CORRESPONDENCE

What are the benefits of medical screening and surveillance?

To the Editor:

I read with great interest the recent article by Wilken et al. [1]. Although the article covers most items, I have queries and suggestions, as well as a comment. 1) The authors focus on high molecular weight agents and propose useful steps for surveillance. However, they say little for sensitizers that are even more common, that is low molecular weight agents for which immunological assessment is not possible. Would the authors suggest regular methacholine testing? We think that methacholine testing should be integrated into a surveillance programme since it can easily be performed in the workplace; the important issue here is comparison with a baseline value obtained prior to exposure. 2) When, in regards to onset of exposure, and how frequently should surveillance take place? Our group has convincingly shown that sensitisation to high molecular weight agents generally occurs in the first 2 years after the onset of exposure [2, 3], which suggests that the first surveillance should be carried out in this interval; also, how often should surveillance be repeated? 3) The authors say that a combination of different tests is preferable but they should say that the most important one is the questionnaire [4], the other means adding very little. 4) We appreciate the distinction made by the authors between medical screening and surveillance; however, in our region of the world, “screening” (in French, “dépistage”) bears a rather negative interpretation, particularly for trade unions that fear that employees can be excluded from workplaces. This is the reason that we prefer to propose medical surveillance programmes.

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