Special Guidance on Vaccinations and Testing

May 24, 2021

Since the beginning of the COVID-19 pandemic, the goal of the American Guild of Musical Artists (AGMA) and the Stage Directors and Choreographers Society (SDC) has been to get our members back to work as soon, safely, and responsibly as possible. The Expert Medical Advisory Board we retained has addressed the unique risks of singing, speaking loudly, engaging in strenuous physical activity, and doing these activities in close physical proximity to others. All four (4) versions of the AGMA/SDC Return to Stage and Performing Arts Playbook, and the Special Surge Guidance issued in December 2020, carefully crafted the protective measures these experts believed were needed, at that stage of the pandemic, to mitigate the very real, life-threatening risks to artists.

In recent days, there has been a tidal wave of reopening announcements and new Centers for Disease Control (CDC) directives on masks, vaccinations, and testing. The federal government and many state and local jurisdictions are lifting restrictions on mask wearing and the size of both indoor and outdoor gatherings at rapid speed, especially after more than a year in which practicing extreme caution has been the rule.

On May 16, 2021, the CDC issued new guidelines on mask wearing for fully vaccinated individuals. Notably, this guidance was not meant to be a one-size-fits-all model and, indeed, stated that individuals "will still need to follow guidance at your workplace and local businesses."[1]

The purpose of this Special Guidance is to help employers of AGMA and SDC members balance the unique risks of COVID-19 to performing artists with the increasing number of fully vaccinated individuals working in our companies and productions and more reliable and cost-effective testing protocols.

[1] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html

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Vaccinations

High levels of vaccination support the safe return of the performing arts. Being fully vaccinated minimizes the risk of getting COVID-19, and nearly eliminates the risk of severe illness, hospitalization, and death. With the aim of getting back to work safely, AGMA and SDC encourage all our members to get vaccinated against COVID-19 as soon as they are able.

Vaccinations are now available in the United States to everyone over the age of 12 and availability of appointments is improving. Many locations are offering walk-in appointments, making it even easier to get vaccinated. The CDC website promotes Vaccine.org, which helps individuals find and schedule vaccine appointments.

We are still learning how well vaccines prevent a person from spreading COVID-19 to others, even if they do not have symptoms. Early data show that vaccines help prevent asymptomatic carriers from spreading COVID-19[2]. It is also not known how long vaccine protections will last. Currently, data indicates there is strong immunity 6 months post-vaccination, and further studies will likely demonstrate immunity lasting for longer periods. Length of immunity may be reduced in people over 65 or those with certain medical conditions/treatment. While the current vaccines in the U.S. still provide protection against the known variants circulating, there is always the possibility that the virus will develop a new mutation which will make the current vaccines less effective. The guidance below takes these uncertainties into consideration.

While organizations can mandate vaccinations, they are required to try to accommodate individuals with documented health or religious concerns that prevent them from being vaccinated. Organizations are not required to accommodate those people who do not want to be vaccinated because of personal belief or vaccine hesitancy. For guidance from the Equal Employment Opportunity Commission regarding employer-required COVID-19 vaccinations, click here[3]. *Please note that the implementation of mandatory vaccination protocols is a mandatory subject of collective bargaining under federal labor laws.*

Testing

Diagnostic testing has been available since the start of the pandemic and more recently the FDA has approved several tests which are available for screening asymptomatic people and do not require oversight from a healthcare professional. The advantage of some of these tests is the speed with which they produce results (minutes versus hours or days) and the reduced cost, allowing for increased frequency of testing.

Testing can be used to reduce the risks when not everyone is vaccinated, especially when levels of COVID-19 in the community are elevated. The need for testing can be adjusted depending on the community transmission rates and can potentially be stopped when rates fall to a very low level or everyone is vaccinated:

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[2] https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html?s_cid=10493:covid%20vaccine%20shot:sem.ga:p:RG:GM:gen:PTN:FY21

[3] https://www.eeoc.gov/newsroom/eeoc-issues-updated-covid-19-technical-assistance-publication-3

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New Cases Per Day based on a 7-day Average	Community Positivity Rate	Testing
< 5 per 100,000 (50 per million)	<3%	Reduction or pause in testing can be considered
< 2.5 per 100,000 (25 per million)	<3%	Pause in testing permitted

Metrics for case rates and test positivity rates by metro, county or state can be found at www.covidactnow.org.

The new rapid tests are either PCR/Molecular or Antigen:

PCR/Molecular

- **Positive Test**: If positive, the person should be isolated, as they probably have or are recovering from COVID-19.
- **Negative Test**: As these tests identify very low viral loads, a negative test means it is very unlikely that a person will become infectious with COVID-19 that day, and precautions such as masking and physical distancing can be reduced.
- **Examples of these Tests**: Visby (rapid PCR) or Cue Health and Lucira (rapid molecular tests).

There is a small risk that someone is very early on in their infection and may not yet test positive but in the following days they might. To reduce risk, it is best to test at the beginning of each day someone is working if they are not vaccinated.

Antigen

- **Positive Test**: These identify infectious people with high viral loads, so if there is a positive result then that person should be isolated from others as they have COVID-19.
- **Negative Test**: A negative test means it is unlikely that the person has COVID-19. However, it is possible that their viral load at the time of testing was not yet high enough to trigger a positive result but could increase during the day. While unlikely, this risk is higher than with PCR/Molecular tests and therefore it is prudent to maintain other precautions (see scenarios table below).
- **Examples of these Tests**: BinnaxNow, Quidel Quickvue.

These tests are most effective when used on a routine, ongoing basis – no less than 2-3 times per week (once per week may be appropriate when community levels are below 2.5 new cases per 100,000 per day). Frequent and consistent Rapid Antigen testing can be a very powerful tool in minimizing the risk of COVID-19 transmission at work.

The comparison table (Appendix 1) highlights the performance of each type of test, their estimated cost, and relative effectiveness in identifying COVID-19 cases. While accuracy is important, the speed with which results are produced and the frequency of testing are key drivers of overall effectiveness.

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Vaccination Scenarios for Locations Where Community Spread is Declining

The following scenarios describe how organizations can begin to leverage vaccination status and testing to minimize risks and allow for increased levels and types of performances. While these scenarios permit adjustments to mask and physical distancing requirements depending on the level of vaccination and the testing regimen, all scenarios assume the Playbook's other safety protocols must continue to be followed, including but not limited to improved ventilation, cleaning/disinfecting protocols, hand hygiene practices, and daily health screenings.

Please note that these scenarios are considering the risk to employees and artists within the organization from each other. Organizations also should consider the risk posed by their audience members to any unvaccinated employees and determine appropriate protocols to mitigate that risk (e.g., mask requirement, physical distancing, improved ventilation, reduced capacity, etc.). Please refer to the Playbook for guidance.

"Fully vaccinated" means completion of one or two doses, depending on the vaccine, plus an additional 2 weeks.

If 100% of the Organization is Vaccinated	
Testing	**Activities**
No testing necessary	If everybody in the organization (performers, directors, choreographers, stage managers, instrumentalists, backstage, and front of house staff etc.) is fully vaccinated, then artists can return to working without masks and social distancing (including partnering for dancers).

If More Than 70% of the Organization is Vaccinated	
Testing	**Activities**
Option 1 – no testing	• Vaccinated individuals can rehearse and perform without masks and physical distancing. • Unvaccinated individuals should wear masks at all times. • When partnering (pas de deux or similar type of close contact) with an unvaccinated individual both should be masked. • If unvaccinated individuals are part of a chorus/multiple singers, they should be physically distanced per the Playbook due to the higher risk of singing.
Option 2 - with testing If unvaccinated individuals take a rapid PCR/Molecular test each day they work. OR	• Vaccinated individuals can rehearse and perform without masks and physical distancing. • Unvaccinated individuals can rehearse and perform without masks and physical distancing. • If community rates are >10 new cases per 100K per day (>100 per million) then unvaccinated individuals who are part of a chorus/multiple singers should be physically distanced per the Playbook. • If unvaccinated individuals test positive, then protocols for isolation and quarantine need to be followed per the Playbook.

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If unvaccinated individuals take a rapid antigen test 2-3 days per week whether they come into work or not.	

If Less Than 70% of the Organization is Vaccinated	
Testing	**Activities**
Option 1 – no testing	• Vaccinated individuals can rehearse and perform without masks and physical distancing. • Unvaccinated individuals should maintain masking and physical distancing protocols as per Playbook.
Option 2 – with testing If unvaccinated individuals (including visitors) take a rapid PCR/Molecular test each day they enter the workplace. OR If unvaccinated individuals (including visitors) take a rapid antigen test 2-3 days per week on whether they come into work or not.	• Vaccinated individuals can rehearse and perform without masks and physical distancing. • Unvaccinated individuals do not need to maintain physical distancing during rehearsals or performing. • Unvaccinated individuals should wear masks at all times when rehearsing but can be without masks when performing. • Unvaccinated individuals should wear a mask and maintain physical distancing when they are off stage. • If community rates are >10 new cases per 100K per day (>100 per million) then unvaccinated individuals who are part of a chorus/multiple singers should be physically distanced per the Playbook. • If any individual tests positive, then protocols for isolation and quarantine need to be followed per the Playbook.

Employers need to monitor and observe public health advice when vaccine immunity starts to fade, and/or variants that impact immunity become prevalent. AGMA and SDC will also continue to monitor the same and provide updated guidance, as necessary.

APPENDIX 1 - Test Comparison

TEST	TYPE	SAMPLE	ACCURACY[4]	SPEED	COST PER TEST[5]	FREQUENCY	EFFECTIVENESS[6]	SUPERVISION
Visby	RT-PCR	Anterior nares	PPA 100% NPA 95.3% Invalid 5%	30 mins	$40 - $50	Each Workday	99%	Requires medical oversight
Cue Health	Molecular	Anterior Nares	PPA 100% NPA 100% Invalid ND%	20 mins	$50 plus reader	Each Workday	99%	Home use
Lucira	Molecular LAMP[3]	Anterior Nares	PPA 94% NPA 98% Invalid ND%	30 mins	$55	Each Workday	98%	Home use
BINNAXNow	Rapid Antigen	Anterior Nares	PPA 91.7% NPA 100% Invalid ND%	15 mins	$12	3x week	97%	Home use
						2x week	88%	
Quidel Quickvue	Rapid Antigen	Anterior Nares	PPA 83-95% NPA 95% Invalid ND%	10 mins	$12	3x week	97%	Home use
						2x week	88%	

Rapid Tests with Surveillance Use FDA EUA:
Visby Medical: https://www.visbymedical.com/
Cue Health: https://www.cuehealth.com/what-is-cue/how-cue-detects-covid-19/
Lucira: https://checkit.lucirahealth.com/

[4] Accuracy compared to reference PCR – Positive Percentage Agreement (PPA) and Negative Percentage Agreement (NPA)
[5] Cost varies on volume purchased – amounts given are estimates only
[6] Accuracy is important but speed to get result and frequency are key drivers of effectiveness (estimated using https://larremorelab.github.io/covid-calculator3). Effectiveness is % probability that asymptomatic (or symptomatic) infectious individuals would be identified, isolated away from the workplace.

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BinnaxNow: https://www.abbott.com/corpnewsroom/diagnostics-testing/BinaxNOW-what-you-need-to-know.html

Quidel Quickvue: https://www.quidel.com/immunoassays/quickvue-sars-antigen-test