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Global Healthy Living Foundation Australia and CreakyJoints Australia submission for the ANAO Audit of Australia's COVID-19 Vaccination Rollout

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These comments are submitted by CreakyJoints Australia and Global Healthy Living Foundation Australia (GHLF Australia) on behalf of our patient community. We appreciate the opportunity to provide feedback for this audit.

Our comments on the planning of the COVID-19 Vaccine Rollout include insights from an organisational perspective.

We also reviewed our articles and patient interactions that related to the rollout and used the common themes from their feedback to formulate this response to the audit criteria. We acknowledge that much of this feedback came from people with a moderate to high level of health literacy and English language literacy. Some identified as disabled.

Our community members are mostly people with chronic health conditions, the vast majority being rheumatology patients. Many were eligible for COVID-19 vaccinations in Phase 1b of the rollout.

Has Australia's COVID-19 vaccine rollout been effectively planned?

We would like to have seen the Australian Government order COVID-19 vaccines much earlier (when other countries were placing advanced orders) and/or, invest in a broader range of vaccines. We acknowledge that it is impossible to predict the future but feel it was a mistake to think we had time on our side.

We believe that the early planning stages of the rollout were generally effective. It also helped that aspects of the COVID-19 vaccine clinical trials and approval processes could occur concurrently and that the rollout could start earlier than anticipated. There was extensive information available about the types of COVID-19 vaccines and how they worked.

The initial plan to roll out the COVID-19 vaccines in five phases starting with priority groups was sensible and mostly easy to understand. There was a lot of Federal Government information available to explain the process, including what to bring to a vaccination appointment.

Many members of our community said they found the Federal Government's Eligibility Checker and online appointment booking tools helpful and easy to use.

Expansion of the rollout to incorporate pharmacies across Australia was a positive step for COVID-19 vaccinations and an indication of future capability for improvement of adult vaccination rates.

By approving > 3000 pharmacies throughout Australia for COVID-19 vaccinations, many of those who found vaccination at a GP office prohibitive because of availability, personal time constraints, location, and or costs, could access a vaccination with a trusted community pharmacist. The success of the pharmacy rollout demonstrated the importance of providing easily accessible primary care to encourage community uptake. It represents hope for preventive health measures and a future where more vaccinations on the National Immunisation Program schedule are made available through pharmacies.

Australian vaccination hesitancy and complacency, which grew to unprecedented levels by May 2021, was aided by a lack of general vaccination knowledge in the public, prior to the pandemic.

It is generally accepted that, prior to 2020, Australian adults were under-vaccinated. This created a fertile ground for misinformation and a rapid decline in confidence in some populations in the first half of 2021.

Vaccination awareness and education often takes place in the healthcare provider environment. Unless vaccination is a dedicated service, under the time constraint of other service provisions vaccination can suffer. A general lack of understanding among adults about general vaccination led to an escalation of hesitancy and complacency with the introduction of COVID-19 vaccines. The need for additional resources for health education in community settings, therefore, was underestimated.

This could remain an issue if vaccination record-keeping (AIR) is not improved, vaccinations are not made more accessible in community settings, and comprehensive education and awareness is not properly planned and funded for the broad community and specifically tailored for vulnerable populations.

According to the NCIRS Annual Immunisation Coverage Report 2020, influenza vaccinations increased markedly in the 20 – 50 age groups. This corresponded with increased use of the Australian Immunisation Register (AIR) by more pharmacists, primarily vaccinating for influenza. But sadly, adult vaccination rates are still under-recorded, and a full picture will be uncertain until AIR records improve. The COVID-19 vaccination success story and improved rates of influenza in 2021 suggest pharmacies have become a reliable pathway for improved national adult vaccination rates.

Additionally, by 2050, Australia's population is expected to reach 35.9 million, according to the Australian Government ABS population projections. The ageing population numbers mean that new provider types are imperative if Australia is to encourage improved rates of vaccination. COVID-19 and other new vaccinations will need a consistent approach, approved providers and trusted health education and awareness about vaccine-preventable diseases to match the country's expanded need to protect the community and reduce the burden of disease.

Have effective governance arrangements been established to manage the COVID-19 vaccine rollout?

As the rollout progressed, many members of our community expressed frustration and confusion regarding the mixed messages from the federal and state governments on topics such as the ordering and distribution of COVID-19 vaccine supplies and how and where to book vaccination appointments.

Has the COVID-19 vaccine rollout been effectively implemented?

The following are the areas of the rollout implementation we received the most feedback about.

The change from prioritising at-risk groups to age groups part way through the rollout

While Phase 1b of the rollout was in process, it became known that the AstraZeneca vaccine posed a risk of blood clots for younger people and people with certain prior conditions. We understand this placed ATAGI and the Federal Government in the difficult position of having to re-evaluate who could have the AstraZeneca vaccine and who should wait for more supplies of the Pfizer vaccine to be available. However, we believe the Federal Government's public health message about this issue was poorly handled and this contributed to the widespread backlash against the AstraZeneca vaccine.

One of the most well-known (although unintended) outcomes of the new focus on age groups was that many people in Phase 1b and/or in supported accommodation did not get access to a COVID-19 vaccination for many months. This left many in our community in an unacceptable and prolonged state of vulnerability and heightened anxiety.

Additionally, those who were, at the time, too old to access the Pfizer vaccine but who believed they were at risk of developing a blood clot due to their medical history were faced with navigating this grey area either with the help of their treating doctor or, in some cases, on their own. As some members of our community tried to share helpful information about this with each other, they discovered inconsistent processes across the country for granting special permission to access vaccines.

Public health communication during the COVID-19 vaccine rollout

Many people in our community noted that getting vaccine and vaccination information relevant to specific conditions and minority groups was often challenging and inequitable. This often started with not knowing where to look for the information in the first place.

Information about vaccination eligibility for carers or children of immunosuppressed people was often vague, conflicting or regularly changing. There was also apparently no online option for people in this situation to book a vaccination appointment.

Other areas where poor or mixed communication created challenges for our community included:

- Information about the timing of COVID-19 vaccinations around medication doses, especially immunosuppressant (DMARD) doses. We acknowledge that this is a new area of research and ATAGI did publish some information on this topic, however, the situation left many clinicians having to rely solely on their own judgement. This meant many patients became stressed and concerned when they learned others with the same condition and on similar medications were given vastly different advice.
- Information about the access requirements for third primary COVID-19 vaccine doses for people on immunosuppressive therapies. The initial ATAGI statement on this topic was detailed but some common immunosuppressants were not listed and others had a higher minimum dose required for access than would generally be prescribed for people with autoimmune conditions. These issues were rectified in later ATAGI updates but many people had already been adversely affected by the confusion.

- There was also confusion around who could authorise third primary doses for immunosuppressed people and what that authority would look like. Some members of our community were told by pharmacists that they had to have a letter from their rheumatologist to confirm their eligibility and many people did not know that GPs could also provide that authority.

COVID-19 vaccination certificates do show third doses, but they don't specify if they were third primary doses for immunosuppressed people or booster doses for members of the general public. Many people in our community had their third dose after boosters became available to the general public so they were just given the dose with no discussion about whether it was a primary dose or a booster (especially if they attended a GP clinic or vaccination hub). Unless they had that conversation with their treating doctor when they had their third dose, there's no paper trail to indicate what their third dose was. This is now a problem because they don't know if they are eligible for their fourth dose (their first booster) now or not.

We would like to see a distinction between primary doses and boosters shown on vaccination certificates to resolve these issues in the future.

Booking process when supply was limited

As bookings became available for those in Category 1b, many people had to stay on the phone for hours or check the online booking tool repeatedly over days or weeks until they could find a clinic that had supply and/or had an appointment available.

We heard many reports of people phoning 20 or more clinics directly to get an appointment. Some travelled well out of their area to clinics they were unfamiliar with, which placed undue physical medical and mental stress on them.

For some people with complex health histories, medical anxiety, language or cultural differences or mobility issues, that was a barrier. Many waited until they could get an appointment at their local GP clinic or pharmacy or (if they were housebound) until someone could come to their home to give them a vaccination.

Booking process when supply was available

Once COVID-19 vaccine supplies became available and demand lessened, many of our members found the state government appointment booking processes easier. However, by that stage, the focus was on age groups rather than priority categories, so people in 1b ended up waiting alongside members of the general public to get an appointment.

Appointment day process

Most of the feedback we received about appointment day processes on the day was very positive. People reported that the staff were helpful and friendly and they were given adequate information about the process before signing the consent forms.

Booking and appointment day accessibility

The challenges faced by our members to book and get an appointment were considerable. However, we believe those from CALD communities or with low levels of health or computer literacy faced even greater accessibility issues and this resulted in lower vaccination rates in these communities.

Our members also commented on the following physical accessibility issues:

- Many vaccination clinics were very busy and had long queues. Some had chairs but others required people to stand in line for up to several hours. For many people with chronic physical or mental health conditions, standing for an extended period can aggravate symptoms. The lucky ones could still attend with the help of things like mobility aids or carers, but others simply could not access busy clinics for that reason.
- Some clinics were held in outdoor venues such as car parks and people had to sit outside for 15 minutes following their injection. This can be a barrier for people with conditions that cause severe sun or temperature sensitivity.
- The cost of public transport, taxis, petrol or parking made getting to a vaccination clinic prohibitive for those on lower household incomes.
- Visitor car parks in hospitals are often far from the main entrance and can be quite expensive so those who had appointments in hospital clinics faced the choice of paying the parking fee and still having to walk a reasonable distance, finding street parking many blocks away and having to walk even further or arranging for someone to drop them off at the entrance. For people with mobility and/or financial issues, this was a huge problem.

We are aware that taxi vouchers later became available through the Victorian Government to help some people get to vaccination appointments but these were not widely publicised and we don't know if they were issued elsewhere. We believe that taxi vouchers and other forms of access assistance should have been available to eligible people across the country as soon as the rollout started.

CreakyJoints Australia and Global Healthy Living Foundation Australia hope our submission will positively contribute to the audit and we look forward to hearing about the outcome when it is available.

We consent to being contacted regarding this submission if required.

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