

COVID-19 Vaccination Screening Questions

Decision Support Guide - June 2021

The Pfizer and AstraZeneca Vaccine protocols contain further detailed information about specific risk factors, contraindications, vulnerable population groups including references to source material. This is developed as a supporting reference guide only. Vaccine protocols and other useful clinicians resources can be found on the [COVID-19 vaccination information for healthcare workers webpage](#). The Australian Technical Advisory Group on Immunisation (ATAGI) provides clinical guidance and advice for COVID-19 vaccines approved in Australia. The expert technical group has provided clinical advice on a number of issues and [are available here](#).

Question	Rationale	Actions recommended						
Are you younger than 60 years of age?	<p>There is a link between the AstraZeneca vaccine and a rare new adverse event called thrombosis with thrombocytopenia syndrome (TTS). Although very rare, TTS can cause disability and even death, with a fatal outcome in about 19% of the cases reported in the UK.</p> <p>In Australia, the rate of TTS is estimated to be about 1-2 per 100,000 vaccinated with COVID-19 Vaccine AstraZeneca. But for those under 60 years of age, the rate is currently estimated to be higher.</p> <p>No biological or other risk factors have been identified that predict who will develop TTS.</p> <p>The UK Winton Centre for Risk and Evidence Communication suggests that serious harm due to AstraZeneca vaccines is distributed as per the below table (Based on March 2021 UK data)</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Potential serious harm per 100,000</th> </tr> </thead> <tbody> <tr> <td>20-29</td> <td>1.1</td> </tr> <tr> <td>30-39</td> <td>0.8</td> </tr> </tbody> </table>	Age	Potential serious harm per 100,000	20-29	1.1	30-39	0.8	<p>If for Pfizer vaccination, Vaccination is recommended to proceed.</p> <p>If for AstraZeneca vaccination,</p> <ol style="list-style-type: none"> <u>Change to Pfizer Vaccination if available.</u> <u>If Pfizer is contraindicated or not available, discuss risks and benefits for the individual as per below. If consumer wishes to proceed, then PROCEED with informed consent. Staff must respect a persons choice to decline vaccination.</u> <p><u>Risk benefit discussion,</u></p> <ul style="list-style-type: none"> - At the current time, use of Comirnaty COVID-19 vaccine (Pfizer) is preferred over AstraZeneca COVID-19 vaccine in adults aged < 60 years who have not already received a first dose of AstraZeneca vaccine. - This is based both on the increased risk of complications from COVID-19 with increasing age (and thus increased benefit of vaccination), and the
Age	Potential serious harm per 100,000							
20-29	1.1							
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Question	Rationale	Actions recommended						
	<table border="1" data-bbox="592 264 932 443"> <tr> <td data-bbox="592 264 762 324">40-49</td> <td data-bbox="762 264 932 324">0.5</td> </tr> <tr> <td data-bbox="592 324 762 385">50-59</td> <td data-bbox="762 324 932 385">0.4</td> </tr> <tr> <td data-bbox="592 385 762 443">60-69</td> <td data-bbox="762 385 932 443">0.2</td> </tr> </table> <p data-bbox="592 454 932 633">This resource also provides the above risk relative to potential benefits of vaccination in varying COVID-19 exposure risks scenarios.</p>	40-49	0.5	50-59	0.4	60-69	0.2	<p data-bbox="1011 271 1358 338">potentially lower, but not zero, risk of TTS with increasing age.</p> <ul data-bbox="963 344 1369 1160" style="list-style-type: none"> - People who have had their first dose of COVID-19 Vaccine AstraZeneca without any serious adverse effects can be given their second dose. This includes adults under 60 years of age. - If an individual cannot access the Pfizer vaccine for any reason, consideration should be given to their risk factors that might increase their exposure to COVID-19 in their workplace, environment or at home. - As one example, healthcare workers aged under 60 working in a COVID-19 ward with COVID-19 positive patients may benefit from vaccination to reduce their risk of severe disease should they contract COVID-19 in the course of their work.
40-49	0.5							
50-59	0.4							
60-69	0.2							
<p data-bbox="220 1189 507 1256">Are you 60 years old or an older age?</p>	<p data-bbox="592 1189 932 1592">The risk of ongoing health issues and death from COVID-19 is highest in older age groups, particularly rising from 60 years of age. In the context of the ongoing risk of COVID-19 in Australia, ATAGI considers that the benefit-to-risk balance is favorable for use of AstraZeneca vaccine in all older adult age groups.</p> <p data-bbox="592 1666 879 1733">See also responses for the below questions:</p> <ul data-bbox="592 1742 879 1809" style="list-style-type: none"> - Are you older than 85 years? 	<p data-bbox="963 1189 1369 1406">AstraZeneca is the preferred vaccine for patients greater than 60 years old. Due to constrained Pfizer vaccine supply, stock is being prioritised for the population most at risk of an TTS.</p> <p data-bbox="963 1480 1353 1630">Vaccination against COVID-19, with whichever vaccine is available, continues to be important in populations at high risk of COVID.</p>						

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<p>Do you have a past history of cerebral venous sinus thrombosis (CVST), heparin induced thrombocytopenia (HIT), idiopathic splanchnic (mesenteric, portal, splenic) vein thrombosis or antiphospholipid syndrome with thrombosis?</p>	<p>In most cases of TTS, these blood clots occurred in veins in the brain (cerebral venous sinus thrombosis, CVST) and the abdomen (splanchnic vein thrombosis) and in arteries, together with low levels of blood platelets and sometimes bleeding.</p> <p>Some people have antibodies which activate platelets (anti-PF4 antibodies). These antibodies have been detected in another disorder triggered by the drug heparin, which has a similar presentation (heparin induced thrombocytopenia (HIT). HIT is an immune-mediated complication of treatment with heparin that affects platelet function. A HIT-like mechanism is being investigated as a potential, but unconfirmed, pathway to CVST post COVID-19 vaccination.</p> <p>It is currently unknown if a prior history of these conditions will increase your risk of TTS/VIPIT post-vaccination with AstraZeneca, however these screening questions have been implemented as a precaution.</p> <p>TTS is a still poorly understood and we are learning more about it daily and this advice will be updated as more information is available.</p>	<p><u>People who have had blood clots associated with low platelet levels (TTS) after their first dose of COVID-19 Vaccine AstraZeneca should not be given their second dose.</u></p> <p>See below links for further guidance</p> <ul style="list-style-type: none"> - ATAGI statement on AstraZeneca vaccine in response to new vaccine safety concerns - Joint statement on COVID-19 AstraZeneca vaccine advice from ATAGI - ATAGI statement for health care providers on suitability of COVID-19 vaccination in people with history of clotting conditions - ATAGI statement on COVID-19 vaccination and a reported case of thrombosis - THANZ Vaccine Thrombocytopenia Working Group's Vaccine Induced Prothrombotic Immune Thrombocytopenia (VIPIT) Statement
<p><u>Standard Pre-Screening Questions</u></p>		
<p>Do you currently have a fever (temperature >38.5°C) or are you feeling sick today?</p>	<p>Vaccinations in general are not recommended for those who are currently unwell, especially with fevers.</p> <p>If someone is unwell on the day of vaccination, consideration of if vaccination should proceed on the same day must be given.</p> <p>For example, in a patient who is currently on antibiotics</p>	<p><u>Delay vaccination until well.</u></p> <p>Refer to primary healthcare provider and consider COVID-19 testing/screening.</p>

Question	Rationale	Actions recommended
	treatment for an acute condition, it may be beneficial to wait till the course is complete and symptoms resolve prior to vaccinating.	
Have you had allergen immunotherapy (AIT) or venom immunotherapy (VIT) injections in the previous 48 hours?	Australasian Society of Clinical Immunology and Allergy (ASCIA) recommends that AIT or VIT injections should not be given within 48 hours of the COVID-19 vaccine injection. This avoids confusion about the cause of side effects or allergic reactions.	<u>Delay</u> vaccination for at least 48 hours
Have you had an injection of immunoglobulin, or received any blood products, or a whole blood transfusion in the last 24 hours?	Vaccination should occur on a different day (if possible) from regular infusion treatments, such as immunoglobulin (Ig) or immunosuppressant infusions. Individuals should seek advice from their specialist regarding timing of vaccine in relation to their immunoglobulin therapy.	Immunoglobulins <u>Delay</u> vaccination for at least 24 hours
	For blood products, vaccinate if no other contraindications. Antibodies in blood products may interfere with the immune response to MMR, MMRV and varicella vaccines. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for efficacy surveillance and monitoring.	Blood Products <u>Vaccination is recommended to proceed.</u>
Have you had the Pfizer COVID-19 vaccine in the last 21 days OR the AstraZeneca COVID-19 vaccine in the last 28 days?	Need to determine exact date of vaccination. For all Pfizer COVID Vaccinations in the past 21 days. Therapeutic Goods Administration (TGA) and Australian Technical Advisory Group on Immunisation (ATAGI) recommendation is	<u>Delay</u> Vaccination until minimum 21 days has elapsed

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	<p>minimum time between Pfizer vaccine doses is 21 days.</p> <p>For all AstraZeneca COVID Vaccinations in the past 28 days.</p> <p>TGA and ATAGI recommendation is minimum time between AstraZeneca vaccine doses is 28 days. Recommended second dose for AstraZeneca is 12 weeks.</p>	<p>Delay Vaccination until minimum 28 days has elapsed. Recommended second dose for AstraZeneca is 10-12 weeks (allowing two-week range for booking flexibility).</p>
<p>Have you received any other vaccine (e.g. flu, tetanus) in the last 7 days?</p>	<p>Need to determine exact date of vaccination.</p> <p>For all vaccines except COVID vaccinations in the past 7 days,</p> <p>There is no known harm from administering the COVID-19 vaccinations with other vaccines. However, co-administration (or within 7 days) makes it difficult to determine the cause of any side effects or allergic reactions. The TGA and ATAGI recommend at least 7 days between any vaccination and COVID-19 vaccination.</p>	<p>Delay Vaccination until minimum 7 days has elapsed.</p> <p>Shortening of this interval may be justified if adhering to the interval may result in non-adherence to the vaccination or if there is an imminent need to administer either of these vaccines because of the prevailing local epidemiological situation.</p>
<p>Are you pregnant, think you might be pregnant, planning to fall pregnant?</p>	<p>The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and ATAGI recommend that pregnant women are routinely offered Pfizer mRNA vaccine (Cominarty) at any stage of pregnancy. This is because the risk of severe outcomes from COVID-19 is significantly higher for pregnant women and their unborn baby.</p>	<p>Pregnant</p> <p>Pregnant women should be routinely offered Pfizer mRNA vaccine (Cominarty).</p> <p>See also</p> <ol style="list-style-type: none"> 1) ATAGI COVID-19 vaccination decision aid for women who are pregnant, breastfeeding, or planning pregnancy

Question	Rationale	Actions recommended
	<p>Global surveillance data from large numbers of pregnant women have not identified any significant safety concerns with mRNA COVID-19 vaccines given at any stage of pregnancy. Furthermore, there is also evidence of antibody in cord blood and breastmilk, which may offer protection to infants through passive immunity.</p> <p>Pregnant women are encouraged to discuss the decision in relation to timing of vaccination with their health professional.</p> <p>Source: Joint statement between RANZCOG and ATAGI about COVID-19 vaccination for pregnant women</p>	
	<p>Women who are planning pregnancy can receive COVID-19 vaccine. There are no theoretical concerns regarding the safety of COVID-19 vaccines in these groups.</p>	<p>Planning to fall pregnant. Vaccination is recommended to proceed.</p>
<p>Have you had an allergic reaction following a vaccination, or are you allergic to a COVID-19 vaccination ingredient? (<i>see below</i>)</p> <p>Pfizer-Comirnaty BNT162b2 COVID-19 Vaccine ingredients:</p>	<p>Probing question to ascertain previous reactions to vaccines.</p> <p>Individuals with a history of allergy to vaccine (not a COVID-19 vaccine)</p>	<p>Vaccination is recommended to proceed.</p> <p>Patient to be monitored for 15 minutes.</p>
<ul style="list-style-type: none"> • mRNA • ALC-0315 • Polyethylene Glycol (ALC-0159) (PEG), • DSPC, 	<p>The following individuals should be assessed for suitability for vaccination before being given a vaccine dose, if necessary, in consultation with an allergist/immunologist or specialist immunisation clinic:</p>	<p>Delay vaccination until appropriate review of the reaction has occurred. GP to refer patient to Public Health unit, a clinical immunology/ allergy specialist for assessment, before a dose is considered. If individuals in these categories are vaccinated, they may require vaccination in a</p>

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<ul style="list-style-type: none"> • Cholesterol, • Potassium chloride, • Monobasic potassium phosphate, • Sodium chloride, • Dibasic sodium phosphate dihydrate • Sucrose • water for injections. <p>AstraZeneca (ChAdOx1-S) COVID-19 Vaccine ingredients:</p> <ul style="list-style-type: none"> • chAdOx1-S, • histidine, • histidine hydrochloride monohydrate, • sodium chloride, • magnesium chloride hexahydrate, • disodium edetate (EDTA), • sucrose, • ethanol absolute, 	<ul style="list-style-type: none"> • people with immediate (within 4 hours) and generalised symptoms of a possible allergic reaction (e.g. urticaria/hives) to a previous dose of a COVID-19 vaccine • people with a generalised allergic reaction (without anaphylaxis) to any component of the COVID-19 vaccine to be administered (e.g. PEG in Comirnaty or polysorbate 80 in COVID-19 Vaccine AstraZeneca) • people with a prior history of anaphylaxis to previous vaccines and/or multiple drugs (injectable and/or oral) where ingredients such as PEG or polysorbate 80 may conceivably be the cause • people with a known systemic mast cell activation disorder with raised mast cell tryptase that requires treatment. 	<p>facility with medical staff in attendance, and to be observed for 30 minutes following administration of a COVID-19 vaccine dose.</p>
<ul style="list-style-type: none"> • polysorbate 80 • water for injections. 	<p>There are two vaccines available in Australia. Each have different ingredients.</p> <p>If someone is allergic to one type of vaccine, they may be able to have another type of vaccine, without having an allergic reaction. Action is dependent on the severity of the reaction.</p>	<p>Note: Someone who is allergic to one type/brand of COVID-19 vaccine may be able to have another type/brand of COVID-19 vaccine without having further reactions. Please note: If an individual develops anaphylaxis or a severe allergic reaction after the first dose of a COVID-19 vaccine, an alternate brand should be considered for the second dose. If an alternate brand is used for the second dose, a third dose of COVID-19 vaccine does not need to be given.</p>

Question	Rationale	Actions recommended
Do you have any allergies, particularly anaphylaxis to anything or carry or have been prescribed an adrenaline autoinjector (EpiPen)?	Individuals with a history of allergy; anaphylaxis to food, drugs, venom or latex; or allergic conditions, including asthma, atopic dermatitis (eczema) or allergic rhinitis (hay fever) can receive any COVID-19 vaccine.	Vaccination is recommended to proceed. Patient to be monitored for 15 minutes.
	Individuals with a known systemic mast cell activation disorder <u>with</u> raised mast cell tryptase that requires treatment.	<p>Mast cell activation disorder</p> <p>Recommend delaying vaccination administration until individual is assessed for suitability for vaccination if necessary in consultation with an allergist/immunologist or specialist immunisation clinic:</p> <p>If people in these categories are vaccinated, they may require vaccination in a facility with medical staff in attendance, and to be observed for 30 minutes following administration of a COVID-19 vaccine dose.</p>
	For individuals who have had a previous severe reaction, including anaphylaxis, to any component of a COVID-19 vaccine (e.g. PEG in Comirnaty or polysorbate 80 in COVID-19 Vaccine AstraZeneca) consultation with an immunology/allergy specialist is recommended.	<p>Previous severe reaction to COVID-19 Vaccine components.</p> <p>Delay vaccination until appropriate review of the reaction has occurred. GP to refer patient to Public Health unit, a clinical immunology/ allergy specialist for assessment, before a dose is considered. If people in these categories are vaccinated, they may require vaccination in a facility with medical staff in attendance, and to be observed for 30 minutes following administration of a COVID-19 vaccine dose.</p>
Are you younger than 18 years of age?	Age needs to be clarified and specific advice followed dependent on actual age	

Question	Rationale	Actions recommended
	<p>If under 16 years old</p> <p>The COVID-19 vaccines available in Australia are not indicated for people less than 16 years old.</p>	<p>If under 16 years old</p> <p><u>Cancel</u> vaccination</p>
	<p>If under 18 years old, but at least 16 years old.</p> <p>Currently, the AstraZeneca vaccine is only indicated for people older than 18 years.</p> <p>Individual may be eligible for the Pfizer vaccine if at least 16 years old.</p>	<p>If under 18 years old, but at least 16 years old.</p> <p><u>Delay</u> vaccination if in an AstraZeneca only location.</p> <p>Individual to contact closest Pfizer hub to see if eligible for vaccination.</p>
<p>Do you have a mast cell disorder?</p>	<p>People with a known systemic mast cell activation disorder with raised mast cell tryptase (that requires treatment) should be assessed for suitability for vaccination before being given a vaccine dose.</p> <p>GP to refer patient to Public Health unit, a clinical immunology/ allergy specialist for assessment, before a dose is considered.</p>	<p><u>Delay</u> vaccination until appropriate review of disorder has occurred. If individuals in these categories are vaccinated, they may require vaccination in a facility with medical staff in attendance, and to be observed for 30 minutes following administration of a COVID-19 vaccine dose.</p>
<p>Do you have a condition or take medication or treatment that weakens your immune system (immunocompromised)?</p>	<p>Conditions/disease which lowers immunity include leukaemia, cancer, HIV, SCID.</p> <p><u>If any spleen diseases, disorders or have had surgery to remove your spleen?</u> People with an absent or dysfunctional spleen are at increased risk of severe bacterial infections, especially invasive pneumococcal disease. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being</p>	<p>Vaccination is recommended to <u>proceed</u>.</p> <p>See also following guidance,</p> <p>1) ATAGI – COVID-19 vaccination decision guide for people with immunocompromise</p>

Question	Rationale	Actions recommended
	<p>asked for efficacy & safety surveillance and monitoring.</p> <p>Treatments which lowers immunity can include oral steroid medicines such as cortisone and prednisone, disease-modifying anti-rheumatic drugs (DMARDs), radiotherapy, or chemotherapy.</p> <p>The efficacy of the COVID-19 vaccines may be lower in immunosuppressed individuals. However, neither vaccine is a live-attenuated vaccine and is safe for people with immune system disorders such as allergy, primary or secondary immunodeficiency or autoimmune conditions, who are not considered to be at greater risk of vaccine allergy compared to the general population.</p> <p>The current vaccines does not contain any live SARS-CoV-2 virus. They cannot give you COVID-19.</p> <p>Concerned individuals should contact their GP/134COVID for further assessment of risk and benefits.</p>	<p>2) ATAGI – COVID-19 provider guide for patients with immunocompromise</p>
<p>Do you have a past history of Guillain-Barre syndrome?</p>	<p>In people with a history of GBS, the condition may recur after receiving influenza vaccine. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for efficacy & safety surveillance and monitoring.</p> <p>Vaccinate if no other contraindications and Guillain-Barre syndrome was NOT</p>	<p><u>Vaccination is recommended to proceed.</u></p>

Question	Rationale	Actions recommended
	associated with previous COVID-19 vaccine.	
Do you have a bleeding disorder, or take any blood thinning medication (anticoagulants)?	<p>Intramuscular injection may lead to haematomas in people with haemostasis disorders.</p> <ul style="list-style-type: none"> • If the individual receives medication/treatment to reduce bleeding, intramuscular vaccination can be scheduled shortly after such medication/treatment is administered. • Individuals on stable anticoagulation therapy, including individuals on warfarin who are up to date with their scheduled INR testing and whose latest INR was below the upper threshold of their therapeutic range, can receive intramuscular vaccination. 	<p>Vaccination is recommended to <u>proceed</u>.</p> <p>A fine needle (equal to 23 gauge or finer calibre such as 25 gauge) should be used for the vaccination, followed by firm pressure applied to the site (without rubbing) for at least 2 minutes.</p> <p>Ensure individual is informed about risk of haematoma from the injection.</p>
Have you ever fainted after having a vaccination?	Consider administering vaccine supine (lying down) if appropriate.	Vaccination is recommended to <u>proceed</u>.
Have you had COVID-19 before?	We currently do not know how effective the vaccine will be in individuals who have previously suffered from COVID-19. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for efficacy & safety surveillance and monitoring.	Vaccination is recommended to <u>proceed</u>.

Other questions which may arise but are not formally asked in the pre-screening document.

Question	Rationale	Action
Can I Have my FluVax?	The dose of influenza vaccine can be given in any sequential order in relation to the 2 doses of a COVID-19 vaccine, as long as the minimum 14-day interval is observed. An influenza vaccine dose can be administered between dose 1 and dose 2 of Comirnaty or COVID-19 Vaccine AstraZeneca if sufficiently spaced apart to allow for minimal intervals between vaccines. This is particularly applicable to the COVID-19 Vaccine AstraZeneca for which the 2 doses are recommended to be given 10-12 weeks apart. The effect on immune response to the COVID-19 vaccine of intercalating a dose of influenza vaccine between the 2 doses is currently not known.	<p>If ≤ 14 days between vaccinations, <u>Delay vaccination</u> and patient to be re-booked.</p> <p>If > 14 days between vaccinations, <u>Vaccination is recommended to proceed.</u></p> <p>Routine scheduling and co-administration of an influenza vaccine with a COVID-19 vaccine on the same day is not recommended.</p> <p>The preferred minimum interval between a dose of seasonal influenza vaccine and a dose of Comirnaty (Pfizer) or COVID-19 Vaccine AstraZeneca is 14 days.</p>
Have you transitioned through a declared COVID-19 hotspot or travelled overseas in past 14 days?	Increased risk of COVID-19 infection.	<p><u>Delay vaccination</u> and advise patient to follow any relevant state public health directives.</p> <p>Exception- If the patient is a phase 1a recipient who has received an invitation to be vaccinated by a HHS - this could include pilots, airline workers, marine pilots, aeromedical staff who are in perpetual quarantine due to their profession.</p>
Have you had, or do you have, any of the following symptoms today: fever (greater than 38.5°C), cough, sore throat, shortness of breath, runny nose, fatigue, diarrhoea, vomiting or nausea, loss of smell or taste?	Symptoms of COVID-19	<u>Delay vaccination</u> and patient to be referred to COVID-19 testing clinic.
Do you live with someone who has a disease which lowers immunity (for example,	Household members are the most likely sources of vaccine-preventable diseases among	<u>Vaccination is recommended to proceed.</u>

Question	Rationale	Action
leukaemia, cancer, HIV), or live with someone who is having treatment which lowers immunity (for example, oral steroid medicines such as cortisone and prednisone, disease modifying anti-rheumatic drugs (DMARDs) radiotherapy, chemotherapy)?	people who are immunocompromised. People who are immunocompromised are often unable to be vaccinated, especially with live viral vaccines. As the COVID-19 vaccines are under enhanced surveillance, additional questions are being asked for efficacy & safety surveillance and monitoring.	Patient should be advised that despite the vaccine being effective there is still a chance they could still contract COVID-19. It is currently unknown if the vaccine reduces transmission of the virus.
Are you older than 85 years?	Relevant for Pfizer and AstraZeneca vaccines. Insufficient number of participants in vaccine studies to conclusively determine the efficacy in this subgroup. The decision to immunise an elderly patient should be decided on a case-by-case basis	Vaccination is recommended to <u>proceed</u>.
Have you had a COVID-19 vaccination before? If so, please specify.	<p>This question is to ascertain if the individual has had a previous dose of the vaccine before and if it was the same brand as they are going to receive on the day.</p> <p>At present, Comirnaty and COVID-19 Vaccine AstraZeneca are not considered interchangeable. The two-dose course should be completed with the same vaccine. There are no data yet on the efficacy of mixed schedules.</p>	<p>Vaccination can proceed if the same brand and no contraindications.</p> <p>If different brand, recommend assessment by doctor or nurse to determine best strategy- this could result in a delay of vaccination if appropriate brand not available.</p>
Are you breastfeeding?	Women who are breastfeeding can receive COVID-19 vaccine. There are no theoretical concerns regarding the safety of COVID-19 vaccines in these groups.	Vaccination is recommended to <u>proceed</u>.
Are vaccines suitable for elderly patients?	<p>Broadly YES.</p> <p>See below guidance,</p> <p>1) TGA advice on Pfizer-BioNTech COVID-19</p>	See Guidance.

Question	Rationale	Action
	<p data-bbox="710 241 901 302">vaccine in elderly patients</p> <p data-bbox="662 309 965 470">2) COVID-19 vaccination decision guide for frail older people, including those in residential aged care facilities</p>	

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