

WorkCare Briefing: Trending Beyond COVID-19
Questions & Answers
June 2, 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:

- [June 2 Webinar Recording](#)
- [Questions & Answers from the May 5th Webinar](#)

IMMUNITY

Q: Is it correct that immunity from having had COVID-19 is much better than that gained from vaccination?

A: As we know from the data, natural immunity is not better than acquired immunity. The vaccine, in some studies, has an immune response up to 40 times greater than natural immunity with regard to stimulating anti-bodies against COVID-19. That has not been reversed in the clinical literature. Moreover, natural immunity does not protect you as well against variants as acquired immunity. The vaccine is still very important in helping prevent infection when it comes to transmission of the mutated virus (India, Brazil, and South African variants). The vaccine has shown lower efficacy against these variants, but there's clear evidence to show the efficacy of the vaccine is still greater than natural immunity. As we pointed out when we presented data on Manaus Brazil, they had 76 percent estimated immunity in the population, above that threshold of herd immunity, but still had a second wave of outbreaks likely because of the Brazilian variant.

Q: How does the longevity of natural immunity compare to acquired immunity?

A: The question of immunity longevity has been uncovered based on studies released over the past several weeks. We used to think that the natural pathway only gave you protection for 90 days. There was some early data to suggest that it may be as long as six months. But now we have bone marrow biopsies of immune cells that can eliminate the virus culture up to eight months after having recovered from COVID-19. That is very positive news, however, it does not trump the efficacy of the vaccine versus acquired immunity.

Q: With the possibility of a longer immunity timeline from COVID infection, could this be calculated for herd immunity within a workplace along with vaccination rates?

A: I think there is a pathway there. The occupational physicians at WorkCare have discussed a strategy to help our clients determine this. It requires testing to be front and center for those individuals who have recovered from COVID-19. We do have some employers who have elected to increase their focus on testing in the workplace. In this case, it's not testing to see if you have COVID; it is testing to see if you have recovered from COVID using the IgG and IgM tests that we talked about early in the pandemic. We will look to an alternative pathway for determining who is and who is not susceptible in the workplace. We just haven't seen an upward trend of that, as of yet, in any best practices.

Q: Regarding the 60 percent herd immunity value you showed on one slide, it seems low to have a mask-free workplace. Can you expand on how this value was obtained?

- A:** The value for any herd immunity is predicated on both national and local instances. For example, when we talk about herd immunity as it existed in New York, the reproductive rate measured up to five, which means five people on average were infected by one individual. Their herd immunity threshold was 80 percent, compared to the national average of 1.2 individuals infected by one person. An R-naught (R0) of 1.2 would mean 60 percent of a population would need to be immune or not susceptible to COVID-19. We've advised employers who have taken the pathway of tracking vaccines so they can potentially reach herd immunity locally to look at local instances and base their threshold on that number. R0 is used to determine a corresponding herd immunity percentage.
- Q:** There is a group of medical experts (immunologists, infection preventionists, virologists) who believe we are at herd immunity, hence the decline in positive cases. This group has included those with innate immunity and those who are vaccinated, which seems like a plausible way to move forward. Now that science is recognizing innate immunity, is it plausible that employers will cover T-cell testing for employees who suspect they were infected early on in the pandemic but never had a positive PCR test?
- A:** In terms of strategy, I think that would be a plausible and solid strategy for bringing individuals back into the workforce, with the notion that we're not going to reach vaccinated herd immunity. As we look at the tests available, T-cell testing is still not widely available. We haven't seen the manufacturers increase the utilization of these tests. Now I am going to put on my hat of cynicism, which I rarely do. We know these tests exist. Pfizer used them during their clinical trials. If we demonstrate that individuals have recovered from COVID-19 and have long-standing immunity, they may not need a vaccine. This would hit the bottom line of a manufacturer of vaccines. I still question why we have not seen the pathway of testing individuals with titers in the same way we have tested individuals for other illnesses such as hepatitis B. Why we haven't seen a lightspeed effort for titers is still a question mark.

RETURN TO "NORMAL"

- Q:** You mentioned that you think we will get an "all clear" from the CDC. Can you tell us more about that observation?
- A:** The question is, do we in perpetuity have the scenario of social distancing and mask-wearing requirements? We compare that to the notion that it is unlikely we will reach herd immunity. It used to be very much believed that if we push hard and get everyone vaccinated as soon as possible, we will cross the threshold of herd immunity that protects us from COVID-19. Because it is now looking like that is not going to be our reality, the CDC determining that the overall exposure risk is low enough to declare an "all clear" before we reach herd immunity is the likely scenario. Another question is, if we never reach herd immunity, will we go back to some sense of normalcy at some point? Not necessarily in the near future. It may not be until sometime next year. We will likely have COVID-19 become much like the flu. We will treat it as such, which means we will be back to an all-clear state with the notion that there will be yearly vaccination campaigns for COVID-19 just like we have with the flu.

OSHA REQUIREMENTS

- Q:** What are the OSHA requirements for employers regarding vaccinated versus unvaccinated employees?
- A:** At this point, I am not aware of any delineation that OSHA has come out with, and that's what everyone is waiting for. That is partially why across the board there is kind of a wait-and-see approach. We will keep wearing masks and keep social distancing until we see something from either the CDC or OSHA that's specific to the workplace.

ANTIBODY TESTING

Q: How accurate is IgG and IgM antibody testing?

A: According to studies, performance characteristics of SARS-CoV-2 serology tests vary in terms of sensitivity and specificity. In addition, results interpretation depends on community prevalence, the likelihood that the test subject had COVID-19 and other individual characteristics. To learn more, visit this [CDC webpage](#).

EXPOSURE RISK

Q: What precautions should we take with a vulnerable employee who has been at work but isolated, especially with others coming back to work and him possibly being in contact with them? Should we perform an antigen or antibody test on this employee?

A: This is an interesting scenario. It is the employer's responsibility to protect the workforce from unique exposures in the workplace. Certainly, that is part of the consideration we've seen play out, even in schools. In some states, masks are not even a possibility based on some governor's orders. Parents have spoken out against it, saying that their child has a unique immunological deficiency and they are at risk. In these cases, there are unvaccinated kids under 12 without masks who present a unique exposure. The same is true in the workplace. Bringing individuals back with no masks and using an honor system to determine who falls into the category of not having to wear a mask if they're vaccinated poses a problem and a risk from a litigation standpoint if there is a poor outcome. There hasn't been, outside of tracking individuals' vaccinations, any outside testing. It is still not accepted to do antibody testing. There's still not enough data to determine at what threshold an individual has immunity to COVID-19. There is no clear best practice when it comes to antibody test deployment.

Q: With ever-changing, contradictive information almost daily, how should we communicate health risks in the workplace? Should we check daily and educate continuously? People don't trust the information being communicated, leading them to make decisions based on emotions.

A: You're right, it does change and is confusing, which adds to the sentiment of mistrust in the public. It's hard to determine what information should be paid attention to and what information is unfounded. I hope that as a resource for vetted clinical information, you rely on us as a trusted source. I encourage you to continue to attend our webinars and check out our publications (www.workcare.com).

Q: What are your thoughts about people coming to work with common cold symptoms without a fever?

A: We reported on that in a previous webinar and showed statistics where 92 percent of the workforce has admitted coming to work ill. What that suggests, whether you have a fever or cold symptoms, you may still transmit illness in the workplace, and that contributes to absenteeism. We looked at the numbers associated with absenteeism that resulted from sick people coming to work. The breakdown further looked at why people still come to work sick. Around 42 percent said that they didn't want to use their sick time. Another large percentage felt that they had too much work to finish and couldn't take the time off. Now we're looking at what the future may look like for those employers who are still doing daily symptomatic screening. This is an opportunity to pivot into how we keep not just COVID-infected individuals safely at home, but just sick individuals altogether. Certainly, we saw less flu as a result of the safety measures put in place because of COVID. I think there is an opportunity to leverage some of these tools that we used to prevent COVID transmission in the workplace to also help prevent other common illnesses that can cause absenteeism.

Q: What is your opinion on continuing temperature checks?

A: What we've seen in terms of trends from our employers is that a lot of them are moving to automated temperature checks using infrared thermography kiosks. Some are using cameras where individuals walk past them and quickly have their temperature checked. They can pass through if they don't have a fever. Gone are the days of having a staff person scan each person one by one. The future will likely still have these technologies that can automate the temperature screening process. It will also likely exist in airports and other public venues.

VACCINES

Q: Does the medical community encourage people who have had COVID to get vaccinated? If so, at what point after their infection?

A: The answer is yes. There is no hard and fast rule on how long you have to wait. There's no required waiting period other than being asymptomatic, meaning you don't have a fever or cough when you go to get vaccinated.

Q: Can someone still get and transmit COVID even though they are vaccinated?

A: It's possible for a person to get and spread COVID just before or just after vaccination. In addition, current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against most variants, but some variants might cause illness in some people after they are fully vaccinated, which would make them contagious.

Q: Since states have just started lifting restrictions, is it true that it will take another two weeks to see where the U.S. truly stands with COVID-19?

A: It may take at least two weeks, and maybe a little bit longer. We know the variants that are here in the U.S. are likely to still increase in their transmission. The one that gives us the most pause is the India variant. We will soon see what will play out from Memorial Day holiday gatherings in terms of transmission.

CASE RATES

Q: What are the trends of new cases and deaths by country?

A: You can view a world map with case rates and deaths [here](#).

Q: Why did the CDC stop tracking positive COVID cases in those fully vaccinated?

A: The CDC reports it transitioned from monitoring all reported vaccine breakthrough cases to focus on identifying and investigating only hospitalized or fatal cases due to any cause to help maximize the quality of the data collected on cases of greatest clinical and public health importance.

Q: With positivity rates in communities based upon testing, knowing that the amount of testing has decreased tremendously, do you think that is a good measure to use to determine the rate of the virus in the community?

A: Volume of testing may make a difference in making an accurate assessment. Positive test results per capita are combined with vaccination rates, hospitalizations and deaths to more accurately determine local case rates.

HIPPA

Q: Is it appropriate and reasonable for vaccination status to be covered under HIPPA? We don't do this for other vaccines to my knowledge.

A: Vaccination information is classed as protected health information and covered by HIPAA rules that apply to covered entities – health care providers, health plans, health care clearinghouses and their business

associates. Asking an employee to provide proof of vaccination is not HIPAA violation if the employer is not a covered entity, but it would be HIPAA violation for the employee's health care provider to disclose that information to the employer unless the individual had provided authorization to do so. The Equal Employment Opportunity Commission recently published related [technical guidance](#) for employers to help them comply with the Americans with Disability Act and other employment laws.