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COVID-19 in healthcare workers



Risk of coronavirus infections among medical personnel.

Dear Editor,

Infections from the coronavirus group are a very important problem among medical personnel. This affects both the continuity of work of medical services, due to the compulsory quarantine of infected persons and their abandonment of work, and the insufficient number of employees to replace them in their tasks and duties. Due to the current situation of the COVID-19 pandemic, we can predict how the morbidity of health care workers will develop based on data on other viruses from the coronavirus group.

In global research on SARS-CoV-1, MERS-CoV and SARS-CoV-2, it can be seen that a very large percentage of the number of infected people are health professionals struggling with them in various medical facilities. This is most often due to the fact that medical personnel is incorrectly trained in proper protection against the virus and lack of equipment that meets the relevant standards [1].

In the case of SARS-CoV-1, medical personnel accounted for 21.07% (1706/8096) of all infections, MERS-CoV 13.37% (183/1368) [2,3], SARS-CoV-2 due to the growing number of infections, however, the total number of infections of medical personnel is unknown, in the UK, in a survey conducted on 17 March 2020 among 5194 physicians, 12.8% were unable to perform work due to symptoms and another 15.1% were unable to perform work due to symptoms among family members. In the Netherlands a survey was conducted from 6 to 8 March 2020 on 1097 health care workers, among whom the percentage of infected was 4.1% [4]. Currently, the total number of infected healthcare workers on SARS-CoV-2 is unknown due to the steadily increasing number of infections and the lack of global data on the problem.

The current March data on the prevalence of infection among healthcare professionals from the UK and the Netherlands show a huge proportion of infected people in healthcare [5]. The scale of the problem as shown by the percentage of people infected with SARS-CoV-2 should be considered on a case-by-case basis, as the percentage of people affected is significantly higher than for SARS-CoV-1 and MERS-CoV. The data on SARS-CoV-1 and MERS-CoV can predict how much health care workers may be infected despite the lack of up-to-date data on SARS-CoV-2.

In view of the high risk of infection transmitted from and to medical personnel, it seems reasonable to implement weekly diagnostic tests to rule out infection with the virus, as well as to limit the possibility for medical personnel to work in different locations at the same time, as

experience from China and Italy shows that this may pose a high risk of spreading outbreaks.

In summary, we skip this extremely important aspect of the fight against the current pandemic, which is the incidence of COVID-19 in HCWs. What cost we will have to pay for this will show the future, but already now health care systems around the world need to be restructured and the security of medical staff improved immediately.

Conflict of interest

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