

Frequently Asked Questions

I am under 50, but my underlying medical condition places me at risk without a vaccination. If I don't want to wait for Pfizer, what course of action is open to me?

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends that the [COVID-19 vaccine by Pfizer \(Comirnaty\)](#) is preferred over COVID-19 Vaccine AstraZeneca in adults aged under 50 years. This recommendation is based on the increasing risk of severe outcomes from COVID-19 in older adults (and hence a higher benefit from vaccination) and a potentially increased risk of thrombosis with thrombocytopenia following AstraZeneca vaccine in those under 50 years.

If you have a medical condition that puts you at risk of severe illness from contracting COVID-19, it is recommended you speak to your health professional, who will determine the risk v. benefit of receiving the AstraZeneca vaccine at an earlier date.

The department has also published a [decision guide](#) to help patients weigh up the potential benefits against risk of harm from the COVID-19 AstraZeneca vaccine and help them make informed decisions, following ATAGI advice published last week

I am over 50, can I wait longer and get Pfizer?

Access to any vaccine approved for use in Australia is prioritised, ensuring those at greatest risk are vaccinated first. Specific vaccines will be administered based on availability and clinical guidance on appropriate vaccines for people.

Why are people over the age of 50 being told to take the AstraZeneca vaccine?

The AstraZeneca vaccine is highly effective at preventing death and severe illness among people who have contracted COVID-19 – and the incidence of the blood-clotting syndrome is very rare.

ATAGI consider that the individual benefit-to-risk balance of vaccination with COVID-19 vaccine AstraZeneca in Australia varies with age. The risk of ongoing health issues and death from COVID-19 is highest in older age groups, particularly rising from 50 years of age. By comparison, the rate, and thus possibility of disability and death from TTS may be higher in younger people. This age-specific benefit-to-risk balance is demonstrated in [analysis from the UK](#)

The most effective way for eligible people over the age of 50 in the Phase 1b category of Australia's rollout program to protect themselves from the effects of COVID-19 is to be vaccinated.

Vaccine statistics

Australia's [vaccine statistics](#) have been published on the Department of Health website. These statistics cover the total number of people vaccinated nationwide, as well as a breakdown of state delivery numbers. Statistics will be updated weekly on health.gov.au on Mondays.

Vaccine eligibility checker and symptom checker

The Department of Health has launched an [online eligibility checker](#) to assist the Australian public in finding out which phase of the vaccination program they will be eligible for. The Department has also published an [online symptom checker](#) that patients can access after their vaccine to help assess the severity of their symptoms. These resources are

available in nine languages. The Department of Health is reviewing these resources in line with the ATAGI advice and updates will be made as decisions are taken.

Easy read documents – resources for people with a disability

The Department of Health has [published new resources](#) for people with a disability, including easy read documents. These resources are intended to assist people with a disability in understanding essential information regarding COVID-19 and the vaccine process. The Department of Health is reviewing these resources in line with the ATAGI advice.

Vaccination decision guide: pregnancy and breastfeeding

The Australian Technical Advisory Group on Immunisation (ATAGI) have produced a [document](#) for the Department of the Health that outlines and addresses Pfizer vaccine research and recommendations for women who are pregnant, breastfeeding or considering pregnancy. ATAGI is currently reviewing their clinical advice and guidance for health professionals and consumers. The Department of Health will publish this revised advice as soon as it is received.

Vaccination decision guide: frail and older Australians

The Therapeutic Goods Administration (TGA) has provided information on [Pfizer/BioNTech COVID-19 vaccines in elderly patients](#).

The frail and elderly are at risk of becoming very sick from COVID-19, but the benefits of vaccination for COVID-19 are generally considered to outweigh the risks.

Because the frail and elderly can be severely affected by even mild illness, they should be carefully considered on a case-by-case basis. ATAGI is currently reviewing their clinical advice and guidance for health professionals and consumers. The Department of Health will publish this revised advice as soon as it is received.

What is ATAGI's advice for the AstraZeneca vaccine?

ATAGI recommends that all adults are vaccinated against COVID-19. The COVID-19 pandemic is continuing to cause severe disease around the world, with many lives being lost. The Australian population remains vulnerable to COVID-19 and most Australians have not yet been vaccinated and are not immune.

ATAGI recommends that the COVID-19 vaccine by Pfizer (Comirnaty) is preferred over COVID-19 Vaccine AstraZeneca in adults aged under 50 years. This recommendation is based on the increasing risk of severe outcomes from COVID-19 in older adults (and hence a higher benefit from vaccination) and a potentially increased risk of thrombosis with thrombocytopenia following AstraZeneca vaccine in those under 50 years.

COVID-19 Vaccine AstraZeneca can be used in adults aged under 50 years where the benefits are likely to outweigh the risks for that individual and the person has made an informed decision based on an understanding of the risks and benefits.

What is thrombosis with thrombocytopenia syndrome?

This is a rare potential side effect of the AstraZeneca vaccine, currently estimated to affect about 4 to 6 people out of a million people who receive the AstraZeneca vaccine. It can be very serious and can cause long-term disability and death.

The condition causes thrombosis (blood clotting) and thrombocytopenia (low blood platelet counts). The blood clots can be different parts of the body, including the brain (this is called

cerebral venous sinus thrombosis) and in the abdomen. The low level of blood platelets can potentially cause bleeding.

Thrombosis: This is when a blood clot forms. A blood clot prevents blood flowing normally through the body.

Thrombocytopenia: A condition in which a person has a low blood platelet count. Platelets (thrombocytes) are colourless blood cells that help blood clot. Platelets stop bleeding by clumping and forming plugs in blood vessel injuries.

When does this typically occur?

The onset of reported cases was between 4 to 20 days after vaccination with the first dose of AstraZeneca COVID-19 vaccine. The syndrome has not been reported after the second dose of this vaccine.

How common is thrombosis with thrombocytopenia syndrome?

Current estimates, based on information from Europe and the UK, suggest a rate of around 4-6 cases per million people who receive the AstraZeneca vaccine.

In Australia, the Vaccine Safety Investigation Group (VSIG) has assessed three cases of TTS following the AstraZeneca COVID-19 vaccine.

There have been at least 885,000 doses of AstraZeneca COVID-19 vaccine administered in Australia to date, so while numbers are small, 3 (three) cases of TTS equates to a frequency of 1 in 295,000. The UK regulator, the Medicines and Healthcare products Regulatory Agency has concluded from its review of cases reported in the UK that the overall risk of these rare blood clots was approximately 1 in 250,000 who receive the vaccine.

The TGA is carefully reviewing all Australian reports of blood clots following the AstraZeneca vaccine, and are requesting further information from reporters where needed, to identify any further possible cases of TTS.

What symptoms does thrombosis with thrombocytopenia usually cause?

This condition can present as:

- a severe persistent headache with additional features:
 - appears at least 4 days *after* vaccination
 - does not improve with simple painkillers
 - may be worse when lying down
 - may be accompanied by nausea and vomiting
- neurological symptoms such as:
 - blurred vision
 - difficulty with speech
 - drowsiness
 - seizures
- shortness of breath
- chest pain
- swelling in your leg
- persistent abdominal (belly) pain
- tiny blood spots under the skin away from the site of injection.

People should seek medical attention immediately if they experience these symptoms.

Do the benefits of the AstraZeneca vaccine outweigh risk?

Yes. The benefits of vaccination still clearly outweigh the risks. This is particularly for older people who have a higher risk of severe illness from COVID-19, and who appear to have a lower risk of thrombosis with thrombocytopenia syndrome after vaccination.

For people under 50 years of age, another COVID-19 vaccine brand is preferred, if available. However, adults under 50 should still consider having the AstraZeneca vaccine. They should do this after considering the benefits and risks of vaccination. The risks of dying or having severe disease from COVID-19 are generally lower in healthy younger adults, whereas it is possible that there is a higher risk (although still very rare) of the thrombosis with thrombocytopenia syndrome after vaccination. The Department of Health has published a [decision guide](#) to help patients weigh up the potential benefits against risk of harm from the COVID-19 AstraZeneca vaccine and help them make informed decisions, following ATAGI advice published last week

What if you are aged 50 and under and are booked in to receive your first dose of AstraZeneca?

If you are booked in to receive your first dose of the AstraZeneca COVID-19 vaccine and you are younger than 50 years old, please talk to your health professional. They will help you to decide if the benefits of vaccination outweigh the risks from COVID-19 for you.

How do people aged 50 years and under book an appointment for the Pfizer vaccine? Where is it available?

The COVID-19 vaccination program is currently being modified in light of the ATAGI advice. This will include review of how and where the Pfizer vaccine can be received. More information will be provided as soon as possible.

What if you have received your first dose of AstraZeneca and are due for your second dose?

So far, all reported cases of thrombosis with thrombocytopenia syndrome have occurred after the first dose of the AstraZeneca COVID-19 vaccine. Based on this, ATAGI recommends that if you have received your first dose of the AstraZeneca vaccine without this side effect, you can receive your second dose as planned, even if you are younger than 50 years of age.

Can I get a flu vaccine at the same time as a COVID-19 vaccine?

ATAGI's advice on the flu vaccine has not changed. Vaccination experts recommend waiting 14 days between getting a flu vaccine and a COVID-19 vaccine. Given this, it will be important to plan both vaccinations.

It doesn't matter in what order you get the vaccines. However:

- If you are in [earlier phases](#) for COVID-19 vaccination, you should get the COVID-19 vaccine as soon you can. You can then plan your flu vaccination.
- If you are in [later phases](#) for COVID-19 vaccination, you should get the flu vaccine as soon as you can. This will ensure you are ready to get your COVID-19 vaccine when it is available to you.

You can check what phase you are in using the [COVID-19 Vaccine Eligibility Checker](#).

When you book in for your flu vaccination, people are required to tell their vaccination provider or clinic if they have received the COVID-19 vaccine (and when they received it). This will help providers to plan the appointment.

For international Fly In – Fly Out workers (FIFO) is it possible to receive vaccination earlier than when they are schedule to receive it?

International Fly In – Fly Out workers (FIFO) will fall under their individual priority groups to receive the COVID-19 vaccine. Individual workers are encouraged to check their eligibility for the COVID-19 vaccine in Phase 1b using the vaccine eligibility checker at: <https://covid-vaccine.healthdirect.gov.au/eligibility>.

For Australians with businesses overseas is it possible to receive vaccination earlier than when they are schedule to receive it?

Australians with businesses overseas will fall under their individual priority groups to receive the COVID-19 vaccine. Individual Australians with businesses overseas are encouraged to check their eligibility for the COVID-19 vaccine in Phase 1b using the vaccine eligibility checker at: <https://covid-vaccine.healthdirect.gov.au/eligibility>.

Why is 1b rolling out when we haven't finished 1a?

People eligible for a COVID-19 vaccine in Phase 1a will continue to be able to access vaccinations throughout the program. Most people eligible in Phase 1a have or will receive their COVID-19 vaccine booking through their residential facility or employer. These bookings will continue to rollout across the country as quickly as possible over the coming months in parallel with Phase 1b.

People eligible in Phase 1b of the rollout will be able to make a booking to have their COVID-19 vaccination at a [vaccination clinic](#). Appointment availability at these clinics will increase as the number of clinics grow from 1,000 to more than 4,000 over the next four weeks. People may check their priority group eligibility via our [eligibility checker](#).

Should my GP be asking me to pay for my COVID-19 Vaccine?

The COVID-19 vaccine is free in Australia. Vaccination providers cannot charge to administer the COVID-19 vaccine. The vaccine is free and the consult appointment for patients to receive their vaccinations is also free. Charging a patient any costs associated with the administration of the COVID-19 vaccination (including booking fees) is a breach of the requirements under the program.

Your health professional may recommend you book an additional appointment to address further medical concerns, which may be charged at the regular fee.

How do I know if my chronic health condition or disability is eligible in phase 1b?

Use the COVID-19 vaccine eligibility checker on the [Department of Health's website](#) to find out when you can receive a COVID-19 vaccine.

A full list of those eligible for Phase 1b is available [here](#).

What is the process for vaccinating elderly Australians living in retirement villages or being cared for in their homes?

The Australian Government is ensuring those who are particularly vulnerable to the worst effects of the coronavirus receive the earliest protection, so priority is being given to residents and staff in residential aged care facilities.

Senior Australians aged 70 years and over can receive a COVID-19 vaccination as part of the Phase 1b rollout which commences on 22 March 2021. This applies to senior Australians living in retirement villages, in their home or community. Information on how to access vaccinations will be available shortly. Consideration is being given to individuals with mobility

issues who may have difficulty attending a vaccination site to ensure all Australians have access to a COVID-19 vaccination.

The Australian Government is working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April.

The programme will be considered, the impacts assessed and the programme evaluated and recalibrated to take into account the decision the Government has taken to accept the recommendations from ATAGI.

How will Agency Nurses who work across numerous Aged Care facilities gain access to the vaccine and who will advise them?

COVID-19 vaccinations are being made available to residential aged care residents and workers under phase 1a of the national vaccination program rollout. Agency nurses placed at residential aged care facilities are eligible under Phase 1a.

The Australian Government is working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April.

The Australian Government is working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April. It is anticipated that some aged care workers will be affected by this new advice.

The programme will be considered, the impacts assessed and the programme evaluated and recalibrated to take into account the decision the Government has taken to accept the recommendations from ATAGI.

Will Aussies overseas who got their first dose overseas and return to Australia before getting their second dose, be able to get just their second dose in Australia?

Yes, if the first dose was for a vaccine available in Australia (i.e. the Pfizer or AstraZeneca vaccine).

Individuals require two doses of the same vaccine administered 3 weeks apart for the Pfizer vaccine and 12 weeks apart for the AstraZeneca vaccine.

Can I choose which vaccine I get?

Access to any vaccine approved for use in Australia has been prioritised, ensuring those at greatest risk are vaccinated first. Specific vaccines will be administered based on availability and clinical guidance on appropriate vaccines for people.

Where can I see the list of 'an underlying medical condition' that qualify for a priority vaccination in Phase 1b?

The [ATAGI Clinical Guidance on COVID-19 Vaccine in Australia](#) outlines underlying medical conditions which place people at increased risk of developing severe disease from COVID-19. People with these underlying medical conditions will be prioritised for vaccination in phase 1b of the COVID-19 Vaccination Roll-Out.

Information on who is eligible in Phase 1b can be found on the Department of Health [website](#).

Can I get the vaccine if I have allergies or anaphylaxis?

Allergic reactions to vaccines are extremely rare. There is no evidence that people with allergic conditions such as asthma, hay fever, food allergy or insect sting allergy are at any greater risk of vaccine allergy compared to the general population. There is no food, gelatine

or latex in the COVID-19 vaccine approved for use in Australia, and they are not grown in eggs. If a person has had an allergic reaction to another vaccine, this does not mean that they will also be allergic to the COVID-19 vaccine. People with known allergies or previous anaphylaxis to multiple medications should see their clinical immunology/allergy specialist to assess and confirm their allergy prior to COVID-19 vaccination.

The ATAGI advice recommends that all other vaccine recipients, including those with a history of allergy; anaphylaxis to food, drugs, venom or latex; or allergic conditions, including asthma, atopic dermatitis (eczema) or allergic rhinitis (hay fever), should be observed for at least 15 minutes following administration of the vaccine at the clinic site in accordance with the current recommendations in the Australian Immunisation Handbook. It is important that all providers are trained in anaphylaxis management.

I have a pre-existing medical condition or chronic illness, is it safe for me to get the vaccine?

For advice on whether the vaccine is right for you and your medical history, you will need to speak with your health professional.

How are aged care rollout logistics, delays and rescheduling issues being handled?

The COVID-19 vaccine rollout is one of the single largest logistical operations this country has seen.

It is a complex operation, in particular the temperature sensitive nature of the Pfizer vaccine makes storage and handling a challenge.

We are also very focused on eliminating vaccine wastage as much as possible, particularly as we deal with limited supplies at this point of the program.

But the hard work is underway - this rollout is an incredible effort involving tens of thousands of people. From the Australian Government and Department of Health, to the states and territories, the local Primary Health Networks, aged care providers and residential managers, and the on-the-ground workforce.

There have been some changes to vaccination schedules in some residential aged care facilities, largely as a result of logistical constraints. These have been quickly identified and resolved, and as the rollout has continued there have been fewer of these issues.

While this is not unexpected given the size and complexity of the rollout, the Australian Government continues to work with our logistical and vaccination delivery partners to ensure there are as few issues as possible.

Any facilities who do have their rollout schedule postponed can expect to be quickly contacted by the relevant vaccination provider (Aspen, Sonic or HCA) to reschedule.

How and when will members of the ADF receive the vaccination?

Some defence force members, who are identified as having the potential to encounter returning travellers as part of their work, will be eligible for the COVID-19 vaccination now – as part of phase 1a.

ADF members eligible as part of 1a will be notified of their eligibility by their employer and advised of how to arrange to be vaccinated.

As members of a critical and high risk workforce, all other ADF personnel will be eligible for their COVID-19 vaccine in Phase 1b - in line with the Department of Health's [national rollout strategy](#).

Information on how the vaccine will be distributed to ADF personnel will be determined as phase 1b rolls out.

Individuals may view our online [eligibility checker](#) to determine which phase they will be eligible for, and may also be contacted by their employer to be advised that they will be eligible.

What is the process for residents living in aged care facilities to provide consent – especially those not capable of making that decision?

The Department of Health, the vaccination providers, the local Primary Health Network and the facilities are working closely to plan for the rollout in aged care, including processes for managing consent.

As with all other vaccines, valid consent is required before administering each COVID-19 vaccine dose. Guidance on [consent in the residential aged care context](#) can assist with this process. Written consent is not mandatory.

The Australian Government has prepared a [written consent form](#).

Some jurisdictions have specific requirements relevant to guardians (or substitute decision-makers) consenting on behalf of another person. Substitute decision-makers should refer to relevant state and territory laws for more information.

For more information about valid consent, refer to the Australian Immunisation Handbook – [Preparing for vaccination – Valid consent](#).

How was the priority list of groups and aged care and disability residential facilities determined?

Further information on groups included in Phase 1b, based on recommendations by the Australian Technical Advisory Group on Immunisation, is available [online](#).

The Australian Technical Advisory Group on Immunisation (ATAGI) has advised the Australian Government on which groups should be prioritised for the first doses of the COVID-19 vaccination in Australia and this advice is consistent with guidance from the World Health Organization (WHO).

The first phase (1a) of the vaccine rollout will include our highest priority population cohorts. Phase 1a prioritises:

- Quarantine and border workers as the main threat of current and future outbreaks is from overseas travellers. Prioritisation is linked to transmission reduction potential.
- High-risk frontline healthcare workers as those most likely to encounter people with COVID-19. Vaccination can prevent transmission of the virus to other vulnerable people in these settings.
- Aged care and disability care residents as those at serious risk of severe outcomes if they were to contract COVID-19.
- Residential aged care and disability workers to prevent transmission of the virus to vulnerable residents in these settings.

How will Australians know when it's their turn to get the vaccine? Who tells them?

The Australian Government's public information campaign will keep Australians fully informed and up to date about the safety and effectiveness of COVID-19 vaccines as they become available, including when, how and where to get the vaccination. The campaign will

run across a variety of mediums, including television, radio, press, digital, mobile, search and out of home.

The way individuals will receive notification will depend on which phase they are eligible to receive a vaccination under. An [eligibility checker](#) is available to support clinicians and consumers understand if they are part of the priority cohort at that time

Whether individuals are in a priority group or not, the best thing they can do is stay up to date and continue to be COVIDSafe. The Australian Government will provide further information about how vaccines will be rolled out over the coming months.

The Australian Government is working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April.

The programme will be considered, the impacts assessed and the programme evaluated and recalibrated to take into account the decision the Government has taken to accept the recommendations from ATAGI.

The community will be kept up to date and information will be provided as decisions are made.

Will GPs receive priority in being administered with the vaccine given the work they undertake on the frontline?

[Phase 1a](#) defines medical frontline workers to be:

- frontline staff in facilities or services such as hospital emergency departments, COVID-19 and respiratory wards, Intensive Care Units and High-dependency Units
- laboratory staff handling potentially infectious material
- ambulance and paramedics service
- GP respiratory clinics, and
- COVID-19 testing facilities.

Other medical workers will be advised of their eligibility from phase 1b onwards.

Given we are a population of only 26m and people under the age of 18 will not be receiving the vaccine – why do we need over 150m doses?

Having a diverse [portfolio of vaccines](#), with 50 million manufactured on-shore in Australia, means Australia is well positioned to be able to provide access to a vaccine for all Australians who choose to be vaccinated, within 2021. It will also allow the Australian Government to support our Pacific and South East Asian neighbours, as vaccine doses under the three advance purchase agreements can be donated or on-sold (with no mark-up) to other countries or international organisations.

Who/Which regions are getting Pfizer vs AstraZeneca vaccines?

The AstraZeneca is rolling out through general practices, GP Respiratory Clinics, general practices, Aboriginal Controlled Community Health Services, state-run vaccination clinics, and pharmacies.

The Australian Government is working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April. This will include assessing the current availability and access points to Pfizer vaccines for younger populations.

The programme will be considered, the impacts assessed and the programme recalibrated to take into account the decision the Government has taken to accept the recommendations from ATAGI.

The community will be kept up to date and information will be provided as decisions are made.

Will suppliers of COVID-19 be provided with indemnity?

The Government is committed to providing access to safe and effective COVID-19 vaccines. This commitment forms a crucial part of the Government's response to COVID-19 and its strategy to protect the health and wellbeing of Australians and the Australian economy.

The Australian Government has provided an indemnity to the suppliers of potential COVID-19 vaccine candidates, covering certain liabilities that could result from the use of the vaccine. Specific details contained in the APAs, including those around indemnity are not public and the Australian Government is conscious of maintaining commercial confidentiality of the arrangements.

Are international arrivals to Australia required to test negative prior to travel and are there exemptions to this requirement?

At this time, Australian Government advice for [international travellers](#) remains unchanged, regardless of your COVID-19 vaccination status.

Passengers travelling to Australia must be tested for COVID-19 72 hours or less prior to the scheduled flight departure, and display evidence of a negative test result at the time of check-in.

Why aren't specific locations of Aged Care and Disability facilities being publicised?

Each residential aged care facility can choose to publish their location at their own discretion, taking into consideration the privacy and safety of its residents and workers.

Rollout in Australia

Australia is incredibly well-positioned compared to other parts of the world. The COVID-19 rollout is one of the biggest logistical exercises in Australia's history, and it is being managed in a strategic, safe and efficient way, based on expert medical advice.

All Australians can be assured that there are than sufficient doses of all vaccines for everyone who chooses to have it.

The Australian Government is working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April.

The programme will be considered, the impacts assessed and the programme recalibrated to take into account the decision the Government has taken to accept the recommendations from ATAGI.

The community will be kept up to date and information will be provided as decisions are made.

Will workers included in phase 1a of the rollout need proof of eligibility? How do they go about this?

In order to receive a vaccine in Phase 1a and Phase 1b of the vaccination program, quarantine, border, and frontline health care workers will need to provide proof of occupation to demonstrate their eligibility.

How/where can people report side-effects from their vaccination?

Vaccine side effects are usually minor and temporary. Common ones include low-level fever and pain or redness at the site of the injection.

Use the COVID-19 vaccine side effects [symptom checker](#) if you have concerns about any symptoms after your vaccine. The checker is also available through the National Coronavirus Helpline, 1800 020 080, 24 hours a day.

If you think you may be experiencing a significant side effect of a COVID-19 vaccine, you should seek advice from a health professional. They will then make a formal report on your behalf to your state or territory health department or directly to the Therapeutic Goods Administration (TGA).

If you would prefer to report it yourself, please visit the [TGA website](#) and follow the advice on the page.

Why can't anyone who wants to be vaccinated, do so immediately?

Prioritisation for COVID-19 vaccines is required due to the initial limited supply of vaccine doses. The Australian Technical Advisory Group on Immunisation (ATAGI) has provided advice on prioritisation, informed by data on risk factors for COVID-19 morbidity and mortality, as well as disease epidemiology. The first priority group is estimated at 1.4m doses.

The Australian Government hopes to have as many people as possible choose to be vaccinated against COVID-19.

The Australian Government is now working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April.

The programme will be considered, the impacts assessed and the programme recalibrated to take into account the decision the Government has taken to accept the recommendations from ATAGI.

The community will be kept up to date and information will be provided as decisions are made.

Who will have access to the Pfizer and AstraZeneca training e-modules?

The Australian Government funded training modules for the COVID-19 vaccination will be available to authorised COVID-19 vaccination providers. This will include:

- Health professionals in hospitals,
- General practices,
- State and Commonwealth vaccination clinics,
- Aboriginal Community Controlled Health Organisations, and
- Pharmacies.

How will we know when someone completes the training?

The Department of Health is working with the Australian College of Nursing to monitor completion of the training modules. Accreditation Certificates are also issued to users upon

successful completion of the training. Those that have registered for the training using their AHPRA (Australian Health Practitioner Regulation Agency) registration number will also have this accreditation recorded by AHPRA.

Do people have to receive two doses of the same type of COVID-19 vaccine for it to be effective?

In order to be fully vaccinated, an individual must have two doses of the same vaccine, given at the appropriate dosing schedule.

Why were we so late on the vaccine when other countries like the US and UK rolling it out already?

Before any COVID-19 vaccine is approved for use in Australia, it will be subject to the well-established and rigorous assessment and approval processes of the Therapeutic Goods Administration (TGA), part of the Department of Health.

Other countries, such as the United States and United Kingdom have emergency use provisions that allow for access to unapproved vaccines prior to full safety, quality and efficacy assessment.

Exercising these provisions is a matter for those countries, taking into account the risks versus benefits in the context of the domestic pandemic situation.

Can my GP give me the COVID-19 vaccine or will I have to go to a different location to receive it?

Some, but not all general practices will be able to administer COVID-19 vaccines. More than 4,000 general practices have been notified they are eligible to take part in the vaccination program.

The Australian Government is selecting appropriate practices and will communicate approved locations as soon as practical. COVID-19 vaccines will be made available at a number of locations as the rollout progresses including GP Respiratory Clinics, Aboriginal Community Controlled Health Services, as well as some general practices and community pharmacies.

If your general practice is a vaccination provider, and you are over 50 years old, you can receive your vaccine there. If you are under 50 years old you should talk to your health professional if you wish to receive the AstraZeneca.

Will there be enough vaccine for everyone?

The Government has invested over \$3 billion to secure access to COVID-19 vaccines through advanced purchase agreements with AstraZeneca, Novavax and Pfizer.

Purchase of a diverse portfolio of vaccines will also allow the Australian Government to support our Pacific and South East Asian neighbours, as vaccine doses can be donated or on-sold (with no mark-up) to other countries or international organisations.

The Australian Government has purchased 40 million doses of the Pfizer vaccine. However, any contract details and discussions with suppliers are commercial-in-confidence.

How will the vaccine be rolled out in regional, rural and remote Australia?

The Australian Government is committed to providing safe and effective COVID-19 vaccines free to everyone living in Australia - [no matter where they live](#).

The Australian Government is working through programme implications after ATAGI issued revised advice for the AstraZeneca vaccine on 8 April.

The programme will be considered, the impacts assessed and the programme recalibrated to take into account the decision the Government has taken to accept the recommendations from ATAGI.

The community will be kept up to date and information will be provided as decisions are made.

The Department of Health will be working closely with key stakeholders, such as the National Rural Health Alliance, to ensure communities in regional, rural and remote Australia are informed about the rollout of COVID-19 vaccines.

Can Australians overseas access free vaccination?

Given the challenges of logistics and limited supply, Australia's Vaccination Program will take place in Australia and will not be extended to Australian citizens overseas.

Will there be any provision of vaccines to Australian's living overseas if they were to visit Australian embassies/consulate offices?

Given the challenges of logistics and limited supply, Australia's Vaccination Program will take place in Australia and will not be extended to Australian citizens overseas.

What about Australian expats? If they take the vaccine in the country they are currently living in, will it be recognised by the Australian Government?

The Australian Government cannot provide advice on the safety, quality and efficacy of vaccines that have been approved for use outside of Australia's regulatory process. There has been no decision to recognise overseas vaccinations to date. At this time Australian Government advice for international travellers remains unchanged regardless of your vaccination status.

More information is available on the [Health's website](#).

Will foreign nationals who are temporarily in Australia be eligible to receive the vaccine?

Everyone living in Australia will be able to receive the vaccine for free. This includes people on temporary visas, refugees, asylum seekers, those in detention centres and those with cancelled visas.

How will misinformation about COVID-19 vaccines be addressed?

As COVID-19 vaccines are rolled out in Australia, all media will play a vital role in presenting accurate, trusted and evidence based information. The Department of Health understands the role of social media in perceptions of COVID-19 vaccines, and is working to make sure credible information and informed voices are present.

Throughout the pandemic, the Department has been in regular contact with social media platforms around the spread of misinformation. The Department's social media accounts are monitored regularly and false information will be reported.

As more information becomes available through expert medical advice and complete data sets from clinical trials, the Department will provide timely updates through its channels, including its own social media channels and those of partners and stakeholders.

The Department is working in collaboration with Commonwealth, state and territory governments to identify and address any issues that arise, and provide accurate and timely information to Australians. [Health.gov.au/covid19-vaccines](https://www.health.gov.au/covid19-vaccines) will also now have a dedicated page addressing vaccine misinformation and concerns called 'Is it True'.

Where can I find information in languages other than English?

The Department of Health offers translated resources [on its website here](#).

Do I have to get a vaccine?

Australians have a great record in being immunised. The COVID-19 vaccine will be voluntary, universal and free. The Government aims to have as many Australians as possible choose to be vaccinated for COVID-19. If people choose not to have a COVID-19 vaccine, this will not affect their family's eligibility for Family Tax Benefit Part A or childcare fee assistance which only includes National Immunisation Program vaccines for those aged younger than 20.

It is possible that in future, vaccination against COVID-19 might become a requirement for travel to certain destinations or for people working in certain high-risk workplaces. If this becomes the case, there will be exemptions in place for people who are unable to be vaccinated.

Am I able to jump the queue to be vaccinated sooner?

On January 7 2021, the Australian Technical Advisory Group on Immunisation (ATAGI) published further advice on Australia's priority groups for COVID-19 vaccination, in Australia's Vaccine National Rollout Strategy.

The three priority groups identified by ATAGI are those at increased risk of exposure; those who have an increased risk, relative to others, of developing severe disease or outcomes from COVID-19; and those working in services critical to societal functioning.

The Government will continue to work with ATAGI to further develop advice around priority groups as vaccine supply widens and further clinical trial data becomes available.

Will private clinics be permitted to purchase the vaccine and provide to their patients outside of Medicare?

Decisions to make any vaccine available privately are for the sponsoring company, noting that all vaccines need to be registered by the TGA before they can be supplied in Australia. The Australian Government is committed to provide COVID-19 vaccines at no cost to patients. The Government does not intend to sell to private providers within Australia.

Patients who do not hold a Medicare card will be able to receive a free vaccine through State and Territory run vaccination clinics and GPRC's in line with the roll-out strategy.

Will the vaccine be effective against new variants?

It is anticipated that the Pfizer and Astra Zeneca vaccines will be effective against the newer strains of COVID-19.

This is because the vaccines work by inducing what is known as a "polyclonal" response – a collection of immunological response to many different parts of the COVID "spike" protein. In the new variants only a limited part of the spike protein is changed, and much is unchanged.

So the vaccines should still work against the main, unchanged parts to the COVID-19 spike protein.

What are likely side effects from COVID-19 vaccines?

As part of regulatory assessment the TGA considers information about possible side effects. For a vaccine to be registered for use in Australia, the benefits must outweigh the risks. Common reactions to vaccination include:

- pain, redness and/or swelling where you received the needle
- mild fever
- headache

The TGA will continue to monitor vaccines after they are registered so that we can detect and respond to any safety concerns. Australia has a strong and well-established safety monitoring system for vaccines. Reports of suspected adverse events from health professionals and consumers contribute to safety monitoring.

A rare but serious side effect of the AstraZeneca vaccine has been identified and ATAGI recommends that the COVID-19 vaccine by Pfizer (Comirnaty) is preferred over COVID-19 Vaccine AstraZeneca in adults aged under 50 years. This recommendation is based on the increasing risk of severe outcomes from COVID-19 in older adults (and hence a higher benefit from vaccination) and a potentially increased risk of thrombosis with thrombocytopenia following AstraZeneca vaccine in those under 50 years. More information can be found [here](#).

Use the COVID-19 vaccine side effects [symptom checker](#) if you have concerns about any symptoms after your vaccine. The checker is also available through the National Coronavirus Helpline, 1800 020 080, 24 hours a day.

Can pregnant and breastfeeding women get vaccinated?

Clinical trials for new medicines do not typically include pregnant or breastfeeding participants. Each country that is or has hosted clinical trials for COVID-19 vaccine candidates has different guidance regarding use of COVID-19 vaccines in pregnancy based on the benefits, risks and uncertainties in the context of the prevailing pandemic situation.

In preparation for vaccine rollout, the Australian Technical Advisory Group on Immunisation (ATAGI) has provided clinical advice for health care providers on the use of COVID-19 vaccines in Australia in 2021. This advice is available [online](#).

ATAGI have also produced a [COVID-19 vaccine decision guide](#) for women who are pregnant, breastfeeding or planning pregnancy. ATAGI is currently reviewing this clinical advice and guidance. The Department of Health will publish revised advice as soon as it is received.

What are the excipients of the vaccine to support or enhance its stability?

Vaccine ingredients vary depending on what the vaccine is for. Information on the ingredients of any vaccine approved for use in Australia is available in the Consumer Medicines Information leaflet associated with the approved vaccine, made available on the TGA website at: www.tga.gov.au using the search term 'Consumer Medicines Information'.

Once an individual is vaccinated, can they still transmit the virus?

A vaccination should not be viewed as a complete substitute for other public health interventions. It should be viewed as supplementary to other measures.

Both the Pfizer and the AstraZeneca vaccine clinical trials demonstrated the vaccine is generally well tolerated, effective at preventing symptomatic COVID-19 and protects against severe disease and hospitalisation.

Ongoing research is required to understand if vaccinated individuals can still transmit the virus to others. For this reason, established public health practices of testing, contact tracing, quarantine and isolation will remain in place until evidence is established that the vaccination prevents transmission.

The TGA will continue to monitor the vaccines effectiveness in preventing transmission of the virus.

What is the mechanism to prove you have had the vaccine? Will there be the 'vaccination passport' or will it simply be an addition to an individual's online health record?

Currently, immunisation coverage in Australia is monitored through the use of the Australian Immunisation Register (AIR). The AIR is a whole of life, national immunisation register which captures all vaccines administered to those living in Australia, including COVID-19 Vaccines.

The AIR Immunisation History statement (IHS) displays all immunisations that an individual has had that are recorded on the AIR. An individual's IHS can be viewed and printed via Medicare Online, myGov or the Express Plus Medicare mobile app. Vaccination providers can print an IHS on behalf of their patient.

The Australian Government is considering mechanisms for recognising an international immunisation certificate for COVID-19, and potential alternate entry and quarantine arrangements for returning Australians who may have been vaccinated, if it is safe to do so.

These considerations are based on the expert medical advice on vaccination effectiveness and on how best to manage the ongoing risk of transmission from international arrivals.

Will we still need other COVID-19 prevention measures?

Even with a safe and effective vaccine available in Australia, this will only be one part of keeping the community safe and healthy. It will be important for Australians to continue to practise good hygiene and physical distancing during the rollout.

Everyone still needs to:

1. wash your hands as often as possible
2. keep your distance where you can
3. stay at home if you feel sick and get tested
4. download the COVIDSafe app