LESSONS LEARNED FROM EXISTING SENTINEL AND ALERT SYSTEMS

Objective Changes in working conditions give rise to new occupational health risks and work-related diseases (WRDs). Monitoring these new WRDs is essential for their early recognition and prevention and requires a comprehensive approach, using several complementary methods. The aim of this review is to provide an overview and basic typology of different approaches to detect new/emerging WRDs.

Methods We conducted an extensive scientific literature search combining terms for the following three concepts:

- surveillance/reporting systems;
- occupational/work-related diseases; and
- new or emerging risks. In addition, a grey literature search was performed of both grey literature databases and relevant EU and research institute websites for additional resources.

Results We identified a total of 75 surveillance systems from 26 different countries. We set up a basic typology of these systems dividing them into four main groups. Compensation-based systems (n=22) were designed to gather data for compensation purposes and are insurance-driven. Non-compensation-related systems (n=34) were created with the aim of improving the collection and analysis of data to measure trends in occupational and work-related diseases. Sentinel systems (n=12) were specifically designed to provide a warning signal that will initiate health interventions and preventive actions. Finally, public health surveillance systems (n=7) aim to monitor the health of the general population, but can also be used for work-related surveillance. These four main types further differed in terms of disease coverage, means of data collection, evaluation of work-relatedness, follow-up of new/emerging risks, link with prevention etc.

Conclusion Sentinel systems seem to have the most suitable approach to detect and alert to new/emerging WRDs. Nevertheless, systems identified in the other three groups can also contribute to identifying new/emerging WRDs, despite being primarily designed for other purposes.

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MAREL: THE ITALIAN NETWORK ON WORK-RELATED DISEASES

Introduction To study new disease-exposure associations, we created a pilot network (namely MAREL – Malattie e Rischi Emergenti sul Lavoro) of occupational disease consultation centres of the Italian national health service to which patients are referred for potentially work-related diseases.

Methods The MAREL network included in 2016 five occupational disease consultation centres of university hospitals located in central-northern Italy. Patients were referred to the MAREL consultation centres by their general practitioners, occupational physicians or other specialists for the investigation of the putative occupational origin of a disease. Each centre collected cases of putative occupational origin through a structured and standardised data collection form. We collected data on: diagnosis; personal habits; occupational history; exposure to risk factors; physician’s opinion on the possible causal relationship between disease and occupation. Data were coded according to national and international classifications.

Results The data collection started in 2016, enrolling 1516 cases of putative occupational diseases. Musculoskeletal disorders were the most represented conditions: intervertebral lumbar disc degeneration (11.2%), spondylitis (6.3%), tendinopathies (4.9%), arthritis (4.8%), upper limb mononeuropathies (4.9%), and shoulder disorders (3.7%). The most frequently reported exposures were related to biomechanical overload: manual material
Abstracts

AN AUDIT ON THE QUALITY OF MANAGEMENT REFERRALS TO OCCUPATIONAL HEALTH SERVICE

Introduction Managers may refer their workers for occupational health (OH) assessment when there is concern about their workers’ health. To benefit from OH services, referrals need to include necessary information to enable OH professionals carrying out assessment and communicate information back. The national management referral form has been designed for this purpose. The aim of this audit is to analyse management’s compliance to this form.

Methods Ten random new management referral forms received in May 2017 were pulled and analysed under ten separate headings;

1. Employee details,
2. post details,
3. job demands,
4. current medical issues,
5. sickness absence grid,
6. reason for referral,
7. description of main issues and relevant facts,
8. specific advise requested,
9. manager’s details and
10. employees consent.

Data obtained was analysed using Excel Spreadsheet. Each completed headings were scored ten and zero score was given for incomplete heading. The results were totalled and given a final score in percentage value. The headings were further broken down into five aspects for analysis:

- Legal (consent),
- Demands of duty to better inform OH (post details and job demands),
- Effect of health issues to work (current medical issues and sickness absence grid),
- Manager’s concern (reason for referral, describe the main issues and relevant facts, specific advise requested), and
- Communication (employee’s and manager’s details).

Result Total manager’s compliance was 79.8%. Compliance to legal aspect was 40%. Compliance to provide information regarding demands of duty to better inform the OH was 90%. Compliance to provide information regarding effect of health to work was 85%. Compliance to provide information to aid communication was 70%. Compliance to provide information to address manager’s concerns was 100%.

Discussion Management’s general compliance to the national management referral form was good. Specific aspects of manager’s referral can be further improved. Results were discussed at service user’s forum and a re-audit is planned in the future.

SURVEY ON HEALTH INTERVIEW SHEETS FOR ANNUAL HEALTH CHECKUPS IN JAPAN

Introduction In Japan, all workers are required by law to receive annual health checkups. Annual health checkups are composed of health-based interviews (focused on subjective and objective complaints, anamnysis, and work history, for example), laboratory tests, chest X-rays, and ECG. Because interview sheets are not standardised, they are unique to each hospital. The aim of this study is to clarify the variety of interview sheets and to consider the issues surrounding them.

Methods We requested interview sheets from each hospital with cooperation from the National Federation of Industrial Health Organisation. We investigated the items that were asked in each sheet.

Results We received 70 interview sheets. Excluding six sheets because of duplication, we analysed 64 interview sheets. Sixty-two sheets asked about anamnesis (96.9%), 61 asked about subjective and objective complaints (95.3%), and 26 asked about work history (40.6%). There were no items that were asked on all interview sheets. There were 305 detailed items of anamnesis in total. Four sheets asked about working hours, three sheets asked about overtime hours, and six sheets asked about hazardous work.

Discussion Anamnesis, subjective and objective complaints, and work history are the items designated to interview sheets by law, but there were only a few sheets containing all these items. The purpose of annual health checkups is not only to detect diseases, but also to determine whether working environments are suitable for workers’ health conditions. For this reason, these items are very important but most sheets do not include it. Subjective and objective complaints were asked for in most sheets, but details of it differed across sheets. Lifetime health management and comparisons of health checkup results are difficult because of non-standardised interview sheets. We suggest the standardisation of interview sheets in the future.

CANCER INCIDENCE IN SWEDISH FIREFIGHTERS – PRELIMINARY RESULTS OF AN EXTENDED FOLLOW-UP OF THE NOCCA STUDY

Introduction Firefighters may be exposed to a wide range of carcinogens by inhalation or dermal exposure. They also work shift which may disrupt the circadian rhythm. Previous studies have been inconsistent concerning cancer risks among