WorkCare Briefing: Trending Beyond COVID-19
Questions & Answers
July 7, 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:

- *July 7 Webinar Recording*
- *Questions & Answers from the June 2nd Webinar*

PROTECTION MEASURES

Q: What are the recommended safety precautions for workforces that are 100 percent vaccinated? The assumption is that there will be greater freedom in those types of settings. Can you also elaborate on precautions if it's a mixed population of vaccinated and unvaccinated employees?

A: The answer to this question is a percentage-based response. It is incumbent on EHS to keep in place precautions to protect the workforce when there is a threshold of vaccinated employees in the workplace below the necessary levels. Is that level 60, 70, or even 80 percent in some cases? The simple answer is a threshold of 70 percent. in most jurisdictions in the U.S. This percentage has been accepted internally among our clinicians at WorkCare as well as other clinical bodies as a threshold to ease up on precautions because you have relative herd immunity in that workplace population. We know a trend is playing out among some employers who allow their employees to sign an attestation that they've been vaccinated. That attestation serves as grounds for HR consequences if they are lying. We recommend that if you have a mixed population below the threshold to keep precautions in place, unless you have individuals who have verified their vaccination status. Then they can enjoy some additional freedoms as we have seen employers doing. If your workforce is 100 percent vaccinated, then you are well above the threshold and removing precautions would be reasonable.

Q: Can you please review recommended disease prevention measures?

A: Precautions start with symptomatic screening. Screenings can be done with or without temperature checks. We know that some employers have permanent infrared cameras in place that will screen workers for fever. That's a great idea from a business perspective. You're screening workers for COVID as well as other potential causes of workplace transmission. We know that 94 percent of workers have admitted to coming into work sick. Screening not only helps prevent transmission of COVID but of other transmittable diseases in the workplace. The second layer of protection is social distancing and the wearing of masks. Hand hygiene also still plays a significant role. These are the basics. We can get into the specifics of cleaning surfaces and things of that nature. However, we don't need to revisit them since transmission on surfaces is not as big of a risk as once believed. Those precautions that I mentioned previously should still be in place if your workforce is vulnerable.

There still needs to be a considerable amount of effort, especially with CalOSHA, in regard to the requirement for employers to have an identification process for vaccinated individuals if they want to ease their precautions. OSHA requires companies to protect vulnerable individuals. The requirements to protect those individuals vary on a case-by-case basis depending on underlying medical conditions or someone who

has an increased risk of getting COVID and a poor outcome. Your corporate medical directors will still need to be involved in that process.

POSITIVE TEST

Q: Should we keep an employee out of work when they test positive for COVID but don't have symptoms?

A: The simple answer is yes. There is not enough data around whether that individual can shed viral particles and cause infection. Precautions should still be taken even with asymptomatic individuals who test positive for a period of time. We should follow the same protocols. Ten days after the positive test that individual is not likely to be infectious. That period of time may be shorter for a vaccinated individual, but because the vaccine is not 100 percent effective, we know that people will still be able to contract and transmit COVID after vaccination. A vaccinated individual who tests positive should still be in the same bucket as the unvaccinated individuals who test positive.

TRANMISSION RISK

Q: I am not aware of any studies showing vaccines reduce transmission of COVID, only the potential to reduce the severity of illness. Taking this into consideration, why would there be different rules for the vaccinated versus the unvaccinated in the workplace?

A: That is true. The claim that the vaccine prevents transmission is not a claim made by the pharmaceutical companies or the FDA. However, what we have seen play out is that a vaccinated population and individuals who have even contracted and recovered from COVID-19 are less susceptible to infection. As a result, the potential for transmission is also decreased. Even though the claim has not been made, we have seen the potential for transmission decrease, and that will likely be the case going forward depending on how transmission of the Delta variant plays out.

WHO and CDC

Q: What are your thoughts on the World Health Organization (WHO) stating vaccinated people should continue to wear masks vs. the Centers for Disease Control and Prevention's (CDC) recommendation on mask-wearing?

A: WHO, since the beginning of the pandemic, has spoken to the broader world population. If we look at the total population of vaccinated individuals in the world, it's dramatically low. Because of that, as the U.S. was at the beginning of our vaccination efforts, the CDC was recommending vaccinated or not to continue wearing a mask. In the past several weeks, the CDC has said that vaccinated individuals do not need to wear a mask. That's only because of the percentage of fully vaccinated individuals we have obtained. With the world being dismal in terms of vaccinations, it is prudent to have a WHO stance consistent with where the U.S. once was. I anticipate that one day, probably a year or two from now if worldwide vaccination efforts are at where the U.S. is, that they'll make the same shift to where vaccinated individuals do not need to wear masks.

Q: The CDC stopped tracking positive cases in those vaccinated on May 7. Why wouldn't we want to track this information? It seems very insightful for the efficacy of vaccines.

A: In terms of overall tracking in vaccinated individuals, it goes back to those individuals not being tested. Because of this, the data is not robust enough to be reliable. One particular metric that would be interesting to look at, instead of tracking those who are testing positive, is seropositivity among vaccinated individuals. That would give us enough data to help us understand who has a continuation of immunity in the vaccinated population. It would be more meaningful to us in terms of a long-term strategy for protecting the workforce.

PULMONARY FUNCTION TESTS

Q: Have there been any updates from OSHA with regard to safely performing pulmonary function tests/spirometry?

A: I have not seen anything yet. We do have some clinicians starting to perform PFTs again. I have not seen anything regarding going back to how things were previously. We know that in the health care industry there's still a requirement to wear masks regardless of vaccination status. Those types of precautions are still in place and we're waiting for updates. I anticipate that we won't see anything in that regard until we see how re-opening with the Delta variant plays out here in the U.S.

VACCINES

Q: Is the effectiveness of the Johnson & Johnson vaccine similar to the Astra Zeneca vaccine with respect to the Delta variant?

A: We know that the Johnson & Johnson vaccine is not as effective against COVID-19, in general, compared to Pfizer and Moderna. When we talk about the Delta variant, there is one report that I have reviewed that demonstrated there is some efficacy with Johnson & Johnson, but it is significantly lower compared to Pfizer and Moderna. I'll have to get the specific percentage, but it is lower than the other vaccines.

IMMUNITY

Q: There seem to be many studies on fully vaccinated individuals and their length of immunity. On our COVID hotline, we are hearing from employees who have been fully vaccinated over eight months now showing up as COVID-positive. Are there studies around COVID-recovered immunity and the length of time they are immune?

A: The prevailing wisdom on immunity was six months. There have been various data showing at eight months there are still memory B cells that show an immune response to COVID-19. Thus far, the clinical studies that are looking at a booster, particularly around Pfizer and Moderna, are suggesting that there is immunity that lasts for at least 12 months. One study, in particular, looked at the bone marrow of individuals who had recovered from COVID-19 and showed long-lasting immunity 12 months out. We will see cases of COVID-19 after a period of time because we know that immunity does wane, but it appears to be, in general, longer than we initially thought. For those individuals who have been vaccinated, it may be as long as 12 months.

BREAK-THROUGH CASES

Q: What is the current nationwide percentage of COVID-19 break-through cases for individuals who have been previously vaccinated?

A: Good question. There's still not great data on break-through infections. We have previously talked about re-infection rates, and we knew that at the time re-infections were underestimated. Why? Because individuals who were vaccinated were not getting tested. We presumed that it was not COVID-19 and that it was some other type of illness. During our next presentation, we should have an update on that statistic.