

COVID *matters*

ISSUE 03 / OCTOBER 2021

The ongoing impact of COVID-19 in, and on, the workplaces of Australia

“ ... there's never truly been a long-term consequence of a vaccine other than protection.”

ASSOCIATE PROFESSOR PAUL GRIFFIN
INFECTIOUS DISEASE PHYSICIAN

From: MedHealth's 'COVID-19 Vaccination: Risks and Rewards' webinar for our team members

COVID-19 has spread its many tentacles across our work and home lives. COVID 'matters' include vaccinations, mental health and resilience, workplace safety, home life, working from home, frontline workers and so much more.

This newsletter brings together summaries of research papers we have read, drawing out some of the workplace implications. There are so many potential topics of interest that we will focus on one area at a time.

In this issue, we look at four interesting papers about vaccination. As with everything we do, we look at the evidence and lay it out for you.

Vaccination can be a divisive issue. We think this makes it even more important to have an evidence-base for the actions you take as an employer or insurer.

We are in the interesting position of being able to tap into the medical and allied health expertise and capabilities to support our customers with COVID-related matters, while at the same time ensuring we keep our own valued workforce safe and supported. This gives us a holistic view of the issues and the supports that will best help.

The next issue will focus on papers about Long COVID, which is emerging as a complex workplace issue. Please let us know the COVID-related issues that are having the greatest impact in your job or workplace and we would love to support you by focusing on the issue in a future newsletter or working with you to find the best solutions for your people and clients.



Sam Norton

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Jo Broomhall

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COVID/ Covid-19 herd immunity v. learning to live with the virus

BY **Madhi, SA**

South African Medical Journal,
August 2021

The findings in a nutshell

What is our end game with COVID-19 (COVID) – herd immunity, or living with COVID?

Herd immunity is unlikely to happen, but vaccines are helping to protect the population against COVID-19. Reviewing UK and Israeli (both with high vaccine rates) COVID statistics, it was concluded that vaccines effectively protect against hospitalisation and death from COVID. There was also evidence that vaccines moderately protect against transmission. Knowing this, the UK removed restrictions which aimed to contain transmission and have returned to relative normalcy.

In summary the author notes that whenever change occurs, we experience emotional reactions to that change, and this is entirely normal. The advantage lies in how we recognise, try to understand and respond to these emotions by supporting employees as they return to the workplace and help them adjust back to the new situation.

Overview of the paper

After 18 months of the COVID pandemic, it is important to consider how we will return to some sort of normalcy. This paper reviews the effectiveness of herd immunity and how living with COVID might look in the future.

Herd immunity is unlikely to materialise because COVID mutations are becoming more infectious, transmissible and relatively resistant to immunity induced by past infection, meaning there is little evidence that infections will disappear.



LEARNING TO LIVE WITH THE VIRUS

Reviewing the current experience of the UK and Israel, which have high rates of vaccination (greater than 85 per cent of the adult population), both have had recent increases in infections. However, the number of hospitalisations and deaths have not mirrored the growth of these new infections. Vaccines are protecting the vaccinated population from hospitalisation and deaths. This has led the UK to continue to remain open, despite the increased infection rate.

Herd immunity is unlikely, and vaccines can protect the population against severe COVID and death.

Implications for Australian workplaces

This article demonstrates that 'living with COVID' may mean people continue getting infected but being vaccinated could prevent them from hospitalisation or death. We should then continue to promote and educate our staff, clients and community about the importance of getting vaccinated and how it can help Australia return to some sort of normalcy. Additionally, employers should consider the emotional reaction of people as they return to the workplace, evolving their wellbeing support programs to best meet their people's changing needs.

[READ FULL ARTICLE](#)

COVID Effectiveness of COVID-19 vaccines against the B.1.617.2 (Delta) variant

BY **Bernal, JL et al.**

The New England Journal of Medicine, July 2021

The findings in a nutshell

This study, which focuses solely on symptomatic infections, compared the effectiveness of the Pfizer and AstraZeneca vaccines against getting symptoms from the Delta variant.

The findings concluded that a single dose of either vaccine was less effective against getting symptoms from the Delta variant, compared to the Alpha variant. Once an individual has two doses of either vaccine, there is a modest difference from preventing symptoms of both variants. This would support the use of two doses among the population.

Overview of the paper

The Delta variant has contributed to a surge of infections across India and around the world. Using data from the UK, the researchers were able to estimate the effectiveness of the vaccines being used in the UK – Pfizer and AstraZeneca – against symptomatic disease caused by the Alpha and Delta variants.

They found that after a single dose of both vaccines, prevention against symptomatic disease was notably lower among people with the Delta variant (30.7 per cent), compared to the Alpha variant (48.7 per cent).



Single dose prevention against symptomatic disease was notably lower

DELTA VARIANT

↓ **30.7%**

ALPHA VARIANT

↓ **48.7%**

In contrast, after two doses the Pfizer vaccine was 93 per cent effective against Alpha and 88 per cent against Delta. Two doses of AstraZeneca was found to be 74.5 per cent effective against Alpha, and 67 per cent effective against Delta.



DOUBLE DOSE OF PFIZER

93%
EFFECTIVE AGAINST
ALPHA

88%
EFFECTIVE AGAINST
DELTA



DOUBLE DOSE OF ASTRAZENECA

74.5%
EFFECTIVE AGAINST
ALPHA

67%
EFFECTIVE AGAINST
DELTA

So there are modest differences in vaccine effectiveness against symptomatic disease caused by the Alpha or Delta variant when you have both doses of Pfizer and AstraZeneca vaccines. However, there is a significant difference following only a single dose. The finding supports maximising the efforts to complete the two dose vaccinations.

Implications for Australian workplaces

Despite the increased infection rate caused by Delta, the evidence demonstrates that both Pfizer and AstraZeneca are effective against symptomatic disease for this variant.

Ongoing promotion of vaccines is required to encourage the general population to get vaccinated. Employers should consider encouraging their staff to get vaccinated with two doses of either vaccine through appropriate promotion. Examples being trialled by Australian employers have included paid time off, gifts, and entry into raffles. It is important that these incentives do not only focus on the initial dose, but both initial and second dose to ensure maximum protection. Watch this space for information on the how and when of booster shots. The Australian Government has just announced these for immunocompromised people and studies are now becoming available.

[READ FULL ARTICLE](#)

COVID What must happen to tackle vaccine hesitancy and barriers to COVID-19 vaccination in migrants

BY **Crawshaw, et al.**

Journal of Travel Medicine, March 2021

The findings in a nutshell

Ethnic and migrant populations were not prioritised in the national plans of most countries during the first wave of the pandemic, so these populations around the world are under-immunised. Vaccine hesitancy due to language barriers, unequal access to healthcare, and social exclusion leads to a gap in knowledge. The goal is to actively involve these communities in the planning, co-production, distribution, and implementation of their tailored COVID-19 vaccines rollout, to increase uptake.

There is emerging evidence from high-income countries that ethnic minority and migrant populations are reluctant to accept the vaccine against COVID-19, which poses a threat to the control of the virus, and all vaccine-preventable diseases. The World Health Organisation (WHO) considers this one of the top 10 global health threats.

During the first wave of the pandemic, most countries around the world did not prioritise migrant groups. Within high-income countries, migrants also have restrictions to local healthcare, are socially isolated, have language barriers and a mistrust of government. Migrants are thus more susceptible to COVID-19 vaccine (and health) misinformation, causing a decrease in vaccine uptake.

To prevent this, a key priority is to identify ways to engage with and deliver COVID-19 vaccination to these populations. The authors' key recommendations were to:

- Include undocumented migrants, asylum seekers and other excluded migrant populations within the vaccination roll-out and provide access to healthcare
- Consider migrants within the vaccine priority structure
- Conduct research to identify risk factors for under-immunisation among migrant communities
- Actively involve these communities in the planning, co-production, distribution, and implementation of their tailored roll-out of vaccinations for COVID-19
- Incentivise better recording of data on these communities for vaccine uptake and improve the interventions and engagement around vaccine-preventable diseases

Implications for Australian workplaces

The key takeaway from this article is to ensure all populations are educated appropriately to improve confidence in vaccines. Workplaces have a key role to play in education and in ensuring that information is understood, and that any culturally specific concerns are adequately understood and addressed. Beyond simply providing information in different languages, nominating and working with team members from diverse cultural groups as representative 'peers' can assist with identifying and addressing vaccine concerns and hesitancy. Information regarding COVID-19 vaccines has been translated into multiple languages.



LINK

[A great source for information in many community languages](#)



LANGUAGE BARRIERS MAY LEAD TO A GAP IN KNOWLEDGE

[READ FULL ARTICLE](#)

COVID Vaccinating children and adolescents against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) – the Israeli experience

BY **Glikman, D., Stein, M., & Shinwell, ES.**
ACTA Paediatrica, June 2021

The findings in a nutshell

COVID-19 affects people of all ages. Children have lower death rates than adults, but significant numbers still experience severe and ongoing symptoms, including two new long-term inflammatory conditions, making vaccinating children essential. A vaccine trial of children (aged 12-16) concluded that the risk of COVID-19 infections outweighed the risk of vaccinations for children with co-morbidities. Following this outcome, Israel and the US rolled out vaccines for children with co-morbidities

The article reviewed the Israeli experience of COVID-19 vaccinations for children and adolescents. With one third of Israel's population younger than 18, it was vital to assess the effectiveness of vaccines for children and adolescents while ensuring the risks associated with COVID-19 outweighed the risks of vaccines.

ISRAELI ADOLESCENTS AGED 16-18 YEARS RECEIVED THE COVID-19 VACCINE, RESULTING IN NO MAJOR SAFETY CONCERNS



It was also considered safe for children aged 12-15 years with co-morbidities to receive the vaccine as the risks of contracting COVID-19 were higher than being vaccinated. Israel and the US have since rolled out vaccines for children with co-morbidities.



VACCINE CONSIDERED SAFE FOR CHILDREN AGED 12-15

Implications for Australian workplaces

With Australia's Australian Technical Advisory Group on Immunisation (ATAGI) recommending vaccines for those 12 years and older, you can support clients, employers, and colleagues with information about this population. Employers can encourage their team members to discuss vaccine eligibility with their GP or medical professionals.



LINK

[An Australian Government guide for talking with kids about COVID-19 vaccines](#)

READ FULL ARTICLE

As we grapple with ongoing restrictions and lockdowns in parts of NSW and Victoria and debate over whether vaccinations should be mandated in some industries or jobs, it's fair to say that fortunes are mixed across Australian businesses. Your challenges in managing the latest iteration of the pandemic are heavily influenced by your geography, the industry you are in and your interdependencies on other states and industries.

From absenteeism to anxiety; from vulnerable cohorts to risk mitigation; from fitness and wellbeing to work-from-home ergonomics; from proactive mental health management to hybrid work models; the workforce management implications from the pandemic are broad and many.

Despite these differences, every single Australian business has COVID-19 related issues to grapple with.

Some of these changes may be for the better and some are just plain challenging. All need to be proactively managed.

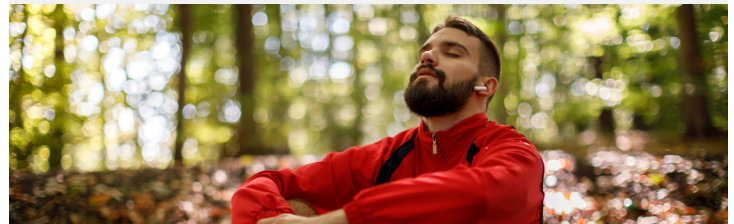
Your COVID coverage

As medical, allied health and occupational health and rehabilitation specialists, the teams at **mlcoa** and **IPAR** already provide the types of services that support Australian businesses to make informed decisions and reduce risks, all while improving health and employment outcomes for people.

Please talk with us about the issues you are managing. We'll either have a service that can support you and your people; or we'll draw on our diverse capabilities to help you solve any issues and create better outcomes.

Join us for our next webinar

COPING THROUGH A PANDEMIC: Insights from our mental health specialists



No matter where you are in Australia it is highly likely that you have been impacted by the COVID-19 pandemic in some way. Whether you have been in lockdown for an extended time frame; have been separated from loved ones; or have been exposed to the illness itself; the last 18 months have been challenging and a high proportion of our population are feeling low or burnt out. Join us for a webinar with two of mlcoa's mental health consultants, Clinical Psychologist Dr Dadirai Gara, and Mr Oscar Chari, Nurse Practitioner with extensive experience in mental health and addiction.

Dr Gara and Mr Chari will provide an insight into the types of mental health conditions they have seen an increase in during the pandemic, such as addiction; and will share practical tips on how to cope with emotions like disappointment and loneliness, ways to build resilience, and how to best support those who are feeling an impact from COVID-19.

DATE

Monday, 18 October 2021

TIME

**11.30am to
12.30pm (AEST)**

REGISTER NOW

STAYING ACROSS *what matters*

Our experts are engaging in regular reviews of journal articles and the latest research and thinking around COVID-19. This newsletter will come out regularly until a sharp focus on COVID is no longer as relevant. To ensure we cover the angles that matter most to you, please let us know your challenges in managing COVID-19 related change in your workforce.