

# Lessons from COVID-19 for the next pandemic: We need better data on workplace transmission

November 10 2021, by Peter Smith, Andrew Curran, Letitia Davis

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Public health databases should collect information on the occupation, the industry in which they work and the name or location of the workplace of infected people. Credit: Unsplash/Jason Goodman

From the beginning of the COVID-19 pandemic, public health agencies around the world failed to collect the information we needed to truly understand the role of work and workplaces in the spread of the virus. We saw this failure in Canada, the United States and the United Kingdom—our respective countries—with consequences for the effectiveness of [pandemic responses](#).

This is surprising given that, from the get-go, [public health strategies](#) to reduce the spread of COVID-19 recognized workplaces as potential [sites of transmission](#). Witness the [advice and proscriptions](#) that workers work from home if possible and, if not, be protected through masking, shielding, screening, distancing and other protective measures. Yet collecting information about work among those who tested positive for COVID-19 was minimal and inconsistent.

At the start of the pandemic, the collection of work information in many jurisdictions was limited to whether someone was a [health](#)-care worker or not. That was largely out of concern about transmission from workers to patients, not worker-to-worker or worker-to-community transmission.

If we had, from the early days of the pandemic, routinely and systematically collected information from COVID-positive people about their work, we would have enhanced our understanding of the role of workplaces in the spread of COVID-19, the relative importance of the potential routes of COVID-19 transmission and the effectiveness—or not—of mitigation strategies.

We would also have been able to identify with much more certainty the non-health-care [workplace](#) settings in which COVID-19 spread was and was not occurring, potentially allowing more people to continue working at the workplace with minimal risk.

The three of us came to the realization that our respective countries were

similar in their limited collection of workplace-related information during the pandemic when we worked together on a panel presentation for the [XXII World Congress on Safety and Health at Work](#). The congress, which took place virtually Sept. 20–23, was co-hosted in Canada by the [Institute for Work and Health](#).

Here are three things we believe need to happen to mount a more effective public health response to pandemics in the future.

## **1. Routinely capture information about work in public health databases**

Health agencies, including hospitals, health units and infectious disease surveillance programs, need to routinely capture relevant information about work when assessing a person's health or treating a health condition. At a minimum, these systems should collect information on if the person is working, their occupation, the industry in which they work and the name or location of the workplace.

During the COVID-19 pandemic this should have been further extended to whether they were at their workplace during the period when they were infected, or if their workplace was closed or they were working from home. This data would help gauge the effectiveness of these protective measures.

This is not simple. Accepted systems of classifying occupations and industries are complex. To get [information](#) that can be used at a policy level, the classification of occupation and industry must be done consistently across databases. Training health agencies to do this should start now.

## **2. Consider workplace exposures within a continuum**

## of exposures

Where people work and what work they do intersect with many other determinants of health. They inform the length of their commute to work, the transportation they take and the type of housing and community they live in. Occupations, and occupational risks of infectious diseases, are not randomly distributed across racial, sex, immigration or age groups.

We've also learned from the pandemic that risk is [continuous across different settings](#), including home, community, transportation and work settings. Almost all settings have some risk. The degree of risk depends on factors such as proximity to others, interactions with the public, masking compliance, adequacy of ventilation, environment (indoor or outdoor), potential viral load, transmissibility of infected persons and more.

A consistent challenge throughout the pandemic has been trying to understand the relative contribution of workplaces versus other settings within the continuum of exposure. A study awaiting peer review looked at workplace outbreak estimates in Ontario. It found that in many industry settings, the risk of COVID-19 due to a workplace outbreak was [lower than the risk of COVID-19 outside of work](#).

In the U.K., an [investigation of many outbreaks](#) identified that it wasn't necessarily the specific work activities that led to the outbreak, but activities associated with work such as car sharing or eating together in lunchrooms. However, given differences in identifying and defining workplace outbreaks, outbreak estimates are likely conservative in many jurisdictions.

### 3. Maintain and expand connections between public

## and occupational health agencies

Work is an important component of many [illnesses and diseases](#). Yet, traditionally, government departments focused on workplace health and those focused on health-care delivery and public health have operated in silos. COVID-19 forced occupational health and safety and public health to work more closely together, and each learned the important contributions the other can make. We need to formalize and continue these collaborations going forward.

The COVID-19 [pandemic](#) has shone a spotlight on the importance of work on health outcomes. Without better work data about people who have tested positive, we remain in the dark about where and how to target prevention measures for a potentially important route of transmission.

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