



About COVID-19 vaccination

People who have a COVID-19 vaccination have a much lower chance of getting sick from COVID-19. There are two brands of vaccine in use in Australia. Both are effective and safe. Comirnaty (Pfizer) vaccine is preferred over COVID-19 Vaccine AstraZeneca for adults under 60 years of age. You need to have two doses of the same brand of vaccine. The person giving you your vaccination will tell you when you need to have the second vaccination.

Medical experts have studied COVID-19 vaccines to make sure they are safe. Most side effects are mild. They may start on the day of vaccination and last for around 1-2 days. As with any vaccine or medicine, there may be rare and/or unknown side effects. A very rare side effect of blood clotting (thrombosis) with low blood platelet levels (thrombocytopenia) has been reported following vaccination with the COVID-19 Vaccine AstraZeneca. This is not seen after Comirnaty (Pfizer) vaccine. For further information on the risk of this rare condition refer to the Patient information sheet on AstraZeneca COVID-19 vaccine and thrombosis with thrombocytopenia syndrome (TTS).

| Age | Estimated risk of TTS per 100,000 AstraZeneca vaccine doses (first dose) |
|---------------------|--|
| <50 years | 3.1 |
| 50-59 years | 2.7 |
| 60-69 years | 1.4 |
| 70-79 years | 1.8 |
| 80+ years | 1.9 |
| • * as at June 2021 | |

In Australia symptoms of TTS have occurred between 4 and 42 days (most commonly 4 to 30 days) post-vaccination. Symptoms can include abdominal pain and/or severe headache that does not settle with pain relief. More information about TTS symptoms is in the [patient information sheet on AstraZeneca COVID-19 vaccine and thrombosis with thrombocytopenia syndrome](#). People should seek medical attention immediately if they experience these symptoms.

What symptoms does TTS usually cause?

If you experience the following symptoms after vaccination you should seek medical attention immediately:

- Headache that persists beyond 48 hours after vaccination, or appears later than 48 hours after vaccination:
 - simple painkillers may alleviate headache initially, but it persists
 - may be worse when lying down
 - may be accompanied by nausea and vomiting
- Neurological symptoms such as:
 - blurred vision
 - difficulty with speech
 - drowsiness
 - seizures
- Shortness of breath
- Chest pain
- Swelling in your leg
- Persistent abdominal (belly) pain
- Tiny blood spots under the skin away from the site of injection.



Some people may still get COVID-19 after vaccination. You must still follow public health precautions as required in your state or territory to stop the spread of COVID-19 including:

- keep your distance – stay at least 1.5 metres away from other people
- washing your hands often with soap and water, or use hand sanitiser
- wear a mask
- stay home if you are unwell with cold or flu-like symptoms, and arrange to get a COVID-19 test

Do you have any of the following conditions?

- Have you ever been diagnosed with capillary leak syndrome?
- Have you ever had major venous and/or arterial thrombosis in combination with thrombocytopenia, including diagnosed Thrombotic Thrombocytopenic Syndrome (TTS), following a previous dose of a COVID-19 vaccine?
- Have you ever had cerebral venous sinus thrombosis?
- Have you ever had heparin-induced thrombocytopenia?
- Have you ever had blood clots in the abdominal veins (splanchnic veins)?
- Have you ever had antiphospholipid syndrome associated with blood clots?
- Are you under 60 years of age?

If you have had any of the above, Comirnaty is the preferred vaccine for people in these groups but if not available, AstraZeneca COVID19 vaccine can be considered if the benefits of vaccination outweigh the risk.

Name: _____

DOB: _____

Consent to receive COVID-19 vaccine

- I confirm I have received and understood information provided to me on COVID-19 vaccination
- I confirm that none of the conditions above apply, or I have discussed these and/or any other special circumstances with my regular health care provider and/or vaccination service provider
- I agree to receive a course of COVID-19 vaccine (two doses of the same vaccine)

Signature: _____

Date: _____