

Significant events in COVID-19 vaccination practice in Australia

Year	Month	Intervention
2020	October	Vaxzevria (AstraZeneca adenovirus viral vector) COVID-19 vaccine granted provisional determination by the Therapeutic Goods Administration (TGA), making it eligible for provisional registration
	October	Comirnaty (mRNA) COVID-19 vaccine granted provisional determination by the TGA, making it eligible for provisional registration
	November	Janssen COVID-19 vaccine (adenovirus viral vector) granted provisional determination by the TGA, making it eligible for provisional registration
	January	Nuvaxovid (protein-based) COVID-19 vaccine granted provisional determination by the TGA, making it eligible for provisional registration
		Comirnaty provisionally registered for use in individuals aged ≥16 years
		Vaxzevria provisionally registered for use in individuals aged ≥18 years
		Nationally funded COVID-19 vaccination program began (Phase 1a). The rollout was carried out in phases, with population groups prioritised according to ATAGI advice
2021	February	Phase 1a Quarantine and border workers Frontline healthcare workers Aged care and disability care staff Aged care and disability care residents Phase 1b Healthcare workers currently employed and not included in Phase 1a Household contacts of quarantine and border workers Critical and high-risk workers who are currently employed, including defence, police, fire, emergency services and meat processing workers Essential outbound travellers with a travel exemption Elderly people aged ≥80 years Elderly people aged ≥70 years Aboriginal and Torres Strait Islander people aged ≥50 years Adults with an underlying medical condition or significant disability Phase 2a People aged ≥50 years Aboriginal and Torres Strait Islander people aged 16–49 years Other critical and high-risk workers Phase 2b People aged 16–49 years Phase 3 People aged less than 16 years
	March	Phase 1b began
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	April	Recommendations for use of Vaxzevria changed due to an association with thrombosis with thrombocytopenia syndrome (TTS):
		 Comirnaty preferred over Vaxzevria in individuals aged <50 years Those who have received their first dose of Vaxzevria with no TTS can still receive their second dose of Vaxzevria
	May	Phase 2a began in people aged ≥50 years
	June	Recommendations for use of Vaxzevria changed due to further emerging data on the association with TTS:
		 Comirnaty preferred over Vaxzevria in individuals aged <60 years Janssen COVID-19 vaccine provisionally registered for use in individuals aged ≥18 years Spikevax (mRNA) COVID-19 vaccine granted provisional determination by the TGA, making it eligible for provisional registration
	July	Comirnaty indication age extended to include use in individuals aged ≥12 years
	August	Spikevax provisionally registered for use in individuals aged ≥18 years
	September	Spikevax indication age extended to include use in individuals aged ≥12 years
2021 (cont.)	Copromissi	A 3rd primary dose of COVID-19 vaccine recommended in severely immunocompromised populations 2–6 months after the 2nd dose of vaccine. An mRNA vaccine is preferred to Vaxzevria for this 3rd dose
	October	Comirnaty provisionally registered for a booster dose 6 months after the 2nd dose in immunocompetent individuals aged ≥18 years
	3 3 3 3 3	A booster dose recommended for immunocompetent individuals aged ≥18 years who had their primary COVID-19 vaccine course ≥6 months ago. The highest-priority groups recommended to receive booster doses are those with risk factors for severe COVID-19 and/or those at increased occupational risk of COVID-19. Comirnaty is preferred, irrespective of the primary COVID-19 vaccine used
	December	Comirnaty indication age extended to include use in individuals aged ≥5 years
		Spikevax provisionally registered for a booster dose 6 months post-dose 2 in immunocompetent individuals aged ≥18 years
		12 December: Due to ongoing transmission of Omicron and Delta variants, recommended minimum interval between the primary course and the booster dose shortened from 6 months to 5 months
		24 December: Recommended minimum interval between primary course and booster dose shortened from 5 months to 4 months, and even to 3 months when capacity permits (during late January 2022)
	January	Nuvaxovid provisionally registered for use in individuals aged ≥18 years for the primary course
		Comirnaty provisionally registered for a booster dose 6 months post-dose 2 in individuals aged 16–17 years
		Funded vaccination roll-out began in children aged 5–11 years
2022		Severely immunocompromised children aged 5–11 years recommended to receive a 3rd primary dose of COVID-19 vaccine 2–6 months after their 2nd dose, in line with other severely immunocompromised age cohorts
		People aged ≥18 years who received a 3-dose primary course due to severe immunocompromise recommended to receive a booster (4th) dose ≥4 months after their 3rd dose



Year	Month	Intervention
	February	A booster dose recommended for adolescents aged 16–17 years who had their primary COVID-19 vaccine course ≥3 months ago
		Spikevax indication age extended to include use in individuals aged ≥6 years
		Vaxzevria provisionally registered for a booster dose 6 months post dose 2, in individuals aged ≥18 years
	March	A winter booster dose recommended for the following groups ≥4 months after the person has received their first booster dose, or ≥4 months after a confirmed SARS-CoV-2 infection, if infection occurred since the person's first COVID-19 booster dose:
		 adults aged ≥65 years residents of aged care or disability care facilities individuals aged ≥16 years with severe immunocompromise (as defined in the ATAGI statement on the use of a 3rd primary dose of COVID-19 vaccine in individuals who are severely immunocompromised)
		Aboriginal and Torres Strait Islander people aged ≥50 years
	April	Comirnaty vaccine provisionally registered for use as a booster dose for individuals aged 12–15 years
	May	Winter booster dose recommendation expanded to include people aged 16–64 years with medical risk conditions or disability
	June	Nuvaxovid (Novavax) vaccine provisionally registered for use as a booster in individuals aged ≥18 years
		Booster doses recommended for high-risk adolescents aged 12–15 years
2022 (cont.)	July	Nuvaxovid (Novavax) vaccine indication age extended to include use in individuals aged ≥12 years
		Spikevax vaccine indication age extended to include use in individuals aged ≥6 months
		A winter booster dose recommended for individuals aged >50 years. Individuals aged 30–49 years could receive a winter booster dose after discussion with their regular medical provider to review their individual health needs and the benefits and risks of a second booster dose
		A 3-month interval between a recent SARS-CoV-2 infection or the first booster dose and a winter booster dose recommended
	August	Nuvaxovid (Novavax) vaccine provisionally registered for use in individuals aged 12–17 years for the primary course
		Spikevax bivalent (original/omicron BA.1) vaccine provisionally registered for use as a booster dose in individuals aged ≥18 years
	September	Comirnaty vaccine provisionally registered for use as a booster dose in individuals aged 5–11 years
		Comirnaty vaccine indication age extended to include use in individuals aged ≥6 months
	October	Spikevax vaccine provisionally registered for use as a booster dose in individuals aged ≥12 years Comirnaty vaccine recommended as a paediatric booster dose in children aged 5–11
		years with high-risk medical conditions or disability
		Comirnaty bivalent (original/omicron BA.1) vaccine provisionally registered for use as a booster dose in individuals aged ≥18 years



Year	Month	Intervention
	February	A booster dose recommended for the following groups if their last vaccine dose or confirmed infection was ≥6 months ago: • all adults aged ≥65 years • adults aged 18–64 years who have medical comorbidities or disability • the following groups, after a risk–benefit assessment: ○ all adults aged 18–64 years without risk factors for severe COVID-19 ○ children aged 5–17 years with high-risk medical conditions or disability Comirnaty bivalent (original/omicron BA.4/5) vaccine provisionally registered for use as a booster dose in adolescents and individuals aged ≥12 years Moderna bivalent (original/omicron BA.4/5) vaccine provisionally registered for use as a booster dose in adolescents and individuals aged ≥12 years
	March	Vaxzevria (AstraZeneca COVID-19 vaccine) no longer available
	April	Spikevax vaccine (containing ancestral strain only) granted full registration for individuals aged ≥6 years
	May	A BA.4/5-containing bivalent COVID-19 vaccine preferred over original (ancestral) vaccines for use as the primary course and for booster doses in people aged 12–17 years Either BA.1- or BA.4/5-containing COVID-19 vaccine recommended for use as the primary course and for booster doses in people aged ≥18 years
	June	The original Comirnaty (12 years and over formulations) and Spikevax vaccines (containing ancestral strain only) no longer available
2023	July	Comirnaty vaccine (containing ancestral strain only) granted full registration for individuals aged ≥6 months
	August	Spikevax bivalent (original/omicron BA.4/5) granted full registration for individuals aged ≥12 years
	September	ATAGI recommended that all adults aged ≥ 75 years receive an additional 2023 COVID-19 vaccine dose if 6 months had passed since their last dose ATAGI advised that the following groups should consider an additional 2023 COVID-19 vaccine dose if 6 months had passed since their last dose, after discussion with their healthcare provider: • all adults aged 65–74 years; and/or • adults aged 18–64 years with severe immunocompromise Within the above groups, an additional 2023 COVID-19 vaccine was likely to be of most benefit for people who: • had no known history of SARS-CoV-2 infection (and were therefore unlikely to have protection from hybrid immunity); • had medical comorbidities that increased their risk of severe COVID-19, or disability with significant or complex health needs; or • were residing in a residential aged care facility
	October	Spikevax (omicron XBB 1.5) granted full registration for individuals aged ≥12 years Comirnaty (omicron XBB 1.5) granted full registration for individuals aged ≥5 years Nuvaxovid vaccine (containing ancestral strain only) granted full registration for individuals aged ≥12 years



Year	Month	Intervention
2023 (cont.)	November	ATAGI issued the following recommendations on the use of monovalent omicron XBB 1.5 COVID-19 vaccines: • All currently available COVID-19 vaccines are anticipated to provide benefit to eligible people; however, the monovalent Omicron XBB.1.5 vaccines are preferred over other vaccines for use in individuals aged ≥5 years who are currently recommended primary or additional doses of COVID-19 vaccine according to the Australian Immunisation Handbook • For those who have had the recommended 2023 dose/s of COVID-19 vaccine, ATAGI is not recommending further doses or re-vaccination with an XBB.1.5-containing vaccine at this time • ATAGI notes the recent increase in COVID-19 cases across Australia since November 2023 and encourages all people who have not yet had their recommended 2023 dose/s to receive them as soon as possible
2024	February	ATAGI issued the following recommendations on the use of COVID-19 vaccines in 2024: • Primary course (1-dose) vaccination recommended for all people aged 18 years and over and for children aged ≥6 months with medical conditions that may increase their risk of severe disease or death from COVID-19 • People with severe immunocompromise are recommended 2 primary doses and can consider a 3rd • Further doses every 6 or 12 months recommended, or considered, based on an individual's age and presence of risk factors for severe disease: ○ a 6-monthly dose recommended for adults aged ≥75 years ○ a 12-monthly dose recommended for adults aged 65–74 years and adults aged 18–64 years with severe immunocompromise, based on a risk–benefit assessment ○ a 12-monthly dose considered for all other adults aged 18–64 years and for children and adolescents aged 5–17 years with severe immunocompromise, based on a risk–benefit assessment