World Health Network

August 29, 2025

Re: Comment on Docket No. OSHA-2020-0004: Occupational Exposure to COVID-19 in Healthcare Settings

We write in strong opposition to the proposed removal of the COVID-19 reporting and record keeping requirements.

1. The known harms are already substantial.

COVID-19 is not comparable to respiratory infections, it is a vascular disease. Evidence demonstrates multi-organ injury, immune dysregulation, vascular damage, and high rates of post-acute sequelae ("Long COVID") even among those with mild or asymptomatic infections (see Review: Ewing, Andrew G., et al, Medical Review, https://doi.org/10.1515/mr-2024-0030). The prevalence of persistent morbidity is large, affecting an estimated 10-30% of non-hospitalized infections. This translates into many millions of cases of lasting disability, increased risk of cardiovascular disease and other systemic conditions, and diminished workforce participation. These are not speculative harms; they are well-documented and ongoing.

2. The unknowns amplify—not diminish—the need for surveillance.

Despite extensive research, fundamental questions remain about the true population prevalence of COVID-related injury, its long-term natural history, and the compounding risk of repeated infections. The full scope of disability and economic loss is not yet known. The uncertainty about long-term outcomes is not a reason to dismantle monitoring systems; it is an important reason to maintain them.

3. Healthcare workers are both the highest-risk group and a sentinel population.

Healthcare settings concentrate exposure. Workers face elevated, repeated risk in the course of duty. Their health and illness serves as an early warning for system-wide failures in protection and for the broader community burden of disease. OSHA's statutory duty is to safeguard precisely these kinds of sentinel high-risk workers.

4. The cost savings are negligible compared to the cost of preventable illness.

OSHA estimates employers would save $1.6 million annually by eliminating these requirements. Recent estimates find a single Long COVID case costs $5,084–$11,646 per year (with 92–95% of costs from lost productivity), and projects $1.99–$6.49 billion in annual employer productivity losses—even assuming illness lasts only one year. (Bartsch et al., J Infect Disease, http://doi.org/10.1093/infdis/jiaf030). At the macro scale, comprehensive analyses placed the total U.S. burden in the trillions of dollars (e.g., $3.7

trillion, Cutler, Harvard, https://scholar.harvard.edu/files/cutler/files/long_covid_update_7-22.pdf). The economic burden of morbidity therefore dwarfs the $1.6 million in savings that OSHA projects.

Conclusion

COVID-19's documented health, workforce and economic harms are already severe, and its future health and economic burden remains uncertain but potentially greater still. Ending surveillance now would deprive employers, healthcare systems, and public health authorities of the essential data needed to protect workers and anticipate risks. OSHA should maintain, not eliminate, COVID-19 reporting and recordkeeping requirements.

Respectfully submitted,

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On behalf of the World Health Network (WHN)