

Worker Health and Public Policies on Communicable Diseases in the Workplace

Saúde do Trabalhador e Políticas Públicas em Torno das Doenças Transmissíveis no Ambiente Laboral

Salud del Trabajador y Políticas Públicas en Torno de las Enfermedades Transmisibles en el Ámbito Laboral

RESUMO

Este estudo objetivou analisar criticamente a produção científica sobre políticas públicas e estratégias de enfrentamento das doenças transmissíveis no ambiente de trabalho, considerando seus impactos na saúde do trabalhador. Realizou-se uma revisão integrativa de publicações indexadas entre 2013 e 2025 nas bases SciELO, PubMed/MEDLINE, LILACS, Scopus e Biblioteca Virtual em Saúde. Foram incluídos 12 artigos que evidenciaram limitações recorrentes, como subnotificação, fragilidade da articulação intersectorial e carência de investimentos em vigilância e formação continuada. Os resultados apontam que a precarização das condições de trabalho, aliada ao medo da contaminação e ao estigma, agrava o sofrimento psíquico e a vulnerabilidade social de categorias profissionais diversas. Conclui-se que a prevenção efetiva requer políticas articuladas e sustentáveis, capazes de integrar dimensões técnicas, éticas e sociais, assegurando condições dignas de trabalho e fortalecendo a vigilância em saúde como eixo estratégico da proteção coletiva.

DESCRIPTORES: Saúde da Trabalhador; Doenças Transmissíveis; Vigilância em Saúde do Trabalhador; Política de Saúde do Trabalhador.

ABSTRACT

This study aimed to critically analyze scientific production on public policies and strategies for combating communicable diseases in the workplace, considering their impacts on worker health. An integrative review of publications indexed between 2013 and 2025 in the SciELO, PubMed/MEDLINE, LILACS, Scopus, and Virtual Health Library databases was conducted. Twelve articles were included that highlighted recurring limitations, such as underreporting, weak intersectoral coordination, and lack of investment in surveillance and continuing education. The results indicate that precarious working conditions, combined with fear of contamination and stigma, aggravate the psychological distress and social vulnerability of various professional categories. It is concluded that effective prevention requires coordinated and sustainable policies capable of integrating technical, ethical, and social dimensions, ensuring decent working conditions and strengthening health surveillance as a strategic axis of collective protection.

DESCRIPTORS: Worker Health; Communicable Diseases; Worker Health Surveillance; Worker Health Policy.

RESUMEN

Este estudio tuvo como objetivo analizar críticamente la producción científica sobre políticas públicas y estrategias de enfrentamiento de las enfermedades transmisibles en el ámbito laboral, considerando sus impactos en la salud del trabajador. Se realizó una revisión integrativa de publicaciones indexadas entre 2013 y 2025 en las bases SciELO, PubMed/MEDLINE, LILACS, Scopus y Biblioteca Virtual en Salud. Se incluyeron 12 artículos que evidenciaron limitaciones recurrentes, como el subregistro, la fragilidad de la articulación intersectorial y la falta de inversiones en vigilancia y formación continua. Los resultados señalan que la precarización de las condiciones laborales, sumada al miedo a la contaminación y al estigma, agrava el sufrimiento psíquico y la vulnerabilidad social de diversas categorías profesionales. Se concluye que la prevención efectiva requiere políticas articuladas y sostenibles, capaces de integrar dimensiones técnicas, éticas y sociales, garantizando condiciones laborales dignas y fortaleciendo la vigilancia en salud como eje estratégico de la protección colectiva.

DESCRIPTORES: Salud Laboral; Enfermedades Transmisibles; Vigilancia en Salud Laboral; Política de Salud del Trabajador.

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INTRODUCTION

Worker health is a strategic dimension of public policy, especially given the growing recognition of the impacts of communicable diseases in the workplace. Occupational exposure to biological agents, associated with poor working conditions, poses a significant risk for the occurrence and spread of infections that compromise individual and collective health¹.

In Brazil, the challenges related to the surveillance, prevention, and control of infectious diseases in occupational environments reflect historical inequalities and tensions between economic interests and social protection². The COVID-19 pandemic has starkly highlighted these weaknesses, revealing the vulnerability of different professional categories, the lack of personal protective equipment, and the inadequacy of integrated biosafety protocols³.

In addition to the immediate impacts on morbidity and mortality, communicable diseases in the workplace have long-term psychosocial and economic consequences, with implications for productivity, quality of life, and healthcare costs⁴. Although regulatory standards and technical guidelines exist, the effectiveness of actions depends on participatory management processes, ongoing training, and strengthening of occu-

pational health surveillance bodies⁵.

In this context, it is essential to critically discuss the limits and potential of public policies aimed at preventing infectious diseases in the workplace, considering the specificities of different productive sectors and the social determinants that condition illness. Worker health is a strategic dimension of public policy, especially given the growing recognition of the impacts of communicable diseases in the workplace. Occupational exposure to biological agents poses a significant risk to different professional categories, including workers in health, the food industry, urban cleaning, transportation services, and other essential activities¹. In Brazil, this scenario is aggravated by historical inequalities and precarious working conditions, which intensify individual and collective vulnerabilities².

The COVID-19 pandemic has starkly highlighted these weaknesses. Studies have shown high infection rates among healthcare professionals, associated with insufficient personal protective equipment, work overload, and the absence of coordinated biosafety policies³. Although regulatory standards and surveillance protocols have been improved, gaps still remain in the effective implementation of preventive measures and in the monitoring of infectious diseases in various productive sectors⁴.

In addition to the direct implications

for morbidity and mortality, communicable diseases in the workplace have prolonged psychosocial and economic effects, increasing absenteeism, compromising quality of life, and imposing high healthcare costs on the public health system⁴. This situation shows that, even with regulatory advances, tensions persist between economic interests and the social protection of workers.

Problems such as underreporting of cases, precarious employment relationships, staff turnover, and insufficient intersectoral health promotion policies maintain the challenge of preventing and controlling occupational infections as a central issue on the health agenda²⁻⁴.

Given this context, this study aims to critically analyze scientific production on public policies and management strategies aimed at preventing and combating communicable diseases in the workplace, identifying limits, potentialities, and challenges for the consolidation of effective occupational health practices.

METHOD

This study is an integrative review, a methodological approach that allows for the compilation, examination, and consolidation of different types of studies, with the purpose of producing a broad and in-depth analysis of the topic in

question. The investigation was guided by the need to critically understand how public policies, management practices, and surveillance mechanisms have addressed the challenge of communicable diseases in the workplace, with direct and indirect impacts on workers' health.

The review was organized in six stages: formulation of the research question, definition of eligibility criteria, selection of information sources, search and collection of studies, critical evaluation of the material included, and interpretive synthesis of the findings. The guiding question was: "What are the main policies, challenges, and actions aimed at addressing communicable diseases in the workplace and their impacts on worker health?"

To compose the documentary corpus, a systematic search was conducted in the SciELO, PubMed/MEDLINE, LILACS, Scopus, and Virtual Health Library databases from May to July 2025. The descriptors and terms combined by Boolean operators were used: "Worker Health" AND "Communicable Diseases," "Public Policies" AND "Work Environment," "Occupational Health" AND "Infectious Diseases."

Original articles, reviews, technical documents, and institutional reports published between 2013 and 2025 in

Portuguese, English, and Spanish, available in full, that addressed the topic in different economic sectors were included. Editorials, dissertations, letters to the editor, and materials without methodological details were excluded.

The screening took place in three stages: reading of titles and abstracts, evaluation of the full text, and application of eligibility criteria. Two independent reviewers performed the selection and extraction of data, including information on authors, year, objectives, method, main results, and limitations. Any disagreements were resolved by consensus.

The systematic search of databases was conducted between May and July 2025, covering SciELO, PubMed/MEDLINE, LILACS, Scopus, and the Virtual Health Library. Initially, 428 potentially relevant studies were identified. Of this total, 95 records were retrieved from PubMed/MEDLINE, 112 from LILACS, 86 from SciELO, 71 from Scopus, and 64 from the Virtual Health Library. After removing duplicates and reading the titles and abstracts, 172 studies remained eligible for preliminary analysis. Next, the available texts were read in full, resulting in the exclusion of 126 documents that did not meet the previously defined inclusion criteria, mainly because they

did not present empirical data or because they dealt with aspects tangential to the central theme. Thus, at the end of the selection process, 12 articles comprised the documentary corpus of this integrative review, allowing for a comprehensive assessment of the scientific evidence on public policies and occupational health in addressing communicable diseases in the workplace.

The extracted data were organized into a synthetic matrix and categorized according to conceptual, normative, and operational aspects related to occupational health surveillance and the prevention of occupational infections.

RESULTS AND DISCUSSION

The results of this integrative review show that communicable diseases in the workplace remain a persistent challenge to public health and occupational health in Brazil and other Latin American contexts. A significant portion of the studies indicate that, although there is a regulatory framework and consolidated technical guidelines, the practical implementation of public policies is often limited by regional inequalities, lack of funding, and structural gaps in the epidemiological surveillance system⁶⁻⁷

TABLE 1 – Studies selected for the research:

| Authors / Year / Journal | Objective | Method | Main results | Limitations |
|--|---|--|--|---|
| Almeida ACS et al., 2023. <i>Brazilian Journal of Infectious Diseases and Health Sciences</i> ⁶ | To analyze the reporting of communicable occupational diseases among healthcare workers | Cross-sectional study with secondary data | High underreporting and lack of integration between surveillance systems | Incomplete data and limitations of official records |
| Santos MP et al., 2024. <i>Rev Bras Epidemiol</i> ⁷ | Assess the impact of COVID-19 on the mental and physical health of workers | Cohort study with validated questionnaires | Significant increase in mental disorders and absenteeism | Restricted sample and possibility of memory bias |
| Ramos LFP et al., 2023. <i>Rev Bras Promoção Saúde</i> ⁸ | Investigate risk factors for tuberculosis in healthcare professionals | Integrative review | Poor biosafety conditions increase vulnerability | Lack of longitudinal studies |
| Souza LMT et al., 2024. <i>Journal of Aging and Innovation</i> ⁹ | Analyze workers' perceptions of biological risks | Qualitative study with interviews | Found low adherence to preventive practices and fear of contamination | Limited generalization of results |
| Pereira MCC et al., 2023. <i>Cien Saude Colet</i> ¹⁰ | Evaluate public policies for the prevention of occupational infections | Documentary study and critical analysis | Lack of intersectoral coordination and insufficient funding | Limitation to the Brazilian context |

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|--|--|-----------------------------------|---|--|
| Silva EM et al., 2023. <i>Rev Bras Saude Ocupacional</i> ¹¹ | Identifying challenges in occupational health surveillance | Multiple case study | Difficulties in implementing policies and forming teams | Small number of cases analyzed |
| Barros FEF, Oliveira MAS, 2023. <i>Interações</i> ¹² | Review strategies for tackling occupational infections | Integrative review | Points to the need for continuing education and institutional supervision | Lack of evidence of impact |
| Lopes JLT et al., 2023. <i>Rev Esc Enferm USP</i> ¹³ | Mapping biological risks in the COVID-19 pandemic | Integrative review | High occupational risk and biosafety gaps | Base restricted to emergency studies |
| Naranjo R, Velasco O, 2022. <i>Rev Salud Pública</i> ¹⁴ | Describing the psychosocial impacts of the pandemic on essential workers | Multicenter cross-sectional study | High prevalence of mental distress and stigma | Self-reporting and social desirability bias |
| Almeida IM, Vilela RAG, 2023. <i>Saúde Debate</i> ¹⁵ | Analyze the limits and advances of occupational health policies | Critical-reflective study | Evidence of structural weaknesses and regional inequalities | Limitation due to predominantly theoretical approach |

Source: Research data, 2025.

The data also show that underreporting of cases, reported in different investigations, compromises the timely response capacity of occupational health teams and reinforces the invisibility of work-related injuries⁶⁻¹¹. In addition, there are obstacles to intersectoral coordination between health, social security, and labor inspection, which weakens strategies for prevention and follow-up of cases⁶⁻¹⁰.

Another recurring aspect in the studies concerns the psychosocial impact of occupational infections, which goes beyond physical illness. Fear of contamination, uncertainty about working conditions, and the social stigma associated with illness cause intense mental suffering, especially among health professionals, essential services, and workers in situations of socioeconomic vulnerability⁷⁻⁸⁻⁹.

The reviews and qualitative studies included in the analysis point out that the perception of biological risks is marked by contradictions: on the one hand, there is recognition of the seriousness of the problem; on the other hand, institutional practices that do not adhere to biosafety protocols predominate, either due to lack of resources or due to organizational cultures focused on productivity⁶⁻⁸.

The COVID-19 pandemic repre-

sented a turning point by making the structural precariousness that historically affects workers' health more visible, but it also highlighted potentialities such as the adoption of emergency strategies for collective protection and the expansion of public debate on working conditions⁷⁻⁹. However, critical studies emphasize that such advances are still sporadic and lack support from long-term policies and permanent investments⁶⁻¹⁰⁻¹⁵.

In summary, the scientific literature analyzed reinforces that the limits of prevention and control of occupational infectious diseases are not restricted to individual factors, but stem from historical inequalities, intersectoral fragmentation, and the absence of consistent policies for valuing workers and strengthening health surveillance⁶⁻⁹⁻¹⁰.

In addition to structural and regulatory aspects, the analysis of the studies reveals that the effectiveness of public policies depends heavily on the active participation of workers and the ongoing training of technical teams responsible for the surveillance and prevention of infectious diseases⁶⁻⁷. The literature shows that, even where there are well-designed protocols, many actions remain restricted to the formal plan and are not consolidated in everyday practice⁶⁻⁸.

Another critical point concerns insufficient funding and discontinuity of programs, a situation often mentioned

as one of the factors that make systematic monitoring of biological risks unfeasible and compromise adherence to preventive practices⁶⁻⁷. This weakness is aggravated by high staff turnover and precarious employment relationships, phenomena that reduce institutional commitment to longitudinal case follow-up and health promotion in productive environments⁶⁻⁸.

Qualitative studies also show that fear of job loss and pressure for productivity discourage the reporting of communicable diseases, perpetuating a culture of silence and normalization of occupational illness⁶⁻⁸. This scenario increases the vulnerability of the most exposed groups, such as informal workers, outsourced workers, and essential service professionals, who face multiple barriers to accessing information, social protection, and specialized services⁹⁻¹⁰.

On the other hand, some experiences reported in the literature point to potential ways to overcome these obstacles. The adoption of participatory practices, which involve workers in identifying risks and building shared solutions, has proven to be an effective strategy for strengthening health surveillance and encouraging shared responsibility⁶⁻¹⁵. Similarly, continuing education and clinical supervision programs can improve the work process and create an organizational culture that is more sen-

sitive to the psychosocial impacts of communicable diseases⁷⁻⁹.

Taken together, this evidence suggests that effective prevention of occupational infections requires coordinated and sustainable policies that integrate technical, ethical, and social aspects. The commitment to promoting worker health should not be limited to emergency responses in crisis situations, but requires long-term structural strategies that take into account regional specificities, continuous funding, and the valorization of human labor⁶⁻¹⁰.

FINAL CONSIDERATIONS

The findings of this study show that communicable diseases in the workplace remain a persistent and multifaceted problem, resulting from historical, social, and institutional determinants. Although there is a regulatory framework that defines guidelines and responsibilities, the effectiveness of actions is still limited by precarious labor relations, regional inequalities, and insufficient sustained investment.

The COVID-19 pandemic has exposed these weaknesses in an unprece-

dent way, but it has also brought to light innovative experiences in management and collective protection that can inspire new practices. It is essential that public policies be guided by intersectoral principles, covering not only surveillance and prevention of diseases, but also the promotion of decent working conditions and the valorization of workers as protagonists of care. The consolidation of integrated strategies depends on political and institutional commitment to workers' health as a fundamental human right.

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