

## Third primary dose of a COVID-19 vaccine

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends a third dose of a COVID-19 vaccine as part of the primary vaccination course in individuals who are severely immunocompromised. The third dose is intended to maximise the level of immune response to as close as possible to the general population.

This recommendation applies to all individuals aged 12 years and over with certain conditions or on therapies leading to severe immunocompromise, as defined in **Attachment A**.

Further information about third primary doses for severely immunocompromised people is available at: <https://www.health.gov.au/news/atagi-statement-on-the-use-of-a-3rd-primary-dose-of-covid-19-vaccine-in-individuals-who-are-severely-immunocompromised>.

## Eligibility Declaration – Information

### Evidence

Evidence you can use to show that you are eligible for a third dose of a COVID-19 vaccine includes:

1. a letter from your GP or treating specialist confirming that you are severely immunocompromised (as per the list in **Attachment A**)
2. proof in the form of an alternative medical record that is dated within the last 5 years which shows that you are severely immunocompromised (as per the list in **Attachment A**), including:
  - a printout of your medical history as recorded in your clinical records or MyHealth Record – i.e. your patient medical summary as printed out from your GP's practice
  - a printout of your chronic disease care plan from your GP
  - a discharge summary from a hospital or other medical facility
  - a script in your name for a medication that you have been prescribed to treat one or more of the relevant conditions or procedures in **Attachment A**.
3. a condition-specific identifier that you have been issued with
4. the Eligibility Declaration Form on the next page (if you cannot provide any of the above as evidence of your eligibility)
  - You are NOT required to provide any medical or other details about your condition to your vaccination provider.

### Instructions for completing the Eligibility Declaration Form

To complete the Eligibility Declaration Form, you must:

- complete the details on the first page of this document – you can do this either on your computer, or other electronic device, or by hand
- sign the form
- bring the completed form with you to your appointment for your third COVID-19 vaccine dose.

If the person receiving the third dose of a COVID-19 vaccine is not capable of completing and signing the form themselves, a legal guardian or substitute decision maker (e.g. someone acting under an enduring power of attorney) can complete the form on their behalf.



## Eligibility Declaration Form

I,

(Name and  
address of person  
receiving the  
vaccine)

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(name)

(address)

confirm that I meet one or more of the eligibility criteria (see list at **Attachment A**) for a third dose of a COVID-19 vaccine as part of my primary vaccination course.

**I confirm that the statement in this form is true.**

Signature of person  
receiving  
the vaccine:

Date:

(OR, if the vaccine recipient is unable to sign) **I confirm that I am the patient's legal guardian or substitute decision-maker, and I confirm that the statement in this form is true.**

Guardian/substitute  
decision-maker's name:

Guardian/substitute  
decision-maker's signature:

Date:

### Eligible conditions for a third primary dose of a COVID-19 vaccine

ATAGI recommends that all individuals aged 12 years and over with the following immunocompromising conditions and/or therapies receive a third dose of a COVID-19 vaccine:

- Active haematological malignancy
- Non-haematological malignancy with current active treatment including chemotherapy, radiotherapy, and/or hormonal therapy, but excluding immunotherapy with immune checkpoint inhibitors
- Solid organ transplant with immunosuppressive therapy
- Haematopoietic stem cell transplant (HSCT) recipients or chimeric antigen receptor T-cell (CAR-T) therapy within two years of transplantation
  - These patients require *revaccination with three additional doses* of COVID-19 vaccine, irrespective of doses given prior to transplantation, commencing generally  $\geq 3$ -6 months after their transplant after discussion with their treating specialist
  - Those beyond two years from transplant should discuss with their treating specialist about the need for a third dose
- Immunosuppressive therapies, including:
  - high dose corticosteroid treatment equivalent to  $>20$ mg/day of prednisone for  $\geq 14$  days in a month, or pulse corticosteroid therapy.
  - multiple immunosuppressants where the cumulative effect is considered to be severely immunosuppressive.
  - selected conventional synthetic disease-modifying anti-rheumatic drugs (csDMARDs):
    - including mycophenolate, methotrexate ( $>0.4$  mg/kg/week), leflunomide, azathioprine ( $>3$ mg/kg/day), 6-mercaptopurine ( $>1.5$  mg/kg/day), alkylating agents (e.g. cyclophosphamide, chlorambucil), and systemic calcineurin inhibitors (e.g. cyclosporin, tacrolimus)
    - excluding hydroxychloroquine or sulfasalazine when used as monotherapy
  - biologic and targeted therapies anticipated to reduce the immune response to COVID-19 vaccine:
    - including B cell depleting agents (e.g. anti-CD20 monoclonal antibodies, BTK inhibitors, fingolimod), anti-CD52 monoclonal antibodies (alemtuzumab), anti-complement antibodies (e.g. eculizumab), anti-thymocyte globulin (ATG) and abatacept
    - excluding agents with likely minimal effect on vaccine response such as immune checkpoint inhibitors, anti-integrins, anti-TNF- $\alpha$ , anti-IL1, anti-IL6, anti-IL17, anti-IL4 and anti-IL23 antibodies
- Primary immunodeficiency<sup>3</sup> including combined immunodeficiency and syndromes, major antibody deficiency (e.g., common variable immune deficiency (CVID) or agammaglobulinemia), defects of innate immunity (including phagocytic cells), defects of immune regulation, complement deficiencies and phenocopies of primary immunodeficiencies
- Advanced or untreated HIV with CD4 counts  $<250/\mu\text{L}$  or those with a higher CD4 count unable to be established on effective anti-retroviral therapy
  - a third primary dose is not required for people living with HIV, receiving ART with CD4 counts  $\geq 250/\mu\text{L}$
- Long term haemodialysis or peritoneal dialysis.