30 years of SWORD Forging the links between research and practice to produce impact Jennifer Hoyle

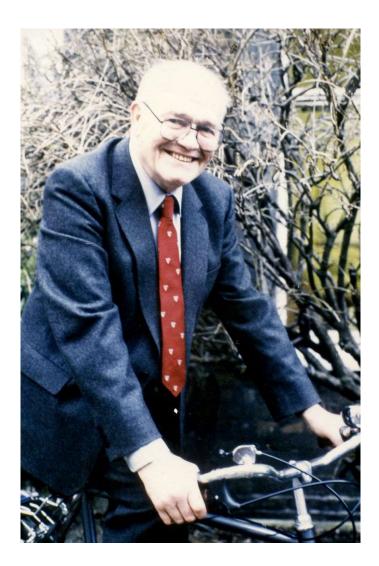
# Surveillance of Work-Related and Occupational Respiratory Disease 1989

- Who and how was it started?
- Why?
- What was it meant to achieve?











## Why? Early detection of occupational hazards

"So far as we are aware, routine statistics of the type now available have never been responsible for the discovery of any new occupational disease"

"the detection of occupational hazards has often, perhaps usually, depended on astute clinical observation"

"Without prior definition of a precise question or null hypothesis, epidemiological methods are also ineffective"

> From McDonald and Harrington, J. Soc. Occup. Med. (1981) 31,93-98 Printed in Great Britain

## Pre-SWORD 1989

**1987-** discussions between representatives of British Thoracic Society And Society of Occupational Medicine

Plan for voluntary reporting by members Proposal submitted to HSE- approved funding 1989-1991

Recruitment via letter sent to members of the organisations- Monthly reports required

Protocol was extended to include – 3 monthly, 6 monthly and annual reporting

## **SWORD 1989**

Reports (via cards) in 1989 from:

350 chest physicians (90% UK chest clinics)

**361 occupational physicians** 

**Participants:** 

Monthly reports of newly diagnosed cases of work-related respiratory disease

Monthly digest of newly reported cases by diagnostic category

Detailed analysis every quarter

c. Annual publications in medical literature

**Excluded recreational exposures** 

## What was the purpose? SWORD 1989

**Objectives of scheme:** 

## (1) To monitor the frequency of work-related respiratory disease

### **SWORD 1989**

2101 cases reported

Asthma (26%) Mesothelioma (16%) Pneumoconiosis (15%) Benign pleural disease (11%) Hypersensitivity pneumonitis (6%)

Mineral dust diseases- lung cancer with pulmonary fibrosis, malignant mesothelioma and pneumoconiosis together -34%

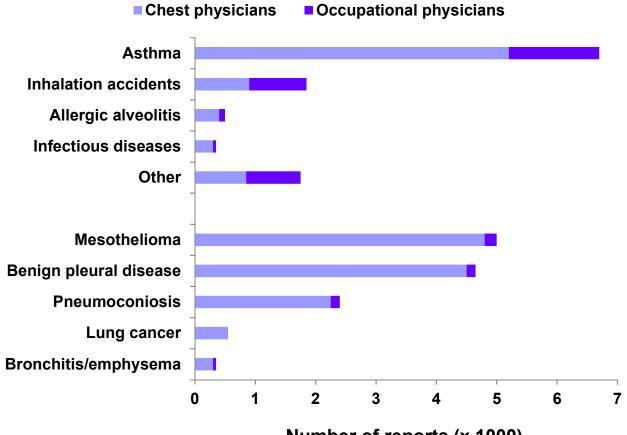
Incidence rates calculated against denominators From Labour Force Survey

## Incidence of occupational asthma in high risk occupations SWORD 1989

Occupational group	Rate (million/yr)	95% CI
Coach and spray painters	639	445 – 889
Chemical processors	424	288 – 601
Bakers	409	274 – 588
Plastics making and processing	409	270 – 505
Metal making and treating	249	136 – 417
Laboratory technicians and assistants	204	133 – 299
Welders/solderers/elctronic assemblers	159	111 - 221

After Meredith et al, 1991

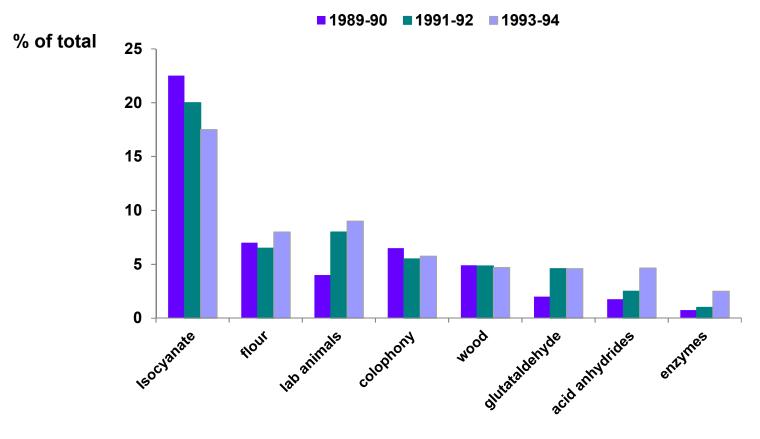
### Total new cases reported to SWORD 1990-1997



Number of reports (x 1000)

Ross et al, 1999

# SWORD 1989-94 Trends in suspected agents for asthma



Ross et al, 1995

# Pneumoconiosis in the UK SWORD 1989-1995

No. of reports to SWORD ■coal ■silica ■asbestos 0 -Year

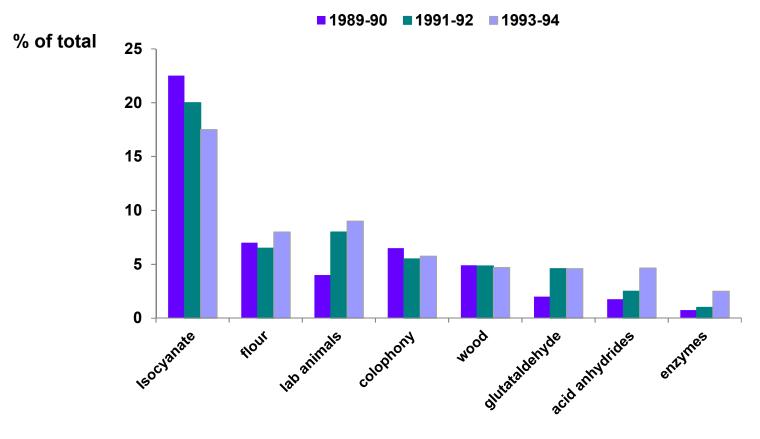
Ross et al, 1995

## What was the purpose? SWORD 1989

**Objectives of scheme:** 

- (1) To monitor the frequency of work-related respiratory disease
- (2)To promote the early recognition and control of new problems

# SWORD 1989-94 Trends in suspected agents for asthma



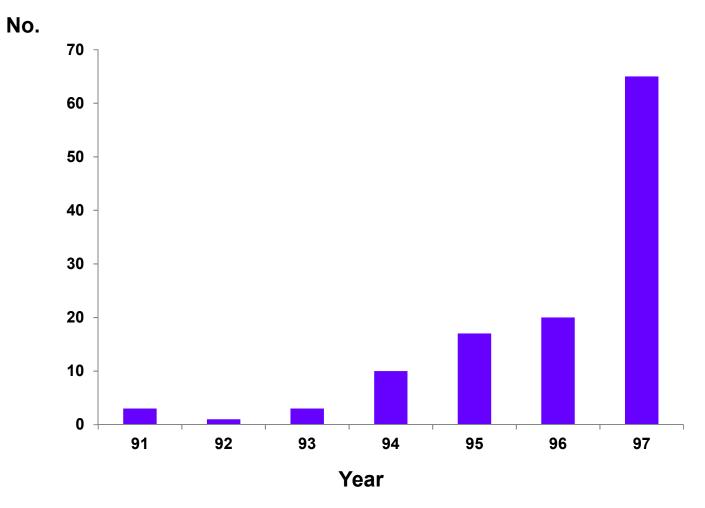
Ross et al, 1995



# SWORD '97 report

- 64 of 1031 cases of occupational asthma resulted from exposure to latex
- Fourth most frequently incriminated asthmagen

# Annual Reports to SWORD of occupational asthma attributed to latex (1991-1997)



Ross et al, 1998

# Medical Devices Agency

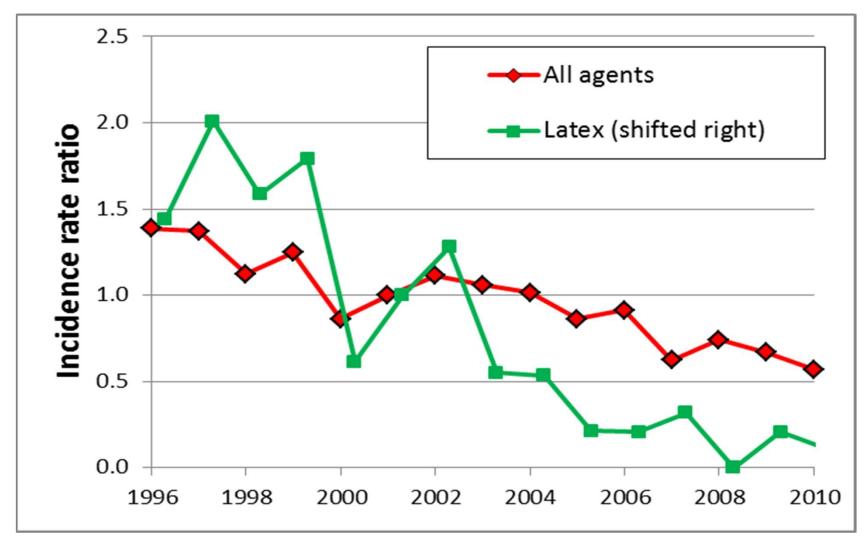
MDA Bulletin 1996, 117 million pairs of latex gloves were being supplied to the NHS annually in 1992, but few reports of latex sensitivity had been received at that time.

There is now sufficient evidence that healthcare workers are an occupational group at increased risk of latex allergy

# Medical Devices Agency

- June 1998 issued mandatory advice
- aiming to increase awareness in glove users about previously published guidance on the allergic potential and risks associated with latex.
- Subsequently, in November 2002, the England and Wales Court of Appeal (Civil Division) issued a Decision associated with a claimant

# Trends in asthma attributed to latex

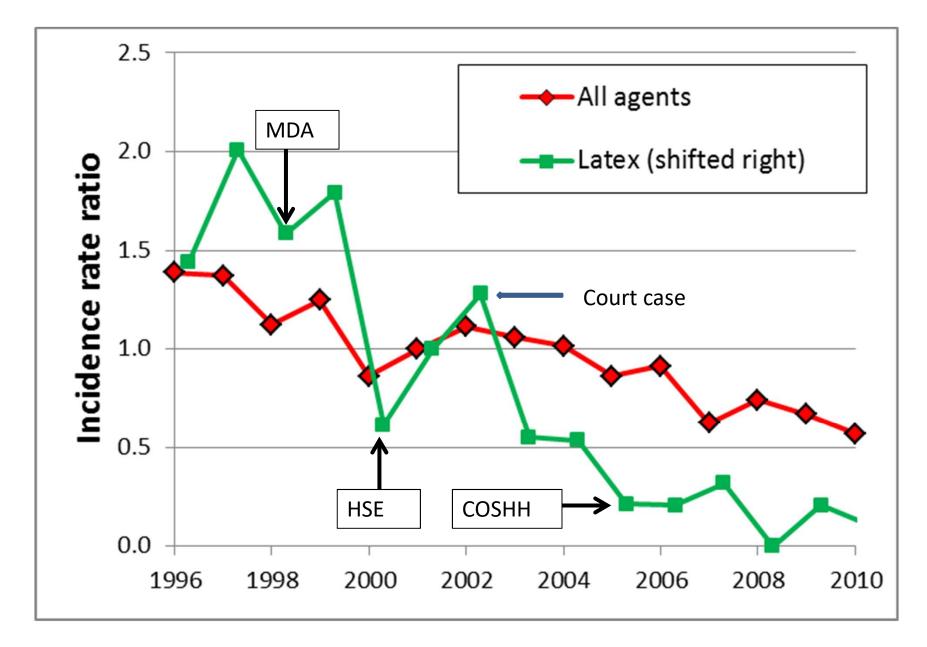


# Legislation aiming to reduce asthma attributed to latex glove use

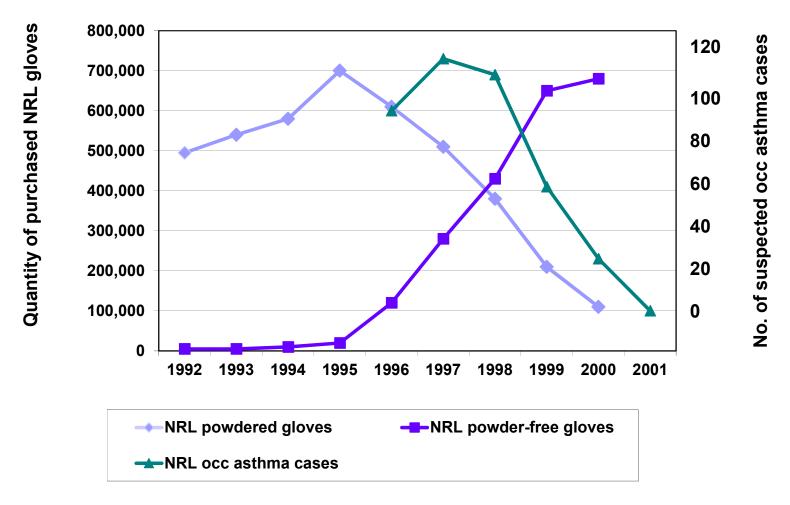
Time1. Pre-intervention Time2. 1998 MDA Time3. 2000 HSE guidance Time4. 2004 COSHH amendment (effective 2005; ALARP but no WEL)

*Occup Environ Med 2013;70:476-482 doi:10.1136/oemed-2012-101123* http://oem.bmj.com/content/70/7/476.full.pdf+html

# **Trends in asthma attributed to latex**

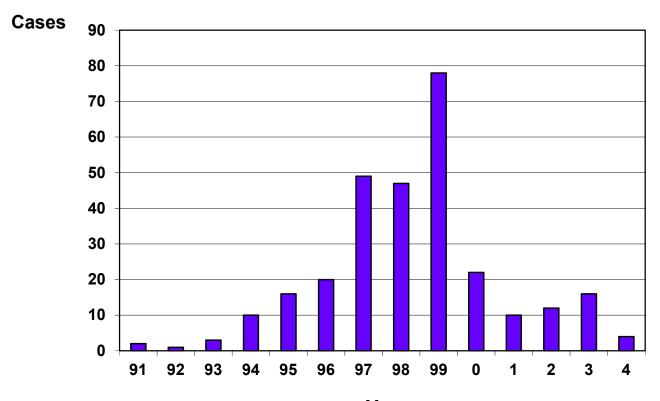


# NRL glove purchase and occupational asthma in German acute care hospitals



After Allmers *et al*, 2002

# Occupational asthma attributed to latex in the UK Reports to SWORD 1991-2004



Year

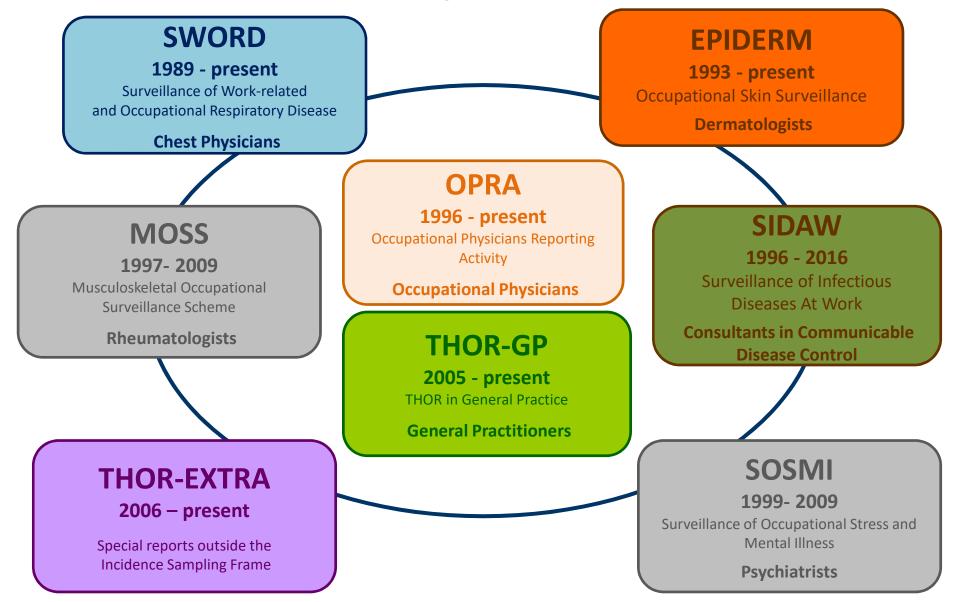
## What was the purpose? SWORD 1989

**Objectives of scheme:** 

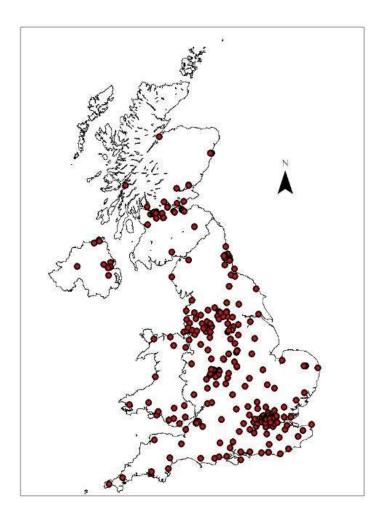
- (1) To monitor the frequency of work-related respiratory disease
- (2) To promote the early recognition and control of new problems
- (3) To provide rapid feedback and information to participants

# **THOR**

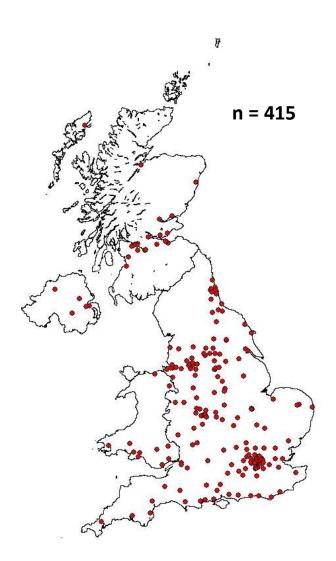
# **The Health & Occupation Research network**



# **THOR-SWORD** reporters



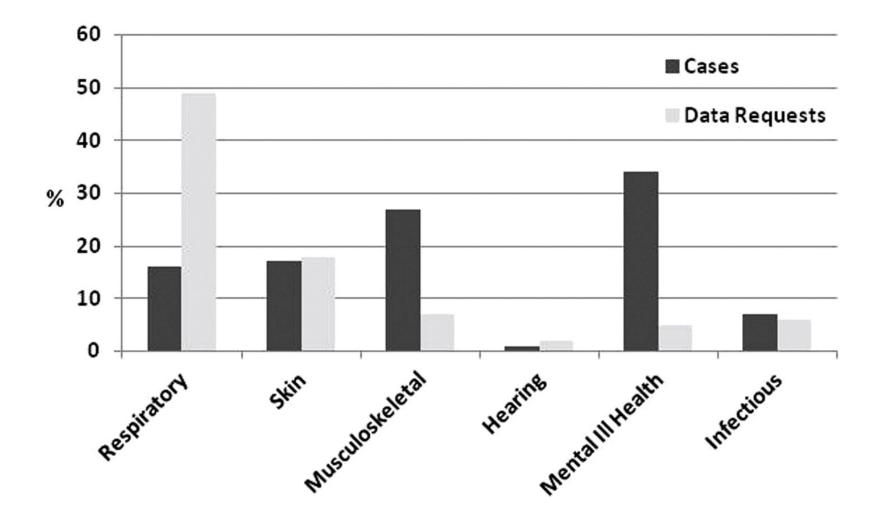
# **SWORD reporters – March 2017**



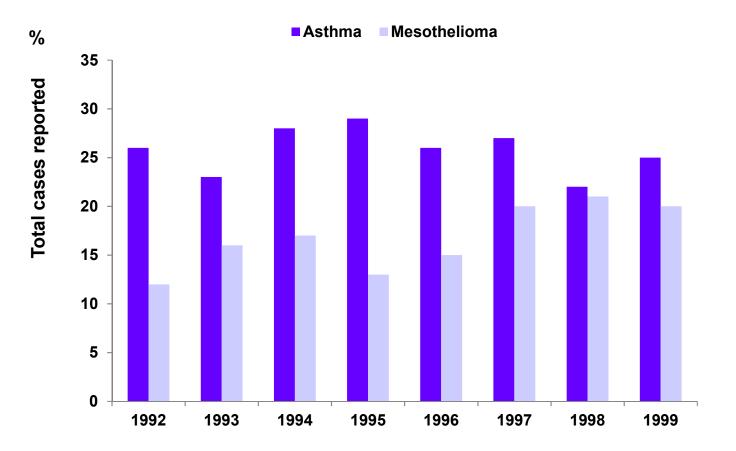
Region	No.	Region	No.
Tyne and Wear	12 (11)	South West	38 (42)
Northumberland, Cumbria, Durham and Cleveland	14 (14)	West Midlands metropolitan county	25 (26)
South Yorkshire	12 (13)	Rest of West Midlands	13 (14)
West Yorkshire	9 (10)	Greater Manchester	27 (27)
North Yorkshire & Humberside	11 (10)	Merseyside	12 (12)
East Midlands	25 (27)	Rest of North West	11 (13)
East Anglia	14 (15)	Wales	23 (24)
Inner London	49 (50)	Central Clydeside	12 (12)
Outer London	6 (7)	Rest of Scotland	25 (26)
Rest of South East	67 (67)	Northern Ireland	10 (11)

March 2016 equivalent figures shown in brackets

# Data requests by specialism

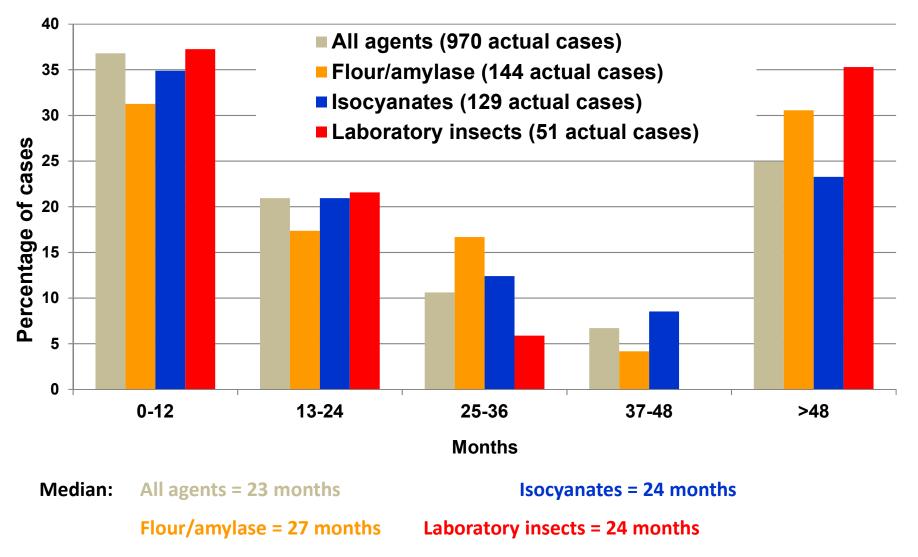


# New cases of occupational asthma and mesothelioma reported to SWORD 1992-1999



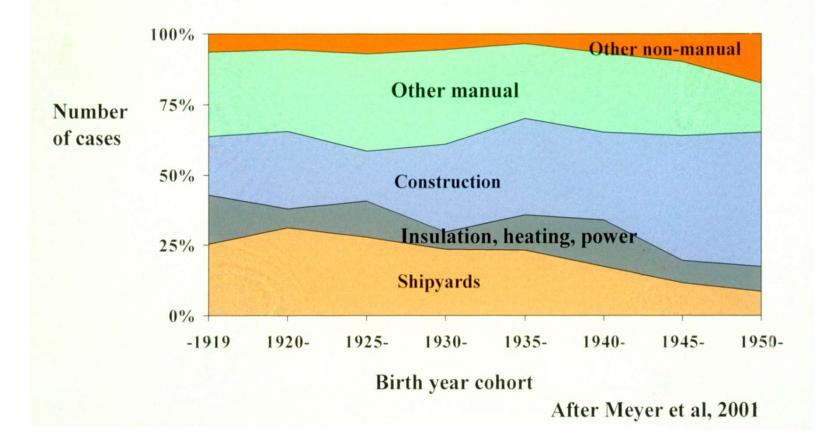
Meyer et al, 2001

# Proportional time lapse between month of symptom onset\* and reporting month for actual cases of *asthma* reported to SWORD (2006-2016)



\*Based on both full (month, year) and partial (year) symptom onset data

# Mesothelioma: Proportional contribution of occupation by five-year birth cohort; cases reported to SWORD 1996-1999

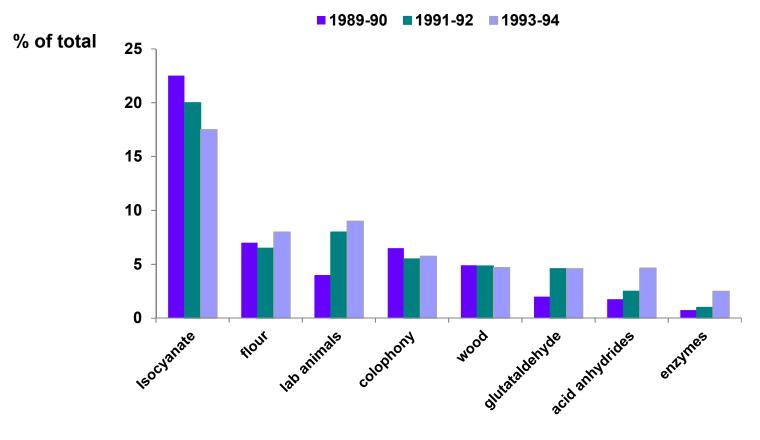


### What was the purpose? SWORD 1989

**Objectives of scheme:** 

- (1) To monitor the frequency of work-related respiratory disease
- (2) To promote the early recognition and control of new problems
- (3) To provide rapid feedback and information to participants
- (4) To undertake collaborative investigations where indicated

# SWORD 1989-94 Trends in suspected agents for asthma



Ross et al, 1995

## ENOCH

Investigation of the principal determinants (exposure and atopy) of occupational asthma, associated allergic symptoms and of specific sensitisation

Parallel cohort studies in newly employed laboratory animal workers bakery workers acid anhydride workers

Laboratory animal workers

7 year follow up (Jan 1986 - Dec 1993)
Levels of specific aero-allergen measured
6 monthly questionnaire with SPT v RUP
→ 4 exposure categories

Nested matched case-referent analysis within cohort

# **ENOCH : Cohort study of laboratory animal workers**

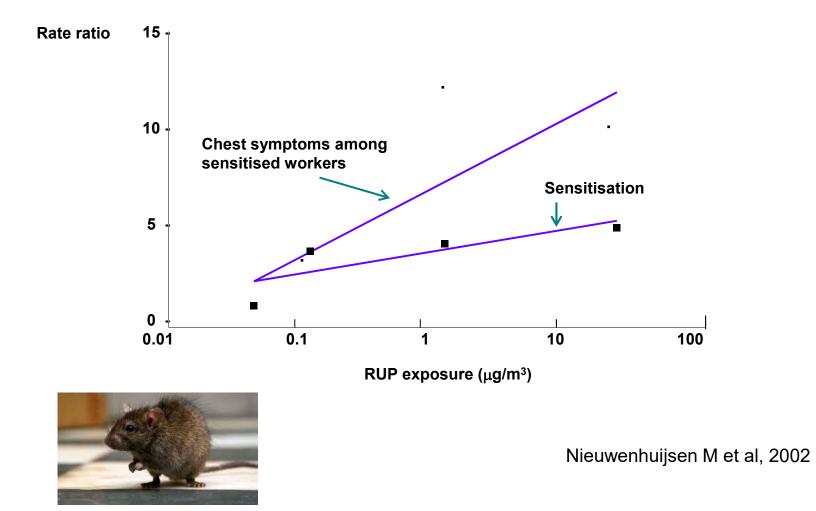
# Exposure-response relationships in cases developing within 2 years of first employment

New work-related symptoms								
Exposure category	Chest		Eye/nose		SPT v RUP			
	OR	95% CI	OR	95% CI	OR	95% CI		
1 (low)	1		1		1			
2	2.4	0.2 - 38.4	3.0	0.8 - 10.9	3.0	0.3 – 29		
3	5.5	0.5 – 65.1	3.7	1.1 – 12.2	6.0	0.6 - 57.1		
4 (high)	4.6	0.3 – 77.4	3.2	0.9 – 11.5	5.7	0.6 - 53		
Atopy	2.7	0.8 - 9.7	0.4	0.2 - 1.0	2.9	1.1 – 7.9		

"This study confirmed allergen exposure as the most important determinant of laboratory animal allergy. Measures to reduce exposure may be the most effective means to reduce its incidence".

Cullinan P et al, 1999

# ENOCH : Exposure-response relationships for new chest symptoms in sensitised workers and new skin prick test responses v RUP



### Reporting schemes + disease recognition SWORD + occupational lung disease

**Problems of attribution** 

We recognise the visible with strong relationships

e.g. Asbestos related diseases with specific markers (pleural thickening/calcification) or strong association (mesothelioma)

Occupational asthma with specific characteristics

We do not recognise the less visible

without specific markers or a strong association

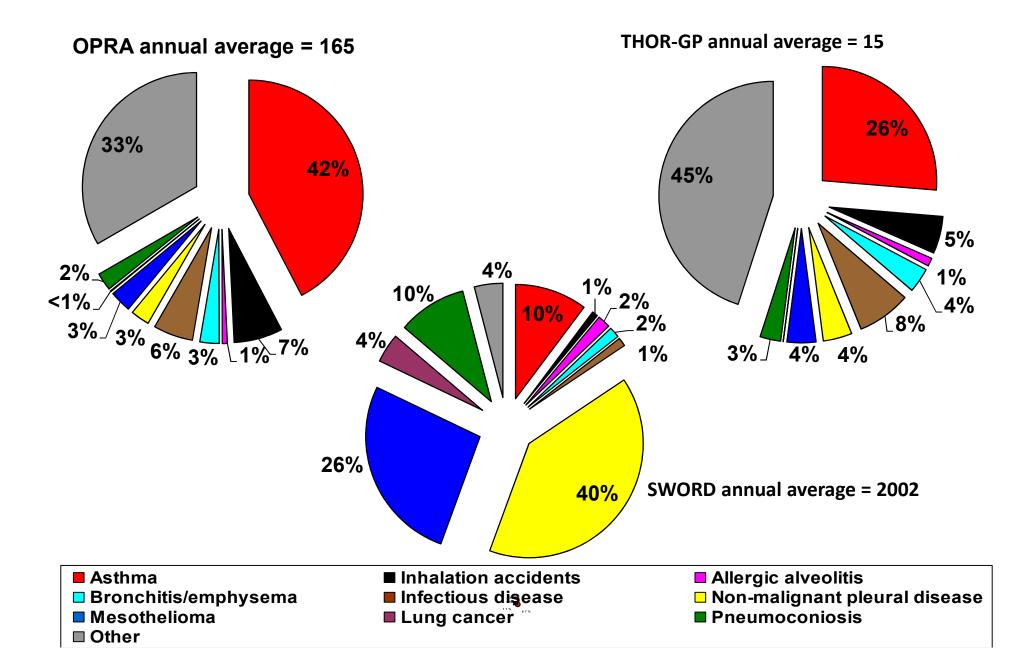
or with a strong association with another cause

e.g. cigarette smoking with:

lung cancer

chronic bronchitis and emphysema

#### Respiratory cases reported by diagnostic category, SWORD, OPRA and THOR-GP (2006-2016)



#### Why? Early detection of occupational hazards

"So far as we are aware, routine statistics of the type now available have never been responsible for the discovery of any new occupational disease"

> From McDonald and Harrington, J. Soc. Occup. Med. (1981) 31,93-98 Printed in Great Britain

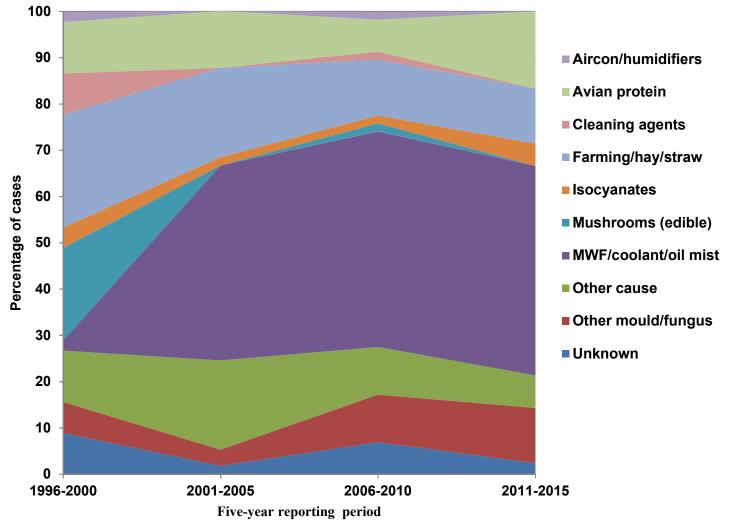
Epidemiology of occupational hypersensitivity pneumonitis; reports from the SWORD scheme in the UK from 1996 to 2015

(After Barber 2016)

- 202 cases of Occupational HP reported
- Annual incidence UK 1.4 per million workers
- More likely seen in male workers than female

### Hypersensitivity pneumonitis

### Reports to SWORD 1996 - 2015





After Barber et al, 2016

# Cases of respiratory disease attributed to milk powder/products, coffee, diacetyl (2017)

- 8 actual cases of work-related respiratory disease attributed to milk powder/products, coffee, diacetyl reported by chest physicians to SWORD (2006-2015)
- No cases reported to OPRA or THOR-GP

Year	Dlagnosis	Sex	Age	Industry	dot	Suspected agents
2006	OBSTRUCTIVE BRONCHIOLITIS	M	37	FOOD	OPERATOR	DIACETYL
2006	OTHER RESPIRATORY DISEASE NOT SPECIFIED	M	38	FOOD	PRODUCTION OPERATIVE	DIACETYL
2014	ASTHMA SENSITISATION	M	44	FOOD	MAINTENANCE ENGINEER	GREEN COFFEE
2014	OCCULAR ALLERGY	M	50	FOOD	HGV DRIVER	GREEN COFFEE BEAN
2014	RHINITIS	M	41	FOOD	ENGINEER	GREEN COFFEE BEAN OR ALTERNARIA
2015	ASTHMA IRRITATION	M	47	FOOD	PACKAGING TECHNOLOGIST	BURNT COFFEE BEANS
2015	ASTHMA IRRITATION	M	47	FOOD	PACKAGING TECHNOLOGIST	BURNT COFFEE BEANS
2015	INHALATION ACCIDENT	M	47	FOOD	MAINTENANCE TECHNICIAN	GREEN COFFEE

#### SWORD 1989-objectives achieved

**Objectives of scheme:** 

- (1) To monitor the frequency of work-related respiratory disease
- (2) To promote the early recognition and control of new problems
- (3) To provide rapid feedback and information to participants
- (4) To undertake collaborative investigations where indicated

# Measuring Impact



• 015

#### Article

- De Vocht, F., Batistatou, E., Molter, A., Kromhout, H., Schaap, K., Van Tongeren, M., ... Keevil, S. (2015). Transient health symptoms of MRI staff working with 1.5 and 3.0 Tesla scanners in the UK. European Radiology, [10.1007/s00330-015-3629-z]. DOI: <u>10.1007/s00330-015-3629-z</u>. Publication link: <u>b17e4845-9101-433c-a11c-5b3d79b4bc4a</u>
- Money, A., Carder, M., Noone, P., Bourke, J., Hayes, J., Turner, S., & Agius, R. (2015). Work-related ill-health: Republic of Ireland, Northern Ireland, Great Britain 2005-2012. Occupational medicine (Oxford, England), 65(1). DOI: <u>10.1093/occmed/kgu137</u>. Publication link: <u>cea2aa8b-303e-457b-8fe1-8eacee508dbc</u> | PubMed: <u>25324486</u>
- Povey, A. C., Gomez-Martin, A., Altakroni, B., Lozano-Paniagua, D., Margison, G. P., de Vocht, F., & Hernandez, A. F. (2015). Increased N7-methyldeoxyguanosine DNA adducts after occupational exposure to pesticides and influence of genetic polymorphisms of paraoxonase-1 and glutathione S-transferase M1 and T1. *Environmental and Molecular Mutagenesis*, *56*(5), 437-445. DOI: <u>10.1002/em.21929</u>. Publication link: <u>05f926c8-6248-41ca-841c-60b718e040bc</u>
- Stocks, S. J., McNamee, R., van der Molen, H. F., Paris, C., Urban, P., Campo, G., ... Agius, R. (2015). Trends in incidence of occupational asthma, contact dermatitis, noise-induced hearing loss, carpal tunnel syndrome and upper limb musculoskeletal disorders in European countries from 2000 to 2012. Occupational and environmental medicine, 72(4). DOI: <u>10.1136/oemed-2014-102534</u>. Publication link: <u>f3c10ca5-895c-4280-9e75-a567ed635be7</u> PubMed: <u>25575531</u>
- Turner, S., Forman, S. D., McNamee, R., Wilkinson, S. M., & Agius, R. (2015). Investigating work-related neoplasia associated with solar radiation. Occupational medicine (Oxford, England), 65(1).
   DOI: <u>10.1093/occmed/kqu156</u>. Publication link: <u>05e20146-bb49-4837-846a-f1e261ae94f5</u> | PubMed: <u>25421392</u>

#### Comment/debate

- Altakroni, B., Stocks, J., Brison, D., & Povey, A. C. (2015). Lifestyle and occupational and environmental exposure and DNA damage in human sperm. *Mutagenesis, 29*(6), 548-549. Publication link: <u>0f9e5bd8-44ad-4034-a6cf-56c09ac83844</u>
- Povey, A., Altakroni, B., Stocks, J., & Brison, B. (2015). Associations between DNA double strand breaks and N7-methyldeoxyguanosine in human sperm and IVF/ICSI outcomes. *Human Reproduction*, 30(Suppl. 1), 174-174.
   Publication link: <u>1659286f-2742-4244-9aee-7a1356450a81</u>
- Povey, A., Nevin, C., Altakroni, B., Murgatroyd, C., Brison, D. R., & Carroll, M. (2015). Environmental and lifestyle factors associated with sperm DNA methylation. Human Reproduction, 30(Suppl. 1), 172-172. Publication link: <u>1a71bae7-daaf-45a8-9050-79ab7c4f9da6</u>

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- Article
  - Carder, M., Money, A., Turner, S., & Agius, R. (2014). Workforce coverage by GB occupational physicians and disease incidence rates. Occupational medicine (Oxford, England), 64(4). DOI: <u>10.1093/occmed/kqu042</u>. Publication link: <u>d981e8ee-dbae-4c7e-b6df-0d43411b3cb3</u> | PubMed: <u>24727562</u>
  - Chatwin, J., Kennedy, A., Firth, A., Povey, A., Rogers, A., & Sanders, C. (2014). How potentially serious symptom changes are talked about and managed in COPD clinical review consultations: A micro-analysis. Social Science and Medicine, 113, 120-136. DOI: 10.1016/j.socscimed.2014.04.048. Publication link: 30575a42-01dc-4415-9cc9-8d6cf65b069b
  - Cherry, N., Povey, A. C., McNamee, R., Moore, H., Baillie, H., Clyma, J. A., ... Pacey, A. A. (2014). Occupation exposures and sperm morphology: A case-referent analysis of a multi-centre study. Occupational and Environmental Medicine, 71(9), 598-604. DOI: <u>10.1136/oemed-2013-101996</u>. Publication link: <u>e82e0beb-8bac-4d5b-92b6-a686d298c778</u> | PubMed:<u>24847137</u>
  - Povey, A., McNamee, R., Alhamwi, H., Stocks, S. J., Watkins, G., Burns, A., & Agius, R. (2014). Pesticide exposure and screen-positive neuropsychiatric disease in British sheep farmers. *Environmental research*, 135, 262-270. DOI: <u>10.1016/j.envres.2014.09.008</u>. Publication link: <u>3cb7bbbc-a77e-4092-ac17-5243b0b6f40d</u> | PubMed: <u>25462674</u>
  - Supapvanich, C., Povey, A. C., & Vocht, F. D. (2014). Latex sensitization and risk factors in female nurses in Thai governmental hospitals. International Journal of Occupational Medicine and Environmental Health, 27(1), 93-103. DOI: 10.2478/s13382-014-0230-7, 10.2478/s13382-014-0230-7. Publication link: 64775215-289c-4da1-b063-15356e71be81

#### · 2013

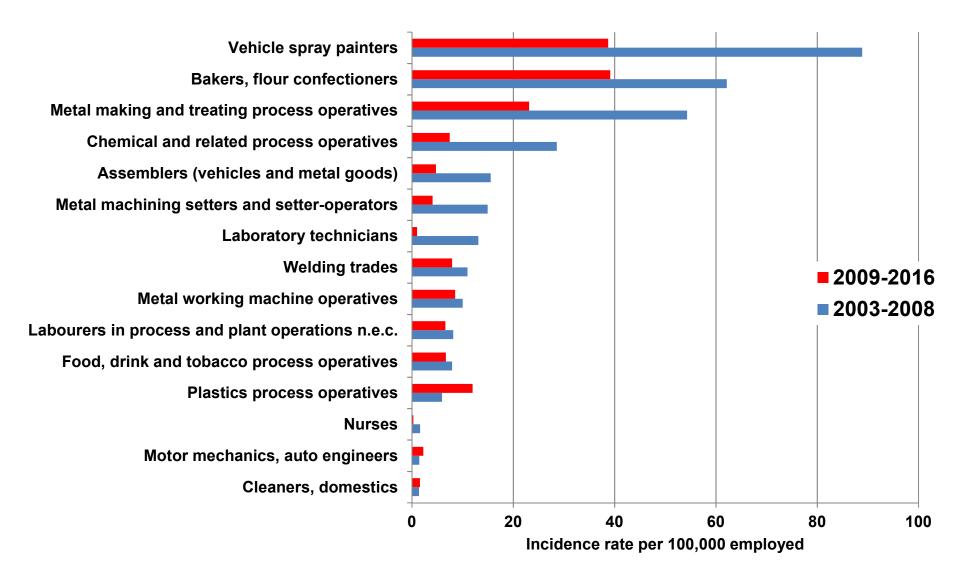
#### Article

- Bonello, N., Sampson, J., Burn, J., Wilson, I. J., McGrown, G., Margison, G. P., ... Crosbie, P. (2013). Bayesian inference supports a location and neighbour-dependent model of DNA methylation propagation at the MGMT gene promoter in lung tumours. Journal of Theoretical Biology, 336, 87-95. DOI: <u>10.1016/j.jtbi.2013.07.019</u>. Publication link: <u>6008d0e6-5309-4ceb-8b1d-4698e697cf2b</u>
- Carder, M., McNamee, R., Turner, S., Hodgson, J. T., Holland, F., & Agius, R. M. (2013). Time trends in the incidence of work-related mental ill-health and musculoskeletal disorders in the UK. Occupational and environmental medicine, 70(5), 317-324. DOI: <u>10.1136/oemed-2012-100904</u>. Publication link: <u>cbaa2ce3-a38b-4115-aa54-de01745bcf59</u> | PubMed: <u>23343862</u>
- De Vocht, F., Hannam, K., & Buchan, I. (2013). Environmental risk factors for cancers of the brain and nervous system: The use of ecological data to generate hypotheses. Occupational and Environmental Medicine, 70(5), 349-356. DOI: <u>10.1136/oemed-2012-100954</u>. Publication link: <u>77dbadf3-d3b8-4a42-8e9b-dbb168692718</u>
- De Vocht, F., Northage, C., Money, C., Cherrie, J. W., Rajan-Sithamparanadarajah, B., Egeghy, P., ... Van Tongeren, M. (2013). The future of exposure assessment: Perspectives from the X2012 conference. Annals of Occupational Hygiene, 57(3), 280-285. DOI: <u>10.1093/annhyg/met008</u>. Publication link: <u>52fa25f4-068f-43a8-ad7f-e475d2e8e435</u>
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- Stocks, S. J., McNamee, R., Turner, S., Carder, M., & Agius, R. M. (2013). Assessing the impact of national level interventions on workplace respiratory disease in the UK: part 2--regulatory activity by the Health and Safety Executive. Occupational and environmental medicine, 70(7), 483-490. DOI: 10.1136/oemed-2012-101124. Publication link: 6e7e1438-6b16-4999-afc1-15d716767839 | PubMed:23606324
- Supapyanich, C., Povey, A. C., & de Vocht, F. (2013). Respiratory and dermal symptoms in Thai nurses using latex products. Occupational Medicine, 63(6), 425-428. DOI: <u>10.1093/occmed/kqt068</u>. Publication link: <u>8bf594c6-0595-4bae-97c5-2880a50f4176</u>
- Chapter
  - Agius, R., Sim, M. R., Bonneterre, V., & Venables, K. M. (Ed.) (2013). What do surveillance schemes tell us about the epidemiology of occupational disease. In Current Topics in Occupational Epidemiology. (1 ed., pp. 131-141).
     Oxford University Press. . Publication link: <u>741b8510-64c7-4139-abaa-54cc79c48bf3</u>

#### Comment/debate

- Oliver, K., De Vocht, F., Money, A., & Everett, M. (2013). Who runs public health? A mixed-methods study combining qualitative and network analyses. *Journal of Public Health*, 35(3), 453-459. DOI: <u>10.1093/pubmed/fdt039</u>.
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# Asthma incidence rates (per 100,000 employed)\* for most frequently reported occupations, SWORD (2003-2008, 2009-2016)



\*Labour force survey data (2003-2015) used as the denominator



Impact/Benefit A personal reflection- 1998

# SWORD- my first introduction

- Research-based on reported cases to SWORD
- Sponsored by HSE
- based at Manchester University
- Followed on from Chronic Bronchitis research



# Ferrous Foundry Data from SWORD promoted a legacy of

- At least 3 research studies, MD, PhD
- Training of consultants in NHS in OLD
- Onward training in others
- Training in research
- Occupational Hygiene research and training

# Who benefits from SWORD?

• Workers and employers –



- in the prevention and identification of ill health in the working population.
- The HSE and others implement the appropriate preventive strategies based, at least in part, on data.
- THOR/SWORD then monitors the trends in incidence and helps evaluate the interventions.



## Benefit- to cliniciansnew diseases

- Chemical **pneumonitis** caused by silicone waterproofing spray
- Alveolitis from spraying fabric protector (? silicone) in furniture manufacturer
- Lipoid pneumonia from spray mount glue in a graphic designer

# Benefit to society via education

- The HSE pocket book Bakers! Time to clear the air was developed in response to THOR data identifying bakers and confectioners as a high-risk group.
- THOR data influenced the choice of trades and case studies highlighted on the HSE's asthma website.

# Benefit to society via policy

The Asthma Workplace Charter, which was developed by Asthma UK in consultation with the HSE, uses THOR data as the basis for its list of the main occupations at risk from developing occupational asthma.

The House of Lords Science and Technology Committee inquiry into allergy cited THOR as a source for its statistics (RA expert witness)

# Impact

• Cultural-changes behaviour- e.g glutraldehyde

Timeline of events impacting on the use of glutaraldehyde based disinfectants in health care

•First used 1960s

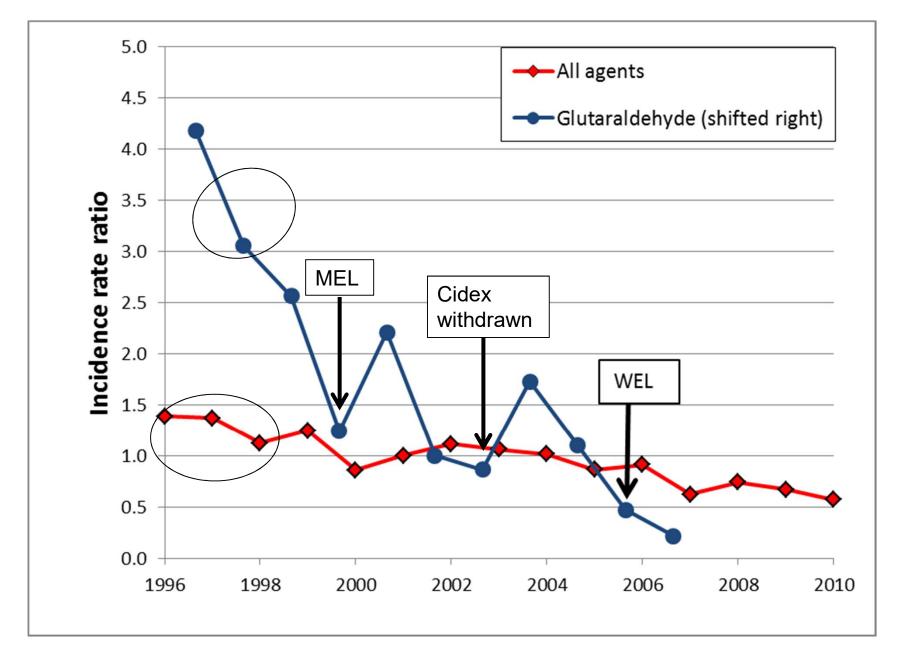
•1989 endorsed by British Society of Gastroenterologists first line disinfectant for endoscopes

•1993 above reiterated but health risks recognised as significant

- •1999 First exposure limit introduced
- •2002 'Cidex' (glutaraldehyde) withdrawn
- •2005 Exposure limit reduced further

(Stocks et al 2013)

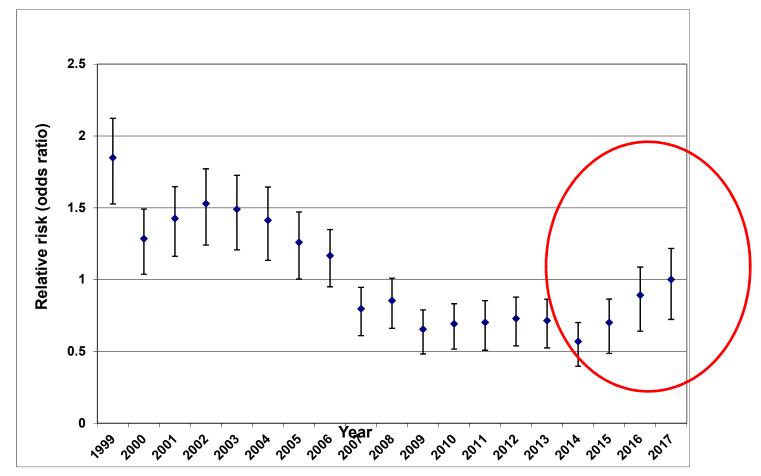
### Trends in asthma attributed to glutaraldehyde



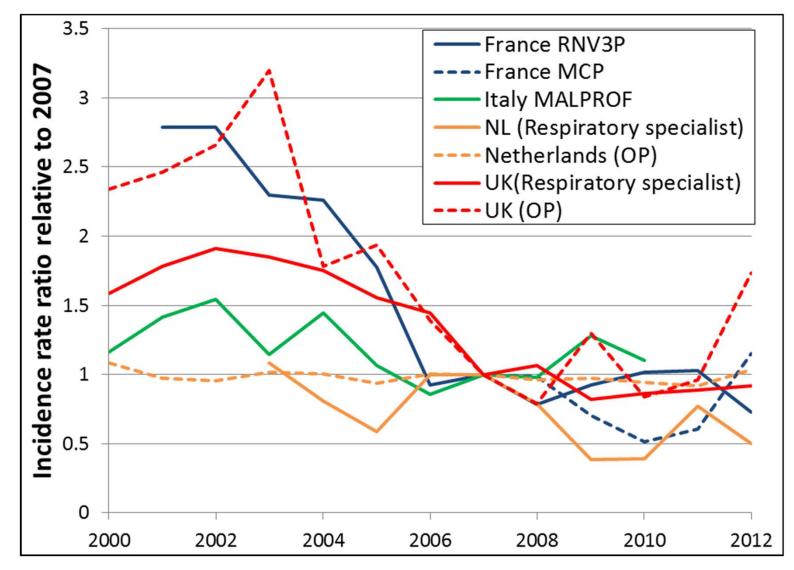
# The next 30 years?



## Trends in Occupational Asthma reported to SWORD



## *Need to investigate further – real or artifactual? Driven by certain occupations? Agents?*

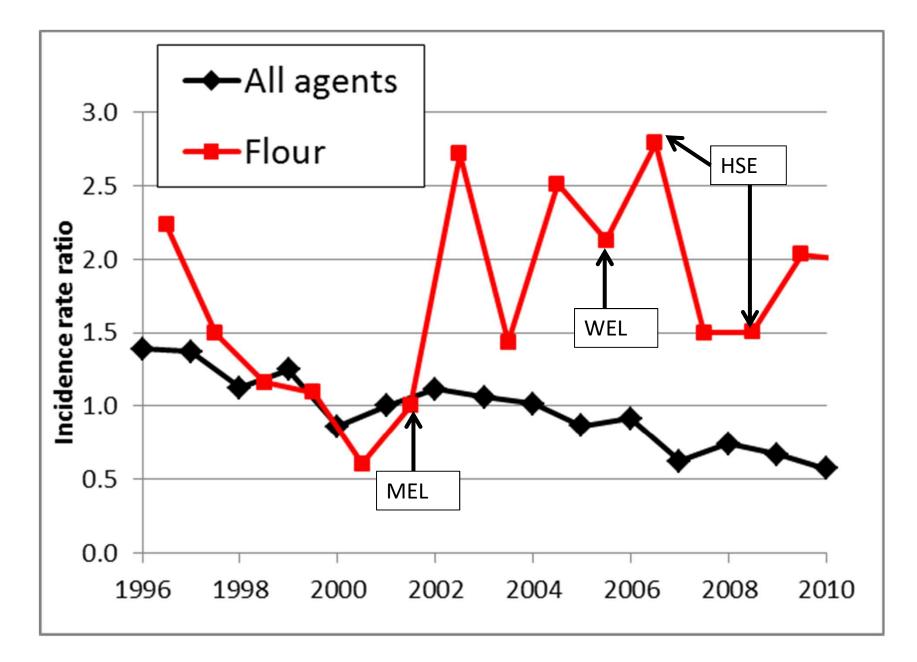


Estimated annual changes in incidence of physicianreported occupational asthma (Stocks et al 2015)

# Interventions aiming to reduce asthma attributed to flour

Time1. Pre-intervention
Time2. Introduction of a MEL (April 2001)
Time3. Introduction of a WEL (25 April 2005)
Time4. HSE inspection pack (2006 – 2008)

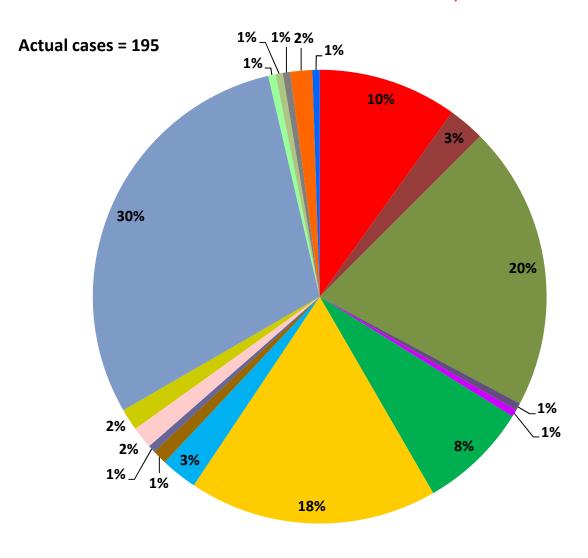
### Trends in asthma attributed to flour



## Beware the wolf in sheep's clothing?

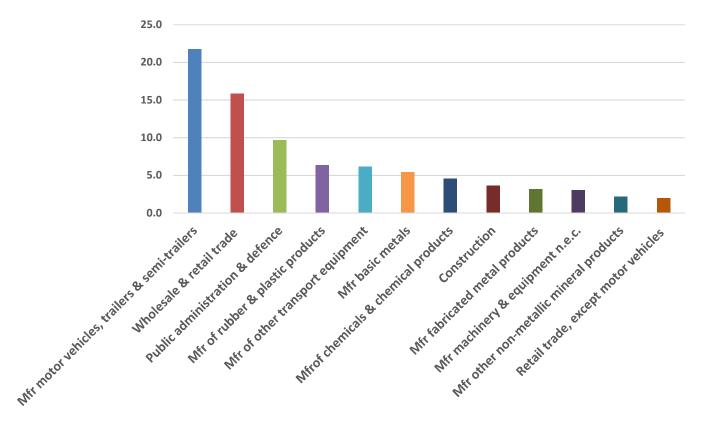


Example...industry sectors reported with case reports of work-related respiratory disease attributed to silica, reported by chest physicians to SWORD, 1996-2016



- Mining of coal and lignite
- Mining of metal ores
- Other mining and qyuarrying
- Mfr of coke, refined petroleum & nuclear fuel
- Mfr of chemicals & chemical products
- Mfr of other non-metallic mineral products
- Mfr of basic metals
- Mfr of fabricated metals
- Mfr of machinery and appartus n.e.c.
- Mfr of medical, precision & optical instruments
- Mfr of motor vehicles, trailers & semi-trailers
- Mfr n.e.c
- Construction
- Sale, maintenance & repair of motor vehicles
- Retail trade
- Education
- Health and social work
- Other service activities

Most frequently reported industries (%) for respiratory cases attributed to Isocyanates reported to SWORD (1996-2018)

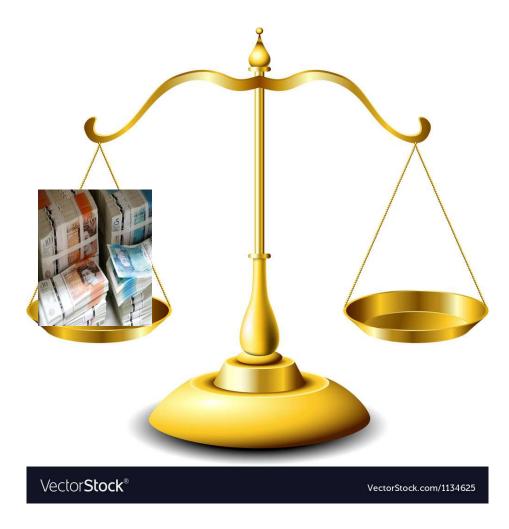




# Early identification of future risks

- Non-malignant pleural disease in process operator exposed to marinite (? cryptic asbestos)
- **Bronchiolitis** (? ketone peroxides) in fibreglass laminators
- Asthma caused by heated triglycidyl isocyanurate (TGIC), a hardening agent used in powder paints etc

# Is it value for money?



## A few considerations to think about

- Impact/benefit
- Prevention of disease
- Wage loss/economy
- Cost of occupational asthma (£1.1 billion over 10 years, HSE 2006)
- Cost of lung transplantation in rarer diseases
- Etc.

## What aspects are needed to maintain future performance?

- clinical reporters
- Astute observation by clinicians
- Leading to generation of hypothesis and research/intervention
- Dedicated team to collate information





# Summary

- 30 successful years
- All aims objectives achieved
- ...but more work to be done



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