

Survey

On 24 November, Croakey asked healthcare leaders what can be learnt from the COVID-19 vaccine rollout to date to help inform effective and equitable delivery of the third dose – and how the federal election might affect the rollout of the third dose. The full responses are provided below:

Invest in primary healthcare

Dr Jason Agostino, GP at Gurriny Yealamucka, an Aboriginal community controlled health service in the community of Yarrabah in far north Queensland, and medical advisor at NACCHO.

What we've learnt from the rollout of COVID vaccination to date is that we should be investing more in the primary healthcare system for the vaccine delivery. There is good data showing that most Aboriginal and Torres Strait Islander people didn't access state-run vaccination clinics. Primary healthcare did most of the heavy lifting. Yet in the first round of the vaccine rollout, we saw resources going away from primary healthcare into state run clinics.

We need long term investment in workforce solutions for vaccination efforts going forward. We have this perfect storm coming up of chasing up the latecomers, doing childhood vaccination early next year and doing boosters as well as flu vaccine. This is a long term problem and we are going to need long term workforce solutions to address it. Staffing is a critical concern, we have really struggled to get staff into our clinics due to closed borders and due to competition from state-run clinics.

We also need consistency across the jurisdictions so Aboriginal Health Workers can deliver vaccines, they are an essential part of our service. Some progress has been made in some jurisdictions but under emergency declarations, not embedded. Our services already had a lot to do before COVID, we've got even more to do now. At the moment one in ten COVID positive people in the ACT and NSW are Aboriginal and Torres Strait Islander people.

We are working on how we improve surveillance of Long COVID in children, and we need to address adults too.

The third dose is essential for Aboriginal and Torres Strait Islander people. If we keep calling it a 'booster', there will be a perception that it's optional.

Change up the communications

Professor Kathy Eagar, Director of the Australian Health Services Research Institute at the University of Wollongong, and COVID SNAPS columnist.

The key lesson from the rollout to date is that, despite the political and media beat-up, Australians are not ‘vaccine hesitant’. A very tiny (but vocal) minority are ‘anti-vax’. They will probably never change. Some people have also been ‘AstraZeneca hesitant’ and there are lessons to be learned from that to ensure that that problem doesn’t happen again. Aside from AstraZeneca, only a small group were truly ‘vaccine hesitant’.

The overwhelming evidence is that Australians readily jumped at the opportunity to be vaccinated once the vaccine was actually available. Vaccine for 12 to 15 year olds only became available on 13 September – just over two months ago. But 74.7% of this age group have already had one jab and 63.5% have already had two. Two thirds of all young people aged 12 to 15 years being vaccinated in less than two months is extraordinary. Even more extraordinary are the rates for 12 to 15 year olds in jurisdictions with COVID outbreaks – 95% double vaccination in the ACT, 77% in Victoria and 76% in NSW.

A key lesson based on international evidence is that we need to mind our language. “Double vaccinated” is not “fully vaccinated”. We will all need three jabs, and probably more, to be fully protected. We have been too slow changing our language and our policy settings to reflect this reality. It is time to stop using the percentage of the population double vaccinated as the benchmark to ease COVID restrictions. We need to bring the community with us to accept multiple COVID vaccinations as being part of the ‘new normal’.

Australians have always embraced vaccination. We have one of the highest childhood vaccination rates in the world and, after a painfully slow start, we have now had one of the fastest COVID vaccination take up rates in the world. We need to build on that track record going forward.

On the federal election question:

Australia did well in the early days of 2020 when all sides of politics, and both tiers of government worked together to steer us through the first stages of the pandemic. Sadly those days are now well and truly over.

The major lesson going forward is not to leave the third dose program in the political hands of the federal government. States and territories need to work with GPs, the aged care sector and the disability sector to ‘own’, manage and ‘sell’ the third dose rollout.

The third dose rollout is too important to be left to the political whim of federal politicians in the year of a national election.

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work and travel upon, and to the Elders, past, present and future.*

Prioritise vaccination of children

John Gregg, CEO Australian Healthcare and Hospital Association

The COVID-19 vaccine rollout to date has shown us that vaccinating our younger populations, ensuring clear vaccine communication and supporting international vaccine efforts are critical to maintaining a COVID-safe Australia.

Vaccinating our 5- to 11-year-old age group must be prioritised over third dose vaccinations for the 12 and over population to assure maximum vaccine protection for all our communities.

We have seen a significant increase in primary schools listed as exposure sites. Uncertainties, lockdowns and missed developmental and socialisation opportunities have impacted on the wellbeing of children. Vaccinating our children will be critical to reducing the risk to the broader community as vaccinations have clearly demonstrated significant benefits in lower transmission and reducing serious complications of COVID-19.

Lessons we have learnt from the vaccine rollout to date show us that communication must be clear, consistent, concise and inclusive. AHHA's [Principle Statement on COVID-19 Vaccination Program Communication and Engagement](#) provides government, health and community sectors and media with guiding principles to deliver clear and effective communication that will support the ongoing successful delivery of a COVID-19 vaccine strategy.

Developing countries including neighbouring Pacific nations have been hard hit by the pandemic, yet global vaccine coverage is inequitable. In order to overcome the impacts of COVID-19, there must be vaccine justice. Countries should be empowered to produce and distribute their own vaccines, without relying on wealthy nations to donate excess supply. Vaccinating the world's population will be our key defence in overcoming the emergence of new, and more threatening variants of the virus.

The COVID vaccine rollout should not be affected by an election or politicised. Messaging should come from credible and trusted health bodies – not from political parties.

Ongoing community education is needed

Leanne Wells, CEO, Consumers Health Forum of Australia

Assured timely supply through accessible services like GPs, pharmacies, ACCHOs and community health centres is clearly the first prerequisite – and then there's the need for ongoing community education. Communication about the importance of vaccination and boosters etc should come through multiple and trusted channels, not just advertising campaigns.

The Consumers Health Forum is rolling out a national community engagement strategy: "It's worth the shot" to address COVID vaccine hesitancy in rural and regional Australia through story and discussion with Primary Health Networks, supported by the Australian Department of Health. This is a vital complement to current advertising media campaigns.

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Services Australia is also developing the capability to send out booster notifications. However, GPs who are able to get lists from Medicare of the vaccination records/status of their patient lists for most vaccines do not yet have this for COVID vaccines.

The important lessons from the earlier vaccine rollout are having the supply and equitable spread across the country and access (types and locations). We also need to recognise that not everyone who wants to (or can be persuaded to) have their first and second doses have done so, either because of a lack of supply or because of a lack of urgency. That means there will have to be clear messaging for two different audiences.

On the approval of vaccines for 5- to 12-year old children, the Minister has made clear that vaccines for this group won't be available until early next year. The effect of that is the lost opportunity to have children protected at the start of the new school year.

The pandemic has highlighted the links between a healthy population and our economy. The toll of extended lockdowns economically has been enormous, and that includes the toll of loneliness and mental health problems exacerbated by the pandemic on health service demand and loss of productivity. Young people, as our Youth Health Forum has told us, have been particularly hard-hit. It is in the government's and community's interests – election or no election – to continue to encourage high vaccination rates.

Tailored responses needed

Dr Megan Belot, President, Rural Doctors Association of Australia (RDAA)

Given there will be a staggered rollout for the third dose of the vaccine, due to the different times that individual patients had their first and second doses, we don't foresee any major issues in the equitable or timely delivery of the third dose in rural communities.

What is of much greater concern, however, is the continuing low rate of vaccination in some areas of rural and remote Australia – particularly remote Aboriginal communities in Queensland, Western Australia and the Northern Territory.

Governments and health departments must not lose focus on getting the first and second vaccination rates at the very least above 80 percent in communities where this is lagging.

In Aboriginal communities, this means actively engaging with local elders to underpin the message about the importance of getting vaccinated, as there remains a mistrust of the vaccine in some communities.

But more widely across rural Australia, it also means ensuring that vaccination clinics are tailored to the needs of particular communities.

In some cases, it might not be the reluctance of individuals to be vaccinated but their inability to get to the nearest vaccination clinic during its opening hours, or because it is too far away. For example, the annual muster or harvest waits for nothing, so if you are trying to run a vaccination clinic during business hours at a distant regional hub at the time of year that is occurring, you probably won't see many farming families turning up for their jab.

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Take the clinic closer to the smaller outlying communities or directly onto the remote cattle stations, and make the times that people can get vaccinated more flexible, and you should see a greater uptake.

Local knowledge continues to be key in determining the best fit for a successful rollout of the vaccine in rural Australia.

How might the timing of the federal election and associated political imperatives affect rollout of the third dose?

We are confident that, in the lead-up to a federal election, the Federal Government will want to do all it can to support a high rate of first and second vaccinations – and also ensure the third dose is readily available – in order to reduce the impact of COVID across the country.

It will be critical, though, that the focus remains on getting more people vaccinated with their first and second doses. This phase of the vaccination campaign is far from over in some areas of rural and remote Australia, and it is critical that the federal and state governments do not lose sight of this.

Focus on rollout in low and middle income countries

Professor Jeffrey Braithwaite, Founding Director, Australian Institute of Health Innovation, Macquarie University

Anyone taking an international perspective, rather than a narrowly-construed, self-interested, nationalistic view will immediately see the dilemma inherent in Australians having a third vaccination.

The majority of the rest of the world, many of whom live on subsistence incomes of three dollars a day, is not even close yet to getting their first vaccination. The pandemic has taught us many things, but inequities across countries has been shown in stark realism.

It's quite likely not a production problem, as the pharmaceutical companies are geared up to manufacture sufficient vaccines for all. But which countries serving their local population, especially wanting to please electorates if they are close to going to the polls like Australia, will send sufficient resources offshore to help?

Instead, wealthy governments have a laser focus on pleasing their domestic population rather than doing more of what is right.

It would produce much benefit if we funded a vaccination rollout in low- and middle-income countries. The paradox is we have sufficient wealth to do both. Yet I don't see this being addressed this side of the election by the current Australian Government. Maybe the next one?

We can't live in a bubble forever, and as the World Health Organization has pointed out, none of us is safe until we're all safe.

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Learn from experiences to date

Terry Slevin, CEO, Public Health Association of Australia

The first thing to say when it comes to third or subsequent doses is to remind everyone that too many parts of the world have not had a chance to have their first or second dose.

Boosting Australia's contribution to COVAX, and ensuring we continue to produce the AZ vaccine as a means of ensuring supply for low- and middle-income countries is a vitally important starting point.

When it comes to third and subsequent doses domestically, learning the lessons of ensuring easy access to all Australian and having provisions for priority groups is key, as is capturing and learning from the intelligence of the current rollout.

The rollout of vaccines should never be politically driven. It should be driven by public health need, sound evidence and principled policy prioritising those most vulnerable to disease, and those with greatest disadvantage.

Forward planning needed

Associate Professor Lesley Russell, Adjunct Associate Professor at the Menzies Centre for Health Policy at the University of Sydney, and Croakey columnist, The Health Wrap

The Morrison Government has made pretty much every error and oversight that could be made when it comes to Australia's vaccine rollout.

There's no pre-existing roadmap for how to manage a pandemic that involves a new and unpredictable virus, but the combined expertise of federal politicians, bureaucrats, highly paid consultants, and the military man brought in to oversee the vaccine rollout has failed to foresee even the most obvious needs of a national vaccination program.

This is exemplified by the consistent lack of appropriate public awareness and education resources that are suitable for and able to reach every Australian and provided in a suitable timeframe.

On more complicated issues relating to the immunisation of children under 12, there is no indication that the Government has actually purchased the needed doses and thought through how vaccinations can be delivered in ways that are least disruptive for parents and not frightening for young children.

It seems that Morrison, increasingly nervous about his popularity with voters and his standing in the party room, is already in campaign mode for the election that must be called by May next year.

That means neither the Prime Minister nor his Ministers are focused on the public health and vaccination issues that together are necessary to prevent Australia experiencing the fourth virus wave such as is now being seen in Europe.

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They want to take the high average vaccination numbers across the nation as signalling “job done” and move on to the issues they see as driving their election success.

Australia can only safely open up nationally and internationally when all Australians who are able to be vaccinated are fully immunised. That means paying special attention to those who are too often neglected by Government on a range of issues – Indigenous Australians, the disabled, the frail elderly and their carers, refugees and those who live on the fringes of society.

It’s imperative that a key issue in the forthcoming election campaign is the ongoing need to ensure all Australians are protected against COVID-19 by vaccination, with forward planning for future booster needs.

Confusion even on second dose

Associate Professor Holly Seale, University of NSW

Feedback from some community sectors has highlighted that there remains ongoing confusion about the need for multiple doses of the vaccine and a lack of communication about the role of the second dose. This is reflected in the fact that there are 50,000 people who are overdue for their second dose in NSW.

In looking at the online information regarding the ‘booster dose’, it is acknowledged that the two doses “provide very good protection, especially against severe disease”.

The messaging about what is gained by the additional dose needs to be strengthened but would potentially benefit from reminding people that booster vaccines occur for other vaccine preventable diseases. This is not something unique to COVID, but that we have to do this for MMR, pertussis and Tdap.

Looking into 2022, we will have a large number of people needing to receive their COVID booster vaccine at the same time the influenza vaccine will be recommended and available.

Having some clear language and guidance around this early will be useful, especially as there are predictions that influenza activity will be increasing aligned with borders opening and increased travel.

After two very low flu seasons, we also need to have some great minds (and some dedicated funding) starting to think about how to promote the flu vaccine to the community!

The distribution of the third dose will also potentially coincide with ATAGI approving the COVID vaccine for younger children in Australia. It might be worth nudging parents who are heading into a primary care setting for their booster vaccine to consider having a discussion about the vaccine for children. By priming the parents in advance, this may result in more useful consultations with the health provider.

Lastly, as we move into the third year of this pandemic, time to apply lessons learnt around communication. Stop spending so much on mass communication ads and start distributing more money into community channels and to those on the ground who will be stepping up again to talk about what is needed.

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