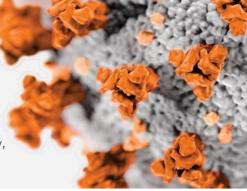


The impact of Covid-19 on the health of physicians, nurses and other healthcare workers: an interprovincial cohort study

Nicola Cherry¹, Anil Adisesh², Igor Burstyn³, Quentin Durand-Moreau¹, Jean-Michel Galarneau¹, France Labrèche⁴, Shannon Ruzycki⁵, Tanis Zadunayski¹

¹ Division of Preventive Medicine, University of Alberta, Edmonton; ² Division of Occupational Medicine, Department of Medicine, University of Toronto, Toronto; ³ Dornsife School of Public Health, Drexel University Philadelphia, USA; ⁴ Research Department, Institut de recherche Robert-Sauvé en santé et en sécurité du travail, Montreal; ⁵ Cumming School of Medicine, University of Calgary, Calgary.



Introduction

During the early months of the Covid-19 pandemic, studies demonstrated that healthcare workers (HCWs) were at increased risk of infection. Few modifiable risks were identified. It is largely unknown how these evolved over time.

Objective

An interprovincial cohort of HCWs was established to assess the impact of working through the Covid-19 pandemic on their health, identify roles/tasks associated with infection, and lapses in control leading to greater risk.

Methods

Prospective cohort

Participants – Physicians (MDs) from *AB*, *BC*, *ON*, *QC*; Registered nurse (RNs), Licensed practical nurses (LPNs) & Health care aides (HCAs) from *AB*; Personal support workers (PSWs) from *ON*.

Online questionnaires – Early 2020, fall 2020, spring/summer 2021, spring/summer 2022: details of work tasks & conditions, Covid-19 infection, vaccination and mental health.

Serology blood samples – Pre-vaccine in late 2020 & post-vaccine samples 4, 7, 10 and 13 months after first vaccination.

Within cohort nested case-referent study

Participants – Cases of Covid-19, confirmed by polymerase chain reaction, self-reported between Oct. 2020-March 2022, matched with up to 4 non-infected referents on job, province, gender, and date of first vaccination.

Online questionnaire - Exposures & experiences in the 21 days prior to case date.

Statistical analysis – Mixed effects logistic regression allowing for competing exposures.

Results – Prospective cohort

Figure 1. Questionnaire completion by phase.

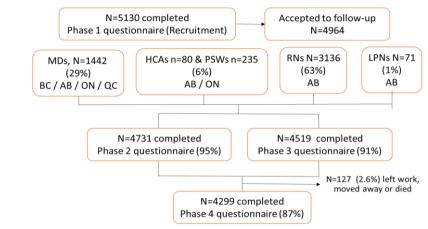


Table 1. Factors associated with completion of final questionnaire.

Factor (vs. no or stated category)	Value	Total eligible N	Completed final questionnaire		Multivariable logistic regression	
			n	%	OR	95% CI
Sex (vs. other)	Female	4012	3558	88.7	1.29	0.94-1.77
Age (<i>vs.</i> < 40 y.o.)	40 < 55 y 55+	1818 1191	1608 1113	88.4 93.5	1.21 2.73	0.96-1.53 1.97-3.78
Married/de-facto	Yes	3533	3199	90.5	1.64	1.29-2.07
Child at home < 18 y	Yes	2087	1867	89.5	1.14	0.90-1.44
Smoked tobacco, last 12 mo.	Yes	266	224	84.2	0.81	0.55-1.19
Chronic lung disease	Yes	76	71	93.4	1.70	0.60-4.83
Asthma medications, last 12 mo.	Yes	610	555	91.0	1.17	0.85-1.59
Treated anxiety/ depression, last 12 mo.	Yes	1027	913	88.9	0.95	0.75-1.20
Direct contact with patients	Yes	4101	3650	89.0	1.01	0.71-1.42
Completed final questionnaire		4837	4299	88.9		4209

Serology blood samples

- ➤ 60% of cohort gave a pre-vaccine sample (n=2940); 60% of these gave at least one post-vaccine sample (n=2752).
- > Being 40 y.o. and older and living with a partner were also associated with giving blood samples.

Results - Nested case-referent study

533 cases matched with 1697 referents.

MDs: 20%; RNs: 74%; HCAs & PSWs: 3.6%; LPNs: 2.4%

Among **unvaccinated HCWs**, **n** risk of infection with:

- direct contact with COVID-19 patients (OR 2.6, 95%CI 1.5-4.7);
- working on designated COVID-19 ward (OR 4.7, 95%CI 1.9-11.9);
- handling objects used by COVID-19 patients (OR 2.0, 95%CI 1.2-3.5);
- work in residential institutions (OR 2.4, 95%CI 1.0-5.8)/geriatric wards (OR 4.0, 95%CI 1.2-12.6).

Later, with near universal HCW vaccination, 7 risk of infection if:

- being unable to access a N95 mask (OR 2.9, 95%CI 1.3-6.3);
- ▶ using decontaminated N95 masks (OR 2.8, 95%CI 1.4-5.8).

Conclusions

Prospective cohort study

- ➤ Successful recruitment of diverse cohort of HCWs across Canada with excellent retention rates (→ lower probability of important bias).
- ➤ This large prospective cohort provides valuable data on modifiable workplace factors, adverse outcomes of Covid-19 and mental ill-health

Case-referent study

➤ Risks of Covid-19 infection from work in health care are now largely contained in Canada but with need for continued vigilance.

References

Cherry *et al.* Recruitment and attrition in a prospective cohort of Canadian health care workers established to determine the impact of working through the Covid-19 pandemic. <u>BMC Med Res Methodol</u>. *Under review*.

Cherry N et al. The evolution of workplace risk for Covid-19 in Canadian health care workers: a nested case-referent study. Am J Ind Med. 2023; 1-10. DOI:10.1002/ajim.23466.

Cherry N et al. O-168 COVID-19 infection and mental wellness in a Canadian cohort study of healthcare workers.

Occup Environ Med 2021; 78 (Suppl. 1): A13.

DOI:10.1136/OFM-2021-EPI.34









