

COVID-19 and Vaccine Policies in the Workplace

By

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Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), the virus that causes Coronavirus Disease 2019 (COVID-19), has impacted nearly every employer during the global pandemic. Small organizations to global conglomerates have faced an unprecedented need to adapt to ever-changing circumstances, landscapes, and evolving science and understanding.

Employees have been under significant pressure, including job loss, working from home, school and business closures, and travel and social restrictions. The impact of COVID-19 on healthcare cannot be overstated. Effective evidence-informed control and prevention approaches such as hand hygiene and respiratory etiquette were established early and evolved to include highly effective physical distancing and face and nose masking strategies to control person-to-person transmission.

Despite these approaches, the virus continues to spread for a variety of reasons, including non-compliance. We have seen COVID-19 surges overwhelm medical resources in some localities. As the risk to healthcare systems sustainability increases, additional tools and approaches are needed to reduce stress and prevent unnecessary morbidity and

mortality, as well as work disability.

Through considerable and coordinated global efforts, vaccines have emerged as much-needed tools that may lead to long-term solutions to the COVID-19 pandemic. This virus will most likely never “go away” entirely and will become what is known as an “endemic” virus. Four endemic coronaviruses were already circling the globe from person to person, causing considerable upper and lower respiratory tract infections.¹ SARS-CoV-2 is number five.

COVID-19 vaccine research had a significant head start due in large part to knowledge gained from other serious recent coronaviruses, such as SARS-CoV-1, formerly known as SARS, and Middle Eastern Respiratory Syndrome (MERS). Hundreds of vaccine candidates are under development, in pre-clinical or clinical trials. Several have concluded critical phase 3 trials, and some have been approved under emergency use authorization (EUA) in the United States, Canada, and the United Kingdom as of March 2021.

Workplace programs for vaccine preventable communicable diseases is not typically a top-of-mind issue for employers, occupational health services, or workplace health professionals. Vaccination is usually regarded as a public health challenge. Employers tend to focus on non-communicable chronic conditions such as heart disease, diabetes, mental health, and musculoskeletal

disorders. But the global pandemic, due to its massive economic and societal impact, compels employers to consider COVID-19 strategy and policy.

Vaccines are ineffective unless people receive them; therefore, workplace-directed policies may play a role in vaccinating as many people as possible. This is a requirement to help the economy and society to begin to recover in a meaningful manner and to relieve pressure on the healthcare system.

Employers can take several approaches to vaccination:

- make it mandatory;
- require it with exceptions such as accommodations for disability or religious reasons;
- promote voluntary vaccination; or
- do nothing, leaving this task to public health authorities.

According to a recent opinion published in the *Journal of the American Medical Association*, mandating COVID-19 vaccines under the EUA may be ethically and legally problematic, as EUA approval requires less safety and efficacy administrative data than full biologics license application (BLA) approval.² This does not mean the vaccines are not safe, as they certainly are; this is more of an administrative process. BLA approvals for current U.S. authorized COVID-19 vaccines may be obtained in late 2021. Mandating could become an option then; however, this approach is not expected to be widely implemented.

Most employers, even those that will supply the vaccine to their people, will opt for voluntary administration.

Some employers, especially healthcare facilities, have ethical and legal responsibilities to employees, and many already require influenza vaccination. Typically, if a bona fide job requirement is working with infected and contagious people, then vaccination is a risk reduction strategy. This holds true for other occupations as well, including prison staff, where tuberculosis can be controlled through vaccination. The Occupational Safety and Health Administration has in the past advised employers they have the right to mandate vaccination. The Centers for Disease Control and Prevention has extensive vaccine recommendations for all children (as many states have mandates related to education) and some for all adults, including seasonal influenza, DTaP or Tdap (tetanus, diphtheria, and pertussis), HPV (human papillomavirus), meningitis, and zoster.³

The Equal Employment Opportunity Commission (EEOC) has provided COVID-19 testing and vaccination guidance.⁴ The EEOC has ruled that businesses can mandate employees to submit to SARS-CoV-2 tests as a condition of return to the workplace. Some believe that this gives employers a basis to require COVID-19 vaccination and to restrict employees from accessing the workplace if they refuse to be vaccinated.²

Given that mandatory vaccination approaches by employers may be uncommon or have legal risk, other strategies are available. These include non-coercive policies, such as time off work for vaccination, behavioral economic nudges, vaccine pledges, paying employees to receive the vaccine, and messaging with images of leadership being vaccinated to increase acceptance. COVID-19 mis- and disinformation must be countered with strong, evidence-informed, transparent messaging to ensure facts are consumable, understood, and counter the threat to vaccination progress. This should be part of any risk communication plan.

Finally, we are in a race against the SARS-CoV-2 variants currently fueling widespread community transmission, as well as risk of further mutation. The virus needs to replicate to mutate, which means that it needs people to be infected. If control and prevention behaviors are not maintained, and vaccination progress moves slowly, there is considerable risk that further mutation of the virus will impact the effectiveness of the vaccines and prolong the pandemic.

High levels of community and population vaccination levels will be required for full economic and societal recovery and health system sustainability. Businesses that require in-person activities such as travel, entertainment, hospitality,



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and direct customer contact may require proof of vaccination as a condition of employment. Vaccination must certainly be factored into any workplace policy strategy as we are all in this pandemic together, and we will all get through living with COVID-19 together.

"Non-coercive vaccination policies include time off work for vaccination, behavioral economic nudges, vaccine pledges, paying employees to receive the vaccine, and (leadership appeals)."

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