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LETTER TO THE EDITOR

A proper SARS-CoV-2 risk assessment is needed for medico-legal assessment of the COVID-19 infection



Se necesita una evaluación adecuada del riesgo de SARS-CoV-2 para la evaluación médico-legal de la infección por COVID-19

Dear Editor,

The valuable paper by Marti-Amengual et al.¹ raises some critical aspects worthy to be addressed. In Italy, COVID-19 infection is considered as an occupational injury,² not only in healthcare workers (HCWs) of private and public hospitals, and when it occurs while travelling to or from work, as stated by authors. COVID-19 infection is, indeed, considered by the Italian National Institute for Insurance against Accidents at Work (INAIL), as a biological injury 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. For all the above categories of workers, there is a legal presumption of professional cause, and this can immediately allow the provision of insurance benefits, whereas the cause-effect relationship can nevertheless be demonstrated case by case by the worker applying for compensation in all other cases.³ In Italy, there is a “mixed system”, for which occupational diseases, even caused by biological agents, are considered to be not only those listed in the reference tables established by specific laws, but also any other illness which the employee can prove is connected to his or her professional activity. The causal relationship between exposure to SARS-CoV-2 and COVID-19 infection, however, may be impossible to be proven in conditions of high circulation of the epidemic.^{2,4} For this reason, the risk assessment carried out by each employers becomes crucial for a proper medico-legal evaluation aimed to worker’s compensation. In Italy, INAIL developed a risk assessment strategy for evaluating SARS-CoV-2 infection, which consists of a risk matrix based on a combination of three important factors, namely the exposure to infected people, the physical proximity to others during work activities, and the social aggregation connected to the job. However, this strategy needs to be specifically adapted by individual employers to their own workplaces. As a consequence, employers should enhance

preventive measures established by the Italian Government (DPCM of April 26, 2020 and subsequent modifications and integrations).⁵ The classification of biological agents by European Directive 2000/54/CE is a fundamental prerequisite for the hazard identification, the first step for evaluating any biological agents at workplace. SARS-CoV-2 has been recently included in the third group of occupational biohazard owing the fact the preventive measures are supposed to exist.¹ However, we agree with who disagreed and called for a group 4 categorisation.^{6,7} Indeed, the increasingly number of HCWs infected during the second Italian wave (91,711 HCWs affected as of December 30, 2020, in Italy),^{8,9} showed how, in absence of vaccination, there is no still effective prophylaxis to prevent COVID-19 infection. This risk misclassification could also be the reason for this high number of occupational injuries.¹⁰

Authors’ contribution

FC drafted and GT revised the paper. Both the authors accepted the final version of the paper.

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Conflicts of interest

All authors report no conflicts of interest relevant to this article.

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