

## **BRIEF19**

*A daily review of covid-19 research and policy*

### **RESEARCH BRIEFING**

#### **Filipino nurses at highest risk of developing covid-19 among registered nurses in the United States.**

As of September, over 1,700 healthcare workers in the United States had died of covid-19. Nurses are among the most at-risk, as their work requires repeated and prolonged close contact with patients with active SARS-CoV-2 infection. While difficult to quantify, it seems probable that nurses have more routine exposure to the pandemic illness than virtually any other members of healthcare teams.

The National Nurses United (NNU) released a notable [report](#) this past September highlighting racial inequalities among health care worker mortality; NNU is the largest union and professional organization of registered nurses. In its data, which includes statistics through September 16th, 2020, the NNU reports that there have been 213 registered nurse (RN) deaths from covid-19 and related complications. Of those deaths, 58 percent of the covid-19 deaths occurred among nurses of color. This is particularly concerning, as just under 1 in 4 nurses in the United States are people of color. Even more concerning is that a staggering 31.5 percent of covid-19 nurse deaths are among the Filipino population, though they make up just 4 percent of the total RNs in the United States. This means that more than half of all non-White nurse deaths have come from the Filipino demographic. The next highest mortality is among Black RNs who have accounted for 18 percent of covid-19 deaths among RNs, while making up for only 12 percent of the total nursing workforce.

The NNU also published that approximately 30 percent of healthcare worker fatalities happened amongst those who worked in the hospital setting, while the remaining 70 percent worked in nursing homes, EMS, and other medical practices.

The state with the highest number of both healthcare worker and nursing deaths was New York, followed by New Jersey and California. Included in this report is a memorial to all the known RN deaths with names, ages and employers listed.

Given this report is from a large nursing union, the underlying goals and reporting biases should be acknowledged, but that does little to reassure us as to the meanings of these data. Hopefully, the dissemination of this information will help target interventions to protect particularly vulnerable professionals in the nursing profession.

—Christopher Sampson, MD, FACEP

## **POLICY BRIEFING**

### **More vaccine questions and concerns.**

With the potential rollout of two vaccines on the horizon, there are many lingering questions about the vaccination distribution process. The first major hurdle is to determine who will receive these vaccines (as *Brief19* recently [covered](#), this is complicated by the fact that each state will make its own decisions and vaccine supplies will be allocated in proportion to population, rather than case loads, hospitalizations, deaths, or other metrics that capture the extent to which covid-19 was affected that region).

Let us assume that these plans are able to be ironed out quickly and that the [logistics](#) of staging a mass inoculation plan with a labile vaccine (i.e. they require storage in extremely cold temperatures) turn out to be surmountable. One sizable remaining question is that of waste; how will companies factor in patient adherence to minimize wasted doses, and how does that affect our chances at achieving herd immunity by vaccination?

Both the Pfizer/BioNTech and Moderna vaccines require a two dose “series”, with a multi-week period in between the administration of the vaccine. Some public health officials are now expressing concern when it comes to tracking patients who have received the first dose and sending timely reminders for the second. The concern is focused on individuals experiencing initial side effects which may make them hesitant to complete the second dose of the regimen.

Having a two-part vaccine is not a unique circumstance; the difference is the relative importance of receiving both. Many other preventable diseases have some prior community prevalence, allowing a baseline immune response that may be adequately supplemented by a single dose vaccine. But the novel coronavirus is, well, novel. Because of this, achieving herd immunity in the desired timeline will require strict compliance from the majority of patients. *Various.*

—*Joshua Lesko, MD*

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*Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health and public policy.*