

Series 15 – Quick COVID-19 Clinician Survey Summary (Australia)

Series 15 of the Australian arm of the Quick COVID-19 Clinician Survey was fielded from the 7th to the 15th of July 2021 and received 73 responses. During this time period, a significant outbreak of the delta strain of SARS-CoV-2 affected Sydney, putting that city into lockdown. Confirmed cases of COVID-19 in Australia increased by 652 over this period to 31,516, of which 91% were in NSW. At the close of the survey period, there were 979 active cases of COVID-19, with 132 people in hospital, and 22 people in ICU. The two deaths reported in this period were the first due to COVID-19 since April 2021.

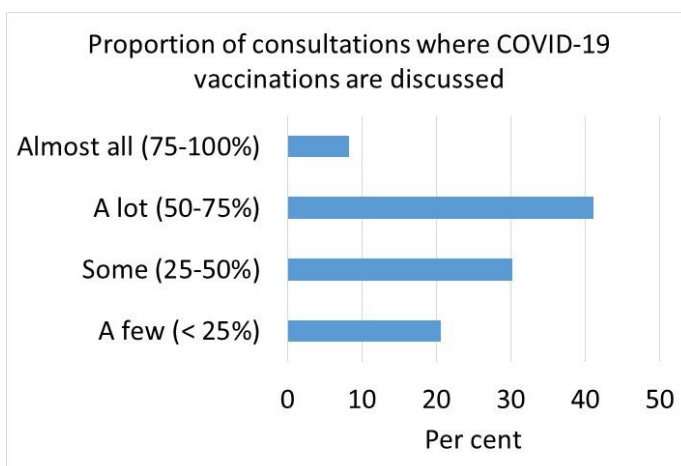
There have been several changes to the COVID-19 vaccination rollout since it commenced, as more data on the vaccines and their side effects came to light. In particular, while the AstraZeneca COVID-19 vaccination is approved for people aged 18 years and over, the risk of the rare thrombosis with thrombocytopenia syndrome (TTS) which is more common in younger people, has meant a shift to “preferring” Pfizer among many in the community. Public debate about vaccine hesitancy has been compounded by changes to clinical guidance around risk, supply-related delays in access to vaccines, and prioritised access against stratified eligibility criteria. Over the survey period, over one million COVID-19 vaccinations were administered across Australia, with more than half of these through primary care (53%).

Demographics Survey participants included 19 GPs who were practice owners, 1 GP who was a practice manager, 52 other GPs, and 1 other practice manager. 21 respondents reported working in a rural practice. Responses were received from all jurisdictions: NSW 38%, Vic 18%, Qld 14%, SA 12%, WA 4%, Tas 1%, NT 3%, and ACT 10%.

Strain on practice was high to severe for 60% of respondents, and moderate for a further 32%, with very few reporting little to no strain.

Consultations remained predominantly face-to-face (89% conducting more than half of consultations face-to-face), with fewer than 10% reporting a high proportion of telephone consultations. As has been seen throughout the series, a high proportion of respondents are not conducting video consultations (70%).

Vaccine delivery Most respondents reported delivering COVID-19 vaccines, with 55% offering AstraZeneca only, 1% offering Pfizer only, and one-third (33%) of offering both COVID-19 vaccines. In open text comments, respondents reported stress associated with offering Pfizer vaccines in addition to offering AstraZeneca.



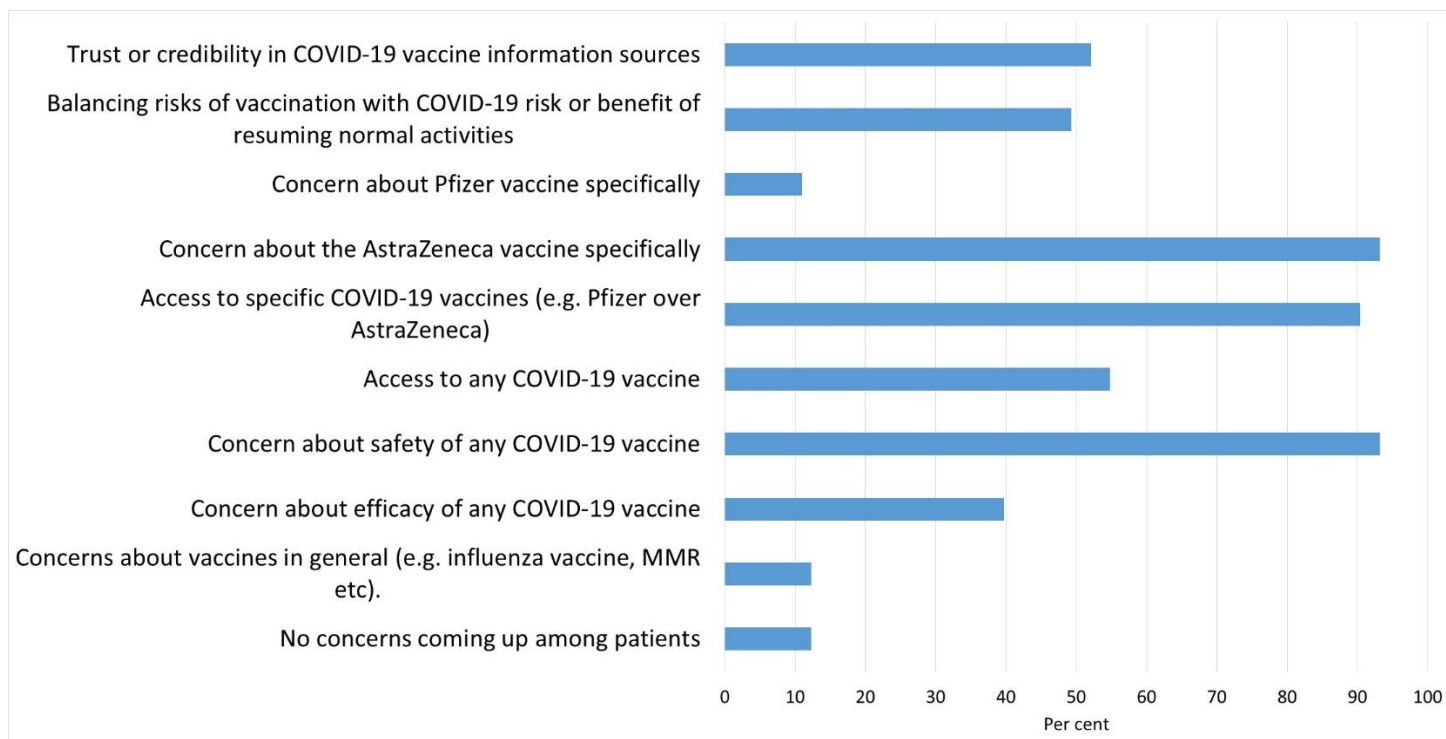
- *Not doing Pfizer to avoid the stress of dealing with ineligible patients who should have AZ but want Pfizer but can't have Pfizer.*
- *We have just received Pfizer this week. I am very wary of letting the public know as I think we could be inundated with calls that could put a huge strain on reception and disrupt our ability to pick up non-Pfizer related calls.*
- *We're not doing Pfizer. We feel we've done our bit vaccinating the most frail, and it's too big a distraction from the day job.*

COVID-19 vaccination counselling is taking place in a high proportion of consultations, with half of all respondents reporting it taking place in 50% or more of consultations. Respondents reported that these discussions were adding an average of 6 minutes to their consultations (range 2-15 minutes, median 5 minutes). In open text comments, respondents reported that vaccine counselling is most often added to regular consultations, which is long enough to significantly disrupt patient flow and decrease income. In addition, respondents noted the negative impact of vaccine discussions on practice staff, in particular receptionists.



- *“Increased consult time means constantly running late. No breaks. Patients unhappy with extended wait times. Reception staff very tired and apologising often to patients. Longer consults mean less take home pay.”*
- *“All consults taking longer, admin team experiencing increased call numbers and increased verbal abuse”*

We asked respondents what, if any, concerns were being raised by patients in relation to COVID-19 vaccinations. The concerns most frequently raised by patients were: safety of any COVID-19 vaccine (93%), concern about AstraZeneca vaccine specifically (93%), and access to specific vaccines (Pfizer over AstraZeneca) (90%). In contrast, just 11% of respondents indicated patient concerns about the Pfizer vaccine. Around half of respondents indicated patients had concerns about trust in or credibility of COVID-19 vaccine information sources (52%).



In open text comments, respondents reported spending much of their vaccine counselling time addressing vaccine anxiety and combatting misinformation, changing information and volatile risks of COVID-19.

- *“All vaccines and medicines have adverse effects. So I am dealing with Mental health consults re vaccination hesitancy, hysteria and trying to convey facts to patients.”*
- *“Significant disruption to usual flow responding to incorrect or distorted information held by patients as gospel and inhibiting them from making decisions in best interests of their health”*
- *“Consultations involve providing as much information to ensure that clients are able to make an "informed" consent not just give consent without understanding. The continual changes in the advice for rollout, client questionnaires, media misinformation and government uncertainty is taking its toll.”*

Respondents reported frustration and exhaustion around changing information, and poor communication to general practice.

- *“The most frustrating and difficult element of the vaccination roll-out for us and our patients has been the regular, sometimes daily changing of advice, often first reported through media before NSW Health advice has been received. This has been poorly handled by the federal government in my opinion.”*
- *“The vaccine rollout has been shambolic, the communication strategy has been poor, and GP information has been via mainstream media, and announcements not flagged ahead of time.”*

For questions, comments, or to pose a “Flash question” please contact Professor Kirsty Douglas at Kirsty.a.douglas@anu.edu.au