WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace
Questions & Answers – Week 41
December 23, 2020

The following questions were asked during WorkCare's weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 41. 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:

- *December 23 Webinar*
- *December 16 Webinar Recording*
- *Questions & Answers from the December 16 Webinar*

VIRUS MUTATION

Q: Regarding mutation of the coronavirus reported in the United Kingdom. How worried should we be about this mutation? What is the likelihood that it is already in the United States? Will the vaccines approved for use in the U.S. be effective against it?

A: First off, don't worry. There is nothing to fear. At the end of the day, this mutation coming from the U.K. is not atypical. It's a mutation involving the spike protein that we've been speaking during our webinars for some time. There are about 18 mutations that have been tracked thus far in that spike protein. This U.K. mutation is an amalgam of RNA mutations. There are eight specific mutations that make up this one mutated strand of the U.K. virus. When we think about other mutations that have occurred and examined them, there is nothing too dissimilar from this particular one. If we look at the virility of this particular virus, there's no evidence to suggest thus far that it is more virulent (causing more severe symptoms). It is likely, as Dr. Fauci said and I agree, that it could already be here in the U.S. This particular strain is not likely to cause issues with vaccine efficacy. Pfizer has reported it has the ability to tailor the vaccine in their manufacturing process in as little as four to six weeks to accommodate for new variants in that spike protein to ensure efficacy remains at 95 percent. Again, this U.K. virus mutation is nothing new and aligns with previous mutations that have been tracked. In the nearly 25,000 samples collected from the U.K., only 6 percent have been observed to have this new variant. If we look at the mutations that are coming out of South Africa, it actually trumps what we are seeing out of the U.K. in terms of numbers. Again, there is nothing to worry about in terms of dramatic impact. I believe this U.K. virus mutation has gotten a little bit more press for whatever reason but should not cause alarm.

TESTING

Q: Does WorkCare recommend using the newly approved antigen rapid test in the workplace?

A: There is a role for rapid antigen testing with high accuracy. It can be utilized, for example, to shorten the quarantine period and facilitate safe return to the workplace if access to a traditional PCR gold standard or equivalent nucleic acid amplification test is not readily available. We are working with some clients who have indicated an interest in utilizing rapid antigen testing.

VACCINE

Q: Are there any vaccines close to coming out that do not contain polyethylene glycol (PEG)? How extensive will pre-screening for PEG sensitivity be?

A: The skin prick test for sensitivity to PEG is pretty straight-forward and should be relatively sensitive. I have not seen any large studies. The study I presented today is, at this time, the largest examination of PEG

allergy as it pertains to suspected anaphylactic response to vaccine administration, and there were only six patients involved in that study. We will likely see, as a result of these adverse events, more data pouring out in regard to PEG and other components of the vaccine that may be promoting these responses. Both the Moderna and Pfizer vaccines contain PEG. I have not yet verified whether there is PEG in the AstraZeneca or Johnson & Johnson vaccines, which will likely soon be in front of the FDA for consideration of emergency use authorization.

VACCINE

Q: A friend of mine is in charge of logistics for administering the Moderna vaccine. A doctor who volunteered to get it became very ill for several days, with a fever of 104 degrees. Is this a concern? Is this more common with Moderna vs. Pfizer?

A: The risk of developing fever and cold or flu-like symptoms is similar in terms of response to vaccination. The potential for adverse events is something that all individuals will be informed of at the time of their vaccination, and it also should be communicated well beforehand. Fever is the body's normal response to building immunity to whatever it is trying to develop protection against. There has not been any data that I've seen in this phase-4 period that that points to the Moderna vaccine causing more side effects from a fever or systemic standpoint than the Pfizer vaccine.

Q: When you get a flu vaccine, you can still get the flu. Does that same theory apply to the COVID-19 vaccine? Can you still get COVID once you've been immunized?

A: You can still be infected with COVID-19 after being vaccinated. Because the vaccine is 95 percent effective, there will still be a 5 percent chance of contracting and transmitting COVID-19. The vaccine standard in terms of immune response or production of immune response (immunocompetence) is neutralizing antibodies that can effectively eliminate COVID-19 if you are exposed to it. That's the standard of 95 percent effectiveness that we want to be cognizant of. Flu vaccine has a lower efficacy – in the mid-80s percentage-wise – compared to COVID-19 at up to 95 percent effectiveness. The flu vaccine is developed annually to target the most prevalent strains in any given season, but not all potential strains that may be in circulation.

Q: Can a private employer require a COVID vaccination as a requirement of employment? This is with the understanding that there might be a state-by-state requirement or something else jurisdictional.

A: Yes, within parameters prescribed under federal equal employment opportunity laws and jurisdictional legal considerations. Employers covered by federal OSHA may require testing for COVID-19 under the general duty clause to protect their employees. They also will be able to legally require vaccinations. Is there precedence for this? Absolutely. If you are an employee at a hospital or clinic, you've got to get vaccinated against COVID-19 and other vectors as a means of your employment. This also occurs in university ad travel-related settings, and we will likely see it in other types of settings, particularly in states hit the hardest by COVID-19. We expect to see something similar play out in venues like restaurants and other social-gathering places because owners and operators will continue to feel the economic impact from COVID and want to reopen. Being able to require vaccinations as a process of gaining entry to a workplace or being employed in certain occupations may be something that we see shortly as we continue to reopen next year.

Q: Is there any truth to comments that those who have completed the hepatitis vaccine protocol are less likely to be susceptible to COVID-19 infection?

A: I have not seen any peer-reviewed data that suggests that hepatitis b vaccination and completion of that series decreases your risk for COVID-19. As of now the only evidence that we have seen in regard to a

previous vaccine reducing your risk for COVID-19 infection or poor outcomes is the trivalent and quadrivalent flu vaccine from 2020. That data comes out of Brazil, with nearly 100,000 individuals in the study found to be less likely to die of COVID-19 if they received the flu vaccine and subsequently were infected by the SARS-CoV-2 virus.

SYMPTOMS

Q: How long does a typical case of post-COVID fog last?

A: COVID fog – or COVID brain – is a state in which people feel mentally "off." People report having difficulty focusing on specific tasks, or they have a hard time feeling "normal" from a mental cognition standpoint. We hear about these cases anecdotally across the board in the U.S. There are also "long haulers," individuals who have become infected with COVID-19 who report brain fog, fatigue, muscles aches and other symptoms for months post-COVID infection. Do most people experience longer-term COVID fog? No, but there are some who do.

Q: Is there anything that can be done to change automated daily screening questionnaires, so they don't become so routine that people just "dial it in" or not take them seriously?"

A: We took that possibility into account months ago when we developed screening questions for our online platform. The questions are varied in their presentation. They come from a larger bank of questions and a portion of them are randomized to help sustain engagement by individuals who are doing daily screening online. Granted, there is a limit to that pool of questions, and those questions will be repeated if you're doing this day in and day out. However, the engagement that we have seen and engendered among the workforce appears to be greater when we include random selection in screening questionnaires. If the question is, can we completely revamp employee interaction with screening questionnaires, that is yet to be seen. In most cases, we've found with employers that once they've moved into a system or process, the cost of changing to another system has discouraged any substantial changes in how screening is administered at a reasonable scale. So, there is not a great path forward for additional investment to modify the process with the notion that, hopefully, we're only in this for another six months of daily symptom screening. It could last until the end of next year, true, but if everything goes well with supply and administration of vaccines, we hope to no longer need to do daily screenings in the summer and fall of 2021.