



ANZCA

FPM

16 February 2021

Associate Professor Chris Blyth and Professor Allen Cheng
Co-Chairs, Australian Technical Advisory Group on Immunisation (ATAGI)
Australian Government Department of Health
GPO Box 9848
CANBERRA ACT 2601

Via email:

Dear Associate Professor Blyth and Professor Cheng

Australia's Epidemiology and COVID-19 Vaccine Roadmap

I received your letter on aligning public information on Australian COVID-19 Vaccines yesterday and thank you for the opportunity to work with you on vaccination messages. I have been contacted by a number of anaesthetists recently seeking information and clarification about the rollout of vaccines, so this invitation is timely.

At the beginning of February [I wrote to Professor Paul Kelly](#) about which healthcare workers are considered frontline. In response, the COVID-19 Vaccine Taskforce indicated that 'ICU and emergency department staff and clinical and ancillary support staff' would be regarded as frontline healthcare workers to be vaccinated first in phase 1a.

Throughout the pandemic, anaesthetists have regularly been called on to intubate and resuscitate COVID-19 and suspected COVID-19 patients.

In critical care, anaesthetists play a vital role in primary and back-up resuscitation and intubation teams alongside our intensive care and emergency medicine colleagues. We are seeking assurances that anaesthetists and trainee anaesthetists who are members of these teams will be included in phase 1a of the vaccine rollout.

Recent media reporting on the vaccine roadmap, as well as other advice I have received, has highlighted confusion about the decision-making process for the rollout. On 15 February, the Australian Minister for Health, the Hon Greg Hunt MP announced that approximately 50,000 doses of the first batch of Pfizer vaccines will, quite correctly, be made available for the states and territories for hotel quarantine and border workers, and frontline healthcare workers, but that allocations for each jurisdiction had not yet been decided.

Early vaccination of staff who resuscitate and intubate confirmed and suspected COVID-19 patients and in the critical care setting should be seen as a crucial element of the vaccine roadmap goals of achieving herd immunity and of preventing transmission from hospitals to the community.

The confusion around the vaccine rollout timeline is causing anxiety for anaesthetists working with COVID-19 patients and in critical care and I seek a response providing assurance and further detail by 19 February.

While I appreciate there is still uncertainty around the vaccination rollout, I would also like more information about expected timelines for when the groups in 1a and 1b will offered vaccinations as soon as it becomes available.

I look forward to hearing from you.

Yours sincerely

Dr Vanessa Beavis
President

Cc: Australian Chief Medical Officer
State and Territory Chief Medical Officers/Chief Health Officers

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