ILO List of Occupational Diseases
(revised 2010)
Recommendation 194

Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases

The General Conference of the International Labour Organization,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its 90th Session on 3 June 2002, and

Noting the provisions of the Occupational Safety and Health Convention and Recommendation, 1981, and the Occupational Health Services Convention and Recommendation, 1985, and

Noting also the list of occupational diseases as amended in 1980 appended to the Employment Injury Benefits Convention, 1964, and

Having regard to the need to strengthen identification, recording and notification procedures for occupational accidents and diseases, with the aim of identifying their causes, establishing preventive measures, promoting the harmonization of recording and notification systems, and improving the compensation process in the case of occupational accidents and occupational diseases, and

Having regard to the need for a simplified procedure for updating a list of occupational diseases, and

Having decided upon the adoption of certain proposals with regard to the recording and notification of occupational accidents and diseases, and to the regular review and updating of a list of occupational diseases, which is the fifth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation;

adopts this twentieth day of June of the year two thousand and two the following Recommendation, which may be cited as the List of Occupational Diseases Recommendation, 2002.
1. In the establishment, review and application of systems for the recording and notification of occupational accidents and diseases, the competent authority should take account of the 1996 Code of practice on the recording and notification of occupational accidents and diseases, and other codes of practice or guides relating to this subject that are approved in the future by the International Labour Organization.

2. A national list of occupational diseases for the purposes of prevention, recording, notification and, if applicable, compensation should be established by the competent authority, in consultation with the most representative organizations of employers and workers, by methods appropriate to national conditions and practice, and by stages as necessary. This list should:

a) for the purposes of prevention, recording, notification and compensation comprise, at the least, the diseases enumerated in Schedule I of the Employment Injury Benefits Convention, 1964, as amended in 1980;

b) comprise, to the extent possible, other diseases contained in the list of occupational diseases as annexed to this Recommendation; and

c) comprise, to the extent possible, a section entitled “Suspected occupational diseases”.

3. The list as annexed to this Recommendation should be regularly reviewed and updated through tripartite meetings of experts convened by the Governing Body of the International Labour Office. Any new list so established shall be submitted to the Governing Body for its approval, and upon approval shall replace the preceding list and shall be communicated to the Members of the International Labour Organization.

4. The national list of occupational diseases should be reviewed and updated with due regard to the most up-to-date list established in accordance with Paragraph 3 above.

5. Each Member should communicate its national list of occupational diseases to the International Labour Office as soon as it is established or revised, with a view to facilitating the regular review and updating of the list of occupational diseases annexed to this Recommendation.

6. Each Member should furnish annually to the International Labour Office comprehensive statistics on occupational accidents and diseases and, as appropriate, dangerous occurrences and commuting accidents with a view to facilitating the international exchange and comparison of these statistics.
ANNEX

List of occupational diseases
(revised 2010)

1. Occupational diseases caused by exposure to agents arising from work activities

1.1. Diseases caused by chemical agents

1.1.1. Diseases caused by beryllium or its compounds
1.1.2. Diseases caused by cadmium or its compounds
1.1.3. Diseases caused by phosphorus or its compounds
1.1.4. Diseases caused by chromium or its compounds
1.1.5. Diseases caused by manganese or its compounds
1.1.6. Diseases caused by arsenic or its compounds
1.1.7. Diseases caused by mercury or its compounds
1.1.8. Diseases caused by lead or its compounds
1.1.9. Diseases caused by fluorine or its compounds
1.1.10. Diseases caused by carbon disulfide
1.1.11. Diseases caused by halogen derivatives of aliphatic or aromatic hydrocarbons
1.1.12. Diseases caused by benzene or its homologues
1.1.13. Diseases caused by nitro- and amino-derivatives of benzene or its homologues
1.1.14. Diseases caused by nitroglycerine or other nitric acid esters
1.1.15. Diseases caused by alcohols, glycols or ketones
1.1.16. Diseases caused by asphyxiants like carbon monoxide, hydrogen sulfide, hydrogen cyanide or its derivatives
1.1.17. Diseases caused by acrylonitrile
1.1.18. Diseases caused by oxides of nitrogen
1.1.19. Diseases caused by vanadium or its compounds
1.1.20. Diseases caused by antimony or its compounds
1.1.21. Diseases caused by hexane
1.1.22. Diseases caused by mineral acids
1.1.23. Diseases caused by pharmaceutical agents
1.1.24. Diseases caused by nickel or its compounds
1.1.25. Diseases caused by thallium or its compounds
1.1.26. Diseases caused by osmium or its compounds
1.1.27. Diseases caused by selenium or its compounds
1.1.28. Diseases caused by copper or its compounds
1.1.29. Diseases caused by platinum or its compounds
1.1.30. Diseases caused by tin or its compounds
1.1.31. Diseases caused by zinc or its compounds
1.1.32. Diseases caused by phosgene
1.1.33. Diseases caused by corneal irritants like benzoquinone
1.1.34. Diseases caused by ammonia
1.1.35. Diseases caused by isocyanates
1.1.36. Diseases caused by pesticides

1 In the application of this list the degree and type of exposure and the work or occupation involving a particular risk of exposure should be taken into account when appropriate.
1.1.37. Diseases caused by sulphur oxides
1.1.38. Diseases caused by organic solvents
1.1.39. Diseases caused by latex or latex-containing products
1.1.40. Diseases caused by chlorine
1.1.41. Diseases caused by other chemical agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these chemical agents arising from work activities and the disease(s) contracted by the worker

1.2. Diseases caused by physical agents
1.2.1. Hearing impairment caused by noise
1.2.2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
1.2.3. Diseases caused by compressed or decompressed air
1.2.4. Diseases caused by ionizing radiations
1.2.5. Diseases caused by optical (ultraviolet, visible light, infrared) radiations including laser
1.2.6. Diseases caused by exposure to extreme temperatures
1.2.7. Diseases caused by other physical agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these physical agents arising from work activities and the disease(s) contracted by the worker

1.3. Biological agents and infectious or parasitic diseases
1.3.1. Brucellosis
1.3.2. Hepatitis viruses
1.3.3. Human immunodeficiency virus (HIV)
1.3.4. Tetanus
1.3.5. Tuberculosis
1.3.6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
1.3.7. Anthrax
1.3.8. Leptospirosis
1.3.9. Diseases caused by other biological agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these biological agents arising from work activities and the disease(s) contracted by the worker

2. Occupational diseases by target organ systems
2.1. Respiratory diseases
2.1.1. Pneumoconioses caused by fibrogenic mineral dust (silicosis, anthraco-silicosis, asbestosis)
2.1.2. Silicotuberculosis
2.1.3. Pneumoconioses caused by non-fibrogenic mineral dust
2.1.4. Siderosis
2.1.5. Bronchopulmonary diseases caused by hard-metal dust
2.1.6. Bronchopulmonary diseases caused by dust of cotton (byssinosis), flax, hemp, sisal or sugar cane (bagassosis)
2.1.7. Asthma caused by recognized sensitizing agents or irritants inherent to the work process
2.1.8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts or microbially contaminated aerosols, arising from work activities
2.1.9. Chronic obstructive pulmonary diseases caused by inhalation of coal dust, dust from stone quarries, wood dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, and paper dust, arising from work activities
2.1.10. Diseases of the lung caused by aluminium
2.1.11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
2.1.12. Other respiratory diseases not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the disease(s) contracted by the worker

2.2. Skin diseases
2.2.1. Allergic contact dermatoses and contact urticaria caused by other recognized allergy-provoking agents arising from work activities not included in other items
2.2.2. Irritant contact dermatoses caused by other recognized irritant agents arising from work activities not included in other items
2.2.3. Vitiligo caused by other recognized agents arising from work activities not included in other items
2.2.4. Other skin diseases caused by physical, chemical or biological agents at work not included under other items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the skin disease(s) contracted by the worker

2.3. Musculoskeletal disorders
2.3.1. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist
2.3.2. Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist
2.3.3. Olecranon bursitis due to prolonged pressure of the elbow region
2.3.4. Prepatellar bursitis due to prolonged stay in kneeling position
2.3.5. Epicondylitis due to repetitive forceful work
2.3.6. Meniscus lesions following extended periods of work in a kneeling or squatting position
2.3.7. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three
2.3.8. Other musculoskeletal disorders not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the musculoskeletal disorder(s) contracted by the worker

2.4. Mental and behavioural disorders
2.4.1. Post-traumatic stress disorder
2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker
3. **Occupational cancer**

3.1. **Cancer caused by the following agents**

3.1.1. Asbestos
3.1.2. Benzidine and its salts
3.1.3. Bis-chloromethyl ether (BCME)
3.1.4. Chromium VI compounds
3.1.5. Coal tars, coal tar pitches or soots
3.1.6. Beta-naphthylamine
3.1.7. Vinyl chloride
3.1.8. Benzene
3.1.9. Toxic nitro- and amino-derivatives of benzene or its homologues
3.1.10. Ionizing radiations
3.1.11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
3.1.12. Coke oven emissions
3.1.13. Nickel compounds
3.1.14. Wood dust
3.1.15. Arsenic and its compounds
3.1.16. Beryllium and its compounds
3.1.17. Cadmium and its compounds
3.1.18. Erionite
3.1.19. Ethylene oxide
3.1.20. Hepatitis B virus (HBV) and hepatitis C virus (HCV)
3.1.21. Cancers caused by other agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these agents arising from work activities and the cancer(s) contracted by the worker

4. **Other diseases**

4.1. Miners’ nystagmus
4.2. Other specific diseases caused by occupations or processes not mentioned in this list where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure arising from work activities and the disease(s) contracted by the worker
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The List of Occupational Diseases Recommendation, 2002 (No. 194) requires the national lists of occupational diseases to comprise, to the extent possible, the diseases contained in the list of occupational diseases as annexed to it.

Based on the work of two meetings of experts, the ILO Governing Body approved a new list of occupational diseases on 25 March 2010 during its 307th Session. This new list replaces the preceding one in the annex of Recommendation No. 194 which was adopted in 2002.

The new list includes a range of internationally recognized occupational diseases, from illnesses caused by chemical, physical and biological agents to respiratory and skin diseases, musculoskeletal disorders and occupational cancer. Mental and behavioural disorders have for the first time been specifically included in the ILO list. This list also has open items in all the sections dealing with the afore-mentioned diseases. The open items allow the recognition of the occupational origin of diseases not specified in the list if a link is established between exposure to risk factors arising from work activities and the disorders contracted by the worker.

The criteria used by the tripartite experts for deciding what specific diseases be considered in the updated list include that: there is a causal relationship with a specific agent, exposure or work process; they occur in connection with a specific work environment and/or in specific occupations; they occur among the groups of workers concerned with a frequency which exceeds the average incidence within the rest of the population; and there is scientific evidence of a clearly defined pattern of disease following exposure and plausibility of cause.

This new list of occupational diseases reflects the state-of-the-art development in the identification and recognition of occupational diseases in the world of today. It indicates clearly where prevention and protection should take place. This ILO list represents the latest worldwide consensus on diseases which are internationally accepted as caused by work. This list can serve as a model for the establishment, review and revision of national lists of occupational diseases. The world’s working population and their families will benefit from this new list.