

THOR ROI

The Health and Occupation Research network in the Republic of Ireland

Centre for Occupational and Environmental Health

The University of Manchester

<http://www.medicine.manchester.ac.uk/oeh/research/thor/schemes/ireland>

Dr Melanie Carder, Dr Annemarie Money, & Prof Raymond Agius

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INTERIM REPORT, covering the period: July 2015 to September 2015

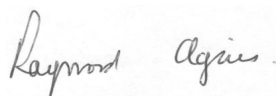
Dear colleague,

Thanks to your continuing contribution to the Health and Occupation Research network in the Republic of Ireland, surveillance of work-related ill-health in the Republic is now included within peer reviewed publications of European data sources - Carder M, Bensefa-Colas L, Mattioli S, Noone P, Stikova E, Valenty M, Telle-Lamberton M. (2015) A review of occupational disease surveillance systems in the Modernet consortium. *Occup Med*, Volume 65 (8) p:615-625. It is anticipated that with your further participation such data will contribute to identifying needs and prospects for prevention of work-related ill-health.

So as to recognise, reward and support your involvement in THOR ROI we have been working to develop a free Continuing Professional Development (CPD) resource for your benefit. Indeed some of you may already have been involved in the piloting of our EELAB (Electronic Experiential Learning Audit and Benchmarking). We have been in close liaison with the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland and in principle agreement has been reached for a CPD credit of 5 units. We are still working on the fine technical details of this, and taking into account the results of the piloting, we will advise you in due course about how you can get certified CPD as THOR ROI reporters through use of EELAB.

I close with my best wishes for the festive season and for the New Year.

Yours sincerely



Raymond Agius

Professor of Occupational and Environmental Medicine

BACKGROUND

Chest physicians and dermatologists in the Republic of Ireland (ROI) have been reporting voluntarily to The Health and Occupation Research network (THOR-ROI) since January 2005, whilst occupational physicians have been reporting since January 2007, and general practitioners since 2015. This document provides a brief update of the cases reported during the period July to September 2015, inclusive (the policy within all the THOR schemes is to work on a three month lag to enable thorough data cleaning procedures to be carried out). This should not be viewed as a 'stand alone' document but as a supplement to previous interim quarterly reports and 'substantive' annual reports (the most recent of which was submitted in March 2015).

OVERVIEW OF CASE REPORTS

OPRA-ROI

The 25 occupational physicians currently reporting to OPRA-ROI returned a total of 37 case reports (38 diagnoses) between July and September 2015, (total ever cases up to September 2015 = 1325). Figure 1 shows the proportion of work-related ill-health diagnoses reported by major diagnostic category.

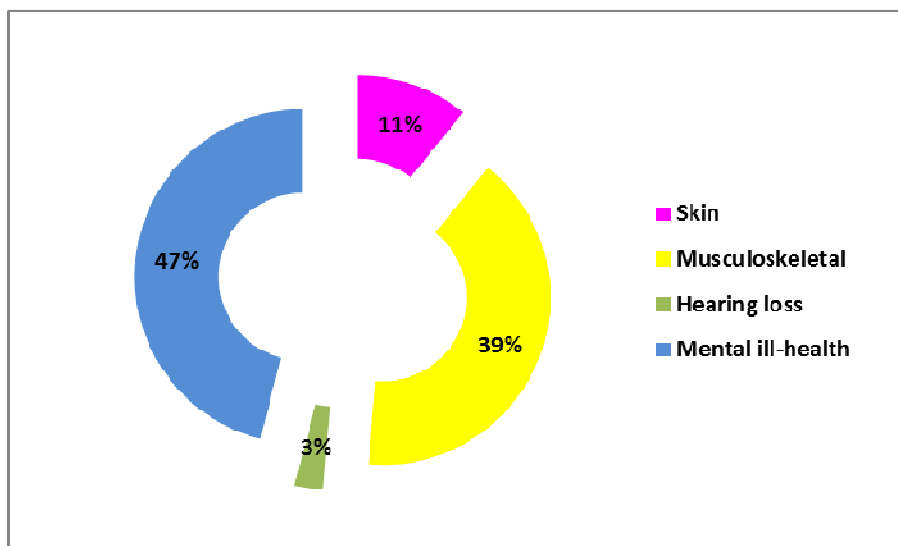


Figure 1 Proportion of work-related ill-health diagnoses reported by occupational physicians to OPRA-ROI by major diagnostic category (July – Sept 2015)

Cases were predominantly female (65%) and the age range (all cases) was 27 to 63 years (mean age = 44years). 27/37 (73%) of the cases reported this quarter were reported in the health and social care sector, 4/37 cases (11%) reported in public administration and defence, 2/37 (5%) in the retail trade sector (except motor vehicles), and 1 case each reported in the land transport sector, manufacture of beverages, employment activities sector, and finance sector.

Occupations reported in the health and social care sector this quarter included nurses, midwives, paramedics, medical and dental technician, ambulance staff, nursing auxiliaries and care assistants.

The majority of the cases (18/37 = 47%) were reported under the mental ill-health category and comprised 13 diagnoses of work-related stress, 5 diagnoses of other work-related stress (adjustment disorder), 1 diagnosis of anxiety and depression, and 1 diagnosis of post-traumatic stress disorder (cases may have more than one diagnosis). The precipitating events (as recorded by the physicians) associated with the mental ill-health cases included assault, bullying, role clarity, boredom and underused talents, disciplinary hearing, organisational change, and management of change.

A further 15/37 (41%) of cases reported by OPs this quarter were musculoskeletal disorders. Six cases were reported under the upper limb category, 6 cases reported as back/spine/neck disorders), and 3 cases reported as 'other' and diagnosed as head trauma, heel pain, and chest soft tissue injury. The tasks and movements associated with the musculoskeletal cases (as recorded by the physicians) included manual handling, ergonomics, assault / trauma, accident and lifting.

4 cases of work-related skin disease were also reported by occupational physicians this quarter, all were diagnosed as contact dermatitis (2 cases were specified as irritant, 1 as mixed, 1 type not specified). The suspected agents for the 4 cases were recorded as wet work (2 cases), hand hygiene, and glove use.

EPIDERM-ROI

The 13 dermatologists currently participating in EPIDERM-ROI reported 7 cases of work-related skin disease this quarter (total ever cases up to Sept 2015 = 424). 6/7 (86%) of cases were reported as contact dermatitis (5 diagnosed as allergic and 1 as irritant) and 1 case reported as contact urticaria. The industry sectors reported were health and social care (2 cases), other personal service activities (hairdressing and beauty (2 cases)), and 1 case in each of the following; hotels and accommodation, construction and the manufacture of chemicals and chemical products. The suspected agents reported included colophony, P-Phenylene diamine (PPD), thiuram, carbonate, methylisothiazolinone (MI), latex, cleaning agents and nickel.

SWORD-ROI

2 cases of work-related respiratory disease were reported by chest physicians during the third quarter of 2015. Both cases were reported in males and were diagnosed as 2 cases of non-malignant pleural disease, predominantly plaques, (1 case with a dual diagnosis of pneumoconiosis). The cases were reported in an electrician and a general construction operative and were attributed to asbestos. In total (January 2005 to Sept 2015), chest physicians have reported 138 case reports.

THOR-GP-ROI

In the third quarter of reporting for general practitioners in ROI, 6 cases of work-related ill-health were submitted, total cases reported since the scheme commenced in 2015 = 9. Three (3) cases were reported under the mental ill-health category, (diagnosed as work-related stress; work-related stress and depression; anxiety, insomnia and panic attacks and attributed to the following precipitating events: bullying, workload and shift work), 2 under the musculoskeletal diagnostic category, (diagnosed as back pain and muscular strain in chest and attributed to heavy manual tasks and an accident), and 1 under 'other' work-related ill-health (diagnosed as dog bite). The industry sectors reported were air transport (2 cases), retail trade (2 cases), and 1 case in construction and 1 in agriculture. 5/6 (83%) cases reported were certified sickness absence of between 2 and 14 days, and 2 of the cases were referred onward, 1 to a physiotherapist and 1 to 'other' referral.

CASE OF THE QUARTER

If you have seen a case which you feel may be a potential "case of the quarter" we would ask you to summarise the information in about 250 words and send this to us. Important factors which we have to take into account include data protection, consent issues, and ethical considerations, so we need you to obtain the patient's consent to allow release of information before sending your case of the quarter to THOR. In addition, it is prudent to try to minimise the amount of personal data you provide (i.e. that which would allow identification of an individual) if at all possible.

BECK REPORT

We are most grateful to Dr Mark Wilkinson for this quarter's 'Beck Report', which provides a commentary for cases of work-related skin disease reported to THOR and THOR-GP UK this quarter.

Notable this month was that 5 of 7 patients reported through THOR-GP had an irritant dermatitis related to cleaning products. Four of these were in the catering industry. Irritant dermatitis remains the commonest occupational skin disease.

Review of EPIDERM data has demonstrated an increase in the healthcare sector associated with changes in hand hygiene practices¹. Consequently it was surprising to see that the 2 cases in healthcare workers reported to OPRA had their dermatitis attributed to gloves. In one of these, latex was the suspected causal agent although the literature would suggest that this is now a very rare cause following the introduction of low protein powder free gloves to reduce the risk of sensitisation. Interestingly, 5 cases were reported to EPIDERM of immediate type reactions in healthcare workers. In 4 of these either prick or specific IgE tests for latex allergy were negative. In 2, reactions were also attributed to nitrile gloves and one was said to be dermographic. In my experience, symptomatic dermographism is now a commoner cause of immediate type reactions and should always be excluded if tests for latex allergy are negative². EPIDERM has also recently reviewed the changing allergens causing glove related allergic contact dermatitis³ and identified an increasing trend in reports due to carbamates used as accelerators. It should be

remembered that these are found not only in latex rubber but also nitrile gloves and so avoidance can be more difficult.

Also hand hygiene related was a reaction to a chlorhexidine containing hand wash in a veterinary nurse. Chlorhexidine is unusual in that it can cause both contact urticaria and allergic contact dermatitis⁴ and at least in the healthcare sector is recognised as a relevant allergen⁵.

Sodium benzoate was an unusual contact allergen in a healthcare worker present in a hand hygiene product. With a move away from methylisothiazolinone, it will be interesting to see what preservatives are used to substitute and if they also start to cause problems in the workforce. Coconut diethanolamide, a surfactant, was also an unusual contact allergen reported in hand wash. It is made by reacting coconut oil with diethanolamine. Whilst immediate type allergy to coconut is rare, contact allergy to coconut diethanolamide is more frequent despite the fact that it is found predominantly in rinse off cleansing products. In general, because of the reduced contact time with the skin, rinse off products tend to be less problematic than leave on.

Talking of reduced contact, hopefully you'll all be having more time at home rather than being at work over the next few weeks. Happy Christmas!

**Dr Mark Wilkinson, Consultant Dermatologist
Leeds General Infirmary**

1. The impact of national-level interventions to improve hygiene on the incidence of irritant contact dermatitis in healthcare workers: changes in incidence from 1996 to 2012 an interrupted times series analysis. Stocks SJ, McNamee R, Turner S, Carder M, Agius RM. Br J Dermatol. 2015; 173: 165-71.

2. Symptomatic dermographism mimicking latex allergy. Golberg O, Johnston GA, Wilkinson M. Dermatitis. 2014; 25: 101-3.

3. UK Rates of Occupational Skin Disease attributed to Rubber Accelerators, 1996 – 2012. Warburton KL, Urwin R, et al. Contact Dermatitis 2015; 72: 305–11

4. Contact allergy to chlorhexidine in a tertiary dermatology clinic in Denmark. Opstrup MS, Johansen JD, et al. Contact Dermatitis. 2015 Nov 11. doi: 10.1111/cod.12487

5. Chlorhexidine-still an underestimated allergic hazard for health care professionals. Wittczak T, Dudek W et al. Occup Med (Lond). 2013; 63: 301-5.

REMINDER OF HOW WE CAN HELP YOU

We would again like to take this opportunity to encourage THOR-ROI reporters to contact us if they would like to present THOR-ROI or THOR-UK data at future meetings; simply email Annemarie.money@manchester.ac.uk

THOR CONTACTS

Many thanks for your continued support of THOR-ROI, please contact us (Table 1) if you have any queries or data requests.

Table 1 THOR Contact details

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