



COVID-19 Infection Prevention Team

Webinar 3: COVID-19 Status and Cal/OSHA Updates

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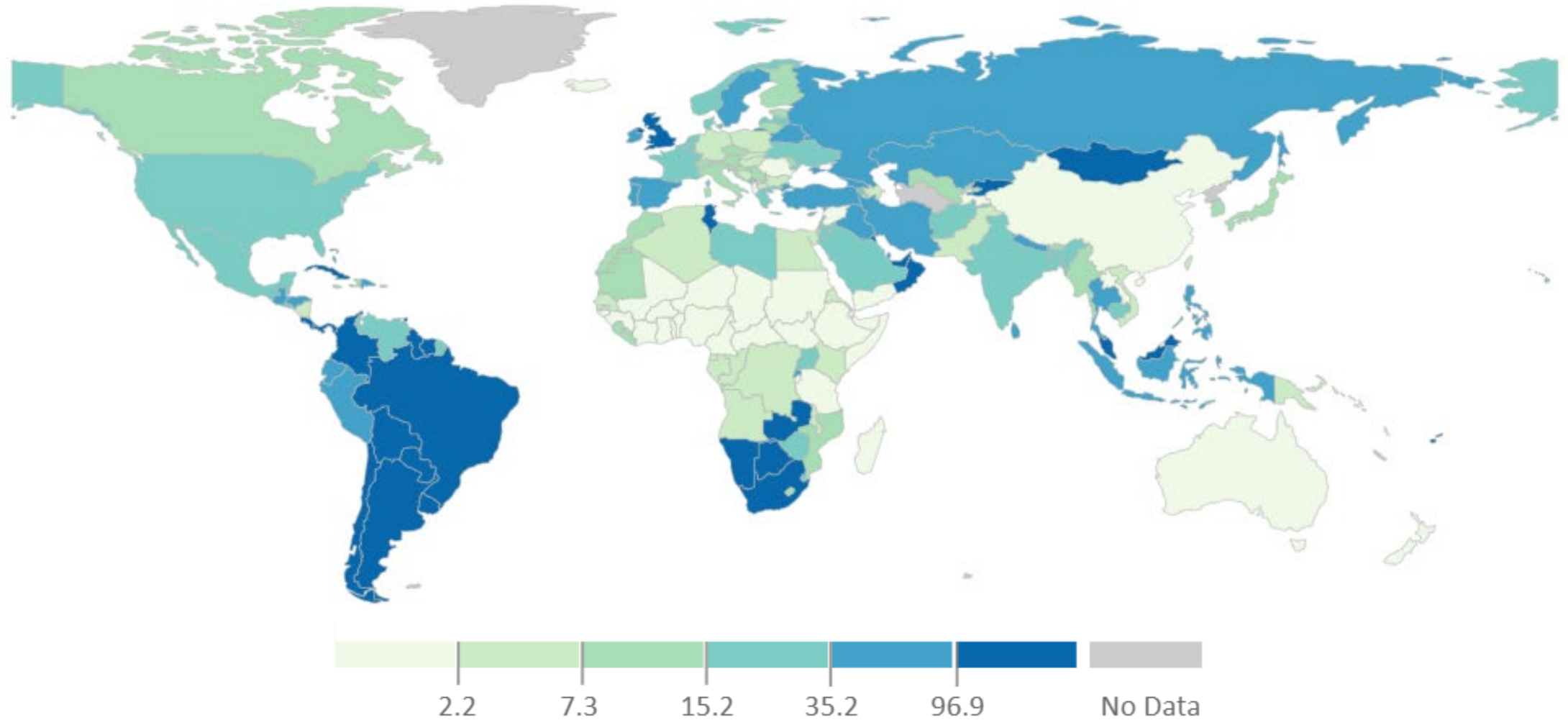
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Global COVID-19 Cases and Deaths



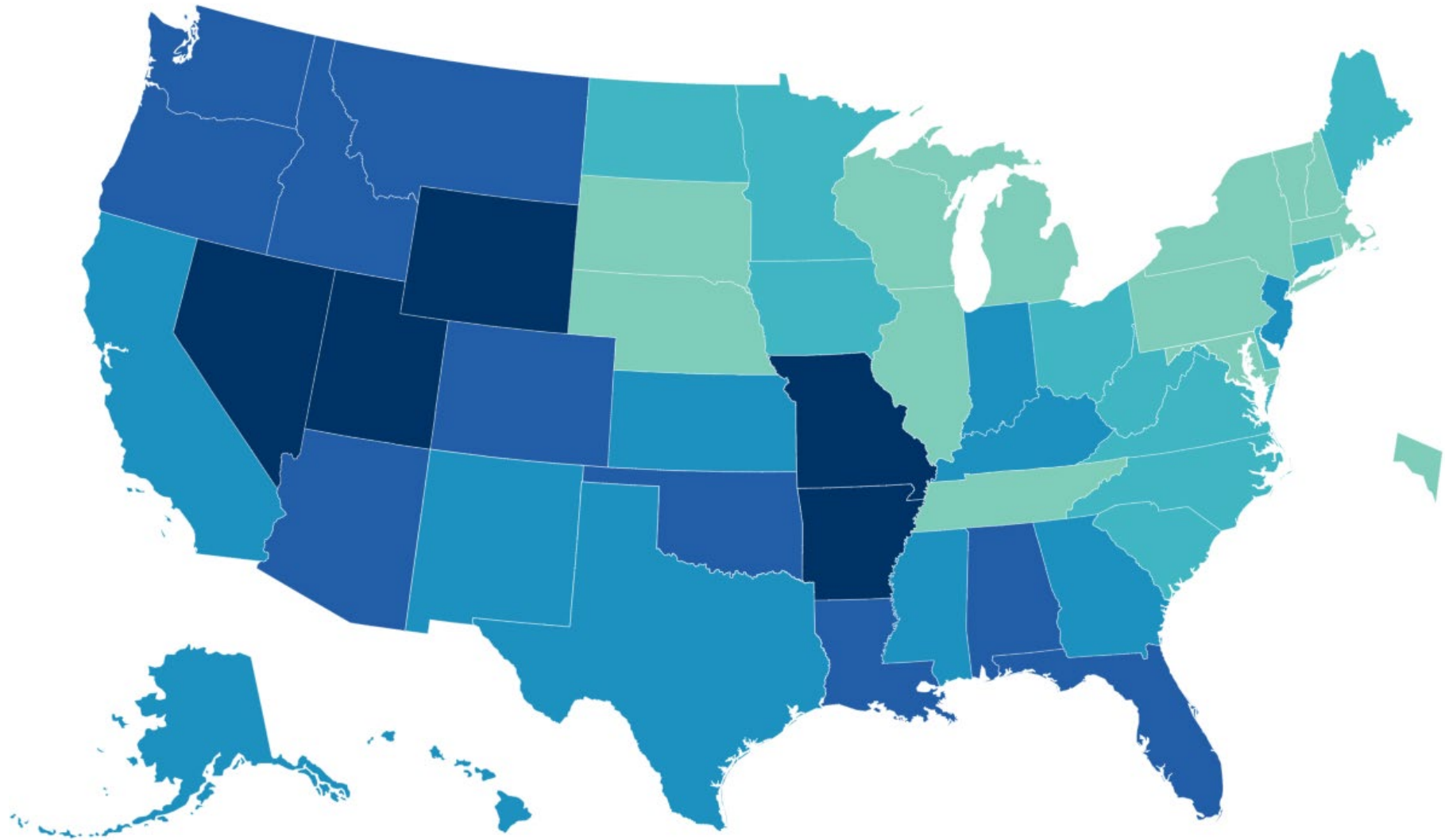
<https://coronavirus.jhu.edu/map.html>

Global COVID-19 7-Day Case Rates Per 100,000



Snapshot Mon, June 28, 2021: cdc.gov/covid-data-tracker/#cases

US COVID-19 7-Day Case Rates Per 100,000



Data not available 0.000 - 0.000 4.500 - 9.900 11.10 - 16.30 18.20 - 25.60 28.10 - 49.50 54.60 - 90.80

US and OC Vaccination

	U.S.	O.C.
≥ 1 Dose	54%	63%
Fully Vaccinated	46%	55%

- Nursing home vaccination rates: 60-80%
- Strong vaccine supply
- Next few months will be key
- For winter, need uptake in high-risk communities, settings

OC updates every week; last updated 6/23

COVID-19 Digital Vaccine Proof

- **CA Digital COVID-19 Vaccine Record**
 - [Myvaccinerecord.cdph.ca.gov](https://myvaccinerecord.cdph.ca.gov)
 - Upload name, DOB, email/cell phone, create a code number
 - Receive back digital version of “CDC vaccination card”

COVID-19 Delta Variant

- **In areas of world with high propagation of cases**
 - Variants emerge with virus replication
 - Delta variant first identified in India (B.1.617)
 - High transmissibility, increased severity among unvaccinated
 - Spreading quickly in >80 countries, including U.S. (and CA)
 - Israel and Los Angeles County just reinstated indoor masking for all
 - Vaccine effect:
 - Lesser protection by single dose
 - **Two-dose series still highly effective (88%)**
 - **Post-vaccine breakthrough can be 12%**

Post-Vaccine COVID Outbreak

- **Kentucky nursing home**
- **90% residents and 53% of staff vaccinated**
 - COVID outbreak: 26 residents (3 died) and 20 staff
 - 75% of unvaccinated residents and 30% of unvaccinated staff affected
 - 25% of vaccinated residents and 7% of vaccinated staff affected
 - Vaccine protection 87% for fully vaccinated residents and staff
 - Highly contagious variant
- **Important to report and test symptoms even after vaccine**
 - Check for variants
 - Prevent spread

Evolving COVID Guidance: **Public Areas**

- **CDC**
 - ✓ Continue symptom checks
 - ✓ 2 household gatherings ok
 - ✓ Masks less needed outdoors
 - ✓ Minimal masks if vaccinated
 - ✓ No quarantine if vaccinated
- **Indoor mask if unvaccinated**
- **Avoid large events**
- **CDPH (June 15)**
 - ✓ No capacity limits
 - ✓ No social distancing
 - ✓ No masks outdoors
 - ✓ Minimal masks if vaccinated
 - ✓ No quarantine if vaccinated
- **Indoor mask if unvaccinated**
- **Special rules for large events**

CDPH/CDC – Areas Where Masks Still Required

- **Must Mask Regardless of Vaccination Status**
 - ✓ Healthcare settings
 - ✓ Long-term care settings
 - ✓ Public transit
 - ✓ Shelter operations
 - ✓ Correctional facilities

Regulation for Nursing Homes

- **No change** (*regardless of vaccination status*)
 - ✓ Symptom screening
 - ✓ Symptom and exposure testing
 - ✓ Post-case testing of staff and residents every 3-7d till 14d clear
 - ✓ Weekly testing for all staff (if <70% staff *or* residents are vaccinated)
 - ✓ Masking & 6-foot distancing in patient care areas
 - ✓ PPE for COVID care (eye protection, gown, gloves, N95)

Regulation for Nursing Homes

- **Changes**

- ✓ Admission testing for COVID only if not fully vaccinated or COVID exposure in past 14 days
- ✓ If $\geq 70\%$ staff AND $\geq 70\%$ residents vaccinated, *vaccinated* staff can stop weekly testing. Unvaccinated staff must continue weekly tests.
- ✓ For workrooms, breakrooms, conference rooms embedded in patient care areas
 - If 100% of occupants are fully vaccinated, masking and distancing are no longer needed
 - If any unvaccinated occupant is present, then all must mask, except when eating or drinking, and unvaccinated persons must distance 6 feet from others at all times

Regulation for Nursing Homes

- **Changes for non-patient care areas**
 - ✓ Few areas qualify in nursing homes
 - ✓ Must be area where patients/residents/public cannot enter
 - ✓ Must be enclosed area (e.g. some laundry, medical record areas)
- **If criteria met:**
 - ✓ Vaccinated persons – no distancing, no masking
 - ✓ Unvaccinated persons (e.g. by badge indicators)
 - Indoors, must mask unless eating/drinking
 - If unmasked to eat/drink, must be 6 feet from others

Regulation for Nursing Homes

Area	Vaccinated	Unvaccinated
Outdoors: Non-patient care*	No mask or distancing	No distancing Mask <i>recommended</i> if <6 ft of others
Indoors: Non-patient care**	No mask or distancing	<i>Must</i> mask. Distance only if unmasked for eating/drinking
Indoors: Patient care area***	<i>Must</i> mask & distance	<i>Must</i> mask & distance

* Does NOT include nursing home resident visits or outdoor group activities

** Only if area enclosed and inaccessible to patients/residents

*** Includes embedded workrooms, breakrooms, conference rooms

Workrooms, Breakrooms, Conference Rooms

Location	Vaccinated	Unvaccinated
Embedded within patient care area	<p>All occupants vaccinated? Y: no mask, no distancing N: all must mask unless eating/drinking. Unvaccinated persons must distance 6 ft</p>	<ul style="list-style-type: none">• Must mask except to eat/drink• Must distance 6 ft at all times

CalOSHA Regulation for Workplaces

- **Employer provisions**

- ✓ Masks will be provided for workplace use
- ✓ Any one can mask anytime by choice, preference
- ✓ Unvaccinated: face mask required, N95 voluntary
- ✓ Vaccinated: masks optional outside of patient care areas
- ✓ Fully support optional choice to mask

What's Next: Winter Cold and Flu Season

- **Problem: masks coming off in community → able to catch colds**
- **Can staff with a mild non-COVID cold be returned to work?**
 - Must alert at symptom screening and be COVID tested
 - If negative on antigen test, *must pursue PCR testing*
 - If negative by PCR, when is it ok to return to work?
 - ✓ More concern if not vaccinated; may retest next day
 - ✓ No fever x 24 hours, no Tylenol or fever-reducing meds x 24 hours
 - ✓ No vomiting, diarrhea x 24 hours, minimal sneezing, runny nose
 - ✓ If feeling better and well enough to work, *mask and distance* when mildly ill (sniffles, minimal cough) to avoid spreading any colds to others. Clean high touch objects you touch. Clean hands often.

What's Next: Winter Cold and Flu Season

- Create a culture of masking, distancing when working mildly ill



Be bold,
mention if you
have a cold



Feeling off?
Mask before
you cough



How to cope?
Use hand rub
or soap

Example Scenario #1 for Supervisors

- You observe a doctor and a linen worker enter your nursing home without masks. Both are known to be fully vaccinated for COVID.
- **What should you do?**
 - Say nothing because they are vaccinated
 - Tell only the doctor that she needs to mask because she is a healthcare worker and will be seeing patients/residents
 - Tell both to mask & distance on entry to the nursing home

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 - Tell only the doctor that she needs to mask because she is a healthcare worker and will be seeing patients/residents
 - **Tell both to mask & distance on entry to the nursing home**

Example Scenario #2 for Supervisors

- You observe a doctor and a housekeeper remove their masks on entry to the breakroom. Both are fully vaccinated to COVID.
- **What should you do?**
 - Say nothing if 100% of breakroom occupants are vaccinated
 - Tell only the doctor that she needs to mask because she is a healthcare worker and will be seeing patients
 - Tell both of them they need to mask and distance

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- **What should you do?**
 - **Say nothing if 100% of breakroom occupants are vaccinated**
 - Tell only the doctor that she needs to mask because she is a healthcare worker and will be seeing patients
 - Tell both of them they need to mask and distance

Example Scenario #3 for Supervisors

- You say hello to a staff member entering the breakroom who is unmasked. He is not vaccinated against COVID.
- **What should you do?**
 - Say nothing because he will be getting his food and eating
 - Say nothing because you are vaccinated even if he may be ill
 - Tell him that he must be masked indoors except for when he is actually eating or drinking. Remind him he needs to be 6 feet away from others

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Example Scenario #3, Part II

- You mention to your staff member that he needs to mask indoors since he is unvaccinated. He tells you that he has been vaccinated, just not at work.
- **What should you do?**
 - Do nothing because he attested to being vaccinated
 - Thank him for letting you know. Tell him he needs to follow your policies for documenting vaccination, so that the nursing home can ensure practices are safe for him.

Example Scenario #3, Part II

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Example Scenario #4 for Supervisors

- You are walking outdoors, and you see four of your staff members walking close together without masking or distancing in your parking lot. You know that two are vaccinated and two are not.
- **What should you do?**
 - Encourage unvaccinated staff to mask within 6 feet of others
 - Say nothing if you have already communicated the recommendation that unvaccinated staff mask outdoors w/in 6 ft of others. We have to recommend, but not enforce.

Example Scenario #4 for Supervisors

- You are walking outdoors, and you see four of your staff members walking close together without masking or distancing in your parking lot. You know that two are vaccinated and two are not.
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 - **Encourage unvaccinated staff to mask within 6 feet of others**
 - **Say nothing if you have already communicated the recommendation that unvaccinated staff mask outdoors w/in 6 ft of others. We have to recommend, but not enforce.**

Example Scenario #5 for Supervisors

- You are hosting an in-person staff meeting with 3 of your staff. Two are unvaccinated and masked, the vaccinated one is not.
- **Which of the following should you do?**
 - Take off your mask because you are vaccinated
 - Remind the vaccinated staff member that your conference room is in a patient care area so he still has to mask if there are others around who are unvaccinated
 - Remind all staff to distance 6 feet

Example Scenario #5 for Supervisors

- You are hosting an in-person staff meeting with 3 of your staff. Two are unvaccinated and masked, the vaccinated one is not.
- **Which of the following should you do?**
 - Take off your mask because you are vaccinated
 - **Remind the vaccinated staff member that your conference room is in a patient care area so he still has to mask if there are others around who are unvaccinated**
 - Remind all staff to distance 6 feet

Example Scenario #6 for Supervisors

- You are hosting an in-person staff meeting, and a vaccinated staff member comes in sniffing and wiping her nose.
- **What should you do?**
 - Say nothing since she is vaccinated and is not sick with COVID
 - Ask if she has had a negative COVID PCR test to be cleared to work. If not, tell her to leave the meeting and be tested asap. Ensure she is masked and cleans her hands as she leaves.
 - Send her home for 10 days

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 - Send her home for 10 days

Example Scenario #6, Part II

- Your staff member tests negative for COVID by antigen and then by PCR. She comes to another in-person staff meeting frequently having to wipe and blow her nose.
- **What should you do?**
 - Say nothing since she is vaccinated and is not sick with COVID
 - Send her home until she stops sniffing and coughing
 - Since she is required to mask for patient care and when working with mild non-COVID illness, and since she cannot keep her mask on because of having to wipe/blow her nose often, she should be sent home.

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- Your staff member tests negative for COVID by antigen and then by PCR. She comes to another in-person staff meeting frequently having to wipe and blow her nose.
- **What should you do?**
 - Say nothing since she is vaccinated and is not sick with COVID
 - Send her home until she stops sniffing and coughing
 - **Since she is required to mask for patient care and when working with mild non-COVID illness, and since she cannot keep her mask on because of having to wipe/blow her nose often, she should be sent home.**

Example Scenario #7 for Supervisors

- You and 6 of your fully vaccinated staff are eating close together in a conference room. An unvaccinated staff member joins you.
- **What should you do?**
 - Tell the staff member to eat at his desk
 - Tell everyone to separate 6 feet apart from each other
 - See if the unvaccinated staff member sits 6 feet apart from others when eating. If not, remind him of the rule.
 - Remind everyone to mask when they are done eating

Example Scenario #7 for Supervisors

- You and 6 of your fully vaccinated staff are eating close together in a conference room. An unvaccinated staff member joins you.
- **What should you do?**
 - Tell the staff member to eat at his desk
 - Tell everyone to separate 6 feet apart from each other
 - **See if the unvaccinated staff member sits 6 feet apart from others when eating. If not, remind him of the rule.**
 - **Remind everyone to mask as soon as they are done eating**

Example Scenario #8 for Supervisors

- You are the Director of Nursing, and a few CNAs ask you if they can now enter a room with COVID precautions without a face shield and wearing a standard medical mask instead of a respirator since they are vaccinated.
- **What should you tell them?**
 - Yes, personal protective equipment is optional if vaccinated
 - No, all persons must wear eye protection, N95 respirator, and gown/gloves to enter a COVID precaution room

Example Scenario #8 for Supervisors

- You are the Director of Nursing, and a few CNAs ask you if they can now enter a room with COVID precautions without a face shield and wearing a standard medical mask instead of a respirator since they are vaccinated.
- **What should you tell them?**
 - Yes, personal protective equipment is optional if vaccinated
 - **No, all persons must wear eye protection, N95 respirator, and gown/gloves to enter a COVID precaution room**

Vaccine FAQs: Updated May 2021

- 40 Question FAQ: hyperlinked and publicly available



COVID Vaccine FAQs

Why Vaccinate? What's in the Vaccine?

- Why should I get the COVID-19 vaccine?
- Should I get the COVID-19 vaccine now or wait?
- What COVID-19 vaccines are currently available?
- What is an mRNA vaccine and what is an adenovirus vaccine?
- Can the COVID-19 vaccine give me COVID? Is it safe?
- Should I worry that the vaccine was made so quickly?
- What is the difference between Emergency Use (Food and Drug Administration) approval for a vaccine and full approval?
- Who pays for the vaccine?

How Well Do the Vaccines Work?

- Which vaccine should I get? How well do they work?
- Am I protected as soon as I receive the vaccine?
- After vaccination, can I still spread COVID-19 to others?
- How long will the vaccine protect me?
- What is important to know about COVID-19 variants?
- Were different races and ethnicities included in the studies?
- Will getting the COVID-19 vaccine make me less likely to get COVID-19?

Who Should Get the Vaccine?

- Who should get the vaccine? Who should not?
- I already had COVID-19. Am I supposed to get vaccinated?
- Are pregnant, breastfeeding, or immunocompromised people supposed to get vaccinated?
- When will children be able to be vaccinated?
- Who is prioritized to get the vaccine?
- How many doses of vaccine does the U.S. have?
- Will the vaccine be required?

DOCUMENT CREATED: 12/7/20
LAST UPDATE: 5/17/21

Timing of Doses?

- How many doses is the vaccine and how far apart?
- What if I get the first dose and then don't want the next dose?
- What if I missed my second dose? Can I get it late?
- Can I get my second dose a day or two early?
- What if I have been exposed to someone with COVID-19 close to the time of my scheduled vaccine dose?

Safety & Side Effects

- What side effects do the vaccines have? Do I have to do any planning?
- Should I plan to take Tylenol or Motrin before my vaccine dose?
- What ingredients are in the vaccines?
- If I have allergies to food or medication, should I worry about having an allergic reaction to the vaccine?
- Will my medication interfere with the vaccine?
- What if I get COVID-19 after receiving my first dose? Is that dangerous?
- If I have had COVID-19, should I delay getting the vaccine? When is it safe to get it?
- Will the vaccines cause Bell's palsy or Guillain Barré?

Vaccine Myth Busters

- Does the vaccine cause cancer?
- Does the vaccine cause infertility or affect our genes?
- Does the vaccine cause me to be tracked? Does it inject a microchip?
- Does the vaccine cause me to shed COVID-19 due to asymptomatic infection?
- Is it better to wait to get the vaccine? What does waiting tell me?

1. Why should I get the COVID-19 vaccine?

We all want this pandemic to end. By mid-May, there were over 3.4 million cases and 3.4 million deaths worldwide since only people who have been tested are COVID-19 have occurred and nearly 600,000 crisis, 3,300 lives were lost every day in the U.S. Effective vaccines can end the COVID-19 pandemic by being vaccinated before the pandemic will end.

The fact that we have safe and highly protective vaccines, the ourselves, our family, or our friends needs to be vaccinated. Being vaccinated enables us to protect our family. The sooner we can reach 70-85% of the population, the better off we will be.

2. Should I get the COVID-19 vaccine?

With 165 million cases of COVID-19 worldwide, it is important to get vaccinated. By mid-May, over 10 million have had COVID-19 mRNA vaccine, and 10 million have had adenovirus vaccine. These vaccines have been shown to be safe and highly protective. The ourselves, our family, or our friends needs to be vaccinated. Being vaccinated enables us to protect our family. The sooner we can reach 70-85% of the population, the better off we will be.

3. What COVID-19 vaccines are currently available?

Vaccines can only be licensed in the U.S. if they have strong data from clinical trials. There are several COVID-19 vaccines that have data from well-designed large clinical trials. The below table (updated as of mid-May 2021) lists COVID-19 vaccines that are already authorized in the U.S. (top 3 rows in green) or are likely to seek U.S. authorization in the near future. The Pfizer and Moderna vaccines are both mRNA vaccines and both have shown an incredibly high level of protection (~95% protection) in large clinical trials. These vaccines have been given to over 100 million people in the U.S. It is unlikely that any of the other vaccines will be proven to be better at protecting against COVID-19 than these mRNA vaccines. Notably, the J&J (Janssen) vaccine has the benefit of being a single dose while giving 66% protection. All other vaccines listed in the table require two doses for full effect.

COVID-19 Vaccines Authorized or Likely to Seek Authorization in the U.S. (as of May 2021)

Vaccine	Type	Doses	Efficacy	Trial Size	US Authorization
Pfizer	mRNA	2	95% ¹	44K	Yes (12+)
Moderna	mRNA	2	94% ²	30K	Yes (18+)
J&J (Janssen)	Adenovirus vector (DNA)	1	66% ³	44K	Yes (18+)
Astra-Zeneca	Adenovirus vector (DNA)	2	62%	9K	Pending
Novavax	Protein	2	89%		

¹Green = authorized for use in the U.S.
²Polack FP et al. NEJM 2020; 383(27): 2603-15
³Baden LR et al. NEJM Dec 30, 2020 (online)
⁴Sadoff J et al. NEJM Apr 21, 2021 (online)
⁵30K trial in US/Mexico pending

For a detailed comparison of the top 3 rows of vaccines (Pfizer, Moderna, and J&J), see [Question 9](#). [CLICK HERE TO GO BACK TO QUESTION LIST](#)

4. What is an mRNA vaccine and what is an adenovirus vaccine?

The Pfizer and Moderna vaccines authorized for use in the U.S. stand for "messenger ribonucleic acid," and it is an instruction in our bodies has mRNA in it because we need proteins to survive. Moderna COVID-19 vaccines provide instructions for your body (Spike protein) on the surface of the SARS-CoV-2 virus. When you get the vaccine, it is recognized as not human, and your body develops antibodies to protect you if you later encounter the virus. Some vaxines inject the instructions needed for your body to create the spike protein.

After making the protein, your body will destroy the mRNA. The spike protein is temporary and does not mix into your genetic code. The first mRNA vaccines to be created. mRNA vaccines have been shown to be safe and highly protective. The ourselves, our family, or our friends needs to be vaccinated. Being vaccinated enables us to protect our family. The sooner we can reach 70-85% of the population, the better off we will be.

21. How many doses of vaccine does the U.S. have? Where can I get vaccinated?
The vaccine supply to the U.S. is plentiful for everyone in the U.S. to become vaccinated. You can receive a vaccine by signing up at <https://myturn.ca.gov/>. In addition, vaccines are available at local pharmacies, groceries, medical providers, and community events. [CLICK HERE TO GO BACK TO QUESTION LIST](#)

22. Will the COVID-19 vaccine be required?

Currently, a variety of vaccines, such as measles-mumps-rubella, chickenpox, and polio are required in certain settings – for school, college, and in healthcare settings. The University of California and California State campuses have declared the intent to make COVID-19 vaccination a requirement for staff, faculty, and students by fall term 2021. Many colleges and universities have declared COVID vaccination a requirement for students this fall. The ability to require the COVID-19 vaccine assumes that at least one COVID vaccine will receive full FDA approval (instead of Emergency Use Authorization – see [Question 7](#)). Full authorization is expected to occur for Pfizer and Moderna vaccines by summer 2021. Places requiring COVID-19 vaccination wish to create a safe campus/workplace where individuals can rely upon herd immunity and can return to pre-pandemic activities, interactions, learning, and collaboration that is important to a healthy society. It will also assure that the campus/workplace is maximally protected for the upcoming winter season. Since COVID-19 is a highly seasonal virus, places (e.g., zip codes, schools, nursing homes) that do not reach high levels of population vaccination (70-85%) may risk disease, outbreaks, hospitalizations, and deaths due to winter resurgence of COVID-19. [CLICK HERE TO GO BACK TO QUESTION LIST](#)

23. How many doses is the vaccine and how far apart?

Both the Pfizer and Moderna vaccines are two-dose vaccines. This means that you must receive both doses to achieve the 94-95% protection that was seen in the trials.

- The Pfizer vaccine is two doses given 21 days apart
- The Moderna vaccine is two doses given 28 days apart

[CLICK HERE TO GO BACK TO QUESTION LIST](#)

24. What if I get the first dose and then don't want the next dose?

It is important to remember that the two large Pfizer and Moderna trials were not designed to assess the benefit from a single shot. For example, everyone in the Pfizer vaccine group received two shots, 21 days apart. Thus, for each vaccine participant, there were only 21 days between doses that provided any information about the effect of the first dose alone. Nevertheless, evidence from Scotland and Israel have shown that after 14 days from the first dose of the Pfizer vaccine, there is evidence of 85-90% protection from symptomatic disease and hospitalization. However, these studies do not tell us how long that protection would last if the second dose isn't given to lock in protection.

	mRNA Vaccine (Pfizer or Moderna)	J&J Vaccine	No Vaccine
# Doses	2	1	0
Time between Doses	3 weeks (Pfizer), or 4 weeks (Moderna)	---	---
Protection from COVID	95% (Pfizer) 94% (Moderna)	66%	0%
Advantage	Greater protection	Greater convenience	None
		Rare blood clots males 18-29: 1 in 192,000 males 30-39: 1 in 85,000 males 40-49: 1 in 233,000 males 50-64: 1 in 670,000 males 65+ & females: no known risk	None

raccine? Can I stop wearing a mask?
Starting 7 days after the second dose for the Moderna vaccine. Until that time, you should assume you are not vaccinated, all policies, and procedures will remain in place until you are fully vaccinated.

Due to the change in season and rising cases, for when it is safe to not wear a mask.

Indoors and outdoors: If you are unvaccinated people from other areas are low risk for serious COVID-19 disease. Fully vaccinated (at least 2 weeks past their second dose) are low risk for serious COVID-19 disease.

Protection from other people (unless you are at a high-risk setting).

Questions?



(949) 824-7806 or COVIDTeamOC@gmail.com