

COVID-19 vaccines in Tasmania

FAQ

**KEEP
ON TOP OF
COVID**

What are the benefits of getting the vaccine?

All vaccines approved for use in Australia protect against COVID-19. Being vaccinated reduces your risk of severe illness requiring hospitalisation or admission to the intensive care unit (ICU). It also reduces your risk of death from COVID.

By getting a COVID vaccine, you can help protect yourself, your community, and Tasmania from COVID-19.

You will reduce your risk of severe COVID-related illness and will have the peace of mind of protecting your loved ones.

High levels of vaccination against COVID-19 are key. The more people get vaccinated, the more we can reduce the health, social and economic impacts of COVID. Every dose of vaccine makes a difference.

When do I get my second dose?

For Pfizer (Comirnaty) it is recommended that the second dose is given three weeks (21 days) after the first dose.

For Moderna (Spikevax), it is recommended that the second dose is given four weeks (28 days) after the first dose.

For AstraZeneca (Vaxzevria) vaccine, it is recommended the second dose is given 12 weeks after the first dose.

These intervals give the greatest protection against COVID-19.

You will be booked in for your second vaccine when you get your first vaccine.

Is the vaccine safe?

Yes. All COVID-19 vaccines for use must pass the Therapeutic Goods Administration's (TGA) rigorous approval processes. The TGA assesses any COVID-19 vaccine for safety, quality and effectiveness before it

can be supplied in Australia. There is ongoing rigorous safety surveillance after approval by the TGA to ensure the vaccines remain safe.

COVID-19 vaccination is recommended for all people aged 12 years and over to protect against COVID-19.

The mRNA vaccines, including Pfizer (Comirnaty) and Moderna (Spikevax), are preferred in people aged under 60 years of age or in people over 12 years old who have had cerebral venous sinus thrombosis, heparin induced thrombocytopenia, idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis, anti-phospholipid syndrome with thrombosis, capillary leak syndrome or a history of anaphylaxis to AstraZeneca (Vaxzevria) vaccine or its components (including polysorbate 80).

This preferential recommendation is based on the risk of thrombosis with thrombocytopenia syndrome (TTS) appearing to be higher in younger adults than in older adults and concerns that a history of conditions may increase the risk of TTS.

For more information, visit the TGA website.

How were the vaccines developed so quickly?

While the development and testing of COVID-19 vaccines has been quicker than usual, safety remains the top priority. Hundreds of millions of people are suffering from the ongoing social and economic devastation caused by the pandemic. The urgency of this crisis means that globally all available resources and efforts have been directed towards finding a safe and effective vaccine, and this includes in Australia.

In the past, the process of developing and licensing a vaccine has taken many years, but this has been shortened to within 12 months of the virus being discovered.

Some of the reasons for this rapid progress include:

- Unprecedented funding and collaboration between vaccine developers and governments around the world. Significant financial investments were made,

including building manufacturing facilities during the process of clinical trials, thereby speeding up the distribution process.

- Technology has evolved, making vaccine development faster than in the past. Vaccine development requires understanding a virus's genetic code. New technology enabled researchers to rapidly understand the genetic code of the COVID-19 virus. This allowed scientists around the world to start developing vaccines.
- Clinical trials progress more quickly if a disease is widespread. Because so many people around the world have been sick with COVID-19, it has been easier to enrol people in trials and study the vaccine.
- Importantly, COVID-19 vaccines must pass through the exact same rigor and phases of clinical trials as other vaccines and do not miss any important safety and quality checks along the way. Approval is only given if the vaccine works and meets the appropriate safety requirements.

In Australia, the Therapeutic Goods Administration (TGA) ensures there is an independent quality assessment of every vaccine batch in Australia before vaccines can be distributed.

Who administers the vaccines?

Health professionals who have completed COVID-19 vaccination training will administer the vaccines.

These health professionals include GPs, other doctors, pharmacists, paramedics, and registered and enrolled nurses.

Can pregnant and breastfeeding women get vaccinated?

Yes. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Australian Technical Advisory Group (ATAGI) recommend that pregnant people are routinely offered Pfizer (Comirnaty) COVID-19 vaccine at any stage of pregnancy. This is because the risk of severe outcomes from COVID-19 is significantly higher for a pregnant person and their unborn baby.

Global surveillance data from large numbers of pregnant people has not identified any significant safety concerns with mRNA COVID-19 vaccines given at any stage of pregnancy. There is also evidence of antibody in cord blood and breastmilk, which may offer protection to infants through passive immunity.

Pregnant people are encouraged to discuss getting vaccinated with their health professional. People trying to get pregnant do not need to delay getting vaccinated or avoid becoming pregnant after vaccination.

Which vaccine should I get?

If you are between **12-59 years old**, you should get either of the mRNA vaccines – Pfizer (Comirnaty) or Moderna (Spikevax). The mRNA vaccines are preferred for those aged under 60 years old by the Australian Technical Advisory Group on Immunisations (ATAGI) because of the increased risk of thrombosis with thrombocytopenia syndrome (TTS) with AstraZeneca (Vaxzevria) in younger people.

If you are **60 years old or older**, you should get whichever vaccine is available for you. This includes AstraZeneca (Vaxzevria), Pfizer (Comirnaty), or Moderna (Spikevax).

The expert medical advice from ATAGI is that the benefits of vaccination outweigh the risk of TTS in people over 60 years old.

You should not get an mRNA vaccine – Pfizer (Comirnaty) or Moderna (Spikevax) – if you have:

- A history of anaphylaxis to Pfizer (Comirnaty) or Moderna (Spikevax) vaccines or their components, including polyethylene glycol (PEG).
- Myocarditis and/or pericarditis linked to a previous dose of either Pfizer (Comirnaty) or Moderna (Spikevax)
- A history of any other serious adverse event attributed by a specialist doctor to a previous dose of either Pfizer (Comirnaty) or Moderna (Spikevax).

You should not get an AstraZeneca (Vaxzevria) vaccine if you have:

- A history of cerebral venous sinus thrombosis,
- A history of heparin-induced thrombocytopenia,
- A history of idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis,
- A history of capillary leak syndrome
- A history of anti-phospholipid syndrome with miscarriage or thrombosis
- A history of anaphylaxis to a AstraZeneca (Vaxzevria) vaccine, or an ingredient of the vaccine, including polysorbate 80

- Thrombosis with thrombocytopenia syndrome (TTS) after the first dose of AstraZeneca (Vaxzevria) vaccine, or
- A history of other serious adverse event attributed by a specialist to a previous dose of AstraZeneca (Vaxzevria) vaccine.

People of any age who have already received their first dose of AstraZeneca (Vaxzevria) vaccine without a serious adverse event can safely receive their second dose of AstraZeneca (Vaxzevria) vaccine as recommended by ATAGI.

How do vaccines work?

All vaccines approved for use in Australia protect against COVID-19, including severe illness and death from COVID-19.

Like all vaccines, the COVID-19 vaccines work by training our immune systems to respond to a disease.

The virus that causes COVID-19 (SARS-CoV-2) is studded with spike proteins that it uses to enter human cells. COVID-19 vaccines present our immune system with a part of the virus, the spike protein, so that it is familiar with the virus and able to mount a strong immune response if it encounters the virus in the future.

Will the vaccines protect me against new strains of COVID-19?

All viruses change (mutate). It is anticipated that the mRNA vaccines – including Pfizer (Comirnaty) and Moderna (Spikevax) – and AstraZeneca (Vaxzevria) vaccine should be effective against the newer strains (mutations) 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 strains (mutations) most of the spike protein stays the same, and only a limited part of the spike protein is changed. So, the vaccines should still work against the main, unchanged parts to the COVID-19 spike protein. Researchers are still investigating this and the Therapeutic Goods Administration (TGA) is monitoring this as part of their vaccine approval and monitoring process.

If necessary, it is possible to slightly change the vaccine composition quickly to respond to the new variants. This is done every year for the influenza

vaccine, to keep pace with natural evolution of the circulating influenza virus.

Are there any side effects?

Some people may experience minor side effects following vaccination like those after a flu vaccine. These include pain, redness and swelling at the injection site, fever, chills, headache and tiredness.

Most general symptoms are mild to moderate and resolve within 1-2 days.

A serious allergic reaction such as anaphylaxis is extremely rare. It generally happens within 15 minutes and prompt medical care is required. This is why you are monitored for 15 minutes following vaccination.

Serious side effects after vaccination are rare and if they occur, prompt medical treatment is recommended.

There is a link between the AstraZeneca (Vaxzevria) vaccine and a syndrome called thrombosis with thrombocytopenia syndrome (TTS). This is an extremely rare blood clotting syndrome where there are also low platelets.

The Australian Technical Advisory Group on Immunisation (ATAGI) has reviewed its advice on the use of AstraZeneca (Vaxzevria) vaccine. From 17 June 2021, mRNA vaccines including Pfizer (Comirnaty) and Moderna (Spikevax) are preferred over AstraZeneca (Vaxzevria) vaccine in adults aged under 60 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
- an increased risk of thrombosis with thrombocytopenia following AstraZeneca (Vaxzevria) vaccine in those under 60 years.

One rare side effect of the mRNA vaccines, including Pfizer (Comirnaty) and Moderna (Spikevax) is myocarditis and pericarditis (heart inflammation). Most reported cases have been mild, self-limiting and recovered quickly, although longer-term follow-up of these cases is ongoing. Cases have been reported predominantly after the second dose and predominantly in younger males (aged < 30 years).

COVID-19 VACCINES

POSSIBLE SIDE EFFECTS

EXPECTED SIDE EFFECTS

You may experience these side effects up to 3 days after vaccination:

- headache
- fever
- chills
- tiredness
- pain, redness and swelling at injection site.

SERIOUS SIDE EFFECTS

If you experience the following side effects 4-42 days after vaccination seek immediate medical attention:

- severe or persistent headaches
- blurred vision
- shortness of breath
- chest pain
- persistent abdominal pain
- leg swelling
- unusual skin bruising and/or tiny blood spots
- or any other symptoms that are persistent, severe or worry you.

What do I do if I experience side effects after my vaccination?

See your usual healthcare provider if:

- You are concerned about new or unexpected symptoms
- You have symptoms that are not going away, or getting worse, after a few days
- Call **000** (Triple Zero) in the event of a medical emergency

Adverse events can be reported to Public Health Services. A health care professional can do this for you or you can report adverse reactions by completing the Adverse Event Following Immunisation (AEFI) Reporting Form and submitting to tas.aefi@health.tas.gov.au or via fax on (03) 6173 0821. You can also discuss an adverse event report with the Immunisation team by contacting the Public Health Hotline on 1800 671 738.

What are the signs of a serious adverse reaction?

All vaccines have side effects. Usually these are mild and temporary. Most side effects occur in the first few days after vaccination and go away without treatment in 1-2 days.

If you have symptoms that are persistent or concern you, you should see your doctor.

Symptoms of the rare blood clotting syndrome, thrombosis with thrombocytopenia (TTS), that have been linked to AstraZeneca (Vaxzevria) vaccine may include:

- severe and persistent headaches that don't go away with paracetamol
- blurred vision (or other neurological symptoms)
- chest pain
- leg swelling
- persistent abdominal (belly) pain
- shortness of breath
- tiny blood spots under the skin beyond the site of the injection.

Can I get my flu vaccine at the same time?

No. The recommended minimum interval between COVID-19 vaccine and other vaccines (including influenza vaccine) is 7 days. This may be shortened (including same day administration) in special circumstances.

Do I still need to get tested after I've been vaccinated?

Yes. You can still spread the virus even after you've been vaccinated although it is thought to be less likely.

Less than 48 hours after vaccination:

- Mild side effects following vaccination are common and tend to occur 1-2 days after vaccination. If you experience fever, fatigue or headache within 48 hours of a COVID-19 vaccination, COVID-19 testing may not be required. If you experience respiratory symptoms, such as a sore throat, runny nose or cough, a COVID-19 test is recommended.

Beyond 48 hours after vaccination:

- If you experience fever, fatigue or headache beyond 48 hours following vaccination or you experience any respiratory symptoms such as runny nose, sore throat or cough, a COVID-19 test is recommended.

Do I have to get a vaccine?

Generally, the COVID-19 vaccine will be voluntary, available to everyone and free.

There are some employment settings where the vaccine is now mandatory.

From 17 September, it will be mandatory for aged care workers to have received a first dose of a COVID-19 vaccine or provide evidence of a booking or exemption to their workplace.

From 31 October, all workers in health care settings will need to have received a first dose of a COVID-19 vaccine or provide evidence of a booking or exemption to their workplace by 31 October 2021.

Can I get vaccinated if I'm on a temp. visa / have a cancelled visa, or don't have a Medicare card?

Yes. The Australian Government has advised that all adults 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. This also includes people without a Medicare card.

How can I get proof of vaccination?

You can access a free record of vaccination or a COVID-19 digital certificate online via MyGov through your Medicare or My Health Record account.

For step-by-step help to get your vaccination record or COVID-19 digital certificate, visit the [Services Australia](#) website. If you need more help or can't get online, ring the Australian Immunisation Register on **1800 653 809**.

For more information about accessing your immunisation history or showing you've received the vaccine through myGov, visit servicesaustralia.gov.au.