Australian Government
Operation COVID Shield

COVID-19 VACCINATION

Primary Care Vaccine Roll-out

Provider Bulletin

25 May 2022

Bulletins provide you with regular updates and guidance on the COVID-19 Vaccine Program.

Key Messages

ATAGI UPDATE

Expanded ATAGI recommendations on winter COVID-19 booster doses

People aged 16 to 64 who have a medical condition that increases their risk of severe COVID-19 illness and people with disability with significant or complex health needs, will be recommended to receive a winter booster vaccination dose from 30 May 2022.

On 25 March 2022, ATAGI recommended an additional winter booster dose (4th dose for most people) for the highest risk groups: people aged 65 years and above, residents of aged care or disability care facilities, people with severe immunocompromise and Aboriginal and Torres Strait Islander people aged 50 years or above.

ATAGI has reviewed this and now **recommends** that **additional population groups** should receive a winter booster dose, 4 months after their first booster dose:

- People aged 16-64 years who have complex, chronic or severe conditions that are considered to increase their risk of severe illness from COVID-19 (Refer to the Table in the Attachment).

ATAGI recommended this change to ensure those who are at greater risk of developing severe disease receive the best possible protection.

The following groups are currently not recommended to receive an additional winter booster dose:

- healthy people aged 16 to 64 years of age who do not have any risk factors for severe COVID-19
- women who are pregnant without any other comorbidity that increases their risk of severe COVID-19
- people from occupational groups, such as healthcare workers, who do not have any other comorbidity that increases their risk of severe COVID-19.

The Australian Government has accepted this advice and will include the winter dose for these additional population groups in the COVID-19 Vaccination Program from **30 May 2022**. All primary care vaccination sites may commence administering the winter doses to the additional groups if they have appointments available.

ATAGI is continuously reviewing data on the use of COVID-19 boosters and the epidemiology in Australia and may recommend additional vaccination for other groups in the future, however there is currently insufficient evidence of benefits beyond a single booster dose in preventing transmission to warrant recommending an additional dose in the general population. Evidence shows protection against severe disease (rather than all infection) is well maintained after the first booster dose, especially in young healthy people.

Healthcare workers (HCW) have been calling for them to be provided with access to 4th doses, given the current transmission rate and HCW absences due to to COVID-19.

As outlined above, the Winter/4th dose does not appear to have a significant or lasting effect on reducing virus transmission and widespread administration would be unlikely to impact on infection rates and absences amongst HCW. Fit, younger HCW remain very well protected from severe disease with 3 doses and should be strongly encouraged to have their 3rd/booster dose if they have not already done so

MAINTAINING COLD CHAIN REQUIREMENTS

Maintaining cold chain requirements when transferring vaccines off site

The Vaccine Operations Centre (VOC) has received a number of reports relating to poor cold chain management practices during transfer of vaccines between sites or to outreach clinics.

It is critical that cold chain requirements are maintained, and the National vaccine storage guidelines 'Strive for 5' are followed at all times. This ensures patients are receiving safe and effective vaccines.

All staff involved in the monitoring or administration of COVID-19 vaccines should be familiar with and regularly review cold chain management processes. Best practice in handling and administering COVID-19 vaccines is detailed in the National vaccine storage guidelines - Strive for 5, the mandatory COVID-19 Vaccination Training modules, and the Australian Technical Advisory Group on Immunisation (ATAGI) advice on the Transporting, storing and handling COVID-19 vaccines webpage.

When transferring COVID-19 vaccines, they should be appropriately packed and the temperature should be monitored during transit, as per the National vaccine storage guidelines 'Strive for 5'.

- A minimum/maximum thermometer or data logger **must be included** to confirm cold chain requirements have been maintained during transit.
- The temperature should be checked and recorded every 15 minutes for the first hour, then every hour thereafter.

- The temperature data should then be checked before any vaccines are administered, to ensure that the vaccines have remained between 2 to 8 degrees C.
- Vaccines should be kept in a specialised vaccine cooler, or an appropriately cooled and packed esky. One of the greatest risks to vaccines is freezing during transport in a cooler.
- All vaccines should be loosely packed with pre-conditioned ice/gel packs, with an insulating material (e.g. polystyrene chips or bubble-wrap).
- Direct contact of the vaccines with the ice packs/gel packs can increase the risk of the vaccine going below 2 degrees C and freezing. However, if the vaccines are packed too tightly, cool air may not be able to circulate. Polystyrene coolers provide limited insulation and are only suitable for storing vaccines for short periods (up to 4 hours).
- Please note that alfoil bags are not effective in keeping vaccines at the correct temperature and should not be used in the transport of COVID-19 vaccines. For further information on how to correctly pack a cooler and pre-condition ice/gel packs, refer to Chapter 9: Coolers in the National vaccine storage guidelines - Strive for 5 document.

If you believe your vaccines may have been involved in a potential cold chain breach (PCCB), either within the clinical setting or during transit:

- place any affected vaccines in quarantine, secured within cold chain storage requirements;
- mark stock as 'Do not use';
- report the PCCB to the Vaccine Operations Centre (VOC) on 1800 318 208, providing as much information and temperature data as possible to aid in the assessment; and
- wait for the outcome of the assessment and advice on whether the vaccines are safe to use.

Case Study One

Following a power outage, a site followed their cold chain management plan, which involved moving vaccines via a temperature monitored esky, to be secured in a local hospital pharmacy vaccine fridge. Unfortunately, time was not taken to adequately pre-condition the ice packs before the vaccines were packed and transferred. The temperature logger was reviewed upon delivery to the hospital and a 2-hour temperature excursion below 2 degrees C was noted, to a minimum temperature of 0 degrees C. This resulted in wastage of one brand of vaccine and restrictions being placed on another, requiring them to be labelled with "breach/alert warning".

How this can be prevented: Take the time to 'condition' ice packs to reduce the risk of freezing vaccines, noting that the vaccine fridge door should remain shut to maintain the temperature until the esky is prepared for the vaccines. Additionally, 15-minute min/max temperature recordings taken during the first hour (and hourly thereafter) may result in earlier detection of temperatures below 2 degrees so action can be taken to prevent wastage.

For further information, please review Chapter 8: Managing a power failure and Chapter 9: Coolers in the National vaccine storage guidelines - Strive for 5 document.

Case Study Two

Excess COVID-19 vaccines were transferred between sites. Vaccines were removed from the vaccine fridge and placed in a shopping cooler bag, without ice packs or temperature monitoring. The site was 15 minutes away, however the person transferring the vaccines was delayed resulting in the vaccines being left in the shopping bag for up to 3 hours, 1 hour of which being in a stationary car. As the maximum temperature the vaccines reached was unknown, the vaccines had to be discarded.

How this can be prevented: Any transfer of vaccines should be done in a proper cooler or esky with temperature monitoring, in line with Chapter 9: Coolers in the National vaccine storage guidelines - Strive for 5. This must occur any time vaccines are transported between sites, even if it is thought to be a short distance.

REMINDERS

Vaccine ordering

A reminder to all sites to ensure your vaccine orders are completed in CVAS **by midnight Friday, for delivery the following fortnight.**

If your practice is administering more than one COVID-19 vaccine, you will be able to make **separate orders for each vaccine**. To place an order for a certain vaccine type, you must first complete the relevant vaccine Site Readiness Declaration.

Deliveries will arrive during business hours between Monday to Friday on or before the delivery date indicated at the time of placing your order. Orders can be changed or cancelled through CVAS up to 7 days in advance of the Requested Delivery Date (RDD). If you wish to make a change outside of this timeframe, you will need to contact the VOC on 1800 318 208.