



Dear Reporter

First of all, I hope that you and your family and loved ones are all keeping well and healthy.

These are extremely unusual and difficult times. The current COVID-19 crisis clearly demonstrates that we rely on a strong and well funded NHS, and also that we need high quality data to underpin health-related science and policy.

Reporting cases of work related ill-health to THOR is probably not high on your list of priorities. Nevertheless our reporting channels remain open, although we can only process online reports at the moment, and we will not distribute any reporting cards by post. Although I suspect that COVID-19 will be affecting the way we live and work for the foreseeable future, I hope that we will be able to return to some kind of normality soon.

In the meantime, please keep safe and healthy!

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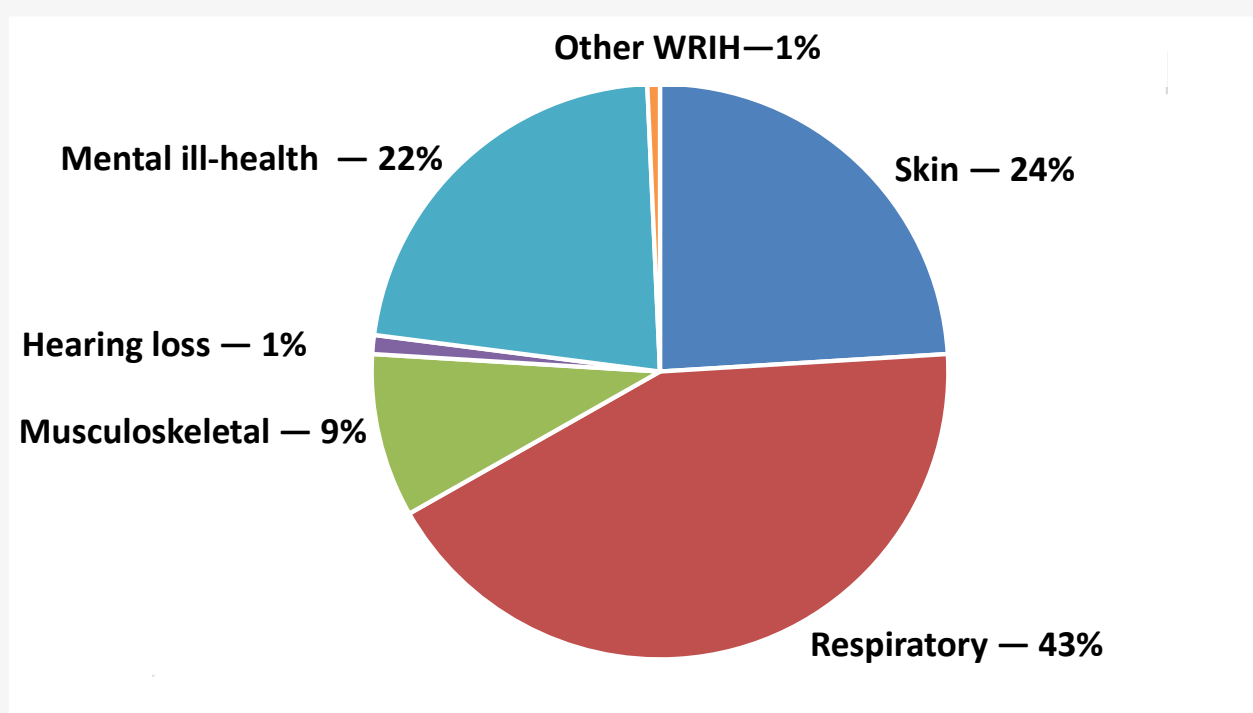
Contacts

## Summary of all cases reported to THOR October—December 2019

**Table 1.** Number of reported diagnoses per scheme reported during the last quarter (Oct-Dec 2019).

| Scheme  | Diagnoses |
|---------|-----------|
| OPRA    | 90        |
| EPIDERM | 59        |
| SWORD   | 115       |
| THOR-GP | 19        |
| Total   | 283       |

### Diagnostic category distribution



### Most frequently reported industries

Construction (20%)



Healthcare (20%)



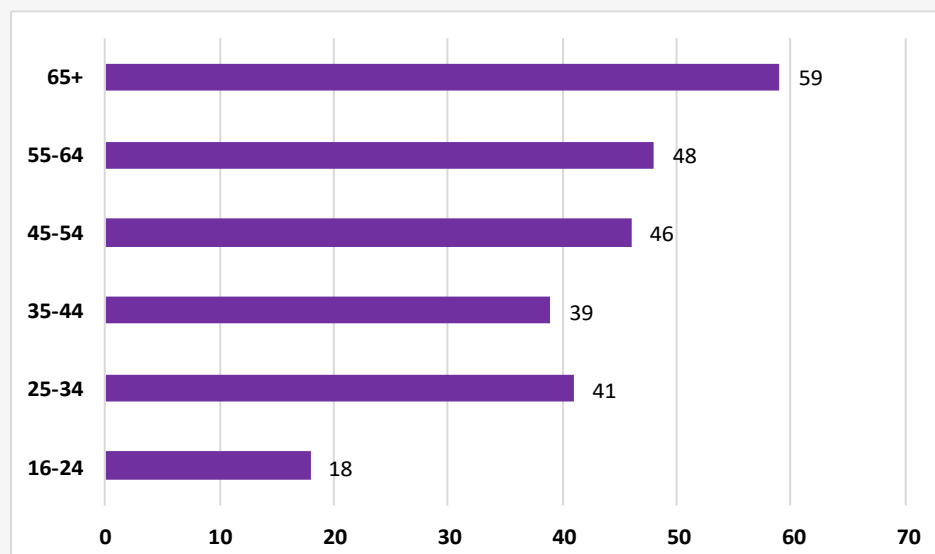
Manufacturing (16%)



### Age range distribution



38% Female 62% Male



## THOR and COVID-19

Occupationally acquired COVID-19 infection is more likely to occur in certain occupational groups, the most obvious one being healthcare workers. If you do get the opportunity to report such cases to THOR it is possible that such data could contribute to the wider public health agenda in fighting this virus. Any additional details concerning exposure circumstances you wish to add to the comments box on the reporting proforma could turn out to be useful. As with all other conditions reported to THOR occupational causation does not have to be proven beyond reasonable doubt so please consider reporting any cases of COVID-19 infection which in your opinion, on the balance of probabilities, have been caused by workplace exposure.

In addition to direct transmission of COVID-19 there are likely to be less direct risks to workers' health arising from the pandemic situation. A recent OPRA report attributed contact urticaria and angioedema to the use of respiratory protective equipment by a mortuary manager. The fit testing procedure required before an individual uses a face-mask is also potentially hazardous as it often involves qualitative challenge to denatonium benzoate (Bitrex). A poor face to facepiece seal causes the individual to experience the distinctive bitter properties of this substance which is also present in a range of widely used commercial products. Denatonium benzoate was the attributed cause of several dermal and respiratory reactions to fit testing during the SARS outbreak in 2003 [1,2], in addition to three THOR cases of asthma or respiratory irritation in healthcare workers reported between 2011 and 2017.

Nevertheless the risks are small in comparison to benefits of using personal protective equipment, if fitted properly, which has surely never had more global importance in healthcare. The pandemic situation is bound to also present significant psychological and musculoskeletal risks to workers and we hope you all stay as well as possible.

[1] Youakim S. Safety of Qualitative Fit-testing. Letters to the Editor. JOEM 2005;47(12):1207-8.

[2] Youakim S. Adverse reactions associated with respirator fit testing of healthcare workers in British Columbia, Canada: a review of compensation claim cases. Arch Environ Occup Health 2007 Winter;62(4):197-200.

## Most frequently reported occupations

**13%** Skilled construction and building trades

**11%** Process, plant and machine operatives

**9%** Skilled metal and electrical trades

**9%** Elementary trades, plant and storage related occupations



## Most frequently reported agents

|                        |  |                                  |   |
|------------------------|--|----------------------------------|---|
| <b>Skin</b>            | <b>11%</b> Water / wet work                      | <b>9%</b> Hairdressing           | <b>9%</b> PPE   |
| <b>Respiratory</b>     | <b>57%</b> Asbestos                              | <b>7%</b> Silica                 | <b>6%</b> Flour   |
| <b>Mental</b>          | <b>23%</b> Organisational factors                | <b>18%</b> Workload              | <b>9%</b> Work stress                                   |
| <b>Musculoskeletal</b> | <b>21%</b> Machine operation (heavy or forceful) | <b>21%</b> Unspecified accidents | <b>21%</b> Heavy lifting / carrying / pushing / pulling |



### Events — Lane Lecture 2020

This year's Lane Lecture will be delivered by Professor Nicola Cherry on Monday 2<sup>nd</sup> November

### Annual Advisory Committee 2020

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

### Recent Publications from THOR

A Y Zhou, M Seed, M Carder, A Money, M van Tongeren, R Agius. Sentinel approach to detect emerging causes of work-related respiratory diseases. *Occup Med* 70(1):52-59.

## Recent changes to the THOR team

We are thrilled to have recently welcomed two new team members in THOR: Sarah Daniels has joined us as a Research Assistant and Dr Ireny Iskandar will join us on the 22<sup>nd</sup> of May as the new THOR Manager (replacing Dr Annemarie Money)!

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 2019:

| HSE   | Non-HSE  |
|---|--|
| Cases of skin and respiratory disease within the rail industry                    | Occupational dermatitis attributed to acrylates        |
| Respiratory disease attributed to aspergillus                                     | Vitiligo cases   |
| Occupational Asthma attributed to spices / seasoning                              | Pneumoconiosis attributed to cement / concrete         |
| Respiratory disease caused by TIG/MIG welding                                     | Ill-health in waste recycling workers                  |
| Allergic alveolitis due to metal working fluids                                   | Occupational asthma in plasterer technicians           |
| Allergic contact dermatitis due to glove use or rubber accelerators in healthcare | Neurological disease in meat/animal-related industries |
| SWORD cases attributed to diacetyl  | Sarcoidosis in dental technicians                      |

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:hua.wei@manchester.ac.uk">hua.wei@manchester.ac.uk</a>   |
| <a href="#">General enquiries</a> | <a href="mailto:hua.wei@manchester.ac.uk">hua.wei@manchester.ac.uk</a><br><a href="mailto:ana.barradas@manchester.ac.uk">ana.barradas@manchester.ac.uk</a><br><a href="mailto:sarah.daniels@manchester.ac.uk">sarah.daniels@manchester.ac.uk</a> |