

COVID-19 Vaccination Victorian Update

8 February 2021

COVID-19 vaccination – Victorian roll-out



Victoria's vaccination program

- The roll-out of the vaccine is an important and exciting new phase in the pandemic response
- Other parts of the response, including testing, contact tracing and outbreak response readiness, will need to continue while the vaccine is introduced and progressively rolled-out across the Victorian population
- Achieving significant population reach is likely to take some time, and there are a range of factors outside the control of Victoria which could slow the roll-out
- It is important to note that the TGA has provided provisional approval for the Pfizer vaccine, and that the Astra-Zeneca product is not yet approved
- Both the Pfizer and Astra-Zeneca products rely on international production and supply chains, which are currently stressed

Roles and Responsibilities



Commonwealth

- Secure and purchase vaccines
- Approve vaccines (TGA)
- Allocate, deliver and track vaccine products
- Fund General Practice, pharmacy and ACCHO sectors
- National booking system planned (delayed)
- Commission and oversee vaccination of private residential aged and disability staff and residents
- Partner with jurisdictions to enable localisation and scale up



Victorian Government

- Commission and support establishment of vaccine clinics, outreach and mobile models
- Workforce identification and regulatory approval
- Setting state-based policy positions and approaches
- Monitor and ensure safety and quality, manage adverse events
- Provision of COVID vaccine management system (CVMS)
- Communicate and engage at a state level



Vaccine Centres

To be established by a range of provider types including Health Services, Community Health, GPs, ACCHOs

- As authorized by either the state or Commonwealth, establish vaccine centres, outreach and mobile models to administer vaccines
- Manage vaccine product appropriately to minimise waste
- Complete reporting requirements to AIR and into CVMS
- Report adverse events through existing pathways
- Work with DH to communicate with priority cohorts and the community to create and manage demand
- Establish Specialist Immunisation Services

Three pillars of COVID-19 vaccine program



Access for all Victorians

- Vaccines are free
- Easy to access for all eligible Victorians during each phase
- Equitable access across geography, social and cultural groups
- Services are appropriate for the populations they are serving
- Workforce availability is sufficient to maintain services



Highest levels of safety and quality




- Vaccination sites are supported by comprehensive clinical safety and quality procedures
- Vaccination workforce is appropriately trained and supervised
- Data systems in place to underpin monitoring, analysis and reporting of safety, quality and adverse events
- Specialist services will manage adverse events following immunisation






Public trust and confidence

- Public information and messaging is clear, credible, consistent and easy to access
- Broad and sustained engagement with stakeholders across sectors, community and government
- Local engagement activities enable information flow via established professional and community networks

Vaccine characteristics and approvals

	Vaccine Details	Temperature Requirements	Trial Phase	Safety Results	Efficacy Results	TGA Approval
	<p>mRNA vaccine</p> <p>US/Germany</p>	<p>Frozen for storage/transport: -70°C ± 10°C for up to 10 days unopened Thawed: three -five days at refrigerated 2-8°C conditions</p>	Phase 3 results to be published	Administration well tolerated; no serious safety concerns observed. Anaphylaxis reported in 1:100,000. Those with history of serious allergy should discuss with their doctor	95% efficacy (consistent across age, gender, race and ethnicity demographics with over 94% in adults over 65 years old)	Provisional approval
	<p>Viral vector vaccine</p> <p>UK</p>	Routine refrigerated cold chain at 2-8°C	Phase 3 interim results published in The Lancet (08DEC2020)	Administration well tolerated; no serious safety concerns observed	<p>Half dose/Full Dose regimen = 90%</p> <p>Full dose/Full dose regimen = 62%</p> <p>Pooled efficacy = 70.4% across</p>	Provisional Determination
	<p>Protein vaccine</p> <p>US (clinical trial in Australia)</p>	N/A	Phase 3 trials ongoing in US and Mexico, complete in UK	Administration well tolerated; no serious safety concerns observed	Early trials results indicate efficacy of 89%	N/A

Doses, deliveries, requirements

	Purchase Agreement	Weekly deliveries (Australia)	Weekly Deliveries (Victoria)	Minimum Delivery
	10 million doses spread across year	Unconfirmed currently, but predicted 80,000 per week from late February	Unconfirmed currently, but predicted up to 16,000 from late February, doubling for second dose 3-4 weeks after that	Approximately 1000 doses (one tray) for use within 3-5 days once thawed, has maximum freeze times once left the factory
	53.8 million doses across the year 3.8 million imported 50 million local manufacturing*	Uncertain	Uncertain	TBA
	50 million doses spread across the year	Uncertain	Uncertain	TBA

*No confirmation that local manufacturing of AstraZeneca has commenced, noting delays in the Netherlands/Belgian manufacturing facilities have been confirmed last week.

Predicted rollout phases (supply dependent)



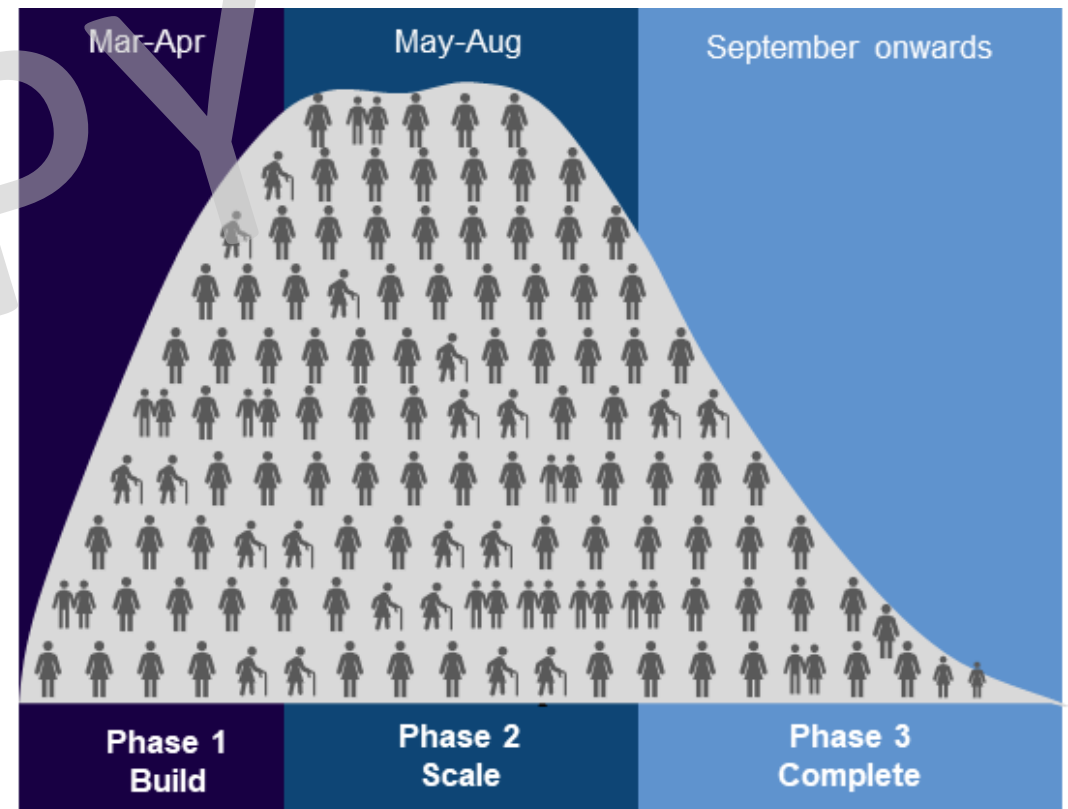
The vaccination program is scalable over time to respond to supply of different products



Victoria will build capacity rapidly in the early phases to enable rapid reach in the crucial Autumn period, and while usual care pathways (e.g. GP and pharmacy) are being established



Will leverage existing capacity and capability in health service, community health and local government to rapidly establish and expand access



Predicted rollout phases (supply dependent)

Phase 1 a - up to 1.4m doses

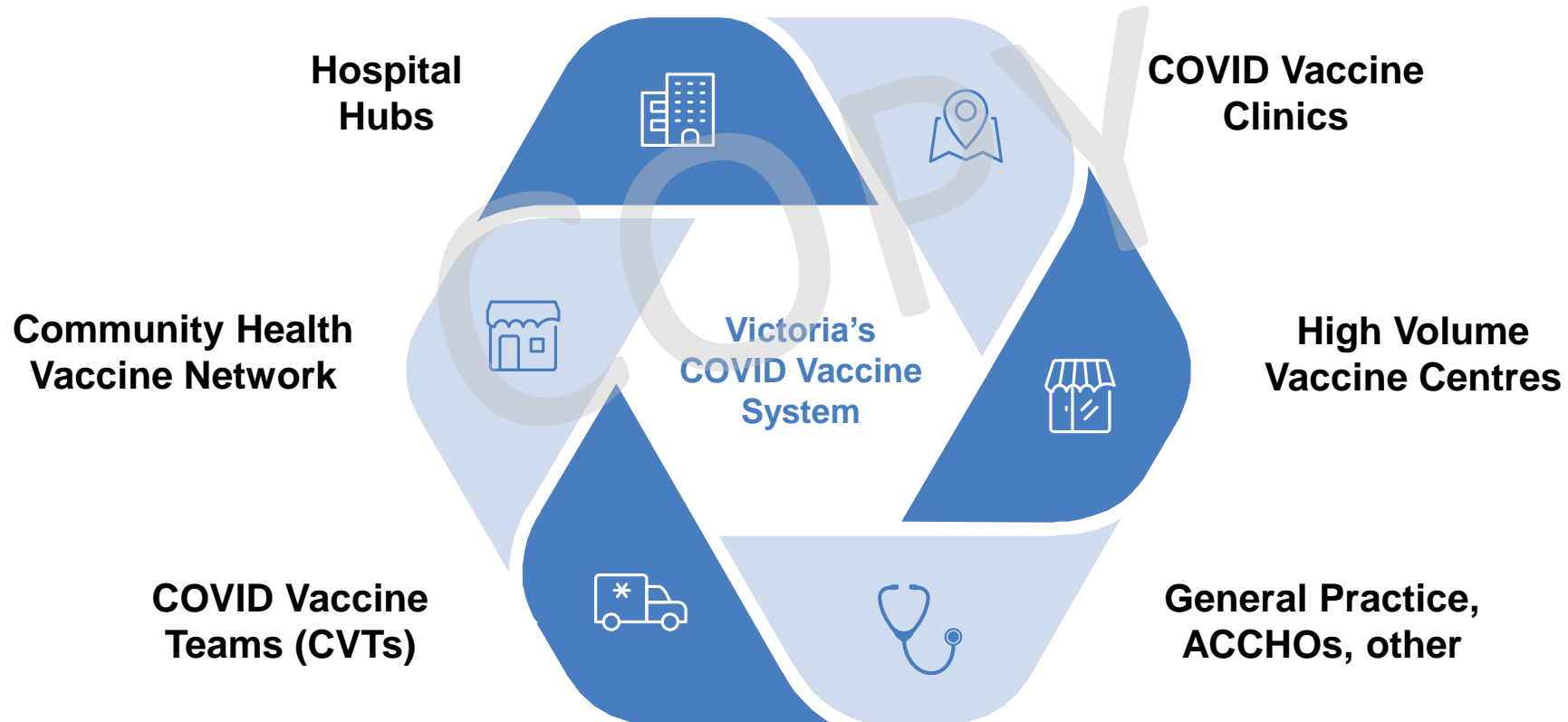
ONGOING

Phase 1 a - up to 1.4m doses		Phase 1 b - up to 14.8m doses		Phase 2 a - up to 15.8m doses		Phase 2 b - up to 16m doses		Phase 3 - up to 13.6m doses	
Quarantine and border workers	70,000	Elderly adults aged 80 years and over	1,045,000	Adults aged 60-69 years	2,650,000	Balance of adult population	6,643,000	< 18 if recommended	5,670,000
Frontline health care worker sub-groups for prioritisation	100,000	Elderly adults aged 70-79 years	1,858,000	Adults aged 50-59 years	3,080,000				
Aged care and disability care staff	318,000	Other health care workers	953,000	Aboriginal and Torres Strait Islander people 18- 54	387,000	Catch up any unvaccinated Australians from previous phases			
Aged care and disability care residents	190,000	Aboriginal and Torres Strait Islander people > 55	87,000	Other critical and high risk workers	453,000				
Total	678,000	Younger adults with an underlying medical condition, including those with a disability	2,000,000	Total	6,570,000				
		Critical and high risk workers including defense, police, fire, emergency services and meat processing	196,000						
		Total	6,139,000						

Source – Australian Government

Population numbers are current estimates for each category.

COVID vaccine delivery models – ACCESS



Hospital Hubs – to commence February 22

Purpose of Hospital Hubs (referred to by the Commonwealth as 'Pfizer Hubs')



- 9 hospital hubs aligned to Victoria's Local Public Health Units will commence Victoria's COVID-19 vaccine rollout and will be the delivery point for the Pfizer vaccine into Victoria.
- The primary purpose is to achieve rapid and early coverage of several priority cohorts in phases 1a and 1b.
- Hubs will also play an important role in designing Victorian based models, and training staff to work in other models.



Target Cohort

Primarily targeted 1a and 1b cohorts in the first instance, with focus on health care workers, public sector residential aged care



Projected Outputs

Primary vehicle for distribution of Victoria's Pfizer allocation



Delivery Model

Large fixed clinics at or adjacent to large public hospitals affiliated with LPHUs. Outreach to HQ and PoE sites, outreach to other health services, PSRACs



Commencement and Duration

Proposed readiness for commencement from 22 Feb 2021, to continue throughout 2021 or until product is no longer available

Additional platforms – to commence from mid-March (pending Commonwealth confirmation of Astra-Zeneca supply)



COVID Vaccine Clinics

Working with Health Services, Community Health, Local Government, GPRCs and ACCHOs to establish access across metro and regional Victoria (Astra-Zeneca product)



Community Health Vaccine Network

A network of bespoke fixed, outreach and mobile vaccination offerings for communities and those cohorts with barriers to access across metropolitan Melbourne



High Throughput Centers (name TBC)

Leveraging range of providers, establishment of small number of iconic location mass vaccination centers for high volume throughput



COVID Vaccine Teams (CVTs)

Establishment of centrally managed and deployed CVSs to respond to emerging priorities, enable site specific access (e.g. meat processing plants) and boost capacity across system throughout the phases



GPs, ACCHO, pharmacy, other

Supporting GPs, pharmacy and private providers with guidance, materials and information to facilitate their involvement according to their preferences

Increasing the workforce to support the program



Secretary authorisation of additional surge workforce under public health emergency authorisation will increase those available to administer the vaccine.



State-wide surge support will source and deploy workforce in short, medium and long-term placements across system.



Compulsory training packages for all immunisers and support staff have been developed and will be deployed in February



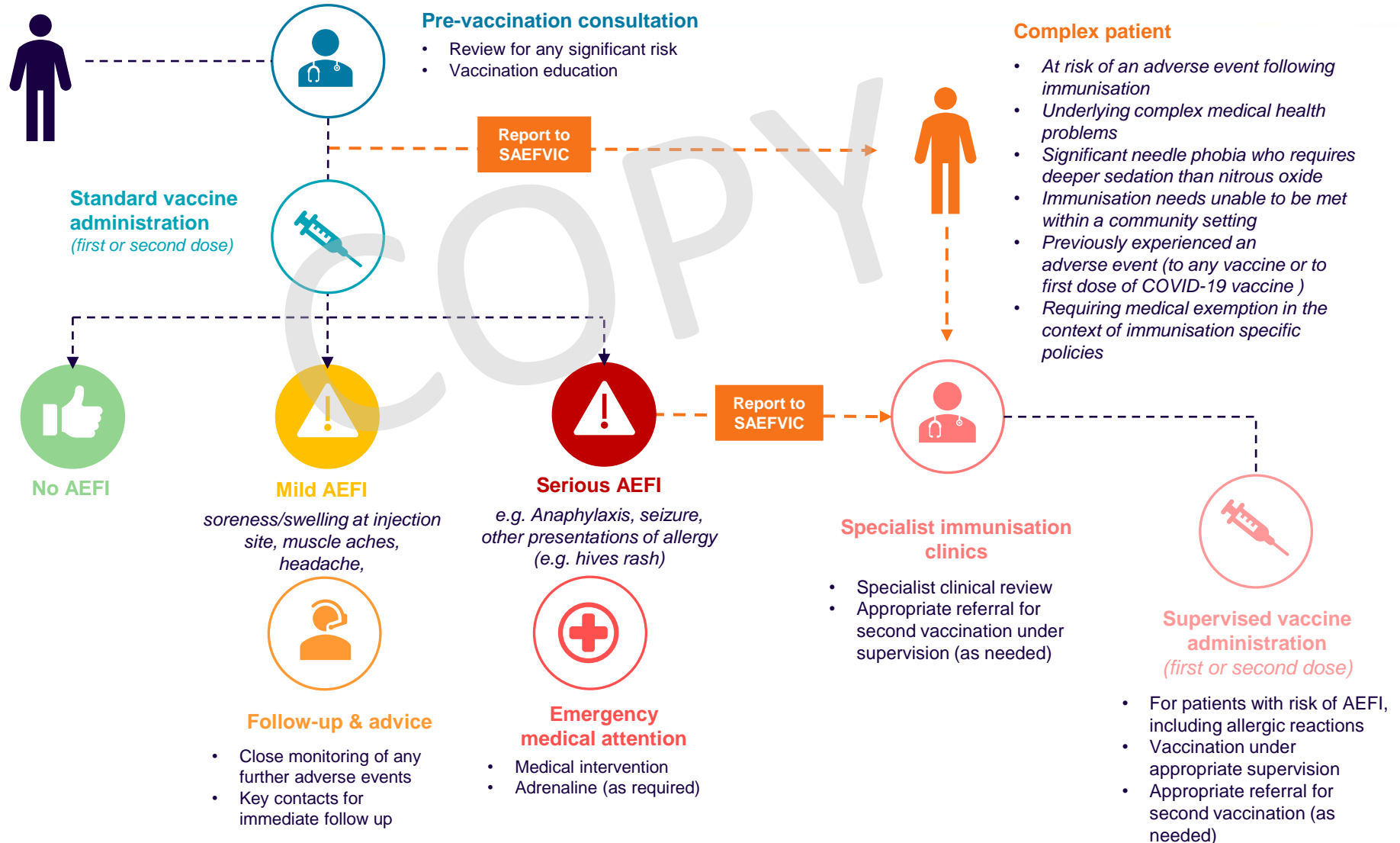
Minimum supervision ratios to ensure oversight of surge workforce by medical practitioners and senior nurse immunisers



Supporting health services and community health to train additional senior nurse immunisers

The Victorian Specialist Immunisation Service (VicSIS): A Coordinated Safety System

Proposed Victorian approach to management of Adverse Events Following Immunisation (AEFI), including anaphylaxis



COVID vaccine management system (CVMS)

Victoria has procured and is launching a CVMS which can support the end-to-end delivery of the program, and will integrate with Commonwealth systems as required

