

Irish Specialist Registrars Infected with SARS-CoV-2

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Dear Editor,

Specialist Registrars (SpRs) have been working on the 'frontline' for nearly three years since the first confirmed case of SARS-CoV-2 in Ireland on 29th February 2020.¹ They have exposed themselves to a perceived increased risk of contracting the disease during this time period. Certain specialities such as Emergency Medicine (EM) and Intensive Care continue to have face-to-face exposure with SARS-CoV-2 positive patients, while other specialties tailored their service to decrease exposure risk favouring telephone consultations. Outpatient clinics and elective care were scaled back, with a 42.8% reduction in elective care episodes in the last three quarters of 2020 compared with quarter one².

We hypothesised that certain specialities on the 'frontline' would have a higher incidence of infection and consequently higher absenteeism from work than those who scaled back patient contact time. We conducted a nationwide survey, via email, to SpRs in 14 different specialities on 1st March 2022, asking whether they had contracted SARS-CoV-2 previously. These numbers were compared to the national average of infection in 25-44 year olds. The survey also asked how many workdays had been missed due to a confirmed or query SARS-CoV-2 infection.

The aim was to assess the incidence of SARS-CoV-2 infection in SpRs across the Republic of Ireland over a two-year period and compare it to national averages. Secondly, we estimated how many workdays SpRs had missed secondary to a confirmed or suspected SARS-CoV-2 infection.

As of 1st March 2022, which was after the peak of the B1 and B2 variants, the total number of positive cases in Ireland for 25-44 year olds was 473,392³. As per the latest census in 2016, the total number of people aged 25-44 is 1,406,291⁴. This is a national incidence of 33.6%.

SpRs across 14 different specialities completed the survey. 53.3% had tested positive for SARS-CoV-2. The specialities with the highest incidence of SpRs testing positive were Urology (77.8%) and EM (64.8%).

The specialities with the lowest incidence of SpRs testing positive were Infectious Diseases (40%) and Psychiatry (41.9%). The average days missed for all SpRs was 8.5 days, with highest being in Ear Nose and Throat (11.3 days) and the lowest in EM (5.3 days).

As we had expected, the incidence of infection in SpRs was higher than the national average, with this being the case in every speciality surveyed. The lowest incidences, as expected, were seen in specialities where patient contact time could be decreased, such as psychiatry.

Despite having one of the highest incidence of infection, EM SpRs missed on average the fewest workdays. This was contrary to what we had predicted as we believed a high incidence of infection would lead to higher numbers of missed days. Perhaps a reason for this is that EM care is not a regular nine-to-five service but shift work, with EM SpRs able to return to work immediately after illness to meet service demands.

Limitations of this survey included low numbers and poor response rates from certain specialities. In conclusion, we found that SpRs, across every speciality, had a higher incidence of SARS-CoV-2 infection compared to the national average for adults of the same age. Despite a high infection rate, EM SpRs missed the fewest workdays.

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