News From the Centers for Disease Control and Prevention

COVID-19 Deaths Among US Clinicians

More than 100 000 US health care personnel have contracted coronavirus disease 2019 (COVID-19) since February and at least 641 have died, according to a report by health officials from the CDC and several states.

Based on data reported to the CDC between February 12 and July 16, the report reflects a 10-fold increase in cases among personnel at health care facilities since the last CDC analysis in April. At that time, nearly 10 000 COVID-19 cases and 27 deaths had been reported. The authors note that the current total likely underestimates the true number of cases among health care personnel because occupational status was available for fewer than one-quarter who had COVID-19.

Among nearly 7000 health care personnel with COVID-19 for whom workplace data were available, two-thirds worked in nursing homes or residential care facilities. About one-third of almost 6000 cases with their occupation reported occurred among health care support workers—nursing assistants, medical assistants, and other providers or aides. Nurses accounted for 29% and physicians for about 3% of cases. Among nonclinical staff, 581 administrative staff and 330 environmental health workers contracted the disease.

Health worker deaths from COVID-19 were most common among men, those aged 65 years or older, and Asian or Black adults. Ninety-two percent of those who died had an underlying health condition compared with 41% of workers who survived. More than half of those who died had cardiovascular disease or diabetes; one-third had both.

The authors recommended ensuring universal mask use in health care settings, screening for illness before entering the workplace, granting nonpunitive sick leave policies, and recognizing the social inequities that put some workers at higher risk in the workplace and at home.

"Ensuring adequate allocation of PPE [personal protective equipment] to all [health care personnel] in the workplace is one important approach to mitigating systemic inequalities in COVID-19 risk," the authors wrote.

COVID-19 Poses Pregnancy Risks

Preventing and identifying coronavirus disease 2019 (COVID-19) in pregnant women is essential, as new data suggest some are at risk of severe illness or pregnancy loss.

Surveillance data from hospitals in 13 states showed that among 598 pregnant women aged 15 to 49 years with COVID-19 who were hospitalized between March and August, about half were asymptomatic at admission. They were admitted most often during their third trimester of pregnancy. Among 324 women for whom the reason for hospitalization was known, asymptomatic women were almost always admitted to give birth rather than for COVID-19–related reasons.

Admissions among symptomatic women occurred most often during their first or second trimester of pregnancy, and they were slightly more likely to be admitted for COVID-19–related illness than for labor and delivery. About 16% of symptomatic pregnant women were admitted to an intensive care unit (ICU), 8.5% required mechanical ventilation, and 2 died. None of the asymptomatic women received ICU care or ventilation and none died.

Nearly one-quarter of symptomatic women who had a live birth delivered prematurely compared with 8% of asymptomatic women. Seven symptomatic women and 3 who were asymptomatic experienced a pregnancy loss.

Among the 16% of symptomatic women who received investigational treatments, about 7% were treated with the antiviral medication remdesivir and 7% received hydroxychloroquine.

Physicians should be aware of the potential adverse effects that pregnant women with COVID-19 face, the authors wrote. "Identifying COVID-19 during birth hospitalizations is important to guide preventive measures to protect pregnant women, parents, newborns, other patients, and hospital personnel." **– Bridget M. Kuehn, MSJ**

Note: Source references are available through embedded hyperlinks in the article text online.

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