Australian Government
Operation COVID Shield

COVID-19 VACCINATION

Primary Care Vaccine Roll-out

Provider Bulletin

8 October 2021

Key Messages

ATAGI ADVICE

Third COVID-19 vaccine as part of primary course for severely immunocompromised individuals

Today, the Australian Technical Advisory Group on Immunisation (ATAGI) released a statement **recommending a third dose of COVID-19 vaccine as part of the primary course in individuals who are severely immunocompromised.**

The third primary dose is intended to address suboptimal or non-response to the standard two-dose schedule in individuals aged 12 and over who are severely immunocompromised (conditions are listed at the end of this bulletin). The third dose aims to maximise the level of immune response in these individuals to as close as possible to the general population. Individuals with an unlisted condition should only be considered for a third dose where the treating physician has assessed the patient as having a similar level of severe immunocompromise to the identified conditions.

ATAGI recommends that the interval for the third dose between 2 to 6 months after the second dose of the vaccine. A minimum interval of 4 weeks may be considered in exceptional circumstances (e.g. outbreaks, anticipated intensification of immunosuppression).

An **mRNA vaccine** (Comirnaty (Pfizer) or Spikevax (Moderna)) is preferred to Vaxzevria (AstraZeneca) for a third primary dose.

AstraZeneca can be used as a third dose for individuals who:

- have received AstraZeneca for their first two doses if there are no contraindications or precautions for use, or
- have had a significant adverse reaction after a previous mRNA vaccine dose which contraindicates further doses of mRNA vaccine (e.g. anaphylaxis, myocarditis).

Protection from three primary doses in severely immunocompromised individuals may still be lower than the general population. Risk mitigation strategies such as mask wearing and physical distancing should continue to be used even after receipt of a third dose. **ATAGI does not recommend subsequent doses beyond the third dose at this time.**

Antibody testing is not recommended to assess for immunity to SARS-CoV-2 following COVID-19 vaccination. There are no serological assays that provide a definitive correlate of immunity to SARS-CoV-2.

These third doses are provided as part of the primary course, they are not boosters.

This third primary dose is not to be considered a booster dose for the general population. It is a third dose – to complete the regular course of vaccination – for a very specific cohort of vulnerable Australians to ensure they have the highest level of protection available against COVID-19.

Advice on boosters will be provided once manufacturers apply to have their vaccine approved for booster doses with the Therapeutic Goods Administration (TGA). It is also anticipated that the ATAGI will provide further advice on boosters for the general population shortly.

THIRD DOSE IMPLEMENTATION

Prioritisation

Please proactively reach out to any of your patients with one of the identified conditions who are fully vaccinated to book them in for their third dose, 2 to 6 months after their second dose.

Funding

General practices may continue to claim the Medicare Benefits Schedule (MBS) COVID-19 vaccine suitability assessment items (second dose). For more information on the MBS items, please visit our website.

AIR

Practices are able to register a third dose of a COVID-19 vaccine in the Australian Immunisation Register (AIR) as per usual practice. Entering third doses doesn't affect an individual's vaccination status. There is no restriction in AIR that would prevent clinicians from recording a third dose of a vaccine.

Please remember to check the Australian Immunisation Register (AIR) prior to administering any COVID-19 vaccines.

Making Appointments

Clinics should continue to accept appointments for third doses using processes consistent with first and second doses. As usual, clinicians will need to satisfy themselves that the third dose being administered is consistent with the patient's dosing history and clinical guidance on dosing intervals. This may be done by checking the patient's Immunisation History Statement or My Health Record.

Immunocompromising conditions for which third primary dose of COVID-19 vaccine is recommended

- Active haematological malignancy
- Non-haematological malignancy with current active treatment including chemotherapy, radiotherapy, and/or hormonal therapy, but excluding immunotherapy with immune checkpoint inhibitors
- Solid organ transplant with immunosuppressive therapy
- Haematopoietic stem cell transplant (HSCT) recipients or chimeric antigen receptor T-cell (CAR-T) therapy within 2 years of transplantation.
    - These patients require ***revaccination with 3 additional doses*** of COVID-19 vaccine, irrespective of doses given prior to transplantation, commencing generally ≥3-6 months after their transplant after discussion with their treating specialist.
    - Those beyond 2 years from transplant should discuss with their treating specialist about the need for a 3rd dose.
- Immunosuppressive therapies including:
    - High dose corticosteroid treatment equivalent to >20mg/day of prednisone for ≥14 days in a month, or pulse corticosteroid therapy.
    - Multiple immunosuppressants where the cumulative effect is considered to be severely immunosuppressive.
    - Selected conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDS):
        - including mycophenolate, methotrexate (>0.4 mg/kg/week), leflunomide, azathioprine (>3mg/kg/day), 6-mercaptopurine (>1.5 mg/kg/day), alkylating agents (e.g. cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g. cyclosporin, tacrolimus)
        - excluding hydroxychloroquine or sulfasalazine when used as monotherapy
    - Biologic and targeted therapies anticipated to reduce the immune response to COVID-19 vaccine:
        - including B cell depleting agents (e.g. anti-CD20 monoclonal antibodies, BTK inhibitors, fingolimod), anti-CD52 monoclonal antibodies (alemtuzumab), anti-complement antibodies (e.g. eculizumab), anti-thymocyte globulin (ATG) and abatacept
        - excluding agents with likely minimal effect on vaccine response such as immune checkpoint inhibitors, anti-integrins, anti-TNF-α, anti-IL1, anti-IL6, anti-IL17, anti-IL4 and anti-IL23 antibodies
- Primary immunodeficiency including combined immunodeficiency and syndromes, major antibody deficiency (e.g., common variable immune deficiency (CVID) or agammaglobulinemia), defects of innate immunity (including phagocytic cells), defects of immune regulation, complement deficiencies and phenocopies of primary immunodeficiencies.
- Advanced or untreated HIV with CD4 counts <250/μL or those with a higher CD4 count unable to be established on effective antiretroviral therapy
    - a 3rd primary dose is not required for people living with HIV, receiving ART with CD4 counts ≥250/μL
- Long term haemodialysis or peritoneal dialysis