



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

May 20, 2020

Dr. Robert R. Redfield Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

SUBJECT: Inclusion of occupational data fields in COVID-19 case reporting

Dear Dr. Redfield:

I am writing to urge the US Centers for Disease Control and Prevention (CDC) to improve the gathering of occupational data on patients known or suspected of having COVID-19 disease.

ACOEM is a national medical society representing 4,000 occupational medicine physicians and other health care professionals devoted to promoting optimal health and safety of workers, workplaces, and environments. The College is dedicated to improving the care and well-being of workers through science and the sharing of knowledge.

Recent experience with the COVID-19 pandemic in the United States and elsewhere has shown that certain industries and occupations pose significant risks of COVID-19 transmission, further suggesting that workplace exposure poses particular risks that can be distinguished from those of the general community

Recent experiences has demonstrated that a variety of specific occupational groups, including health care workers and others in public safety, K-12 schools, public transportation, certain retail establishments, and poultry and meatpacking operations (1,2). Going forward, understanding the nature of such occupational risks at a more granular level will be important for controlling COVID-19 infections and other reportable infectious diseases (3, 4).

CDC's COVID-19 case report form, updated May 5, 2020 (OMB: 0920-1011), captures occupational data on infected health care workers. That form does collect data on other occupation or industry, but only if the patient was in a workplace in the 14 days prior to illness onset. By contrast, the reporting forms for some states, such as California's CalREDIE form, offer a broader range of choices for coding the patient's occupation (5). The Council of State and Territorial Epidemiologists (CSTE) has been working with many participating states on capturing broader industry and occupation (I&O) information on reported COVID-19 cases (6). Such information can subsequently be coded, using freely available software from NIOSH (7).

ACOEM believes that it is important to incorporate more detailed I&O information in reportable disease notifications to CDC-The anticipated next phase of public health work on COVID-19, will require more granular data on risk factors for COVID-19 infection.

In summary, ACOEM salutes CDC for its work in controlling the COVID-19 pandemic. We urge you to take all feasible steps to better understand the connection between COVID-19 and occupational factors by gathering codable data on industry and occupation in reported cases. ACOEM believes that such data will be of critical importance as the nation faces the challenges of controlling the spread of COVID-19 and re-opening American businesses.

ACOEM stands ready to assist in this important effort.

Sincerely,



Beth A. Baker, MD, MPH, FACOEM
President

References:

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3. [Haagsma JA](#), [Tariq L](#), [Heederik DJ](#), [Havelaar AH](#) (2012). Infectious disease risks associated with occupational exposure: a systematic review of the literature. *Occup Environ Med.* 69(2):140-6.
4. Su C, de Perio MA, Fagan K et. al. Occupational Distribution of Campylobacteriosis and Salmonellosis Cases — Maryland, Ohio, and Virginia, 2014. Morbidity and Mortality Weekly Reports (MMWR), August 18, 2017; 66(32):850-853.
5. CalREDIE Data Dictionary (2018), see Appendix E, p 902.
6. Council of State and Territorial Epidemiologists (4/22/2020). Recommended Interim Guidance for Collecting Employment Information about COVID-19 Cases, available at https://cdn.ymaws.com/www.cste.org/resource/resmgr/publications/Guidance_collecting_io_covid.pdf.
7. NIOSH Industry and Occupation Computerized Coding System, <https://wwwn.cdc.gov/nioccs3/>
8. National Center for Health Statistics (NCHS). COVID-view (updated May 1, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/05012020/nchs-mortality-report.html>