



# Chiropractic Australia Response to Mandatory Vaccination Rationale Document

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## General Comments

Chiropractic Australia supports the implementation of mandatory vaccinations for primary contact health workers in Tasmania and selected parts of New South Wales and considers this a reasonable course of action for controlling the spread of COVID-19 in these high-risk regions and settings.

We believe that such vaccination initiatives form a part of robust suppression strategy, and the way forward for our profession and the vital patient care it provides, in addition active engagement with mainstream healthcare and informed adherence to respective public health initiatives [i].

## Role and responsibility of chiropractors in the healthcare system.

Currently there is not a one blanket approach to dealing with COVID-19, it should be dealt with on a region-by-region basis [1]. Australia's approach will need to be different to that of other countries. Also, the implications for a medical practitioner, may be different to that of chiropractor who in turn may be different to that of a construction worker or accountant.

More specifically for those working as chiropractors: It has been well documented that the severity of the disease and disease related mortality is strongly correlated with age and the presence of co-morbidities [2]. Kahn et al., calculate that the most effective vaccination strategy involves the prevention of cross infection from low risk groups to high risk groups i.e., those of older age and with co-morbidities [2]. The population chiropractors most commonly deal with are those with low back pain [3]. Low back pain rarely exists as a single phenomenon [4, 5] or as a single episode [6].

Most relevant to poor outcomes to COVID-19 are obesity [7, 8] and diabetes [9, 10] as well as being a population who disproportionality consume scarce health resources [11]. The presence of psychological co-morbidities is now a given [12]. We believe that a healthcare provider who works with a population disproportionately vulnerable should take every measure to protect them.

## Data-informed suppression strategy in addressing the pandemic.

There are concerns over the politicisation of the science surrounding COVID-19 [13]. Science is a public good. It doesn't need to be followed blindly, but it does need to be fairly considered and when good science is suppressed, people die [13]. We will only cite a small number of the available studies. Within China it has been found that even when vaccine-induced herd immunity is not reached, vaccination programs can reduce SARS-CoV-2 infections by 53-58% [14]. Within the USA the most recent modelling concludes "vaccine-mediated reduction of transmission is critical for viral suppression" [15, 16].

Finally, it should be borne in mind that we are not only dealing with the current viruses of concern. Vaccination coverage rate is inversely correlated to the mutation frequency of the SARS-CoV-2 delta variant in 16 countries ( $R^2=0.878$ ), strongly indicating that full vaccination against COVID-19 is critical to suppress emergent mutations [17].



### Additional evidence on the safety and efficacy of available vaccines.

**Pfizer vaccine:** studies by Chagla [18], the USA Centre for Disease Control statistics [19], Tendforde [20].

**AstraZeneca vaccine:** studies by Knoll [21]

**Both Pfizer and AstraZeneca:** A global overview of both published in the British Medical Journal see Bernal et al., BMJ, May, 2021 [22].

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