

# Possibility of recognising COVID-19 as being of occupational origin at national level in EU and EFTA countries

2021 edition





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## LIST OF ABBREVIATIONS

EFTA	European Free Trade Association
EODS	European Occupational Diseases Statistics
ESAW	European Statistics on Accidents at Work
EU	European Union
ISCO	International Standard Classification of Occupations
NACE	European Classification of Economic Activities

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# 1

## Introduction and background information

This publication is focusing on the legal status regarding the recognition of COVID-19 as an accident at work and/or an occupational disease at national level in each Member State and some EFTA countries. It is based on the summary report which was compiled based on the results of the dedicated survey that Eurostat Unit F.5 'Education, Health and Social Protection' launched and addressed to the national statistical authorities that are producing the European Statistics on Accidents at Work (ESAW) and the European Occupational Diseases Statistics (EODS) in November 2020.

Eurostat currently manages two data collections in the area of occupational health and safety.

- European Statistics on Accidents at Work (ESAW) – collected in accordance with Commission Regulation (EU) No 349/2011, these statistics provide information on serious accidents at work (resulting in an absence from work of more than 3 days) and fatal accidents at work;
- European Occupational Diseases Statistics (EODS) – collected on voluntary basis, this experimental pilot data collection refers to cases of occupational disease recognised nationally. The geographical coverage is 24 Member States: all Member States except Greece and Germany, not participating in the EODS pilot data collection. Portugal reported data for the period 2013-2015 only, then decided to suspend data transmission and flagged the need to make some quality adjustments.

Both ESAW and EODS are annual, administrative data collections. The deadline for providing data for the reference year N is N+18 months, i.e. the legal deadline for providing the data for the reference year 2020 is 30 June 2022 for both ESAW and EODS.

With the COVID-19 outbreak, the Member States have been assessing the possibility of regarding COVID-19 as an accident at work and/or occupational disease. National practices differ, but in all Member States it has been decided that COVID-19 could be related to the workplace and is being considered from an occupational perspective. In order to capture the current state of play regarding COVID-19, Eurostat has proposed to support harmonised statistical processing of occupationally related data at European level, when available and without impinging on reporting of the data. Eurostat issued a methodological note in May 2020 (updated in May 2021)<sup>1</sup> on the practical modalities of recording COVID-19 cases, occupationally related if necessary, and providing information on the statistical processing of such cases. The methodological note is available on the Eurostat website, in the dedicated section: COVID-19 support for statisticians<sup>2</sup>.

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<sup>(1)</sup> [Guidance on statistical processing \(europa.eu\)](https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&plugin=1)

<sup>(2)</sup> [COVID-19: support for statisticians - Eurostat \(europa.eu\)](https://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&plugin=1)

Eurostat recommends the following methodological approach for statistical reporting.

- For ESAW data collection use the ESAW classification for the variable 'Type of injury' and the new code for recording COVID-19 cases as accidents at work, if needed.
- For EODS data collection use the specific ICD-10 codes on COVID-19, issued by World Health Organisation, for collecting information on COVID-19 as an occupational disease, where such is the case.

The information collected via the Eurostat questionnaire, referring to the possibility of recognising COVID-19 as being of occupational origin is essential to help understand potential breaks in series, in the future, for both data collections, reference year 2020 (data will be available in 2022).

This statistical report reflects the legal status regarding the recognition of COVID-19 as an accident at work and/or an occupational disease at national level of June 2021.



# 2

## Recognising COVID-19 of occupational origin

### Possibility of recognising COVID-19 of occupational origin

The survey shows that in all of countries, it is possible to associate COVID-19 with work-related activities, but the form of recognition from the perspective of occupational health and safety varies. In some cases, it can be 1) only an occupational disease, 2) only an accident at work, 3) depending on certain national criteria, an accident at work or an occupational disease, or 4) of possible occupational origin, without specifying the exact form of occupational disease or accident at work.

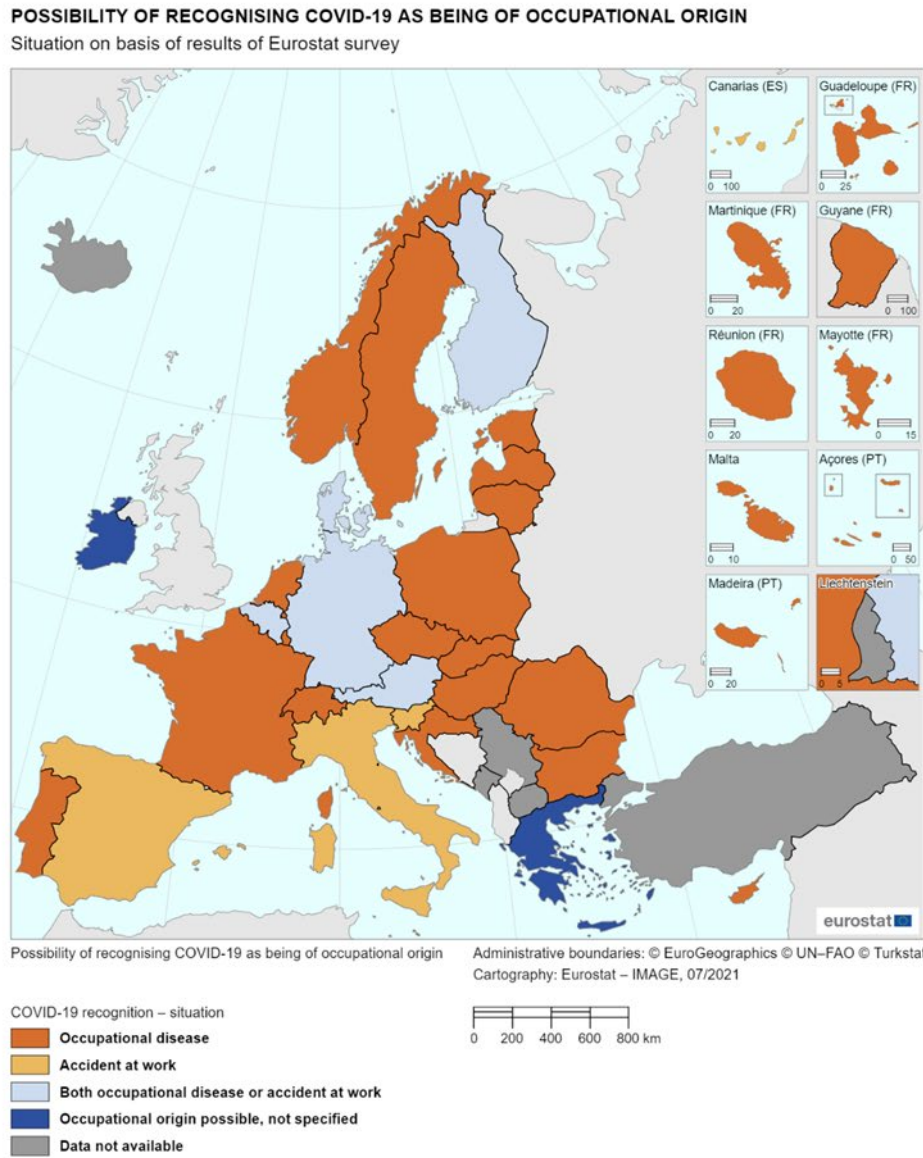
The survey shows that occupational disease is the most frequent form of recognition. In 17 Member States that recognise COVID-19 as being of occupational origin, the form of recognition is an occupational disease. The 17 Member States are Bulgaria, Cyprus, Croatia, Czechia, Estonia, France, Hungary, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia and Sweden. Switzerland and Norway also recognise COVID-19 as an occupational disease.

Three Member States – Italy, Slovenia and Spain – recognise COVID-19 as an accident at work.

Five Member States – Austria, Belgium, Denmark, Germany and Finland – recognise COVID-19 as an accident at work or an occupational disease, depending on national criteria.

In two Member States – Greece and Ireland – COVID-19 can be associated with work, but it is not specified if it can be considered an accident at work or an occupational disease. The map (Figure 1) gives an overview of the situation.

**Figure 1:** Possibility of recognising COVID-19 as being of occupational origin



Data updated June 2021  
 Eurostat - dedicated EU survey

## Recognition by economic sector and occupation

### RECOGNITION OF COVID-19 AS AN OCCUPATIONAL DISEASE BY ECONOMIC SECTOR AND OCCUPATION

The survey provides information on the economic sectors and occupations concerned in the 17 Member States, plus Norway and Switzerland, that recognise COVID-19 as an occupational disease from an occupational health and safety statistics perspective. In Croatia, Czechia, France, Hungary, Luxembourg, Malta, the Netherlands, Poland<sup>3</sup>, Slovakia<sup>4</sup> and Norway, the recognition of COVID-19 as being of occupational origin at national level is not restricted to specific economic sectors. For the remaining countries, the Table 1 below shows the economic activities and occupations in which COVID-19 can be recognised as being of occupational origin.

**Table 1: COVID-19 as an occupational disease in specific economic sectors and occupations**

(The information presented refers to the replies directly received from the countries/stand of June 2021)

Country	ECONOMIC SECTOR <sup>5</sup>	OCCUPATIONS <sup>6</sup>
Bulgaria	86 Human healthcare activities	13 Production and specialised services managers 22 Healthcare professionals 32 Healthcare associate professionals 53 Personal care workers
Cyprus	86 Human healthcare activities 87 Residential care activities	22 Healthcare professionals
Estonia	86 Human healthcare activities 87 Residential care activities 51 Air transport 55 Accommodation	22 Healthcare professionals 53 Personal care workers 54 Protective service workers
Latvia	Healthcare, prevention and social work or other, similar, sectors, in cases in which the magnitude of risks to the working environment has been demonstrated	Healthcare, prevention and social workers (no specific codes provided)
Lithuania	86 Human healthcare activities (86.10)	22 Healthcare professionals
Portugal	Not specified (possibly 86 only)	22 Healthcare professionals 32 Healthcare associate professionals
Romania	Because the recognition of COVID-19 as an occupational disease is not currently subject to specific national rules, general rules for biological agents apply. <b>1. In the healthcare sector:</b> 86 - human healthcare activities 87 - residential care activities 88 - social work activities without accommodation. <b>2. Other sectors:</b> if the job requires contact with infected people (other than colleagues).	<b>1. Only healthcare personnel:</b> 22 Healthcare professionals 32 Healthcare associate professionals 53 Personal care workers  <b>2. For other workers (other than healthcare workers),</b> if the contact can be proven, recognition is possible, but no cases have been registered so far.
Slovakia	<b>ALL</b> , but especially: Section Q Human healthcare and social work activities NACE 2. Rev 86-88 Section O Public administration and defense, compulsory social security NACE 2. Rev 84.	<b>ALL</b> , but especially: 22 healthcare professionals 32 healthcare associate professionals 26 legal, social and cultural professionals 53 personal care workers
Sweden	Mainly Section Q Human healthcare and social work activities NACE 2. Rev 86-88 86 - human healthcare activities 87 - residential care activities 88 - social work activities without accommodation	22* Healthcare professionals, 3212 Medical and pathology laboratory technicians 532 Personal care workers in healthcare services

<sup>(3)</sup> Poland: Ongoing legislative work to simplify national laws to facilitate the recognition of occupation-related COVID-19, at present applicable to all economic sectors and occupations, to be decided.

<sup>(4)</sup> Slovakia: Potentially all sectors and occupations, but there are specific recommendations for both economic activity and occupation.

<sup>(5)</sup> Codes refer to NACE Rev. 2: Statistical Classification of Economic Activities in the European Community

<sup>(6)</sup> Codes refer to ISCO-08: International Standard Classification of Occupations

Country	ECONOMIC SECTOR <sup>5</sup>	OCCUPATIONS <sup>6</sup>
Switzerland	86 Human health sector 87 Residential care 85 Education (i.e. University hospitals) 84 Public administration (i.e. state owned hospitals, fire departments and others like Laboratories)	Healthcare activities in the broader sense of working with COVID-19 patients or materials

## RECOGNITION OF COVID-19 AS AN ACCIDENT AT WORK BY ECONOMIC SECTOR AND OCCUPATION

COVID-19 can be recognised as an accident at work in Italy, Slovenia and Spain. In all three countries, it is possible to recognise the occupational nature of COVID-19, as an accident at work, in all economic activities and occupations. Table 2 presents additional details received from Spain in terms of economic sectors and occupations where COVID-19 could be recognised as accident at work. In addition, the reply received from Spain states that '*Certain conditions and procedures apply that probably make it much more straightforward to recognise COVID-19 in some economic activities and occupations compared to others where it is more difficult to determine the causal link with work*'.

**Table 2: COVID-19 as accident at work in specific economic sectors and occupations**

(The information presented refers to the replies directly received from the countries/stand of June 2021)

Country	ECONOMIC SECTOR <sup>7</sup>	OCCUPATIONS <sup>8</sup>
Spain	The recognition of COVID-19 as an accident at work is possible in any activity, but the vast majority of cases have been recognised in line with a procedure specifically for NACE Rev. 2 activities 86 and 87.1.	The recognition of COVID-19 as an accident at work is possible in any occupation, but the vast majority of cases have been recognised in line with a specific procedure mainly applicable to ISCO-08 occupations 22, 32 and 53.

## RECOGNITION OF COVID-19 AS BEING OF OCCUPATIONAL ORIGIN POSSIBLE, AS AN ACCIDENT AT WORK OR AN OCCUPATIONAL DISEASE

In five of the participating countries, COVID-19 can be recognised as an accident at work or an occupational disease. This is the case for Austria, Belgium, Denmark, Germany and Finland\* (both accident and occupational disease possible, but the majority of reported cases have been recorded as occupational diseases). In all five countries it is possible to recognise cases of COVID-19 as being of occupational origin in all economic activities and occupations). Some national specificities are listed below about the differentiation between accident at work and occupational disease, according to the replies to the survey.

Austria recognises COVID-19 as an occupational disease in NACE Rev. 2 sectors 86 (Human healthcare sector), 85 (Education) and in companies active in economic sectors (not specified) with comparable risk exposure. The related occupations involve healthcare, education and protective services workers – no ISCO codes specified in Austria's reply – according to the description provided: 22 healthcare professionals, healthcare, education and protective services workers; 53 personal care workers; 54 protective services workers. For the rest of the economic activities and occupations, not listed above, potential cases of COVID-19 of occupational origin could be recognised as accidents at work. In conclusion, occupation-related COVID-19 can be linked to all economic sectors and occupations.

Germany also recognises COVID-19 as an accident at work in all economic sectors and occupations for statutorily insured personnel. '*The prerequisites for recognition as an occupational accident apply without exception to all persons insured under statutory accident insurance and therefore without*

<sup>(7)</sup> Codes refer to NACE Rev. 2: Statistical Classification of Economic Activities in the European Community

<sup>(8)</sup> Codes refer to ISCO-08: International Standard Classification of Occupations

restriction to all groups of employees and other groups of insured people such as children in daycare centers or day care, schoolchildren, students, volunteers and community workers<sup>9</sup>.

At national level 'disease caused by SARS-CoV-2' means that COVID-19 can be recognised as an occupational disease within the meaning of number 3101 of the national list of occupational diseases. The list reads: 'Infectious diseases, if the insured worker is in the health service, welfare, a laboratory or another activity, and was particularly exposed to a similar risk of infection'. Based on existing medico-scientific knowledge, so far only these areas of activity, included under number 3101 of the national occupational diseases list, are mentioned and recognisable as occupational diseases.

In Belgium, COVID-19 can be recognised as an occupational disease in the list system – the main system of recognising occupational diseases. This applies to people working in the healthcare sector and workers in critical sectors and essential services (during the first lockdown), who were not able to work from home and who, due to the nature of their work, could not maintain the 1.5 m safety distance from other people at all times.

For those who do not fulfil the requirement of the list system, there is the open system, but these people need to prove the 'direct and determinant link' of the work-related exposure to COVID-19. In the open system, a COVID-19 case can be recognised as an accident at work following the normal procedures, in force in Belgium, for the recognition of accidents at work.

Denmark distinguishes between occupational disease and accident at work according to the duration of exposure to the virus at work, not according to economic sector or occupation. It is therefore possible to recognise COVID-19 as an accident at work or an occupational disease in all economic sectors and occupations.

### RECOGNITION OF COVID-19 AS BEING OF OCCUPATIONAL ORIGIN POSSIBLE, BUT NOT SPECIFIED IF ACCIDENT AT WORK OR OCCUPATIONAL DISEASE

In Greece and Ireland it is possible to recognise COVID-19 as being of occupational origin, but it is not specified under which category: occupational disease or accident.

Rather, the information provided refers to specific sectors and occupations, such as the healthcare services sector or other sectors and occupations where there is a high risk of exposure to COVID-19 during work. The Table 3 presents the situation for Greece and Ireland.

**Table 3: COVID-19 of occupational origin in specific economic sectors and occupations**

(The information presented refers to the replies directly received from the countries/ stand of June 2021)

Country	ECONOMIC SECTOR <sup>10</sup>	OCCUPATIONS <sup>11</sup>
Greece	COVID-19 could be recognised as being of occupational origin in certain sectors (the healthcare sector) in which employees are exposed to the virus during work and due to the nature of their activity, according to the provisions of the presidential decree 102/2020 (Government Gazette 244 A') and the results of the forthcoming occupational risk assessment.	Similarly, as for economic sectors.
Ireland	Healthcare sector	Not specified, but presumably associated occupations.

<sup>(7)</sup> The original reply to the Eurostat survey.

<sup>(10)</sup> Codes refer to NACE Rev. 2: Statistical Classification of Economic Activities in the European Community

<sup>(11)</sup> Codes refer to ISCO-08: International Standard Classification of Occupations

# 3 Recognition criteria for COVID-19 of occupational origin

The survey launched by Eurostat had included a section dedicated to the national recognition criteria. The national practices are heterogeneous when it comes to the recognition of COVID-19 of occupational origin. Table 4 reflects the answers provided by the countries to the survey and they are grouped according to their classification into the various forms of recognition from the legal and statistical point of view, when no reply was received the information is marked as such.

**Table 4: COVID-19 recognition criteria and classification**

(The information presented refers to the replies directly received from the countries/stand of June 2021)

	Country	Recognition criteria
CCIDENT AT WORK	Italy	<p>The current pandemic puts healthcare professionals at significant risk of contracting COVID-19. Consequently, they are protected by the National Institute for Insurance against Accidents at Work (<i>Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro</i>, INAIL) since it is assumed that they contract the virus at work. The INAIL has extended this presumption to other <b>categories</b> of workers who are in constant contact with the public (for example: front-office workers, cashiers, sales staff/bankers, technical assistants, support staff, cleaning staff, staff in healthcare structures, ambulance and transport operators, etc.). In the case both of healthcare professionals and other high-risk professions, the INAIL conducts an investigation in order to exclude other, non-work related, causes of infection.</p> <p>For <b>other workers</b> the medico-legal assessment of entitlement to compensation is based on epidemiological, clinical, anamnestic and circumstantial evidence.</p> <p>Being infected on the way to and from work also falls <b>within the remit of the INAIL</b>. This is contingent on the findings of an investigation into the means of transport, the route and the frequency of travel.</p>
	Slovenia	<b>Positive PCR test</b> , attesting infection during work, including from contacts with coworkers, including during breaks.
	Spain	<p>There are two ways of recognising COVID-19 as an accident at work: a general procedure and a procedure specifically for healthcare workers.</p> <p><b>General procedure</b> (for any activity and occupation): It is required to prove that the infection occurred solely because of work.</p> <p>Unlike the general regulation of recognition of accidents at work in Spain, in cases of COVID-19, there is no economic incentive for declaring it in most cases. This is because the special circumstances of COVID-19 have resulted in the assimilation of the temporary disability benefit for common risks to the one for occupational risks.</p> <p><b>Procedure</b> specifically for healthcare workers who provide services in workplaces belonging to NACE Rev. 2 activities 86 and 87.1: The occupational risk prevention service must certify that the worker concerned was exposed to the specific risk of contagion during the provision of healthcare.</p>
OCCUPATIONAL DISEASE	Bulgaria	<p>According to Article 56, paragraph 2 of the Social Insurance Code, as an occupational disease, COVID-19 can also be recognised as a disease not included in the list of occupational diseases if it is found that it has been caused mainly and directly by the usual working activity of the insured person and has caused temporary incapacity to work, permanently reduced the ability to work or caused the death of the insured person.</p> <p><b>The investigation of a COVID-19 case</b> must establish the following.</p> <ul style="list-style-type: none"> <li>- Infection is the result of occupational exposure – delivery of direct healthcare to infectious patients or contact with contaminated equipment or environments.</li> <li>- Detection of the virus through a PCR or antigen test.</li> <li>- Beginning of disease during the incubation period after cessation of occupational exposure.</li> </ul> <p>The Medical Expert Board must issue an expert decision confirming or rejecting the COVID-19 case as an occupational disease.</p>
	Croatia	<b>Positive PCR test</b> , Epidemiologist's report, Occupational medicine specialist's report, Employer's certificate of presence at workplace and contact with COVID-19 positive person at workplace and other medical documentation depending on the severity of the disease.



	Country	Recognition criteria
	Cyprus	The investigation into every COVID-19 case is conducted by personnel of the Epidemiological Surveillance Unit of the Cyprus Ministry of Health following <b>specific criteria</b> . These include an investigation into work and travel history and tracing contacts with family members.
	Czechia	For COVID-19 to be recognised as an occupational disease, the following conditions must be met. 1. <b>The disease must clinically manifest</b> (the medical documentation must contain evidence proving its clinical manifestation, including the U07.1 diagnosis) and the disease must also be confirmed by laboratory examination. 2. <b>It must be confirmed</b> by a hygienic (epidemiological) investigation that the conditions of work included in the list of occupational diseases have been met.
	Estonia	N/A
	France	The system of recognition of COVID-19 as an occupational disease is based on a table with automatic recognition (only for care staff affected by acute respiratory conditions caused by a COVID-19 infection + having required ventilator assistance or having died). A special committee analyzes other cases (other kinds of staff, other kinds of conditions such as neurological, cardiac ones). The common recognition criteria of both parts of this system is the severity of the condition. <a href="#">French table 100 of the list of occupational diseases: Décret n° 2020-1131 du 14 septembre 2020</a> relating to the recognition as occupational diseases of pathologies linked to COVID-19.
	Hungary	Infection proven by laboratory test ( <b>Ag</b> or <b>PCR</b> ) irrespective of symptoms, index case in the working environment, exposure cannot be excluded irrespective of wearing PPE.
	Latvia	A decision regarding the diagnosis of COVID-19 as an occupational disease, taken by a <b>committee of doctors</b> .
	Lithuania	Contact with a <b>sick COVID-19</b> patient at the workplace.
	Luxembourg	No information provided with the survey.
	Malta	Contact tracing.
	Netherlands	Based on <b>coherent symptoms</b> and if - available - a positive PCR test.
	Norway	Serious complications arising from infection while working in a work environment that is particularly at risk of infection and illness, such as medical and dental offices, medical institutions, social institutions, etc. The relevant national regulation, <a href="#">FOR-2020-04-07-726</a> , includes <b>COVID-19 with serious complications</b> in the list of contagious diseases which are to be considered occupational diseases. The reference to COVID-19 exists in the main regulation ( <a href="#">FOR-1997-03-11-220</a> ) under § 1, letter H, number 2, letter I.
	Poland	Work on simplification of national legislation, no additional details provided.
	Portugal	<b>Direção-Geral da Saúde</b> provided in the reply in the following <a href="#">link</a> Healthcare professionals at <b>forefront</b> , in close contact with COVID-19 patients and presenting specific symptoms.
	Romania	Recognition criteria: - <b>Positive RT - PCR</b> or antibodies and symptoms - <b>Evidence</b> of infectious contact at work <b>The use (or not) of protective equipment</b> can be considered, but without an impact on the recognition of disease. The next steps will follow the regular procedure of signalling an occupational disease. Even if the occupational disease is confirmed and the insurance is notified, the insurance can reject the compensation and can request a reopening of the inquiry.
	Slovakia	COVID-19 can be recognised and reported as an occupational disease for workers with: clinical manifestations of the disease and a laboratory-verified <b>diagnosis of COVID-19</b> , who had proven work contact with a sick person with COVID-19 or infectious material, resulting from the job description or as part of the performance of work tasks or work activities, in the incubation period ( <b>14 days before the onset of symptoms</b> ). If a worker has been tested positive for COVID-19 but is free of clinical signs of COVID-19, or has been shown to have community-based transmission, the case of <b>occupational disease is excluded</b> . <b>Investigation of working conditions</b> and description of the related task and possible sources of infection have to be documented and approved.
	Sweden	<b>Contact</b> at work with infected people. Infection during work in a laboratory where the infectious substance is handled, in work at a healthcare facility or in other work to treat, take care of or handle people, animals or materials that are contagious.
	Switzerland	For healthcare workers, under conditions as described above, COVID-19 recognised as an occupational disease. COVID tests can constitute the beginning of occupational disease cases (independent of their outcome or the presence of symptoms).
BOTH ACCIDENT AT WORK AND OCCUPATIONAL DISEASE POSSIBLE	Austria	<b>Accident at work:</b> Infection has to be caused by an event during work <b>Occupational disease:</b> a) <b>Index person</b> - ill person met during work is alive b) <b>Danger of infection</b> by people met during work is significantly higher than in 'normal' population. AND (for both cases) the risk of being infected in private life is lower than in professional environment
	Belgium	<b>Accident at work:</b> Following the <b>normal procedures</b> in force in Belgium for recognition. <b>Occupational disease:</b> <ul style="list-style-type: none"> <li>The recognition as an occupational disease can be done in the list system - the main system for the recognition of occupational diseases in Belgium – for the healthcare sector and during the first confinement for workers in critical sectors and essential services who were not able to telework and who, due to the nature of their work, could not maintain the 1.5 m safety distance from other people at all times.</li> <li>For the rest of the workers recognition is dependent on <b>proof of the 'direct and determinant link'</b> to work related exposure.</li> </ul>
	Denmark	<b>Accident at work:</b> 1) Person concerned has or has had the <b>diagnosis COVID-19</b> (in most cases established through a medical test) and 2) Person concerned has been <b>exposed to the virus</b> at work for <b>less than 5 days</b> .

	Country	Recognition criteria
		<p><b>Occupational disease:</b>                      1) Person concerned has or has had the <b>diagnosis COVID-19</b> (in most cases established through a medical test) and                      2) Person concerned has been exposed to the virus at work for <b>5 days or more</b>.</p>
	Germany	<p><b>Accident at work:</b>                      The infection must be of a person known to be infected with the virus ('<b>Index person</b>'). This implies intense professional contact with the index person. This depends mainly on the duration and intensity of the contact. If no specific index person can be determined, it is sufficient for recognition that there is a large number of proven infected people within one company or facility.                      The <b>prerequisite</b> is always that the increased risk of infection is <b>attributable to corporate</b> responsibility. In individual cases, it must also be checked whether the relevant infection period is in place, the contact with other index people outside of the insured activity existed and whether this precludes recognition as an accident at work.</p> <p><b>Occupational disease:</b>                      The recognition of a COVID-19 case as an occupational disease assumes that the sick person is <b>working in the healthcare service</b> or welfare service or in a laboratory or another activity with a similar risk of infection and that the infection is the result of employment.</p>
	Finland	<p><b>Accident at work:</b>                      Not available when preparing the report.</p> <p><b>Occupational disease:</b>                      Compensation criteria:                      • The employee has been diagnosed with a disease caused by coronavirus.                      • It is known that he or she has had dealings with coronavirus-positive individuals, colleagues or clients, and has been in close contact with them.                      • The time between the symptoms associated with coronavirus and exposure at work has coincided with the known incubation period of the virus.                      • No coronavirus infections have been identified in the immediate vicinity of the infected worker and no other probable source of infection is otherwise identified.</p>
NOT SPECIFIED	Greece	<p>All the cases of illness or deaths of employees are reported (announced) immediately by the occupational doctor through the enterprise or from the insurance organisation to the competent labor inspectorate after the process of diagnosis is concluded when it is established that they are due to exposure during work.                      The relevant legislation is presidential decree 102/2020 and Articles 43, paragraph 2 and 18 paragraph 4. Correspondingly, the Code for the Health &amp; Safety of Employees (KNYAE), which was ratified with Article A of L.3850/2010 (GG 84 A') is applicable to the obligation of the employer to announce/report occupational accidents and diseases to the Labour Inspectorate.</p>
	Ireland	<p>As a result of the Amendment to the Biological Agents Regulations as of 24 November 2020, covering SARS-CoV 2 (the virus that causes COVID-19), healthcare sector employers and laboratories must notify to the Health and Safety Authority cases of disease or death from COVID-19 that are attributable to work activity.</p>



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# Possibility of recognising COVID-19 as being of occupational origin at national level in EU and EFTA countries

The health crisis of 2020 has highlighted the occupational risk associated with COVID-19, which consequently has had repercussions on insurance against accidents at work and occupational diseases. In this context, Eurostat launched in November 2020 a survey on the possibility of recognising the occupational nature of COVID-19 in Europe. The geographical coverage is the 27 Member States, Norway and Switzerland.

The survey shows that in all countries, the occupational risk of COVID-19 is considered. However, there are some differences on the practical modalities of recognising this risk. These differences relate, among other things, to the way in which the file will be investigated (i.e. as an accident at work and/or an occupational disease) and to the sectors and occupations concerned by this possible recognition (limited to the health sector or extended to wider range of sectors). This statistical report presents the national legal practices and reflects the situation of June 2021.

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**For more information**

<https://ec.europa.eu/eurostat/>