



COVID-19

research update

April 15, 2020

The Health Policy Institute of Ohio is collecting the latest research so that Ohio policymakers and other stakeholders can make informed decisions on the rapidly evolving COVID-19 pandemic. HPIO has also created a [Coronavirus \(COVID-19\) resource page](#) to serve as a "one-stop-shop" for links to the Ohio Department of Health, Centers for Disease Control and Prevention and other sources of frequently updated, reliable information. If this update was forwarded to you, you can [click here to join our mailing list](#).

Asymptomatic COVID-19 cases in labor and delivery units

A [report of pregnant women in a New York City labor and delivery unit](#) (New England Journal of Medicine, April 13) found that of 215 women admitted for delivery, 33 were positive for COVID-19. The hospital implemented universal testing of women upon admission after two cases of COVID-19 were detected. The authors found that 29 of 33 women who tested positive had no symptoms of COVID-19 at presentation. In total, more than 1 in 8 patients who were asymptomatic on admission tested positive for the SARS-CoV-2 virus. The potential benefits of a universal testing approach in labor and delivery units include the ability to use COVID-19 status to determine hospital isolation practices and bed assignments, inform neonatal care and guide the use of personal protective equipment.

Workforce safety considerations as states consider plans for lifting stay-at-home orders

As states begin considering plans for lifting stay-at-home orders, policies for ensuring worker safety must be considered. Recent studies and analysis provide guidance on protecting workers from COVID-19. The Health Policy Institute has gathered reopening plans for numerous national policy organizations and experts on its [COVID-19 resource page](#).

[A policy review](#) (Children's Hospital of Philadelphia, PolicyLab, April 2020) highlights evidence-based strategies that Ohio can implement as part of the plan to reopen the economy, including specific actions that entities can take to implement these strategies. The report focuses on three domains: (1) occupational health, including Occupational Health and Safety Administration and Centers for Disease Control and Prevention (CDC) guidelines for pandemic preparedness and creating a safe workplace, (2) surveillance, including a system for contact tracing and monitoring outbreaks and (3) testing, including testing in hot-spots and areas with high population density. The review also includes a section with proposals to increase the public health and medical workforce.

The CDC has issued [interim guidance](#) (April 8) that applies to "critical infrastructure workers." Considerations in the guidance are for employees in law enforcement, 911 call centers, fusion centers, hazardous material responders, janitorial/custodial services and those in the food, agriculture, critical manufacturing, informational technology, transportation, energy and government facilities sectors. Although this interim guidance

only applies to critical infrastructure workers with potential exposure, it likely covers a significant number of Ohio workers.

[A report analyzing COVID-19 patients who are healthcare personnel](#) (CDC MMWR Early Release, April 13) found that the median age of healthcare workers with COVID-19 was 42, 73% were female, 72% were white, 21% were black, 5% were Asian, 2% were multiple races and 10% identified as Hispanic/Latino. Among healthcare workers with COVID-19, 92% reported experiencing at least fever, cough or shortness of breath, 8-10% were hospitalized, 2-5% were admitted to an ICU and .3-.6% died. Of the sample, 1,423 healthcare workers with COVID-19 reported contact with laboratory-confirmed COVID-19 patients, including 55% in a healthcare setting only, 27% in a household setting only and 13% in a community setting only. The finding that healthcare workers were almost as likely to be exposed to COVID-19 in community and household settings as they were in healthcare settings suggests that healthcare organizations should screen employees for fever and other symptoms in addition to monitoring people who are exposed in a healthcare setting.