

Disclaimer

- The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.
- For full guidance and information, please consult the: CDC Interim Guidance for Businesses and Employers Responding to COVID-19 https://www.cdc.gov/conavirus/2019-ncov/commutity/guidance-business-response.htm
- The information in this presentation is current as of February 18, 2021

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Overview of Presentation

- Epidemiology of Coronavirus Disease 2019 (COVID-19) in the U.S.
- COVID-19 as an occupational disease
- Public health surveillance for COVID-19 among workers in the U.S.
- Examples of other evidence on occupational risk factors for COVID-19
- Conclusions

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Exposures among persons with COVID-19, Colorado, March 2020 47 of 99 cases with known infected contacts (47%) reported exposure in the workplace. Most common work settings: healthcare (38%), professional or office setting (17%), public administration or armed forces (7%), manufacturing (including meat-packing, 6%). Workplace Outbreaks by Industry Sector, Utah, March-June 2020 210 of 277 COVID-19 outbreaks (76%) occurred in non-healthcare workplaces.

State reports of COVID-19 among workers

 58% of cases were in 3 sectors: Manufacturing, Wholesale Trade, and Construction.
 Hispanic and nonwhite workers accounted for 73% of workplace outbreak-associated COVID-19 cases (vs 24% of all workers in affected sectors).

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Occupational Group	Exposed % (number	Exposed > 1 time % (number in millions)	
	Per week	Per month	
All	10.0% (14.4)	18.4% (26.7)	
Healthcare Support	76.8% (3.2)	96.1% (4.0)	
Healthcare Practitioners and Technical	77.8% (6.7)	91.5% (1.8)	
Protective Services	29.9% (1.0)	52.1% (2.8)	
Personal Care and Service	0.5% (0.03)	52.1% (2.8)	
Community and Social Service	7.7% (0.2)	32.4% (0.7)	
All other occupational groups	<15%	<25%	

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Occupational risk of COVID-19 in the 1st vs 2nd wave of infection: Norway • 1st wave (February 26 – July 17, 2020) – Limited testing

- National lockdown March 12 March 26
- Nurses, physicians, dentists, physiotherapists, bus/tram and taxi drivers had 1.5-3.5x the
 odds of infection compared to all working age adults (20-70 years).
- Ind wave (July 18 October 20, 2020)
 - Expanded testing
 - Targeted mitigation measures, less steep wave
 - Bartenders, waiters, food service counter attendants, taxi drivers and travel stewards had 1.5-4x the odds of infection when compared to all working age adults.
- Magnusson K, Nygård K, Vold L, Telle K. Occupational risk of COVID-19 in the 1st vs 2nd wave of infection of the comparison of the compari

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Conclusions

- The COVID-19 pandemic has had major effects for workers.
- Some groups of workers (e.g., healthcare personnel) have increased risk
- due to patient contact. Other groups of workers (e.g., meat and poultry processing workers) have increased risk due to physical proximity to co-workers or public.
- Occupational risk may be influenced by:
 - Disease factors (e.g., ease of transmission),

 - Workplace factors (e.g., engineering controls, social distancing),
 Worker factors (e.g., language barriers, ability to take sick leave).
- Estimating occupational risk is challenging.
- Increased collection and reporting of occupational data are needed.

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Where can I get more information?

- <u>CDC Interim Guidance for Businesses and Employers (COVID-19)</u>
- CDC General Business Frequently Asked Questions
- NIOSH COVID-19 Workplace Safety and Health Topic
- <u>CDC COVID-19</u>
- OSHA Guidelines on Preparing Workplaces for COVID CDCINFO: 1-800-CDC-INFO (1-800-232-4636) | TTY: 1-888-232-6348 | website: cdc.gov/info

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