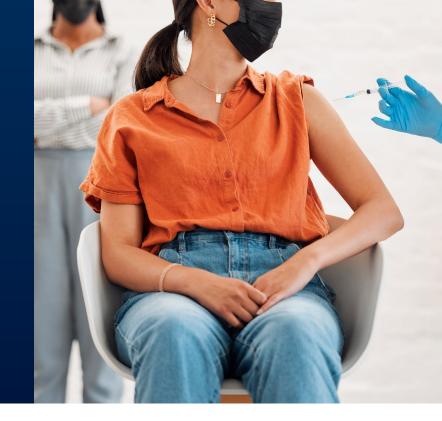
# Brown & Brown

**EMPLOYEE BENEFITS** 

## Help Keep Your Workforce Healthy by Avoiding the Tripledemic

By Louise J. Short, MD, MSc FACOEM, National Clinical Leader and Rachel Piccolino, MPH, National Senior Population Health and Well-Being Analyst



# What Is a Tripledemic and Why Should Employers be Concerned?

As fall approaches, there is a risk this year that influenza (flu), COVID-19 and respiratory syncytial virus (RSV) will all circulate and peak at the same time (hence the term "tripledemic") likely causing excess hospitalizations and deaths. If a tripledemic occurs, it will disrupt the healthcare system's ability, including urgent care facilities and emergency rooms, to handle the patient volume, much like the peaks of the COVID-19 pandemic. If a tripledemic does occur, workplaces may be disrupted, and employers will experience absence, short- or long-term disability and productivity losses.

## How Are These Three Viruses Spread, and What Is the Severity of Disease They Cause?

The tripledemic viruses are respiratory and spread by breathing, speaking and coughing. All can cause severe disease and death. During the 2022-2023 peak season,

100,000 to 200,000 people were hospitalized with RSV, 300,000 to 650,000 with the flu, and 700,000 with COVID-19.¹ In the United States, COVID-19-related deaths increased by approximately 18% between July 8, 2023, and August 26, 2023 and COVID-19-related hospitalizations increased by about 16% within a similar timeframe.² In 2022, more than 245,000 people died of COVID-19 or COVID-19-related illness in the U.S., making it the fourth most common cause of death.³ Additionally, "long COVID" has also impacted the workforce, with many individuals reducing hours or leaving the workforce altogether.⁴

You can learn more about <u>RSV</u>, the flu, and <u>COVID-19</u> via the Centers for Disease Control and Prevention (CDC)'s website.

LEARN MORE →

<sup>1.</sup> https://time.com/6314785/how-to-avoid-the-tripledemic-of-respiratory-diseases/

 $<sup>2. \ \</sup>underline{\text{https://covid.cdc.gov/covid-data-tracker/\#trends\_weeklyhospitaladmissions\_select\_00}\\$ 

R. https://www.cnn.com/2023/05/04/health/covid-fourth-leading-cause-of-death/index.html

<sup>4.</sup> https://www.nytimes.com/2023/01/24/health/long-covid-work.html

### Free COVID-19 Tests Are Back

Households can order four free rapid antigen tests at COVIDtests.gov.

### Fall 2023 Vaccines

	What are the options?	Who is eligible?	How well do they work?	When should I get it?
Influenza	A shot that targets 4 strains of seasonal flu	6 months and older	Reduces the risk of going to the doctor by 53%	October is ideal as vaccine protection wanes over a season
COVID-19	Updated vaccine formula targeting XBB – an Omnicron subvariant Options: Moderna and Pfizer (mRNA), Novavax (protein) available soon	6 months and older	Last year the fall COVID-19 vaccine provided 40-60% additional effectiveness against severe disease	Protection against severe disease. Get now. Protection against infections: Best to get it right before a wave which can be challenging to time. Recently infected? Wait at least 3-4 months.
RSV (older adults)	2 options: GSK and Pfizer. They are slightly different in design but only at a microscopic level	60 years and older	82-86% efficacy against severe disease	Now; no need to juggle timing as protection is durable.
RSV (pregnancy)	Pfizer vaccine is approved as of August 2023 and recommended by ACIP as of September 2023	Pregnant women (protection will pass onto baby for first 6 months of life)	82% efficacy in preventing hospitalization in first 3 months of life. 69% efficacy after 6 months.	Recommended at 32 to 36 weeks of pregnancy between September and January
RSV Monoclonal Antibody	This is not a vaccine (doesn't teach the body to make antibodies) but rather a proactive medication (provides antibodies)	All infants <8 months. High-risk infants 8-19 months	Reduces risk of hospitalization and healthcare visits by -80%	Protection lasts 4-6 months

Figure 1: Fall 2023 Vaccines.

- Vaccines are available for the flu, COVID-19, and RSV (for limited populations)
- Individuals should consult their physician if they have any questions about these vaccines or potential side effects
- Adapted from material by Katelyn Jetelina, MPH PHD and Caitlin Roberts MPH PHD. For more information go to Your Local Epidemiologist?

# How Can Severe Disease and Deaths be Prevented?

Vaccination is the most effective way to mitigate severe disease and death from tripledemic diseases. This is the first year vaccines are available in early fall for each virus (the RSV vaccine is new this year). The flu and COVID-19 vaccines have been modified to target this year's prevalent circulating strains. Private insurance companies are mandated to cover the COVID-19 vaccine with no copay. However, insurers are no longer required to pay for "out-of-network" vaccines. This means that individuals may need to get their vaccine at a doctor's office if their pharmacy is not in-network with their insurance plan.

## What Are the Options for These Vaccines, Who Should Get Them, When Should Individuals Get Them and How Well Do They Work?

Figure 1 on this page summarizes the current recommendations for these three vaccines.<sup>5,6</sup>

Employees should be advised to contact their physician if they have any questions about their health, vaccinations or side effects.

<sup>7. &</sup>lt;a href="https://yourlocalepidemiologist.substack.com/p/updated-2023-fall-vaccine-chart">https://yourlocalepidemiologist.substack.com/p/updated-2023-fall-vaccine-chart</a>



<sup>5.</sup> Please note that the COVID vaccine does not protect against infection but it does decrease the risk of severe disease and death. Reinfections do occur in vaccinated individuals. Additionally, it takes two weeks for the COVID vaccine to be fully effective and its effectiveness wanes over time, so booster shots are important. If employees have any questions about vaccinations or side effects, they should contact a physician.

<sup>6. &</sup>lt;u>https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2804451</u>

# What Are Some Key Employer Action Steps Related to the Tripledemic and Vaccination?

- Advise employees to contact their physician if they have any questions about their individual health, whether they should receive a vaccination or potential side effects.
- 2 Educate the workforce about the importance of vaccines and provide guidance and resources for questions through health plans or vendors (e.g., telemedicine).
- Provide educational material in multiple languages as applicable to the workforce.
- Make vaccines accessible by providing them at no cost as a preventive service and giving employees information on where they can access vaccines near their work or home (drug stores, grocery stores, etc.). Visit <a href="https://www.vaccines.gov/">https://www.vaccines.gov/</a> for help finding vaccines.
- If feasible, bring vaccines to the workforce with on-site vaccination events, at on-site or near-site clinics or via mobile vans.
- 6 Consider providing transportation to vaccination locations to help reduce travel and cost barriers.
- Give employees paid time off to get vaccinated.

  Additionally, you may consider giving them time off for vaccine-related side effects.
- 8 Consider incentives for getting vaccinated.
- 9 Encourage managers and other organizational leaders to share their stories regarding vaccination and put signage in the workplace to help normalize vaccination.
- 10 Thank employees for getting vaccinated.

# What Are Some Ways Employers Can Help Decrease the Spread of Respiratory Viruses in the Workplace?

- 1 Encourage sick workers to stay home when symptomatic.
- Promote remote and flexible work arrangements during peak viral season. This is especially important for working parents who may not have childcare or when there are school closures.
- Optimize ventilation in the workplace. Consider using HEPA filters or Corsi–Rosenthal Boxes.<sup>8</sup>
- Promote handwashing and cleaning and disinfection of the environment, including surfaces.
- Install as much "no touch" technology as possible for opening doors, trash cans, soap dispensers, etc.
- Remind people to cover coughs and sneezes with tissues, cough and sneeze into elbows instead of hands, and not to touch their eyes, nose or mouth.
- Provide hand sanitizer in common areas and restrooms.
- 8 Consider providing masks and encouraging social distancing in the workplace.
- 9 Stay aware of local infectious disease trends.

The flu, COVID-19 and RSV tripledemic has the potential to cause not only severe disease and death, but also disruptions to workplaces and daily life. By taking the actions above, employers can help keep their employees healthy and mitigate the spread of these viruses.

 $<sup>8. \ \</sup>underline{https://news.3m.com/2022-02-24-3M-scientists-This-Corsi-Rosenthal-box-movement-is-legit}$ 



### **About the Authors**



#### Louise J. Short, MD, MSc FACOEM, National Clinical Leader

Dr. Short is the National Clinical Leader for Brown & Brown. She has a passion for improving health outcomes, medical costs, the member experience and engagement and productivity. Her background includes 25 years providing clinical leadership and innovation in designing, implementing and measuring population health programs and strategies for employers, vendors, and carriers. Dr. Short has also worked as a medical epidemiologist at the Centers for Disease Control and Prevention. She earned her undergraduate degree at Harvard, her MD from Tufts University School of Medicine, did her internal medicine residency at Yale-New Haven Hospital, and trained in occupational and preventive medicine at Mt. Sinai School of Medicine in New York City where she also received a Master's degree in Community Medicine.



#### Rachel Piccolino, MPH, National Senior Population Health and Well-Being Analyst

Rachel Piccolino is a National Senior Population Health Well-Being Analyst for Brown & Brown. She possesses deep experience in healthcare consulting, focusing on health policy, Medicare, Veteran and military health and other federal health programs. Prior to joining Brown & Brown, Rachel served as a federal healthcare consultant for Duty First Consulting, a small federal government consulting firm located just outside Washington, DC. Her clients included the Centers for Medicare & Medicaid Services, the Department of Veterans Affairs, and the Department of Defense. Rachel earned a Bachelor of Arts degree in Psychology with a minor in Medical Humanities from Boston College. Rachel also holds a Master of Public Health in Health Policy from The George Washington University and is a member of the American Public Health Association.



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