**Supplement A**

Variables: age, gender, professional category, area of work, relocation during COVID-19 care (if appropriate), previous health conditions (tobacco use, hypertension, obesity, cardiovascular disease, chronic liver disease, chronic lung disease or asthma, chronic renal failure, immunodeficiency, or pregnancy), self-reported potential SARS-CoV-2 exposure, type of exposure (occupational with PPE, occupational without PPE or non-occupational), last date of exposure, presence and date of COVID-19 symptoms (fever, myalgia, cough, sputum, dyspnea, rhinorrhea, sore throat, diarrhea, anosmia/hyposmia, ageusia/dysgeusia, asthenia, chest pain, headache, syncope, others), SARS-CoV-2 RT-PCR test result , severity of disease (out-patient evaluation, ER consultation, hospital admission), and clinical outcome.:.

**Supplement B**

We measured serum IgG antibody by an enzyme-linked immunosorbent assay (ELISA) IgG2 using a SARS-CoV-2 S spike and Nucleocapsid recombinant antigens (Diapro [Palex], Italy), to screen for the presence of human anti- SARS-CoV-2 IgG. The ELISA test detects simultaneously both antigens in the same assay. This assay (CE approved) was used according to the manufacturer’s protocol. Reported sensitivity of the assay by the manufacturer was 98%.

Upon extraction, complete blood sample was centrifuged at 3000g for 5 minutes. Serum was separated and stored at 4ºC until it was analysed.

The results of the tested samples were determined by calculating the ratio of the optical density (OD) value of the sample to the OD value of the cut-off. (Co) Ratios ≥ 1.1 were considered positive, ratios ≥ 0.9 to < 1.1 were considered borderline, and ratios < 0.9 were considered negative. The calculation of the OD value of the cut-off point is carried out according to the manufacturer's instructions, with the following formula: “OD450/620-630nm value of the Negative control (NC)+0.250=Cut-Off”. OD450/620-630nm value of the Negative control (NC)+0.250=Cut-Off All assays were run following manufacter´s instructions on the platforms DSX System ( Palex Medical SA) and Triturus ( Grifols Movaco SA).

Sensitivity of the assay using samples from 337 workers from our series with results previous positive PCR was 90.8% (manufacture shows 98%). Specificity manufacturer’s instructions shows that the assay was tested on hundreds of samples collected before the outbreak of COVID-19. A value of >90% was found.

Index values considered “borderline” were tested on Strips-module Enzyme Immunoassay for the confirmation of IgG antibodies to COVID-19-19 major antigens. This assay detects IgG antibodies against the SARS-CoV-2: Spike glycoprotein 1, Spike glycoprotein 2 and nucleocapside proteins. A sample is considered for a certain antibody negative S/Co<1, equivocal 1< S/Co<1.2, positive S/Co>1.2. These samples were run on the platform DSX System ( Palex Medical SA). The manufacturer’s instructions show that the assay was tested on hundreds of samples collected before the outbreak of COVID-19. A value of >98% was found. About 2% of the reactive “normal” population shows a reactivity to Nucleocapsid. A first minimum study carried out in the context of a Public Health Emergency on samples from a cohort of infected patients showed a sensitivity of about 98%.

This assay detects IgG antibodies against the SARS-CoV-2 independently: Spike glycoprotein 1, Spike glycoprotein 2 and nucleocapside proteins. A sample is considered positive S/Co>1.2. Specificity was found >98% and sensitivity of about 98%. The internal validation was performed by correlation with previously evaluated PCR test as gold standard.

For molecular diagnosis of SARS-CoV-2 infection of nasopharyngeal swabs were processed by automatized extraction using the MagNa Pure Lc instrument (Roche Applied Science, Mannheim, Germany) and real time reverse transcription polymerase chain reaction using the SARS-Cov-2 nucleic acid detection Viasure kit (CerTest Biotec S.L.), following the manufacturer’s instructions.

For this RT-PCR, we used Bio-Rad CFX96™ Real-Time PCR Detection System. We amplified two different viral regions: ORF1ab gene is amplified and detected in FAM channel, and N gene is amplified and detected in ROX channel and the internal control (IC) in HEX cannel.

Cycle threshold values, i.e., number of cycles required for the fluorescent signal to cross the threshold in RT-PCR, were quantified viral load, with lower values indicating higher viral load. A sample was considered positive when the RT-PCR Ct value was ≤40. Positive and negative control were included in each run for each assay.