Oueensland Health

Management of COVID-19 vaccine rollout for Queensland hospitals

COVID-19 Vaccination Taskforce recommendations for referrals for vaccination V3 published 17 June 2021

This guideline is designed to support Hospital and Health Services (HHSs) with 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 vaccination
- 2. consumers with underlying medical conditions for vaccination within Phase 1b
- 3. medical referrals or recommendations for vaccination at a Hospital and Health Service for vaccination.

Please see the Queensland Government COVID-19 vaccination information for healthcare workers <u>website</u> (<u>and resources</u>) for detailed information on clinical updates and changes to rollout phases.

Clinical judgement by vaccination clinic clinicians may override advice provided on this document. This may include Medical Practitioners, Nurse Practitioners (Immunisation) and Immunisation Program Nurses (IPN).

Targeted hospital vaccination

This section details the outpatient and inpatient consumers who may benefit from vaccination within a Queensland Health facility. 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 COVID019 Vaccine Management Solution (QCVMS), which also facilitates 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 for Phase 1b (described below) can be used as a starting point.

Consumers with underlying medical conditions for vaccination within Phase 1B

Adults (including younger adults aged 16-18 years) with an underlying medical condition, as outlined below, are eligible to be vaccinated as part of Phase 1B cohort. These individuals do not necessarily 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 <u>Eligibility Declaration</u> 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; or
 - entry on The Viewer, integrated electronic medical record (ieMR) or My Health Record detailing their medical condition(s); or
 - 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; or
 - a printout of their chronic disease care plan from their doctor; or
 - 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 below Commonwealth information on specified underlying medical conditions for Phase 1b eligibility was available at the time of this document's publication, however the latest information is available online.

Commonwealth 1b category

Adults (those aged 16 or over) with an underlying medical condition or significant disability:

- Solid organ transplant recipients who are on immune suppressive therapy
- Adult survivors of childhood cancers
- Bone marrow transplant recipients or those on chimeric antigen receptor T-cell (CAR-T) therapy
 or those on immune suppressive therapy for graft versus host disease
- Haematological diseases or cancers including leukaemia, lymphoma or myeloma resulting in immunocompromise*
- Non-haematological cancer*
- Chronic inflammatory conditions on medical treatments*
- Primary or acquired immunodeficiency*
- Those with severe mental health conditions*
- Chronic renal (kidney) failure with an eGFR of <44mL/min
- Heart disease (including chronic heart disease or ischemic heart disease)
- Chronic lung disease
- Diabetes
- Severe obesity with a BMI ≥ 40kg/m²
- Chronic liver disease
- Chronic neurological conditions
- Those living with significant disability requiring frequent assistance with activities of daily living
- Elderly people aged 70 years and over
- Aboriginal and Torres Strait Islander people aged 55 years and over
- Household members of those working directly with confirmed COVID-19 patients or environments (i.e. international border control, hotel quarantine and designated COVID-19 wards).
- Critical and high-risk workers who are currently employed
- Healthcare workers currently employed and not included in Phase 1a
- Carers (paid and unpaid) of:
 - a resident of an aged care facility or residential disability accommodation who is eligible under Phase 1a
 - a person 70 years and over who is eligible under Phase 1b
 - a person with a specified underlying medical condition who is eligible under Phase 1b
 - a child with a specified underlying medical condition
- Disability and aged care support volunteers who provide support to people in their homes, respite care, educational, employment, leisure and/or residential settings, including those providing transport and advocacy services.
- People with a disability or with age-related conditions (e.g. early onset dementia) attending centre-based services (e.g. day programs, respite care, supported employment).

^{*}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 AstraZeneca / ChAdOx1-S or the COVID-19 Comirnaty™ /Pfizer® BioNTech® vaccine).

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.

Specific considerations for vaccination at a Queensland Health facility

People aged under 60 accessing COVID-19 Vaccine AstraZeneca (ChAdOx1-S).

A person aged under 60 years (and aged 18 years and over) seeking to be vaccinated with the COVID-19 Vaccine 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, people aged over 60 years in the following groups are currently eligible to receive Pfizer (Comirnaty) vaccine to ensure they are fully vaccinated in the shortest period of time:

Phase 1a

- Priority frontline health care workers, staff who work in:
 - direct clinical care to COVID-19 positive individuals
 - COVID-19/Infectious Disease Wards
 - emergency departments
 - intensive care units
 - Queensland Ambulance Service frontline responders
 - fever and respiratory clinic staff
 - public and private (international) aeromedical retrieval teams
 - pathology staff, medical researchers and scientists working with SARS-CoV-2
- Priority quarantine and border workers:
 - staff who work in quarantine facilities including workers who deliver health services, personal services, security services, all front and back of house hotel and cleaning services, and passenger transport services
 - staff who work in air and sea border security including relevant Australian Federal Police and Queensland Police Service staff
 - Queensland residents working as international air crew
 - marine pilots
- Aged care and disability care workers (vaccination rollout managed by the Australian Government Health Department)
- Aged care and disability care residents (vaccination rollout managed by the Australian Government Health Department)

Phase 1b groups below as defined online:

- other health care workers
- disability and aged care workers
- adults with a specific underlying medical condition, including those with a disability
- critical and high-risk workers including defence, police, fire, emergency services, meat processing and other industry groups

• household contacts of quarantine workers, border workers and healthcare workers who are at a higher risk of having contact with COVID-positive patients.

If other people aged 60 years or over seeking to be vaccinated with the Pfizer vaccine, 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) OR
- provision of a GP or other specialist letter confirming any of the above two points OR
- provision of a recommendation letter from an immunisation clinic or appropriate specialist (such as GP, 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 aged 60 years and over:

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.

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

Appendix 1: COVID-19 Vaccination Program Phase 1b Additional Information

Conditions	Notes
Immunocompromising conditions	
Haematological diseases or	Recommend discussion with specialist regarding optimal
cancers including leukaemia,	timing of vaccination
lymphoma or myeloma	
Non-haematological cancer	Diagnosed within the past 5 years or on recently completed active treatment including chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer therapy or with advanced disease regardless of treatment.
Adult survivors of childhood cancers	
Chronic inflammatory conditions on medical treatments	Including: 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.
	Generally not inclusive of people living with osteoarthritis, fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome or similar non-immunocompromising inflammatory conditions.
Primary or acquired immunodeficiency	Including congenital causes of immunodeficiency and HIV/AIDS
Those with severe mental health conditions	Including schizophrenia, bi-polar disorder
Other underlying conditions	
Chronic renal (kidney) failure with an eGFR of <44mL/min	Does not include mild-moderate chronic kidney disease
Heart disease	Including Ischemic heart disease, valvular heart disease, cardiomyopathies and pulmonary hypertension
Chronic lung disease	Including Chronic Obstructive Pulmonary Disease, cystic fibrosis, interstitial lung disease.
	Does not include mild or moderate asthma
Chronic neurological conditions	Including Stroke, dementia, multiple sclerosis, motor neuron disease, Parkinson's disease, cerebral palsy.
	Generally, not inclusive of migraine or cluster headaches
Those living with significant disability	Including Down Syndrome, muscular dystrophy, traumatic
requiring frequent assistance with activities of daily living	brain and spinal cord injury, severe intellectual disability



Those with severe mental health	Including schizophrenia, bi-polar disorder affecting ability to
conditions	adhere to public health measures

Reference: COVID-19 vaccination program Phase 1b. Learn more about Phase 1b of the COVID-19 vaccination program. Accessible: COVID-19 vaccination program Phase 1b | Australian Government Department of Health