

Doing away with COVID isolation rules means increased isolation and risks for people with disability

October 17 2022, by Anne Kavanagh, Helen Dickinson and Nancy Baxter



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Mandatory isolation rules for people with COVID end today. Pandemic leave disaster payments will also cease for all workers [except](#) casual workers employed in aged care, disability, hospitals, Indigenous health services and hospitals.

These changes signal the end of most legislated COVID safeguards.

Rules to enforce mask-wearing on [public transport](#), vaccination for entry to public spaces, and isolation of close contacts have been dropped by state and territory governments in [recent months](#).

Many places have also [discontinued](#) vaccine mandates for workers in sectors such as aged care, disability, and health.

Despite the clear benefits of good indoor ventilation to reduce COVID transmission risk, many schools, workplaces, and [public spaces](#) are poorly ventilated.

The withdrawal of active protections plus the failure to ensure safe indoor air puts people with disability at greater risk than the rest of the population. Action is needed to protect this group.

People with disability face deadly risks

International studies show [disabled people](#) are at higher risk of dying from COVID than their [age-matched peers](#). People with [intellectual](#) and [psychosocial](#) disability (such as schizophrenia, bipolar disorder and social anxiety disorders) are at the highest risk—[three to nine times](#) that of the general population.

In England between January 2020 and March 2022, 60% of people who died from COVID [were disabled](#).

To date, comparable data has still not been reported for Australians with disability. But there is no reason to believe the risk for disabled Australians is any different than overseas.

Some people with disability are clinically vulnerable because they are immunocompromised due to [medications](#) for conditions such as for rheumatoid arthritis or multiple sclerosis. This group also has a higher

prevalence of conditions like [diabetes, cardiovascular and respiratory disease](#). These are associated with [serious disease and death](#) from COVID.

Many disabled Australians also have [difficulties accessing health care](#) because of physical inaccessibility and lack of knowledge and expertise of health care providers about disability. This means they may not receive anti-viral COVID treatments, even if they are eligible.

Enforced isolation

Many people with disability continue to isolate at home to avoid infection and are effectively [shut out](#) of society as online options for participation dry up.

For people who rely on paid support, isolation is not an option. Their workers are still circulating in the community. Some disabled people live and work in congregate environments with other people with disability—settings associated with higher rates of COVID [infection](#) and [death](#).

A significant minority of people with disability have not had the recommended COVID vaccinations and boosters.

Almost [one quarter](#) of participants in the National Disability Insurance Scheme (NDIS) aged 16 and over have not had three COVID vaccine doses; less than one-third have had four doses. A third of NDIS participants aged 12 to 15 have [not had two COVID vaccine doses](#). The vaccination rates of the 88% people with disability who are not on the NDIS are not reported.

A forgotten workforce

Disability support workers we spoke to in 2020 told us they [felt forgotten](#) by government without access to [personal protective equipment](#) and [tailored information](#) about how to protect themselves and people they supported.

Workers we surveyed in 2021 reported higher levels of [vaccine hesitancy](#) than the general population and expressed concerns about vaccine [safety and efficacy](#).

Concern about what's next

Without isolation periods in place, people with disability are deeply concerned about what will happen when new immune-evasive variants of SARS-CoV-2 (the virus that causes COVID) arrive.

Throughout the pandemic, disability advocates and supporters and academics have drawn attention to the risks of COVID for [disabled people](#).

The [Royal Commission](#) into Violence, Abuse, Neglect and Exploitation of People with Disability criticized the [federal government](#) for its slow [initial efforts](#) to protect people with disability [during the pandemic](#) and for delays in the [vaccination rollout](#).

Governments around the world have [reassured the public](#) COVID is more dangerous for the chronically ill, elderly and disabled. This has the effect of suggesting their/our lives matter less.

Public health measures—or decisions to end them—signal what our society is prepared to do to care for people at risk. Some advocates have labeled the relaxation of COVID protections as [ableist](#), even [eugenicist](#). Others say it will [guarantee the societal exclusion](#) of the clinically vulnerable.

With evidence long COVID can affect [one in 20](#) of those infected, including [previously healthy people](#), the proportion of disabled people in our community will likely swell in coming years.

Five COVID protections needed for people with disability

Strategies to minimize the COVID risk for people with disability should include:

1. concerted government campaigns to increase uptake of third and fourth doses among people with disability
2. continued access to free rapid antigen tests (RATs) for people with disability and support workers
3. advice about ventilation of indoor spaces, particularly in congregate settings with access to air quality monitors and purifiers if needed
4. [free access](#) to respirator (P2/N95) masks for use indoors
5. outreach to ensure people with disability who are eligible for antiviral treatment can access it promptly.

Governments need to work with services and workers to make sure they understand the risks to people with disability if they have symptoms of COVID or other respiratory infections.

Workers who test positive for COVID should be blocked from face-to-face support of people with disability for at least seven days and pending a negative RAT. Access to paid isolation leave for disability workers is critical, so they don't have to choose between exposing the people with disability they support to illness and paying the rent.

Finally, when new COVID variants and waves inevitably emerge,

governments will need to remain open to reintroducing measures including isolation of positive cases and mask-wearing indoors. This could avoid devastating outcomes for people with disability and other Australians at increased risk of serious disease and death.

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