



COVID-19: EXPERT OPINION: PEOPLE LIVING WITH DIABETES IN THE WORKPLACE DURING THE COVID-19 PANDEMIC

Type 1 and type 2 diabetes mellitus are high-risk conditions often associated with multiple co-morbidities. There is presently no data to suggest that people living with diabetes are more susceptible to infection with SARS-CoV-2.¹ However, observational data emerging from the Corona Virus Disease-2019 (COVID-19) pandemic suggests that people living with diabetes who are infected with SARS-CoV-2 are at greater risk of having more severe disease.¹ This group has an increased length of hospital stay, are more likely to require admission to an intensive care unit and have an increased mortality (7.3% vs. 2.3%) when compared to the general population.^{1,2}

Factors associated with severe disease for patients hospitalised with COVID-19 include: male sex, older age, poor glucose control and the presence of overweight or obesity.³ In addition to diabetes, other factors that have been independently associated with an increased mortality in hospitalised patients include Black and Asian ethnicity (data from the UK), pre-existing cardiac disease, poorly controlled asthma, underlying malignancy and other chronic diseases (kidney, liver and lung).⁴

Although there is currently no data for the South African population, it would be desirable for people living with diabetes, in particular those with poor control or additional co-morbidities, NOT to work in areas where the risk of potential contact with SARS-CoV-2 is high. This would include frontline health care workers as well as other positions that necessitate frequent contact with the public, especially in communities with a high prevalence of COVID-19.

Where possible, employers should consider work-from-home strategies for employees living with diabetes. However, employees continuing to work as a service to society should not be prevented from doing so, and should be provided with the optimal personal protective equipment to minimise their risk of infection.

SEMDSA Exco

References:

1. Fadini GP, Morieri ML, Longato E, Avogaro A (2020) Prevalence and impact of diabetes among people infected with SARS-CoV-2. *J Endocrinol Invest* 43:867-869.
2. Bode B, Garrett V, Messler J, McFarland R, Crowe J, Booth R, et al (2020) Glycemic Characteristics and Clinical Outcomes of COVID-19 Patients Hospitalized in the United States. *J Diabetes Sci Technol*:1932296820924469.
3. Cariou B, Hadjadj S, Wargny M, Pichelin M, Al-Salameh A, Allix I, et al (2020) Phenotypic characteristics and prognosis of inpatients with COVID-19 and diabetes: the CORONADO study. *Diabetologia*.
4. Docherty AB, Harrison EM, Green CA, Hardwick HE, Pius R, Norman L, et al (2020) Features of 20 133 UK patients in hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: prospective observational cohort study. *BMJ* 369:m1985.

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