

COVID matters

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

“ There is no one-size-fits-all approach and employers should be cautious about setting blanket policies...”

From The Conversation, 30 March 2022, "Feeling socially anxious about returning to the office? You're not alone."

LIBBY (ELIZABETH) SANDER

Assistant Professor of Organisational Behaviour
BOND BUSINESS SCHOOL, BOND UNIVERSITY

Managing return to work... and extra support for people experiencing Long COVID

If you Google 'back to work' or 'return to the office' you get the full spectrum of views just on page one. Videos called 'Is it time to go back to the office?' side-by-side with articles on 'Office workers and bosses in delicate dance over return to office', 'Why a wide scale return to the office is a myth' – and top of the list of searches is 'can I refuse to go back to the office?'. When you couple this with a potential 'great resignation', it seems that getting this return to the office right will be one of the biggest issues of 2022.

That's why we chose to highlight three studies for you with practical return to work implications in this issue of COVID Matters. Two of these studies focus on vaccine effectiveness and the Novovax protein-based vaccine respectively... both potentially helpful in cases where workers are experiencing vaccine hesitancy for specific reasons.

The other study is about the optimal way to manage Rapid Antigen Test (RAT) regimes for return to work. In terms of an evidence-base, it's still early days for this important screening test; though the paper we covered has a strong recommendation for the most effective use of RATs.

This newsletter has always been about the science. We distil research papers into bite-sized learnings to save you time. While staying true to our evidence-based approach, this issue will also include something a little different. Acknowledging that returning to the office or other workplace may be an emotive issue for some of your employees, or the people you are supporting back to work, **we recommend to you these Beyond Blue tips on how to manage anxiety, and also minimise risk, when returning to the workplace in the post-COVID pandemic phase.**

We also summarise an additional worthwhile Harvard Business Review article on return to office resistance. While not a research paper per se, the authors have based their writings and recommendations on decades of research.

We hope this helps you as you navigate each 'stage' of this pandemic. Our next issue will look at workplace issues that arise as we move into winter, and COVID-19 moves from pandemic to endemic disease.



SAM NORTON

Executive General Manager
mlcoa



JO BROOMHALL

Executive General Manager
IPAR

PS – We have teamed with Monash University to develop a Long COVID screening tool to help with early intervention plus check out page 6 for an overview of other COVID support services, including a program to support RTW for people who are impacted by COVID diagnosis or Long COVID.

COVID COVID-19 vaccine surveillance report

BY UK HEALTH SECURITY AGENCY (UKHSA), 27 JANUARY 2022

The findings in a nutshell

Published in late January 2022, this report presents data on COVID-19 cases, hospitalisations and deaths by vaccination status in the UK. The 'vaccine effectiveness' section of the report is our focus and summarised below.

Overview of the paper

Several studies of vaccine effectiveness have been conducted in the UK against different COVID-19 variants. Vaccine effectiveness is estimated by comparing rates of disease in vaccinated individuals to rates in unvaccinated individuals. As we are finding in Australia, vaccine effectiveness against symptomatic disease is reduced with the Omicron variant (current dominant variant) compared to with the Delta variant (Delta more common in 2021). Early evidence shows that following the first two doses of the vaccination, there is a rapid 'waning' or reduction in effectiveness against the Omicron variant. However, protection against hospitalisation remains high, particularly after a third or booster dose.

Having a booster dose increases antibodies – which is particularly important for Omicron because only some of those antibodies are protective. Emerging evidence suggests protection from symptomatic Omicron infection is restored to 60-75% two to four weeks after a Pfizer or Moderna booster dose. Robust longer-term estimates for booster vaccine effectiveness against infection with the Omicron variant are not yet available. After a Moderna booster (after either primary vaccination course), vaccine effectiveness against hospitalisation for COVID-19 was 90 to 95% up to nine weeks after vaccination.

However, early evidence shows that third-dose protection also wanes, down to 30-40% against Omicron infection after 15 weeks. So, unfortunately breakthrough infections will still be common. Interestingly, vaccine effectiveness is generally slightly higher in younger compared to older age groups.



PROTECTION AGAINST HOSPITALISATION REMAINS HIGH

What's next?

Post implementation real world vaccine effectiveness studies are needed to understand vaccine effectiveness against different outcomes (such as severe disease, Long COVID syndrome and onwards transmission), effectiveness in different subgroups of the population and against different variants as well as to understand the duration of protection.

Implications for Australian workplaces

Over time, COVID-19 vaccinations will continue to be optimised and improved in the context of effectiveness. For the protection of all Australian workers, it is important for individuals to continue to follow current guidelines regarding vaccinations, particularly maintaining immunity through recommended booster doses. There is an ongoing role for Australian employers in facilitating access to information about vaccination and the vaccinations themselves. Information regarding the currently available Australian COVID vaccines is continuously updated and can be found [here](#).

[READ FULL REPORT](#)

COVID COVID-19: UK approves Novavax's protein based vaccine

BY WISE, J. *BRITISH MEDICAL JOURNAL*, 376:O309, 4 FEBRUARY, 2022

The findings in a nutshell

The UK's regulator approved Novavax's COVID-19 vaccine, following its approval by the European Medicines Agency in December 2021. This vaccine has also recently been approved for use in Australia for people 18 years and over. The novel COVID-19 vaccine may prove attractive to people who are reluctant to be vaccinated by other available options, as it is a protein-based vaccine which is an established technology. The paper describes the 'journey of Novavax' as a vaccine and the delays associated with its development and approval.

Overview of the paper

The key points outlined by this paper are as follows:

- Nuvaxovid is the fifth COVID vaccine authorised by the Medicines and Healthcare Products Regulatory Agency and the first protein-based vaccine for the UK
- The vaccine broadens the immune response by using the full-length spike protein and contains antibody targets that are more common to a wide range of COVID variants
- Clinical trials in the UK, and studies in the US and Mexico have shown very high (90%) efficacy against illness / symptomatic disease and 100% efficacy against serious disease
- Incidence of serious adverse events was low in both studies reported
- Reference was also made to an (as yet) unpublished preprint (not yet peer-reviewed) study that suggests that the protection offered by Novavax against Omicron is much better than the other current vaccines
- The author suggests that offering this novel vaccine may be an opportunity to further improve vaccination rates, particularly targeting those that have been waiting for a vaccine developed using a more traditional platform
- There was also mention of it being part of the vaccination strategy for the 2022-23 winter in the UK paired with the traditional flu vaccine

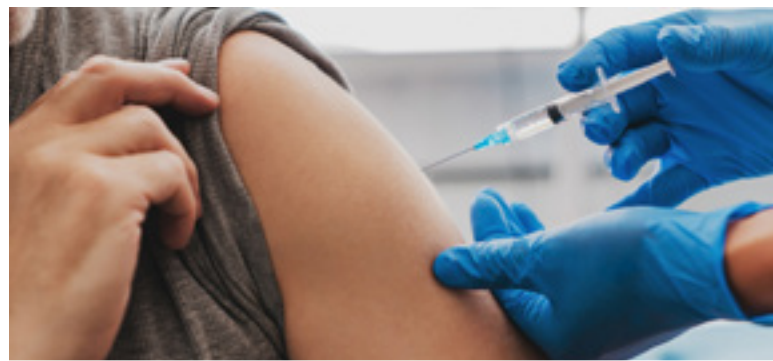
Implications for Australian workplaces

Australia is likely to follow in the footsteps of the UK in continuing to offer a broad range of alternative vaccines. This is recommended for the purposes of improved resilience to COVID-related disease, and also because it then allows the research community to determine which vaccines or combinations are most effective.

More information about the Nuvaxovid (Novavax) COVID-19 vaccine, including how it works, who it is recommended for and potential side effects from the perspective of the Australian Government Department of Health can be **found here**.

Australian workers who were waiting on a protein-based vaccination now have an option and should be encouraged to get vaccinated as soon as possible.

[READ FULL ARTICLE](#)



NOVAVAX IS A PROTEIN-BASED VACCINE

COVID Diagnostic strategies for endemic Coronavirus Disease 2019 (COVID-19)

BY KOST GJ. ARCH PATHOL LAB MED (VOL. 146: 16-25), JANUARY 2022

The findings in a nutshell

COVID-19 rapid antigen tests generate fast and immediately actionable results. They quickly confirm COVID-19, but weakly rule out infection as their sensitivity is not as high as other testing methods. Test performance depends on the prevalence in the community and testing protocol. The move toward the global endemic phase calls for high quality, low cost and user-friendly testing methods. This research provides a few important recommendations or diagnostic strategies to help us work toward this goal.

Overview of the paper

COVID-19 is moving toward the endemic phase globally, and new COVID variants are spreading rapidly across communities. This emphasises the need for high quality, low cost, readily accessible, user-friendly testing. The article describes some interesting and complex original mathematics and visual logistics for interpreting rapid antigen test performance patterns. These found that the deterioration of performance of these tests appears with increasing prevalence. The key points outlined by this paper are as follows:

- Rapid Antigen Tests (RATs) generate fast and immediately actionable results
- Sensitivity / specificity test results suggest that they quickly confirm COVID-19, but only weakly rule out infection
- Current high prevalence of COVID and the particular testing protocol utilised are suggested to alter test performance
- This study analysed and interpreted COVID RAT performance patterns to determine the influence of prevalence and evaluate repeated testing
- When COVID-19 is highly prevalent across communities, the sensitivity of RATs is limited (risk of not detecting infection when present is higher)



DUAL TESTING 36 HOURS APART IMPROVES TEST SENSITIVITY

Implications for Australian workplaces

The key take away, evidence-based message from this paper is that **dual testing 36 hours apart** allows time for the viral load to increase, thus improving the sensitivity of rapid antigen testing. Adopting this testing protocol when using RATs will maximise the sensitivity of the tests to the COVID-19 virus.

[READ FULL ARTICLE](#)

More practical RAT tips

Follow this link to an ABC story called **'Eat or brush your teeth before taking a RAT swab? Here's why it may affect the results'** for excellent tips to help ensure the accuracy of RATs.

COVID How to overcome return-to-office resistance

BY JAMES R. BAILEY AND SCHEHERAZADE REHMAN

Harvard Business Review, 14 February 2022

Although the pandemic has been a once-in-a-century disruption to business, navigating this challenge is no different than managing any other kind of organisational change with professional and personal implications.

The findings in a nutshell

While this paper gives advice to employers who may be encountering team members who are reluctant to return to the office following the pandemic, the principles apply across all sorts of change. Key to encouraging return to the office is consultation with your people and understanding how to communicate reasons for change.

Overview of the paper

This paper is useful for organisations that are committed to getting their people back into the office. It discusses how there are a range of attitudes and issues about return to work. Some people are keen to return, some neutral and others very reluctant. Reasons for reluctance are also varied – risk of COVID of course but also commuting, work/life balance and more.

Decades of research can be concisely summed up Figure 1, which can be used to understand where your people sit on a change, and then how to move them towards being comfortable (or more comfortable) with an organisational change.

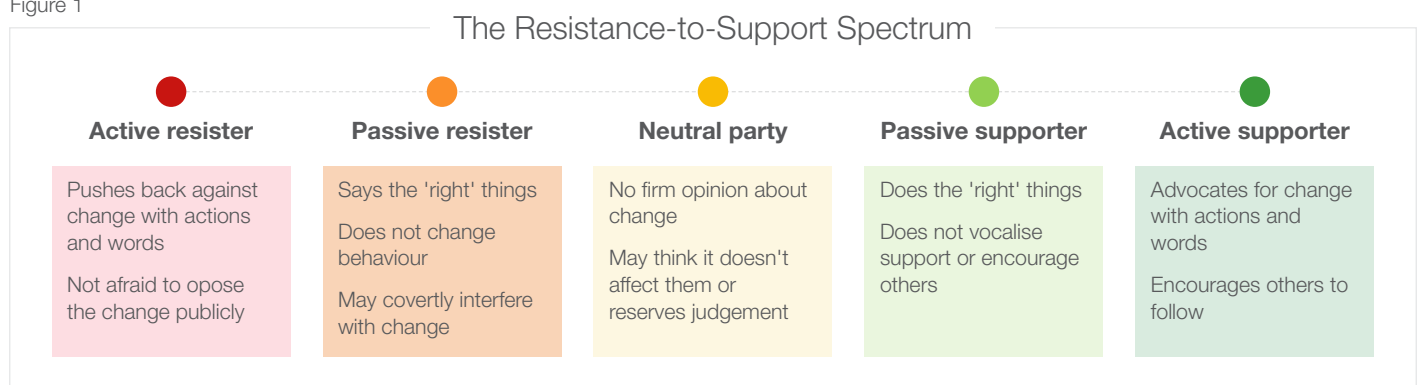
First employers should understand who is in which category, then consult with active and passive resisters to understand the issues, expose neutral people to those who feel more positive, ensure you can optimally communicate the benefits of change and give active supporters a platform to discuss their positivity.

Implications for Australian workplaces

Whether an employer chooses to encourage their people back to the office full-time or pursues a hybrid model, understanding your team members is key to a smooth transition. Support for the 'whole employee' may help. Gaining an understanding of all professional and personal issues which may contribute to return-to-office feelings can lead to more helpful support strategies. Employers can use the 'Resistance to Support Spectrum' to better understand how to communicate with people and gain positive responses to policies and practices.

[READ FULL ARTICLE](#)

Figure 1



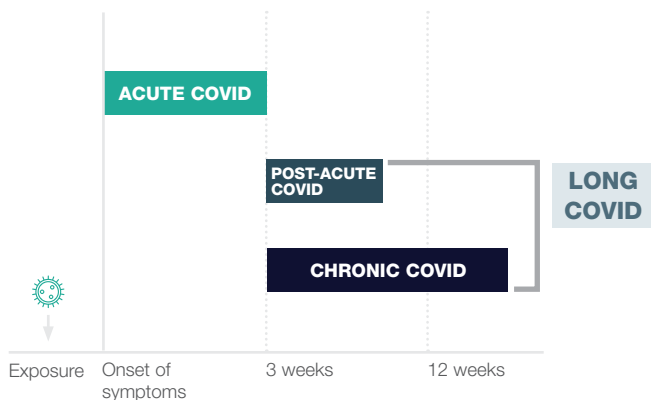
COVID *matters*

Individuals, employers and insurers are grappling with emerging cases and risk of Long COVID. Not all COVID claims will develop Long COVID, but for those that do, it is important to be able to accurately capture and triage the individuals, in order to deliver needs-based services and support people back to work and function.

Supporting individuals with complex biopsychosocial and psychological needs is a team effort, integrating doctors, exercise physiologists, treaters, mental health support and employers. Key to this is the ability to leverage the right medical specialists and engage GPs to provide correct management of Long COVID, while simultaneously supporting workers with evidence-based services.

When does Long COVID occur?

Fig. 1. Classification of Long COVID



Raveendran AV, Jayadevan R, Sashidharan S. Long COVID: An overview. Diabetes Metab Syndr. 2021

What support is available?

Pre-claim COVID Support

- Vaccination exemption reviews
- Large employer panel discussions
- Education and sharing of latest and emerging research

Claim-related COVID Support

0-4 weeks

- Triage screening
- Medical Liability Assessment
- Biopsychosocial Assessment
- Early intervention RTW support and case conference
- Advice from the mlcoa consultant medical officer

4-12 weeks (Post-Acute COVID Syndrome)

- Medical assessment to review work capacity, treatment, recovery expectations
- Biopsychosocial Assessment
- Health coaching, rehabilitation and RTW support
- Clinical escalation where required
- Specialist GP engagement and support
- Case conferencing
- Advice from the mlcoa consultant medical officer

12+ weeks (Long COVID)

- Specialist GP engagement and support
- Establishment of a recovery plan
- Medical management and monitoring
- COVID Specialist Panel support for Treating Specialist
- Home/Worksite visit
- Health coaching, rehabilitation and RTW support
- Clinical escalation where required
- Ongoing support for GP and individual

At any time: Access to flexible medical support

- Overseen by MedHealth's Chief Medical Officer and Monash University
- Triage managed by mlcoa Medical Advisor
- Access to Specialists/Doctors across Australia
- Triage screening tool developed with Monash University
- Medical opinions, file reviews, doctor to doctor contact, medical case conferences, independent examinations and second opinion services



For COVID Support, please contact

IPAR

03 8648 0900

rehab@ipar.com.au

mlcoa

1800 652 621

contact@mlcoa.com.au