New South Wales may end its COVID vaccine mandate for health workers

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Months after COVID vaccines were introduced in 2021, governments and private organizations mandated them for various groups. Health and

aged care workers were [among the first](#) to need two doses to keep their jobs.

State and territory governments subsequently implemented [employment and public space mandates](#) which required people to show proof of vaccination to enter hospitality venues and events. A constellation of private companies also required vaccines for their workers or patrons.

Vaccine mandates receive considerable attention when they're introduced. For COVID vaccine mandates, policymakers offered reasoning including [protecting the vulnerable](#), safeguarding [health systems](#), and [making it possible](#) to open state borders and lift internal restrictions. [Experts](#) and the public sometimes debated the merits of these policies, but the reasons behind them were relatively clear.

By contrast, the removal of vaccine mandates often appears haphazard. Less is known about how or why it happens, or how it should be done.

However, mandate removal may have just as much of an influence on people's future attitudes and behavior as mandate imposition. As [New South Wales](#) considers removing its COVID vaccine mandate for health-care workers, it's pertinent to explore how to abolish a vaccine mandate in the right way.

Why do mandates end?

Many COVID vaccine mandates [terminated](#) when state governments stopped classifying the pandemic as an emergency. The mandates which remained in place covered workers in high-risk settings, but even some of these have since ended.

Queensland and Western Australia removed their COVID vaccine requirements for health workers in 2023, and this week NSW [announced](#) it's considering doing the same.

This is good news. Governments should treat vaccine mandates like other health policies and review them regularly in the context of changing evidence. Some [criteria](#) governments should think about when implementing or removing vaccine mandates include:

Disease burden in the community

Governments should consider the rate of severe illness and availability of treatment options and hospital resources. In the case of COVID, the general population has developed high levels of hybrid immunity from vaccination and infection.

Population vulnerability

Health-care workers are more likely to be exposed to disease, and they may transmit it to patients who are at high risk of serious outcomes. This is why NSW and some other states require staff in health or aged care to get [flu vaccines](#) each year.

Vaccine effectiveness

It matters how well the mandated vaccine prevents severe disease in people who are vaccinated, which COVID vaccines do well. But whether they reduce transmission to others is also relevant. Importantly, COVID vaccination reduces but does not prevent disease transmission. Outside an emergency situation, this weakens the argument for mandating vaccination.

Another good reason to revisit NSW's current two-dose mandate for [health workers](#) is the fact it's obviously outdated. Although some other states and territories [have required one booster](#), this did not have to be regular or recent.

Having received two or three doses of the vaccine, often much earlier in the pandemic, is unlikely to offer protection against infection today. Most people—vaccinated or not—have now also developed some immunity through infection.

Since these policies don't reflect current evidence or recommendations, leaving them in place could actually be damaging. It may erode trust and confidence in the health system and [government](#), both for health-care workers and the public.

So how should we repeal mandates responsibly?

While it's important to review these policies in changing contexts, there's a risk vaccine or mandate opponents will use this opportunity to claim mandates were never necessary.

No COVID decisions were perfect, and we should evaluate pandemic decision-making across a range of measures. But the circumstances and justifications for introducing mandates were very different from today. This distinction should be kept in mind when communicating changes in mandate policy.

For NSW and any other jurisdictions considering removing mandates, first, they should consult meaningfully with the community to drive decision-making and communication. This includes engaging with those who are subject to the mandate and those indirectly affected by it.

We applaud NSW Health for [consulting](#) with health workforce

stakeholders. However, they haven't described consulting with patients or vulnerable groups, who may worry mandate removal exposes them to untenable risk from their health-care providers. It's important to prepare a communication strategy for this group, too.

Transparency is key to maintaining trust in public health officials. When a decision is made to alter or remove a mandate, we recommend transparently explaining the decision and the data that informed it. For communicating about mandate removal, spokespeople could provide clear, simple data that compares the burden of disease or immunity rates at the time of implementation versus now.

It's also crucial any announcement about mandate removal makes clear that vaccination is still recommended. NSW Chief Health Officer Kerry Chant framed the early messaging well, saying NSW Health would continue to strongly recommend employees stay up-to-date with their COVID vaccinations.

Finally, governments should provide clear and accessible legal and health guidance to private companies. These employers may still have mandatory vaccination policies in place, and need support on how best to consider or announce their removal.

The abolition of COVID vaccine mandates is an important milestone in our journey out of the pandemic. At the same time, it means governments need to ensure high voluntary vaccine uptake.

This requires funding, efficient service delivery, support for health-care workers who administer vaccines, and persuasive public health campaigns. When governments manage mandate removal well, they make it easier for themselves to continue to protect the public against disease.