

**WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace**  
**Questions & Answers – Week 50**  
**February 24, 2021**

*The following questions were asked during WorkCare's weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 50. Anthony Harris, M.D., M.B.A., M.P.H., WorkCare's Chief Innovation Officer and Associate Medical Director, presented the webinar and provided these answers. Please refer to previous Q&As if your question is not answered here.*

Here are links for your reference:

- [February 24 Webinar Recording](#)
- [Questions & Answers from the February 17 Webinar](#)

### **VACCINATION**

**Q:** People are reporting side effects similar to COVID symptoms from getting a vaccination, typically symptoms for 24 hours. However, if employees have COVID symptoms we ask them to quarantine for 7-10 days. How do we differentiate between vaccine reaction and possibly being infected with COVID? Can we assume the symptoms are from the vaccine and that they don't have COVID from a recent exposure?

**A:** The answer is complex. Quarantine determinations should be made on a case-by-case basis. You can't make a blanket assumption for any individual who has received their first or second dose of the vaccine or had a reaction or response to the vaccine. First, to allay concerns, having a mild fever or body aches are normal symptoms after vaccination and are not necessarily an adverse event. It is the body responding appropriately to the immune challenge. However, if we are talking about distinguishing that response from COVID-19, typically if there is no known exposure for that individual and the only potential change in their daily regimen is the vaccine itself, it is likely to be the vaccine causing symptoms as long as the timing is appropriate. If they have symptoms of an upper respiratory illness, that determination is made case by case. We need to keep employees with symptoms at home until an evaluation is done to determine the best next steps.

**Q:** Have you heard of Moderna COVID arm? Should the employee with COVID arm get their second dose in the other arm?

**A:** Moderna COVID arm refers to symptoms from the injection, which can be quite significant in terms of pain, swelling and redness. Those are all side effects that can be associated with vaccines, in general, and may include a condition called frozen shoulder. Typically what is happening in that scenario is a severe reaction in the capsule of the shoulder. The vaccine may be administered a little too deep for the muscle tissue. This is a known phenomenon from vaccines administration in the deltoid of the arm. The ability to get vaccinated in either the same or the other arm is a personal choice. If you have a significant response from the first dose, you should consider whether you want to have the second dose in the opposite arm.

**Q:** Can you take Advil prior to COVID vaccination without diminishing the effects of the vaccine?

**A:** Yes, vaccine efficacy should not be affected by using an over-the-counter anti-inflammatory medication.

### **TESTING**

**Q:** Do you anticipate the CDC will expand testing recommendations to include screening of asymptomatic employees or random testing of employees?

**A:** In terms of screening or surveillance of asymptomatic individuals, that may be required for some members of the workforce. We are doing weekly COVID-19 surveillance tests for some of our clients. That trend may continue through the year as more people come back to the workplace.

**Q:** How long does a 62-year-old previous cancer patient have to quarantine after vaccination?

**A:** That is a very specific question. The answer varies depending on the individual's scenario. Quarantine may or may not need to be longer than the typically recommended period of time depending on whether a person is symptomatic or asymptomatic.

#### **BLOOD TYPE**

**Q:** I read an article that said people who have O-blood types may have some immunity to SARS-CoV-2. Do you have any comments on that?

**A:** With regard to O-type blood and evidence of some level of protection, we presented on that topic last summer and at that time there was evidence supporting some immunity to infection by O-type blood in comparison to other blood types.