

NSW MSEC

NEW SOUTH WALES MEDICAL STAFF EXECUTIVE COUNCIL

13th May 2021

Dr Kerry Chant,
Chief Medical Officer, NSW

Dear Dr Chant,

We are writing to raise concerns around the Covid19 vaccine roll out across New South Wales to frontline healthcare workers. This was discussed at length by MSC Chairs at the recent NSW MSEC meeting. MSC chairs were universally concerned about the variability in approaches to vaccination across LHDs. It is causing avoidable stress to hospital staff.

In some Metropolitan based LHD's, all staff in group 1A have received the Pfizer vaccine, irrespective of staff age. In other LHDs the choice of vaccine has varied according to age and/or sub specialty group. Omission of anaesthetists from 1A is contrary to ACI recommendations. In some LHDs the AstraZeneca vaccine has been used, particularly in the regional and rural LHD's, due to the original concerns around storage temperatures which have since been overcome.

Rural LHDs have reported:

- Misclassification of staff resulting in non-inclusion of anaesthetists for example in group 1A, leading to delays in vaccination, in staff who should have been included in 1A/1B.
- Lack of any formal notification to staff in some LHDs as to when they were eligible to be vaccinated, leading to delays with some staff still unvaccinated.
- There were further delays when the changes to the program came with staff ≥ 50 years of age being offered a different strategy to staff ≤ 49 years of age.
- Rural LHDs have only recently had any access to the Pfizer vaccine and even now there is access, it is not being provided to unvaccinated 1A/1B staff.
- When Pfizer has been offered, the staff have been asked to travel to Sydney to receive vaccination.

Some frontline health care workers who are ≥ 50 years of age and are not yet vaccinated, have concerns about the potential risk of side effects with the Astra Zeneca vaccine and have not yet proceeded with the vaccination program. Whilst this is understandable in a setting of no Covid19 transmission in the community, it poses a risk to the individual's health and to the health service

capacity if there is a Covid19 outbreak of moderate intensity, should unvaccinated staff members become seriously ill or generate work force shortages. There is also a greater risk of transmission in the work place or to the community at large from unvaccinated healthcare workforce.

Unvaccinated 1A/1B staff represent an organisational and Work Health and Safety risk to NSW Health. This risk should be quantified and mitigated.

Regional and rural hospitals tend to have a greater number of older workforce members and some of the staff in the ≥ 50 -year age bracket are more senior members of the medical and nursing staff, in leadership roles, who can be pivotal to service provision.

Even if unvaccinated staff who are ≥ 50 -years of age proceed with an AstraZeneca strategy, due to the time between doses, they will not be protected for three months. Evidence from overseas indicates a lower percentage of protection for the AstraZeneca vaccination versus Pfizer against some mutations, for example the South African variant. Little detail is known on differential efficacy of the vaccine strategies against other circulating variants, including mutations currently prevalent in India. Differences between hospitals in the vaccination status and vaccine type of its staff may lead to differences in the ability to cope with an outbreak of different strains in the future.

The Pfizer vaccination program gives 2 doses, 3 weeks apart, which would have frontline 1A/1B healthcare workers fully protected in 3 weeks rather than 3 months.

A comprehensive vaccination roll out to health care workers is essential for protecting the people of New South Wales and to preserving the capacity of all NSW hospitals, including those in regional in rural areas, which often have fewer staff available in the event of illness and shortages.

New South Wales MSEC suggest that New South Wales health quantify the vaccine readiness of its frontline 1A/1B hospital staff in all LHDs and take steps to ensure vaccination is provided to remaining unvaccinated 1A/1B workforce. It is the view of NSW MSEC that the Pfizer vaccination should be offered to all staff in group 1A/1B, irrespective of age. This represents the best strategy to achieve maximum staff protection against COVID19 in the shortest timeframe, for the reasons outlined above. Ensuring Covid19-ready hospitals will maximise the protection to all people in NSW. We would appreciate the opportunity does discuss these issues with you in more detail by teleconference.

Yours sincerely,



Dr Ruth Arnold, Rural Co-chair NSW MSEC



Dr Tony Joseph, Metropolitan Co-chair NSW MSEC