

Community messaging – concerns/myths

Concerns / questions	Response / Evidence
<i>Aboriginal people have strong genes that protect us from getting COVID-19</i>	<ul style="list-style-type: none"> - There are no genes that protect anyone from getting this infection. Aboriginal people can get it just as easily as anyone else
<p><i>There have been no COVID-19 cases in the Aboriginal population in Australia.</i></p> <p><i>So why should we get the vaccine?</i></p>	<ul style="list-style-type: none"> - There have been a few COVID-19 cases in the Aboriginal & Torres Strait Islander population in Australia. Fortunately, at this stage infections are less common among Aboriginal and Torres Strait Islander people than in non-Aboriginal populations, and those cases that we have seen in Aboriginal people have been more prominent in the Eastern states. - It is true that no Aboriginal & Torres Strait Islander people have died from this infection yet, but that doesn't mean that it won't happen in the future. - Governments, Health services, Aboriginal community leaders and Aboriginal groups have worked very hard together to keep Aboriginal communities safe from the infection. - Several SA Aboriginal communities went into lockdown as soon as there were cases in Adelaide. Preventing people from travelling in and out of community during the pandemic and at the time of outbreaks. Aboriginal people have been more protected from catching the virus than other population groups. - Many health services opted to do telephone consultations during the pandemic to prevent contact and possible transmission of COVID-19. - These kind of actions have helped to keep community safe. The extra focus on keeping Aboriginal people safe is because Aboriginal people are considered a 'high risk' group that could get very sick or die from COVID-19
<i>Why are Aboriginal people being rushed to be vaccinated in 1B phase of the rollout?</i>	<ul style="list-style-type: none"> - Aboriginal and Torres Strait Islander people have a higher rate of chronic health conditions. People with chronic health conditions are more likely to become seriously sick from getting a COVID-19 infection. - Many Aboriginal and Torres Strait Islanders live in crowded conditions. This means that any infection,

	<p>including COVID-19 can spread easily within the household and the community.</p> <ul style="list-style-type: none"> - That is why Aboriginal and Torres Strait Islanders over the age of 18 years are a priority group.
<p><i>Are Aboriginal people being used as guinea pigs? White fellas should be done first.</i></p>	<ul style="list-style-type: none"> - As of 25 March 2021 there have been more than 334 million doses of the COVID-19 vaccines administered worldwide, use this link for daily updates on the global vaccine numbers; https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/) - In Australia over 86,000 people have been vaccinated in Phase 1A, and almost all of these are non-Aboriginal. You can keep track of the numbers daily here - https://www.health.gov.au/initiatives-and-programs/covid-19-vaccines) - Phase 1A – the very first group to receive the vaccine in Australia did not specifically include Aboriginal people.
<p><i>The vaccine has been developed too quickly for it to be safe. It has been rushed and not passed the correct approvals process.</i></p>	<ul style="list-style-type: none"> - This is not the case. - There has been a lot of research into how to respond to a pandemic, which commenced even before COVID-19. - As soon as the World Health Organisation declared COVID-19 was a worldwide problem, researchers across the globe immediately started working hard to develop a vaccine. There has also been a lot of collaboration between the scientists, manufacturers and distributors to get a vaccine developed. - There has also been huge amount of global funding to support the development of these vaccines – this is something that has never been seen before on such a huge scale. You may have heard that Dolly Parton, the singer, donated \$1 million towards the development of a vaccine – these sorts of large sum donations are unique to the development of the COVID-19 vaccines because the pandemic has ravaged places like the U.S and Europe. - In Australia, the Therapeutic Goods Administration (TGA) has been strictly and carefully assessing the potential COVID-19 vaccines for safety, quality and effectiveness. - Once a vaccine is approved by the TGA, each batch of vaccine is also individually checked to make sure that it meets the same quality standards.
<p><i>The vaccine is compulsory. 'No jab, no pay'.</i></p>	<ul style="list-style-type: none"> - This is not true. The vaccine <u>has not</u> been made compulsory by the Commonwealth or State Government. It is each individual's decision if they want to have the vaccine or not, but it is highly recommended.

<p><i>Concern around side effects and the safety of the vaccine. Elders are particularly worried about the impact will have on them.</i></p>	<ul style="list-style-type: none"> - The COVID-19 vaccine works by training your body to recognise and fight the virus that causes COVID-19. There is no part of the COVID-19 virus included in the vaccine. - There are some mild side effects that may be experienced after having the COVID-19 vaccine. Side effects are common, but this does not mean that each individual will necessarily experience them. It's important to remember that your body showing side effects is an indication that the vaccine is working. - These side effects can include: <ul style="list-style-type: none"> Sore arm Headache Fever Chills Joint pain Chills Tiredness Nausea Pain/tenderness at injection site. <p>These side effects are likely to last a couple of days at the most and are not long-term.</p> <ul style="list-style-type: none"> - Data to 28 February 2021 relating to the safety of the Pfizer vaccine tells us: 64% reported no adverse event 36% reported one or more adverse events 0.7% reported visiting a doctor or emergency department as a result of their adverse event. <p>The COVID-19 vaccines are safe and effective in elderly people. In fact, older people are more at risk of becoming very sick or even dying if they get a COVID-19 infection, so all older people are considered a priority group to be offered the vaccine.</p>
<p><i>The vaccine will act as a microchip and the government can then track everyone who has had it. The vaccine can alter DNA or take it from people who have the vaccine.</i></p>	<ul style="list-style-type: none"> - The vaccines <u>do not</u> have any sort of microchipping capabilities, do not contain software or microchips and cannot track people. - The vaccine cannot alter DNA. The Pfizer vaccine uses a fragment of messenger RNA (mRNA), which tells the body to make an immune response to COVID-19, but this does not do anything to a person's DNA in their body. - The vaccine is given into your body and there is nothing taken from the body in this process including DNA. There is no way that anyone can collect any DNA by having a COVID-19 injection.

<p><i>Jesus/the Angel will protect community from COVID-19 so there isn't a need for the vaccine.</i></p>	<p>- Many people have personal or religious beliefs that they feel supported by. There are a lot of people with similar beliefs in countries like the USA, the UK, Italy and Spain. However, these countries were not spared of the massive number of COVID-19 infections or the high death rate. Their health systems were overwhelmed by the number of very sick people.</p>						
<p><i>How does the vaccine work?</i></p>	<p>There are two vaccines currently approved for use in Australia. Both help our bodies to develop an immune response to the "spike protein" part of the COVID-19 virus. The spike protein is what this virus uses to get into our bodies.</p>						
<p><i>No one actually knows what is in the vaccine.</i></p>	<table border="1" data-bbox="735 591 1378 1375"> <thead> <tr> <th data-bbox="735 591 932 645">Vaccine type</th> <th data-bbox="932 591 1378 645">Ingredients</th> </tr> </thead> <tbody> <tr> <td data-bbox="735 645 932 922">Pfizer</td> <td data-bbox="932 645 1378 922"> <p><u>m-RNA</u></p> <ul style="list-style-type: none"> • 4 lipids • potassium phosphate • potassium chloride • sodium chloride • sucrose • water </td> </tr> <tr> <td data-bbox="735 922 932 1375">Oxford/Astra-Zeneca</td> <td data-bbox="932 922 1378 1375"> <p><u>ChAdOx1-S</u></p> <ul style="list-style-type: none"> • disodium edetate • ethanol absolute • histidine hydrochloride monohydrate • histidine • magnesium chloride hexahydrate • polysorbate 80 • sodium chloride • sucrose • water </td> </tr> </tbody> </table> <p>The vaccines <u>DO NOT</u> contain the actual virus. The two different ingredients underlined in the table above are the spike protein 'codes' which go into the body when the vaccine injection is given, and the body reads the genetic code.</p> <p>This trains the immune system to recognise and fight against the COVID-19 virus.</p>	Vaccine type	Ingredients	Pfizer	<p><u>m-RNA</u></p> <ul style="list-style-type: none"> • 4 lipids • potassium phosphate • potassium chloride • sodium chloride • sucrose • water 	Oxford/Astra-Zeneca	<p><u>ChAdOx1-S</u></p> <ul style="list-style-type: none"> • disodium edetate • ethanol absolute • histidine hydrochloride monohydrate • histidine • magnesium chloride hexahydrate • polysorbate 80 • sodium chloride • sucrose • water
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<p><i>It is not safe to have the vaccine whilst pregnant or breast feeding.</i></p>	<p>- If you are breast feeding you can safely receive the vaccine at any time as there has been no evidence to suggest that breastfeeding women have increased risk of complications from COVID-19 compared to those who are not breast feeding.</p>						

	<ul style="list-style-type: none"> - If you are planning a pregnancy, you can receive the vaccine. You do not need to avoid becoming pregnant either before or after the vaccine and you are not required to have a pregnancy test before being vaccinated. - If you are pregnant it is not routinely recommended to have the vaccine. Having the vaccine whilst pregnant should be considered on a case by case basis with a medical professional and the pregnant woman weighing up potential risks and benefits. <p>It should be advised that: Pregnant women should consider having a COVID-19 vaccine during pregnancy if:</p> <ul style="list-style-type: none"> • they have medical risk factors for severe COVID-19 • they are at high risk of exposure to the virus that causes COVID-19 or very likely to be in contact with people with COVID-19. <p>Pregnant women may prefer to wait until after pregnancy to be vaccinated if:</p> <ul style="list-style-type: none"> • they have no risk factors for severe COVID-19. • they are not at high risk of exposure to COVID-19. <p>There is lots of information available for pregnant women to consider if deciding whether to have the vaccine or not. The information sheet is attached with this document.</p>
<p><i>There is no point in having the second dose of the vaccine.</i></p>	<ul style="list-style-type: none"> - The first dose of the vaccine starts to become effective after about 2 weeks. It is not known how long this immunity lasts so it is very important to have the second dose of the currently available COVID-19 vaccines. One way to think of it is: the first dose starts building protection, while the second dose reinforces that protection. - There is a gap between the two doses and this gap depends on which vaccine you get. If a person has had the Pfizer vaccine, the gap has to be at least 3 weeks between the first and second dose (but it can be a longer timeframe if needed). - If a person has had the AstraZeneca vaccine, the recommended gap is 12 weeks between doses to get the most benefit from the vaccine (but can be as short as 4 weeks). - The second dose must be the same vaccine as what was given the first time. If your first dose was the Pfizer vaccine, then you must have this for the second dose as well. (And the same for the AstraZeneca). - It's important to remember that protection from getting really sick from COVID-19 takes a while for your body

	<p>to develop, therefore social distancing measures and COVID Safe behaviours must continue.</p>
<p><i>There is no point to having the vaccine because we still have to keep up COVID Safe behaviours.</i></p>	<ul style="list-style-type: none"> - We must continue with COVID safe behaviours because the research so far indicates that the COVID-19 vaccine doesn't stop you getting the infection, but it stops you getting seriously ill and dying from the COVID-19 virus. - This is important for the most vulnerable such as the elderly, people with chronic illness and front-line health workers. Having the vaccine is the best chance we have of making sure that we keep our community, Elders, family members, friends and ourselves safe from becoming very sick or dying from the COVID-19 virus. - There is no evidence to suggest that the vaccination will stop the spread/transmission of virus from person to person, so until the pandemic is properly under control, it is important to keep up with COVID Safe behaviours (including social distancing, washing of hands and being tested if any symptoms of COVID-19 occur). - Having the vaccine is the best chance we have of making sure that we keep our community, Elders, family members, friends and ourselves safe from becoming very sick or dying from the COVID-19 virus.
<p><i>Our genes are strong, we don't get COVID and we won't die from it.</i></p>	<ul style="list-style-type: none"> - In Australia no Aboriginal or Torres Strait Islander people have died from COVID-19, however this doesn't mean that it won't happen in the future. - Community have worked together and supported one another to make sure that everyone stays safe, healthy and well-looked after during the pandemic and that is the reason why there have not been any Aboriginal people who have died as a result of COVID-19. - Strict human biosecurity laws have also meant that remote Aboriginal communities have been able to prevent people from moving in and out of community, significantly lowering the risk of COVID-19 being transmitted. - Preventing people from travelling in and out of community during the pandemic and at the time of outbreaks, means that Aboriginal people have been more protected from catching the virus than any other population groups. The extra focus on keeping Aboriginal people safe is because of the higher risk of getting serious illness or dying from COVID-19.