

COVID-19 VACCINE - AstraZeneca

Benefits of the AstraZeneca vaccine

- The main benefit is protection against illness from COVID-19 (SARS-Cov-2), particularly against severe illness and death
- The efficacy of the AstraZeneca vaccine against symptomatic COVID-19 infection in phase 3 trials was 62-70%

- Nausea
- Fever

The risk of serious adverse events after AstraZeneca vaccine is very low. Very rarely, anaphylaxis (severe allergy) has been reported (approx. 1 case per million – which is similar to all other vaccines).

The potential for other rare or unanticipated side effects to emerge over time is very low, but is being closely monitored, as for any vaccine or medicine.

Managing side effects – most side effects with resolve withing a few days on their own. Paracetamol or ibuprofen can be taken to reduce discomfort or fever. You should seek medical attention if you are concerned about a symptom, have new or unexpected symptoms, or symptoms which have not resolved after several days.

Possible side effects of the AstraZeneca Vaccine

Most side effects experienced after the vaccine are mild to moderate in nature.

Common side effects include:

- Tenderness/pain at the injection site
- Headache
- Tiredness
- Muscle pain
- Feeling unwell
- Chills

Things to know before having the COVID vaccine

- Your vaccination information will automatically be uploaded to the Australian Immunisation Register – this is required by Law. You can view your vaccination record online through your: Medicare account, MyGov account or MyHealthRecord account. The Department of Health will collect, use and disclose your personal information as authorised by the Australian Immunisation Register Act 2015(Cth) and in accordance with the Privacy Act 1988(Cth). More information is available at <https://www.health.gov/au/using-our-websites/privacy-notice-for-covid-19-vaccinations>
- You may be contacted by the AusVaxSafety surveillance team to participate in a brief survey to collect data on any adverse events following the vaccine
- It is NOT recommended to have any other vaccines either 2 weeks before or after the COVID vaccine, including the yearly flu vaccine.
- You will need to have a second dose of the AstraZeneca vaccine 12 weeks after the first, an appointment to have this administered will be booked for you following administration of the first dose. The second dose is required to ensure longer-term optimal protection.
- After having the vaccine, you will still need to practice good hand hygiene and social distancing to help stop the spread of COVID-19 even after having the vaccine as it is possible that a vaccinated person may still become infected with SARS-CoV-2 and pass on the virus to someone else, regardless of whether they have any symptoms while the rest of the country is still being vaccinated.

Patient Name:

DOB:

Eligibility Checklist

During the Phase 1B vaccine rollout, high risk priority groups are being targeted. In order to be eligible for the AstraZeneca vaccine currently you must meet one of the criteria below, please indicate which criteria you meet.

<input type="checkbox"/>	>70 years of age *proof of age required if not a patient of WSGP
<input type="checkbox"/>	Health care worker – proof of occupation or phase 1B declaration form will be required
<input type="checkbox"/>	Aboriginal or Torres Strait Islander >55 yrs. of age *proof of age required if not a patient of WSGP
<input type="checkbox"/>	People with certain chronic medication conditions including <ul style="list-style-type: none"><input type="checkbox"/> Solid organ transplant recipients who are on immune suppressive therapy<input type="checkbox"/> Bone marrow transplant recipients or those on CAR-T therapy<input type="checkbox"/> Haematological disease or cancers including: leukaemia, lymphoma or myeloma<input type="checkbox"/> Cancer – diagnosed in the last 12 months, or not in remission<input type="checkbox"/> Those currently undergoing chemotherapy or radiotherapy<input type="checkbox"/> Chronic inflammatory conditions and treatments including: SLE, Rheumatoid Arthritis, Crohn’s disease, Ulcerative Colitis, those on DMARDs<input type="checkbox"/> Primary or acquired immunodeficiency including HIV/AIDS<input type="checkbox"/> Chronic kidney failure with eGFR <44mL/min<input type="checkbox"/> Heart disease including: ischaemic heart disease, valvular heart disease, cardiomyopathy, pulmonary hypertension<input type="checkbox"/> Chronic lung disease including COPD, cystic fibrosis, interstitial lung disease<input type="checkbox"/> Diabetes<input type="checkbox"/> Severe obesity with a BMI ≥40<input type="checkbox"/> Some neurological conditions including: stroke, dementia, multiple sclerosis, motor neurone disease, Parkinson’s disease, cerebral palsy<input type="checkbox"/> Poorly controlled blood pressure (defined as needing 2 or more blood pressure medications regardless of recent readings) * proof of diagnosis will be required if not a regular patient at WSGP
<input type="checkbox"/>	Critical high risk workers including carers and disability workers; and Australian Government officials about to be deployed overseas on official government business – proof of occupation or phase 1B declaration form will be required

*If you are unsure about your eligibility please book an appointment with you GP to discuss PRIOR to making a booking for the vaccination

Safety Checklist

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any serious allergies, particularly anaphylaxis, to anything?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had an allergic reaction after being vaccinated before?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a mast cell disorder?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had COVID-19 before?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a bleeding disorder?
<input type="checkbox"/>	<input type="checkbox"/>	Do you take medicine to thin your blood (an anticoagulant therapy)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a weakened immune system (immunocompromised)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant or do you think you might be pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	Are you breastfeeding?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been sick with a cough, sore throat, fever or are feeling sick in another way?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had a COVID-19 vaccination before?
		Have you received any other vaccination in the last 14 days?

*Please talk to your doctor if you have any questions or concerns BEFORE getting your COVID-19 vaccination or if you answered YES to any of the questions above – Please contact WSGP on 4861 3855 to book a consultation to discuss your concerns prior to your vaccination appointment, due to the number of vaccines being administered it will NOT be possible to provide a consult to discuss all concerns with each patient on the day.

Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination
- I confirm that none of the conditions listed in the safety checklist above apply, or I have discussed these and/or any other special circumstances with my regular health care provider and/or vaccination service provider
- I agree to receive a course of COVID-19 vaccine (2 doses of the same vaccine)

Patient's name:	
Patient's signature:	
Date:	

- I am the patient's guardian or substitute decision-maker, and agree to COVID-19 vaccination of the patient named above

Guardian/substitute decision-maker's name:	
Guardian/substitute decision-maker's signature:	
Date:	