



Eligibility and evidence guidance for state vaccination centres

As of 29 October 2021

Everyone aged 12 years and over is now eligible to receive a COVID-19 vaccine

- Anyone aged 12 years and over is eligible to receive the Pfizer and Moderna vaccines at participating venues.
- Anyone aged 18 years and over can receive the AstraZeneca vaccine.
- Aboriginal and Torres Strait Islander people, and people with a disability or special requirements, can visit any Victorian vaccination centre to get vaccinated, without needing to book an appointment.
- You don't have to be a Victorian resident to get a COVID-19 vaccine in Victoria.
- You do not need a Medicare card or individual healthcare identifier to get vaccinated at a vaccination centre.
- Where possible, people with who want to get vaccinated should be offered help at the vaccination centre they attend. This includes access to translated information and assistance completing forms.

Eligibility	Details
Booster doses	<ul style="list-style-type: none"> • From 29 October, COVID-19 booster doses will be available at Victorian vaccination centres to anyone aged 18 and over who had their second dose of a COVID-19 vaccine more than six months ago. • Eligible people will receive the Pfizer vaccine as their booster dose. They can safely get this Pfizer booster dose regardless of which COVID-19 vaccine they received for their initial doses. • They can also get a booster dose if they have completed an initial vaccination course overseas with a COVID-19 vaccine recognised by the Therapeutic Goods Administration. • AstraZeneca is not preferred for use as a booster dose, but it can be used in individuals who have received AstraZeneca for their first two doses if there are no contraindications or precautions for use, or a significant adverse reaction has occurred after a previous mRNA vaccine dose, which contraindicates further doses of mRNA vaccine. • Upon presentation, vaccination centre staff should confirm the vaccinee's second COVID-19 vaccine dose was administered at least six months ago. This can be done by: <ul style="list-style-type: none"> – the vaccinee showing their proof of vaccination certificate (e.g. through the Services Victoria app) – staff confirming via the vaccinee's AIR record. • Booster doses should not be administered where it is less than six months since their second dose. • Vaccine providers should use the clinician app to complete consent form requirements for vaccinees. A printable consent form is also available. • Access updated information on how to deliver booster doses on the Victorian vaccination guidelines page. <p>Booster doses and third primary doses</p> <ul style="list-style-type: none"> • Booster doses are different to third primary doses, which are given to those who are immune suppressed, so they can have the same level of protection as the general population. • Booster doses are not currently recommended for immunosuppressed people who have had a third dose (i.e. fourth doses).
Use of a third primary dose of COVID-19 vaccine in individuals who are severely immunocompromised	<p>Eligible people will be able to walk up to selected Victorian vaccination centres and get a third primary dose if they are 12 years or older and declare one of the following conditions or therapies:</p> <ul style="list-style-type: none"> • active haematological malignancy • non-haematological malignancy with current active treatment including chemotherapy, radiotherapy, and/or hormonal therapy, but excluding immunotherapy with immune checkpoint inhibitors • solid organ transplant with immunosuppressive therapy • haematopoietic stem cell transplant (HSCT) recipients or chimeric antigen receptor T-cell (CAR-T) therapy within 2 years of transplantation • immunosuppressive therapies including: <ul style="list-style-type: none"> ○ high dose corticosteroid treatment ○ multiple immunosuppressants ○ selected conventional synthetic disease-modifying anti-rheumatic drugs ○ biologic and targeted therapies. • primary immunodeficiency • advanced or untreated HIV with CD4 counts less than 250 • long-term haemodialysis or peritoneal dialysis. <p>Pfizer and Moderna are recommended for third primary doses regardless of the initial vaccine used. AstraZeneca can be given to those who received this vaccine for their first two doses.</p> <p>The recommended interval for the third dose is 2-6 months after the second dose of vaccine. A minimum interval of 4 weeks may be considered in exceptional circumstances (e.g., anticipated intensification of immunosuppression, outbreaks). People who have had a second dose more than 6 months ago should receive a third dose whenever feasible.</p> <p>People who are eligible for a third dose must sign an eligibility declaration form declaring they are severely immunocompromised and have already received two doses of a COVID-19 vaccine.</p>

<p>People who can be referred to Victorian Specialist Immunisation Service (VicSIS)</p> <p>For guidance on how to make a referral, visit Victorian Specialist Immunisation Services website</p>	<p>Which patients are eligible for referral to a VicSIS clinic?</p> <ul style="list-style-type: none"> Patients who experience a serious AEFI* following a dose of a COVID-19 vaccine should be referred to a VicSIS clinic for further assessment. A report of this AEFI should be made to SAEFVIC prior. Please ensure that management of serious medical issues are not delayed pending a VicSIS appointment. <p>Individuals with a history of any of the following as they may be at higher risk of an AEFI:</p> <ul style="list-style-type: none"> Immediate (within 4 hours) and generalised symptoms of a possible allergic reaction (e.g. hives) to a previous dose of a COVID-19 vaccine. Anaphylaxis or generalised allergic reaction (without anaphylaxis) to any component of the COVID-19 vaccine to be administered (e.g. Polyethylene glycol - PEG - (e.g. Movicol) in the Pfizer/BioNTech vaccine). A history of PEG or polysorbate-related reactions and/or a history of multiple allergic reactions to other medications containing PEG or polysorbate (please check the ingredients of the patient's current/previously tolerated medications/vaccines as they may contain PEG/polysorbate). A history of confirmed mastocytosis with recurrent anaphylaxis that requires treatment. Recent (i.e. within the past 6 months) inflammatory cardiac illness (e.g. myocarditis), acute rheumatic fever or acute rheumatic heart disease (i.e. with active myocardial inflammation) or acute decompensated heart failure. <p>Please note: Patients with other types of allergy (i.e. to other vaccines or medications, food, latex or venom allergies) do not require a VicSIS referral - vaccination can be administered safely at a routine vaccination centre. More information on allergy can be found at COVID-19 vaccine FAQs.</p> <p>Patients with a history of the below conditions only need to be referred to VicSIS if they would normally be offered the AstraZeneca vaccine as part of government eligibility.</p> <ul style="list-style-type: none"> Previous cerebral venous sinus thrombosis (CVST), heparin-induced thrombocytopenia (HIT), idiopathic splanchnic (mesenteric, portal and splenic) venous thrombosis, anti-phospholipid syndrome (with thrombosis and/or miscarriage) or thrombosis with thrombocytopenia syndrome (TTS) Previous capillary leak syndrome <p>Please refer to the 'Clinician referral guide to the Victorian Specialist Immunisation Services (VicSIS)' for useful resources which can be found here.</p>
<p>* An AEFI is considered serious if it is life-threatening, requires in-patient hospitalisation or prolongation of existing hospitalisation, deemed clinically significant, results in persistent or significant disability/incapacity or requires intervention to prevent permanent impairment or damage.</p>	