



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

Association internationale sans but lucratif

International non-profit organisation

EU Transparency Register 219038730914-92

RUE DE L'INDUSTRIE, 24
BE- 1040 BRUSSELS
VAT n° BE 0469.067.848

T +32 2 649 51 64

www.uems.eu

info@uems.eu



UEMS-OCCUPATIONAL MEDICINE Statement on COVID-19 as occupational disease

COVID-19 is the latest occupational infectious disease challenging the working environment. There is a strong need to prepare the criteria to recognize COVID as occupational disease following the **Information notices on occupational diseases: a guide to diagnosis, issued by the European Commission** Directorate-General for Employment, Social Affairs and Equal Opportunities, in January 2009. The coronavirus SARS-CoV-2 is the biological risk factor and COVID-19 fits to Annex I, No. 409 when proven as occupational disease.

The current pandemic mostly affects health care workers and among them medical doctors as well. We believe that personal protective equipment can reduce the risk to be infected but nevertheless the lack of personal protective equipment and also the use of personal protective equipment does not exclude COVID-19 to be recognized as occupational disease. But the criteria to recognize COVID-19 as Occupational Disease set below are and must be equal for any profession where the exposure to the SARS-CoV-2 at work is proven to cause the COVID-19 disease.

Diagnosis of COVID-19 as Occupational Disease

The key criteria for diagnosing an occupational disease (OD) in any individual are:

a) **The clinical features must fit in with what is known about the health effects following exposure to the specified agent.** The symptoms and signs should fit, and this may be supported by suitable diagnostic tests.

- **COVID-19 as occupational disease case needs to have at least PCR test positive and respiratory symptoms.**



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NB: We would strongly recommend the national authorities to think on the asymptomatic COVID-19 workers who are not ill but are not allowed to go to work because of the preventive measures. Their personal income must be supplemented.

b) There must be indication of sufficient occupational exposure. Evidence on exposure to SARS CoV-2 virus may be obtained through taking the occupational history, results of epidemiological circumstances at the workplace and exposure.

- **COVID-19 can be recognized as occupational disease in any sector at any workplace where work tasks are necessarily associated to close contacts with (potentially) COVID 19 patients and/or COVID positive contacts.**
- **COVID-19 should be recognized as occupational disease where there is increased risk for COVID-19 infection in working process but this risk should be taken into account individually case by case (higher epidemiological risk than in general population).**

c) The time interval between exposure and effect must be consistent with what is known about the natural history and progress of the disease. Exposure must precede health effects.

- **COVID-19: 1 – 10 days**

d) The differential diagnosis must be considered. There are non-occupational conditions that have similar clinical features as occupational diseases, and a physician will have to take this into account before diagnosing or excluding an occupational disease.



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We are aware that the competencies of the national authorities far exceed our proposal. Our proposal has been prepared on the minimum consensus of the representatives to fit everywhere, but the national authorities are free to choose their own broader criteria.

We also have to emphasize that pandemics itself is a high risk for doctors' wellbeing and their health in future. We cannot imagine yet the whole impact of COVID-19 to doctors' mental health in near future. After hopefully successful vaccination we have to take it into account to help them in returning to "normal" work process.