Extraordinary Roundtable on the COVID-19 Vaccine Rollout for

People with Disability and the Disability Sector – 14 April 2021

Key Outcomes

The Australian Government Department of Health (the Department) convened an extraordinary roundtable with key disability and health stakeholders. This was to discuss:

* recent Australian Government advice about the AstraZeneca COVID-19 vaccine
* the impact of this advice on the vaccine roll-out for people with disability.

Medical experts from the Department and the Australian Technical Advisory Group on Immunisation (ATAGI) provided technical information on the safety and efficacy of the vaccines. The key points were:

* The clotting syndrome associated with the AstraZeneca COVID-19 vaccine is a new, rare condition. It appears to be less rare in younger people.
* The side effect is thrombosis (clotting) with thrombocytopenia (low blood platelet count). The current evidence has not identified any specific risk factors for developing this side effect. The vaccine is not contraindicated in people with disability with a history of other clotting conditions.
* ATAGI recommends that the [COVID-19 vaccine by Pfizer](https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines/learn-about-covid-19-vaccines/about-the-pfizerbiontech-covid-19-vaccine) is preferred over the AstraZeneca vaccine for adults aged under 50 years.
* The AstraZeneca vaccine can be used in adults aged under 50 years where:
* the benefits are likely to outweigh the risks for that individual
* and the person has made an informed decision, based on an understanding of the risks and benefits.
* People who have had the first dose of COVID-19 Vaccine AstraZeneca without any serious adverse effects can receive the second dose. This includes adults under 50 years.
* People with disability should consult with their doctor for advice on whether the AstraZeneca vaccine is right for them.

The Department also provided an update on the vaccine rollout for people with disability. The Department acknowledged that the updated advice on the AstraZeneca vaccine will impact the planned in-reach vaccination model for disability residential settings in phase 1a. There are several logistical issues including cold storage requirements for the Pfizer vaccine and disparate age ranges in disability residential settings. These may require individuals in one setting to receive different vaccines. These issues are currently being discussed with states and territories through National Cabinet.

The Department’s COVID-19 vaccine communications team gave an overview of the public communication activity on the vaccine rollout. The Department is urgently updating messages through its communication channels, including Auslan, Easy Read, and translated material.

Attendees at the roundtable raised a number of issues for consideration, including:

* The need for clear, accessible communication on the risks and benefits of the AstraZeneca COVID-19 vaccine for people with disability. Attendees recognised the longer time taken to create Easy Read resources and suggested that plain language communication be used in the interim. Advocates also suggested that they are a good communication channel for people with disability. Attendees also noted the need for translation into a wide range of community languages.
* Informed consent for the AstraZeneca vaccine. Attendees stressed that people with disability who are aged under 50 years, would need to provide consent again, given the new ATAGI advice.
* More communication with disability service providers about phase 1a of the rollout, is needed. This includes how and when it will occur in their services.
* Confusion over the concurrent roll-out of phase 1a and phase 1b. Many attendees raised concerns about people in phase 1a missing out on priority access to vaccination.
* GPs need to be well informed about the risks with the vaccine and the current situation of the rollout. This will allow them to give informed advice to people with disability.
* Vaccine hesitancy in the disability support workforce. This group needs better strategies to ensure strong uptake.
* The risk of COVID-19 in children with disability. Some attendees suggested that vaccination for this cohort be considered once an approved, safe vaccine is available.
* The need for national clarity on whether disability advocacy organisations are part of phase 1b of the vaccine rollout.
* Some reports of the use of unauthorised restrictive practices on people with disability receiving COVID-19 vaccination.

# NEXT STEPS

* The Department will:
* update the roundtable attendees on changes to the vaccine rollout for people with disability, once information is available from National Cabinet
* seek advice on whether it can distribute vaccination figures for disability residential settings
* convene a meeting and include culturally and linguistically diverse (CALD), disability, and aged care advisory groups. This will allow a discussion of strategies to address vaccine hesitancy in disability and aged care workers.