Health professionals/GPs
- Vic only

## Call to Action

Call Cancer Council on 13 11 20 or speak with your GP

# Support for GPs



## Online HP referral to Cancer Council support

A Cancer Council nurse will contact patients to discuss supportive care needs

Visit the Health Professional section on our website or go to [www.cancervic.org.au/supportreferral](http://www.cancervic.org.au/supportreferral)



## Education and training programs

Training programs, eLearning modules and webinars for health professionals.



## Join our Clinical Network

Harness the voice of clinicians to improve outcomes for all Victorians affected by cancer.

[ClinicalNetwork@cancervic.org.au](mailto:ClinicalNetwork@cancervic.org.au)



## Sign up to our GP eNews 'Cancer prevention in Practice'

Sign up to receive Cancer Prevention in Practice

[Catherine.Hone@cancervic.org.au](mailto:Catherine.Hone@cancervic.org.au)

# COVID-19 Vaccine safety and impact

Associate Professor Benjamin Teh

Infectious disease physician

Peter MacCallum Cancer Centre



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# Don't Delay, Vaccinate

## Patients with cancer and COVID-19

- More rapid deterioration
- Other infections more common
- Higher rates of ICU
- Higher rates of mechanical ventilation
- Higher rates of death

### Mortality

- 20-50% depending on underlying disease

Liang et al, Lancet Oncol 2020; Dai et al, Lancet Oncol 2020; Kuderer et. al. Lancet 2020  
Mato et. al. Blood 2020; Cook et. al. Br J Haem 2020; Wood et. al. Blood Advances 2021

# SARS-COV-2 Vaccines

Immune response in patients with cancer:

- High in patients with solid cancers
  - 90-95% humoral response
  - 90% cellular response
- In haematology patients
  - 60-70% humoral response overall
  - 60-70% humoral response in HCT patients
  - 50% cellular response
  - Exceptions: lower in patients with CLL, BTKi, anti-CD20, anti-CD38 monoclonal Ab treatments

# SARS-COV-2 Vaccines

## Safety in patients with cancer:

- Lower rates of expected adverse events
- Most AEs are mild (Grade 1-2)
- No safety signal
  - Immune checkpoint inhibitors
  - GvHD

Shroff, Chalasani et. al. MedRxIV 2021, Palich et. al. Annals Oncol 2021, Waissengrin et. al. Lancet Oncol 2021, Monin et. al. Lancet Oncol 2021, Herishanu et. al. Blood 2021, Roeker et. al. Leukemia 2021, Aleman et. al. MedRxIV 2021, Avivi et. al. Br J Haematol, Terpos et. al. Blood 2021, Pimpinelli et. al. J Haematol Onc 2021, Stampfer et. al. Leukemia 2021, Thakkar et. al. Cancer Cell 2021, Bird et. al. Lancet Haematol 2021, Ram et. al. TCT 2021, Pimpinelli et. al. J Haematol Onc 2021, Harrington et. al. Leukemia 2021, Re et. al. Leuk Lymphoma 2021, Malard et. al. Blood Cancer J 2021

## General Considerations

1. Vaccination against COVID-19 is highly recommended.
2. No brand preference
3. Immune response to COVID-19 vaccination will likely be negatively impacted by underlying disease and/or therapy
4. Early investigation of respiratory symptoms for SARS-CoV-2 and other respiratory viruses remain vital.

## Adverse Events

1. Local adverse effect is the most common AE
2. Fever is a less common adverse effect
3. Persistent fever for more than 48 hours after vaccination or fever in association with concerning symptoms should prompt medical review and Ix
4. Radiation recall reactions have been noted in patients who have received radiotherapy prior to vaccination. These are usually mild.
5. An immediate allergic reaction to a COVID-19 vaccine, known component (such as polyethyleneglycol [PEG] or polysorbate) requires further assessment

## Timing

1. Where possible, commence vaccination prior to anticipated commencement of myelosuppressive, lymphodepleting therapy or targeted therapies taking into account the need for and timing of second vaccine dose.
2. Delaying or interrupting cancer treatment/cycles is not currently recommended.
3. Where possible, avoid COVID-19 vaccination during anticipated periods of immune nadir (e.g. expected neutropenic nadir) or risk period for immune-related adverse event associated with the specific cancer therapy.

## Timing

1. Patients on dual checkpoint inhibitor therapy should discuss with their treating physician about the optimal timing
2. If vaccinating during treatment, it would be preferable to vaccinate during the 'off' week during the treatment cycle to avoid potential overlap of treatment-related and vaccine-related adverse events.
3. Defer vaccination if severe neutropenia present (ANC < 0.5 x10<sup>9</sup>/L) until anticipated recovery.

## Timing

1. Patients could be vaccinated from 3 months following HCT, cellular therapies
2. Patients with stable GvHD on therapy could be vaccinated for COVID-19.
3. Anti-CD20 antibody therapy is likely to negatively impact response to vaccination. However, with significant risk posed by COVID-19 it would be reasonable to vaccinate during or within 6-months of anti-CD20 with the understanding that protection maybe limited.

## Special Considerations

1. Where possible, avoid COVID19 vaccination on the same day as intravenous immunoglobulin replacement
2. Minimum interval between COVID-19 vaccination and receipt of other vaccines is 7 days.
3. If positron emission tomography (PET) scan is planned, discuss recommended timing of vaccination relative to PET scanning
4. Patients who have thrombocytopenia or on oral anticoagulants may develop a haematoma at the injection site.
5. Suitability of vaccination in patients receiving end of life care should be evaluated in line with their goals of treatment/care.
6. Avoid vaccination in a body area where a patient is receiving or has received radiation therapy to (e.g. use contralateral upper limb).

## Safety and Follow Up

1. Currently routine measurement of serological response to COVID-19 vaccination is not recommended
2. Any suspected adverse event following immunisation should be reported to SAEFVIC

# Thank you 😊

Next webinar: 29 September 6-7pm

Managing Covid+ cases and vaccine side effects in primary care



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