

Covid-19: An Occupational Disease

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Introduction

To date, 25 million cases of Covid-19 have been reported in Britain. There is growing data demonstrating exposure in the workplace is a significant source of Covid infection.

For many workers, carrying out their job puts them at greater risk of exposure to Covid-19, a virus which can cause ill-health effects for more than a year, and has been fatal for more than 15,000 people of working age in Britain¹. There is evidence from large workplace outbreaks that working at close proximity to others increases the risk of infection.

Exposure to Covid-19 at work risks long-term ill-health effects. One in 10 people with Covid-19 continue to experience symptoms beyond 12 weeks², posing a significant risk to their employment status and earning potential. Common symptoms of Long Covid include extreme tiredness, shortness of breath and memory problems. Experience of these symptoms can cause workers to require extended periods of sickness absence from work, or risk inability to perform job roles adequately or safely. Research by the TUC found that 20% of workers with Long Covid had seen a negative impact on their job security, including having to leave their job.³

The TUC has previously called for the recognition of Long Covid as a disability, in order to protect workers under existing equality legislation. This is separate to a call for prescription as an occupational disease, which would offer workers in particular jobs additional support and compensation.

The recognition of Covid-19 as an occupational disease would formally recognise the higher risk in certain jobs, and signify a need for greater support for affected workers and patients. The Industrial Injuries Advisory Council (IIAC) has concluded “that there is a clear association between several occupations and increased risk of death from COVID-19”⁴. The Trades Union Congress believes the government must now act to classify Covid-19 as an occupational disease and support workers suffering Covid ill-health effects as a result of their job.

Current systems for reporting Covid

Early guidance from the Health and Safety Executive (HSE) required employers to report cases where there was reasonable evidence to suggest Covid infection was caused by occupational exposure.

There were 93,000 cases reported to enforcing authorities in 2020/21 which employers believed may be caused by exposure at work. Risk of occupational exposure in particular

¹ <https://www.tuc.org.uk/news/workers-memorial-day-unions-and-bereaved-families-demand-covid-inquiry-seeks-truth-about>

² <https://www.bmj.com/content/bmj/372/bmj.n503.full.pdf>

³ [https://www.tuc.org.uk/sites/default/files/2021-](https://www.tuc.org.uk/sites/default/files/2021-06/Formatted%20version%20of%20Long%20Covid%20report%20-%20v1.3.pdf)

[06/Formatted%20version%20of%20Long%20Covid%20report%20-%20v1.3.pdf](https://www.tuc.org.uk/sites/default/files/2021-06/Formatted%20version%20of%20Long%20Covid%20report%20-%20v1.3.pdf)

⁴ <https://www.gov.uk/government/publications/covid-19-and-occupation-iiac-position-paper-48/covid-19-and-occupation-position-paper-48>

sectors is higher, for example, 64% of all reports made by employers were from the health and social care sector.

Since 1 April 2022 the only cases of Covid-19 reportable to HSE are due to either deliberately working with the virus (for example in a laboratory) or being incidentally exposed to the virus from working in environments where people are known to have Covid-19 (such as in health and social care) are reportable. Cases due to general transmission (either worker-to-worker, or from contact with members of the public) are no longer reportable.

A case of occupational exposure of Covid-19 being reported to the authority does not tend to mean anything materially for the worker. It allows regulators to see which sectors are experiencing high levels of infection and may require regulatory intervention. The HSE accepts there is “widespread under-reporting”, and with sectors where use of disease reporting processes is not standard practise, it is likely thousands of cases of work-related Covid-19 disease have remained uncaptured. The TUC has previously raised concern about widespread underreporting of Covid-19 cases to HSE⁵.

Covid cases and occupation

Available data shows a correlation between certain occupations and Covid-19 exposure and fatality. Data from the ONS indicate that workers in the food service sector, retail, health and transport are among those with the highest rates of death involving Covid-19⁶. Though the ONS makes clear that findings “do not prove that the rates of death...are caused by differences in occupational exposure”⁷, the data certainly indicates higher instances of it.

An illustration of the highest rates of death involving Covid-19 in particular jobs, according to ONS data (December 2020), are referenced below. Note a ‘risk rating’ of 2 indicated a doubling of risk as compared to the general popular.⁸

Males

Occupation	Risk Rating
Bakers and flour confectioners	22.7
Publicans and managers of licensed premises	7
Butchers	6.6

⁵ <https://www.tuc.org.uk/research-analysis/reports/riddor-covid-and-under-reporting#:~:text=The%20TUC%20is%20concerned%20that,are%20going%20unrecorded%20under%20RIDDOR>

⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationbeforeandduringlockdownenglandandwales/deathsregisteredbetween9marchand30jun2020>

⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020>

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<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/deathsregisteredbetween9marchand28december2020>

Hairdressers and barbers	3.6
Care workers and home carers	3.5

Females

Occupation	Risk rating
Sewing machinists	3.9
Care workers and home carers	2.8
Chefs	2.5
Shopkeepers and proprietors	2

A later ONS study begins to explain why there is such a difference in infection and fatality rates within certain occupations: because some are less able to work from home, or to socially distance while at work:

“Within every occupation group, there were people who were working from home, some who found social distancing at work easy and those who found it hard. These factors in part explain the differences in testing positive between occupations.”⁹

The Environmental Modelling Group (EMG) Transmission Group’s key findings show links between certain jobs and infection and mortality rates. A paper in February 2021 found that “occupations which involve a higher degree of physical proximity to others over longer periods of time” report higher Covid-19 cases.¹⁰<https://www.tuc.org.uk/research-analysis/reports/riddor-covid-and-under-reporting-ftn13> Workers who reported definite contact with an infected individual were up to 30 times more likely than others to have evidence of infection themselves (Riley et al 2020)¹¹.

A higher risk rating for Covid deaths may not correspond to a higher risk of developing long-term health effects (i.e. Long Covid), particularly as reinfection is identified as a likely factor in increasing risk of Long Covid. Additional data on rates of Long Covid by occupation is therefore desirable. The TUC’s own research identified common symptoms and experiences of workers with Long Covid in key worker groups, including health and social care and education.¹²

What does it mean for a disease to be considered ‘occupational’?

Regulations require employers and self-employed people to report cases of certain diagnosed reportable diseases which are deemed to be linked with occupational exposure. It does not

⁹<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronavirusscovid19infectionsinthecommunityinengland/characteristicsofpeopletestingpositiveforcovid19inengland22february2021>

¹⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/965094/s1100-covid-19-risk-by-occupation-workplace.pdf

¹¹ [REACT-1 round 7 interim report: fall in prevalence of swab-positivity in England during national lockdown](#)

¹² <https://www.tuc.org.uk/sites/default/files/2021-06/Formatted%20version%20of%20Long%20Covid%20report%20-%20v1.3.pdf>

mean that the disease is exclusive to certain groups of workers, but that they are much more likely to be diagnosed because of the job that they do.

At least 20,000 people die prematurely every year because of occupational disease. The most common of these is asbestos-related disease, associated with a number of occupations including construction and firefighting.

There are more than 70 prescribed ‘occupational’ diseases known to be a risk from certain jobs. These diseases arise as a result of employment requiring close contact with a hazardous substance or circumstance.

A ‘prescribed’ disease is one for which benefits are payable. This means, on account of a person’s diagnoses being linked to their job, they are able to claim financial support.

We’re out of step with other countries

Most European countries have already classified Covid as an occupational disease: Britain is out of step.

A report compiled by the International Labor Organization (ILO) detailed schemes by more than 50 states¹³, examples include:

Country	Qualification for Covid as ‘work-related’	Worker compensation
Australia	The workers’ compensation authority will determine whether the worker is covered by their scheme and if the contraction of COVID19 was adequately connected to their employment. They will consider each claim on its merits, with regard to the individual circumstances and evidence.	Workers may be entitled to: Medical expenses, Loss of income (in the form of a weekly benefit), Rehabilitation services, Lump sum compensation or legal costs
Canada	When a worker contracts COVID-19 as a direct result of the duties of their employment, they are entitled to compensation if the following conditions are met: <ul style="list-style-type: none"> • The nature of employment involves sufficient exposure to the source of infection, • The nature of employment is shown to be the cause of the condition, 	Social security payments

¹³ https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/documents/publication/wcms_741360.pdf

	<ul style="list-style-type: none"> • The nature of employment creates a greater risk of exposure for the worker. 	
China	Considered a work-related injury for health and other related occupations	Access to a workers' compensation insurance programme
	<p>The Ministry of Employment's new guidance makes it clear that employees who are affected by illness as a result of COVID-19 can have that illness recognised as an occupational injury (either as an occupational disease or a work accident) if it is probable that the affected person was exposed to a specific infection during work or was exposed to infection for a period in connection with his or her work.</p>	<p>The benefits provided for by the Workers' Compensation Act are as follows.</p> <ul style="list-style-type: none"> • Compensation for permanent injuries • Compensation for loss of earning capacity • Transitional Surviving Spouse's Allowance on Death • Compensation for loss of breadwinner • Special allowance for survivors in the event of death caused by willful misconduct or gross negligence
Dominican Republic	Automatic recognition for healthcare workers	Offer includes economic benefits in case of temporary disability of 75% of the worker's salary, a survivor's pension for dependents if the worker dies, among other benefits granted by this insurance.
France	<p>The coronavirus will automatically be treated as an occupational disease for health care workers who contract the disease while caring for patients with the virus or have otherwise been in contact with the coronavirus in the course of their work. To be recognized as an occupational disease, the worker must have been affected by a severe form of the virus.</p>	<p>Coverage health care costs for up to 100% of the health insurance rates, a more favourable coverage of daily allowances and an indemnity (pension or capital) in case of permanent disability. A pension is paid in the event of death.</p>
	<p>Qualified as an occupational disease (on a case-by-case basis; automatically recognized or healthcare workers).</p>	<p>Covers cost of treatment as well as medical, occupational and social rehabilitation. In case of reduced earning capacity, it can pay a pension. In case of death of the employee, a survivor's pension is</p>

		provided for. The costs of a Covid test can also be reimbursed.
Switzerland	Can be an occupational disease, provided that employees in the occupation in question are at much higher risk of contracting the coronavirus than the rest of the population. I	Unemployment insurance, which covers 70-80% of the income. This benefit is up to 2 years.
Ukraine	Included in the List of Occupational Diseases. It will be recognized as an occupational disease for medical workers.	Social benefits and compensation.
United States	In at least 20 US states, frontline workers, first line responders and essentials workers who contract Covid-19 are presumed to have an occupational disease. These categories cover amongst others: firefighter, emergency medical technician, paramedic, health care provider.	The compensation offered generally depends on the Workers' Compensation Act of each State. Benefits may include coverage for medical treatment, temporary disability, permanent impairment, permanent total disability or death benefits.

How does a disease become prescribed?

The Social Security Contributions & Benefits Act 1992 allows ministers to prescribe a disease if they are satisfied that it can be caused by work and that such a link can be made with “reasonable certainty” in the individual claimant’s circumstances. This means it must be “more likely than not” that the disease is due to a person’s work.

The government is guided in this by scientific advice from the Industrial Injuries Advisory Council (IIAC). The Industrial Injuries Advisory Council (IIAC) is an independent scientific advisory body that looks at industrial injuries benefit and how it is administered. IIAC considers published independent medical and scientific research, and makes recommendations to the Secretary of State to update the list of diseases and the occupations that cause them for which Industrial Injuries Disablement Benefit can be paid. The Council’s role is to advise and make recommendations, but ultimately it is the Secretary of State for Work and Pensions who takes the final decision about whether to implement a recommendation.

There are some diseases which only occur due to a particular occupation, for example pneumoconiosis among coal miners. There are also those which are almost always associated with work (such as asbestos-related cancer). According to IIAC, there are many other diseases for which their decision is ‘less clear-cut’. For example:

“Problems arise over diseases that can also occur in the wider public, and not just because of a particular type of work. For example, lung cancer can be caused by asbestos, but is also caused by smoking, and can occasionally occur without an apparent cause. What makes things particularly difficult is that, for these diseases, there is no reliable way in an individual case to

tell whether disease has been caused by work or not. All that can be said is that the disease may be more probable in a worker with a specific work history than an individual without that same history.”¹⁴

This resonates with Covid-19, and in this context, IIAC seeks evidence that it is ‘more likely than not’ that the disease is due to work. This is the standard of evidence usually required in a court of law or tribunal. As such, IIAC is currently seeking and considering evidence that the “relative risk” (RR) for Covid in particular jobs is more than 2 (as the minimum standard for prescribing a disease). An RR above 2 means that people who work in a particular job are more than twice as likely to develop a particular disease as members of the general public who do not work in that type of job.

In considering Covid data, the IIAC report from March 2021 states:

“Analyses of UK death certificates between March and December 2020 show more than a two-fold risk in several occupations especially for males, including social care, nursing, bus and taxi driving, food processing, retail work, local and national administration and security.”¹⁵

Industrial Injuries Scheme

The Industrial Injuries Scheme provides benefits for disablement because of an accident at work. Benefits are paid to employees who were employed earners at the time of the accident or when they contracted a prescribed disease.

- The Industrial Injuries Scheme Benefits are:
- Industrial Injuries Disablement Benefit
- Constant Attendance Allowance
- Exceptionally Severe Disablement Allowance
- Reduced Earnings Allowance
- Retirement Allowance

If someone who has not claimed Industrial Injuries Disablement Benefit dies, but they would have qualified for this benefit, a claim can be made on their behalf, for example by a widow or surviving civil partner

The amount you get depends on how badly you are disabled as a result of the industrial injury or disease.

To receive IIDB a claimant must be both medically diagnosed with a prescribed disease and have worked in the qualifying work for that disease: for example, hydatidosis diagnoses paired with being a shepherd, vet or other profession involved in the care for dogs.

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/448786/iiac--iidx-prescribed-disease-decisions-faq-july-2015.pdf

¹⁵ <https://www.gov.uk/government/publications/covid-19-and-occupation-iiac-position-paper-48>

The Case for Covid

Existing data demonstrates the minimum standard for prescribing a disease is evident in some occupations. Analysing the numbers of deaths and death rates per 100,000 involving Covid-19 from selected occupations demonstrates a number of jobs with a doubling of risk, including in health and social care, manufacturing and the food sector (ONS, 2020; IIAC, 2021)¹⁶.

The Covid-19 pandemic shows no signs of dissipating, and government Ministers must not delay a recommendation for prescription. Workers continue to be exposed to Covid-19, at a greater rate in the occupations with the higher rate of risk. National guidelines which ensured mitigations were in place have been withdrawn, with employers left to determine appropriate risk management. This risks further re-infection, and with it, Long Covid.¹⁷ The TUC has joined other organisations in the call for Long Covid to be formally recognised as a disability. Long Covid must also be included in any prescription of Covid-19 as an occupational disease.

The IIAC report from March 2021 states:

“higher infection rates are found in workers in healthcare, social care, and transport, particularly in the first wave of the pandemic. The risk of suffering severe Covid-19 is also increased in social care and transport workers in the UK”.

The government must swiftly enact a recommendation for prescription in the occupations where there is evidence of substantial increased risk, and establish a strategy to support affected workers, including access to financial assistance under the Industrial Injuries Scheme.

¹⁶ <https://www.gov.uk/government/publications/covid-19-and-occupation-iiac-position-paper-48/covid-19-and-occupation-position-paper-48>

¹⁷ <https://www.researchsquare.com/article/rs-1749502/v1>