

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 Physicians,

An important element of public health surveillance is to provide feedback to reporters. Therefore, we are devoting the first Bulletin of the year to the presentation of summary data on cases of work-related asthma reported to Massachusetts SENSOR. The information presented in this issue includes data collected since March 1, 1992 when mandatory reporting requirements went into effect. A total of 460 physician case reports of known or suspected work-related asthma had been received by SENSOR as of December 31, 1996. Although this number is believed to be only a small fraction of the total number of work-related asthma cases in the Commonwealth, the data we are collecting is beginning to provide a picture of the types of industries and occupations where workers are at risk for work-related asthma in Massachusetts.

As some of you may know, we are currently in the fifth year of a five year SENSOR grant funded by the National Institute for Occupational Safety and Health. This grant supports our surveillance systems for occupational asthma, work-related carpal tunnel syndrome and injuries to working teens. In the coming months, we will be competing for the next iteration of SENSOR funding. Accordingly, we are in the process of evaluating our surveillance system for occupational asthma. In January, a group of professionals working in the fields of occupational asthma research and treatment met to discuss the future of occupational asthma surveillance in Massachusetts. At the meeting, we received a great deal of support and many suggestions for continuing with occupational asthma surveillance in Massachusetts. We would welcome your thoughts as well. Thank you for your continued cooperation in reporting cases to SENSOR.

Sincerely,

Catharine Tumpowsky, MPH
Occupational Lung Disease Surveillance

REPORT DECEMBER AND JANUARY CASES NOW

By February 28th, report all occupational lung disease cases seen for the first time in December 1996 and January 1997. If you have NOT seen any cases, it is not necessary to return the report form.

Work-Related Asthma Cases Reported to Massachusetts SENSOR March 1992- December 1996

Since March 1992, SENSOR has received 460 case reports of work-related asthma. These reports include cases of new-onset occupational asthma, cases of work-aggravated asthma, and cases of RADS. Summary data pertaining to these cases is described below.

Table I
Most Commonly Reported Asthma Causing Agents

AGENT	Number of Cases
Indoor Air	33
Manmade Mineral Fibers	33
Isocyanates	26
Latex	21
Welding/Soldering Fumes	17
Solvents/Degreasers	15
Paints	11
Dusts	11
Formaldehyde	9
Animal Dander	6

The most commonly reported occupational asthma causing agent to date is indoor air. This exposure is frequently reported by employees in schools, hospitals, and office buildings. Manmade mineral fibers were the suspected agent among government workers at one location. Isocyanates, which are well-known asthma causing agents are typically identified by SENSOR among individuals working in the manufacturing, auto repair, and construction industries. The substantial number of reports of latex-caused occupational asthma come primarily from health care workers in hospitals and dental offices. This is a significant concern given the extent of the health care industry in Massachusetts.

Table II
Most Commonly Reported Industries of OA Cases

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INDUSTRY	Number of Cases
Hospital	85
Government Administration	33
Schools	30
Construction	30
Manufacturing - textiles	12
Manufacturing- fabricated metals	12
Manufacturing - measuring instruments	11
Auto Repair	9
Manufacturing - chemicals	9
Dental	8

Nearly half of the cases with "hospital" reported as the industry were exposed to either latex (16) or indoor air pollution (15). According to physician reports, of the 30 cases working in schools, 12 cases were exposed to indoor air pollution. Of the government administration cases, all reports were for workers at one location who were exposed to manmade mineral fibers. Physician reports for workers in the construction industry indicate exposures to dusts, isocyanates, and asbestos.

Table III

Most Commonly Reported Occupations of OA Cases.

OCCUPATION	Number of Cases
Registered Nurse	55
General Office Clerk	28
Secretary	17
Spray Painters	15
Teachers	14
Laborers	11
Welders	11
Janitors/Cleaners	10
Nursing Aides	8
Machinists	8

Registered nurse is the most frequently reported occupation. Of the RN's, 12 case reports indicated indoor air pollution as the asthma causing agent, while 12 indicated latex exposures. More than one third of the general office clerks were exposed to manmade mineral fibers in one office building. Secretaries were subjected to a variety of exposures including paint, latex, formaldehyde, isocyanates, and perfumes.

Of those case reports which indicated spray painting as the occupation, 6 specified exposure to isocyanates.

Age and Gender of Cases

The cases range in age from 21 to 83 years with the median age of 42. 53% of the cases are female. Cases are somewhat older and more likely female than the working population of Massachusetts at large.

MEETING ANNOUNCEMENT
1997 National Conference to Eliminate Silicosis

March 25 and 26, 1997
Washington, D.C.

This conference is designed for anyone who plays a part in controlling workers' exposure to respirable crystalline silica. Learn how to prevent workers from developing silicosis through hands-on workshops lead by experts from health organizations, labor organizations and government. Workshop topics include exposure monitoring, medical surveillance programs for silicosis, planning a respiratory protection program, exposure limits and guidelines and many more. The conference is sponsored by the Mine Safety and Health Administration (MSHA), The National Institute for Occupational Safety and Health (NIOSH), the Occupational Safety and Health Administration (OSHA), and The American Lung Association. For more information, call Donna Green at 703-235-2625.

**Number of Lung Disease Cases Reported to MA
SENSOR, March 1992-November 1996**

	October 1996	November 1996	Total to Date (3/92-11/96)
Asthma	4	9	411
Silicosis	1	1	14
Asbestosis	1	0	123
Chemical Pneumonitis	1	0	15
Total Number of Lung Disease Reports	7	10	563