

France

National definition of Occupational Diseases:

There is no legal definition of an occupational disease. However, occupational diseases are generally understood to be the consequences of long-term exposure to a risk factor during professional activity.

Source: Santé et sécurité au travail <http://www.inrs.fr>

In France, the Social Security System's 'accident at work/occupational diseases' (AT/MP) branch covers occupational diseases. This branch insures most active employees against lost earning capacity from work accidents or occupational diseases. Employers fund this compulsory insurance through contributions.

This compulsory protection against general occupational risks also extends to various groups, including pupils in technical schools, apprentices, trainees, and participants in professional integration programs ⁽¹⁾.

Certain worker categories, such as farmers, civil servants, public hospital employees, and school staff, are covered by special schemes.

For those not automatically covered by the general insurance system or a special scheme, such as self-employed individuals and collaborating spouses, insurance can be voluntarily obtained. In that case, victims are not entitled to daily payments ⁽²⁾.

The information below considers only victims covered by the general insurance scheme, including employees, students, and trainees, representing the statistical population covered by EODS pilot data.

⁽¹⁾ Centre des Liaisons Européennes et Internationales de Sécurité Sociale. Available at: [\[https://www.cleiss.fr/docs/regimes/regime_france2.html\]](https://www.cleiss.fr/docs/regimes/regime_france2.html).

⁽²⁾ Mutual Information System on Social Protection. Available at: [\[MISSOC - Mutual Information System on Social Protection\]](#).

Reporting procedure ⁽³⁾

The victim must initiate the process to report and recognize the occupational nature of a disease. To file a claim, the victim should complete a standard form and send it, along with a medical certificate from their chosen doctor, and a salary certificate, to their health insurance organisation. Locally, this is known as the 'Caisse Primaire d'Assurance Maladie' (CPAM). The claim must be submitted within 15 days of either work absence or disease certification. The CPAM investigates the reported cases. The Social Security doctor generally does not challenge the diagnosis if it's well-documented. The medical certificate, which includes the diagnosis, is provided by the victim's chosen doctor, who may consult a specialist ⁽⁴⁾ if necessary. After receiving the declaration, the CPAM has four months to make a decision.

Recognition system

The French recognition procedure for occupational diseases operates on a mixed system. One component includes legally established tables of occupational diseases (Annex II of the Social Security Code), identifying diseases that can be recognized. The other component is a complementary system that allows for the recognition of diseases not listed in the tables or those that don't meet all required conditions.

[Tables of Occupational Diseases](#), available online, contain 102 tables for the general scheme covering private sector employees. These tables are organized into three columns:

- The first column classifies diseases by symptoms or injuries caused by professional activities.
- The second column details the eligibility period, which is the time between the end of exposure and the disease's onset.
- The third column lists the jobs, professions, or exposures likely to cause the occupational disease.

The occupational nature of a listed disease is '*quasi-systematically recognized*' if it meets the criteria defined in the three columns of the tables of occupational diseases (European Commission, 2013). Indeed, the disease is presumed to be of occupational origin and the employee does not have to prove that there is a link between this

⁽³⁾ More information is available at: [[Malade professionnelle : reconnaissance, tableau, définition](#)].

⁽⁴⁾ Recognition Criteria template provided by France as part of the EODS data collection.

disease and his work ⁽⁵⁾ . *“The insurance organization can however provide proof to the contrary by showing that the disease is completely independent of the occupation (provided that it demonstrates the extra-occupational cause of the disease), but this procedure is very seldom used”*(Eurogip, 2016; p 17).

A disease not listed in the Tables of Occupational Diseases can still be recognized as occupational by the health insurance fund if the following conditions are met:

- It is essentially and directly caused by the victim’s usual work.
- It results in the victim's death or causes a permanent incapacity of at least 25%.

For diseases not listed, a special committee evaluates their occupational nature on a case-by-case basis. This committee consists of three doctors: a Social Security doctor, an occupational doctor, and a clinician specializing in occupational diseases. It must be proven that work directly and predominantly caused the disease. The committee operates at the regional level.

Compensation system

In France, a worker who is temporarily or permanently unable to work due to an occupational disease is entitled to compensation once the competent authority recognizes the disease as occupational.

Compensation for temporary incapacity begins on the first day of work absence and ends upon recovery or at the consolidation date. The consolidation date marks when the disease is no longer expected to evolve. After consolidation, if justified by the disease's aftereffects, the CPAM's medical service may propose a degree of permanent incapacity ⁽⁶⁾ in a detailed report.

The degree of permanent incapacity is determined by considering:

⁽⁵⁾ For more information on occupational health and safety, you can visit the Santé et sécurité au travail website at[[Tableaux des maladies professionnelles - Publications et outils - INRS](#)].

⁽⁶⁾ The degree of work incapacity is a quantitative index, which gives the level of reduction in the individual's working ability due to the occupational disease.

- Medical and professional criteria, such as the disease's nature, the victim's general condition, age, and professional qualifications.
- An indicative scale of occupational disease invalidity, annexed to the Social Security Code.

The minimum degree of incapacity that qualifies for compensation is 1%. For a degree of incapacity from 1% to 9%, victims receive a lump sum. If the incapacity is 10% or more, the victim receives a permanent disability pension. For an incapacity greater than 80%, supplementary benefits for home assistance are granted ⁽⁷⁾.

A review of the degree of permanent incapacity is possible at any time within the first two years after it is determined. After this period, reviews can occur annually, initiated either by the CPAM's medical service or the victim.

In addition to allowances for temporary and permanent incapacity, other types of allowances are granted, such as coverage for health examination and treatment costs, and a beneficiary's allowance in the event of the victim's death.

Statistical coverage

France's occupational disease statistics reflect incident cases of recognized occupational diseases that qualify for cash benefits. Cases recognized without compensation rights are not included, accounting for roughly 30% of all recognized cases. The data only cover victims under the general insurance scheme for occupational diseases, namely employees. Cases involving victims under special schemes, such as farmers, civil servants, public hospital staff, and those with voluntary insurance like the self-employed, are not included in the statistics.

Factors influencing the level reporting

The over-representation of France in the European Occupational Diseases Statistics, and the high prevalence of musculoskeletal disorders (MSDs) at the national level, can be attributed to several factors:

⁽⁷⁾ For detailed information, please visit the following website: [[Incapacité permanente suite à une maladie professionnelle : indemnités et rentes | ameli.fr | Assuré](#)]

The strong legal presumption of occupational origin linked to the French Tables of Occupational Diseases. Compliance with these tables' requirements is often enough to secure recognition, which is particularly advantageous for victims of multifactorial diseases like MSDs. The presence of non-occupational factors does not impact recognition as long as the table criteria are met (Eurogip, 2015, 2016).

The lower minimum rate for compensation for permanent incapacity in France, set at 1%, compared to higher thresholds in other Member States (e.g., 20% in Austria, 33% in Spain, 15% in Denmark, and 50% in Croatia).

Impact of French recognition procedure on the level of reported cases of specific diseases (non-exhaustive):

- **J92 Pleural plaques** consist in a symptom caused of the exposure to asbestos. Generally, the pleural plaques cause no harm to the organism. The high number of recognised cases, in France, can be explained by the fact that France awards compensation based on the mere certification of the existence of pleural plaques. The other countries that allow recognition generally pay cash benefits to the victim only in exceptional cases (when dysfunctional effects are observed) (Eurogip, 2006).
- **M75 Shoulder lesions** are MSDs included in the table 57 of the French national list of occupational diseases. In 2011, the criteria of recognition of shoulder pathologies included in the table was revised by the decree 2011 - 1315 (change of pathologies compensated and the means of diagnosis definition, introduction of a minimum duration of exposure, introduction of daily durations of exposure, more stringent criteria regarding the type of exposure) (Eurogip, 2016).

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Santé et Sécurité au Travail. *Tableaux des maladies professionnelles : les maladies professionnelles en 10 questions*. Available at: [[Santé et sécurité au travail - INRS](#)] (last accessed: September 2025).