COVID-19: Flu Shots & Return to School/Work Rules

“The best laid plans…”. COVID-19 has disrupted many of those for all of us! My quarterly Minute with the Medical Director was one such disruption, having been waylaid by necessary work elsewhere. However, there are key issues I wish to present that could help guide you as we go into this fall and this school year. In the future, I will send additional notes to help you through some of these difficult times.

Flu Shots

Generally, we have encouraged flu shots in October and November. However, the SARS-CoV-2 virus has changed all that. Since the symptoms of COVID-19 and Influenza are indistinguishable early in the course, and the combination of both infections simultaneously could prove deadly, it would be wise to immunize for Influenza prior to it being circulated in the community. Therefore, we are requesting that you begin your influenza immunizations in September. The antibodies take about 2 weeks to reach effective levels and persist for 6-8 months before waning. So, this should adequately protect most patients.

Definitions (Specifically as regards COVID-19)

**Isolation** – The separation of an ill person from the public to prevent that person from spreading the infection. (See Symptom-Based Criteria, page two.)

**Quarantine** – The separation of an asymptomatic but exposed person from the public until it is clear that the exposed person does not develop symptoms, in order to prevent the spread of the infection. The Quarantine period is the incubation period, in this case 14 days.

**Confirmed COVID-19 case** – An individual that tests positive for COVID-19, on an FDA approved PCR test, whether or not they have symptoms.

**Probable COVID-19 case** – An individual that has been exposed to a positive case (such as a family member), develops COVID-19 like symptoms, and chooses to not be tested. That person is presumed to have COVID-19 and will be counted as a case in data bases. They will always be a “Probable case” unless they are ultimately tested. If tested and “positive”, they will be counted as a confirmed case. If tested and “negative” they will no longer be counted as a probable case.

**Return to school/work rules**

This can be quite confusing, especially given the multiple possible scenarios. **It is now universally recommended that you use the “Symptom-Based” return to work criteria – not the “Test-Based” criteria.**

Patients who are test-positive for COVID-19 can remain positive for weeks to months, despite not being infectious after 10 days since the onset of the illness. So, relying on a negative test is not reasonable, necessary, nor appropriate. (The PCR test measures detectable viral RNA, not viable virus, and the RNA is what persists. In multiple studies, there has been no viable virus recovered after 10 days.)

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COVID-19: Return to School/Work Rules & Test Types

1. Symptom-Based Criteria
A. No fever (off fever reducers) for 24 hours
B. Improving symptoms (any symptoms, not just respiratory)
C. It has been at least 10 days since the onset of the illness. (20 days if the patient was ill enough to have been in the hospital)

2. Test-Based Criteria (Rarely if ever should these be used)
A. No fever (off fever reducers) for 24 hours.
B. Improving symptoms (any symptoms, not just respiratory).
C. Two negative FDA approved PCR tests, separated by 24 hours.

3. Scenarios:
   1. Symptomatic persons with confirmed or probable COVID-19.
      A. Use Symptom-based criteria.
      A. Use Symptom-based criteria. The 10 day period begins with the date of the positive test.
   3. Asymptomatic person that was exposed to a COVID-19 positive person.
      A. Home-Quarantine and monitor for symptoms for 14 days from the date of the last exposure.
      B. If they develop symptoms, should be tested.

Test Types

- **PCR** – Polymerase Chain Reaction technology that is a molecular test that detects the presence of viral RNA genetic material in the sample. These are typically obtained from the nasopharynx or oropharynx. These are the current “Gold Standard” as they are the most accurate, having over a 97% sensitivity and specificity. These typically take 24-72 hours to be reported.
- **Antigen tests** – Antigen tests detect the presence of specific proteins found in the surface coat of the virus. These are generally rapid, but less accurate. In fact, in asymptomatic people, the sensitivity and specificity of antigen tests drops to the 80% range. They are useful primarily in urgent situations where a rapid answer is desired for decision making. They should be backed up by a PCR test, as there will be false negatives and false positives.

**Antibody tests** – These detect antibodies made by the immune system in response to being infected by the virus. Antibodies can take several weeks to develop after becoming infected. These tests are not useful in clinical decision making for individual patients. Rather, these tests are helpful in population and prevalence studies to help establish the burden of disease in a community and assist in public health planning.

Other Pearls

COVID-19 test results are assigned demographically to an individual person. No matter how many times a person is tested positive, they are only reported as one positive case.

Genesis and the Health Department sponsor the Employer Partnerships For COVID-19 program. We help any local employer (and schools) to evaluate symptomatic employees, guide testing, and monitor quarantines. This service is free. Contact Genesis Occupational Employee Health: (740) 454-4010.