



# **Mongolia – Managing your business and people in the COVID-19 Endemic World**

**DATE : TUESDAY, 14 SEPTEMBER 2021**

**TIME : 3:00PM – 4:00PM ULAANBAATAR**

# AGENDA

- Understanding COVID-19 major variants in Mongolia i.e., Delta
- COVID-19 & antibody testing for now and future
- Preparation for COVID-19 vaccine booster shots
- Precaution for upcoming flu season



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# Understanding COVID-19 major variants in Mongolia

- **National Center for Communicable Diseases (NCCD)**: 35% of all COVID-19 positive infections was identified as being the delta variant.
  - Reporting data not consistent – but may represent a much higher number in the recent surge 113%+ in last week (75% provinces/ 25% UB)
  - Delta:
    - Predominant variant in USA at present
    - Increased transmissibility (x2)
    - More severe illness in **unvaccinated**
    - **Vaccinated** people who get Delta still contagious – but for shorter period (less viral shedding)
- We should expect Mu (B.1.621) – South America centered at present
- All variants potential to evade antibodies / make vaccination less effective (but not non-effective)



# COVID-19 & antibody testing for now and future

- **IgG vs IgM** – Immunity vs Infection Antibody Rapid Testing
- **IgG Antibodies:**
  - After infection
  - After vaccination
  - Rise / fall timeline very variable and depends on many factors relating to individual and vaccine
  - It's complex:
    - IgG antibodies are not all of the immune response
    - IgG concentration does not equate exactly to % immunity
    - Cannot compare concentrations between people
    - Wide range in effective values 1->250 U/ml
  - However:
    - It is measurable and generally having antibodies confers some degree of immunity
    - Higher level lasts longer (not flat line curve)
    - Increasingly being asked for by employers to prove vaccine effectiveness / immunity
    - May be asked by governments in due course



# Preparation for COVID-19 vaccine booster shots

- The need for boosters / timing of boosters hasn't been proven unequivocally globally and in reality, there hasn't been enough time to study the longer lasting effects of the various vaccines- countries going ahead regardless (esp. to combine with seasonal Flu vaccination in the autumn)
- Various countries and various schedules and booster dose policies:
  - Same vaccine as primary course 3 or 6 months later
  - Different vaccine to primary course
  - Mostly boosters after COVID infection promoted
  - Combining with children's vaccines roll-out
  - IgG levels probably could help determine timing and booster effectiveness



# Mongolian Booster Program

As per MOH conversations:

- Currently not written policy circulated by MOH for booster shot
- Booster may be recommended based on antibody levels – likely Pfizer (if originally Sinopharm for primary course)
- Individual got 2 shots of vaccine at least 3 months ago, booster should be given 3 months apart from 2<sup>nd</sup> shot
- Over 55 years old – this threshold will be lowered by next week (possibly currently available in district clinic)
- Breastfeeding women
- Education sector workers
- COVID-19 Response team
- Individual with Chronic illness
- Not for those who had COVID-19 and pregnant women
- No policy yet on combining with Flu vaccine
- 12-17 years old vaccination program said to be ‘going well’ – all with Pfizer



# ● Precaution for upcoming flu season

- **Should not forget seasonal Flu** – still a source of a great number of deaths and lost working days
- **Vaccination very effective**
- **Should combine with COVID-19 vaccinations** (same day – some countries demand a 7-28 days gap)
- **National Center for Communicable Diseases (NCCD) has not set a policy for this yet**
- **Masks / Social Distancing / Hands Washing / Alcohol Gels** – all will reduce transmission
- **Can have co-infection Flu and COVID-19** - PCR testing will help (antibody testing less specific)



# LOCAL CAPABILITIES

## International SOS Medical Clinic Mongolia:

- Rapid testing (all people need to access the clinic)
- Own lab PCR (same day result if tested before 12:00 / depends on workload)
- Own lab IgG COVID Testing



# CHIEF HEALTH OFFICER 2030

## ADDRESSING THE EMPLOYEE HEALTH NEEDS OF THE FUTURE

Partner with a Chief Health Officer to manage all business-critical health issues

- Health regulatory and policy compliance
- Workplace wellbeing management and improvement
- Monitoring of the escalating costs



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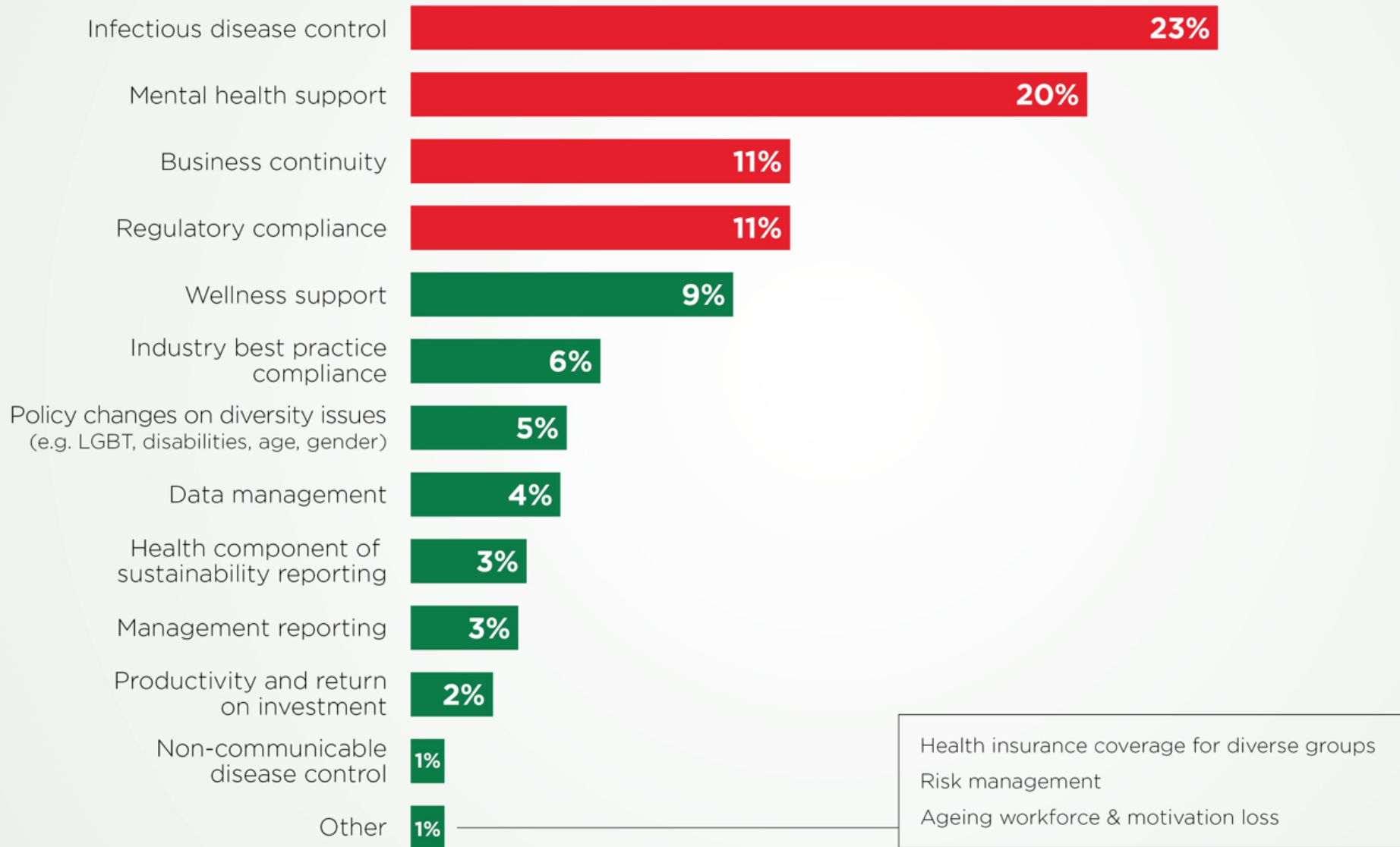
# ADDRESSING THE EMPLOYEE HEALTH NEEDS OF THE FUTURE

We began with a survey to measure how organizations saw their responsibility for employee health and wellness developing over the next 10 years. The concept of employee health and wellness is no longer a matter simply of avoiding accidents. Today it is much broader, encompassing employees' mental health and more.

Three main areas for consideration are:

- Health regulatory and policy compliance which can be a challenge as it varies at global, regional and local levels. Reliable and up-to-date information is key to ensure you keep complying with the different legal frameworks where you operate.
- Workplace wellbeing management and improvement - Your workforce wellbeing, both physical and emotional, is critical to maximize your employees' productivity and ensure business continuity. It is also today seen as a lever for recruitment, retention and competitive advantage.
- Monitoring of the escalating costs to business associated with lack of proactive health risk management.

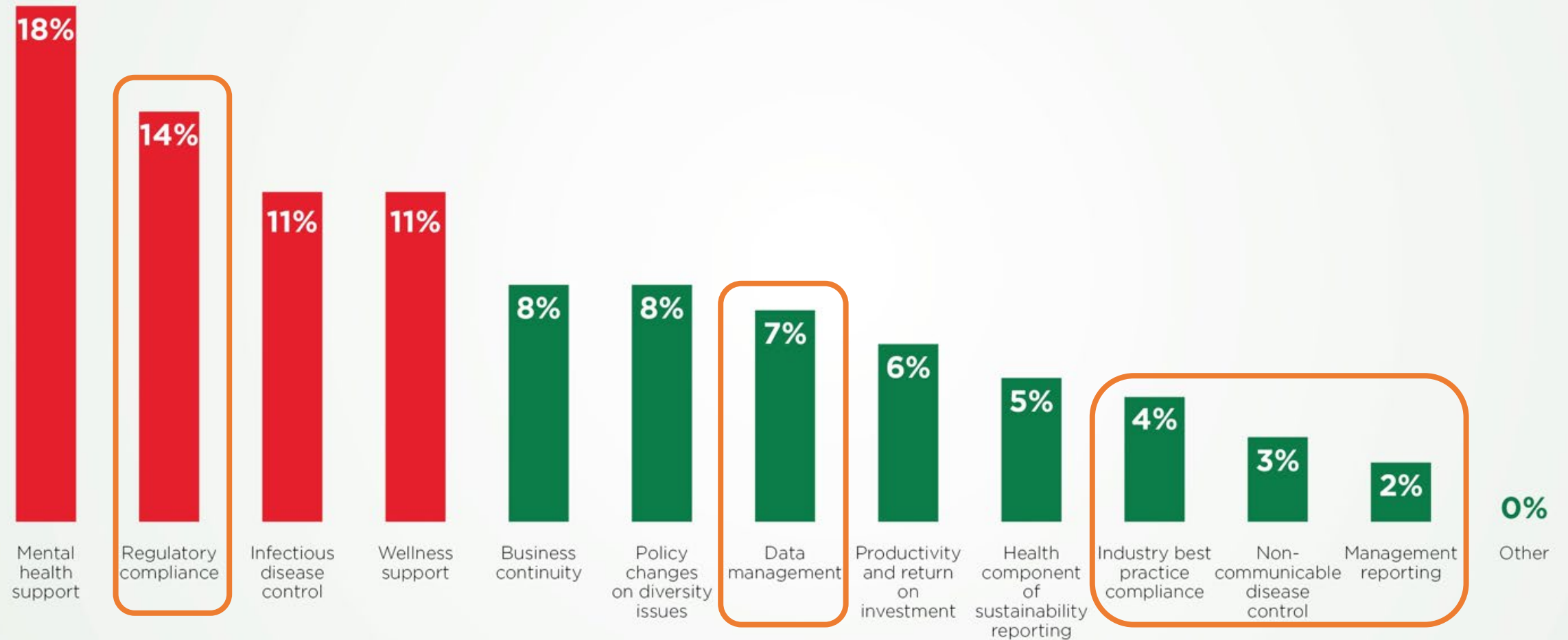
## Health requirements that have increased most in complexity in last 12 months



## The factors perceived to influence an increase in employer health complexity over the next 10 years



## Health requirements expected to increase most in complexity in the next 10 years



# THE CHIEF HEALTH OFFICER ROLE

The term 'medical' is often perceived as dealing with specific treatments or ailments. So, we have elected to use the term Chief Health Officer (CHO) instead of the Chief Medical Officers (CMOs) in this White Paper. As we are seeing, 'Health' has a far broader connotation.

The role of the CHO may include all issues related to health:

- emergency response
- critical event management
- medical leave
- occupational and environmental health programmes
- community health interface
- leadership and management of the medical organisation

Working with other departments, the scope can further extend to product stewardship (toxicology), global security (proactive disaster planning), human resources (HR), health care benefits design and more.

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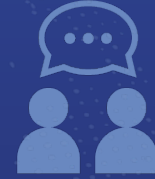
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## Workforce Resilience Solution



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For any further enquiries, please contact:  
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For more info on our workforce resilience program, visit:  
<https://www.internationalsos.com/medical-and-security-services/workforce-resilience>