

Community exposures tied to SARS-CoV-2 seropositivity in HCWs

31 March 2021



cumulative incidence were associated with seropositivity in a multivariable analysis (adjusted odds ratios, 3.5 and 1.8, respectively). None of the workplace factors assessed were associated with seropositivity, including nurse job role, working in the [emergency department](#), or workplace contact with patients with COVID-19.

"These findings provide reassurance that current infection prevention practices in similar health care systems are effective and that the largest risks may be conferred from community-based exposures," the authors write.

Several authors disclosed financial ties to the pharmaceutical industry.

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

(HealthDay)—Community exposures, but not workplace factors, are associated with seropositivity to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) among health care personnel (HCP), according to a study published online March 10 in *JAMA Network Open*.

Jesse T. Jacob, M.D., from Emory University in Atlanta, and colleagues conducted a cross-sectional study among HCP at four large health care systems in three U.S. states to assess the [risk factors](#) associated with SARS-CoV-2 seropositivity. Data were included for 24,749 HCP; 50.2 percent reported [workplace](#) contact with patients with COVID-19.

The researchers found that the cumulative incidence of COVID-19 in the community up to one week prior to serology testing ranged from 8.2 to 275.6 per 10,000; 81.1 percent of the HCP reported no COVID-19 contact in the community. Overall, seropositivity was 4.4 percent. Community COVID-19 contact and community COVID-19

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