

ICV Q&A Session on the COVID Vaccine Rollout in Victoria – Thursday 11 February 2021

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These were some of the key questions put to Prof Ben Cowie and Prof John Catford at the community consultation meeting that took place on Thursday 11 Feb in regard to the COVID vaccine.

Question: If this Coronavirus is not so deadly here in Australia (total number of deaths versus total number of positive cases is relatively low) and we have a good recovery rate, why is there the need to get a vaccine for everyone that is not even deemed to be safe & effective?

Answer: Firstly, these vaccines are safe and effective, Therapeutic Goods Administration, which is one of the most rigorous and restrict body in the world, has approved the Pfizer vaccine already. When we are looking at the clinical trial certainly, we have some reaction to the vaccine, but most people who had any adverse event following immunisation, are having symptoms that we are expecting (headache, pain on the side, bit of redness, a bit of fever), these symptoms are consequence of the immune system reacting to vaccine which is showing that is working. With respect to virus not being deadly, I would disagree as we had hundreds of people losing their life. We should also realise the impact is having in other countries. It only because of the huge effort done by the Victorian population that we were able to control the impact of the virus. The vaccines will help us control the impact without doing the huge sacrifices we made last year.

Question: Why are the pharmaceutical companies that manufacture the vaccine, free from liability for death or injury because of taking this vaccine?

Answer: When we rollout vaccines for the population, we are doing that while we are still caring for the health of everyone. People will get assistance by the health system if there is any issue with the vaccine, but on the other we cannot have a situation where a company will not provide us the vaccine on the basis that they are concern that they will be sued for any issue with the vaccine. That is on the

basis that the companies are open and transparent with the vaccine and our regulators, if they do not share all the information than they will be liable for any damage caused by the vaccine.

Question: If I am a healthy person who rarely gets sick why should I have to get a vaccine and introduce unwanted foreign substances into my bloodstream that there is no transparency in terms of the origin and synergistic side effects of the ingredients? Can we not build up our natural God given immunity against bacterial & viral infections?

Answer: Yes, we can allow the virus to infect us and allowed our body to build the immunes systems, but if we do that, we either accept the situation where will see the huge loss of lives, as it has been happening overseas or otherwise, we must remain in a situation where our society is in lockdown for months and years. So, it would be best to get vaccinated and ensure everyone safety instead.

Question: Whilst there are still serious doubts about enough testing of these vaccines and them being safe & sound in the short & long term for humans, could you please advise which of these vaccines is the one which does least harm?

Answer: Clinical trial have been conducting on over 100000 people now, so that there is actually large clinical trials have been conducted. Also there has not been any short cut on how these have been approved. Furthermore, these vaccines have been rolling out in many countries. Some of the concern that might have come up are mostly from those fragile individuals that have lost their life in Norway and Europe. Although this is now being reviewed, and the understanding of the Norwegian authorities, (which also was assessed by our TGA) is that there was not excess loss life over and above of what one would expect from very unwell fragile people in residential health care settings. I think it is very important that we fully investigate and being very transparent about any concern, but to mindful of the source of information. In terms, of which one does the least harm they are all very safe, and while all vaccines have side effects we found that the vast majority of the side effect are those mild ones from both the vaccine that will be use in Victoria.

Question: Meet the Press Segment: this afternoon was suggesting they mix the vaccines - 2 doses - 1 from each instead from the same manufacturer. Isn't this dangerous and unreliable given they are different in delivery?

Answer: As there has not been done any test, although it is unlikely that will be unsafe, we do not have any evidence that shows that would be effective in

protecting people. Our strong advice at the moment is that people should be vaccinated for the second time with the same dose they did get vaccinated before.

Question: Concern with AstraZeneca – 2000 study in South Africa show its not effective in old people – Is there any assurance that this would be effective here?

Answer: Unfortunately, we do not have enough data to say categorically that it is effective in older people, there is certainly no indication or there is very little data that says is ineffective, and most regulators are saying that it should be used on people with over the age 65. Although, because of the results in some country they have paused the rollout and seeking further information. So it is important that we might not have an answer yet but we are seeking further information from other country as well.

Question: TGA has not still approved AstraZeneca or the Novax – how do they plan to stick to the schedule if there is delay in approval?

Answer: If the vaccine is not approved it will not be used. It does not matter how many doses have been purchased.

Question: It was also suggested that the efficacy and conversion was better if they were around 3 months apart between the 2 doses (82% protection) compared to 3-4 weeks apart (55% protection). What would be the state and National Health authorities' guidelines on this?

Answer: Yes, that appears to be the case, if you delay on having the second dose of the AstraZeneca vaccine it will be more effective. TGA it is considering this option has we have low community transmissions cases respect other countries. Therefore, less risk to get infected within the time to get the second dose. TGA will be reviewing all evidence before making any decision about this.

Question: Viral load very small after the Pfizer Vaccine (Israeli study) – what information would be provided to people regarding possible infection after vaccination?

Answer: There is a merging evidence from AstraZeneca vaccine (but which have not being peer reviewed yet) there is evidence that it blocks infections. Therefore, not only protects people that are getting the vaccines, but also people around them especially loved ones. This is the reason health workers and hotel quarantine workers and airport workers will be the first to receive the vaccine.

Question: Are we forced to take the vaccine offered by the Government or could we have a choice in selecting the vaccine that we want.

Answer: Nobody is forced to be vaccinated - it is voluntary. However, people will not be able to choose the vaccine they receive - and the vast majority (those who aren't vaccinated at the 9 hubs) will receive the AstraZeneca vaccine.

Question: Why have some trusted scientists and doctors been blocked from airing their concerns on social media about the vaccine?

Answer: It is important that people are getting trusted information from trusted sources. That must be part of the solution without silencing people.

Question: Is this vaccine unlike other vaccines from the past, in that it is an experimental vaccine that has stem cell modification, it is a new technology which tampers with a person's DNA and may also contain nanotechnology.?

Answer: They do not contain nanotechnology, the Pfizer vaccine is an mRNA vaccine which is a new technology, but it DOESN'T tamper with the person's DNA - the mRNA doesn't go to the nucleus (centre of the cell) where the DNA is. In no way these vaccines temper with our DNA. AstraZeneca vaccine is instead an old type of vaccine that does not use mRNA.

Question: what are some of the quality control measures for ongoing importing of vaccines from oversea?

Answer: Every batch of vaccines is independently assessed by TGA, furthermore there is a robust control system around the distribution of these vaccines, with reporting mechanisms that ensure that they are not tamper or compromised. Also, following up any adverse event and to do so we rely on the community to report back any issues with the vaccines so that this information can be taken into consideration and analyse by international regulatory bodies.

Question: Apart from complications with cancer medications, does the vaccine have adverse reactions with any other medications?

Answer: The vaccines during trial period are only tested based on their efficiency, they do not study the interaction with any other vaccines or any other medications. As of now there is not enough evidence the reaction of these vaccines taken with

other medications. Although, because these vaccines require your immune system to react to the vaccines to build up protection, if the patient is taking medication that suppress their immune system it might not be able to react to the vaccines and train itself to protect against the virus.

Question: Is there any information about the effects that the vaccines will have on people with auto immune conditions?

Answer: If some of patient is under medication that blocks their immune system because of auto immune condition, it may cause the vaccine to be ineffective. There is no evidence that the vaccines will cause autoimmunity or making it worst.

Question: AstraZeneca vaccine is less effective with the UK strain why is the government give to the public?

Answer: These are very important questions which although we do not have all the answers. There is certainly emerging evidence that some of these strains might have less cover or might be less protected by some of the vaccines. So, in part that is the virus evolving trying to survive. It is changing to adapt to the immunisation that the community is building up. Which is always being the case in past as well that the virus as evolved to became no more than a simple cold. The vaccine program is shorting this process by years and reducing the number of people losing their life in the process. But this very well means that we will have to modify the vaccine as the virus modifies as well and take different variants of it. This will allow us to reduce the number of virus in the community and therefore reducing the number of virus able to mutate and change their structure.

Question: for how long does the vaccine protect the person?

Answer: There is not an answer for that at the moment.

Question: Is there going to be any difference on the lockdown regulations after the vaccine is available?

Answer: Unfortunately, we still going to have public health responses to the virus, the possibility to come back to a time prior COVID-19 where you could be closer to your friend and family will not happen soon. Although, as there is more evidence that the AstraZeneca vaccine also helps block transmissions, there might be changes on how we deal with outbreaks response. I do believe that if there will be

an outbreak, the response will not only be to quarantine the person, but also to vaccinate them and people in their close contact or second and third ring of contact. So, there will be rapid testing clinics and rapid vaccinations clinics, for further ringfence the community from the virus.

Question: one of the questions repeatedly asked in the community is why we have vaccine for COVID-19 in one year while we do not have it for HIV/AIDS, although HIV is killing millions and is around for many decades. do we have any answer for that?

Answer: These viruses act very differently from the COVID-19, they stay longer in the human body and it mutates within. The HIV virus for example enters the cellular nucleus and attaches to the DNA of the person allowing to mutate and replicate faster which allows it to evade the immune system. Therefore, the immune system cannot build protections fast enough to contrast the virus. Although, this does not mean that we are not trying to find a vaccine for it, many doctors have been working for years and will continue to do so.

Question: Relative contraindications for the 3 vaccines and mechanism of action 9, I.e Pfizer vaccine – mRNA

Answer: The Pfizer vaccine is a type of vaccine that gives the body a template to create the protein needed to fight the virus, instead the AstraZeneca vaccine is a more traditional vaccine, which uses a modified viral construct that delivers the protein and gives to our body. Regarding the contraindications of the vaccines, there has not been any test done on the effect of the vaccine during pregnancy or breast feeding, because of this we cannot say that the vaccine is safe for women that are pregnant or breast feeding. Although, we can say that vaccine has no effect on fertility of the person. Regarding people that in the past have had an allergic reaction to the vaccine we adopt extreme caution. This is done in two ways:

- 1) If the person has history of acute allergic reaction to a vaccine, we would be monitoring them for half an hour (the usual time to monitor is 15 minutes)
- 2) If they had a life-threatening reaction in the past (such as an anaphylactic shock) we offer specialized vaccinations clinics in the hospital, where they can get vaccines and being assisted by doctors if any complications arise.

Question: What advice would you give regarding taking the flu vaccine and the COVID-19 vaccine - should there be a small interval or big?

Answer: At this stage we have a 2-week interval between the flue vaccines and the COVID vaccines. But this might change in the future.

Question: Better trust and communication are important for all patients but for minorities, they can form the basis for better healthcare outcomes. What advice do you have for us regarding the importance of the leaders of the Muslim community being the best source to convey the truth of the vaccine?

Answer: Community leaders are trusted from the community, so it is fundamental that the Health Departments relays on them to deliver information around the vaccines. Therefore, there is a need for a continuous cooperation between them.