

Chapter 2

OCCUPATIONAL COVID-19 FROM A GENERAL PERSPECTIVE

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On December 31, 2019, the World Health Organization (WHO) China Country Office informed of cases of pneumonia of unknown etiology in the city of Wuhan, China (1). On January 7, 2020, the cause was identified as a new coronavirus (2019-nCoV) that had never been previously detected in humans (2), with the disease later named to COVID-19, and the virus named as SARS-CoV-2 due to its close resemblance to SARS CoV. The general incubation period of the virus is between 2 and 14 days; replication rate in the host, disease attack rate, and hospitalization rates are reported as much higher compared to the influenza virus. Although the main mode of transmission is through droplets, the disease can also be transmitted by touching the mouth, nose, or eye mucosa with contaminated hands, after being in direct contact with droplets which have spread from the coughing or sneezing of sick individuals (3). Due to the worldwide spread of COVID-19, it was declared a global pandemic by the WHO on March 11, 2020. Although it is possible for all individuals to encounter the SARS-CoV-2 virus in every environment due to the nature of the pandemic, workplaces are among the environments with the highest rates of transmission, therefore certain employees and groups are known to be at higher risk of being infected. Risk is much higher among employees working close together or in occupations requiring close contact, especially in closed and crowded spaces, compared to the general public (4).

In Turkey, occupational disease is defined as “disease caused by exposure to occupational risks” according to Act No. 6331 on Occupational Health and Safety (5), whereas it is defined as “conditions of temporary or permanent illness, or physical and mental disability, which the insured suffers due to a recurring reason or job conditions” according to the Social Security and General Health Insurance Law (6). As can be understood from the definitions, occupational diseases are diseases that have a particular cause, with

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D” in the appendix of the Determination of the Loss of Working Power and Earning Power regulation (13). Diseases in this group are considered occupational diseases that occur as a result of the work performed or under the effect of the special conditions of the workplace and the infection must be proven by laboratory findings. COVID-19 is not yet listed in this group. However, in accordance with Law No. 5510, any disease which is not included in the list may be considered an occupational disease by decision of the High Council of Health (14).

In conclusion, during the course of the pandemic, occupational transmission of disease due to SARS-CoV-2 because of the nature of the work or profession depends on the individual circumstances and conditions in which the infection occurred. Therefore, like the diagnostic processes of all other occupational diseases, each case should be evaluated separately, and by taking into account special circumstances, to decide whether or not the case is an occupational disease. In this regard, it is very important, in terms of employee rights, to recognize the rights of first responders and healthcare workers, especially those who carry out very risky tasks for the benefit of society. Furthermore, since diagnosis and notification systems of occupational diseases are of critical importance, they should be established by observing the priority of prevention and protection.

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