Occupational Disease Registries—Characteristics and Experiences

Somayeh Davoodi1, Khosro Sadeghniat Haghighi2, Sharareh Rostam Niakan Kalhori1, Narges Shams Hosseini2, Zeinab Mohammadzadeh1, Reza Safdari1

1 Health Information Management Department, School of Allied Medical Sciences, Tehran University of Medical Sciences, Tehran, Iran
2 Occupational Sleep Research Center, Baharloo Hospital, Tehran University of Medical Sciences, Tehran, Iran

Corresponding author: Reza Safdari, PhD. Health Information Management Department, Tehran University of Medical Sciences, Tehran, and Iran.


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1. INTRODUCTION

Occupational diseases caused by occupational activities and working conditions (1). In fact, any disease occurs at early stage as a result of exposure to occupational (physical, chemical or biological) risk factors is an occupational disease (1-3).

Occupational diseases impose considerable costs to workers, their family, health care system and society (4) and reduce productivity and work capacity. According to ILO's estimates, occupational diseases and injuries causes the loss of 4% of global GDP annually, in other words direct and indirect costs of these diseases and injuries is about 2.8 trillion dollars (5). In addition, due to social and technological changes, the nature of occupational diseases is changing and new occupational diseases are emerging (6).

In the other hand, occupational diseases are not curable or have long-term and difficult treatment. But most of these diseases are preventable (7, 8). Preventing these diseases requires correct information about prevalence of them (9). Nevertheless, statistical and basic information about some of occupational diseases are not available due to lack of awareness, diagnostic prob-
lems and insufficient attention to these diseases. And there are many limitations in reporting and systematic collection of data relating to occupational diseases. To overcome these challenges developing occupational diseases registries, as an effective solution, is very useful.

Disease or patient registries are the rich sources of information for any decision making in the field of health (10). Like other registries, occupational disease registry is a set of information about work related disease and injuries with different levels of complexity. And applies for multiple purposes such as administrative, statistical, preventive, diagnostic, treatment follow up and research (11). Registry information is crucial to the recognition and then planning for treatment, and prevention of occupational injuries and disease (12). Using this information to detect patterns of disease, can be taken as an effective action to prevent disease and reduce the health, economic and social costs (13, 14).

2. AIM

Considering that there is not comprehensive information about the status of occupational diseases registries in other countries. In this paper, we studied the status of occupational diseases in selected countries, and the results are presented in comparative tables; also some information is described narrative.

3. MATERIAL AND METHODS

In this study, the papers were searched according to keywords in English using the MEDLINE (PubMed) during 1989 to 2017, Google scholar, Scopus, ProQuest and Google. Keywords included “occupational disease”, “work related disease”, “surveillance”, “reporting”, “registration system” and “registry” combined with name of the countries including all subheadings. After completed search, all search results were reviewed separately in databases based on titles and related articles were selected. Then we excluded duplicated documents. Two reviewers reviewed all documents separately. Then unrelated documents were excluded and data collection forms were filled with accepted documents.

Then articles have been categorized based on their developer countries. After that the results were presented in the comparative tables. In all stages, the disagreements between reviewers were addressed by group discussion.

4. RESULTS

In this review, documents were included from mentioned database. The included documents arranged according to their selected countries. At last the result presented in two narrative and table format (Table 1 and Table 2).

In this part other characteristics of mentioned registries are describing according the name of the countries.

Finland

In Finland the occupational disease registry covers people who are working under a contract for an employer, public services, public administration, or as entrepreneurs like farmers. There is three ways to report occupational disease cases to the FROD (Finnish register of occupational disease) (15). In one way, insurance companies send reports from physicians and employers to the FAlI (The Federation of Accident Insurance Institution) then FAlI send these reports to the FROD. In other way MELA (the farmers’ social insurance institution) sends physicians and farmers reports to FROD. In the last way regional state administrative agencies send physicians’ reports to the FROD directly.

In Finland occupational diseases reportable including diseases caused by asbestos, skin diseases, Allergic respiratory disease, Injuries caused by repeated pressure, hearing loss, and other diseases including infectious diseases, vibration syndrome, conjunctivitis and different types of poisoning (16-19).

France

RNV 3 is a National Network for Monitoring and Prevention of Occupational Diseases in the France that coordinates Knowledge of the registry for monitoring purposes, recovery and prevention of occupational risks. This network also contributes through Modernet Network (a network of monitoring trends in occupational diseases in the European countries) with other European counterparts (20).
The Occupational Disease Consultation Centers (CCPPs) and occupational health services (SSTs), report new cases of occupational diseases to the RNV3 without any inclusion and exclusion criteria. Registration has been done by occupational physicians, general practitioners and other specialists, nurses, medical secretaries and trained interns. RNV3 includes 110 tables of all occupational diseases in France. Most tables’ present diseases are caused by chemical substances but some of them including diseases caused by noise, repetitive movements and working conditions (21, 22).

**United Kingdom**

In United Kingdom the THOR (the health and occupation research network) program created in 2002 Based on the voluntary participation of more than a thousand specialists, including physicians, consultants and dermatologists transmitted diseases, as well as trained general practitioners to report cases of occupational diseases. Since 2005, occupational data from the Republic of Ireland are collected by THOR. It also contributes with other European countries through Moderner Network (23-25).

THOR allows physicians report every item that they believe created by occupational factors addition to the occupational disease list provided by this program (26).

Occupational diseases that are included in THOR are musculoskeletal disorders, stress, depression and anxiety, skin diseases, respiratory diseases and other diseases. THOR covers all people with occupational problems who connect to doctors’ offices and clinics (24).

**Australia**

The National Data Set for Compensation-based Statistics (NDS) is a national occupational registration system in Australia. NDS provides information on workers’ compensation claims that involve work-related disease in fact every compensation claim request from workers is a new case in the registry system (27, 28). Occupational diseases included in the registry are musculoskeletal diseases, mental disorders, cardiovascular diseases, occupational cancers, respiratory diseases, infectious and parasitic diseases, contact dermatitis and noise-induced hearing loss (29). Range of cases recorded in NDS, are included all new cases (all verified, rejected cases and cases in the decision making process) reported in the current year. Claims that were subsequently withdrawn by the worker and the ones that are outside the scope of application of the program are removed (30).

**Czech Republic**

The NRNP (the Czech National Registry of Occupational Disease) created in 1991 and is maintained by Centre of occupational medicine of the State Institute of public health in Prague as Central register of occupational diseases. NRNP since 2003 is connected with EODS (European Occupational Diseases Statistics) (31-33). Occupational diseases caused by chemical substances, occupational diseases caused by physical factors, occupational diseases relating to the respiratory pathways, lungs, pleura and peritoneum, occupational skin diseases caused by physical, chemical or biological factors, infectious and parasitic occupational diseases, occupational dis-

<table>
<thead>
<tr>
<th>Name of registry</th>
<th>Minimum data set</th>
<th>Data sources</th>
<th>Classification systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROD</td>
<td>Demographic, employer, disease, causes of disease, severity and compensation information</td>
<td>Physician reports and insurance reports</td>
<td>Finnish version of ICD-10 ISCO 08-International Standard Classification of Occupations NACE - General Industrial Classification of Economic Activities within the European Communities</td>
</tr>
<tr>
<td>RNV3P</td>
<td>Demographic, disease, exposure, occupation and causes of diseases information</td>
<td>General and occupational physicians, experts, school physicians, medical Consultants, patients</td>
<td>ICD-10 Caisse Nationale d’Assurance Maladie, CNAM Classification internationale type des professions ISCO 08 NAP - Nomenclature des Activités Professionnelles</td>
</tr>
<tr>
<td>THOR</td>
<td>Demographic, diagnosis, cause of disease, occupation and industry information</td>
<td>SWORD (Surveillance of work-related and occupational respiratory disease), Occupational skin surveillance (EPIDERM), Occupational Physicians Reporting Activity (OPRA), Electronic Reporting – IRELAND, Surveillance of infectious diseases at work (SIDAW), GP (General Practice)</td>
<td>SOC (Standard occupational classification)</td>
</tr>
<tr>
<td>NDS</td>
<td>Demographic, disease, injuries and compensation information</td>
<td>Employers, physicians and patients reports</td>
<td>The Type of Occurrence Classification System (TOCCS) The International Classification of Diseases–Australian Modification (ICD10-AM)</td>
</tr>
<tr>
<td>NDS</td>
<td>Demographic, disease, injuries and compensation information</td>
<td>Employers, physicians and patients reports</td>
<td>ICD-10 C2-NACE (Classification of Economic Activities established by the Czech Statistical Office) C2-ISCO (Classification of occupations)</td>
</tr>
<tr>
<td>NDS</td>
<td>Patient, disease and work place information</td>
<td>Occupational physicians and employers reports</td>
<td>ICD-10 C2-ISCO (Classification of occupations)</td>
</tr>
<tr>
<td>Occupational registry (Malaysia)</td>
<td>Patient, disease, industry, employer and institution information</td>
<td>Physicians, employers and self-employed workers reports</td>
<td>ICOP Industry code of practice</td>
</tr>
<tr>
<td>Occupational disease registry (United States)</td>
<td>Patient, disease, employer and institution information</td>
<td>Physicians and employers reports</td>
<td>Census of Fatal Occupational Injuries (CFOI)</td>
</tr>
<tr>
<td>MOM’s electronic reporting system – iReport</td>
<td>frequency, duration and severity of exposure, structure and process of Work information, work safety related information,</td>
<td>Occupational physician and employers reports</td>
<td>Workplace Safety and Health (WSH) (Approved Codes of Practice) SPRING Singapore guideline SSOG (Singapore Standard Occupational Classification)</td>
</tr>
<tr>
<td>Occupational disease surveillance system in Russia</td>
<td>data relating to the working conditions of workers, Data that has an impact on workers’ health</td>
<td>Not reported</td>
<td>Not reported</td>
</tr>
<tr>
<td>Occupational disease surveillance (Turkey)</td>
<td>Not reported</td>
<td>Not reported</td>
<td>NACE General Industrial Classification of Economic Activities within the European Communities</td>
</tr>
</tbody>
</table>

Table 2. Minimum data set, data sources and classification system of registries
cases due to other factors or agents are included in the registry system (34).

**Malaysia**

The occupational disease registration system in Malaysia was created and is maintained by DOSH (department of occupational safety and health). According to law, employers and physicians are obliged to report new cases of occupational diseases to DOSH (35-37).

Occupational diseases in this registry system including Occupational lung diseases, occupational skin diseases, noise-induced hearing loss, diseases caused by chemical agents (poisoning), diseases caused by biological agents, occupational cancers and other occupational diseases (38).

Registry covers workers in occupations such as manufacturing, mining and quarrying, construction, agriculture, forestry, logging and fishery, utility, transport, storage and communication, wholesale and retail trade, hotel and restaurant, financial, insurance, real estate and business services, public services and statutory bodies (38).

**United States**

In the United States IIF (Injuries, Illnesses, and Fatalities) provide rates and the number of occupational diseases, injuries and the number of fatal cases annually. Two main data sources of this program are SOII (The Survey of Occupational Injuries and Illnesses) and CFOI (Census of Fatal Occupational Injuries). SOII is a federal program in which employer’s reports (OSHA 300 form) are collected from private industry and public sector annually. These reports are processed by BLS (Bureau of Labor Statistics). Diseases that are included in the registry contain occupational musculoskeletal diseases, infectious diseases, respiratory diseases, skin diseases and other diseases (39-41).

The registry provides data from all full-time and part-time wage and salary workers in nonfarm industries. The excluded items are self-employed, owners and partners in unincorporated firms, household workers, or unpaid family workers (42).

**Singapore**

In Singapore “iReport” was introduced as a national system of electronic reporting for occupational diseases in 2006 under the supervision of MOM (Ministry of Manpower) (43). Physicians and employers are required to report cases of occupational diseases. Physicians during ten days from the time of diagnosis should register cases in the iReport system. Employers too within ten days of receiving a written diagnosis of the disease should report it (44).

Occupational diseases list in Singapore including anthrax, asbestos, barotrauma, , byssinosis, chrome ulceration, compressed air illness, epitheliotomatous ulceration, occupational skin diseases, liver angiosarcoma, mesothelioma, noise-induced deafness, occupational asthma, repetitive strain disorder of the upper limb, silicosis, toxic anemia, toxic hepatitis and poisonings due to Aniline, Arsenical, Beryllium, Cadmium, Carbamate, Carbon bisulphide, chronic benzene, Cyanide, Hydrogen sulphide, Lead, Manganese, Mercurial, Organophosphate, Phosphorous and halogen derivatives of hydrocarbon compounds (45).

**Russia**

Before 2007, Russia was not mandated evaluation of the working environment and working conditions monitoring was done selective.

A law was passed in 2007 by the Ministry of Health asked all employers that to measure and quantify workplace hazards every 5 years by standardized methods. After that in 2013 Russia adopted the federal law on the basis of a special assessment of working conditions. This law classified working condition in to the 4 level including optimal, permissible, harmful and dangerous (46). According to working condition, workers receive different types of compensation fees (47). The medical commission in suspected cases of occupational diseases reports the results of medical examination to the employers and Rospotrebnadzor (Territorial Department of Federal Service for Oversight of Consumer Protection and Welfare). Then hygienists of Rospotrebnadzor prepare a reports including a description of the sanitary-hygienic characteristics of working conditions, containing the occupational history, description of the working process, information about applied materials and equipment, and levels of occupational exposures during two weeks (48, 49).

**Turkey**

The SSI (Social Security Institution) is the governing authority of the Turkish social security system and according to law reporting all occupational diseases and injuries to SSI is mandatory. The report arranged and classified by SSI in accordance with the rules of the International Labour Organization.

According to statistics released by SSI in Turkey occupational diseases are divided into 5 groups including occupational diseases caused by chemicals, occupational skin disorders, pneumoconiosis and other respiratory occupational diseases, communicable occupational diseases and occupational diseases caused by physical factors. In total 74 cases of occupational disease are defined in 5 groups.

In this field the main challenge is underreporting of occupational disease in compare with other countries reports such as Germany, United States and Finland (50, 51).

5. **CONCLUSION**

Obviously, in order to identify and prevent occupational diseases, the existences of valid and powerful information systems such as occupational diseases registries are essential. However, in most countries still appropriate and comprehensive registry systems, for these purposes, does not exist.

On the other hand, despite development and implementation of the occupational diseases registry in some countries, due to lack of international agreements and standards, comparing of data at international level is not possible. Creating such standards will accelerate the development of these systems in other countries.

- Conflict of interest: none declared.

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