# Vaccine update + safety update


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COVID-19 Vaccination Program, Victorian Department of Health


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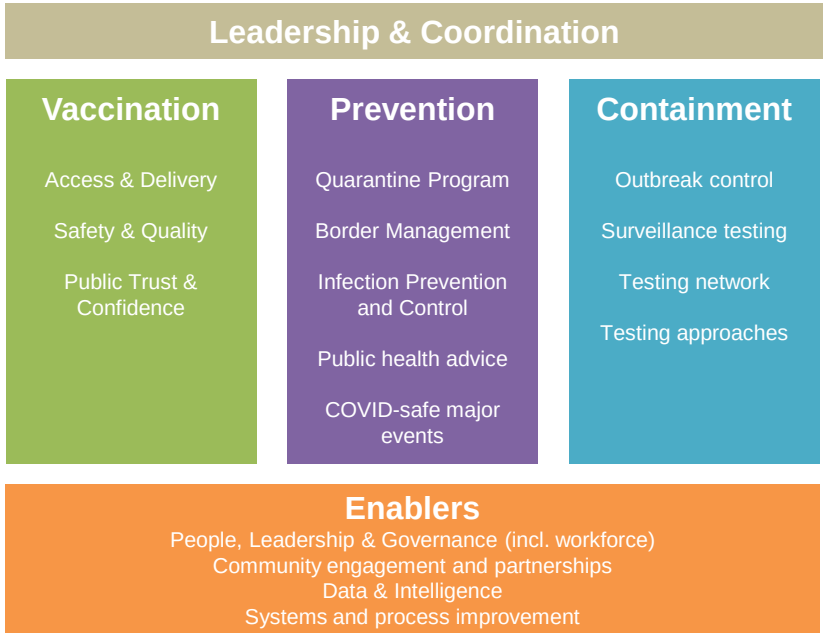
VICTORIA State Government | Department of Health

# Coordination across the COVID-19 outbreak response is critical to ensure joined-up activity and clear messaging

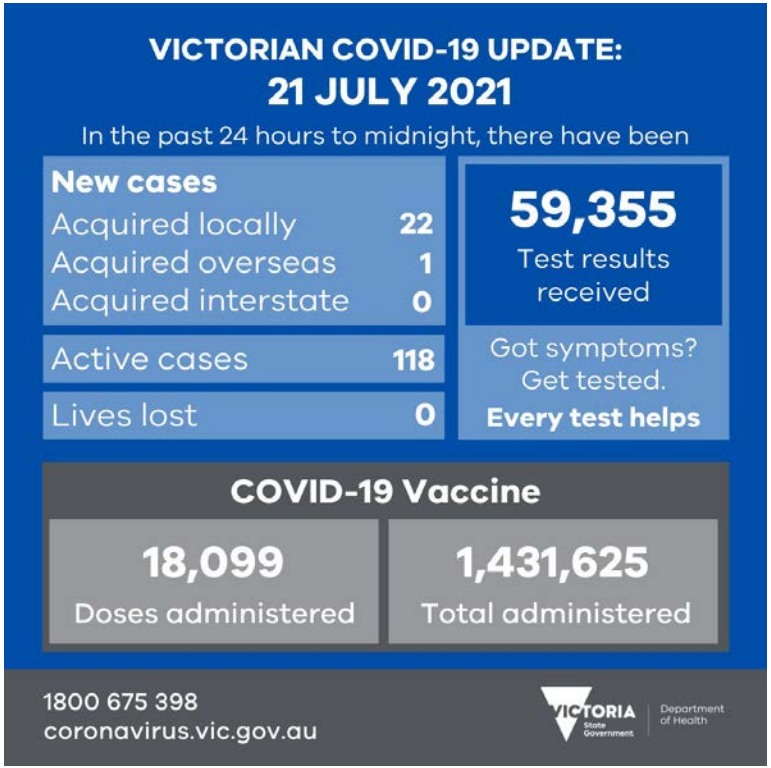
**The vaccination program is one part of an integrated response from the Department**




Key points of integration and coordination across the Department's COVID-19 response include:

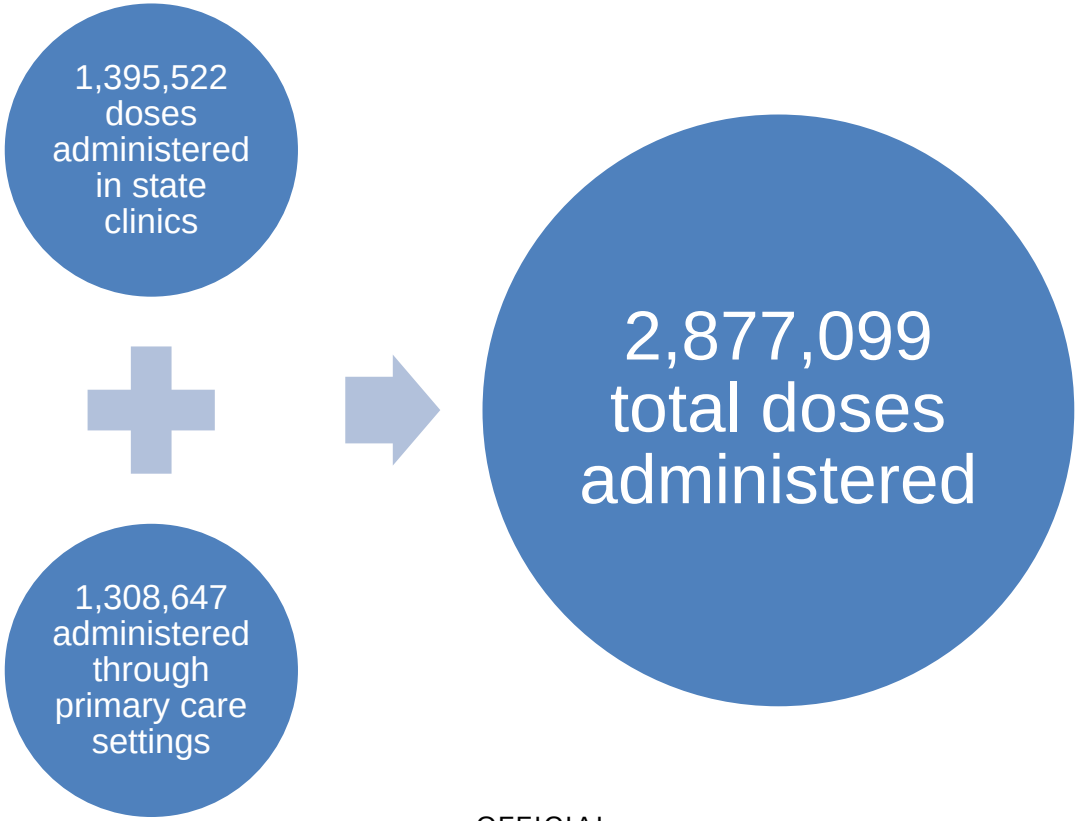
- **Workforce:** managing the trade-offs of workforce capacity at a system-wide level with multiple pressures on the system across vaccination, testing and health services
- **Policy:** ensuring a consistent approach to policy making, including coordination through the Premier, Ministers and Cabinet for decision making
- **Communications:** consistent and comprehensive messaging across government and health services to give clarity and certainty to the public
- **Contact centre operations:** managing the competing pressures on the contact centre with increased demand for vaccinations and broader COVID-19 information on guidelines and regulations

# Outbreak update




- **There are 118 active cases in Victoria – 107 locally acquired and 11 overseas acquired cases.**
- **Over 19,000 primary close contacts have been identified**
- **State-wide restrictions extended to at least midnight on 27 July**
- **Exposure sites are published at: https://www.coronavirus.vic.gov.au/exposure-sites**

# COVID-19 Vaccine update




https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/australias-covid-19-vaccine-rollout

# Who can access the vaccine?

Phase 1a groups

Phase 1b groups

All people aged 40+ years

All Aboriginal and Torres Strait Islander people aged 16 years and over

NDIS participants aged 16 years and over and carers of NDIS participants of any age

## Under 60 years

The **Pfizer COVID-19 vaccine** is preferred

The AstraZeneca COVID-19 vaccine is approved for people under 60 years where **the benefits of protection outweigh the risk of adverse events**

People under 60 years who received their first dose of AstraZeneca COVID-19 vaccine **without serious adverse events** should receive their second dose

## 60 years and over

People aged 60 years and over **will be offered the AstraZeneca COVID-19 vaccine** unless they have a specific medical condition identified

# Prioritisation

**Priority Pfizer bookings for people yet to receive their first dose of a COVID-19 vaccine for the following groups, regardless of age are still available:**

- all health care workers (i.e. eligible under Phase 1A and 1B).
- all hotel quarantine and border workers
- household contacts (aged 16 years and over) of hotel quarantine workers and border workers
- residential aged and residential disability care workers and residents.
- **Eligible people are encouraged to call the Victorian Coronavirus Hotline on 1800 675 398 to book their appointment**
- **People who have already received a first dose of AstraZeneca should receive a second dose of AstraZeneca.**

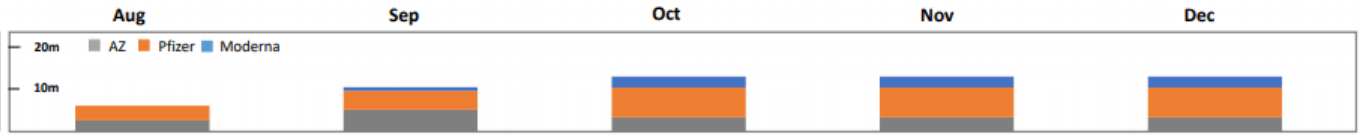
# Allocations by December 2021

Australian Government
Operation COVID Shield

**Stage 1 (Jul – Aug)**

**Stage 2 (Aug – Sep)**
New and expanded channels to support increased Pfizer supply and introduction of new vaccines

**Stage 3 (Oct – Dec)**
Further scale up of new channels and delivery capability to support increasing supply of new and existing vaccines




| | | | | |
|---|---|---|---|---|
| **National Supply** | | | | |
| **VIC Allocation (average dose allocation per week)** | **State & Territory** | **Pfizer:** 93,700 – 104,100<br>**AstraZeneca:** 47,000 - 52,200 | **Pfizer:** 127,400 – 141,600<br>**AstraZeneca:** 47,000 – 52,200 | **Pfizer:** 156,100 – 173,500<br>**AstraZeneca:** 11,700 – 13,000 |
| | **Primary Care** | **Pfizer:** 90,200 - 100,200<br>**AstraZeneca:** 449,900 - 499,900 | **Pfizer:** 112,000 – 124,400<br>**AstraZeneca:** 449,900 – 499,900<br>**Moderna:** 22,400 – 26,900 | **Pfizer:** 266,500 – 296,100<br>**AstraZeneca:** 58,500 – 65,000<br>**Moderna:** 136,800 – 164,200 |
| | **Aged Care/ Disability/ Critical Workers*** | **Pfizer:** 30,600 – 34,000<br>**AstraZeneca:** 2,800 - 3,100 | **Pfizer:** 30,300 – 33,700<br>**AstraZeneca:** 1,900 – 2,100 | **Pfizer:** 3,700 – 4,100 |
| **Total Average Doses Allocated** | | **Pfizer:** 214,500 – 238,300<br>**AstraZeneca:** 499,700 - 555,200 | **Pfizer:** 269,700 – 299,700<br>**AstraZeneca:** 498,800 – 554,200<br>**Moderna:** 22,400 – 26,900 | **Pfizer:** 426,300 – 473,700<br>**AstraZeneca:** 70,200 – 78,000<br>**Moderna:** 136,800 – 164,200 |

*As defined by the Australian Technical Advisory Group on Immunisation.

# Vaccine Safety

## Objectives

1. Describe the vaccine safety system in Victoria
2. Understand the incidence of adverse events and common issues to look out for
3. Understand current and emerging vaccine safety signals and what actions you should take
4. Understand how to work with the VicSIS network

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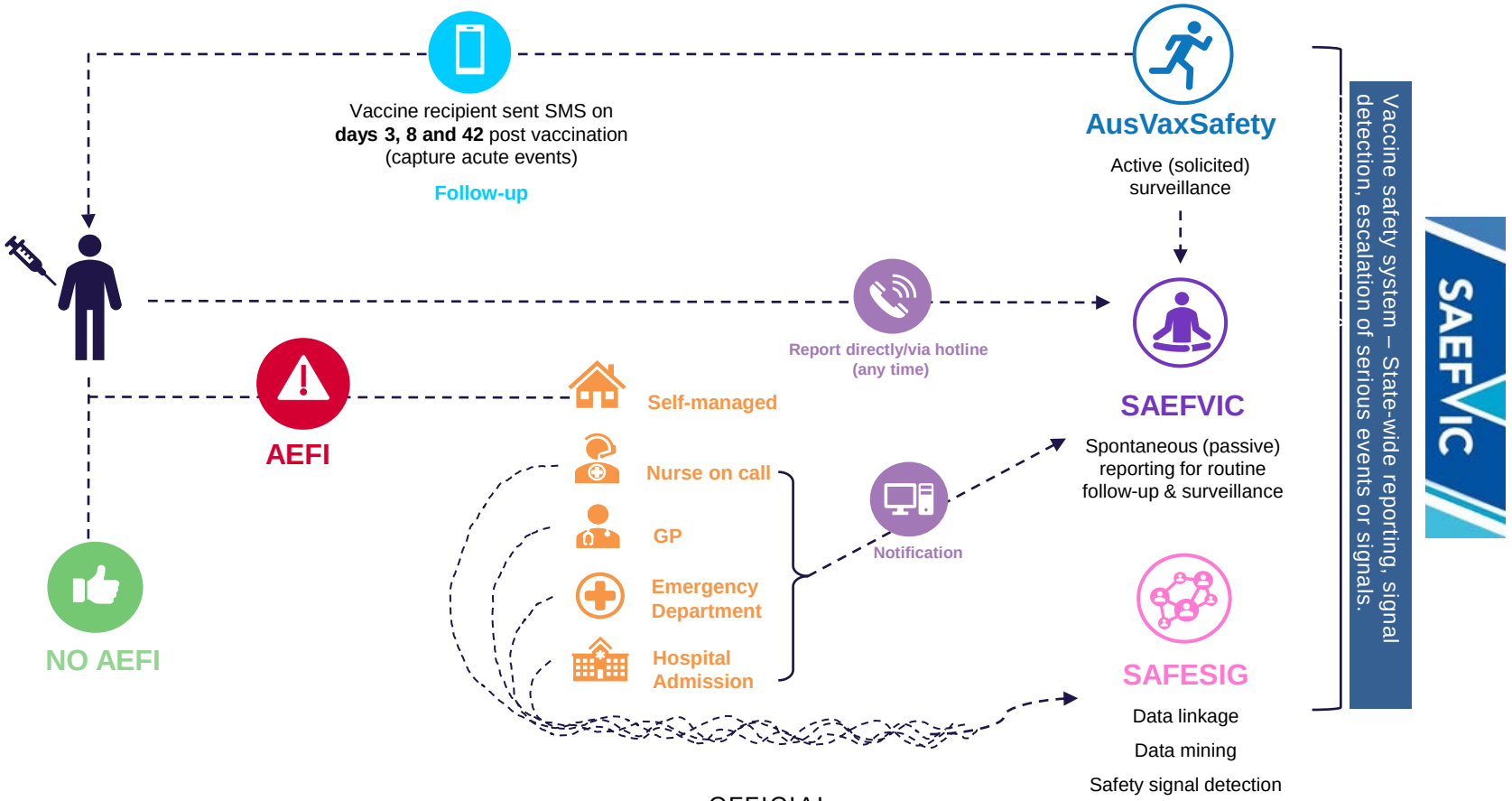
# Vaccine safety services, Victoria

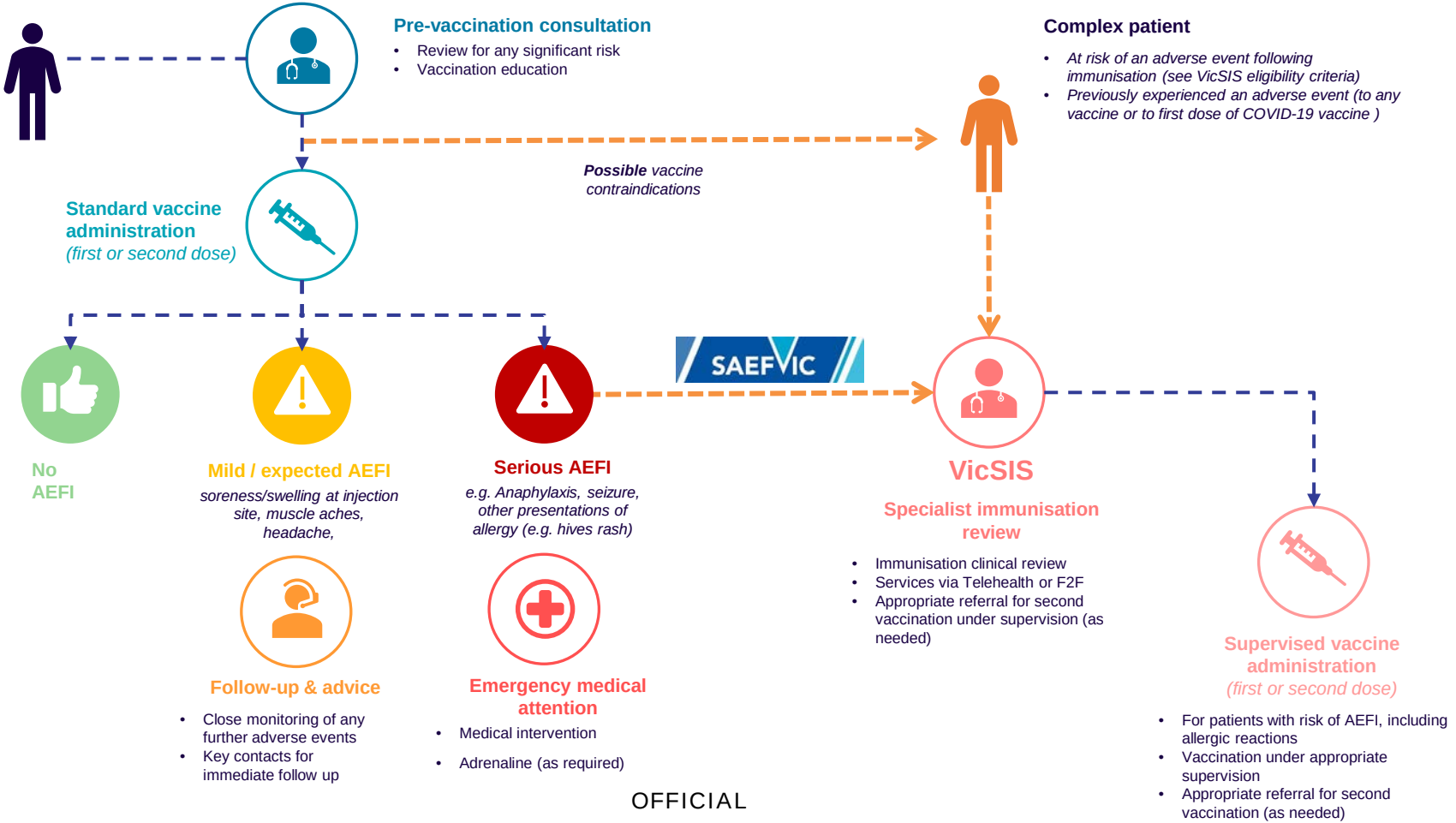
## Comprehensive integrated vaccine safety clinical management and safety surveillance

| Spontaneous AEFI surveillance | Specialist Clinical Immunisation services | Integrated safety signal detection | Post-vaccination active surveillance | Serious AEFI Urgent escalation |
|---|---|---|---|---|
| Established national leading spontaneous AEFI surveillance system<br><br>Integrated vaccine safety surveillance and clinical support services | Clinical follow-up of reported AEFI<br><br>VicSIS adult specialist immunisation services established for COVID response | Multi-faceted data interrogation systems in place & under development<br><br>Includes background rates, & monitoring of healthcare datasets (ED, Aged care, GP) | Active (solicited) post-vaccination SMS-based survey<br><br>SMS sent post vaccination (day 3, 8 & 42) asks if the person experienced an AEFI | Alert Advisory Group (AAG)<br><br>Systematic escalation pathway for serious AEFI, signal events or issues that may bring risk to the COVID vaccination program |
| SAEFVIC | VICTORIA State Government \| Department of Health | SAFESig | AusVaxSafety An NCIRS led collaboration | VICTORIA State Government \| Department of Health |

# Integrated AEFI reporting/surveillance & signal detection

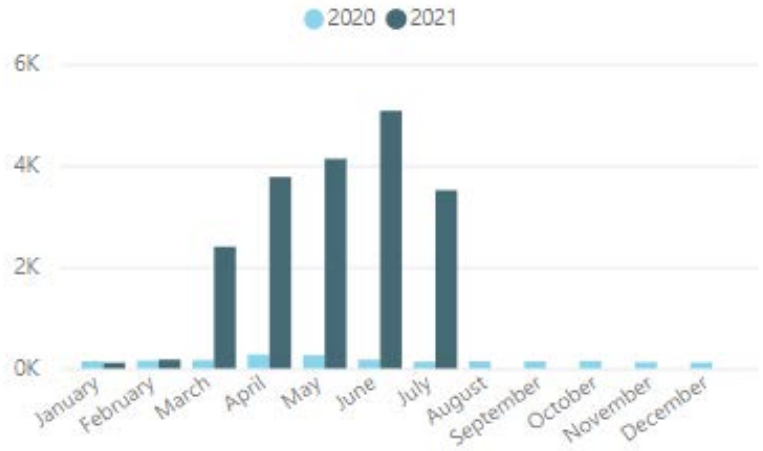


# Integrated clinical care and specialist immunization services

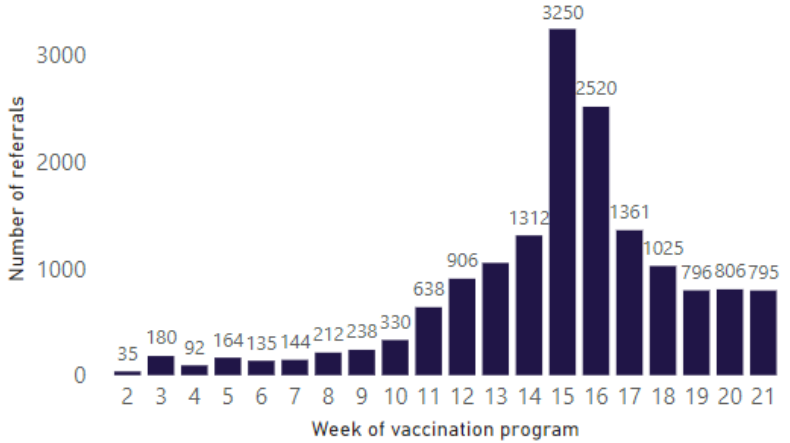


# AEFI reporting & VicSIS referral volume

- High AEFI reporting and VicSIS referral volumes have required mitigation strategies




**SAEFVIC** “rapid” established for self-reporting of minor/common AEFI




*Week 2 corresponds to week starting 01 March, week 15 corresponds to week starting 31 May*

**VicSIS** referrals are not accepted for vaccine brand preference

# Reporting to SAEFVIC

**Priority is always to manage the clinical needs**

All medically attended AEFI should be reported so we can monitor the safety of the vaccines

- Medically attended = visit to general practitioner, emergency department, or hospital admission

**SAEFVIC** is Victoria's Vaccine Safety Service.

- Accepts AEFI reports from HCW & vaccinees
- Provides specialist care to patients following AEFI

## Reporting serious and significant AEFI

- Report directly to **SAEFVIC online**
- Open to reports from GPs, nurses, and the public
- The vaccinee may receive follow up clinical advice
- saefvic.online/aefi_reporter

## Reporting minor/common/expected AEFI

- Patients can self-report using the **SAEFVIC rapid report**. These reports are not clinically reviewed, but feed into overall surveillance
- saefvic.online/report

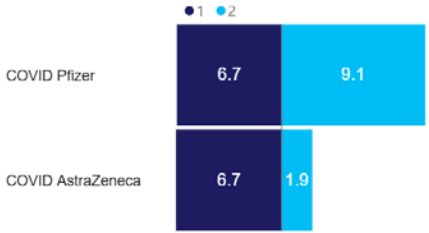
# Vaccine safety data

**SAEFVIC is Victoria's Immunisation Safety Service**

An AEFI is any untoward medical occurrence that happens following administration of a vaccine. It can be coincidentally associated with immunisation, without necessarily being caused by the vaccine

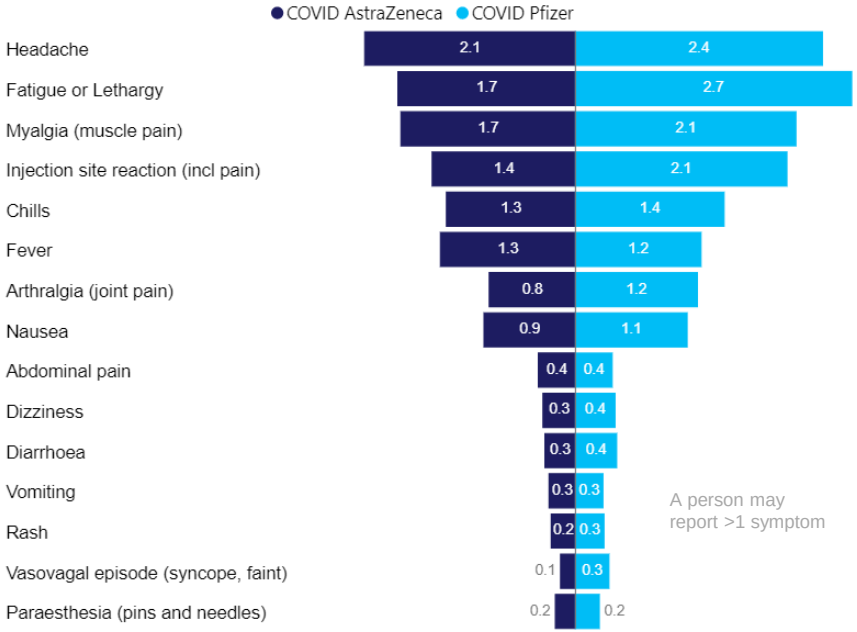
| Total AEFI reported | Rate per 1000 doses | % Medically attended AEFI |
|---|---|---|
| **17,784** | **6.6** | **0.4%** |

AEFI reports per 1000 doses, by vaccine brand and dose




Serious AEFI reports per 1000 doses, by vaccine brand and dose


Top 15 most frequently reported adverse events, per 1000 doses



# Key vaccine safety signals

**Safety signals that are flagged nationally or internationally are monitored through SAEFVIC and TGA in Australia through a transparent reporting process.**

**Current safety signals being monitored include:**

- Thrombosis with Thrombocytopenia (TTS)
- Idiopathic thrombocytopenic purpura (ITP)
- Guillain-Barre syndrome (GBS)
- Myocarditis and pericarditis
- Capillary leak syndrome

# TTS update

**In April 2021, COVID-19 vaccine AstraZeneca was found to be linked with a rare condition involving blood clotting and low platelet levels, called thrombosis with thrombocytopenia syndrome (TTS).**

**Pfizer (Comirnaty) is not currently associated with a risk of TTS.**

**Current policy advice based on ATAGI recommendations:**

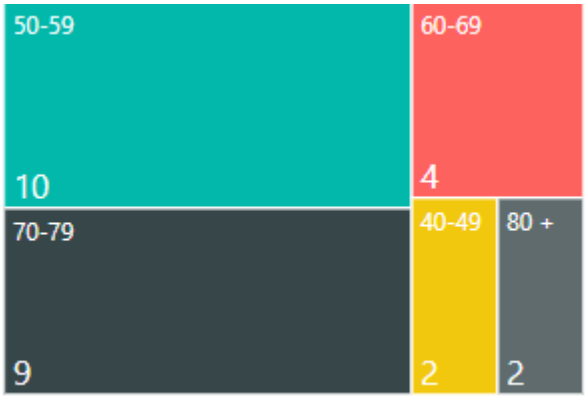
- People aged 60 and over are recommended to receive the AstraZeneca vaccine
- Pfizer is preferred for individuals under 60 years of age
- People aged 18-59 can choose to receive the AstraZeneca vaccine following a process of informed consent
  - ATAGI statement on use of COVID-19 vaccines in an outbreak setting | Australian Government Department of Health
  - COVID-19 vaccination – Weighing up the potential benefits against risk of harm from COVID-19 Vaccine AstraZeneca | Australian Government Department of Health
- People should receive second dose of same vaccine brand (mixed dosing not currently recommended)
- While no risk factors have been identified for TTS, Pfizer preferentially recommended for patients with previous history of CVST, HIT, idiopathic splanchnic vein thrombosis or antiphospholipid syndrome with thrombosis. Capillary leak syndrome recently added to this list

# TTS update

## TTS national update

- Total number of cases: 83 out of 5.4 million doses to date
- Rate in under 60s: 2.6 cases per 100,000 doses of AstraZeneca
- Rate in over 60s: 1.7 cases per 100,000 doses of AstraZeneca
- Majority of cases have occurred after first doses of AZ
- Two Tiers for classification based on CDC working case definition
    - Tier 1 = clots in unusual location and low platelet count with or without antibodies that activate platelets (anti-PF4 antibodies)
    - Tier 2 = clots found in common locations and a low platelet count and anti-PF4 antibodies
- TGA COVID-19 Vaccine Safety Report | 15 July 2021
- CDC Presentation

**Victoria TTS cases**
**30**



# The role of primary care in TTS

- People encouraged to seek immediate medical attention after vaccination if they develop:
  - Severe or persistent headache or blurred vision
  - Shortness of breath, chest pain, leg swelling or persistent abdominal pain
  - Unusual skin bruising and/or pinpoint round spots beyond the site of vaccination
- Most common time period for onset of TTS symptoms is 4-42 days after vaccination
- Primary care guidance for identification and initial management for suspected TTS cases was recently released:
  - Primary care approach to thrombosis with thrombocytopenia syndrome after COVID-19 AstraZeneca vaccine

- **Refer to ED if:**
  - Acutely unwell e.g. acute neurological deficit, severe abdominal pain, severe bleeding or any other concerning symptoms or signs
  - Have thrombocytopenia (platelets < 150 x $10^9$/L) or D-Dimer ≥ 5 x upper limit of normal
  - Blood tests cannot be performed and reviewed within **6 hours**
- Repeat initial investigations in 24-48 hours in patients whose results are reassuring but who have persistent symptoms. This includes patients who have been discharged from ED with reassuring results.

Ref: https://www.health.gov.au/sites/default/files/documents/2021/07/covid-19-vaccination-primary-care-approach-to-thrombosis-with-thrombocytopenia-syndrome-after-covid-19-astrazeneca-vaccine.pdf

# TTS Primary Care Guidance

**Table 1: TTS symptoms and signs**

| | |
|---|---|
| Cerebral venous sinus thrombosis (CVST) | • Unusual headache that starts or persists at least 48 hours after vaccination, and which is severe or does not improve following simple analgesia. Headache is a common adverse event immediately following COVID-19 Vaccine AstraZeneca, and usually subsides within 48 hours.<br>• Signs or symptoms of raised intracranial pressure (e.g. headache worse when supine or associated with nausea and vomiting)<br>• Neurological deficit (e.g. blurred vision, dysarthria, altered mental status or seizures) |
| Abdominal (splanchnic) | • Variable presentation and can be asymptomatic.[2] |
| circulation thrombosis | • Abdominal pain is the most common symptom, accompanying symptoms may include gastrointestinal bleeding, nausea, vomiting, anorexia, diarrhoea or constipation, or fever. |
| DVT | • Lower limb pain, redness or swelling |
| PE | • Sudden onset chest pain, shortness of breath |
| Arterial ischaemia | • Limb coldness or pallor, signs/symptoms of myocardial ischaemia or stroke |
| Thrombocytopenia | • Petechiae, purpura, acute onset bleeding (e.g. nose, gums). |

**Table 2: Interpretation and recommendations based on investigation results for patients with symptoms and signs of suspected TTS**

| Findings | Interpretation | Management |
|---|---|---|
| Platelets < 150 x $10^9$/L<br>D-dimer ≥ 5 x ULN | TTS is likely | Refer to ED for further investigation and urgent haematology advice |
| Platelets > 150 x $10^9$/L<br>D-dimer ≥ 5 x ULN | TTS is possible | Refer to ED for further investigation and urgent haematology advice |
| Platelets < 150 x $10^9$/L<br>D-dimer raised but < 5 x ULN | TTS is possible | Refer to ED for further investigation and urgent haematology advice |
| Platelets > 150 x $10^9$/L<br>D-dimer raised but < 5 x ULN | TTS is unlikely | Consider other causes<br>Should repeat FBC and D-dimer if persistent symptoms* |
| Platelets < 150 x $10^9$/L<br>D-dimer normal<br>No evidence of thrombosis | TTS is unlikely | Consider other causes including ITP<br>Counsel patient to return if any new symptoms<br>Consider repeating FBC and D-dimer if persistent symptoms* |

Primary care approach to thrombosis with thrombocytopenia syndrome after COVID-19 AstraZeneca vaccine link

# Safety Update – other safety signals

## ITP

- The TGA is evaluating reports of suspected ITP following vaccination and will report further information when it is known.
- To 11 July 2021, the TGA has received 31 reports of suspected ITP.
- TGA concluded a fatal case of ITP in 61yo woman (WA) who had received AZ was likely related to immunisation.
- Vaccinees should be encouraged to seek medical attention if they experience signs and symptoms of ITP e.g. unusual skin bruising, unusual bleeding, petechiae.

## GBS

- The TGA has been closely monitoring reports of GBS since the beginning of the COVID-19 vaccine rollout as it has been associated with other types immunisations such as influenza vaccines
- To 11 July 2021, the TGA has received 52 reports of suspected GBS in people who have received the AstraZeneca vaccine. A possible link between GBS and the AstraZeneca vaccine remains under investigation by the TGA and involves looking more closely at whether these suspected cases meet the clinical criteria for GBS.
- A causal link between GBS and AZ has not been confirmed in Australia or overseas
- People are encouraged to seek medical attention if they experience symptoms that could suggest GBS. This includes weakness and paralysis in the hands or feet that can progress to the chest and face over a few days or weeks.

# Safety Update – other safety signals

## Myocarditis and pericarditis

US Advisory Committee on Immunisation Practices (ACIP) have concluded that myocarditis and pericarditis are likely linked to vaccination, however that the benefits of vaccination outweigh the risks.

- TGA has received 50 cases of suspected myocarditis or pericarditis (to 11 July).
- Appears to affect predominantly males, 18-30 years old and be associated with mRNA vaccines
- Symptoms generally occur within 7 days post vaccination and more commonly after Pfizer Dose 2.
- Myocarditis and pericarditis are much more common with COVID-19 infection and the risks to the heart can be more severe in this context.
- TGA are working with Pfizer to add warning statement to Product Information
- People are encouraged to seek medical attention if they are experiencing symptoms which could be consistent with myocarditis or pericarditis e.g. chest pain, shortness of breath or palpitations.

https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report-15-07-2021

# Safety Update – other safety signals

## Capillary leak syndrome

Capillary leak syndrome is an extremely rare but severe relapsing-remitting condition where fluid from small blood vessels (capillaries) leaks into surrounding tissues

On July 15, The TGA weekly report included additional information on capillary leak syndrome.

- Internationally 8 cases of capillary leak syndrome following vaccination with AstraZeneca have been reported - with two of these cases having a prior history of capillary leak syndrome. It is not well understood what triggers a relapse.
- Australia has reported 1 probable case (WA) who sadly died (reported to TGA) of multi-organ failure with signs of capillary leakage. The Vaccine Safety Investigation Group (VSIG) was unable to establish a causal link as other causes could not be ruled out
- As a precautionary measure, the sponsor of the AstraZeneca vaccine has included a warning in the Product Information about capillary leak syndrome and specifically advised that the vaccine should not be used in people who have a history of this condition.

https://www.tga.gov.au/periodic/covid-19-vaccine-weekly-safety-report/current

# Vaccination in pregnancy

- ATAGI and RANCOG released a joint statement on 9 June 2021 recommending that pregnant women be vaccinated with Pfizer vaccine.
- This is due to:
  - Pregnant women being at higher risk of severe illness from COVID-19, and their babies have a higher risk of being born prematurely or being admitted to the Neonatal Intensive Care Unit
  - US study of over 35,000 pregnant women showing side effects were similar in pregnant women compared to non-pregnant women who received the Pfizer vaccine. This research is yet to be carried out for the COVID-19 Vaccine AstraZeneca
- Pregnant women should be routinely offered Pfizer at any stage of pregnancy
- Women who are trying to become pregnant do not need to delay vaccination or avoid becoming pregnant after vaccination
- COVID-19 vaccination may provide indirect protection to babies by transferring antibodies through placenta or breastmilk
- Pregnant women currently not a priority group eligible for vaccination
- ATAGI advise that women who received their first dose of AstraZeneca and are pregnant can receive either dose two of AstraZeneca or Pfizer, although the latter is preferred.

Joint statement between RANZCOG and ATAGI about COVID-19 vaccination for pregnant women | 09 June 2021

COVID-19 vaccination decision guide for women who are pregnant, breastfeeding or planning pregnancy (health.gov.au)

# Vaccine intervals

## COVID-19 vaccines

### Pfizer

- At least 21 days between doses
- Minimum accepted interval = 19 days
- Complete course within 6 weeks
- If second dose >6 weeks apart, no third dose required

### AstraZeneca

- *Non-outbreak setting*
  - Minimum accepted interval = 4 weeks
  - Recommended interval is 12 weeks
  - If second dose > 12 weeks, no third dose or reporting required
  - If second dose < 4 weeks, must be reported to SAEFVIC as administration error
- *Outbreak setting*
  - Recent ATAGI update to AZ intervals in outbreak setting - interval of between 4 to 8 weeks is reasonable

## COVID-19 and Influenza Vaccines

The Australian Technical Advisory Group on Immunisation has issued updated advice on the relative timing of administering influenza vaccines and COVID-19 vaccines in 2021.

The preferred minimum interval between a dose of influenza vaccine and a dose of either Pfizer/BioNTech (Comirnaty) vaccine or Oxford/AstraZeneca vaccine is now **7 days** (previously 14 days).

In some situations, such as an outbreak, a shorter interval (including co-administration) is acceptable.

Victorian COVID-19 Vaccination Guidelines

# Victorian Specialist Immunisation Services (VicSIS)

Vaccine safety in Victoria is managed under a Department of Health (DH) contract by SAEFVIC, a vaccine safety team based at the Murdoch Children's Research Institute (MCRI), Parkville.

VicSIS was established to provide adult specialist immunisation services to support the COVID-19 vaccination program in Victoria.

VicSIS is made up of **eight specialist immunisation clinics**

Consultations occur via **telehealth** or **face to face** and are either:

- Pre-vaccination: persons at-risk of adverse events following immunisation (AEFI), for example a history of anaphylaxis, or those who fall into special risk groups.
- Post-vaccination: persons who have experienced an AEFI after a dose of a COVID-19 vaccine and require clinical review prior to second dose or ongoing follow-up

VicSIS also has **two allergy-specific services** which offer expert opinion, skin prick testing, challenges and supervised vaccination as required and are coordinated by expert Allergist and Immunologists.

**3360** total consults have been completed across the eight VicSIS clinics with the **majority recommended for routine vaccination**.

VICTORIA State Government | Department of Health

SAEFVIC

murdoch children's research institute

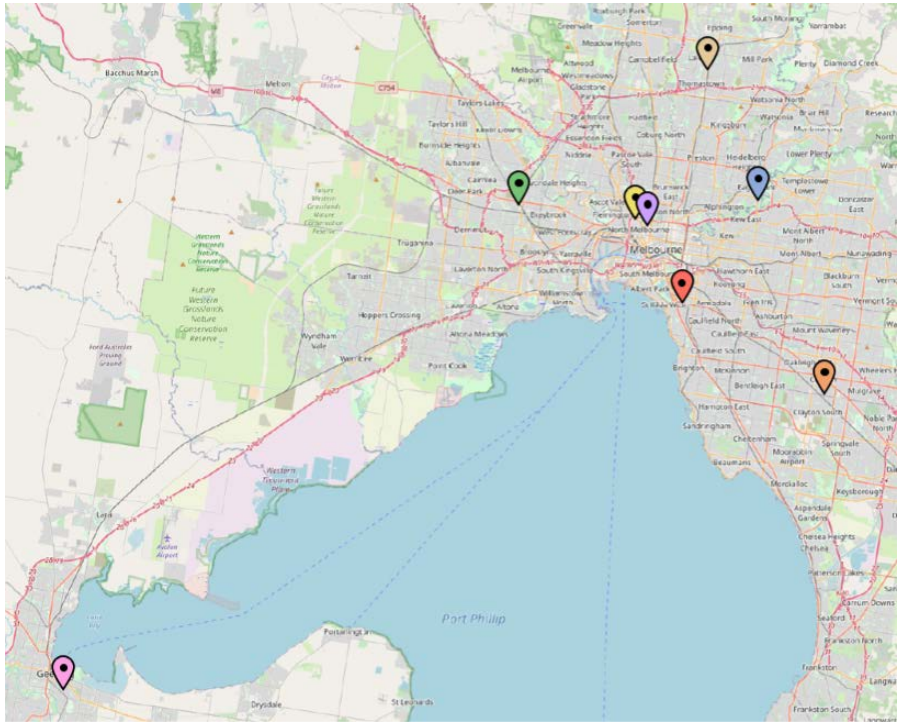
# Victorian Specialist Immunisation Services (VicSIS) Clinics

## VicSIS Clinics

There are 8 VicSIS clinics, with two dedicated allergy services and one regional site.

- Alfred Health
- Austin Health – allergy services
- Monash Health – allergy services
- Western Health
- Barwon Health - regional lead
- Northern Health
- Royal Melbourne Hospital
- Peter MacCallum Cancer Center

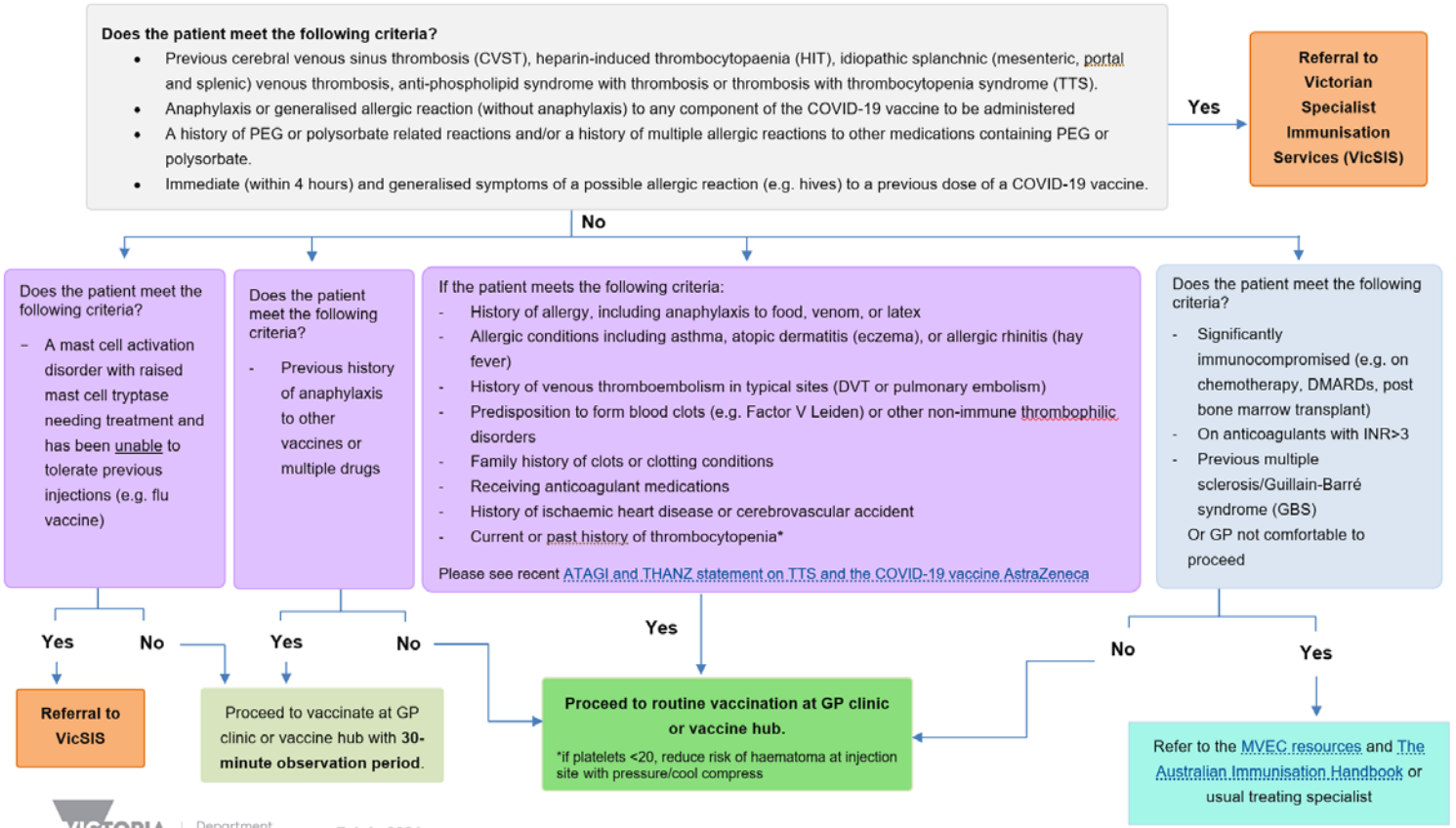
- (Royal Children's Hospital) – established immunisation clinic with increased capacity for the future rollout of COVID-19 vaccination for children and adolescents




Locations of current VicSIS clinics across metropolitan Melbourne and Geelong

# Clinician Referral Guide to the Victorian Specialist Immunisation Services (VicSIS)

The purpose of this document is to provide clinicians and vaccine providers with additional information for when it is appropriate to refer patients into VicSIS vs when patients can receive their vaccines in clinic.

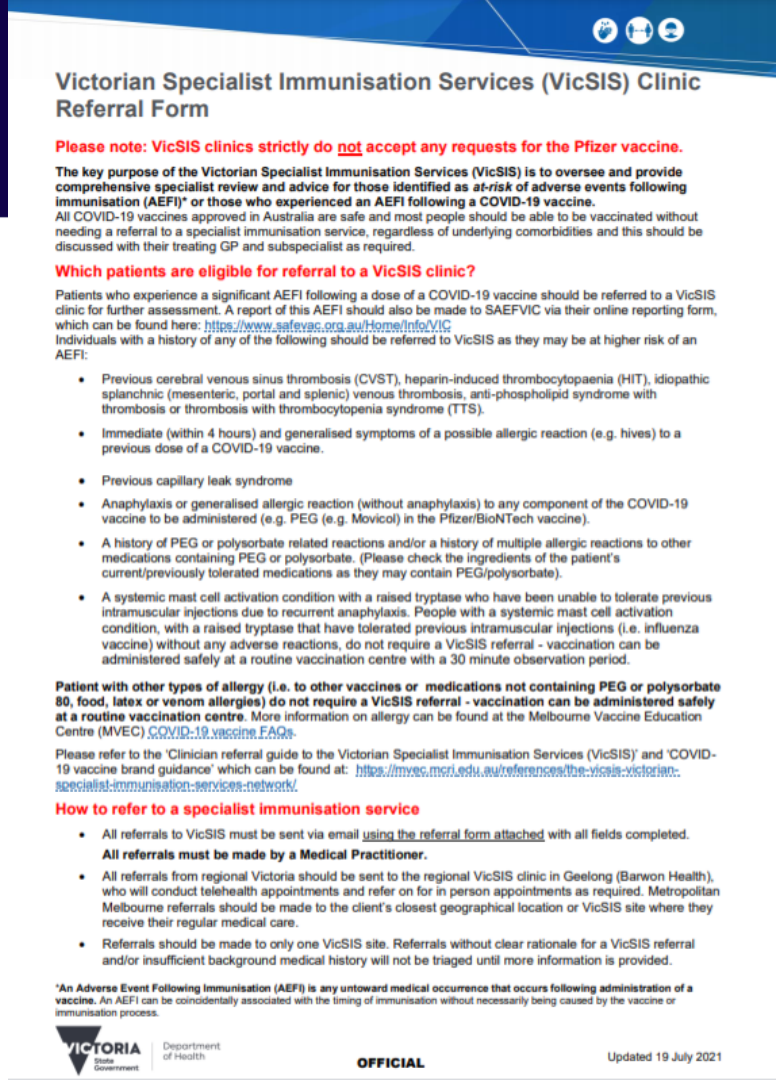


# How to refer to VicSIS

**Referral to VicSIS Clinics:**

- Referral criteria can be found on the front of the **VicSIS referral form** (pictured).
- All referrals are to be made using the **live** version of the referral form available on the **VicSIS page on the MVEC website**
- Referrals must be made by a Medical Practitioner to the patient's closest geographical location
- Referrals should be made to only **one** VicSIS site
- VicSIS is experiencing a high volume of referrals at this time and there may be **significant delays** in triaging referrals of up to 4-6 weeks. Please communicate this to your patients to help manage expectations
- Referrals without clear rationale for a VicSIS referral and/or insufficient background medical history **will not** be triaged until more information is provided





## Victorian Specialist Immunisation Services (VicSIS) Clinic Referral Form

**Please note: VicSIS clinics strictly do not accept any requests for the Pfizer vaccine.**

**The key purpose of the Victorian Specialist Immunisation Services (VicSIS) is to oversee and provide comprehensive specialist review and advice for those identified as *at-risk* of adverse events following immunisation (AEFI)* or those who experienced an AEFI following a COVID-19 vaccine.**
All COVID-19 vaccines approved in Australia are safe and most people should be able to be vaccinated without needing a referral to a specialist immunisation service, regardless of underlying comorbidities and this should be discussed with their treating GP and subspecialist as required.

**Which patients are eligible for referral to a VicSIS clinic?**

Patients who experience a significant AEFI following a dose of a COVID-19 vaccine should be referred to a VicSIS clinic for further assessment. A report of this AEFI should also be made to SAEFVIC via their online reporting form, which can be found here: https://www.safevac.org.au/Home/Info/VIC
Individuals with a history of any of the following should be referred to VicSIS as they may be at higher risk of an AEFI:

- Previous cerebral venous sinus thrombosis (CVST), heparin-induced thrombocytopaenia (HIT), idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis, anti-phospholipid syndrome with thrombosis or thrombosis with thrombocytopenia syndrome (TTS).
- Immediate (within 4 hours) and generalised symptoms of a possible allergic reaction (e.g. hives) to a previous dose of a COVID-19 vaccine.
- Previous capillary leak syndrome
- Anaphylaxis or generalised allergic reaction (without anaphylaxis) to any component of the COVID-19 vaccine to be administered (e.g. PEG (e.g. Movicol) in the Pfizer/BioNTech vaccine).
- A history of PEG or polysorbate related reactions and/or a history of multiple allergic reactions to other medications containing PEG or polysorbate. (Please check the ingredients of the patient's current/previously tolerated medications as they may contain PEG/polysorbate).
- A systemic mast cell activation condition with a raised tryptase who have been unable to tolerate previous intramuscular injections due to recurrent anaphylaxis. People with a systemic mast cell activation condition, with a raised tryptase that have tolerated previous intramuscular injections (i.e. influenza vaccine) without any adverse reactions, do not require a VicSIS referral - vaccination can be administered safely at a routine vaccination centre with a 30 minute observation period.

**Patient with other types of allergy (i.e. to other vaccines or medications not containing PEG or polysorbate 80, food, latex or venom allergies) do not require a VicSIS referral - vaccination can be administered safely at a routine vaccination centre**. More information on allergy can be found at the Melbourne Vaccine Education Centre (MVEC) COVID-19 vaccine FAQs.

Please refer to the 'Clinician referral guide to the Victorian Specialist Immunisation Services (VicSIS)' and 'COVID-19 vaccine brand guidance' which can be found at: https://mvec.mcri.edu.au/references/the-vicsis-victorian-specialist-immunisation-services-network/

**How to refer to a specialist immunisation service**

- All referrals to VicSIS must be sent via email using the referral form attached with all fields completed.
  **All referrals must be made by a Medical Practitioner.**
- All referrals from regional Victoria should be sent to the regional VicSIS clinic in Geelong (Barwon Health), who will conduct telehealth appointments and refer on for in person appointments as required. Metropolitan Melbourne referrals should be made to the client's closest geographical location or VicSIS site where they receive their regular medical care.
- Referrals should be made to only one VicSIS site. Referrals without clear rationale for a VicSIS referral and/or insufficient background medical history will not be triaged until more information is provided.

*An Adverse Event Following Immunisation (AEFI) is any untoward medical occurrence that occurs following administration of a vaccine. An AEFI can be coincidentally associated with the timing of immunisation without necessarily being caused by the vaccine or immunisation process.

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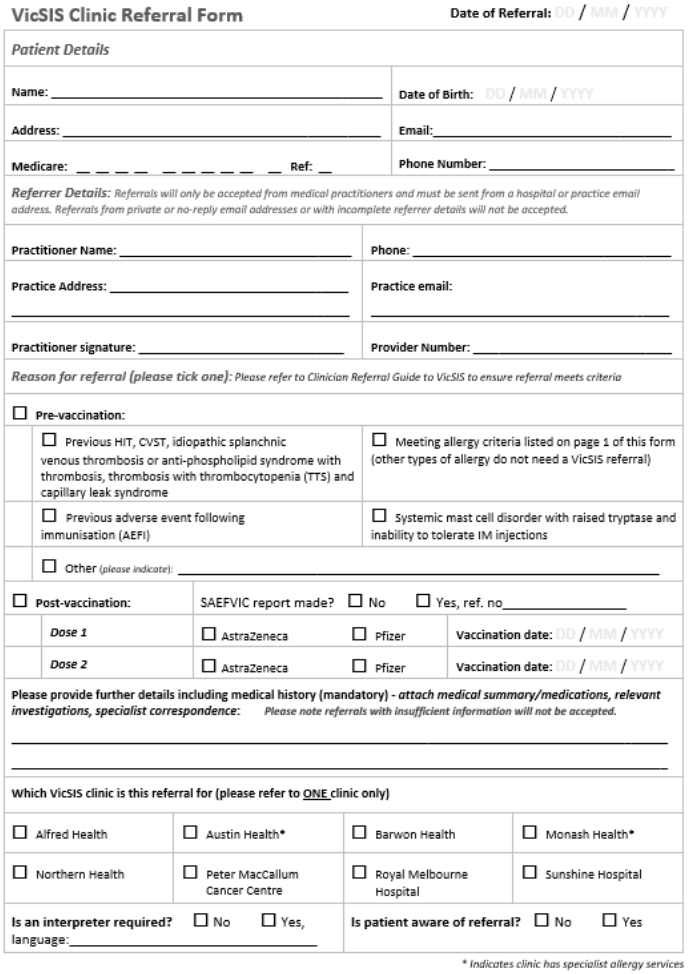
# Referrals to VicSIS

- Priority is given to those who have experienced an adverse event following immunisation (AEFI), and a report to SAEFVIC should be made as usual.
- Submitting referrals to VicSIS for patients that do not meet the criteria may delay patients who are able to be vaccinated safely in the community from doing so. It also causes delays for other patients who require VicSIS support
- VicSIS does **not** accept referrals for COVID-19 vaccine brand preference



**VicSIS Clinic Referral Form** Date of Referral: DD / MM / YYYY

*Patient Details*

Name: _____ Date of Birth: DD / MM / YYYY

Address: _____ Email: _____

Medicare: _ _ _ _ _ _ _ _ _ _ Ref: _ Phone Number: _____

***Referrer Details:*** *Referrals will only be accepted from medical practitioners and must be sent from a hospital or practice email address. Referrals from private or no-reply email addresses or with incomplete referrer details will not be accepted.*

Practitioner Name: _____ Phone: _____

Practice Address: _____ Practice email: _____

Practitioner signature: _____ Provider Number: _____

***Reason for referral (please tick one):*** *Please refer to Clinician Referral Guide to VicSIS to ensure referral meets criteria*

☐ **Pre-vaccination:**

- ☐ Previous HIT, CVST, idiopathic splanchnic venous thrombosis or anti-phospholipid syndrome with thrombosis, thrombosis with thrombocytopenia (TTS) and capillary leak syndrome
- ☐ Meeting allergy criteria listed on page 1 of this form (other types of allergy do not need a VicSIS referral)
- ☐ Previous adverse event following immunisation (AEFI)
- ☐ Systemic mast cell disorder with raised tryptase and inability to tolerate IM injections
- ☐ Other (*please indicate*): _____

☐ **Post-vaccination:** SAEFVIC report made? ☐ No ☐ Yes, ref. no_____

| | | | |
|---|---|---|---|
| *Dose 1* | ☐ AstraZeneca | ☐ Pfizer | Vaccination date: DD / MM / YYYY |
| *Dose 2* | ☐ AstraZeneca | ☐ Pfizer | Vaccination date: DD / MM / YYYY |

**Please provide further details including medical history (mandatory) - *attach medical summary/medications, relevant investigations, specialist correspondence*:** *Please note referrals with insufficient information will not be accepted.*

_____

_____

**Which VicSIS clinic is this referral for (please refer to ONE clinic only)**

| | | | |
|---|---|---|---|
| ☐ Alfred Health | ☐ Austin Health* | ☐ Barwon Health | ☐ Monash Health* |
| ☐ Northern Health | ☐ Peter MacCallum Cancer Centre | ☐ Royal Melbourne Hospital | ☐ Sunshine Hospital |

**Is an interpreter required?** ☐ No ☐ Yes, language:_____ **Is patient aware of referral?** ☐ No ☐ Yes

** Indicates clinic has specialist allergy services*

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# Useful Resources

AIR Reporting: Australian Immunisation Register for health professionals - Services Australia *(please remember to upload all vaccinations to the AIR)*

Reporting AEFI to SAEFVIC:

- SAEFVIC extended report: saefvic.online/aefi_reporter
- SAEFVIC rapid report: saefvic.online/report

MVEC FAQs: https://mvec.mcri.edu.au/references/covid-19-vaccines-faq/

Commonwealth resource: Weighing up the potential benefits against risk of harm from COVID-19 vaccine AstraZeneca: https://www.health.gov.au/resources/publications/covid-19-vaccination-weighing-up-the-potential-benefits-against-risk-of-harm-from-covid-19-vaccine-astrazeneca

Current ATAGI vaccination guidelines: https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021

Current Approach to TTS post AZ: https://www.health.gov.au/sites/default/files/documents/2021/07/covid-19-vaccination-primary-care-approach-to-thrombosis-with-thrombocytopenia-syndrome-after-covid-19-astrazeneca-vaccine.pdf

Information for COVID-19 Vaccination Providers: https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/information-for-covid-19-vaccination-providers

Information for COVID-19 Vaccine in an outbreak setting https://www.health.gov.au/news/atagi-statement-on-use-of-covid-19-vaccines-in-an-outbreak-setting

Decision making guide for women who are pregnant, breastfeeding or planning pregnancy: https://www.health.gov.au/resources/publications/covid-19-vaccination-shared-decision-making-guide-for-women-who-are-pregnant-breastfeeding-or-planning-pregnancy

VicSIS referral form, Clinicians guide to referral to VicSIS and the COVID-19 vaccine Brand Guidance for Clinicians: https://mvec.mcri.edu.au/references/the-vicsis-victorian-specialist-immunisation-services-network/

# Thank you for participating tonight

Department of Health and RACGP's next webinar

Wednesday 18 August, 6pm- 7pm

Topic – Syphilis increase during COVID-19

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For the latest information www.dhhs.vic.gov.au/coronavirus

Information is available in 50+ community languages at www.dhhs.vic.gov.au/translations