COVID-19 Town Hall: PART 12

August 19, 2021

Vaccine/Mask Mandates & Return-to-Work Considerations

EMPLOYER SOLUTIONS

Atrium Health

01

Ruth Krystopolski, MBA

Senior Vice President, Population Health

Introduction

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Today's Meeting

KATIE PASSARETTI, MD
Medical Director, Infection Prevention
New Guidance and Updates

DIANNE GRAVES, JD
Assistant Vice President, Teammate Relations
Atrium Health Vaccine Requirement for Teammates

NICOLETTE DAVIS, MPAS PA-C
Assistant Specialty Medical Director, Occupational Medicine
Returning to the Workplace Safely

STEVEN A. LIMENTANI, MD
Associate Specialty Medical Director, Employer Solutions
Addressing Mask and Vaccine Resistance

RUTH KRYSTOPLSKI, MBA
Senior Vice President, Population Health
Most Requested Employer Solutions Services

Today's meeting is being recorded and will be available following the event.

Questions can be typed into the chat for our experts to answer.

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02

Katie Passaretti, MD

Medical Director Infection Prevention

New COVID-19 Guidance & Updates

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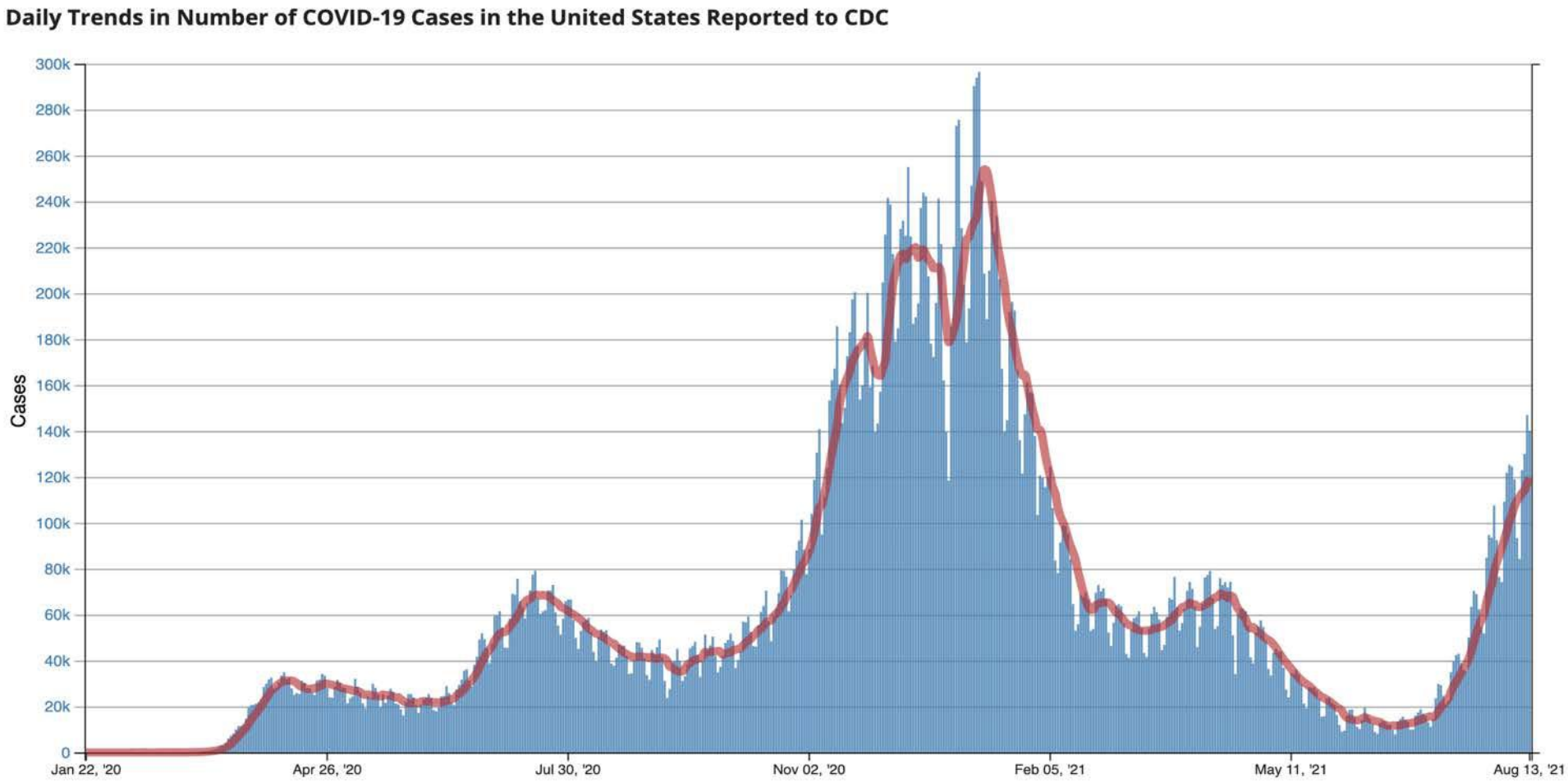

Trends in Cases

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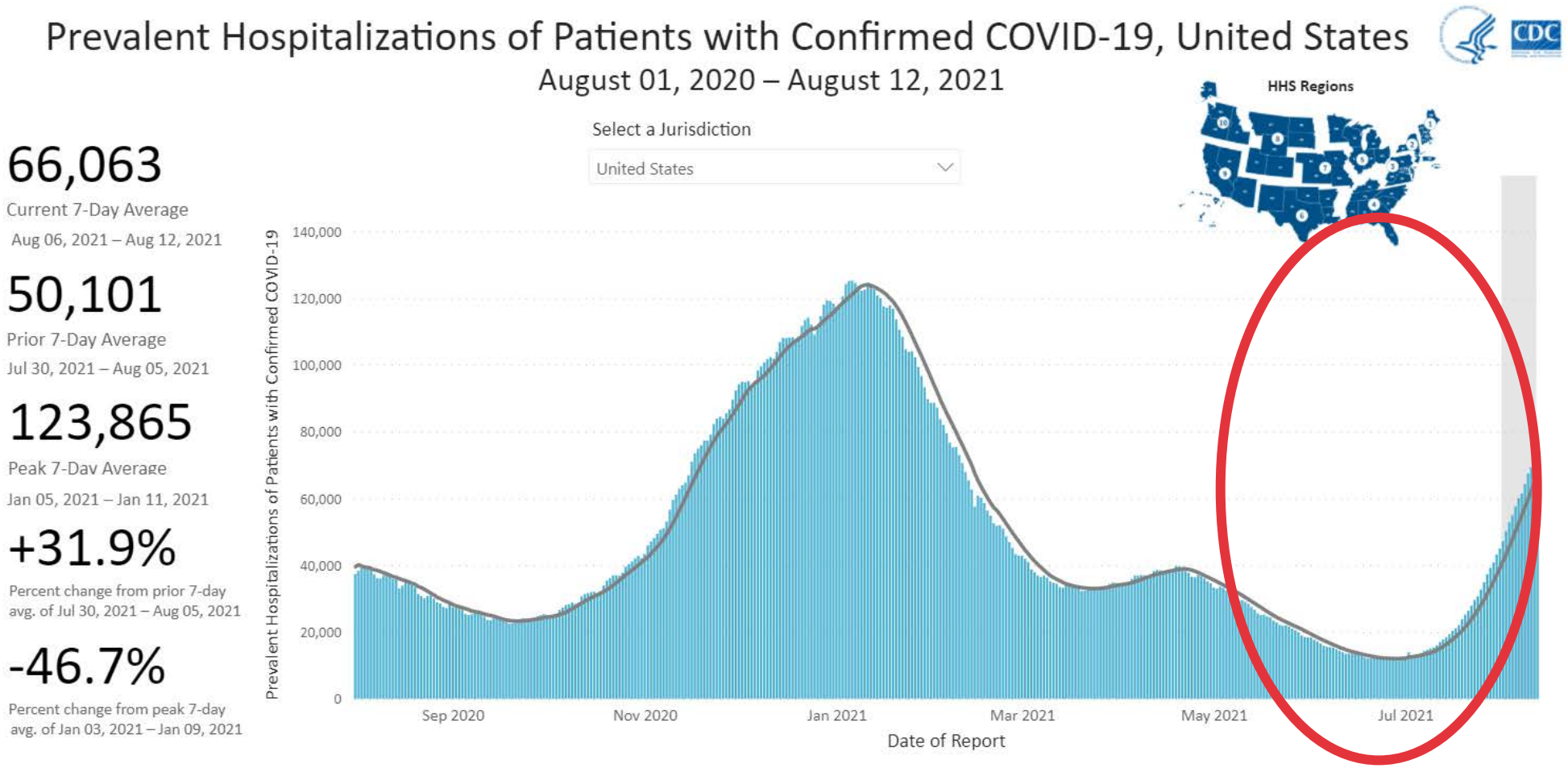

Trends in Cases

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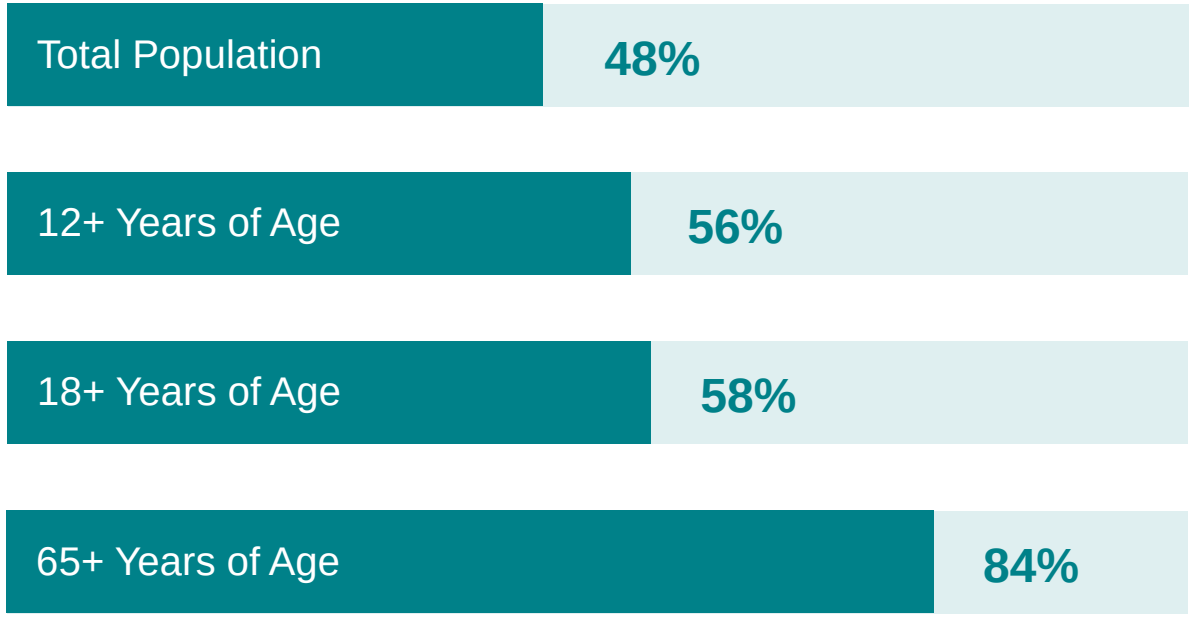
North Carolina Vaccine Uptake as of 8/14/2021

Surrounding Counties Percent Vaccinated

- Stanly – 32%
- Anson – 34%
- Gaston – 37%
- Lincoln – 39%
- Cabarrus – 41%
- Union – 42%
- Mecklenburg – 48%

Percent of Population Fully Vaccinated



https://covid19.ncdhhs.gov/dashboard/vaccinations

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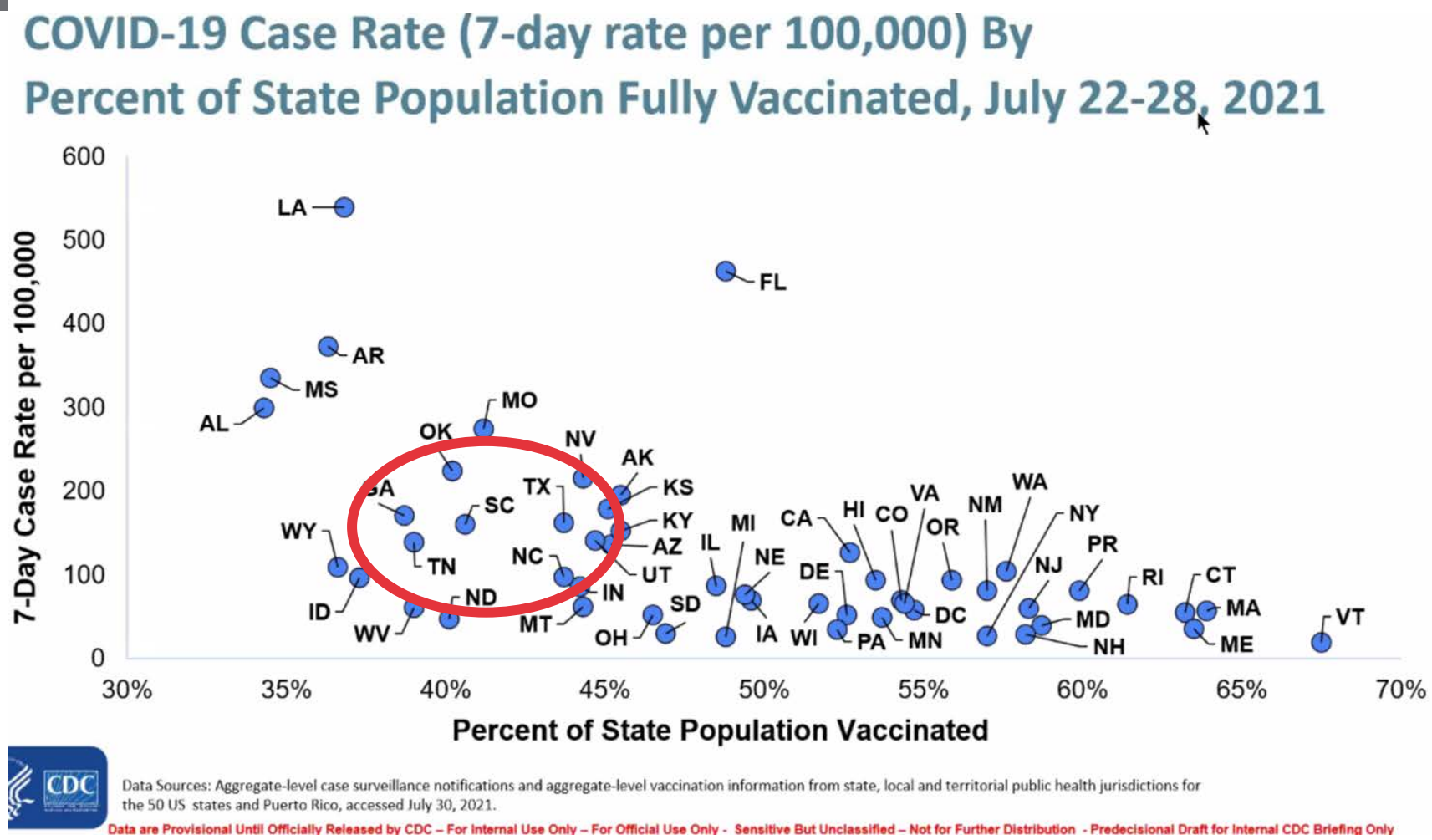

State COVID-19 Cases by Percent Vaccinated

Delta Predominant Strain Circulating

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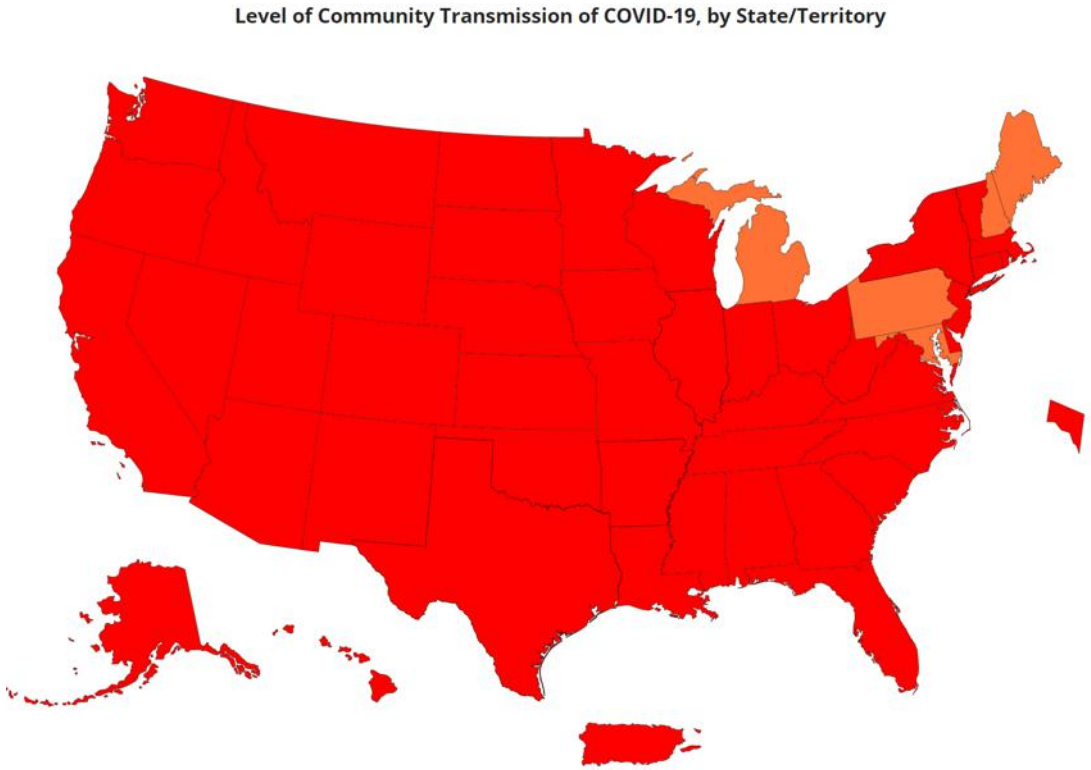
US Areas of High Community Transmission

Regardless of Vaccine Status

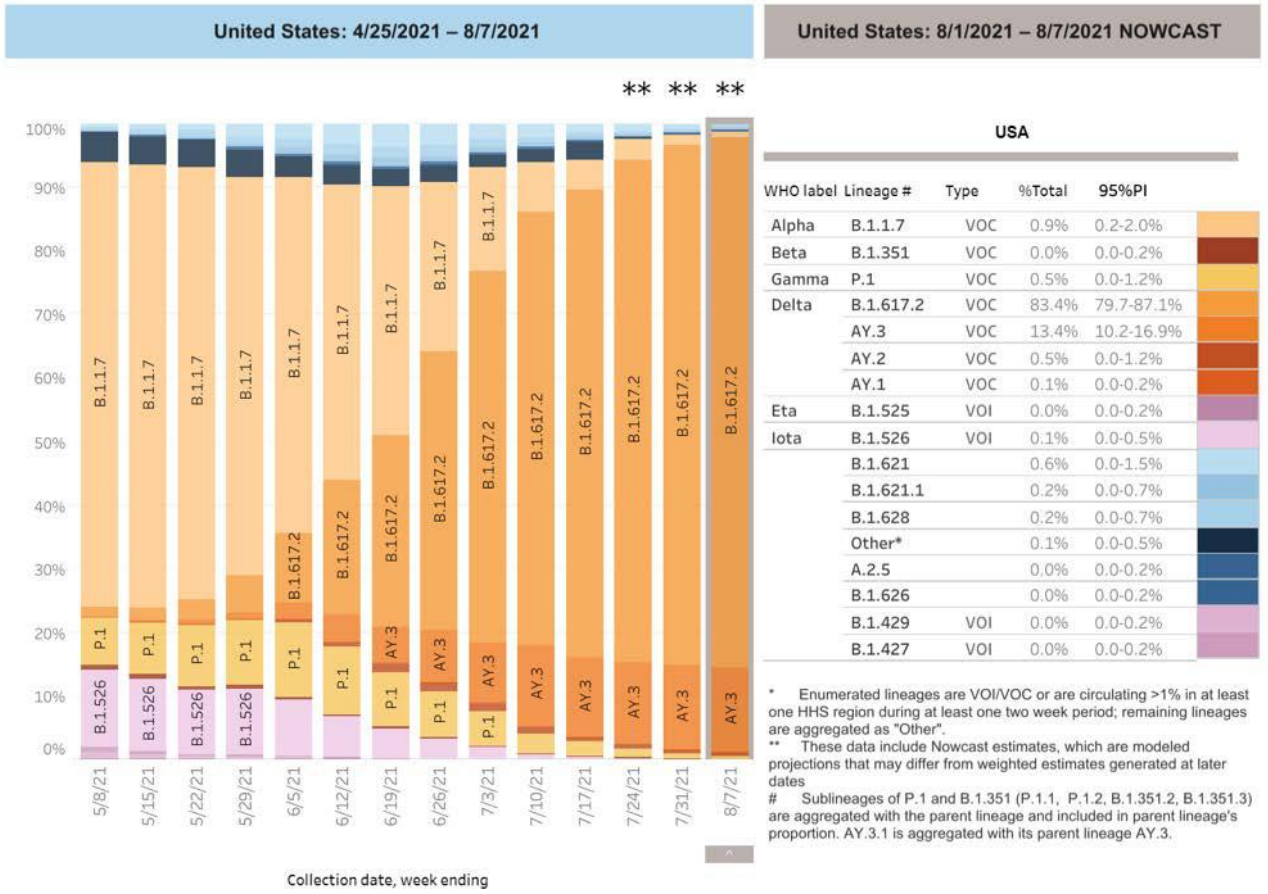
- Mask in indoor spaces when with people outside of your household
- Outdoors lower risk – may choose to mask in crowded outdoor settings or if you live with someone immunocompromised/high risk



https://covid.cdc.gov/covid-data-tracker/#cases_community

The Rise of Delta

- Current COVID variants of concern (VOC) sequencing largely done at state lab
- Results reported in aggregate not at patient level**
- Not all positive isolates sequenced
- State grant to expand VOC sequencing Atrium/Wake partnership



https://covid.cdc.gov/covid-data-tracker/#cases_community

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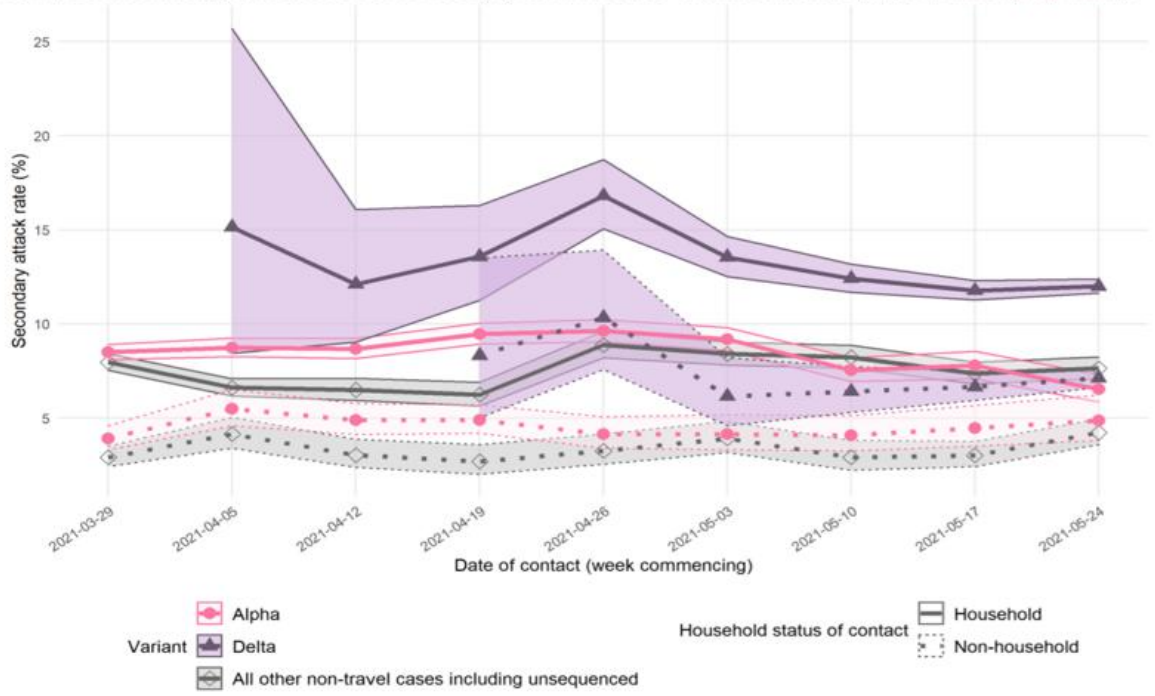
Delta Transmissibility Compared to Other Variants of Concern (VOC)

Figure 9. Secondary attack rates amongst household and non-household contacts of non-travel cases of Alpha, Delta and all others including unsequenced cases, with 95% confidence intervals. (29 March 2021 to 30 May 2021, variant data as of 14 June 2021, contact tracing data as of 22 June 2021) (Find accessible data used in this graph in underlying data.).



Note legend from Table 5. Secondary attack rates are suppressed when count of contacts is less than 50 or count of cases is less than 20. Data provided is for period until 30 May 2021 in order to allow time for contacts to become cases and complete weeks to be shown. Probable (genotyping) results are included, low quality genomic results are not.

- At least **2x more transmissible**
- Delta associated with significantly **lower cycle threshold** (suggesting higher viral loads) compared to other variants

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variants_of_Concern_VOC_Technical_Briefing_17.pdf
https://www.medrxiv.org/content/10.1101/2021.07.19.21260808v1.full.pdf

Delta

Increased Severity of Illness

Canada

- 2.2x higher odds of hospitalization
- 3.9x higher ICU admission
- 2.4x death

Singapore

- 4.9x higher odds of requiring O2/ICU admission or death
- 1.9x higher risk of pneumonia

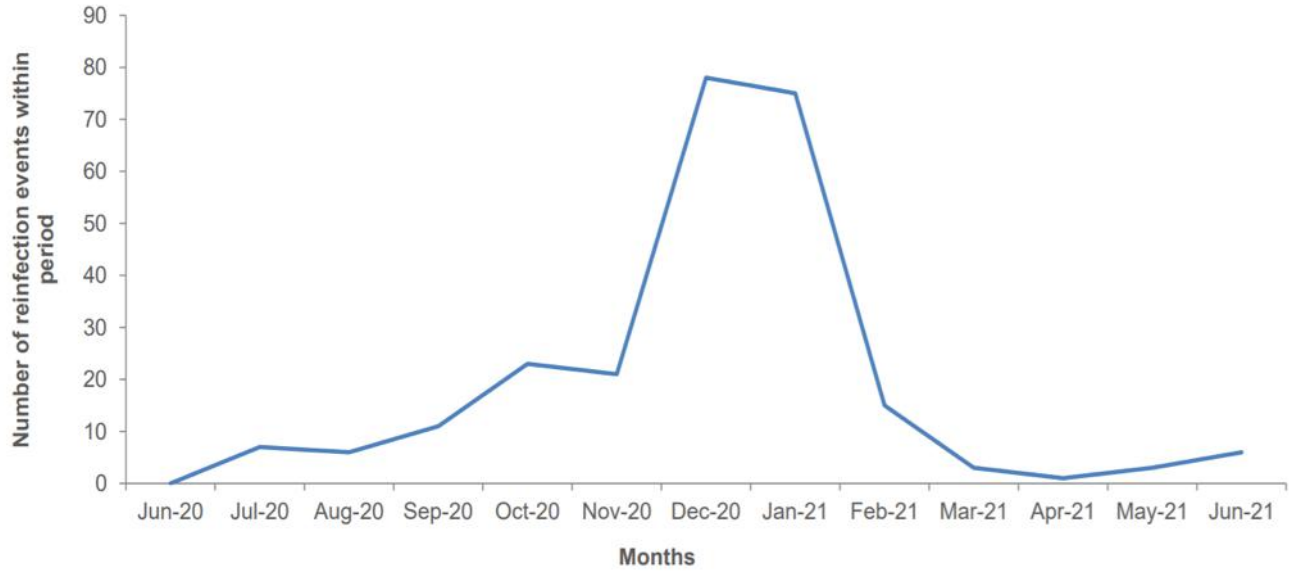
Scotland

- 1.9x higher odds of hospitalization

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variants_of_Concern_VOC_Technical_Briefing_17.pdf
https://www.medrxiv.org/content/10.1101/2021.07.19.21260808v1.full.pdf

Delta Impact on Risk of Reinfection

Figure 11. Monthly frequency of potential reinfection events within SIREN. Data up to 13 June 2021.
(Find accessible data used in this graph in underlying data).



Of the SIREN cohort, 9,813 (31%) had evidence of prior infection (previous PCR positive or antibody positive) at enrolment. This number has increased during follow-up as participants move from the negative to positive cohort after a primary infection. From 18 June 2020 to 13 June 2021, there were 249 potential reinfections (blue line) identified in England. This is provisional data as potential reinfection cases flagged are undergoing further investigation, and some may subsequently be excluded. There were 10 potential reinfection events from April to 13 June 2021, 9 of which occurred at least 14 days after participants received their second vaccine dose.

- Early UK data suggests a 1.5 increased risk of reinfection with delta when > 6 months out from initial infection
- Need more data!!

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001354/Variants_of_Concern_VOC_Technical_Briefing_17.pdf

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Delta chipping away at vaccine efficacy for symptomatic infection but vaccine efficacy remains high for hospitalization/severe illness/death

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01358-1/fulltext

https://www.medrxiv.org/content/10.1101/2021.06.28.21259420v1.full.pdf

https://www.nejm.org/doi/full/10.1056/NEJMoa2108891

https://www.gov.il/BlobFolder/reports/vaccine-efficacy-safety-follow-up-committee/he/files_publications_corona_two-dose-vaccination-data.pdf

https://khub.net/web/phe-national/public-library/-/document_library/v2WsRK3ZlEig/view_file/479607329?_com_liferay_document_library_web_portlet_DLPortlet_INSTANCE_v2WsRK3ZlEig_redirect=https%3A%2F%2Fkhub.net%3A443%2Fweb%2Fphe-national%2Fpublic-library%2F-%2Fdocument_library%2Fv2WsRK3ZlEig%2Fview%2F479607266

Pfizer Vaccine Efficacy for Symptomatic Infection with Delta VOC

Canada
87% Delta (vs 94% Alpha)

Scotland
79% S gene positive (vs 92% S gene negative/Alpha)

England
88% Delta

Israel
41% (data not published, looking only at cases between 6/20 and 7/17 so small numbers)

Pfizer Vaccine Efficacy for Hospitalizations with Delta VOC

UK/Scotland
96%

Canada
98-100%

Israel
88-91% (data not published, looking only at cases between 6/20 and 7/17 so small numbers)

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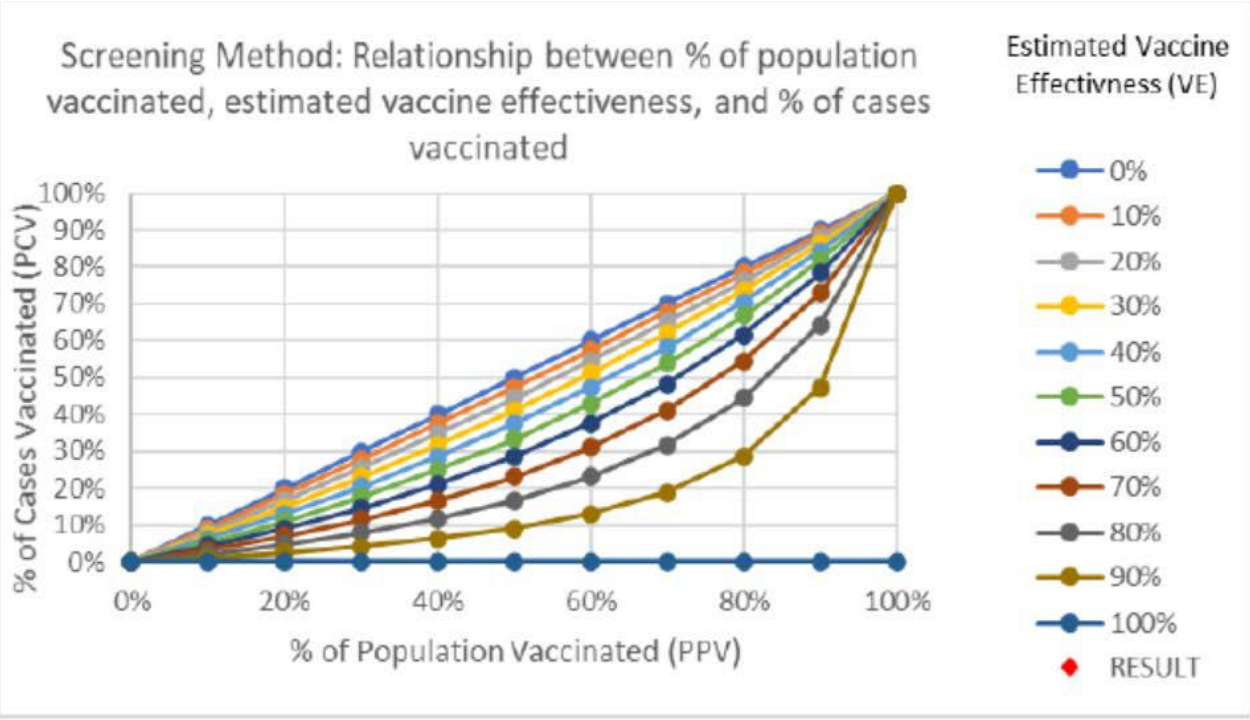
Increasing Vaccinated Cases



The Centers for Disease Control and Prevention (CDC) Data Estimates based on current case counts and number vaccinated:

- 21 Infections/100,000 Vaccinated
- 179 Infections/100,000 Unvaccinated

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CDC Data – Vaccine Breakthrough Hospitalizations and Deaths

As of July 26, 2021, more than 163 million people in the U.S. had been fully vaccinated against COVID-19.

During the same time, CDC received reports from 49 U.S. states and territories of 6,587 patients with COVID-19 vaccine breakthrough infection who were hospitalized or died.

Hospitalized or fatal vaccine breakthrough cases reported to CDC	6,587	
Female	3,193	(48%)
People aged ≥65 years	4,868	(74%)
Asymptomatic infections	1,219	(19%)
Hospitalizations*	6,239	(95%)
Deaths+	1,263	(19%)

*1,598 (26%) of 6,239 hospitalizations reported as asymptomatic or not related to COVID-19.

+309 (24%) of 1,263 fatal cases reported as asymptomatic or not related to COVID-19.

https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html

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Local Vaccine Breakthrough Hospitalization Trends

- Severe illness continues to be rare in fully vaccinated
- >95% COVID-19 hospitalizations/deaths in unvaccinated
- Demographics in breakthrough hospitalizations
  - Average age 75
  - All had risk factors
    - Obesity
    - Diabetes
    - Immunocompromised
    - Advanced age

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Summary on Delta

- At least 2-3x more transmissible than prior strains
- Likely causes more severe disease
- Some increased risk of reinfection
- Vaccine Efficacy
  - Lower for symptomatic infection
  - Relatively retained for hospitalization/death
    - Vaccinated most at risk for severe illness include elderly and immunocompromised
  - Rates of mild COVID-19 in vaccinated individuals will continue to increase as we see more spread in low vaccination uptake areas
- Vaccination continues to be best way to protect individuals and communities
- Masks needed until better vaccine coverage

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Current Recommendations for Booster Doses

- Receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

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FAQ for Boosters

- Not recommended after Johnson & Johnson currently (lack of data)
- Try to stick with original vaccine if possible
- Wait at least 28 days after second dose to get booster
- Continue to reinforce infection prevention measures
  - Masking in public spaces
  - Good hand hygiene
  - Social distancing
  - Staying home when sick

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Preparing for Respiratory Viral Season

- Get vaccinated for both COVID-19 and flu
- OK to get COVID-19 and other vaccines at the same time in different sites
- Mask where appropriate
- Stay home when sick
- Test promptly

03

Dianne Graves, JD

Assistant Vice President, Teammate Relations

Atrium Health Vaccine Requirement for Teammates

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Journey to a Vaccine Requirement

January 2021

Vaccine available for all teammates

- Made access as easy and convenient as possible
- Provided work time to get vaccinated
- Provided time off for teammates who felt ill after second shot
- Launched robust communications plan around vaccine safety and effectiveness

June 2021

Vaccinations lagged. Percent of total population vaccinated not at goal.

- Provided targeted outreach to groups of teammates with lower vaccine uptake
- Ensured teammates who received vaccinations outside of Atrium Health were able to share their info

July 2021

Additional outreach resulted in a very small increase in teammate vaccinations.

- Leadership recognized that a requirement was essential

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Weighing the Decision

The decision to require COVID-19 vaccinations was not taken lightly

- Alternatives such as an incentive program were considered
- Teammate engagement implications were evaluated

Multiple factors were carefully reviewed:

- Feedback from our medical experts
- Commitment to the health and safety of our community, patients, and teammates
- Impact of the Delta variant

Existing flu vaccine requirement successfully in place set the precedent

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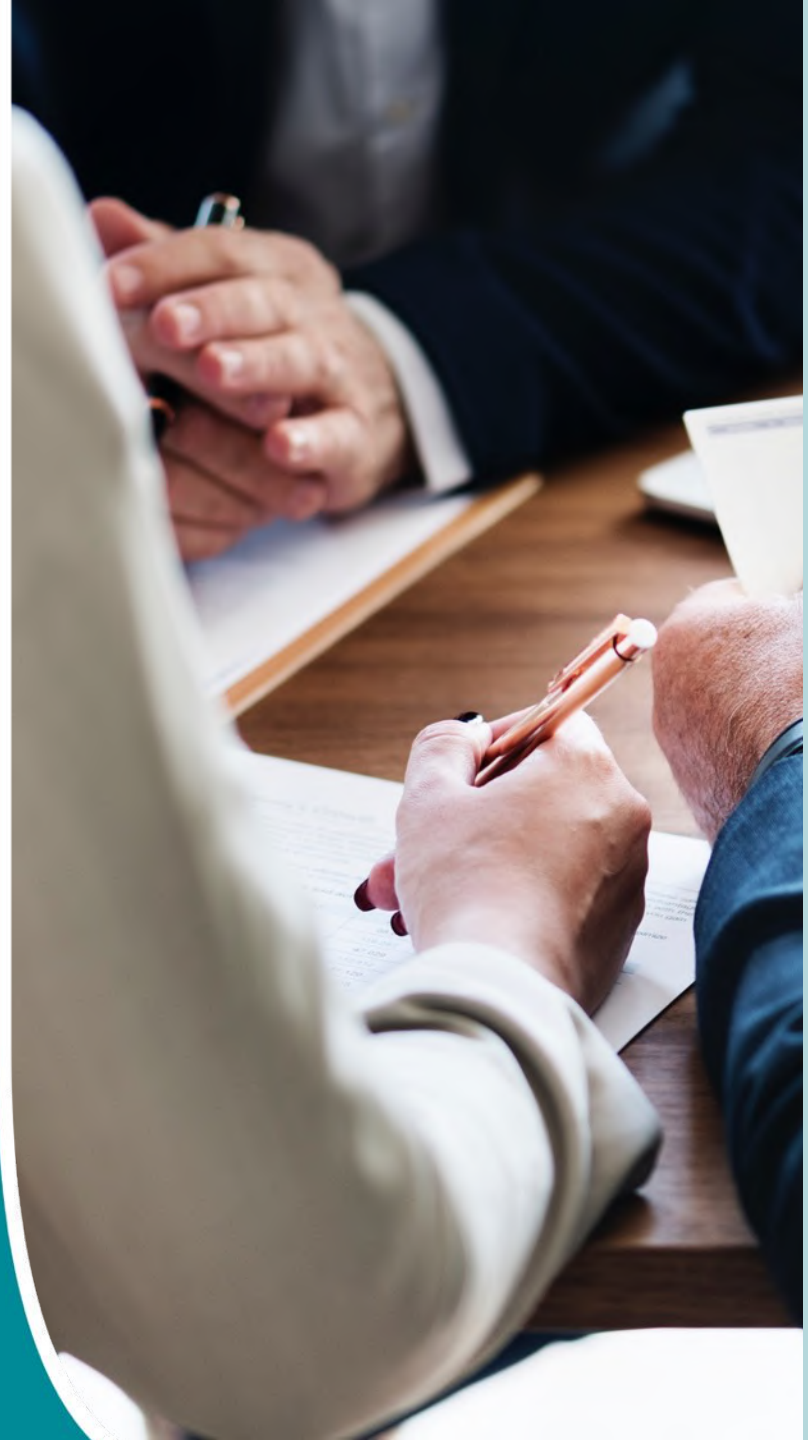
Information That Guided Our Decision



Local case counts/transmission

Number of hospitalizations and deaths

Benchmarked with other health systems and reviewed their policies and procedures

Reviewed the U.S. Equal Employment Opportunity Commission (EEOC) guidelines for religious and medical exemptions

- Vanderbilt University published paper on their religious exemption process

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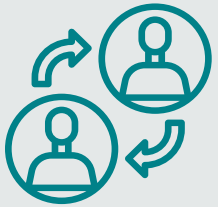
COVID-19 Vaccine Requirement Rollout

Initial communications to leaders and managers

Announced requirement with ample time to comply, like our flu process

Teammate webinars and educational events widely promoted



Teammate Ambassador program launched to encourage peer-to-peer conversations and support

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Administration and Oversight

- Created Vaccine Exemption Review Committees
  - Defined exemption processes and timeline to file for exemption
- Developed electronic form with ability to add medical docs and statement of religious belief
  - Removed flu exemption forms to avoid confusion
- Different process for new hires/teammates on leave of absence
  - Must submit vaccine documentation within 2 weeks and be fully compliant within 8 weeks
- Consider infection control requirements for those who are granted exemptions
- Additional e-training for all teammates to comply with OSHA standard
- Students and vendors who access our facilities must comply with requirement

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04

Nicolette Davis, MPAS PA-C

Assistant Specialty Medical Director, Occupational Medicine

Returning to the Workplace Safely

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Preventing Workplace Spread

20-25% of weekly contacts occur at work

Industries with the highest average number of contacts per day:

Retail/hospitality

90

contacts per day

Manufacturing

47

contacts per day

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Preventing Workplace Spread

Implement measures to prevent the spread

- Social/physical distancing protocols
- Mask wearing/PPE
- Separation of employees while eating/drinking
- Good hand hygiene (availability of hand sanitizer/ soap/water throughout the workplace)
- Maintaining a disinfected work environment
- Routine testing for unvaccinated employees
- Have a plan in place for managing workplace exposures

Social/Physical Distancing

- Adapt work environments to maintain **physical distancing**
- Look at **circulation** and adjust foot traffic in narrow spaces and areas where it's difficult to maintain a 6' distance
- Implement **frequent cleaning and disinfection** of workstations and high-touch surfaces such as doorknobs, copier/printer equipment, breakroom refrigerators and microwaves
- Consider **staggered shifts**

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Mask Wearing/PPE

- Strongly encourage or require employees to wear **face masks** in the workplace

  Masks must be worn correctly in order to slow the spread of COVID-19:

  - Must cover mouth and nose
  - Must fit snugly against the sides of the face
  - Must use ties or ear loops to keep the mask in place
- Evaluate each job to determine **additional PPE** (Personal Protective Equipment) that might be needed (e.g., gloves, goggles, face shields, gowns)
- Educate employees on how to **properly wear PPE**

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Separation of Employees While Eating/Drinking

- Ensure common areas like cafeterias and breakrooms have **separation of seating**
- Encourage employees to **eat/drink alone** at their workstations, if possible
- Avoid in-person lunchtime meetings and ordering of food/snacks to **discourage communal eating/drinking**

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Routine Testing for Unvaccinated Employees

Weekly testing for unvaccinated employees is important to maintain health and safety in the workplace.

- Track and verify each employee's vaccination status
- Establish testing requirements for employees who are not fully vaccinated
  - Atrium Health requires weekly testing for unvaccinated employees
- When employees show proof of full vaccination, they can stop being tested.

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Plan for Exposures

Develop protocols for workforce contact tracing following employee COVID-positive test

- Trace contacts of infected people
- Notify contacts of their exposure
- Testing/quarantine recommendations for vaccinated vs. unvaccinated employees
- Monitor contacts

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Post Exposure

Quarantine and Testing Guidance

- **Fully Vaccinated:** Testing **3-5 days** following date of exposure. Mask wearing required indoors for 14 days or until a negative test is received. Employee should isolate if they test positive.
- **Unvaccinated:** Testing **5-7 days** following date of exposure. Non-essential workers should be sent home and placed on home quarantine for 14 days from the date of last exposure.
  - **Alternate options for unvaccinated employees:**
    - Test Out Criteria: Can return after day 7 if asymptomatic and negative test completed day 5 or later
    - No Test Criteria: Can return after day 10 if asymptomatic
- **Asymptomatic, recovered from COVID-19 in past 3 months:** No testing or quarantine. Symptoms should be monitored for 14 days and mask wearing required indoors.

How to Count Isolation Days

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New Mask Mandates for Public Indoor Spaces

City of Charlotte & unincorporated Mecklenburg County

Effective Wednesday, August 18, 2021, at 5 p.m. through September 1, 2021

Countywide

Effective Saturday, August 28, 2021, until positivity rate drops to 5% or officials deem it is safe to lift the mandate

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Mask Mandates for Public Indoor Spaces

Masks must be worn:

- In any indoor public place, business or establishment **regardless of vaccination status**

Applies to:

- All at least **five years of age**.

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Exceptions to the Masking Mandate

Medical or behavioral condition or disability

Communicating with hearing-impaired and requires mouth to be visible

Actively eating or drinking

Giving a speech or performance maintaining a distance of 20 feet from the audience

Temporarily removing a mask at work as determined by local, state and federal regulations or workplace safety guidelines

Impedes visibility to operate equipment or a vehicle

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05

Steven A. Limentani, MD

Associate Specialty Medical Director, Employer Solutions

Addressing Mask and Vaccine Hesitancy

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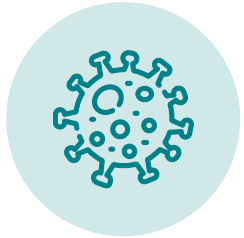
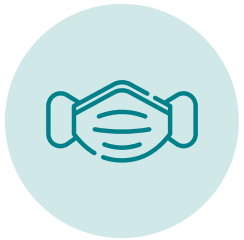
How Vaccine Hesitancy Impacts Employers

Health and wellbeing of the company and customers



Risk of outbreaks

Productivity loss



PPE costs

Resources to cross-train

Restricted business travel

Medical costs

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What Influences Vaccine Hesitancy?

1. **Confidence**
   Do not trust vaccine or provider

2. **Not Understanding the Need**
   Do not see a need for a vaccine, or do not value the vaccine due to false information about it

3. **Lack of Access**
   Makes it hard for people to get the healthcare they need

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Vaccine Hesitancy

Who's Doing What?

Large portions of the population have said "no"

People from rural settings, minorities, far left and right

- Only 65-70% of healthcare workers have received the vaccine, and this has become enough of a concern that multiple health care systems have created the expectation that all be vaccinated.
- Hesitancy to receive the vaccine is not just a result of people being stubborn or uninformed.
    - There is a lot of information in both the news and social media that is very difficult and time-consuming to sift through and may not be accurate

Concerns and misinformation about vaccines are not new

1802 cartoon *highlighting fears that Cowpox inoculation could turn patients into cows*

Facebook removed 18 million posts with misinformation about COVID-19.

Social media can be a source of misinformation

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There are many claims by “experts” that upon examination are FALSE

Perspective | Published: 09 September 2020

Antibody-dependent enhancement and SARS-CoV-2 vaccines and therapies

Wen Shi Lee, Adam K. Wheatley, Stephen J. Kent & Brandon J. DeKosky

Nature Microbiology **5**, 1185–1191 (2020) | Cite this article

Abstract

Antibody-based drugs and vaccines against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) are being expedited through preclinical and clinical development. Data from the study of SARS-CoV and other respiratory viruses suggest that anti-SARS-CoV-2 antibodies could exacerbate COVID-19 through antibody-dependent enhancement (ADE). Previous respiratory syncytial virus and dengue virus vaccine studies revealed human clinical safety risks related to ADE, resulting in failed vaccine trials. Here, we describe key ADE mechanisms and discuss mitigation strategies for SARS-CoV-2 vaccines and therapies in development. We also outline recently published data to evaluate the risks and opportunities for antibody-based protection against SARS-CoV-2.

Main

The emergence and rapid global spread of severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), the causative agent of coronavirus disease 2019 (COVID-19), has resulted in substantial global morbidity and mortality along with widespread social and economic disruption. SARS-CoV-2 is a betacoronavirus closely related to SARS-CoV (with ~80% sequence identity), which caused the SARS outbreak in 2002. Its next closest human coronavirus relative is Middle East respiratory syndrome-related coronavirus (MERS-CoV;

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Building Vaccine Acceptance

Provide unbiased information in clear straightforward language

For example:

- The Delta variant is 2-3 times more contagious than prior strains
- Severe illness is rare for people who are fully vaccinated
- More than 95% of the COVID-19 hospitalizations and deaths are people who were unvaccinated
- Getting vaccinated continues to be the best way you can protect yourself, your loved ones, and your community against COVID-19

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Building Vaccine Acceptance

- Encourage your leaders to be vaccine champions
- Create a communication plan
- Provide regular updates
- Make visible the decision to get vaccinated and celebrate it
- Create and publicize a feedback mechanism for your employees to ask questions about COVID-19 vaccination (email inbox, phone number, point of contact)
- Acknowledge that certain communities and groups have been disproportionately affected by COVID-19
- Address that some may have distrust in the medical system due to past experiences

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06

Ruth Krystopolski, MBA

Senior Vice President, Population Health

Most Requested COVID-19 Services

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Most Requested Employer Solutions COVID-19 Services

On-Site Vaccination Clinics

- Provides COVID-19 and flu vaccination clinics for employees at the worksite

On-Site Testing Services

- Provides COVID-19 and flu testing for employees at the worksite

Vaccine Acceptance Seminars

- Virtual or in-person educational seminars that address vaccine hesitancy

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07

Megan Heiar, MS, PT, MBA

Vice President, Population Health

Q&A & Closing

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Q&A

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Thank you.

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