# FREQUENTLY ASKED QUESTIONS

**about COVID-19 vaccines for Aboriginal and Torres Strait Islander people affected by cancer: Information for the healthcare team**

**With the assistance of Aboriginal and Torres Strait Islander people and health experts, Cancer Australia has compiled answers to Frequently Asked Questions (FAQs) about the COVID-19 vaccines for Aboriginal and Torres Strait Islander people affected by cancer.**

**These FAQs provide information for members of the healthcare team, including Aboriginal and Torres Strait Islander Health Workers, Health Practitioners, and Hospital Liaison Officers.**

**The FAQs are based on information and evidence currently available in Australia and internationally, and will be updated as new information emerges.**

## ABOUT THE COVID-19 VACCINES

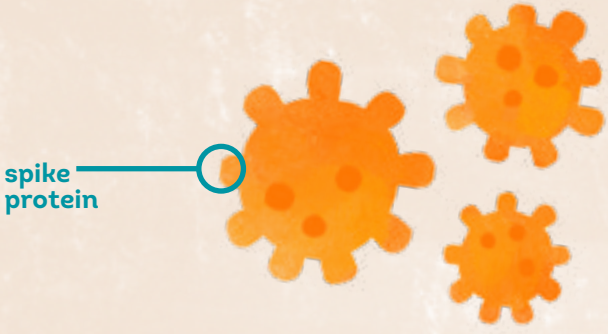
### What is a COVID-19 vaccine? How does it work?

The COVID-19 vaccines can strengthen a person's immune system by training it to find and fight something that is specific to COVID-19. For most of the COVID-19 vaccines, this specific thing is the coronavirus 'spike' protein.

The spike protein is not the virus - it is the 'pointy' bit of the coronavirus cell which helps the virus enter people's bodies.

The COVID-19 vaccines help our immune system to recognise this spike protein as foreign and produce long-lasting immune cells and antibodies to fight it. This will help to protect our communities against COVID-19.

None of the COVID-19 vaccines use the live or whole virus that causes COVID-19. The COVID-19 vaccines cannot give you COVID-19.




### How are the COVID-19 vaccines tested for safety before they are approved for use in Australia?

Australia has very strict rules for the testing and approval of vaccines. Before a COVID-19 vaccine is approved, it must:

- pass several different phases of clinical trials to prove the vaccine is safe and works and
- pass the Therapeutic Goods Administration's (TGA) careful assessment and approval processes including checking the vaccine's safety, quality and effectiveness.

For more information, visit How COVID-19 vaccines are tested and approved on the Australian Government Department of Health and Aged Care website.

### Which COVID-19 vaccines are available in Australia?

The COVID-19 vaccines currently available in Australia are:

- The Pfizer vaccine (also known as Cominarty), which has been provisionally approved by the TGA for people 5 years and older
- The AstraZeneca vaccine (also known as Vaxzevria), which has been provisionally approved by the TGA for people 18 years and older
- The Moderna vaccine (also known as Spikevax), which has been provisionally approved by the TGA for people 6 months old and older
- The Novavax vaccine (also known as Nuvaxovid), which has been provisionally approved by the TGA for people aged 12 years and older.

## Which COVID-19 vaccine is suitable for which age group?

**For people aged under 60 years,** the Australian Technical Advisory Group on Immunisation (ATAGI) recommends that Pfizer, Moderna, or Novavax COVID-19 vaccines are preferred over the AstraZeneca vaccine. However, people aged between 18-59 can choose to receive the AstraZeneca vaccine if the person has made an informed decision based on an understanding of the risks and benefits.

The Pfizer or Moderna vaccines COVID-19 vaccines are the recommended vaccines for pregnant women.

The prioritisation of the Pfizer, Moderna, or Novavax vaccines for people aged under 60 years is based on a potentially increased risk of a rare but serious side effect involving thrombosis (blood clotting) with thrombocytopenia (low blood platelet count) following the AstraZeneca vaccine in those under 60 years.

**For people aged 60 years and over,** the benefits of receiving a COVID-19 vaccine are greater than in younger people. The risks of severe COVID-19 infection increase with age and are particularly high in older unvaccinated people. ATAGI continues to advise that the benefit of vaccination with the AstraZeneca vaccine outweighs the risks associated with vaccination in this age group.

## What is the difference between the COVID-19 vaccines available in Australia? How does each vaccine work?

Whilst there are several different types of COVID-19 vaccines, the two that are currently available for use in Australia are an "mRNA vaccine" and a "viral vector vaccine".

- The Pfizer and Moderna vaccines are mRNA vaccines. Messenger RNA vaccines (or mRNA vaccines) use a genetic code called ribonucleic acid (RNA) to spark the production of the coronavirus' specific spike protein
- The AstraZeneca vaccine is a viral vector vaccine. Viral vector vaccines use a harmless, weakened animal virus which contains the genetic code for a protein unique to the coronavirus spike protein to prompt an immune response
- The Novavax vaccine is a protein-based vaccine. Protein-based vaccines use a non-infectious component of the coronavirus, usually the spike protein (manufactured in a laboratory), to prompt an immune response.

# RECEIVING A COVID-19 VACCINE

## Where can Aboriginal and Torres Strait Islander people with cancer get the COVID-19 vaccine?

**All Aboriginal and Torres Strait Islander people aged 5 years and older are eligible to get the COVID-19 vaccine now. Children aged between 6 months and 5 years with health conditions which increase the risk of severe COVID-19 (including many children with cancer) are also eligible for COVID-19 vaccination.**

For people affected by cancer, decisions about when and where to receive the COVID-19 vaccine may be made on an individual basis by the person affected by cancer, in consultation with their healthcare team.

Optimal timing for vaccination should be discussed with the treating specialist.

COVID-19 vaccines are available through Aboriginal Community Controlled Health Services, General Practitioners (GPs), Commonwealth Vaccine Clinics, state and territory vaccination clinics, and community pharmacies. In addition, the Royal Flying Doctor Service is providing vaccinations in some remote communities. Aboriginal and Torres Strait Islander people affected by cancer can find vaccination locations and book an appointment using the COVID-19 Vaccine Clinic Finder.

## Who will give (administer) the COVID-19 vaccines?

Only qualified healthcare professionals can give the COVID-19 vaccines. Every healthcare professional who gives the COVID-19 vaccines must complete compulsory COVID-19 vaccination training which covers the handling and administration of COVID-19 vaccines.

For more information about the training required to administer the COVID-19 vaccines, visit COVID-19 vaccination training program on the Australian Government Department of Health and Aged Care website.

## How many doses of the COVID-19 vaccine should Aboriginal and Torres Strait Islander people with cancer receive (including booster doses)?

Most people in Australia require **2 "primary" doses** of the COVID-19 vaccines available in Australia.

A **booster dose** of the COVID-19 vaccine is available to everybody in Australia aged 16 years or older, 3 months after completing their primary course of a COVID-19 vaccine.

A **2nd booster dose** (known as the "winter booster dose") is also available for anyone aged 30 years or older, or for people with severe immunocompromise aged 16 years or older.

**Vaccination schedule for severely immunocompromised people**

For severely immunocompromised people,* including many patients with cancer, ATAGI recommends:

- children aged between 6 months and 5 years old receive two primary vaccine doses
- children aged 5 to 11 years old receive three primary COVID-19 vaccine doses
- adolescents aged 12 to 15 years old receive three primary vaccine doses plus one booster dose given three months after the last primary dose (four doses in total)
- people aged 16 and over receive three primary vaccine doses plus two booster doses given three months apart (five doses in total).

The 3rd primary dose for immunocompromised people is intended to address the risk of a suboptimal response or non-response to the standard 2 dose schedule. These additional doses are expected to improve protection against symptomatic infection and serious illness from COVID-19.

** These recommendations for severely immunocompromised people apply to people with certain conditions, including cancer, or on treatments leading to severe immunocompromise. This includes the following:*

- *People with active blood cancer (haematological malignancy)*
- *People with non-haematological malignancy with current active treatment (e.g. chemotherapy, whole body irradiation)*
- *People who have had a Stem cell transplantor chimeric antigen receptor T-cell (CAR-T) therapy*
- *People on immunosuppressive therapies.*

*ATAGI notes that clinicians may use their judgement about treatments which may cause immunosuppression which are not specified in their advice.*

For more information visit ATAGI COVID-19 booster vaccine advice.

## Why is it important for people with cancer to get the full course of the vaccine?

It is especially important for people with cancer to have the full course of the COVID-19 vaccine at the recommended time, because the vaccines may be less effective in immunocompromised people. This is because the vaccines rely on your immune system to build a response.

After being vaccinated it's still important for Aboriginal and Torres Strait Islander people affected by cancer to protect themselves against COVID-19 by doing things like wearing a mask, washing hands often with soap and water, using alcohol-based hand sanitisers when soap and water can't be used.

# SAFETY AND EFFICACY

## Were people affected by cancer included in clinical trials for the COVID-19 vaccines?

People affected by cancer were not included in the initial clinical trials for the COVID-19 vaccines. This is because clinical trials typically need to see whether the vaccines will work in people with healthy immune systems first before they are trialled in people who are immunocompromised.

## Is it safe for people affected by cancer or people who are immunocompromised to get the COVID-19 vaccines?

Cancer organisations internationally currently recommend COVID-19 vaccination for people with cancer because:

- People with cancer are more vulnerable to contracting COVID-19 and are at an increased risk of more severe infection, and
- Similar evidence from use of other vaccines suggests the COVID-19 vaccines may be safe and effective for people affected by cancer.

Information is being collected from COVID-19 vaccination programs as well as nationally and so far, there have been no reports of any significant safety issues for people affected by cancer receiving the COVID-19 vaccines. This will continue to be monitored.

There is a lot of evidence that catching the COVID-19 infection is unsafe for people affected by cancer. Therefore, ATAGI recommend people affected by cancer should be vaccinated.

The decision about whether to receive a COVID-19 vaccine should be made by the person affected by cancer, in consultation with their healthcare team.

## Do the COVID-19 vaccines work for people affected by cancer (are they effective)?

Emerging evidence from international and national studies suggests the COVID-19 vaccines have similar safety and effectiveness in people with cancer compared to people without cancer.

Although there is limited evidence from the initial clinical trials about whether the COVID-19 vaccines work for people affected by by cancer, there is lots of similar evidence from use of other vaccines in people with cancer that suggests COVID-19 vaccines may be effective for people affected by cancer.

However, the immune response to vaccination may be reduced in people who are immunocompromised, which may result in lower vaccine effectiveness and protection compared to people who are not immunocompromised. This is why extra doses of COVID-19 vaccines are recommended in severely immunocompromised people.

# RISKS AND SIDE EFFECTS

## If I have allergies, should I avoid any of the COVID-19 vaccines?

All people who have had an allergic reaction or a severe allergic reaction (anaphylaxis) to any ingredients contained in the COVID-19 vaccines should avoid the specific COVID-19 vaccine(s) that contain those ingredients.

Allergies that may be particularly relevant to people with cancer include allergies to polysorbate 80, which is one of the ingredients in the AstraZeneca vaccine, and polyethylene glycol (PEG) which is one of the ingredients in the Pfizer vaccine. These ingredients are also used in cancer treatments, such as docetaxel and paclitaxel. People who have had an allergic reaction or anaphylaxis in response to polysorbate 80 or polyethylene glycol (PEG), should speak to their health professional or seek expert advice on COVID-19 vaccination before being vaccinated.

The ingredients for each of the COVID-19 vaccines can be found in the 'Product details' section of their 'Consumer Medicines Information' leaflet, available on the TGA website:

- Cominarty [Pfizer] Consumer Medicines Information leaflet
- Vaxzevria [AstraZeneca] Consumer Medicines Information leaflet
- Spikevax [Moderna] Consumer Medicines Information leaflet
- Nuvaxovid [Novavax] Consumer Medicines Information leaflet.

## What are the side effects of the COVID-19 vaccines for people affected by cancer?

Currently, there is no evidence to suggest that people affected by cancer will experience different or worse side effects to the COVID-19 vaccines.

Common side effects from the COVID-19 vaccines are like those of other vaccines (such as the flu vaccine), including:

- pain, redness and/or swelling where you received the needle
- muscle pain/aches
- mild fever
- headache
- tiredness.

These side effect/s are usually mild and usually go away within one or two days.

Because of a rare side effect of blood clotting with the AstraZeneca vaccine, the Pfizer or Moderna vaccines are preferred in adults aged under 60 years. However, people aged between 18-59 years can choose to receive the AstraZeneca vaccine if the person has made an informed decision based on an understanding of the risks and benefits. People who have had the first dose of the AstraZeneca vaccine without any serious adverse effects can be given the second dose, including adults under 60 years.

For more information, visit the following information on the Australian Government Department of Health and Aged Care website:

- What happens after I am vaccinated for COVID-19?
- COVID-19 Vaccine Side Effect Checker

## What do I do if I have a side effect (adverse event) after receiving the COVID-19 vaccine?

Serious reactions to the COVID-19 vaccines are extremely rare.

People with a history of anaphylaxis (a severe allergic reaction) to anything should tell the healthcare professional prior to having the vaccine, and should wait at least 30 minutes after receiving the vaccine before leaving.

Health professionals should ensure adverse events are reported to the Therapeutic Goods Administration (TGA). For more information, visit Report a problem or side effect on the TGA website.

# IMPACTS AND INTERACTIONS

## What factors should a person with cancer consider when deciding whether (and when) to get the COVID-19 vaccine?

All people with cancer should consult with their healthcare team and make the decision about whether and when to receive the COVID-19 vaccine based on their individual situation. Things to consider include:

- The type of cancer they have/had
- The type of treatment they are receiving/received
- The timing of their treatment
- The type(s) of vaccine(s) available
- How their immune system is working.

For example, some cancer treatments (like chemotherapy, radiation therapy, or immunotherapy) can affect the immune system, which might make the vaccine less effective in some people.

## Can people affected by cancer get the COVID-19 vaccine at the same time as the influenza (flu) vaccine?

COVID-19 vaccines can be co-administered with a flu vaccine (i.e. both vaccines can be given on the same day).

It is strongly recommended that Aboriginal and Torres Strait Islander people have the flu vaccine, which is provided free for all Aboriginal and Torres Strait Islander people aged 6 months and over through the National Immunisation Program.

For more information, visit COVID-19 vaccination - ATAGI advice on influenza and COVID-19 vaccines.

## Are there any potential risks for people who have, or are at risk of, lymphoedema (swelling)?

Lymphoedema is swelling of a part of the body, often in the arm, and can be a side effect of cancer treatment. Within the areas of the body affected by lymphoedema, the immune cells which fight infection may not work as well.

Vaccination into these areas may therefore result in a weaker immune response and less protection from COVID-19. Damage to the skin within an area of lymphoedema can also act as an entry site for infection, so careful skin care and protection is advisable for areas of swelling.

Because the COVID-19 vaccine will be given in the arm, as a precaution the COVID-19 vaccine should be given in the untreated limb if possible.

## Are there any potential risks for people with bleeding disorders and people who are taking blood thinners?

People with bleeding disorders and people who are taking blood thinners (anti-coagulant mediation) may develop bad bruising where the COVID-19 vaccine was given, which can be painful. People who are concerned about any medications they are taking should be encouraged to talk to their health professional before being vaccinated.

## Does the COVID-19 vaccine impact screening and diagnostic mammograms?

There have been some reports internationally about people who have received a COVID-19 vaccine having lymph node swelling which is being mistaken for possible breast cancer on their mammogram. This swelling occurs in the lymph glands in the underarm area and is known as lymphadenopathy, and is a normal response to vaccination. However, as lymphadenopathy may also be a symptom of breast cancer, this may lead to a false positive mammogram result, that is, the mammogram may look abnormal even though there is no cancer actually present.

Women should not delay their vaccine or their mammogram but should tell their healthcare professional if they have been recently vaccinated.

# BUILDING THE EVIDENCE

## Is any data being collected about the COVID-19 vaccines for Aboriginal and Torres Strait Islander people affected by cancer?

Data about the use of the COVID-19 vaccines can help us better understand the safety and effectiveness of the COVID-19 vaccines for people affected by cancer.

**Safety and efficacy: SerOzNET**

Cancer Australia has facilitated an important clinical study, SerOzNET, to better understand the safety and efficacy of the COVID-19 vaccines in people with cancer, including in people with solid tumours and blood (haematological) malignancies.

Rapid implementation of this study will allow timely information to be provided to the Australian cancer community about the safety and efficacy of the COVID-19 vaccines in people with cancer.

For more information about the SerOzNET study, visit www.canceraustralia.gov.au/SerOzNET-Study.

**Side effects: AusVaxSafety**

AusVaxSafety has been actively monitoring the short-term side effect profile of COVID-19 vaccines used in Australia through post-vaccination safety surveys sent to vaccine recipients, including people with cancer. AusVaxSafety has created information sheets outlining the short-term side effect profile for each cancer population group, including a comparison to the general population. To view the information sheets, visit https://ausvaxsafety.org.au/covid-19-vaccines/people-affected-cancer-and-transplant-recipients. Cancer Australia is also monitoring data on the safety and effectiveness of the COVID-19 vaccines for people affected by cancer from international vaccination programs, and we will provide more information as it becomes available.

# TREATMENTS FOR COVID-19 FOR PEOPLE WITH IMMUNO-COMPROMISE

## Antiviral treatments for COVID-19

Oral antiviral treatments for COVID-19 are available. These antiviral treatments work best when they are given within 5 days after symptoms begin.

For more information about COVID-19 antiviral treatments, visit: Updated eligibility for oral COVID-19 treatments.

## Pre-exposure prevention of COVID-19

Medicine is available for the prevention of COVID-19 in people who are at risk of COVID-19 infection and are severely immunocompromised. This is known as pre-exposure prevention of COVID-19.

For more information about pre-exposure prevention of COVID-19, visit:

COVID-19 treatments

Updated eligibility for oral COVID-19 treatments

Making decisions about your treatment and care if you have COVID-19

# FURTHER INFORMATION

## For further information, please visit:

- Cancer Australia's detailed Frequently Asked Questions about COVID-19 vaccines for people affected by cancer
- The Agency for Clinical Innovation's shared decision making resources about COVID-19 vaccines: Yarning to make health decisions together
- National Aboriginal Community Controlled Health Organisation (NACCHO)'s COVID-19 Vaccine Updates and Information
- Message from NACCHO Chair Donnella Mills on COVID-19 and the vaccines
- Professor James Ward answers important questions about the COVID-19 vaccines for Aboriginal and Torres Strait Islander people
- The Australian Government Department of Health and Aged Care's COVID-19 vaccines website
- The Australian Government Department of Health and Aged Care's Information for Aboriginal and Torres Strait Islander peoples about COVID-19 vaccines
- The Australian Technical Advisory Group on Immunisation (ATAGI) recommended COVID-19 doses and vaccines infographic
- The Australian Technical Advisory Group on Immunisation's (ATAGI) COVID-19 vaccination decision guide for people with immunocompromise
- The Australian Government Department of Health and Aged Care's COVID-19 vaccination communication materials – Aboriginal and Torres Strait Islander peoples
- The Australian Government Department of Health and Aged Care's Side effects of COVID-19 vaccines (Aboriginal and Torres Strait Islander peoples) fact sheet



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