

COVID-19, Testing and Vaccine Q&As from the Department of Health

Is there information about the difference between Novavax and other vaccines?

The Department has developed resources about the Nuvaxovid (Novavax) COVID-19 vaccine, including two factsheets translated into 72 languages. The factsheets contain comprehensive information about Novavax, including: how it is manufactured, its safety and benefits, information for pregnant and breastfeeding women, children and people with weakened immune systems, precautions, and aftercare. Resources are available on the Department's website:

- <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/approved-vaccines/novavax>
- <https://www.health.gov.au/resources/publications/covid-19-vaccination-information-on-nuvaxovid-novavax-covid-19-vaccine>
- <https://www.health.gov.au/resources/publications/covid-19-vaccination-after-your-nuvaxovid-novavax-vaccine>

Will the number of vaccination and testing centres be increased due to the requirement to get the booster and increase in case numbers? (Long queues discourage clients getting vaccinated).

Providing access to safe and effective COVID-19 vaccines to everyone in Australia seeking to be vaccinated is a key priority of the Australian Government. There are now over 9,700 places you can get vaccinated in Australia, including general practices, community pharmacies, Commonwealth Vaccination Clinics and state and territory vaccination clinics. The [COVID-19 Vaccine Clinic Finder](#) has details of all clinics, and is the best way to book a vaccination.

The Department is currently considering the need for additional GP-Led Respiratory Clinics where there may be services gaps.

Is there information about RAT tests that can be shared? Eg. What is the difference between PCR and RAT tests? What do the different brands of RAT tests mean? Is it in multiple languages?

What is the difference between PCR and RAT tests?

Two types of tests that can detect the presence of the SARS-CoV-2 virus (the virus that causes COVID-19) are: nucleic acid tests and rapid antigen tests.

Nucleic acid tests (which includes PCR tests)

These tests detect the presence of the genetic material, called nucleic acids, of the actual virus. They are good at detecting the virus early in the infection and can sometimes even detect the

virus in a person before they become unwell. There are several types of nucleic acid tests that can be used to detect COVID-19, including polymerase chain reaction (PCR) tests.

PCR tests are generally considered better at detecting the presence of the COVID-19 and are currently the gold standard for diagnosis of COVID-19.

Nucleic acid tests are complicated to do and usually need specialist scientists to run the tests in a laboratory to get an accurate result. There are now some COVID-19 nucleic tests available that can be used outside of a laboratory by trained health professionals. Most of these systems give results quickly but cannot do many tests at once.

Rapid Antigen Tests

These tests can detect the presence of specific proteins of the virus. They are most accurate when used to test symptomatic individuals. However, they are not as good at detecting virus as a nucleic acid test.

Rapid antigen tests are generally best performed within the first 7 days from when symptoms first appear. They are not as accurate if you do not have symptoms and can produce false negative or false positive results. Most tests produce a result within 10-20 minutes.

- *Point of Care Tests*

Rapid antigen point of care tests are test that can be performed by health practitioners, or trained persons under their supervision. This ensures a suitable health practitioner, or trained person under their supervision is available to ensure an adequate sample is collected, the results are interpreted correctly, and immediate clinical advice and treatment can be provided if required.

For more information on supply of point of care rapid antigen tests see rapid antigen point-of-care testing in Australia.

- *Rapid Antigen Self-Tests (home use tests)*

These are tests that can be used unsupervised anywhere, such as at home or work, without the involvement of a health practitioner. The person collects the sample, performs the test and interprets the results by themselves.

For more information on supply of self-test rapid antigen tests see COVID-19 rapid antigen self-tests in Australia. A list of all COVID-19 rapid antigen self-tests (home use tests) that are approved for supply in Australia is available on the TGA website along with the manufacturer's instructions for how to use the tests. This list is regularly updated as new tests are approved or if tests are cancelled or withdrawn.

Home use tests can be purchased on-line, from pharmacies or from any other retail outlet that stocks the test. Further information is available in the consumer fact sheet (pdf,393kb).

What do the different brands of RAT tests mean?

The TGA's performance requirements for COVID-19 rapid antigen self-tests are internationally aligned with technical specifications published by the World Health Organisation (WHO) and the European Commission. This includes a clinical sensitivity of at least 80% (for specimens collected within 7 days of symptom onset) and a clinical specificity of at least 98%.

The table on the TGA [website](#) provides an indication of the performance of COVID-19 rapid antigen self-tests, including information on the clinical sensitivity of each test. This is based on the studies performed by the manufacturer which show the positive percent agreement (PPA). PPA is the proportion of individuals who tested positive to COVID-19 using a rapid antigen self-test, compared to those who tested positive to COVID-19 using a more sensitive PCR test.

The inclusion of this information does not represent TGA endorsement of a particular test as all approved tests meet the performance requirements. The manufacturer's sensitivity information is also included in the instructions provided with each test and can be viewed by clicking on the links in table below. For each test a comment on the clinical sensitivity is assigned as follows:

- **Acceptable sensitivity** - clinical sensitivity greater than 80% PPA
- **High sensitivity** - clinical sensitivity greater than 90% PPA
- **Very high sensitivity** - clinical sensitivity greater than 95% PPA

Is it in multiple languages?

In relation to translated resources for rapid antigen tests (RAT), the guidance provided by the TGA outlines the requirements for instructions for use, including that they can be used by individuals of different literacy levels and be available in multiple languages. The inclusion of simple diagrams or pictograms providing step by step instructions also improves usability for users who speak a language other than English. The Therapeutic Goods Administration (TGA) have not enforced that Instructions for Use (IFU) must be provided in other languages, but it is encouraged. There is no requirement about videos in other languages.

Requirements to be met by sponsors (suppliers) of COVID-19 RATs vary, depending on whether the test is approved as a point-of-care test or a self-test.

Following the recent changes around use of rapid antigen test (RAT) self-tests and there no longer being a requirement for confirmatory PCR testing, the TGA has updated their consumer fact sheet.

The requirements for labelling to be provided are detailed in the supporting data checklist at <https://www.tga.gov.au/sites/default/files/checklist-for-application-covid-19-rapid-antigen-self-test.docx>

All of the details in this checklist (including labelling requirements in the last appendix) are required to be met.

There is also more information on labelling in the TGA guidance document COVID-19 rapid antigen self-tests – Performance requirements and risk mitigation strategies

Will there be other vaccinations that are able to given to children?

Currently, the Comirnaty (Pfizer) paediatric COVID-19 vaccine is approved in Australia for children aged 5 to 11 years and the and the Spikevax (Moderna) COVID-19 vaccine for children aged 6 to 11 years. Information about COVID-19 vaccines for children is available on the Department of Health website: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/who-can-get-vaccinated/children>

No COVID-19 vaccine is currently approved in Australia for children aged under 5 years. The TGA has not received an application to extend the use of any provisionally approved COVID-19 vaccine to children under 5 years of age. Once an application is received to register a vaccine for use in this age group, it will be evaluated by the TGA with the greatest priority. There are clinical studies underway for children under 5 years of age. This includes clinical trials currently being undertaken by Pfizer to determine the appropriate dose for children under 5 years of age, as a lower dose than that approved for children aged 5-11 years may be required. The TGA is in regular contact with vaccine sponsors to ascertain their plans for future data submission, which includes outcomes of clinical trials in children under 5 years of age. If a vaccine for children under 5 years of age is registered for use by the TGA, the Department of Health will seek advice from ATAGI as appropriate. ATAGI will make its recommendations after carefully considering the relevant risks, benefits and uncertainties of the evidence.

What health care is available should our clients on non-substantive visas/no visas become seriously unwell with COVID-19?

The network of 134 [GP-led Respiratory Clinics](#) (GPRCs) across Australia are funded by the Commonwealth to provide free medical assessments to people with respiratory symptoms, conduct testing where required and provide treatment services to COVID positive people. All services provided through GPRCs are available to people who do not hold a Medicare card.

The Department of Home Affairs and Department of Social Services have provisions in place to support asylum seekers access rapid antigen tests (RATs):

- The Department of Home Affairs will provide clients in Residence Determination with access to 10 free RATs from the Detention Health Service Provider (IHMS) pharmacies over a 3-month

period, based on the Department of Health advice for those with government-issued concession cards. This approach is consistent with community standards, on the basis of the inherent vulnerabilities of the Residence Determination cohort.

- The Department of Social Services oversees an Emergency Relief (ER) program. ER can provide assistance to people in financial crisis, including asylum seekers. ER services are delivered by 196 Commonwealth-funded community organisations nationally and help people address immediate basic needs in times of crisis. ER supports people experiencing financial distress or hardship and who have limited means or resources to help them alleviate their financial crisis. The type of assistance offered by ER providers may include food, clothing, vouchers, budgeting assistance, and referral to other services. This may also include support to purchase a rapid antigen test (RAT), where there are no other options available. Access to ER is free. There are no citizenship

or residency requirements to access ER. People seeking assistance can access contact details for ER providers by selecting 'Financial Crisis and Material Aid - Emergency Relief' on the DSS Grants Service Directory at <https://serviceproviders.dss.gov.au/>. Ask Izzy is also a free resource for people to find other support services close to them.

Are there multilingual resources available to support with helping clients access their vaccine certificate?

The Services Australia website has [information about getting proof of COVID-19 vaccination](#), including how to get proof when you don't have Medicare or can't have a COVID-19 vaccination for medical reasons. Services Australia has also published [Easy Read resources](#) about getting proof of COVID-19 vaccinations.

ATAGI recommends you wait 3 months from time of COVID infection before having your third vaccination. Is the same time frame if a child is COVID positive and has only had one vaccination? Information is coming out of Canada says there may not be as much protection from COVID antibodies as once thought and getting vaccinations earlier than three months may be better. Is there a comment.

Past SARS-CoV-2 infection is not a contraindication to vaccination and people who have had COVID-19 should receive the same number of COVID-19 vaccine doses as people who have never been infected. People with SARS-CoV-2 infection can be vaccinated when they have recovered following their confirmed infection, or can defer for up to 4 months after the onset of the infection (with or without symptoms).

- There is no minimum timeframe.
- The advice is the same no matter the age of the person.

ATAGI recently decreased the timeframe from 6 months to 4 months based on the increased risk of re-infection with the Omicron variant, particularly for those who had a Delta variant infection in 2021.

- Previously, past infection was shown to reduce the risk of reinfection for at least 6 months.
- However, early evidence from the Omicron wave shows there is an increased risk of re-infection that was not present during the Beta and Delta variant waves.

Vaccination after testing positive for COVID-19

ATAGI has reviewed its advice on vaccinating people who have had COVID-19: <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/advice-for-providers/clinical-considerations>. People who have had COVID-19 can be vaccinated with a COVID-19 vaccine. Vaccination can be deferred for up to 6 months as past infection reduces the chance of reinfection for at least this amount of time. **There is no requirement to delay vaccination.**

People might choose to be vaccinated if they:

- are significantly immunocompromised and may be at greater risk of getting COVID-19 again
- have a job that requires them to be vaccinated
- have a job that puts them at greater risk of being exposed to COVID-19

People should not be vaccinated until they have recovered from the acute illness.

If a patient tests positive for COVID-19 between their first and second doses, the patient should not receive their second dose until they have recovered from the acute illness.

People with prolonged symptoms from COVID-19 beyond 6 months should be vaccinated on a case by case basis. You can seek further advice from a [specialist immunisation service](#) if required.

How can someone who has had COVID-19 get a short-term vaccination exemption?

Vaccinations may reasonably be temporarily deferred for individuals with some acute major medical conditions (e.g. undergoing major surgery or hospital admission for a serious illness). Typically, these are time-limited conditions (or the medical treatment for them is time limited) and therefore temporary exemptions are considered appropriate. These exemptions are only to be given where a suitable alternative COVID-19 vaccine is not readily available for the individual; all COVID-19 brands must be selected on the medical exemption (IM011) form.

Temporary exemptions for longer than 6 months are NOT recommended in the first instance, as they should be reviewed as the individual recovers from their acute major medical illness. This time limitation will allow individuals who can safely be vaccinated to be protected against COVID-19 in a timely way.

Further advice about exemptions can be found on the ATAGI [website](#).

How can people without Medicare or an Individual Healthcare Identifier (IHI) get proof of COVID-19 vaccination?

The Immunisation History Statement shows all the immunisations an individual has had in Australia that are on the Australian Immunisation Register. You can also get a COVID-19 digital certificate which only shows your COVID-19 vaccinations. You will be able to see your digital certificate after you have had all required doses of an approved COVID-19 vaccine. Both are proof of COVID-19 vaccination.

If you're not eligible for Medicare and want to get proof online, you will need an Individual Health Identifier (IHI). You can get your immunisation history statement or COVID-19 digital certificate through the Individual Healthcare Identifiers (IHI) service in [myGov](#).

If you do not have an IHI and cannot get proof of your COVID-19 vaccination online through myGov, you can ask your vaccination provider to print a copy of your [Immunisation History Statement](#) for you or you can call the [Australian Immunisation Register](#) to have an Immunisation History Statement sent in the post. It can take up to 14 days to arrive. Information about [how to get proof of your COVID-19 vaccinations](#) is available on the Services Australia website.

Mandatory vaccinations for COVID-19

Depending on your industry and where you live, it may be mandatory for you to be vaccinated against COVID-19. This is a decision for your state or territory government or your organisation. Safe Work Australia has published model WHS laws for employers, small businesses and workers about their obligations in regards to COVID-19 vaccination: <https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/general-industry-information/vaccination>

The states and territories have mandated COVID-19 vaccinations in certain industries. You can find state and territory information on their respective websites:

- [NSW](#)
- [Victoria](#)
- [Tasmania](#)
- [Queensland](#)
- [Western Australia](#)
- [South Australia](#)
- [Australian Capital Territory](#)
- [Northern Territory](#)

Which vaccines are recognised for incoming travellers from overseas?

Individuals who have received vaccinations overseas can have the details reported to the AIR upon their return to Australia. The overseas vaccination/s can be reported to the AIR by a recognised vaccination provider in Australia, with the patient present (to confirm/validate vaccination history and revaccinate if required). The records must be in English (original or translated).

Currently only COVID-19 vaccines registered by the TGA can be reported to the AIR. This includes AstraZeneca, Pfizer, Moderna, and Janssen-Cilag COVID Vaccine (also known as Johnson and Johnson), administered on or after 1 October 2020.

On 1 October 2021, the TGA announced that Coronavac (Sinovac) and Covishield (AstraZeneca) vaccines be considered 'recognised vaccines' for incoming international travellers to be regarded as appropriately vaccinated. The Department of Health is working with Services Australia on enhancements to allow these vaccines to be reported to the AIR.

Individuals who have received a complete course of a Coronavac (Sinovac) or Covishield (AstraZeneca) will be able to access vaccination evidence such as a COVID-19 Digital Certificate and/or IHS.

What resources are there to help people find clinics and book appointments?

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

A priority service was implemented on 31 August 2021 to support people with culturally and linguistically diverse backgrounds able to contact Translating and Interpreting Services (TISNational) on 131 450, with priority connection through to the National Coronavirus Helpline.

The service is accessed by TIS interpreters via a priority phone number that is not available to members of the public. The average waiting time on the priority line is less than one minute, with average call duration between two and three times that of the general line (10 to 16 minutes). The service supports people with culturally and linguistically diverse backgrounds to access relevant information or obtain assistance with finding vaccine appointments.

Call takers provide COVID-19 information and support callers to book their vaccination appointment by providing step by step assistance. Callers requiring clinical information are escalated to priority clinical agents who will speak to callers via the TIS interpreters. Translated resources can be sent to callers after the call by SMS in their language if they wish to receive further information (included via SMS containing links to jurisdictional translated materials).

What in-language information is available about COVID-19 vaccines?

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 national [Vaccine Clinic Finder](#) is a complete list of all clinics in Australia. Details of over 10,000 vaccination clinics and participating pharmacies are available.

It is the best way to compare clinics, check availability and book an appointment in one place. New clinics are added all the time.

Will the Vaccine Clinic Finder be available in more languages?

The Vaccine Clinic Finder is currently translated in 15 languages, plus English. There is a lot of work to update the Vaccine Clinic Finder 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.

The Taskforce is investigating additional languages for the Vaccine Clinic Finder and welcomes suggestions as to which languages they should be.

Are there in-language materials for those seeking access to their proof of vaccination?

Services Australia's website includes translated information about accessing proof of vaccination:

<https://www.servicesaustralia.gov.au/individuals/subjects/getting-help-during-coronavirus-covid-19/covid-19-vaccinations/how-get-proof>.

Is there a WhatsApp group or other message service that people can subscribe to in order to access audio information about COVID-19 and vaccinations?

The Taskforce has investigated using WhatsApp to engage with multicultural communities, however, we have been unable to utilise this as a communication channel as WhatsApp is a closed network and relies on people sharing information between their own communities and groups. Advertising or direct marketing is also not possible on WhatsApp.

The [Department of Health's website](#) has a range of in-language audio and video files that can be shared on WhatsApp and other social media platforms, and we encourage everyone to share these within their groups on WhatsApp.

Can the Commonwealth send in-language audio messages through text to CALD communities?

Due to privacy limitations around individuals' phone numbers, the Department of Health is unable to direct message people via SMS.

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.

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.

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](#)

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](#), 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.

How will you the department support the dissemination of information at the grassroots level particularly hard to reach communities? Is there any additional information about the community grants funding that community groups can apply for to support the vaccine rollout?

\$2.1 million has been provided for peak multicultural organisations to support the COVID-19 Public Information Campaign for multicultural communities. The department has engaged Federation of Ethnic Communities' Council of Australia (FECCA), Migration Council Australia (MCA), Settlement Council of Australia (SCOA), and Multicultural Youth Advocacy Network (MYAN) to lead community engagement activities with communities across Australia and to develop culturally appropriate and effective communication materials. FECCA has been engaged to administer a small community grants program to provide funding to multicultural community groups to support them to design and deliver targeted grassroots communication activities within their communities. More information on the grants program is available [here](#).

The fear of AstraZeneca is still very prevalent in the community and misinformation continues to spread. Could the department look at more in-language advertisements on social media platforms that are targeted at debunking common myths?

The department has developed a strategy to address misinformation relating to COVID-19 vaccines where misconceptions are countered with solid, evidence-based facts delivered by authoritative health experts. This includes addressing misinformation about the ingredients in vaccines. The department will be working with multicultural stakeholder networks, community leaders and members to help address concerns and hesitancy through local level engagement. As part of this strategy a list of commonly asked questions has been compiled and published on the Department of Health website in 63 languages, available [here](#).

The department has also produced a series of in-language videos to address some of the misinformation and concerns expressed by multicultural communities on the vaccine roll-out program. This video series features bilingual health professionals covering topics including how vaccines work, safety and approval processes and messaging reinforcing that COVID-19 vaccines are available for everyone in Australia. These videos will be included in the June Stakeholder Pack being sent to participants on 30 June 2021.

Would it be possible to have experts who can provide answers directly to members of migrant and refugee communities, in response to media reports on side effects of vaccines?

The department's in-language videos, featuring bilingual health professionals, cover how vaccines work and vaccine safety. These videos are included in the June Stakeholder Pack being sent to SETSCoP participants.

Where will the new video and audio methods of sharing vaccine roll-out information be displayed? Will they be in-language and if so, which languages?

In-language videos are being produced on a number of topics including:

- Your COVID-19 vaccination appointment – what to expect
- What is the COVID-19 vaccine?
- Reasons to have the COVID-19 vaccine
- What to expect after you COVID-19 vaccinations (including information about side effects)

These videos will be translated into approximately 35 languages determined by population size with low English proficiency in Australia. These selected languages are yet to be finalised.

Is there a plan to resource more relationship-focused communication strategies for the most vulnerable in CALD communities, rather than relying on written communication approaches?

The department has engaged four peak multicultural organisations (Federation of Ethnic Communities' Council of Australia (FECCA), Migration Council Australia (MCA), Settlement Council of Australia (SCoA) and Multicultural Youth Advocacy Network (MYAN)) to deliver consultations within multicultural communities across Australia. In addition, FECCA is administering a \$2.1 million COVID-19 small grants program to provide multicultural community groups the opportunity to design and lead consultations in their communities at the grassroots level. The [COVID-19 Small Grants](#) program on opened on 21 June 2021.

How is the Department ensuring those who have limited digital literacy skills are provided with up-to-date and accurate information?

The Department is exploring the use of channels that are not dependent on the audience having access to digital technologies, such as in-language interviews with GPs on community radio and placing posters in GP clinics.

The Department of Health is also holding pop-up kiosks at various shopping centres across Australia, to encourage and support the public with booking their COVID-19 vaccination appointments. The kiosks will have a registered nurse, a concierge staff member and interpreters for the most prominent language groups within each local government area in attendance.

Can the department provide resources in simple English so they are easily translatable, and ensure that translations are correct?

The department's communications team endeavours to use plain English when drafting communication material, including ensuring all words are easy to translate into other languages. The department uses Government translation service provision arrangements which includes mechanisms to minimise the risk of errors in translated material. The arrangements require translators to be accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) and translations to be double checked by a second translator. If type setting is required, it is done by a translation typesetting specialist and then checked again by a NAATI- certified translator. An additional step of having a translation supplier review a document once live on the website has recently been added to the quality assurance process to ensure any technical issues that occur during the publishing process are addressed.

How is the department looking to resolve access issues for migrant and refugee communities caused by the booking process? We have many clients who have been unable to book their vaccine appointments as they do not have the digital skills to book online and cannot get through on the booking phone line as it is inundated with calls.

There are more than 4,500 GPs, State and Territory clinics, Commonwealth Vaccination Clinics and Aboriginal Community Controlled Health Services providing vaccine appointments across Australia. Each vaccine provider operates their own booking service, which may include an online booking system or phone line, or both. People who are eligible for vaccination can contact the National Coronavirus Helpline for help to use the Vaccine Eligibility Checker and find the details of a clinic in their location. Translating and Interpreting Service National is available 24 hours a day, 7 days a week on 131 450 to assist.

Where can we provide feedback on the vaccine booking process?

Feedback on the vaccine booking process should be directed in the first instance to the individual vaccination provider, as each provider operates their own booking service.

Is there opportunity for bilingual support workers to be present at vaccine sites?

Some bilingual workers are already being employed at vaccine sites. The department understands their importance and will continue working to support them.

Is it possible to look at outreach vaccination clinics at shopping centres, schools and sporting clubs? This could help address some of the access issues faced by migrant and refugee communities.

The Australian Government's COVID-19 Vaccination Strategy includes vaccination through workplaces, residences, mass vaccination clinics and general practices. At this stage of the roll- out, vaccination sites include state and territory clinics, Commonwealth Vaccine Clinics, general practice, Aboriginal Community Controlled Health Services and pharmacies.

The Government may consider other sites for COVID-19 vaccination delivery in the future, however presently the focus is on delivering vaccinations via the currently operational vaccine sites.

An additional 840 general practices will soon begin delivering COVID-19 vaccinations to increase the access to AstraZeneca vaccine within areas of limited availability. This is in addition to the approximately 4,400 general practices that are currently participating in the program, taking the total number of practices participating to approximately 5,100.

Is there any demographic data on uptake of the vaccine in people from CALD backgrounds?

The Australian Immunisation Register uploads all immunisations but does not capture cultural background or languages spoken. The department is currently looking to improve this, including through the newly-established CALD COVID-19 Data Working Group. This working group will collaborate with the department to explore options for the collection and usage of multicultural population health data to inform the vaccine roll strategy out for CALD communities.

Is it possible for the Australian Government to incentivise vaccinations through tax deductions, vouchers or other financial benefits?

GPs are being incentivised to deliver the vaccine through the Practice Incentive Program, which provides bulk billed payments for vaccinations and vaccine suitability assessments. There are currently no direct financial benefits provided by the Australian Government to individuals who have received the vaccine.

The Therapeutic Goods Administration (TGA) has issued a new instrument allowing businesses to make representations (i.e. speak and distribute material) about COVID-19 vaccines, including to encourage vaccinations, provided they do not reference specific vaccine brands or make false or misleading statements about the vaccines. The TGA also allows incentive programs in relation to COVID-19 vaccination, such as the rewards program proposed by Qantas.

The TGA has issued guidance for businesses. The Department of Health will work with the TGA on any future iterations as necessary, and seek to link the information in with the existing Safe Work Australia and Fair Work Ombudsman workplace guidance on COVID-19 vaccination.

How are you communicating with people from migrant and refugee backgrounds who are living in regional areas about the vaccine roll out?

The department engaged the services of four key peak multicultural organisations (FECCA, MCA, SCOA and MYAN) to assist with developing content and disseminating key COVID-19 vaccines information to their multicultural networks and communities across Australia. This will include delivering local level community information sessions to communicate key information and to help address any misinformation about the COVID-19 vaccines to multicultural communities that may not have access to digital technologies and channels.

FECCA's small grants program will also assist multicultural community organisations to deliver communication and engagement activities to their communities and networks at a grassroots level, including regional and remote locations.

The department also works in collaboration with the Department of Home Affairs and Services Australia to share key information about COVID-19 vaccines to multicultural communities, at a targeted and local level, through Community Liaison Officers and Multicultural Service Officers.

How are myths about the vaccine being addressed in regional areas?

The department has developed a strategy to address misinformation relating to COVID-19 vaccines where misconceptions are countered with solid, evidence-based facts delivered by authoritative health experts. The department will be working with multicultural stakeholder networks, community leaders and members to help address concerns and hesitancy through local level engagement.

Why are there two types of COVID-19 vaccines and why are they targeted at different age groups?

The Australian Government entered into a number of agreements for COVID-19 vaccines. AstraZeneca and Pfizer were the first two of these vaccines that were provisionally approved by the TGA and had supply available. The Australian Technical Advisory Group on Immunisation (ATAGI) provided advice to Government on which demographic groups were most at risk from COVID-19, and vaccinations were prioritised for these groups. ATAGI found the risk of TTS (Thrombosis with thrombocytopenia syndrome) following vaccination with AstraZeneca Covid vaccine is higher for people under 60 years of age, and so recommended to Government that these younger groups should receive Pfizer instead of AstraZeneca. The Government has accepted the medical advice of ATAGI.

Are embryos used in the vaccine ingredients?

No, none of the COVID-19 vaccines contain cells from embryos. In the manufacturing process for the AstraZeneca COVID-19 vaccine, a laboratory derived cell line generated from a single fetus from 1973 is used to produce the active component of the vaccine. The cells are removed during the vaccine manufacturing process and no cells are present in the final vaccine presentation.

Will vaccination affect the fertility of young men or young women?

For the COVID-19 vaccines assessed so far by the TGA, no evidence of any effect on fertility has been observed in non-clinical studies.

Is there any new information on the long-term side effects of both vaccines?

Vaccination adverse effects and safety are monitored by the TGA and [AusVaxSafety](#), an Australian Government funded active safety surveillance system that complements the work of the TGA. AusVaxSafety is conducting comprehensive active safety monitoring of all COVID-19 vaccines being used in Australia. This is to ensure that the vaccines are safe and to provide clinician and consumer confidence in the vaccination program.

Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination. Vaccine monitoring has historically

shown that side effects generally happen within six weeks of receiving a vaccine dose. Given the sheer number of vaccines administered globally to date, common, uncommon and rare side- effects would

have been detected by now. What's more, scientists have been testing these vaccines in clinical trials since mid-2020, and both the Pfizer and AstraZeneca vaccines have shown excellent safety results.

Minor side effects after either the AstraZeneca or the Pfizer vaccines are relatively common, but most last no more than a couple of days. Common reactions include pain, redness and/or swelling at the site of vaccination, mild fever and headache. Serious reactions are extremely rare.

Is there evidence that vaccine uptake is leading to less transmission of COVID-19 in communities?

The primary purpose of COVID-19 vaccines is to prevent individuals from developing severe disease and death from the SARS-CoV-2 virus. There is promising evidence that in addition to substantially reducing an individual's chance of getting sick, there is a significant reduction in the chance of transmitting the virus to others.

In April 2021, Public Health England reported preliminary results of a large study of SARS-CoV-2 transmission involving more than 365,000 households in the UK with a mix of vaccinated and unvaccinated members. Individuals who tested positive to COVID-19, but had been immunised with one dose of either the Pfizer or AstraZeneca COVID-19 vaccine, had a reduced likelihood of infecting others by 40–50 per cent compared to transmission from unvaccinated individuals. This data suggests that, if someone is infected with SARS-CoV-2 after being vaccinated, they may be only around half as likely to pass their infection on to others, compared to unvaccinated people who become infected.

While this study brings welcome news, there is still much we need to learn about how COVID-19 vaccines affect transmission. More information about the effectiveness of vaccines will become available over time. The department continues to monitor evidence as it emerges.

How is the government disseminating information to CALD communities

The department disseminates a monthly stakeholder kit for stakeholders to pass to their networks; messaging through print, radio and social channels; funding to peak multicultural orgs to support grassroots communication campaign and a small grants program to support community groups running consultations.

How can we ensure people who cannot read and write in English or their own language, are adequately informed?

The department seeks advice from the recently established Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group on messaging and channels used to engage with culturally and linguistically diverse audiences. The COVID-19 Communications Working Group is a subset which supports the development and distribution of COVID-19 information by providing insights and recommendations on communication with multicultural audiences. We also have a multicultural public relations specialist to extend the reach of communications through local level engagement with harder to reach audiences. Public relations activities include distribution of monthly stakeholder outreach packs with translated communication resources, distributed to over 3000 multicultural stakeholders and community leaders. Resources in the stakeholder outreach pack is intended for use by multicultural stakeholders and community leaders to disseminate amongst their networks and contacts and include videos, social media content, audio files, website site and newsletter content, etc.

How can we encourage clients to get vaccinated while allowing choice?

The department aims to provide timely in-language information from trusted sources to people from multicultural backgrounds, in order to ensure people can make well informed choices about vaccination. This includes developing a series of in-language videos to address some of the misinformation and concerns expressed by multicultural communities. This video series feature bi-lingual health professionals covering topics including how vaccines work, safety and approval processes and messaging reinforcing that COVID-19 vaccines are available for everyone in Australia. The videos are available on the Department of Health website in 20 languages, including English. The department is also currently developing in- language videos sharing vaccination stories. These will involve individuals being filmed while having their vaccination. The videos will have an in-language voiceover with the participant talking about why they are having their vaccination as well as share their views of why having the vaccines is important. We have a dedicated section of the Department of Health website which provides information to address the misconceptions circulating about the COVID-19 vaccines. An in-language [FAQ document](#) reflecting the content on this section of the website, in 63 languages is available.

How can we help debunk the myths, such as “the vaccines change a person’s DNA”?

The Department’s [COVID-19 vaccines – Is it true?](#) section can help debunk myths. Social media content, videos and frequently asked questions documents have all been translated and provided to stakeholders to help distribute this message to provide assurance that the COVID-19 vaccine [does not alter your DNA](#).

Is the AstraZeneca vaccine still safe for people over 50

In line with the [Australian Technical Advisory Group on Immunisation \(ATAGI\) advice](#) the key concern is the cohort of people under 50, current research shows the clotting risk drops significantly for people aged 50 and older.

Is there evidence around any ethnic groups being more susceptible to adverse events from the vaccine

No. There is no clear signal or evidence that exists within current research and testing on the vaccines.

Why can’t we all just get the Pfizer vaccine?

The AstraZeneca vaccine is highly effective at reducing the risk of death or severe disease from COVID-19 across all adult age groups. At the present time, the AstraZeneca vaccine is the only vaccine option for reducing this risk for many Australians, since the global availability of alternative vaccines is highly constrained.

On 8 April 2021, the Australian Technical Advisory Group on Immunisation (ATAGI) recommended that the Pfizer COVID-19 vaccine is preferred over the AstraZeneca vaccine for adults aged under 50 years

If people refuse the vaccine, will the virus continue to spread? If so, how can we mitigate this?

Achieving herd immunity is a long-term goal. It usually requires a large amount of the population to be vaccinated. Studies will monitor the impact of COVID-19 vaccines in Australia and whether herd

immunity is developing over time. 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.

In the context of the ongoing risk of COVID-19 in Australia, ATAGI considers that the benefit-to-risk balance is favourable for use of AstraZeneca vaccine in all older adult age groups.

For this reason, public health practices will stay in place until evidence shows that:

- vaccination prevents transmission and
- herd immunity is achieved in Australia.

In the meantime, everyone still needs to:

- [practise good hygiene](#)
- [maintain physical distance](#)
- stay home if you are sick and [get tested](#)
- download the [COVIDSafe app](#)

Will the vaccines work if the virus mutates?

All viruses mutate. COVID-19 is no different and there have been reports in media recently about new strains of the virus.

Data on the real-world effectiveness and duration of protection from the AstraZeneca and Pfizer vaccines, including against current and emerging strains (variants), will be gathered over coming months and years and will be assessed to form future Australian Technical Advisory Group on Immunisation (ATAGI) recommendations.

Can an individual receive a COVID and flu vaccine at same time?

It is recommended that people wait at least 14 days between a dose of seasonal flu vaccine and a dose of the COVID-19 vaccine. The 14-day time frame is a precautionary measure to manage the common side effects that come with many vaccinations.

What is ATAGI?

The Australian Technical Advisory Group on Immunisation (ATAGI) advises the Minister for Health on the National Immunisation Program (NIP) and other immunisation issues.

If I refuse to get vaccinated at one point, will I still be able to get vaccinated later?

Yes. Your eligibility will never expire. Please check: www.health.gov.au/initiatives-and-programs/covid-19-vaccines/getting-vaccinated-for-covid-19/when-will-i-get-a-covid-19-vaccine to find out when you are eligible for your vaccine.

What are the ingredients of the vaccine?

Please see the list provided on the Therapeutic Goods Administration (TGA) website:

- List of ingredients for the Pfizer (Comirnaty) at:
<https://www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2021-PI-01092-1&d=202102161016933&d=202103241016933>
- List of ingredients for AstraZeneca (ChAdOx1-S /University of Oxford) at:
<https://www.tga.gov.au/sites/default/files/auspar-chadox1-s-covid-19-vaccine-astrazeneca-210215-pi.pdf>

What are the potential immediate side effects of the vaccine?

All vaccines can have some side effects. These side effects are usually mild and only last for a few days. Clinical trials of COVID-19 vaccines have shown some side effects that didn't last long, such as a sore arm after injection, fever or muscle aches and headaches. These are a sign the vaccine is working and doing its job.

If you have any questions or worries after your vaccinations, just contact your vaccination clinic or doctor.

What are the potential long-term side effects of the vaccine?

It is not yet known what long-term side effects, if any, are linked to COVID-19 vaccines. Australia's medical experts advise that the benefits of vaccination against COVID-19 continue to outweigh any risk of side effects.

Will the vaccine negatively react with any medications I am taking?

The safety and efficacy of having the COVID-19 Vaccine AstraZeneca with other medications has not been fully evaluated as yet. Similarly with the Pfizer vaccine, limited interaction studies have been performed.

Advice from the Therapeutic Goods Administration (TGA) is to tell your doctor of medications you are taking, have recently taken or might take any other medications, including medicines, vitamins or supplements that you buy without prescription from your pharmacy, supermarket or health food shop.

Is the Pfizer or AstraZeneca vaccine more effective? What are their levels of effectiveness?

The Therapeutic Goods Administration (TGA) has approved two COVID-19 vaccines for use in Australia: Pfizer and AstraZeneca which means Australians have access to two very good vaccines, both of which are safe, effective and high quality.

All vaccines are thoroughly tested for quality, safety and efficacy before they are approved for use in Australia. This includes careful analysis of clinical trial data, ingredients, chemistry, manufacturing and other factors.

The top priority of the Australian vaccination program is to prevent severe illness, hospitalisations and deaths and both vaccines approved by the TGA have been found to be highly effective at achieving these outcomes.

If you are vaccinated, can you still spread the virus?

After receiving your vaccination, it is still important for to continue safe practices to stop COVID- 19 from spreading. Stay 1.5 metres away from others, wash your hands regularly with soap and water, stay home when you're feeling unwell, and wear a mask when required.

Until we have a better understanding of how long immunity will last, whether the vaccine prevents transmission it will be important to maintain the public health protections that keep us COVIDSafe.

Will there be any side effects for women who wish to get pregnant?

If you are pregnant, you should speak to your doctor about COVID-19 vaccines. If you don't have medical risks, or high exposure to COVID-19, you and your doctor may decide to wait until after the baby is born to have the COVID-19 vaccines.

If you are breastfeeding, you can receive COVID-19 vaccines. There are no expected safety concerns for breastfeeding women, or their babies.

If you are planning a pregnancy, you can receive COVID-19 vaccines.

If you have any questions about COVID-19 vaccines and pregnancy or breastfeeding, speak to your doctor.

How does the government check whether or not health care professionals have completed the necessary training to administer the vaccine?

The Australian Government has partnered with the Australian College of Nursing to provide training for the COVID-19 vaccination workforce. This includes immunisation providers and non- clinical and administration staff.

The training is mandatory for COVID-19 vaccination providers.

The modules in the training cover administering vaccines from multi-dose vials, handling and storage of vaccines, safety and surveillance monitoring, and reporting for adverse events after immunisation.

Is there somewhere I can find in-language information about the vaccine and vaccine rollout?

In- language web pages are available on Department of Health's website and this is translated into 63 languages. This can be found at <https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/covid-19-vaccine-information-in-your-language> Translated resources will be added to each in-language page as they become available.

Is there any academic research on the safety of the vaccine?

The TGA are the scientists and medical experts who regulate and approve all vaccines, medicines, and other medical goods for use in Australia. The TGA checks all COVID-19 vaccines for quality, safety and effectiveness before approving them for use in Australia. This is the same process that all vaccines go through in Australia.

Medical experts in the TGA continuously check all vaccines to ensure they are safe.

For more details please visit <https://www.tga.gov.au/covid-19-vaccine-approval-process>

Clients sometimes tells us about the information they receive from family/friends overseas about the lack of safety in the vaccines. What can we say to them to address concerns?

Information provided in Australia is targeted to people living in Australia. 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.

Should I as service provider only allow vaccinated staff to work with clients who are high risk, e.g. older people?

Vaccinations in Australia are voluntary, including the COVID-19 vaccine, however the Australian Government highly recommends that everyone in Australia be vaccinated.

Workplace occupational health and safety is a matter for individual employers and providers.

Safe Work Australia has released some advice about work health and safety laws and COVID-19 vaccination. You can find this information at: <https://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/general-industry-information/vaccination>.