


The Cooperation Between Occupational and Public Health Stakeholders and Its Decisive Role in the Battle Against the COVID-19 Pandemic

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Letter to the Editor

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We have much appreciated the review by Ahmad and Osei,¹ concerning occupational health and safety measures in health care settings as strategies for protecting staff, patients, and visitors, in agreement with previous findings of the literature.²

All the preventive measures suggested by Ahmad and Osei are arguably valuable. However, the authors did not mention a relevant preventive measure, which is important in the fight against severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in all the workplaces, but decisive in the health care setting, namely the occupational health surveillance (OHS).

In Italy as well as in European Union countries, OHS is carried out by occupational physicians (OPs) appointed by employers. OPs are central professional figures within occupational health services, as they collaborate with employers and occupational health and safety managers to develop the risk assessment strategy aimed to implementing organizational, environmental, and personal measures, in order to prevent occupational injuries and work-related diseases.

To prevent the coronavirus disease (COVID-19) infection in hospitals and health care setting, as shown by Ahmad and Osei, engineering, administrative, and environmental controls, as well as personal protective equipment, are crucial and should be considered as occupational preventive measures.

However, protecting staff and health care workers by OHS programs may strengthen strategies carried out by public health stakeholders, especially when hazards that affect the health of the general population are particularly relevant in high-risk working conditions. Indeed, even if SARS-CoV-2 is a significant threat to the health of the general population, it can be considered a specific risk factor in some occupational cohorts like health care workers (HCWs) or other categories of workers who are at increased risk of contracting the COVID-19 infection.³

In Italy, OPs have to collaborate with public health authorities for the contact tracing activity in the workplace, performing point-of-care antigen tests in the suspected cases and visiting fragile workers and workers affected by severe COVID-19 infection before returning to work for early recognition of the long-COVID-19 syndrome, which may require a specific assessment of fitness for work. Most of all, OPs should collaborate with public health authorities and primary care providers in the current COVID-19 mass vaccination campaign to address workers' vaccine hesitancy that may compromise the effectiveness of this preventive measure, which is a decisive step in the fight against the pandemic. Indeed, in Italy, where the vaccination is compulsory for HCWs, a governmental policy based on COVID-19 certificate or passport ("Green Pass") has been recently set up to increase the COVID-19 vaccination coverage, starting from some high-risk workplaces like schools and universities. Occupational health services are, however, unevenly distributed across the countries, reflecting important differences in health care and social systems, and this can slow down the mass vaccination campaign worldwide.⁴ Therefore, implementing OHS programs and strengthening the collaboration between occupational and public health⁵ stakeholders may be decisive to tackle the transmission of the COVID-19 infection in all the workplaces. This may be especially effective in the low- and middle-income countries, where the most vulnerable groups, which are difficult to reach, may sustain the spread of the COVID-19 pandemic and facilitate the onset of new variants.

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