COVID-19 Pandemic Webinar:

Moving Forward in A Pandemic: Forecasting and The Role of Testing and Other Considerations for Sustainable Fitness Center Operations

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cdc.gov/coronavirus
Disclaimer

- The information covered in this webinar is not exhaustive and it is meant to convey the critical information businesses should use when developing plans for screening and testing workers in the setting of COVID-19 occurring among workers or in the surrounding community.


- The information in this presentation is current as of July 6, 2020.
Overview of Presentation

- Background information on Coronavirus Disease 2019 (COVID-19)
  - Epidemiology of the COVID-19 pandemic so far
  - Potential future scenarios
- Screening for COVID-19 in the workplace
- Testing for COVID-19 among workers
- Managing Ill Workers
Background on Coronavirus Disease 2019 (COVID-19)
COVID-19: Current Situation

Cases in the U.S.

Updated July 5, 2020

TOTAL CASES 2,886,267
TOTAL DEATHS 129,811

Want More Data?
CDC COVID Data Tracker

41 jurisdictions report more than 10,000 cases of COVID-19.

This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, New York City, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.

New Cases by Day

The following chart shows the number of new COVID-19 cases reported each day in the U.S. since the beginning of the outbreak. Hover over the bars to see the number of new cases by day.

COVID-19: Short-term Forecasts

Cumulative Deaths in the U.S.

New Hospitalizations per day in the U.S.


Covid19Sim=COVID-19 Simulator Consortium
CU=Columbia University
GT=Georgia Institute of Technology, College of Computing
IHME=Institute of Health Metrics and Evaluation
JHU=John Hopkins University
UCLA=University of California, Los Angeles
ERDC=US Army Engineer Research and Development Center
COVID-19: Potential Future Scenarios


Pressing Issues

1. Because of a longer incubation period, more asymptomatic spread, and a higher R₀, COVID-19 appears to spread more easily than flu.

2. A higher R₀ means more people will need to get infected and become immune before the pandemic can end.

3. Based on the most recent flu pandemics, this outbreak will likely last 18 to 24 months.

4. It likely won’t be halted until 60% to 70% of the population is immune.

5. Depending on control measures and other factors, cases may come in waves of different heights (with high waves signaling major impact) and in different intervals. We present 3 possibilities.

R₀ ("R naught") = average number of new infections that result from a single infected person

Figure 1

July 2020
Screening for COVID-19 in the Workplace
Coronavirus Disease 2019 (COVID-19)

Businesses and Workplaces

Plan, Prepare, and Respond

If You’re Open
COVID-19 Screening: Considerations

- Screening employees for fever and other symptoms is an optional strategy.
- Prior to implementing screening, ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of and understand these policies.
- Screening will not be completely effective because asymptomatic individuals or individuals with mild non-specific symptoms may pass through screening.
- Screening is not a replacement for other protective measures such as social distancing.
COVID-19 Screening: Self-screening

- Consider encouraging individuals planning to enter the workplace to self-screen prior to coming onsite and to stay at home if any of the following are present:
  - Symptoms of COVID-19,
  - Fever > 100.4°F*,
  - Are under evaluation for COVID-19 (for example, with recent pending test), or
  - Have been diagnosed with COVID-19 and not yet cleared to discontinue isolation

*A lower temperature threshold (e.g., 100.0°F) may be used, especially in healthcare settings.*
COVID-19 Screening: In-person Screening

- If implementing in-person health checks, conduct them safely and respectfully
- Maintain social distancing guidelines
- Follow guidance from the Equal Employment Opportunity Commission regarding confidentiality of medical records from health checks.
- To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible.
  - Do not make determinations of risk based on race or country of origin and be sure to maintain confidentiality of each individual’s medical status and history.
COVID-19 Screening: Protection of Screeners

- There are several methods that employers can use to protect the employee conducting the temperature screening.

- The most protective methods incorporate:
  - **Social distancing** (maintain distancing of ≥6 feet from others),
    - Ask employees to take their own temperature either before coming to the workplace or upon arrival at the workplace.
  - **Physical barriers** to eliminate or minimize the screener’s exposures due to close contact with a person who has symptoms during screening.
    - Recommended protocol available for measuring temperatures this way, including hand hygiene and glove use

- If social distance or barrier controls cannot be implemented during screening, **PPE** can be used when the screener is within 6 feet of an employee during screening.
Testing for COVID-19
COVID-19 Testing

- Two kinds of tests are available for COVID-19: viral tests and antibody tests.
  - A viral test tells you if you have a current infection.
  - An antibody test tells you if you had a previous infection.
- Not everyone needs to be tested for COVID-19.
  - Most people have mild illness and are able to recover at home without medical care.
  - CDC has guidance for who should be tested, but decisions about testing are made by state and local health departments or healthcare providers.
Categories for SARS-CoV-2 testing with **viral tests**:

- Testing *individuals with signs or symptoms* consistent with COVID-19
- Testing *asymptomatic individuals* with recent known or suspected exposure to SARS-CoV-2 to control transmission
- Testing *asymptomatic individuals* without known or suspected exposure to SARS-CoV-2 for early identification in special settings
- Testing to determine *resolution of infection* (i.e., test-based strategy for Discontinuation of Transmission-based Precautions, HCP Return to Work, and Discontinuation of Home Isolation)
- Public health surveillance for SARS-CoV-2
COVID-19: Rationale for Testing Asymptomatic People

- SARS-CoV-2 very contagious due to high level of shedding in the upper respiratory tract through coughs and sneezes
- Pre-symptomatic people are infectious 1 to 3 days before symptom onset
  - Up to 40 to 50% of cases may be attributable to transmission from asymptomatic or pre-symptomatic people
- Asymptomatic transmission is the Achilles’ heel of COVID-19 control
  - Various population surveys indicate wide range of viral test positives
COVID-19: Considerations for Testing Asymptomatic Workers

- Testing should not supersede existing IPC (infection prevention and control) interventions.
- Testing conducted should be implemented in addition to recommended IPC measures.
- Testing should be used when results will lead to specific actions.
SARS-CoV-2 Testing

Testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission

- Testing is recommended for all close contacts of persons with SARS-CoV-2 infection, especially initial testing during an outbreak or pandemic due to the high likelihood of exposure.

- In some settings, broader testing, beyond close contacts, is recommended as a part of a strategy to control transmission of SARS-CoV-2, such as high-risk settings that
  - have potential for rapid and widespread dissemination of SARS-CoV-2 (e.g., meat processing plants) or
  - have populations at risk for severe disease (e.g., nursing homes)
Managing Ill workers
Managing Workers Who are Suspected or Confirmed to Have COVID-19

- Workers who fail entry screening, test positive, or become ill during the day should be sent home
  - Encourage ill workers to self-isolate and contact a healthcare provider
  - Provide information on the facility’s return-to-work policies and procedures
  - Inform human resources and the worker’s supervisor (so worker can be moved off schedule during illness and a replacement can be assigned, if needed)
  - Disinfect the workstations and tools that have been used by an ill worker
Additional Response to a Confirmed Case of COVID-19

- If a worker is confirmed to have COVID-19:
  - Inform all work contacts of possible exposure while maintaining confidentiality required by Americans with Disabilities Act (ADA)
  - Provide guidance to fellow workers on how to proceed based on CDC Public Health Recommendations for Community-Related Exposure
  - On-site healthcare personnel should follow appropriate CDC and OSHA guidance for healthcare and emergency response personnel
  - Work with state, local, tribal and/or territorial health officials to facilitate identification of other exposed and potentially exposed individuals, like coworkers
How to Discontinue Home Isolation

People with COVID-19 who have stayed home can stop home isolation under the following conditions:

- **Symptom-based strategy**
  - No fever for 72 hrs. without fever-reducing medicine, **AND**
  - Improvement in respiratory symptoms, **AND**
  - 10 days have passed since symptoms first appeared

- **Test-based strategy**
  - No fever without fever-reducing medicine, **AND**
  - Improvement in respiratory symptoms, **AND**
  - Tested negative 2x in a row, 24 hrs. apart

- People who have **NOT** had any symptoms should wait until 10 days have passed since their first positive test or use the test-based strategy.
Where Can I Get More Information?

- CDC Interim Guidance for Businesses and Employers (COVID-19)
- CDC General Business Frequently Asked Questions
- NIOSH COVID-19 Workplace Safety and Health Topic
- CDC COVID-19
- OSHA Guidelines on Preparing Workplaces for COVID
- For Questions Related to this Webinar: EIDInfoTech@cdc.gov
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.