

Australian Immunisation Handbook

Responses to Public Consultation Submissions

The recommended use of COVID-19 vaccines

Public consultation period: 11 June 2025 to 11 July 2025

Table of Contents

Introduction.....	3
Public Consultation Distribution List	4
Summary of comments	5

Introduction

Clinical guidance on COVID-19 vaccines was first published at the start of Australia's COVID-19 vaccine rollout in February 2021 and was regularly updated during the COVID-19 pandemic. The COVID-19 chapter was first published in the Australian Immunisation Handbook (AIH) in October 2023 to provide a single and concise source of clinical guidance for immunisation providers on the use of vaccines. Since then, the chapter has been updated multiple times in response to the changing epidemiology of COVID-19 and emerging evidence on available vaccines. References continue to be updated and are illustrative of the available published literature.

As the situation has stabilised after the pandemic, public consultation for the COVID-19 vaccine recommendations in the Australian Immunisation Handbook (AIH) was conducted over 31 days from 11 June 2025 to 11 July 2025, during which time the consultation materials consisting of the recommendations under review and links to the full AIH chapter were available on the Citizen Space website. The plain-language summary and background sections of the consultation materials were not under review. The Immunisation Branch invited a range of stakeholders, committees, working groups and interested people to provide submissions. A list of organisations formally invited to comment on the draft guidelines is provided below.

This report outlines the public consultation comments received on the recommended use of COVID-19 vaccines. 69 submissions were received using the submission template provided on Citizen Space. Of these, 8 were on behalf of an organisation or jurisdiction, 60 were from individuals and 1 was unspecified.

The Australian Technical Advisory Group on Immunisation (ATAGI) considered all responses from the public consultation in November 2025 and, where necessary, revised the recommendations in accordance with the submissions. Comments from the public consultation submissions and the ATAGI responses are summarised in the following section. This report was submitted to the National Health and Medical Research Council (NHMRC) on 6 March 2026 to be reviewed at its April meeting. The report and chapter were approved by Chief Executive Officer of the NHMRC on 24 April 2026. Approval remains valid for up to five years.

Public Consultation Distribution List

An email was sent to the following organisations and committees to provide advice on the public consultation:

- Advisory Committee on Vaccines
- Aging Australia
- ATAGI committee members
- Australian Association of Practice Managers
- Australian Health Protection Principal Committee (AHPC)
- Australian Health Protection Principal Committee Aged Care Advisory Group
- Australian Primary Health Care Nurses Association (APNA)
- Communicable Diseases Network Australia
- Consumers Health Forum of Australia
- General Practice Roundtable
- Jurisdictional Immunisation Coordinators
- Lung Foundation Australia
- National Health and Medical Research Council
- National Respiratory Infections Surveillance Committee
- Older Persons Advocacy Network (OPAN)
- Pharmaceutical Benefits Advisory Committee
- Pharmaceutical Society of Australia
- Primary Health Networks
- Royal Australian College of General Practitioners
- Royal Australasian College of Physicians

Summary of comments

Summary of comments received through public consultation on the COVID-19 vaccination recommendations in the *Australian Immunisation Handbook* chapter, and proposed ATAGI and Department of Health, Disability and Ageing responses

		Comment	Proposed Action	Organisation
1	Organisation Geelong Long Covid Clinic	Elderly and High-Risk Individuals: Strong Justification for Vaccination For adults aged 65 and over, as well as individuals with high-risk conditions such as uncontrolled metabolic dysfunction or multiple chronic illnesses, the benefits of COVID-19 vaccination clearly outweigh the risks. Even after adjusting for common epidemiological biases—such as the healthy vaccinee effect, PCR overdiagnosis, and waning immunity—vaccination in these groups is associated with a meaningful reduction in all-cause mortality and severe COVID-19 outcomes. mRNA vaccines, in particular, remain the preferred option. These benefits are most pronounced during periods of moderate to high viral transmission, making targeted advocacy in these populations both reasonable and evidence based. Healthy Adults Under 65: Reconsider Blanket Recommendations In contrast, for healthy adults under 65—especially males under 30—the evidence does not support universal vaccination. Once corrected for inflated COVID incidence and underreported vaccine-associated adverse events (such as myocarditis), the net benefit of vaccination in this group becomes questionable. The myocarditis risk alone in young males may exceed the benefit of avoiding COVID-related complications, particularly during low-prevalence periods. In these populations, vaccination should not be routinely advocated. Instead, clinicians should engage in shared decision-making, offering alternatives like non-mRNA vaccines (e.g., Novavax) where appropriate. Patients with Autoimmune or Cardiovascular Conditions: Proceed with Caution Individuals with autoimmune disorders or cardiovascular disease present a more complex risk profile. Autoimmune patients may experience a heightened risk of thromboembolism following vaccination, and those with cardiovascular conditions may face increased risk of stroke—especially following adenovirus-vector vaccines. While some patients with these conditions might still benefit from vaccination, particularly in high-transmission environments, the decision should be individualized. Careful assessment of current health status and comorbidity burden is essential, and mRNA vaccines are generally preferable. Adenovirus-	Reviewed. Wording of recommendation s to be revised.	Comment noted with thanks. The clinical advice provided in the Australian Immunisation Handbook is based on ATAGI's consideration of the current best available evidence, including data on the epidemiology, duration of protection following vaccination, risk of severe disease in different population groups, and vaccine effectiveness over time. The recommendations for COVID-19 vaccines will be revised to ensure there is clear messaging as to whom ongoing vaccination is recommended for and in whom the decision to vaccinate is based on shared decision making. With widespread hybrid immunity from previous vaccination and SARS-CoV-2 infection (symptomatic or asymptomatic), the risk of severe illness from COVID-19 is now very low in certain populations. Adults with no medical risk conditions aged < 65 years are not actively recommended a COVID-19 vaccine, however they can choose to have an annual dose based on individual preference and benefit-risk assessment.

		Comment	Proposed Action	Organisation
		based vaccines should be avoided in these groups due to their stronger association with serious adverse events. Public Health Messaging: Advocate Transparently and Selectively From a public health standpoint, advocacy should shift away from universal, one-size-fits-all messaging toward a more stratified, transparent approach. Public trust can only be restored through honest acknowledgment of known risks, unresolved uncertainties, and the limitations of existing surveillance systems. Vaccine campaigns should clearly communicate subgroup-specific risks and benefits, rather than defaulting to overly simplified slogans. In particular, ongoing debates around long COVID and vaccine protection should be framed with clarity about the current evidence gaps. Informed consent must include discussion of potential harms, especially when advising low-risk populations. Conclusion: Stratified, Evidence-Based Advocacy The conversation and associated analysis support a position of stratified vaccine advocacy. Vaccination remains strongly beneficial for older adults and those with high-risk profiles, but it is no longer scientifically defensible to promote universal COVID-19 vaccination for all individuals, especially low-risk young adults. A personalized, risk-adjusted approach—backed by independent data and free from institutional bias—is the most ethically and clinically sound path forward.		

		Comment	Proposed Action	Organisation
2a	Individual	no outlined: the potential benefit if there are any of target vaccination during outbreak in aged care or in at risk communities	Reviewed. No change in recommendation made.	Thank you for the comment. Current COVID-19 vaccines provide transient protection against infection, therefore cannot be relied on to reduce transmission risk during an outbreak or for cocooning (vaccinating close contacts to protect a vulnerable person). For their own protection, people at highest risk of severe disease including those living in an aged care facility are recommended to receive a COVID-19 vaccine annually depending on their age and underlying comorbidities.
2b		There is no specific time/gap between infection and vaccination but could be a minimum - e.g if an elderly had COVID last week is it ok give the vaccine this week?	Reviewed. No change in recommendation made.	Thank you for your comment. There is no longer a recommended minimum interval between a COVID-19 vaccine dose and infection. This recommendation was in place earlier in the pandemic when people were consistently testing for SARS-CoV-2 infection, and it was more commonly known when one's last infection was. The time interval was removed when testing had reduced significantly, and it was much less common for people to know the exact timing of their last infection. While evidence suggests that allowing a greater interval between infection and vaccination, where possible, can enhance hybrid immunity, it is still safe to give a COVID-19 vaccine soon after infection. This information is outlined

		Comment	Proposed Action	Organisation
				in the Australian Immunisation Handbook.
3a	Organisation South West Sydney Local Health District	Benefits - COVID vaccination significantly reduces the risk/severity of long COVID and may provide cross-immunity against other Coronaviruses (Likelihood - ?moderate-high) Risks - unknown (unresearched or undocumented) adverse effects of vaccination especially in high-risk groups such as the immunocompromised people (Likelihood - ?low-moderate) Unintended consequences - some people may over-rely on the vaccine and forget or choose not to practice other preventive public health measures (hygiene-related behaviors) for infection (Likelihood - ?moderate) The need for booster doses may be assessed on case-by-case basis by your GPs/Physicians. COVID vaccine is safe to administer with other vaccines (no cross-reactivity) - Flu, IPV, RSV, etc. Clarify - sometimes a mild symptoms post vaccination is normal - nothing to be worried about. Additionally, that you can still get infected but vaccination reduces the severity of disease. Further information - can call your local PHU (Immunisation Unit) on phone number - xxx xxx xxx Do we need to mention that it is not a mandatory vaccine now - rather a recommended one for the target groups mentioned?	Reviewed. Wording of recommendations to be revised.	Comment noted with thanks. The clinical advice provided in the Australian Immunisation Handbook is based on ATAGI's consideration of the current best available evidence, including data on the epidemiology, risk of severe disease in different population groups, duration of protection following vaccination, and vaccine effectiveness over time. Recommendations for COVID-19 vaccines will be revised to ensure there is clear messaging as to whom ongoing vaccination is recommended for and in whom the decision to vaccinate is based on clinical decision making. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Adverse events that may occur after COVID-19 vaccines are described in the Handbook chapter. Preventative public health matters are managed by the Australian federal.

		Comment	Proposed Action	Organisation
				state and territory health departments, and are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups.
3b		Would we want to hint at herd immunity (though a far stretch now) - the more people vaccinated, the lesser the chance of COVID spreading in the community Important - we should mention that our surveillance system continues to keep an eye on the emerging variants and research continues on the best vaccine for the new variants Address misinformation that's floating in the social media - "the information published here is backed by high-level scientific research and thus is the truest at the time - we will continue to update this information changes. We understand the rumours in the community, and we encourage people to talk directly to our team via our free health lines (is it free?)" It is written that COVID vaccine is free for everyone in Australia (whether you have Medicare or not, resident or not, etc) - This needs to be in BOLD LETTERS and in multiple languages as part of health promotion campaigns.	Reviewed. No change in recommendation made	Comment noted with thanks. Herd immunity in the traditional sense is unlikely to be achieved for COVID-19 due to waning immunity and the virus's ability to evolve. Broad community hybrid immunity from vaccination and infection remains beneficial in limiting the absolute impact of the disease. remains beneficial in limiting the absolute impact of the disease. Regarding the need to address vaccine misinformation on social media, the Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Broader communication messaging is managed by the Australian federal, state and territory health departments, and is outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups. Other related matters such as disease and vaccine safety surveillance and vaccine development are also outside

		Comment	Proposed Action	Organisation
				the scope of the Australian Immunisation Handbook.
4a	Individual	From the historical perspective, my view is that ATAGI is well situated to embrace changes regarding benefits, risks and unintended consequences and adjust recommendations appropriately, as per all other vaccines. I support inclusion and recommendations in the NIP.	Reviewed. No change in recommendation made	Thank you for your comment.
4b		Implementation is often problematic in remote Australian communities eg Aboriginal and/or Torres Strait Islander. Each community differs in beliefs and approaches need to be specific to each small region. Animated visual tools must be designed with this in mind eg visuals and language must be specific. Resources and educational tools could be developed further.	Reviewed. No change in recommendation made	Comment noted with thanks. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Implementation matters are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups. COVID-19 vaccination – Aboriginal and Torres Strait Islander vaccine provider resources Australian Government Department of Health, Disability and Ageing: A collection of materials created for Aboriginal and Torres Strait Islander vaccine providers to download and print to use in their health clinics and practices. These materials include posters, social media resources, handouts and web banners
5a	Individual	Being able to order through same site would make stock management a lot smoother.	Reviewed. No change in recommendation made	Comment noted with thanks. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their

		Comment	Proposed Action	Organisation
				practice, based on ATAGI's advice. Implementation matters such as vaccine purchasing are managed by state and territory health departments and are outside the scope of the Australian Immunisation Handbook.
6a	Organisation TWB Consultancy	Additional Potential Benefits (Not Explicitly Outlined) Improved Workforce Stability in High-Risk Settings While vaccine recommendations focus on individual and population-level health, they also indirectly support the continuity of services in aged care, healthcare, and essential services by reducing outbreaks and absenteeism. Reduction in Long COVID Burden on Healthcare System Although vaccine effectiveness against long COVID is considered in the GRADE assessment, broader system-wide benefits (e.g., reduced demand on general practice and rehabilitation services) are not explicitly quantified. Increased Public Confidence in Broader Immunisation Programs Clear, evidence-based recommendations and voluntary uptake based on risk-benefit assessment could positively influence public trust and uptake of other vaccines. Additional Potential Risks or Unintended Consequences 1. Delayed Identification of Vulnerable Individuals in 'Healthy' Groups 2. Inequity in Access and Uptake Despite Free Availability 3. Provider Confusion and Communication Fatigue 4. Reputational Risk if Variants Emerge and Policy Lags	Reviewed. Wording of supporting Handbook section to be revised. Changes to supporting text to be made in "Recommendations" section.	Comment noted with thanks. The Australian Immunisation Handbook is primarily focussed on providing clinical advice, based on ATAGI's consideration of the current best available evidence, to guide healthcare providers on immunisation practices. Broader population benefits such as reduced demand on healthcare services are outside the scope of the handbook. The recommendations for COVID-19 vaccines will be revised to ensure there is clear messaging as to whom ongoing vaccination is recommended for and in whom the decision to vaccinate is based on clinical decision making. We note that some vaccine effectiveness studies have shown protection from COVID-19 vaccine against infection is short lived and cannot be relied on to reduce transmission risk to close contacts. Therefore, current recommendations aim to reduce the risk of severe disease from COVID-19 for at risk individuals.
6b		The paper briefly mentions co-administration but does not provide clear clinical protocols or timelines for COVID-19 vaccines given alongside influenza or pneumococcal vaccines—particularly important in older or medically at-risk populations.	Reviewed. Wording of supporting Handbook	Comment noted with thanks. Co-administration of COVID-19 vaccines with other vaccines—such as influenza or pneumococcal vaccines—is acceptable and safe in older adults.

		Comment	Proposed Action	Organisation
		Clearer guidance is needed to assist immunisation providers in managing timing, injection sites, and adverse event monitoring when co-administering vaccines. While vaccination after infection is discussed, clinical tools or protocols for determining optimal timing post-infection would help avoid both unnecessary delay and premature vaccination, especially in the absence of reliable serological markers. More tailored guidance is needed for pregnant women with chronic conditions (e.g., diabetes, hypertension, obesity) who may benefit from a further dose during pregnancy, despite the general advice against additional doses in previously vaccinated pregnant individuals. There is limited mention of pathways for the reporting, follow-up, and communication of adverse events post-vaccination, especially for rarer but serious outcomes like myocarditis in young adults. Clearer clinical protocols could improve provider confidence. Equity in Rural and Remote Settings. Targeted Communication Campaigns especially for First Nations Peoples. Training and Resources for Immunisation Providers.	section to be revised Changes to supporting text to be made in “Co-administration with other vaccines” section.	There is no required interval between receiving a COVID-19 vaccine and other vaccines. The Australian Immunisation Handbook has a section on coadministration of COVID-19 vaccines, and we will revise wording to reinforce that this is acceptable. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI’s advice. Broader communication messaging is managed by the Australian federal, state and territory health departments, and is outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups. Regarding timing of COVID-19 vaccination after infection: There is no longer a recommended minimum interval between a COVID-19 vaccine dose and infection. This recommendation was in place earlier in the pandemic when people were consistently testing for SARS-CoV-2 infection, and it was more commonly known when one’s last infection was. The time interval was removed when testing had reduced significantly, and it was much less common for people to know the exact timing of their last infection. While evidence suggests that allowing a greater interval between infection and vaccination, where

		Comment	Proposed Action	Organisation
				possible, can enhance hybrid immunity, it is still safe to give a COVID-19 vaccine soon after infection. This information is outlined in the Australian Immunisation Handbook. Regarding pregnant women: The Handbook chapter states that previously vaccinated pregnant women can consider a further dose of COVID-19 vaccine in pregnancy. Pregnant women with medical risk conditions and/or severe immunocompromise are recommended a dose of COVID-19 vaccine as per the age- and risk-based recommendations. To determine the optimal timing of vaccination, healthcare providers should consider factors such as time since the last dose, maternal protection needs, anticipated exposures, and the potential benefit of later vaccination for passive infant protection. Management of adverse events post vaccination is discussed in details in the “After vaccination” section of the handbook, in addition to specific adverse events mentioned in the COVID-19 chapter.
6c		Gaps Identified in the Consultation Paper: 1. No Direct Mention of Aboriginal and Torres Strait Islander Peoples The term “Aboriginal and Torres Strait Islander” does not appear anywhere in the document. There is no acknowledgement of First Nations peoples as a priority population despite their known higher rates of chronic disease, barriers to access, and historically disproportionate outcomes from COVID-19. 2. No Specific Implementation Strategies for First Nations Communities	Reviewed. Wording of recommendation to be revised	Thank you for your comments. Recommendations have been updated after analysing recent local data and going forward Aboriginal and Torres Strait Islander adults aged 50–74 years with medical risk conditions are recommended to receive one annual

		Comment	Proposed Action	Organisation
		The paper lacks mention of: Aboriginal Community Controlled Health Organisations (ACCHOs) Outreach and culturally safe delivery models Remote and very remote vaccination strategies		dose of COVID-19 vaccine, and a second annual dose can be considered. Aboriginal and Torres Strait Islander adults aged 50–74 years with no medical risk conditions are recommended to receive one annual dose. All other Aboriginal and Torres Strait Islander people should follow the general age- and risk-based recommendations outlined in the Handbook chapter. Implementation matters are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups.
7	Individual	No comment	Reviewed. No change in recommendation made.	Comment noted with thanks.
8a	Individual	You need to discuss potential risks and side effects in a more thorough way, including adults who experience pericarditis when injected with Pfizer, who have had increasing severity in pericarditis with each consecutive dose - this is a high risk that isn't discussed with any emphasis. People with altered immune function that are not considered significantly immunocompromised are also affected by the vaccines efficacy (reduced efficacy in variable immunity, not only severe immunocompromise). for example, someone with reduced ability to produce IgA IgG will likely have a reduced response to building antibodies in response to the vaccine, as well as reduced innate immunity because the IgA that is reduced in their mucous membranes (areas where covid is usually exposed to, resulting in less ability to fight off covid while having a reduced antibodies resulting from a reduced vaccine response in acquired immunity).	Reviewed. No change in recommendation made.	Comment noted with thanks. While COVID-19 vaccines have been shown to be safe and effective for most people, rare adverse events such as myocarditis and pericarditis have been associated with mRNA vaccines, particularly Pfizer (Comirnaty) and Moderna (Spikevax) vaccines. These events are uncommon but have been most frequently reported in young males aged under 30

		Comment	Proposed Action	Organisation
		this causes lots of distress for people who are forced to have vaccines where vaccines are not as useful to them (reduced response and antibody production) and then are expected to function in communicable situations like they have the required or expected level of immunity (which they don't). If people have demonstrated Ig function (reduced IgA, IgG, IgD, IgE and IgM) which may not be classified as severe immunocompromise then they should not be forced to be vaccinated (less chance they will build antibodies and immunity anyway), and the resultant expectation that they will enter places of higher exposure risk due to having had the vaccine (albeit not working effectively in their body) with reduced ability to resist due to faulty innate immunity is unfair. People should be able to choose not to have the vaccine when it is of much lesser functional benefit in their body, while then being able to explain that the risk is higher for them regardless, and that they have the right to better hygiene practices in society (use of sanitisers to clean surfaces, mandatory handwashing practices, as well as secretion management).		years, usually after the second dose of vaccine. The Handbook chapter recommends that people who develop myocarditis and/or pericarditis after a COVID-19 vaccine should defer further doses and discuss options for further COVID-19 vaccination with their treating doctor. Furthermore, individuals with a recent history of myocarditis or pericarditis (within the past 3 months) due to any cause unrelated to the COVID-19 vaccine should be assessed case-by-case by a healthcare provider, ideally in consultation with a cardiologist, before considering future COVID-19 vaccination. GRADE assessments of COVID-19 vaccine safety classify myocarditis and pericarditis as rare but significant adverse events, and public health recommendations continue to weigh these risks against the benefits of preventing severe COVID-19, especially in younger adults.
8b		Consider not forcing vaccines on people where they are minimally effective. Include information about disorders or diseases that may lead to minimally effective antibody development in immunity, so people can make informed decisions (include information about immunoglobulin production disorders, including MGUS, which does have a component of reduced innate immunity, and resultant acquired immunity from both vaccines and disease exposure, in some instances, particularly when the person has two or more affected Ig's).	Reviewed. No change in recommendation made.	Thank you for the comment. ATAGI is an advisory committee and cannot issue public health orders such as vaccine mandates; these are issued by state, territory or federal health departments. Current ATAGI recommendations for COVID-19 vaccine doses are based primarily on evidence of vaccine

		Comment	Proposed Action	Organisation
				effectiveness, severity of disease, and burden of disease in different population groups. However, there are individuals outside the core recommended groups for whom additional doses are not appropriate. For cases outside the core groups, decisions rely on the clinical judgement of immunisation providers. Not all individualised considerations and medical conditions can be fully specified in guidelines. ATAGI provides broad recommendations, leaving scope for providers to assess, on a case-by-case basis, whether a further dose would be beneficial.
8c		Include information about developing vaccines, and that once federal or state/territory health departments or the TGA or other body is informed that there is new covid vaccine technology that the covid vaccine recommendations are updated within an acceptable timeframe. There are several competing technologies around the globe including in Australia who are working on improving the method of administration as well as the formulation of covid vaccines to ensure they are much more stable and work regardless of the parts of the virus that mutate. Stating how you will review the recommendations is important because it demonstrates a desire to remain within the contexts of best practices and resultant care for the general public.	Reviewed. No change in recommendation made.	Comment noted with thanks. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Vaccine development and the regulatory process are outside the scope of The Australian Immunisation Handbook. Information on COVID-19 vaccines that are being evaluated for registration in Australia can be found on the Therapeutic Goods Administration (TGA) website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines Before any COVID-19 vaccine is approved for use in Australia, it undergoes a rigorous and independent evaluation by the TGA. This process ensures that all provisionally approved, and fully registered vaccines meet the

		Comment	Proposed Action	Organisation
				high standards of safety, efficacy, and quality required for use in Australia. ATAGI is committed to making timely recommendations on available COVID-19 vaccines that are registered by the TGA, particularly for Australians at higher risk, including those with medical contraindications to mRNA vaccines.
9a	Individual	Long term effects on fertility has not yet been established. Long term effects on child development has not yet been established. Long term effects on babies born from pregnant women who have had the COVID vaccine has not yet been established.	Reviewed. No change in recommendation made.	Comment noted with thanks. Where available, information on relevant safety outcomes is included in various sections of the Australian Immunisation Handbook. All vaccines and medications are associated with potential side effects, and when making clinical recommendations, ATAGI considers the potential benefits of vaccination against any potential side effects. Over 13 billion doses of COVID-19 vaccine have been administered globally, and the safety of COVID-19 vaccines has been closely studied in population-level safety surveillance systems globally. These systems are designed to detect very rare serious adverse events associated with COVID-19 vaccines. The safety of COVID-19 vaccines in pregnant women is well established, and studies that have assessed any potential impacts on fertility and infant outcomes, have shown reassuring results.

		Comment	Proposed Action	Organisation
9b		Consider not forcing vaccines on people where they are minimally effective. Include information about disorders or diseases that may lead to minimally effective antibody development in immunity, so people can make informed decisions (include information about immunoglobulin production disorders, including MGUS, which does have a component of reduced innate immunity, and resultant acquired immunity from both vaccines and disease exposure, in some instances, particularly when the person has two or more affected Ig's).	Reviewed. No change in recommendation made.	Thank you for the comment. ATAGI is an advisory committee and cannot issue public health orders such as vaccine mandates; these are issued by state, territory or federal health departments. Current ATAGI recommendations for COVID-19 vaccine doses are based primarily on evidence of vaccine effectiveness, severity of disease, and burden of disease in different population groups. However, there are individuals outside the core recommended groups for whom additional doses are not appropriate. For cases outside the core groups, decisions rely on the clinical judgement of immunisation providers. Not all individualised considerations and medical conditions cannot be fully specified in guidelines. ATAGI provides broad recommendations, leaving scope for providers to assess, on a case-by-case basis, whether a further dose would be beneficial.
9c		Include information about developing vaccines, and that once federal or state/territory health departments or the TGA or other body is informed that there is new covid vaccine technology that the covid vaccine recommendations are updated within an acceptable timeframe. There are several competing technologies around the globe including in Australia who are working on improving the method of administration as well as the formulation of covid vaccines to ensure they are much more stable and work regardless of the parts of the virus that mutate. Stating how you will review the recommendations is important because it demonstrates a desire to remain within the contexts of best practices and resultant care for the general public.	Reviewed. No change in recommendation made.	Comment noted with thanks. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Vaccine development and the regulatory process are outside the scope of The Australian Immunisation Handbook. Information on COVID-19 vaccines that are being evaluated for registration in Australia can be found on the Therapeutic Goods Administration (TGA) website:

		Comment	Proposed Action	Organisation
				https://www.tga.gov.au/products/covid-19/covid-19-vaccines Before any COVID-19 vaccine is approved for use in Australia, it undergoes a rigorous and independent evaluation by the TGA. This process ensures that all provisionally approved and fully registered vaccines meet the high standards of safety, efficacy, and quality required for use in Australia. ATAGI is committed to making timely recommendations on available COVID-19 vaccines that are registered by the TGA, particularly for Australians at higher risk, including those with medical contraindications to mRNA vaccines.
10	Individual	Consider including recommendations for healthy individuals (including children) that live with or care for people at higher risk of COVID-19.	Reviewed. No change in recommendation made.	Comment noted with thanks. Current advice prioritises those groups who have the greatest risk of severe COVID-19. Throughout the pandemic, children have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only

		Comment	Proposed Action	Organisation
				make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the transmission risk to close contacts. Therefore, all the recommendations are based on preventing risk of severe disease for the vaccinated individual.
11	Individual	The COVID-19 chapter does not provide clear recommendations for special risk groups, particularly people at occupational risk and people in detention. Neither does the Vaccination for special risk groups chapter. For example we would expect COVID-19 boosters to be recommended for health care workers, child care workers, people in detention, international travellers etc. In the same way that influenza vaccination is recommended for these groups. The wording of adults being vaccinated as "can consider a further dose every 12 months based on individual preference and a risk-benefit assessment" is too ambiguous. ATAGI should assess the risk-benefit for special risk groups and provide recommendations on these.	Reviewed. No change in recommendation made.	Comment noted with thanks. The clinical advice provided in the Australian Immunisation Handbook is based on ATAGI's consideration of the current best available evidence, including data on the epidemiology, duration of protection following vaccination, risk of severe disease in different population groups, and vaccine effectiveness over time. The recommendations for COVID-19 vaccines will be revised to ensure there is clear messaging as to whom ongoing vaccination is clearly recommended for and in whom the decision to vaccinate is based on individual risk-benefit assessment and individual preferences.

		Comment	Proposed Action	Organisation
				While there are currently no explicit recommendations for carers, people with occupational exposure, or similar groups outside of age or medical-risk criteria, these individuals may still be eligible if they meet the general age- and risk-based conditions endorsed by ATAGI. Vaccine effectiveness studies have shown that protection from COVID-19 vaccine against transmission is short-lived and cannot be solely relied on to reduce transmission risk to close contacts.
12a	Individual	No. I think ATAGI's considerations have been comprehensive.	Reviewed. No change in recommendation made.	Comment noted with thanks.
12b		To me it is clear enough why the recommendations have changed, particularly for healthy children. The key is communicating the rationale in a way that doesn't bolster the arguments of anti-vaxxers. Potentially some plain English commentary and data to highlight how the severity pattern of COVID-19 has changed over time, and why vaccination was important for children in earlier pandemic phases and how the risk-benefit equation has now shifted.	Reviewed. Wording of supporting Handbook section to be revised. Changes to wording of practice points to be made in "Recommendations" section.	Comment noted with thanks. The Australian handbook chapter will be updated to include relevant information and justification for each policy setting.
13a	Organisation DHHS	Additional potential benefits Strengthening trust through choice: Offering optional doses to healthy adults and pregnant women may enhance public trust by supporting personal agency and informed decision making.	Reviewed. Wording of recommendation s to be revised	Thank you for your comments. ATAGI's recommendations are based on the best available evidence,

		Comment	Proposed Action	Organisation
		Global alignment: alignment with the World Health Organisation's Strategic Advisory Group of Experts on Immunization (SAGE) recommendations¹, employing simplified risk-based recommendations. The revised recommendation for healthy children avoids compromising routine childhood immunisation schedules. Alignment may improve sector communication strategies and bolster overall vaccine confidence. Potential risks / unintended consequences: Perception reduction of risk leading to apathy: Revised recommendations for healthy children and adolescents (vaccination not recommended) may contribute to public complacency, potentially reducing COVID-19 vaccine uptake in high-risk populations over time. Equity in access and uptake: Complex recommendations, such as optional additional doses (previously called boosters) for healthy adults, may disproportionately affect culturally and linguistically diverse (CALD) communities and those with low-health-literacy, even when vaccines are publicly funded. Miscommunication among providers: A more complex vaccination schedule may lead to implementation errors if recommendations are integrated into routine care without adequate support and training. Likelihood of these consequences: Low: Most risks are manageable with robust consistent (nationally led) public health messaging and provider education.		including data on the epidemiology, duration of protection following vaccination or infection, the risk of severe disease in different population groups, and vaccine effectiveness over time. Going forward, one or two annual dose/s will be recommended for people at the highest risk of severe disease, and an optional dose can be considered for certain populations, including pregnant women, to continue supporting personal agency and shared decision making. We also note that the WHO SAGE is reviewing their COVID-19 vaccine recommendations including doses in pregnancy. As noted, potential risks/unintended consequences are largely related to public health messaging and provider education. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Broader communication messaging is managed by the Australian federal, state and territory health departments, and is outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups.

		Comment	Proposed Action	Organisation
				Healthcare providers should follow the general age- and risk-based recommendations outlined in the Handbook chapter for culturally and linguistically diverse (CALD) communities, with the use of additional supports as needed e.g. interpreter or cultural support worker.
13b		Australian Immunisation Handbook COVID-19-chapter, section – Vaccine dosage and administration/ Dose and route It is recommended to include a direct link to the Administration of vaccines section in the Australian Immunisation Handbook. This will provide clinicians with authoritative guidance on vaccine administration techniques and site selection. Note - for Comirnaty (Pfizer) vaccines, the product information advises that for individuals aged 1 to 5 years and older, the vaccine should be administered intramuscularly in either: The anterolateral aspect of the thigh, or The deltoid muscle, depending on age and muscle mass. This change will align with recommended immunisation practices and support safe and effective vaccine delivery. First Nations Australians – considerations. Section - 'People at increased risk of severe COVID-19 disease' Consideration should be given to First Nations Australians (as with any other CALD community) where individual social determinants may increase personal risk of severe illness in addition to specific underlying health conditions, and that this should be considered when clinicians are making a risk-benefit assessment.	Reviewed. Wording of recommendation to be revised.	Thank you for your comments. Recommendations have been updated after analysing the local data and going forward Aboriginal and Torres Strait Islander adults aged 50–74 years with medical risk conditions are recommended to receive one annual dose and second annual dose can be considered. Aboriginal and Torres Strait Islander adults aged 50–74 years with no medical risk conditions are recommended to receive one annual dose. All other Aboriginal and Torres Strait Islander people should follow the general age- and risk-based recommendations outlined in the Handbook chapter.
13c		Given the unpredictable nature of SARS-CoV-2 evolution, consider including a clearly communicated contingency clause, such as provisions for responding to a new variant of concern. This approach may help manage stakeholder expectations to be responsive to changing recommendations.	Reviewed. Wording of supporting Handbook section to be revised. Changes to supporting text to be made in	Comment noted with thanks. ATAGI continues to monitor emerging evidence and variant trends closely and will revise recommendations if needed in response to the emergence of a new variant of concern. This approach ensures that vaccination policy remains flexible, evidence-based, and responsive to the changing epidemiological landscape.

		Comment	Proposed Action	Organisation
			“vaccine information” section.	
14a	Individual	We have not identified any factors.	Reviewed. No change in recommendation made.	Comment noted with thanks.
14b		The wording in recent update to the recommendation for Healthy infants, children and adolescents aged <18 years has resulted in a lot of concern from providers and consumers. Specifically, the wording - benefits of vaccination are not considered to outweigh the potential harms – with people believing that this implies that the vaccine may cause harm if given or may have caused harm to those that received it. It is felt that this is detrimental to the public opinion of the COVID-19 vaccination program and may result in reduced uptake and ongoing coverage, and increased vaccine hesitancy and mistrust. Primary course information is not made clear. While most people have received primary courses, it is difficult for providers to find and understand this information. A summary table or infographic (similar to how the information has been displayed in the ATAGI statements would likely be more useful to providers as they are used to information being displayed in this format.	Reviewed. No change in recommendation made. Changes to supporting text to be made in “Recommendations” section.	Comment noted with thanks. COVID-19 vaccination is not recommended for infants, children, or adolescents with no medical risk conditions, as the risk of severe illness in this group has remained extremely low after the pandemic and many may have acquired immunity through previous infection. The overall benefit of vaccination in this cohort currently does not outweigh the potential risk of rare but significant adverse events such as myocarditis/pericarditis. The wording of the supporting text to the recommendation has been revised for clarity.
15a	Organisation Pharmaceutical Society of Australia	PSA considers the primary risks and benefits are well explored in the discussion.	Reviewed. No change in recommendation made.	Comment noted with thanks.
15b		Tiered recommendations for people with medical conditions and those with severe immunocompromise are important. However, the current paragraph structure and writing style of the recommendation does not help the reader to draw out these differentiated recommendations clearly when scanning information quickly. Consider additional paragraph breaks. It is unclear how a potential conflict between the COVID-19 chapter and ATAGI advice would be managed in the event of an urgent public health need or declaration of a public health emergency.	Reviewed. Wording of recommendation to be revised.	Comment noted with thanks. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI’s advice. The recommendations for COVID-19 vaccines will be revised to ensure there is clear messaging as to whom ongoing vaccination is recommended for and in

		Comment	Proposed Action	Organisation
		The influenza chapter in AIH contains a highlighted statement and link “Always check annual seasonal influenza vaccine statements- external site. Vaccines and age eligibility change from year to year.” While recognising that COVID-19 does not exhibit quite the same seasonality of influenza, given the frequency of vaccination for at-risk populations and updates to vaccine formulation, PSA considers a similar statement in the COVID-19 chapter would be prudent.		whom the decision to vaccinate is based on clinical decision making. During the COVID-19 pandemic, new and significant evidence was being generated rapidly and ATAGI statements were published to meet this rapidly evolving context. Now that the pandemic phase is over, COVID-19 advice is contained within the Immunisation Handbook as for all other vaccine-preventable diseases. As with all other vaccines, ATAGI regularly reviews new evidence and will issue update guidance in the COVID-19 chapter as required.
15c		The statement clarifying that there is no recommended minimum interval between COVID-19 vaccine dose and COVID-19 infection is important, particularly as many consumers are unaware this recommendation has changed in recent years. PSA considers the order of presentation of information ‘COVID-19 vaccine dose’ and ‘infection’ be swapped to better reflect chronology relevant to decision-making. The paper does not describe the impact of current COVID-19 vaccines (or lack of) on virus transmission. Many individuals in the Australian community still consider this a motivator for vaccination, particularly following public health messaging in the 2021 Delta outbreak. Without being inconsistent with the format of other AIH chapters, a comment on COVID-19 vaccination effect on virus transmission, or lack of effect, would support vaccine providers make evidence-based recommendations in relation to individual consumer queries.	Reviewed. Wording of recommendation to be revised. Changes to supporting text to be made in “Recommendations” section.	Thank you for the comment. The supporting text under the recommendation will be revised as suggested. Additional information on the impact of vaccines on COVID-19 transmission will be included in the chapter.
16a	Organisation NSW Health	It would be beneficial to provide a link to all COVID-19 vaccines including international COVID-19 vaccines recognised by Australia. This will assist immunisers with assessing the COVID-19 vaccination history for international residents who may have received COVID-19 vaccines overseas that are not approved by the Therapeutic Goods Administration (TGA). The list of the COVID-19 vaccines approved and/or recognised by the TGA is available on the TGA website.	Reviewed. No change in recommendation made	Thank you for the comment. The Australian Immunisation Handbook provides clinical guidance for health professionals on the safest and most effective use of vaccines available in Australia, based on ATAGI’s advice. Vaccine development and the

		Comment	Proposed Action	Organisation
		As advice on COVID-19 vaccines has evolved/changed over time, it could be perceived by the general public that ATAGI is retracting its previous guidance on the number of COVID-19 vaccine doses or boosters required for optimal immunity against COVID-19. This is particularly relevant considering complaints/concerns from members of the public where vaccinated individuals experiencing serious AEFI have expressed concerns about having received what they describe as "unnecessary COVID-19 vaccines that were not adequately tested." To address these concerns and improve public understanding, it may be worthwhile to provide a short summary on how widespread global vaccine uptake and immunity from infection have contributed to the current subvariants of the virus that are of less concern, and hence the current recommendations. Additionally, it would be valuable for the document to elaborate further how the current recommendations are informed by up-to-date epidemiological data, including information on circulating variants. As we are now in an era marked by increased vaccine hesitancy, we believe that incorporating this context would help strengthen public trust and enhance the impact of the recommendations.		regulatory process are outside the scope of The Australian Immunisation Handbook. Information on circulating strains and immune escape is already included in the COVID-19 chapter.
16b		No. The chapter does acknowledge the potential emergence of a variant of concern and notes that ATAGI regularly reviews its recommendations in accordance with the evolving COVID-19 epidemiology and the availability of vaccines.	Reviewed. No change in recommendation made.	Comment noted with thanks.
16c		Specific comments as follows: Plain-language summary on Page 3: 'It spreads through droplets that contain the virus from your nose or throat.' Our comment: Suggest updating to "It spreads through droplets and very small particles that contain the virus from the nose or throat of an infected person" Plain-language summary on Page 3: 'ATAGI recommends 1 dose of COVID-19 vaccine for everyone aged 18 years and over who does not have severe immunocompromise.' Our comment: As this is the plain language summary, we suggest clarifying that this recommendation applies specifically to individuals who have not yet received any COVID-19 vaccinations. Summary of recommendations on Page 4: '• People with a history of SARS-CoV-2 infection can receive further doses of a COVID-19 vaccine as recommended.' Our comment: suggest elaborating on what is meant here by as recommended (eg "as recommended for their age and risk factors"). Important note about this public consultation on Page 5:	Reviewed. No change in recommendation made.	Thank you for the comment. The public consultation document summary and background are not under review and will therefore not be modified. Top level Handbook recommendations are designed to be short. Further detail is provided in the practice points below these. Regarding the 42 days interval, this is a frequently used upper limit period for surveillance for serious adverse events occurring after vaccination in the published literature and surveillance reports. The majority of adverse events following vaccines occur within several days of vaccination, and adverse events

		Comment	Proposed Action	Organisation
		'Since then, the chapter has been updated multiple times in response to the changing epidemiology of COVID-19 and the available vaccines. Now that the situation has stabilised and chapter updates are needed less frequently, the public consultation process can be conducted.' Our comment: Given the sensitivity of the topic, we suggest including a note about currently spreading variants/subvariants and their severity here instead of only referring to the current epidemiology as “stabilised”. GRADE methods on Page 6: 'GRADE methods: Evidence on the benefits and harms of COVID-19 vaccines was assessed using GRADE (Grading of Recommendations, Assessment, Development and Evaluations) methods. There were 2 primary research questions for this GRADE assessment, and these focused on the latest vaccine formulations in the context of hybrid immunity.' Our comment: Although the reader can refer to the NCIRS study for further details, we recommend including the specific time period covered by the study, as well as the formulation or name of the vaccines examined, for clarity and context. GRADE methods on Page 7: '• adverse event of special interest: myocarditis (with or without pericarditis) occurring within 42 days of vaccination' Our comment: We suggest including the reason for selection of “42 days” in the criteria by NCIRS, noting some rare occasions of this AEFI reported beyond this period. Preferences and values on Page 11: 'Australians’ acceptance of COVID-19 vaccines has been shaped by evolving factors over the course of the pandemic. Initially, vaccine uptake was high, driven by the urgency of protecting public health' Our comment: Suggest adding protecting public health and individual health.		with onset occurring beyond several weeks post-vaccination are exceptionally rare.
17a	Individual	We frequently receive feedback that the cohort for whom further COVID-19 doses should be considered’—following a risk-benefit discussion—is not universally understood by immunisation providers. While clinical judgement is expected of these providers, it may be valuable to explicitly outline the core elements of a risk-benefit assessment within the chapter to improve consistency. Key factors to consider include: •Age: Risk increases significantly with age. •Medical History: Chronic diseases (eg: diabetes, cardiovascular disease, immunocompromise) may increase vulnerability.	Reviewed. Wording of recommendation s to be revised .	Thank you for the comment. Current ATAGI recommendations for COVID-19 vaccine doses are based primarily on evidence of vaccine safety and effectiveness, severity of disease, and burden of disease in different population groups. They serve as guidance for immunisation providers to make a clinical decision on a case-by-case basis for the individual, taking into

		Comment	Proposed Action	Organisation
		•General Health Status: Frailty, disability, or residence in aged care are important considerations. •History of COVID-19 Infection: Prior infection (including severity and recency) which may impact immunity and susceptibility. •Vaccination History: Number and timing of previous doses, as well as any adverse events experienced, should inform decision-making. •Precautions and Contraindications: Allergies to vaccine components, side effects and other medical considerations may impact suitability for further vaccination.		account other individualised considerations such as age, underlying medical conditions and personal circumstances. A risk-benefit assessment can be complex and difficult to be fully specified in broad guidelines. <u>Useful resources to aid providers in a risk-benefit discussion include the table outlining medical conditions associated with increased risk of severe outcomes from COVID-19 (https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19#people-with-medical-conditions-that-increase-their-risk-of-severe-illness) and the frequently asked questions on NCIRS website (https://www.ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/covid-19-vaccines-frequently-asked-questions-faqs?goto=faq_1)</u>
17b		There continues to be ongoing concern within the community around the overall safety of COVID-19 vaccines. Current safety information within the ‘adverse events’ section —focused mainly on age-specific adverse events such as anaphylaxis, myocarditis, and pericarditis— does not comprehensively address some of the broader community concerns, particularly around mRNA vaccine technology. To strengthen understanding and confidence, the chapter would benefit from: •A clear, overarching statement on the public health value of COVID-19 vaccination, emphasising the benefits of vaccination (e.g. reduced hospitalisation, long COVID, its role in preventing severe illness, hospitalisations, and death at a population level). •Address mRNA concerns directly, explaining how the technology works and emphasising its safety profile.	Reviewed. Wording of recommendations to be revised .	Thank you for your comments. While detailed explanations of vaccine technologies and technology-related adverse events are outside the scope of this chapter, all vaccines recommended in Australia undergo rigorous evaluation by the Therapeutic Goods Administration (TGA) to ensure safety, quality, and effectiveness. Additional information on post-vaccination myocarditis and pericarditis is available in the After Vaccination chapter of the Australian Immunisation

		Comment	Proposed Action	Organisation
		•A national approach to vaccine safety communication, including sentiment assessment and focused on addressing misinformation and evolving public concerns.		Handbook and can be accessed at this link: https://immunisationhandbook.health.gov.au/contents/vaccination-procedures/after-vaccination#myocarditis-or-pericarditis. <u>Useful resources to aid providers in a risk-benefit discussion include the table outlining medical conditions associated with increased risk of severe outcomes from COVID-19</u> (https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19#people-with-medical-conditions-that-increase-their-risk-of-severe-illness) and the frequently asked questions on NCIRS website (https://www.ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/covid-19-vaccines-frequently-asked-questions-faqs?goto=faq_1) Regarding communication matters, these are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake.
17c		Despite extensive efforts to boost COVID-19 vaccination rates in Residential Aged Care Homes (RACHs), uptake remains below optimal levels, with numerous barriers across individual, facility, and policy levels. In contrast, influenza vaccine coverage in RACHs consistently reaches 70–80%. Given the complexity of maintaining a rolling six-month vaccination schedule for residents aged 75+, there may be value in reconsidering the current approach. Specifically:	Reviewed. No change in recommendation made.	Thank you for your comments. The Australian Immunisation Handbook provides clinical advice based on ATAGI's considerations of the best available evidence, including data on the epidemiology, duration of

		Comment	Proposed Action	Organisation
		• Has there been consideration of a 12-month interval for this age group, aligned with the annual flu campaign? While a longer interval may slightly reduce individual protection, simplifying implementation could substantially increase uptake. • A strategic shift to a seasonal reset could offer clarity: recommending that every RACH resident receive a COVID-19 vaccine alongside the flu vaccine, followed by a booster six months later. This could help align logistical workflows, reduce confusion for providers, and elevate overall program effectiveness.		protection following vaccination or infection, the risk of severe disease in different population groups, and vaccine effectiveness over time. ATAGI also takes into account the impact of its clinical recommendations on the acceptability and feasibility of a vaccination program. However, implementation matters are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook.
18a	Organisation The Royal Australian College of General Practitioners	• Page 7: The recommendation that 'Adults aged ≥18 years are recommended to receive COVID-19 vaccine, and further doses are recommended based on age and risk–benefit assessment' could be made more specific. The RACGP recommends revising it to state 'Adults aged ≥18 years are recommended to receive one dose of COVID-19 vaccine, and further doses...' • We recommend the detailed wording under the recommendation in the point above be edited to be consistent with the terminology used elsewhere in the chapter: - o 'Adults aged 18–64 years who do not have severe immunocompromise are recommended...' should be revised to 'Adults aged 18–64 years who are not pregnant and do not have other medical conditions are recommended...' - o 'Adults aged 65–74 years who do not have severe immunocompromise are recommended...' should be revised to 'Adults aged 65–74 years who do not have other medical conditions are recommended...' • The chapter does not provide guidance on whether vaccination is recommended for adults who live with or visit individuals at high risk. Similarly, it offers no specific advice for healthcare workers or others who may come into contact with vulnerable people. Recommendations for these should be included. • The chapter does not specifically include recommendations for Aboriginal and Torres Strait Islander people. If the recommendations are the same for Aboriginal and Torres Strait Islander people, it would be helpful to include a statement articulating this.	Reviewed. Wording of recommendation s to be revised.	Thank you for your comments. The recommendations for COVID-19 vaccines will be revised to ensure there is clear messaging regarding recommendations for first doses and further doses. Recommendations have been updated after analysing the local data and going forward Aboriginal and Torres Strait Islander adults aged 50–74 years with medical risk conditions are recommended to receive one annual dose and second dose can be considered. Aboriginal and Torres Strait Islander adults aged 50–74 years with no medical risk conditions are recommended to receive one annual dose. All other Aboriginal and Torres Strait Islander people should follow the general age- and risk-based recommendations outlined in the handbook chapter.

		Comment	Proposed Action	Organisation
		• A comment about whether the COVID-19 vaccine has had any effect on reducing transmission should be included. • It would be valuable to include information about the significance and patterns of antigenic change in the COVID-19 virus. This guidance should then be updated if a major antigenic shift occurs, resulting in a significant change in pathogenicity of the virus. For example, if an adult would require a new dose if they have only received a single dose of an outdated vaccine targeting a now-extinct variant. In the case of influenza, antigenic changes make it essential to receive the current, often annual, vaccine formulation. • Include a statement indicating both COVID-19 vaccines that are currently recommended for adults are equally effective.		While there are currently no explicit recommendations for carers, people with occupational exposure, or similar groups outside of age or medical-risk criteria, these individuals may still be eligible if they meet the age- and risk-based conditions endorsed by ATAGI. Moreover, some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against transmission is short-lived and cannot be relied upon to reduce transmission risk to close contacts. Additional information on the impact of vaccines on COVID-19 transmission will be included in the chapter. As SARS-CoV-2 continues to evolve, updated COVID-19 vaccines have been developed to better match circulating variants. These newer formulations—such as those targeting JN.1 or LP.8.1—differ from the original vaccine primarily in the spike protein antigen, enabling them to better address immune-evasive variants. Despite these updates, all COVID-19 vaccines—whether original or reformulated—remain effective in reducing the risk of severe disease, hospitalisation, and death. Current guidance in Australia does not require individuals who previously received an "outdated" COVID-19 vaccine to be revaccinated solely on that basis. However, going forward, one or two annual dose/s will be recommended for eligible groups at risk of severe disease to not only

		Comment	Proposed Action	Organisation
				provide timely protection but also allow access to the most up-to-date vaccine formulations when they become available. This guidance may be revised in the event of a major antigenic shift that significantly alters the virus's pathogenicity or impacts vaccine effectiveness. In such a scenario, individuals who received only an earlier-generation vaccine may require an additional dose to ensure adequate protection.
18b		Overall, the chapter is well-structured and easy to read. The formatting clearly differentiates between the various age groups and pregnant women. We welcome the change away from the outdated and potentially confusing practice of referring to vaccine doses by number (e.g. "6th dose").	Reviewed. No change in recommendation made.	Comment noted with thanks.
19a	Individual	Please get the latest variant Novavax for Australians - it has the most favourable efficacy and side effect profile	Reviewed. No change in recommendation made.	Comment noted with thanks. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account

		Comment	Proposed Action	Organisation
				the local burden of disease, including national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms.
19b		Please allow persons to be eligible to get boosters upon request at least every 6 months, if not every 3 months, in keeping with policies in other western countries. There are COVID conscious residents such as myself and my family who would be prepared to pay to boost regularly if they had access.	Reviewed. Wording of recommendation to be revised.	Comment noted with thanks. COVID-19 vaccine recommendations have been updated based on the best available evidence, including data on the epidemiology, duration of protection following vaccination or infection, the risk of severe disease in different population groups, and vaccine effectiveness over time. ATAGI recommends vaccine doses where the benefit-risk assessment favours vaccination for a specific population group. For healthy young people, there is insufficient evidence to support booster doses, and this must be balanced with the rare risk of serious adverse events such as myocarditis. Private market availability of COVID-19 vaccines is expected soon and may broaden access to vaccines for those who wish to receive additional doses outside of the recommendations, after discussing potential benefits and risks with their healthcare provider

		Comment	Proposed Action	Organisation
20a	Individual	kids should have access to vaccines. They should be able to protect themselves - especially reduce the risk of long covid.	Reviewed. Wording of recommendations to be revised.	Comment noted with thanks. Throughout the pandemic, children without medical risk conditions have experienced significantly milder symptoms and very low rates of severe illness, hospitalisation, and death from COVID-19 compared with adults. Currently even with newer circulating variants, the overall burden of disease in this age group remains very low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI recommends a vaccine dose where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to stop people from getting infected with SARS-CoV-2, but for those with risk factors such as advanced age or medical comorbidities, can significantly reduce the risk of severe illness. Therefore, all the recommendations are based on preventing risk of severe disease. For infant protection, going forward all pregnant women can consider a single

		Comment	Proposed Action	Organisation
				dose of COVID-19 vaccine from 20 weeks of gestation in each pregnancy.
20b		Covid is still a widespread concern and there is little information shared publicly now and it is a risk with some serious long term impacts and more needs to be done in public spaces such as on public transport to ensure well ventilated	Reviewed. No change in recommendation made.	Comment noted with thanks. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Broader public health behaviour matters are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups.
21a	Individual	Simply, a range of vaccinations are suitable for a range of health needs. Some have known reactions to certain vaccination ingredients and so this excludes them from the benefits of what they seek.	Reviewed. No change in recommendation made.	Thank you for your comments. ATAGI would support the availability of alternative COVID-19 vaccine platforms. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. Further updates on the regulatory status of COVID-19 vaccines can be found on the TGA website: https://www.tga.gov.au/products/covi

		Comment	Proposed Action	Organisation
				d-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.
21b		Further promotion of vaccines is a must, faith has been lost in vaccinations and this has a flow on effect to all vaccinations and why Health Ministers urge people to. At these times, we are in the peak of a wave and it is too late. Preventative public health needs to be a major focus.	Reviewed. No change in recommendation made	Comment noted with thanks. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Broader communications and implementation matters are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective preventative public health strategies and communications to optimise awareness, improve vaccine uptake and health outcomes.
21c		Vaccinations for 6 month olds and above as is the case in other countries, a range of vaccinations need to be on hand as above.	Reviewed. No change in recommendation made	Comment noted with thanks. In terms of the provision of COVID-19 vaccinations for children aged 6 months and above, throughout the pandemic, children without medical conditions have generally experienced milder symptoms and lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-

		Comment	Proposed Action	Organisation
				19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). Instead, the focus remains on protecting those at highest risk of severe outcomes, including adults with medical risk conditions, older Australians, and individuals with immunocompromise.
22	Individual	It seems that Long COVID has not been sufficiently accounted for when making decisions about vaccine availability. Long COVID can have devastating impacts on individuals, their families and their networks. These impacts can be both to their health and their finances (costs of healthcare + lost income). Furthermore, the cost of LC not only impacts the individual, but at scale, the economy, in lost working hours and reduced efficiency within their roles - https://www.abc.net.au/news/2024-08-19/long-covid-billions-economic-loss-australia/104234434 This study - https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(24)00082-1/fulltext#supplementary-material - found that vaccines reduce the incidence of Long COVID. I urge you to consider LC as a significant burden on the individual and the economy when weighing the benefits of vaccines against the costs. Taking into consideration Long COVID and not just admittance to Emergency/ICU etc when determining severe outcomes, I am sure would change the balance when determining the availability of vaccines to the entire population, including accessibility for children.	Reviewed. No change in recommendation made.	Thank you for the comment. Long COVID, also referred to as post COVID condition, is defined in the "Complications and sequelae of COVID-19 disease" section of the Australian Immunisation Handbook. Some studies support evidence that immunity from vaccination and/or prior infection are associated with a significantly lower risk of developing long COVID after subsequent infections. However, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed the evidence on vaccine effectiveness against long COVID. Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further

		Comment	Proposed Action	Organisation
				doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. For this reason, ATAGI's current recommendations are based on reducing the risk of severe disease from COVID-19.
23	Individual	Atagi's decision to limit access to children living without obvious disabilities from being covered by Covid vaccines is incomprehensible to me. Some children are having ongoing medical issues from exposure to Covid. The fact these children are crammed in classrooms, daycare or sporting venues without ANY protection boggles the mind. The risk of cardiovascular issues in male teens is minimal compared to the ongoing risks of multi organ issues like POTS, diabetes, chronic fatigue and vascular issues. Parents should decide, not you. Your messaging and s contributing to the anti vax sentiment. Do better	Reviewed. Wording of recommendation s to be revised.	Comment noted with thanks. Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains very low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to stop people

		Comment	Proposed Action	Organisation
				from getting infected with SARS-CoV-2, but can prevent severe illness in those with risk factors such as advanced age or medical co-morbidities. Therefore, all the recommendations are based on preventing risk of severe disease. For children with certain medical conditions that increase their risk of severe disease, the COVID-19 vaccine is recommended. These medical risk conditions have been identified based on available evidence and are outline in the Australian Immunisation Handbook. Going forward, all pregnant women can consider a dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.
24a	Individual	All people under 18 years of age should be eligible for COVID-19 vaccinations on a regular basis. There is growing evidence of Long Covid in younger populations, including toddlers and preschoolers: https://www.medscape.com/viewarticle/not-just-cold-research-suggests-distinct-long-covid-symptoms-2025a1000fat Studies from the US indicate that Long Covid affects 10 to 20 percent of children with a history of COVID-19, and is now the most common health condition in children: https://jamanetwork.com/journals/jamapediatrics/fullarticle/2834486?utm_content=334100094&utm_medium=social&utm_source=facebook&hss_channel=fbp-108930921605449 Vaccination is one of the only tools we have to prevent Long Covid. Removing access to vaccinations puts more kids at risk of a preventable chronic condition.	Reviewed. No change in recommendation made	Comment noted with thanks. Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, the Australian Technical Advisory Group on Immunisation (ATAGI) does not currently recommend routine COVID-19 vaccination for children with no

		Comment	Proposed Action	Organisation
				medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to stop people from being infected with SARS-CoV-2, but can prevent severe illness in those with risk factors (e.g. advanced age, medical co-morbidities). Therefore, all the recommendations are based on preventing risk of severe disease. Regarding Long COVID in children, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low. Furthermore, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed the available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses

		Comment	Proposed Action	Organisation
				was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. For this reason, ATAGI does not currently recommend routine COVID-19 vaccine for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
24b	Individual	We need to assess which vaccinations are available for use in Australia. There are thousands of Australians who cannot tolerate mRNA vaccines, and have been waiting for protein based alternatives such as Novavax. Please see below for the letter I've sent to my MP and Health minister regarding this issue: am writing as your constituent to ask you to advocate for equitable, ongoing access to a full portfolio of COVID-19 vaccines as publicly promised by the federal government; in particular, access to Novavax JN.1. There are thousands of Australians for whom mRNA vaccines like Pfizer and Moderna are medically contraindicated and therefore inaccessible. Many have had no access for more than 18 months to the only vaccine for which they are medically eligible: Novavax COVID-19 Vaccine (current 2024 version JN.1). More than 2200 Australians have signed a recent petition calling for urgent, equitable access to a full portfolio of updated COVID-19 vaccines including Novavax, as promised by the federal government. These are Australians who are unable to tolerate mRNA vaccines on medical grounds, having experienced severe side effects, allergic reactions, exacerbations of existing conditions and life-threatening adverse outcomes. Many of these Australians are also vulnerable, at higher risk of poor outcomes of covid infections. With previous vaccine doses having waned some time ago, they are currently completely unprotected against severe illness, hospitalisation and death from COVID-19, all because the federal government has failed to procure the only tolerated vaccine. Multiple clinical trials and studies around the world demonstrate that mRNA boosters (eg Pfizer and Moderna) show a higher incidence and increased severity of side effects and adverse events compared with Novavax, a protein-based vaccine.	Reviewed. No change in recommendation made	Thank you for your comments. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. The ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the

		Comment	Proposed Action	Organisation
		It is timely to offer and encourage vaccination in time for the Australian winter and Bioelect, Novavax's sponsor in Australia has said that it is "working towards approval and supply in time for the Australian 2025 winter". Thousands of Australians are waiting for access, and we are especially concerned as we see reports of a severe and virulent new variant currently surging across the world. The Health Minister needs to expedite delivery of Novavax as soon as possible to protect this at-risk cohort. It is farcical to have Minister Butler making public statements that "vaccination remains the most important measure to protect against the risk of severe disease from COVID-19" while failing to provide vulnerable Australians with the only vaccine that they are medically eligible for. A federal health department bulletin to Australian pharmacies in late 2023 advised that "the Commonwealth's supply of the ancestral Novavax vaccine was close to expiry"; and issued a reminder that "sites are encouraged to reach out to any patients who are unable to have mRNA vaccines and have not received their recommended COVID vaccinations before 31 January 2024". This shows that the health department was well aware in late 2023 that there is a cohort of Australians who are medically unable to have mRNA vaccines and need access to Novavax, but it has since done nothing to expedite delivery since January 2024. Citizens of other countries around the world have had no issues accessing regular boosters of this vital vaccine over the last two years and there is ample evidence of its safety and efficacy. ATAGI recommendations (obtained under FOI 4049 - 4062 Review of COVID-19 Vaccine and Treatment Purchasing and Procurement) acknowledge the need for a safe alternative to mRNA vaccines, stating Novavax COVID-19 vaccines "can be used as a booster dose in people aged 18 years and older in the following circumstances: * people who have a contraindication to mRNA vaccines (including those who have had a serious adverse event following mRNA vaccines, such as a history of anaphylaxis or myocarditis attributed to an mRNA vaccine) * people who do not prefer an mRNA vaccine * Off-label - Novavax can be used as a booster in people aged 12 years or older if no other COVID-19 vaccine brand is suitable for that person." Novavax recently submitted a report submitted to the US Securities and Exchange Commission https://finance.yahoo.com/sec-filing/NVAX/0001104659-24-129823_1000694/ suggesting that Australia has a credit for 3 million doses of Novavax COVID-19 vaccine without requiring any further payment, stating "parties (Novavax and the Commonwealth of Australia) agreed to credit approximately \$31 million of the advanced payment paid by the Commonwealth to the Company pursuant to the Advanced Purchase Agreement against outstanding invoices and invoices for the future delivery of approximately 3 million doses of COVID-19 vaccine without requiring additional cash payments." Why are thousands of Australians going without the only		Australian context, taking into account the local burden of disease, including national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines.

		Comment	Proposed Action	Organisation
		COVID-19 vaccine they are medically eligible for when the government is sitting on a credited stash of 3 million unused doses? The Australian Government promised timely access to updated Novavax COVID-19 vaccines, but there has been no transparency or progress on their approval, procurement, or distribution. This delay is concerning amid rising cases of Long Covid and reinfection-related health issues. As my elected representative, I am asking you to reach out to Health Minister, Mark Butler on my behalf and ask the following questions: - When can we expect access to Novavax COVID-19 vaccines? - Will you immediately expedite approval, procurement and distribution of Novavax JN.1 for vulnerable Australians who are medically ineligible for mRNA vaccines? I would have liked to write an individual reply to this question, but I live with chronic illness and do not have the energy today. I am one of the thousands who cannot tolerate mRNA vaccines. I would like the option to be able to access a protein based vaccine to protect what is left of my capacity.		
25a	Individual	There is extensive research demonstrating the alarming rates of Long Covid in young people, including infants, children and teens (*see examples below). Consequences of the proposed use of COVID-19 vaccines include systematic exclusion of children by not recommending an intervention that reduces the rates of Long Covid. *Gross RS, Carmilani M, Stockwell MS. Long COVID in Young Children, School-Aged Children, and Teens. JAMA Pediatr. 2025;179(7):809. doi:10.1001/jamapediatrics.2025.1415 *Iijima H, Funaki T, Kubota M. Long-COVID in children and their parents: A prospective cohort study. Pediatr Int. 2025; 67:e70042. https://doi.org/10.1111/ped.70042 *Lopez-Leon, S., Wegman-Ostrosky, T., Ayuzo del Valle, N.C. et al. Long-COVID in children and adolescents: a systematic review and meta-analyses. Sci Rep 12, 9950 (2022). https://doi.org/10.1038/s41598-022-13495-5	Reviewed. No change in recommendation made.	Thank you for your comments. Most children recover fully after their COVID-19 illness, and the risk of persistent symptoms is relatively low. Current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Furthermore, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with

		Comment	Proposed Action	Organisation
				hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
25b		Furthermore, many people with medical conditions that increase their risk of severe illness from COVID-19 are not able to tolerate Pfizer or mRNA vaccines in general due to extreme medical vulnerability. Therefore a more diverse suite of vaccines -- including Novavax -- is required for them to receive further doses of COVID-19 vaccine as you recommend.	Reviewed. No change in recommendation made	Thanks for your comment. ATAGI would support the availability of alternative COVID-19 vaccine platforms. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, including national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available

		Comment	Proposed Action	Organisation
				for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia .
26a	Individual	I would suggest including Novavax as an alternative vaccination for those who are unable to tolerate mRNA vaccination	Reviewed. No change in recommendation made	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. The ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance

		Comment	Proposed Action	Organisation
				is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms.
26b		I would also suggest long COVID reduced risk as part of proposed benefits and that should be included for paediatric population .	Reviewed. No change in recommendation made	Comment noted with thanks. Most children recover fully after their COVID-19 illness, and the risk of persistent symptoms is relatively low. Current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Furthermore, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID.

		Comment	Proposed Action	Organisation
				Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
27a	Individual	Issue 1: The Science COVID-19 does not just affect the respiratory system. It is a multi-system disease that affects almost every organ system and also the blood vessels, via direct and indirect endothelial damage. (4,5) COVID-19 is airborne, and is therefore transmitted via aerosols emitted when breathing, talking, singing, coughing and sneezing, etc. at both close- and far-range. (3) COVID-19 aerosols linger in the air like smoke. (6) Long COVID, also termed Post-Acute Sequelae of COVID-19 (PASC) is widely researched and documented in the scientific literature (over 5000 studies on MEDLINE). COVID-19 and Long COVID can affect both children and adults. There are no validated, effective treatments. (1,2) References: The Science (1) Australian Institute of Health and Welfare. Long COVID in Australia - a review of the literature. 16 December 2022. https://www.aihw.gov.au/reports/covid-19/long-covid-in-australia-a-review-of-the-literature/summary (2) Davis HE, McCorkell L, Vogel JM et al. Long COVID: major findings, mechanisms and recommendations. Nat Rev Microbiol. (2023) 21:133-146. DOI: 10.1038/s41579-022-00846-2 (3) Greenhalgh T, Jimenez JL, Prather KA et al. Ten scientific reasons in support of airborne transmission of SARS-CoV-2. Lancet. (2021) 397:1603-1605. DOI: 10.1016/S0140-6736(21)00869-2 (4) Kruger A, Joffe D, Lloyd-Jones G et al. Vascular pathogenesis in acute and long covid: current insights and therapeutic outlook. Semin Thromb Hemost. (2024) 51(3):256-271. DOI: 10.1055/s-0044-1790603	Reviewed. No change in recommendation s made.	Comment noted with thanks. The systemic nature of COVID-19 in some severe cases has been mentioned in the "<u>Pathogenesis</u>" section of the chapter. Airborne transmission of COVID-19 has been mentioned in "<u>Transmission</u>" section of the chapter. Long COVID has been mentioned in the "<u>complications and sequelae of COVID-19 disease</u>" section of the chapter. Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with

		Comment	Proposed Action	Organisation
		(5) Lamers MM, Haagmans BL. SARS-CoV-2 pathogenesis. Nat Rev Microbiol. (2022) 20:270–284. DOI: 10.1038/s41579-022-00713-0 (6) Wang CC, Prather KA, Sznitman J et al. Airborne transmission of respiratory viruses. Science. (2021) 373. eabd9149. DOI: 10.1126/science.abd9149		hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
27b		Issue 2: Vaccine Availability Australians need more choice around COVID-19 vaccination. A proportion of Australians cannot tolerate mRNA vaccines, due to their side effect profile. Novavax has been approved in other countries. It is well-tolerated and its efficacy is supported in the scientific literature. (1,2,3) Please consider giving Australians access to Novavax. Vaccine Availability (1) Kalkeri R, Zhu M, Cloney-Clark S et al. Anti-Spike IgG4 and Fc Effector Responses: The Impact of SARS-CoV-2 Vaccine Platform–Specific Priming and Immune Imprinting (Pre-proof). J Infection (2025) DOI: 10.1016/j.jinf.2025.106543 (2) Phase 3 Strain Change Study for SARS-CoV-2 rS Vaccines (COVID-19). ClinicalTrials.gov. Updated May 10, 2024. Accessed June 5, 2024. https://clinicaltrials.gov/study/NCT06409663. (3) Uriu K, Kaku Y, Kihara M et al. Antiviral humeral immunity against SARS-CoV-2 omicron JN.1 sub variants induced by JN.1 recombinant protein vaccine. Vaccine (2025) 54:127129. DOI: 10.1016/j.vaccine.2025.127129	Reviewed. No change in recommendation s made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. ATAGI only makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. Novavax’s original formulation was previously granted provisional approval

		Comment	Proposed Action	Organisation
				by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.
28a	Individual	There are additional potential benefits from the proposed use of Covid-19 vaccines. These are: - to reduce the incidence of long covid in children - to reduce the incidence of long covid in adults - to reduce severity of illness in children and adults - to reduce the likelihood of transmission to vulnerable by reducing severity and likely duration of illness childcare and school aged children, in particular.	Reviewed. No change in recommendations made.	Comment noted with thanks. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, the ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that

		Comment	Proposed Action	Organisation
				protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore, all the recommendations are based on preventing risk of severe disease. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.

		Comment	Proposed Action	Organisation
28b		The risk of only having an mRNA type vaccine is that those already experiencing long covid are being recommended by medical professionals against further vaccination. It is imperative that alternate types of vaccines are made available to children and adults experiencing long covid symptoms.	Reviewed. No change in recommendation s made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. ATAGI only makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.
29a	Individual	Children will continue to be at risk for long covid, or transmit to others who are at risk. "Not recommended" sets a negative tone and does not seem to balance risk of repeated infection against vaccine risk. Optional would be better.	Reviewed. No change in	Comment noted with thanks. Throughout the pandemic, children without medical conditions have

		Comment	Proposed Action	Organisation
			recommendations made.	generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore, all the recommendations are based on preventing risk of severe disease. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and

		Comment	Proposed Action	Organisation
				typically milder in children than in adults. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
29b		It is confusing ...better to have an age-based annual schedule like flu vaccine rather than the primary dose concept with boosters, which is associated with vaccines like tetanus that are only needed every decade.	Reviewed. Wording of recommendation to be revised.	Thank you for the comment. COVID-19 recommendations have been revised based on the best available evidence, including data on the local epidemiology, duration of protection following vaccination or infection, the risk of severe disease in different population groups, and vaccine effectiveness over time. Going forward, one or two annual dose(s) of COVID-19 vaccines will be recommended for the high-risk groups.

		Comment	Proposed Action	Organisation
				Primary course recommendations are no longer specified.
30a	Individual	There are potential risks arising from your guidelines because your recommendations are only for one dose, instead of for regular booster doses like in the US and other countries like Taiwan. - ALL children under 18 should be eligible for the vaccine and regular boosters. Your decision does not take into account the risk of long covid (page 7) and only refers to severe disease. - pregnant women should be recommended to get a booster when pregnant, not just if they have never been vaccinated. The vaccine offers protection to their child after birth. (page 9) It is disappointing to see such limited recommendations. The evidence points to the vaccine offering protection against severe disease and also long covid, and children and unborn babies should definitely be offered this protection, as they are the ones who are going to catch covid most often in their lifetime.	Reviewed. Wording of recommendation to be revised.	Comment noted with thanks. Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore,

		Comment	Proposed Action	Organisation
				all the recommendations are based on preventing risk of severe disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns We also note that the WHO SAGE is reviewing their COVID-19 vaccine recommendations including doses in pregnancy. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with

		Comment	Proposed Action	Organisation
				hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID.
30b		- Novavax should be made available to all, as a protein-based vaccine with fewer side effects and providing better immunity.	Reviewed. No change in recommendations made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. With regard to the availability of other vaccines, including Novavax, Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. The Australian Technical Advisory Group on Immunisation (ATAGI) makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as

		Comment	Proposed Action	Organisation
				well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines.
31a	Individual	Risks and benefits are quite individualized- especially towards younger population- occupational exposure, carer of vulnerable family or people, people with recurrent infections may want extra protection but ATAGI limited once yearly vaccinations reduce access to it, when commercial vaccinations not available, same applies to children as we know covid infections damage immune systems can cause vascular inflammation and damage, increasing risk of DM autoimmune diseases and long covid which can be very severe to 3-5% of LC patients and vaccinations reduces the risk and the parents should be able to decide if they want to get vaccinations for their children. Novavax actually plays an important role as well providing another option for ppl who can't have mRNA to get protection or ppl fear of vaccination side effects as it's far less with Novavax on various studies.	Reviewed. Wording of recommendation s to be revised.	Comment noted with thanks. ATAGI has thoroughly assessed the risk-benefit profile of COVID-19 vaccination for various population groups, including those at higher risk of severe outcomes. Recommendations are based on detailed evaluations of the local burden of disease, vaccine effectiveness, and potential risks. While there are currently no explicit recommendations for carers, people with occupational exposure, or similar groups outside of age or medical-risk criteria, these individuals may still be eligible if they meet the age- and risk-based conditions endorsed by ATAGI. Current updated advice prioritises those groups who have the greatest risk of severe COVID-19. We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk to close contacts.

		Comment	Proposed Action	Organisation
				Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker

		Comment	Proposed Action	Organisation
				and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID.
31b		At least allow Novavax to be available and let children have at least 2 covid vaccinations with consent of parents after risk benefits discussion. Or make them commercially available for population who want to protect themselves.	Reviewed. No change to recommendations made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines,

		Comment	Proposed Action	Organisation
				including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. The ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines.
32a	Unspecified	There are 3 risks/consequences from the proposed Covid-19 vaccination schedule. 1) The proposed use of Covid-19 exclude vaccinations for healthy individuals under 18 years. However, there is increasing evidence in the peer reviewed scientific literature that children are also affected by Long-Covid (Postacute Sequelae of SARS-CoV-2) (Rao et al, 2024; Gross et al., 2024). In the USA, Long Covid is the number one chronic illness in children in the USA. Covid infections also increases the risk of other conditions on this cohort. Covid vaccines have been shown to decrease the risk of Long Covid (e.g. Yousaf et al., 2025) and other conditions, so it makes no sense to exclude the group at most risk of catching Covid repeatedly each year (in schools, childcare centres) without the protection that the vaccines can provide. 2. The proposed recommendations are for annual vaccinations for most adults and bi-annual for those at higher risk of developing severe disease. However, evidence suggests that the immunity conveyed by vaccines is of a short duration only (e.g. Walsh et al, 2024) leaving those who only receive the annual booster unprotected for most of the year. In addition, one annual booster may not be enough to protect the individual against newer strains.	Reviewed. Wording of recommendation s be to revised.	Thank you for your comments. ATAGI carefully considers what is appropriate for the Australian context, including data on the local burden of disease, the risk of severe disease in different population groups, variant circulation, vaccine effectiveness over time and duration of protection following vaccination or infection . ATAGI will only recommend a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). Current guidance focuses on

		Comment	Proposed Action	Organisation
		Gross, R. S., Thaweethai, T., Kleinman, L. C., Snowden, J. N., Rosenzweig, E. B., Milner, J. D., ... & Howard, L. (2024). Characterizing long COVID in children and adolescents. JAMA, 332(14), 1174-1188. Rao, S., Gross, R. S., Mohandas, S., Stein, C. R., Case, A., Dreyer, B., ... & Stockwell, M. S. (2024). Postacute sequelae of SARS-CoV-2 in children. Pediatrics, 153(3). Walsh, K. A., O'Donnell, H., O'Loughlin, M., Eames, H., Jiang, J., O'Brien, K. M., ... & O'Neill, M. (2024). Duration of protective immunity following COVID-19 vaccination of individuals with underlying health conditions: A rapid review. Reviews in Medical Virology, 34(2), e2504. Yousaf, A. R., Mak, J., Gwynn, L., Lutrick, K., Bloodworth, R. F., Rai, R. P., ... & Saydah, S. (2025). COVID-19 vaccination and odds of post-COVID-19 condition symptoms in children aged 5 to 17 years. JAMA network open, 8(2), e2459672-e2459672.		ensuring timely protection for those most at risk—such as older adults and people with underlying health conditions—rather than fixed-interval dosing for the general population. In terms of vaccine protection against newer strains, ATAGI recommends that the latest available COVID-19 vaccines be used. Manufacturers attempt to produce updated vaccines to target circulating strains, guided by advice from TAG-CO-VAC (https://www.who.int/groups/technical-advisory-group-on-covid-19-vaccine-composition-(tag-co-vac)) As with influenza vaccines, there may be a mismatch between the strain of the available vaccine in a given season, and the circulating variant at that time. Despite this, there is evidence that vaccination with a mismatched strain may still provide protection against other strains, and would broaden the immunity to SARS-CoV-2. <u>ATAGI does not advise receiving an extra dose of new-variant vaccine unless it is due according to current recommendations.</u> Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low.

		Comment	Proposed Action	Organisation
				For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore, all the recommendations are based on preventing risk of severe disease. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous

		Comment	Proposed Action	Organisation
				results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
32b		3. At the moment the only vaccines available in Australia are Pfizer mRNA vaccines. However, there are people who cannot tolerate mRNA vaccines for a variety of reasons. This group of people is in vaccine limbo. They are wanting to get vaccinated but no vaccines (i.e. NOVAVAX) are available for them. It is therefore of outmost importance that ATAGI ensures that the latest NOVAVAX vaccines are also made available in Australia. Both mRNA and NOVAVAX vaccines should be updated regularly to reflect the newly emerging strains. There is not much point in using a vaccine for a strain that is no longer circulating in the community. Not everyone can tolerate mRNA vaccines. The protein based NOVAVAX vaccine needs to be made available. Vaccine equity is very important. It is quite disappointing that on the one hand the government wants people to get vaccinated while on the other hand, it does not provide people with the vaccines that they can tolerate. We should always have a suit of different vaccines e.g. mRNA and protein based vaccines. It is also important that we source vaccines from more than one company, i.e. NOVAVAX, Pfizer mRNA & Moderna mRNA.	Reviewed. No change in recommendations made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. ATAGI only make recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines,

		Comment	Proposed Action	Organisation
				including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia .
33	Individual	Not everyone tolerates mRNA vaccines. FACT! Previously this was acknowledged by ATAGI in official advice that Novavax was a suitable alternative. Previous official government advice in a pharmacy bulletin December 2023 literally advised pharmacists to reach out to the mRNA vaccine intolerant, people unable to take Pfizer or Moderna, to ensure they accessed Novavax before the original product expired in January 2024. In the interest of dramatically improving currently deficient Covid19 vaccine equity, I would like ATAGI to acknowledge mRNA vaccine medical intolerance beyond proven pericarditis and excipient allergy. We have flu vaccines across technologies, why not Covid vaccines? There are many reasons why a person may identify as mRNA vaccine intolerant. These include but are not limited to: 1. They may experience chest pain with Pfizer or Moderna. This may occur more than once on repeat administration. Even if pericarditis or myocarditis is not diagnosed, it is still a very unpleasant side effect. It may be the person was not offered timely investigation. Or the pain resolved before they could see the doctor. They may not have been offered cardiac MRI, and have nagging doubts that they had mild inflammation, and do not judge they have sufficient comorbidity or age to justify risking that chest pain again. 2. They feel acutely severely unwell for more than a few days after administration. If they dread taking the vaccine due to short term side effects, they deserve an alternative. 3. They developed Long Covid since administration of a booster and despite asymptomatic infection, misattributed their symptoms to vaccine injury. They have no way to prove it wasn't a vaccine precipitated event. This person will benefit from choice of vaccine technology.	Reviewed. No change in recommendations made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. The ATAGI only makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.

		Comment	Proposed Action	Organisation
		4. They experience a flare of a pre-existing illness following a booster. This could be an exacerbation of autoimmune or neurological disease, like Lupus, Rheumatoid Arthritis, POTS or MECFS. All these scenarios are not acknowledged by ATAGI. The idea mRNA vaccine intolerance relates to PROVEN peri/myocarditis or anaphylaxis to excipients only is not a complete picture. For vaccine equity, for the government to understand the urgency with which we need Novavax or another suitable alternative to mRNA vaccines, proper acknowledgement of all the above scenarios is required. It is extremely important that prior use of Pfizer is not assumed to represent a quantifiable level of tolerance in the population. A person who has taken Pfizer once uneventfully, then a second and third time with chest pain will appear in statistics as Pfizer tolerant. Whereas, in fact, they have reached the end of the road with that vaccine. Similarly, a person who takes Pfizer repeatedly with noticeable decline in MECFS baseline on the first two doses, won't continue with this vaccine if on the third exposure the decline is catastrophic and they become disabled, spending much of a year in bed, trying to claw back functionality for basic activities of daily living. If that person also took Novavax completely uneventfully with no alteration to MECFS baseline at all, it is natural they seek an alternative to Pfizer or Moderna. It should not be assumed the scenarios outlined are uncommon. Initially there was a strong message that myocarditis was rare and affected mostly young men. So we did not take chest pain occurring in two young females in our family seriously. But then it occurred again with the next vaccine dose. Neither have been reported to Ausvaxsafety. Neither had a proven diagnosis of cardiac inflammation. Neither wish to take Pfizer again. One would expect data for this signal to become more favourable as those affected stop taking the vaccine and drop out of the data. But these dropouts are still vaccine eligible and deserve choice, to at least try, even once, an alternative vaccine technology. Particularly as Nuvaxovid appears less reactogenic. ATAGI recognises Covid vaccines may reduce Long Covid risk. Therefore a young adult who experiences repeated chest pain with Pfizer still deserves the opportunity to try an alternative nonmRNA vaccine. In a submission to the Covid Response Inquiry, the Federal Health Department discusses a Key Learning of a cross brand and technology portfolio. According to the WHO, we are still in a pandemic. We need ATAGI to formally call for technology choice and meet one of their		d-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. Implementation matters such as vaccine procurement are managed by the federal, state and territory health departments and are outside the scope of the Australian Immunisation Handbook.

		Comment	Proposed Action	Organisation
		Strategic Intent goals, namely, Equity. At present, ATAGI and the government is failing on equity, failing ATAGI's Strategic Intent. Nuvaxovid should be available as readily as Pfizer. It is a safe and effective vaccine with lower reactogenicity that has been deployed in many countries. XBB Nuvaxovid or equivalent was deployed in the US, Europe, UK, Canada, Taiwan, Japan, India and Singapore to name a few. Why did Australians miss out? It is truly astounding to me that XBB Nuvaxovid was not approved and deployed. Novavax told the US Stock exchange that they had been told that TGA approval was unlikely so they withdrew their TGA application. No AusPAR explains why. Indeed it is not clear whether the Advisory Committee on Vaccines were even consulted before this advice, as they appear to flag possible approval of XBB in an AusPAR statement for original Novavax. Before any decision is reached by the TGA, the ACV is supposed to be consulted. The Health Secretary should tell Australians if this occurred. Australians are none the wiser as to whether mRNA vaccine medical intolerance was considered at all. Tellingly, Singapore deployed the XBB Nuvaxovid vaccine almost immediately after this, when JN1 was very dominant in their community. They appeared to understand the importance of vaccine equity and the value of cross protection. Furthermore, with only minor interruption, Singapore managed to transition from XBB to JN1 Nuvaxovid deployment. How is it they could do this, but Australia could not? Fast forward to today. Still no Novavax. The Advance Purchase Agreement has been renegotiated. We have credit for this vaccine, with no further cash required from Australia. Why is there no official, publicly acknowledged JN1 submission? Has what happened with XBB deprioritised Australia on the world stage for access to this vaccine? What elements in the purchase agreement motivate Novavax to submit via Bioelect, and provide timely responses to TGA queries? Did the ACCC scrutinise this agreement? I would like ATAGI to send a clear signal that we want this vaccine. If we are good enough to be a research site for a combined Flu/Covid vaccine, we deserve access as soon as possible. It is very important ATAGI do this. Those of us bitterly disappointed by the unavailability of Novavax and put at risk of severe disease wonder why they don't speak up for equity? Are they muzzled by the Health Department? We don't know. Is local Moderna going to be prioritised, so Governments justify their investment, another vaccine that does nothing to help people needing Novavax?		

		Comment	Proposed Action	Organisation
		I have three family members who fall within the mRNA vaccine intolerance scenarios outlined. Three in one household! My life is being put at risk by a massive vaccine procurement failure. It is not good enough to hear the Health Minister say he is "set" for winter by getting vaccinated, meanwhile, I cannot. It is not good enough to be told to wear a respirator, this does not allow easily for safe dentistry or necessarily prevent household incursion by others. If you get on a plane to participate in society, to travel, and get stuck on the tarmac with CO2 readings skyrocketing, to protect against severe disease everyone deserves opportunity to vaccinate, not rely on a perfect respirator seal. And anyone can be admitted to hospital anytime and be put at risk of asymptomatic transmission by unmasked or suboptimally masked health care workers who do not appreciate or care that a surgical mask with facial gaps is very inferior to a respirator for source control of airborne viruses. If you ring the TGA to ask about Novavax they tell you that they have 255 business days to approve a booster. That is a whole year. This is a completely unsatisfactory framework for approving a pandemic vaccine for a rapidly evolving virus. Australia has a small population relative to many countries. If we are to compete for supply, the approval process must be robust but efficient. It must also be transparent for accountability by all parties to each other and the public. If for example an application is being considered by the TGA, it must be publicised. Not a screening process of unknown duration before official evaluation, with no public scrutiny of whether all parties, TGA, Manufacturer and Sponsor are being as efficient and compliant with queries as possible. The whole system warrants an overhaul so we can achieve timeframes akin to other countries. It is clear Covid is not seasonal. We cannot be at the behest of northern hemisphere manufacturing timetables. After the withdrawal of the XBB application, and renegotiated APA where credit was applied, Australia appears deprioritised. Where is JN1? Are we to watch locally manufactured Spikevax be rolled out, administered to people who already had access to XBB and JN1 coverage? How is this fair to people needing Nuvaxovid? The Australian Immunisation Handbook Covid19 chapter as it stands is not inclusive, and does not acknowledge the full scope of mRNA vaccine medical intolerance or the current serious, life endangering, equity failure that exists.		
34a	Individual	I developed Long Covid following my first C19 infection in Jul 2022. I had my initial C19 vaccines on 21 Jun 2021, 19 Jul 2021 and 20 Dec 2021. I was tested positive for C19 on 22 Jul 2022. I was booked in for a booster on 23 Jul 2022. That infection resulted in severe Long Covid. I spent 8 months mostly bedbound and as I come up to 3 years I remain unable to work and living in poverty. Medical advice indicates that I am vulnerable to deterioration with a C19	Reviewed. Wording of supporting Handbook	Comment noted with thanks. ATAGI does not currently recommend routine COVID-19 vaccination every six months for all individuals. Recommendations are based on the best available

		Comment	Proposed Action	Organisation
		reinfection. Under the current ATAGI regime I am only eligible for a booster every 12 months. The devastating impact that a C19 infection had on my life is not currently considered to be a reason to make me eligible for a booster at 6 months. This is not good enough. Please consider providing access to vaccinations at 6 months for people diagnosed with Long Covid.	section to be revised. Changes to supporting text to be made in the “Complications and sequelae of COVID-19 disease” section	evidence, including data on the local burden of disease, duration of protection following vaccination or infection, the risk of severe disease in different population groups, and vaccine effectiveness over time. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID.
34b		There has been no publicity around this consultation. I have only found out about it today. As a person with cognitive and physical disabilities caused by C19 infection I do not have the capacity to review all materials and provide a response that includes detailed references I have within a short time. Even a 30 day consultation is difficult for us to respond when you have severe energy limitations. I have done my best and request that you recognise the inability to overcome disability barriers in your consultation approach and explicitly address the risks for people with Long Covid.	Reviewed. No change in recommendation s made.	Comment noted with thanks. Public consultation is a standard process that gives the community the opportunity to comment on advice that may directly affect them. Further details about the public consultation process can be found here: Public consultation NHMRC . All public consultations for the Australian Government Department of Health, Disability and Ageing can be found here: Consultation Hub .
35a	Individual	COVID-19 epidemiology, evidence and risks This fails to address the substantial health and economic burdens of long COVID	Reviewed. No change in recommendation s made.	Thank you for the feedback. The health impacts of Long COVID have been mentioned in the <u>“Complications and sequelae of COVID-19 disease”</u>

		Comment	Proposed Action	Organisation
		Costantino, V., Grafton, Q., Kompas, T., Chu, L., Honeyman, D., Notaras, A. and MacIntyre, C.R., 2024. The public health and economic burden of long COVID in Australia, 2022–24: a modelling study. Medical Journal of Australia, 221(4), pp.217-223. This literature review does not include evidence that COVID-19 vaccines consistently prevent long COVID symptoms, post-COVID-19 thromboembolic and cardiovascular complications Byambasuren, O., Stehlik, P., Clark, J., Alcorn, K. and Glasziou, P., 2023. Effect of covid-19 vaccination on long covid: systematic review. BMJ medicine, 2(1), p.e000385 Trinh, N.T., Jödicke, A.M., Català, M., Mercadé-Besora, N., Hayati, S., Lupattelli, A., Prieto-Alhambra, D. and Nordeng, H.M., 2024. Effectiveness of COVID-19 vaccines to prevent long COVID: data from Norway. The Lancet Respiratory Medicine, 12(5), pp.e33-e34.		section of the chapter. Economic impacts of Long COVID are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook.
35b		Plain-language summary (page 3): COVID is not only spread through droplets, but is an airborne transmitted virus Greenhalgh, T., Jimenez, J.L., Prather, K.A., Tufekci, Z., Fisman, D. and Schooley, R., 2021. Ten scientific reasons in support of airborne transmission of SARS-CoV-2. The lancet, 397(10285), pp.1603-1605. Klompas, M., Baker, M.A. and Rhee, C., 2020. Airborne transmission of SARS-CoV-2: theoretical considerations and available evidence. Jama, 324(5), pp.441-442.	Reviewed. No change in recommendation s made.	Thank you for the feedback. The background section including the plain language summary of the public consultation document are not under review. How COVID-19 is spread is already described in the “Transmission” section of the COVID-19 Handbook chapter.
36	Individual	The ability to protect children as well as the positive effects of allowing consumers to make informed medical decisions form their families based on evidence rather than being prevented from choosing vaccines.	Reviewed. Wording of recommendation s to be revised	Comment noted with thanks. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only

		Comment	Proposed Action	Organisation
				make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore, all the recommendations are based on preventing risk of severe disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.
37a	Individual	COVID-19 vaccinations need to be available as a suite of different vaccines and must include Novavax for those who cannot tolerate mRNA vaccines.	Reviewed. No change in recommendations made.	Thank you for your comment. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of

		Comment	Proposed Action	Organisation
				COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia .
37b		A full suite of vaccines must be made available to people of all ages, and those who are pregnant.	Reviewed. Wording of recommendation to be revised	The ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Current recommendations have been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.
37c		It is disappointing that my response could not be comprehensive due to the lack of notice in the consultation approach. There are too many barriers to overcome due to my disabilities. More notice, longer consultation periods, and community engagement could be helpful in reaching people who are heavily invested in the way vaccines are procured and distributed in Australia.	Reviewed. No change in recommendations made.	Comment noted with thanks. Public consultation is a standard process that gives the community the opportunity to comment on advice that may directly affect them. Further details about the public consultation process can be found here: Public consultation NHMRC. All public consultations for the Australian Government

		Comment	Proposed Action	Organisation
				Department of Health, Disability and Ageing can be found here: Consultation Hub .
38	Individual	Lived experience of covid sufferers, including carers needs to be applied across the Chapter. These articles are a must. https://www.abc.net.au/news/2024-12-29/pandemic-fertility-long-covid-snuffing-dreams-children-pregnancy/104687860 https://www.abc.net.au/news/2024-09-24/covid-safety-schools-course-sick-days-teachers-long-covid/104319032 https://www.abc.net.au/news/2024-06-16/children-with-long-covid-dismissed-doctors-myth-virus-harmless/103959078 https://www.abc.net.au/news/2024-02-11/patients-catching-covid-hospitals-australia-infection-control/103442806 https://www.abc.net.au/news/2024-01-21/covid-safe-strategies-australian-scientists-virus-infection/103335466 https://www.abc.net.au/news/2023-12-27/long-covid-mecfs-health-damaging-relationships-crisis/103205564	Reviewed. No change in recommendations made.	Thank you for your comments. The clinical advice provided in the Australian Immunisation Handbook is based on ATAGIs consideration of the current best available evidence, including data on the duration of protection following vaccination, level of community transmission, risk of severe disease in different population groups, and vaccine effectiveness over time. The addition of lived experiences of those affected by COVID-19 is out of the scope of the Handbook.
39	Individual	https://www.otago.ac.nz/news/newsroom/many-children-suffering-ongoing-covid-symptoms?utm_source=miragenews&utm_medium=miragenews&utm_campaign=news I am very concerned that emerging evidence of the harms of repeated covid infections is being ignored due to the focus on acute illness in children (which is still concerning particularly in the very young) My “healthy” sons trajectory - born 2012 Primary vaccination course 2021/22 Covid infection Nov 2023 mild symptoms	Reviewed. No change in recommendations made.	Comment noted with thanks. Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low.

		Comment	Proposed Action	Organisation
		fatigue issues post		For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk to COVID-19 infections. Therefore, all the recommendations are based on preventing severe risk of disease. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people.

		Comment	Proposed Action	Organisation
				However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
40a	Individual	Processing of new vaccines must be prioritised so that benefit can be as close to the wave it is most matched to. Full decision making and steps in the process should be made public.	Reviewed. No change in recommendations made.	Thank you for your comment. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Vaccine development and the regulatory process are outside the scope of The Australian Immunisation Handbook. Information on COVID-19 vaccines that are being evaluated for registration in Australia can be found on the Therapeutic Goods Administration (TGA) website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines ATAGI currently recommends that the latest available COVID-19 vaccine be used. Manufacturers attempt to produce updated vaccines to target circulating strains, guided by advice from TAG-CO-VAC

		Comment	Proposed Action	Organisation
				(https://www.who.int/groups/technical-advisory-group-on-covid-19-vaccine-composition-(tag-co-vac)) As with influenza vaccines, there may be a mismatch between the strain of the available vaccine in a given season, and the circulating variant at that time. Despite this, there is evidence that vaccination with a mismatched strain may still provide protection against other strains and would broaden the immunity to SARS-CoV-2. <u>ATAGI does not advise receiving an extra dose of new-variant vaccine unless it is due according to current recommendations.</u>
40b	Individual	It is imperative ATAGI staff informing this chapter complete training in this area and stay up to date with all new initiatives from similar countries and research. A local voice who you could seek out is https://clinicnineteen.com.au/about-us as they are taking the time, they are filling the void the government is not filling.	Reviewed. No change in recommendations made.	Comment noted with thanks.
41	Individual	Privately purchased vaccines should be on hand for families to choose should they not be free to the public.	Reviewed. No change in recommendations made.	Thank you for the comment. Private market availability is expected soon for COVID-19 vaccines.
42	Individual	Order Novavax please. Other countries have it. Please order it asap! The data shows it is a safe and effective vaccine.	Reviewed. No change in recommendations made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covi

		Comment	Proposed Action	Organisation
				d-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. The Australian Technical Advisory Group on Immunisation (ATAGI) makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines.
43	Individual	1. Long COVID is a global public health crisis. Over 400 million people worldwide have been impacted by Long COVID1. 2. Long COVID is common. As of fall 2024, at least 1 in 19 US adults are currently living with Long COVID2 - similar to the rate of diabetes - with many additional cases likely going undiagnosed or misdiagnosed. 3. The vast majority of Long COVID cases happen after a mild acute infection. Studies show between 76%3 to 90%4 of Long COVID cases happen after a mild infection. 4. Recovery from Long COVID is rare. Only 6-9% of people with Long COVID are recovered at 2-3 years.5 6 7 5. Long COVID incidence remains high, even among those fully vaccinated and with more recent variant strains. 1 https://www.nature.com/articles/s41591-024-03173-6 2 https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm 3 https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Patients%20Diagnosed%20with%20Post-COVID%20Conditions%20-%20A%20FAIR%20Health%20White%20Paper.pdf 4 https://jamanetwork.com/journals/jama/fullarticle/2797443 (eTable 16 in Supplement 1) 5 https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(23)00143-6/fulltext 6 https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(25)00036-5/fulltext 7 https://www.mdpi.com/2077-0383/12/3/741 a. The incidence of people currently living with Long COVID has remained between 5.3-6.1% of the US adult population from December 2022 to September 2024.8 b. 17% of study participants	Reviewed. No change in recommendation s made.	Thank you for the feedback. Long COVID, also referred to as post COVID condition, is defined in the “Complications and sequelae of COVID-19 disease” section of the Australian Immunisation Handbook. Some studies support evidence that immunity from vaccination and/or prior infection are associated with a significantly lower risk of developing long COVID after subsequent infections. However, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed the evidence on vaccine effectiveness against long COVID. Vaccine protection appeared to

		Comment	Proposed Action	Organisation
		developed Long COVID after Omicron infection, compared to 23% after pre-Omicron variants.⁹ 6. Each additional COVID infection increases the risk of developing Long COVID, even in those fully vaccinated. Studies on reinfection show: a. People are 1.7x more likely to develop Long COVID after 2 infections, and 2.6x more likely to develop Long COVID after 3 infections.¹⁰ b. Long COVID occurred in 24% of reinfections.¹¹ c. Reinfections lead to higher incidence and severity of Long COVID.¹² d. Reinfections increase the rates of long-term health problems including heart, lung, and brain issues.¹³ e. Reinfections are associated with increased chance of getting Long COVID, and worsened existing Long COVID.¹⁴ 7. People infected with COVID are more susceptible to other infections. a. Those infected with COVID had higher rates of bacterial, mycoplasma, and influenza infections.¹⁵ b. Children aged 0-5 who had COVID were 1.4x more likely to get RSV that required medical attention.¹⁶ c. Reinfections increased the odds of reporting poor immune health, including having many other infections and taking longer to recover from common infections.¹⁷ 8. Common new-onset conditions in Long COVID include serious and lifelong disorders. a. This includes vascular events like heart attacks and strokes, as well as permanent conditions like dysautonomia, myalgic encephalomyelitis, and diabetes.¹⁸ b. In non-hospitalized people, COVID increases the risk of 30 neurological disorders for at least a year, including Alzheimer's, ischemic stroke and TIA, memory problems, peripheral neuropathy, migraine, epilepsy, and hearing and vision abnormalities.¹⁹ ⁸https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm ⁹https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2820087 ¹⁰https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00015-eng.htm ¹¹https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2820087 ¹²https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(24)00212-8/fulltext ¹³https://www.nature.com/articles/s41591-022-02051-3 ¹⁴https://www.researchsquare.com/article/rs-4909082/v1 ¹⁵https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(24)00212-8/fulltext ¹⁶https://pubmed.ncbi.nlm.nih.gov/37292931/ ¹⁷https://www.researchsquare.com/article/rs-4909082/v1 ¹⁸https://www.nature.com/articles/s41579-022-00846-2 ¹⁹https://www.nature.com/articles/s41591-022-02001-z c. In non-hospitalized people, COVID increases the risk of 18 cardiovascular conditions for at least a year, including myocarditis, pulmonary embolism, and heart failure.²⁰ 9. Long COVID has caused the highest rates of serious, persistent cognitive problems in the US population than any time in the last 15 years²¹. a. The cognitive impairment includes problems with memory, reasoning, executive functioning, language, and processing speed, and younger people may have worse and more marked impairment.²² 10. Long COVID patients experience severe functional limitations, poor quality of life, and extreme fatigue at least as detrimental as many serious illnesses, including Parkinson's		be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. For this reason, ATAGI's current recommendations are based on reducing the risk of severe disease from COVID-19. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Economic impacts of Long COVID are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook.

		Comment	Proposed Action	Organisation
		disease and certain cancers. a. Long COVID patients' functional ability scores ranked lower than stroke and were on par with those found in Parkinson's disease on a scale measuring ability to work, manage the household, engage in leisure, and maintain social relationships.23 b. Long COVID patients' quality of life scores ranked lower than those in advanced/metastatic cancers.24 c. Long COVID patients' fatigue scores were worse than those in end stage renal failure.25 2. Long COVID substantially impacts patients' livelihoods and ability to work, with most being unable to work or needing reduced hours. a. At 2 years, only 40% of Long COVID patients could work full-time.26 b. 52% had reduced work hours and lost an average of 25% of their monthly income.27 c. People with Long COVID are nearly twice as likely to report housing insecurity.28 d. People with Long COVID report high rates of food insecurity29 30 and difficulty paying utility bills.31 12. COVID increases risks during pregnancy and childbirth, and is associated with reproductive health issues like altered menstruation and erectile dysfunction. 20 https://www.nature.com/articles/s41591-022-01689-3 21 https://www.nytimes.com/2023/11/13/upshot/long-covid-disability.html 22 https://www.nature.com/articles/s41598-023-32939-0 23 https://bmjopen.bmj.com/content/13/6/e069217 24 https://bmjopen.bmj.com/content/13/6/e069217 25 https://bmjopen.bmj.com/content/13/6/e069217 26 https://www.mdpi.com/2077-0383/12/3/741 27 https://pmc.ncbi.nlm.nih.gov/articles/PMC11377524/ 28 https://www.sciencedirect.com/science/article/pii/S2352827323002513 29 https://www.jandonline.org/article/S2212-2672(24)00731-7/abstract 30 https://www.urban.org/research/publication/employment-and-material-hardship-among-adults-long-covid-december-2022 31 https://www.urban.org/research/publication/employment-and-material-hardship-among-adults-long-covid-december-2022 a. COVID infections are associated with early miscarriages32, stillbirths33, preterm births and cesarean deliveries34, and preeclampsia and maternal mortality.35 b. Long COVID is associated with many reproductive health disorders including menstrual issues, endometriosis, erectile dysfunction, and others.36 37 13. Long COVID disproportionately impacts people from already marginalized groups. a. Rates of Long COVID are higher in Hispanic/Latine and Black people, trans people, disabled people, and women.38 39 40 14. Children are greatly impacted by Long COVID. a. An estimated 6 million children are estimated to have Long COVID as of early 2024.41 42 b. Children have similar rates of Long COVID to adults, as well as similar findings regarding organ system complications, new-onset conditions, and biological mechanisms.43 44 c. Many pathological findings in adults, such as impaired function on a CPET, have also been found in children.45 46		

		Comment	Proposed Action	Organisation
		3. COVID increases risks during pregnancy and childbirth, and is associated with reproductive health issues like altered menstruation and erectile dysfunction. 20 https://www.nature.com/articles/s41591-022-01689-3 21 https://www.nytimes.com/2023/11/13/upshot/long-covid-disability.html 22 https://www.nature.com/articles/s41598-023-32939-0 23 https://bmjopen.bmj.com/content/13/6/e069217 24 https://bmjopen.bmj.com/content/13/6/e069217 25 https://bmjopen.bmj.com/content/13/6/e069217 26 https://www.mdpi.com/2077-0383/12/3/741 27 https://pmc.ncbi.nlm.nih.gov/articles/PMC11377524/ 28 https://www.sciencedirect.com/science/article/pii/S2352827323002513 29 https://www.jandonline.org/article/S2212-2672(24)00731-7/abstract 30 https://www.urban.org/research/publication/employment-and-material-hardship-among-adults-long-covid-december-2022 31 https://www.urban.org/research/publication/employment-and-material-hardship-among-adults-long-covid-december-2022 a. COVID infections are associated with early miscarriages³², stillbirths³³, preterm births and cesarean deliveries³⁴, and preeclampsia and maternal mortality.³⁵ b. Long COVID is associated with many reproductive health disorders including menstrual issues, endometriosis, erectile dysfunction, and others.³⁶ 37 13. Long COVID disproportionately impacts people from already marginalized groups. a. Rates of Long COVID are higher in Hispanic/Latine and Black people, trans people, disabled people, and women.³⁸ 39 40 14. Children are greatly impacted by Long COVID. a. An estimated 6 million children are estimated to have Long COVID as of early 2024.⁴¹ 42 b. Children have similar rates of Long COVID to adults, as well as similar findings regarding organ system complications, new-onset conditions, and biological mechanisms.⁴³ 44 c. Many pathological findings in adults, such as impaired function on a CPET, have also been found in children.⁴⁵ 46 15. Long COVID has a highly destructive impact on the economy. a. The global economic cost of Long COVID is estimated at \$1 trillion per year.⁴⁷ b. In 2024, 1.5 billion work hours were lost in the US due to Long COVID corresponding to a potential cost of more than US \$152.6 billion.⁴⁸ c. Long COVID is responsible for massive GDP losses worldwide – including \$24.4 billion in Saudi Arabia, \$12.3 billion in Taiwan, and \$11 billion in Brazil.⁴⁹ d. Five years of Long COVID burden is projected to cost \$3.7 trillion to the US economy in reduced quality of life, lost earnings, and increased medical spending.⁵⁰ 4. Long COVID has a highly destructive impact on the economy. a. The global economic cost of Long COVID is estimated at \$1 trillion per year.⁴⁷ b. In 2024, 1.5 billion work hours were lost in the US due to Long COVID corresponding to a potential cost of more than US \$152.6 billion.⁴⁸ c. Long COVID is responsible for massive GDP losses worldwide – including \$24.4 billion in Saudi Arabia, \$12.3 billion in Taiwan, and \$11 billion in Brazil.⁴⁹ d. Five years of Long COVID burden is projected to cost \$3.7 trillion		

		Comment	Proposed Action	Organisation
		to the US economy in reduced quality of life, lost earnings, and increased medical spending.^{50 32} https://academic.oup.com/humrep/article/37/6/1126/6564665 ³³ https://www.cdc.gov/mmwr/volumes/70/wr/mm7047e1.htm ³⁴ https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-024-06767-7 ³⁵ https://jamanetwork.com/journals/jamapediatrics/fullarticle/2779182 ³⁶ https://www.frontiersin.org/journals/rehabilitation-sciences/articles/10.3389/fresc.2023.1122673/full ³⁷ https://www.nature.com/articles/s41579-022-00846-2 ³⁸ https://link.springer.com/article/10.1007/s11606-022-07997-1 ³⁹ https://www.census.gov/library/stories/2023/05/long-covid-19-symptoms-reported.html ⁴⁰ https://www.cdc.gov/nchs/covid19/pulse/long-covid.htm ⁴¹ https://jamanetwork.com/journals/jama/article-abstract/2815350 ⁴² https://publications.aap.org/pediatrics/article/153/3/e2023062570/196606/Postacute-Sequelae-of-SARS-CoV-2-in-Children ⁴³ https://publications.aap.org/pediatrics/article/153/3/e2023062570/196606/Postacute-Sequelae-of-SARS-CoV-2-in-Children ⁴⁴ https://www.nature.com/articles/s41579-022-00846-2 ⁴⁵ https://journals.lww.com/pidj/fulltext/2024/08000/cardiopulmonary_exercise_testing_in_children_with.17.aspx ⁴⁶ https://www.nature.com/articles/s41579-022-00846-2 ⁴⁷ https://www.nature.com/articles/s41591-024-03173-6 ⁴⁸ https://impact.economist.com/perspectives/health/incomplete-picture-understanding-burden-long-covid ⁴⁹ https://impact.economist.com/perspectives/health/incomplete-picture-understanding-burden-long-covid ⁵⁰ https://scholar.harvard.edu/files/cutler/files/long_covid_update_7-22.pdf e. Long COVID disproportionately impacts certain labor sectors, particularly those with high exposure to COVID infections, like low-wage workers, farm workers, and those in education and the service industry.^{51 52 53} f. A quarter of US Marines who had COVID developed Long COVID, with long-term decrease in functional performance.⁵⁴ g. Lost productivity of caretakers in the UK was estimated at £4.8 billion.^{55 16.} Medical provider education about Long COVID is inadequate. a. Only 7% of physicians are very confident diagnosing Long COVID and only 4% are very confident treating it.⁵⁶ b. A majority of Long COVID patients have experienced a negative experience with a healthcare provider.^{57 17.} Lack of public awareness is causing crucial delays in care and support. a. Over ⅓ of people have still not heard of Long COVID despite its wide impact.⁵⁸ b. Communities of color are particularly affected.^{59 60 18.} There is a significant amount of Long COVID research. a. Over 86,000 research papers have demonstrated wide-ranging biological abnormalities in Long COVID.⁶¹ b. Up-to-date review papers include the scope of mechanisms and possible therapeutics^{62 63,} viral persistence⁶⁴ and mechanisms to target persisting		

		Comment	Proposed Action	Organisation
		reservoirs⁶⁵, designing and optimizing clinical trials⁶⁶, and roadmaps for Long COVID research and policy.⁶⁷ c. An incredible breadth of biological mechanisms have been found in Long COVID, including reduced cerebral blood flow⁶⁸ and disrupted neurovascular function⁷⁰, ⁵¹ https://labor.ucla.edu/wp-content/uploads/2022/01/Fast-Food-Frontline-Report-1-13-22.pdf ⁵² https://environmentalhealth.ucdavis.edu/research/covid-19/domestic-workers-survey ⁵³ https://academic.oup.com/eurpub/article/34/3/489/7616634 ⁵⁴ https://www.thelancet.com/pdfs/journals/lanam/PIIS2667-193X(24)00236-9.pdf ⁵⁵ https://pmc.ncbi.nlm.nih.gov/articles/PMC11377524/ ⁵⁶ https://debeaumont.org/wp-content/uploads/2023/03/Long-COVID-Brief.pdf ⁵⁷ https://www.nature.com/articles/s44220-023-00064-6 ⁵⁸ https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1360341/full ⁵⁹ https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2024.1360341/full ⁶⁰ https://pubmed.ncbi.nlm.nih.gov/39090366/ ⁶¹ https://scholar.google.com/scholar?as_vis=1&q=%22long+covid%22&hl=en&as_sdt=0,33&as_ylo=2020 ⁶² https://www.sciencedirect.com/science/article/pii/S0092867424008869 ⁶³ https://www.nature.com/articles/s41579-022-00846-2 ⁶⁴ https://www.nature.com/articles/s41590-023-01601-2 ⁶⁵ https://www.sciencedirect.com/science/article/abs/pii/S1473309924007692 ⁶⁶ https://www.sciencedirect.com/science/article/pii/S0024320524005605 ⁶⁷ https://www.nature.com/articles/s41591-024-03173-6 ⁶⁸ https://www.ahajournals.org/doi/10.1161/JAHA.124.036752 ⁶⁹ https://www.mdpi.com/2227-9032/10/10/2105 ⁷⁰ https://journals.sagepub.com/doi/full/10.1177/10738584231194927 fibrin microclots and their downstream impacts⁷¹ ⁷², tissue damage and skeletal muscle necrosis after exercise⁷³, changes to the brainstem⁷⁴ and hippocampus⁷⁵, viral persistence⁷⁶ and persisting antigen⁷⁷, induced Long COVID in mice by transferring IgG from Long COVID patients⁷⁸ ⁷⁹, and innumerable more. 19. The vast majority of the public and physicians believe Long COVID needs more research funding. 82% of physicians and 76% of the public believe it is important to increase research funding for Long COVID.⁸⁰ ⁷¹ https://www.nature.com/articles/s41586-024-07873-4 ⁷² https://pmc.ncbi.nlm.nih.gov/articles/PMC11491705/ ⁷³ https://www.nature.com/articles/s41467-023-44432-3 ⁷⁴ https://academic.oup.com/brain/article/147/12/4121/7811070 ⁷⁵ https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0316625 ⁷⁶ https://www.science.org/doi/10.1126/scitranslmed.adk3295 ⁷⁷		

		Comment	Proposed Action	Organisation
		https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(24)00432-4/abstract 78		
44a	Individual	My specialist has recommended I not get the only available vaccination due to a higher than population level likelihood of me developing the side effects. I would likely be allowed to get a non mRNA vaccination if one was available. I would like to be vaccinated. I am not an anti vaxxer. I just can't risk the one available - on medical advice.	Reviewed no change in recommendations made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.
44b		Long covid patients - risk of reinfection causing a deterioration of condition.	Reviewed. Wording of	Comment noted with thanks. Current updated advice prioritises those groups

		Comment	Proposed Action	Organisation
		People who are high risk but fall outside of severe immune compromise. These people deserve frequent vaccines and choice of vaccine.	recommendation to be revised	who have the greatest risk of severe COVID-19. We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce transmission risk to close contacts. Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID.

		Comment	Proposed Action	Organisation
44c		If vaccines wane in a short time period, why are we not allowed to get them again when this time period is up? Every 12 months is not how long they last for. The current policy is illogical	Reviewed. Wording of recommendation to be revised	Comment noted with thanks. Besides duration of protection, ATAGI's recommendations take into account other considerations such as local burden of disease, risk of severe disease in different population groups, vaccine effectiveness and safety, acceptability and feasibility of the vaccination program. Going forward, one or two annual doses will be recommended for groups at highest risk of severe COVID-19.
45a	Individual	Leaving children unprotected from SARS-CoV-2 seems inconsistent with the goal for Australian children to achieve optimal health throughout their lives. With no vaccines, the most likely outcome is for Australian children to be repeatedly infected with COVID-19 throughout their childhoods, incurring cumulative risks of long-covid. Data regarding the substantial deleterious impact of COVID-19 on the vasculature, brain, heart, lungs, GIT and other organs is now widely available and deeply concerning. A more proactive approach to protect Australia's children should be considered. To allow Australians to make fully informed choices regarding COVID-19 vaccines, it is important to use clear and transparent messaging. The current content largely focuses on acute COVID-19, which, for the vast majority of Australians, is not the biggest risk that COVID-19 presents. There is now a large body of high quality evidence detailing the substantial	Reviewed. Wording of recommendation s to be revised.	Comment noted with thanks. Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low.

		Comment	Proposed Action	Organisation
		longterm impacts of COVID-19, yet the public remains largely unaware. For example, a recent report noted that more children in the US now suffer from long-COVID compared to asthma. If the public were better informed about the current evidence concerning COVID-19, people would be able to make better, more informed choices about vaccines. Current information about long-covid should be included in this document. Please see below for more detailed comments.		For this reason, the Australian Technical Advisory Group on Immunisation (ATAGI) does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore, all the recommendations are based on preventing risk of severe disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other

		Comment	Proposed Action	Organisation
				conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID.
45b		Novavax has been shown to have a more favourable safety profile compared to mRNA COVID vaccines and should be strongly considered for Australian children. At present, there is no choice for Australian parents who wish to protect their children - which is disappointing. The safest vaccine should be made widely available. It should be accessible and free for parents who wish to protect their children.	Reviewed. No change in recommendation s made.	Comment noted with thanks. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website:

		Comment	Proposed Action	Organisation
				https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia . The ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms.
45c		Page 3 – States that SARS-CoV-2 “spreads through droplets”. SARS-CoV-2 is in fact a disease that spreads primarily via airborne transmission over both short and long distances. Please avoid the word “droplets” as this has caused considerable confusion and delay in the acknowledgement of airborne transmission. The World Health Organization now uses the terminology: “Infectious Respiratory Particles”. Page 3 – States that “Common symptoms include fever, cough, sore throat or shortness of breath”. It should be noted that a wide range of symptoms may be experienced, including headache, nausea, fatigue and abdominal pain. Some people do not experience any respiratory symptoms (especially with newer SARS-CoV-2 variants). Page 3 – States: “Most people have only mild or moderate symptoms”. Please consider removing the word “only” from this sentence. This tone undermines the experience of many people who – while not needing to go to hospital for medical care – still feel extremely unwell and require several weeks if not months to feel well again. Also note that a substantial number	Reviewed. Wording of supporting Handbook section to be revised	Thank you for the feedback. The public consultation document summary and background are not under review and will not be changed. The potential for COVID-19 to spread via airborne transmission has been mentioned in “<u>Transmission</u>” section of the COVID-19 chapter. The non-respiratory symptoms from the Omicron variant have been mentioned in the “<u>Symptoms of COVID-19 disease</u>” section of the COVID-19 chapter.

		Comment	Proposed Action	Organisation
		of people go on to suffer long-term health issues following a mild or moderate acute case of SARS-CoV-2, so the word “only” seems inappropriate in this context. Page 5 – States: “Many people have only mild to moderate symptoms, but older adults and people with certain medical conditions have an increased risk of severe disease or death from COVID-19.” A substantial number of people with no co-morbidities or known medical conditions can develop long-term health impacts from a mild acute COVID-19 infection. The public should be clearly informed about this. Current wording suggests that only the elderly or those who are already unwell are at risk, yet this is incorrect and may encourage complacency in terms of protecting oneself and others from being infected and prevents people from fully considering the benefits and risks of vaccination. Page 6 – Question 1: one of the ‘benefits outcomes’ considered was impact on long-covid. Studies considered had to be published by mid-February 2024. Many important studies have since been published, demonstrating vaccines offer substantial risk reduction for long-covid. These studies should be considered when assessing this specific outcome. Omitting the most recent 17 months of data – for a new virus – is not fully assessing available evidence, especially when it would likely change the recommendation. Page 7 – The recommendation for infants and children fails to mention long-covid, the greatest risk faced by this age group (rather than acute illness), thus this recommendation seems incomplete. Studies have demonstrated lower adverse events with Novavax in this age group. For this cohort, ATAGI should consider Novavax, noting benefits in reducing long-covid and a lower side effect profile. If no vaccine is recommended prior to age 18, the most likely outcome will be that every Australian child will come in contact with SARS-CoV-2 with a naïve immune system – with no protection at all. Repeated infections will occur every year or so, each one carrying a risk of long-term health impacts. That seems a cavalier approach for a disease that has now been shown to carry substantial risks of long-term impacts on the brain, heart, lungs, GIT, and blood vessels. The cumulative impact of repeated infections on children is deeply concerning. The precautionary principle should apply. Vaccines – while far from perfect – do offer some protection and most importantly for this age group, reduced the risk of long-covid. Page 8 – Recommendation for adults – Again, this only refers to the acute illness. For younger adults, long-covid is the main health risk and should be considered as a priority for vaccination. Studies assessed did not include the last 17 months of data regarding this very issue.		Throughout the pandemic, children without medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, the Australian Technical Advisory Group on Immunisation (ATAGI) does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore, all the recommendations are based on preventing risk of severe disease. Current recommendations have been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.

		Comment	Proposed Action	Organisation
		Page 9 – Recommendation regarding vaccinated pregnant women. This section does not consider when the pregnant woman was previously vaccinated. It is well understood that the benefits of SARS-CoV-2 vaccinations wane over months. If a pregnant woman has not been vaccinated in the previous 6-12 months, then an extra dose during pregnancy seems prudent. Recent data demonstrates that babies born to mothers who had a COVID-19 infection in pregnancy have substantially increased rates of neuro-developmental abnormalities and delays. A prudent approach would suggest ensuring all pregnant women have been vaccinated recently, to avoid such impacts (it appears that these crucial impacts were not included in the assessment of vaccine benefits). Throughout – Suggest being explicit regarding the acute illness caused by SARS-CoV-2, versus long-term impacts. Current content largely refers to acute disease only, however, for children and younger adults, the biggest risk that SARS-CoV-2 presents is long-term health impacts. This is a crucial part of the consideration process for vaccines, yet it appears to have been largely omitted.		Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.

		Comment	Proposed Action	Organisation
46a	Individual	The recommendations show me that whoever has written this is not up to date with current research, particularly re: long covid, pregnant women, and children. The lack of vaccines and "letting it rip" (as opposed to even minimal protections) fails our right to health. We should all be able to access 6-monthly boosters of the most updated version.	Reviewed. Wording of recommendations to be revised	Thank you for your comment. ATAGI does not currently recommend routine COVID-19 vaccination every six months for all individuals. Updated annual dose recommendations are based on the best available evidence, including data on local burden of disease, duration of protection following vaccination or infection, the risk of severe disease in different population groups, and vaccine effectiveness over time. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). Current guidance focuses on ensuring timely protection for those most at risk—such as older adults and people with underlying health conditions—rather than fixed-interval dosing for the general population. Regarding COVID-19 among children, throughout the pandemic, children without medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low.

		Comment	Proposed Action	Organisation
				For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore, all the recommendations are based on preventing risk of severe disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine

		Comment	Proposed Action	Organisation
				protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID.
46b		We should also have immediate access to the Novavax vaccine as vaccine equity is being abysmally handled.	Reviewed. No change in recommendation s made.	Comment noted with thanks. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance

		Comment	Proposed Action	Organisation
				is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms.
46c		Many of us have only been made aware of this survey today and therefore don't have more time to complete this form adequately, which seems intentional based on previous attitudes towards COVID-19 protections and vaccines.	Reviewed. No change in recommendations made.	Comment noted with thanks. Public consultation is a standard process that gives the community the opportunity to comment on advice that may directly affect them. Further details about the public consultation process can be found here: Public consultation NHMRC . All public consultations for the Australian Government Department of Health, Disability and Ageing can be found here: Consultation Hub .
47	Individual	Covid is airborne, spreads like smoke. Please focus on this mode of transfer.	Reviewed. No change in recommendations made.	Thank you for the feedback. This has been mentioned in " Transmission " section of the chapter.
48a	Individual	I am concerned about the potential risk to children of long covid and life long autoimmune disease. Children are likely to contract covid many many times during childhood, with no access to vaccines to reduce this risk. As a family with multiple autoimmune diseases, ours is very aware of the viral triggers to onset in susceptible individuals, and i feel for families such as ours vaccination of children should be an option.	Reviewed. Wording of recommendations to be revised.	Comment noted with thanks. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-

		Comment	Proposed Action	Organisation
				19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of COVID-19 infections. Therefore, all the recommendations are based on preventing risk of severe disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after

		Comment	Proposed Action	Organisation
				COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
48b		I question the unavailability of Novovax brand vaccines to Australians, particularly those with autoimmune conditions such as Multiple Sclerosis. Recent research has shown that following covid vaccination people with MS may experience reactivation of the Epstein Barr virus, now generally accepted as a major factor in the onset and progression of MS. It has also been hypothesised that Comirnaty is more likely than novovax to trigger such response due to the larger virus proteins used. I would hope for a review of the decision to only allow Australians to access covid vaccines by a single manufacturer when others are believed superior in terms of potential side effects.	Reviewed. No change in recommendations made.	Comment noted with thanks. ATAGI only makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, including national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical

		Comment	Proposed Action	Organisation
				contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.
49a	Individual	Benefits is there will be less of the Covid virus running through the population causing multi organ damage and harming the future of all our children.	Reviewed. No change in recommendations made.	Thank you for your comment.
49b		We need Novavax! We also need the very first sterilising Covid vaccines as soon as they become available. Please look into buying Lovaltech Covid vaccine when it is available next year and Rocketvax when it becomes available in 2027.	Reviewed. No change in recommendations made.	Comment noted with thanks. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the

		Comment	Proposed Action	Organisation
				availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.
49c		We need to stop people from catching this virus multiples times. COVID-19 has been proven to damage nearly every system in the body. It can cause blood vessel inflammation, brain inflammation, immune system dysregulation, and organ damage (including lungs, heart, brain, and kidneys). Even mild infections can trigger long-term neurological issues, memory problems, fatigue, anxiety, and hormonal disruption. Repeat infections increase risks further, including cardiovascular events, autoimmune conditions, and cognitive decline. It's not "just a cold" — it's a systemic virus with lasting effects, especially when reinfections stack over time. Long term, COVID is likely to reshape our world in subtle but profound ways. As reinfections accumulate, we may see a slow, silent erosion of global health — more people developing chronic fatigue, cognitive decline, heart issues, and immune disorders, often without clear cause. Healthcare systems will struggle with rising demand, not from visible waves but from long-haul damage. Productivity will drop as more people battle brain fog or early burnout, and mental health will worsen globally. Trust in systems will erode too — as governments downplay the risks, and people feel abandoned. Communities could grow more fragmented as some adapt protections while others don't. And the cost won't just be medical — it'll be emotional, cultural, and generational. Children growing up in this era will carry the scars of disrupted schooling, unsafe air, and a world that pretended things were fine when they weren't! But the story isn't finished. The future can still change — if we demand truth, invest in real prevention, and protect each other	Reviewed. No change in recommendation s made.	Comment noted with thanks. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, including national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current

		Comment	Proposed Action	Organisation
		like it matters. Because it does! Please do the right thing! Get Novavax! Get the sterilising vaccines as soon as they are available!		variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia .
50	Individual	It really is disingenuous this opportunity for feedback is so poorly advertised. Let people know in many, free media platforms.	Reviewed. No change in recommendations made.	Comment noted with thanks. Public consultation is a standard process that gives the community the opportunity to comment on advice that may directly affect them. Further details about the public consultation process can be found here: Public consultation NHMRC . All public consultations for the Australian Government Department of Health, Disability and Ageing can be found here: Consultation Hub .
51a	Individual	There is great risk from the policy that only immunocompromised children are allowed to be vaccinated against COVID-19. Children born since February 2019 have never been eligible for primary series vaccination in comparison to all other members of society who had an opportunity between April 2022 and February 2024. There is substantial evidence that children are at risk of Long Covid with every infection. It was unethical to withdraw from parents the opportunity to make an informed choice to vaccinate their children. Children born in 2019 are now attending school and legally required to spend 6 hours per day indoors with other unvaccinated children. Furthermore, children are a known vector for COVID-19 and contribute to ongoing community infection of adults including grandparents, parents and teachers.	Reviewed. Wording of recommendations to be revised.	Comment noted with thanks. Throughout the pandemic, children without medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only

		Comment	Proposed Action	Organisation
				make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that COVID-19 vaccine induced protection against Omicron infection from Omicron variant is short lived and cannot be relied on to reduce transmission risk to close contacts. Therefore, all the recommendations are based on preventing risk of severe disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. Regarding long COVID: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after

		Comment	Proposed Action	Organisation
				COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
51b		Please approve Novavax as an option for those who wish to use it, prioritising those who are unable to tolerate mRNA vaccines but also available to general community.	Reviewed. No change in recommendations made.	In terms of the availability of Novavax, its original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the

		Comment	Proposed Action	Organisation
				TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. The Australian Technical Advisory Group on Immunisation (ATAGI) makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms.
51c		Allow GPs and pharmacists to order small batches of paediatric vaccine formula so that they can serve the parents with high motivation to vaccinate with minimal wastage and cost to the government, Allow private purchase of vaccines for members of the community who wish to exceed the recommended doses eg more than once every 12 months for adults and more than 0 doses for under 18s.	Reviewed. No change in recommendations made.	Comment noted with thanks. Private market availability of COVID-19 vaccines is expected soon.
51d		Please continue to make annual boosters available for all adults. This is important and valued.	Reviewed. Wording of recommendations to be revised	Thank you for your comment. Recommendations have been updated and going forward one or two annual dose/s will be recommended for the high risk groups.
52a	Individual	Benefits 1) reduce risk of disease and hence the length of time a patient is infectious (and hence reduces risk of transmission to others). This is surely sufficient to recommend vaccination!	Reviewed. Wording of recommendations to be revised.	Comment noted with thanks. Throughout the pandemic, children without medical risk conditions have generally experienced milder

		Comment	Proposed Action	Organisation
		2) reduces risk of long covid. There are numerous articles but see here for one https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(24)00082-1/fulltext Death is but one parameter - ask any LC patient and their lives have been upended by having covid (and LC). 3) reduces risk of hospitalisation even in those < 65yrs. Infants with covid have a high risk of hospitalisation See https://www.health.gov.au/sites/default/files/2025-07/australian-respiratory-surveillance-report-16-june-to-29-june-2025_0.pdf for children < 6 months It appears strange that there is such a push for vaccination for flu and RSV yet SARSCoV2 vaccine is not recommended (unless medical indications). 4) reduces risk of infection in hospitalised patients (many patients get HCAI - covid included which is rather unforgivable. Being vaccinated against a potentially serious infection (all patients hospitalised are vulnerable by definition) is surely of benefit to those patients (less likely to be severely ill, die and/or have long covid.		symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce transmission risk to close contacts. Therefore, all the recommendations are based on preventing risk of severe disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.

		Comment	Proposed Action	Organisation
52b		Risks Currently only mRNA vaccines are available yet some patients have had serious side effects. It remains concerning that other vaccine types are not available e.g. Novavax. Please push for this or other types of vaccines that have good efficacy are included (we have NUMEROUS flu vaccines already). Surely we can have more than one covid vax?? Clearly there are issues of myocarditis from mRNA vaccines - particularly in boys and young men however covid infection is more likely to result in myocarditis than the vaccine. it is time we moved on from this and it became a routine vaccine.	Reviewed. No change in recommendation s made	Comment noted with thanks. Regarding access to other vaccines, the Australian Technical Advisory Group on Immunisation (ATAGI) only makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.

		Comment	Proposed Action	Organisation
52c		Airborne infection is the predominant mode of transmission and therefore it is imperative that this is highlighted in AIH. Droplets and fomites are much less likely than aerosols therefore it should be clear that COVID19 is spread in the same manner as measles, TB, chicken pox etc. Hence vaccine becomes MUCH more important as people are unable to protect themselves when in public spaces - including hospitals and other health care facilities (unless wearing an N95) which is not possible for many due to age, inability to purchase/be fit tested, unable to wear a mask as SOB, intubated etc etc. Flu vaccine efficacy is not great yet we recommend it for patients continuously. It is inconsistent that we don't also advocate for greater uptake of covid vaccination for the entire population. With increasing evidence of long covid and other sequelae (AMI, strokes etc) it is astonishing that vaccination against covid 19 is not pushed more by public health. See here for more details https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00869-2/fulltext	Reviewed. No change in recommendations made.	Thank you for the feedback. This has been mentioned in " Transmission " section of the chapter.
52d		I recommend that there is a transparent process when deciding on recommendations for vaccination against COVID19. There is now a few years of data - we need to be OBJECTIVE not subjective (such as following other countries blindly who have not vaccinated children or pregnant women). Vaccination remains an important part of mitigation for covid19. As a novel virus we are still learning what this virus can do to all age groups including children. We should however also be pushing other mitigation strategies such as cleaning the air (ventilation, filtration), N95 masks, far UVC +++	Reviewed. Wording of recommendations to be revised	Thank you for your comment. ATAGI's clinical recommendations take into account what is appropriate for the Australian context, including the local burden of disease, risk of severe disease in different population groups, vaccine effectiveness and safety, acceptability and feasibility of the program. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, the Australian Technical Advisory Group on Immunisation (ATAGI) does not currently recommend routine COVID-

		Comment	Proposed Action	Organisation
				19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce transmission risk of COVID-19. Therefore, all the recommendations are based on preventing risk of severe disease. Current recommendations have been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. We also note that the WHO SAGE is reviewing their COVID-19 vaccine recommendations including doses in pregnancy. With regards to other mitigation strategies, these are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups.
53	Individual	ATAGI proposes the use of covid vaccines in children only where the child has a condition that increases their risk of severe illness.	Reviewed. Wording of	Comment noted with thanks.

		Comment	Proposed Action	Organisation
		ATAGI contends that "the risk of severe illness in healthy young infants is extremely low". This seems a false claim regarding the risk to children in the first year of life. Data available from multiple countries show high rates of hospitalisation amongst those under one year of age. e.g. https://www.medrxiv.org/content/10.1101/2024.11.12.24317146v1.full.pdf.g. shows: - infants aged less than six months have a higher rate of hospitalisation per capita than ANY age bracket including those aged 90+ - infants aged 6-12 months have a hospitalisation per capita higher than those aged in their 70s.	recommendations to be revised.	ATAGI has reviewed recent Australian national and sentinel surveillance data on notification rates, hospitalisations and mortality. While notification and hospitalisation rates were highest in infants < 6 months compared to other paediatric age groups in the first 6 months of 2025, a very small number of infants had an ICU admission associated with COVID-1 and there were no deaths. There is also a higher threshold for hospitalisation in this age group due to fever being the most common presentation. However, a dose of COVID-19 vaccine administered during pregnancy may reduce the risk of COVID-19 infection and hospitalisation in infants through transplacental passage of antibodies. Going forward, all pregnant women can consider a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.
54a	Individual	[Page 7, Recommendation, Infants and Children] Not recommending (and thereby effectively forbidding) vaccination of children is inappropriate, especially for those children who have not yet been infected by COVID-19 (and there are still some of those children in Australia). The risk of contracting COVID-19 whilst unvaccinated in 2025 is substantially the same as it would have been in 2020 or 2021, so there is no reason to deny children this protection today. In fact we know a lot more about the very serious long-term harm caused by COVID infection, including damage to the heart, immune system and infection of brain cells, even in children. The risks of infection, especially the risks of long-term morbidity, are vastly greater than the risks of vaccination, and there is plenty of published scientific evidence to prove this.	Reviewed. Wording of recommendation to be revised	Comment noted with thanks. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden

		Comment	Proposed Action	Organisation
		It is entirely possible for children to avoid COVID infection until they reach the age at which they could be vaccinated (6 months). (To achieve this it helps to understand that when the "Plain Language Summary" of your document says on page 3 that "It [COVID] spreads through droplets that contain the virus from your nose or throat.", this is incorrect, in fact it spreads predominantly via aerosols, which are not stopped by surgical masks but which are very effectively stopped by respirators (N95, P2) and mitigated by good ventilation.) [Page 6, Question 1] Even in the case of children who have had COVID infections in the past, there is an additional risk of long-covid with each additional infection. The risk of such an infection occurring can be reduced by vaccination, and also the risk of long-covid occurring in the event of an infection can be reduced if the person was vaccinated prior to that infection. Long-covid is a very serious condition in many children, some of whom become bed-bound for long periods of time. It does not appear that ATAGI has given any weight to this risk of long-covid in their assessment, as they have denied the availability of these very safe vaccines for children. [Page 7 Question 2] Again it appears that ATAGI has completely ignored the risk of long-covid in mothers. It also appears that ATAGI has ignored the evidence of reduced birth weight and subsequent learning difficulties seen in children whose mothers were infected during pregnancy. By repeatedly ignoring these risks, ATAGI creates an impression of their members being quite obtuse, which is probably undesirable.		of disease in this age group remains low. For this reason, the Australian Technical Advisory Group on Immunisation (ATAGI) does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk to COVID-19 infections. Therefore, all the recommendations are based on preventing severe risk of disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. Regarding long COVID in children: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established

		Comment	Proposed Action	Organisation
				biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
54b		At present there seems to be a consensus that when a person falls into a broad group for whom COVID vaccination is "not recommended" by ATAGI, then the vaccination of that patient in Australia is effectively banned. This is stupid. For example, if vaccination of children is not recommended on the grounds that it is assumed that "all children have had COVID", this might be wrong in the case of a specific child who has not had COVID, and up to a certain age will be wrong in the case of almost every child.	Reviewed. Wording of recommendations to be revised.	Thank you for the comment. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very

		Comment	Proposed Action	Organisation
		It should be clearly stated that a doctor treating any specific patient is free to recommend and carry out COVID vaccination of that patient, if it is in the best interest of that patient, (regardless of whether that pleases ATAGI or whether it undermines their feelings of self-importance).		rare possibility of more serious side effects). The risk of severe illness from COVID-19 is extremely low in babies and children with no medical risk conditions. We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk to COVID-19 infections. Therefore, all the recommendations are based on preventing severe risk of disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. With widespread hybrid immunity accumulated from previous vaccine doses with or without previous SARS-CoV-2 infection, the risk of severe illness from COVID-19 is now very low in adults with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). Adults with no medical risk conditions

		Comment	Proposed Action	Organisation
				may consider vaccination based on individual preferences and assessment of their own potential risk factors.
54c		It should be clarified that in the case of patients who have had an adverse reaction to mRNA vaccines, they can privately import a protein-based vaccine such as Novavax under the "Personal Importation Scheme", even if that vaccine is not generally approved and purchased in bulk by the Australian government. This should also be available to patients in a general class of patients (such as people with Multiple Sclerosis) for whom the scientific literature indicates that there is a higher risk of adverse effects with mRNA vaccines. More generally, like other medications, one's own doctor ought to be able to prescribe and administer vaccines not generally approved in Australia for personal importation, if it is in the patient's best interest for any reason.	Reviewed. No change in recommendations made.	Comment noted with thanks. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia.

		Comment	Proposed Action	Organisation
54d		In my most charitable assessment, it would appear that ATAGI is not recommending (and thereby effectively restricting) vaccination merely because they are only considering deaths occurring during the acute phase of COVID infection, and completely ignoring the long-term harm caused by infection. For most people, the long term effects are the most significant risks, such as elevated risk of heart attack and stroke for at least several years, shrinking of the grey matter in the brain causing cognitive impairment, and various other long-term symptoms usually referred to as "Long Covid". When ATAGI ignores these long term risks, it is akin to saying that it is a waste of money to test donated blood for HIV because the acute phase of HIV infection is no worse than a mild cold, and ignoring the long term effects of infection. It is nonsensical, and makes ATAGI appear no better than the adherents of RFK Jr., inexplicably highly-credentialed, but yet scientifically illiterate anti-vaxers, effectively "cookers in suits", and not the sort of people who ought to have any say in vaccine policy. I would love to be proved wrong in my assessment of ATAGI's competence, so here's your chance!	Reviewed. No change in recommendations made.	Thank you for the comment. Long COVID, also referred to as post COVID-19 condition, is discussed in the "Complications and sequelae of COVID-19 disease" section. Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.

		Comment	Proposed Action	Organisation
55a	Individual	The overview refers to droplets. The evidence has been clear for some time that it is spread through aerosol and droplets. It is an important distinction to ensure correct safety procedures are in place including HEPA filters and N95 masks or better.	Reviewed. No change in recommendation s made.	Thank you for the feedback. This has been mentioned in " <u>Transmission</u> " section of the COVID-19 chapter.
55b		es. There is no reference to the risk of contacting Long COVID especially through repeated infection. There is a vast amount of evidence to support this AND a range of other contraindications from contacting the virus. COVID affects the vascular system and as such creates a host of potential complications.	Reviewed. No change in recommendation made.	Thank you for the feedback. Long COVID, also referred to as post COVID-19 condition, is already defined in the "<u>Complications and sequelae of COVID-19 disease</u>" section. Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.

		Comment	Proposed Action	Organisation
55c		This advice appears to downplay the severity of this virus for all age groups. School age children are primary vectors and yet vaccine is not recommended. The document should provide mitigation advice such as proper PEP for health professionals & more generalist information such as masking, fresh air, clean hands. Don't downplay it. .	Reviewed. No change in recommendations made.	Comment noted with thanks. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, the Australian Technical Advisory Group on Immunisation (ATAGI) does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk to COVID-19 infections. Therefore, all the recommendations are based on preventing severe risk of disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated

		Comment	Proposed Action	Organisation
				and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. In terms of other mitigation strategies, these are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups.
55d		Additionally, it has been long established that some people do not wish or cannot take an mRNA vaccine. Novavax needs to be made available alongside mRNA. Some evidence suggests it provides longer lasting & more effective protection. Australians have been asking for this option and it has fallen on deaf ears.	Reviewed. No change in recommendations made.	Thank you for your comment. Before any COVID-19 vaccine is approved for use in Australia, it must undergo a rigorous and independent evaluation by the Therapeutic Goods Administration (TGA). This process ensures that all provisionally approved and fully registered vaccines meet the high standards of safety, efficacy, and quality required for use in Australia. Novavax's original formulation was previously granted provisional approval by the TGA. However, as of now, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, are available on the TGA website: www.tga.gov.au.

		Comment	Proposed Action	Organisation
				ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms.
55e		Promotion of this consultation has not been widespread. I came across it quite randomly on Bluesky as did others I follow. We are part of a widely interested group on all things COVID and we have been particularly concerned by the lack of feedback from ATAGI & especially the apparent refusal to make Novavax available despite repeated requests. Vaccine uptake would be well improved if it was	Reviewed. No change in recommendation s made.	Comment noted with thanks. All public consultations for the Australian Government Department of Health, Disability and Ageing are listed on the Consultation Hub. Each consultation is open to responses for approximately 30 days to maintain consistency across all consultations processes
56a	Individual	Under "Covid Epidemiology" Covid is listed as a respiratory disease. But that is just the route of its transmission- Covid is vascular, attacking blood vessels, damaging major organs, severely weakening our immune systems and causing brain damage. https://www.nature.com/articles/s41598-025-04815-6 This makes us more prone to reinfection with SARS-CoV-2, infections with other viruses such as RSV, reactivation of dormant viral infections (shingles, Herpes-Zoster virus), bacterial infections (Group A strep,TB) and even rare fungal infections. Compounding matters, the infections themselves may also be more severe, in both adults and children.	Reviewed. No change in recommendation s made.	Thank you for your comment. COVID-19 is globally recognised as an infectious disease that most commonly involves the respiratory system. Less commonly, it can cause non-respiratory symptoms such as headache, loss of smell and taste, abdominal pain and other gastrointestinal symptoms. In the subacute post-viral period, COVID-19 can lead to other multisystem

		Comment	Proposed Action	Organisation
		This section also mentions morbidity rates but nothing on Long Covid, which affects millions worldwide, including children. And that number is only growing. All Australians, regardless of age, deserve access to the best available vaccine against covid- which is Novavax. This https://www.journalofinfection.com/article/S0163-4453(25)00137-9/fulltext		syndromes such as the Paediatric Inflammatory Multisystem Syndrome temporally associated with SARS-CoV-2 (PIMS-TS) and long COVID. The definition of long COVID varies across studies alongside other confounders and the underlying causes of long COVID remain poorly understood. There is currently limited data on COVID associated secondary infections. ATAGI has reviewed the evidence on vaccine effectiveness against long COVID. Vaccination appeared to be moderately protective against long COVID in immunologically naïve people, however the benefit of further doses was uncertain in populations with hybrid immunity due to heterogeneous results.
56b		2025 study shows repeated mRNA COVID shots (like Pfizer/Moderna) boost a less effective antibody type (IgG4), weakening virus-fighting power. Novavax shots produce less IgG4, better neutralization, and less "memory bias" from prior doses. Switching to Novavax may help reverse mRNA's IgG4 spike. We must embrace the things that are working and pivot to Novavax and make it widely available. We must embrace the things that are working and pivot to Novavax and make it widely available. Everyone who has Covid infection is immunocompromised, and deserves prevention from further infection and medical treatment.	Reviewed. No change in recommendation s made.	Thank you for your comment. Before any COVID-19 vaccine is approved for use in Australia, it must undergo a rigorous and independent evaluation by the Therapeutic Goods Administration (TGA). This process ensures that all provisionally approved, and fully registered vaccines meet the high standards of safety, efficacy, and quality required for use in Australia. Novavax's original formulation was previously granted provisional approval by the TGA. However, as of now, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for

		Comment	Proposed Action	Organisation
				evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, are available on the TGA website: www.tga.gov.au. Please be assured that the Government remains committed to ensuring timely access to effective COVID-19 vaccines, particularly for Australians at higher risk, including those with medical contraindications to mRNA vaccines.
57a	Individual	Recommendation does not cater for people who cannot tolerate mRNA, but may be able to tolerate NOVAVAX. This poses additional risks/unintended consequences to a section of our community, many of whom have chronic conditions and are at greater risk of complications associated with COVID. I strongly encourage ATAGI to include NOVAVAX in the vaccines available.	Reviewed. No change recommendation s made.	Thank you for your comment. Before any COVID-19 vaccine is approved for use in Australia, it must undergo a rigorous and independent evaluation by the Therapeutic Goods Administration (TGA). This process ensures that all provisionally approved and fully registered vaccines meet the high standards of safety, efficacy, and quality required for use in Australia. The Australian Government does not prioritise any manufacturer over another. Instead, decisions around approval and procurement are based on evidence, including a vaccine's effectiveness against the circulating variants. Vaccines that target currently circulating variants, such as JN.1 and its sub-lineages, are prioritised to provide optimal protection to those at greatest risk of severe disease. Novavax's original formulation was previously granted provisional approval by the TGA. However, as of now, an

		Comment	Proposed Action	Organisation
				updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, are available on the TGA website: www.tga.gov.au. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms.
57b		Consideration should be given to ensuring equitable access to available vaccines.	Reviewed. No change in recommendations made.	Comment noted with thanks. The Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Implementation matters are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public

		Comment	Proposed Action	Organisation
				communications to optimise awareness and vaccine uptake for recommended groups.
58a	Individual	The biggest risk, from my point of view, is that I am one of the thousands who suffer from Lymphoma, which I contracted at the age of 35yrs. With this condition the cost/benefit of repeated mRNA vaccines is at best 50/50 -- ie, any benefit is countered by the danger to the immune system. As the risk increases with each dose I have already reached a point where the risk > the benefit.	Reviewed. No change in recommendations made.	Thank you for your comment.
58b		The "Plain-language summary" states that 'COVID-19 is an infectious disease that commonly affects the respiratory system. ... It spreads through droplets that contain the virus from your nose or throat.' This is misleading in that Covid is an airborne infection that may (or may not) begin with such droplets, but is definitely carried way beyond these in time and space. It also includes: 'Now that things have become more stable and will not change as often, ...'. This is misleading in that the virus continues to mutate on a more or less regular basis, and our vaccines are usually behind by at least 2 mutations of the latest version. The "Summary of recommendations" states that 'Healthy infants, children and adolescents aged <18 years are not recommended to receive COVID-19 vaccine.' This may be fine in terms of their "becoming sick", but it does nothing to prevent their spreading the virus to other persons.	Reviewed. No change in recommendations made.	Thank you for the feedback. This has been mentioned in "Transmission" section of the COVID-19 chapter. The public consultation document summary and background are not under review and will therefore not be modified. COVID-19 vaccines have transient protection against infection. For their own protection, people at highest risk of severe disease are recommended to receive a COVID-19 vaccine annually depending on their age and underlying comorbidities.
59	Individual	lease give us the option of a non-mrna vaccine such as Novavax so vulnerable and immune compromised people like me can protect ourselves. We can only do so much and need to participate in society, we need the Australian government to support us by giving us an alternative vaccination to mrna.	Reviewed. No change in recommendations made.	Thank you for the comment. Before any COVID-19 vaccine is approved for use in Australia, it must undergo a rigorous and independent evaluation by the Therapeutic Goods Administration (TGA). This process ensures that all provisionally approved and fully registered vaccines meet the high standards of safety, efficacy, and quality required for use in Australia. Novavax's original formulation was previously granted provisional approval by the TGA. However, as of now, an

		Comment	Proposed Action	Organisation
				updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, are available on the TGA website: www.tga.gov.au .
60a	Individual	We recognise ATAGI's commitment to a thorough and transparent process in considering the evidence surrounding COVID vaccination. The GRADE methodology has been applied appropriately to an emerging pathogen by including lower quality evidence and balancing benefit vs harm. The long delay in the evidence synthesis to policy pipeline and lack of inclusion of more updated evidence on the protective effect of COVID-19 vaccination against Long COVID (LC), has resulted in restrictive vaccination criteria, creating risks and unintended health and economic consequences for the Australian community. Several important studies were published in 2024 that provide important evidence to the question ATAGI is considering, particularly regarding the protective effect vaccines provide against Long COVID. Despite listing LC as a critical outcome, no LC studies were included in the evidence synthesis. The restrictive search strategy (2023-2024, XBB vaccines only) and extended timeline excluded substantial recent evidence showing 35-50% VE against LC in children, with higher protection in adolescents.[1-3] The risk assessment should acknowledge that SARS-CoV-2 remains a novel pathogen in epidemic transmission with continued variant emergence. The 'decreasing incidence' narrative overlooks persistent attributable and excess mortality, ongoing variant emergence, and there are no reliable measures of incidence due to substantial case detection gaps from reduced testing and surveillance. The impacts of COVID-19 (deaths, LC, health, and economic consequences) are understated. The text overlooks recent evidence clearly identifying a high incidence and ongoing prevalence of Long COVID in children and young people, including in children under five years.[4-8] There is also additional data from Australia (MJA Supplement, 2024) and NZ.[9,10]	Reviewed. Wording of recommendation s to be revised	Thanks for your comment. Long COVID, also referred to as post COVID condition, is defined in the "Complications and sequelae of COVID-19 disease" section of the Australian Immunisation Handbook. Some studies support evidence that immunity from vaccination and/or prior infection are associated with a significantly lower risk of developing long COVID after subsequent infections. However, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed the evidence on vaccine effectiveness against long COVID. Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results.

		Comment	Proposed Action	Organisation
		Long COVID research demonstrates potential multi-system consequences across all ages (lower in children than adults, but still significant), with no current treatment or cure.[11] Vaccination remains our most effective preventive tool despite study heterogeneity and outcome definition limitations Long term follow up of children after an acute SARS-CoV-2 infection has demonstrated that 3 doses is more protective than 2 doses against several specific symptoms at 6 and 12 months and against Long COVID at 12 months in 5 to 11 year olds and in 12 to 18 year olds.[12] Further, we have significant concerns about the risks and harms of primary COVID infection without vaccination in children. Evidence, including international studies and Australian surveillance data shows unvaccinated children face higher rates of hospitalization, severe disease, and long COVID compared to vaccinated peers. Similarly, COVID vaccination during pregnancy provides protection for both maternal and infant health. Unvaccinated pregnant women may face increased risks of severe COVID-19, pregnancy complications, and adverse birth outcomes.[13, 14] Maternal vaccination also provides passive immunity protecting infants <6 months who cannot yet be vaccinated. Whilst ongoing evidence is generated, COVID-19 vaccination is safe and current restrictive recommendations may inadvertently discourage vaccination in this vulnerable population. We recommend COVID vaccination be available to all children ≥6 months and adults, including pregnant women with shared decision-making, aligning with international guidance (AAP/CDC), rather than current restrictive criteria that may inadvertently increase population health risks.[15, 16] This would be a similar vaccination and public health approach to other communicable diseases, such as influenza, where infection should be avoided, rather than a preferred method of acquiring immunity. Ongoing evidence generation including observational, social science and modelling studies are required to guide policy decisions, in partnership with consumers.[17, 18]		In the Australian context, where the majority of the population has been vaccinated and has developed some degree of immunity through prior infection, the primary aim of ongoing COVID-19 vaccination is now to reduce the risk of severe illness, hospitalisation, and death—particularly among those at higher risk. ATAGI recommends COVID-19 vaccination only when the evidence shows that the benefits outweigh potential risks, including local and systemic side effects or the very rare risk of serious adverse events. While adults with no medical risk conditions may choose to receive a vaccine based on their individual risk assessment and preferences, the relatively short duration of protection means that vaccinating the entire population repeatedly is unlikely to be a feasible or effective long-term strategy for preventing long COVID. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, the Australian Technical Advisory Group on Immunisation (ATAGI) does not

		Comment	Proposed Action	Organisation
				currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk to COVID-19 infections. Therefore, all the recommendations are based on preventing severe risk of disease. Current recommendations have been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.
60b		We recommend COVID vaccination be available to all children ≥6 months and adults, including pregnant women with shared decision-making, aligning with international guidance (AAP/CDC), rather than current restrictive criteria that may inadvertently increase population health risks.[15, 16]	Reviewed. Wording of recommendations to be revised	Thank you for your feedback. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden

		Comment	Proposed Action	Organisation
				of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk to COVID-19 infections. Therefore, all the recommendations are based on preventing severe risk of disease. Current recommendations have been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.
60c		1. Razzaghi H, Forrest CB, Hirabayashi K, et al. Vaccine Effectiveness Against Long COVID in Children. Pediatrics 2024; 153. DOI:10.1542/peds.2023-064446. 2. Wu Q, Zhang B, Tong J, et al. Real-world effectiveness and causal mediation study of BNT162b2 on long COVID risks in children and adolescents. eClinicalMedicine 2025; 79: 102962. 3. Iba A, Hosozawa M, Hori M, et al. Booster vaccination and post-COVID-19 condition during the Omicron variant-dominant wave: a large population-based study. Clin Microbiol Infect 2025; 31: 630–5.	Reviewed. No change in recommendations made.	Thank you for your comment.

		Comment	Proposed Action	Organisation
		4. Stephenson T, Pinto Pereira SM, Nugawela MD, Dalrymple E, Harnden A, Whittaker E, et al. A 24-month National Cohort Study examining long-term effects of COVID-19 in children and young people. <i>Commun Med</i>. 2024;4:255. 5. Gross RS, Thaweethai T, Kleinman LC, Snowden JN, Rosenzweig EB, Milner JD, et al. Characterizing Long COVID in Children and Adolescents. <i>JAMA</i>. 2024. https://doi.org/10.1001/jama.2024.12747. 6. Gross RS, Carmilani M, Stockwell MS. Long COVID in Young Children, School-Aged Children, and Teens. <i>JAMA Pediatr</i>. 2025. https://doi.org/10.1001/jamapediatrics.2025.1415. 7. Ford ND, Vahratian A, Pratt CQ, Yousaf AR, Gregory CO, Saydah S. Long COVID Prevalence and Associated Activity Limitation in US Children. <i>JAMA Pediatr</i>. 2025;179:471–3. 8. Kyle MH, Nichols P, Coskun L, Fifer W, Finch A, Firestein MR, et al. Trimester of maternal SARS-CoV-2 infection differentially predicts newborn size in the COVID-19 Mother Baby Outcomes (COMBO) cohort. <i>Pediatr Res</i>. 2025;:1–10. 9. Watters DA, Emerson L. Long COVID in Victoria. <i>Med J Aust</i> 2024; 221: S3–4. 10. Bennett J, Jeffreys M, Waa A, et al. Post-Covid-19 Symptoms in Children: A Cross-Sectional Survey. <i>J Paediatr Child Heal</i> 2025. DOI:10.1111/jpc.70104. 11. Scoullar MJ, Khoury G, Majumdar SS, Tippet E, Crabb BS. Towards a cure for long COVID: the strengthening case for persistently replicating SARS-CoV-2 as a driver of post-acute sequelae of COVID-19. <i>Méd J Aust</i> 2024. DOI:10.5694/mja2.52517. 12. Camporesi A, Morello R, La Rocca A, Zampino G, Vezzulli F, Munblit D, et al. Characteristics and predictors of Long Covid in children: a 3-year prospective cohort study. <i>eClinicalMedicine</i>. 2024;76. 13. Smith ER, Oakley E, Grandner GW, et al. Adverse maternal, fetal, and newborn outcomes among pregnant women with SARS-CoV-2 infection: an individual participant data meta-analysis. <i>BMJ Glob Heal</i> 2023; 8: e009495. 14. Hardie I, Marryat L, Murray A, et al. Early childhood developmental concerns following SARS-CoV-2 infection and COVID-19 vaccination during pregnancy: a Scottish population-level retrospective cohort study. <i>Lancet Child Adolesc Heal</i> 2025; 9: 162–71. 15. https://www.aap.org/en/patient-care/covid-19/ 16. https://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html 17. McAndrew F, Abeysuriya R, Scott N. Evaluating the impact of COVID-19 vaccination strategies on infections and hospitalisations in Victoria with non-seasonal epidemic wave patterns: a modelling study. <i>Med J Aust</i> 2025; 222: 558–66.		

		Comment	Proposed Action	Organisation
		18. Narayanasamy S, Pedrana A, Gibney KB, Gibbs L, Hellard ME. Preparing Australia for future pandemics: strengthening trust, social capital and resilience. Med J Aust 2025; 222: 488–92.		
61a	Individual	Long COVID affects people of all ages, including children and younger adults. Evidence shows that vaccination can reduce the incidence of Long COVID, and this information should be clearly communicated to allow people to make truly informed choices, especially when consulting such a widely used and trusted resource. It is imperative that ATAGI reflects the current scientific consensus: that COVID-19 is airborne; that Long COVID can affect children and adults of all ages; that it can be debilitating and cause disability; and that the cumulative risk of Long COVID increases with each infection.	Reviewed. No change in recommendation s made.	Thank you for your comment. Long COVID, also referred to as post COVID condition, is defined in the “Complications and sequelae of COVID-19 disease” section of the Australian Immunisation Handbook. Some studies support evidence that immunity from vaccination and/or prior infection are associated with a significantly lower risk of developing long COVID after subsequent infections. However, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While long COVID can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition (‘long COVID’). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with

		Comment	Proposed Action	Organisation
				hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
61b		Updating the Australian Immunisation Handbook COVID-19 Chapter provides an important opportunity to convey accurate, up-to-date information to the Australian public and medical community, as well as to assess the range of vaccines the Australian Government currently offers. Yes. It is imperative that ATAGI reflects the current scientific consensus: that COVID-19 is airborne; that Long COVID can affect children and adults of all ages; that it can be debilitating and cause disability; and that the cumulative risk of Long COVID increases with each infection. While the current COVID-19 chapter of the Immunisation Handbook references aerosol transmission, I was shocked to find that ATAGI's document from May 2025, Recommended Use of COVID-19 Vaccines, contains dangerously out-of-date and inaccurate information. For example, the first paragraph of this document contains multiple inaccuracies:	Reviewed. No change in recommendations made.	Thank you for your comment. The potential for airborne transmission with COVID-19 has been mentioned in the "<u>Transmission</u>" section of the chapter.
62a	Individual	The potential benefits outlined within the draft focus on the impact of vaccination on reduction in acute morbidity and mortality. However, the longer-term impact of vaccination on post-acute sequelae of COVID-19 infection (PASC, Long COVID) is not included. A significant proportion of people go on to develop long COVID after COVID infection, including children [1]. There have been studies [2-6] including a systematic review by Byambasuren et al in 2023 [7] and a meta-analysis [8] conducted by the European Centre for Disease Prevention and Control (ECDC) where the question of whether vaccination reduces the incidence of long COVID have	Reviewed. No change in recommendations made.	Thank you for your comment. Long COVID has been mentioned in the "<u>Complications and sequelae of COVID-19 disease</u>" section of the Chapter. Regarding long COVID in children: Across the literature and in clinical practice, case ascertainment for long

		Comment	Proposed Action	Organisation
		been outlined. Byambasuren concluded that evidence mostly suggested that vaccination before infection reduced the risk of long COVID, with less clarity around whether vaccination after infection, or after a diagnosis of long COVID, reduced either incidence or severity of symptoms; they overall suggested that results showed a tendency towards vaccines reducing the prevalence of long covid. In their executive summary of their systematic review and meta-analysis of this topic, the ECDC concluded that "a review of available literature indicates that, in general adult populations of mixed disease severity, vaccination offers some degree of protection against PCC onset, aligning with findings from previous reviews into this area of research. This indicates that vaccination offers additional benefits beyond protecting against severe acute outcomes of SARS-CoV-2 infection for this population." My recommendation is that ATAGI specifically include a statement outlining what is currently known about the benefits of COVID vaccination pertaining to long COVID, outlining a) how it may prevent long COVID occurring in those who have not got long COVID; b) how it may impact those who already have long COVID. Whilst the chosen statements may well indicate that evidence is not yet sufficiently robust to make a strong recommendation, I propose that these statements should be included regardless. The rationale for this is that in my work as a general medicine physician at a specialist long COVID clinic, this question "should I consider COVID vaccination" is raised by almost every patient, and it appears very likely that primary care practitioners, as well as specialist physicians, do not have ready access to information to help guide these discussions with their patients. As many of these healthcare providers would use the immunisation handbook to guide practice, having this information included would very likely assist healthcare providers in guiding their patients with or without long COVID to make a more informed decision about vaccination (primary course or boosters). Relevant references are included below: [1] Greenhalgh T, Sivan M, Perlowski A, et al. Long COVID: a clinical update. The Lancet. 2024;404(10453):707-24. DOI: 10.1016/S0140-6736(24)01136-X [2] Ceban F, Kulzhabayeva D, Rodrigues NB, et al. COVID-19 vaccination for the prevention and treatment of long COVID: A systematic review and meta-analysis. Brain, Behavior, and Immunity. 2023;111:211-29. DOI: 10.1016/j.bbi.2023.03.022		COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.

		Comment	Proposed Action	Organisation
		[3] Notarte KI, Catahay JA, Velasco JV, et al. Impact of COVID-19 vaccination on the risk of developing long-COVID and on existing long-COVID symptoms: A systematic review. <i>EClinicalMedicine</i>. 2022;53:101624. DOI: 10.1016/j.eclim.2022.101624 [4] Marra AR, Kobayashi T, Suzuki H, et al. The effectiveness of coronavirus disease 2019 (COVID-19) vaccine in the prevention of post-COVID-19 conditions: A systematic literature review and meta-analysis. <i>Antimicrobial Stewardship & Healthcare Epidemiology</i>. 2022;2(1):e192. DOI: 10.1017/ash.2022.336 [5] Lundberg-Morris L, Leach S, Xu Y, et al. Covid-19 vaccine effectiveness against post-covid-19 condition among 589 722 individuals in Sweden: population based cohort study. <i>BMJ</i>. 2023;383:e076990. DOI: 10.1136/bmj-2023-076990 [6] Spiliopoulos L, Sørensen AIV, Bager P, et al. Post-acute symptoms 4 months after SARS-CoV-2 infection during the Omicron period: a nationwide Danish questionnaire study. <i>Am J Epidemiol</i>. 2023. DOI: 10.1093/aje/kwad225 [7] Byambasuren O, Stehlik P, Clark J, Alcorn K, Glasziou P. Effect of covid-19 vaccination on long covid: systematic review. <i>BMJ Med</i>. 2023 Feb 1;2(1):e000385. [8] European Centre for Diseases Prevention and Control. https://www.ecdc.europa.eu/sites/default/files/documents/does-COVID-19-vaccination-reduce-risk-duration-post-COVID-19-condition-March-2025.pdf		
62b		The evidence around vaccination and long COVID may well change as more longitudinal data becomes available and is analysed. I do not know exactly how ATAGI structures a timeline for chapter updates but it sounds as if this chapter is getting a full update on the expectation that emergence of new data on acute outcomes will slow down. There may need to be a plan to analyse and integrate new data on the impact of vaccination on long COVID before the next planned chapter review.	Reviewed. No change in recommendation made.	Thank you for the comment. Long COVID, also referred to as post COVID condition, is defined in the “Complications and sequelae of COVID-19 disease” section of the Australian Immunisation Handbook. Some studies support evidence that immunity from vaccination and/or prior infection are associated with a significantly lower risk of developing long COVID after subsequent infections. However, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker

		Comment	Proposed Action	Organisation
				and overlap of symptoms with other conditions. ATAGI has reviewed the evidence on vaccine effectiveness against long COVID. Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. For this reason, ATAGI's current recommendations are based on reducing the risk of severe disease from COVID-19.
63a	Individual	Severe illness is not confined to acute infection. A recent study "Reinfection with SARS-CoV-2 in the Omicron Era is Associated with Increased Risk of Post-Acute Sequelae of SARS-CoV-2 Infection: A RECOVER-EHR Cohort Study" concluded "Children and adolescents face significantly higher risk of various PASC outcomes after reinfection with SARS-CoV-2. These findings suggest a cumulative risk of PASC and highlight the urgent need for targeted prevention strategies to reduce reinfections, which includes an increased emphasis on initial or re-vaccination of children ...The risks were consistent across various organ systems, including cardiovascular, respiratory, gastrointestinal, neurological, and musculoskeletal systems." The US National Institute of Health (NIH) has reported "The persistent symptoms after COVID-19 that have been described in children are similar to those seen in adults ... given the high overall rate of SARS-CoV-2 infection in children, the burden of post-COVID conditions in children may be quite large ... Cardiopulmonary injury, neurocognitive impairment and new-onset diabetes may occur." Research from Murdoch University's Australian National Phenome Centre "Children with Post COVID-19 Multisystem Inflammatory Syndrome Display Unique Pathophysiological Metabolic Phenotypes" found that "despite typically milder symptoms during COVID-19 infection, children show a shared inflammatory response, with elevated markers ... that confirm higher cardiovascular diseases risks observed postinfection".	Reviewed. No change in recommendations made.	Thank you for the comment. Long COVID, also referred to as post COVID condition, is defined in the "Complications and sequelae of COVID-19 disease" section of the Australian Immunisation Handbook. Some studies support evidence that immunity from vaccination and/or prior infection are associated with a significantly lower risk of developing long COVID after subsequent infections. However, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. ATAGI has reviewed the evidence on vaccine effectiveness against long COVID. Vaccine protection appeared to

		Comment	Proposed Action	Organisation
		The Australian Federal Parliamentary Health Committee stated in its Long Covid Inquiry report that COVID-19 vaccines may prevent or reduce the severity of Long Covid. The Australian Institute of Health and Welfare published a literature review on long COVID and summarised: “The overall picture suggests that 2 vaccination doses could reduce the risk of long COVID between 6% and 26%. Severity of acute COVID-19 infection is a major risk factor for long COVID... and it is plausible that the observed association between vaccination prior to COVID-19 and development of long COVID could be due to the reduction of severe disease during the acute infection...” Similarly, Time magazine reported that the US Advisory Committee on Immunization Practices (ACIP), a collection of medical and public-health experts who regularly review evidence and research about vaccines, advised “updated COVID-19 vaccines are highly protective against hospitalization, serious illness, and death. People vaccinated before contracting COVID-19 are also four times less likely to develop Long COVID”. 2024 research “Vaccine Effectiveness Against Long COVID in Children”, a national-scale study, with a diverse cohort of over one million children, is the first to estimate the VE against long COVID in children. Findings suggest that the SARS-CoV-2 vaccine is associated with reduced risk of long COVID in children and adolescents ... results provide substantial evidence in a large and diverse cohort of children receiving health care for protective effect of vaccination in children 5 years and older. This study adds to the growing body of knowledge about the mitigating effect of vaccines on COVID-19 ... Adjusted vaccine effectiveness within 12 months was 35.4% (95 CI 24.5–44.7) against probable long COVID and 41.7% (15.0–60.0) against diagnosed long COVID.” In its findings through the Long Covid Inquiry, the Federal Health Committee raised the issue of insufficient research into the impact of COVID-19 and Long Covid in children, especially given they will be affected over a long period, have lower rates of vaccination and face higher rates of reinfection (increasing the risk of Long Covid). The University of Melbourne has advised that understanding Long Covid in children is particularly important as “[s]ymptoms in children are different to those in adults but are poorly recognised. In addition to acute impacts on health, there are also likely consequences of Long Covid on social and cognitive development that affect learning with subsequent longer-term impacts.” Professor Raina MacIntyre, head of the Biosecurity Program at the Kirby Institute, has estimated the age-specific burden of Long Covid in Australia, including the estimated total children 0-4 years of age with Long Covid by December 2023, is 43,910.3 The Australian National Clinical Evidence Taskforce stated in its “Pathways to Care for Children and Adolescents with COVID-19” document that having “no vaccine dose or SARS-CoV-2		be short lived and moderate against long COVID in immunologically naïve people. However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. For this reason, ATAGI’s current recommendations are based on reducing the risk of severe disease from COVID-19.

		Comment	Proposed Action	Organisation
		infection in the past 6 months” is a “risk factor for poor outcomes” in children. Given our national strategy in Australia is built on protection by “hybrid immunity”, how are children under 18 years supposed to achieve and maintain that without access to vaccines? Chief Medical Officer Paul Kelly has said it is a positive that the majority of Australians were not exposed to COVID-19 before having at least two vaccine doses and that major risk factors for Long Covid are “having had infection before vaccination and being unvaccinated”. If we vaccinate Australian children at 6 months old, this would ensure most of them had their first exposure via vaccination not infection. Our children deserve this protection, just as the majority of Australians enjoyed in 2020/21. In the future, this recommendation should apply for all Australians of all ages , otherwise we will continue to leave our children behind, unprotected against poor outcomes. As noted, children are not exempt from serious COVID-19 impacts. The list of poor outcomes and severe disease that children experience as a consequence of infection includes: Multisystem Inflammatory Syndrome (MIS C) immune system dysfunction acute pulmonary embolism myocarditis and cardiomyopathy stroke venous thromboembolic event acute and unspecified renal failure type 1 diabetes mellitus Long Covid and death. Vaccines reduce the incidence of persistent symptoms, and can help prevent immune dysfunction.		
63b		I would like to challenge the notion that “the risk of severe illness (in health infants, children and adolescents under 18 years) was extremely low in this cohort over the course of the pandemic, and the benefits of vaccination are not considered to outweigh the potential harms.” (P7 of consultation document) It is a myth that children do not experience severe acute COVID-19 symptoms – that it is, for them, overwhelmingly a mild infection. The 2024 Annual Australian Respiratory Surveillance Report reported that 1601 children were admitted to a sentinel hospital with a severe acute COVID-19 infection between January 1 and December 31 2024. It also noted that 118 children were admitted directly to Intensive Care and that six children died. “In 2024, more children	Reviewed. Wording of recommendation s to be revised.	Comment noted with thanks. Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions.

		Comment	Proposed Action	Organisation
		admitted to sentinel hospitals with COVID-19 were admitted directly to intensive care, in comparison to children with influenza or RSV. Children admitted to sentinel hospitals with COVID-19 had a longer length of hospital stay than those admitted with influenza.” Australia recommends and provides influenza vaccines to children. Given the combination of COVID-19 severe acute illness requiring hospitalisation and the severe long-term impacts of Post-Acute Sequelae of COVID-19 (PASC), there is a case to be argued that offering COVID-19 vaccination to Australian children is even more essential than influenza vaccine. I respectfully request that ATAGI consider extending eligibility for paediatric COVID-19 vaccines/boosters to all Australian children 6 months to 18 years.		Currently even with newer circulating variants, the overall burden of disease in this age group remains very low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects such as myocarditis/pericarditis) Current recommendations have been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.
63c		Additionally, I would like to point out that I personally have an autoimmune disease that puts me at higher risk of severe disease and poor outcomes of any COVID-19 infection. However, mRNA vaccines are medically contraindicated for me and my doctor has firmly advised me to wait for Novavax protein based vaccine. Unfortunately I have been waiting for more than 18 months now for the Australian government to procure, approve and distribute the last two Novavax vaccines which have been in use all over the world. There are thousands of Australians in the same position, many of us medically vulnerable. The failure to provide equitable vaccine access and protection to all Australians flies in the face of assurances made by the Health Minister after the Halton Review, to provide a full portfolio of vaccines and also to leave no Australian behind.	Reviewed. No change in recommendation s made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax’s original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website:

		Comment	Proposed Action	Organisation
				https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia . ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines.
64a	Individual	ATAGI's focus on "protecting people from severe outcomes of COVID-19" appears to be limited to the immediate risks of acute infection, primarily measured by hospitalisations. This narrow perspective may overlook important longer-term risks associated with COVID-19 infection, which could be crucial in shaping vaccine recommendations. For instance, while the draft proposal lists "vaccine effectiveness against Long COVID" as a critical outcome (pg. 6), it seems underrepresented in the accompanying GRADE review, which primarily relies on studies with short follow-up periods. This gap in long-term data could significantly impact future public health outcomes. Additionally, some of the references used in the GRADE review are relatively outdated and do not incorporate the most recent findings, especially regarding long-term outcomes such as Long COVID and the evolving landscape of COVID-19 variants. This gap in long-term and updated data could significantly impact future public health outcomes. Furthermore, in assessing the risk of myocarditis following vaccination, the GRADE review compares the vaccine to a placebo. However, this may not provide a complete picture. The more relevant comparison should be between the risk of developing myocarditis from the vaccine versus the risk of developing myocarditis from a COVID-19 infection post-vaccination. A direct comparison of these risks would better reflect the potential benefit of vaccination in reducing the incidence of myocarditis, especially in populations who may be at higher risk of developing it following a COVID infection. The American Heart Association notes that	Reviewed. No change in recommendation made.	Comment noted with thanks. Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people.

		Comment	Proposed Action	Organisation
		“myocarditis risk is significantly higher after COVID-19 infection compared to after a COVID-19 vaccine” and this comparison should be incorporated into the review for a clearer understanding of the benefits of vaccination. The draft recommendations suggest that children are at low risk of severe acute COVID-19 outcomes, but this view does not adequately address the potential long-term harms of infection, which vaccination could help mitigate. There is mounting evidence that COVID-19 vaccination not only protects children from acute infection but also significantly reduces the risk of developing Long COVID and other long-term health complications. Studies have shown that vaccinated children are less likely to experience persistent symptoms such as fatigue, cognitive difficulties, and respiratory issues, which can persist after even mild or moderate infections. This evidence highlights a critical gap in the current recommendations, suggesting that vaccination could play an important role in preventing long-term consequences that may otherwise be more challenging to manage. By excluding children from vaccination, we risk leaving them vulnerable not just to the acute effects of COVID-19 but also to the potential for chronic health issues that could affect their development, education, and quality of life. Given the available evidence supporting the benefits of vaccination in preventing Long COVID and other lasting complications, it would be prudent to reconsider the decision not to vaccinate children as part of the broader public health strategy. The GRADE review references ATAGI’s reliance on the Strategic Advisory Group of Experts on Immunisation (SAGE), which advises that decisions regarding the vaccination of children should be based on factors such as disease burden, cost-effectiveness, and other health priorities (pg. 24/31). While cost-effectiveness is an important consideration, focusing exclusively on this angle risks undervaluing the long-term consequences of COVID-19 infection, which vaccination could prevent. If we focus solely on short-term costs and immediate disease burden, we may overlook the bigger picture—long-term harms such as Long COVID, which can have lasting effects on children’s development, education, and overall well-being. The potential future costs of managing these long-term consequences could far outweigh the initial savings from not vaccinating. If vaccination is able to attenuate these ongoing health issues, then the upfront cost of vaccination could ultimately prove to be a wise investment in long-term public health, preventing much larger health burdens and expenses in the future. By failing to account for these longer-term impacts, the decision to not vaccinate may result in “pennies pinched now” that lead to much greater costs later—both in terms of healthcare		However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.

		Comment	Proposed Action	Organisation
		expenses and the broader societal impact of children living with the lasting effects of COVID-19.		
64b		A key clinical consideration that needs to be addressed is the potential perception that if ATAGI does not recommend COVID-19 vaccination for children, especially if that decision is ultimately based on cost-effectiveness and other “contextual factors” rather than personal health reasons, then this could inadvertently lead parents to believe that the vaccine is unsafe or unnecessary for their children, which could contribute to vaccine hesitancy. It is also important to acknowledge that while mRNA vaccines like Pfizer are the most widely available, they are not the only option. Non-mRNA vaccines, such as Novavax, are available and are essential for individuals who have experienced adverse reactions to mRNA vaccines. Ensuring access to these alternatives is crucial, especially for individuals who may be vulnerable to vaccine reactions and are currently unprotected due to the lack of alternatives. Failure to recommend options like Novavax for those who cannot tolerate mRNA vaccines, means that vulnerable populations remain completely unprotected. ATAGI should be clear in its recommendations that vaccines, including both mRNA and non-mRNA options, have a strong safety profile and continue to offer significant benefits in preventing severe disease. It would be helpful for ATAGI to explicitly state that vaccines should be made available for private purchase. This would provide treating doctors who are better able to consider all relevant factors with the agency to prescribe the vaccine to individuals while maintaining public health recommendations. In addition to offering alternatives for individuals who have had adverse reactions to mRNA vaccines, ensuring that these options are accessible—whether through public health channels or private purchase—is essential for maintaining trust in the broader vaccination program. If vaccines are readily available and promoted as safe options for those who need them, it can help mitigate concerns and empower individuals and families to make informed decisions about protecting themselves and their children. Further, while ATAGI provides a list of conditions associated with an increased risk of severe COVID-19 outcomes, it is crucial to note that no list can replace the nuanced, personalized care that a GP can provide. GPs must be able to consider a person’s individual medico-social factors when making vaccination recommendations. For example, a parent caring for an immunocompromised family member may not meet the specific conditions outlined in ATAGI’s list but could still have a valid reason to receive or seek vaccination to have the opportunity to best protect their loved one from COVID-19. These nuanced situations should be taken into	Reviewed. No change in the recommendations	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax’s original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines.

		Comment	Proposed Action	Organisation
		account by the patient's treating medical practitioner, and ATAGI's guidance should allow for GPs to make informed, individualized recommendations based on the broader context of a patient's life and health circumstances.		
64c		ATAGI should encourage ongoing research into the long-term effects of COVID-19 vaccination and continuously update recommendations in response to new evidence (notably many of the references used in the supporting material were many years old). As new variants emerge, it is critical that vaccination strategies remain flexible and adaptable. Regularly updated recommendations based on emerging research will ensure that Australia's vaccination program remains robust, effective, and relevant. While medical recommendations are critical, ensuring public trust in these recommendations is just as important. ATAGI should consider implementing a comprehensive national education campaign to address vaccine concerns, focusing on transparency and public engagement. This could include regular updates on vaccine safety data, evidence of efficacy, and testimonials from both health professionals and community members. An ongoing education campaign would help demystify the vaccination process for parents and ensure that the public understands both the risks and benefits of vaccination, ultimately reducing fear and misinformation. Such an effort could also highlight that vaccination decisions are part of a broader public health strategy that protects not just individuals but the entire community, particularly vulnerable groups. Another critical point is the need for long-term vaccine surveillance. Although the short-term safety of COVID-19 vaccines is well-established, the full impact of vaccination on public health should be monitored, especially as new variants continue to evolve. ATAGI should prioritize long-term surveillance systems to monitor vaccine effectiveness, adverse reactions, and emerging trends in vaccine-related data. This kind of surveillance will ensure that vaccine recommendations remain data-driven and responsive to the emerging evidence and the evolving public health landscape. While global collaboration can provide useful insights, it is essential for Australia to maintain independent, science-driven vaccine recommendations that prioritize the health and safety of the population over external pressures or fluctuating global trends. ATAGI should continue to base its decisions on rigorous, up-to-date evidence, focusing on the best available data tailored to Australia's unique health needs, demographics, and vaccination context. Rather than aligning with global standards that may be swayed by political or non-scientific factors, Australia should ensure that its vaccination strategies are rooted in locally relevant research and adapted as new evidence emerges. This will allow for a more nuanced approach to vaccination, reflecting both the long-term benefits of vaccination and the specific challenges	Reviewed. No change in recommendations made.	Thank you for your feedback. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Regarding the implementation of educational campaigns, the Australian Immunisation Handbook provides clinical advice for health professionals on the safest and most effective use of vaccines in their practice, based on ATAGI's advice. Implementation matters are managed by the Australian federal, state and territory health departments, and are outside the scope of the Australian Immunisation Handbook. ATAGI is supportive of effective public communications to optimise awareness and vaccine uptake for recommended groups. Long-term disease and vaccine surveillance is also out of the scope of the Australian Immunisation

		Comment	Proposed Action	Organisation
		faced by Australian communities, especially in light of evolving variants and long-term COVID complications. This approach will also enhance public trust, as Australians will see that vaccination recommendations are driven by scientific integrity rather than international trends or political influences, ensuring that public health decisions are always in the best interest of the population. Given ATAGI's role as an expert advisory body appointed by the Minister for Health, their ability to encourage ongoing research or make certain recommendations depends on the scope of their ministerial brief. While ATAGI may be able to recommend areas for further study, the responsibility to initiate or support long-term research into the effects of COVID-19 vaccination likely lies with the Minister and relevant health departments. However, ATAGI can continue to advocate for and emphasize the importance of long-term research in their recommendations, based on emerging evidence and scientific consensus. Ultimately, ATAGI's effectiveness in this regard depends on their ability to work within the framework provided by the Minister, who may then allocate funding or create directives to ensure such research occurs. ATAGI's role as a ministerially appointed committee, while critical for expert guidance, can inadvertently create a situation where accountability for decisions becomes diffuse. It is apparent that the committee's capacity to make independent decisions is constrained by the scope of their brief, as set by the Minister. In practice, this results in a cycle where the Minister can defer responsibility to ATAGI, and ATAGI can, in turn, claim that they are bound by the Minister's directives. This dynamic can create an environment where difficult decisions are avoided, and the public is left without clear accountability. The lack of direct responsibility and transparency in this structure raises concerns about the efficacy of the decision-making process, particularly when public health recommendations could have significant long-term consequences. It is essential that the Minister, as the accountable authority, provides clear, transparent leadership and takes responsibility for decisions that impact the health of the Australian population. ATAGI, in its advisory role, should focus on delivering independent, science-based recommendations, but ultimately, the Minister must lead with accountability and ensure that public health decisions align with the long-term needs of the community, free from any political or procedural obfuscation. In conclusion, it is essential that ATAGI's recommendations be grounded in the best available scientific evidence, with a clear and transparent process that prioritizes the health and well-being of the Australian population. This must include both short-term considerations and long-term impacts, ensuring that Australians have access to safe and effective vaccines, and are fully informed about their benefits. The Minister's leadership should ensure that public health		Handbook. COVID-19 disease surveillance is a shared responsibility across several national and state/territory agencies and active vaccine safety surveillance for COVID-19 vaccines is conducted by AusVaxSafety.

		Comment	Proposed Action	Organisation
		decisions are clear, accountable, and in the best interest of all Australians, now and in the future.		
65a	Individual	The chapter only mentions the term Long COVID once. This suggests that the range of significant long-term impacts of this complication may have been inadequately considered or at least demonstrably inadequately acknowledged in this chapter. The Introductory plain language summary starts off by stating that COVID-19 commonly affects the respiratory system, and goes on to only mention common symptoms related to the respiratory system. The chapter fails to mention that COVID-19 is actually a disease of the cardiovascular system and can have wide ranging symptoms and impacts across many parts and systems in the body, including neurological damage.	Reviewed. No change in recommendation made.	Thank you for your comment. The Handbook chapter describes Long COVID in the “Pathogenesis” section of the chapter.
65b		This report recommends that all Australians under the age of 18 be denied access to COVID vaccination. Due to the communal nature of education, young Australians will be repeatedly exposed to SARS-CoV-2 and will likely contract COVID-19 multiple times over their childhood and teenage years. Being denied access to vaccination will likely increase their risk of contracting the disease, their risk of a more serious infection and of then experiencing long COVID symptoms. Each incidence of COVID-19 is an additional risk of experiencing Long COVID – with known impacts across a range of body systems, including neurological damage. In the Evidence for Recommendations, para 3 states that ‘... Primary and additional doses of COVID 19 vaccine are safe and effective in children and adolescents....’ and that ‘... , because of the lower incidence of severe illness, the WHO considers healthy children and adolescents aged 6 months to 17 years to be a low priority group for vaccination ...’ I note that the WHO reference describes the cohort as a low priority, rather than advising that there should not be vaccination. However, in the Benefits and Risks section it states ‘... Healthy children and adolescents will avoid unnecessary vaccination, as the benefits of vaccination do not outweigh the risks in this age group ...’ There are no further references for this conclusion. The two sections appear contradictory. If the first section is correct, that COVID 19 vaccine are safe and effective in children and adolescents, then why are parents prohibited from having their young children vaccinated and older teenagers prohibited from accessing vaccination? From my understanding, if an Australian citizen does not fall within the recommended groups, they are neither able to access vaccination via the government schemes nor purchase a vaccine at their own cost. I am aware of parents traveling overseas to have their children vaccinated.	Reviewed. Wording of recommendation s to be revised.	Comment noted with thanks. Throughout the pandemic, children without medical conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, the Australian Technical Advisory Group on Immunisation (ATAGI) does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). We note that some vaccine effectiveness studies have shown that

		Comment	Proposed Action	Organisation
				protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of SARS-CoV-2 infection. Therefore, all the recommendations are based on preventing severe risk of disease. Unvaccinated pregnant women are routinely recommended to receive a COVID-19 vaccine at any time during pregnancy. Recommendation for pregnant women has been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. Regarding long COVID in children: Across the literature and in clinical practice, case ascertainment for long COVID is challenging due to varying definitions used, no established biological marker and overlap of symptoms with other conditions. While it can occur, current evidence suggests that long COVID appears to be less common and typically milder in children than in adults. Most children recover fully after COVID-19 infection, and the risk of persistent symptoms is relatively low ATAGI has reviewed available evidence on vaccine effectiveness against post COVID condition ('long COVID'). Vaccine protection appeared to be short lived and moderate against long COVID in immunologically naïve people.

		Comment	Proposed Action	Organisation
				However, the benefit of further doses was uncertain in populations with hybrid immunity (that is immunity from both vaccination and previous infection) due to heterogeneous results. Therefore, ATAGI does not currently recommend routine COVID-19 vaccination for protection against long COVID. Recommendations remain under ongoing review, and should the evidence change, advice will be updated accordingly.
65c		The report provides no analysis of the longevity of immunity from either vaccination or infection. I understand that available vaccines wane in effectiveness before six months. Why is it that the recommendations prevent adults aged 18-64 from choosing to be vaccinated more than once a year to better maintain immunity? Again, my understanding and experience is that if an Australian citizen does not fall within the recommended groups, they are neither able to access vaccination via the government schemes nor purchase a vaccine at their own cost. These recommendations are preventing myself and others from choosing to better protect ourselves by being vaccinated more than once per year. I would be prepared to pay for the additional vaccinations (as would I think quite a few parents in the case of children denied vaccination).		Thank you for the feedback. Due to hybrid immunity accumulated from previous vaccine doses with or without previous SARS-CoV-2 infection, the risk of severe illness from COVID-19 is now very low in adults with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). Updated recommendations for annual dose/s are based on the risk of serious illness from COVID-19 in the high risk populations. Where not actively recommended, young adults and adults with no medical risk conditions under 65 years of age can choose to have an annual dose based on individual preference and benefit-risk assessment.

		Comment	Proposed Action	Organisation
65d		As the chapter notes, only one mRNA vaccine is currently available in Australia. Some Australians are unable to use mRNA vaccines on medical advice or may have a strong preference to use a more traditional vaccine such as Novavax (previously available). Through inaction, the government is denying access to vaccination for these people.	Reviewed. No change in recommendation s made.	Comment noted with thanks. ATAGI would support the availability of alternative COVID-19 vaccine platforms. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines.
66	Individual	Benefits of re-introducing Novavax (protein-subunit) boosters:	Reviewed. No changes in	Comments noted with thanks.

		Comment	Proposed Action	Organisation
		- Provides a non-mRNA option for individuals with PEG hypersensitivity or anaphylaxis to mRNA vaccines, who are otherwise contraindicated under current ATAGI guidance: https://immunisationhandbook.health.gov.au/recommendations/covid-19-covid-19-vaccine#contraindications-to-covid19-vaccines - Novavax's phase 3 trial showed 90.4% efficacy against symptomatic COVID-19 and 100% efficacy against moderate to severe disease: https://www.nejm.org/doi/full/10.1056/NEJMoa2107659 - The updated XBB.1.5 formulation elicits strong neutralising antibodies across circulating Omicron variants including JN.1 and FLiRT sublineages: https://www.novavax.com/news-releases/novavax-announces-availability-updated-covid-19-vaccine-2023-2024-season https://www.medrxiv.org/content/10.1101/2024.01.11.24302186v1.full.pdf - It has a lower reactogenicity profile compared to mRNA vaccines, with substantially lower rates of systemic adverse events: https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00658-8/fulltext https://www.tga.gov.au/resources/publication/vaccine-safety/ausvaxsafety-covid-19-vaccine-safety-data Risks / unintended consequences if access remains unavailable: - Leaves a vulnerable group of Australians with no available COVID-19 booster. - Creates public health inequity and may erode vaccine confidence. - Increases the risk of people seeking off-label or overseas alternatives, potentially undermining safety monitoring. - Dependence on a single vaccine platform (mRNA) poses supply and variant risk. Likelihood: All of these are credible and likely within the next 6–12 months, especially given documented Novavax shortages in Australia and continued emergence of immune-evasive sublineages. Regulatory and supply issues: - As of July 2025, no Novavax doses are available in Australia. The previous batch expired 31 January 2025: https://www.health.gov.au/topics/covid-19/vaccines/about/novavax https://www.health.gov.au/sites/default/files/2024-06/covid-19-vaccine-expiry-information-5-june-2024.pdf	recommendation s made.	Before any COVID-19 vaccine is approved for use in Australia, it must undergo a rigorous and independent evaluation by the Therapeutic Goods Administration (TGA). This process ensures that all provisionally approved, and fully registered vaccines meet the high standards of safety, efficacy, and quality required for use in Australia. Novavax's original formulation was previously granted provisional approval by the TGA. However, as of now, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, are available on the TGA website: www.tga.gov.au. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of

		Comment	Proposed Action	Organisation
		- Novavax lodged its application for the XBB.1.5 booster with the TGA in November 2023, but it remains under review: https://www.tga.gov.au/products/medicines/covid-19-vaccines/covid-19-vaccine-provisional-registrations https://www.novavax.com/news-releases/novavax-submits-updated-covid-19-vaccine-xbb15-us-fda Targeted deployment strategies: - Prioritise supply to: - People with documented mRNA contraindications - Individuals with significant past mRNA side-effects - Immunocompromised patients who may benefit from heterologous boosting - Update AIR software and clinician guidance to allow targeted prescribing and flag non-mRNA options when relevant. Education & consent considerations: - Provide clear, comparative data on safety and efficacy to dispel myths that Novavax is “second-tier”. - Emphasise the conventional vaccine platform (in use since Hep B and HPV) and Matrix-M adjuvant technology: https://www.nature.com/articles/s41541-022-00573-y Pharmacovigilance considerations: - AusVaxSafety data collection on Novavax ceased after doses expired – monitoring should resume if new stock arrives: https://ausvaxsafety.org.au/safety-data/novavax-covid-19-vaccine-nvx-cov2373 Australia currently has no available Novavax stock, while countries like the USA, Canada, and the EU offer the updated XBB.1.5 Novavax formulation alongside mRNA options. This limits: - Access for Australians with medical need for non-mRNA vaccines - Uptake among those hesitant due to past mRNA side-effects - Australia’s ability to diversify its pandemic response portfolio ATAGI is urged to: - Endorse Novavax XBB.1.5 for program inclusion as soon as TGA approval is granted - Define clear access pathways for patients with mRNA contraindications		alternative COVID-19 vaccine platforms._

		Comment	Proposed Action	Organisation
		3. Ensure future procurement includes platform diversity, not just mRNA-based vaccines Such changes would restore equity, choice, and resilience in Australia's vaccination strategy. The phrase "we have the tools" has been used by Australian officials in the context of pandemic preparedness. However, the current unavailability of the updated Novavax COVID-19 vaccine in Australia contradicts this assertion. Individuals who cannot receive mRNA vaccines due to medical reasons are left without viable alternatives, highlighting a significant gap in the nation's pandemic response toolkit.		
67	Individual	I have a severe physical disability, spina bifida myelomeningocele. Like many others with disability, I am medically vulnerable to SARs-CoV-2 and have an increased risk of a severe outcome from contracting SARs-CoV-2. I am also in the situation of not being able to tolerate mRNA vaccines making a Pfizer vaccine contraindicated. My concern is that there may be unintended consequences for people with disabilities or medical conditions if there are no non mRNA vaccines provided as was clearly stated in the National Cabinet Strategic Framework December 9, 2022. i.e. to provide a "portfolio of vaccines". To only provide one vaccine when there is another option would in effect be denying vaccine protection to the some of the most medically vulnerable in the community and a failure to provide vaccine equity to a significant part of the population and possibly in contravention of the Disability Discrimination Act. Last year I wrote to my local Federal Member of Parliament to ask for assistance in gaining access to the Novavax vaccine which I last had in 2023. He passed on my request to the Health Minister's Department. I received a reply to my letter some time later offering access to Novavax via a vaccine trial. Unfortunately I did not meet the criteria for selection in the trial as it excluded people with neurological disabilities. Even if I had been eligible I would have declined as the vaccine in question was a bivalent. As I sometimes have a reaction to the flu vaccines I do not think it wise to have a combined vaccine. Again the needs of this group are being overlooked. If Australia is to go with the new Novavax bivalent vaccine please consider making a Novavax only vaccine available otherwise we are no better off. Please consider the Covid-19 vaccination needs of people who cannot tolerate mRNA Pfizer vaccines. Many people who can't tolerate mRNA Covid-19 vaccines are living very restricted lives avoiding high risk activities and unable to participate in normal social activities. Even	Reviewed. No change in recommendation made.	Comments noted with thanks. Before any COVID-19 vaccine is approved for use in Australia, it must undergo a rigorous and independent evaluation by the Therapeutic Goods Administration (TGA). This process ensures that all provisionally approved, and fully registered vaccines meet the high standards of safety, efficacy, and quality required for use in Australia. Novavax's original formulation was previously granted provisional approval by the TGA. However, as of now, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, are available on the TGA website: www.tga.gov.au. ATAGI makes recommendations on vaccines that are registered and available in Australia. These

		Comment	Proposed Action	Organisation
		attending urgent appointments such as medical and dental appointments involves negotiating in advance to make sure such visits are as Covid-19 safe as possible. At the very least please allow Novavax to be sourced privately. Thank you for your time and the opportunity to submit this response.		recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of alternative COVID-19 vaccine platforms.
68	Individual	The risks of serious long-term consequences to people of all ages due to inadequate or absent protection from vaccination have been, and are still being, underestimated by ATAGI while the risks of vaccination are, in my view, being overestimated. The dangers of the acute phase, which remain the focus, are only part of the picture. The fact that the references cited do not include any papers from this year (and most are several years old) does not engender confidence that the wealth of new scientific research into this virus is being considered at all. There is a very large and growing body of research on the damaging effects of COVID infections on previously healthy children and adults, even after supposedly “mild” infections, and especially after repeated infections. The true extent of the damage is made more difficult to gauge due to both the lack of testing and wastewater sampling and the slowness with which many are recognizing that COVID is not best characterized as a respiratory virus but rather one that can (and frequently does) infect any part of the body as well as have an impact on the immune system. However, large datasets around the world are showing these impacts in a range of ways from ongoing excess deaths, increases in bacterial, viral and fungal infections, reactivation of latent viruses and damage throughout the body. This includes children who are currently being denied access to vaccines in Australia by ATAGI’s “recommendations” which are, unfortunately, binding. This has led quite a few well-informed people who are keeping up with the scientific research with no choice but to get themselves and their children vaccinated overseas – a ridiculous situation in a first-world country.	Reviewed. Wording of recommendations to be revised.	Thank you for the comment. The clinical advice provided in the Australian Immunisation Handbook is based on ATAGI’s consideration of the current best available evidence, including data on the duration of protection following vaccination, level of community transmission, risk of severe disease in different population groups, and vaccine effectiveness over time. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). Throughout the pandemic, children with no medical risk conditions have generally experienced milder symptoms and significantly lower rates of severe illness, hospitalisation, and

		Comment	Proposed Action	Organisation
		We cannot yet identify precisely who is likely to suffer long-term consequences, which surely should be a reason to try to limit transmission and to give more protection to those who ask for it. The general (and incorrect) narrative that COVID has somehow been largely “defanged” might mean that there may not be a huge take-up. However, I for one would be quite prepared to pay for a dose if I am deemed not “eligible” for a free dose. I have repeatedly asked why I can choose to buy a flu dose if deemed ineligible but can’t do so for COVID despite all attempts to shoehorn it into the “winter respiratory virus” category but have never received an answer. Claiming that immunity derived from “natural infections” are “superior” to that gained from vaccinations (Giles and Flanagan, “Do we need more COVID-19 vaccine jabs?” Internal Medicine Journal (2024) 1–6) seems to be contradicted by a number of studies, especially since the arrival of Omicron. For people like me, who have consistently used well-fitting respirators, avoided settings with poor indoor air quality and not yet been infected, the question of so-called “hybrid immunity” does not apply. If my precautions failed during, for instance, a dental appointment or medical appointment where no effective airborne precautions are being used, I would now have minimal protection against a virus which has been mutating very rapidly since the original formulation I received (as shown very clearly in nextstrain.org where the level of evolutionary divergence from previous “Omicron” strains makes a mockery of calling everything since late 2021 “Omicron”). A number of papers over the last couple of years suggest a somewhat protective effect from having had a recent updated vaccination both for the acute phase and its aftermath. Given the potential seriousness of sequelae, many experts argue that it is important to get access to updates as soon as they become available and not wait until the following year if only deemed “eligible” for a yearly shot. Now that vaccination is not mandatory, and the initial supply issues no longer apply, why not allow more freedom of choice for other Australians who would like the opportunity to have the best chance of clearing the virus if infected? Why, when so much evidence is accumulating about potential viral persistence and immune dysregulation are Australians not permitted to get a “second opinion” and make their own choice on such an important matter? Why, instead of limiting access, are you not advocating for access to an alternative vaccine for people who cannot tolerate mRNA vaccinations or who would prefer a better-tolerated		death from COVID-19 compared to adults, particularly older adults and those with medical risk conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. We note that some vaccine effectiveness studies have shown that protection from COVID-19 vaccine against Omicron infection is short lived and cannot be relied on to reduce the risk of SARS-CoV-2 infection. Therefore, all the recommendations are based on preventing severe risk of disease. Current recommendations have been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns.

		Comment	Proposed Action	Organisation
		vaccine? People like me are being left with no access to updated vaccines while infections soar intermittently in a population with restricted access to vaccine updates, and little idea of the risks they run themselves (let alone pose to others) because of poor health communications. Why such arbitrary cut-off points for “eligibility” which do not reflect the current research (which you don’t reference at all in your list). I am two years short of being eligible for more frequent vaccinations if I choose but would potentially be old enough in Germany. I am not eligible for antivirals. Why does your list of people who are “vulnerable” not reflect recent research about an increased risk for women and a number of other known factors. Even within my close family and friends, I know two people who had strokes triggered during a COVID infection. Neither had been eligible to have an updated vaccination before getting infected and neither were eligible for antivirals both of which might possibly have been somewhat protective. One had a major stroke which robbed him of his eyesight and the other, in his early 50s, with no known risk factors, (never smoked and didn’t drink, fit and active) had a minor stroke during his first infection and then another during his second infection. While it was appropriate in the early stage of this ongoing pandemic when vaccines were in short supply to prioritize giving them to older and severely-immunocompromised people, it does not hold true this limitation should continue. From biopsies of the tonsils of children who had even had asymptomatic or scarcely symptomatic cases of Covid, it was shown in a paper from several years ago that the virus persisted in those samples even a year later. Perhaps there will be no long-term consequence of this viral persistence. But with what science is currently learning about the role played by a number of different viruses which can persist in the body in later chronic disease, how can you be so sure it's safer for children to be repeatedly infected in schools with few, if any, mitigations than to get a generally well-tolerated vaccine. Numerous research papers are suggesting a rise in cardiovascular problems from the infection (such as this recent one in: Cardiovascular post-acute sequelae of SARS-CoV-2 in children and adolescents: cohort study using electronic health records Nature Communications), along with increased risk of diabetes, a greater susceptibility to other infectious diseases and to a range of cognitive and behavioural issues.		

		Comment	Proposed Action	Organisation
		Even with the new anti-vaxx direction in the US, the recommendations continue to allow vaccination for children through shared decision making with their paediatrician. Why not in Australia?		
69a	Individual	While it was appropriate in the early stage of this ongoing pandemic when vaccines were in short supply to prioritize giving them to older and severely-immunocompromised people, it does not hold true this limitation should continue. From biopsies of the tonsils of children who had even had asymptomatic or scarcely symptomatic cases of Covid, it was shown in a paper from several years ago that the virus persisted in those samples even a year later. Perhaps there will be no long-term consequence of this viral persistence. But with what science is currently learning about the role played by a number of different viruses which can persist in the body in later chronic disease, how can you be so sure it's safer for children to be repeatedly infected in schools with few, if any, mitigations than to get a generally well-tolerated vaccine. Numerous research papers are suggesting a rise in cardiovascular problems from the infection (such as this recent one in: Cardiovascular post-acute sequelae of SARS-CoV-2 in children and adolescents: cohort study using electronic health records Nature Communications), along with increased risk of diabetes, a greater susceptibility to other infectious diseases and to a range of cognitive and behavioural issues. Even with the new anti-vaxx direction in the US, the recommendations continue to allow vaccination for children through shared decision making with their paediatrician. Why not in Australia?	Reviewed. Wording of recommendations to be revised.	Comment noted with thanks. Throughout the pandemic, children without medical conditions have experienced milder symptoms and lower rates of severe illness, hospitalisation, and death from COVID-19 compared to adults, particularly older adults and those with underlying health conditions. Currently even with newer circulating variants, the overall burden of disease in this age group remains low. For this reason, ATAGI does not currently recommend routine COVID-19 vaccination for children with no medical risk conditions. ATAGI will only make a recommendation for a vaccine dose to be given where there is evidence of significant benefit to outweigh any potential risks (e.g. local or systemic side effects, and the very rare possibility of more serious side effects). Instead, the focus remains on protecting those at highest risk of severe outcomes, including adults with medical risk conditions, older Australians, and individuals with immunocompromise. Current recommendations have been updated and going forward all pregnant women may consider receiving a single dose of COVID-19 vaccine during each pregnancy to protect both themselves and their newborns. We also note that

		Comment	Proposed Action	Organisation
				the WHO SAGE is reviewing their COVID-19 vaccine recommendations including doses in pregnancy.
69b		The Chapter does not mention Novavax, an alternate vaccine to mRNA vaccines which has previously been available in Australia and is currently available globally. Many Australians are at high risk of poor outcomes of COVID-19 infection and cannot medically tolerate mRNA vaccines or prefer non mRNA vaccines. A full portfolio of updated COVID-19 vaccines including Novavax was promised by the federal government following the Halton Report in early 2023. We need access to Novavax	Reviewed. No change in recommendation made.	Comment noted with thanks. Novavax's original formulation was previously granted provisional approval by the TGA. However, an updated Novavax vaccine targeting the current variant (such as JN.1) has not yet been submitted to the TGA for evaluation. Therefore, it is not currently available for review, approval, or distribution in Australia. Further updates on the regulatory status of COVID-19 vaccines, including Novavax, can be found on the TGA website: https://www.tga.gov.au/products/covid-19/covid-19-vaccines/international-covid-19-vaccines-recognised-australia. ATAGI makes recommendations on vaccines that are registered and available in Australia. These recommendations are tailored to the Australian context, taking into account the local burden of disease, as well as national data on hospitalisations and deaths. By using the best available evidence specific to the Australian population, ATAGI ensures its guidance is timely, relevant, and suited to the needs of those most at risk, including individuals with medical contraindications to mRNA vaccines. ATAGI would support the availability of

		Comment	Proposed Action	Organisation
				alternative COVID-19 vaccine platforms.