

SENSOR Occupational Lung Disease Bulletin

A project of the Massachusetts Department of Public Health's Occupational Health Surveillance Program, the Massachusetts Thoracic Society, and the Massachusetts Allergy Society

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Dear Health Care Professional,

In this issue we present the results of two recent surveys conducted by the Occupational Health Surveillance Program (OHSP). Previously, OHSP reported that latex is one of the most commonly reported occupational asthma causing agents among Massachusetts workers. To identify the types of measures used to control latex allergies among health care workers, OHSP conducted a survey of Massachusetts' hospitals.

In addition, we present the results of the health care professional questionnaire that we sent with the last issue of the *Bulletin*.

Sincerely,
Catharine Tumpowsky, MPH
Occupational Lung Disease Surveillance Project

Hospital Latex Allergy Programs in Massachusetts

Recently OHSP conducted a survey of licensed hospitals in Massachusetts to better understand measures taken to prevent latex allergies among healthcare workers and to identify needs for further information and training about latex allergy prevention.

The survey was mailed to infection control practitioners at all 83 acute care hospitals and several chronic care hospitals (n=11) across the state. It included 15 questions regarding hospitals demographics, latex policies and procedures, barriers to creating latex safer environments and needs for further information. The majority of surveyed hospitals (85%) responded.

Most hospitals responding to the survey have taken steps to prevent or reduce employee exposures to latex products. The majority of hospitals reported having latex policies or programs in place. Most programs include the provision of non-latex and powder-free latex gloves, education, training and latex allergy surveillance.

Approximately 40% of the responding hospitals reported a decrease in latex-related symptoms since their policies went into effect. Hospitals with programs in place for more than two years were more likely to see

decreases in symptoms than hospitals with more recently established programs. Some hospitals (8%) reported an increase in latex-related symptoms after establishing latex control programs. This may be due to increased surveillance of latex allergies among employees

Eighty of the 84 responding hospitals (93%) reported having employees whom had experienced latex allergy symptoms during the prior year. The most common symptoms of cases were skin rash/flushing/itching (94%) and nasal/eye/sinus symptoms (51%). Asthma symptoms among employees were reported by 29% of the hospitals. Two cases of anaphylaxis were also reported.

Respondents were generally knowledgeable of latex-allergy symptoms, although there were still knowledge gaps. Over 90% of survey respondents correctly indicated that latex could cause allergic reactions, that latex protein adheres to glove powder and that health problems can be triggered by airborne exposure to latex. However, one third incorrectly identified nausea as a symptom of latex exposure.

The most important barriers to creating a latex safer hospital environment were fit and feel of powder free gloves, concern about infection control, and surgeon resistance. Costs were also identified as an important or very important barrier by most of the hospitals.

Most of the respondents indicated that they would be interested in further information about preventing latex allergies and also resources regarding latex safe products. A majority (59%) indicated that they would be willing to share information regarding their latex programs with other facilities in the state.

In summary, the majority of acute care hospitals in Massachusetts are aware of latex allergy issues and have taken steps to address the problem, however further

REPORT JANUARY-MARCH CASES NOW
By April 30th, report all occupational lung disease cases seen for the first time between January and March 2000.
If you have NOT seen any cases, it is not necessary to return the report form.

efforts are needed. Gaps continue to exist regarding knowledge of latex allergy symptoms and latex control strategies. The continued incidence of latex allergy symptoms among employees underscores the need for

continued on other side

additional efforts. The identified barriers highlight the importance of strategies to overcome employee resistance, including the need for better information about the relative protectiveness of latex alternatives.

The willingness to share strategies and experiences regarding latex allergy control programs presents an opportunity to promote exchange between hospitals. As a follow-up to this survey, the Massachusetts Department of Public is planning a meeting in fall, 2000, for Massachusetts's hospitals to discuss successful latex allergy prevention strategies. This meeting is being planned in collaboration with the Massachusetts Hospital Association, the Massachusetts Nurses Association the Massachusetts Medical Society and the Sustainable Hospitals Project of the University of Massachusetts at Lowell.

If you are interested in a list of Internet resources on latex allergy control and prevention, call OHSP at 617-624-5632.

Bulletin Readers Report on Occupational Asthma in Their Practices

A brief questionnaire asking physicians about the volume of work-related asthma (WRA) cases in their practice was included with the last issue of the *Bulletin*. Only 104 *Bulletin* readers responded to the questionnaire; a response rate of 11%.

The *Occupational Lung Disease Bulletin* and reporting form is currently sent to over 1000 health care professionals on a quarterly basis. The mailing list is comprised of asthma specialists including all Massachusetts' pulmonologists, allergists, and occupational medicine physicians as well as a small sample (n=300) of primary care physicians. Over the past year, SENSOR staff has noticed a decline in the number of WRA cases reported to SENSOR and wanted to know if health care professionals could explain the decline.

Among physicians who returned a questionnaire, 31% said they were part of a group practice, and 30% were solo practitioners. Fifteen physicians (14%) were part of an occupational health clinic, and the remaining respondents described their practice as "other" (20%) or HMO (4%).

When asked, "On average, how many cases of WRA do you see in a month?", the majority (76%) indicated that they do not see any WRA cases. Eighteen respondents (17%) see between 1-2 WRA patients per month and 6 (6%) see between 3-5 WRA patients per month. One occupational health clinic reported seeing more than 10 WRA patients per month.

We asked if the average number of patients with WRA seen by physicians each month had increased, or decreased, or remained constant over the past year. Seventy-nine physicians responded to this question. The vast majority (87%) felt that the number had remained constant.

The results of this survey confirm our long-standing concern that physicians grossly underreport WRA. Eleven percent (11%) of the health care professionals who receive the *Bulletin* see over 50 cases of WRA each month. While it is possible that survey respondents see more WRA cases than non-respondents do, it is also very possible that health care professional who receive the *Bulletin* could collectively see hundreds of cases of WRA each month. Yet, on average, SENSOR receives less than 5 case reports each month. Notably, an observed decline in reporting does not appear to be due to a decline in the average number of WRA cases seen each month by physicians.

While underreporting is an ongoing problem, it is perhaps more surprising to learn that three-quarters (76%) of respondents reported seeing no WRA patients in a month. In June 1996, SENSOR staff conducted a similar survey and the percentage of respondents who reported seeing no patients with WRA in a month, was 41%. This finding suggests that patients with WRA are not seeking care by asthma specialists but are increasingly being treated by primary care physicians alone. Education and training concerning the occupational component of asthma should be directed to this group of medical practitioners.

The surveillance of WRA is essential to improving working conditions and preventing future cases of WRA. Please help us to improve the working conditions of your patients and to prevent future cases of WRA by reporting the cases you see each month (confirmed or suspected) to SENSOR. If you have questions about reporting, please call (617) 624-5632.

Number of Work-Related Asthma Cases Reported to Massachusetts SENSOR, March 1992-December 1999

July 1999	August 1999	September 1999	Total to Date (3/92-9/99)
3	5	4	723