

Comment Regarding: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2811653>

## Editorial



November 10, 2023

# Is Nosocomial SARS-CoV-2 Still Worth Preventing?

Michael Klompas, MD, MPH<sup>1,2</sup>; Meghan A. Baker, MD, ScD<sup>1,2</sup>; Chanu Rhee, MD, MPH<sup>1,2</sup>

» [Author Affiliations](#) | [Article Information](#)

*JAMA Netw Open.* 2023;6(11):e2344704. doi:10.1001/jamanetworkopen.2023.44704

November 13, 2023

## We Need to also Consider the Severe Impact of Long COVID

Kevin Kavanagh |

The current editorial appears to focus on the severe manifestations of SARS-CoV-2 of those who are hospitalized. The authors' assertion does not appear to consider the impact of long COVID, which also affects those who have even mild disease. Long COVID can affect almost any organ system. This includes the central nervous system (brain fog, memory loss and personality changes), endocrine (with increases in cases of diabetes) and cardiovascular (with delayed thrombosis and POTS). Chronic inflammation and viral reservoirs seem to play an important role in many long COVID patients. Long COVID has adversely affected our friend, families, patients and workforce. The United States has not effectively tracked nosocomial acquisitions of SARS-CoV-2. The authors commented on shortcomings of the study of Davis and colleagues that included only patients diagnosed on day 8 or later. In the United States, a patient must be hospitalized for 14 days at the time of diagnosis: "Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19."<sup>(1)</sup>

Because the United States does not have an effective COVID-19 reporting system, it is not possible to detect a surge before the virus has already spread widely in the community. Many agree the current level of spread is already too high and poses a grave threat for those who are immunosuppressed.

Finally, it is not difficult to imagine hospitals maintaining infection control practices to prevent the spread of SARS-CoV-2. Maintenance is imperative to protect all patients and health care staff. For the immunocompromised, access to healthcare is being restricted which is not only bad medicine but appears to be in conflict with the Americans with Disability Act (ADA).

### Reference

1) COVID-19 Guidance for Hospital Reporting and FAQ For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting. Implementation date. June 11, 2023.

<https://healthwatchusa.org/downloads/20230611-covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>