

WorkCare Briefing: Trending Beyond COVID-19
Questions & Answers
May 5, 2021

The following questions were asked during WorkCare's monthly webinar series on Trending Beyond COVID-19. 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:

- [May 5 Webinar Recording](#)
- [Questions & Answers from the April 7 Webinar](#)

VACCINATION

Q: Is there potential for a Health Insurance Portability and Accountability Act (HIPAA) violation if you ask an employee for proof of vaccination? What would happen if the person is vaccinated but refuses to disclose it?

A: If someone voluntarily shares proof of vaccination with their employer or an entity like WorkCare, there's no risk of a HIPAA violation. A HIPAA violation could occur if that knowledge were to be shared by the employer or an entity such as WorkCare with a third party who is not associated with the BAA (Business Associate Agreement). There is no violation risk if the person is communicating their status to an employer.

If they refuse to disclose it, then they refuse. This is still a voluntary effort. If the employer is going to require vaccine verification, there is legal support for that. We know that the precedent has been referenced by the CDC, EEOC, etc. There are legal ramifications under the general duty clause of OSHA, and a requirement for employers to keep employees safe. This may require employees to be vaccinated. If an employee refuses to get vaccinated, we would have to look at litigation that may surface under that scenario. We haven't seen any litigation around that yet, unique to COVID-19. It would likely not prevail because there's a tremendous amount of communicated opinion around the legality of an employer requiring a vaccine. This is why we see universities requiring vaccination for students and faculty to attend in person for the fall and into 2022.

Q: Is there a concern about employees being singled out if they choose not to be vaccinated or cannot be vaccinated for health reasons? How can we address those concerns?

A: The beautiful part of the partnership that we've been able to foster with our clients is that other employees will never know unless it's shared by the individual themselves. If you have an underlying medical condition that prevents you from being vaccinated, your HR personnel and the clinicians who provide health care services would be the only ones who know that information. Singling out in terms of it being known that a certain employee did not get vaccinated should not be played out in the workplace. This is a very important point that we want to emphasize. It is the employer's responsibility to protect the status of an individual from public knowledge.

Q: When making return-to-work decisions, how should employers view employees who have only had one shot of the Pfizer or Moderna vaccine?

A: This is a case-by-case determination that should be taken up with your clinical partner. There needs to be a deeper dive into the administration of the vaccine. We know that if everything went well regarding efficacy for that individual, after one dose of Pfizer or Moderna, the likelihood of them being immune and having

resistance is about 80 percent. There have been scenarios in which someone received their first dose, and it was a dose that was injected subcutaneously. That likely means the subcutaneous dose was not properly metabolized by the immune system and did not present a seroconversion, meaning that the individual did not have an appropriate systemic response to develop immunity because of inappropriate placement of the vaccine itself. It is critical to have a case-by-case determination as to whether an individual can be placed in a category of “yes, they’re likely to have 80 percent immunity after one dose,” or “no” because of the circumstances.

- Q:** Now that more vaccinations are occurring, have there been any additional insights on negative reactions to the vaccine? Are there any differences between manufacturers or the first and second doses? Is there any information on the long-term effects of the vaccine?
- A:** In terms of adverse responses to vaccines, we’re not seeing higher numbers. They are lower than Phase 3 clinical studies for both Pfizer and Moderna. Hopefully, this is motivational information for those who have not been vaccinated. Likewise, efficacy is a little higher than in Phase 3 clinical studies. Again, this supports the notion that vaccines are safe and effective. In terms of long-term effects, we’re just now getting results from those who participated in Phase 1 clinical trials, who are a year out from getting vaccinated, and many of these individuals have participated in the booster study. We have not seen a dramatic change in safety so far. Efficacy is still pending in terms of longevity. As far as we understand from the manufacturers, the booster is likely going to be, at a minimum, on an annual basis.
- Q:** I’ve known a couple of people who had their first vaccine dose get COVID. How can this be tracked in the workplace, and do we need to report it to any organization?
- A:** It is known that individuals can still get COVID after the first dose of a two-dose vaccine. This can be reported to the local health department by their health care provider in a similar manner as other COVID-19 infections. Infections following vaccination are tracked by the public health agencies.
- Q:** I understand that the antibodies produced by the vaccine are different from the antibodies produced as a result of COVID-19 infection. Can you discuss the differences and how each protects an individual from infection?
- A:** Antibodies produced following infection are against multiple parts of the virus, including the spike protein on the outer surface of the virus. The antibodies following vaccination are specifically against the spike protein on the outer surface of the virus, but have been shown to be more consistently robust, long lasting, and protective against severe symptoms and hospitalization from COVID infection.
- Q:** Knowing antibodies are not the full study (T and B memory cells are), is T-cell testing being developed?
- A:** Available lab tests look at the antibodies. Testing for cellular immunity against COVID, including T cells, is not currently commercially available.
- Q:** Have you heard of any studies on booster shots for further immunization?
- A:** Beyond what Pfizer has reported, we have not. We’re still waiting for final recommendations on when boosters will be required timing-wise and efficacy from a longevity standpoint. Hopefully, by next month we will have more information to share.
- Q:** A clinic told our employee that the vaccine does not prevent infection, it only makes the illness less serious. Is this true? We realize that people are not 100 percent protected from all variants when vaccinated.
- A:** The COVID-19 vaccines currently available in the United States have been shown to be safe and effective at preventing COVID-19; no vaccine is 100 percent effective at preventing disease. The Pfizer vaccine has been

shown to be 95 percent effective at preventing symptomatic COVID infection, Moderna 94 percent effective, and Johnson & Johnson 66 percent protective overall and 72 percent protective in the U.S. Experts believe that getting vaccinated helps keep people from getting seriously ill if they get COVID-19. In two newly released studies, researchers found that the Pfizer vaccine was 87 to 89.5 percent effective at preventing infection with the B.1.1.7 variant (first detected in the United Kingdom) among people who were at least two weeks past their second shot. It was 72.1 to 75 percent effective at preventing infection with B.1.351 (South Africa) among those who had reached the two-week point.

Q: Would there be any benefit to a second dose of the Johnson & Johnson vaccine?

A: The J&J vaccine is a single-dose vaccine that does not require a second dose to be fully effective. The company has reported it is testing an alternative two-dose regimen in a 30,000-person trial, with two shots given eight weeks apart, and a small booster for its single-dose vaccine.

Q: What is your advice on vaccination documentation management?

A: Many of our clients are asking employees to voluntarily provide documentation of their vaccination. This documentation can be performed internally at the company or within the WorkCare information technology platform. As business travel resumes and office buildings begin to reopen, companies are working with their legal counsel and WorkCare physician adviser to devise policies and procedures that incorporate this vaccination information.

Q: What percentage of India's population is currently vaccinated?

A: According to the World in Data, 2.2 percent of the population was vaccinated as of May 6, 2021.

Q: Please explain the rationale behind vaccinating children. I believe that generally speaking (with outliers, of course) they are not in the high-risk group, and not likely to become ill if infected. So, if those that are in the risk group are vaccinated, it should not matter if a child they are exposed to is a carrier.

A: The key to children is that they represent 26 percent of the U.S. population. If the percentage was lower than that, say 10-15 percent, then we could reach herd immunity without the kids. Because children are not immune to SARS-CoV-2, they can contract and transmit it. We look at the reproductive rate of SARS-CoV-2, which is 1.8-2.5 and up to 5 in some cities in the U.S. So, this means that children are a part of that picture. Even if we got every adult in the U.S. vaccinated and immune to SARS-CoV-2, we still wouldn't reach a level of herd immunity, which is around 80 percent. In theory, the risk of transmission in the general population would still be present. There is no scenario in which we would be able to get every adult in the U.S. vaccinated, which is why it is critical for children to be vaccinated.

TESTING

Q: Should an employer who offers testing to detect SARS-CoV-2 infection stop testing if their employees are becoming vaccinated?

A: It depends. The approach that we want you to take is, one, find out what proportion of your workforce is vaccinated. Is there hyper-local herd immunity? Even in that scenario, you still have to look at the community transmission rate where that workforce lives. If the community transmission rates are still substantial, then testing will still need to take place. If there is both hyper-local herd immunity (80 percent or more of the population is vaccinated) and the community transmission rate is low, then it may be feasible for you not to offer testing but still offer symptom screening. We could look at local populations with you as a partner to help with this particular scenario. Is screening something that may continue beyond COVID-19? Yes, in some shape or form, and not just for COVID, but also during cold and flu season.

In terms of testing for cold and flu season, we haven't seen any definitive trend that we're going to have higher testing during that period of time than what we've seen with COVID-19.

Q: With the emergence of variants, is our current testing methodology still effective?

A: Variant strains of COVID are tracked both nationally and internationally. Testing methodologies remain effective at this point in time.

IMMUNITY

Q: What evidence do we have that vaccine immunity is longer or better than natural immunity?

A: We know that vaccination causes a 40x increase in immune response in terms of creating immunity to SARS CoV-2 than native immunity (meaning you've contracted and recovered from COVID-19). This is looking at the antibodies formed. The response only offers increased resistance to the native form of SARS CoV-2 and also the variants. This is critical and why we are saying vaccinations are the best pathway. When we looked at Brazil, we saw that 76 percent of the population had recovered from COVID-19 in the fall and restrictions were then relaxed. In January we saw that they were put back into place when they experienced dramatic spikes in that same supposed immunity response because of variants. We know that vaccinations are key to prevent those types of scenarios.

OSHA

Q: My company considered requiring employees to be vaccinated. We have decided, at least for the time being, not to do so. One of the considerations that OSHA has taken a position on is that if a company requires an employee to be vaccinated, then vaccine reactions that meet OSHA's recordkeeping criteria must be recorded. Can you comment on the risk of recordables due to vaccination?

A: That is unavoidable. It's a byproduct of the requirement and it's straightforward. If required vaccines, which are legally enforceable at this point in time, are part of the employer's requirement for employment, and a reaction happens to an individual who receives a vaccine only because they are complying with the mandate for employment, then it becomes a recordable for OSHA. Without the workplace scenario, that individual likely would not have experienced a reaction to a COVID-19 vaccination. If we look at the risk of the reaction being substantial enough for an OSHA recordable, it is few and far between – less than 1 percent. The risks do not outweigh the benefits of trying to get your workforce back to a sense of normalcy. Throughout 2021 this is going to be important as COVID fatigue and the impact on mental health continues to mount because of the workplace not being in a state of normalcy throughout the pandemic.

Q: Is there any indication when OSHA may issue an Emergency Temporary Standard on COVID? Do you have any idea of what it may require?

A: It has been submitted for consideration and you can learn more about it on the OSHA website. It's been requested by the Biden administration and is under review right now. We'll see what plays out. I believe that having support from an OSHA Emergency Temporary Standard would help employers with the fragmentation and stances that different states have taken.

WORKPLACE CONTROLS

Q: What types of controls should apply to unvaccinated people in the workplace?

A: In terms of controls, there are some that will likely remain in place beyond COVID-19 – controls such as physical barriers between workers, particularly those in manufacturing and food-preparation industries where workers are adjacent to one another and are not able to practice social distancing. Those barriers have been effective in reducing exposure and transmission and will likely stay beyond COVID because they don't affect worker productivity. It's also a form of protection against colds and the flu. We've also seen

employers putting infrared cameras in the workplace for temperature screening. Will that be helpful during cold and flu season? Perhaps. We want to continue to have a high standard of disease prevention across the board. In terms of controls that separate vaccinated and unvaccinated or immune and not immune individuals regarding COVID-19, most will not stay in place. We believe that those controls would not be helpful from an overall enterprise approach to safety. It also wouldn't be supported state-by-state. However, we can put in broad protective measures that help everyone.

MASKS

- Q:** What is your take on places like where the Texas Rangers play? They are allowing fans in stadiums without masks. Why have we not seen a significant rise in cases because of that? The numbers in Texas seem to be pretty low.
- A:** You can view the latest case rates and other Texas statistics [here](#). Public health officials in Texas say it is difficult to pinpoint any rise in cases that may be associated with attending a Rangers game because it takes time to detect infection and people go places other than a stadium where they could be exposed to the virus. Wearing a mask is still recommended when in a crowd, even with vaccination.