



**COVID-19
Community Seminar, Transcript**

**Presentation by Prof. Ben Cowie
The Victorian Department of Health,
Victorian Government**

Centre for Migrant and Refugee Health 2021



Professor Benjamin Cowie provided a slideshow with an in-depth overview of the discussion ahead.

The Victorian Government provided this slideshow and the information to Professor Cowie to aid in the progression of the vaccine program in Victoria. Some extractions from the slide show are as follows:

- The vaccine program will be free for all Victorians; equitable access will be provided to all Victorians.
- Addressing the issues of disproportionate effects of COVID-19 within the communities. Acknowledging also concerns within these communities and ensuring their safety with the vaccine program moving forward.
- The Commonwealth Government provided the vaccine program but was pushed to the Victorian Government for accessibility to the community.
- Partnering with health services, employment services, and community organisations will aid the vaccine program.
- Pfizer Vaccine was approved on the 25th of January 2021 and will be rolled out by the 22nd of February 2021. Pfizer Vaccine needs to be kept below 70 degrees, and we do not currently have the facilities to cater to that.
- AstraZeneca has been approved. The first dose will be available early to mid-March. Most Australians will be getting the AstraZeneca as it is being produced in Melbourne.
- Admittedly, some concerns about the efficacy of both vaccines have been raised. Understanding that both vaccines are highly effective in protecting against COVID 19 virus.
- Phase 1A will be most at risk of being vaccinated, including our frontline airport personnel and security workers. Then it will move on to nurses and other top health personnel. Making sure our frontline workers are vaccinated is our top priority.
- The next phase will see our aged care facilities vaccinated. With the shocking number of deaths within our senior care centres, it will be our top priority to provide this for the residents, staff, and nurses working closely.
- Next will be anyone with a chronic illness or people with health concerns. Also, anyone aged 70 years or older.
- The Public health services and epidemiological research used to guide the program.
- Hubs used for the Pfizer vaccine are in new local public health units (Western Health, Austin Health, and Monash Health).
- Once there are enough doses of AstraZeneca, the vision is to expand the program to all Victorians. 80% of General Practitioners are willing to assist in the process.
- Reaching out to linguistically, culturally, and diverse communities (CALD), and relevant stakeholders, churches, and community organisations to assist in distributing information and mass vaccinations. Creating a unique partnership to avoid mistakes of the past.

Questions and Answers

The vaccination program is entirely voluntary and not mandatory. Our job is to make available all the relevant information to decide on your own.

The vaccine is free for all Victorians. Protecting yourself with a face mask and hand washing/sanitising will remain. Resources are available from Australian Government websites.

1. Are there any allergic reactions that we need to be aware of regarding the vaccine?

Yes, rare, but it can happen. They will need to be observed by staff, remain after receiving the vaccine for 15 minutes. If you have had any reaction to vaccinations in the past, you should stay for 30 mins for further observations. Life-threatening reactions will require you to remain in a controlled environment(hospital) with specialised care when receiving another dose.

2. Are we likely to see any medical experts or politicians receiving the vaccine on television?

We are not sure. But understand that the vaccine has been tested thoroughly and is safe.

3. Can I lose my job if I am not vaccinated?

The vaccine is not mandatory, so no one will be forced to be vaccinated. It will be up to the employer to consider this. Perhaps it will be an OH&S issue, and they will need to consider other employees. But as mentioned, it is entirely voluntary.

4. How will the vaccination affect older members (65 and older), and how will mothers vaccinate their children without permission from the father? Is it safe for pregnant and breastfeeding mothers?

In some clinical studies in the UK, older people were not included. At that time, young people were the focus. Evidence was low to determine the protection against COVID 19 for older participants. After further testing and looking at the immune system response among a larger group, the TGA is confident that it will be effective for those over 65s.

The timing of the Vaccination is essential if doses are spaced out by 4-12 weeks, the efficacy rate increases by 80%.

There is no evidence to suggest that it is not safe for this group. We do not know the effects on pregnant women or women trying to be pregnant. So, it is recommended that this group do not get the vaccine at this moment. Other countries have offered the vaccine to pregnant women but not in Australia due to our low transmission rates and our diligent strategies to prevent further outbreaks. As for breastfeeding mothers, the TGA has said it's okay but not during pregnancy till we receive other evidence.

It is the right of the individual to vaccinate or not. All parents can consent on behalf of minors, but it is best to seek legal guidance if there is conflict.

5. If the testing is not mandatory but voluntary, how will the vaccine program's trust ease community apprehension? How will the Australian and Victorian governments ensure the community's safety and ease conspiracy theories?

We are engaging with community organisations to build trust. To dispel conspiracies, working together and giving relevant resources and information will be passed on to the community. Understanding the

fears within the community regarding past medical practices and admitting those faults is a start to building trust.

Trust is earned, and we need to show that we are here to protect everyone. Keeping people safe is our top priority. If we fail, then COVID 19 will come back.

6. Are there any side effects?

There will be side effects such as pain at the injection site, fever, muscle aches, headaches, and fatigue with a vaccination. The immune system reacts to the vaccine, and it is expected. The average length of side effects is 24 hours; then, it will subside. Transparency about side effects is essential to build trust and faith in the community about the vaccine.

7. There is a high degree of apprehension or mistrust within the African-Australian community; what strategic steps in terms of mass communication are the Government taking to address these issues?

The vaccine program is a Commonwealth Government program put forward by the Victorian Government. We need to be cautious about any mass communication that might conflict with the Commonwealth Government. Strategies like community radio or creating group messaging using social media or WhatsApp where we can talk to leaders who then pass the messages on to the community is beneficial. Applying for grants that will allow organisations to receive funding in developing resources for the vaccination program will also help. Respectfully empowering community organisations will build lasting connections, further strengthening the community.

8. What specific mental health services are available during and post-COVID 19 programs?

Victoria's current mental health system does not work, so we have a Royal Commission on mental health. Some resources were made available by the Victorian Government. Recognising that services do not meet all those needs will likely take a different form to fill those roles. Working closely with the Victorian Government to correct our mental health system issues will benefit the community. Accessing organisations like Beyond Blue that cater to a culturally diverse group will fill some gaps.

9. How do you think these services will practically partner with community-based organisations such as CMRH?

We are building genuine partnerships with mainstream organisations with a Multicultural COVID-19 Taskforce and combining resources with mainstream organisations to tackle family violence and mental health issues. We have seen in the past larger organisations receiving government funding but smaller organisations engaging with the community with little to no resources. Of course, our job is to create a change regarding this issue and build a longer-lasting partnership that will benefit the community.

10. What is the future of these groups and these partnerships in addressing COVID-19?

Community leaders need to collaborate with the Government to serve the community better. There have been strategies in the past, but it has not been effective. Many of these issues existed before COVID 19, but these issues have been amplified by COVID 19.

The Multicultural COVID-19 Taskforce should collaborate with other organisations to better support the community. Working hard to distribute resources to these members is also crucial. We did see the first phase of the Multicultural COVID-19 Taskforce, headed by the Minister for Multicultural Affairs,

set a significant amount of funding for community organisations. Some community groups were overlooked at that time. An equal distribution of funding is our goal moving forward.

11. Does the Government look at Community-based organisations/ agencies as helpful and productive partners in the strategic plan to tackle COVID 19 now and after the pandemic?

The Commonwealth Government has focused on several resources to better engage with culturally and linguistically diverse groups. Some groups have convened around the vaccination program, but we will see that progress as the program moves forward.

Resources such as the use of translators to convey messages and implementing other policies that aim to target these groups around COVID 19 have also been applied.

The Government has committed to forming nine local public health units across parts of Victoria that will expand and respond not just to COVID 19 but to a range of other health issues in the coming years. With this, more vital collaboration with diverse communities will continue.

The cross-department collaboration will be beneficial in the future. Engaging with the education department and translators will ease conveying government or community messages where language is a barrier.

Breaking down complex language or terminologies to clear and concise language will be helpful. The use of video or imagery is an excellent approach to delivering messages.

12. Do we need to be re-vaccinated after some time, or is it for life?

There is no clear evidence currently. There is concerning evidence that new variants are re-infecting people, but we will have to wait for more evidence.

13. Is it necessary for infected people to be vaccinated?

Yes, it is necessary. There is no evidence to suggest any adverse reaction or side effects from the vaccine.

14. Does the vaccine guarantee get COVID 19 again?

There are no guarantees. At this point, the vaccine will protect against symptomatic infections or diseases from COVID 19.

15. Will the vaccine become mandatory to travel overseas or receive government benefits?

The vaccine will not be mandatory for any government benefits. There will be some travel restrictions based on vaccine history. Some rules may change regarding this issue to allow freedom of movement for travellers in the future.

16. What happens to people who do travel overseas?

There have been comments made in the media about proof of vaccination, but that can be problematic. Firstly, the vaccine is not available in every country or is costly. This could lead to discrimination against those people. In another scenario, people may falsify Vaccination documents as proof to enter or leave a country.

