

COVID-19 Vaccination Training

Module for community volunteers
Introduction and vaccine communication
Updated 25/5/21

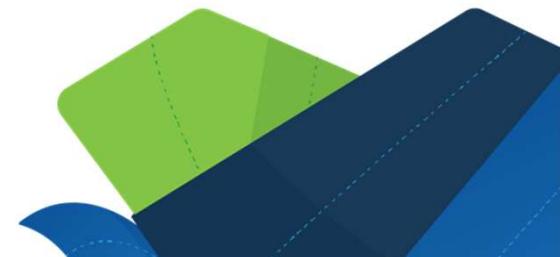


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Welcome

This module will review what we know about COVID-19, introduce the vaccines currently available in Australia and provide you with some information about how to communicate with others about the COVID-19 vaccines.

The contents of this module reflect Queensland Health policies and procedures. At times, this may differ to the training provided by the Commonwealth Government. Please follow local policies and procedures at all times.

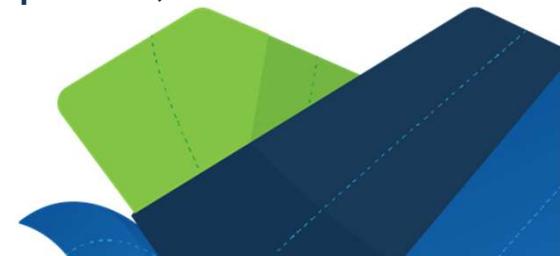


Learning Objectives



After completing this module, you will:

- Have a general understanding of what is currently known about COVID-19.
- Be familiar with the vaccines currently available in Australia and the vaccination program.
- Be familiar with how the COVID-19 vaccines have been approved for use in Australia and how vaccine safety will be monitored.
- Understand how to communicate effectively with members of the public, particularly those with concerns and/or questions.



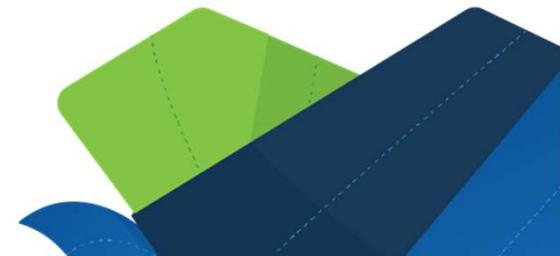
What is currently known about COVID-19

- COVID-19 is the name of the disease caused by the **SARS-CoV-2 virus**.
- **SARS-CoV-2** belongs to a family of viruses called coronaviruses.
- It is likely that **SARS-CoV-2** originated in an animal, however this is still being investigated.
- The first report of COVID-19 was 19 December 2019 in Wuhan, China.

(Communicable Diseases Network Australia [CDNA] 2021).

Other diseases caused by coronaviruses include:

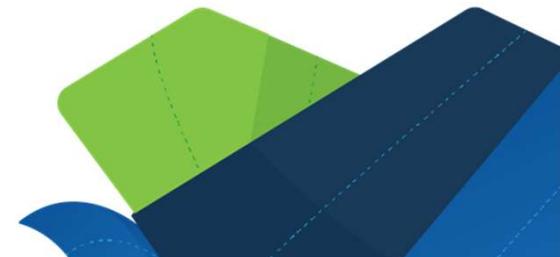
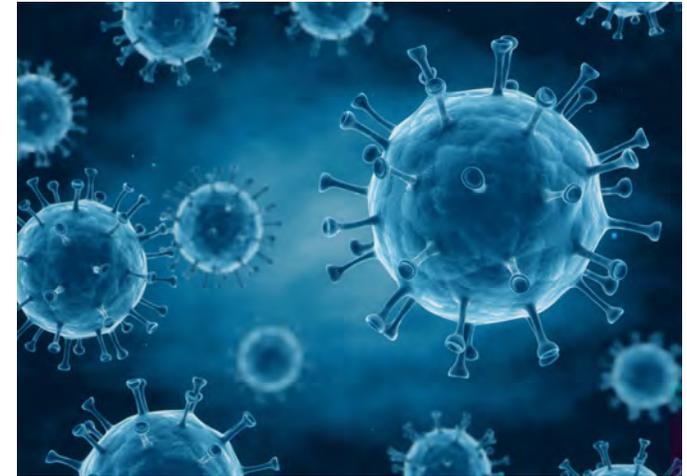
- **MERS** (Middle East Respiratory Syndrome)
- **SARS** (Severe Acute Respiratory Syndrome)
- The **common cold**



COVID-19 symptoms

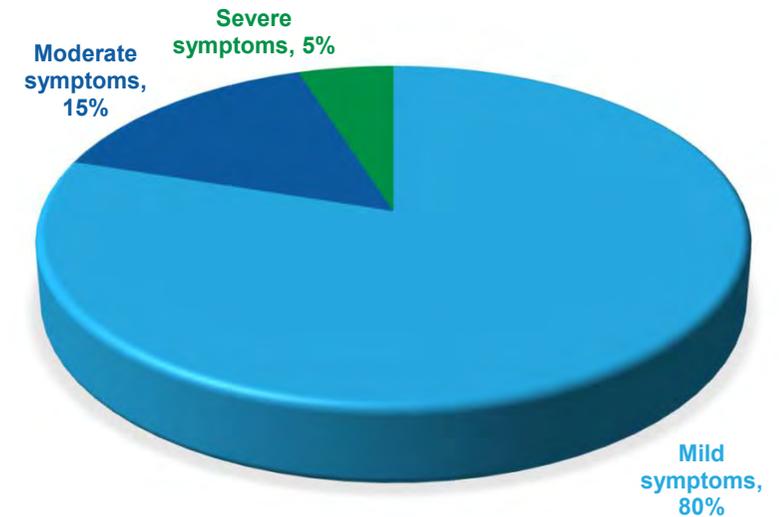
- COVID-19 symptoms vary considerably.
- Some people will have no symptoms while others will become very ill and require hospitalisation.
- Approximately 3.1% of confirmed cases in Australia have resulted in death.

(CDNA 2021).



Common symptoms of COVID-19

- The most common symptoms of COVID-19 are **fever and cough**. (CDNA 2021).
- Other possible symptoms include:
 - Runny nose, **sore throat**, fatigue, **shortness of breath**
 - Joint and/or muscle aches, **headache**, vomiting
 - **Chills**, loss of sense of smell, **altered sense of taste**. (CDNA 2021).
- For most people, symptoms are mild, and they recover without hospitalisation or specific treatment. (CDNA 2021).
- For a small proportion, symptoms remain for some time. (Darley et al 2020).



CDNA 2021

Less common symptoms of COVID-19

Some people, including older members of the community, might have unusual symptoms such as chest pain, diarrhoea, conjunctivitis or a general feeling of unwell. (CDNA 2021).

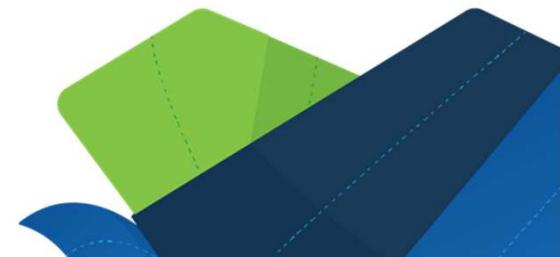
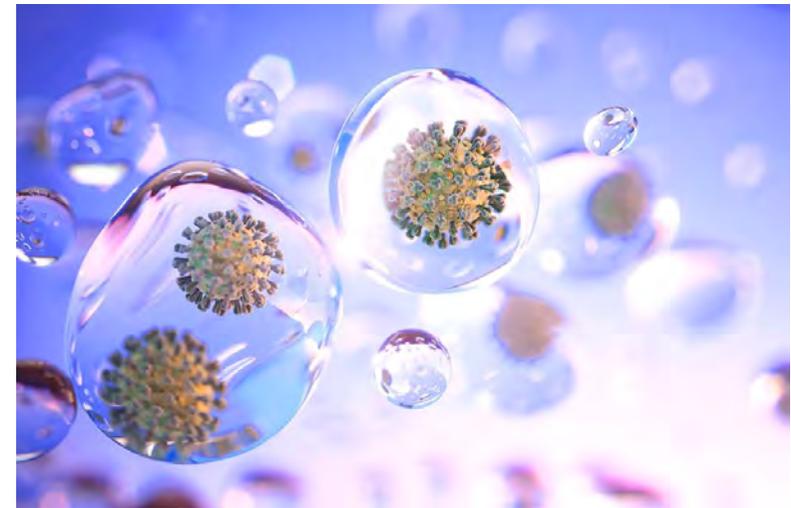
- It takes an average of 5-6 days from infection to when symptoms are noticed (although this could be up to 14 days). (CDNA 2021).
- In Australia, quarantine is required for 14 days after exposure to make sure the time for symptoms to develop has passed. (CDNA 2021).



Transmission of the virus

- The virus spreads in tiny droplets passed from an infected person. (CDNA 2021, Department of Health [DoH] 2021).
- Droplets or smaller aerosols containing the virus can be passed when an infected person coughs or sneezes and the droplets or aerosols are inhaled. (CDNA 2021, Tang et. al. 2021).
- The virus can also remain in the droplets on surfaces for up to 72 hours. If a person touches an infected surface droplet and then touches their mouth, nose or eyes without washing their hands, the virus can be transmitted. (CDNA 2021).
- Droplets may also remain suspended in air if there is a low exchange rate between air moving inside from outside e.g. in crowded indoor spaces. Good air flow is important to prevent virus spread. (Tang et al. 2021).

The SARS-CoV-2 virus CANNOT enter the body through intact skin.



Infection control

To prevent droplets containing the virus from spreading, it is important to practise the following **Standard Precautions**:

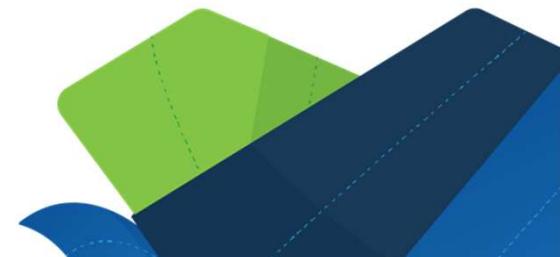
(National Health and Medical Research Council [NHMRC] 2019).

- Wash hands effectively. This is especially important at particular times, such as before and after you touch another person, after touching the surroundings (e.g. chair, bed) of someone infected with COVID-19.
- Wear personal protective equipment (PPE) when necessary, as advised.
- Dispose of waste, including sharps, quickly and effectively and routinely clean the environment.
- Cover the mouth and nose if coughing or sneezing. Avoid touching the face.
- Use aseptic technique when handling items that must remain sterile.



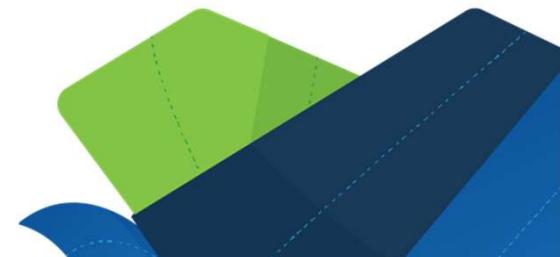
General advice to prevent transmission

- Maintain a physical distance of at least 1.5m from other people.
- Stay home if unwell, even if only experiencing mild symptoms.
- Avoid physical greetings and close contact with others.
- Practise extra care on public transport.
- Avoid crowds and large public gatherings. If unable to maintain physical distance, wear a mask.
- Practise good hand hygiene.
- Where possible, maintain adequate ventilation.
- Get tested, even if experiencing only mild symptoms. (DoH 2021).



Who is at risk of contracting COVID-19?

- Anyone can become infected and unwell with COVID-19.
- Some population groups have a higher risk of being exposed to the virus and/or developing severe symptoms.
- The **risk of exposure** to the virus is higher for those who have frequent, close or extended contact with people who have the virus or are potentially exposed to the virus. (CDNA 2021).
- The **risk of developing severe symptoms** is mostly related to age. (DoH 2021, CDNA 2021).



Population groups at risk of exposure

Those at risk of exposure to the virus include:

- Domestic and international travellers to areas with high COVID-19 prevalence.
- Those caring for people who have COVID-19.
- Some occupation groups.
- **Vulnerable groups.** (CDNA 2021).

Occupations at risk of exposure:

- International border staff.
- Quarantine, isolation workers and support staff.
- International travel crew.
- Frontline healthcare and aged care workers.

(CDNA 2021).

Vulnerable groups at risk of exposure:

- People living in aged care facilities, detention facilities, group residential settings.
- People with a disability with certain underlying medical conditions.

(Healthdirect, 2021).

Population groups at risk of experiencing severe disease

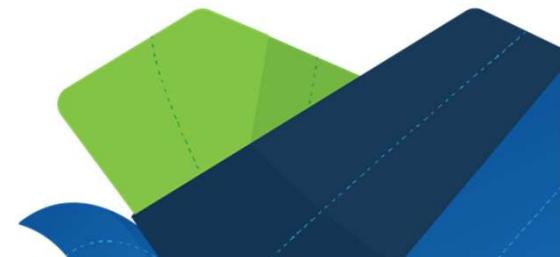
The risk of developing severe or fatal disease is increased in the following cases:

- Age. As we age the risk increases. After 70 years, the risk is considered high.
- Having certain medical conditions.
- Having 2 or more medical conditions.
- Being male, living in poverty, smoking.

(CDNA 2021, DoH 2021).

- First nations people tend to experience a higher rate of chronic disease and of living in poverty.
- This may place them at a greater risk of exposure to the virus and of poorer outcomes if they contract COVID-19.
- Further information is being gathered regarding this risk.

(Healthdirect 2021)



Vaccine approval

- The Therapeutic Goods Administration (TGA) is responsible for evaluating the information about vaccines and determining whether they will be used in Australia.
- In making these decisions, the TGA will review all available information regarding vaccine safety and efficacy.

(TGA 2020)

Clinical trial information the TGA will review:

- Laboratory data
- Results of animal studies
- Phase 1 Human clinical trials (determines safety in healthy volunteers)
- Phase 2 Human clinical trials (determines efficacy in volunteers)
- Phase 3 Human clinical trials (determines how effective the vaccine is, reviews side effects)

(DoH 2021a)

You can find more information [here](#).



Vaccine monitoring

- After reviewing all the available information, the TGA will approve successful vaccines and register them for use in Australia.
- Registration is recorded on the Australian Register of Therapeutic Goods (ARTG).
- Vaccines are closely monitored by a network of groups. Any potential issues, such as side effects, will be investigated promptly and robustly. (TGA 2021)

Australia's network of groups that will monitor COVID-19 vaccines includes:

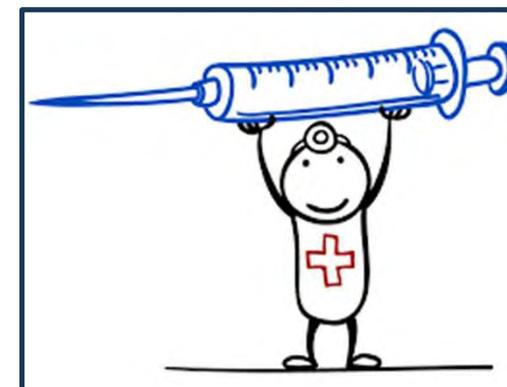
- Communicable Diseases Network Australia (CDNA)
- The Advisory Committee on Vaccines (ACV)
- National Immunisation Committee (NIC)
- National Centre for Immunisation Research and Surveillance (NCIRS)
- Aboriginal and Torres Strait Islander Advisory Group on COVID-19
- AusVax Safety



Vaccination facts

- The vaccine will be rolled out in stages (referred to as phases).
- Those who are considered at-risk will be prioritised to receive the vaccine first.
- Receiving the vaccine is not compulsory.
- The vaccine will be free to all who choose to receive it.
- Vaccinations will be recorded on the Australian Immunisation Register (AIR).
- For the purposes of recording vaccination, consumers will be identified using their Medicare number. For those who do not have a Medicare number e.g. those visiting with a temporary visa, the Individual Health Identifier (IHI) will be used.
- Consumers will be provided with information on how to check their eligibility for each of the phases and how to make an appointment to receive the vaccine.

(DoH 2021b, Healthdirect 2021a).



What is 'herd immunity'?

When a critical proportion of the community is immunised to prevent the spread of disease.

High vaccine coverage means there is less circulating disease and unvaccinated people benefit from indirect protection.

This includes those too young to be vaccinated, those unable to be vaccinated for a range of valid medical reasons, and those for whom vaccination has not been fully effective.
(CDNA 2016)

There is more information [here](#).

Vaccination Phase 1 (February 2021)

N.B Whilst the vaccine roll out is being managed in the phases outlined in these slides, vaccine allocation is also being determined based on several factors, such as timing of supply, priority target groups and logistical considerations

Phase 1a Vaccination

Those eligible for vaccination in Phase 1a:

- Quarantine and border workers
- Frontline healthcare workers
- Residential aged care and disability aged care staff
- Residential aged and disability care residents

(DoH 2021c)

Phase 1b Vaccination

Those eligible for vaccination in Phase 1b:

- Adults aged 70 years or older.
- Healthcare workers not included in Phase 1a.
- Household contacts of quarantine or border workers.
- Aboriginal and Torres Strait Islander adults.
- Younger adults with an underlying medical condition and/or disability.
- Critical and high-risk workers e.g. police, firefighters, defence force, emergency services.
- Meat processing employees.
- Australian Government officials about to be deployed or currently deployed overseas.

(DoH 2021c)

Vaccination Phase 2

Phase 2a Vaccination

Those eligible for vaccination in Phase 2a:

- Adults aged 50 to 69 years.
- Aboriginal and Torres Strait Islander adults (continued from Phase 1).
- Critical and high-risk workers not included in Phase 1.

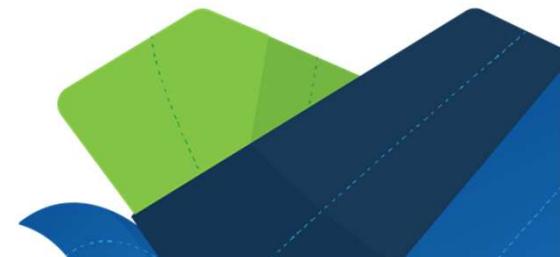
(DoH 2021c)

Phase 2b Vaccination

Those eligible for vaccination in Phase 2b:

All remaining people aged 16 years or older.

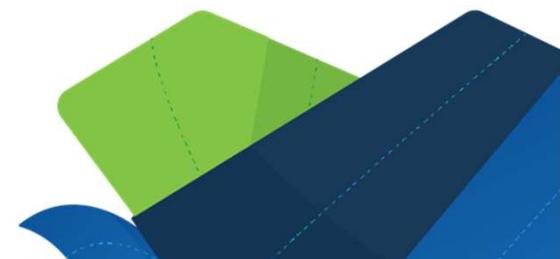
(DoH 2021c)



Vaccination Phase 3

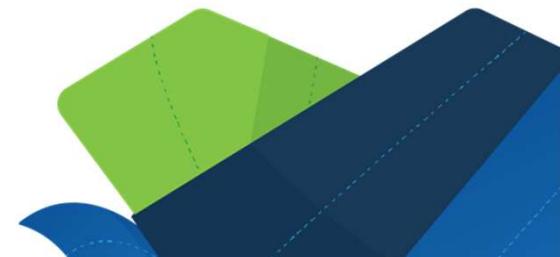
If recommended, Phase 3 will include those under 18 years of age.

(DoH 2021c)



Introduction to the vaccines

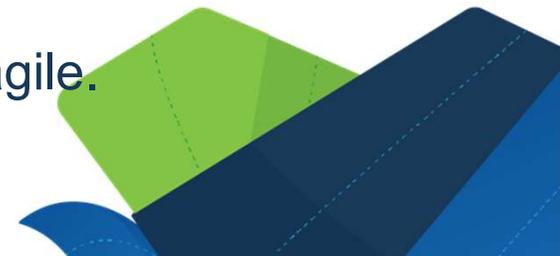
- As of March 2021, two vaccines have been granted provisional approval for use in Australia.
- Additional vaccines are undergoing human clinical trials in Australia.
- The approved vaccines require two doses to be effective.
- Each brand of the COVID-19 vaccine will have different recommended schedules and dosing requirements.
- The same brand must be used for both doses. Different brands are not interchangeable. However, if an individual develops thrombosis with thrombocytopenia after the first dose of COVID-19 Vaccine AstraZeneca, COMIRNATY can be used for the second dose. A third dose of COVID-19 vaccine does not need to be given (ATAGI, 2021).
- Consumers should be encouraged to book both vaccination appointments at the same time in order to ensure both doses are administered.



Australian approved vaccines



- Two vaccines have been approved for use in Australia (the Pfizer/BioNTech vaccine and the AstraZeneca vaccine).
- Both require 2 doses but at different intervals:
 - the Pfizer/BioNTech vaccine is administered with 3 weeks between doses;
 - the AstraZeneca vaccine is administered with a 12-week interval between doses, although this interval may be shortened in some circumstances.
- Both are administered intramuscularly (into the arm muscle).
- Both come in multidose vials, meaning that more than one dose is to be drawn from each vial.
- It is important that the vials are **NOT shaken** as the vaccine is fragile.



Public perception of the vaccine

- Consumers have access to a vast array of information sources that will shape their views regarding the COVID-19 vaccine.
- You may be asked questions regarding the vaccination and/or vaccination program.
- Healthcare professionals may have regulatory obligations regarding vaccination education and promotion.
- Consumers may feel hesitant to receive the vaccine for many reasons. It is important to respond to each person's concerns individually.
- The following slides contain a number of frequently asked questions and suggested responses.
- The [COVID-19 vaccination – Consent – Information for providers: COVID-19 vaccination consent and FAQs](#) has been developed by ATAGI to answer some frequently asked clinical questions.



Common questions & how to respond

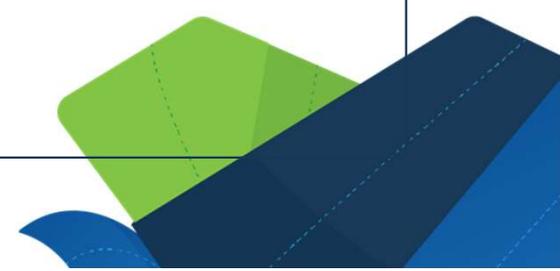


The vaccines have been developed too quickly. How do we know they are safe?

- The TGA approved the vaccines after a thorough review of all available information about their efficacy & safety. (NCIRS 2021; TGA 2020a).
- The global response to the pandemic has pooled together significant resources working toward the same goal. (NCIRS 2021; Healthdirect 2021b).
- The same number of trials have been undertaken with the COVID-19 vaccines as for other medicines. This has happened more quickly because of the vast number of participants internationally. (NCIRS 2021).
- Technology has allowed vaccine manufacture to be faster. (NCIRS 2021).

What are the possible side effects of the vaccines?

- All vaccines can cause side effects. Thankfully, they are usually mild and disappear quickly. (NCIRS 2021).
- Common side effects are similar to those you may have experienced with other vaccines and include: muscle soreness, redness or swelling where the injection is administered; fever; general tiredness for a few days; headache. These are normal as your immune system is activated in response to the vaccination. (ATAGI 2021).



Common questions & how to respond



Can I get COVID-19 from the vaccines? Can the vaccine change my genetic code?

- No. None of the COVID-19 vaccines contain live viruses. Therefore, the virus is unable to grow and cause infection. (Centre for Disease Control and Prevention [CDC] 2021).
- The genetic material (mRNA) in the **Pfizer/BioNTech** vaccine is removed by the body and the mRNA does not enter the human cell nucleus which is where your DNA is located. This means it cannot alter your DNA. (CDC 2021).
- The **AstraZeneca** vaccine cannot spread or multiply in the body. None of the vaccine components enter the human cell nucleus and therefore it cannot alter your genetic make-up.
- Receiving the vaccine will not cause a positive COVID-19 swab test. However, it is possible to contract COVID-19 before or just after vaccination prior to the vaccine being effective. (CDC 2021).
- Some side-effects from COVID-19 vaccination might be similar to symptoms of COVID-19. It is important to still get a COVID-19 test performed at your local testing centre if you have any of the respiratory COVID-19 symptoms including a runny nose, cough, sore throat, loss of smell or taste, even after you have been vaccinated (DoH, 2021).
- You may not need to get tested or isolated if you develop general symptoms only such as fever, headache or tiredness in the first two days of vaccination

After I have the vaccine, do I still need to follow physical distancing and wear a mask?

- Yes. All COVID-19 safe preventative measures, such as wearing masks when instructed, physical distancing and frequent handwashing remain important after you receive the vaccination. This is because it will take some time for enough people to be vaccinated to provide herd immunity. (NCIRS 2021).
- **Herd immunity** is when enough people in a population are vaccinated and immune to prevent person to person transfer of a particular disease. (NCIRS 2021) The exact proportion of the population that need to be vaccinated to achieve herd immunity depends on the virus (e.g. how easily it is transmitted) and the vaccine (e.g. the duration of protection vaccination provides). (NCIRS 2021)



Common questions & how to respond



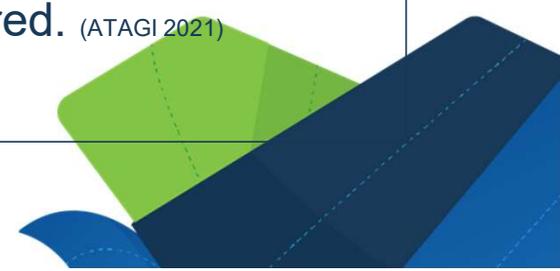
Should I take paracetamol or ibuprofen before and after the COVID-19 vaccination?

- Paracetamol or ibuprofen are not recommended routinely before or after vaccination. (ATAGI 2021)
- If you experience pain or fever after receiving the vaccination, paracetamol and ibuprofen could be considered. (ATAGI 2021)

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

It is not recommended that any other vaccines be given within 14 days before or after a COVID-19 vaccine. (ATAGI 2021)

If a vaccine is administered inadvertently within 14 days of a COVID-19 vaccination, revaccination is not required. (ATAGI 2021)



Common questions & how to respond



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

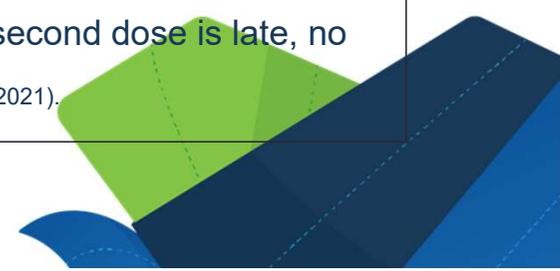
- Our understanding of the real-world effectiveness of the vaccines in preventing COVID-19 disease and symptoms (and how long the protection will last) is improving as more people are vaccinated. (ATAGI 2021).
- Currently, the vaccines have been shown to prevent severe COVID-19 disease, however it may still be possible to be infected with and transmit (spread) COVID-19 to other people. For this reason, it is critical to be tested if you have any COVID-19 symptoms, even after you have been vaccinated. (ATAGI 2021).

Can I choose which COVID-19 vaccine I get?

No. Vaccine supply will be limited initially and will be provided to those at the highest risk of contracting, spreading or experiencing severe illness from COVID-19. (NCIRS 2021).

What happens if the second dose is given late or missed?

For either the Pfizer/BioNTech or Astra Zeneca vaccines, the second dose should be administered even if later than the preferred interval. Even if the second dose is late, no doses need to be repeated. (NCIRS 2021).



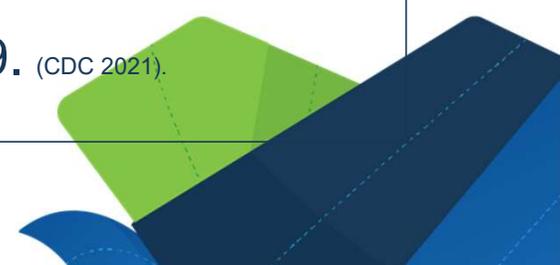
Common questions & how to respond



Do I need the vaccine if I have already had COVID-19?

Yes. The vaccine clinical trials included some people who had previously had COVID-19. These people had a good immune response to the vaccination and experienced similar side effects to those who had not had the disease prior to vaccination.

This should be discussed with the person's healthcare professional, who may advise to wait until around 6 months after recovery from COVID-19. (CDC 2021).



Common questions & how to respond



Can I have the COVID-19 vaccine if I am pregnant, breastfeeding or planning pregnancy?

Vaccine trials have not included pregnant women. For this reason, the vaccine is not routinely recommended in pregnant women. However, some pregnant women may choose to be vaccinated after considering the risks and benefits. This may occur if the woman has risk factors for severe illness from COVID-19 or she is at high risk of exposure due to her occupation.

Women who are breastfeeding can safely receive the vaccination and continue breastfeeding.

Those planning a pregnancy can receive the COVID-19 vaccine and do not need to avoid becoming pregnant after the vaccination. (CDC 2021, NCIRS 2021, ATAGI 2021).



Common questions & how to respond



I am concerned about the safety of the AstraZeneca vaccine.

- The AstraZeneca vaccine is highly effective at preventing death and severe illness in people infected with COVID-19.
- For people aged under 50 years, the COVID-19 produced by Pfizer/BioNTech is the preferred vaccine, for those people who have not already had a first dose of the COVID-19 Astra Zeneca vaccine. This does not exclude use of the AstraZeneca vaccine if the benefits outweigh the potential risks and the person has made an informed choice regarding the vaccine.
- This advice is based on the very rare occurrence of clotting abnormalities seen in younger people, mostly in Europe. It is estimated that this abnormality is seen at the rate of approximately *one in every 250 000 people who receive the AstraZeneca vaccine*, making it very rare.
- For people aged 50 years and older, the AstraZeneca vaccine can be used.
- If you have received your first dose of COVID-19 vaccine using the AstraZeneca brand and have experienced no serious side effects, you can use the AstraZeneca brand for your second dose.

(DoH 14 April 2021).



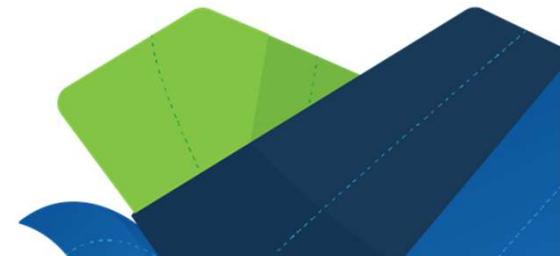
What to do if the consumer is hesitant

- Recognise that a person may be hesitant to receive the vaccine (also known as ‘vaccine hesitancy’) as a result of poor previous experiences. (Lewandowsky 2021)
- Strategies to respond to vaccine hesitancy:
 - Determine the consumer’s readiness to be vaccinated and any questions and/or concerns they may have. (SKAI 2021)
 - Avoid the temptation to immediately correct the person’s views. (SKAI 2021)
 - Acknowledge and summarise the person’s concerns. (SKAI 2021)
 - Share information regarding vaccination and confidently recommend the vaccine. (SKAI 2021)
 - If the person remains hesitant escalate this concern to a senior health clinician on site

People are more likely to vaccinate when:

- The vaccination is convenient, easy and free.
- They have confidence in the system of delivery and safety of the vaccine.
- Healthcare professionals recommend the vaccine.
- Friends, family and their role models have been vaccinated.
- Individuals are aware of how their actions can foster immunity for others in their community.
- The risk of disease is recognised and vaccination is understood to be a solution to that risk.

(Lewandowsky 2021)



Consumer specific, appropriate communication

In order to ensure consumers understand and accept the vaccination process, it is important to communicate in a way that is culturally safe and appropriate.

The following communication strategies may assist with this aim:

- Being respectful
- Being empathetic
- Listening actively
- Being responsive
- Asking for clarification when required
- Using appropriate body language e.g. sitting down at the same level as the consumer.

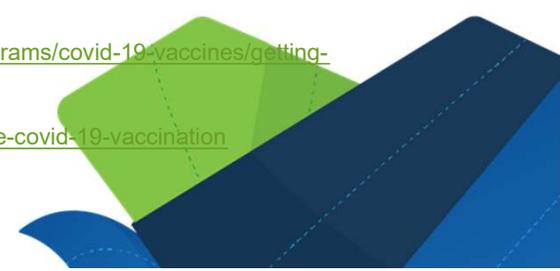
Allow plenty of time to communicate, especially when assisting consumers from at-risk populations including those from culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander peoples, refugees, asylum seekers and those with a disability.

(Danchin, Biezen, Manski-Nankervic, Kaufman & Leask 2020).



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