

COVID-19 Vaccination Screening Questions

Decision Support Guide

The Pfizer and AstraZeneca Vaccine protocols contain further detailed information about specific risk factors, contraindications, vulnerable population groups including references to source material. This is developed as a supporting reference guide only. Vaccine protocols and other useful clinicians resources can be found on the [COVID-19 vaccination information for healthcare workers webpage](#). The Australian Technical Advisory Group on Immunisation (ATAGI) provides clinical guidance and advice for COVID-19 vaccines approved in Australia. The expert technical group has provided clinical advice on a number of issues and [are available here](#).

Specific Guidance of Blood Clotting

Rare cases of thrombosis associated with thrombocytopenia syndrome (TTS) have been reported following administration of AstraZeneca COVID-19 Vaccine globally including one case in Australia as of 8 April 2021. TTS can be used interchangeably with the term [Vaccine Induced Prothrombotic Immune Thrombocytopenia \(VIPIT\)](#). These cases can present as cerebral venous sinus thrombosis (CVST), splanchnic vein thrombosis (SVT) and/or arterial thrombosis, all associated with thrombocytopenia.

As of 4 April 2021, 169 cases of CVST and 53 cases of SVT were reported to the [European Medicines Agency](#) out of 34 million vaccinations, with a an incidence rate of about 4-6 per million vaccinated population being reported elsewhere. Of the European reported cases 18 were fatal (0.5 per million vaccinated population). There have been reports of 10-25 percent case fatality from TTS. The onset of reported cases was between 4 to 20 days after vaccination.

The causal relationship and exact mechanism leading to this condition is not yet understood and is being investigated. A number of measures have been announced by ATAGI in relation to Vaccine use effective 8 April 2021.

Importantly, so far, no specific biological risk factors or pre-existing medical conditions have been found to modify that is, increase or decrease) the risk of TTS occurring after the AstraZeneca vaccine. The below advice is developed as a precaution and for an abundance of caution.

Question	Rationale	Actions recommended
Are you younger than 50 years of age?	ATAGI consider that the individual benefit-to-risk balance of vaccination with AstraZeneca vaccine in Australia varies with age. The risk of ongoing health issues and death from COVID-19 is highest in older age groups, particularly rising from 50 years of age. By comparison, the rate, and thus possibility of disability and death from TTS may be higher in younger people.	<p>If for Pfizer vaccination, Vaccination is recommended to proceed.</p> <p>If for Astrazeneca vaccination,</p> <ol style="list-style-type: none"> <u>Change to Pfizer Vaccination if available.</u> <u>If Pfizer is contraindicated or not available, discuss risks and benefits for the individual as per below. If consumer wishes to</u>

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	<p>The analysis of UK data suggests that the risk of serious harm to those vaccine by AstraZeneca vaccines is relatively low and distributed by age groups as per the below table (Based on March 2021 UK data)</p> <table border="1" data-bbox="592 544 935 958"> <thead> <tr> <th>Age</th> <th>Potential serious harm per 100,000</th> </tr> </thead> <tbody> <tr> <td>20-29</td> <td>1.1</td> </tr> <tr> <td>30-39</td> <td>0.8</td> </tr> <tr> <td>40-49</td> <td>0.5</td> </tr> <tr> <td>50-59</td> <td>0.4</td> </tr> <tr> <td>60-69</td> <td>0.2</td> </tr> </tbody> </table> <p>The UK's Winton Centre for Risk and Evidence Communication Analysis is useful to describe different exposure risks for age groups.</p> <p>As the aim of the current vaccination program is primarily around preventing severe disease for individuals who contract COVID-19.</p> <p>Queensland Health respects a person's choice to make an informed decision on whether to accept (or not) the risk of COVID-19 vaccination with the AstraZeneca vaccine.</p> <p><u>Any person aged under 50 years wishing to receive the AstraZeneca vaccine should be fully informed about thrombosis in combination with thrombocytopenia as a rare but serious side effect before vaccination.</u></p>	Age	Potential serious harm per 100,000	20-29	1.1	30-39	0.8	40-49	0.5	50-59	0.4	60-69	0.2	<p><u>proceed, then PROCEED with informed consent.</u></p> <p><u>Risk benefit discussion.</u></p> <ul style="list-style-type: none"> - At the current time, use of Comirnaty COVID-19 vaccine (Pfizer) is preferred over AstraZeneca COVID-19 vaccine in adults aged < 50 years who have not already received a first dose of AstraZeneca vaccine. - This is based both on the increased risk of complications from COVID-19 with increasing age (and thus increased benefit of vaccination), and the potentially lower, but not zero, risk of TTS with increasing age. - People who have had their first dose of AstraZeneca COVID-19 Vaccine without any serious adverse effects can be given their second dose. This includes adults under 50 years of age. - If an individual cannot access Pfizer vaccine for any reason, do they have risk factors which might increase their exposure to COVID-19 in the workplace, their environment or at home? What is their risk of severe disease? They may also have individual reason for not wishing to access the AstraZeneca vaccine and self-perceived risk which should be explored and discussed. - As one example, healthcare workers aged under 50 working in a COVID-19 ward with COVID-19 positive patients may benefit from vaccination to reduce their risk of severe disease should they contract COVID-19 in the course of their work.
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<p>Are you 50 years old or an older age?</p>	<p>Generally, yes but this is dependent on other risk factors, comorbidities, and clinical history.</p> <p>See below responses for following questions,</p> <ul style="list-style-type: none"> - Are you older than 65 years? - Are you older than 85 years? <p>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 favorable for use of AstraZeneca vaccine in all older adult age groups.</p>	<p>Whilst both currently available vaccinations can be provided, individuals may only be offered the choice of one vaccine type due to availability of vaccine supply and the current need to preserve Pfizer Vaccine stock for a large portion of the population (<50 year old) where it is the preferred vaccine. It is anticipated that supply of Pfizer will improve in time following the Commonwealth's procurement of further Pfizer doses on 9 April 2021.</p> <p>Vaccination against COVID-19, with whichever vaccine is available, continues to be important in populations at high risk of COVID exposure as well as risk of severe disease.</p>
<p>Do you have a previous confirmed history of cerebral venous sinus thrombosis (CVST) or splanchnic vein thrombosis (SVT)?</p>	<p>In Europe, it was noted that these blood clots occurred in veins in the brain (cerebral venous sinus thrombosis, CVST) and the abdomen (splanchnic vein thrombosis) and in arteries, together with low levels of blood platelets and sometimes bleeding.</p> <p>Some people have antibodies which activate platelets (anti-PF4 antibodies). These antibodies have been detected in another disorder triggered by the drug heparin, which has a similar presentation (heparin induced thrombocytopenia (HIT). HIT is an immune-mediated complication of treatment with heparin that affects platelet function. A HIT-like mechanism is being</p>	<p>People who have had thrombosis (blood clots) associated with thrombocytopenia (low platelet levels) (TTS) after their first dose of AstraZeneca Vaccine (including CVST, SVT or HIT) should not be given their second dose.</p> <p>Those who have other clotting disorders including thrombosis without thrombocytopenia after their first dose of AstraZeneca Vaccine should be given their second dose.</p> <p>Those still unvaccinated with a prior history of other clotting disorders (without thrombocytopenia) can be considered for the AstraZeneca Vaccine.</p>
<p>Do you have a previous confirmed medical history of heparin induced thrombocytopenia (HIT)?</p>	<p>investigated as a potential, but unconfirmed, pathway to CVST post COVID-19 vaccination.</p> <p>It is currently unknown if a prior history of these</p>	<p>See below links for further guidance</p> <ul style="list-style-type: none"> - ATAGI statement on AstraZeneca vaccine in response to new vaccine safety concerns

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	<p>conditions will increase your risk of TTS/VIPIT post-vaccination with AstraZeneca, however these screening questions have been implemented as a precaution.</p> <p>There is currently no evidence of a higher risk of common thrombotic disease after COVID-19 vaccination in people with a history of clotting conditions. ATAGI continues to recommend vaccination with either AstraZeneca or Pfizer (Comirnaty) COVID-19 vaccines in people with a history of the below conditions:</p> <ul style="list-style-type: none"> - deep venous thrombosis and/or pulmonary embolism - risk factors for thrombosis (such as use of oral contraceptives or smoking) - thrombocytopenia (low platelets that can occur with clotting conditions) - known thrombophilic disorders - cardiovascular disease (such as myocardial infarction or stroke) - on anticoagulants (e.g. warfarin). <p>TTS/VIPIT is a still poorly understood and we are learning more about it daily and this advice will be updated as more information is available.</p>	<ul style="list-style-type: none"> - Joint statement on COVID-19 AstraZeneca vaccine advice from ATAGI - ATAGI statement for health care providers on suitability of COVID-19 vaccination in people with history of clotting conditions - ATAGI statement on COVID-19 vaccination and a reported case of thrombosis - THANZ Vaccine Thrombocytopenia Working Group's Vaccine Induced Prothrombotic Immune Thrombocytopenia (VIPIT) Statement
Standard Pre-Screening Questions		
<p>Do you currently have a fever (temperature >38.5°C) or are you feeling sick today?</p>	<p>Vaccinations in general are not recommended for those who are currently unwell, especially with fevers.</p> <p>If someone is unwell on the day of vaccination, consideration of if vaccination</p>	<p><u>Delay vaccination until well.</u></p> <p>Refer to primary healthcare provider and consider COVID-19 testing/screening.</p>

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	<p>should proceed on the same day must be given.</p> <p>For example, in a patient who is currently on antibiotics treatment for an acute condition, it may be beneficial to wait till the course is complete and symptoms resolve prior to vaccinating.</p>	
<p>Have you had allergen immunotherapy (AIT) or venom immunotherapy (VIT) injections in the previous 48 hours?</p>	<p>Australasian Society of Clinical Immunology and Allergy (ASCIA) recommends that AIT or VIT injections should not be given within 48 hours of the COVID-19 vaccine injection. This avoids confusion about the cause of side effects or allergic reactions.</p>	<p><u>Delay</u> vaccination for at least 48 hours</p>
<p>Have you had an injection of immunoglobulin, or received any blood products, or a whole blood transfusion in the last 24 hours?</p>	<p>Vaccination should occur on a different day (if possible) from regular infusion treatments, such as immunoglobulin (Ig) or immunosuppressant infusions.</p> <p>Individuals should seek advice from their specialist regarding timing of vaccine in relation to their immunoglobulin therapy.</p>	<p>Immunoglobulins</p> <p><u>Delay</u> vaccination for at least 24 hours</p>
	<p>For blood products, vaccinate if no other contraindications. Antibodies in blood products may interfere with the immune response to MMR, MMRV and varicella vaccines. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for efficacy surveillance and monitoring.</p>	<p>Blood Products</p> <p>Vaccination is recommended to <u>proceed</u>.</p>
<p>Have you had the Pfizer COVID-19 vaccine in the last 21 days</p>	<p>Need to determine exact date of vaccination.</p>	

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<p>OR the AstraZeneca COVID-19 vaccine in the last 28 days?</p>	<p>For all Pfizer COVID Vaccinations in the past 21 days.</p> <p>Therapeutic Goods Administration (TGA) and Australian Technical Advisory Group on Immunisation (ATAGI) recommendation is minimum time between Pfizer vaccine doses is 21 days.</p>	<p><u>Delay</u> Vaccination until minimum 21 days has elapsed</p>
	<p>For all AstraZeneca COVID Vaccinations in the past 28 days.</p> <p>TGA and ATAGI recommendation is minimum time between AstraZeneca vaccine doses is 28 days. Recommended second dose for AstraZeneca is 12 weeks.</p>	<p><u>Delay</u> Vaccination until minimum 28 days has elapsed. Recommended second dose for AstraZeneca is 10-12 weeks (allowing two-week range for booking flexibility).</p>
<p>Have you received any other vaccine (e.g. flu, tetanus) in the last 14 days?</p>	<p>Need to determine exact date of vaccination.</p> <p>For all vaccines except COVID vaccinations in the past 14 days,</p> <p>There is no known harm from administering the COVID-19 vaccinations with other vaccines. However, co-administration (or within 14 days) makes it difficult to determine the cause of any side effects or allergic reactions. The TGA and ATAGI recommend at least 14 days between any vaccination and COVID-19 vaccination.</p>	<p><u>Delay</u> Vaccination until minimum 14 days has elapsed.</p> <p>Shortening of this interval may be justified if adhering to the interval may result in non-adherence to the vaccination or if there is an imminent need to administer either of these vaccines because of the prevailing local epidemiological situation.</p>
<p>Are you pregnant, think you might be pregnant, planning to fall pregnant?</p>	<p>Based on clinical trials of other similar vaccines, it is unlikely that COVID-19 vaccines pose a risk to a pregnant woman or her baby. However, as</p>	<p>Pregnant</p> <p>Those with high risk medical conditions who have greater risk of severe illness from COVID-19, or are at higher risk of contracting COVID-</p>

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	<p>pregnant women have not been included in initial COVID-19 trials, the routine use of COVID-19 vaccines during pregnancy is not routinely recommended.</p> <p>However, COVID-19 vaccines are not contraindicated.</p> <p>If a pregnant woman has a medical condition that may place her at high risk of having serious complications due to COVID-19, she should discuss the option of COVID-19 vaccination with her obstetrician, GP and/or midwife.</p>	<p>19, should be offered the COVID-19 vaccine.</p> <p>See also</p> <ol style="list-style-type: none"> 1) Information for clinicians - pregnancy, breastfeeding and fertility - Queensland COVID-19 Vaccine (health.qld.gov.au) 2) ATAGI COVID-19 vaccination decision aid for women who are pregnant, breastfeeding, or planning pregnancy
	<p>Women who are planning pregnancy can receive COVID-19 vaccine. There are no theoretical concerns regarding the safety of COVID-19 vaccines in these groups.</p>	<p>Planning to fall pregnant. Vaccination is recommended to proceed.</p>
<p>Have you had an allergic reaction following a vaccination, or are you allergic to a COVID-19 vaccination ingredient? (<i>see below</i>)</p>	<p>Probing question to ascertain previous reactions to vaccines.</p> <p>Individuals with a history of allergy to vaccine (not a COVID-19 vaccine)</p>	<p>Vaccination is recommended to proceed.</p> <p>Patient to be monitored for 15 minutes.</p>
<p>Pfizer-Comirnaty BNT162b2 COVID-19 Vaccine ingredients:</p> <ul style="list-style-type: none"> • mRNA • ALC-0315 • Polyethylene Glycol (ALC-0159) (PEG), • DSPC, 	<p>The following individuals should be assessed for suitability for vaccination before being given a vaccine dose, if necessary, in consultation with an allergist/immunologist or specialist immunisation clinic:</p> <ul style="list-style-type: none"> • people with immediate (within 4 hours) and 	<p>Delay vaccination until appropriate review of the reaction has occurred. GP to refer patient to Public Health unit, a clinical immunology/ allergy specialist for assessment, before a dose is considered. If individuals in these categories are vaccinated, they may require vaccination in a facility with medical staff in attendance, and to be observed for</p>

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<ul style="list-style-type: none"> • Cholesterol, • Potassium chloride, • Monobasic potassium phosphate, • Sodium chloride, • Dibasic sodium phosphate dihydrate • Sucrose • water for injections. <p>AstraZeneca (ChAdOx1-S) COVID-19 Vaccine ingredients:</p> <ul style="list-style-type: none"> • chAdOx1-S, • histidine, • histidine hydrochloride monohydrate, • sodium chloride, • magnesium chloride hexahydrate, • disodium edetate (EDTA), • sucrose, • ethanol absolute, • polysorbate 80 • water for injections. 	<p>generalised symptoms of a possible allergic reaction (e.g. urticaria/hives) to a previous dose of a COVID-19 vaccine</p> <ul style="list-style-type: none"> • people with a generalised allergic reaction (without anaphylaxis) to any component of the COVID-19 vaccine to be administered (e.g. PEG in Comirnaty or polysorbate 80 in COVID-19 Vaccine AstraZeneca) • people with a prior history of anaphylaxis to previous vaccines and/or multiple drugs (injectable and/or oral) where ingredients such as PEG or polysorbate 80 may conceivably be the cause • people with a known systemic mast cell activation disorder with raised mast cell tryptase that requires treatment. 	<p>30 minutes following administration of a COVID-19 vaccine dose.</p>
	<p>There are two vaccines available in Australia. Each have different ingredients.</p> <p>If someone is allergic to one type of vaccine, they may be able to have another type of vaccine, without having an allergic reaction. Action is dependent on the severity of the reaction.</p>	<p>Note: Someone who is allergic to one type/brand of COVID-19 vaccine may be able to have another type/brand of COVID-19 vaccine without having further reactions.</p>
<p>Do you have any allergies, particularly anaphylaxis to anything or carry or have been prescribed an adrenaline autoinjector (EpiPen)?</p>	<p>Individuals with a history of allergy; anaphylaxis to food, drugs, venom or latex; or allergic conditions, including asthma, atopic dermatitis (eczema) or allergic rhinitis</p>	<p>Vaccination is recommended to proceed. Patient to be monitored for 15 minutes.</p>

Question	Rationale	Actions recommended
	(hay fever) can receive any COVID-19 vaccine.	
	Individuals with a known systemic mast cell activation disorder <u>with</u> raised mast cell tryptase that requires treatment.	<p>Mast cell activation disorder</p> <p>Recommend <u>delaying</u> vaccination administration until individual is assessed for suitability for vaccination if necessary in consultation with an allergist/immunologist or specialist immunisation clinic:</p> <p>If people in these categories are vaccinated, they may require vaccination in a facility with medical staff in attendance, and to be observed for 30 minutes following administration of a COVID-19 vaccine dose.</p>
	For individuals who have had a previous severe reaction, including anaphylaxis, to any component of a COVID-19 vaccine (e.g. PEG in Comirnaty or polysorbate 80 in COVID-19 Vaccine AstraZeneca) consultation with an immunology/allergy specialist is recommended.	<p>Previous severe reaction to COVID-19 Vaccine components.</p> <p><u>Delay</u> vaccination until appropriate review of the reaction has occurred. GP to refer patient to Public Health unit, a clinical immunology/ allergy specialist for assessment, before a dose is considered. If people in these categories are vaccinated, they may require vaccination in a facility with medical staff in attendance, and to be observed for 30 minutes following administration of a COVID-19 vaccine dose.</p>
Are you younger than 18 years of age?	<p>Age needs to be clarified and specific advice followed dependent on actual age</p> <p>If under 16 years old</p> <p>The COVID-19 vaccines available in Australia are not indicated for people less than 16 years old.</p>	<p>If under 16 years old</p> <p><u>Cancel</u> vaccination</p>

Question	Rationale	Actions recommended
	<p>If under 18 years old, but at least 16 years old.</p> <p>Currently, the AstraZeneca vaccine is only indicated for people older than 18 years.</p> <p>Individual may be eligible for the Pfizer vaccine if at least 16 years old.</p>	<p>If under 18 years old, but at least 16 years old.</p> <p>Delay vaccination if in an AstraZeneca only location.</p> <p>Individual to contact closest Pfizer hub to see if eligible for vaccination.</p>
<p>Do you have a mast cell disorder?</p>	<p>People with a known systemic mast cell activation disorder with raised mast cell tryptase (that requires treatment) should be assessed for suitability for vaccination before being given a vaccine dose.</p> <p>GP to refer patient to Public Health unit, a clinical immunology/ allergy specialist for assessment, before a dose is considered.</p>	<p>Delay vaccination until appropriate review of disorder has occurred. If individuals in these categories are vaccinated, they may require vaccination in a facility with medical staff in attendance, and to be observed for 30 minutes following administration of a COVID-19 vaccine dose.</p>
<p>Do you have a condition or take medication or treatment that weakens your immune system (immunocompromised)?</p>	<p>Conditions/disease which lowers immunity include leukaemia, cancer, HIV, SCID.</p> <p><u>If any spleen diseases, disorders or have had surgery to remove your spleen?</u> People with an absent or dysfunctional spleen are at increased risk of severe bacterial infections, especially invasive pneumococcal disease. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for efficacy & safety surveillance and monitoring.</p> <p>Treatments which lowers immunity can include oral steroid medicines such as cortisone and prednisone, disease-modifying anti-rheumatic drugs (DMARDs),</p>	<p>Vaccination is recommended to proceed.</p> <p>See also following guidance,</p> <ol style="list-style-type: none"> 1) ATAGI – COVID-19 vaccination decision guide for people with immunocompromise 2) ATAGI – COVID-19 provider guide for patients with immunocompromise

Question	Rationale	Actions recommended
	<p>radiotherapy, or chemotherapy.</p> <p>The efficacy of the COVID-19 vaccines may be lower in immunosuppressed individuals. However, neither vaccine is a live-attenuated vaccine and is safe for people with immune system disorders such as allergy, primary or secondary immunodeficiency or autoimmune conditions, who are not considered to be at greater risk of vaccine allergy compared to the general population.</p> <p>The current vaccines does not contain any live SARS-CoV-2 virus. They cannot give you COVID-19.</p> <p>Concerned individuals should contact their GP/134COVID for further assessment of risk and benefits.</p>	
<p>Do you have a past history of Guillain-Barre syndrome?</p>	<p>In people with a history of GBS, the condition may recur after receiving influenza vaccine. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for efficacy & safety surveillance and monitoring.</p> <p>Vaccinate if no other contraindications and Guillain-Barre syndrome was NOT associated with previous COVID-19 vaccine.</p>	<p>Vaccination is recommended to <u>proceed</u>.</p>
<p>Do you have a bleeding disorder, or take any blood thinning medication (anticoagulants)?</p>	<p>Intramuscular injection may lead to haematomas in people with haemostasis disorders.</p>	<p>Vaccination is recommended to <u>proceed</u>.</p> <p>A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination,</p>

Question	Rationale	Actions recommended
	<ul style="list-style-type: none"> If the individual receives medication/treatment to reduce bleeding, intramuscular vaccination can be scheduled shortly after such medication/treatment is administered. Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. 	<p>followed by firm pressure applied to the site (without rubbing) for at least 2 minutes.</p> <p>Ensure individual is informed about risk of haematoma from the injection.</p>
Have you ever fainted after having a vaccination?	Consider administering vaccine supine (lying down) if appropriate.	Vaccination is recommended to <u>proceed</u>.
Have you had COVID-19 before?	We currently do not know how effective the vaccine will be in individuals who have previously suffered from COVID-19. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for efficacy & safety surveillance and monitoring.	Vaccination is recommended to <u>proceed</u>.

Other questions which may arise but are not formally asked in the pre-screening document.

Question	Rationale	Action
Can I Have my FluVax?	The dose of influenza vaccine can be given in any sequential order in relation to the 2 doses of a COVID-19 vaccine, as long as the minimum 14 day interval is observed. An influenza vaccine dose can be administered between dose 1 and dose 2 of Comirnaty or	<p>If ≤ 14 days between vaccinations, <u>Delay</u> vaccination and patient to be re-booked.</p> <p>If > 14 days between vaccinations, Vaccination is recommended to <u>proceed</u>.</p>

Question	Rationale	Action
	<p>COVID-19 Vaccine AstraZeneca if sufficiently spaced apart to allow for minimal intervals between vaccines. This is particularly applicable to the COVID-19 Vaccine AstraZeneca for which the 2 doses are recommended to be given 10-12 weeks apart. The effect on immune response to the COVID-19 vaccine of intercalating a dose of influenza vaccine between the 2 doses is currently not known.</p>	<p>Routine scheduling and co-administration of an influenza vaccine with a COVID-19 vaccine on the same day is not recommended.</p> <p>The preferred minimum interval between a dose of seasonal influenza vaccine and a dose of Comirnaty (Pfizer) or COVID-19 Vaccine AstraZeneca is 14 days.</p>
<p>Have you transitioned through a declared COVID-19 hotspot or travelled overseas in past 14 days?</p>	<p>Increased risk of COVID-19 infection.</p>	<p><u>Delay vaccination</u> and advise patient to follow any relevant state public health directives.</p> <p>Exception- If the patient is a phase 1a recipient who has received an invitation to be vaccinated by a HHS - this could include pilots, airline workers, marine pilots, aeromedical staff who are in perpetual quarantine due to their profession.</p>
<p>Have you had, or do you have, any of the following symptoms today: fever (greater than 38.5°C), cough, sore throat, shortness of breath, runny nose, fatigue, diarrhoea, vomiting or nausea, loss of smell or taste?</p>	<p>Symptoms of COVID-19</p>	<p><u>Delay vaccination</u> and patient to be referred to COVID-19 testing clinic.</p>
<p>Do you live with someone who has a disease which lowers immunity (for example, leukaemia, cancer, HIV), or live with someone who is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, disease modifying anti-rheumatic drugs (DMARDs) radiotherapy, chemotherapy)?</p>	<p>Household members are the most likely sources of vaccine-preventable diseases among people who are immunocompromised. People who are immunocompromised are often unable to be vaccinated, especially with live viral vaccines. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for</p>	<p><u>Vaccination is recommended to proceed.</u></p> <p>Patient should be advised that despite the vaccine being effective there is still a chance they could still contract COVID-19. It is currently unknown if the vaccine reduces transmission of the virus.</p>

Question	Rationale	Action
	efficacy & safety surveillance and monitoring.	
Are you older than 65 years?	Relevant for AstraZeneca vaccine only. Insufficient number of participants in vaccine studies to conclusively determine the efficacy in this subgroup. The decision to immunise an elderly patient should be decided on a case-by-case basis	Vaccination is recommended to <u>proceed</u>.
Are you older than 85 years?	Relevant for Pfizer and AstraZeneca vaccines. Insufficient number of participants in vaccine studies to conclusively determine the efficacy in this subgroup. The decision to immunise an elderly patient should be decided on a case-by-case basis	Vaccination is recommended to <u>proceed</u>.
Have you had a COVID-19 vaccination before? If so, please specify.	This question is to ascertain if the individual has had a previous dose of the vaccine before and if it was the same brand as they are going to receive on the day.	Vaccination can proceed if the same brand and no contraindications. If different brand, recommend assessment by doctor or nurse to determine best strategy- this could result in a delay of vaccination if appropriate brand not available.
Are you breastfeeding?	Women who are breastfeeding can receive COVID-19 vaccine. There are no theoretical concerns regarding the safety of COVID-19 vaccines in these groups.	Vaccination is recommended to <u>proceed</u>.
Are vaccines suitable for elderly patients?	Broadly YES . See below guidance, 1) TGA advice on Pfizer-BioNTech COVID-19 vaccine in elderly patients	See Guidance.

Question	Rationale	Action
	2) COVID-19 vaccination decision guide for frail older people, including those in residential aged care facilities	

9 April 2021