

COVID-19 vaccine mandate

Frequently asked questions

As at 16 September 2021

The most up-to-date information about mandatory vaccinations for staff, including a full range of additional FAQs, can be found on the [Queensland Health Mandatory Vaccinations QHEPS page](#).

If you have yet to record your vaccination status, please use this link to record your information: <https://hvh.health.qld.gov.au> (available via a QH computer only).

Exemptions

What will happen to staff who have a genuine medical concern and seek an exemption and staff who object to being vaccinated?

An employee will be considered to have a medical contraindication for the purposes of applying for an exemption where they are unable to be vaccinated due to a recognised medical contraindication to the COVID-19 vaccine as outlined in a letter from their treating specialist medical practitioner.

A recognised medical contraindication is limited to include circumstances where the employee has a history of anaphylaxis or other recognised contraindications as outlined in the Australian Immunisation Handbook.

Queensland Health will work with these employees to consider their circumstances (e.g. role, location) to explore alternative options to keep them, and our workplaces, safe.

What are the medical exemptions to receiving a vaccine?

There are not many medical exemptions to vaccinations. There are a small number of contraindications including anaphylaxis to components of the vaccine or a first dose, and some very acute cardiac problems. All contraindications are clearly listed on the [ATAGI website](#).

What about religious considerations? Will these be considered?

An employee with a genuine religious belief may be considered for an exemption where they are able to provide a letter certifying their deeply held religious belief and their affiliation of connection to the religious group from a religious leader or official.

What is acceptable to be presented as an exemption?

A process is currently being finalised for the assessment of any exemption applications received. In general terms:

- for medical contradiction reasons, a letter from their treating specialist medical practitioner will be required for consideration.
- for exemptions based on religious beliefs, a letter certifying their deeply held religious belief and their affiliation of connection to the religious group from a religious leader or official will be required.
- for any other exception circumstances, it is likely the employee will need to submit formal advice, and where relevant supporting evidence, detailing why an exceptional circumstance exists.

For clarity, general objection to being vaccinated does not constitute an exceptional circumstance.

Can I wait for the Novavax or Moderna vaccine?

Yes. However, staff cannot be rostered to work from 1 October 2021 until they have received their first vaccine dose. This means they may need to access leave entitlements and leave without pay until they are fully vaccinated.

Pregnancy and breastfeeding

What do we know about the safety of COVID-19 vaccines during pregnancy?

There is strong evidence that there is no risk of harm to the baby. mRNA doesn't circulate itself through the blood, so it doesn't travel to the placenta or the baby. There have also been recent publications showing that the rate of miscarriage in women who have been vaccinated is not different to rate of women who have not been vaccinated.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists and ATAGI recommend vaccination for pregnant women. Pregnant women with COVID-19 have a higher risk of severe illness compared to non-pregnant women with COVID-19 of the same age. This includes increased risk of hospitalisation, admission to the ICU, and invasive ventilation.

For more information please refer to the following websites:

[COVID-19 vaccination – Shared decision making guide for women who are pregnant, breastfeeding or planning pregnancy | Australian Government Department of Health](#)

[RANZCOG - COVID-19 Vaccination Information](#)

Is it safe to get vaccinated while breastfeeding?

Yes. There is lots of data to show that it is safe to get vaccinated while breastfeeding. The vaccination is not secreted in breast milk. For more information refer to the website: [COVID-19 vaccination – Shared decision making guide for women who are pregnant, breastfeeding or planning pregnancy | Australian Government Department of Health](#).

Is there any evidence about mixed dosing with different vaccinations? Should pregnant women receive mixed dose vaccines?

If you have received your first dose of AstraZeneca and then become pregnant, we believe it is appropriate for you to have Pfizer for your second dose as the data suggests this is safe. Studies indicate there is no increase from the baseline of adverse pregnancy outcomes.

In general, there has been excitement and some investigation into getting different vaccines first and then second. However, this hasn't been studied in large numbers. In general, people given two vaccine doses get excellent antibody levels no matter what vaccines they have had. If you get Pfizer as your second dose, no matter what was your first, you may get temporary side effects.

Health concerns

What will happen if I have been told to wait to get vaccinated for health reasons?

You are advised to discuss your specific circumstances with your line manager or HR Team as soon as possible. Generally speaking, if you can't be vaccinated prior to 1 October, you will be required to access your paid leave entitlements until you have an outcome in relation to your medical consultation.

What measures will be taken for staff who are unable to get vaccinated?

Additional information in relation to the safety, effectiveness and development of the COVID-19 vaccine is available on the Queensland Health website.

Employees should discuss any questions or concerns about the vaccine with their line manager in the first instance. The line manager may be able to put them in touch with a public health or other clinical expert who will be able to address any specific concerns they may have.

Employees are also encouraged to discuss any concerns specific to their individual circumstances or medical history with their general practitioner or other treating specialist.

If I have a genuine medical concern, what do I do?

If you have an allergy to a component of the vaccine, or the actual vaccine, please speak to your treating doctor. Your treating doctor, who knows your medical history, can either advise you, or in uncommon circumstances, provide you with a referral to the Queensland Adult Specialist Immunization Service at the RBWH. This referral will be lodged through the central patient intake unit like all other hospital referrals.

I'm immunosuppressed. Is it safe for me to receive the vaccine?

If you are immune suppressed it is safe to receive a vaccine as there is no live virus in the vaccine, but unfortunately your response to the vaccine might not be as good.

What is the compensation if an employee suffers an illness as a consequence of vaccination?

An employee is able to lodge a claim for workers' compensation if they suffer an illness as a consequence of vaccination. The claim will be subject to all other criteria for a valid workers' compensation claim.

Do I have to be vaccinated if I've already had COVID and have natural immunity?

If you have had a confirmed case of COVID-19, please seek personal advice from your medical practitioner.

Vaccine hesitancy

Why do non-clinical staff outside of the main hospital have to get vaccinated when we don't see patients or clinical staff yet retail staff such as the newsagency staff don't?

In Metro North, all staff during the course of their employment are required to attend a health facility. It is for that reason that all our staff are required to be vaccinated.

Metro North understands consideration is currently being given to the vaccination requirements for those non-Qld Health staff working in our facilities.

The risk of COVID-19 transmission in health facilities is real and significant. Vaccination is the best defence against this occurring. It will also help us better protect vulnerable patients in our care.

The COVID-19 vaccine is highly effective against severe illness, hospitalisation and death, and will help keep employees, patients and visitors safe from the effects of COVID-19.

There are some staff who are against vaccination. How will this be dealt with?

Over 80 per cent of Metro North Health staff have already been vaccinated, with more receiving their first dose every day.

Our approach is to find out why staff may decline to be vaccinated and explore whether there is any additional information or support that can be provided to assist them come to a final decision about vaccination.

In some circumstances staff may be unable to be vaccinated for a legitimate medical reason or other reason, we will work with those staff to explore options to keep them and our workplaces safe.

Is one vaccine better than another?

The real job of the vaccines to stop us getting severe illness from COVID-19, and there is strong data that all three vaccines in Australia are exceptional at preventing severe disease and death from COVID-19. The best vaccine is the one in your arm.

Is Novavax better than Pfizer or Moderna?

Novavax hasn't received TGA approval yet, and there is no significant evidence that it is a better vaccine. Novavax hasn't been used much around the world and as such there's not a lot of evidence about any adverse side effects.

Should I wait to get the Moderna vaccine?

There is no benefit in waiting to get the Moderna vaccine.

Vaccine safety

How is the vaccine allowed to be mandated if it is still an experimental drug in trial phase until 2023?

All vaccines available in Australia are approved by the Therapeutic Goods Administration (TGA) for safety, quality and effectiveness. Vaccine scientists from around the world are working together to ensure that rigorous processes are followed, and no testing or ethical approvals have been bypassed. COVID-19 vaccines must meet the same high standards as any other vaccine approved for use in Australia.

Why are the vaccines only provisionally approved by the TGA?

In Australia we have three provisionally registered COVID vaccines: Comirnaty (Pfizer), Spikevax (Moderna) and Vaxzevria (AstraZeneca). All new medications in Australia are given a provisional approval for the first two years of their lifespan by the Therapeutic Goods Administration (TGA).

For more information on the approval process refer to the website: [COVID-19 vaccine approval process | Therapeutic Goods Administration \(TGA\)](#).

How can it be said that this vaccination is safe? Why is it being mandated prior to starting and completing the investigations?

The COVAX research program is a phase four study looking at the efficacy of the vaccine in different cohorts. The first two years after any new medication is released, you would be looking at antibody responses, but it's not a question about whether these vaccines are safe or not. The vaccine is unquestionably safe and effective.

Vaccine efficacy

In a country like Israel where 80 per cent of their population is vaccinated, why are people in hospital?

While 80 per cent of Israel's population is vaccinated, it hasn't been evenly distributed across the population. The people who are in hospital in Israel are largely young people who are unvaccinated and older people who have been vaccinated but have comorbidities.

What do we know about booster shots?

In Australia, we don't yet have any clear recommendations about booster shots. ATAGI is likely to make a recommendation this month, following which the federal government will make a plan. It is likely that booster shots will be required in the future. At this stage it is more important for everyone to have had their first two doses of a COVID-19 vaccine.

If I am not vaccinated but I follow all the PPE requirements, am I putting myself and others at risk?

It would be great if PPE worked 100 per cent of the time. While PPE significantly reduces the risk of contracting COVID-19, it doesn't eliminate the risk. PPE is important for protection, but it's not the whole story. Vaccination adds an additional layer of protection, and we have a responsibility to ourselves, our colleagues, our family, and our patients to stay safe.

During the first wave of COVID-19 in Victoria, before anyone was vaccinated, thousands of health workers got COVID-19. This time, in New South Wales, the rate of health workers contracting COVID-19 has been much lower because a significant proportion of them have been vaccinated.

Why do healthy, young staff need to be vaccinated when the only benefit is decreasing the minimal chance of becoming very ill?

The main reason we vaccinate against COVID is to prevent severe illness from infection with the virus and to have to admit fewer people into hospital. Once you've had two doses and 14 days after your second dose you're very well protected against COVID. This reduces your risk of getting COVID by up to 90 per cent. If you do get an infection, your viral load is a lot lower and your infectious period reduces dramatically, making it less likely that you will transmit the virus to other people.

Does a long gap between two doses of AstraZeneca affect its efficacy?

No, there is no concern about its efficacy.

What are the clinical characteristics of people who are unvaccinated who require hospitalisation and admission to the ICU?

The risk for severe disease is not being vaccinated, being older, having comorbidities (especially heart and lung disease).

Where can I see a full list of ingredients in the vaccine? Do any of these ingredients have a toxic effect on the body?

The full list of ingredients is available on the [ATAGI website](#). These ingredients have been very well studied and are not toxic.

Does the vaccine use experimental mRNA gene altering therapy?

No. The technology in the vaccines does not enter your cells or alter them.

Will the AstraZeneca vaccine continue to be available?

Yes.