



COVID-19: *Where We Stand Today*

by Hannah Whitesel, PharmD | Pharmacy Resident &
Matthew Harman, PharmD, MPH | Vice President, Clinical Solutions

Coronavirus. Social distancing. Contact tracing. Terms that we never knew heading into this year and are looking forward to never hearing again. When that day will come depends on quite a few variables and players, including employers, so it is important to understand where we sit today to understand how we can better navigate the future with this virus.

As of October 20th, there have been 8 million confirmed cases of Coronavirus 2019 (COVID-19) in the U.S. alone, according to the World Health Organization¹.

The media coverage of this pandemic and changes in what we think we know about the virus can easily become overwhelming. The good news is that science evolves towards the truth and we have learned a substantial amount about the virus since the beginning of 2020. This article will cover what employers should know during these uncertain times and how to prepare for what is to come.

What is COVID-19?

Novel Coronavirus 2019 (COVID-19) is primarily a respiratory illness that can spread from person-to-person through close contact with infected individuals. Evidence suggests that transmission is most likely to occur via respiratory droplets, which is why mask mandates and social distancing are still the most effective prevention strategy, and not via surface contamination². However, hand hygiene and cleaning of surfaces are still wise steps to reduce the chances of transmission.

Symptoms can vary and may appear 2-14 days after exposure to the virus. The more common symptoms reported include fever, cough, difficulty breathing, fatigue, muscle aches and a new loss of taste or smell. Loss of taste and smell highlight the uniqueness of the virus. Loss of those senses indicate brain damage, making this much more than just a respiratory virus. Other organs that have been shown to be impacted include the heart, intestines, kidney, pancreas and gallbladder. The long-term implications of these impacts are of great concern to public health officials and will likely reveal themselves in the decades to come.

The largest study evaluating the severity of COVID illness, including over 44,000 individuals, found that around 80% of infections were mild to moderate in nature. Even though the remaining 20% of severe infections represent a small portion of those who contract the virus, the burden to our health care system is great due to the intensive supportive resources required to manage these patients.

There are currently two types of tests available for COVID-19. The viral test requires a nasal swab that can indicate whether an individual has an active infection. The antibody test takes a blood sample that can indicate if the individual has had a past infection with the virus. There is yet to be a consensus on how long the antibodies remain in the system and if reinfection of the virus is possible.



Current Treatments

As of October 22nd Gilead's generic remdesivir is the only FDA approved medication for the treatment of COVID-19. The use of this intravenous, antiviral drug, brand name Veklury, has been the mainstay of treatment for many clinical trials and is approved for use in hospitalized patients 12-years-old and above. Remdesivir is dosed for 5-10 days, and has solidified its role within COVID-19 treatment regimens with the FDA's stamp of approval. The widespread use of this medication originally designed to treat hepatitis C, is limited due to supply shortages with an exponential increase in demand. Multiple clinical trials are underway, evaluating the use of different agents to treat COVID-19 patients, many of which are being used concurrently with remdesivir. Other medications being studied include steroids (dexamethasone), blood thinners, immunomodulators, monoclonal antibodies and plasma that contains antibodies to COVID-19.³

At this time, the majority of treatments being evaluated would be covered by medical benefit plans. As more studies are conducted on outpatient populations, new treatments might come to light that could become approved and fall under the pharmacy benefit plan.

A Vaccine Within Sight

Collaboration of pharmaceutical industry leaders, research teams and government funded programs has significantly expedited the development of a vaccine this year. This fast track approach has allowed many vaccines to likely complete their last clinical trials before the end of this year. Under normal circumstances, vaccines would take around 10 years to be developed and gain FDA approval. Around the world, numerous types of vaccines are currently being studied. Vaccines can vary by the mechanism in which they elicit an immune response by their host. So far, the types of vaccines that are closest to completion include inactivated, protein subunit and DNA or RNA-based vaccines.

Most of the leading COVID vaccine candidates require a 2-shot series, spaced apart by 2-4 weeks. There are currently six vaccine candidates in Phase III trials; which is the last trial required before the results are submitted to the FDA for approval. The approval of a vaccine will mark the biggest advancement in decelerating the spread of COVID-19 since accurate testing methods were developed.

Once a vaccine is approved, it is inevitable that the initial supply will only be enough to vaccinate a small portion of the U.S. population. Distribution of the vaccine in these early stages will require judicious decision making from political and health care entities alike. Ultimately, vaccinating the entire population will be the most effective intervention to halt the progression of the pandemic. It is important to remember that the true benefit of vaccinating one person, is the prevention of that person passing on the infection to their friends, family and even strangers.

Recent polls have shown public trepidation towards the COVID-19 vaccine. Even though the timeline has been escalated to try and meet the demand of increasing infection rates, the standards and criteria required to gain FDA approval remain the same. It is very likely that health plans will cover a vaccine, once approved, with a little to no copay to reduce barriers of administration. Uplifting news supporting this likelihood cited from U.S. Health Official, Paul Mango, deputy chief of staff for policy at the U.S. Department of Health and Human Services, report that the government is actively working with commercial health insurers to offer a COVID-19 vaccine without a charge or copay.



Returning to the Workplace

Since COVID-19 is a respiratory virus, we expect that a single vaccine will not provide lifetime immunity and that routine vaccination will be needed. However, we do not know if that interval will be annually like the flu or every few years at this time.

Due to the similarities between COVID-19 and flu symptoms, it is absolutely crucial that influenza vaccinations are given more so than ever. Health care systems are struggling to manage COVID related hospitalizations, additional influenza infections would only add fuel to the fire. It is well documented that increased vaccination rates reduce the burden on our health care system. Flu vaccination reduces death rates, intensive care unit (ICU) admissions and duration of hospitalizations among those who are hospitalized. A 2018 study showed vaccinated adults are 59% less likely to be admitted to the ICU than someone who was not vaccinated. Reducing ICU admission rates this flu season will be imperative in our return to normalcy, as many intensive care units around the U.S. are already at maximum capacity.



Workplace impact from the pandemic is widespread and significant. This impact could include employee absenteeism, changes in consumer demand and interruptions within the supply chain. Managing these obstacles can be challenging and determining what interventions are appropriate to maintain productivity can be complex.

Education will be a key factor in limiting COVID-19 spread throughout organizations. If working from home is unavailable, then cautionary procedures should be put in place to minimize potential for transmission. View the recordings of our recent Employers' Health and Wealth Live series to learn more information on strategies for returning to the workplace including PTO, privacy, testing and other issues. Until a vaccine is widely available, it is strongly recommended businesses that have the ability for employees to work at home work continue to provide this option for employees.

As our understanding of the virus grows, so will the reliability of the prevention and treatment strategies to maintain a healthy workforce. It is important to not get discouraged when recommendations change since that means they are backed with more evidence.

REFERENCES

1. <https://covid19.who.int/region/amro/country/us>
2. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>
3. <https://www.nih.gov/research-training/medical-research-initiatives/activ/covid-19-therapeutics-prioritized-testing-clinical-trials>
4. <https://www.covid-19vaccinetracker.org/>
5. <https://www.wsj.com/articles/covid-19-vaccines-will-not-come-with-copays-u-s-health-official-says-11597360354>

TO LEARN MORE CONTACT:

Hannah Whitesel
hwhitesel@employershealthco.com

Matt Harman
mharman@employershealthco.com