

Cutting to 5-day isolation for COVID-19 in Australia is “Penny wise, Pound Foolish”

OzSAGE position statement

There is an old saying, “Penny wise, pound foolish”. The proposal to cut the isolation period for COVID to 5 days is a political call that is not science based. The economy depends on people being able to function to their healthy best for productivity. Cutting isolation to 5 days will only increase infections and cause ongoing disruption to healthcare, education, policing, supply and logistics. This would have a profound negative impact on the workforce, society and the economy. Also, as we have seen throughout the pandemic, there is [disproportionate impact of COVID](#) on Aboriginal and Torres Strait Islander people, older Australians, regional Australians, Australians with disabilities.

Politicians proposing a 5-day instead of 7-day isolation period likely assume that shortening the isolation time will improve worker presence. In fact, the resulting increased transmission of COVID and its disease burden will outweigh any advantage and will result in [significant loss of workforce in the short, medium and long term](#). This workforce impairment and loss will increase over time with each new wave of infection.

The Productivity Commission has found that productivity in Australia is already growing at its [slowest pace in 60 years](#), undermining the ability to lift living standards. COVID is a significant and ever-growing part of that picture.

Increased transmission of COVID in the community results in increased:

- Acute illness, both directly and indirectly from COVID
- [Post-COVID complications](#), including [long COVID](#)
- Worker burnout from the stress of dealing with illness at home and with absences and presenteeism in the workplace
- Early retirement
- COVID as a leading cause of death

All the outcomes listed above lead to an increased number of people absent from the workplace, irrespective of what the isolation period for COVID may be. People cannot work if they are unwell.

Since at least mid-2020, we have known that people may shed infectious virus for up to 11 days after testing positive for COVID (longer in immunocompromised people). Although vaccination may reduce the duration of viral shedding, recent studies show that a clinically significant proportion of people continue to shed infectious virus for [longer than 7 days](#). A [study](#) of non-hospitalised US adults found that in around 25% of cases, infectious virus could still be cultured 8 days after testing positive/symptom onset. A study of the omicron variant in Japan found that infectious virus could be [cultured for up to 9 days](#) after symptom onset in vaccine breakthrough infections.

Other studies show that between [one-third](#) and [one-half](#) of people are still infectious after a 5-day isolation period.

Moving from 7-day to 5-day isolation will not change the under-testing currently occurring, as the issue of isolation of up to 5 business days remains. It will, however, likely increase the risk of errors at work with potentially catastrophic outcomes related to feeling unwell during the acute phase of illness and COVID ‘brain fog’.

Employers supporting longer isolation periods will help guard against the considerable expense of workforce turnover and loss, difficult to replace in the current global situation, where there are too few workers available.

Instead, the emphasis should be on controlling COVID through a “Vaccines-Plus” strategy, as detailed in our previous [position statements](#). Ensuring that everyone can breathe clean air via improvements in ventilation and air filtration is a key component of the Vaccines-Plus strategy. Unfortunately, the reality is that the general public by and large does not have access to high quality masks (also known as N95/P2 respirators) nor do they yet largely work and socialise in indoor spaces with high fresh air turnover and adequate HEPA filtration to prevent transmission of airborne diseases like COVID.

There may be some specific critical highly trained occupational settings where reduced isolation time can be considered with fitted respirator use for the infected and the workforce around them, and there is a system of RAT and PCR testing, and where there is tested and confirmed safe indoor air, but such is practically unrealistic for the general community at this time. The risk of reducing the isolation period for COVID increases in the setting of immune escape, vaccine waning, and impact of repeat infection with increasing disability.

Australia, with our relatively small population, cannot sustain ongoing disease and increasing disability of our workforce. A 7-day isolation period was already a compromise between health and economics (even though that dichotomy is a false one), and there is absolutely no scientifically defensible justification to reduce the isolation period for the general community further.

“We’re Vaxxed, Chillax” is a denial of the science. To truly live with COVID successfully, we need layers of controls/protections, including an isolation period of at least 7 days to prevent the health impacts of post-COVID complications (affecting $\geq 5\%$ of people) and the associated implications for the workforce. The inevitable next wave will peak higher and occur faster if Australia adopts a 5-day day isolation period for COVID.