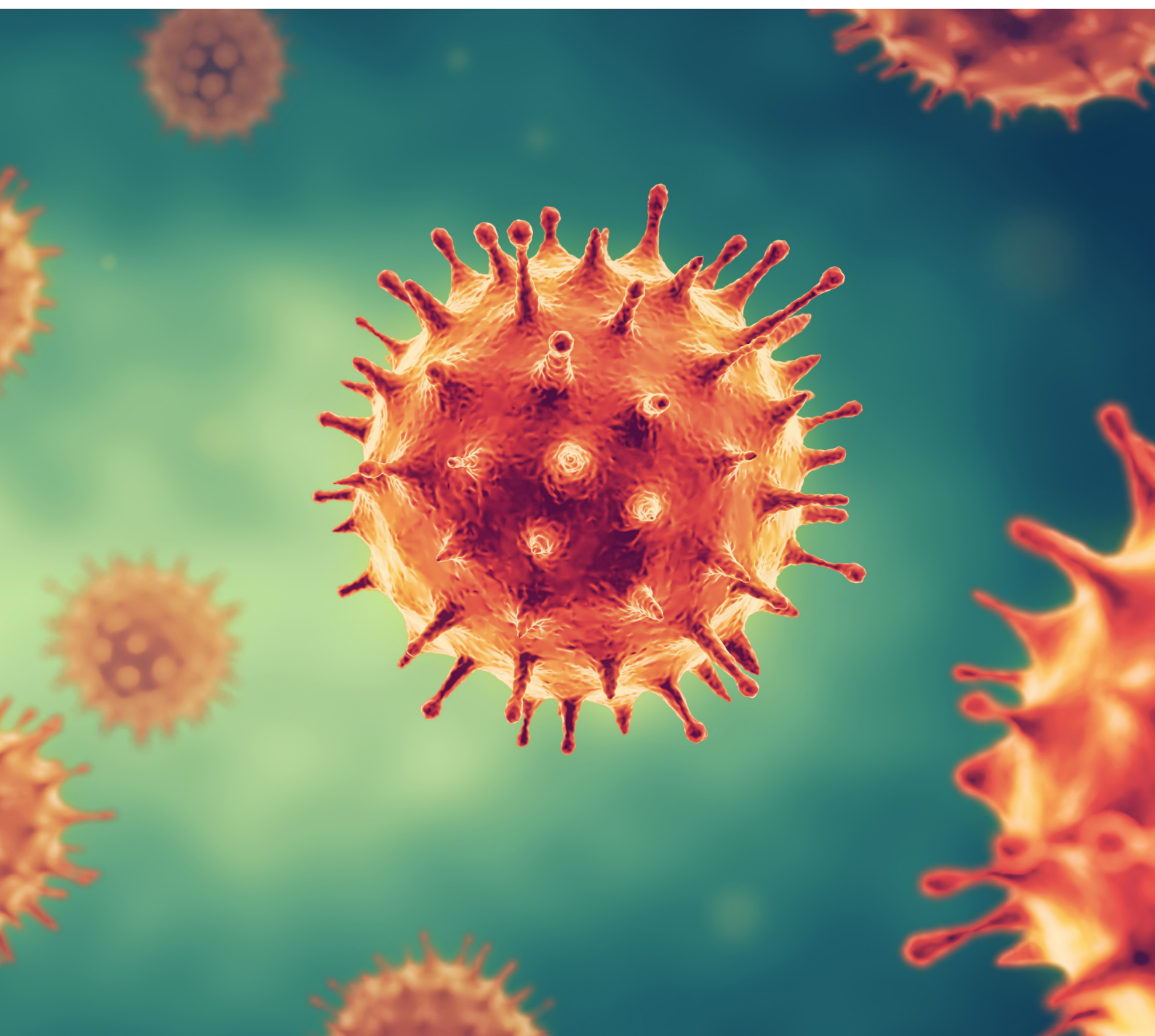


Possibility of recognising
COVID-19 as being of
occupational origin
at national level
in EU and EFTA countries

2022 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 contains information, 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 and its further updates. The current version of the report includes the updates for 2022; the information presented refers to the replies directly received from the countries/stand of October 2022.

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 was 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)¹ 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 statisticians².

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

⁽²⁾ [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, for both data collections, reference year 2020 (data available from 2022).

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 16 Member States that recognise COVID-19 as being of occupational origin, the form of recognition is an occupational disease. The 16 Member States are Bulgaria, Cyprus, Croatia, Czechia, Estonia, France, Hungary, 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.

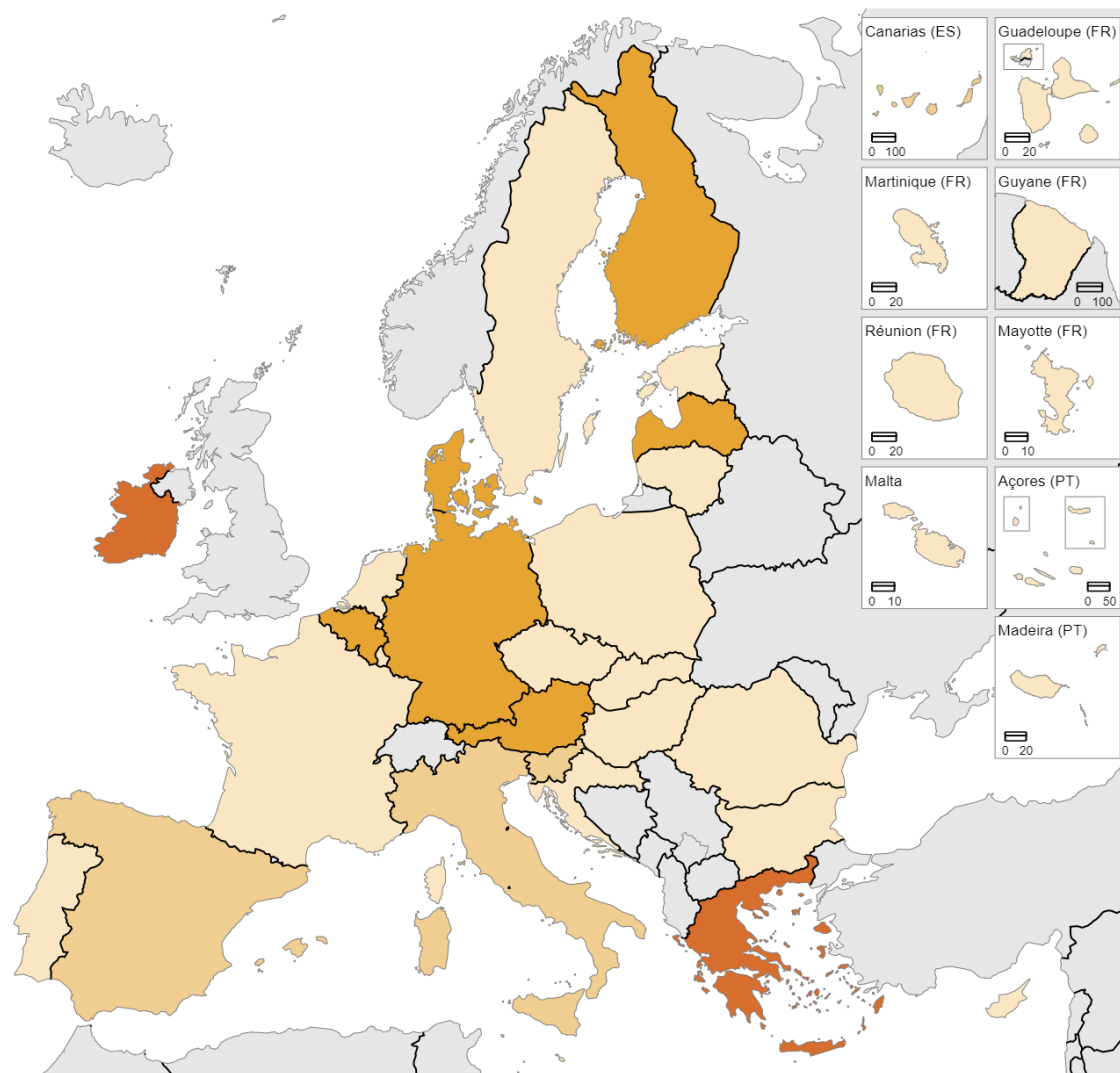
Six Member States – Austria, Belgium, Denmark, Germany, Latvia and Finland – recognise COVID-19 as an accident at work or an occupational disease, depending on national criteria.

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

POSSIBILITY TO RECOGNISE COVID-19 WITH OCCUPATIONAL ORIGIN

Situation according to the replies received by Eurostat



Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat
Cartography: Eurostat – IMAGE, 12/2022

- Situation with COVID-19 recognition
- Occupational origin possible, not specified
 - Both occupational disease or accident at work
 - Accident at work
 - Occupational disease
 - Data not available**

ec.europa.eu/eurostat

Data updated October 2022
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 16 Member States, plus Norway and Switzerland, which recognise COVID-19 as an occupational disease from an occupational health and safety statistics perspective. In Croatia, Czechia, France, Hungary, Luxembourg, Malta, the Netherlands, Poland³, Slovakia⁴ 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 October 2022)

Country	ECONOMIC SECTOR ⁵	OCCUPATIONS ⁶
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
Lithuania	86 Human healthcare activities (86.10)	22 Healthcare professionals
Portugal	86 Human healthcare activities	22 Healthcare professionals (not all minor groups: only health professionals in direct contact with COVID-19 infected patients)
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. 1. In the healthcare sector: 86 - human healthcare activities 87 - residential care activities 88 - social work activities without accommodation. 2. Other sectors: if the job requires contact with infected people (other than colleagues).	1. Only healthcare personnel: 22 Healthcare professionals 32 Healthcare associate professionals 53 Personal care workers 2. For other workers (other than healthcare workers), if the contact can be proven, recognition is possible, but no cases have been registered so far.
Slovakia	ALL , 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.	ALL , 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

⁽³⁾ 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.

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

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

⁽⁶⁾ Codes refer to ISCO-08: International Standard Classification of Occupations

Country	ECONOMIC SECTOR ⁵	OCCUPATIONS ⁶
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 Spain⁷. 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 October 2022)

Country	ECONOMIC SECTOR ⁸	OCCUPATIONS ⁹
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 six 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, Latvia and Finland* (both accident and occupational disease possible, but the majority of reported cases have been recorded as occupational diseases). In all six 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*

(⁷) From the perspective of compensation, the COVID-19 occupational cases are treated as occupational diseases

(⁸) Codes refer to NACE Rev. 2: Statistical Classification of Economic Activities in the European Community

(⁹) 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 day care centres or day care, schoolchildren, students, volunteers and community workers*¹⁰.

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:

- During the first lockdown, 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.

- From the end of the first containment until the end of 2021, this applies to workers infected at work as a result of a cluster (the worker + at least 4 other infected persons; with an epidemiological link) within 14 days and in the same workspace, where the working conditions strongly increase the risk¹¹.

For the rest of the workers, recognition depends on proof of the "direct and decisive link" with the work-related exposure.

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.

In Latvia, the recognition of COVID-19 as accident at work is not restricted to a specific economic sector or occupation. However, the recognition of COVID-19 as occupational disease is restricted to infections which originated in the course of professional duties in the field of health care, prophylaxis and social work or other services, and in which the importance of risk factors related to the work environment has been proven.

⁽¹⁰⁾ Exact reply provided with the EU Survey

⁽¹¹⁾ Royal decree published on 16/12/2021

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 October 2022)

Country	ECONOMIC SECTOR ¹²	OCCUPATIONS ¹³
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.

⁽¹²⁾ Codes refer to NACE Rev. 2: Statistical Classification of Economic Activities in the European Community

⁽¹³⁾ 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 further updates received. The replies 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 October 2022)

	Country	Recognition criteria
ACCIDENT AT WORK	Italy	<p>The current pandemic exposes healthcare workers at a significant risk of contracting COVID-19. Consequently, these categories are protected by the INAIL (National Institute for Insurance against Accidents at Work, INAIL) since there is an assumption that they contracted the virus at work. The INAIL has extended this presumption to other categories of workers who are in constant contact with the public (for example: front office clerks, cashiers, sales staff / bankers, technical assistants, support staff, cleaning staff, healthcare facilities personnel, ambulance crew and haulers, etc.).</p> <p>However, in the case of both healthcare professionals and other high-risk professions, INAIL can acquire additional information in order to rule out other non-work-related causes of infection. The medico-legal assessment related to the worker's right to tutelage is based on epidemiological and clinical criteria, anamnestic and circumstantial evidence, as well as on the exclusion of other, not work related, causes of infection. Being infected on the way to and from work also falls within the insurance protection provided by the INAIL. This is contingent on the findings of an investigation into the means of transport, the route and the frequency of travel.</p>
	Slovenia	Positive PCR test , 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 work¹⁴: a general procedure and a procedure specifically for healthcare workers.</p> <p>General procedure (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>Procedure 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> <p>The COVID-19 occupational cases have the same compensation that the Social Security system grants to people who are affected by an occupational disease.</p>

⁽¹⁴⁾ In Spain, the cases of COVID-19 occupational are considered accidents at work for statistical purposes, while in terms of compensation they are treated like occupational diseases

	Country	Recognition criteria
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>The investigation of a COVID-19 case must establish the following:</p> <ul style="list-style-type: none"> - Infection is the result of occupational exposure – delivery of direct healthcare to infectious patients or contact with contaminated equipment or environments. - Detection of the virus through a PCR or antigen test. - Beginning of disease during the incubation period after cessation of occupational exposure. <p>The Medical Expert Board must issue an expert decision confirming or rejecting the COVID-19 case as an occupational disease.</p>
	Croatia	<p>Positive PCR test, 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.</p>
	Cyprus	<p>The investigation into every COVID-19 case is conducted by personnel of the Epidemiological Surveillance Unit of the Cyprus Ministry of Health following specific criteria. These include an investigation into work and travel history and tracing contacts with family members.</p>
	Czechia	<p>The national list of occupational diseases includes not only selected occupational diseases, but also a category „open Chapter for Diseases due to chemicals“ and „open Chapter for Infectious Diseases “, which allows to add diseases not mentioned directly in the List, for this reason COVID-19 could be recognised.</p> <p>For COVID-19 to be recognised as an occupational disease, the following conditions must be met.</p> <ol style="list-style-type: none"> 1. The disease must clinically manifest (the medical documentation must contain evidence proving its clinical manifestation, including the U07.1 diagnosis) and the disease must be confirmed by laboratory examination. 2. It must be confirmed by a hygienic (epidemiological) investigation that the conditions of work included in the list of occupational diseases have been met.
	Estonia	N/A
	France	<p>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) And a special committee analyses other cases (other kinds of staff, other kinds of conditions such as neurological, cardiac ones).</p> <p>The common recognition criteria of both parts of this system is the severity of the condition.</p> <p>French table 100 of the list of occupational diseases: Décret n° 2020-1131 du 14 septembre 2020 relating to the recognition as occupational diseases of pathologies linked to COVID-19.</p>
	Hungary	<p>Infection proven by laboratory test (Ag or PCR) irrespective of symptoms or by a medical document</p> <p>Exposure criteria: index case in the working environment or working in high-risk environment (e.g. health care education) irrespective of wearing PPE.</p> <p>Relationship: appropriate latency period.</p> <p>Exclusion criteria: non-occupational source (e.g. index case in the family).</p>
	Lithuania	Contact with a sick COVID-19 patient at the workplace.
	Luxembourg	The system of recognition of COVID-19 as an occupational disease is based on the Luxembourgish list of recognized occupational diseases (confirmation by PCR test or officially certified rapid diagnostic test). The recognition is automatic for all staff affected to the health care sector. For all other sectors, proof of contamination at the workplace must be given.
	Malta	Contact tracing.
	Netherlands	Coherent symptoms, antigen test or PCR test, and exposed in a working setting.
	Norway	<p>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, FOR-2020-04-07-726, includes COVID-19 with serious complications in the list of contagious diseases which are to be considered occupational diseases. The reference to COVID-19 exists in the main regulation (FOR-1997-03-11-220) under § 1, letter H, number 2, letter I.</p>
	Poland	<p>Work on simplification of national legislation, no additional details provided.</p> <p>COVID-19 is not a separate occupational disease in the national list of occupational diseases. The list of occupational infectious diseases is open, so every infectious work-related disease can be recognized as occupational, including COVID-19. The law in Poland does not attribute particular occupational diseases to the type of work performed and is not restricted to specific economic sectors.</p> <p>There are no criteria for recognizing COVID-19 as an occupational disease defined by Polish law. Therefore official criteria were presented by Polish Society of Occupational Medicine and Nofer Institute of Occupational Medicine.</p> <p>The following criteria for recognition COVID-19 as an occupational disease must be met:</p> <ol style="list-style-type: none"> 1. Detection of the virus through a PCR or antigen or antibodies test. 2. Documented symptoms of COVID-19 (the medical documentation must contain evidence proving its clinical manifestation). <p>In Healthcare sector – in the absence of evidence of a non-occupational source of infection, the diagnosis of an occupational disease is possible after demonstrating permanent work in direct contact with patients, not only those diagnosed with SARS-CoV-2 infection.</p> <p>In other occupational sectors - the decision on the diagnosis of an occupational disease should be made on an individual basis, inter alia, after confirming a significant risk of infection with SARS-CoV-2 in the workplace (e.g. after proving sufficiently long and close contact with people diagnosed with COVID-19) and in the absence of evidence of a non-occupational source of infection.</p> <p>The period in which the symptoms of the disease appeared should not exceed 14 days from the occupational exposure.</p>

	Country	Recognition criteria
	Portugal	Submission of two forms ("Participação Obrigatória" and "Requerimento") accompanied by the positive test result for COVID-19 (laboratory testing) to the Departamento de Proteção contra os Riscos Profissionais (DPRP-ISS) of the Social Security Institute (either by the employer or by the infected health professional). The recognition is documental, but requiring verification and certification of the disease by the DPRP-ISS occupational medical doctor staff and DPRP-ISS. It can be noticed that healthcare professionals who have tested positive for COVID-19 are legally obliged to notify the DPRP-ISS (competent authority in PT to certify occupational diseases).
	Romania	Recognition criteria: -Criteria defined by the Ministry of Health for COVID-19 diagnosis (testing for SARS-CoV-2 is mandatory for diagnosis) - Evidence of infectious contact at work The use (or not) of protective equipment can be considered, but without an impact on the recognition of disease. The next steps will follow the regular procedure of signaling 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 diagnosis of COVID-19 , 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 (14 days before the onset of symptoms). 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 occupational disease is excluded . Investigation of working conditions and description of the related task and possible sources of infection have to be documented and approved.
	Sweden	Contact 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	Accident at work: The affected person must have had contact with an infected person at work, which led to the infection. The connection between the professional activity and the infection has to be evident. For this purpose the index person must be known or many people in the professional environment must be proven to be infected. Decisive factors are, among others, that the time of infection is plausible, that the type of contact is suitable to cause an infection (duration, distance, etc.) and that the private risk of infection is not equally high. Occupational disease: The recognition of COVID-19 as an occupational disease is possible if the occupational activity took place in a company where the risk of infection is higher than the general risk of infection. The law mentions certain companies such as hospitals and companies with similar risks. In this case, a link between an infection and the occupational activity can be presumed especially if there is an index person. The insurer would have to prove that an infection in the private environment is at least equally likely.
	Belgium	Accident at work: Following the normal procedures in force in Belgium for recognition. Occupational disease: <ul style="list-style-type: none"> 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. For the rest of the workers recognition is dependent on proof of the 'direct and determinant link' to work related exposure.
	Denmark	Accident at work: 1) Person concerned has or has had the diagnosis COVID-19 (in most cases established through a medical test) and 2) Person concerned has been exposed to the virus at work for less than 5 days . Occupational disease: 1) Person concerned has or has had the diagnosis COVID-19 (in most cases established through a medical test) and 2) Person concerned has been exposed to the virus at work for 5 days or more .
	Germany	Accident at work: The infection must be of a person known to be infected with the virus (' Index person '). 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 prerequisite is always that the increased risk of infection is attributable to corporate 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. Occupational disease: The recognition of a COVID-19 case as an occupational disease assumes that the sick person is working in the healthcare service 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.
	Latvia	Accident at work: Contracting an infectious disease shall be regarded as an accident at work only if such event is related to a specifically identifiable extraordinary incident during performance of work and if such incident has a clear causal relationship with the working activity of the employee. Occupational disease: Other infections which have originated while fulfilling professional duties in the field of health care, prophylaxis and social work or other services, and in the origin of which importance of working environment risk factors has been proven (HIV/AIDS, Hepatitis B, Hepatitis C, tuberculosis, Covid-19);
	Finland	Accident at work:

	Country	Recognition criteria
		<p>Occupational disease: Compensation criteria:</p> <ul style="list-style-type: none"> • The employee has been diagnosed with a disease caused by COVID-19. • 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.
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.</p> <p>The relevant legislation is presidential decree 102/2020 and Articles 43, paragraph 2 and 18 paragraph 4. Correspondingly, the Code for the Health & 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 and continue to receive updated information on the subject. 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 in 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 updated statistical report presents the national legal practices and reflects the situation of October 2022.

For more information

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