



COVID-19 infection in Italy: An occupational injury

To the Editor: We read with interest the letter to the Editor by George and George^[1] on whether COVID-19 infection can be regarded, under certain conditions, as an occupational disease. We agree with the authors that some occupations, such as healthcare, present an increased risk of exposure and infection with SARS-CoV-2, and that healthcare workers must be protected from this infection within the framework of the occupational and safety regulations, through a risk assessment process leading to specific preventive measures that include health surveillance of workers and effective personal protective equipment.^[2] However, the acute nature of the infection rather authorises us to consider SARS-CoV-2 infection as an injury, and COVID-19 disease as a consequence of the injury.

Indeed, there is a substantial distinction between occupational diseases and occupational injuries. According to the International Labour Organization, an occupational injury is defined as 'any personal injury, disease or death resulting from an occupational accident', whereas an occupational disease is a 'disease contracted as a result of an exposure over a period of time to risk factors arising from work activity'.^[3] This is not just a matter of terminology. The most important difference between them is that an injury happens suddenly at a specific time, usually within the work shift (24 hours). This difference also has practical implications for preventive measures to be put in place and for epidemiological evidence in support of the cause-effect relationship, which is important for recognition of the injury or disease and compensation of the worker.

In Italy, the Italian National Institute for Insurance Against Accidents at Work (INAIL) has recently recognised COVID-19 infection as 'biological injury', not only in healthcare professionals, but also in all types of workers in contact with the public (e.g. social workers, every type of worker employed at hospitals, cashiers, grocery staff, etc.), as well as in frontline workers.^[4] For all the above categories of workers, there is a legal presumption of professional cause that can immediately allow the provision of insurance benefits,

whereas the cause-effect relationship has to be demonstrated case by case by the worker applying for compensation in all other situations. Given the presence of the virus not only in the work environment but also outside, proving its origin can be impossible (an impossible proof, '*probatio diabolica*' in Latin) for the worker. The proper framing of COVID-19 as biohazard injury and its recognition by occupational physicians will also be important in revising and developing an effective occupational risk assessment. In the near future, protecting all the workers who are exposed to the SARS-CoV-2 risk factor will be a real challenge for all occupational stakeholders.

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