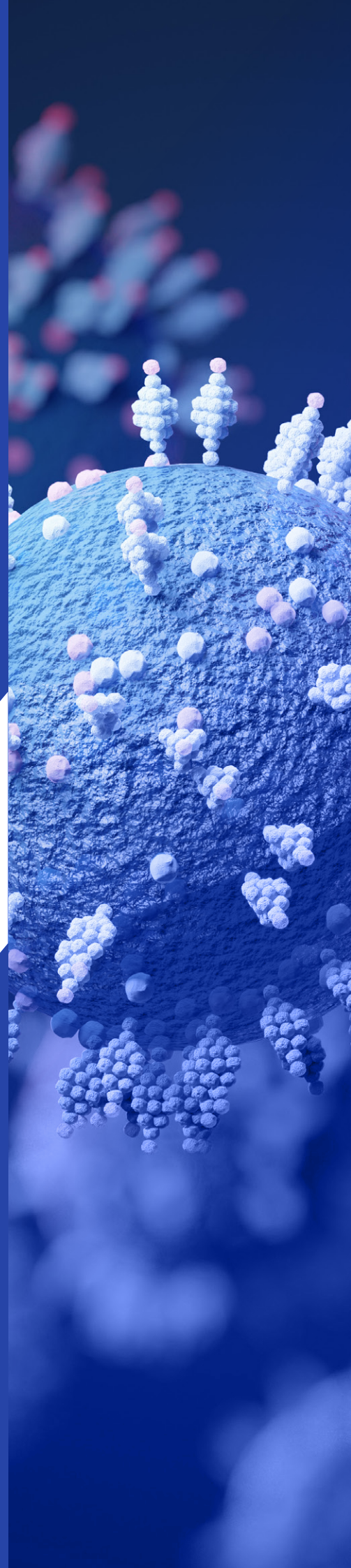


**Possibility of recognising
COVID-19 as being of
occupational origin at
national level in EU, EFTA,
candidate, and potential
candidate countries**

2024 edition



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Luxembourg: Publications Office of the European Union, 2024



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Collection: Statistical report

Theme: Population and social conditions

PDF ISBN 978-92-68-19569-7

ISSN 2529-3222

doi:10.2785/176916

KS-FT-24-006-EN-N

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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
ICD	International Classification of Diseases
ISCO	International Standard Classification of Occupations
NACE	European Classification of Economic Activities
WHO	World Health Organization

1

Introduction and background information

More than four years have passed since the beginning of the COVID-19 pandemic, and its impact on the workplace environment in the European Union (EU) has been profound. This publication focuses on the legal status of the recognition of COVID-19 and long COVID as an accident at work and/or an occupational disease at national level, in the EU Member States, some EFTA, candidate and potential candidate countries. It is an update of the Statistical reports issued by Eurostat on the Possibility of recognising COVID-19 as being of occupational origin at national level in EU and EFTA countries, issued in 2021 and 2022. As the situation evolved since the WHO declared the pandemic over on 5 May 2023, Eurostat is now issuing an update of this report concerning the situation as it stood in March 2024. This 2024 edition will be the final version of this report, marking the conclusion of Eurostat's dedicated updates on this topic.

Across the EU countries, varying national practices have emerged regarding the recognition of COVID-19 and long COVID in relation to the workplace. The recognition and compensation of accidents at work or occupational diseases are national competences. Measures for protecting people from exposure to or infection with SARS-CoV-2¹ are decided by the national authorities. Workers in relevant sectors, who have contracted COVID-19 at the workplace, may acquire specific rights according to national rules. Both conditions can be considered from an occupational perspective, with recognition granted as either an occupational disease, a workplace accident, or both, alternatively not recognised at all.

Eurostat manages two data collections around occupational health and safety:

- [European Statistics on Accidents at Work \(ESAW\)](#) – collected in accordance with Commission Regulation (EU) No 349/2011². 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.

This report relies on the survey results collected by Eurostat Unit F.5 'Education, Health, and Social Protection.' These surveys were directed at national statistical authorities responsible for providing data in the above-mentioned two collections. A total of four surveys were conducted:

- November 2020: survey dedicated to recognition of COVID-19 with an occupational origin addressed to the EU Member States and EFTA countries.
- July 2022: survey concerning the recognition of COVID-19 with an occupational origin addressed to candidate and potential candidate countries.
- October 2022: survey related with the recognition of long COVID with an occupational origin in the EU Member States.

(1) Infection with SARS-CoV-2 virus causes the Coronavirus disease (COVID-19).

(2) [Commission Regulation \(EU\) No 349/2011 of 11 April 2011 implementing Regulation \(EC\) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health and safety at work, as regards statistics on accidents at work.](#)

- July 2023: survey related with the recognition of long COVID with an occupational origin in EFTA countries.

In early 2024, updates were requested and received from the participants with a cutoff date of March. The data collected pertains to the potential recognition of COVID-19 and long COVID as having occupational origins. This information allowed presenting the changes at national level and ensuring that updates reflect pandemic's evolving nature. Information related with the legal status for recognition of long COVID as of occupational origin in ESAW and EODS data collections is included for the first time in this version of the report (see part 4).

2

Recognising COVID-19 of occupational origin

2.1. Possibility of recognising COVID-19 of occupational origin

The Eurostat surveys show that, in most countries, it is possible to associate COVID-19 with work-related activities. However, the form of recognition from the perspective of occupational health and safety varies. The recognition can be as:

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;
4. of possible occupational origin, without specifying the exact form (an occupational disease or an accident at work).

The survey shows that occupational disease is the most frequent form of recognition.

A summary, for COVID-19 of occupational origin, by form of recognition and country is available below.

- Occupational disease: Bulgaria, Czechia, Estonia, France, Croatia, Cyprus, Lithuania, Luxembourg, Hungary, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Sweden, Switzerland.
- Accident at work: Italy
- Both accident at work and occupational disease possible: Belgium³, Denmark, Germany, Latvia, Austria, Slovenia, Finland, Norway, Ukraine.
- Occupational origin possible, not specified if accident at work or occupational disease: Ireland and Greece.

COVID-19 of occupational origin cannot be recognised at national level in Spain⁴. This is a change in the national situation regarding recognition compared with the previous version of the report. Information is now available for the candidate and potential candidate countries Moldova, Montenegro, Serbia and Kosovo where recognition of COVID-19 with an occupational origin is not possible.

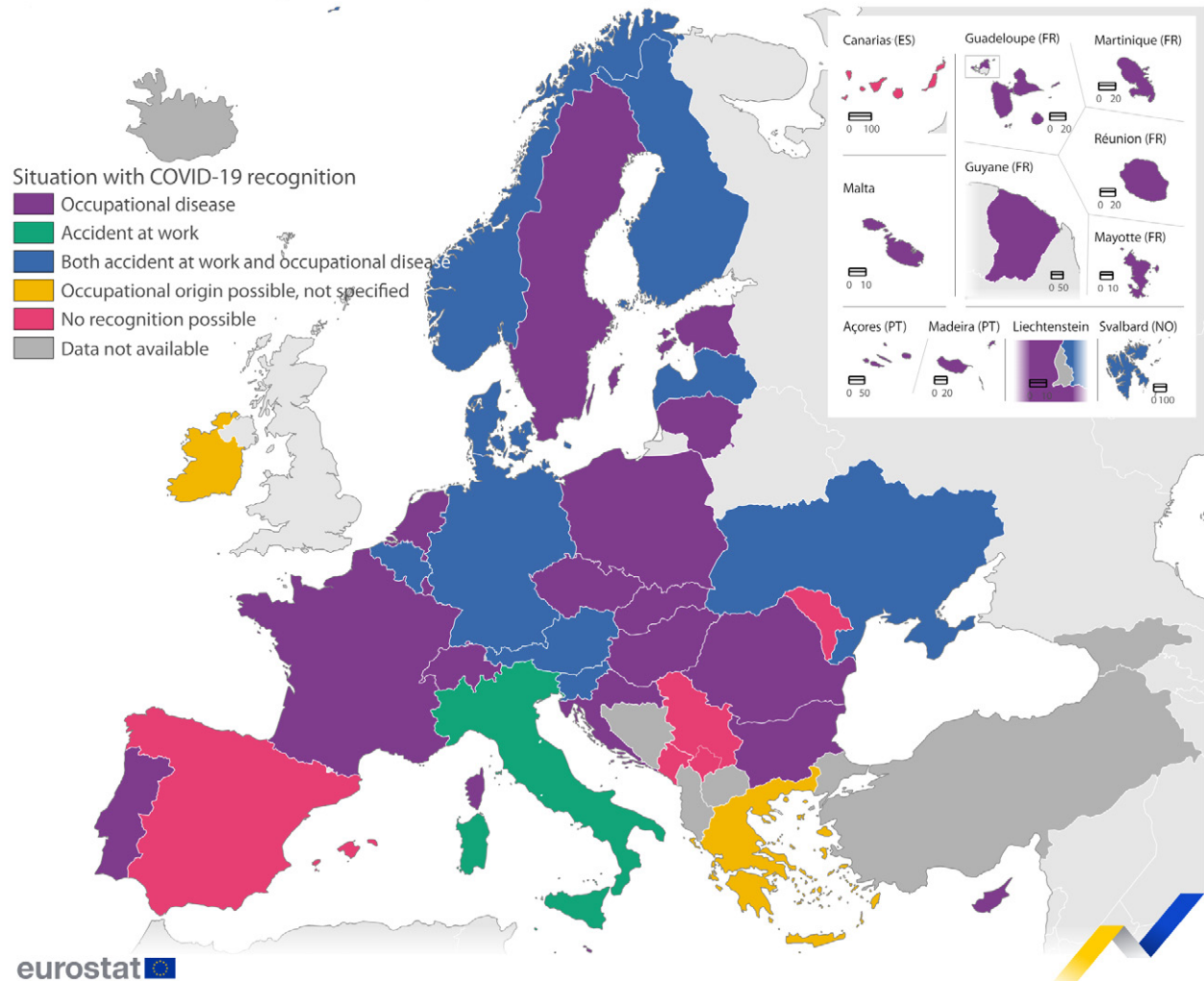
(³) Belgium: As of March 1st, 2024, COVID-19 with an occupational origin cannot be recognised as occupational disease under the list system (which identifies the diseases liable to be recognised). However, COVID-19 with an occupational origin could be recognised under open-system. This means that the victim must demonstrate the causal relationship with the work.

(⁴) Spain: As of July 5th 2023, there is an agreement of the Council of Ministers declaring the end of the health crisis situation caused by COVID-19 at national level. One consequence is that COVID-19 of occupational origin cannot be recognised anymore.

FIGURE 1

Possibility to recognise COVID-19 of occupational origin

Situation according to the replies received by Eurostat



eurostat

Data updated November 2023. This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.
Source: Eurostat dedicated EU Survey

Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat
Cartography: Eurostat – IMAGE, 07/2024

2.2. Recognition by economic sector and occupation

The survey provides information on the economic sectors and occupations concerned by the recognition of COVID-19 as of occupational origin. The sections below provide national details and present information grouped by the form of recognition.

2.2.1. Recognition of COVID-19 as an occupational disease by economic sector and occupation

Sixteen Member States and Switzerland recognise COVID-19 as an occupational disease from an occupational health and safety statistics perspective.

In Czechia, France, Croatia, Luxembourg, Hungary, Malta, Netherlands, Poland⁵ and Slovakia⁶, 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 occupations⁷

Country	ECONOMIC SECTOR ⁸	OCCUPATIONS ⁹
Bulgaria	86 Human healthcare activities	13 Production and specialised services managers 22 Healthcare professionals 32 Healthcare associate professionals 53 Personal care workers
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
Cyprus	86 Human healthcare activities 87 Residential care activities	22 Healthcare professionals
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)

(⁵) 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.

(⁶) Slovakia: Potentially all sectors and occupations, but there are specific recommendations for both economic activity and occupation.

(⁷) The information presented refers to the replies directly received from the countries/stand of March 2024

(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](#)

Country	ECONOMIC SECTOR ⁸	OCCUPATIONS ⁹
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 defence, 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
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

2.2.2. 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, in all economic activities and occupations.

2.2.3. Recognition of COVID-19 as being of occupational origin possible; as an accident at work or as an occupational disease, by economic sector and occupation

In eight participant countries, COVID-19 can be recognised as an accident at work or an occupational disease. This is the case for six Member States, Norway, and Ukraine. The Member States are Denmark, Germany, Latvia, Austria, Slovenia, and Finland (where both accident and occupational disease possible as form of recognition, but the most reported cases have been recorded as occupational diseases). It is possible to recognise cases of COVID-19 as being of occupational origin in all economic activities and occupations in four of these six EU Member States (exceptions are Germany and Slovenia). In addition, there is also no restriction of economic sector or occupation for the recognition of COVID-19 of an occupational origin in Norway. Some national specificities are listed below about the differentiation between accident at work and occupational disease, according to the replies to the survey.

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. Contracting an infectious disease shall be regarded as an accident at work only if such disease is related to a specifically identifiable extraordinary incident during the performance of work and if such incident has a clear causal relationship with the disease of the employee.

Austria recognises COVID-19 as an occupational disease in the Human healthcare sector¹⁰, in Education¹¹ and in companies active in economic sectors (not specified) with comparable risk exposure. The related occupations involve healthcare, education and protective services workers although no occupation codes were specified in Austria's reply. According to the description provided the cases were: healthcare professionals, healthcare, education and protective services workers; personal care workers; 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 and Slovenia have specific situations for the recognition of COVID-19 of occupational origin, by economic sector and occupation. Germany 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 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'*¹².

For what concerns occupational diseases in Germany, at national level COVID-19 means 'disease caused by SARS-CoV-2' and 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. Thus, the recognition as occupational disease is only possible if the sick person is working in the healthcare or welfare services, in a laboratory or another activity with a similar risk of infection and if the infection is the result of employment.

In Slovenia, on May 1st 2023, a new national regulation entered in force concerning occupational diseases. This regulation states that COVID-19 has been added to the national list of occupational diseases and therefore can be recognised as occupational disease. COVID-19 of occupational origin can be linked to all economic sectors and occupations regardless its form of recognition (accident at work or occupational disease).

Ukraine informed Eurostat that the recognition of COVID-19 of occupational origin is possible both as an accident at work or as an occupational disease. Restrictions apply in terms of economic sectors and occupations where these cases can be recognised, the economic sector indicated is 'Health care' and the occupations are split in three categories:

1) *Specialist doctors: anaesthetist doctor; paediatric anaesthetist doctor; general practitioner-family doctor; infectious disease doctor; paediatric infectious disease doctor; paediatrician doctor; current paediatrician doctor; general practitioner; surgeon; paediatric surgeon; emergency medicine doctor; doctors of other specialties who get involved into provision of primary, emergency assistance as well as in-patient secondary (specialized) and third (highly specialized) medical assistance to patients with COVID-19.*

2) *Experts: nurse; aesthetic nurse; paediatric hospital nurse; general practitioner-family medicine nurse; hospital nurse; medical assistant; emergency medicine medical assistant; paramedic.*

⁽¹⁰⁾ NACE Rev. 2 code 86

⁽¹¹⁾ NACE Rev. 2 code 85

⁽¹²⁾ Reply provided with the EU Survey

3) Workers: emergency medical technician; junior nurse for patient care.¹³

2.2.4. Recognition of COVID-19 as being of occupational origin possible, but not specified if accident at work or occupational disease

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

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. Table 2 presents the situation for Greece and Ireland.

TABLE 2

COVID-19 of occupational origin in specific economic sectors and occupations¹⁴

Country	ECONOMIC SECTOR ¹⁵	OCCUPATIONS ¹⁶
Ireland	Healthcare sector	Not specified, but presumably associated occupations.
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.

⁽¹³⁾ Reply provided with the EU Survey

⁽¹⁴⁾ The information presented refers to the replies directly received from the countries/stand of March 2024

⁽¹⁵⁾ Codes refer to NACE Rev. 2: [Statistical Classification of Economic Activities in the European Community](#)

⁽¹⁶⁾ Codes refer to ISCO-08: [International Standard Classification of Occupations](#)

3

Recognition criteria for COVID-19 of occupational origin

The surveys launched by Eurostat also asked about the national recognition criteria for COVID-19 of occupational origin. The results show that the national practices are heterogeneous (Table 3). The replies are grouped according to their classification into the various forms of recognition from the legal and statistical point of view.

TABLE 3

COVID-19 recognition criteria and classification¹⁷

	Country	Recognition criteria
ACCIDENT AT WORK	Italy	<p>The 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 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>

⁽¹⁷⁾ The information presented refers to the replies directly received from the countries/stand of March 2024

	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>
	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> <ul style="list-style-type: none"> • 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; • 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	<p>In the nationally established list of occupational diseases, there is an item 'other infectious and parasitic diseases caused by biological risk factors in the work environment', under which both COVID-19 and Long COVID syndrome can theoretically be considered. More specific instructions, criteria have not been established.</p> <p>In the case of both COVID-19 and Long COVID, there is no precedent as a diagnosis of an occupational disease.</p>
	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>As of 14 September 2020, COVID -19 is recognised in France as an occupational disease: Décret n° 2020-1131 du 14 septembre 2020 relatif à la reconnaissance en maladies professionnelles des pathologies liées à une infection au SARS-CoV2</p>

	Country	Recognition criteria
OCCUPATIONAL DISEASE	Croatia	The following criteria must be met: <ul style="list-style-type: none"> • 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.
	Cyprus	After the declaration end of COVID-19 as a public health emergency in 2023, the Epidemiological Surveillance Unit of the Cyprus Ministry of Health, collects and monitor all the reported COVID-19 cases from all sectors of economic activity but does not collect and investigate data separately from Human health and social care activities. According to the Safety and Health (Notification of Occupational Diseases) Regulations, COVID-19 can be recognized as occupational disease in the health and social care sector if the disease is proven to be linked with the occupation of the victim.
	Lithuania	Contact with a sick COVID-19 patient at the workplace.
	Luxembourg	The process for recognizing COVID-19 as an occupational disease in Luxembourg is guided by the national list of recognized occupational diseases, with confirmation required through a PCR test or a certified rapid diagnostic test. In the healthcare sector, this recognition is automatic for all employees. However, for employees in other sectors, evidence of workplace exposure and infection is necessary.
	Hungary	The following criteria are considered: <ul style="list-style-type: none"> • Infection proven by laboratory test (Ag or PCR) irrespective of symptoms or by a medical document. • Exposure criteria: index case in the working environment or working in high-risk environment (e.g. health care education) irrespective of wearing PPE. • Relationship: appropriate latency period. • Exclusion criteria: non-occupational source (e.g. index case in the family).
	Malta	Contact tracing.
	Netherlands	Coherent symptoms, antigen test or PCR test, and exposed in a working setting.

	Country	Recognition criteria
OCCUPATIONAL DISEASE	Poland	<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.</p> <p>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 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> <p>On-going work on simplification of national legislation, no additional details provided.</p>
	Portugal	<p>Submission of two forms (“<i>Participação Obrigatória</i>” and “<i>Requerimento</i>”) accompanied by the positive test result for COVID-19 (laboratory testing) to the <i>Departamento de Proteção contra os Riscos Profissionais (DPRP-ISS)</i> of the Social Security Institute (either by the employer or by the infected health professional).</p> <p>The recognition is documental, but requiring verification and certification of the disease by the DPRP-ISS occupational medical doctor staff and DPRP-ISS.</p> <p>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 Portugal to certify occupational diseases).</p>
	Romania	<p>Recognition criteria are defined by the Ministry of Health for occupational COVID-19 diagnosis and requires testing for SARS-CoV-2 which is mandatory for diagnosis and the evidence of infectious contact at work.</p> <p>The use (or not) of protective equipment can be considered, but without an impact on the recognition of disease.</p> <p>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.</p>

	Country	Recognition criteria
OCCUPATIONAL DISEASE	Slovakia	<p>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).</p> <p>If a worker tests positive for COVID-19 but shows no clinical symptoms of the virus, or if the transmission is determined to be community-based, the case will be excluded as an occupational disease.</p> <p>Investigation of working conditions and description of the related task and possible sources of infection have to be documented and approved.</p>
	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	Belgium	<p>Accident at work:</p> <p>No difference in the recognition criteria between a COVID-19 occupational case and a regular accident at work.</p> <p>Occupational disease:</p> <p>As of March 1st 2024, COVID-19 of an occupational origin cannot be recognised as occupational disease under the of-list system of occupational diseases. However, the COVID-19 of occupational origin could be recognised under open-system. This mean that is the victim who must demonstrate the causal relationship with the work.</p>
	Denmark	<p>Accident at work:</p> <ol style="list-style-type: none"> 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. <p>Occupational disease:</p> <ol style="list-style-type: none"> 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. <p>In Denmark is still possible to have COVID-19-infection recognised as an occupational injury (both accident or disease), but the disease is now equated with other infectious diseases (e.g. influenza, etc.). For COVID-19-infections that occurred after January 2022, documentation is required that the infection occurred at work and not elsewhere.</p>

	Country	Recognition criteria
BOTH ACCIDENT AT WORK AND OCCUPATIONAL DISEASE POSSIBLE	Germany	<p>Accident at work:</p> <p>The infection source 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.</p> <p>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.</p> <p>Occupational disease:</p> <p>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</p>
	Latvia	<p>Accident at work:</p> <p>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.</p> <p>Occupational disease:</p> <p>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).</p>
	Austria	<p>Accident at work:</p> <p>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.</p> <p>Occupational disease:</p> <p>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.</p>

	Country	Recognition criteria
BOTH ACCIDENT AT WORK AND OCCUPATIONAL DISEASE POSSIBLE	Slovenia	<p>Accident at work:</p> <p>Positive PCR test, attesting infection during work, including from contacts with coworkers, including during breaks. Recognition of COVID-19 as accident at work remains but is very limited due to revoked testing rules.</p> <p>Occupational disease:</p> <p>On February 24th, 2023 a new implementing regulation on occupational diseases was released, entering into force on 1 May 2023. COVID-19 is stated as special entity in the short list of occupational diseases.</p>
	Finland	<p>Accident at work:</p> <p>Not available when preparing the report</p> <p>Occupational disease:</p> <p>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.
	Norway	<p>Accident at work:</p> <p>Not provided.</p> <p>Occupational disease:</p> <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.</p> <p>The reference to COVID-19 exists in the main regulation FOR-1997-03-11-220 under § 1, letter H, number 2, letter I.</p>
	Ukraine	<p>Information on recognition criteria not available.</p> <p>Nonetheless, it is mentioned that infection with SARS-CoV-2 is treated in the case of occupational diseases as acute type of poisoning.</p>
NOT SPECIFIED	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>

	Country	Recognition criteria
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 organization 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. 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 (Articles 43, paragraph 2 and 18 paragraph 4).</p>

4

Recognising POST COVID-19 (long COVID) of occupational origin

4.1. Possibility of recognising POST COVID-19 (long COVID) of occupational origin

Some people who experienced previously an infection with SARS-CoV-2 virus could develop long term effects from their infection, known as post COVID-19 condition or long COVID. In December 2022, the World Health Organization (WHO) provided a definition for long COVID—*It is defined as the continuation or development of new symptoms 3 months after the initial SARS-CoV-2 infection, with these symptoms lasting for at least 2 months with no other explanation.*¹⁸ The WHO issued new ICD codes for capturing long COVID.

Information related with the legal status for recognition of long COVID of occupational origin in the ESAW and EODS data collections is included for the first time in this version of the report. Eurostat collected information on long COVID by launching a dedicated survey for the data providers, in the EU, candidate and potential candidate countries.

Fewer countries recognise long COVID of occupational origin compared to the situation for the recognition of occupational COVID-19. Long COVID of occupational origin cannot be recognised in the following EU Member States: Czechia¹⁹, Denmark²⁰, Ireland, Malta²¹, Austria²² and Romania nor in the following candidate and potential candidate countries: Moldova, Montenegro, Serbia and Kosovo, which replied to the survey initiated by Eurostat. Nonetheless, in the majority of participating countries, it is possible to associate long COVID with work-related activities.

As is the case for COVID-19 of occupational origin, the national practices with regard to the recognition of long COVID also differ between countries from the perspective of occupational health and safety. Long COVID of occupational origin can be considered as:

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.

⁽¹⁸⁾ [Post COVID-19 condition \(Long COVID\) \(who.int\)](https://www.who.int/news/item/14-12-2022/long-covid-19)

⁽¹⁹⁾ Czechia: The inclusion of long COVID in the list of occupational diseases is not currently being considered. Each item in the list of occupational diseases has established so-called clinical criteria, the fulfilment of which is one of the necessary conditions for recognising the disease as an occupational disease. Given that in the case of long COVID it is a set of symptoms that can vary from person to person, establishing uniform clinical criteria would be very difficult.

⁽²⁰⁾ Denmark: POST COVID-19 alone will not be recognised as an accident or an occupational disease. COVID-19 can be recognized as an accident or an occupational disease depending on how and when the worker was infected. POST COVID-19 is a consequence of COVID-19 and therefore, POST COVID-19 by itself is not an injury or disease. One cannot get POST COVID-19 symptoms without having previously been infected with COVID-19 in the first place.

⁽²¹⁾ Malta: Information related to POST COVID-19 is not collected at a national level from health authorities.

⁽²²⁾ Austria: Legally Long COVID will be recognized as COVID-19. There will be no change in ICD-10 code if COVID-19 turns to long COVID.

The survey shows that occupational disease is the most frequent form of recognition for long COVID.

A summary, for long COVID of occupational origin, by form of recognition and country is available below.

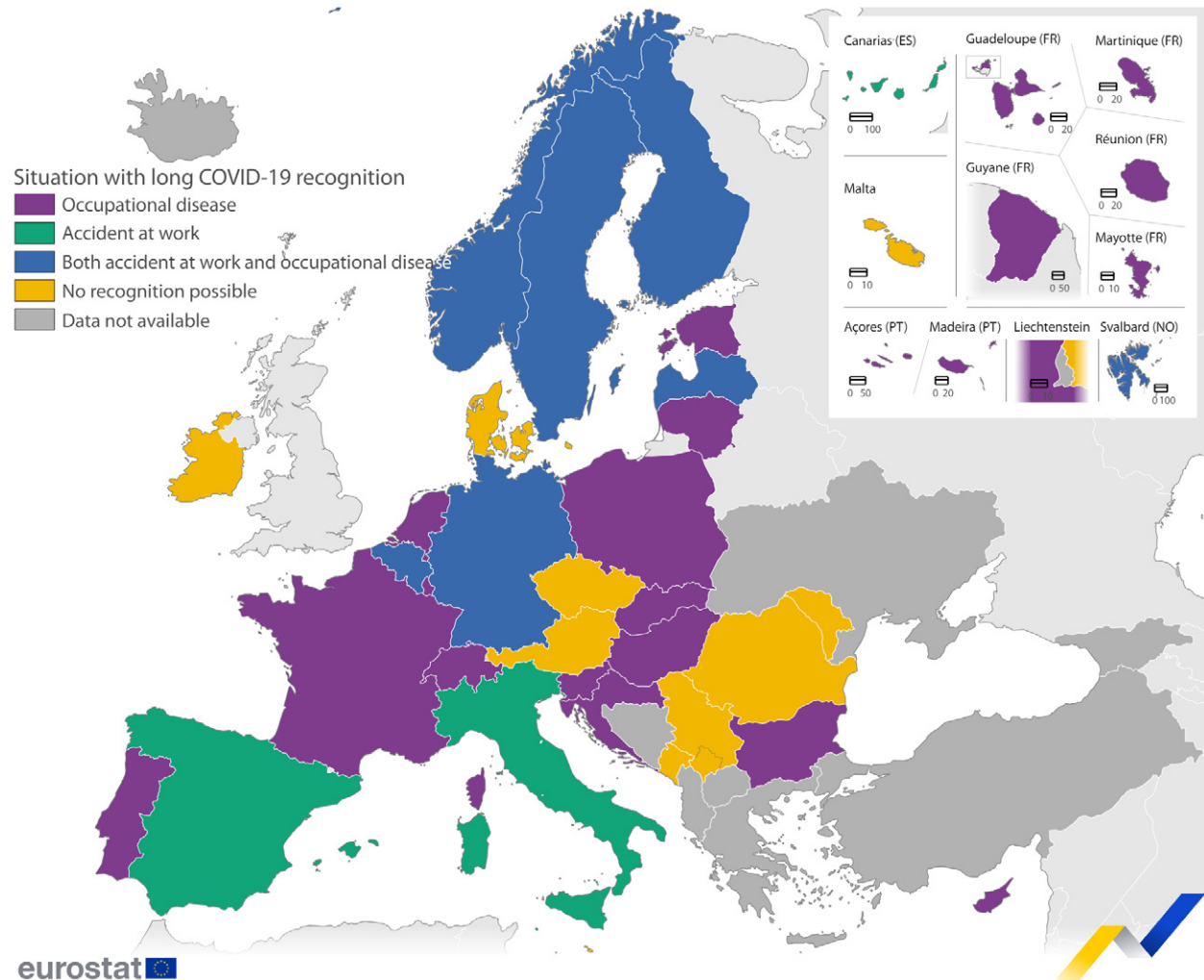
- Occupational disease: Bulgaria, Estonia, France, Croatia, Cyprus, Lithuania, Luxembourg, Hungary, Netherlands, Poland, Portugal, Slovenia, Slovakia and Switzerland.
- Accident at work: Italy and Spain²³
- Both accident at work and occupational disease possible: Belgium, Germany, Latvia, Finland, Sweden and Norway.

Figure 2 displays the national situations as reflected by the replies received from the EU countries, candidate and potential candidates.

⁽²³⁾ Spain: POST COVID-19 will be considered a Common Disease for all purposes, including economic benefits, not being considered a relapse of the COVID infection, but rather a different process with the exception that it affects health or social health personnel, since the contingency that derives from the spread of the COVID-19 to these personnel has been considered as work accident.

FIGURE 2**Possibility of recognising long COVID of occupational origin**

Situation according to the replies received by Eurostat



eurostat

Data updated November 2023. This designation is without prejudice to positions on status, and is in line with UNSCR 1244/1999 and the ICJ Opinion on the Kosovo declaration of independence.
Source: Eurostat dedicated EU Survey

Administrative boundaries: © EuroGeographics © UN-FAO © Turkstat
Cartography: Eurostat – IMAGE, 07/2024

4.2. Recognition of long COVID by economic sector and occupation**4.2.1. Recognition of long COVID as an occupational disease by economic sector and occupation**

Long COVID of occupational origin can be recognised as an occupational disease in all sectors and occupations by: Estonia, France, Croatia, Luxembourg, Hungary, Netherlands, Poland, Portugal, Slovenia and Slovakia²⁴.

⁽²⁴⁾ Slovakia: Potentially all sectors and occupations, but there are specific recommendations for both economic activity and occupation.

Switzerland did not provide information on the economic sectors and occupations, where the recognition of long COVID of occupational origin is possible, it is assumed that the situation is similar as for COVID-19.

Recognition of long COVID of occupational origin as an occupational disease is restricted to only some economic sectors and occupations in Bulgaria, Cyprus and Lithuania (Table 4).

TABLE 4

Long COVID-19 as occupational disease at work in specific economic sectors and occupations²⁵

Country	ECONOMIC SECTOR ²⁶	OCCUPATIONS ²⁷
Bulgaria	86 Human healthcare activities	13 Production and specialised services managers
		22 Healthcare professionals
		32 Healthcare associate professionals
		53 Personal care workers
Lithuania	86 Human healthcare activities (86.10)	22 Healthcare professionals
Cyprus	86 Human healthcare activities	22 Healthcare professionals
	87 Residential care activities	
Slovakia*	ALL, but especially:	The recognition of long COVID as an occupational disease is possible in all occupations, but especially:
	Section Q Human healthcare and social work activities NACE 2. Rev 86-88	22 Health professionals
	Section O Public administration and defence, compulsory social security NACE 2. Rev 84.	32 Health associate professionals
		26 Legal, social and cultural professionals
		53 Personal care workers

4.2.2. Recognition of long COVID as an accident at work by economic sector and occupation

Italy and Spain recognise long COVID with occupational origin as an accident at work.

In Italy, it is possible to recognise the occupational nature of long COVID, as an accident at work, in all economic activities and occupations.

In Spain, as of July 5, 2023, COVID-19 with occupational origin cannot be recognised anymore. However, a case of COVID-19 with occupational origin, previously recognised and leading to a temporary disability due to long COVID would be considered a relapse of the infection process. Such cases will be treated as a situation associated to a work accident (exclusively for the economic benefit) and will apply only for the case of healthcare or social healthcare workers. Only those cases of long COVID associated with a registered case of COVID-19 prior to July 5, 2023, may be considered a relapse.

For the rest of the workers, long COVID is considered a process of temporary disability due to common contingencies for all purposes.

⁽²⁵⁾ The information presented refers to the replies directly received from the countries/stand of March 2024

⁽²⁶⁾ Codes refer to NACE Rev. 2: [Statistical Classification of Economic Activities in the European Community](#)

⁽²⁷⁾ Codes refer to ISCO-08: [International Standard Classification of Occupations](#)

4.2.3. Recognition of long COVID as being of an occupational origin possible, as an accident at work or an occupational disease

In Belgium, Germany, Latvia, Finland, Sweden, and Norway, long COVID of occupational origin could be recognised as accident at work or occupational disease.

There is no restriction related to economic sector or occupation in Belgium²⁸, Finland, Sweden²⁹ and Norway.

In Germany, the recognition of long COVID is possible in the same sectors and occupations as for COVID-19 of occupational origin – a case recognised as an occupational disease assumes that the sick person is working in the healthcare or welfare service, in a laboratory or another activity with a similar risk of infection and that the infection is the result of employment. For an accident at work, the standard procedure applies in all sectors and occupations.

In Latvia, the cases of long COVID recognised as occupational diseases are associated to other infections which have originated while fulfilling professional duties in the field of health care, prophylaxis and social work or other services. For accidents at work, a long COVID case could potentially be recognised in all sectors and occupations, assuming that the national criteria are met.

⁽²⁸⁾ Belgium: Long COVID is considered a consequence of COVID-19. Theoretically, it is possible to recognise long COVID and all sectors and occupations for both forms of recognition occupational disease or accident at work. In practice, the cases will be more difficult to identify due to the changes in the recognition criteria – which specify that the victim must prove the causal link with the occupation.

⁽²⁹⁾ Sweden: Only people that work with certain risk factors in their work environment are normally insured against their exposure at work. During the pandemic, however, all employees were insured for the exposure at work against COVID-19/long COVID.

5

Recognition criteria for long COVID of occupational origin

The surveys launched by Eurostat included a section dedicated to the national recognition criteria for long COVID. The replies received show that the national practices for the recognition of post COVID-19 of occupational origin vary. The precondition for diagnosing a long COVID case is a previous infection with SARS-CoV-2 virus, but the diagnosis is based on each patient's symptoms which might differ. The medical history also plays an important role. Moreover, it can be noticed that the majority of countries who are able to recognise long COVID did not provide the recognition criteria. This underlines the difficulty of establishing such criteria.

Table 5 reflects the answers provided by countries. The replies are grouped according to their classification into the various forms of recognition from the legal and statistical point of view. Only the recognition criteria for long COVID that were communicated are available in the table below.

TABLE 5

Long COVID recognition criteria and classification³⁰

	Country	Recognition criteria ³¹
ACCIDENT AT WORK	Spain	<p>From July 5, 2023, temporary disability process due to Long Covid it would be considered relapse of the Infection process and will be considered a situation assimilated to a work accident exclusively for the economic benefit, and only in the case of healthcare or social healthcare workers. Only those cases of Long Covid associated with a registered case of COVID-19 prior to July 5, 2023 may be considered a relapse.</p> <p>For the rest of the workers, long COVID is considered a process of temporary disability due to common contingencies for all purposes.</p>

⁽³⁰⁾ The information presented refers to the replies directly received from the countries/stand of March 2024

⁽³¹⁾ Exact reply provided with the EU Survey

	Country	Recognition criteria ³¹
OCCUPATIONAL DISEASE	France	<p>Recognition of Long COVID is possible under the off-list system if the following cumulative criteria are met:</p> <ul style="list-style-type: none"> • Initial symptomatic episode of COVID-19 : confirmed by positive SARS-CoV2 PCR or positive SARS-CoV2 antigen test or positive SARS-CoV2 serology or prolonged anosmia/ agueusia of sudden onset or typical chest CT scan (bilateral ground-glass pneumonia, etc.), or probable, based on the combination of at least three criteria of sudden onset, in an epidemic context, including: fever, headache, fatigue, myalgia, dyspnoea, cough, chest pain, diarrhoea and odynophagia; • Presence of at least one of the initial symptoms more than 4 weeks after the onset of the acute phase of the disease; • Initial and prolonged symptoms not explained by another diagnosis with no known link to COVID-19 <p>The risk factors for prolonged COVID-19 symptoms are hospitalisation and a high number of symptoms, including major fatigue, dyspnoea, cough, chest pain, often tightness, palpitations, concentration and memory problems, lack of words, headache, paresthesia, burning sensation, disorders of smell and taste, tinnitus, vertigo, odynophagia, muscle, tendon or joint pain, sleep disorders, irritability, anxiety, abdominal pain, nausea, diarrhoea, loss or decreased appetite, pruritus, urticaria, pseudoitching, fever, chills, ophthalmological disorders.</p> <p>There must be a direct and essential link between the work and the observed damages.</p>
	Lithuania	<p>Post COVID-19 (long COVID) can be recognised as occupational disease. It is the same procedure like for other occupational diseases recognition in Lithuania. The Lithuanian recognition system of occupational diseases is a closed system. Only the diseases listed in the National list of occupational diseases can be recognized as occupational diseases. Occupational disease of Post COVID-19 (long COVID) are assigned to group "Infectious and parasitic diseases" in National occupational diseases list. The list of occupational diseases is determined by law, the Government Decree of 30 November 1994 (revised 19 November 2019).</p>
	Luxembourg	<p>Additionally, for the recognition of long COVID as an occupational disease, there must be an initial acknowledgment of regular COVID-19 as an occupational disease. This means that employees must first provide proof of having contracted COVID-19 in the workplace before they can claim recognition for long COVID.</p>
	Portugal	<p>It is not possible to identify long COVID cases. Regarding long COVID-19, the national list of occupational diseases does not fully comply with the EODS list, being restricted to the category COVID and its complications", which prevents the specific classification of long COVID cases. Officially no changes have been implemented regarding long COVID-19, with both acute COVID-19 conditions and sequelae being classified in the national Occupational Diseases Classification under "COVID-19 and its complications" category. Yet, specific national categories 997.1 and 997.2 have been proposed by the Department responsible for the occupational diseases recognition (Departamento de Proteção contra os Riscos Profissionais of the Social Security Institute), allowing for the distinction between Acute COVID-19 and COVID-19 sequelae in the national classification, currently under an ongoing procedure of official approval.</p>

	Country	Recognition criteria ³¹
BOTH ACCIDENT AT WORK AND OCCUPATIONAL DISEASE POSSIBLE	Belgium	<p><u>Accident at work:</u></p> <p>The long COVID is the consequence of the evolution of a recognised COVID case as accident at work. There is no other criteria.</p> <p><u>Occupational disease:</u></p> <p>Symptoms are not clearly associated with an organic lesion and the documents in the file do not establish that the persistent symptoms are explained by another diagnosis and</p> <ul style="list-style-type: none"> • there is a therapeutic quest and a rehabilitation treatment physical or cognitive • or there is a therapeutic quest and non-specific complaints, headaches, or • if the period of incapacity has ended but regular medical follow-up due to persistent complaints is necessary.
	Germany	The recognition criteria are the same for long COVID as for COVID-19.
	Latvia	The recognition criteria are the same for long COVID as for COVID-19.
	Sweden	The recognition criteria for long COVID are the same as for COVID-19 with the addition that the COVID-infection must be found to be the most probable cause of the long term symptoms.
	Norway	According to Norwegian regulations, only COVID-19 with serious complications may be recognized as an occupational disease. Norway considers lasting medically documented reduced health as a result of infection as a serious complication of COVID-19. In the national context, this is considered "long covid".

6

Compensation

The recognition of COVID-19 and long COVID as being of an occupational origin might entail financial compensations for the workers affected. It is assumed that the financial compensation stimulates the reporting of COVID-19 cases of occupational origin. Thus, it has an impact on the number of recognised cases (more reported cases would usually lead to more recognised cases, given that they meet the national criteria for being recognised), while the absence of financial compensation for COVID-19 of occupational origin has the opposite effect, translated in fewer reports and fewer recognised cases.

6.1. Compensation by diagnosis of COVID-19 or long COVID of occupational origin

The information on compensation of the occupational cases of COVID-19 or long COVID was also requested. The replies received from the participating countries on compensation are grouped according to COVID-19 or long COVID diagnose.

6.1.1. Compensation for COVID-19 of occupational origin

The practices for compensation of COVID-19 cases of occupational origin vary between the participating countries.

COVID-19 cannot be compensated in the following EU countries: Denmark, Ireland, Lithuania, Malta, Netherlands, Portugal, nor in the following candidate countries: Moldova, Montenegro Serbia.

COVID-19 can be compensated in: Belgium, Bulgaria, Czechia, Germany, Estonia, Spain, France, Croatia, Italy, Cyprus, Latvia, Luxembourg, Hungary, Austria, Poland, Romania, Slovenia, Slovakia, Finland, Sweden and also in Norway and Switzerland.

TABLE 6

Available information on occupational COVID-19 compensation³²

Country	Occupational COVID-19 compensation details (if provided)
Belgium	In Belgium, COVID-19 is no longer recognised as an occupational disease in the list system – the main system of recognising occupational diseases. It is part of the open system, meaning that the victims need to prove the ‘direct and determinant link’ of the work-related exposure to COVID-19 to be compensated.
Bulgaria	There are no differences between compensation of COVID-19, post COVID (long COVID) and other occupational diseases.
Czechia	The amount of compensation depends on several factors, e.g. the nature, extent and severity of health damage, the course and difficulty of treatment, the amount of earnings, etc. In general, an employee with COVID-19 as a recognised occupational disease according to the Labor Code could make the following claims: loss of earnings, pain and difficulty in social application, purposefully spent costs associated with treatment, material damage. In the event of the death of an employee as a result of COVID-19, the employer will provide compensation for the costs of alimony for the survivors, one-off compensation and compensation for material damage.
Germany	There are no differences between compensation for COVID-19, post-COVID (long COVID) and other occupational accidents and diseases.
Estonia	In theory, the compensation of COVID-19 and long COVID is possible but in practice this process is inconvenient, long and difficult for the employee.
Spain	In cases in which COVID-19 was recognised as of occupational origin, financial compensation is the same that the Social Security system grants to people who are affected by an occupational disease.
Croatia	Sick leave compensated in amount of 100% of salary by the national insurance fund.
Italy	INAIL (Istituto Nazionale Assicurazione Infortuni sul Lavoro) provides the same economic, health, social-health and supplementary services that are provided to workers injured or affected by an occupational disease. Daily allowance if not permanent; compensation of the percentage of inability if permanent.
Cyprus	Sickness allowance is provided under Social Insurance Law, the implementation of which is supervised by Social Insurance Services of the Ministry of Labour and Social Insurance.
Hungary	Same as for any other occupational disease.
Romania	Compensations are received for occupational COVID-19, as for any other occupational disease, if a degree of adaptive incapacity appears as a result of the illness.
Austria	As every other occupational disease COVID-19 will be compensated in Austria when the following rules are fulfilled: <ul style="list-style-type: none"> • End of sickness compensation or • With the begin of week 27 The reduction of earning capacity of 20% for at least 3 month.
Slovenia	It is compensated as sick leave benefit (100%) of a salary, if reported as accident at work. Not reported as work accident sick leave is compensated 80% of salary.

⁽³²⁾ The information presented refers to the replies directly received from the countries/stand of March 2024

Country	Occupational COVID-19 compensation details (if provided)
Slovakia	An employee who has been recognised with COVID-19 as an occupational disease shall be entitled to compensation. This compensation is paid by the Social Insurance Agency on the basis of assessments and reports of investigation into the occupational disease. The total amount of compensation depends on several factors and is evaluated by a doctor and Social Insurance Agency. In Slovakia, the issue of occupational diseases is regulated by Act No. 461/2003 Coll. on Social Insurance.
Finland	The COVID-19 occupational disease is compensated to the extent that the symptoms can be considered to have a probable and main cause-and-effect relationship with the primary infection in the light of current knowledge.
Sweden	A person can get annuity if he or she, due to COVID-19, will have an income loss that is at least 1/15th of the annual income and last for at least one year.

6.1.2. Compensation for long COVID of occupational origin

Long COVID cannot be compensated in: Czechia, Ireland, Malta, Netherlands, Austria, Poland, Portugal and Romania. It also cannot be compensated in any of the three candidate countries that participated in the specific survey: Moldova, Montenegro and Serbia.

Long COVID can be compensated in: Belgium, Bulgaria, Denmark, Germany, Estonia, Spain, France, Croatia, Italy, Cyprus, Latvia, Lithuania, Luxembourg, Hungary, Slovenia, Slovakia, Finland, Sweden and also in Norway and Switzerland.

TABLE 7

Occupational post COVID-19 (long COVID) compensation details, if provided³³

Country	Occupational long COVID compensation details (if provided)
Bulgaria	There are no differences between compensation of COVID-19, Post COVID (Long COVID) and other occupational diseases.
Denmark	The compensation of occupational Post COVID-19 is similar to other compensations for permanent injuries. If the degree of the permanent injury of post COVID-19 is estimated to be 5% or above, the worker can be compensated.
Estonia	In theory, it is possible compensation of Covid-19 and Long COVID if an occupational disease and a loss of health due to the disease have been determined, but in practice this process is inconvenient, long and often causes mental stress for the employee.
Spain	For health or social health personnel, the financial compensation is the same that the Social Security system grants to people who are affected by an occupational disease. From July 5, 2023, temporary disability process due to Long Covid it would be considered relapse of the Infection process and will be considered a situation assimilated to a work accident exclusively for the economic benefit, and only in the case of healthcare or social healthcare workers.
Croatia	Sick leave compensated in amount of 100% of salary by national insurance fund.
Italy	INAIL provides the same economic, health, social-health and supplementary services that are provided to workers injured or affected by an occupational disease.

⁽³³⁾ The information presented refers to the replies directly received from the countries/stand of March 2024

Country	Occupational long COVID compensation details (if provided)
Cyprus	Sickness allowance is provided under Social Insurance Law, the implementation of which is supervised by Social Insurance Services of the Ministry of Labour and Social Insurance
Lithuania	Post COVID-19 (long COVID) compensation procedure is the same like for other occupational diseases in Lithuania. The victims of occupational long COVID are entitled to sickness benefits and loss of incapacity benefits. The sickness benefit is paid by the National Insurance Fund (like for the diseases without occupational origin) until the recovery or until the consequences of the occupational disease become permanent. The loss of incapacity benefits paid to victims who, due to an occupational disease, have a temporary or permanent loss of the capacity to work.
Luxembourg	COVID-19 and long COVID are both treated as a any other occupational disease and they can be compensated.
Hungary	Same as for any other occupational disease.
Slovenia	Yes, if initially reported as COVID -19 accident at work and the sick leave continues with less than 10 days of pause, it is continually compensated as 100% of salary. Prolonged cases of sick leave can be extracted from sick leave database. No direct system of POST COVID-19 cases reporting or recognition is established, yet. Rules of calculating the disability pension benefit applies equally to recognised case of accident at work as to recognised case of occupational disease.
Slovakia	There are no differences between compensation of COVID-19 and Long COVID (Post COVID).
Finland	Similar to the COVID-19. All the COVID-19 cases in Finland are reported as occupational diseases so far. But it is possible in theory that there might come cases that are compensable even in the case of accidents.
Sweden	A person can get annuity if he or she, due to COVID-19, will have an income loss that is at least 1/15th of the annual income and last for at least one year.

6.2. Compensation for medical professionals diagnosing COVID-19 or long COVID of occupational origin

Compensation received by the medical professionals identifying specific cases of COVID-19 or long COVID of occupational origin could be seen as a favourable factor for reporting such cases. The dedicated surveys conducted by Eurostat also covered this aspect. There are few national incentives for medical professionals to report COVID-19 or long COVID in an occupational setting. Apart from Germany, where the medical professionals receive incentives for diagnosing patients with an accident at work or an occupational disease (regardless of the diagnosis) and Austria (medical professionals receive a small financial incentive for reporting occupational diseases), the rest of the participating countries replied 'no' and 'not applicable'.

It can be concluded that the medical professionals receive, in general, no incentives for diagnosing COVID-19 or post COVID-19 (long COVID), with the exceptions listed above for Germany and Austria.

Additional comments received in the surveys

The information presented refers to the comments directly received from the countries, situation in March 2024.

*In **Belgium**, COVID-19 is no longer recognised as an occupational disease on-list. Vaccination and circulation of the virus have created a collective immunity to the coronavirus. This virus is now considered to be a “normal” respiratory virus. There is therefore no longer any reason to treat COVID-19 differently from influenza, which is not recognised as an occupational disease. Fedris had therefore decided to stop recognising COVID-19 as an occupational disease from 1 March 2024. It is still theoretically possible to submit a claim, but the likelihood of recognition is very low, as it is then up to the claimant to prove that the origin of his or her illness is occupational.*

*In **Estonia**, the practice has developed that the diagnosis of an occupational disease is challenged in court by the employer in most cases. Therefore, often employees are not interested in initiating the process of diagnosing an occupational disease.*

*In **Czechia**, post COVID-19 and related diagnoses are not primarily monitored in the register of occupational diseases. Only clinical conditions are monitored, incl. common acute conditions in the course of infection that entitle the recognition of an occupational disease. In order to evaluate the impact of COVID-19 on employees, we would have to look for relevant diagnoses and information about a specific case from other data sources.*

*In **Denmark**, COVID-19 can be recognized as an accident and an occupational disease, depending on when and how the worker was infected. However, post COVID-19 alone is not recognized as an accident or an occupational disease. Workers with a recognized case of COVID-19 will only be compensated if they get permanent POST COVID-19 symptoms. It is still possible to have COVID-19-infection recognized as an occupational injury (both accident or disease), but the disease is now equated with other infectious diseases (e.g. influenza, etc.). For COVID-19-infections that occurred after January 2022, documentation is required that the infection occurred at work and not elsewhere. COVID-19 is widespread in society, which is no longer locked down. There is therefore a high probability that the infection occurred away from work.*

*In **Spain**, there is an agreement of the Council of Ministers declaring the end of the health crisis situation caused by COVID-19 at national level. One of the consequences is that those processes of temporary disability, from 5th of July onwards, with a diagnosis of COVID-19 infection, will no longer be considered a situation assimilated to a work accident.*

The framework of this agreement is the declaration of the Director General of the WHO, on May 5, 2023, in which he expressed that COVID-19 is no longer considered an emergency of public health of international importance (PHESIC), now being an established and persistent health problem that requires a change in its surveillance and control mechanisms.

At national level, Spanish authorities consider that COVID-19 has been controlled and, although this disease continues to be relevant for public health, it no longer represents a health crisis situation in our country.

Post COVID-19 will be considered a Common Disease for all purposes, including economic benefits, not being considered a relapse of the COVID-19 infection, but rather a different process with the exception that it affects health or social health personnel, since the

contingency that derives from the spread of the COVID-19 to these personnel has been considered as work accident, and the economic compensation is that it is granted for occupational disease.

In **Latvia**, the application for to opportunity to recognize occupational disease is voluntary.

In **Portugal**, officially no changes have been implemented regarding long COVID-19, with both acute COVID-19 conditions and sequelae being classified in the national Occupational Diseases Classification under "COVID-19 and its complications" category. Yet, specific national categories 997.1 and 997.2 have been proposed by the Department responsible for the occupational diseases recognition (Departamento de Proteção contra os Riscos Profissionais of the Social Security Institute), allowing for the distinction between Acute COVID-19 and COVID-19 sequelae in the national classification, currently under an ongoing procedure of official approval.

In **Slovenia**, on 24 February 2023 a new implementing regulation on occupational diseases was released, entering into force on 1 May 2023. COVID-19 is stated as special entity in the shorter list of occupational diseases.

In **Finland**, theoretically COVID-19 can also be an accident at work. However, at this moment, there are no COVID-19 cases recognized that are accidents at work. All recognized cases so far are considered to be occupational diseases.

In **Norway**, according to Norwegian regulations, only COVID-19 with serious complications may be recognized as an occupational disease. Norway considers lasting medically documented reduced health as a result of infection as a serious complication of COVID-19. In the national context, this is considered "long covid". This is contrast to the national practice when it comes to recognition of accidents at work, which does not require serious complications. Long covid will normally not be diagnosed at the time a case of (COVID-19) accident at work is considered but may be recognized at a later date when a case of (Post COVID-19) occupational disease is considered.

8

Conclusions

The COVID-19 pandemic profoundly impacted all European countries, significantly altering the landscape of occupational health and the working environments of individuals. Thus, the imperative to address workplace exposure and incorporate an occupational health perspective became evident from the onset of the pandemic.

The recognition and compensation criteria related to COVID-19 and long COVID vary among countries that participated in Eurostat's surveys. Since the publication of Eurostat's two reports³⁴ on these topics, the pandemic situation has been declared over by WHO. There have been observable changes among countries in their acknowledgment of COVID-19 as having an occupational origin, with some transitioning from recognition to non-recognition. The situation in March 2024, as covered by this report, may have evolved further since and for a specific national situation, readers are encouraged to contact the national administrations.

⁽³⁴⁾ Possibility of recognising COVID-19 as being of occupational origin at national level in EU and EFTA countries—Products Statistical reports—Eurostat (europa.eu) and Possibility of recognising COVID-19 as being of occupational origin at national level in EU and EFTA countries—2022 edition—Eurostat (europa.eu)

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

The health crisis of 2020 has highlighted the occupational risk associated with COVID-19. Eurostat launched several surveys on the possibility of recognising the occupational nature of COVID-19, and its legal status with the recognition. This information allowed presenting the national situations and ensuring that the updates reflect pandemic's evolution.

For more information

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Publications Office
of the European Union

ISBN 978-92-68-19569-7