

## WELCOME TO YOUR AUGUST 2021 NEWSLETTER

John Lane

**W**ELCOME TO YOUR AUGUST 2021 NEWSLETTER. WELL, WE ARE IN ANOTHER MONTH OF LOCKDOWN, STAYING IN OUR HOMES. ALTHOUGH THE DAILY INFECTIONS ARE GETTING WORSE, HOPEFULLY, AS MORE PEOPLE RECEIVE THEIR VACCINATION, THINGS WILL TURN AROUND. THE COMMITTEE IS STILL ACTIVE, PLANNING FOR OUR ASSOCIATION TO BE READY TO RESUME ITS ACTIVITIES. I WILL TALK MORE ABOUT THIS LATER.

### Trip-away

The NSW government has extended the lockdown to the end of September. Even if we start to “*bend the curve*”, it seems likely there will be health restrictions that will prevent us from travelling on a bus to the *Murray Valley* region. Even if there were no health restrictions preventing us from travelling, I assume many members will have reservations about gathering so soon after a significant COVID-19 breakout.

The committee will discuss the trip-away at its September meeting. I will also communicate with all those who had planned to be with us on the trip away.

### Hybrid General Meetings

Throughout the *COVID-19* pandemic, our Association has held a monthly general meeting. Maintaining a general meeting reminds us that the Association is still in place and will be there when the pandemic is over; and will again function. But, more essentially, the general meeting is keeping us in contact with each other.

Attendance has been very good, and it is pleasing to see many of our country members at the meeting. I have mentioned this before; we will continue bringing the general meeting to the country members via *Zoom* video conference after the pandemic. They call a meeting with members in physical attendance and others via *Zoom* a “*hybrid meeting*”. I did not come up with this term.

We have already held *hybrid* meetings. But, unfortunately, at our first *hybrid* meeting, we had an annoying echo problem. Hence, perhaps, persuading some members to avoid a future general meeting via *Zoom*. But, as old techs, we would not let a technical problem defeat us. So, at our *May General Meeting*, we trialled an audio conference device. It worked, and we purchased two of these units in time for our *June General Meeting*.

Unfortunately, the *COVID-19* outbreak struck, and we had to cancel attendance at the *June General Meeting*. But, we have these units ready for our next *hybrid* monthly general meeting.

The next challenge with a *hybrid* meeting is to ensure that members attending a meeting via *Zoom* are not just onlookers but also can fully take part. There will be a few things we will try out.

- *Our video from the meeting venue will show both myself and the members in attendance at the venue on a single video link. Most scenes will have me in the bottom quarter of the screen and members in the rest of the screen.*
- *Our scenes from the meeting will switch to various views of the meeting. There will be a closer view of the person who is speaking instead of a long-distance view.*
- *There will be lower thirds showing the name of the particular person who is addressing the meeting.*
- *We can show full-screen images, for example, upcoming social events and pending agenda items.*
- *We will have the technical components for a member attending via zoom to be fully heard and seen.*

There is still more work to do, and we need to overcome some technical issues. But hopefully, we will be ready in time for our first *hybrid* meeting.

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## Retired Members Association

# WE ARE HAVING A MEMBERSHIP DRIVE



THE RETIRED MEMBERS ASSOCIATION WILL HAVE A MEMBERSHIP DRIVE OVER THE COMING TWO MONTHS. OUR OLDER AGE DEMOGRAPHIC TELLS US OUR MEMBERSHIP WILL DECLINE LONG TERM. HOWEVER, THERE ARE STILL FORMER TELECOM AND TELSTRA EMPLOYEES WHO MAY NOT KNOW OF OUR ASSOCIATION BUT MAY KNOW YOU.

Soon we will have an easy to complete New Member Application form for a prospective new member to fill-in on their PC and return via email to us. Also, there will be a paper version for you to give them.

Suppose you do not have an application form on you. In that case, we will have available an easy to remember email address, allowing a prospective member to make inquiries.

We will have more information in our next newsletter; we look forward to your support.

## Retired Members Association Office Bearers

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## Committee

Alan Bassman, John McAuliffe, Trevor Anderson, John Bryce, Allan Fairbairn, Steve Flynn, Vince Haywood, Terry Livingstone, Arthur McCarroll, Paul Rewhorn, Ron Milosh, Garry Masman, Warren Morley.



## WELCOME TO YOUR AUGUST 2021 NEWSLETTER (CONT'D)

### Who wishes to Speak?

Finally, we had a very successful last general meeting. I consider we now have improved the ability to identify a member wishing to speak. At times, and unlike a physical meeting, as chairperson, I find it challenging to identify a person who wants to talk. At future meetings, we will use the Zoom feature "raise hand". This feature shows a raised hand icon in the top corner of the person who wishes to speak. We started using this feature at the last meeting, and it worked well.

### Name Change

The last item for me to discuss is a proposed name change for our Association. You will find an article in this newsletter about a name change; I ask that you read the article and consider the shortlist of names. We are going to go ahead carefully on a name change. First, we will find out if the membership wants a name change. If there is a will for a change of name, I would like to see as many members as possible voice their suggested names and vote.

### Finally

Please stay safe, and hopefully, the lockdown will end soon. **The sooner we are protected, the sooner we can bounce back. So, let's get back to our way of life. Vaccination can help us get there.**



**Could be a Long Christmas Eve**

**Struggling to get your wife's attention?**

**Just sit down and look comfortable.**



## Brian Ernest Lowe



The Retired Members Association is sad to report the passing of Brian Lowe. Brian passed away on the morning of Friday, 20th of August 2021. As the newsletter goes to print, there will be a Commemorative Service for Brian on Monday, the 30th of August 2021, at 2 pm.

Brian was a member of the Retired Members Association for over 23 years.

Brian was in Orange Base Hospital in a critical condition for ten days, suffering from meningitis and blood clots. Until that time, Brian had enjoyed good health.

Brian joined the Postmaster General Department as a 1959 Technician in Training. He spent most of his working life in Sydney's Inner West. As a young Senior Technician in the 1960s, he worked at Burwood Exchange. Brian worked on a range of switch equipment from the Keith Technology onto the new crossbar ARF switches.

Later in the 1970s, as a Supervising Technician, Brian held the position of Shift Leader in the newly created After Hours Centre. Brian's technical skills and leadership had him progress through various management positions; these included Customer Cell Manager and culminating as Area Field Manager for the Sydney Inner West.

The Retired Members Association extends its condolences and sympathy to Brian's wife Carole, other family members and his many Telstra workmates and friends.



## Rodney John Bartlett



The Retired Members Association is sad to report the passing of Rodney John Bartlett. Rod passed away on Saturday, 24th of July 2021. Rod's funeral service was at Guardian Funerals in Bankstown on Monday, 2nd of August 2021. Rod's passing came after a long battle with Parkinson's disease.

Rod was born on the 16th of August 1944, passing away only three weeks shy of his 77th birthday.

Rod was a member of the Retired Members Association for just over nineteen years.

He worked in customer installation and maintenance in the city and was with the PMG/Telecom/Telstra for over forty years. Rod took early retirement at the age of 56.

Rod married Robyn in 1966. They saved and eventually brought a house in the suburb of Georges Hall. There, Rod and Robyn lived there until they moved into a nursing home. Rod and Robyn had two children, Leanne and Scott.

Rod's hobbies were reading and collecting stamps, comics, and coins. Sadly, Rod received a diagnosis for Parkinson's disease. Then, a short time later, his wife received the same diagnosis. For a time, medication helped them manage their symptoms. During this period, they enjoyed regular trips away, including two overseas trips to Canada and Paris.

Eventually, both needed to move into a nursing home for care.

The Retired Members Association extends its condolences and sympathy to Rod's family, his children Leanne and Scott, other family members and his many Telstra workmates and friends.



## Welfare News

Peter Hack

This month, let us start with some good news, **Alan Fairbairn** had his heart valve replacement and is now home. Alan is currently convalescing, but his specialist wants to see him walking twenty minutes a day but no hills.

**Keith Macrae and Pam** move into respite on Thursday. Then they will move to a retirement centre.

**Diane Cutting** moved in temporarily with her son. The move will allow Diane to be closer to Ian for a visit. Diane has a further week to wait before a visit after receiving "the all-clear" after a COVID19 test.

**Tom Watson** now home after rehabilitation

I have checked on the following members. **Peter Clarke, Irene Clifford, Tom Brown, Ross Keys, John Loudon, Kath Hicky, Jim Cheeseman, Jim Spencer, Alex Jansen, Mick Byron, Dick Orchard, Des Hooler, Bob Houston, Alan Gilkes, and Vince Haywood.** They are all doing fine and hanging in there.

**John Bryce** apologises for missing the ZOOM video conferences.

**And me,** I am doing fine. Temora had its first case of a COVID19 visit on the 13<sup>TH</sup> and 16<sup>TH</sup> at the local Shell servo and our bakery.



## THE POSSIBILITY OF A NAME CHANGE FOR OUR ASSOCIATION

John Lane

**M**EMBERS MAY RECALL THAT I HAVE MENTIONED THE POSSIBILITY OF A NAME CHANGE FOR OUR ASSOCIATION. THE IDEA OF A NAME CHANGE AROSE DURING OUR REVIEW OF OUR CONSTITUTION EARLY LAST YEAR AND THEN WHEN WE EXAMINED THE POSSIBILITY OF INCORPORATION UNDER NSW FAIR TRADING LEGISLATION.

Originally, Bert Harris, while an Industrial Officer with the NSW Branch of the *Australian Telecommunications Employees Association* (ATEA) with the assistance of other members, founded our Association in the 1980s. The reason for having an Association for retired union members were:

- ◆ **To secure, maintain and improve the superannuation and pension rights of the Association membership.**
- ◆ **Provide a forum for the discussion of matters relative to the welfare of the members.**
- ◆ **Arrange functions to encourage the harmonious fraternisation of members.**

The formal name of our Association mirrored that of the Union. Today, the proper title for our Association is the "CWU, Communications Division, NSW, Technical and Services Branch, *Retired Members Association*". I need to make the point that the name of our parent union has changed a few times in recent years. The CEPU and now the CWU. Today, there is the prospect that the Union will amalgamate with other divisions with the Union structure. Finally, you will notice that many members simply refer to the Association as the "Retired Members" or in writing the RMA (the last three words of our formal title).

I need to stress that a name change is not an inconspicuous move away from the Union movement. Many members on the Committee held either past full time or volunteer positions with the Union. Simply, we are asking members to consider an abbreviated title that identifies our Association. Irrespective of whether we have a name change, our letterheads and logos will show our support and affiliation with the Union movement.

At the July 2021 General Meeting, after some debate, the meeting decided the following:

- The Committee come forward with a shortlist of possible names for our Association and, the name proposals will be put forward at the next general meeting.
- The membership can put forward their name proposals.
- The Committee must state there is an option for members to continue with our current name.

The Committee held their meeting on the 12<sup>th</sup> August 2021 and have decided on the following shortlist of names for the consideration of the August 2021 General Meeting. Please note the shortlist is in no particular order.

- **Retired Communication Workers (RCW)**
- **Communication Retirees' Association (CRA)**
- **Retired Communication Workers Association (RCWA)**
- **Retired Telcos Association (RTA)**
- **Communication Workers Union Retired Members Association (CWURMA)**
- **Status quo – No Name Change**

A name change will be on the agenda at the August 2021 General Meeting. Again, I need to stress the general meeting may come up with a final shortlist of names. However, there will be no name change or confirmation of the status-quo until there is further consultation with the general membership.

I will keep you informed on this matter and your personal feedback is welcomed. **Mine and the Committee members' contact details are page 2 of the newsletter.**



# SENIORS ENERGY REBATE

Paul Rewhorn

Holders of a Commonwealth Seniors Health Card may be eligible for a Seniors Energy Rebate. Like the year before, the NSW government has made little fanfare about the \$200 rebate each year to help cover the cost of your electricity. Therefore, it is worth reminding members about the rebate.

The Seniors Energy Rebate is available for eligible independent self-funded retirees.

You can apply for a Seniors Energy Rebate online:

<https://www.service.nsw.gov.au/transaction/apply-seniors-energy-rebate>.

To be eligible, you will need to hold a Commonwealth Seniors Health Card (CSHC). Services Australia (formerly Centrelink) and the Department of Veterans' Affairs (DVA) issues the CSHC, which is a means-tested concession card.

Apart from the requirement to have a CSHC, other eligibility criteria include:



- ◆ **You are NSW resident**
- ◆ **You're the primary account holder named on the electricity bill**
- ◆ **The rebate is for your primary place of residence.**

When you apply online, you will need to have available:

- ◆ **Your CSHC.** The online form will require you to enter your Centrelink Customer Reference Number (CRN). The CRN is on your CSHC. If you can't find your CRN, contact Centrelink on 1300 169 468.
- ◆ **Your latest electricity bill.** The electricity bill will have your National Metering Identifier (NMI) number. You will need the NMI to complete your online application. Also, the address on your electricity bill must be the same as on your CSHC.
- ◆ **You will also need to include your banking details** as Services NSW directly pays your rebate into your nominated Bank/Credit Union account. Payment usually takes about five business days.

**Note, the rebate does not automatically apply each year. You will need to reapply each financial year. It is worth noting on your calendar. If you're unable to apply online, you can visit an NSW Service Centre or call them on 13 77 88.**

## Flu Vaccination Reminder

**Now we are in the flu season together with a Covid-19 pandemic; it is important to continue with the flu vaccine.**

**For seniors to experience both the flu and Covid-19 virus within a short timeframe of each other; a weakened immune system could have a serious consequences for you such as pneumonia or longer recovery times from both infections.**





## Without a Smartphone: A COVID-19 Check-in Card is the Answer

**D**URING OUR AUGUST 2021 GENERAL MEETING, SEVERAL MEMBERS MENTIONED THE SERVICES NSW'S COVID-19 CHECK-IN CARD. THE CARD IS FOR PEOPLE WITHOUT A SMARTPHONE (SUCH AS ANDROID OR IPHONE) OR A MOBILE PHONE OF ANY DESCRIPTION. YOU MAY HAVE NOTICED SMARTPHONE OWNERS SIMPLY SCAN THE "QR CODE" AT THE STORE'S ENTRANCE AND, WITH A FEW SIMPLE CLICKS, THEY ARE ON THEIR WAY INTO THE STORE.



### What is a COVID-19 check-in card?

The COVID-19 check-in card provides a quicker, alternative electronic check-in method for customers without a smartphone.

The COVID-19 check-in card is a hard copy card with a unique QR code that contains a customer's registered contact details.

Your contact information encoded in the "QR Code" includes:

- *First Name*
- *Last Name*
- *Australian phone number (landline or mobile)*

You can see the card holds little in the way of personal information about you. It simply allows COVID-19 contract tracers to inform you if later the business premises becomes a "Covid-19 hotspot" around the time of your visit.

### Entering a business premise

Now, with a **COVID-19 check-in card**, you can have the same access simplicity as a smartphone user. When you enter a *COVID Safe business*, a staff member will scan your **COVID-19 check-in card**. Then, the premise electronically records your visit.

The captured information includes:

- *Name and location details of the premises you are visiting.*
- *the time and date of your visit.*
- *your personal information (see above)*

*Service NSW* holds the record of your attendance for 28 days. *Service NSW* will only disclose the record of your attendance to NSW Health for contact tracing purposes.

### How to Apply?

You can go online to:

<https://apply.service.nsw.gov.au/covid-checkin-card/>.

There, you will find more details about the **COVID-19 Check-in Card**. The web page has a button that takes you to an online form for you to create a **COVID-19 Check-in Card**. You will have a choice for your card to be posted to you, or for you to download a printable version immediately.

When I visited the abovementioned webpage, there was a notice about a high level of demand for the card, and that applicants may experience a delay receiving their **COVID-19 Check-in Card**.

### Lose the Card - No Worries

If you lose or damage your card, do not worry. You don't have to report it lost; simply apply again.

If you or a close relative are without a personal computer, you can contact *Services NSW* via phone **137788**

### Don't Forget your Spouse or Partner

Finally, if you are with a spouse or partner, each of you should apply for the card. Otherwise, you may continue to experience delays entering a business premise.

You may also wish to share this information with other family members and friends. It will save them time filling out paperwork to enter a business premises.



## CONTRASTING LEADERSHIP

**IN THE PREVIOUS NEWSLETTER, I HAD AN ARTICLE TITLED "VACCINE ROLLOUT". I RECEIVED A FAVOURABLE RESPONSE FROM MEMBERS. ALTHOUGH A NUMBER CORRECTED ME ON THE ARTICLE'S TITLE "VACCINE ROLLOUT", IS THERE A VACCINE ROLLOUT HAPPENING? THEY ASKED.**

**When there is a national crisis like the current pandemic outbreak in NSW and Victoria, perhaps you need to cut our leaders some slack. This COVID delta variant is rapid and unpredictable in its spread and impact on the population.**

Last month, I quoted the Prime Minister when he responded to criticism of the slow vaccination rate. He said, "*the vaccine rollout is not a race.*" We all know now that the vaccination rollout is a race to prevent hospitalisation and save lives. As a result, until recently, Australia ranked at the bottom of OECD nations for vaccination.

Then we have Treasurer Josh Frydenberg, who seems to focus more on the money than the current financial circumstances the lockdowns are having within the communities of New South Wales and Victoria. The Treasurer is now clearly informing premiers he will withdraw financial support when vaccination levels reach 70 per cent, and if then the premiers decide not to lift restrictions.

Fortunately, the nation's vaccination figure is catching up with other countries. Australia is now 35<sup>th</sup> out of the 38 OECD nations (*source: The Guardian*) for vaccination. However, the improving vaccination rate has little to do with Mr Morrison's leadership. Instead, it is the NSW and Victorian Premiers' mass vaccination hubs and the setting and the delivery of ambitious vaccination targets for NSW and Victoria.

So let us focus on areas where Mr Morrison's federal government should have played a crucial role and fell short.

- **The Guardian newspaper reports that only 20 per cent of nursing homes have optimal vaccination for their residents and carers.** While residents now have a high level of immunisation, their carers do not.
- **The Government has failed to build purpose-built quarantine facilities.** Instead, the federal government has left it to state governments to initiate the build of the facilities.
- **After months of delay, we are only now having chemists vaccinating people.** Chemists for years have played a key role in distributing the flu vaccination. I make a point of this because the distribution of the COVID vaccine should not overload doctors' surgeries. They have many other medical conditions they need to treat.

## Staying Well During a Lockdown

### **Stick to a routine.**

*Go to sleep and wake up at a reasonable time, write a schedule that is varied and includes time for work as well as self-care.*

### **Dress for the social life you want, not the social life you have.**

*Get showered and dressed in comfortable clothes, wash your face, brush your teeth. Take the time to do a bath or a facial. Put on some bright colours. It is surprising how our dress can impact our mood.*

### **Get out at least once a day, for at least thirty minutes.**

*If you are concerned about contact, try it first thing in the morning, or later in the evening, and use less travelled streets and avenues. If you are at high risk or living with those who are high risk, open the windows and blast the fan. You will be amazed by how much fresh air can do for spirits.*

### **Find some time to move each day, again daily for at least thirty minutes.**

*If you do not feel comfortable going outside, many YouTube videos offer exercise and movement classes.*

### **Reach out to others, you guessed it, at least once daily for thirty minutes.**

*Try to do FaceTime, Skype, phone calls, texting—connect with other people to seek and provide support. Do not forget to do this for your children and grandchildren as well. Set up virtual playdates with friends daily via FaceTime, Facebook Messenger Kids, Zoom, etc.—your family miss their friends, too!*

### **Stay hydrated and eat well.**

*This one may seem obvious, but stress and eating often do not mix well, and we find ourselves overindulging, forgetting to eat, and avoiding food. Drink plenty of water, eat some tasty and nutritious foods, and challenge yourself to learn how to cook something new!*

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## CONTRASTING LEADERSHIP (CONT'D)

Mr Morrison, having performed poorly with the vaccine rollout, now wants to focus on the end of lockdowns once the nation reaches 70 percent complete vaccination. He told premiers that there should be a quick transition to lifting restrictions (particularly lockdowns). However, he ignores overseas evidence of what can happen when countries fast lift restrictions - examples like Great Britain's "Freedom Day" when most regulations ceased. Despite a high level of vaccination, Britain is having 31,000 infections a day and losing many lives. Israel is another example.

Fortunately, the Prime Minister has not reached a consensus among premiers on this point.

Until recently, he seemed not to properly understand the Doherty Report's recommendation on lifting restrictions once the country reaches 70 per cent full vaccination.

The Doherty Report clearly warns about the risks of fast lifting restrictions instead of a gradual easing of restrictions. The Doherty Report warned that Australia risks losing thousands of lives over six months if the nation were to lift restrictions too fast.

After meeting with the premiers in National Cabinet on the 27<sup>TH</sup> August, the prime minister has adopted a more moderate and cautious approach to lifting restrictions. Characteristic of his propensity to flip and flop in his leadership role. Fortunately, we have state premiers who stand between the Prime Minister and the community.

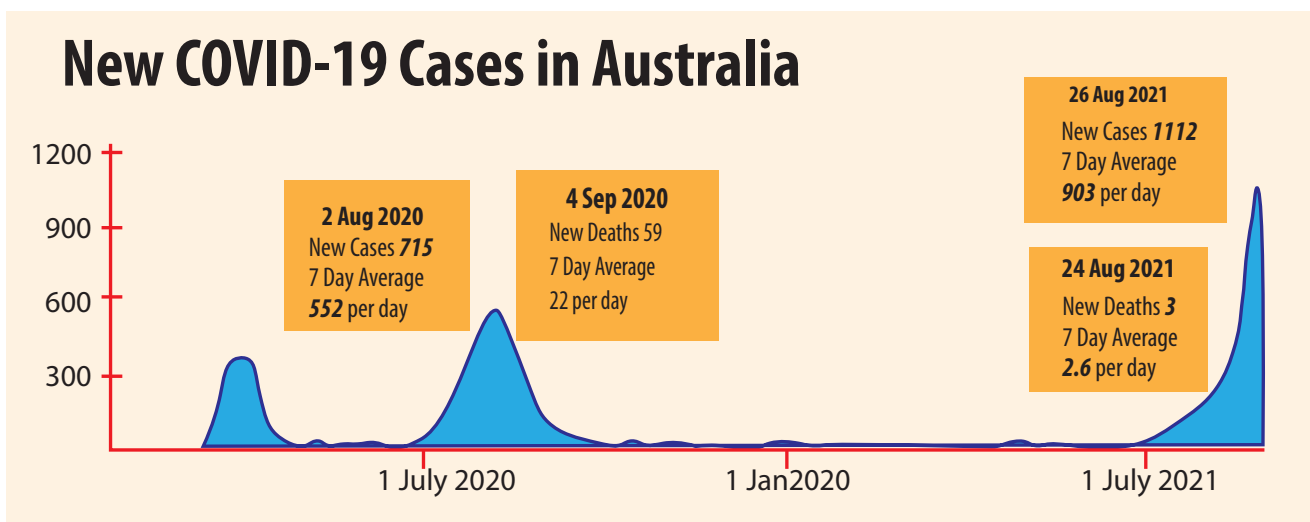
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**I hope I am not exhausting members continuing to write about COVID-19. Now that I have had my vent against the Prime Minister's leadership. I would like to show you some promising figures about the vaccine's effectiveness.**

I will start with a graph showing total COVID-19 infections that have occurred over the past eighteen months. The chart shows a disturbing number for the current infection breakout in Victoria and New South Wales. The infection number is the highest since the pandemic began.

The graph shows we have had two large outbreaks of infection in July 2020 and the one we are now experiencing.

The current infection numbers are far greater than in July 2021, probably because of the delta variant. The July 2020 breakout was in Victoria when the COVID-19 swept through nursing homes in that state.



The nation lost close to 900 lives. You will notice a lot fewer deaths associated with the current infection breakout. The current mortality number, perhaps shows that older age groups within nursing homes are now likely to have completed their full vaccination. Therefore, are less likely to develop severe symptoms and need subsequent hospitalisation.

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**COVID19 Statistics - World Comparisons**

Country	Total Cases	Cases Per Million	Deaths	Deaths Per Million	People Fully Vaccinated	Percentage Vaccinated
<b>Australia</b>	<b>49,935</b>	<b>1,948</b>	<b>993</b>	<b>39</b>	<b>6,612,155</b>	<b>25.8%</b>
Israel	1,028,271	111,961	6,937	755	5,464,610	59.5%
United Kingdom	6,628,709	99,820	132,143	1990	42,234,417	63.6%
Germany	3,923,250	47,220	92,108	1109	49,850,277	60.0%
Netherlands	1,929,018	110,490	17,982	1030	10,702,250	61.3%
South Korea	245,158	4,732	2,265	44	13,780,926	26.6%
New Zealand	3,297	662	26	5	1,050,348	21.1%

The second chart (see above), shows a range of COVID19 figures, comparing Australia with other countries. You can look at the above chart in either of two ways (the glass half full or half empty scenario).



**Half Full** – Australia in terms of infection numbers and mortality has done well compared with other countries. As challenging as lockdowns are, we have largely escaped the ravages of COVID-19. Achieved by good contact tracing, and social isolation when required.

**Half-Empty** – The nation's current low vaccination figure should be a cause for great concern. The delta variant of COVID-19 is highly infectious and because of success in suppressing the virus, there is little built-up of population immunity. Our COVID-19 figures in the next few months could look like other countries because of our low vaccination numbers. Over the coming months, we will need to isolate (at least until the current outbreak ends), mask up, and have that vaccination.

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## COVID-19 Statistics (Cont'd)

Outcome	Vaccine Effectiveness			
	Pfizer BNT		AstraZeneca	
	One Dose	Two Doses	One Dose	Two Doses
Symptomatic Infection	33%	83%	33%	71%
Hospitalisation	71%	87%	69%	86%
Intensive Care (ICU) Admissions	71%	87%	69%	86%
Mortality	71%	92%	69%	90%

Vaccine effectiveness estimates (% reduction) against symptomatic disease, hospitalisation, Intensive care (ICU) admission and mortality for the Delta variant.

### Vaccine Effectiveness

Finally, I will end by discussing vaccine effectiveness. It is important to note that medical experts are telling us that the primary role of the vaccine is to prevent severe symptoms and hospitalisation. The vaccine's secondary role is to prevent infection.

The vaccine effectiveness shown in the table on the previous page, shows the effectiveness of the two vaccines available in Australia. The efficacy of the AstraZeneca vaccine against infection at 71% may seem low to you. However, it is essential to note this level of effectiveness is higher than the flu vaccine. I will tell you more bad news before the good news. Both Pfizer and AstraZeneca vaccine effectiveness against infection do diminish over a few months. Therefore, you are now learning about the need for a later booster injection.

Here is the good news, notice the above table shows that both vaccines offer good effectiveness against the need for hospitalisation or mortality. Further, at this stage, data shows the vaccine's efficacy against hospitalisation or mortality does not seem to diminish (87 to 92%) over time.

The future is not clear concerning the need for continual booster injections. Some experts say that perhaps the population will only need just the one booster injection. They are predicting that the people will build up immunity. They predict COVID-19 will spread within the community mostly unnoticed and, if it infects people, will only affect our nasal passage; the vaccine will protect our blood and organs. Then we will have a COVID-19 endemic, not a pandemic, much like today with the common cold; a virus which came from a previous COVID-19 pandemic.