



Clinician alert #84 – all clinicians

Effective from 27 May 2022

New information

ATAGI now advises that additional population groups are recommended to receive a winter COVID-19 booster dose (4th dose). This applies to people aged 16-64 who have:

- A medical condition that increases the risk of severe COVID-19 illness
- People with disability with significant or complex health needs or multiple comorbidities which increase the risk of poor outcomes from COVID-19.

This includes (but is not limited to) those with:

- Immunocompromising conditions
- Cancer
- Chronic inflammatory conditions treated with disease modifying anti-rheumatic drugs (DMARDs) or immune-suppressive or immunomodulatory therapies
- Chronic lung disease
- Chronic liver or kidney disease
- Chronic neurological disease
- Diabetes Mellitus requiring medication
- Chronic cardiac disease
- People with disability with significant or complex health needs or multiple comorbidities
- Severe obesity (BMI > 40) or significantly underweight (BMI < 16.5).

These examples are not exhaustive, and providers may include individuals with conditions similar to those listed above, based on clinical judgment.

Background

On 25 March 2022, ATAGI recommended an additional winter booster dose (4th dose for most people) for the highest risk groups: people aged 65 years and above, residents of aged care or disability care facilities, people with severe immunocompromise and Aboriginal and Torres Strait Islander people aged 50 years or above.

As above, ATAGI now advises that additional population groups are recommended to receive a winter booster dose.

Further information

Healthy people aged 16 to 64 years, who do not have a risk factor for severe COVID-19, are not recommended to receive an additional winter booster dose at this time, as their risk of severe illness after their first booster dose is likely to remain very low. This includes:

- healthy people from occupational groups such as healthcare workers
- pregnant women who do not have an additional risk factor for severe disease.

As per previous advice, if an individual has had a recent confirmed SARS-CoV-2 infection, they should delay all COVID-19 vaccinations until 3 months after their infection, including booster doses.

The preferred vaccines for booster doses are:

- Comirnaty (Pfizer, from age 16 years) or
- Spikevax (Moderna, from age 18 years).

Vaxzevria (AstraZeneca) can be used when an mRNA vaccine is contraindicated or declined in those over 18 years. Nuvaxovid (Novavax) can be used in people aged 18 or older if no other COVID-19 vaccine is considered suitable for that person.

For further information please refer to the ATAGI statement available at:

<https://www.health.gov.au/resources/committee-statements/expanded-atagi-recommendations-on-winter-covid-19-booster-doses-for-people-at-increased-risk-of-severe-covid-19>.

A useful summary outlining which vaccines and doses are recommended for each age and population group can be found at <https://www.health.gov.au/resources/publications/atagi-recommended-covid-19-doses-and-vaccines>.

Influenza vaccine can be co-administered with all doses of the COVID-19 vaccine including the winter booster.

Adverse Event Reporting

All suspected adverse events following immunisation (AEFI), including vaccine administration errors, should be reported to the Western Australian Vaccine Safety Surveillance (WAVSS) system, online through SAFEVAC <https://www.safevac.org.au>. These reports are shared with the Therapeutic Goods Administration (TGA).

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