**COVID Conversations – Vaccination**

**Queenslanders with Disability Network – Health Consumers Queensland – 26 August 2021**

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| **Area** | **Key issues, experiences and impacts raised by forum participants** | **Responsibilities - actions and recommendations** |
| **Access** | * Eligibility checker and online booking system need to be made fully accessible
* COVID hotline is effective but many people with disability don’t have capacity to wait on the phone for up to an hour –
* suite of options for vaccinations needed – be flexible and creative, consider issues such as possible need for sedation, calm and quiet environments, need for in-reach to people at home
* less intrusive COVID testing
* difficulty with bookings and lack of availability / vaccine supply is stressful
* physical access to clinics vital – close disability parking, wheelchair accessibility, accessible toilets, and sufficient space for support person to accompany – or assistance animals, availability of interpreters
* Qld Health run clinics are working to publish accessibility information about their sites - things like quiet waiting spaces, easy to read resources being available; longer/group appointments, additional seating, disability parking; all the things that help connect people with a vaccine
 | **Queensland Health*** increase support for COVID hotline resource to reduce waiting times
* provide filters on booking site so people can search for fully accessible clinics
* utilise existing community resource options similar to library vans or mobile dental services to deliver vaccinations
* utilise community events, neighbourhood centres, sporting clubs, RSLs – constant promotion of information in local areas
* appointment times need to be available at times suitable for support staff to accompany people – including time to get to and from, and time spent in waiting – advise COVID hotline
* remove barriers to bookings and make it easier for people to get the vaccine as booking on the online system is challenging for some people

**Combined Commonwealth / Queensland Health*** targeted strategies for communities with low vaccination take-up – smaller health hubs, availability of information in multiple languages and formats
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| **Vaccine hesitance** | * understand hesitance and what it means for people – answer questions, provide accessible information, offer support as delays and negative reporting have caused anxiety and hesitance
* be gentle with people with disability who may have experienced medical trauma – success with first vaccination is important to set up second and booster vaccinations
* seek information from GPs to reassure and ensure people are confident about vaccines – encourage people to take a list of medications with them so they are prepared
* promote understanding of side effects and why they occur, how the vaccine works – reactions are a taste of what COVID symptoms are
* delivery of vaccines by defence force can be intimidating or triggering for people with past trauma – not so much an issue with aged care
 | **Queensland Health*** reinforce use of existing resources developed by Queensland Health in delivering vaccines to people with disability in HHS clinics etc and a checklist of things to consider
* share stories about positive experiences that people can identify with in range of forums – social media, disability support service and organisational newsletters

**Commonwealth/Queensland Health*** alternative information sources – identify opportunities for information provision and discussion about medications and personal circumstances prior to vaccination at clinics for people who don’t have regular GPs
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| **Priority phasing** | * numbers of people with disability vaccinated are still low – people in Phases 1a and 1b remain unvaccinated. Lack of data continues to be an issue
* despite range of information published, there is still a need for ongoing provision of Easy English targeted messaging about vaccination for people with disability and the importance of being protected
* in reach vaccinations for people living in disability accommodation of two people or more is still taking place
* availability of supply will increase over the next few months, along with increased access through GPs, pharmacies, Aboriginal Community Controlled Health Organisation services, clinics etc
 | **Commonwealth/Queensland Health*** include indicator for disability in vaccination recording/vaccination forms to establish data collection
* continue to develop Easy English, accessible information as new information comes to light – especially the road forward with vaccination levels in the community to allow things to open up / reduce lockdowns
* communicating a clear statement about vaccination targets and strategies for people with disability

**Commonwealth*** increased options required for individuals who are unable to access or tolerate clinics or hospital settings and need in-reach to their homes – this hard to reach cohort is starting to be considered (PHN’s, CW contracted vaccination providers)
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| **Communication** | * ongoing need for clear evidence based communication / advertising using pictures, shared stories of success, accessible information about needles and the process, trusted elders, community leaders and community organisations sharing information – utilise volunteers and volunteering organisations
* resources need to be available in different formats – there are assumptions about technology being available to all – consider literacy and health literacy in particular. Not everyone can read and not everyone has a computer or access to one.
* counterbalance misinformation
* address low trust in governments –people can be isolated – don’t assume people have the resources or capacity to reach out, or that they are able to access and process the huge amount of information available on various websites.
 | **Commonwealth/Queensland Health*** revisit communication strategy around vaccination for people with disability and use different strategies – individual positive stories and connection to individual champions in local communities, service provider newsletters etc
* develop resource packs (such as ‘Conversation Starters’) with current, clear information that support people to have informed conversations with their trusted networks about vaccination
* plan for how engagement and communication with people who don’t have access to computers and website
* use trusted local leaders and champions and ensure they have resources to share
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**Chat questions**

**Q: Re disability specific hubs for QLD. We have seen that some hubs have closed down after a few weeks (other states). Is there any timeframe guaranteed in the contracts agreed with such hubs please?**

A: There are a range of vaccination location options, including pop up vaccination hubs and clinics such as the Convention Centre in South Brisbane – it’s best to continue to check the Queensland Health booking site for up to date options [here](https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/protect-yourself-others/covid-19-vaccine/book/vaccination-locations)

**Q: Many people may not have a regular or reliable GP. How can those people be assisted to have access to helpful conversations and assistance that GPs can provide?**

A: There are a few ways Queensland Health would encourage people to become more informed about their vaccination options prior to their appointment:

1. Talk to their GP or try a telehealth appointment
2. Talk to their support provider
3. Access the QH and Commonwealth website for easy-read information
4. Contact the National COVID-19 Vaccine Helpline (1800 020 080) or the Disability Gateway (1800 643 787).

There is not currently capacity in the booking system to book a long appointment like you would at your GP. However, vaccination clinics are fairly flexible around people’s needs if they have a few general questions prior to vaccination. At the vaccination appointment at a state run clinic, people are not meeting with a GP.

**Q: There are various stories floating around about impact on menstruation. Would be helpful if we could get some clear info on this to assist women with disability and their supports to anticipate any issues etc.**

A: WHO article <https://www.gavi.org/vaccineswork/do-covid-19-vaccines-affect-menstruation-and-fertility>

There is no evidence that the COVID19 vaccine will impact menstruation

**Q: We know that we need to leave a gap between flu shot and COVID vaccines. Is there clear public guidance on any other vaccines e.g., childhood updates that happen for high school students? Helpful if families of young people can plan around this as well as speaking to GPs.**

A: The recommendation is 7 days. This is currently based on minimising the impact of the combined side-effects of co-administration of vaccines, not because there is a contraindication. In USA there is no recommendation of a gap for example. At this stage it is expected that the recommended gap will remain for the childhood vaccination and COVID-19 vaccine, to minimise the side-effects for children. This may be reviewed as the vaccines are more routinely administered. On a case by case situation there would be nothing stopping someone having COVID19 vaccine and another vaccine together – from a clinical sense.