

Infectious Disease Prevention: Managing the 'Tripledemic' Threat in Workplaces

This WorkCare Fact Sheet discusses factors driving the simultaneous spread of multiple infectious diseases and ways to help prevent sickness absence.

The confluence of COVID-19, influenza (flu) and respiratory syncytial virus (RSV) – popularly referred to as the “tripledeemic” – is impacting U.S. workplaces this winter.

Work absence due to illness affects morale and productivity, and it is costly for employers, employees and society, in general. Productivity is also affected by “presenteeism” (being present but not fully engaged while working) due to illness, physical discomfort or personal responsibilities.

It's possible to get more than one illness at a time or one right after another. The trio of COVID-19, flu and RSV, in combination with other contagious illnesses and serious medical conditions, is straining the nation's health care delivery system.

Preventive Measures

Since the start of the COVID pandemic in 2020, the general public and employers have learned a lot about ways to slow the spread of disease. Recommended personal protection measures for adults that help reduce sickness absence rates are now familiar, but they still bear repeating. They include:



Getting vaccinated against COVID and flu, for pneumonia if over 65 and for Mpox if at risk



Isolating with symptoms such as sore throat, runny nose, cough, fever, chills, nausea or achiness



Testing for COVID-19 before and after traveling and before gathering indoors



Being evaluated for symptoms and fitness to return to the workplace after sickness absence



Wearing a high-quality mask, especially when in crowded places or taking public transportation



Improving ventilation by opening windows, running HVAC fans or installing high-quality air filters



Frequently washing hands or using hand sanitizer, especially when preparing food



Keeping surfaces and objects clean and not sharing utensils, phones or other personal items



Drinking plenty of water, eating nutritious foods, staying physically fit and getting enough sleep

Sickness Absence Costs

Sickness absence is costly.

For example:

- In a 2021 analysis, the [Integrated Benefits Institute](#) found COVID-related absences cost employers nearly \$1 billion a week, including sick leave wages, disability payments and other employee benefits. [Researchers at Stanford University](#) estimated that COVID-19 illnesses cost U.S. workers about \$62 billion in wages per year.
- In a literature review, influenza accounted for 65 percent of the total economic burden caused by vaccine-preventable diseases prior to the pandemic. In the U.S., total annual direct medical costs related to the flu (inpatient and outpatient care) were estimated at \$3.2 billion; indirect costs (lost productivity) were estimated at \$8 billion. (Refer to the [Economic burden of influenza among adults aged 18 to 64: A systematic literature review](#), February 2022, Wiley Online Library.)

Public health officials say vaccination is the best protection against severe infection from COVID-19 and the flu. (An RSV vaccine is in development.) Staying home from work until no longer contagious is another recommended way to help stop the spread of disease.

Absence Rates

Encouraging employees to stay home when they are sick involves a number of social and economic factors.

When COVID restrictions were lifted, the likelihood of exposure to all types of viral and bacterial infections increased. In October 2022, the national health-related work absence rate hovered around 2.4 percent and was projected to reach 3.18 percent in January 2023 among all full-time employees. By comparison, absence peaked at 2.61 percent in the 2021-22 season, according to the National Institute for Occupational Safety and Health (NIOSH). This includes time taken off work due to illness or other reasons, such as childcare or transportation issues. (NIOSH reports absence patterns as part of its public health mission. View [current trends](#).)

In November 2022, over 100,000 employees were absent due to reported childcare problems, according to the [U.S. Bureau of Labor Statistics \(BLS\)](#), more than double the amount of absence reported last year and quadruple the amount in February 2020 before the start of the pandemic. Many parents report being unable to find affordable childcare.

Another aspect of the absence equation is the availability of paid sick leave. In March 2022, sick leave was available to 70 percent of employees at smaller establishments and 91 percent of employees at larger establishments, the [BLS reports](#). However, in a [Kaiser Family Foundation survey](#) published in November, about half of working parents said they are not paid when they take time off to care for sick children; 76 percent of working mothers with low incomes (below 200 percent of the federal poverty level) reported losing pay when they missed work to care for sick children, compared to 38 percent of women with higher incomes.

Triple Whammy Updates

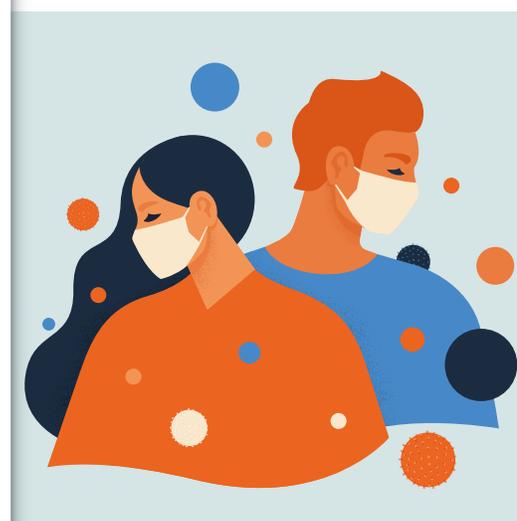
The following summarizes some of the latest developments with COVID-19, the flu and RSV. Refer to [How can you tell if you have COVID-19, RSV or the flu](#) published by the National Academies to learn more about similarities and differences in symptoms.

COVID-19

Case Rates

On the week ending Dec. 29, 2022, the Centers for Disease Control and Prevention (CDC) reported weekly totals of:

- 402,525 new cases
- 5,504 related hospital admissions
- 2,530 related deaths



In a recent development, the CDC urged caution when interpreting data reported immediately after Dec. 15 because it was transitioning data collection to the [National Healthcare Safety Network](#) (NHSN) surveillance system. Refer to these [latest trends](#).

Vaccination

The weekly bivalent booster rate for people over age 5 was 15 percent at the end of December. About 150 million people over age 5 are eligible for the updated booster but have not yet gotten it. Recent studies indicate boosters significantly reduce risk of hospitalization.

Testing

The U.S. Food and Drug Administration recommends repeat testing following a negative result on an at-home COVID antigen test regardless of whether a person has symptoms because it may be inaccurate and the person could unknowingly spread the virus to others. At-home antigen tests do not detect the SARS-CoV-2 virus as well as lab-based molecular tests such as polymerase chain reaction (PCR) tests. Molecular COVID-19 tests are generally expected to detect the SARS-CoV-2 virus at least 95 percent of the time when someone is infected. At-home antigen tests are generally expected to detect infection at least 80 percent of the time. A positive antigen test is usually accurate, but a negative test may not be.

Community Levels

At the end of December, more than 44 percent of U.S. counties had medium-to-high COVID-19 exposure risk levels. Employers are advised to routinely check [local and community levels](#) when making decisions about preventive steps such as continued use of diagnostic testing to screen for illness, requiring masks to be worn on the job or allowing telecommuting.

Preparedness

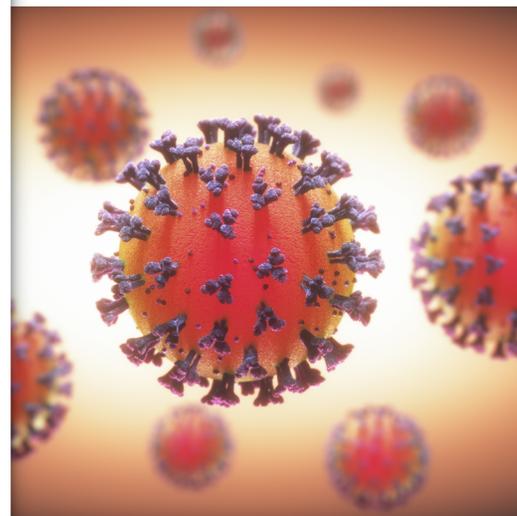
The Biden administration recently announced a [COVID-19 Winter Preparedness Plan](#). Features of the plan include reopening the COVIDTests.gov website so U.S. residents can acquire four free tests per household; providing free tests at community locations; supporting vaccine administration; pre-positioning supplies for health care organizations from the strategic national stockpile; and monitoring variants and their response to testing and vaccines.

INFLUENZA

The flu is a respiratory illness caused by viruses that affect the nose, throat and sometimes the lungs. (Refer to this WorkCare [Fact Sheet](#) to learn more about the flu vaccine, symptoms and treatment.)

Case Rates

As of Dec. 17, 2022, the CDC estimated there have been 18 to 37 million cases of the flu, 190,000 to 400,000 flu-related hospitalizations and 12,000 to 25,000 deaths so far this season. By comparison, the overall burden of influenza for the 2021-2022 season was estimated at 9 million illnesses, 100,000 flu-related hospitalizations and 5,000 deaths. There is a wide range in estimates because influenza surveillance does not capture all cases; estimates rely on data collected through the CDC's Influenza Hospitalization Network.



During the week ending Dec. 17, the National Center for Health Statistics reported 20,783 hospital admissions for laboratory-confirmed influenza. Among 995 hospitalized adults, 97 percent had at least one reported underlying medical condition, most commonly hypertension, cardiovascular disease, metabolic disorder or obesity.

Refer to the [weekly trends](#) and this [U.S. map](#) that shows activity levels by state.

Vaccination

Many cases of the flu could be prevented or symptoms made less severe with vaccination. CDC officials said in December that this year's quadrivalent vaccine is a good match for the most predominant viral strains in circulation. It's not too late to get vaccinated; flu season doesn't end until the spring.

The four targeted strains are:

- Influenza A(H1N1) virus
- Influenza A(H3N2) virus
- Two influenza B viruses

A(H3N2) was the most frequently detected virus in lab testing at the end of December.

RSV

RSV is a common respiratory virus that usually causes mild, cold-like symptoms in children and is not typically associated with the spread of illness in the workplace. While research is being conducted, there is not yet a vaccine or specific treatment available for RSV infection.

Symptoms are managed with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen, and plenty of fluids. Some people with RSV may need to be hospitalized if they are having trouble breathing or are dehydrated. In severe cases, a person may require additional oxygen, IV fluids or intubation.

People infected with RSV are usually contagious for three to eight days and may become contagious a day or two before they start showing signs of illness. However, some infants and adults with weakened immune systems can continue to spread the virus for weeks, even after they stop showing symptoms.

Case Rates

Participating laboratories report positive RSV tests to the CDC on a weekly basis. Refer to the [state-by-state test results and related trends](#).

Prevention

RSV spreads via airborne droplets. It can survive for many hours on hard surfaces and for shorter periods on soft surfaces such as cloth, tissues or hands. Following recommended personal hygiene and cleaning procedures helps reduce exposure risk. Employees with cold-like symptoms should avoid contact with at-risk populations such as infants and the elderly.

WorkCare's occupational health team helps employers prevent the spread of illness by managing workplace exposure risks with targeted interventions, early symptom detection and return-to-work assessments. [Contact us](#) to learn more.

