

What can I do to reduce contact with COVID-19 in my community?

Maintain social distancing

Maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing.

Why? When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

[More Information](#)

Source: “Advice for Public.” *World Health Organization*, World Health Organization, www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public.

Cooperate with social distancing measures enacted to control the spread of disease in your community

Social distancing measures are an important part of mitigating pandemic influenza. They complement individual approaches in decreasing the likelihood of its spread.

Since the 2009 influenza pandemic, useful evidence has been generated from clinical and epidemiological studies, mathematical modelling and personal clinical experience about the potential impacts of social distancing and other related measures. However, the overall quality of the evidence is not strong. Overall, social distancing measures were found to be moderately effective and many are likely to be acceptable in Australia as temporary measures, especially where the economic and social impacts are minimal.

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School closure, whether proactive or reactive, appears to be moderately effective in reducing the transmission of influenza and in delaying the peak of an epidemic, but this measure is associated with very high economic costs and social impacts. School closures should therefore be considered only in a severe pandemic and for the shortest duration possible. Individual school closure can be as effective as entire school-system closure. A limited duration of closure would be acceptable to the Australia public, especially if it was reactive rather than proactive, but it is likely that most children will continue to make contacts through outdoor activities during the period of closure, which may negate some or many of the benefits expected to be achieved.

From available but limited evidence, workplace-related interventions like work closure and working from home are also modestly effective and are acceptable or even popular among employees, especially if compensation is provided. However, a fairly high proportion of workplace closures (about 33%) would be needed for a significant impact, and workplace closures could cause considerable economic hardship and social distress.

Voluntary self-isolation of cases is also an effective and acceptable measure, especially where access to antiviral resources is limited, but there is an increased risk of intrahousehold transmission from index cases to contacts, especially where bathroom facilities are shared. Isolation of contacts is also considered an effective and acceptable measure.

[More Information](#)

Source: This document summarises the evidence presented in:

Evidence compendium and advice on social distancing and other related measures for response to an influenza pandemic, H Rashid*, I Ridda*, C King*, M Begun†, H Tekin*, JG Wood† and R Booy*, *National Centre for Immunisation Research and Surveillance and †School of Public Health & Community Medicine, University of New South Wales.

The full literature review and other supporting documents are available on the [Australian Government Department of Health website](#).