

Dear Reporter

I hope you will enjoy our latest quarterly report, covering the period between January and March of this year. Over this period, reporting has probably not yet been affected by the COVID-19 outbreak, but we have seen a drop in subsequent reporting, for various and good reasons.

However, we would strongly encourage you to continue reporting cases of occupational ill-health to the THOR reporting scheme, including cases of COVID-19 who you suspect will have been infected at work. If necessary, please use the online reporting facility <http://www.coeh.man.ac.uk/thor/>.

This newsletter also includes a brief article by Anne Clayson, our Senior Lecturer in Occupational Hygiene, on risk of Legionnaires' disease outbreaks associated with return to workplaces.

**Inside this newsletter:**

Summary statistics this quarter

Emerging themes in THOR — COVID-19 and Legionella

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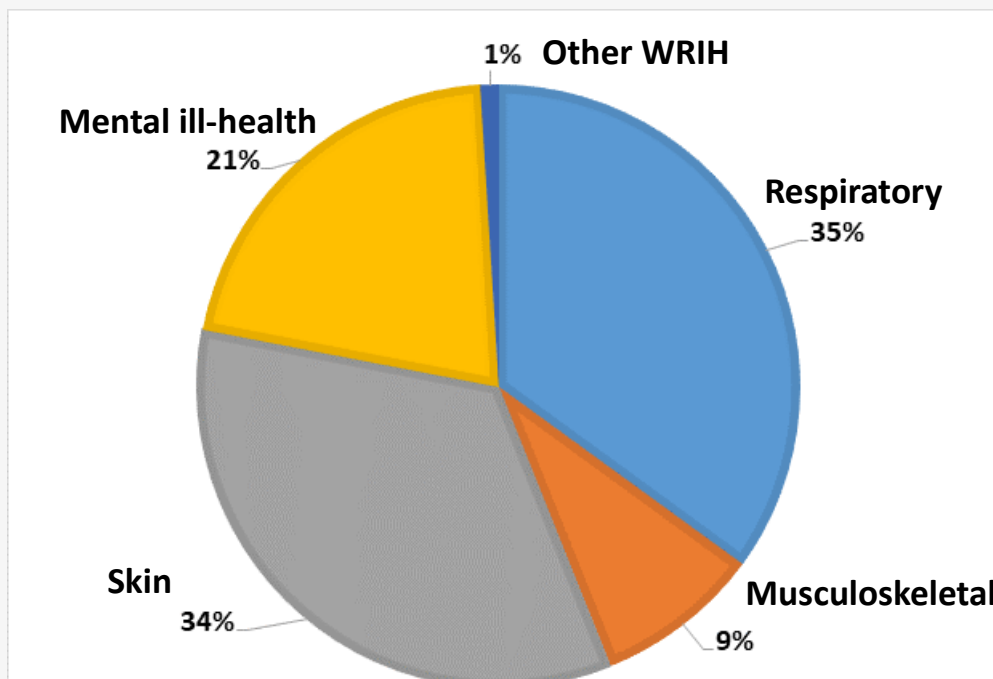
Contacts

# Summary of all cases reported to THOR January—March 2020

**Table 1.** Number of reported diagnoses per scheme reported during the last quarter (Jan-Mar 2020).

Scheme	Diagnoses
OPRA	68
EPIDERM	66
SWORD	74
THOR-GP	6
Total	214

## Diagnostic category distribution

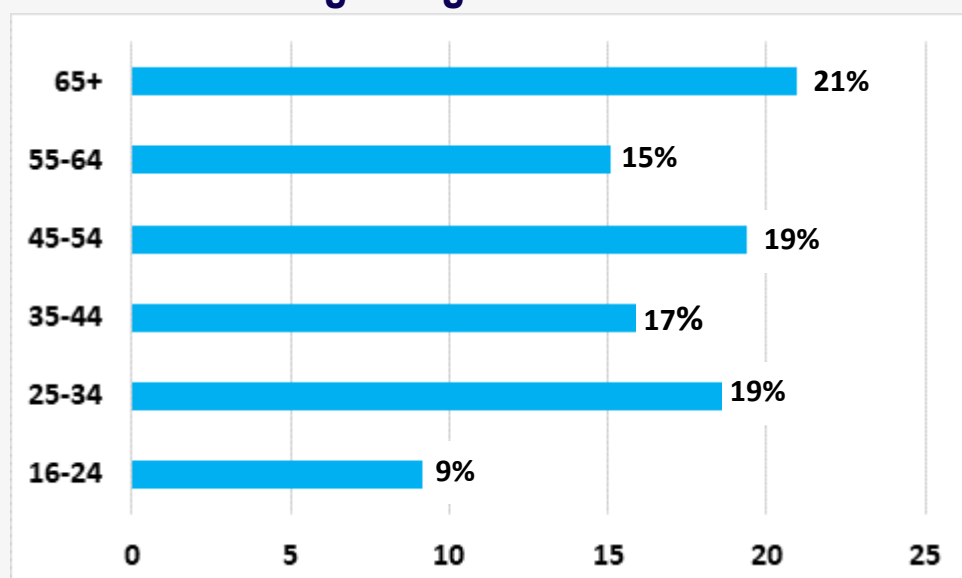


## Sex ratio



45% Female 55% Male

## Age range distribution



# Summary of all cases reported to THOR January—March 2020

## Most frequently reported industries

**Health and social care (21%)**



**Construction (14%)**



**Education (13%)**



## Most frequently reported occupations

**19%** Associate Professional and Technical Occupations

**19%** Skilled Trades Occupations

**15%** Personal Service Occupations

**12%** Elementary Occupations

**12%** Professional Occupations



## Most frequently reported agents

<b>Skin</b>	<b>13%</b> Water / wet work	<b>10%</b> PPE	<b>9%</b> Rubber chemicals / materials
<b>Respiratory</b>	<b>56%</b> Asbestos	<b>9%</b> Silica	<b>9%</b> Lab animals and insects
<b>Mental</b>	<b>45%</b> Factors intrinsic to the job	<b>25%</b> Interpersonal relationships	<b>12%</b> Changes at work <b>12%</b> Traumatic events
<b>Musculoskeletal</b>	<b>Task</b>		
	<b>22%</b> Guiding or holding tool	<b>13%</b> Machine operation (heavy or forceful)	<b>13%</b> Accidents <b>13%</b> Heavy lifting / carrying / pushing / pulling
	<b>Movement</b>		
	<b>30%</b> Forceful upper limb / grip	<b>23%</b> Vibration	<b>13%</b> Materials handling

### **Emerging from COVID-19 lockdown: Increased risk of Legionnaires' disease outbreaks associated with return to workplaces, community spaces, and leisure environments**

Anne Clayson - Senior Lecturer in Occupational Hygiene

**As communities recover from the COVID-19 pandemic, returning to work, school and leisure activity after an unprecedented period of infrastructure dormancy, presents an increased risk of acquiring another type of severe pneumonia.**

Legionnaires' disease is a potentially fatal acute pneumonia acquired by inhaling water droplets contaminated by [Legionella pneumophila](#) bacteria. Legionnaires' disease does not spread from person to person but can cause large community outbreaks through exposure to the bacteria in airborne breathable water droplets, for example from showerheads, taps, cooling and air-conditioning system aerosols, medical equipment, spa pools, hot tubs and water fountains. Risk factors for community outbreaks include increased risk of water stagnation and biofilms to support Legionella growth.

Decommissioned and intermittent use of building and equipment increase the likelihood of water stagnation, and alongside interruptions to cleaning regimes, encourages biofilm formation and bacterial growth in wet systems. Education and information sharing on the safe re-opening of buildings will help to reduce the risks of infection.

Legionnaires' disease has an incubation period averaging 2-10 days. Symptoms may be indistinguishable from other types of pneumonia, notably COVID-19 as cases typically present with an initial dry cough, myalgia and headache followed by a high fever and chills. The disease progresses rapidly after 7 days and untreated cases can lead to severe complications.

With 5.9 million small businesses (0-49 employees) in the UK, accounting for 60% of employment, many of these businesses have closed during the crisis.

As such there is a high risk of non-compliance in using appropriate legionella risk assessment. CPAP kit, bronchoscopes and hydrotherapy pools are at risk from bacterial colonisation. Knowledge and awareness of Legionella in healthcare settings was highlighted by the HSE, in particular in care homes, citing a lack of training and specialist knowledge within the CQC inspectorate necessary to make competent assessment of Legionella risks during inspections. Along with lowered inspection frequencies, health risk from Legionellosis is likely increased.

With estimates suggesting 90% of Legionnaires' disease cases are unreported, increased awareness is important during this unprecedented 'lifting of lockdown' period. As people return to workplaces and other built environments, it is foreseeable that in the coming weeks and months there will likely be an increase in the number of patients presenting with symptoms, and a national increase in the number of reported outbreaks and confirmed cases of this important disease.

For more information, please visit the following link <https://theconversation.com/after-coronavirus-another-hidden-respiratory-disease-lurks-in-the-buildings-we-left-behind-139059>

### Lane Lecture 2020

Unfortunately, we had to make the decision to cancel this year's Lane Lecture and postpone the Lecture by Professor Nicola Cherry to 2021

### Annual Advisory Committee 2020

Due to the COVID-19 outbreak and personnel changes within THOR the AACM 2020 will be delayed until further notice

**We would like to introduce Dr Ireny Iskandar who has joined the team as the new THOR Manager in May:**

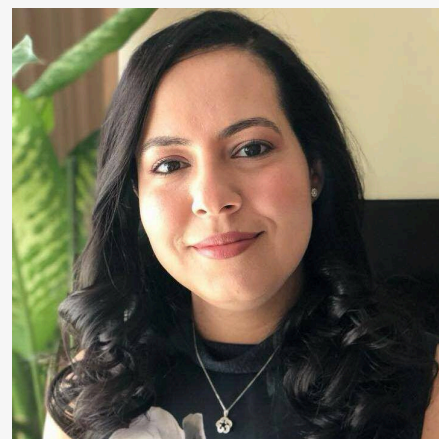
Ireny graduated from Cairo University in 2012 with BSc (Honours with distinction) degree in Pharmacy and Pharmaceutical Sciences (Clinical Pharmacy). In September 2013, she was awarded with the President's Doctoral Scholars award from the University of Manchester to develop skills in pharmacoepidemiological research whilst examining the use of biologic therapies in the management of psoriasis. In particular her research focused on examining the utilisation patterns and comparative effectiveness of biologic therapies on improvements in health related quality of life in patients with psoriasis in routine clinical practice. Ireny completed her PhD in pharmacoepidemiology at the University of Manchester in September 2017. In October 2017, she secured a post-doc research associate post to work on the epidemiological aspect of the Global Psoriasis Atlas, an international project which aims to develop a web-based resource holding information on the epidemiology of psoriasis worldwide.

Her role involved systematically reviewing the literature on the worldwide incidence and prevalence of psoriasis; and conducting epidemiological studies to estimate the prevalence and incidence of psoriasis in countries where there was no information on the epidemiology of psoriasis. Thus, contributing to the broader understanding of the occurrence of psoriasis worldwide.

**Thank you for joining us in welcoming Ireny to the team!**

### Recent Publications from THOR

Mason, H. J., Carder, M., Money, A., Evans, G., Seed, M., Agius, R., & van Tongeren, M. (2020). Occupational Asthma and Its Causation in the UK Seafood Processing Industry. *Annals of Work Exposures and Health*.



Ireny Iskandar  
Research Fellow and Project Manager

The Health and Occupation Research  
(THOR) network,  
University of Manchester



## Contacts

A reminder that we operate a data enquiry service for our reporting physicians, funding bodies, members of the public, research institutions and other interested parties. Below are just some of the requests we have answered to date in 2020:

- Occupational asthma due to irritation reported to SWORD
- Work-related mental ill-health cases reported to THOR-GP by diagnosis up to 2018
- Work-related musculoskeletal cases reported to THOR-GP by anatomical site up to 2018
- Glass ionomer (ketac cement) hand dermatitis
- Respiratory sensitisation due to bis terephalate
- Cases of Legionnaire's disease/Legionella reported to THOR
- Cases of lab animal allergy reported to SWORD

We hope you enjoy this quarter's newsletter—if you have any further questions about any of our schemes, then please get in touch via one of the contacts listed below — we are always happy to hear from you.

SCHEME	Email
<a href="#">EPIDERM / SWORD</a>	<a href="mailto:laura.byrne@manchester.ac.uk">laura.byrne@manchester.ac.uk</a>
<a href="#">OPRA / THOR-GP</a>	<a href="mailto:susan.taylor@manchester.ac.uk">susan.taylor@manchester.ac.uk</a>
<a href="#">Data requests</a>	<a href="mailto:sarah.daniels@manchester.ac.uk">sarah.daniels@manchester.ac.uk</a>
<a href="#">General enquiries</a>	<a href="mailto:ireny.iskandar@manchester.ac.uk">ireny.iskandar@manchester.ac.uk</a>

**We also would like to take this opportunity to encourage all our reporters to resume their reporting activity — the data you provide is crucial for our occupational health surveillance schemes.**