

Evidence table

Risk mitigation strategies and levers

13 December 2021

This is the final version of the living evidence table on COVID-19 risk mitigation strategies and levers. This evidence table was last updated in December 2021. This table is no longer a 'living' document and the information within it is not updated on a regular basis.

Background

COVID-19 is highly transmissible and can be spread by people who do not know they have the disease. Community mitigation activities are actions that people and communities can take to slow the spread of a new virus with pandemic potential. As communities work to reduce the spread of COVID-19, they are also addressing the economic, social, and secondary health consequences of the disease.

Factors to consider for determining mitigation strategies include the level of community transmission, number and type of outbreaks in specific settings or with vulnerable populations, the severity of the disease, the impact of community transmission on healthcare capacity, public health capacity, community characteristics such as the size of a community and level of engagement and support, and the epidemiology in surround jurisdictions.

While some strategies are distinct others are unified. While as a strategy, test, trace, isolate and quarantine are generally integrated, we have included these separately in the risk mitigation strategies below to provide clear evidence and examples of each component.

Strategy Vaccination

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Considerations for community and population groups	Levers
<p>Vaccines have proven safe, effective and lifesaving with estimated effectiveness against symptomatic COVID-19 disease ranging from 70% to 95%.</p> <p>Concerns about vaccine safety and efficacy, access to vaccines, and inadequate information or misinformation are contributors to vaccine hesitancy.</p> <p>Demographic factors are associated with vaccination intention and evidence suggests significant variability in vaccine intention rates worldwide.</p>	<p>Previous conditions suggest disparities in vaccination rates for people from culturally and linguistically diverse backgrounds living in Australia.</p> <p>Barriers to immunisation for migrants, refugees and asylum seekers: language, cost, unfamiliarity with navigating healthcare and a lack of culturally appropriate services.</p>	<p>There are barriers to communicating COVID-19 vaccination information with culturally and linguistically diverse communities.</p> <p>Effective platforms to deliver COVID-19 specific information can vary between cultural groups.</p> <p>Comprehensive and quality collection of data on cultural, ethnic and linguistic diversity should be routine.</p>	<p>Vaccine accessibility</p> <p>Financial incentives</p> <p>Information</p> <p>Opinion and community leaders</p> <p>Tailored communication</p> <p>Campaigns</p> <p>Population incentives (promise of greater mobility and fewer restrictions)</p>

Strategy Contact tracing

Evidence from the COVID-19 pandemic	Considerations for community and population groups	Levers
<p>Contact tracing is effective in the prevention of COVID-19, and the World Health Organization has an operational guide.</p>	<p>Digital contact tracing may have equity implications for at-risk populations with poor internet and digital technology access.</p>	<p>Tailored communication</p> <p>Cultural observances</p>

COVID-19 Critical Intelligence Unit: Risk mitigation strategies and levers

Evidence from the COVID-19 pandemic	Considerations for community and population groups	Levers
<p>Engagement with contact tracing relies on a sense of collective responsibility and outweighs other factors, including privacy concerns.</p> <p>Digital contact tracing should be used in combination with manual contact tracing. It may be more beneficial in subpopulations.</p>	<p>Economic position and racial inequality are also associated with levels of trust in social institutions, including the healthcare system.</p> <p>For some populations, there are immigration concerns for COVID-19 testing, contract tracing and treatment*^</p>	<p>Community health workers and contact tracers (bi-lingual)</p>

Strategy Testing

Evidence from the COVID-19 pandemic	Considerations for community and population groups	Levers
<p>Quantitative reverse transcription-PCR is considered the gold standard for diagnosing COVID-19.</p> <p>Different types of rapid COVID-19 tests are available:</p> <ul style="list-style-type: none"> • Antigen tests • Molecular tests • Antibody tests <p>A Cochrane systematic review of 22 antigen and molecular test studies concluded that the evidence is not strong enough to determine how useful the tests are in clinical practice.</p> <p>For disease surveillance, some publications recommend a two-step screening strategy: rapid antigen testing as a first diagnostic method followed by RT-qPCR to distinguish false from true positives.</p>	<p>The NSW Health State Health Emergency Operations Centre (SHEOC) operations rapid deployment plan outlines ongoing engagement and communication with the local community and community leaders to rapidly undertake COVID-19 testing in the event of a major cluster.</p>	<p>Testing accessibility</p> <p>Financial incentives</p> <p>Non-financial incentives</p> <p>Tailored communication</p> <p>Opinion and community leaders</p> <p>Community health workers and contact tracers (bi-lingual)</p>

Strategy Physical distancing

Evidence from the COVID-19 pandemic	Considerations for community and population groups	Levers
<p>Physical distancing is associated with reducing the reproduction number, the growth rate, and the epidemic growth of COVID-19.</p> <p>Factors affecting compliance with physical distancing include fear of the virus, psychosocial factors, institutional variables, and situation variables.</p>	<p>An Australian study found people with low health literacy are less likely to rate physical distancing as important.</p>	<p>Tailored communication</p> <p>Cultural observances</p>

Strategy Mask wearing

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Considerations for community and population groups	Levers
<p>A systematic review of masks as a public health measure found they were associated with reductions in the incidence of COVID-19.</p> <p>The World Health Organization recommends using masks alongside other measures including physical distancing, ventilation, and hand hygiene.</p>	<p>Face masks have been used in countries including Japan as an effective measure to reduce transmission during previous health threats e.g. SARS and swine flu.</p>	<p>Acceptance for face mask-wearing varies across different cultural, governmental, and religious environments.</p> <p>Various attitudes towards facemasks and experiences wearing them in Australia.</p>	<p>Tailored communication</p> <p>Opinion and community leaders</p> <p>Mask accessibility</p>

Strategy Quarantine

Evidence from the COVID-19 pandemic	Levers
<p>Exemption from mandatory quarantine for fully vaccinated travellers is available in countries including the United States, Canada and the United Kingdom.</p> <p>Modified quarantine measures apply to fully vaccinated travellers arriving in Australia depending on the state or territory.</p>	<p>Financial support</p> <p>Tailored communication</p>

Strategy **Border restrictions**

Evidence from the COVID-19 pandemic	Levers
<p>Travel restrictions and border control measures have been reported to reduce the spread of COVID-19.</p> <p>Vaccine passports have been introduced internationally.</p> <p>Vaccinated Australian can apply for International COVID-19 Vaccination Certificate.</p>	<p>Population incentives (promise of greater mobility and fewer restrictions)</p>

Strategy **Lockdown**

Evidence from the COVID-19 pandemic	Considerations for community and population groups	Levers
<p>Several countries suggest COVID-19 lockdown or travel restrictions reduced long-distance travel and work-related short-range mobility, encouraged physical distancing, and helped to slow down the spatial spread of the virus.</p> <p>In Victoria, Australia, a six-week lockdown in 2020 and other strategies such as the mandatory wearing of masks, helped eliminate community transmission.</p>	<p>Responses to lockdown policies depend on socioeconomic conditions. Lower socioeconomic groups may need to travel, despite measures to restrict mobility, and socioeconomic contexts may impact working from home, using savings, postponing consumption, stocking food and essential goods and, more generally, the ability to respond to lockdown policies.</p>	<p>Financial support</p> <p>Workforce supports</p> <p>Wrap-around support</p> <p>Vaccine accessibility</p> <p>Tailored communication</p> <p>Reduce school activity</p>

Levers to support risk mitigation strategies

Lever Vaccine accessibility

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Vaccines close to home and in local facilities for vulnerable population groups.</p> <p>Information about vaccines distributed in multiple languages in both written and graphic formats.</p> <p>Vaccination strategies for populations with high transmission.</p> <p>Proposed two-ring strategy for COVID-19 vaccines in medium and high-risk areas of countries with a low incidence of SARS-CoV-2 infection.</p> <p>Vaccine distribution should be proactively planned to mitigate disparities.</p> <p>The World Health Organization has a roadmap for prioritising vaccines for limited supply.</p>	<p>Ring vaccination was effectively used against Ebola Virus Disease and Smallpox in settings where mass vaccination was not possible.</p> <p>Marginal benefit of ring vaccination was predicted to be most significant in settings where there are more contacts per individual, greater clustering and when contact tracing has low efficacy or vaccination confers post-exposure protection.</p>	<p>NSW: modelling of COVID-19 vaccination strategies including age-targeted or ring-vaccination for limited supply.</p> <p>Churches, mosques and community centres used as pop-up vaccination clinics hotspots.</p> <p>Mobile Outreach COVID Testing and Vaccination clinics.</p> <p>Victoria: Churches, mosques, and temples are used as mass-vaccination hubs and are staffed by translators and workers who can speak community languages.</p> <p>Mobile vaccination vans/buses to be used to provide outreach vaccination in communities, workplaces and regional areas.</p> <p>Queensland: “Grab a jab and a kebab”: a vaccination hub is located in a shopping centre.</p>	<p>UK: The NHS used geographic targeting to increase vaccination uptake.</p> <p>The UK COVID-19 vaccination strategy included local hospitals, pharmacies, community centres, churches and mosques, and ‘pop up’ and mobile sites.</p> <p>Israel: Decentralised vaccination sites distributed vaccines.</p> <p>USA: The COVID-19 vaccine equity initiative worked with the populations and communities hardest hit by COVID-19.</p> <p>Block party in Massachusetts with vaccination, food, raffles for prizes and entertainment.</p> <p>Give65 provides rides to COVID-19 vaccine appointments and grocery shopping for older adults.</p> <p>Canada: Ring vaccination in Montreal for parents and staff at</p>

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
			<p>select school communities with variant outbreak.</p> <p>Vaccivan mobile vaccination clinic travelling to parks and other outdoor public spaces.</p>

Strategies: [Vaccination](#)[Lockdown](#)

Lever **Testing accessibility**

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Testing can be difficult for people who speak a language other than English. One study suggests non-English speaking people were overall less likely to have completed testing compared with people who speak English, along with other disparities in testing and infection across language groups*^</p> <p>Self-tests can be performed by a person at home or anywhere.</p>	<p>Self-testing for HIV was associated with increased uptake and frequency of testing; however there can be ambivalence in some communities*^</p>	<p>The TGA has approved a number of COVID-19 self-tests for use in Australia.</p> <p>NSW: Churches, mosques and community centres used as pop-up testing clinics in hotspots</p> <p>Victoria: a case study found that a collaborative community response that engaged with residents who were locked down in public housing via remote meetings with doctors they trusted and understood encouraged residents to access testing onsite.</p>	<p>USA: a community mobile health clinic outreach model and drive-through collection sites improved access to testing for communities with higher vulnerability, including minority populations*^</p> <p>SHOW: 'Street health Outreach and Wellness'; a new model of mobile units from NYC Health + Hospitals providing COVID-19 tests and vaccines.</p> <p>Spain: a large-scale population COVID-19 testing at home found most participants correctly performed the self-test the first time.</p>

Lever Mask accessibility

Evidence from the COVID-19 pandemic	Australian interventions	International interventions
Evidence suggests cost decreases willingness to wear face masks.	Victoria: free masks in some circumstances	Saudi Arabia: mandated the wearing of face masks in public places and available at a low cost .

Strategies: [Mask wearing](#)

Lever Population incentives (greater promise of mobility and less restrictions)

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Scientific and ethical considerations for the feasibility of immunity passports and travel including perceived benefits and risks*^</p> <p>Suggested challenges include: potential erosion of civil liberties, societal inequalities and healthcare inequities, including limited access to COVID-19 vaccines and fraud.</p>	<p>Vaccine passports were successful in increasing coverage in people living with HIV.</p>	<p>NSW: New freedoms, including less restrictions, for vaccinated individuals, are announced.</p> <p>From 18 October 2021, restrictions for fully vaccinated and exempt people had eased.</p> <p>Victoria: curfews from 8pm to 5am were used in metropolitan Melbourne in second-wave lockdown in 2020.</p>	<p>France: in locations where curfews were implemented before lockdown, the viral circulation decreased earlier than other locations.</p> <p>USA: Centers for Disease Control and Prevention provides recommendations for fully vaccinated people including resuming domestic travel.</p> <p>UK: fully vaccinated adults avoid quarantine after travel to amber listed countries and self-isolation after a close contact tests positive</p> <p>Canada: fully vaccinated adults can avoid quarantine after travel.</p>

Lever Financial incentives

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Financial incentives could promote adherence to COVID-19 vaccines*^</p> <p>Evidence suggests lottery-based incentives are not associated with increased rates of COVID-19 vaccinations.</p>	<p>Personal financial incentives can increase positive health behaviour and improve treatment completion for some health conditions.</p> <p>The Australian the 'no job no pay' child benefit scheme.</p> <p>Lottery-based incentives are not associated with increased rates of screening and testing for other health conditions.</p>	<p>Federation of Ethnic Communities' Councils of Australia administers COVID-19 small grants to fund short-term, one-off, communication and outreach projects.</p> <p>Victoria: All public sector employees to be given half a day's paid time off to receive vaccination.</p> <p>Northern Territory: Aboriginal community-controlled health services introduced using vouchers to encourage vaccination. The Central Land Council is offering all of its staff and councillors a \$500 cash incentive for vaccination</p>	<p>Lottery-based incentives for multiple countries.</p> <p>USA: An overview of state-based vaccine incentives include cash incentives, gift vouchers, lottery entries, scholarships and grants.</p> <p>Canada: some provinces are offering grants (up to \$20,000) to community, religious, sports and art organisations in areas where vaccine uptake has been low.</p>

Lever Non-financial incentives (point of entry and individual incentives)

Evidence from the COVID-19 pandemic	Australian interventions	International interventions
<p>A perspective on incentives for increasing COVID-19 vaccination.</p>	<p>Various Australian organisations, such as Qantas, HAG and Virgin Australia, offer rewards for being fully vaccinated.</p>	<p>USA: An overview of state-based vaccine incentives including entertainment passes, signed sporting merchandise and memorabilia, complimentary food and drinks aligned to a campaign #CTDrinksofUs, grocery vouchers, scholarships,</p>

COVID-19 Critical Intelligence Unit: Risk mitigation strategies and levers

Evidence from the COVID-19 pandemic	Australian interventions	International interventions
	<p>South Australia: Some vaccination sites have sausage sizzles and entertainment on site.</p>	<p>discounts on holiday and vacation venues, an additional 4 hours of paid leave and lotteries for cash.</p> <p>Alabama state-sponsored a TikTok Contest for people aged 13 to 29 to encourage vaccination.</p> <p>Canada: tickets for sporting matches and season passes, meet and greets with celebrities and other leisure and recreational activities.</p> <p>UK: Uber and Deliveroo discounts, as well as cinema tickets, pizza or kababs, are used to encourage young people to get vaccinated.</p>

Strategies: [Testing](#)

Lever **Financial support**

Evidence from the COVID-19 pandemic	Australian interventions	International interventions
<p>Inadequate financial support is a factor in not following self-isolation or quarantine rules, and financial loss may result in socioeconomic distress and increase the risk for psychological symptoms.</p> <p>People with low household incomes can be impacted by even a temporary reduction in income due to isolation and quarantine, and this impact may be greater for ethnic and minority groups*^</p>	<p>NSW: Financial support available for individuals and households includes: COVID-19 disaster payment, pandemic leave disaster payment, test and isolate payment, and extreme hardship payment. Business and employment support is also available.</p> <p>Victoria: various types of financial support are available for people and businesses affected by COVID-19.</p>	<p>USA: The option for eligible US employees to receive 14 days of emergency sick leave at full pay is estimated to have reduced the number of confirmed daily COVID-19 cases by 400 per state, or 1 case for every 1300 employees.</p> <p>UK: Test and Trace Support Payment for people on low incomes and furlough scheme.</p> <p>Canada: Canada Recovery Benefit and multiple financial supports</p>

COVID-19 Critical Intelligence Unit: Risk mitigation strategies and levers

Evidence from the COVID-19 pandemic	Australian interventions	International interventions
<p>An Australian study suggests young people are concerned about financial loss and are often unaware of available financial support.*^</p>		

Strategies: [Quarantine](#)[Lockdown](#)

Lever Opinion and community leaders

Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Social networks and the popular opinion leader model are often used in the HIV epidemic control.</p>	<p>Australian Department of Health has established a Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group, comprising leaders from communities and their representative organisations.</p> <p>Victoria: priority response to multicultural communities including a Taskforce and providing guidance to communities through community and faith leaders.</p>	<p>Canada: Letter to faith community leaders from Canada's Chief Public Health Officer, October 15, 2020</p> <p>Israel: Israeli Ministry of Health secured endorsements from religious leaders.</p> <p>USA: partnering with religious leaders and community organisations to increase uptake of COVID-19 testing.</p> <p>UK: Give Hope campaign has been organised by Your Neighbour, a movement of more than 1,100 churches from over 40 denominations. Include church leader resources and stories.</p>

Strategies: [Vaccination](#)[Mask wearing](#)[Testing](#)

Lever Community health workers and contact tracers (bi-lingual)

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Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Bi-lingual community health workers can promote disease prevention strategies, and community-based navigators can be used to reduce existing healthcare barriers and improve access to health services.</p>	<p>ACT: the Australian National University has produced a ‘what?’ and ‘how?’ to inform approaches to contact tracing and the cultural and social determinants of health.</p>	<p>USA: consultation team of bilingual nurses, physicians, and social workers improve communication with Spanish-speaking patients with COVID-19.</p> <p>The Bilingual Community Health Outreach Worker Training Program trains and employs community health outreach workers to assist with public health outreach.</p>

Strategies: [Contact tracing](#)[Testing](#)

Lever Communication

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Effective health communication is a critical factor in responding to the COVID-19 pandemic.</p> <p>The World Health Organization interim guidance outlines four objectives: be community-led, data-driven, and collaborative and reinforce capacity and local solutions.</p> <p>Effective mass public health communication requires an understanding of behavioural psychology principles and information about how to</p>	<p>Avenues for strengthening the marketing communications mix as a foundational element of communication in health and medicine.</p> <p>Ethical issues in public health communication interventions.</p>	<p>Australia’s Group of Eight leading universities Roadmap to recovery report emphasises engaging widespread public support and participation through clear communication.</p>	<p>UK: Public Health England provides campaign resources through their COVID-19 Resource Centre.</p> <p>Solutions for communicating health information include partnerships between cultural or religious leaders, community and government; moving beyond disseminating information to designed tailored solutions; behaviour change strategies; and written materials in plain English and translated to appropriate community language.</p>

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Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>tailor key messages to the various populations within society.</p> <p>People with low health literacy may have a poorer understanding of COVID-19 symptoms and be less likely to identify behaviours to prevent infection or understand government messaging.</p> <p>Unclear or contradictory communication can reinforce stigma and may lead to some population groups not adopting physical distancing or isolation measures, not accessing testing or vaccination, or not engaging in contact tracing.</p>			

Strategies: [Vaccination](#)[Lockdown](#)[Contact tracing](#)[Physical distancing](#)[Mask wearing](#)[Testing](#)[Lockdown](#)

Lever Tailored communication for cultural and community groups

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions	Micro interventions for specific community and population groups
<p>Fund, develop and implement culturally competent COVID-19 education and prevention</p>	<p>A review of population health social marketing campaigns targeting culturally</p>	<p>The Australian Government COVID-19 Vaccination Program – Culturally and Linguistically Diverse</p>	<p>USA: CDC has developed materials on how to tailor COVID-19 information to a specific audience.</p>	<p>Cultural Formulation Interview guide for communicating</p>

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Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions	Micro interventions for specific community and population groups
<p>campaigns, including effective messaging to counter racial prejudice and discrimination.</p> <p>Effective platforms to deliver COVID-19 specific information can vary between population groups.</p> <p>The diverse needs and circumstances of people and communities must be at the centre of health communication and tailored messaging will only work when information is captured about the behavioural drivers relevant to the community.</p> <p>Multicultural communities' advice on communicating COVID-19 advice: involve communities, tailor messages to community values, and use trusted messengers and channels the audience can access.</p>	<p>and linguistically diverse communities.</p> <p>Cultural targeting and cultural tailoring considerations when designing health communication materials.</p> <p>Technological advancement provides opportunities to explore computational means of engendering culturally and linguistically appropriate communication during emergency events.</p> <p>Lessons about communication inequalities during the H1N1 pandemic and media coverage on the Zika virus cases.</p>	<p>Communities Implementation Plan to ensure that information and services for the COVID-19 Vaccination Program are delivered in appropriate languages and formats.</p> <p>“For all of us” project to encourage First Australians to get vaccinated.</p> <p>NSW: Glossary of Medical Terminology for Immunisation and Vaccine development in 31 languages to provide easy-to-understand information.</p> <p>Victoria: collaboration between Culturally and linguistically diverse community leaders and health behaviour change scientists for communicating COVID-19 health information. The Government translated COVID-19 communications materials into 57 languages, funded a daily broadcast multilingual news service in priority languages, developed a cultural observances</p>	<p>Partnerships between immigrant community leaders, faith-based organisations, hospitals, and local authorities to facilitate the dissemination of COVID-19-relevant information through virtual patient navigators and using social media to reach community</p> <p>UK: A guidance document for public health messaging for communities from different cultural backgrounds.</p> <p>Cultural Formulation Interview guide for communicating COVID-19 diagnosis and quarantine measures.</p>	<p>COVID-19 diagnosis and quarantine measures.</p> <p>“For all of us” project to encourage First Australians to get vaccinated.</p>

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Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions	Micro interventions for specific community and population groups
		campaign strategy, provided regular briefings to the multicultural sector, established a WhatsApp Community Leaders group.		

Strategies: [Vaccination](#) [Contact tracing](#) [Physical distancing](#) [Mask wearing](#) [Testing](#) [Quarantine](#) [Lockdown](#)

Lever Campaigns

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Word of mouth messages and conversations may increase the uptake of vaccines.</p> <p>E-government and COVID-19 word of mouth positively impact online social presence.</p> <p>A social media toolkit with social media-ready COVID-19 content on a variety of topics to</p>	<p>Social media and word-of-mouth effective communication methods during emergencies.</p> <p>In disaster preparedness, word of mouth is the preferred information source for linguistically isolated groups, and migrant groups rely heavily on word-of-mouth information when seeking healthcare. Evidence suggests word-of-mouth health communication can reduce communication inequalities.</p> <p>Word-of-mouth health examples include:</p>	<p>Australian Government COVID-19 campaign resources to share important messages.</p> <p>NSW: Across Sydney, grassroots campaigns using social media videos, posts and online community Q&A sessions were utilised among some communities.</p> <p>Victoria: news report demonstrating how</p>	<p>USA: #Vaccinate4Love: Doctors' Orders, a grassroots campaign aimed at overcoming Covid-19 vaccine hesitancy among minority communities, was launched in New York.</p> <p>UK: #TakeTheVaccine campaign video featuring celebrities urging people from ethnic minority communities to get the Covid vaccine was shown across the UK's main commercial TV channels at the same time.</p> <p>Pakistan: one study showed that a significant proportion of people in</p>

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Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
help successfully communicate with audiences.	<ul style="list-style-type: none"> as an enabling strategy for HPV vaccine for providing contraceptive care for Chinese migrant women to enhance participation in health research for immigrant women <p>Evidence suggests longer and more intensive campaigns are likely to be more effective, and there are benefits to using social media for health communication, such as increased interactions and accessibility.</p>	word of mouth and family connections are used to disseminate health messages.	<p>Shorkot relied on word of mouth to disseminate information on symptoms and prevention measures.</p> <p>Canada: campaign and 'movement' to encourage each other to replace vaccine hesitancy with confidence so we can get back to things we love. Includes 'This is our Shot' and 'Faster Together'</p>

Strategies: [Vaccination](#)

Lever Cultural observances

Evidence from the COVID-19 pandemic	Australian interventions	International interventions
<p>Religious groups can offer more innovative means of reaching out to communities (e.g., online religious services) and disseminating practical health information.</p> <p>Relationship between cultural tightness-looseness and COVID-19 cases and deaths.</p>	<p>NSW: Resources and guidance for developing a COVID-19 Safety Plan for your church, meeting house, mosque, synagogue, temple or other places of worship.</p> <p>The Mandaean community in Sydney delivered care packages and information to elderly community members and families who tested positive for COVID-19.</p>	<p>WHO: guidance on mass gatherings and safe COVID-19 practices, including religious events.</p>

Strategies: [Contact tracing](#)[Physical distancing](#)

Lever Workforce supports

Evidence from the COVID-19 pandemic	International interventions
<p>Workforce reconfigurations such as splitting teams have been described for various specialties to minimise staff exposure to COVID-19.</p>	<p>England: The NHS provides advice on the workforce for clinicians, including deploying medical students and expanding temporary registers.</p> <p>Northern Ireland: free rapid testing is available to all employers with 10 or more employees.</p> <p>Canada: Businesses and not-for-profit organisations are eligible to apply for free rapid COVID-19 tests.</p>

Strategies: [Lockdown](#)

Lever Wrap around support

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>Food support: food insecurity may increase for some Aboriginal people in response to COVID-19.</p> <p>Social support: effective interventions to reduce social isolation during COVID-19 physical distancing measures.</p>	<p>Food support: Indigenous, culturally and linguistically diverse and socially isolated people may also experience food insecurity at a higher rate.</p> <p>Social support: being socially isolated and lonely is associated with the most social support gaps and worse cardiovascular and mental health outcomes.</p> <p>For some communities, feeling lonely and isolated can be a source of shame and embarrassment</p>	<p>Food support: older people who need emergency support or live in a COVID-19 hotspot may be able to access home delivery of prepared meals, food staples, and essential daily items or prioritise grocery shopping by ordering via phone or online.</p> <p>NSW: Study NSW partnered with Foodbank NSW & ACT to provide free food hampers to international students in NSW.</p> <p>Food relief services</p>	<p>UK: England is trialling a self-isolation support program in nine areas with higher COVID-19 infection rates.</p> <p>USA: The American Rescue plan addresses food insecurity during COVID-19.</p> <p>COVID-19 support hubs provide help with grocery shopping, household supplies, picking up prescriptions and purchasing pet food.</p>

Lever Reduce school activity

Evidence from the COVID-19 pandemic	Evidence not specific to COVID-19	Australian interventions	International interventions
<p>A systematic review of observational studies found mixed effects on school closures reducing transmission.</p> <p>A scoping review suggests organisational, structural and environmental, and surveillance and response measures to contain transmission in school settings.</p> <p>School closures may also have adverse effects on a child's physical and mental health and wellbeing.</p>	<p>School closures during Ebola outbreak in Guinea, Liberia and Sierra Leone disproportionately affected girls and widened the gender gap in school attendance.</p>	<p>The National Centre for Immunisation Research and Surveillance publishes regular reports on COVID-19 in educational settings, including during periods of school closures.</p> <p>The early NAPLAN results for 2021 show a relatively small impact of school closure on literacy and numeracy.</p>	<p>Netherlands: a study found that students, especially those from disadvantaged homes, made little or no learning progress while studying from home.</p> <p>USA: school closure may have been associated with a significant reduction in incidence rates.</p> <p>Canada: a simulating study found that school closure may have limited impact without other measures to interrupt the chain of transmission.</p>

Lever Temporary accommodation for close contacts

Evidence from the COVID-19 pandemic	Australian interventions	International interventions
<p>Several well-described models have been shown to enhance compliance with quarantine</p>	<p>In Australia, temporary accommodation has been set up by the Ministry of Business, Innovation and Employment which may be</p>	<p>In Europe, where self-isolation at home was not possible, several countries (including Italy, Finland, Poland and Serbia and Lithuania) adopted measures whereby hotels and hostels</p>

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Evidence from the COVID-19 pandemic	Australian interventions	International interventions
<p>and isolation, including free hotel accommodation such as in the US.</p> <p>The screening and isolation of suspected cases and quarantine of close contacts as early as possible could be used to avoid cluster infection among family members and subsequent transmission in the community.</p> <p>Hotel-based COVID-19 isolation was used as a strategy in the US for homelessness, which was associated with averting hospital admissions.</p>	<p>accessed if self-isolation in a tenancy where multiple people are living at one address.</p> <p>NSW: Public Health Units will help find another place for self-isolation for close-contacts if they are unsure that they can completely self-isolate from other members of your household.</p> <p>Victoria: If people cannot safely isolate at home following being a close contact, the Department of Health will support isolation in a quarantine hotel</p>	<p>have been converted to accommodate self-isolating individuals.</p> <p>Temporary quarantine villages and facilities were set up in Hong Kong, South Africa and China for individuals who have had close contact with confirmed coronavirus patients</p> <p>UK news opinion piece, people in overcrowded housing should have been given COVID-19 isolation hotel rooms.</p> <p>US: In New York, a community based approach of isolation hotels was established and as of October 2020 has served almost 100 people.</p> <p>The CDC in the US has guidance on operational considerations for community isolation centres in low-resource settings.</p> <p>A survey of Black Asian and minority ethnic (BAME) and low-income communities identified factors influencing the likely uptake of accommodation.</p>

Notes

* Preliminary data, not fully established, in some cases small numbers or short follow-up, or based on previous data; interpret with caution.

^ Commentary, grey literature, pre-peer review or news.

Living evidence tables include some links to low quality sources and an assessment of the original source has not been undertaken. Sources are monitored regularly but due to rapidly emerging information, tables may not always reflect the most current evidence. The tables are not peer reviewed, and inclusion does not imply official recommendation nor endorsement of NSW Health.

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