

# Hospitalized health care workers do not have worse COVID-19 outcomes

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less likely to require admission to an [intensive care unit](#) (aOR, 0.56; 95 percent CI, 0.34 to 0.92) and also less likely to require an admission of seven days or longer (aOR, 0.53; 95 percent CI, 0.34 to 0.83). The two groups did not differ in terms of mechanical ventilation (aOR, 0.66; 95 percent CI, 0.37 to 1.17), death (aOR, 0.47; 95 percent CI, 0.18 to 1.27), or vasopressor requirements (aOR, 0.68; 95 percent CI, 0.37 to 1.24).

"Further research is needed to elucidate the proportion of HCW infections acquired in the workplace and to assess whether HCW type is associated with outcomes," the authors write.

One author disclosed financial ties to the medical technology industry.

**More information:** [Abstract/Full Text](#)

(HealthDay)—Health care worker (HCW) status is not associated with poorer outcomes among patients hospitalized with COVID-19, according to a study published online Jan. 28 in *JAMA Network Open*.

Jeong Yun Yang, M.D., from the Icahn School of Medicine at Mount Sinai in New York City, along with colleagues from the DMC-19 Study Group and the North American Alliance for the Study of Digestive Manifestations of COVID-19, evaluated the association between HCW status and outcomes among 1,790 patients hospitalized with COVID-19 at 36 North American health care centers (April 15 to June 5, 2020). The analysis included 122 HCWs and 366 propensity-matched non-HCWs.

The researchers found that the odds of mechanical ventilation or death were not significantly different for HCWs compared with non-HCWs (adjusted odds ratio [aOR], 0.60; 95 percent confidence interval [CI], 0.34 to 1.04). However, HCWs were

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