This document is designed to provide general information for clinicians, including those working in primary care, about the SARS-CoV-2 (coronavirus) vaccines for individuals aged 65 years and over, as well as frail and elderly populations. The information is accurate as of 18 March 2021. Printed copies are uncontrolled.

Risks of COVID-19 infection

Compared to younger people, older people who contract COVID-19 are much more likely to require admission to hospital. In Australia, 1 in 14 died if they were aged 65-79. One in three died if they were aged 80 years or over.

Further, older people are more likely to have chronic medical conditions that further increases their risk of severe COVID-19 infection. Those living in residential aged care facilities are also more likely to contract COVID-19 due to the communal nature of these environments.

Vaccinating this cohort is strongly recommended and explains why elderly adults aged 80 years and over and 70-79 years have been prioritised in Priority 1b of the Australian Government’s COVID-19 vaccination policy, and adults aged 60-59 and 50-59 in 2a.

Note: the Australian Government is coordinating the vaccination of aged and disability care residents and workers using an outreach model.

Both vaccines are highly effective at preventing severe COVID-19 infection.

Pfizer/BioNTech vaccine (Comirnaty BNT162b2)

The Pfizer vaccine has been provisionally approved by the Therapeutic Goods Administration for individuals 16 years and over. No dose adjustment is required for anyone over 65 years of age.

The vaccine has been tested in older persons up to 90 years of age, including individuals with chronic diseases such as heart and lung disease and diabetes mellitus. To date, millions of older people around the world have now received the Pfizer vaccine and it has been shown to be safe and effective.

The data for use in the frail elderly (>85 years) is limited, but the vaccine is expected to be very protective against COVID-19. The potential benefits of vaccination versus the potential risk and clinical impact of even relatively mild systemic adverse events in the frail elderly should be carefully assessed on a case-by-case basis.

University of Oxford/AstraZeneca vaccine (ChAdOx1-S)

The AstraZeneca vaccine has been provisionally approved by the TGA for individuals 18 years and over. No dose adjustment is required for anyone over 65 years of age.

Elderly patients over 65 years of age demonstrated a strong immune response to the vaccine in clinical trials, however there were an insufficient number of participants infected by COVID-19 to conclusively determine the efficacy in this subgroup. As such, the TGA recommends the decision to immunise people aged over 65 is made on a case-by-case basis with consideration of age, co-morbidities and their environment.
Eligible people with a history of severe allergic reactions can be vaccinated but should be monitored for 30 minutes after receiving the AZ vaccine. The observation period for all others receiving the vaccine is 15 minutes. This statement from the TGA provides more information.

End of life

Decisions regarding vaccinating those approaching end of life should be made on a case-by-case basis, with consideration of the potential benefits of protecting a patient from COVID-19 infection and their prognosis. This is particularly important if using the AstraZeneca vaccine, which requires two doses administered 10-12 weeks apart (minimum of 4 weeks).

Considerations

Deaths in older people after receiving their COVID-19 vaccine dose was reported in a small number of cases overseas and has been investigated. It was found that receiving the COVID-19 vaccine did not make dying more likely. These deaths were believed to have been related to the age or health of the person not the vaccine.

The immunological response to both COVID-19 vaccines may be diminished in those receiving immunosuppressive therapies, however vaccination should still occur because of their increased risk of severe illness.

The COVID-19 vaccines should not generally be offered at the same time as other vaccines (such as influenza). Where possible, scheduling should be separated by an interval of at least 14 days to avoid potential adverse events. If scheduling is likely to prevent a patient returning for a later appointment, vaccination can proceed, however the patient should be informed about the likely timing of adverse events relating to each vaccine.

Recommended reading

Pfizer vaccine protocol – Queensland Health
Pfizer product information - TGA
AstraZeneca vaccine protocol – Queensland Health
Australian Government – decision guide for frail older people
Australian Technical Advisory Group on Immunisation (ATAGI) – clinical guidance on COVID-19 vaccines