



Summary: Second COVID-19 vaccine Q&As with Aboriginal and Torres Strait Islander health consumers

Q&A panel members were:

- Apologies from Haylene Grogan, Chief Aboriginal and Torres Strait Islander Health Officer and Deputy Director-General, Aboriginal and Torres Strait Islander Health Division: Proxy was Gregory Richards, A/Director, Aboriginal and Torres Strait Islander Health Division
- Dr Mark Wenitong, Chair, First Nations Clinical Network
- Professor James Ward, Director, UQ Poche Centre for Indigenous Health, The University of Queensland
- Associate Professor Margie Danchin, Group Leader, Vaccine acceptance, Uptake and Policy, Murdoch Children's Research Institute

When: Monday 29 March from 9.30 am – 11am

107 people registered and 58 people joined (some participants joined in pairs or groups) so number of attendees was higher. People registered from across Queensland: Thursday Island, Kowanyama, Cherbourg, Boulia, Rockhampton and Ipswich. Many of the people who registered were Elders, people living with complex health needs or staff who work in health services across Queensland. Their questions reflect what matters to them and their community.

Context: At the time, it had been two weeks since Queenslanders in group 1B had started receiving vaccinations and many of the closest islands to Papua New Guinea (PNG) and the Torres Strait Islanders had already been vaccinated. One hour before the Q&A the Premier of Queensland announced a lockdown in greater Brisbane beginning at 5pm that night and mask-wearing for everyone across Queensland.

The pace of questions was slower than the first Q&A which allowed for more conversation on key topics that people were raising questions about. We were able to ask and respond to most of the questions asked in the chat; and the feedback from those who have completed the short survey said all of their questions were answered.

We have grouped the questions into themes below.

Summary of themes: What participants discussed

Themes	Specific questions asked by consumers in the chat
Clinical trials of vaccines	How many First Nations People participated in the vaccine trials especially from diverse communities/landscapes?

	<p>There should have been trials. Will Aboriginal and Torres Strait Island children be included in clinical trials?</p> <p>What are the outcomes of the clinical trials with Indigenous people worldwide and what is the relevance of the findings for Aboriginal and Torres Strait Islander peoples.</p> <p>As community workers, if we are to promote this vaccine to our community, if they haven't been a part of a clinical trial then there is no evidence of our mob for us to promote for our mob. I understand the circumstances I just hope community will have the vaccine.</p> <p>Were trials conducted in urban settings or also in rural and remote settings?</p>
The role of Traditional Healers as part of the COVID-19 response	<p>Have Traditional Healers had input into the roll-out of the vaccine?</p> <p>The gap is always the voice of the Traditional Healer.</p> <p>Please consider that Traditional healing and medicines are community and place-based... decisions about self-care sit within the bounds of our diverse cultural psyche.</p>
Concerns from Elders with chronic disease	<p>A lot of our Elders may not want to get the vaccine because of age, chronic illness and mistrust of the government (historical) etc. – what are the effects of the vaccine on people who have chronic illness - can they wait a little while longer, like a wait and see how it goes first – What are the penalties (if any) for not getting the vaccine?</p>
Enormity of responsibility for COVID-19 vaccine take up on the shoulders of single, isolated health workers	<p>I'm the only health worker and a chronic disease worker and it's a huge area. We have the largest population in Boulia in the Central West. Already started in the Eastern corridor. Takes long enough for flu vax - they need a lot more education than a couple of these little sessions because they just don't understand.</p> <p>We haven't had a health worker in [small town] for over a year so no community help.</p> <p>We support the need for more resources for community</p>
Safety	<p>Common side effects? What can people expect?</p>
Vaccine roll-out in remote areas	<p>How responsive is the system to adverse reactions in these areas?</p>
Travel to other states	<p>If you don't get the vaccine will it inhibit travel around the communities and states?</p> <p>We want to make sure our mob can travel between jurisdictions but if international borders open and there is no more quarantine, will we have to keep community borders closed if people are not vaccinated or there is uncertainty about transmission?</p>
Dosing timing – COVID-19 vaccine and flu vaccine	<p>How far apart should you have the doses and will you need yearly top ups?</p> <p>Do you still get the flu vaccine?</p> <p>Why can't the 2 vaccines (flu and COVID-19) be given at the same time - what is the difference between the two doses?</p> <p>The doctor says you cannot get flu vaccine between dose 1 and 2 but must wait for 2 weeks after dose 2</p>

Getting to the data	There is little data for Indigenous Australians because cases are so low.
Blood clots	I get blood clots want to know if I take my blood thinners at the time of needles?

Responses and reflections from this group and suggestions for change/improvement

- For people to have a sense of security in the process, they need to see themselves reflected in the process.** “If they haven't been a part of a clinical trial then there is no evidence of our mob for us to promote for our mob.” The data and analysis provided by panellists about the vaccine clinical trials on First Nations people around the world, particularly focusing on American Indians and Alaskan Natives, was appreciated by participants but they also reiterated the importance of First Nations Australians being included in clinical trials given their significant genetic diversity across Australia and the fact that they have been repeatedly told that they are amongst the most vulnerable to the virus. One consumer said that the lack of inclusion in clinical trials is another example of attempting to homogenise First Nations people whilst others reported that some Elders now feel like guinea pigs.

Given that it would be difficult to get the data for First Nations Australians because cases are so low within this population group and the focus has been on the big trials overseas, how else can people see themselves reflected in the data and statistics, in the stories, in the shared experience? For example, can Queensland Health publish specific data and statistics community by community as part of the vaccine roll-out updates? How do we share the experience of the roll-out in the Torres?

Reassurance could also be provided by better communicating the three stage monitoring system which is now in place to enable people to report on side effects and adverse reactions via the Australian Immunisation Register (AIR). This is one of the strongest and most robust surveillance systems in the world and the Commonwealth has promised an update on what data will be available from AIR. According to one of the panellists there is no difference in side effects between First Nations and non Indigenous people who have completed the post-vaccine survey.

- The role of Traditional Healers – bringing culture into the solution.** Whilst there was acknowledgment that Traditional Healers had not been consulted by Queensland Health as part of the COVID-19 response, there was clear support from the panellists for the system to unite and work together with Traditional Healers. There was a commitment to raise the issue of engaging with Traditional Healers at the weekly First Nations Response meetings. Traditional Healers could become our biggest advocates for the vaccine if the system can understand, respect and embrace a holistic approach to health care and the place of Traditional Medicine and practitioners within it. As a consumer noted, the COVID response needs “people who can walk across boundaries.”
- Repeated messages about the safety and importance of having this vaccine and not delaying was stressed for Elders throughout the Forum. However, as one panellist noted: “Facts alone don't get people over the line [to have the vaccine]. **This is about trust and community.**” **Taking the time to have conversations with people on the ground matters.** As a consumer

reflected: Understanding that “people and place are bound to cultural confidence. Confidence comes from culture and psyche” is vital. “These conversations are important with people in place and able to harness the power and energy of our Traditional landscape.”

- **Isolated Aboriginal healthcare workers are overwhelmed with the sense of personal responsibility** for convincing discrete communities across vast areas to have the vaccine. These health care workers have strong connections to the communities they serve rather than the anonymous responsibility other health staff may have in bigger population centres. They urgently need the support and example of senior Elders and Traditional Healers to become vaccine advocates and champions and to spread the word but they need to be resourced to have these conversations and educated in order to mobilise this powerful backing.
- **Taking time.** Is it time to reduce the pressure? The tone throughout the roll-out has been one of urgency but one of the panellists acknowledged the importance of taking the time to talk to people, for respecting people’s decisions and pointed out that it is not as if the vaccine truck is going out once and not again.