

# RCH COVID-19 Immunisation for Patients Fact Sheet for Health Professionals - July 2021





From the 9<sup>th</sup> of August, **patients aged 12-15 years, in addition to the 16 years and over** who have a chronic medical condition (ie. Part of Phase 1B or the vaccine rollout) are eligible and able to receive the Pfizer immunisation at RCH.

This fact sheet provides information for RCH practitioners to assist them in counselling patients regarding the COVID-19 vaccine.

#### 1. Who should get the immunisation?

Only RCH patients 12 years and older (ie. Need to have an RCH MRN) who are in Phase 1b are currently being offered the immunisation.

RCH is not currently vaccinating parents/families/carers of patients in Cohort 1b.

Patients who are in Phase 1b are as per government health guidelines listed below. (from <a href="https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/pfizer-covid-19-vaccine-approved-for-at-risk-children-aged-12-15-years">https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/pfizer-covid-19-vaccine-approved-for-at-risk-children-aged-12-15-years</a>

RCH patients have been further divided into two "priority groups". Priority 1 patients can book in to receive a vaccine immediately; priority 2 patients — commencement date will follow and clinicians will be notified.

#### Priority 1

Conditions	Notes	
Immunocompromising conditions		
Haematological diseases or cancers	Including leukaemia, lymphoma or myeloma resulting in immunocompromise	
Solid organ transplant recipients who are on immune suppressive therapy		
Bone marrow transplant recipients or chimeric antigen receptor T-cell (CAR-T) therapy recipients or those with graft host disease		
Non-haematological cancer	Diagnosed within the past 5 years or on chemotherapy, radiotherapy, immunotherapy or targeted anti-cancer therapy (active treatment or recently completed) or with advanced disease regardless of treatment	
Chronic inflammatory conditions requiring 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
Aboriginal and Torres Strait Islander	

### Priority 2

Priority 2	
Other underlying conditions	
Chronic renal (kidney) failure with a eGFR of <44mL/min	Does not include mild-moderate chronic kidney disease
Heart disease	Including ischaemic heart disease, valvular heart disease, cardiomyopathies and pulmonary hypertension and in people with complex congenital heart disease
Chronic lung disease	Including chronic obstructive pulmonary disease, cystic fibrosis, interstitial lung disease and severe asthma (defined as requiring frequent hospital visits or the use of multiple medications).  Does not include Mild or moderate asthma
Diabetes	Nil
Severe obesity with a body mass index (BMI) ≥ 40kg/m2	Nil
Chronic liver disease	Nil
Chronic neurological conditions	Including stroke, dementia, multiple sclerosis, motor neurone disease, Parkinson's disease, cerebral palsy. Generally not inclusive of migraine or cluster headaches
Poorly controlled blood pressure (defined as two or more pharmacologic agents for blood pressure control, regardless of readings)	Nil
Those living with significant disability requiring frequent assistance with activities of daily living	Including Down syndrome, muscular dystrophy, traumatic brain and spinal cord injury, severe intellectual disability
Those with severe mental health conditions	Including schizophrenia and bi-polar disorder
Children with complex chronic disease	Nil

#### 2. How do patient's book in?

RCH outpatients eligible for the vaccine are able to book an appointment via the RCH Drop-in-Centre. Patients can call 9345 6599 to book a suitable time for their child/themselves. Inpatients can be vaccinated, if deemed appropriate by the medical staff (treating team), but this will be given by the Drop-in centre staff upon discharge.

The clinician does need to enter a note in the patient's Electronic medical record, stating they are happy for the patient to receive the vaccine. No referral or medication order is required.

### 3. Where can I find resources for me / my patient about COVID-19 vaccine in special risk populations?

There are <u>guidelines on patients with immunocompromise</u> available from the Australian Technical Advisory Group on Immunisation (ATAGI). This provides specific information around timing of vaccination with concurrent medications, as well as general precautions, including post-vaccination observations and things to note.

The Melbourne Vaccine Education Centre (MVEC) <u>immunosuppressed patient resource</u> summarises all currently available data and is updated regularly. It includes sample vaccination dose/medication timing schedules for certain immunosuppressive medications. Specific guidelines from each specialty college/body are available as links from this site.

There are generic COVID-19 vaccine related FAQs available from here.

#### 4. Pre-existing cardiac conditions and mRNA vaccination

Globally, an increased number of cases above an expected population rate of myocarditis and pericarditis have been reported in individuals who have received mRNA COVID-19 vaccines (e.g Cominarty and Moderna). Those patients with a history of cardiac conditions, should consult their treating specialist to determine the appropriateness of COVID vaccination. See the Melbourne Vaccine Education Centre (MVEC) <a href="https://mvec.mcri.edu.au/references/myocarditis-and-pericarditis-following-covid-19-mrna-vaccines/">https://mvec.mcri.edu.au/references/myocarditis-and-pericarditis-following-covid-19-mrna-vaccines/</a> resource which summarises all currently available data and is updated regularly.

# 5. What should I do if I have further specific questions PRIOR to my patient being vaccinated?

If the guidelines above do not answer your question, or if your patient/patient's family has specific questions that need discussion with an immunisation paediatrician, including potential allergy/anaphylaxis or dose timing questions, please consider a referral to the RCH SAEFVIC Immunisation Clinic (via EMR).

If you need further advice, please contact the RCH Immunisation Drop-in Centre on 9345 6599 for further advice or to speak to our immunisation specialists.

# 6. What happens if I have questions AFTER my patient has received their first vaccine dose? eg. Potential adverse event post

## immunisation, change in medication, timing etc.

If you are concerned about an adverse event post immunisation, please report it via the SAEFVIC page.

Please also consider the VICSIS state-wide resource available <u>here</u>.

For any specific patient concerns, please consider a referral to the RCH SAEFVIC Immunisation Clinic (via EMR). If you need further advice, please contact the RCH Immunisation Drop-in Centre on 9345 6599 for further advice or to speak to our immunisation specialists.