

SETTLEMENT ENGAGEMENT AND TRANSITION SUPPORT COMMUNITY OF PRACTICE – INFORMATION SESSION

Wednesday 11 August 2021

On 11 August 2021, the National COVID Vaccine Taskforce (the Taskforce), in partnership with Migration Council Australia, held an information session with approximately 50 members of the Settlement Engagement and Transition Support Community of Practice (SETSCoP). The purpose was to share information about the COVID-19 vaccine and hear from participants how the Taskforce can better support migrant and refugee communities during the COVID-19 pandemic and vaccine roll-out.

The Taskforce provided participants with an update on the COVID-19 Vaccine Program, including the in-reach practice incentive payment to support COVID-19 vaccinations for residential care and disability support workers in their workplace, the expansion of the rollout through community pharmacies, and updated advice from the Australian Technical Advisory Group on Immunisation (ATAGI). As at 11 August 2021, over 14 million vaccinations had been administered across Australia since the beginning of the roll-out.

On 17 June 2021, ATAGI updated its recommendation on the AstraZeneca vaccine, recommending that the Pfizer vaccine is preferred for individuals under 60 years old. On 13 July ATAGI published reviewed advice on the use of COVID-19 vaccines in an outbreak setting, including the advice that in the context of a COVID-19 outbreak where the supply of Pfizer is constrained, adults younger than 60 years old who do not have immediate access to Pfizer should re-assess the benefits to them and their contacts from being vaccinated with COVID-19 Vaccine AstraZeneca, versus the rare risk of a serious side effect.

The multicultural component of the National Vaccines Campaign includes advertising translated in 32 languages across television, radio, out of home, print and social media. A substantial range of in-language communication resources with critical information on COVID-19 vaccines for multicultural communities has been developed in up to 63 languages.

Summary of discussions

A high-level summary of the issues discussed at the roundtable is presented below:

1. Vaccines

Why do different people (people of different ages) receive different vaccines? How is that decided?

The safety of the Australian population has always been the Australian Government's highest priority. For this reason, decisions regarding COVID-19 vaccines have been, and continue to be, based on the expert medical advice of the Australian Technical Advisory Group on Immunisation (ATAGI). ATAGI provides independent advice to the Minister for Health on the medical administration of vaccines available in Australia, including COVID-19 vaccines.

AstraZeneca (Vaxzevria), Comirnaty (Pfizer) and Spikevax (elasomeran) are very safe and effective. The Australian Technical Advisory Group on Immunisation (ATAGI) has advised that the Pfizer vaccine (Comirnaty) is the preferred vaccine for those aged under 60 years. ATAGI has reiterated that the AstraZeneca (Vaxzevria) is safe for those aged 60 and over. Access to the Pfizer vaccine is prioritised for those whom the Pfizer vaccine is the only COVID-19 vaccine currently recommended.

Why is Australia not offering other vaccines which are being used overseas?

The Therapeutic Goods Administration (TGA) is responsible for assessing all COVID-19 vaccines before they can be used in Australia. It will only register a vaccine if its benefits are much greater than its risks. Before a vaccine can be used in Australia, the company which makes it must apply to the Therapeutic Goods Administration to have their vaccine approved for use in Australia. The Therapeutic Goods Administration (TGA) welcomes any company to submit their vaccine for approval. Not all vaccine companies have applied to be assessed or been through Australia's vigorous safety testing process.

Why do different vaccination centres have access to different vaccines?

We have many COVID-19 vaccination providers, including general practices, Commonwealth Vaccination Clinics (CVCs), Aboriginal and Torres Strait Islander Community Controlled Health Services (ACCHS), vaccination administration service providers, community pharmacies and state and territory vaccination hubs.

The distribution of COVID-19 vaccines is dependent on vaccine supply. As AstraZeneca (Vaxzevria) stock is readily available and has similar storage and handling requirements as other vaccines, it has been provided to all sites interested in administering COVID-19 vaccines.

To ensure broad national access to mRNA vaccines (Pfizer and Moderna) through a large number of points of presence across the country, Pfizer is being administered through general practices, CVCs, ACCHS, and state and territory vaccination clinics. From September, community pharmacies will be administering Moderna.

Do vaccines affect young people going through puberty and are there other side effects for this age group that we should be aware of?

There is no evidence of any adverse events specifically in young people going through puberty. As with all age groups, [minor side effects](#) may be experienced following vaccination. Most side effects last no more than a couple of days and should resolve within a few days.

How long does protection from the vaccine last?

It is not yet known how long the protection of the COVID-19 vaccine will last. We will know more through ongoing research. Clinical trials are currently happening to find out if we will need booster doses on an annual or longer basis.

When will we need booster vaccines?

The Commonwealth have purchased enough vaccines for everyone to have a booster and is currently working through how booster vaccines may play a role in the COVID-19 Vaccination Program.

Who is responsible for any harm caused as a result of the vaccine?

On 28 August 2021, Minister Hunt announced details of the COVID-19 Claims Scheme. The Scheme will cover the costs of injuries \$5,000 and above due to a proven adverse reaction to a COVID-19 vaccine or its administration.

For claims between \$5,000 and \$20,000, claimants will need to provide applicable evidence of:

- the nature of their injury and medical documentation of its likely relationship to a COVID-19 vaccination
- hospitalisation of at least one night, due to a vaccine-related injury

- medical costs
- lost wages

Successful claims will be reimbursed based on substantiated costs incurred due to their injury.

The evidence requirements for claims \$20,000 and over will be advised as part of additional information on the Scheme in the future.

In order to receive compensation under the Scheme, the patient needs to have been hospitalised and the injury or adverse event must be caused by the administration of a TGA approved COVID-19 vaccine. The recognised side effects to the COVID-19 vaccines are included in the approved Product Information and include thrombosis with thrombocytopenia syndrome (TTS) associated with the AstraZeneca vaccine and myocarditis and pericarditis associated with the Pfizer vaccine.

The Government has established a process for those who wish to pre-register their interest in accessing the Scheme. This information can be found on the Department of Health website at www.health.gov.au/COVID-19-vaccination-claim-scheme. People who register will be advised when the submission of claims process opens later this year.

Once the simple application channel through Services Australia is established, those who have pre-registered will be notified that they can submit their applications. Some claims will be assessed by independent experts, and compensation paid based on the recommendations.

The COVID-19 Vaccine Claims Scheme will be backdated to February 2021 and provide people with an alternative, administrative option to seek compensation, rather than a complex and costly court process.

People who receive a COVID-19 vaccination and have an adverse event are encouraged to report it to their doctor who can provide the information to the TGA to ensure such events are included in its reporting.

2. Mental Health

How can settlement providers access resources and guidance around mental health for their clients? And how is the Australian Government sharing key messaging around mental health support that is in-language?

The following links were shared with participants:

[Translated mental health resources](#)

[Beyond Blue - Information in languages other than English](#)

[Mental Health Australia 'Embrace' Framework](#)

3. COVID-19

Is a person who previously contracted COVID-19 immune because of the development of antibodies?

Past infection with SARS-CoV-2 is not a contraindication to vaccination; however, it is recommended that vaccination be deferred for up to six months after the acute illness in those who have had PCR-confirmed SARS-CoV-2 infection. Evidence suggests that past infection reduces the risk of reinfection for at least 6 months. Individuals who have prolonged symptoms from COVID-19 beyond six months can be vaccinated on a case-by case basis. There are no specific safety issues with vaccinating people with a past infection of SARS-CoV-2.

Serological testing or other testing to detect current or previous infection with SARS-CoV-2 before vaccination is neither necessary nor recommended before vaccination.

If outbreaks get worse, do we have adequate supplies?

Early in the pandemic, GP-led Respiratory Clinics were introduced to assist those with respiratory illnesses, with over 140 currently operating across the country. We have also partnered with the National Medical Stockpile and Primary Health Networks to distribute personal protective equipment (e.g. masks, gloves, goggles) packages to hotspot locations.

Why are HSC students in Sydney able to get vaccinated?

State and territory governments can choose to prioritise certain groups for vaccination. The NSW Government made the decision to prioritise HSC students in certain LGAs in Sydney for vaccination before returning to face to face learning.

Will there be increase in caps for international arrivals?

This is a decision made by [National Cabinet](#).

4. Communication

Will the Eligibility Checker be available in more languages?

The Taskforce is investigating additional languages for the Eligibility Checker and welcomes suggestions as to which languages they should be.

The Eligibility Checker is currently translated in 15 languages, plus English. There is a lot of work to update the Eligibility Checker and translations each time there is a content or policy change.

The reason these languages have been chosen is a combination of the highest number of people who speak the languages in Australia with lowest English proficiency. Additional languages were included based on advice from the NSW Ministry of Health to support the outbreak in NSW.

Are there simple, in-language resources about (i) eligibility for different aged groups, (ii) where to get vaccinated and (iii) whether an appointment is needed?

[The COVID-19 eligibility checker](#) is translated for assistance in-language to check eligibility and make bookings.

The Department of Health's website has in-language pages in 63 languages with information on booking appointments, doses, and eligibility. The in-language pages can be found at www.health.gov.au/covid19-vaccines-languages.

A range of in-language communication resources, including radio and print editorials, videos, social media resources, posters and fact sheets are also available on the Department of Health website with this information.

The restrictions are often very complex, unclear and we spend a lot of time explaining those to clients. Clear, easy-to-understand in-language information is not available. Can the government work with the states to address this?

The Department of Health meets weekly with communication contacts in state and territory governments to ensure alignment of our communication approaches. Translated communication

resources are regularly shared with these state and territory contacts by the department. In addition, state and territory governments continue to regularly communicate with culturally and linguistically diverse communities through their networks and a range of channels.

Myth are persisting, we need more plain language, brief resources to help speaking to communities.

The Department of Health website has dedicated pages for each of the 63 languages with translated content on COVID-19 vaccine information, at www.health.gov.au/covid19-vaccines-languages. These pages house a range of in-language communication resources for multicultural communities that promote vaccination and to address concerns and misinformation. These resources include radio announcements, videos with multicultural health professionals, videos with multicultural community members sharing their vaccinations experience, a video development guide for community leaders to film their own videos, social media resources, posters, and fact sheets. These resources explain critical information about COVID-19 vaccines, including safety standards, how vaccines work, booking appointments, doses, eligibility, and facts to address misinformation.

Funding has been provided for peak multicultural organisations to help reach culturally and linguistically diverse communities. The four peak multicultural organisations are: Migration Council Australia, Settlement Council of Australia, Federation of Ethnic Communities Councils of Australia, and Multicultural Youth Advocacy Network.

The Australian Government has engaged the Federation of Ethnic Communities' Councils of Australia (FECCA) to administer a [CALD COVID-19 Small Grants Fund](http://fecca.org.au/grants/), to support multicultural community groups to design and lead grass roots communication activities, tailored to meet the needs of their communities. The Taskforce encourages you to visit the CALD COVID-19 Small Grants Fund webpage at <http://fecca.org.au/grants/> or contact smallgrants@fecca.org.au for information about how to apply.