

**WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace**  
**Questions & Answers – Week 28**  
**Sept. 23, 2020**

*The following questions were asked during WorkCare's weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 28. This week's session focused on advances in testing technology and strategies. 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 23 webinar recording](#)
- [September 16 webinar recording](#)
- [Questions & Answers from the September 16 webinar](#)

#### **IMMUNITY**

**Q:** Can you speculate on the potential for immunity and/or resistance to re-infection? I recently recovered from COVID-19, and I understand that any immunity may be short-lived. Is it likely that if I am re-infected my illness will be less severe than the original illness?

**A:** Yes, we can speculate, and we have seen now that immunity is short-lived, perhaps 120 days at most. With the Hong Kong case we reported on a few weeks ago, reinfection occurred from two different strains as demonstrated by genetic analysis of the virus. That supports the notion that immunity is short-lived. Some may experience longer immunity, but we are not anticipating that immunity will last in perpetuity for an individual following recovery. The other supposition we have seen is that if you are infected a second time, because of your partial immunity to the virus, you may experience a much milder onset of symptoms. That was true in the Hong Kong case. The young man had more mild disease the second go-round.

**Q:** If infected people don't develop immunity, does that mean the population won't develop herd immunity?

**A:** Herd immunity requires at least 60 percent of people to maintain immunity, and in some cases 70 to 80 percent depending the base level of transmissibility (referred to as  $R_{naught}$  or  $R_0$ ). Because it is possible to be re-infected, it is unlikely we are going to attain the level of herd immunity needed to prevent transmission. COVID-19 is likely similar to seasonal flu, where herd immunity is not a reasonable outcome of having contracted and recovered from the flu. That is why we have to be vaccinated for the flu annually across the board in order to help prevent transmission.

**Q:** How will short-lived immunity impact the development of a successful vaccine?

**A:** Some people in the clinical community fear it is not so much short-lived immunity but mutations of the virus that will affect the success of the vaccine. Back in May we discussed a spike protein that the vast majority of vaccines in development are targeting. It has mutated 18 times in some cases. Those mutations, along with the genetic drift and shift that normally occurs in viruses, could impact the development of an efficacious vaccine over the long term. Again, similar to the flu, when we talk about trivalent and quadrivalent vaccines and what strain we are looking to ward against, we consider the strains of flu that will be prevalent that season. We might see a similar scenario play out for a COVID-19 vaccine.

#### **TESTING**

**Q:** Can you suggest options for international sites where testing is limited?

- A:** WorkCare can provide guidance about your options depending on the specific locations you have in mind. We have helped international companies identify appropriate partners.

#### **EXPOSURE RISK**

**Q:** What are your comments/thoughts on the CDC pulling back guidance on aerosol transmission?

**A:** We have seen the CDC waffle back and forth a couple of times. We know aerosolization, with droplets as small as 5 microns, is a risk factor for transmission. My thoughts are that it is unfortunate, but not surprising, given the climate within the CDC and the politics of the day. At WorkCare we are steadfast in knowing what risk factors should be considered in the workplace, and we have not wavered in our recommendations for COVID-19 prevention and management regardless of what the CDC has recommended on multiple fronts.

**Q:** We have a small gym at our facility, which has been closed since March. Any advice on strategies for COVID-19 prevention if we decide to reopen it? Or should we avoid reopening the gym during the pandemic?

**A:** It would be prudent to carefully weigh the degree of exposure risk against potential employee health benefits before deciding to reopen. There are a number of issues to consider. Some jurisdictions prohibit gyms from operating if they do not have outdoor workout space. In some geographic locations, there is a higher degree of exposure risk than others. It is advisable to consider questions such as: Is there a breakout occurring in our community? Is there enough room to allow for safe distance between employees who are working out? Would you require signups or limit the number of employees allowed to use the facility at any one time? Do you know how effective the air filtration system is inside the gym? Are you confident employees using the facility will comply with precautions such as wearing PPE, using hand sanitizer, supplying their own towels and wiping down gym equipment after use?

#### **FLU**

**Q:** Are instances of flu expected to be lower this year considering all the mitigations in place for COVID-19?

**A:** Yes, it is presumed that precautions being taken to prevent the spread of COVID-19 will also help prevent the spread of flu. However, annual influenza vaccination for all adults is considered the first line of defense for all adults unless they have a medical condition that precludes it.

**Q:** What is the recommended protocol for return to work after having the flu?

**A:** The CDC recommends that all employees with a fever stay home until at least 24 hours after a fever (100°F) is gone. Temperature should be measured without the use of fever-reducing medicines (e.g., ibuprofen or acetaminophen). Not everyone with flu will have a fever. Employees with suspected or confirmed flu who do not have a fever should stay home from work at least four to five days after the onset of symptoms. Flu is most contagious during the first three days of illness.