

Dear Madam/Sir,

Please allow me to share with you the experiences of the resumption of business activities following the first wave of COVID-19.

I would like to call your attention that the COVID-19 pandemic is far from over so we need to stay alert and testing should continue. According to the European Centre for Disease Prevention and Control, the second wave of the transmission of the infection is highly likely in the coming weeks. It follows from this that we all need to make joint efforts to maintain a reduced level of transmission and avoid resurgence.

To ensure safe and healthy working conditions for employees returning to work in large numbers from home office or lockdown conditions, there are typically two versions considered:

1. COVID-19 testing of all returning employees as a preventive measure (also the additional speedy testing of employees who have already returned)
2. There is no testing on return. However, in the case of earlier proven infections the employees concerned are reactively tested for the purpose of internal contact tracing.

Regarding the above outlined two versions, it is our professional opinion that **version 1 is by all means recommended**. This means that **rapid tests should be administered to employees returning or having already returned to work** before they get into contact with their direct colleagues. This will prevent or at least reduce to a minimum the risk that one or several infected persons or virus carriers can pass on the virus to a large number of direct colleagues even before the symptoms appear.

With version 2, contact tracing following the manifestation of the source of infection does not provide the safety referred to above. During the period of incubation the majority of or even all employees working in the same place in the same organisation unit can be infected or can become ill. The detrimental consequences of such an outbreak for the sustainment of normal business operations can be worse than those of the epidemic since there is a mandatory reporting obligation to the authorities so that the source can be tracked down. As a result, contact persons (independent of their test results) may be forced into lockdown en masse. This could in no time render the operation of entire organisational units infeasible.

It may also occur that an asymptomatic virus carrier becomes a source of infection and only after the manifestation of the symptoms in an employee i.e. after a double incubation period will it be possible to start contact tracing, which is obviously belated.

Overall, version 2, i.e. contact tracing after the manifestation of the source of infection, is not a suitable way of primary protection, much rather a feasible way of maintaining the safe restart provided by version 1.

Certainly, the above options represent the worst scenario the probability of the occurrence of which is small, but if it does happen, the severity of the consequences leads to an elevated level of risks.

A further advantage of version 1 over version 2 not to be underestimated is that by the detection of IgG antibodies indicating lasting immunity (see our information leaflet attached) it enables the identification of **employees who** have contracted the infection – either without symptoms or have fallen ill and have recovered – and **have thereby become immune** to the foreseen second wave. The significance of this cannot be emphasized enough. Employees who are immune to the virus can safely work together with other employees who are yet defenceless against the virus. If there are new infections e.g. the manifestation of symptoms and positive tests, these immune employees are in the best position to support their colleagues who are to be quarantined or are quarantined (providing information, passing on messages, assistance in personal matters, handling of personal

belongings, observation, escort, transport, emotional support, prevention of the feeling of being left alone, etc.)

Also, to achieve rapid identification, isolation and treatment of infected individuals we recommend the establishment and maintenance of a **standby screening scheme** covering the entire headcount. This can be accomplished fairly easily through the involvement of our health worker dispatched to your company, who can perform rapid testing either by visiting some of your departments and doing the tests or by being available upon request (e.g. upon the occurrence of COVID-suspected cases that have to be reported).

We also recommend that your employees are categorized according to COVID-19 susceptibility and that the colleagues of **high COVID risk employees** are preventively and later regularly tested. High risk individuals include adults over 60 and people with certain chronic diseases or conditions (serious heart conditions, severe obesity, people who are immunocompromised, etc.), especially in the case of their accumulation. The results of the occupational health assessments could serve as basis for the categorization of risk prone employees.

In addition, we recommend the supplementation of preventive testing with a work environment study **based on interviews** conducted (e.g. on questionnaires). This will allow the identification of employees who are asymptomatic or have produced false negative test results but are considered risky in terms of their contacts and therefore to be referred to follow-up testing.

Your premises seem suitable for the location of rapid testing. After proper logistical preparation our health worker can do the tests and we can give her further assistance if required. With negative test result, the employee can resume work immediately – obviously in keeping with precautions against the spread of the epidemic. In the case of positive test result, (its frequency will foreseeably be low), it would be advisable to do further confirmatory tests either by a serological lab test and assessments or by a PCR test showing the presence of the virus, or both.

We have the tests that are of the best quality and reliability as well as well trained and equipped health staff.

Yours sincerely,

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