

**WorkCare Briefing: Preventing and Managing COVID-19 in the Workplace**  
**Questions & Answers – Week 51**  
**March 3, 2021**

*The following questions were asked during WorkCare's weekly webinar series on Preventing and Managing COVID-19 in the Workplace – Week 51. 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:*

- [March 3 Webinar Recording](#)
- [Questions & Answers from the February 24 Webinar](#)

#### **VACCINATION**

- Q:** Is it safe for someone with a reactive airway, who cannot have allergy shots and has to carry an epi-pen, to be vaccinated?
- A:** At this time, I recommend that if you have a history of reaction to vaccines, hold off on getting vaccinated until you can talk to your primary care doctor to determine whether it is right for this particular scenario.
- Q:** There have been reports that the Pfizer vaccine may be reduced to one dose, because it is only 4-5 percent more efficacious after the second dose. Have you heard about these reports, and is that a reasonable response?
- A:** I have not seen any official declarative statements around moving to a single dose. I know that Dr. Anthony Fauci has said there is no imminent move to do that right now. With certain variants that have been studied with the Pfizer and Moderna vaccine, there is only a moderate improvement from that second dose. However, if we look at native COVID-19 effectiveness, we are going from 80 percent after the first dose to up to 90-95 percent after the second dose. So, I think it is still prudent to get two doses as recommended by both the FDA and CDC.
- Q:** Do you anticipate an annual booster?
- A:** Yes, similar to getting an annual flu shot, annual COVID-19 vaccination is anticipated.
- Q:** What is the purpose of vaccination verification tracking, especially since we can ask individuals during contact tracing if they were vaccinated and employees do not need to quarantine within 90 days of vaccination after a potential exposure. I am hoping the vaccine is good for longer than 90 days, but that is the guidance from the CDC.
- A:** Vaccination tracking provides information for vaccine production, distribution and administration planning. To learn more, visit the CDC's [COVID-19 Vaccination Reporting Systems](#) webpage. People who are vaccinated receive a card that helps them keep track of the time elapsed between their first and second dose and what kind of vaccine they receive, and to verify receipt. This card may be provided as proof of vaccination for employees who may need it for travel or to visit certain client locations.

#### **QUARANTINE**

- Q:** The CDC has published information regarding whether people need to quarantine after they are fully vaccinated against COVID-19. Specifically, the CDC has said they do not need to quarantine if exposed and meet certain criteria: Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria: 1) They are fully

vaccinated (i.e., > 2 weeks following receipt of the second dose in a 2-dose series, or >2 weeks following receipt of one dose of a single dose vaccine; 2) Are within 3 months following receipt of the last dose in the series; 3) Have remained asymptomatic since the current COVID-19 exposure. Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. However, in our state, the Washington Department of Health is handing out information that fully vaccinated individuals need to quarantine if they are exposed. Which guidance should we follow, the state Department of Health or the CDC?

**A:** I would follow your local guidelines as they have the jurisdiction to make recommendations to the population there. When you are in that jurisdiction, following their guidelines would be the recommendation we would have to give. In other jurisdictions, following the CDC guidelines would be appropriate. From an impact standpoint, our clinical opinion would be that those who have received both vaccinations would not need to quarantine for 90 days thereafter as the CDC has recommended.

### **BRAIN FOG/SEIZURES/TREMORS**

**Q:** Are you familiar with any treatments for COVID-19 brain fog?

**A:** Brain fog, as we understand it, for the most part is self-limited, meaning that it resolves on its own. Most people do just fine and do not have any permanent cognitive impairment. I am not aware of any treatment for brain fog. There likely will not be any treatment beyond those treatments that decrease the inflammatory response systemically in the body. Researchers have looked at the cerebral spinal fluid of those who have cognitive impairment, and they are not seeing the virus itself in the cerebral spinal fluid, meaning that there is no anti-viral approach to getting the virus out of the brain. Again, those systemic approaches to decrease the effects from inflammatory cascades should be effective to an extent at limiting the impact of COVID-19 on the brain itself as a result of those inflammatory cells populating.

**Q:** Are you aware of seizures occurring after recovery from COVID?

**A:** There is documentation of seizures after COVID. Similarly, there is also documentation of a stroke after COVID. It is usually in conjunction with microvascular dysfunction as a result of COVID-19. It is not very common, but there is documentation of the correlation, but not necessarily causal of the two.

**Q:** Have you heard of having hand tremors and weakness of the legs after COVID?

**A:** Studies have associated tremors, seizures, impaired consciousness and other nervous system issues to severe COVID-19. Here is one related citation from the [Annals of Internal Medicine](#).

### **MOBILITY**

**Q:** The mobility graph you presented (laid over cases) shows population mobility remaining generally consistent over time, but the cases fluctuating greatly. How does that correlate cases to the mobility of the population?

**A:** If we look at the mobility chart, it is not completely flat over time. We see increases in mobility. The trough that we saw in mobility was during shelter in place. After shelter in place was removed, we see the cases start to increase. Because this graph is not very tight, it is hard to see a true dramatic trend. But we can still see, relatively speaking, the association of the trend when you have a widening of the chart and then narrowing of the chart, with the extreme spikes that we saw over the fall and this winter. Now, is there absolute data showing the correlation here or causal association? No. We have not distilled the data down to cause and effect to that level. Again, the correlation is there. We know the CDC has published this data so we can use it to understand if we're going to see case spikes in the future as a result of increased mobility.