



**NACCHO**  
National Aboriginal Community  
Controlled Health Organisation



National Centre for  
Immunisation Research  
and Surveillance

# **Information about COVID-19 vaccines for Aboriginal and Torres Strait Islander People**

Acknowledgment – This resource has been jointly prepared by NACCHO  
and the National Centre for Immunisation Research and Surveillance (NCIRS).

## Which COVID-19 vaccines will be used for Aboriginal and Torres Strait Islander people?

Most people in Australia, including Aboriginal and Torres Strait Islander people, will receive a vaccine called COVID-19 Vaccine AstraZeneca, developed by AstraZeneca and the University of Oxford. Another COVID-19 vaccine available in Australia is called Comirnaty (Pfizer vaccine). This has already been given to some Aboriginal and Torres Strait Islander people in the highest priority group. Both vaccines are safe and effective. Other vaccines may become available over time.

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## When will Aboriginal and Torres Strait Islander people be vaccinated?

Some Aboriginal and Torres Strait Islander people have already been vaccinated, including staff working in GP respiratory clinics and aged care workers as well as Aboriginal aged care residents. The vaccine will be offered to Aboriginal and Torres Strait Islander adults from late March 2021.

Children rarely get very sick with COVID-19. No vaccine has yet been approved for use in people under the age of 16 years but some trials are underway in older children and children may be offered the vaccine in future.

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## Why have Aboriginal and Torres Strait Islander people been prioritised to receive the vaccine?

Aboriginal and Torres Strait Islander adults have been prioritised at the request of Aboriginal and Torres Strait Islander health leaders. We have seen the devastation that COVID-19 can cause in First Nations communities in other countries around the world because of the high number of people with chronic conditions like diabetes and more crowded living conditions.

The vaccines have been shown to decrease the chances of someone becoming severely unwell or dying with COVID-19. Vaccination is particularly important for those at the highest risk of severe COVID-19 illness - our elders and those with chronic conditions. The more the number of people who have the vaccine, the less impact COVID-19 will have on the community.

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## Is the COVID-19 vaccine safe for our community?

AstraZeneca COVID-19 Vaccine has been trialled in multiple countries around the world, including in people from various racial and ethnic backgrounds. This vaccine has also been trialled in First Nations populations and those with chronic medical conditions like diabetes around the world. Many First Nations communities in the United States and Canada have been encouraging and supporting their people to get the vaccine because COVID disease has caused many deaths in their communities.

On the basis of available data, there are no specific safety concerns that relate to First Nations peoples or people with chronic illnesses like diabetes and heart disease.

The Therapeutic Goods Administration (TGA) is an independent part of the Health Department that approves new drugs and vaccines using advice from Australia's top experts. The TGA has extremely high standards for assessing new vaccines. This means that they just don't accept information from other nations but they look at all the studies carefully before making decisions. The TGA used the same process to approve this vaccine as they do for all new vaccines and drugs.

All new drugs and vaccines are given provisional approval while more information is collected on rare side effects. This is what is happening with these two new vaccines.

On top of data from trials, there will be monitoring of vaccine safety in Australia through a national active vaccine safety surveillance system called AusVaxSafety. This means that some Aboriginal and Torres Strait Islander people will be contacted to see what side effects they had. Feedback from this monitoring will be regularly reported back to Aboriginal and Torres Strait Islander health leaders.

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## **Are COVID-19 vaccines safe for elders?**

COVID-19 vaccines are safe and have been tested in the elderly. It is important we protect our elders. Around the world, millions of elderly people, including First Nations elders, and people with chronic conditions like diabetes have been vaccinated. Early information from countries that are using these vaccines shows they are effective at preventing older people (including people aged above 80 years) from being very unwell and needing hospitalisation if they get COVID-19.

Generally people getting the vaccine will likely have some mild side effects for a day or so after their vaccination. This can sometimes feel a bit like having the flu for a day or so, but disappears quickly. In the trials these side effects have been milder and less common in older adults than younger adults.

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## **Is COVID-19 vaccine safe for people with existing medical and chronic conditions?**

Both COVID-19 vaccines used in Australia are considered to be safe in people with existing medical and chronic conditions and are recommended for these people because they are at increased risk of severe illness with COVID-19 infection. Both vaccines are recommended for people with immunocompromise; however, the vaccines may be less effective in immunocompromised people, because the vaccines rely on your immune system to build a response. This means that it's important to continue other protective measures against COVID-19, even after vaccination.

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## **Is COVID-19 vaccine safe for people who are pregnant, breastfeeding or planning pregnancy?**

Women who are breastfeeding and planning pregnancy can have either vaccine (AstraZeneca or Pfizer). COVID-19 vaccines are currently not routinely recommended in pregnancy because pregnant women were not included in the initial clinical trials. Some pregnant women may still choose to be vaccinated after talking to their healthcare provider. For example, pregnant women may wish to be vaccinated if they have risk factors for severe illness from COVID-19 or at high risk of exposure to COVID-19.

Women who are breastfeeding can have a COVID-19 vaccine and they don't need to stop breastfeeding after vaccination. There are no safety concerns about the currently available COVID-19 vaccines for breastfeeding women or their babies.

Women who are planning pregnancy can have a COVID-19 vaccine, and they don't need to avoid becoming pregnant after vaccination.

## What are the likely side effects from COVID-19 vaccines?

All vaccines can cause side effects. Most people who have either the AstraZeneca or Pfizer vaccine have some side effects. Usually these are mild. The table below shows side effects reported in AstraZeneca trials, comparing dose 1, dose 2 and different age groups. Reported side effects were less frequent in older age groups and were less frequent with the second dose.

**Table 1: Frequency of select common adverse events reported within 7 days following at least on dose of AstraZeneca vaccine. Source: [ATAGI clinical guidance on use of COVID-19 vaccine in Australia](#)**

	18–55 years		55–69 years		≥70 years	
Common side effects	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2
Injection site tenderness	76%	61%	67%	59%	49%	47%
Fatigue	76%	55%	50%	41%	41%	33%
Headache	65%	31%	50%	34%	41%	20%
Muscle pain	53%	35%	34%	24%	18%	18%
Fever	24%	0%	0%	0%	0%	0%

These side effects can start on the day of or day after vaccination and go away after 2-3 days. These side effects show the body is responding to the vaccine. People can take paracetamol after the vaccine if they need it. There is no evidence of any long-term effects from the AstraZeneca or Pfizer vaccine, including any impact on the fertility of women or men. Our experience from previous vaccines is that most long term-side effects emerge in the first 3 months after vaccination. This time period has passed in countries who began vaccinating in 2020. Global safety data are reported monthly to the Australian TGA and there have been no safety concerns.

## Do COVID-19 vaccines cause more blood clots?

There was a recent review in Europe and by the World Health Organisation (WHO) on whether the AstraZeneca vaccine led to more blood clots. This review found that the vaccine is not associated with increased risk of blood clots overall. Reports are still being investigated of a rare type of clot in the vessels draining blood from the brain (cerebral venous sinus thrombosis), and of a disorder where there are multiple clots in the body (called disseminated intravascular coagulation). These events have been extremely rare, with 25 cases reported out of around 20 million people who were vaccinated. The European regulator, the Australian [Therapeutic Goods Administration](#) (TGA) and the [Australian Technical Advisory Group on Immunisation](#) (ATAGI) have emphasised that the benefits from the vaccine outweigh the risk of side effects.

## Will COVID-19 vaccination provide complete protection against COVID disease?

Although the current COVID-19 vaccines do not completely stop all people from getting the virus, they do protect people from serious illness. We still need to keep COVIDsafe and do our bit to help slow down the spread of COVID-19 at home and in the community. Mob are strongly recommended to get their COVID-19 shot when it's their turn, wash hands regularly, cover their coughs and sneezes, avoid gatherings of people and cut down or quit smoking.

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## Are COVID-19 vaccines effective?

Both AstraZeneca and Pfizer vaccines have shown to be highly effective (possibly close to 100%) against severe COVID-19 and in reducing hospitalisation.

There has been a lot of interest in the different vaccine efficacy from the AstraZeneca and Pfizer vaccine trials. Further studies have indicated the efficacy and immune response for the AstraZeneca vaccine is higher when the doses are spaced 12 weeks apart, as is recommended in Australia. Effectiveness studies have shown both vaccines have similar impacts on decreasing hospitalisation from COVID-19.

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## Will COVID-19 vaccines be effective on new variants of the virus?

There are a few variants of the virus that causes COVID-19 emerging around the world. This is expected as we know that viruses constantly change, just like the flu virus. At the moment, the current vaccine covers variants found in our hotel quarantine system but it is possible that the vaccines will need to be updated in future to deal with new variants. Experts in the field continue to monitor these changes to ensure vaccines rolled out in Australia protect our communities.

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## Why are Aboriginal and Torres Strait Islander people getting the Astra Zeneca vaccine and not the Pfizer vaccine?

The vaccines are distributed according to availability and storage requirement. Neither vaccine will be given preferentially to any particular population group.

Most people in Australia, including most Aboriginal and Torres Strait Islander people, are likely to receive the AstraZeneca COVID-19 Vaccine. Both Pfizer and AstraZeneca vaccines are safe and effective, but we will be able to vaccinate much more of the population before winter by using the AstraZeneca vaccine. This is because the AstraZeneca vaccine is produced in Australia and is much easier to store and transport. The Pfizer vaccine needs to be kept at very cold temperatures (much colder than a normal fridge) which makes it difficult to store and transport.

Both the Pfizer and AstraZeneca vaccines are available in Australia and people in the highest risk groups are already receiving either of these vaccines. This includes Aboriginal and Torres Strait Islander people in high-risk jobs or who live in residential care.

## Can people choose which vaccine they take?

People will not be able to choose which COVID-19 vaccine they are offered.

Initial supply of COVID-19 vaccines will be limited, and whichever vaccine is available will be first offered to people with the highest risk of getting, spreading or having severe illness from COVID-19 and then more broadly to the rest of the adult community.

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## Is COVID-19 vaccine compulsory?

COVID-19 vaccine is not compulsory in Australia but is highly recommended to protect against COVID disease. Welfare and other government benefits will not be affected if you choose not to have the vaccine.

It's normal for people to feel anxious about new vaccines and people can choose not to get the vaccine if they don't want to. However, Aboriginal and Torres Strait Islander adults have been identified as a priority group and will be able to get the vaccine soon after the first priority group. This is because Aboriginal and Torres Strait Islander adults have a higher risk of getting and developing serious illness from COVID-19 due to a number of factors. These may include a higher rate of chronic health conditions and in some cases crowded living conditions, which increases the risk of spreading the infection. Getting COVID-19 vaccine protects the mob from serious COVID disease.

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## Why is the vaccine being rolled out in remote communities when there were no cases there?

The vaccine is being rolled out in remote communities to help keep communities safe. At the moment, there have been no cases in remote communities because states and territories with remote populations did not have many cases and border restrictions limited movement. As the borders open and more people begin to travel, there is a risk that the virus will spread to remote communities across Australia. If enough people are vaccinated it can prevent the virus from easily spreading from person to person. Vaccinating people in remote communities will protect them from severe disease.

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## Why are COVID-19 vaccines being developed so quickly?

There have been a large number of COVID-19 related deaths around the world and in Australia since the identification of the first COVID-19 case. Hundreds of millions of people are suffering from the ongoing devastation caused by the pandemic. This means that all available resources and efforts are being used towards finding an effective vaccine. Some of the reasons as to why the vaccines are being developed so quickly are:

- increased funding from governments around the world
- vaccine developers and governments all over the world working together
- new technologies that help to make vaccine development faster

Clinical trials have also progressed quicker as the disease is widespread, meaning it doesn't take as long to find out if the vaccine is effective.

No shortcuts have been taken in vaccine safety assessment. The vaccines available in Australia have included tens of thousands of people in their trials to assess the safety of the vaccines. Since the vaccines have been used widely, more data have been collected again showing that the vaccines work as well in many countries as in the trials in a wide range of people, including sick and older people, and that the AstraZeneca vaccine works better if it is spaced further apart. In Australia, the COVID-19 vaccines must meet high safety standards to be registered.

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## What about the flu vaccine?

In Australia because it's nearly flu season, COVID-19 vaccine will be rolled out around the same time as the flu vaccine. It's strongly recommended that people in the community still have their flu vaccine in 2021 to keep everyone healthy this winter. The flu vaccine is available for free for all Aboriginal and Torres Strait Islander people aged 6 months and older. The recommended time between the flu shot and the COVID-19 vaccine is 14 days.

People should plan their vaccinations early and stay up to date with their vaccinations, including the pneumococcal vaccines to protect against pneumonia, and stay healthy this winter.

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