

**WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace
Questions and Answers – Week 23
Aug. 19, 2020**

The following questions were asked during WorkCare’s weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 23. The focus this week was on best practices. Anthony Harris, M.D., M.B.A., M.P.H., WorkCare’s Chief Innovation Officer and Associate Medical Director - Onsite Clinical Operations, presented the webinar and provided these answers. If you do not see an answer to your question here, it was addressed in a previous Q&A.

Here are links for your reference:

- [August 19 webinar recording](#)
- [August 12 webinar recording](#)
- [Questions & Answers from the August 12 webinar](#)

TESTING

Q: What is the turnaround time for saliva direct testing?

A: Once the sample arrives at the laboratory, it only takes 30 minutes to process.

Q: How accurate is the saliva direct test in regard to sensitivity and specificity?

A: It’s in the mid-to-high 90s, which is where you want to be for saliva testing.

Q: Is a lab required for saliva direct tests? Could you get results immediately at your facility without sending the test to a lab?

A: If you have an operation where you’re able to perform these types of tests in your facilities, then yes, you can apply to do this type of saliva analysis if you qualify.

Q: Do the daily numbers for COVID-19-positive tests include tests that are repeats for individuals attempting to get a second or third negative test in order to return to work?

A: The majority of those tests are not done under that scenario. Most people are only testing if they’re symptomatic. As a baseline, multiple positive tests are not the bulk of that information. Certainly, there is data associated with multiple positive tests that has not been delineated, but it is in the minority.

Q: What are your thoughts on the new CDC guidance that people who have recovered from the virus can safely mingle with others for up to three months after recovery? Would they really have some immunity for those three months?

A: That is the clinical wisdom as it stands today. Once you contract and recover from COVID-19, you should have at least three months of immunity. It may be longer, but what we’re seeing through the data is at least that minimum for immunity. I think the data will become more accurate as time goes on, and we will see more prospective and retrospective studies looking at immunity and extrapolate across the board how long immunity may last.

FLU

Q: Safeway stores in Northern California have signs offering free flu shots. Isn’t it early, or is there a strategy to start offering them now?

A: In most places the process has not started. The strategy could be to get people vaccinated early because there is data out of Brazil that the 2020 trivalent flu vaccine may offer some protection against poor

outcomes of COVID-19. The strategy could be to vaccinate as soon as we can to help decrease mortality in vulnerable or at-risk populations should they contract COVID-19.

DATA INTEGRITY

Q: What is your degree of confidence in the COVID-19 incident data that is being reported now that it is no longer controlled by the CDC. How trustworthy is it?

A: The data is being contributed back to the CDC. The data has also come from local public health departments at the county and state level. I do have confidence that the consistency of that data has not changed. We're seeing more and more health departments performing surveillance testing in different ways, so we are getting better at articulating the incidence of disease in the U.S. The statistic that we look at from week to week is the percentage of positive cases for the number of tests performed. That number is decreasing, which is indicative of better articulation of actual incidence and prevalence of the illness in the U.S.

COVID-19 VACCINE

Q: What is the status in developing a vaccine?

A: Vaccine development efforts are under way around the world. Experts estimate that a fast-tracked development process could deliver a vaccine in 12-18 months if the process goes smoothly from conception to market. One vaccine, Sputnik V developed by the Gamaleya Research Institute in Moscow, was approved by the Ministry of Health of the Russian Federation on Aug. 11, 2020. It has not undergone Phase 3 clinical trials. The U.S. government has chosen three vaccine candidates to fund for Phase 3 trials under Operation Warp Speed: Moderna's mRNA-1273, the University of Oxford and AstraZeneca's AZD1222, and Pfizer and BioNTech's BNT162.

OSHA-RECORDABILITY

Q: Are there any updates to the classification of an OSHA workplace recordable related to an individual's exposure coming from work?

A: There has been no consensus. But I do not think it's appropriate to assume across the board that if one of your employees is sick that they contracted COVID-19 from work. We talked about causality and the Bradford Hill criteria in a previous webinar. We can go back to that and look at the likelihood of transmission for each case.

EXPOSURE RISK

Q: Is there any evidence that fans spread COVID-19?

A: Many systems recirculate indoor air, which could in theory spread viral aerosol particles from one space to another, but there is no evidence to date that this has caused SARS-CoV-2 infections.