



STATEMENT ON THE DURATION OF OBSERVATION AFTER VACCINATION IN THE CONTEXT OF MINIMISING RISK OF EXPOSURE TO COVID-19 AT HEALTH CARE FACILITIES

The Australian Immunisation Handbook currently recommends that individuals who receive a vaccination should remain under observation for at least 15 minutes for possible immediate adverse events and to receive rapid medical care if needed.¹ Immediate adverse events are rare and may include anaphylaxis (0.65–1.53 per million vaccine doses)^{2,3} and vasovagal syncope (fainting).^{4,5} Most syncopal episodes occur early (>50% within 5 minutes, and 80% by 15 minutes);⁴ these can be rendered less likely by taking simple measures in syncope-prone individuals.⁶

In the current context of increasing risk of community-transmitted COVID-19 disease, the risk of exposure to potentially infected patients in medical practices/immunisation clinics may be increased. If this risk cannot be completely controlled in the clinic setting, the benefit of minimising the post-vaccination observation period to reduce COVID-19 exposure risk may outweigh the small risk of reduced detection of immediate rare post-vaccination adverse events at the clinic.

Therefore, in the context of the ongoing COVID-19 pandemic, ATAGI advises that:

- a) where an immunisation clinic (including waiting area, treatment rooms, etc) is separate or allows adequate social distancing from others (staff or other patients), the standard 15-minute observation period should be observed, and this remains the optimal protocol.
- b) where adequate social distancing at the clinic is not possible, a post-vaccination observation period of at least **5 minutes** (typically the time taken to apply pressure to and cover the injection site, for the vaccinee to re-dress and for vaccination record documentation) may be sufficient, **if the vaccinee meets the following criteria:**
 - 1) no history of severe allergic reactions or immediate post-vaccination reactions, such as syncope
 - 2) assessment at around 5 minutes after vaccination shows no evidence of any immediate adverse reactions
 - 3) a parent/carer (for children) or another responsible adult is capable of supervising for the first 15 minutes post vaccination
 - 4) it is possible for the vaccinee to sit or lay down safely if they feel unwell
 - 5) the vaccinee does not drive or operate machinery for the first 15 minutes after vaccination
 - 6) the vaccinee (or the parent/carer/responsible adult) is aware of when and how to seek post-vaccination advice, and have ready access to assistance and emergency services, if required.

It is important to read this statement in conjunction with The Australian Immunisation Handbook available at immunisationhandbook.health.gov.au.

References

1. Australian Government Department of Health. [Australian Immunisation Handbook. Vaccination Procedures - After Vaccination](#). 2020. (Accessed 31/03/2020).
2. Bohlke K, Davis RL, Marcy SM, et al. Risk of anaphylaxis after vaccination of children and adolescents. *Pediatrics* 2003;112:815-20.
3. McNeil MM, Weintraub ES, Duffy J, et al. Risk of anaphylaxis after vaccination in children and adults. *Journal of Allergy and Clinical Immunology* 2015.
4. Centers for Disease Control and Prevention. Syncope after vaccination--United States, January 2005-July 2007. *MMWR; Morbidity and Mortality Weekly Report* 2008;57:457-60.
5. Crawford NW, Clothier HJ, Elia S, et al. Syncope and seizures following human papillomavirus vaccination: a retrospective case series. *Medical Journal of Australia* 2011;194:16-8.
6. [Centers for Disease Control and Prevention. Fainting \(Syncope\)](#). 2015. (Accessed 31/03/2020).