

# Better prevention, identification and reporting of work-related and occupational diseases and emerging risks (EuropeAid/132633/C/SER/Multi, Lot 8, RfS no.: 2016/380168/1)

Tartu meeting 5-4-2018: Progress of the project



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# Three Work Packages:

- WP 1: Compile and summarise the national situation in the NDPHS countries concerning the reporting of ER, OD & WRD
- WP 2: Analyse the compiled material, develop recommendations and report on current situation
- WP 3: Disseminate and promote best practices and recommendations on the significance of prevention of OD & WRD in national context



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# Questionnaire structure

- 11 Modules:
  - 1. Legal context of Occupational Diseases
  - 2. Systems
  - 3. Lists of Occupational Diseases
  - 4. Diagnosis and Assessment
  - 5. Reporting and Registration
  - 6. Statistics and Epidemiology
  - 7. Education and Resecarch
  - 8. Prevention
  - 9. Compensation
  - 10. Emerging Risks
  - 11. Good Practices



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# Analysis of the Questionnaire results (WP2)

- **First round of analysis of replies:**
  - Inventory registers and statistics
  - Estimates of incidences of OD, WRD and ED
- **Second round of analysis of replies:**
  - Guidelines to develop recommendations (to improve registries and prevention)
  - Description of best practices



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# Inventory: legal context (module 1)

- The purpose of OD registers is mainly compensation
- OD registers can generate useful preventive activities
- The reliability of OD statistics from registers is very poor



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# Inventory: lists of OD (module 3)

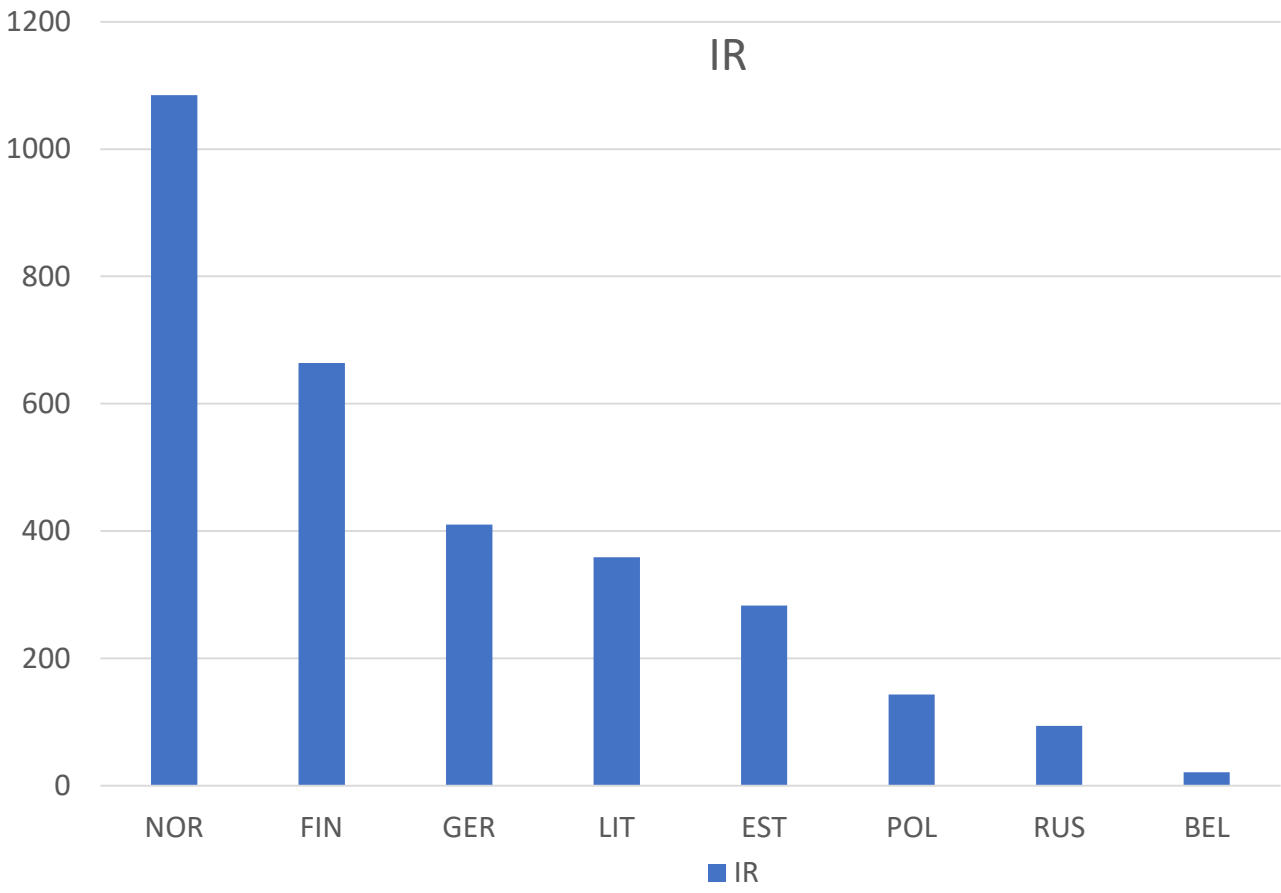
- Structure (categories of diseases) is the same, variations for certain diseases and criteria
- Authority and negotiation based, partly evidence based
- For better statistics we need case definitions for OD (disease criteria combined with exposure criteria)



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# IR of OD in participating countries



# Available sources for estimating OD, WRD and ER

- Tables from Module 6 provided by reporters (best in class figures)
- Additional figures from registers and projects of the participating countries, provided by reporters
- Publications provided by reporters
- Other publications



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# Preliminary conclusions

- Reliability of figures from registries on OD is low, varying per disease within countries and between countries.
- No reliable figures on WRD from (official) registries.
- Current registries are not appropriate for identifying ER, new tools should be developed and implemented as well as research.



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# Estimates of OD, WRD and ER

- Figures of OD (IR with a –broad- range) can be estimated for categories and index diseases per country by combining information from registries, sentinel surveillance projects and epidemiological data (best in class data)
- Figures on WRD can only be obtained by epidemiological data (if available), registers do not provide these data. Only general, not per country
- Concerning ER only information on sentinel cases can be obtained with estimations on (future) impact



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# Steps in estimating OD, WRD and ER

- Exploring available information
- **OD:**
  - Selecting best quality information in participating countries (registers, projects, epidemiological data)
  - Estimates (IR with range) per country for disease groups and index OD's with comments
- **WRD:**
  - Selection of best quality information (registers, projects, epidemiological data) in participating countries
  - Estimates (IR with range) for all NDPHS countries, no figures per country, but comments per country on possible variations between countries
- **ER:**
  - Selection of data from available projects on ER in participating countries, as well as general literature
  - Description of sentinel cases and trends in ER and possible (future) impact, no figures per country, but comments per country on possible variation between countries



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# Improvement of statistics

- OD are a specific category of WRD (OD is a mix of legal and scientific concept)
- Statistics should be focussed on WRD (health outcomes), 2 approaches:
  - Counting cases (with clear case definitions)
  - Epidemiological data (measuring health outcomes in populations at risk)
- Clear case definitions (diagnose x exposure)
- Comparisons can be made within countries, comparing countries requires specific preconditions
- ER: additional tools needed: sentinel surveillance, data mining, epidemiological studies



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# Dissemination of results

- Article in journal (Dick)
- Dissemination in the participating countries (reporters)
- Dissemination to networks, international bodies etc.. (NDPHS)
- ...



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