

## Q&A About the OLDR

***I received a letter from the OLDR informing me that one of my patients was identified as a registry reportable case. Where did the OLDR get this information?***

Most likely, a hospital reported your patient with a possible occupational lung disease after a recent hospital or ER visit. The OLDR will contact physicians listed on the medical record to obtain verification that the lung disease was occupationally related and to obtain further information on the patient such as employer, occupation and suspected agent.

***I am a doctor who treats this patient for an unrelated medical condition and have never treated this patient for lung disease. What should I do?***

If you do not have access to the necessary information regarding the patient's lung disease, please contact the OLDR with the name of the appropriate medical care provider.

***But what if my patient does not have an occupational lung disease?***

If you receive a letter that one of your patients has been identified as a registry reportable case, but to your knowledge the patient does not have an occupational lung disease, please check off the box 'Case is non-occupational' and return the form in the self-addressed envelope. We will no longer contact you regarding this patient.

***My patient is retired. What should I put for the employer and occupation?***

The employer and occupation listed should be the job at which the patient was employed at the time of suspected exposure and not necessarily their current job. This information is essential to public health prevention and surveillance efforts and is utilized to identify areas to target intervention and prevention activities.

***Will you be contacting my patient? If so, why?***

When reports are received, cases meeting interview criteria receive phone interviews inquiring about their demographics and their work and home environments. These interviews are used to determine possible sources of exposure. Industrial hygienists are also available to answer questions about limiting future exposures. All patients with chronic bronchitis, silicosis, pulmonary fibrosis and acute lung conditions are interviewed. In addition, patients with other pneumoconioses younger than 50 years of age are also interviewed. BOH has a Spanish-speaking interviewer on staff, and has access to individuals who are fluent in a multitude of languages and dialects including Polish, Russian, Chinese, Portuguese and French.

***Do you contact my patient's employer?***

Employers are never contacted without the patient's permission. With the patient's permission, an industrial hygienist may contact the company to determine the exposure circumstances of employees. Our objective is to work with the company to understand and to offer assistance on identifying ways to control exposures. The industrial hygienists may provide advice over the telephone with a follow-up letter summarizing the recommendations. If a severe or persistent problem or a unique exposure source exists, we are willing to conduct an on-site industrial hygiene evaluation. That evaluation is then followed by a written report to the employer. Patient confidentiality is always maintained.

***What else do you do with the data you collect?***

We analyze the data to identify trends or a cluster of cases to help guide prevention and intervention efforts. Your patient is never identified in any reports or publications. Below is an example of a cluster of cases that was identified from OLDR data. Without OLDR reports being submitted by health facilities and physicians like you, NYSDOH would not have been able to identify and intervene in this situation.

### Silica Exposure at an Insulator Manufacturer

Registry staff identified 27 cases of silicosis reported to the OLDR who were former long time employees of a manufacturer of porcelain clay insulators. Interviews conducted with the cases revealed that they had frequent unprotected or poorly protected exposure to silica dust over an extended period of time during their course of employment with this company.

Registry staff contacted the safety and health coordinator of the company about actions the company can take to control and reduce workers' potential silica exposure during the manufacturing process. The company agreed to further evaluate work processes involving silica exposure and have consulted with an occupational physician and industrial hygienist. Staff also provided the company with written recommendations on steps the company can take to control and reduce future exposures. Information on the New York State Occupational Health Clinic Network (OHCN) was also provided to the company to assist them in setting up a medical surveillance program.

To learn more about the OHCN visit the web at:  
[www.nyhealth.gov/environmental/workplace/clinic\\_network.htm](http://www.nyhealth.gov/environmental/workplace/clinic_network.htm)

## Which Workers are at Risk for Work-Related Asthma (WRA)?

Put a check next to all the occupations below where a worker might be at risk for WRA.

- Carpenters
- Health Care Workers
- Bakers
- Welders
- Hairdressers
- Teachers
- Day Care Providers
- Machinists/Tool Setters
- Cleaners/Janitors
- Autobody mechanics
- Photographers

If you checked all the occupations then you were correct. This is only a small proportion of the number of occupations in which a worker is at risk for asthma. In at least one out of every six asthmatics, their asthma is caused or made worse by workplace exposures. There are over 350 known occupational asthmagens. The Association of Occupational and Environmental Clinics maintains an updated list of asthmagens at: [www.aoec.org/aoeccode.htm](http://www.aoec.org/aoeccode.htm)

## Occupational Lung Disease Toolkit

In 2005, physicians in New York State were mailed the Occupational Lung Disease Toolkit. The toolkit contained materials on occupational health, the OLDR, and work-related asthma. Some of the topics addressed by the toolkit included taking an environmental and occupational exposure history, the availability of the Occupational Health Clinic Network for consultation and referral, how to report to the OLDR, and asthmagens that put workers at risk.

Six months following the distribution of the toolkit, a random sample of the recipients were surveyed on their recollection of receiving the toolkit and the evaluation of the materials included in the toolkit.

- 21% of responding physicians reported hearing about the OLDR prior to receiving the Toolkit.
- 49% of responding physicians rated the toolkit as very good or excellent, 44% rated it as good.
- 83% of responding physicians reported the items would improve their ability to recognize work-related asthma and other occupational conditions.
- 3% of responding physicians indicated they had reported to the OLDR in the past, 91% reported they would do so in the future
- 57% of responding physicians reported telling a patient or being told by a patient that a lung disease was work-related.

A complete copy of this toolkit is available in Adobe Portable Document Format (PDF) on the web at: [www.nyhealth.gov/nysdoh/lung/toolkit/toolkit.htm](http://www.nyhealth.gov/nysdoh/lung/toolkit/toolkit.htm)

## Is Your Patient's Asthma Work-related?

Workers in hundreds of occupations are exposed to substances in the air that may cause work-related asthma (WRA). While only a small proportion of exposed workers will develop WRA, the majority of those who do never fully recover. WRA is preventable and it's important for health care professionals to consider the possible role of workplace exposures in their adult asthma patients.

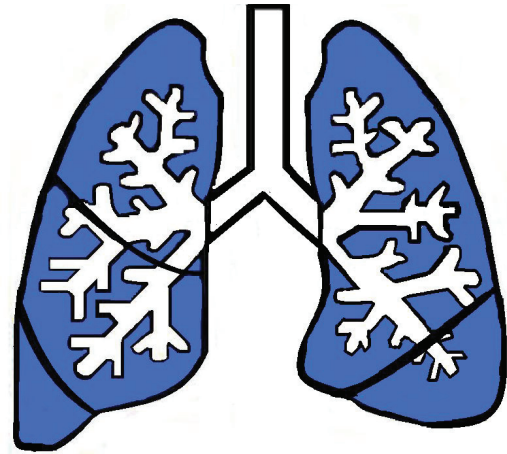
The diagnosis of WRA is made by confirming the diagnosis of asthma and by establishing a relationship between asthma and work. Taking a thorough patient history is an important step in identifying this relationship. Keep in mind that WRA also includes work-aggravated asthma, which is pre-existing asthma exacerbated by workplace exposures. Answering yes to any of the following questions may suggest WRA in your patient:

- **Did your patient's asthma symptoms develop or worsen after performing a new job at work?**
- **Does your patient develop asthma symptoms immediately after working with a specific substance or performing a specific activity at work?**
- **Does your patient experience symptoms more often during work hours and get better at home or while on vacation?**
- **Do your patient's symptoms worsen on return to work after being away?**

This type of asthma can be prevented and if diagnosed early, may be partially or completely reversible if exposures are adequately controlled or stopped.



Using the Occupational Lung Disease Registry



## REMINDER

Patients with occupational lung disease are reportable to the Occupational Lung Disease Registry. These reports are essential to public health prevention and surveillance efforts. For more information visit us on the web at: [www.nyhealth.gov/nysdoh/lung/lung.htm](http://www.nyhealth.gov/nysdoh/lung/lung.htm)

To file a report:  
call toll-free: 1-866-807-2130  
or fax to: 518-402-7909

New York State Department of Health  
Bureau of Occupational Health  
Occupational Lung Disease Registry  
547 River Street, Room 230  
Troy, New York 12180



# Occupational Lung Disease Registry

New York State Department of Health

Bureau of Occupational Health, Flanigan Square, 547 River Street, Troy, NY 12180

Toll Free Number (866) 807-2130 Fax: (518) 402-7909

[www.nyhealth.gov/nysdoh/lung/lung.htm](http://www.nyhealth.gov/nysdoh/lung/lung.htm)

### Dear Health Care Provider:

The New York State Occupational Lung Disease Registry (OLDR) was established in 1981 to reduce morbidity and mortality due to exposure to respirable toxic materials in the work environment. Since its inception, obtaining consistent reporting to the OLDR has been an ongoing challenge and a substantial obstacle to conducting occupational health surveillance. In 2003, efforts were undertaken to increase case ascertainment to the OLDR. With the cooperation and efforts of hospitals and physicians like you across New York State, we have seen a marked increase in reporting to the OLDR over the last several years. These reports are essential to public health prevention and surveillance efforts. We thank you for your assistance in reporting patients, and look forward to your continued cooperation.

Sincerely,  
Karen Cummings, MPH  
Program Director, OLDR

### Flavorings-Related Lung Disease

Bronchiolitis obliterans is a serious disabling and sometimes fatal disease that has been linked to butter flavoring ingredients in some foods, including microwave popcorn. Studies have shown that the ingredients may be harmful to breathe in the forms and concentrations in which workers who use and make the product may be exposed. Bronchiolitis obliterans is an uncommon occupational disease that is often misdiagnosed.

The main respiratory symptoms experienced by affected workers include cough (usually without phlegm) and shortness of breath on exertion. Symptoms typically do not improve at home or on vacations from work. Symptoms are usually gradual in onset and progressive, but severe symptoms can occur suddenly. Some workers experience fevers, night sweats, and weight loss. Symptoms have been incorrectly attributed to asthma, chronic bronchitis, emphysema, pneumonia, and smoking.

Taking a detailed occupational history is important in making a proper diagnosis. An occupational history should include a detailed description of all jobs held, exposures to chemicals, and reporting of symptoms in other workers.

The National Institute for Occupational Safety and Health (NIOSH) is continuing to evaluate new information pertaining to the risk of bronchiolitis obliterans from occupational exposures to flavorings. NIOSH is also in the process of developing a registry for identifying and tracking these types of cases. To provide information about cases of bronchiolitis obliterans (as allowed by medical confidentiality requirements) or to request additional information about this disease, you can contact NIOSH at [Flavorings@cdc.gov](mailto:Flavorings@cdc.gov) or visit their website at: [www.cdc.gov/niosh/topics/flavorings](http://www.cdc.gov/niosh/topics/flavorings)

## Did you know ???

- Occupational Lung Disease is the number one work-related illness in the United States.
- In 2002, 2.5 per 10,000 full time workers developed nonfatal occupational respiratory diseases.
- An estimated 15% of asthma cases in the United States may have job-related factors.
- A single work exposure can cause work-related asthma.
- Occupational exposures account for over 10% of the cases of cancer of the lung, trachea and bronchus.
- By the year 2030 it is estimated that asbestos will have caused 60,000 deaths from mesothelioma.

### It's the Law!

Part 22 of the NYS Sanitary Code requires healthcare providers and facilities to report patients with suspected or confirmed occupational lung disease to the New York State Department of Health Occupational Lung Disease Registry within 10 days of diagnosis.