

**WorkCare Briefing: Trending Beyond COVID-19**  
**Questions & Answers**  
**May 4, 2022**

*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., a WorkCare consulting medical director, presented the webinar and provided these answers.*

Here are links for your reference:

- [May 4th Webinar Recording](#)
- [Questions & Answers from the April 6 Webinar](#)

### **MASKS**

**Q:** Many of our company leaders are questioning the merits of wearing masks at work. What's your advice? Is the CDC community level adequate to decide if masks can be phased out, even during the surge that we are having in the Northeast?

**A:** In regard to the efficacy of masks, to prevent workplace transmission, that paradigm has not changed. Masks help prevent transmissions in the workplace and in the general community. In terms of the recommendation on the use of masks, particularly now when we're seeing an increase in cases, I still believe it is prudent for employers to have them in the workplace. Again, if our goal is to prevent spikes in absenteeism and maintain productivity, then masks are a simple way to help meet that end. That's why I would stand behind recommending continued use in the workplace, particularly in those hotspots.

### **VACCINATION**

**Q:** What are the recommendations for a fourth vaccination (another booster)?

**A:** At-risk individuals, those who are immunocompromised, have an underlying condition or are older than 60 are those who should be receiving another booster at this point. It's not recommended yet for the general public. However, it is hypothesized that come this fall, the CDC and FDA may come out with a recommendation for the general population to get boosted again due to waning immunity from vaccination at week 20.

**Q:** Do you expect that fewer people will take advantage of booster shots if we have to get them every six months?

**A:** I believe that to be the case. Based on data in Israel that seems to be the case. They experienced attrition of individuals participating in doses one, two and three. We've seen that trend in the U.S. in terms of being fully vaccinated and boosted. Less than 66 percent are boosted at this point. I do not think that trend will change, and it may even worsen as we move forward.

**Q:** After testing positive for COVID-19, how long should I wait to get a COVID-19 booster shot?

**A:** After recovery, there is no pre-determined wait period. Some have suggested waiting 90 days after your recovery so you can take advantage of the longest period of time in between your initial vaccine and booster so you can have the efficacy. Certainly, that's not a poor recommendation, it's just not a necessary step that you need to take in regard to waiting. After you've recovered from COVID, you can take the vaccine immediately.

**Q:** Those who are 60 and older are recommended to get multiple vaccinations (flu, shingles, pneumonia, etc.). What is your recommendation with regard to older people who are advised to get these vaccinations along with COVID vaccination?

**A:** As of now, there is no data that I am aware of that precludes the vaccination administration for the vaccines mentioned in this question. Early on we saw studies that found vaccination for flu and COVID did not decrease the efficacy of either, nor was there any evidence to suggest an increased risk of poor outcomes or side effects from the vaccines.

**Q:** Have you heard of any other vaccines that may tackle waning immunity better than the currently approved vaccines?

**A:** No, starting with the vaccines that have the highest efficacy, Moderna and Pfizer, versus Johnson & Johnson. The waning immunity seems to be consistent with what has been published in the *New England Journal of Medicine* that I presented back in 2020.

**Q:** My son has had a sore arm at the injection site since receiving his booster two months ago. Is there any documentation of this occurrence in the general population?

**A:** Yes, having a prolonged area of irritation is a known side effect. The most common side effect is soreness for a shorter period of time, usually 24-48 hours. In some cases, you can have a local rash. If the soreness is persistent and present with movement, there is a condition where the inflammatory response in the shoulder propagates and causes significant and prolonged soreness. It is a condition that is rare but is documented. I've taken care of several patients that have had that phenomenon occur after the initial injection. It is something that people recover from after 4-6 weeks, in some cases a bit longer.

**Q:** What is your opinion on the cardiovascular effects of the vaccine and the occurrence of palpitations post-vaccine?

**A:** The data on the effects of the vaccine for some has been that the vaccine may increase inflammatory cardiac markers. Those individuals who experience an increase in inflammatory cardiac markers will not experience it permanently or have increased potential risk. There is evidence to suggest that after a vaccine dose, you may experience an increased risk of cardiovascular outcomes, but the effects are transient. In regard to palpitations, there was no evidence of any permanency to cardiovascular outcomes. If you do experience anything, you should talk to your provider, but it is not a widespread phenomenon and certainly rare enough that we still recommend vaccination.

#### **RISK FACTORS**

**Q:** What can employers do to manage underlying factors that increase the risk of serious illness from COVID, such as obesity, diabetes or asthma?

**A:** We're interested in decreasing risk factors and overall health impacts, not just from COVID, but from chronic disease and illness. If we can do that, we will have a more productive workforce. We support wellness activities and allowing athletic trainers who are actively engaged with the workforce to do laboratory testing onsite with rapid results so we will have higher engagement with the workforce to prevent and manage chronic illness. Employers are already on the hook for the underlying risk factors of their population. As we seek to make the workplace the epicenter of chronic disease management, we are looking to provide more tools to make employers more successful.

#### **MULTIPLE SCLEROSIS**

**Q:** Has there been any connection between COVID and MS?

**A:** So far there has been no definitive evidence. Some are suggesting that the inflammatory response may play some type of role, but there has been nothing that I've seen that has pointed to an increased risk of multiple sclerosis associated with COVID-19 vaccines.

**BLOOD TYPE**

**Q:** Is there any correlation between blood type and COVID transmission, illness severity, hospitalization and death?

**A:** We saw early on that there was some association potentially between O-type blood and severity with O-type having less severity. We haven't seen any trends around severity, hospitalizations and death.