

# Essential Worker Health Survey Newsletter

Vol. 7 | January 13, 2022

## From strengthening workplace protections

to ensuring our members have **access to life-saving vaccinations**, the UFCW has been standing with our essential workers from day one. And as we get closer to understanding and overcoming COVID-19, it is critical that **our essential working members remain a priority**.

That is why **UFCW** has partnered with the **University of Nebraska Medical Center (UNMC)** and **FORWARD Databank** to launch a historic, national **Essential Worker Health Survey**.

Every month, participants of this groundbreaking study will receive text messages that include **short surveys**, opportunities to provide **feedback** on workplace conditions, and access to **curated newsletters** with the opportunity to submit and have their specific **COVID or vaccine questions** answered by leading medical experts.

—EWHSN

*To join the study, text  
'EssentialWorker' to 83071.*

## Key Survey Findings



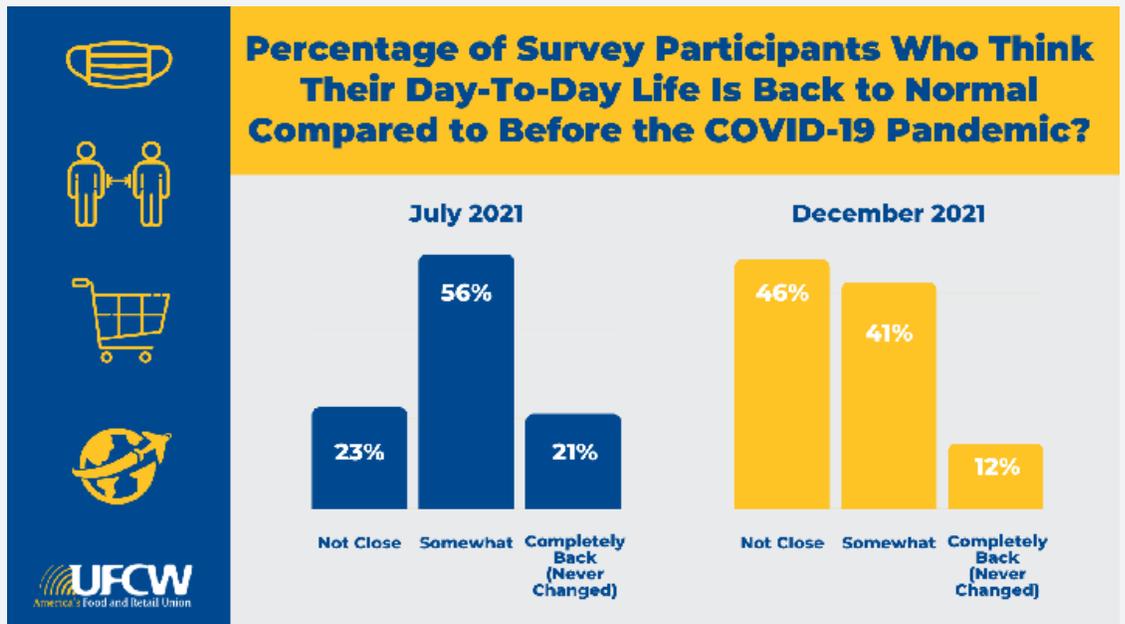
### Percentage of Participants Who Reported a Positive Case of COVID-19



Stat #1

# Key Survey Findings – Continued

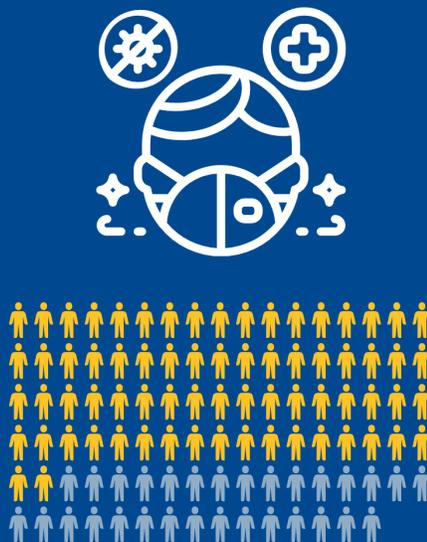
Stat #2



70%

Percentage of Survey Participants Who Are Concerned About the New COVID-19 Variants

UFCW  
America's Food and Retail Union



Stat #3



**Dr. Alison Freifeld, MD**

*Professor, Department of Internal Medicine for the University of Nebraska and Director, Section of Oncology Infectious Diseases for Fred & Pamela Buffett Cancer Center*

**Question:** I recently tested positive and am fully vaccinated. Symptoms are mild I guess but what should I do for treatment?

**Dr. Alison:** Being fully vaccinated (with a booster) is the key to having a much less severe case of COVID-19, so it is terrific that you have received those vaccinations!

Treatment of mild to moderate COVID-19 illness is changing rapidly, especially with the omicron variant now on the scene. Several new therapies have recently been approved by the FDA for non-hospitalized patients to reduce the chance of more severe illness, hospitalization, and death. Two oral medications, Paxlovid (Pfizer) and Molnupiravir (Merck), can be prescribed by your doctor and should be started as soon as possible after symptoms begin, then taken for 5 consecutive days.

Additionally, there are two medications that need to be administered in a clinic setting through a vein in your arm (IV). Remdesivir, is an antiviral that is given by IV for 3 consecutive days and reduces the chance of hospitalization by nearly 90%. Sotrovimab is a monoclonal antibody product that has been shown to decrease hospitalization and/or death by over 70% in patients with mild to moderate COVID-19 who are at high risk of progressing to severe disease (meaning that they have high risk factors such as cancer, organ transplant, or are receiving immunosuppressive medications).

## Ask. Dr. Alison

### Have questions about COVID-19 or any of the vaccines?

*We've reached out to one of the nation's leading infectious diseases experts to address your concerns.*

Since these medications are all either in limited supply or are logistically complicated to deliver to patients, most clinics and hospitals are prioritizing them for individuals who are at highest risk for developing severe COVID-19 that could lead to hospitalization.

**Question:** I've heard that vaccines can cause heart inflammation and even blood clots, is that true?

**Dr. Alison:** Both heart inflammation (Myocarditis) and blood clots are extremely rare after taking the vaccine, but they are much more common in people with the actual COVID-19 infection. In fact, myocarditis was three times likely to occur in people who caught COVID-19 than in those who received an mRNA vaccine, according to a recent study.

Myocarditis typically occurs in a tiny fraction of young men (ages 16 to about 40) who've received Pfizer or Moderna, the mRNA vaccines. Symptoms of chest discomfort, shortness of breath or fever usually happen within a week of a second shot and improve very quickly with rest, medical care, and over the counter medicine such as ibuprofen. The heart inflammation does not seem to result in any permanent heart damage and full recovery is widely observed.

Blood clots can happen anywhere in the body, but brain and lung clots are most damaging and again, are very rare. They occur primarily after receiving Johnson & Johnson or AstraZeneca vaccines (these are called 'vector-based' vaccines). One study has found that risk of a brain clot was about 8 to 10 times higher as a result of actual COVID-19 illness versus as a vaccine side effect. Blood clots elsewhere in the body have also been found to be much more frequent with natural COVID-19 infection than after any vaccination.

**Question:** With omicron spreading so quickly, is it worse than delta this summer?

**Dr. Alison:** It's hard to say that one variant is "better" or "worse," but they are clearly different in many ways. First, omicron-related symptoms appear to be milder, with fewer people needing to be in the hospital for special treatments like IV medications or ventilators. So far, it also seems that death rates might be lower due to omicron compared with delta. Although we are cautiously optimistic, the omicron surge is still in its early stages, and deaths often come three or more weeks after a surge in COVID-19 cases.

On the other hand, omicron is so extremely contagious that hospitalizations are rising rapidly in the U.S., driven mostly by unvaccinated people or those with fragile immune systems. As a result, hospitals' resources are strained due to lack of available beds and staff absences from COVID-related illness. The staff shortages – as well as physical and mental exhaustion among doctors, nurses and others who've been on the front lines of the pandemic for nearly two years – could make this omicron phase worse if some hospitals are now less prepared to deal with very sick patients.

What is similar between the two is that severe illness and death can largely be prevented by available vaccines and boosters. Although we are seeing "breakthrough infections" among vaccinated and boosted people, they are generally very mild. In contrast, most of the severe illness and need for hospitalization is being seen in unvaccinated people who catch omicron.

—EWHSN

**To Ask Dr. Alison your COVID or vaccine question, text**

**'AskDrAlison' to 83071**

*for survey participants only*

*The answers provided above include the best information known at the time of publishing.*