



## COVID-19 VACCINE FAQs

For the latest information about the COVID-19 vaccine:

Visit our COVID19VAX website here: <https://www.svha.org.au/st-vincent-s-covid-19-coronavirus-resources/covid-19-vaccine-information>

Department of Health website: [COVID-19 vaccination: ATAGI clinical guidance on COVID-19 Vaccine in Australia in 2021 | Australian Government Department of Health](#)

Tune in to *Vaccine Watch*, our live weekly bulletin with our Chief Medical Officer Erwin Loh Wednesday @1pm AEDT on [COVID-19 Updates group on Connect](#)

### NEWEST INFORMATION AS OF 23 APRIL 2021:

**What COVID-19 vaccines have been approved and how do they work?** Currently, two COVID-19 vaccines have been approved by the TGA. All vaccines aim to train a person's immune system to recognise a particular virus as dangerous before the person succumbs to the disease. This may prevent infection, or (if infected), prevent more severe disease.

Both the Pfizer and AstraZeneca vaccines induce immunity but in different ways. Both vaccines encourage our immune system to produce its own antibodies against the COVID-19 virus. Both vaccines do this by showing the immune system a part of the COVID-19 virus (this part is called the spike protein). The Pfizer vaccine uses a genetic script (mRNA) to prompt our own cells to temporarily produce COVID-19 spike protein. The AstraZeneca vaccine is an animal adenovirus virus that has been modified so it can make COVID-19 spike protein but also modified so that it can't cause infection and is safe.

In terms of efficacy, early data shows that the Pfizer vaccine protects 94.5% of people from developing COVID-19. The AstraZeneca shot protects 70% of people on average — which is on par with the protection given by a flu vaccine in a good year. Ongoing monitoring in Australia and overseas will allow these efficacy estimates to be refined as we gain more “real life” experience.

**Can I choose which vaccine I get?** As communicated by the Commonwealth, AstraZeneca is the recommended vaccine for all Australians over 50 years of age. People under 50 are still welcome to receive the AZ vaccine, however Pfizer is preferred for this age group. Follow your local facility communications regarding access to the Pfizer vaccine for staff under the age of 50. People over 50 with a medical condition who are seeking access to Pfizer will be managed on a case by case basis and will need approval prior to administration. For more information click [here](#).

**What are the side effects of the COVID-19 vaccine?** ATAGI notes further evidence of a rare but serious side effect involving thrombosis (clotting) with thrombocytopenia (low blood platelet count) following receipt of COVID-19 Vaccine AstraZeneca. For further information refer [here](#).

Common side effects are reported to be very similar to those that you may experience with other vaccines. These are normal as your immune system is being activated. Examples include: Redness or swelling at the injection site, generalised muscle aches and pains, fever, general tiredness for a few days, headache. If you get these symptoms, but have NO respiratory symptoms, you do not require COVID-19 testing. If you ALSO have cough, sore throat, or loss of smell or taste, then you will require COVID-19 testing and should self-isolate until those results are back.



### **I have clinical concerns about the vaccine – is there a resource that can help?**

Yes. Check out: <https://www.ncirs.org.au/covid-19/covid-19-vaccines-frequently-asked-questions>

### **Is the COVID-19 vaccine safe?**

- Yes. The Therapeutic Goods Administration (TGA) has approved the vaccines to be used in Australia after an in-depth and independent full assessment was undertaken.
- Some in the Australian community have expressed a concern that the vaccine was developed too quickly. The speed at which the vaccines were developed are a result of the bureaucratic process being fast-tracked, including access to funding, regulatory approval and data analysis. Clinical trials and ethical oversight of the studies were carried out to the highest standard.

**What is the aim of the vaccination?** The aim of Australia's COVID-19 vaccination program is to reduce COVID-19 related harm and healthcare utilisation by preventing serious illness and death, and, as much as possible, disease transmission.

**Does St Vincent's support COVID-19 vaccines?** Yes. St Vincent's supports all clinically recommended and Therapeutic Goods Association (TGA) approved vaccines for COVID-19.

**Are the vaccines that will be provided in Australia consistent with our Code of Ethical Standards?** Yes. St Vincent's shares the position of the Pontifical Academy for Life that "all clinically recommended vaccines can be used with a clear conscience." More information here.

### **I have ethical concerns about the vaccine – is there a resource that can help?**

Some important ethical concerns have been raised about cell lines used in the development of the Oxford/Astra-Zeneca vaccine. A response from the Pontifical Academy of Life to these questions can be found [here](#). The St Vincent's ethics team is available to discuss this and any other ethical questions relating to the vaccine with you and your teams as needed. Please reach out to [Dan Fleming](#) or [Pip McIlroy](#) for more information.

### **Is it compulsory for me to receive the vaccine as a staff member of St Vincent's?**

We are encouraging all St Vincent's staff to receive the vaccine when it is offered. We see roll out of the vaccine, and its wide uptake, as an expression of our overall commitment to the health of the Australian and international community, especially those who are vulnerable. That said, we acknowledge that some staff will choose not to receive the vaccine for a variety of reasons, and we respect your right to make this choice.

In certain high-risk work settings including areas treating or in contact with COVID-19 or SCovid patients, it will be a requirement that you have been vaccinated. These areas will be different at each facility.

If you work in these areas and do not wish to receive the vaccine, please advise your manager as soon as possible so that an appropriate plan can be put in place which protects your safety and the safety of those you are caring for.



**Who is recommended to receive the Covid-19 vaccine?** COVID-19 vaccination is recommended for all adults to protect against the COVID-19 virus.

#### **Can you get COVID-19 from the COVID-19 vaccines?**

No. None of the COVID-19 vaccines contains live viruses. Therefore, the virus is unable to replicate and grow to cause an infection.

Receiving a vaccine will also not result in a positive COVID-19 swab test. However, it is possible for a person to catch COVID-19 just before or after a vaccination and therefore return a positive test due to an active infection acquired before the vaccine became effective.

It is important to still get a COVID-19 test performed at your local testing centre if you have any of the COVID-19 symptoms as described above, even after you have been vaccinated.

#### **Can the COVID-19 vaccines change your genetic code?**

No. The mRNA genetic material in the Pfizer/BioNTech vaccine is cleared from the body within a short period and the mRNA does not enter the human cell nucleus which is where our DNA is located and cannot alter your DNA or genetic make-up

#### **After I have received the vaccine, do I still need to follow physical distancing and wear a mask when recommended?**

Yes. All COVID-19 safe preventative measures such as wearing masks, physical distancing and frequent hand washing should still be followed after receiving the vaccine. This is because the vaccine program will take a while to be rolled out and for the effect to be seen. If the vaccine program is effective and a large proportion of people are immunised then restrictions may be able to ease as the risk of viral transmission falls.

#### **When does the vaccine start to work?**

The vaccines that are available in Australia are all two-dose vaccines. After the first dose, a good immune response kicks in within about two weeks of that first dose. Your second dose boosts that immune response and your immunity gets even stronger within a shorter period of time than the first dose.

It is not yet known how long immunity lasts from the vaccines. Researchers are following people who have received vaccinations to determine if their immune response is durable over time and the length of time for which they're protected against disease.



### What is Herd Immunity?

Herd immunity is when enough people in a population is immune to make person to person transmission of a particular disease unlikely. Achieving this requires a large proportion of the population to be vaccinated and the vaccine to provide effective, long term protection against infection as well as disease. The early studies of the existing vaccine did not assess their ability to prevent transmission. As we learn more about COVID-19 vaccines, we will learn if herd immunity can be achieved.

### Should I take paracetamol or ibuprofen before and after the COVID-19 vaccination?

Paracetamol or ibuprofen are not recommended routinely before or after vaccination. Paracetamol and / or ibuprofen can, however, be taken for the management of adverse effects such as pain or fever if they occur after vaccination. If you develop a severe reaction at the injection site, you should consult your GP or local staff health clinic.

### Can I get my influenza vaccine at the same time as my COVID-19 vaccine?

It is not recommended that any other vaccines be given within 14 days before or after a COVID-19 vaccine.

### Will the vaccines prevent COVID-19 infection or just severe symptoms?

At this stage the vaccines have been shown to prevent severe COVID-19 disease, but it may still be possible to be infected with, and to transmit (spread) COVID-19 to other people, although the chance of this happening is reduced. For this reason, it is important to be tested if you have any COVID-19 symptoms, even after you have been vaccinated.

### COVID-19 vaccination decision guide for women who are pregnant, breastfeeding, or planning pregnancy.

For more information click [here](#)

### I am pregnant – is it safe to have the vaccine?

The Commonwealth is not routinely recommending COVID-19 vaccine in pregnancy. You and your health professional (GP or obstetrician) should discuss whether the potential benefits of vaccination outweigh any potential risks. Things to consider when deciding to have a COVID-19 vaccine during your pregnancy are whether:

- you have medical risk factors for severe COVID-19 (refer to the Medical conditions that increase the risk of severe COVID-19 section of this information sheet)
- you are at high risk of exposure to the virus that causes COVID-19 or very likely to be in contact with people with COVID-19.



You may prefer to wait until after your pregnancy to be vaccinated if you:

- have no risk factors for severe COVID-19
- are not at high risk of exposure to COVID-19

### **I am planning to get pregnant – is the vaccine safe?**

There is no evidence that women who become pregnant after being vaccinated against COVID-19 have an increased risk of developing complications that affect their pregnancy or their baby's health.

### **Is it safe to continue to breastfeed after the vaccine?**

You do not need to stop breastfeeding before or after vaccination.

### **What is the roll-out plan in Australia?**

The Government has planned a phased roll-out plan to ensure all Australians have access to a vaccine by October 2021

#### **Phase 1a**

- Quarantine and border workers
- Frontline health care worker sub-groups for prioritisation
- Aged care and disability care staff
- Aged care and disability care residents

#### **Phase 1b**

- Elderly adults aged 80 years and over
- Elderly adults aged 70-79 years
- Other health care workers
- Aboriginal and Torres Strait Islander people > 55
- Younger adults with an underlying medical condition, including those with a disability
- Critical and high-risk workers including defence, police, fire, emergency services and meat processing
- Patients with cancer and all people on active cancer treatment including:
  - Adult survivors of childhood cancers
  - Bone marrow transplant recipients or those on chimeric antigen receptor T-cell (CAR-T) therapy or those on immune suppressive therapy for graft versus host disease
  - Haematological diseases or cancers including leukaemia, lymphoma or myeloma - *Diagnosed within the past 5 years or on recently completed active treatment including chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer therapy or with advanced disease regardless of treatment*
  - Non-haematological cancer - *Diagnosed within the past 5 years or on recently completed active treatment including chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer-therapy or with advanced disease regardless of treatment*



### **Phase 2a**

- Adults aged 60-69 years
- Adults aged 50-59 years
- Aboriginal and Torres Strait Islander people 18-54
- Other critical and high-risk workers

### **Phase 2b**

- Balance of adult population
- Catch up any unvaccinated Australians from previous phases

### **Phase 3**

- < 16 if recommended (Pfizer vaccine only)

### **I have a medical condition. Will I be prioritised?**

People aged  $\geq 16$  years with certain underlying chronic medical conditions, outlined below, are at increased risk of severe illness with COVID-19 and will be prioritised for vaccination, particularly those who have multiple comorbidities, including older age.

#### Individuals at high risk of severe COVID-19 illness

- Organ transplant recipients who are on immune suppressive therapy
- Those who have had a bone marrow transplant in the last 24 months
- Those on immune suppressive therapy for graft versus host disease
- Those who have haematological cancers, for example, leukaemia, lymphoma or myelodysplastic syndrome (diagnosed within the last 5 years)
- Those having chemotherapy or radiotherapy

#### Individuals at moderate risk of severe COVID-19 illness including those suffering from:

- Those with chronic renal (kidney) failure
- Those with heart disease (coronary heart disease or failure)
- Those with chronic lung disease (excludes mild or moderate asthma)
- Those who have a non-haematological cancer (diagnosed in the last 12 months)
- Those who have diabetes
- Severe obesity with a BMI  $\geq 40$  kg/m<sup>2</sup>
- Those with chronic liver disease
- Those with some neurological conditions (stroke, dementia, other)
- Those with some chronic inflammatory conditions and treatments
- Those with other primary or acquired immunodeficiency
- Those with poorly controlled blood pressure