

# Guideline for management of COVID-19 vaccine rollout for Queensland Health hospitals

COVID-19 Vaccination Taskforce recommendations for referrals for vaccination  
V4 updated 23 August 2021

This guideline is designed to support Hospital and Health Services (HHSs) during the rollout of COVID-19 vaccines. It contains guidelines for medical referrals into Queensland Health vaccination locations. Each HHS is responsible for the planning and delivery of local vaccination locations within their jurisdiction, in alignment with national and state phasing and eligibility criteria.

This guide is intended to support HHSs in forming a decision framework relevant to their services and resources. It relates to:

1. targeted hospital vaccinations (outpatients and inpatients)
2. consumers with specific underlying medical conditions for vaccination
3. medical referrals or recommendations for vaccination at an HHS for vaccination.

Please see the Queensland Government COVID-19 vaccination information for healthcare workers [website \(and resources\)](#) for detailed information on clinical updates and changes to rollout phases.

On occasion, clinical judgement by vaccination clinic clinicians (such as Medical Practitioners or Nurse Practitioners (Immunisation)) may override advice provided on this document. Any variance should be documented in Queensland Covid-19 Vaccine Management System (QCVMS) or patient clinical record (for inpatients).

## Targeted hospital vaccination

This section details the outpatient and inpatient consumers who may benefit from vaccination within a Queensland Health hospital. This does not preclude these consumers from accessing vaccinations elsewhere.

### Outpatients

There are instances where vaccination at a hospital may be more appropriate than with community-based primary care. This includes outpatients who frequent hospital care more than a primary care professional (e.g. renal dialysis patients) and where accessing their General Practitioner (GP) may result in an unnecessary delay.

For **outpatients** to qualify they must be an existing outpatient (i.e. not referred only for vaccination). They must not be acutely unwell and vaccination must not interfere with any treatment they may be receiving (including on the day of their appointment such as receiving a venom immunotherapy as an outpatient). Clinical judgement should be used to assess if it is appropriate to receive the vaccination at the same time as their outpatient appointment or at another time.

Generally these groups of individuals should fall within the appropriate phase of the National Vaccine Rollout as [listed online](#) and applicable at the time.

### Inpatients

Inpatients include but are not limited to long stay inpatients (e.g. awaiting Residential Aged Care Facilities placement) or other inpatients who are not acutely unwell.

For inpatients to qualify they must not be acutely unwell, and vaccination must not interfere with the treatment they are receiving in hospital. Patients with complex co-morbidities and/or long stay patients should be prioritised.

Apart from usual documentation of vaccinations in the Queensland COVID-19 Vaccine Management Solution (QCVMS), which also facilitates Australian Immunisation Register (AIR) uploading, these vaccinations may also be recorded in the inpatient medical record as per local HHS processes to include detail such as a consumer's suitability to be vaccinated, related discussions, and relevant observation.

For both inpatient and outpatient groups above, clinical judgement should be used to determine eligibility for vaccination, however the Australian Government list of specified underlying medical conditions (described below) can be used as a starting point.

## Consumers with underlying medical conditions for vaccination

Consumers (aged 12 years and above) with an underlying medical condition, as outlined below, are now eligible to be vaccinated as a priority. These individuals do not need a referral from a GP to receive their vaccination at a Queensland Health facility, however documented evidence of their condition should be available and presented at the time of their appointment. Options for documented evidence of underlying medical conditions are listed on the Commonwealth [Eligibility Declaration](#) and include any of the below:

- a referral or letter from a consumer's GP or treating specialist confirming that they have been diagnosed with one or more of the relevant medical conditions, or have undergone or are undergoing one or more of the procedures for Phase 1B
- proof in the form of an alternative medical record that is dated within the last 5 years which shows that they have received the relevant diagnosis for the medical condition or have undergone or are undergoing the procedure for Phase 1B. Some examples of these include (but are not limited to):
  - a discharge summary from a hospital or other medical facility
  - entry on The Viewer, integrated electronic medical record (ieMR) or My Health Record detailing their medical condition(s)
  - a printout of their medical history as recorded in their clinical records – i.e. a patient medical summary as printed out from their GP's practice
  - a printout of their chronic disease care plan from their doctor
  - a script in their name for a medication that they have been prescribed to treat one or more of the relevant medical conditions or one or more of the procedures
- a condition-specific identifier that they have been issued with, such as a National Diabetes Services Scheme membership card.

**The Commonwealth information on specified underlying medical conditions is available online for both [adults](#) (aged 16+ years) and [adolescents](#) (aged 12-15 years). See Appendix 1 for further details.**

## Medical referrals and recommendations

Each HHS is required to develop a pathway for individuals who are referred by medical specialists, practitioners or public health units to the HHS for administration of vaccine or for closer monitoring following a vaccine. The pathway must include the ability for the person referred to (or presenting to) a HHS vaccination clinic to have the request assessed by a clinician to determine suitability for a particular brand (i.e. the COVID-19 Vaccine Vaxzevria (AstraZeneca) or the COVID-19 Vaccine Comirnaty (Pfizer/BioNTech)).

Notwithstanding any of the Commonwealth's guidelines or referral criteria and recommendations below in relation to specific brand selection, a HHS must ensure that it has taken all precautions and planned for minimising vaccine wastage, including wastage due to expiry or anticipated expiry of vaccine vials (frozen or thawed). Mitigations for this include opening vaccinations to those outside of the listed Commonwealth phases or brand recommendation advice to ensure that no vaccine wastage or expiry occurs at a local level.

Individuals may be referred for vaccination in a hospital environment due to clinical risk and/or requirement for extended observation. Individual preference for a specific vaccine or vaccine administration setting is not a sufficient reason. Referrals for this purpose can be redirected back to primary care services.

Referrals to Queensland Health site vaccination may include people who:

- require priority access to the vaccination (sooner than their Phase as per the Commonwealth eligibility) for medical reasons
- require priority access to vaccination (including specific brands which have different timeframes between first and second doses) as approved by the Commonwealth Government (for example Department of Foreign Affairs staff) who have an Australian Border Force (ABF) travel exemption where their exemption letter states that they are eligible for a COVID-19 vaccination)
- require access to a specific vaccination brand which is unavailable in the primary care or private sector in the location the person resides or works
- have a history of immediate (within 4 hours) and generalised symptoms of a possible allergic reaction (e.g. urticaria/hives) to a previous dose of a COVID-19 vaccine
- have a history of a generalised allergic reaction (without anaphylaxis) to any component of the COVID-19 vaccine to be administered (e.g. PEG in the Pfizer vaccine or polysorbate 80 in the AstraZeneca vaccine)
- have a documented history of severe allergy and/or anaphylaxis to previous vaccines and/or multiple drugs (injectable and/or oral)
- have a known systemic mast cell activation disorder with raised mast cell tryptase that requires treatment
- meet the other Specific Considerations as detailed below.

At the time of this documents publication, the Australian Technical Advisory Group on Immunisation (ATAGI) and Commonwealth guidelines for COVID-19 vaccination are that the AstraZeneca vaccine is to be used to vaccinate people aged 60 years and over and the Pfizer vaccine is preferentially to be used for people aged under 60. This is subject to variation as clinical and epidemiological considerations warrant changes so please keep up to date on the most recent Commonwealth Department of Health & ATAGI guidelines [here](#).

## Specific considerations for vaccination at a Queensland Health facility

### People aged under 60 accessing COVID-19 Vaccine Vaxzevria (AstraZeneca).

A person aged under 60 years (and aged 18 years and over) seeking to be vaccinated with the COVID-19 Vaccine Vaxzevria (AstraZeneca) is eligible, provided they make an informed decision based on an understanding of the risks and benefits.

### People aged 60 years and over accessing COVID-19 Vaccine Comirnaty (Pfizer/BioNTech)

In Queensland, specific groups of people aged over 60 are currently eligible to receive Pfizer (Comirnaty) vaccine if working in high risk industries to ensure they are fully vaccinated in the shortest period of time. These groups are listed online [here](#) and are subject to change.

If other people aged 60 years or over seeking to be vaccinated with the Pfizer vaccine at a Queensland Health facility, they should meet the below medical criteria to be considered eligible for this brand of vaccine:

- previous documented anaphylaxis to COVID-19 Vaccine AstraZeneca or any manufacturer-listed excipient (histidine, histidine hydrochloride monohydrate, sodium chloride, magnesium chloride hexahydrate, disodium edetate (EDTA), sucrose, ethanol absolute and polysorbate 80) where the consumer is made aware of the risks and added reactogenicity of changing between vaccine brands OR
- confirmed and documented medical history of cerebral venous sinus thrombosis (CVST), idiopathic splanchnic (mesenteric, portal, splenic) venous thrombosis (SVT), Antiphospholipid syndrome with thrombosis or heparin induced thrombocytopenia (HIT) AND
- **completion of [this Queensland Health Recommendation receive Pfizer \(Comirnaty™\) Vaccine in Queensland Health Facilities form](#) by a GP or other medical practitioner confirming any of the relevant exemptions**
- provision of a recommendation letter from an immunisation clinic or appropriate specialist (such as clinical immunologist, haematologist, infectious disease physician, or public health physician), Nurse Practitioner (Immunisation) or Public Health Physician advising of brand preference having taken into consideration the person's specific medical history and conditions.

The criteria below also apply to those of all ages:

- A person who has had their first dose of either vaccine elsewhere, for example, overseas, who is seeking a *second dose* in a Queensland Health clinic, can be provided with the same vaccine brand (if available), ensuring appropriate dose timings are maintained.
- If a person first dose vaccine brand is not available in Australia, they may receive a second dose of an Australian vaccine to complete their schedule. Further advice is available in [ATAGI clinical advice on use of a different COVID-19 vaccine as the second dose in special circumstances](#).

HHSs should liaise with referring medical practitioners about the process and criteria for referring individuals for COVID-19 vaccination at a Queensland Health vaccination location.

## Appendix 1: Specified underlying medical conditions

Adults (16 years and older) list available [here](#) & Adolescents (ages 12-15) list available [here](#).

Conditions	Notes
<b>Immunocompromising conditions</b>	
Haematological diseases or cancers	<b>Including</b> leukaemia, lymphoma or myeloma resulting in immunocompromise  Recommend discussion with specialist regarding optimal timing of vaccination
Solid organ transplant recipients who are on immune suppressive therapy	Recommend discussion with specialist regarding optimal timing of vaccination
Bone marrow transplant recipients or chimeric antigen receptor T-cell (CAR-T) therapy recipients or those with graft host disease	Recommend discussion with specialist regarding optimal timing of vaccination
Non-haematological cancer	Diagnosed within the past 5 years or on chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer therapy (active treatment or recently completed) or with advanced disease regardless of treatment
Adult survivors of childhood cancers	Nil
Chronic inflammatory conditions requiring medical treatments	<b>Including:</b> systemic lupus erythematosus, rheumatoid arthritis, Crohn's disease, ulcerative colitis, and similar who are being treated with disease modifying anti-rheumatic drugs (DMARDs) or immune-suppressive or immunomodulatory therapies.  <b>Generally not inclusive of</b> people living with osteoarthritis, fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome or similar non-immunocompromising inflammatory conditions.
Primary or acquired immunodeficiency	<b>Including</b> congenital causes of immunodeficiency and HIV/AIDS
<b>Other underlying conditions</b>	
Chronic renal (kidney) failure with an eGFR of <44mL/min	<b>Does not include</b> mild-moderate chronic kidney disease
Heart disease	<b>Including</b> Ischemic heart disease, valvular heart disease, cardiomyopathies and pulmonary hypertension
Chronic lung disease	<b>Including</b> Chronic Obstructive Pulmonary Disease, cystic fibrosis, interstitial lung disease. <b>Does not include</b> mild or moderate asthma
Diabetes	Nil
Severe obesity with a body mass index (BMI) $\geq 40\text{kg/m}^2$	Nil
Chronic liver disease	Nil
Chronic neurological conditions	<b>Including</b> Stroke, dementia, multiple sclerosis, motor neuron disease, Parkinson's disease, cerebral palsy. <b>Generally, not inclusive of</b> migraine or cluster headaches
Poorly controlled blood pressure (defined as two or more pharmacologic agents for blood pressure control, regardless of readings)	Nil
Those living with significant disability requiring frequent assistance with activities of daily living	<b>Including</b> Down Syndrome, muscular dystrophy, traumatic brain and spinal cord injury, severe intellectual disability
Those with severe mental health conditions	<b>Including</b> schizophrenia, bi-polar disorder affecting ability to adhere to public health measures