



## SECOND ITEM ON THE AGENDA

**Effect to be given to the recommendations  
of sectoral and technical meetings****Meeting of Experts on the Revision of  
the List of Occupational Diseases  
(Recommendation No. 194)  
(Geneva, 27–30 October 2009)**

1. In accordance with the decision taken by the Governing Body at its 301st Session (March 2008),<sup>1</sup> the Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) was held in Geneva from 27 to 30 October 2009 with the participation of 21 experts.
2. The agenda of the Meeting, as determined by the Governing Body at its 303rd Session (November 2008),<sup>2</sup> was:

To complete the work accomplished by the Meeting of Experts on Updating the List of Occupational Diseases (13–20 December 2005), on the basis of the common ground about the scope and contents of the revised list of occupational diseases achieved through the tripartite consultations conducted by the Office, further to the request made by the Governing Body at its 295th Session in March 2006.

3. The Meeting examined a proposed list prepared by the Office on the basis of both the work accomplished by the 2005 Meeting of Experts on Updating the List of Occupational Diseases and the common ground achieved through a series of tripartite consultations, and proposed changes to the list. A report of the Meeting together with a revised list of occupational diseases was adopted unanimously by the experts.<sup>3</sup> The revised list of occupational diseases is appended to this paper.
4. The experts were aware that regular review and updating of the list of occupational diseases was essential to reflect the latest developments in scientific knowledge and

<sup>1</sup> GB.301/PV, para. 208.

<sup>2</sup> GB.303/PV, para. 392 and GB.303/21, para. 32.

<sup>3</sup> MERLOD/2009/10.

technological advances. The importance of tripartite consultations in current and future ILO work on the list of occupational diseases was highlighted.

5. It was stressed that since the list of occupational diseases should be a dynamic one, more regular meetings were necessary. The organization of a duly established process for the preparation, through social dialogue, of a basis for the updating of the list should be considered. It was stated that constant review of relevant information was essential. Information from various sources should be collected and evaluated systematically. The experts believed that the development of guidance on diagnosis, prevention and application of the list should be a priority.
6. The experts proposed to involve a group of experts appointed by governments, workers and employers on occupational diseases, which would assist the Office in the preparation of the meetings of experts referred to in Paragraph 3 of Recommendation No. 194, on the basis of criteria listed in section 8 of the document *Identification and recognition of occupational diseases: Criteria for incorporating diseases in the ILO list of occupational diseases*.<sup>4</sup> They also agreed that the document should be published, to enable others to understand on what basis the list had been updated.
7. The experts proposed a number of chemical, biological and physical pathological agents to be considered for future review and updating of the list of occupational diseases.
8. *The Committee may wish to recommend that the Governing Body:*
  - (a) *approve the list of occupational diseases in the appendix of this paper as revised by the Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194) (Geneva, 27–30 October 2009), which would replace the preceding list of occupational diseases annexed to Recommendation No. 194 and be communicated to the Members of the ILO by the Director-General;*
  - (b) *take note of the report of the Meeting of Experts on the Revision of the List of Occupational Diseases (Recommendation No. 194);*
  - (c) *authorize the Director-General to publish and distribute the report of the Meeting to governments and, through them, to employers' and workers' organizations; to the international employers' and workers' organizations, other international organizations concerned; and to other institutions and services as appropriate; and*
  - (d) *request the Director-General to bear in mind, when drawing up proposals for the future programme and budget, the recommendations and proposals made by the Meeting of Experts in paragraphs 13–27 and 68–78 of its report.*

Geneva, 5 February 2010.

*Point for decision:* Paragraph 8.

<sup>4</sup> MERLOD/2009/4.

## Appendix

### List of occupational diseases <sup>1</sup>

#### 1. *Occupational diseases caused by exposure to agents arising from work activities*

##### 1.1. Diseases caused by chemical agents

- 1.1.1. Diseases caused by beryllium or its compounds
- 1.1.2. Diseases caused by cadmium or its compounds
- 1.1.3. Diseases caused by phosphorus or its compounds
- 1.1.4. Diseases caused by chromium or its compounds
- 1.1.5. Diseases caused by manganese or its compounds
- 1.1.6. Diseases caused by arsenic or its compounds
- 1.1.7. Diseases caused by mercury or its compounds
- 1.1.8. Diseases caused by lead or its compounds
- 1.1.9. Diseases caused by fluorine or its compounds
- 1.1.10. Diseases caused by carbon disulphide
- 1.1.11. Diseases caused by halogen derivatives of aliphatic or aromatic hydrocarbons
- 1.1.12. Diseases caused by benzene or its homologues
- 1.1.13. Diseases caused by nitro- and amino-derivatives of benzene or its homologues
- 1.1.14. Diseases caused by nitroglycerine or other nitric acid esters
- 1.1.15. Diseases caused by alcohols, glycols or ketones
- 1.1.16. Diseases caused by asphyxiants like carbon monoxide, hydrogen sulphide, hydrogen cyanide or its derivatives
- 1.1.17. Diseases caused by acrylonitrile
- 1.1.18. Diseases caused by oxides of nitrogen
- 1.1.19. Diseases caused by vanadium or its compounds
- 1.1.20. Diseases caused by antimony or its compounds
- 1.1.21. Diseases caused by hexane
- 1.1.22. Diseases caused by mineral acids
- 1.1.23. Diseases caused by pharmaceutical agents
- 1.1.24. Diseases caused by nickel or its compounds
- 1.1.25. Diseases caused by thallium or its compounds
- 1.1.26. Diseases caused by osmium or its compounds
- 1.1.27. Diseases caused by selenium or its compounds
- 1.1.28. Diseases caused by copper or its compounds

<sup>1</sup> In the application of this list the degree and type of exposure, the work or occupation involving a particular risk of exposure should be taken into account when appropriate.

- 1.1.29. Diseases caused by platinum or its compounds
- 1.1.30. Diseases caused by tin or its compounds
- 1.1.31. Diseases caused by zinc or its compounds
- 1.1.32. Diseases caused by phosgene
- 1.1.33. Diseases caused by corneal irritants like benzoquinone
- 1.1.34. Diseases caused by ammonia
- 1.1.35. Diseases caused by isocyanates
- 1.1.36. Diseases caused by pesticides
- 1.1.37. Diseases caused by sulphur oxides
- 1.1.38. Diseases caused by organic solvents
- 1.1.39. Diseases caused by latex or latex-containing products
- 1.1.40. Diseases caused by chlorine
- 1.1.41. Diseases caused by other chemical agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these chemical agents arising from work activities and the disease(s) contracted by the worker

## 1.2. Diseases caused by physical agents

- 1.2.1. Hearing impairment caused by noise
- 1.2.2. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves)
- 1.2.3. Diseases caused by compressed or decompressed air
- 1.2.4. Diseases caused by ionizing radiations
- 1.2.5. Diseases caused by optical (ultraviolet, visible light, infrared) radiations including laser
- 1.2.6. Diseases caused by exposure to extreme temperatures
- 1.2.7. Diseases caused by other physical agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these physical agents arising from work activities and the disease(s) contracted by the worker

## 1.3. Biological agents and infectious or parasitic diseases

- 1.3.1. Brucellosis
- 1.3.2. Hepatitis viruses
- 1.3.3. Human immunodeficiency virus (HIV)
- 1.3.4. Tetanus
- 1.3.5. Tuberculosis
- 1.3.6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
- 1.3.7. Anthrax
- 1.3.8. Leptospirosis
- 1.3.9. Diseases caused by other biological agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these biological agents arising from work activities and the disease(s) contracted by the worker

## **2. Occupational diseases by target organ systems**

### **2.1. Respiratory diseases**

- 2.1.1. Pneumoconioses caused by fibrogenic mineral dust (silicosis, anthraco-silicosis, asbestosis)
- 2.1.2. Silicotuberculosis
- 2.1.3. Pneumoconioses caused by non-fibrogenic mineral dust
- 2.1.4. Siderosis
- 2.1.5. Bronchopulmonary diseases caused by hard-metal dust
- 2.1.6. Bronchopulmonary diseases caused by dust of cotton (byssinosis), flax, hemp, sisal or sugar cane (bagassosis)
- 2.1.7. Asthma caused by recognized sensitizing agents or irritants inherent to the work process
- 2.1.8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts or microbially contaminated aerosols arising from work activities
- 2.1.9. Chronic obstructive pulmonary diseases caused by inhalation of coal dust, dust from stone quarries, wood dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, and paper dust arising from work activities
- 2.1.10. Diseases of the lung caused by aluminium
- 2.1.11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
- 2.1.12. Other respiratory diseases not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the disease(s) contracted by the worker

### **2.2. Skin diseases**

- 2.2.1. Allergic contact dermatoses and contact urticaria caused by other recognized allergy-provoking agents arising from work activities not included in other items
- 2.2.2. Irritant contact dermatoses caused by other recognized irritant agents arising from work activities not included in other items
- 2.2.3. Vitiligo caused by other recognized agents arising from work activities not included in other items
- 2.2.4. Other skin diseases caused by physical, chemical or biological agents at work not included under other items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to risk factors arising from work activities and the skin disease(s) contracted by the worker

### **2.3. Musculoskeletal disorders**

- 2.3.1. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.2. Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist
- 2.3.3. Olecranon bursitis due to prolonged pressure of the elbow region
- 2.3.4. Prepatellar bursitis due to prolonged stay in kneeling position
- 2.3.5. Epicondylitis due to repetitive forceful work

- 2.3.6. Meniscus lesions following extended periods of work in a kneeling or squatting position
- 2.3.7. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three
- 2.3.8. Other musculoskeletal disorders not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between exposure to the risk factors arising from work activities and the musculoskeletal disorder(s) contracted by the worker

## 2.4. Mental and behavioural disorders

- 2.4.1. Post-traumatic stress disorder
- 2.4.2. Other mental or behavioural disorders not mentioned in the preceding item where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between exposure to the risk factors arising from work activities and the mental and behavioural disorder(s) contracted by the worker

## 3. ***Occupational cancer***

### 3.1. Cancer caused by the following agents

- 3.1.1. Asbestos
- 3.1.2. Benzidine and its salts
- 3.1.3. Bis-chloromethyl ether (BCME)
- 3.1.4. Chromium VI compounds
- 3.1.5. Coal tars, coal tar pitches or soots
- 3.1.6. Beta-naphthylamine
- 3.1.7. Vinyl chloride
- 3.1.8. Benzene
- 3.1.9. Toxic nitro- and amino-derivatives of benzene or its homologues
- 3.1.10. Ionizing radiations
- 3.1.11. Tar, pitch, bitumen, mineral oil, anthracene, or the compounds, products or residues of these substances
- 3.1.12. Coke oven emissions
- 3.1.13. Nickel compounds
- 3.1.14. Wood dust
- 3.1.15. Arsenic and its compounds
- 3.1.16. Beryllium and its compounds
- 3.1.17. Cadmium and its compounds
- 3.1.18. Erionite
- 3.1.19. Ethylene oxide
- 3.1.20. Hepatitis B virus (HBV) and C virus (HCV)
- 3.1.21. Cancers caused by other agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between exposure to these agents arising from work activities and the cancer(s) contracted by the worker

**4. Other diseases**

- 4.1. Miners' nystagmus
- 4.2. Other specific diseases caused by occupations or processes not mentioned in this list where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between exposure arising from work activities and the disease(s) contracted by the worker