Zika Virus: Workers’ Compensation Considerations

On February 1, 2016, the World Health Organization (WHO) declared the current Zika virus outbreak (see sidebar) a public health emergency. Although the full effects of the outbreak remain to be seen, businesses should understand the potential workers’ compensation risks they face.

If an employee contracts Zika during the course of employment, workers’ compensation insurance would likely provide coverage for costs related to the treatment of the illness, lost wages, and, in a worst-case scenario, death benefits. Zika has thus far been prevalent in South and Central America. However, cases in which an employee contracts Zika while on assignment outside of the US would likely be covered. Many states extend workers’ compensation benefits to those injured outside of the state, provided that the contract of hire was made in the state or the principal location of employment is in the state.

Employers’ liability coverage may also apply. But many employers prefer to address this exposure by arranging for a foreign voluntary workers’ compensation (FVWC) benefits endorsement or a separate endorsement.

ZIKA AND THE CURRENT OUTBREAK

Zika virus disease is spread primarily through the bites of infected Aedes species mosquitoes, although sexual and other transmission cases have been reported. Common symptoms include fever, rash, joint pain, and conjunctivitis, or red eyes. Symptoms typically last for several days to a week after infection.

Of particular concern is a suspected link between Zika and birth defects, first noticed in 2015 in Brazil. Women who become infected while pregnant or become pregnant while infected can spread the virus to the developing fetus. Rising cases of microcephaly — unusually small heads and corresponding brain damage — in babies that correlated with increased Zika infection rates in Brazil led local doctors and the World Health Organization (WHO) to conclude that the two may be linked.

Although the most recent Zika cases have been reported in South and Central American countries — most notably, Brazil — local transmissions have been reported in 52 countries and territories since January 2007, including 41 since January 2015, according to the WHO. The Centers for Disease Control and Prevention (CDC) has issued “Level 2” warnings for Cape Verde, the Caribbean, Central America, Mexico, the Pacific Islands, and South America. These warnings indicate that travelers to these countries and regions should “practice enhanced precautions,” including covering exposed skin and using insect repellent. The CDC and WHO recommend that pregnant women consider postponing travel to areas with Zika; women who are pregnant or planning to become pregnant should also see their health care providers.
standalone policy. Although terms and conditions can vary, a FVWC policy typically provides voluntary coverage for the workers’ compensation benefits of a given jurisdiction to employees not covered by state workers’ compensation law. FVWC policies also generally provide coverage for the cost of bringing an employee or his/her remains back to the United States. Use of a medical helicopter can cost more than $60,000; and if an employee is brought back to the US via chartered plane with the proper isolation systems and medical supplies, the costs will also be high.

Employers should be particularly mindful of the potential for workers’ compensation claims involving pregnant employees traveling overseas or pregnant spouses of employees traveling overseas. Organizations should ensure that all employees traveling to countries with active Zika transmissions are aware of the potential risks to themselves and their spouses, along with the steps they should take to prevent infection.

PREVENTION AND RISK MITIGATION

Organizations that could be impacted by Zika — for example, businesses with operations in affected countries or with employees who regularly travel to those countries — should review risk management, business continuity, and other response and crisis management plans to see if they address or can be tailored to address the risks presented by Zika. Organizations should also review company policies on travel, hygiene, medical screening, and health support — including the provision of anti-bacterial sanitizer, masks, and insect repellants to employees — and provide employees and travelers with safety and awareness tips.

For more information on how to protect your business from the effects of Zika, read Managing Zika-Related Risks on marsh.com.

ABOUT THIS BRIEFING

This briefing was prepared by Marsh’s Workers’ Compensation Center of Excellence (WC COE), in conjunction with Marsh’s International Casualty Practice.

Marsh’s WC COE is dedicated to enhancing our workers’ compensation offerings and to helping our colleagues and clients navigate the complex workers’ compensation landscape. Through MPACTSM, Marsh’s integrated approach to reducing total casualty cost of risk, we deliver to clients a full spectrum of casualty diagnostics and offerings: Optimal insurance program design and placement, advanced analytics and modeling, pre- and post-loss consulting strategies, claims management and advocacy, and thought leadership.

As of March 9, 2016, 193 travel-related cases had been reported across 31 US states and the District of Columbia, according to the CDC. Local mosquito-borne Zika cases have been reported in Puerto Rico, the US Virgin Islands, and American Samoa. No local cases have been reported in US states, but health officials have warned that the disease could spread in some areas of the US as mosquito season approaches.

For additional guidance on Zika, organizations should refer to federal, state, and local government and public health agencies, including:

- The Centers for Disease Control and Prevention
- The World Health Organization
- The National Institutes for Health

Providers before and after they or their male partners travel to these areas.

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