Australian Chamber of Commerce and Industry

COVID-19 VACCINE CONSIDERATIONS GUIDE

POLICY SUMMARIES & INFORMATION ON ACCI'S 7 STREAMS OF VACCINE WORK

FEB 2021

This document is dynamic and will be updated as new information is available. It provides a summary of government policy and information as well as ACCI updates.

7 STREAMS OF VACCINE WORK

1. National Vaccine Roll-Out Strategy & Prioritisation

2. Vaccine communications & roll-out logistics

3. Workplace Vaccinations

4. International & Domestic reopening with a vaccine

5. Vaccine certification

6. International engagement on vaccines

7. Vaccine Information (FAQs)

1.NATIONAL VACCINE ROLL-OUT STRATEGY AND PRIORITISATION

On Friday 13 November 2020, National Cabinet endorsed the Australian COVID-19 Vaccination Policy. The policy sets out key principles, such as that COVID-19 vaccines will be made available for free to all Australian citizens, permanent residents, and most visa-holders.

COVID-19 vaccines purchased for Australia

The Australian Government has secured agreements for the supply of three* promising COVID-19 vaccines, provided they prove to be safe and effective. Due to the different platforms, characteristics and requirements for each vaccine, each will have specific planning and programmatic requirements.

Information on the vaccines purchased to date is below.

	PFIZER & BIONTECH VACCINE	OXFORD/ ASTRAZENECA VACCINE	NOVAVAX VACCINE
DELIVERY TIME	TGA approval 25 Jan. First doses arrived in Australia 15th February. Following batch testing, rollout set to begin from the 22nd February 2021.	Expect approval end of February. First week of March (int doses) estimated distribution date pending approvals and possible supply issues. CSL manufactured doses expected late march subject to approval and production.	Received phase 3 trial data. On track for distribution in second half of the year.
EFFICACY	95%	62.1% (SD/SD) *standard dose groups	Pending
TYPE	mRNA	Viral Vector	Protein
DOSES	10 million doses (overseas). Additional 10M doses announced 4 February.	3.8 million doses (overseas). 30M (local man). Additional 20M manufactured locally (11/12/20). 53.8M in total	40 million doses (overseas). Increased to 51M units in total (11/12/20)
APPROVAL FOR	All ages over 16	TGA approval pending. EU approved for over 18.	Pending. Trials included 18-84 years & chronic conditions
TRANSMISSION DATA	No data in trials	Monitored asymtomatic infections. Analyses of UK population suggests may have substantial effect on transmission -67% reduction in positive swabs.	Data pending

COVAX FACILITY

An Additional 25.5 million units are available under the COVAX facility. Additional information on vaccines and access pending.

The Australian Government has joined the COVAX facility, enabling the purchase of COVID-19 vaccine doses as they become available. The COVAX facility provides access to a large portfolio of COVID-19 vaccine candidates and manufacturers across the world.

This agreement opens up additional supplies for Australia, from which we could access vaccines for up to 50 per cent of our population under a two dose treatment requirement. Under the agreement,

Australia will commit an initial $123.2 million to be part of the purchasing mechanism of the facility, meaning we can receive offers to purchase vaccines when they become available. Purchases of vaccine doses will be negotiated as the potential vaccines are proven to meet safety and effectiveness standards.

Foreign Minister Marise Payne said it is in Australia's – and our region's interests – to support the facility. Access to vaccines will play a critical role in the economic recovery of our region from this pandemic.

The COVAX facility was established by Gavi, the Vaccine Alliance as part of an international vaccine partnership with the Coalition for Epidemic Preparedness Innovations, the World Health Organization and other organisations. It aims to ensure that there is equitable access to safe and effective COVID-19 vaccines, when available, through facilitating purchases, funding access for developing countries, and allowing countries to trade or donate doses.

This is Australia's second commitment to the COVAX facility, with $80 million donated in August to the COVAX Advance Market Commitment – a collaborative effort to provide doses to developing countries, enabling more countries to protect their most vulnerable groups.

Overarching goal of the COVID-19 vaccination program in Australia

The Australian COVID-19 vaccination program has the overarching goal of protecting all people in Australia from the harm caused by the novel coronavirus SARS-CoV-2.

The ATAGI paper on "*Preliminary advice on general principles to guide the prioritisation of target populations in a COVID-19 vaccination program in Australia*" published 13th November notes:

- Different candidate vaccines will vary in their efficacy to prevent or modify clinical endpoint outcomes, safety profile, and suitability for different age groups or people with underlying medical conditions.
- Even if they prove to be effective in preventing disease, some vaccines may not prevent acquisition or ongoing transmission of the virus, making herd immunity an unachievable program goal.

Commonwealth Principles for Vaccine Strategy and Roll-out Program:

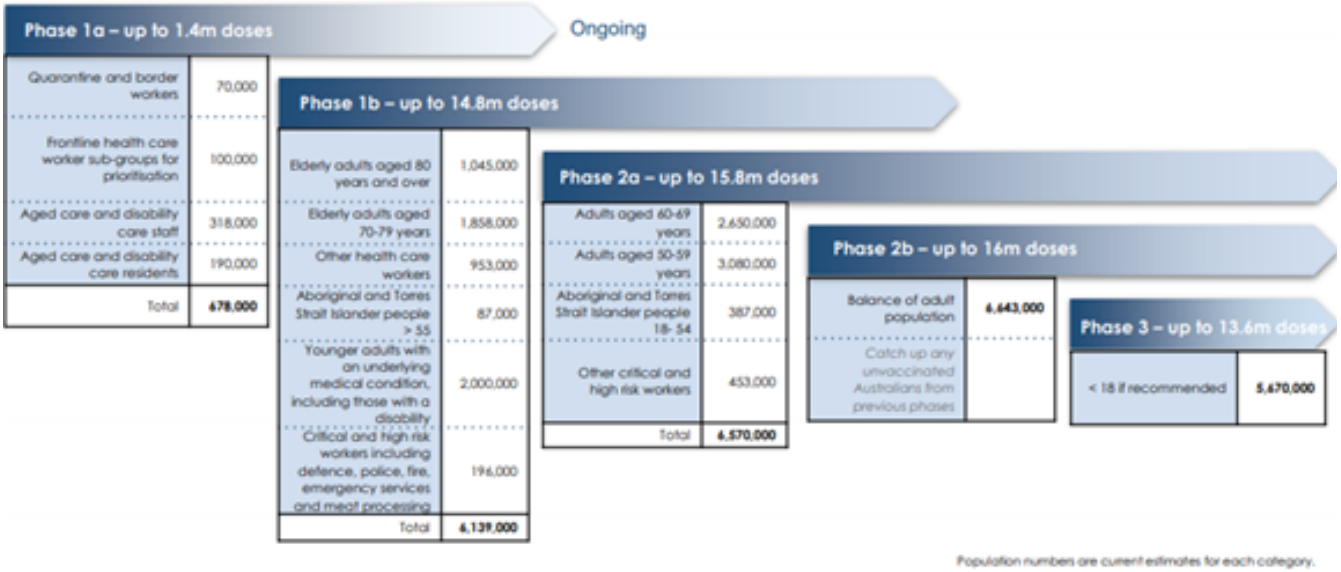
1. Safety first, above all else.
2. Safety is about confidence and vaccine confidence leads to high take up.
3. Swift but safe.
4. Under promise, but over deliver.

Prioritisation and Preliminary priority population groups

The Federal Government has announced there will be staged, five phased rollout of the vaccines to different population cohorts over the course of 2021. Some stages may overlap with each other as diferent vaccines are approved and come online.

ACCI has sought clarification through the Department of Health on the figures and population estimates. Further clarification has also been sought on the definition of "critical and high-risk workers" and quarantine and frontline health care workers.

Early engagement with industry peak bodies and information on timeframes for phases will be critical to timely and orderly information dissemination. ACCI has emphasised with government our member network's breadth and willingness to disseminate information and assist with rollout logistics.



ACCI's policy position on prioritisation

Overarching goals of vaccine rollout:
Reduce adverse health outcomes and support and accelerate economic recovery.

The first indisputable objective is to address those with an increased risk, relative to others, of developing severe disease or outcomes from COVID-19.

3 additional key objectives from a business perspective:

1. De-risk areas of supply chains so that vulnerabilities to the provision of goods and services are mitigated in the case of future outbreaks.
2. Facilitate business travel and trade.
3. Reduce COVIDSafe business costs.

Key Variables and Constraints
A key variable is whether any/all vaccines not only reduce the clinical severity of symptoms and adverse outcomes but also prevent transmission. Definitive data is not yet available on transmissibility. Another key constraint is the volume of doses that are approved and safe for various cohorts.

We further note that in the first wave (year) of roll-out of the vaccine(s) to the Australian population, emphasis will have to be placed on individuals and businesses maintaining the current baseline behavioural arrangements of social distancing (1.5m), cleaning, hygiene, staying at home if unwell etc. We need to collectively avoid complacency that could arise from people assuming that the vaccine is the only tool necessary to stop the virus.

2.VACCINE COMMUNICATIONS & ROLL-OUT LOGISTICS

ACCI supports the Government's timetable decisions and not rushing the vaccine roll-out. We need to take the time to work through the approval processes without taking shortcuts or compromising safety. Safety comes first - this is a critical message when the vaccine is not mandatory. Confidence will be the outcome from this approach.

We want as many people as possible voluntarily seeking the vaccine and this won't happen unless they are confident in the process and that safety is not compromised. We also need to take the time to ensure the physical roll-out and distribution of the vaccine is as well-planned as possible and this will be a significant logistical exercise.

The other key message is that a vaccine is not a 'silver bullet'. Businesses need to ensure their workplaces are COVIDSafe and will need to plan for ongoing monitoring and updating of COVIDSafe activities across 2021.

Baseline health measures such as physical distancing, cleaning and hygiene will be expected for some time after the vaccine roll-out begins as it will take some time to vaccinate widely and test the effectiveness of these vaccinations.

ACCI is liaising with the Federal Government on the alignment, sequencing and tone of vaccine communications/campaigns and the use of ACCI member networks to disseminate information to workplaces.

Vaccine public information campaign

(as at 27 January) - The Australian Government's $23.9 million public information campaign to encourage Australians to get a COVID-19 vaccine begins today. The campaign will keep Australians fully informed and up to date about the safety and effectiveness of COVID-19 vaccines as they become available, including when, how and where to get the jab.

This follows Australia's first COVID-19 vaccine approval by the Therapeutic Goods Administration (TGA) for the Pfizer vaccine.

From the start of the pandemic, the COVID-19 campaign has been a trusted source of information for the community. The new vaccine campaign will build on this, providing timely, transparent and credible information to all Australians.

The new campaign will be in three phases:

1. Reaffirm that COVID-19 vaccines have been put through our world-leading independent **approvals process**, ensuring both the **safety and efficacy** of our vaccine candidates
2. Provide information on **how the vaccine will be rolled out**, particularly to priority groups, and dosage requirements.
3. Inform people about **how and where to get vaccinated**, dosage requirements, and support vaccine uptake.

Campaign Communications

The campaign will run across a variety of mediums, including television, radio, press, digital, social, mobile, search and out of home.

To ensure the campaign reaches all Australians, special committees representing Aboriginal and Torres Strait Islander peoples, people with a disability and the multicultural community are informing the communication approach, ensuring communications are appropriate and disseminated through the best communication channels to these communities.

Phase 1 – This phase is designed to ensure people understand vaccines and the assessment/ approval process. It's about safety and confidence. Credible information. Building some awareness on priority groups and sequencing of population groups.

Phase 2 – This phase provides information on how the vaccines will be rolled out. The priority groups with information targeted specifically for them.

The communication activities are informed by market research. The main barriers and concerns are not dissimilar to 'normal' vaccine concerns. Safety is the number one concern due to the sense of speed being taken to mean a compromise on safety. Side effects are also another area of concern.

The communications are designed to address this, and DoH will be actively monitoring and updating materials as needed.

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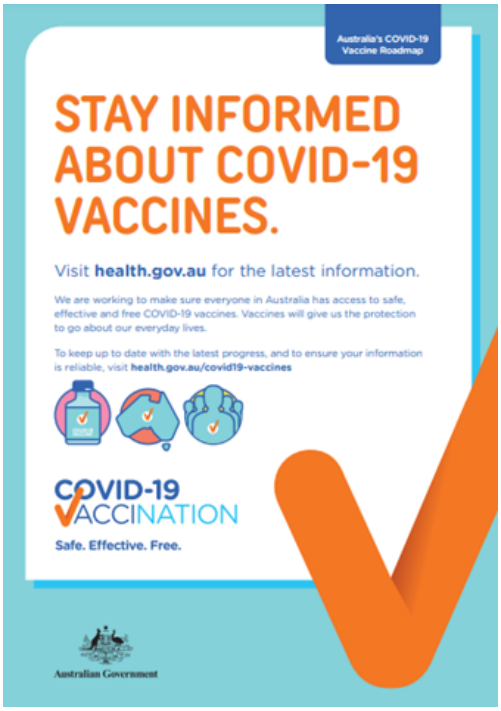
Medical experts are providing regular media briefings, conference briefings. Social media and third party advertising is also being used.

ACCI members are encouraged to promote the voluntary uptake of the vaccines using the campaign materials provided.



Where and when will vaccines be available?

Vaccination locations will be established across metropolitan, regional, rural and remote Australia. For the **Pfizer vaccine**, about 30-50 locations will be established as ongoing Hospital Hubs in urban and rural Australia.

The sites of these are being finalised in conjunction with States and Territories. They will manage cold chain storage and Pfizer vaccine only, and will provide a distribution hub for:

- hospital, quarantine and border staff
- residential aged care and disability residents and staff.

GPs will help deliver the **AstraZeneca vaccine** initially to priority groups, starting with:

- people over 70
- adults with underlying medical conditions
- Aboriginal and Torres Strait Islander people in phase 1b.

As the rollout continues, Pfizer vaccination hubs will continue and doses of the AstraZeneca/Oxford vaccine will be made available at GP respiratory clinics, General Practices that meet specific requirements, Aboriginal Controlled Community Health Services, and state-run vaccination clinics. From Phase 2, some workplace vaccination sites will be added and the vaccination will also be available at community pharmacies that meet specific requirements.

The initial vaccination roll out to priority populations **is on track to start 22nd February 2021.**

Phase 1a remains on track for first round doses to be delivered within a six week period. COVID-19 vaccinations will require two doses to be effective with the second doses to be administered around 3 – 4 weeks after the first dose – with **priority populations on track to be fully vaccinated by the end of April 2021.**

The roll out to larger Australian population cohorts will commence once priority populations are finalised.

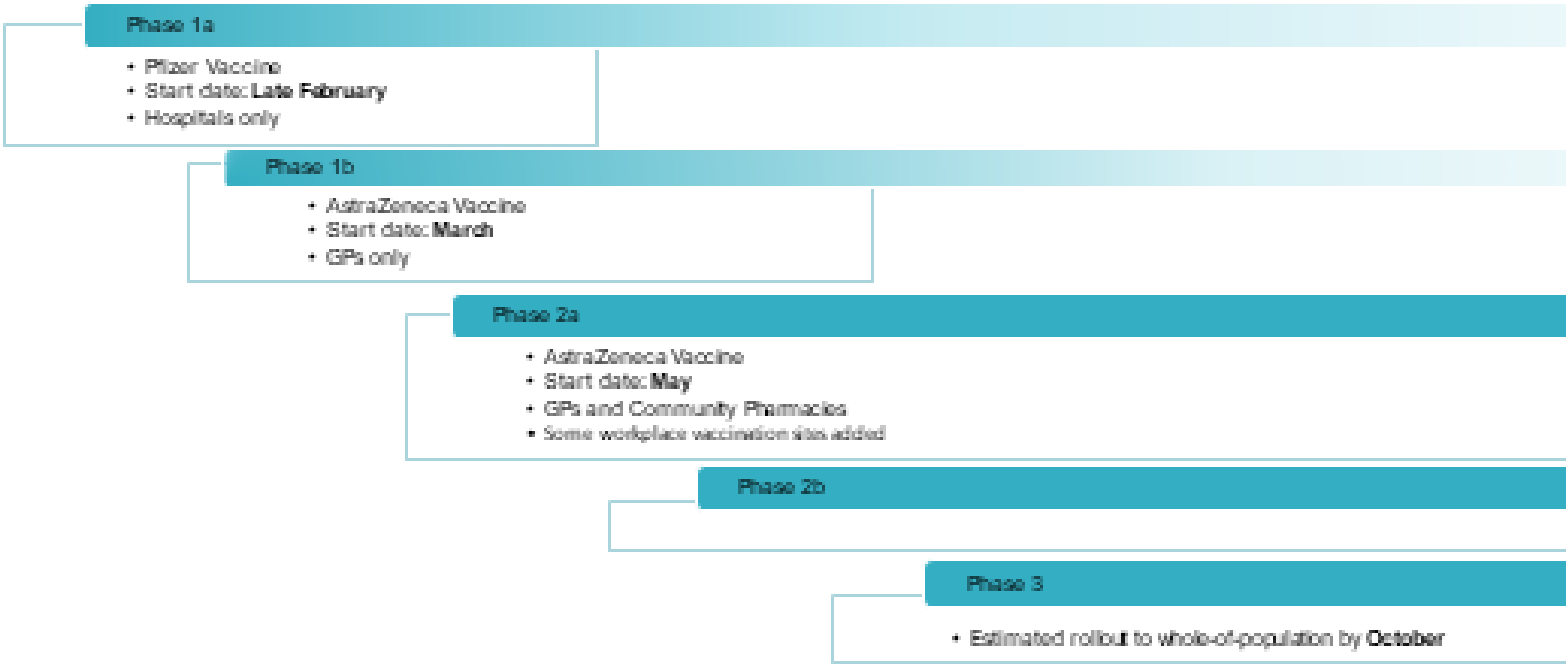


Figure 2: Vaccine type, Timing of Phases and Location (information collated from Health resources)

3.WORKPLACE VACCINATIONS

ACCI Policy Position

Like all matters relating to work health and safety, employers need to manage the risk to their workers and those that enter their workplaces. Every employer will need to assess the role that a vaccine can play in managing the risk of COVID-19 and for some workplaces, but by no means all, this may be requiring their workers to be vaccinated. For some workplaces, the government may even require it, including in their own health and essential services workforces. The extent of this will be subject to relevant legislation, risk and the availability and experience with the effectiveness of the vaccine.

For most workplaces, at least initially due to the need to distribute vaccines to priority groups, availability will be limited and so risk will need to continue to be managed in a range of other ways.

Over time many employers may facilitate their workers receiving the vaccine, as they do now for annual flu vaccines, which is done on a voluntary basis.

Over late January/early February and following further discussions on workplace vaccinations with key Government Departments, ACCI has further updated our position:

- ACCI supports National Cabinet's base position that COVID-19 vaccinations be voluntary.
- We are committed to helping build high rates of trust and confidence in vaccination and encouraging voluntary vaccination.
- We recognise that workplaces are an important setting for public health information on vaccines and are committed to helping promote vaccine literacy.
- We are committed to promoting the maintenance of COVIDSafe plans and practices (i.e. social distancing, cleaning, hygiene, PPE etc) within all Australian workplaces.
- Note that the current regulatory framework(s) (WHS/FWA) haven't previously had to address these types of novel national issues that cross between workplaces and public health.
- Any guidance produced for workplaces needs to be informed by input from employer and union representatives. Without the actual voices of employers and employees guidance materials risk being bureaucratic, inappropriate or counterproductive.
- A multi-department/agency (DoH/AG/SWA/FWO/PM&C) coordinated response is critical.
- Only health authorities should have the power to direct any employer to mandate vaccination and WHS regulators should under no circumstances seek to impose such a requirement without health orders, nor seek to regulate in place of health authorities.

Workplace Vaccinations Roundtable

On Monday 1st February, ACCI attended the roundtable on workplace vaccinations with the Attorney-General and Minister Hunt.

During the roundtable, stakeholders agreed that the key to Australia's recovery was working cooperatively to ensure as many Australians as possible receive the vaccine when it is available to them, so that Australians are protected and can get on with their lives.

The meeting discussed the legal framework governing vaccines in the workplace, including that the states and territories have primary responsibility for work health and safety and have a range of tools available to them to regulate workplace related issues. The primary mechanism would be through state/territory Public Health Orders, which were utilised to require influenza vaccinations in aged care facilities at the beginning of the COVID pandemic following National Cabinet agreement on 21 April 2020.

However, the meeting also noted that the Australian Health Protection Principal Committee (AHPPC) does not presently advise in favour of the use of state/territory powers to create specific vaccination requirements in aged care facilities. As such National Cabinet has agreed that Public Health Orders should not be utilised to require COVID-19 vaccination for aged care workers at this point.

While decisions on the use of Public Health Orders are ultimately for state and territory governments, the fact that AHPPC advice does not support their use in the higher risk sectors such as aged care indicates the very high threshold needed to justify their use.

National Cabinet will work to ensure there is a nationally-consistent approach to any such Public Health Orders, should they be needed. These decisions will be informed by expert advice from the AHPPC.

Otherwise, vaccination can only be required in the workplace by employers where it is provided for under an enterprise agreement or contract, or where a lawful and reasonable direction to be vaccinated is given. If an employer was to consider directing staff to be vaccinated, that direction would need to be reasonable depending on the particular circumstances of a person's employment, and the particular circumstances in which the direction is given.

Every workplace is different, so the relevant factors in each workplace will also be different. The most recent AHPPC advice indicates that it will not be easy to meet the threshold required for such a direction to be lawful and reasonable.

As discussed at the roundtable, support will be available to employers and workers seeking guidance on their rights and responsibilities where any potential state/territory Public Health Order does not apply to workers. Safe Work Australia and the Fair Work Ombudsman are developing workplace guidance, including tailored support for small businesses, to help businesses and workers understand their rights and obligations in relation to vaccination under workplace laws. Both organisations have provided a range of COVID-19 advice for businesses and workers throughout the pandemic, and will continue to do so as the vaccination program progresses.

Employer Guidance

ACCI is working extensively with the Attorney-General's office and Safe Work Australia on employer vaccination guidance.

ACCI will in addition be preparing an initial short-from guide for members on workplace issues relating to the vaccine. As we engage in further discussions with relevant stakeholders, we will provide updates and additional guidance material.

Workplace Testing

Currently, the CDNA, PHLN and the Australian Health Protection Principal Committee (AHPPC) do not support large-scale, non-targeted testing for SARS-CoV-2 in asymptomatic people as part of the public health response. Non-targeted asymptomatic testing is neither epidemiologically sound nor a cost-effective approach to identify disease transmission. Mathematical modelling shows that testing of non-targeted asymptomatic individuals is not an efficient way to detect
community transmission.

There is growing interest from various industries to introduce programs for COVID-19 testing of asymptomatic employees to support a return to work and/or as a business continuity measure (that rely on assumptions that may or may not be based on sound evidence). There are key
principles and requirements that employers should consider before deciding to start a COVID-19 employee testing program outside of public health-led testing programs. A guideline is in development. A COVID-19 employee testing program can be a complement to, not a replacement for, comprehensive COVID-safe business continuity measures.

Targeted asymptomatic testing approaches, including employee testing programs, must be developed in consultation with relevant public health authorities and laboratory directors well in advance of implementation.

This is to ensure:

- the use of the most appropriate and effective testing approaches;
- the establishment of processes for reporting positive and negative tests;
- understanding of requirements for obtaining and reporting confirmatory testing;
- the application of current public health guidance.

Widespread low priority testing may increase laboratory turnaround times (TATs) for high priority testing. Therefore, if there are laboratory capability and capacity constraints, suspending routine COVID-19 employee testing programs that collect specimens from asymptomatic individuals until these constraints have lifted is recommended.

4.INTERNATIONAL AND DOMESTIC REOPENING

Domestic Travel Restrictions - ACCI policy position

A key priority for ACCI following the first wave and national lockdowns was urging the opening of state borders and imposing an improved model of targeted restrictions based on health risk.

We continue to stress as part of the push to open borders that this could only happen when it is safe to do so. The health advice to open borders was confirmed by the Commonwealth Deputy Chief Medical Officer in late May, however, some state health officials remain committed to border closures at the first sign of virus in the community.

The State border restrictions are inarguably the greatest handbrake on economic recovery and tourism and event restart. Despite the reemergence of intrastate tourism in June, at that time interstate tourism was 86% down on 2019 and intrastate visitation 25% down. This demonstrates the effect of State border closures on tourism activity.

In line with the planned vaccination rollout starting late February 2021, ACCI envisages that all borders should be open no later than the end of M**arch 2021** and that all States / Territories should have agreed to a plan for what targeted restrictions would apply and when. The certainty of this response is absolutely vital to the planning of operations for tourism and hospitality businesses and to engender the confidence of the travelling public.

This approach should involve a commitment by all Governments to act quickly and decisively and commit to a nimble, targeted and localised response rather than a one-size-fits-all response or the closure of other State borders in a risk-adverse counter to control a local outbreak. The Chamber has also called for the actions of Government to be informed by clear health advice and published data and modelling.

We promote the use of a local visual model of a risk rating for geographical areas. The model is envisaged to colour code risk levels and link the level of risk to specific and transparent health indicators and resultant restriction levels.

In line with a proportionate risk response with layers of controls, there should be no restraints on the movement of people or goods and services within or between low and medium risk areas (other than in relation to physical distancing / gatherings and to allow the cleaning of places that have been identified as having been visited by a person who has tested positive). Medium risk for example might be defined whereby cases are present however they are quickly and easily identified, traced and quarantined.

We envisage an agreement to remove all domestic travel restrictions once the high risk populations have been vaccinated. This is at the point of the conclusion of phase 1b of the rollout plan anticipated for the end of **April 2021**. At this point the fundamental justification for any limitation on the movement of people in Australia is effectively removed.

Borders & travel restrictions

The efficacy of each of the vaccines in respect to their impact on transmission is cautiously optimistic with early data[1] indicating a reduction effect on transmission (original and UK variants only), however Australian health authorities stress that further data and evidence is needed, particularly through active monitoring once the rollout begins here. It is likely we will have an established position on the impact of transmission around mid 2021.

Irrespective of whether any of the vaccines administered to Australians affects transmission, the capacity of the health systems to respond to any outbreak, after the completion of Phase 1b is virtually assured. Importantly the incidence of serious illness and even death from COVID-19 infection would also be all but eliminated once vulnerable populations are vaccinated.

> ***"...when you reduce significantly the impact on severe disease - and, indeed, fatalities that result from that severe disease - there is the potential that then the virus can, over time, be considered in a very similar way to other viruses that are in the community. ... So, the point is that the vaccination program, over months, as it's rolled out, can change the nature of how Australia then manages the virus. And the point was made, it's less about cases as it is about presentations at ICU or seeking significant treatment. And that we can potentially move to a situation where we manage the virus potentially like other conditions that are in the community." - Prime Ministers Press Conference, 5th February***

The reduction in ICU presentations and severe disease through vaccinations removes the strongest justification for any limitation on the movement of people in Australia and certainly mitigates the risk of outbound movements, at least for those that have been vaccinated. This should allow domestic tourism to operate with greater certainty without any threat of restrictions and border closures.

It is also vital that the international travel restart timing and vaccine thresholds are agreed and transparent between industry and government. These must include provision for the range of outcomes of vaccine assessment (ie. if there is sufficient evidence of the vaccine impact on transmissibility then the faster opening of the international border, for vaccinated people can be planned for).

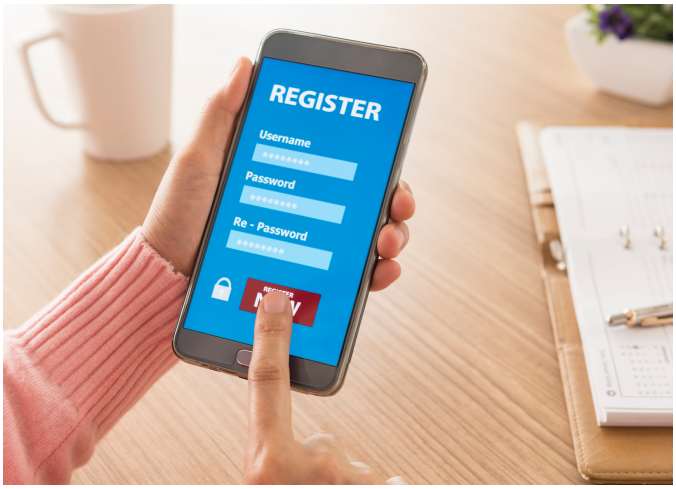
[1] Analyses of PCR positive swabs in UK population suggests vaccine may have substantial effect on transmission of the virus with 67% reduction in positive swabs among those vaccinated. https://www.ox.ac.uk/news/2021-02-02-oxford-coronavirus-vaccine-shows-sustained-protection-76-during-3-month-interval# accessed 8 February 2021.

5.VACCINE CERTIFICATION

All COVID-19 vaccines approved for use in Australia will be recorded through the Australian Immunisation Register (AIR).

The Australian Immunisation Register (AIR)
The AIR is a national register that records vaccines given to people of all ages in Australia. It's up to your vaccination provider to record your vaccinations on the AIR. The AIR uses your details from your Medicare record. Make sure the personal details you have recorded with Medicare are up to date.

Immunisation medical exemptions
You may be able to get an exemption from having a vaccine if there is a valid medical reason. Your GP will know if they can grant you an exemption. Other medical practitioners working in general practice can't give exemptions. But they may give vaccines and provide other medical services. To grant an exemption they must tell government by updating the AIR or completing a form.



Q&A on the vaccine certification process in Australia with Minister Roberts (as at 8th February):

What is a vaccination certificate?
In short, it's the immunisation register; what you can access right now, what you've been able to access for many years. So, it's no change to that. We'll flesh it out over the coming weeks and months to make it more accessible, but you can see it right now.

What will it look like, and what information will it convey?
It will record the type of vaccine you've got, the amount, and of course, dates - in this case, you'll need it twice. So, the same sort of data you currently look at on your vaccination certificate that rolls out all those crazy names of vaccines that are hard to pronounce.

How do you access information?
You can get a Medicare express app, you can go to MyGov or you can call Services Australia for paper copy.

INTERNATIONAL VACCINATIONS

What work is being done to ensure that these certificates will be recognised overseas? And also, that overseas proof of vaccination will be acknowledged here?
We're working through that as we speak. There's a World Health Organization vaccination passport working group. And we're also working with our counterparts to look at how we pull this together. So, for example, the International Air Transport Association, there's a Commons Project Foundation, IBM's working on this. There's sort of four leading contenders. And we're working with other governments overseas as well, just to look through what it means for interoperability. How do we ensure that Australians aren't disadvantaged? Now, the good thing is that in terms of our immunisation register, its mandatory nature, the fact that it's all run in terms of government and we can now provide a certificate - we are so far ahead of so many other countries in the world.

Over the coming weeks and over the coming few months we'll continue to iterate what the Australian vaccination certificate will look like. One, because international standards will hope to start rising up on a principle basis, so we'll have to make some changes to meet those. Two, we'll start to drive some of those standards working with our counterparts.

How might the airlines and states use 'proof of vaccination'?
A lot of this is driven internationally where the moves that you must have a vaccination certificate to fly are happening right now - airlines are using common pass, for example. And now in terms of states and territories, we'll leave that to the state and territory public health orders, and that's what Cabinet's will work through.

The International Chamber of Commerce (ICC), of which ACCI is the Australian member organisation, is engaging with WHO in its Smart Vaccination Certificate project.

WHO is establishing a Smart Vaccination Certificate Consortium, which is intended to be a multi-sectoral consortium focused on supporting a governance model, joint learning, key standards for a digital vaccination certificate, and a trusted architecture to support roll-out of the anticipated Covid-19 vaccine(s), and application to other routine immunisation systems. The goals of the Consortium is to achieve consensus on common standards and governance for security, authentication, privacy and data exchange; strategically align efforts and collaboration to manage lessons learned and commonalities; and establish guidance for member states to facilitate informed adoption.

The objectives of the Consortium include publishing standards for security, authentication, privacy and data exchange for outlined use cases and developing appropriate guidance detailing use cases, standards and best practice.

ICC will contribute to the WHO's discussions on standards, guidance and best practices.

6.INTERNATIONAL ENGAGEMENT ON VACCINES

CONVINCE Project: Vaccine Literacy and Hesitancy

CONVINCE (Covid New Vaccine Information, Communication and Education) is a multi-sector campaign to advance vaccine literacy and help ensure a strong and swift recovery from the pandemic through widespread acceptance of safe, effective and accessible vaccines.
The United State Council for International Business (USCIB), the USCIB Foundation and Business Partners for Sustainable Development (BPSD) have launched Business Partners to CONVINCE, designed to leverage USCIB's business network to help large employers and SMEs worldwide promote vaccine literacy and uptake. ACCI is an implementation partner in Australia and has been invited to the Business Partners to CONVINCE steering committee.

BUSINESS PARTNERS TO CONVINCE

VACCINATION FOR A HEALTHY PLANET

B2BCONVINCE Background

COVID-19 vaccine confidence leading to vaccine uptake will directly contribute to individual, family, community and societal health and well-being, in turn keeping people working and traveling and keeping the global economy functioning. The private sector can play a pivotal role in addressing vaccine hesitancy with its extensive reach and the high level of trust imbued in most employers. Our goal, in collaboration with global and national business partners, is to mobilize the private sector to increase public confidence in COVID-19 vaccine uptake, given the availability of safe and efficacious vaccines.

The global COVID-19 New Vaccine INformation, Communication and Education (CONVINCE) Initiative, affiliated with the Vaccine Confidence Project of the London School of Hygiene and Tropical Medicine (LSHTM), the City University of New York, School of Public Health & Health Policy (CUNY SPH) and the government of the United Kingdom, is building multi-sectoral commitment to develop trust in vaccines by preparing accurate and convincing information sources.

To support and advance the goals of the CONVINCE Initiative, the United States Council for International Business (USCIB), the International Chamber of Commerce (ICC), The International Organization of Employers (IOE), Business at OECD (BIAC), CUNY SPH and the Center for International Private Enterprise (CIPE) have formed a consortium as the private sector arm of the CONVINCE Initiative. The Business Partners to CONVINCE (BP 2 CONVINCE) consortium seeks support for its program to mobilize the private sector at a global, national and local levels around vaccine literacy and uptake.

The Business Partners to CONVINCE steering committee (comprised of business networks including ICC, IOE, BIAC, IFPMA, Wilton Park UK, among others) had their first meeting on 7th December.

B2BCONVINCE have begun work with several companies on info videos for social media, messaging and surveys that can be used by employers and organizations to increase awareness of, and knowledge about, vaccines. All communications will be evidence-based and authentic, while not exaggerating the benefits of vaccination or of individual vaccine candidates. The goal of this effort will be increased vaccine literacy, changes in beliefs, attitudes, and behaviours, and ultimately, willingness of a high proportion of the target audience to be vaccinated.

Global COVID-19 Workplace Challenge

Business Partners to CONVINCE (BP2C) have launched the Global COVID-19 Workplace Challenge. BP2C is the private sector arm of the global, multi-sector CONVINCE (COVID-19 New Vaccine Information, Communication, and Engagement) initiative that advances vaccine literacy and promotes vaccine acceptance.

Members of the BP2C Steering Team, which includes global organizations such as Business Fights Poverty, Business at OECD, the International Chamber of Commerce, and the International Organization of Employers, jointly agreed to develop vaccine literacy strategies based on science, facts and emerging information to counter hesitation and vaccination opponents through communication and education initiatives at the global, national and local levels.

Companies joining the Global COVID-19 Workplace Challenge agree to do the following:

- **Listen** to employees' needs and concerns about the impact and prevention of COVID-19.
- **Follow** the latest public health guidance to protect myself, my employees, my workplace, my customers, and my community from COVID-19.
- **Promote** vaccine literacy based on the latest scientific evidence of vaccination benefits and risks.
- **Encourage** vaccine confidence and uptake.
- **Advocate** for accessible, equitable, and timely vaccination of employees.
- **Engage** with communities, schools, faith-based organizations and public health leaders to stop the spread of COVID-19.

**Website launching soon and link for members will be provided with official launch in Australia..*

IOE IR Working Group

ACCI's global employer body, the International Organisation for Employers (IOE) is working with the UN's International Labour Organisation (ILO) and World Health Organisation (WHO) to support and promote vaccination throughout developed and developing economies. This includes tackling a series of common employment and industrial relations questions for employers relating to capacity to direct or encourage vaccination, and what happens when employees refuse or cannot be vaccinated. There is also the challenge of ensuring positive messaging about the importance of vaccination and not allowing this critical public health measure to become caught up in oppositional social policy debate.

The IOE is also engaging with global trade unions to support vaccination through discussion with the International Trade Union Confederation (ITUC).

International CHamber of Commerce (ICC)

Access to COVID-19 Tools Accelerator (ACT Accelerator)

Evidence to date suggests that access to COVID-19 vaccines is likely to be highly uneven across countries. Advanced economies have in recent months pursued a policy of securing the global supply of frontrunner vaccines—as a result severely limiting their availability in emerging markets. Moreover, the Access to COVID-19 Tools (ACT) Accelerator—the proven global platform to enable equitable access to COVID-19 test, treatments and vaccines—remains underfunded by the world's largest economies, constraining its ability to procure vaccines at scale for the developing world.

A new study highlights the major risks to the global economy inherent in this uncoordinated approach to vaccine access. Using a sophisticated model—that builds upon an earlier NBER Working Paper—to properly the assess the economic toll of a prolonged pandemic, the research shows that no economy can recover fully from the Covid-19 pandemic until vaccines are equally accessible in all countries. In short, advanced economies that can vaccinate all of their citizens are shown to remain at risk of a sluggish recovery with a drag on GDP if infection continues to spread unabated in emerging markets and developing economies. These losses dwarf the donor finance needed to enable vaccines to be procured for everyone, everywhere—making a clear "investment case" for full capitalization of the ACT Accelerator and a coordinated global approach to distribution.

The Economic Case for Global Vaccinations: An Epidemiological Model with International Production Networks

7.VACCINE INFORMATION (FAQS)

Will the vaccines prevent disease (catching COVID-19)?
There is still work to be done in relation to:

- Whether the vaccines can create herd immunity.
- Whether the vaccines will reduce transmissibility
- What the impact of the vaccines will be in the longer term – will we need to have it
- regularly (eg like the flu vaccine)?

What we do know is that:

- The vaccines are safe.
- The vaccines will protect against disease symptoms (that is, will prevent severe disease as opposed to prevent the disease).

What are likely side effects from COVID-19 vaccines?
As part of regulatory assessment, the TGA considers information about possible side effects. For a vaccine to be registered for use in Australia, the benefits must outweigh the risks.

The TGA will continue to monitor vaccines after they are registered so that we can detect and respond to any safety concerns. Australia has a strong and well-established safety monitoring system for vaccines. Reports of suspected side effects from health professionals and consumers contribute to safety monitoring. More information about how we're monitoring COVID-19 vaccine safety, what to do if you think you're experiencing a side effect, and how to report adverse events is available on the TGA website.

Can pregnant and breastfeeding women get vaccinated?
Clinical trials for new medicines do not typically include pregnant or breastfeeding participants. Each country that is or has hosted clinical trials for COVID-19 vaccine candidates has different guidance regarding use of COVID-19 vaccines in pregnancy based on the benefits, risks and uncertainties in the context of the prevailing pandemic situation.

In preparation for vaccine rollout, the Australian Technical Advisory Group on Immunisation (ATAGI) is currently finalising clinical advice for health care providers on the use of COVID-19 vaccines in Australia in 2021. This is will include advice in relation to pregnant women. This advice will be provided as soon as it is received.

Can I get the COVID-19 vaccine and the annual influenza (flu) vaccine?
Routine scheduling and giving a flu vaccine with a COVID-19 vaccine on the same day is not recommended. The preferred minimum interval between a dose of seasonal flu vaccine and a dose of the Pfizer COVID-19 vaccine is 14 days. People should talk to their health care professional for more information.

Will the vaccine be effective against new variants?
Clinical trials, so far, are showing that the vaccine induces antibodies that are able to respond to a variety of mutations. We will continue to closely monitor developments and do our own genetic examination of local cases.

ROLL-OUT INFORMATION (FAQS)

There are reports of delays in production (both internationally and domestically) – is October a realistic goal to have the whole of Australia's population vaccinated?
We need to be flexible and have contingencies in place. The first doses are coming from overseas, but we have received assurances re: the supply of vaccines.

You say you need flexibility over the rollout and the government is certainly allowing itself a lot of flexibility. However, there is not much information about why the variability. For example, when the TGA approval would occur. Is there any way we can get more context about why this is happening?
We need flexibility because these vaccines are subject to regulation and we need to change our approach if, for example, a vaccine is unsafe or there are supply issues. We are working with Australian manufacturers. Rollout is subject to batch testing, approvals, roll out logistics etc and so if one vaccine encounters issues and cannot be distributed we have other options available.

I have a concern about the focus on administering both doses of vaccine at the same clinic and the associated incentive payment offered to practices. Coming back for a second dose to the same clinic where the first dose was administered is not practical for itinerant workers (eg truck drivers). Will the national booking system allow for booking second doses in other locations and will practices honour this? If there is a capacity issue at a particular clinic, can you prioritise the administration of the second dose?
It is important to get the 2 doses within the timelines. The incentives are in place to ensure practices are following up the second dose so people receive it and therefore receive the full immunisation benefits. We want a range of providers and we're looking at a national booking system. Government is currently legislating to mandate reporting of all vaccines into the immunisation register so providers can access information on which vaccine was administered and when.

Some of our members have been identified as critical workers, we wish to better understand the timelines between the phases. What are they?
We will be clear on the information we have at the time. Some phases/vaccines will start to overlap as we progress. For example someone in phase 1a may be having their second dose (of Pfizer) whilst someone in phase 1b has their first (AstraZeneca). There is the potential of access to more and more vaccines as time progresses and so the timelines may accelerate.

ROLL-OUT INFORMATION (FAQS)

H**ow will the practice confirm a patient doesn't have contraindications or allergies the patient isn't aware of or forgets?**
Further advice on specific contraindications to the vaccine will be available post TGA approval. These are now available for the Pfizer vaccine and can be found in the Product Information on the Therapeutic Goods Administration (please note – this vaccine will not be used for administration in general practice settings noting its specific storage and handling requirements and as such, this information is provided for the visibility of those who might be treating or advising those who have been vaccinated with this vaccine). Practitioners should follow usual clinical protocols used in prescribing other treatments and vaccines to identify allergies or any other contraindications. Systems such as My Health Record and the Australian Immunisation Register can help clinicians view information such as allergies or contraindications, if this information has been entered by other health care providers.

How will the practice confirm whether a patient is considered to be a priority population (especially patients with 'increased risk of severe COVID-19 who are not usual patients)? What proof is required?
Further detail will be provided on the tests for eligibility, including any associated record keeping required, they may include letters of referral for people with chronic conditions/increased risk, letters of employment for eligible occupations, etc. An eligibility checker will be available through the Department of Health website to support clinicians and consumers understand if they are part of the priority cohort at that time.

How will I know if the patient has already received the vaccine elsewhere?
Administration records of all COVID-19 vaccines will be submitted to the Australian Immunisation Register (AIR). General Practices will be able to check whether a vaccine has already been administered through AIR and through the patient's MyHealth Record. As identified within the EOI documentation, patient vaccine administration data should be uploaded into AIR as soon as possible, ideally within 24 hours to ensure the information contained within AIR is up to date.

COVID-19 - National Booking System
The Department has received a significant number of questions on the National Booking System. Further information on the operation and parameters of the National Booking System and its role in the vaccine roll out will be available on its own FAQ.

Does receiving one COVID-19 vaccine make you ineligible to receive a further COVID-19 vaccine? (i.e. – if you have received 2 doses of the Pfizer vaccine, can you be vaccinated with the Astra Zeneca vaccine?)
The vaccine rollout is focused on ensuring all Australians are vaccinated against COVID-19 in 2021. In order to be fully vaccinated, an individual must have two doses of the same vaccine, given at the appropriate dosing schedule. In the longer term, the ability to receive further vaccinations will be subject to ongoing clinical indicators and safety advice.

ROLL-OUT INFORMATION (FAQS)

ATAGI Advice on the timing of administering influenza and COVID-19 vaccines in 2021
The Australian Technical Advisory Group on Immunisation (ATAGI) has provided a statement on timing of administering influenza and COVID-19 vaccines.

This ATAGI clinical advice statement aims to provide guidance for immunisation program coordinators and immunisation providers on the relative timing of scheduling and giving influenza vaccines and COVID-19 vaccines in 2021.

Key messages:

- Routine scheduling and giving of an influenza vaccine with a COVID-19 vaccine on the same day is **not** recommended.
- The preferred minimum interval between a dose of seasonal influenza vaccine and a dose of (Pfizer) or (AZ) is 14 days.
- There is no particular requirement regarding the order of receiving a dose of influenza vaccine and either the first or second dose of a COVID-19 vaccine.

Full document available here:
https://www.health.gov.au/sites/default/files/documents/2021/01/atagi-advice-on-influenza-and-covid-19-vaccines.pdf