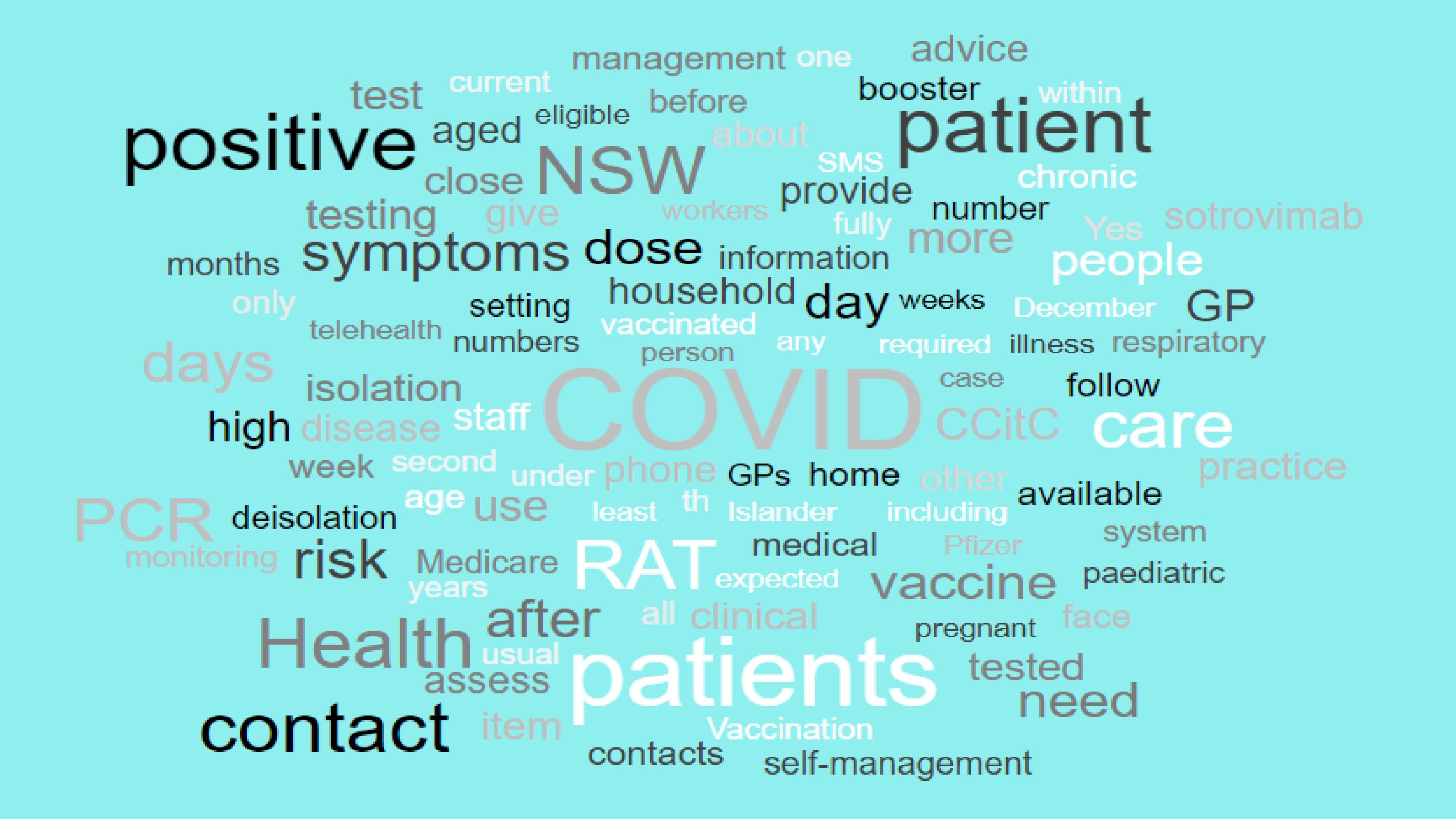
GP FAQ

Dr Michelle Redford
GP Blackbutt Doctors New Lambton
GP lead for “Living with Covid” at HNECC PHN


management
one
advice
current
test
booster
within
before
eligible
positive
aged
about
patient
NSW
close
SMS
chronic
provide
testing
give
workers
number
fully
more
Yes
sotrovimab
months
symptoms
dose
information
people
household
day
weeks
December
GP
only
setting
telehealth
vaccinated
numbers
person
any
required
illness
respiratory
days
isolation
COVID
case
follow
high
disease
staff
CCitC
care
week
second
under
phone
GPs
home
other
practice
age
use
least
th
Islander
including
available
PCR
deisolation
system
monitoring
risk
Medicare
RAT
medical
Pfizer
years
expected
vaccine
paediatric
after
all
clinical
face
Health
usual
pregnant
patients
tested
assess
need
contact
item
Vaccination
contacts
self-management

COVID-19 FAQs for General Practice

Content provided by Dr Michelle Redford.

Caution – this is a rapidly evolving area – answers are being updated continuously and are correct at date of last update.

3 weeks – lots of change

Explosion in numbers

Self-management pathway

CCitC and Covid Kids@Home focus on higher risk patients

Escalation pathways – SeNT referral in HNE

Close contact rule and definition changes

Reduced contact tracing

Deisolation criteria/ auto

RAT instead of PCR and reporting

Medicare changes

New matrix for HCW and patient exposures

Booster vaccine interval

Mandatory vaccination for primary care

Starting vaccination for 5-11s

In a crisis

Team safety, service continuity and self care

Who needs urgent help – COVID/ other incl MH – triage/ filtering

Who needs more monitoring / sotrovimab/ budesonide/ pulse oximeter and how to sort that

Encouraging self management, reassurance

Continuing to vaccinate

Reducing the risk of closure

- Telehealth
- Surgical masks for patients
- Waiting room - consider mobile HEPA air filtration
- Appropriate PPE and eye protection within 1.5m of a patient
- Fully vaccinated workforce with increasing rates of booster doses
- Staff do not attend the workplace if symptomatic
- TEA ROOMS - minimising close interactions with others and only removing masks when immediately eating or drinking
- Staff must test if they have symptoms of COVID-19

NSW GOVERNMENT Health

Health Care Worker COVID-19 Exposure Risk Assessment Matrix

31 December 2021

- **Case = Any confirmed positive case of COVID-19 (co-worker, patient, or other)**
- **NB: All exposure category decisions are based on a local risk assessment**
- **NB: The use of protective eyewear for contact tracing is applied for droplet precautions when within 1.5m of a positive case (where a mask is not being worn by the case). The absence of eyewear outside of this setting will not increase risk.**
- **Health agencies are to ensure that appropriate space is provided for staff to observe break entitlements in accordance with Award provisions**

PPE worn during contact between health worker and case	CONTACT TYPE – See page 2 for more detailed assessment of a breach		
	Transient Contact – Low Risk Transient, not face-to-face, limited contact that does not meet the definition of face-to-face contact OR *Note: always subject to local documented risk assessment, including assessments of occupational exposures and of the closed space	**Medium Risk Scenarios** Any face-to-face contact within 1.5 metres and less than 15 minutes OR In general, greater than 30 mins in a closed space OR Based on agreed documented risk assessment including assessments of occupational exposures and of the physical environment	**Highest Risk Scenarios** Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes OR Aerosol generating behaviours (AGBs e.g. coughing) OR Aerosol generating procedures (AGPs)
1. No effective PPE worn by staff member or case **e.g. no PPE or PPE with major breaches such as mask below nose**	**Moderate Risk**	**Moderate Risk**	**High Risk**
2. Surgical mask only worn by staff member i.e. no eye protection ➢ Case no PPE	**Low Risk**	**Moderate Risk**	**High Risk**
3. Surgical mask only worn by staff member ➢ Case wearing surgical mask	**Low Risk**	**Low Risk**	**Moderate Risk** Depending on risk assessment **OR** **High Risk** Depending on risk assessment
4. Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case no PPE *Use of gown/apron and gloves should be risk assessed based on individual incident, exposure to body substance and chances of environmental contamination	**Low Risk**	**Low Risk**	**Moderate Risk** Depending on risk assessment **OR** **High Risk** Depending on risk assessment
5. Staff member in surgical mask and eye protection* with no concerns or breaches ➢ Case wearing surgical mask * See note in Category 4 box	**Low Risk**	**Low Risk**	**Low Risk** if no AGP/AGB **OR** **Moderate Risk**
6. Staff member in P2/N95 mask and eye protection* with no concerns or breaches ➢ Case either with or without PPE * See note in Category 4 box	**Low Risk**	**Low Risk**	**Low Risk**

This Risk matrix does not replace the CEC Application of PPE Guide https://www.cec.health.nsw.gov.au/__data/assets/pdf_file/0018/644004/COVID-19-IPAC-manual.pdf

LOW RISK

Continue to work
HCW alert to mild symptoms
Test (PCR) if symptomatic

MODERATE RISK

Continue to attend work with risk management plan
RAT test not earlier than day 2 post exposure.
For 14 days after exposure:
Consider redeploying to lower patient risk area if possible
Mask wearing at all times - surgical or N95 as per CEC guidance
Do not enter shared spaces such as tearooms and do not participate in any staff gatherings
Careful monitoring for symptoms

HIGH RISK

Do not attend the workplace for 7 days post exposure.
If significant risk to safe service delivery, senior manager to review. May return with minimum:
Daily RAT for 7 days after exposure ;AND PCR test on day 2&6 after exposure (where feasible)
;AND for 14 days after exposure
Consider redeploying to lower patient risk area if possible
Mask wearing at all times - surgical or N95 as per CEC guidance
Do not enter shared spaces such as tearooms and do not participate in any staff gatherings
Careful monitoring for symptoms

Patient / Visitor Exposure to COVID-19 case

#Case = Any confirmed positive case of COVID-19

NB: P2/N95 Respirators are not recommended for use by the patient for COVID-19

PPE worn by case# and patient/visitor contact		Contact type: Transient contact – Low Risk Scenarios Transient, limited contact that does not meet the definition of face-to-face contact (e.g., inpatient collocated in same area where potential patient transmission has occurred)	Medium Risk Scenarios Any face-to-face contact within 1.5 metres and less than 15 minutes OR In general, greater than 30 mins in a closed space (e.g., same ward bay +/- shared bathroom,)	High Risk Scenarios Prolonged face-to-face contact within 1.5 metres and greater than 15 minutes
Case: No Mask **Contact:** No Mask		**Moderate**	**Moderate** OR **High** (household like contact > 4hrs)	**High**
Case: Surgical mask **Contact:** No Mask		**Low**	**Moderate**	**High**
Case: No Mask **Contact:** Surgical Mask*		**Low**	**Moderate**	**High**
Case: Surgical mask **Contact:** Surgical mask*		**Low**	**Low**	**Moderate**
Case (HW): P2/N95 respirator **Contact:** No Mask		**Low**	**Low**	**Low** OR **Moderate**
Case (HW): P2/N95 respirator **Contact:** Surgical mask*		**Low**	**Low**	**Low**

*In intensive care, patients who are receiving closed circuit ventilation, including NIV can be considered to have equivalent protection to a surgical mask

Actions based on risk classification (from table above)			
Risk classification	**Low Risk**	**Moderate Risk**	**High Risk**
Requirements while in healthcare facility	Isolation not required	Isolate (closed crib if previously in an open cot) or cohort[1] until negative day 2 test RAT or PCR test wherever feasible RAT or PCR at day 2 and day 6, post exposure Ongoing monitoring[2] for 14 days post exposure	Isolate or cohort for 7 days whereever feasible PCR test at day 2 and 6 post exposure Subsequent testing as per routine inpatient surveillance if in place; if not perform a day 12 RAT if remains in hospital RAT or PCR test every 48hrs from day 8-14 (where removed from isolation and able) and ongoing monitoring[2]
	Monitor for symptoms, RAT if symptomatic		
Requirements while in the community	Isolation not required	RAT at day 2 and 6 post exposure Ongoing monitoring in the community until 14 days post exposure as per the guidance at 'How can we all help slow the spread of COVID-19'	Isolate for 7 days from exposure RAT at day 2 and 6 post exposure Ongoing monitoring in the community until 14 days post exposure as per the guidance at 'How can we all help slow the spread of COVID-19'

[1]If single room capacity exceeded, moderate risk contacts can be isolated or cohorted together based on risk assessment with transmission-based precautions.

[2] Ongoing monitoring should include monitoring for symptoms, testing regime, surgical mask wearing as able and avoiding sharing a room where able with patients significantly immunocompromised.

BLACKBUTT DOCTORS COVID-19 TRANSMISSION RISK REDUCTION MATRIX VERSION 10 9TH JANUARY 2022 DR MICHELLE REDFORD

	Low transmission Green alert	**Moderate transmission Amber alert**	**High transmission Red alert**	**Standard precautions always apply**
Staff in vaccination clinics	Standard precautions	Surgical mask Eye protection	Surgical mask Eye protection	Ventilation - HEPA mobile filtration unit in waiting room Staff immunisation up to date, unwell workers stay home Physical distancing 1.5m including breaks/ tea-room Screening for COVID-19 symptoms and ER– door, phone, online Separate respiratory presentations, no coughing in waiting room Hand hygiene, respiratory hygiene, cough etiquette. Gloves single use, no double gloving. Cleaning and disinfection All patient contact – clinical and non-clinical staff -Long hair tied back -Bare below the elbows -Easily cleanable closed shoes No masks with valves Surgical masks last up to 4 hours P2/ N95 – fit check every time, wear for up to 4 hours
Staff with repeated brief contact with unscreened patients e.g. swab collection	Standard precautions	Surgical mask	P2/N95 respirator Eye protection	
Non-clinical staff on reception. Minimal patient contact, shared enclosed space, protective screen	Standard precautions	Surgical mask	Surgical mask Eye protection	
Non-clinical staff with no patient contact (back office)	Standard precautions	Standard precautions or surgical mask if mandated by PHO	Surgical mask Work from home if possible	
People attending with respiratory symptoms	Surgical mask	Surgical mask No access to waiting room	Surgical mask No access to waiting room	
People attending without respiratory symptoms	Standard precautions	Surgical mask or cloth mask	Surgical mask Minimise waiting room time Visitors by exception only	
Patient characteristics	O T H E R C L I N I C A L S T A F F			
Patient without ARI AND no ER	Standard precautions	Surgical mask	Telehealth preferred Surgical mask Eye protection	
Patient with ARI AND no ER	Surgical mask Eye protection Fluid resistant gown Gloves	Surgical mask Eye protection Fluid resistant gown Gloves	P2/N95 respirator Eye protection Fluid resistant gown Gloves	
Patient with suspected or confirmed COVID19 or identified as household contact	P2/N95 respirator Eye protection Fluid resistant gown Gloves	P2/N95 respirator Eye protection Fluid resistant gown Gloves		

ARI = acute respiratory infection symptoms ER = COVID-19 epidemiological risk e.g. household contact PHO = Public Health Order

Disclaimer – this is provided as an example of one practice's approach, it does not replace individual practice risk assessment, and is subject to change

Based on Clinical Excellence Commission, 2021, COVID-19 Infection Prevention and Control Manual for acute and non-acute healthcare settings Version 1.9 - Dec 2021 and Clinical Excellence Commission Emergency Department – PPE Quick Reference Guide Version 5 July 2021

Screening questions

- Have you tested positive for COVID-19 in the past 14 days?
- Has anyone you live with or spent more than 4 hours with tested positive for COVID-19 in the past 14 days?
- Do you have any symptoms of COVID-19?
- Are you waiting for the results of a COVID-19 test?

No temperature checks

Workplace issues

Alert in NSW app

Covid positive staff member

Staff member covid exposure

PHU response

Return to work

Covid case - minimum 7 days isolation, then avoid high risk settings for a further 3 days

Household contact - 7 days isolation from last contact with covid positive person. RAT as soon as possible and again on Day 6. Another RAT if develop symptoms. If all tests are negative, leave isolation after 7 days. Then avoid high risk settings for 7 days

HCW who are household contacts (not cases) and essential can RTW with management approval, daily RAT and risk mitigation in place

No routine testing or repeat isolation for 1 month following deisolation post covid

No secondary close contacts now

Deisolation

Day 0 - date positive test collected

Info going out with initial SMS now

Self deisolate day 7 – need resolution of fever, cough, sore throat, runny nose and breathlessness by day 6, without further testing

Do not need to wait to receive the SMS from NSW Health

If still symptoms day 6 patient should contact NSW Care at Home Support Line on 1800 960 933

Do not enter high risk settings (healthcare, aged care, disability care or correctional facilitates) unless for personal care for at least 3 days after you have been released from isolation

Households – other covid cases / contacts

Medical clearance note not generally needed

https://www.health.nsw.gov.au/Infectious/covid-19/Documents/medical-clearance-notice-form.pdf

Medicare

New item number for phone > 20 minutes is 91894 ONLY for MMM6 – 7

12 month rule does not apply if patient has covid

Still applies if doctor is in isolation

Patient with “COVID-19 infection of recent onset and confirmed by laboratory testing” face to face -bill the $25 item number 93715 in addition to your usual item number. Not clear what to do about RAT positive

Usual billing practices apply

30/20 rule deferred until at least the end of June 2022 - Medicare audit

https://www.service.nsw.gov.au/transaction/register-positive-rapid-antigen-test-result

Register a positive rapid antigen test (RAT) result

From 12 January, you must register a positive rapid antigen test result:

- when you receive your result.
- every time you get a positive result.

If you have tested positive and registered your result, you can:

- quickly understand your relative level of risk based on your personal circumstances
- access support services available from NSW Health
- access financial support, such as the Pandemic Disaster Leave Payment.

Register your COVID-19 test result

Register a positive rapid antigen test result

Please complete this form if you had a positive result on a rapid antigen test (i.e. on a home test) By reporting your result with NSW Health we can make sure you get access to the support you need.

All fields are mandatory unless marked optional.

Are you filling this out for yourself or on behalf of another person?

- ◯ For myself
- ◯ On behalf of another adult aged 16 years or older
- ◯ On behalf of a child aged 15 years or younger

Declaration

- ☐ I have read the Privacy Collection Notice and understand that Service NSW may lawfully retain, use and disclose personal and health information about me to NSW Health, and NSW Health may contact me or share this with third parties, to provide me with appropriate health information for my circumstances, and to plan and provide appropriate health services informed by numbers and locations of positive COVID-19 cases.
- ☐ I understand that giving false or misleading information is a serious offence under Part 5A of the Crimes Act 1900 (NSW). I acknowledge that I may be liable to imprisonment for up to two years and/or a fine of up to $22,000 if I am convicted of an offence under Part 5A of the Crimes Act 1900 (NSW).

Our Privacy Collection Notice explains how your personal information will be handled.

Submit

Mandatory vaccination

Started 23 December 2021

The clinical and non-clinical General Practice workforce are stage 2 health care workers

A stage 2 health care worker must have received their first dose of a COVID-19 vaccine by 31 January 2022 and their second dose by 28 February 2022

Booster vaccinations also set to be mandatory for certain healthcare workers

https://www.health.nsw.gov.au/Infectious/covid-19/Pages/public-health-orders.aspx#hcw

New South Wales

Public Health (COVID-19 Vaccination of Health Care Workers) Order (No 3) 2021

under the

Public Health Act 2010

I, Brad Hazzard, the Minister for Health, make the following Order under the *Public Health Act 2010*, section 7.

Dated 23 December 2021 (original order).
Time: 4:05pm
As amended on 23 December 2021.

Boosters for people aged 18 and over

Pfizer or half dose Moderna (0.25ml)

4 months from second dose, likely to be 3 months from end January

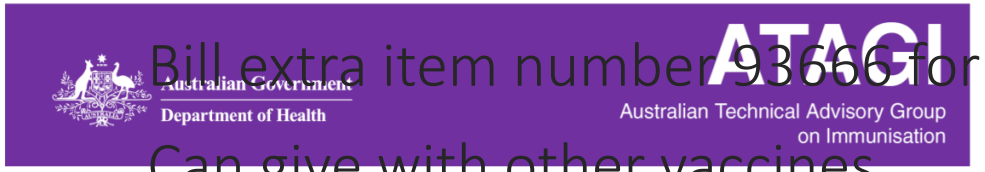
Includes pregnant women

Includes immunocompromised people who had 3 dose primary course

Bill extra item number 93666 for $10 as well as usual item code for dose 2

Can give with other vaccines

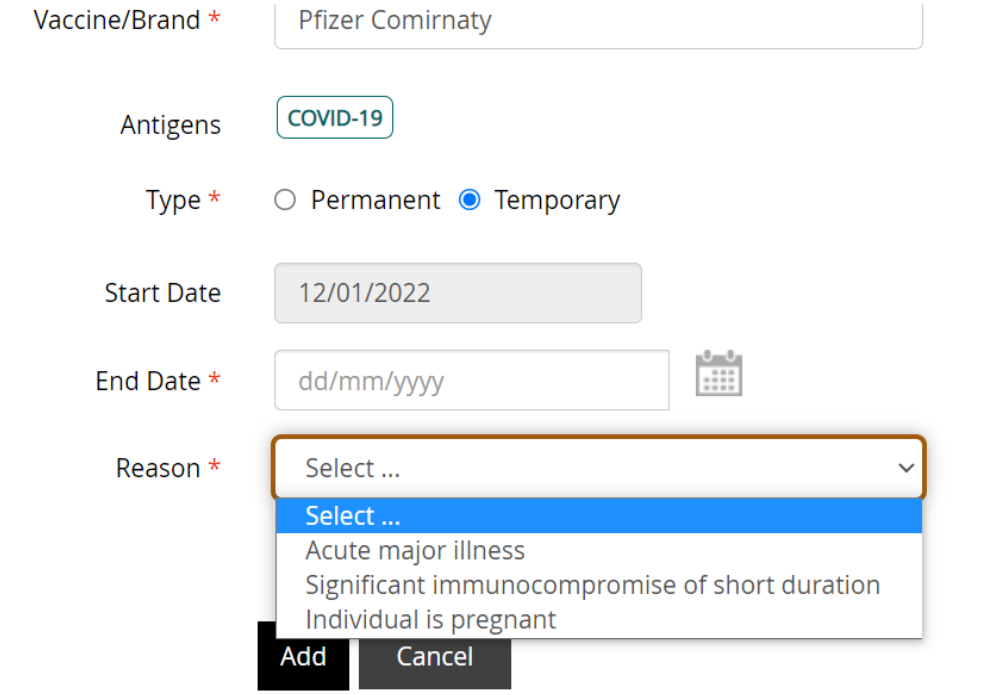
Post COVID – when recovered / 1 month (3 m if had monoclonal antibodies)

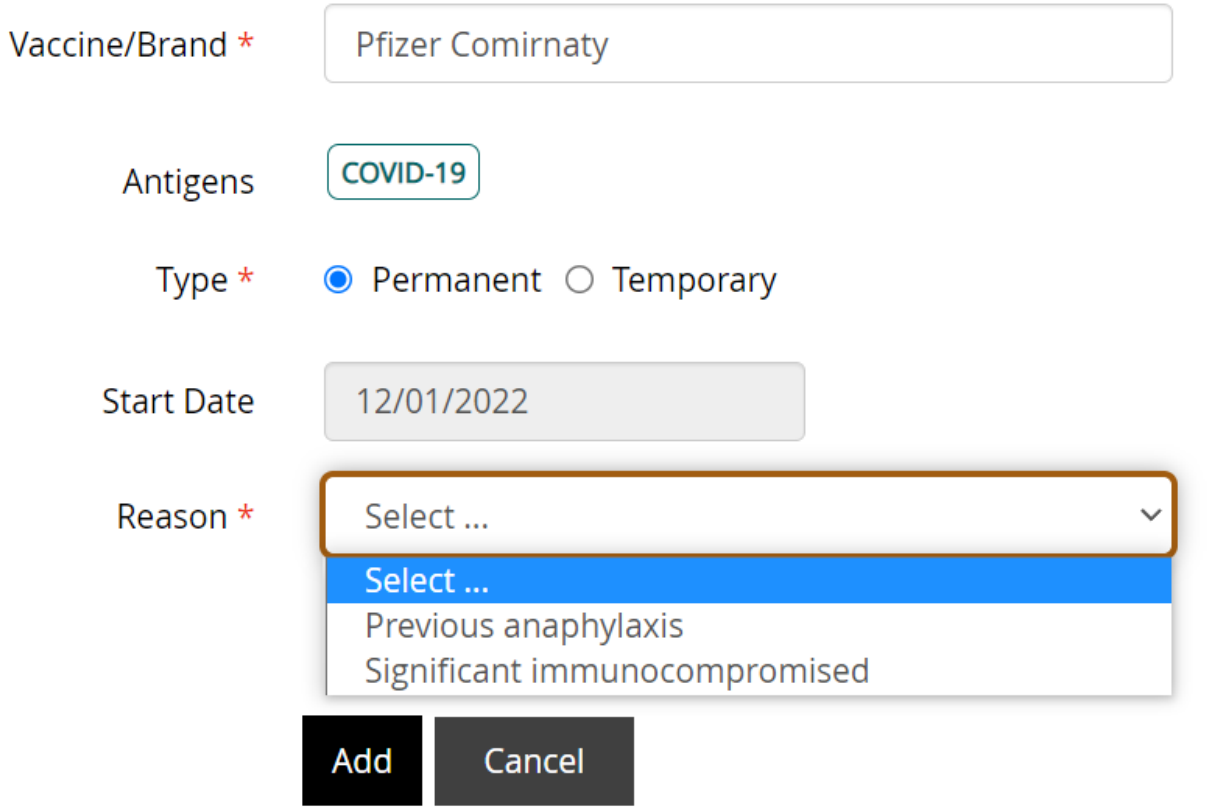


Australian Technical Advisory Group on Immunisation (ATAGI) recommendations on the use of a booster dose of COVID-19 vaccine

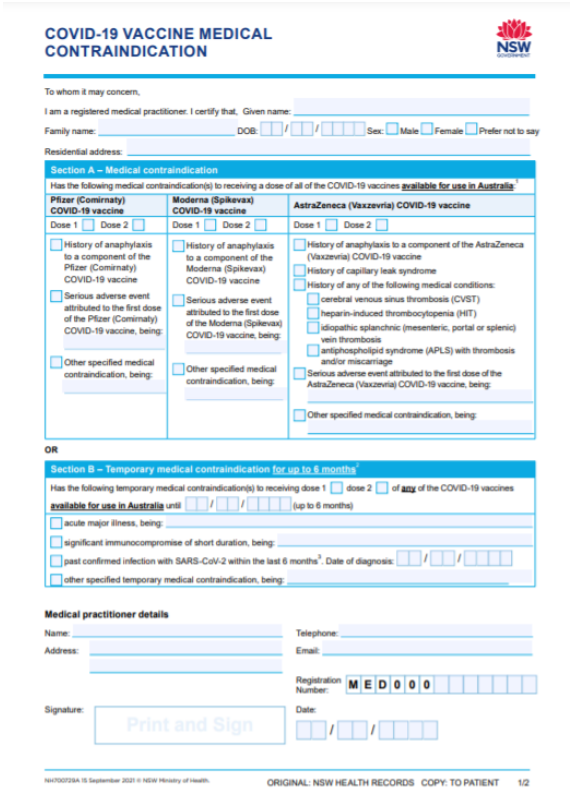
Version 2.0
24 December 2021

Vaccine exemptions on AIR





https://www.health.nsw.gov.au/Infectious/covid-19/vaccine/Documents/covid-19-vaccine-contraindication.pdf



COVID-19 VACCINE MEDICAL CONTRAINDICATION

NSW

To whom it may concern,

I am a registered medical practitioner. I certify that, Given name:

Family name: DOB: / / Sex: Male Female Prefer not to say

Residential address:

Section A – Medical contraindication

Has the following medical contraindication(s) to receiving a dose of all of the COVID-19 vaccines **available for use in Australia**[1]

Pfizer (Comirnaty) COVID-19 vaccine	Moderna (Spikevax) COVID-19 vaccine	AstraZeneca (Vaxzevria) COVID-19 vaccine
Dose 1 Dose 2	Dose 1 Dose 2	Dose 1 Dose 2
History of anaphylaxis to a component of the Pfizer (Comirnaty) COVID-19 vaccine	History of anaphylaxis to a component of the Moderna (Spikevax) COVID-19 vaccine	History of anaphylaxis to a component of the AstraZeneca (Vaxzevria) COVID-19 vaccine
		History of capillary leak syndrome
		History of any of the following medical conditions: cerebral venous sinus thrombosis (CVST); heparin-induced thrombocytopenia (HIT); idiopathic splanchnic (mesenteric, portal or splenic) vein thrombosis; antiphospholipid syndrome (APLS) with thrombosis and/or miscarriage
Serious adverse event attributed to the first dose of the Pfizer (Comirnaty) COVID-19 vaccine, being:	Serious adverse event attributed to the first dose of the Moderna (Spikevax) COVID-19 vaccine, being:	Serious adverse event attributed to the first dose of the AstraZeneca (Vaxzevria) COVID-19 vaccine, being:
Other specified medical contraindication, being:	Other specified medical contraindication, being:	Other specified medical contraindication, being:

OR

Section B – Temporary medical contraindication for up to 6 months[2]

Has the following temporary medical contraindication(s) to receiving dose 1 dose 2 of **any** of the COVID-19 vaccines **available for use in Australia** until / / (up to 6 months)

- acute major illness, being:
- significant immunocompromise of short duration, being:
- past confirmed infection with SARS-CoV-2 within the last 6 months[3]. Date of diagnosis: / /
- other specified temporary medical contraindication, being:

Medical practitioner details

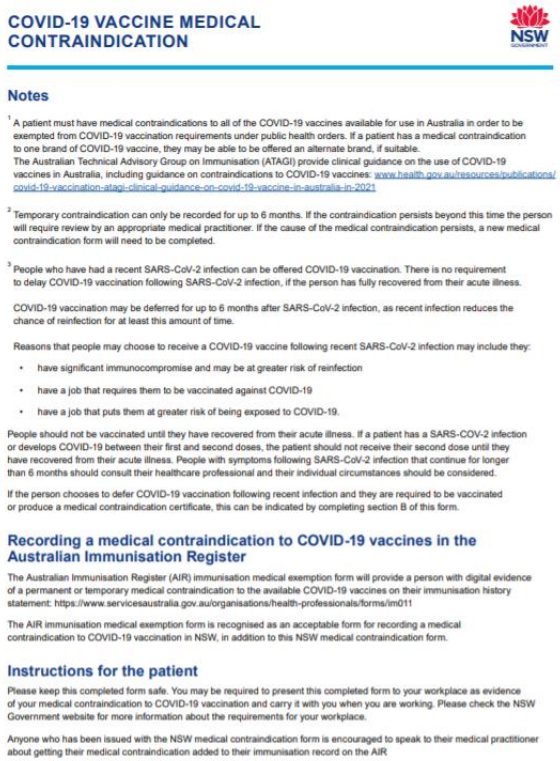
Name: Telephone:

Address: Email:

Registration Number: M E D 0 0 0

Signature: Print and Sign Date: / /

NH700729A IS September 2021 © NSW Ministry of Health. ORIGINAL: NSW HEALTH RECORDS COPY: TO PATIENT 1/2



COVID-19 VACCINE MEDICAL CONTRAINDICATION

NSW

Notes

[1] A patient must have medical contraindications to all of the COVID-19 vaccines available for use in Australia in order to be exempted from COVID-19 vaccination requirements under public health orders. If a patient has a medical contraindication to one brand of COVID-19 vaccine, they may be able to be offered an alternate brand, if suitable.
The Australian Technical Advisory Group on Immunisation (ATAGI) provide clinical guidance on the use of COVID-19 vaccines in Australia, including guidance on contraindications to COVID-19 vaccines: www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021

[2] Temporary contraindication can only be recorded for up to 6 months. If the contraindication persists beyond this time the person will require review by an appropriate medical practitioner. If the cause of the medical contraindication persists, a new medical contraindication form will need to be completed.

[3] People who have had a recent SARS-CoV-2 infection can be offered COVID-19 vaccination. There is no requirement to delay COVID-19 vaccination following SARS-CoV-2 infection, if the person has fully recovered from their acute illness.

COVID-19 vaccination may be deferred for up to 6 months after SARS-CoV-2 infection, as recent infection reduces the chance of reinfection for at least this amount of time.

Reasons that people may choose to receive a COVID-19 vaccine following recent SARS-CoV-2 infection may include they:

- have significant immunocompromise and may be at greater risk of reinfection
- have a job that requires them to be vaccinated against COVID-19
- have a job that puts them at greater risk of being exposed to COVID-19.

People should not be vaccinated until they have recovered from their acute illness. If a patient has a SARS-COV-2 infection or develops COVID-19 between their first and second doses, the patient should not receive their second dose until they have recovered from their acute illness. People with symptoms following SARS-CoV-2 infection that continue for longer than 6 months should consult their healthcare professional and their individual circumstances should be considered.

If the person chooses to defer COVID-19 vaccination following recent infection and they are required to be vaccinated or produce a medical contraindication certificate, this can be indicated by completing section B of this form.

Recording a medical contraindication to COVID-19 vaccines in the Australian Immunisation Register

The Australian Immunisation Register (AIR) immunisation medical exemption form will provide a person with digital evidence of a permanent or temporary medical contraindication to the available COVID-19 vaccines on their immunisation history statement: https://www.servicesaustralia.gov.au/organisations/health-professionals/forms/im011

The AIR immunisation medical exemption form is recognised as an acceptable form for recording a medical contraindication to COVID-19 vaccination in NSW, in addition to this NSW medical contraindication form.

Instructions for the patient

Please keep this completed form safe. You may be required to present this completed form to your workplace as evidence of your medical contraindication to COVID-19 vaccination and carry it with you when you are working. Please check the NSW Government website for more information about the requirements for your workplace.

Anyone who has been issued with the NSW medical contraindication form is encouraged to speak to their medical practitioner about getting their medical contraindication added to their immunisation record on the AIR

Paediatric vaccine expiry – use the earliest

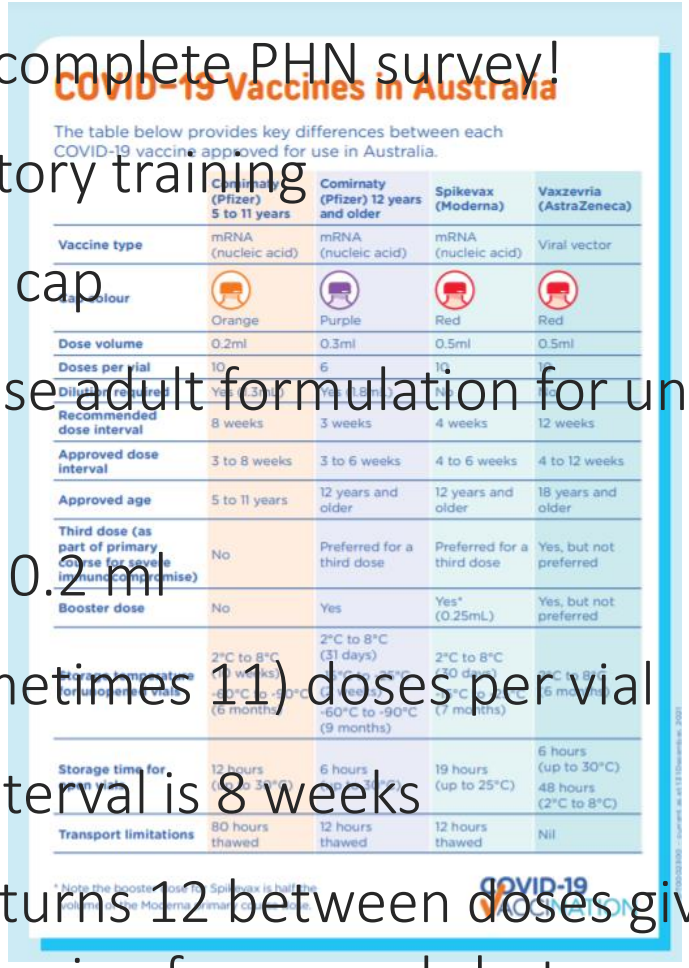
Thawed expiry date

Manufacturer expiry date on vial

Add 5 months to date printed on vial
e.g. Jan 22 -> 30th June 22

Is recorded in the Delivery Acceptance forms in the CVAS

- Please complete PHN survey!
- Mandatory training
- Orange cap
- Don’t use adult formulation for under 12s
- Dose is 0.2 ml
- 10 (sometimes 11) doses per vial
- Dose interval is 8 weeks
- If child turns 12 between doses give adult vaccine for second shot



COVID-19 Vaccines in Australia

The table below provides key differences between each COVID-19 vaccine approved for use in Australia.

	Comirnaty (Pfizer) 5 to 11 years	Comirnaty (Pfizer) 12 years and older	Spikevax (Moderna)	Vaxzevria (AstraZeneca)
Vaccine type	mRNA (nucleic acid)	mRNA (nucleic acid)	mRNA (nucleic acid)	Viral vector
Cap colour	Orange	Purple	Red	Red
Dose volume	0.2ml	0.3ml	0.5ml	0.5ml
Doses per vial	10	6	10	10
Dilution required	Yes (0.3ml)	Yes (1.8ml)	No	No
Recommended dose interval	8 weeks	3 weeks	4 weeks	12 weeks
Approved dose interval	3 to 8 weeks	3 to 6 weeks	4 to 6 weeks	4 to 12 weeks
Approved age	5 to 11 years	12 years and older	12 years and older	18 years and older
Third dose (as part of primary course for severe immunocompromise)	No	Preferred for a third dose	Preferred for a third dose	Yes, but not preferred
Booster dose	No	Yes	Yes* (0.25mL)	Yes, but not preferred
Storage temperature for unopened vials	2°C to 8°C (10 weeks) -25°C to -50°C (6 months)	2°C to 8°C (31 days) -15°C to -25°C (2 months) -60°C to -90°C (9 months)	2°C to 8°C (30 days) -15°C to -25°C (7 months)	2°C to 8°C (6 months)
Storage time for opened vials	12 hours (up to 30°C)	6 hours (up to 30°C)	19 hours (up to 25°C)	6 hours (up to 30°C) 48 hours (2°C to 8°C)
Transport limitations	80 hours thawed	12 hours thawed	12 hours thawed	Nil

* Note the booster dose for Spikevax is half the dose of the Moderna primary vaccine

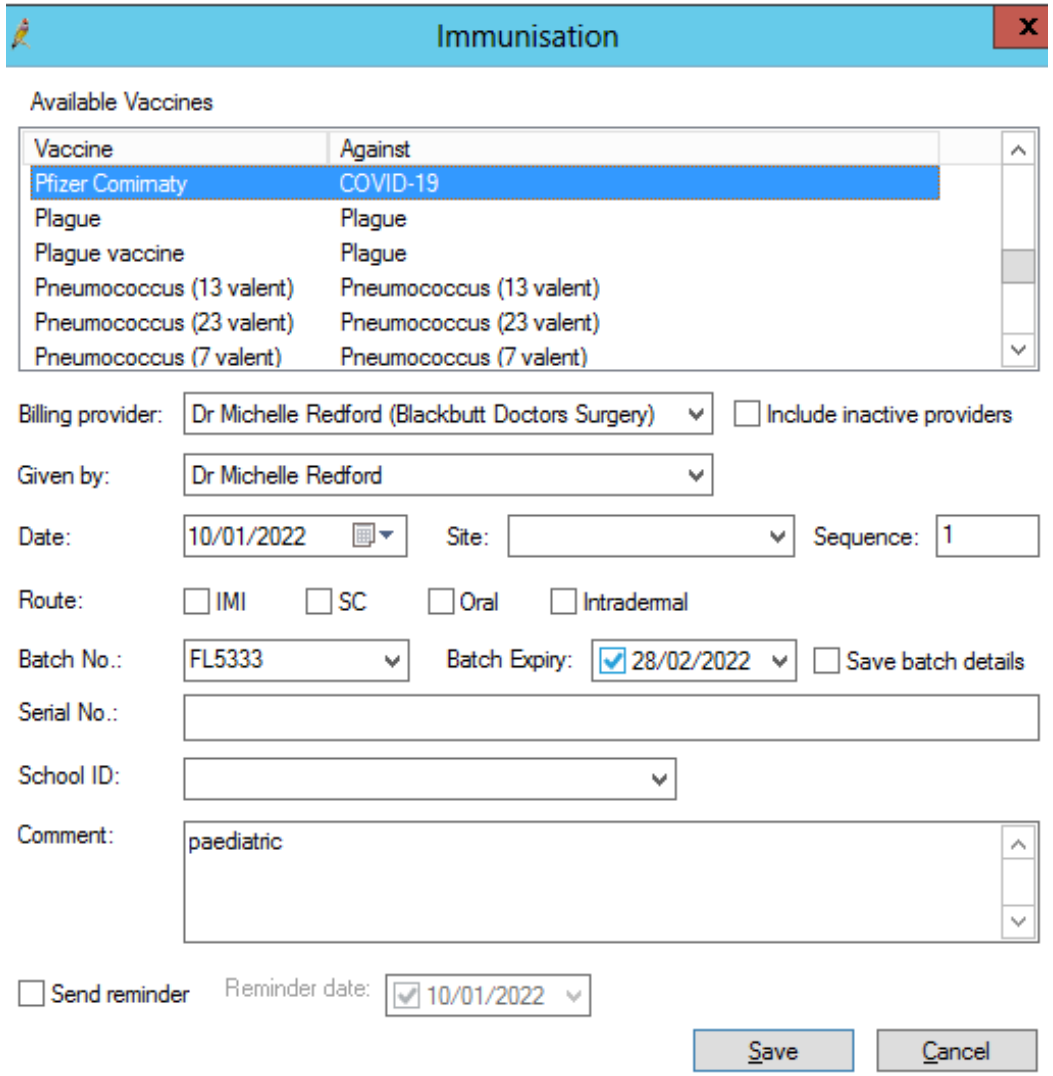
COVID-19 VACCINATION

Pfizer for 5-11 year olds

Medicare items the same as adults

If no specific vaccine in software use adult one

AIR does not differentiate between adult and paediatric formulations



Vaccine Administration Error	ATAGI Recommendation
Less than half of the vaccine dose volume (estimated) was administered	Give a replacement dose a minimum of 1 week after the invalid dose, and a subsequent dose as indicated
Incorrect diluent (such as sterile water for injection) used to dilute Pfizer (COMIRNATY) (For Age 5 to <12 Years) vaccine dose	Give a replacement dose of Pfizer (COMIRNATY) (For Age 5 to <12 Years) a minimum of 1 week after the invalid dose, and a subsequent dose as indicated
Only the diluent of Pfizer (COMIRNATY) (For Age 5 to <12 Years) was administered (i.e. no Pfizer (COMIRNATY) vaccine ingredient)	Give a replacement dose of Pfizer (COMIRNATY) (For Age 5 to <12 Years) as soon as feasible, and a subsequent dose if indicated

Refer to the ATAGI clinical guidance on replacement doses for invalid primary courses of COVID-19 vaccines for further information.

Great questions