



# Useful COVID-19 Resources

from patients and consumers



Continuity of Care Collaboration

# Common Questions

## Will I get a choice about which vaccine I have? Why / why not?

No, there won't be a choice. The current initial rollout of the Pfizer vaccine isn't enough doses to vaccinate all of Australia. So the first people vaccinated with the Pfizer vaccine will be frontline health-care workers, including aged care and hotel quarantine officers. The AstraZeneca vaccine will be produced for the general public.

For more information, please visit: <https://theconversation.com/can-i-choose-what-vaccine-i-get-what-if-i-have-allergies-or-side-effects-key-covid-vaccine-rollout-questions-answered-155649>

## How will I be notified [when I am eligible to receive the vaccination] and by whom?

People can check their eligibility here: <https://covid-vaccine.healthdirect.gov.au/eligibility>

From Monday 15th March patients should also be able to check the location of providers offering vaccination here also.

Though many GP practices who are offering the vaccine will be contacting their patients – particularly those at risk, at present the onus seems to be on patients to be proactive in seeking out information and booking their vaccination.



# Questions about the rollout/logistics

**If patients turn up to a pharmacy or GP assuming they are able to get a vaccine but their usual provider is not administering vaccines, will their HCP be able to redirect them to the nearest site, or direct them to information to know where to go?**

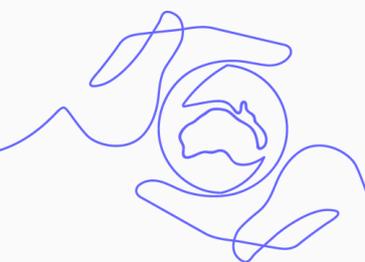
**CCC Response:** The vaccine will be rolled out supported by an online booking service (National Booking Service). So if a pharmacy or general practice is not administering a vaccine, they will be able to direct customers where to find a pharmacy/ GP clinic that is. That being said, as we understand, in the later stage of vaccine rollouts, most patients will have to make a booking. Most people should have made a booking ahead of time. This will assist with ensuring patients return to receive their second dose of the vaccine.

Health directories such as 'HealthDirect' may also be able to assist patients and consumers to find a COVID-19 vaccine provider.

**What measures are in place to ensure GPs and pharmacists can provide the usual level of patient care for other health matters while the vaccination program is being rolled out?**

**CCC Response:** Pharmacies and general practices are carefully reviewing their workforce needs for the upcoming influenza vaccinations season (and if selected to participate, COVID-19 vaccine program) and will staff accordingly to ensure 'business as usual' and other operations are not compromised.

Pharmacies will either use the National Booking Service or their own pharmacy platform. This assures pharmacists can accurately manage workload without compromising on patient care. The same goes for GPs. Some general practices will operate services similar to COVID testing or respiratory clinics where COVID-19 vaccination patients will be separated from patients attending for non-COVID health matters. However, practices will manage delivery based on their individual circumstances so provision will not be carried out exactly the same at all locations.



# Questions about the rollout/logistics

## For COVID vaccinations will it be possible to have an immuniser come into the workplace to provide vaccinations to workers - for example in large office buildings organised by the employer?

### Pharmacy perspective:

So far we aren't aware of any plans to bring immunisers to workplaces, however it is possible it may occur in later stages of the vaccine rollout, or for geographically remote regions (such as offshore/isolated mine sites). If this occurs, thought will need to be given to cold chain storage and to ensuring second doses have been administered.

In Victoria, pharmacists are able to provide outreach services for some vaccinations (e.g. influenza) but they must be linked to a service provider (e.g. hospital, or a pharmacy).

This is not the case in every state and territory, but I believe can also occur in: Tasmania, ACT and South Australia.

As part of the Community pharmacy EOI process for the COVID-19 vaccination program – pharmacists must administer the COVID-19 vaccine from within an approved pharmacy and not provide outreach or outstation services.

### Other health services:

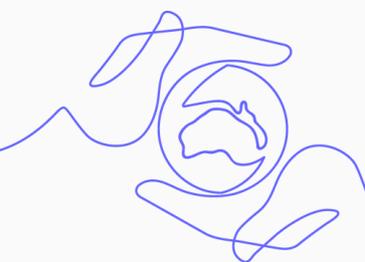
Other health professionals such as GPs may be able to offer this service in terms of outreach for COVID-19 vaccine, for example, nurse immunisers have often been part of on-site workplace vaccination programs. Whether this will be possible in the initial COVID-19 vaccination program rollout is not known yet.

## Will vaccines be administered outside of normal hours as a way of increasing access and improving vaccine uptake?

### Pharmacy perspective:

Pharmacists are excited to be part of the rollout of this vaccine and are keen to do whatever it takes which, in some case, may involve extended opening hours.

There are pharmacies in Victoria that are [open 24 hours](#) (Supercare Pharmacies) which may be able to be utilised for such purposes.



# Questions about the rollout/logistics

Pharmacies may consider this as part of their offering to the community depending on demand and local need.

## **General Practitioners (GPs) perspective:**

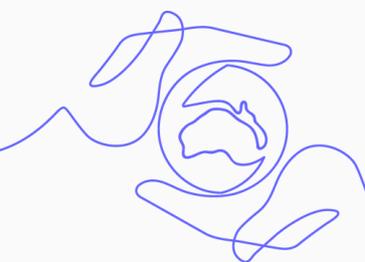
General practices that are participating in the rollout will be able to offer extended hours if they choose, and many are likely to do this to manage the volume of patients.

We don't yet know what the government booking system will look like but there are hopes it will include patients being able to search for centres offering vaccination during hours convenient to them.

## **What time interval is required between having a flu vaccination and having a COVID-19 vaccination (dose 1 or 2)? And is this the same for all versions of the vaccine?**

**CCC Response:** Flu vaccines for the 'private' market (not National Immunisation Program/NIP government subsidised) typically become available around mid-March. Some pharmacies are expecting to be able to vaccinate from as early as 15th March. Influenza NIP is generally run by state and territory Departments of Health while the COVID-19 vaccine program is by the Australian/Federal government.

The NIP stock is usually available in April - we've heard that the Victorian Department of Health are endeavouring to make this available from late March early April given the parallel COVID-19 vaccine program and **the need for separation of doses by at least 2 weeks between influenza and COVID-19.**



# Questions about the rollout/logistics

**For anyone who is unable to use Medicare Online / myGov / My Health Record and for non-residents currently in Australia; will they be able to access proof of vaccination online? Or will they be reliant on a paper record printed by the vaccination provider at the time of vaccination?**

Patients can register for an [Individual Health Identifier](#) if they don't have a Medicare number.

[According to The Australian Department of Health](#), once you've had your vaccine, you'll be able to get an immunisation history statement to prove your vaccination status. You can get proof of vaccinations from your Medicare immunisation history through myGov, or by calling Medicare on 1800 653 809.

Find out how to get your immunisation history statement on the [Services Australia](#) website.



## Questions about side effects and underlying health conditions

### Who will be seen as a priority for receiving the vaccine?

The Australian Department of Health website lists a number of [health conditions](#) which place people at high risk of severe illness from COVID-19 and moderate risk of severe illness.

However, it is unclear which of these groups will be included in **Phase 2b** of the vaccine rollout in the category of an underlying medical condition.

People can check their eligibility here: <https://covid-vaccine.healthdirect.gov.au/eligibility>

**Some patients take paracetamol prophylactically when having vaccinations where fever could be a side effect. Some have reported concerns that paracetamol will reduce the vaccine's effectiveness so clarity and reassurance that it is safe to take paracetamol with the vaccine(s) would be welcome.**

**Advice received from Epilepsy Action Australia:** <https://www.ilae.org/patient-care/covid-19-and-epilepsy/covid-19-vaccines-and-people-with-epilepsy#English>

**What is the advice for women who want to be vaccinated but are: Pregnant, breastfeeding or considering pregnancy in the next 12 months? And if they are seeking vaccination, is the Pfizer or Oxford vaccine preferred in regard to this cohort?**

**Advice received from NPS Medicinewise:** There are limited data on use of the vaccine during pregnancy and lactation. Studies in animals did not indicate any harmful effects. Studies in animals did not indicate any harmful effects. Given the low level of community transmission in Australia, routine use of COVID-19 vaccines during pregnancy is not currently [recommended by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists](#).



## Questions about side effects and underlying health conditions

However, its guidance states that vaccination may be considered in some groups with a high risk of complications from COVID-19. Pregnant healthcare workers in an at-risk work environment should be allocated to lower-risk duties, work from home or take leave of absence. If this is not possible, they should be offered vaccination. The Australian Department of Health has published a guide to help women making decisions about vaccination during pregnancy and breastfeeding.

[COVID-19 vaccination decision guide for women who are pregnant, breastfeeding or planning pregnancy](#) (currently only includes information about Pfizer vaccine)

Further [resources](#) from government states that the vaccine is safe for mother and baby while breastfeeding, but to let the immuniser know.

### Following news from the Norwegian population with deaths in elderly people with pre-existing health issues - what were these health issues?

The information available in the TGA links below discusses the side effects of the vaccine, but only states that the patients were life limited rather than what their underlying conditions were:

- [Norwegian investigation of COVID-19 vaccination risks for elderly, very frail patients | Therapeutic Goods Administration \(TGA\)](#)
- [Investigation reveals no specific risk of COVID-19 vaccinations in elderly patients | Therapeutic Goods Administration \(TGA\)](#)



## Other Reliable COVID-19 Resources

### Australian Government

[Coronavirus \(COVID-19\) vaccines campaign materials](#) |  
[Australian Government Department of Health](#)

### Royal Australian College of General Practitioners

[COVID-19 vaccine information for GPs](#) | [RACGP](#)

### Information on vaccines from manufacturers

[The vaccine journey: from idea to immunisation](#) | [Wellcome](#)

[How we develop new vaccines](#) | [GSK](#)

[How we research new vaccines](#) | [GSK](#)

[Consumer Medicine Information 2020 Template](#) | [Pfizer AU](#)

