



COVID-19
VACCINATION
INFORMATION
FOR HEALTH CARE
WORKERS



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WHY WORKING IN A VACCINE CLINIC HAS BEEN A BLAST

As an emergency physician, the sight of people lined up outside a service usually would fill me with dread. Whether it's a fever clinic queue because another raft of contact tracing exposure sites has been released, or the waiting room of nearly any emergency department in Australia, queues are usually bad news. The exception this year has been the queues for COVID-19 vaccination.

Human behaviour is a weird and wonderful thing. For complex reasons we still don't really understand, people seem to like joining a queue, especially if it is for something they value and want to be seen doing. This has been the case (fortunately) for COVID-19 vaccination, where people are happy to wait, thank you for your time, smile when you stick a needle in them and take photos to document the event!

Although my usual vaccination experience has been limited to the prophylactic tetanus booster post-open wound, or the very occasional Hepatitis B or rabies vaccine, at the encouragement of Dr Krispin Hajkowicz (Director of Infectious Diseases, Royal Brisbane and Women's Hospital – RBWH) I completed the Commonwealth

COVID-19 vaccine training to become a credentialed provider.

Prior to this, my involvement in the vaccine rollout had been at a policy and engagement level. The Queensland Clinical Senate and Clinical Excellence Queensland communications team have compiled and curated a suite of resources with the most up-to-date information for clinicians counselling patients, and themselves trying to navigate the complex landscape of Pfizer vs AstraZeneca.

This site also includes links to the videos of the clinician information sessions we have held throughout the year with expert panels answering thorny questions around these new vaccines.

Being able to work in the RBWH Vaccine Clinic has been a blast. Aside from working with the team of dedicated and skilled immunisation program nurses, pharmacists and medical officers, we've also had a cohort of new graduate nurses who are getting invaluable experience in the clinic before rotating through other areas. This team cheerfully works their way through the queue of vaccine-hopefuls. Some with an appointment, and many without – trying their luck and hoping there may be leftover vaccine they can access, rather than it being wasted.

There are times when I have difficult conversations with patients who have presented requesting Pfizer even though they are not in the cohort for whom Pfizer is preferred. Sometimes they have referral letters from GPs or specialists but very rarely meet the indications. I wonder how often their referring doctors have tried to explain to their patient the complexity of our current COVID-19 vaccination policy only to ultimately acquiesce and provide the referral - completely understandable as trying to explain risk is tricky at the best of times, let alone with the rapidly moving evidence and goal-posts this year. Sometimes informing patients that most of our health care workers (including nearly all of my family) have received the COVID-19 AstraZeneca vaccine will reassure people enough to proceed, but others will opt to wait until more Pfizer (or possibly Moderna) becomes available later in the year. This is a gamble given the explosive outbreaks of the Delta strain we have seen throughout the country. But given we compare the risk of Thrombosis with Thrombocytopenia Syndrome (TTS) to the 'risk' (or chance) or winning the lotto, we can hardly be surprised Australians have decided to throw the dice.

So, for the foreseeable future I plan to keep on vaccinating (in between my work at the RBWH Emergency and Trauma Centre, and in Queensland Health as Chair of the Queensland Clinical Senate) as this is a way I can directly help patients and reduce the burden of COVID-19 in our population. The fact that it's fun (and I can sneak the occasional post-vaccination sweet) is an added bonus.