

Australia urgently needs mass COVID vaccination hubs—but must have more vaccines first

April 7 2021, by Mary-Louise McLaws



Credit: Unsplash/CC0 Public Domain

Australia's COVID-19 vaccine rollout has been much maligned recently, as it's become clear we're way behind schedule.

So far Australia's average daily rate since the rollout began in late February is [around 22,000 doses a day](#) according to my calculations. To achieve herd immunity, I calculate [we'll need to vaccinate 85% of the population](#), using a combination of the Pfizer and AstraZeneca vaccines. To achieve this by the end of March 2022, I calculate we need to vaccinate at least 133,000 people a day until December 31, and then around 79,000 a day in the first three months of 2022.

Mass vaccination sites are urgently needed. Current av. rate after last 6 weeks is just 22,000 doses/day. I calculate to have 85% population vaccinated by end of year we need 133,000/day every day from tomorrow to Dec 31 plus 70,000/day every day from Jan 1-Mar 31 2022.

— Mary-Louise McLaws (@MarylouiseMcla1) [April 5, 2021](#)

One way to achieve this would be to stop relying on small GP and respiratory clinics and urgently move towards using mass vaccination hubs.

However, we don't yet have enough of the AstraZeneca vaccine to service large vaccination hubs. This I think is one reason why Australian authorities have not yet planned to use them.

What are mass vaccination sites?

Mass vaccination means vaccination on a large scale in a short time. Locations for mass vaccination would include stadiums and sportsgrounds, schools, parks, places of worship, and shopping centers.

This is what's being done in countries like [Israel](#), the [United Kingdom](#) and the [United States](#).

According to [the latest data](#), Israel has given at least one dose to 60% of its population; that figure is 46% in the UK and 32% in the US.

In Australia we've given about [850,000 COVID vaccine doses](#), which is roughly [4% of the adult population](#).

As Australia moves into phase 1B of the rollout and beyond, the [federal government](#)'s plan has been to rely solely on GP, respiratory clinics and eventually community pharmacies. This plan presumes we're all [middle class](#) and have the ability to access a local GP during work hours or early evenings. But many people who are unemployed, disadvantaged, working multiple part-time jobs, disaffected or can't get away from work might not be able or willing to visit a GP clinic in their neighborhood.

Instead, many might be more comfortable going to a mass site. For the placement of mass vaccination facilities to improve uptake of the vaccine, authorities should consult demographers who can identify the location of vaccination hubs to be most effective in attracting the most people.

We can't rely on small GP clinics alone

Relying on small GP and respiratory clinics means the rollout is progressing very slowly. Local clinics might vaccinate around 50 people per day, depending on the size of their clinic. They also need to ensure physical distancing that allows space for people to wait for 15 minutes after their vaccination while they are monitored for any side effects.

GPs also need to continue to see patients with various health and well-being needs they should not ignore, even in a pandemic.

Federal Deputy Chief Medical Officer Michael Kidd [said](#) mass hubs were "not off the agenda". And today, the NSW government [announced](#)

it will be setting up a mass COVID vaccination hub in Homebush, in Sydney's inner west.

This is a good start but we need many more mass vaccination sites before we can get close to reaching the daily target.

So far there isn't a formal plan detailing how the federal or state governments will introduce mass vaccination hubs in the COVID [vaccine rollout](#).

Vaccine supply is the crucial issue

Vaccination is a huge logistical challenge amid a global pandemic and there's an element of authorities learning to build the ship while it's sailing.

Australian governments may also not yet be able to supply sufficient vaccines for mass vaccination hubs.

The federal government has repeatedly said Melbourne-based biotech company CSL will be producing [one million doses of the AstraZeneca vaccine a week](#). It's yet to reach that target, and it's not yet clear exactly when it will.

But let's look at that target and presume CSL reaches it soon. One million doses divided by seven days a week equals about 142,000 doses a day. This is only just on the cusp of being sufficient to reach our daily vaccination target. But it doesn't take into account other delays that might occur such as problems with distribution, loss of stock, logistical hurdles, and bottlenecks at vaccination clinics.

In outbreak management you plan for the worst-case scenario. So when setting goals you should plan forward and look backwards to identify

weaknesses in the plan, such as not receiving enough vaccine and logistical issues. You must also allow a buffer if things go "pear shaped".

The fact we're already behind the federal government's initial target of vaccinating all Australian adults by the end of October this year suggests its plans were idealistic. It's difficult to make further assessments without full transparency around vaccine supply and distribution.

This 3.1 million doses thing is very simple. Please stay with me:

Australia was expecting 3.8 million AstraZeneca doses from factories in Europe. About 700k doses have been shipped. The rest? Well we know the European Commission and Italy formally blocked 250k doses last month

— Bevan Shields (@BevanShields) [April 6, 2021](#)

There have been issues with Europe blocking and slowing supply. Planning appropriately for the rollout would have included considerations for delays for approval and batch testing. It begs the questions of why [2.5 million doses](#) of the AstraZeneca vaccine are currently waiting for batch testing.

Authorities should be fully transparent about issues relating to vaccine supply, batch testing and distribution, so the public can feel fully informed and engaged in the vaccine rollout.

Great examples of transparency in vaccine rollouts can be seen in [New Zealand](#) and [Canada](#). NZ includes [weekly adverse reaction reports](#) where people can read about [vaccine](#) side effects. Greater transparency like this can reduce anxiety, hesitancy and conspiracy theories.

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