

WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace
Questions & Answers – Week 26
Sept. 9, 2020

The following questions were asked during WorkCare's weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 26. This week's session focused on vaccine developments. 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 your question is not answered here, it was answered in a previous Q&A.

Here are links for your reference:

- [September 9 webinar recording](#)
- [September 2 webinar recording](#)
- [Questions & Answers from the September 2 webinar](#)

VACCINE

Q: When can we realistically expect a COVID-19 vaccine to be available in the U.S.?

A: Let's go the optimistic route. Let's say a vaccine receives FDA emergency use authorization by the end of this year. We saw the federal government procure about 1.5 to 2 million of the first COVID-19 tests that were available. Likewise, we anticipate the federal government will sequester a vast number of available vaccine for its use. After that, vaccine will be available to hospital groups and other large health care organizations, and then distributed to the general population through personal physician outlets. That is not likely to happen until late next spring or even in the summer if we are talking about FDA approval this year. Many institutions are not expecting full recovery back to an in-person presence until fall of next year under that potential timeline.

Q: Of all the COVID vaccines being studied, do any show there may be viral shedding after vaccination?

A: I have not seen any data as to whether an individual would shed the virus. If someone has never had COVID-19, there is very little to no likelihood that an individual would shed virus because of inactivation of the virus itself. To do so would mean that somehow the inactivated virus caused an active infection, and subsequently replication in the individual would then lead to shedding of the virus. In the vaccine preparations we have looked at, the virus is either inactivated or it doesn't use the virus itself but just a protein from the virus.

Q: You mentioned last week that the virus can mutate. Would mutation render a vaccine ineffective? If so, why the push for a vaccine?

A: Evidence suggest that SARS-CoV-2 mutations are occurring at a slower rate than they do with other types of viruses, such as influenza, and that they may not be getting more virulent. This gives scientists a chance to develop a vaccine. We know the virus has mutated at the spike proteins more than 10 times. This may affect some vaccines that are designed to attach to the spike proteins, preventing the virus from entering the cell. More data is needed to understand the implications of new mutations, including whether changes could affect the vaccines and treatments in development. You may find this [article on coronavirus mutation](#) published Sept. 8, 2020 in *Nature* of interest.

Q: Can you speak to some of the ingredients in the Moderna vaccine – luciferase, synthetic modified RNA and transfection – and any potential health risks/concerns?

A: The specific ingredients for the Moderna vaccine, as well as many of the other vaccines that are in phase 3 clinical trials, are proprietary to the pharmacology manufacturer. Therefore, it is unlikely we will know the full extent of ingredients other than the high-level process used to make the vaccine, e.g., live attenuated and so forth.

TESTING

Q: Can you provide an update on the availability of saliva testing?

A: Saliva testing is becoming more and more available. At WorkCare, we have been offering saliva testing for about eight weeks now. The process is pretty straight-forward. We can provide tests in a bulk shipment directly to the employer to distribute appropriately to your workforce, or we can direct mail a test to an individual employee. The bulk option is what has played out more prominently. And, there are more and more labs preparing their analysis for saliva. It is all tied to the sensitivity of these tests. As the science has improved, the technology has improved. In addition, a protocol was recently published that allows labs to do saliva testing for just \$4 to \$5 per test. We know that saliva will grow as an opportunity for us to provide testing. If we look at the next step, which is pool testing, there are now four approved labs and tests for pool testing. These tests are sensitive enough for samples to be pooled together, and that means we can offer testing at a fraction of the cost for your workforce.

Q: Can you please tell us more about the new Abbott point-of-care test and its potential for use in the workplace?

A: Abbott reported on Aug. 14 that it was continuing to ramp up production of COVID-19 tests, including its [ID NOW](#) product, which is a rapid, portable testing instrument primarily being used in urgent care clinics, hospital emergency departments and physicians' offices. Abbott said the majority of these tests have been sent to outbreak hotspots with priority use recommended for frontline health care workers and first responders. In May, the FDA published a [news release](#) about early data that suggest the potential for false-negative results when using the Abbott ID NOW test. The FDA said the test can still be used to correctly identify many positive cases in minutes, but that negative results may need to be confirmed with a high-sensitivity, authorized molecular test. Outcome studies are ongoing.

HOME INJURIES

Q: Are home injuries on the rise due to stay-at-home schedules?

A: We postulate that the answer is “yes.” We know that ergonomic injuries have increased at home as opposed to at a specific workplace. You may find some useful resources here:

[National Safety Council](#)

[Bureau of Labor Statistics](#)

WorkCare blog: [Working from Home? Think Ergonomics](#)

TRAVEL

Q: Are there any guidelines for those who must travel by airplanes in the U.S.?

A: Yes. Please refer to the CDC's webpage on [Travel During the COVID-19 Pandemic](#).