

- (e) If the neck trauma or exertion then and there caused either a brain infarction or brain hemorrhage as documented by neuro-imaging studies, the injury may be considered as arising from work.
- (f) If a person is a known hypertensive, it must be proven that his hypertension is controlled and that he was compliant with treatment.
- (g) A history of substance abuse must be totally ruled-out
20. MALARIA AND SCHISTOSOMIASIS.** All of the following conditions
- (a) Through the knowledge of the respective incubation periods of the different types of the diseases, the physician determining the causal relationship between the employment and the illness or malaria or schistosomiasis should be able to tell whether the disease of the afflicted employee manifested itself while he/she was so employed.
- (b) Compensability should be based on the principle of greater risk of acquiring the disease in the place of work than in the place of usual residence of the afflicted worker.
- (c) The place of work of employment has to be verified as a malarial or schistosomal work area.
21. PNEUMONIA. Any of the following: (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)
- (a) There must be a direct connection between the offending agent or event and the worker based on epidemiologic criteria and occupational risk (e.g. health care workers exposed to outbreaks such as SARS, bird handlers exposed to Cryptococcus);
- (b) Pneumonia as a complication of a primary work-connected illness or injury (e.g. as a complication of injury to the chest wall with or without rib fracture that was sustained at work);
- (c) Pneumonia as a complication of chemical inhalation exposure such as among welders exposed to iron fumes;
- (d) Clinical diagnosis consistent with the signs and symptoms of pneumonia supported by diagnostic proof such as chest x-ray and/ or microbiological studies (e.g. blood cultures).
22. HERNIA.** All of the following conditions
- (a) The hernia should be of recent origin.
- (b) Its appearance was accompanied by pain, discoloration and evidence of a tearing of the tissues.
- (c) The disease was immediately preceded by undue or severe strain arising out of and in the course of employment.
- (d) A protrusion of mass should appear in the area immediately following the alleged strain.
23. OCCUPATIONAL ASTHMA (OA)** All of the following conditions (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)
- (a) There was no past medical/ clinical history of asthma before employment.;
- (b) Clinical diagnosis consistent with signs and symptoms of Occupational Asthma and supported by diagnostic proof such as obstructive ventilator pattern with significant bronchodilator response on spirometry (FEV1), peak flow meter response and/ or non-specific bronchial hyperresponsiveness (methacholine challenge test);
- (c) Workplace exposure to agent/s reported to give rise to Occupational Asthma as certified by the employer or by a competent medical practitioner/ institution acceptable to the System.
24. OSTEOARTHRITIS.***
- Any occupation involving: (a) joint strain from carrying heavy loads, or unduly heavy physical labor, as among laborers and mechanics; (b) minor or major injuries to the joint; (c) excessive use or constant strenuous usage of a particular joint, as among sportsmen, particularly those who have engaged in the more active sports activities; (d) extreme temperature changes (humidity, heat and cold exposures); and (e) faulty work posture or use of vibratory tools.
25. VIRAL ENCEPHALITIS.***
- Any occupation involving: (a) contact with an infected person, as in areas of poor sanitation, with high density of schoolchildren, who are the most frequent virus spreaders; (b) rural exposure, primarily in picnics, camping activities, fishing or hunting in, or adjacent to, woods or subtropical vegetations, or as among agricultural or forest workers; and (c) contact with other sources of infection, such as birds and animals, as among veterinarians and abattoir workers.
26. PEPTIC ULCER.***
- Any occupation involving prolonged emotional, or physical stress, as among professional people, transport workers and the like.
27. TUBERCULOSIS (PULMONARY AND EXTRAPULMONARY). ***** (As amended by B.R. No. 11-11-29, s. 2011, approved on 28 November 2011)
- Any occupation involving close and frequent contact with a source/s of tuberculosis infection by reason of employment.
- Occupations involving, but not limited to, high risk occupational groups and working conditions that are more susceptible to tuberculosis infection:
- (a) In the medical treatment or nursing of person/s suffering from tuberculosis;
- (b) As pathologist, post-mortem worker and medical laboratory workers e.g. medical technologies, smearers/laboratory technicians where the occupation involves working with materials which are sources of tuberculosis infection;

- (c) Other health facility staff in direct and frequent contact/handling of active PTB cases or infected materials e.g. dentists, dental/radiology technicians, respirator therapists, physiotherapist, housekeeping staff, social workers, clinic staff/secretaries;
- (d) Staff of correctional facilities/jails in direct contact with inmates especially in overcrowded and poorly ventilated prisons;
- (e) Workers involved in collection/handling/transportation/disposal of biological wastes;
- (f) Workers who have been clinically diagnosed with Silicosis or those chronically exposed to silica in the course of their work;
- (g) Workers in workplaces characterized as overcrowded, poorly ventilated and enclosed where there are documented cases of active TB.

28. VIRAL HEPATITIS.***
- In addition to working conditions already listed under P.D. 626, as amended, any occupation involving: exposure to a source of infection through ingestion of water, milk, or other foods contaminated with hepatitis virus; Provided that the physician determining the causal relationship between the employment and the illness should be able to indicate whether the disease of the afflicted worker manifested itself while he/she was so employed, knowing the incubation period thereof.
29. ESSENTIAL HYPERTENSION.**** (As amended by B.R. No. 11-05-13, s. 2011, approved on 26 May 2011)
- Hypertension classified as primary or essential is considered compensable if it causes impairment of function of body organs like kidneys, heart, eyes and brain, resulting in any kind of disability; subject to the submission of any of the following:
- (a) chest X-ray report, (b) ECG report (c) blood chemistry report, (d) funduscopy report, (e) Ophthalmological evaluation, (f) C-T scan, (g) MRI, (h) MRA, (i) 2-D echo, (j) Kidney ultrasound, and (k) BP monitoring report.
30. ASBESTOS-RELATED DISEASES (ARD)***** (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)
- Asbestosis
 - Benign Asbestos-related Pleural Disease
 - Asbestos-related Malignancy:
 - Lung Cancer
 - Mesothelioma
- All of the following conditions:
- (a) The employee must have been exposed for a prolonged/ sufficient duration to dust in the workplace, as duly certified by the employer or by a competent medical practitioner/ institution acceptable to the System;
- (b) Clinical diagnosis consistent with the signs and symptoms of ARD and supported by any appropriate diagnostic tests such as x-ray or computer tomography (CT) scan and lung function test or positron emission tomography (PET), magnetic resonance imaging (MRI), biomarkers, histological findings;
- (c) Latency period of 10 years or more unless proven otherwise;
- (d) Except for lung cancer and mesothelioma, ARD must be accompanied with impaired lung function for compensation.
31. HYPERSENSITIVITY PNEUMONITIS.*****
- Bagassosis
 - Farmer's Lung Disease
 - Bird Fancier's Disease (Psittacosis)
 - Others as listed in the guidelines
- All of the following conditions:
- (a) The employee must have been exposed for a prolonged/ sufficient duration to an offending agent or antigen known to cause the disease in the work place, as duly certified to by the employer or by a competent medical practitioner/ institution acceptable to the System;
- (b) Clinical diagnosis consistent with signs and symptoms of hypersensitivity pneumonitis and impairment of lung function supported by diagnostic tests such as X-ray or computer tomography (CT) scan, lung function test, bronchoalveolar lavage fluid (BALF) analysis, and/or other appropriate immunologic and histological tests."
32. BYSSINOSIS(cotton dust). ***** All of the following conditions:
- (a) The employee must have been exposed for a prolonged/ sufficient duration to cotton dust in the work place, as certified by the employer or by a competent medical practitioner/ institution acceptable to the System;
- (b) Clinical diagnosis consistent with signs and symptoms of Byssinosis and impairment of lung function supported by diagnostic proof such as lung function test, skin test or other appropriate immunologic tests."

- * Approved under ECC Resolution No. 247-A, Dated April 13, 1977.
- ** Approved under Resolution No. 432, Dated July 20, 1977. Although not considered occupational diseases, they are nevertheless work-related and thus compensable too.
- *** Approved under ECC Resolution No. 1676, Dated January 29, 1981.
- **** Approved under ECC Resolution No. 92-07-0031, Dated July 8, 1992
- ***** Approved under ECC Resolution No. 96-08-0372, Dated August 1, 1996
- ***** Approved under ECC Board Resolution No. 11-05-13, Dated May 26, 2011
- ***** Approved under ECC Board Resolution No. 11-11-29, Dated November 28, 2011
- ***** Approved under ECC Board Resolution No. 12-09-18, s. 2012, approved on 27 September 2012



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List of Occupational and Compensable Diseases under the Employees' Compensation Program

OCCUPATIONAL/WORK-RELATED DISEASES WITH CONDITIONS

(As amended by B.R. No. 11-05-13, s. 2011, approved on 26 May 2011)

For an occupational disease and the resulting disability or death to be compensable, all of the following conditions must be satisfied:

- (1) The employee's work and/or the working conditions must involve risk/s that caused the development of the illness;
- (2) The disease was contracted as a result of the employee's exposure to the described risks;
- (3) The disease was contracted within a period of exposure and under such other factors necessary to contract it;
- (4) There was no deliberate act on the part of the employee to disregard the safety measures or ignore established warning or precaution.

The employer shall require pre-employment examination of all prospective employees; provide periodic medical examination to employees who are exposed to occupational disease and take such other measures as may be necessary pursuant to Rule III, Section 2 (b) of the implementing Rules of P.D. 626, as amended.

The employer shall provide data such as work environment measurement reports on health hazards and other information that may be deemed necessary by the Systems or Commission in the determination of causal relationship between the employee's work and his disability or death.

The employer in consultation with the union whenever applicable shall implement OSH and wellness programs such as physical fitness program, healthy nutrition program, stress management program and other programs required by existing legislation, guidelines and issuances to prevent occupational and work-related diseases. The employer shall include information and advocacy of PD 626 in OSH programs and support the employee deserving of compensation and rehabilitation benefits.

The employer who has failed to provide adequate protection and safety devices shall be subject to the penalty imposed by Article 200 of the Code. Where he has provided adequate protective and safety devices, there shall be a determination as to whether or not the employee has been notoriously negligent.

Occupational and Work-Related Diseases

Nature of Employment

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| 1. Cancer of the epithelial lining of the bladder.
(Papilloma of the bladder). | Work involving exposure to alphanaphthylamine, beta-naphthylamin or benzidine or any part of the salts; and auramine or magenta. |
| 2. Cancer, epithellomatous or ulceration of the skin or of the corneal surface of the eye due to tar, pitch, bitumen, mineral oil or paraffin, or any compound product or residue of any of these substances. | The use of handling of, or exposure to tar; pitch, bitumen, mineral oil (including paraffin) soot or any compound product or residue of any of these substances. |
| 3. Cataract produced by exposure to the glare of, or rays from molten glass or molten or red hot metal. | Frequent and prolonged exposure to the glare of or rays from molten glass or red hot metal. |
| 4. Deafness | Any industrial operation having excessive noise particularly in the higher frequencies. |
| 5. Decompression sickness
(a) Caissons disease
(b) Aeroembolism | Any process carried on in compressed or rarefied air.
Any process carried on in rarefied air. |
| 6. Dermatitis due to irritants and sensitizers | The use or handling of chemical agents which are skin irritants and sensitizers. |
| 7. Infections
(a) Anthrax
(b) Brucellosis

(c) Glanders
(d) Rabies
(e) Tuberculosis
(f) Tularemia

(g) Weill's disease
(h) Q. Fever or equine encephalomyelitis

(i) Mite dermatitis | Work in connection with animals infected with anthrax, handling of animal carcasses or parts of such carcasses including hides, hoofs, and horns.
Any occupation involving handling of contaminated food and drink particularly milk, butter and cheese of infected goats and cows.
Any occupation involving rabid dogs, or equine animals or carcasses.
Any occupation involving rabid dogs.
Refer to No. 27 of this list
Any occupation involving handling of rabbits, ground squirrels, mice or other rodents.
Any occupation involving handling of rats, mice, swine and dogs.
Any occupation involving handling of horses, cattle and sheep, or their slaughter and meat packing.
Any occupation involving handling of owls or pigeons. |
| 8. Ionizing radiation disease, inflammation, ulceration or malignant disease of skin or subcutaneous tissues of the bones or leukemia, or anemia of the aplastic type due to x-rays, ionizing particle, radium or other radioactive substances.
(a) Acute radiation syndrome
(b) Chronic radiation syndrome
(c) Glass Blower's cataract | Exposure to X-rays, ionizing particles of radium or other radioactive substances or other forms of radiant energy.

Short duration of exposure to large doses of X-rays, gamma rays, alpha rays and beta rays.
Chronic over-exposure to X-rays with a long latent period affecting the skin, blood and reproductive organ.
Among furnace men, glass blowers, baker, blacksmith, foundry workers. These are workers exposed to infrared rays. |
| 9. Poisoning and its sequelae caused by:
(a) Ammonia
(b) Arsenic or its toxic compound
(c) Benzene or its toxic homologues, nitro and aminotoxic derivatives of benzene or its homologue | All work involving exposure of the risk concerned.
All work involving exposure to the risk concerned.
All work involving exposure to the risk concerned. |

Occupational and Work-Related Diseases

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| (d) Beryllium or its toxic compounds
(e) Brass, zinc or nickel
(f) Carbon dioxide
(g) Carbon bisulfide
(h) Carbon monoxide
(i) Chlorine
(j) Chrome or its toxic compounds
(k) Dinitrophenol or its homologue
(l) Halogen derivatives of hydrocarbon of the aliphatic series
(m) Lead or its toxic compounds
(n) Manganese or its toxic compounds
(o) Mercury or its toxic compounds
(p) Nitrous fumes
(q) Phosgene
(r) Phosphorus or its toxic compounds
(s) Sulfur dioxide | All work involving exposure to the risk concerned.
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| 10. Pneumoconiosis.***** (As amended by B.R. No. 12-09-18, s. 2012, approved on 27 September 2012)
Pneumoconioses caused by fibrogenic mineral dust such as but not limited to Silicosis, Coal worker's pneumoconiosis and Asbestosis.
i. Silicosis - talc in talc processors, soapstone mining-milling, polishing, cosmetic industry; silica in mining, quarrying, foundries, sandblasting, construction work, work involving grinding, drilling or breaking of silica-containing rocks, ceramics and glass manufacture
ii. Coal worker's pneumoconiosis - exposure to coal dust such as in mining
iii. Asbestosis(please refer to #30, Asbestos-related Diseases)
All of the following conditions:
(a) The employee must have been exposed for a prolonged/ sufficient duration to dust in the workplace, as duly certified by the employer or by a competent medical practitioner/institution acceptable to the System;
(b) Clinical diagnosis consistent with signs and symptoms of pneumoconiosis and impairment of lung function supported by diagnostic proof such as chest X-ray or computer tomography (CT) scan and lung function test, ultrasound, histological findings;
(c) With a reasonable latency period following exposure to the mineral dust and the development of the disease. | |
| 11. Diseases caused by abnormalities in temperature and humidity.
(a) Heat stroke/cramps/exhaustion
(b) Chilblain/frostbite/freezing
(c) Immersion foot/general hypothermia | Any occupation involving exposure to excessive heat or cold.

Any occupation involving exposure to excessive heat.
Any occupation involving exposure to excessive cold.
Any occupation involving exposure to excessive cold. |
| 12. Vascular disturbance in the upper extremities due to continuous vibration from pneumatic tools or power drills, riveting machines or hammers. | Any occupation causing repeated motions, vibrations and pressure of upper extremities. |
| 13. Viral Hepatitis* | Among workers in close and frequent contact with (a) human blood products and with (b) a source of viral hepatitis by reason of employment in the medical treatment or nursing of a person or persons suffering from viral hepatitis, or in a service ancillary to such treatment or nursing. |
| 14. Poisoning by cadmium* | Among workers in battery factories, who are exposed to cadmium fumes. |
| 15. Leukemia and lymphoma* | Among operating room personnel due to exposure to anesthetics. |
| 16. Cancer of stomach and other lymphatic and blood forming vessels; nasal cavity and sinuses.* | Among woodworkers, wood products industry carpenters, loggers and employees in pulp and paper mills and plywood mills. |
| 17. Cancer of the lungs, liver and brain* | Among vinyl chloride workers, plastic workers. |
| 18. CARDIO-VASCULAR DISEASES. Any of the following conditions(As amended by B.R. No. 11-05-13, s. 2011, approved on 26 May 2011)
(a) If the heart disease was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reasons of the nature of his work.
(b) The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac insult to constitute causal relationship.
(c) If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of cardiac impairment during the performance of his work and such symptoms and signs persisted, it is reasonable to claim a causal relationship subject to the following conditions:
1. If a person is a known hypertensive, it must be proven that this hypertension was controlled and that he was compliant with treatment.
2. If a person is not known to be hypertensive during his employment, his previous health examination must show normal results in all of the following, but not limited to: blood pressure, chest X-ray, electrocardiogram (ECG)/treadmill exam, CBC and urinalysis.
(d) A history of substance abuse must be totally ruled out. | |
| 19. CEREBRO – VASCULAR ACCIDENTS. **** Any of the following conditions (As amended by B.R. No. 11-05-13, s. 2011, approved on 26 May 2011)
(a) There must be proof that the stroke must have developed as a result of the stressful nature of work and pressures inherent in an occupation.
(b) The strain of work that brings about an acute stroke must be of sufficient in severity and must be followed within 24 hours by the clinical signs of an acute onset of neurological deficit to constitute causal relationship.
(c) If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of an acute onset of neurologic deficit during the performance of his work, and such symptoms and signs persisted, it is reasonable to claim a causal relationship.
(d) There was a history, which should be proven, of unusual and extraordinary mental strain or event, or trauma to or hyperextension of the neck. There must be a direct connection between the insult in the course of the employment and the worker's collapse. | |