



Responses to frequently asked questions from the vaccinations and outbreak preparedness webinar held on 20 June 2024

Note: Responses provided are on behalf of the Department of Health and Aged Care (the department) and are correct at the time of publishing. We encourage all aged care providers and workers to refer to their local [state and territory government health department](#) directions for the latest local advice.

1. Is the aged care sector only required to report COVID-19 outbreaks? Why are we not reporting flu, gastro and RSV outbreaks?

COVID-19 outbreaks are reported to the Commonwealth via the [My Aged Service and Support portal](#). This data is important for us to maintain a view of current COVID-19 cases in homes, so we know the level of support needed for the sector.

It is important that you keep the information up to date by reporting additional cases as they occur and then closing the record at the end of the outbreak. COVID-19 positive resident deaths should also be reported through the portal. This is when a resident passes away from COVID-19 or with COVID-19, when a clear alternative cause of death has not been found.

All other notifiable diseases, including cases of other infectious diseases like [influenza \(laboratory confirmed\)](#) and [respiratory syncytial virus infection \(RSV\)](#), are collected by the National Notifiable Diseases Surveillance System (NNDSS). This data enables the NNDSS to:

- identify national trends and outbreaks
- respond to potential outbreaks
- support quarantine activities
- develop public health policy to reduce their incidence and impact
- allocate resources where they are needed most
- track our progress towards eradicating these diseases over time
- meet international reporting requirements, such as providing disease statistics to the [World Health Organisation](#).

You can read more about the [NNDSS](#) and the collection of data on over 70 diseases that present a risk to public health in Australia.

2. Aged care systems are getting complex to record and keep up to date. Can we have a standardised COVID-19 vaccination status reporting in view of ongoing doses?

[Legislation](#) requires aged care providers to report the COVID-19 vaccination status of residents and staff weekly (if there has been a change in status) via the [My Aged Care Service and Support Portal](#).

We appreciate that aged care providers are not able to report on the 2024 COVID-19 vaccination status via the portal. We know that many providers have been trying to use the portal for recording vaccinations and this has caused some confusion.

New instructions have been included on the portal to make reporting simpler. These instructions note the COVID-19 vaccination portal does not contain a data field to record residents and staff who have received a COVID-19 booster in the last 6 months. Please record residents who have had a booster dose in the last 6 months under **Question 7** and staff in the **third dose** data field.

Aged care providers must always maintain their own records of the vaccination status of workers and residents in line with the aged care [Records Principles 2014](#).

3. What are the current COVID-19 vaccination recommendation for all adults and is there a timeframe between vaccinations?

Older age continues to be the biggest risk factor for severe COVID-19 illness or death.

Vaccination is the best way to protect older people from severe illness, hospitalisation or death from COVID-19.

Staff and care recipients don't have to wait 6 months since their last COVID-19 infection to get a vaccination, and COVID-19 vaccines can be administered on the same day as the influenza vaccine.

All adults should consider COVID-19 vaccination depending on their age and health status.

- People aged 75 years and older are **recommended** a COVID-19 vaccination every 6 months.
- People aged 65 to 74 years are **recommended** a COVID-19 **vaccination every 12 months**, and can consider a dose **every 6 months**, based on their individual health needs.
- People aged 18 to 64 years with severe immunocompromise are **recommended** a COVID-19 vaccination every **12 months**, and can consider a dose **every 6 months**, based on their individual health needs.

Anyone else aged 18 to 64 years can consider a dose of a COVID-19 vaccine **every 12 months**.

You can read more about the [2024 advice](#) from the Australian Technical Advisory Group on Immunisation.

4. What can the aged care sector do to increase vaccination rates and where can we find information on vaccinations?

We know people may feel that they have had enough 'shots' already. However, having early conversations with older people and their families about the importance of vaccination is crucial to help increase vaccination rates and protect residents.

Aged care providers and families of older people have an important role to play in increasing vaccination rates by offering and strongly encouraging COVID-19 and influenza vaccinations.

As part of your conversations, remind families that vaccination is critical because:

- immunity wanes over time
- virus strains change
- COVID-19 cases continue in aged care homes
- COVID-19 has caused severe illness, hospitalisation, and deaths in older adults, particularly those with major medical conditions and those aged 75 and older.

You can find accurate, evidence-based answers to questions or misinformation about COVID-19 vaccines at [Is it true? Get the facts on COVID-19 vaccines.](#)

Read more information [COVID-19 vaccines for people in aged care](#) and access resources for residents.

5. We are finding an increased reluctance of some residents and their representatives to have ongoing vaccinations. What activities is the department undertaking to increase public awareness?

The department continues to work on raising public awareness of COVID-19 and encouraging vaccinations through a range of public relations efforts. We consistently provide the latest vaccine details and reminders to the community and aged care sector.

Recently, the Chief Medical Officer, Professor Paul Kelly and the Chief Nursing and Midwifery Officer, Professor Alison McMillan appeared in TV interviews to share key information and the reiterate the importance of vaccinations.

We've also involved members of the Aged Care Council of Elders in a radio announcement that was transmitted across community and regional stations. This was in addition to a video we shared via our Facebook page.

The department continues to collaborate and strengthen relationships with other organisations, like the Aged Care Quality and Safety Commission and stakeholder groups such as consumer advocates. This relationship allows us to weave our communications into their publications, thereby broadening our reach.

6. Should age care staff be encouraged to continue receiving COVID-19 vaccinations?

Yes, we encourage all aged care staff of residential and in-home care services who provide close personal care to older Australians to be vaccinated against COVID-19.

Note: There are no Commonwealth mandated worker COVID-19 vaccinations requirements.

Vaccination continues to be important in managing the risks related to COVID-19 in high-risk settings such as residential aged care and in-home care.

Protecting yourself through vaccination will help to protect the people you care for, your family and the community from the impacts of COVID-19 including serious illness, hospitalisation and death.

Vaccination against COVID-19 should be done in line with the [ATAGI advice](#) but staff don't have to wait 6 months since their last COVID-19 infection to get a vaccination.

The immunity from COVID-19 vaccines wanes over time. Additional vaccinations bolster a person's immune response and provide an additional layer of protection to further reduce the risk of infection.

You can read more information about [why you should be vaccinated against COVID-19](#) or use the [healthdirect Service Finder](#) to book an appointment.

7. As per the CDNA Guidelines, isolation periods can end after 5 days. Is the day they test positive considered day 1?

Yes, the day of positive test is considered day 1.

The updated Communicable Diseases Network Australia (CDNA) National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes is best practice guidance on planning, preparing, detecting and managing cases and outbreaks of acute respiratory infection, such as COVID-19, influenza and RSV.

The latest advice includes changes to days in isolation following a COVID-19 diagnosis, meaning that a resident can be released from isolation after 5 days since symptom onset (or positive test if asymptomatic) provided that acute symptoms have resolved and COVID-19 RAT is negative OR after day 7 if acute symptoms resolved and no fever for 24 hours, no testing required. The 5 or 7 day periods include the day of positive test or onset of symptoms.

You can read the updated National Guidelines [here](#).

8. How can we get this new combination rapid antigen test kit?

Combination rapid antigen tests (RATs) test a nasal, saliva, or oral fluid sample for multiple viruses that cause respiratory disease (e.g., COVID-19, Influenza A and Influenza B).

We recommend aged care providers contact their regular commercial supplier regarding the purchase of combination RATs. Combination RATs can also be purchased online, from pharmacies or from any other retail outlets that stock the kits.

You can read the Q&A on combination RATs on the [Therapeutic Goods Administration's \(TGA\)](#) website and see the [list](#) of TGA approved COVID-19 rapid antigen self-tests and combination self-tests.

9. When COVID-19 positive residents have very minimal symptoms, are staff required to wear personal protective equipment, including masks, during an exposure or outbreak?

All residential aged care homes are required to implement infection prevention and control (IPC) practices that can be quickly implemented to ensure a prompt response to an outbreak. This includes ensuring adequate procurement of IPC supplies like hand hygiene products, personal protective equipment (PPE), rapid antigen test kits, waste and cleaning supplies from commercial suppliers.

You should undertake a local risk assessment to inform the appropriate level of PPE for staff providing direct care or working within zones in your home. This should align with the [Communicable Diseases Network Australia \(CDNA\)](#) National Guidelines for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes, while also taking into account local public health advice.

Staff should consult with the IPC lead or the person/s responsible for IPC if unsure about the appropriate level of PPE required, which includes when to wear a mask.

If isolated residents need to leave their room, they should wear surgical masks where possible, able and willing.

We encourage all staff and visitors to residential aged care homes to wear a mask when indoors.

You should make sure you have appropriate stock of PPE available and have arrangements in place with commercial suppliers to replenish PPE stock as required.