
INTERNATIONAL LABOUR ORGANIZATION

Report on the replies to the questionnaire on the updating of the “list of occupational diseases” annexed to the List of Occupational Diseases Recommendation, 2002 (No. 194) and on the amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference in 2002

Working document for the Meeting of Experts on updating the List of Occupational Diseases
(Geneva, 13-20 December 2005)

InFocus Programme on Safety and Health at Work
and the Environment (SafeWork)
Geneva, October 2005



INTERNATIONAL LABOUR OFFICE GENEVA

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List of recurring abbreviations

Argentina	UIA	Argentine Industrial Union
	CGT	General Confederation of Labour
Belarus	FPB	Federation of Trade Unions of Belarus
	UHW	Union of Health Workers
Bulgaria	BCCI	Chamber of Commerce and Industry
	BUPCV	Bulgarian Union of Private Contractors “Vazrazdene”
	UPEE	Union of Private Economic Enterprise
Burundi	COTEBU	Complexe Textile de Bujumbura
Cameroon	CCFTU	Cameroon Confederation of Free Trade Unions
	GICAM	Inter-enterprise Group of Cameroon
	USLC	Union of Free Trade Unions of Cameroon
Canada	CLC	Canadian Labour Congress
	CSN	Confédération des syndicats nationaux
Czech Republic	SPCR	Confederation of Industry of the Czech Republic
Egypt	FEI	Federation of Egyptian Industries
Finland	EK	Confederation of Finnish Industries
	SAK	Central Organization of Finnish Trade Unions
	VTML	State Employer’s Office
Germany	DGB	German Confederation of Trade Unions
	BDA	Confederation of German Employers’ Associations
	IGM	IG Metall
India	AITUC	All India Trade Union Congress
Islamic Republic of Iran	ICEA	Iran Confederation of Employers’ Associations
Italy	CGIL	Italian General Confederation of Labour
Japan	JBF	Japan Business Federation
	JTUC	Japanese Trade Union Confederation
Netherlands	FNV	Netherlands Confederation of Trade Unions
	VNO-NCW	Confederation of Netherlands’ Industry and Employers
New Zealand	NZCTU	New Zealand Council of Trade Unions
	BNZ	Business New Zealand
Nicaragua	INSS	Nicaraguan Institute of Social Security
	UPANIC	Union of Agricultural Producers of Nicaragua
Portugal	UGT	General Union of Workers

	CPT	Portuguese Confederation of Tourism
	CCP	Confederation of Trade and Services of Portugal
	CIP	Confederation of Portuguese Industry
Qatar	QCA	Qatari Competent Authorities
San Marino	ANIS	National Industrial Association of San Marino
Slovenia	ZPIZ	Pension and Disability Insurance Institute
	CIOTSM	Clinical Institute of Occupational, Traffic and Sports Medicine, KIMDPS
	ZDS	Association of Employers of Slovenia
	ZDODS	Association of Employers of Craft Activities of Slovenia
Spain	UGT	General Union of Workers
Sri Lanka	LJEWU	Lanka Jathika Estate Workers' Union
Switzerland	UPS	Confederation of Swiss Employers
Trinidad and Tobago	ECA	Employers' Consultative Association
Turkey	INTES	Turkish Employers Association of Construction Industries
	TSF	Turkish Sugar Factories Inc.
	MESS	Turkey Metal Industrialists Union
	TKS	Confederation of Public Servants Unions of Turkey
	ÇMİS	Cement Producers Employers' Association of Turkey
Ukraine	FPU	Federation of Trade Unions of Ukraine
United Kingdom	CBI	Confederation of British Industry
	TUC	Trades Union Congress
ACGIH		American Conference of Governmental Industrial Hygienists
ERS		European Respiratory Society
IARC		International Agency for Research on Cancer
ICD-10		International Statistical Classification of Diseases and Related Health Problems, 10th Revision
NTP		National Toxicology Program
WHO		World Health Organization

Introduction

At its 291st Session (November 2004), the Governing Body of the International Labour Office decided to convene a meeting of experts to update the list of occupational diseases annexed to the List of Occupational Diseases Recommendation, 2002 (No. 194). The Meeting of Experts on Updating the List of Occupational Diseases will be held at the International Labour Office, Geneva, from Tuesday 13 to Tuesday 20 December 2005.

The agenda of the Meeting, as determined by the Governing Body, is as follows:

Examination and adoption of an updated list of occupational diseases which will replace the list of occupational diseases included in the Annex to the List of Occupational Diseases Recommendation, 2002 (No. 194).

The procedure foreseen for updating the list of occupational diseases is outlined in Paragraph 3 of the List of Occupational Diseases Recommendation, 2002 (No. 194):

The list as annexed to this Recommendation should be regularly reviewed and updated through tripartite meetings of experts convened by the Governing Body of the International Labour Office. Any new list so established shall be submitted to the Governing Body for its approval, and upon approval shall replace the preceding list and shall be communicated to the Members of the International Labour Organization.

The Committee on Occupational Accidents and Diseases which was established and entrusted by the 90th Session of the International Labour Conference in 2002 to work on the List of Occupational Diseases Recommendation, 2002 (No. 194), requested the Governing Body of the International Labour Office to convene the first of the tripartite meetings of experts referred to in Paragraph 3 of the Recommendation as a matter of priority and expected that, in addition to examining the Annex to the Recommendation, together with existing national and other lists of occupational diseases, as well as comments received from member States, the Meeting should consider all the amendments submitted on the Annex to the Conference Committee.

To help the Office in its technical preparation for a structured review of occupational diseases recognized at the national level and for the updating of the list of occupational diseases at the meeting of experts, a questionnaire was prepared and communicated to the governments of the member States of the ILO. Member States were invited to formulate observations on the current list of occupational diseases annexed to Recommendation No. 194 and to propose recommendations for the updating of the list of occupational diseases and to send their replies so as to reach the Office by 30 June 2005 (upon the request of some governments, the deadline for submission of the replies was extended to 15 August 2005). The governments of the member States of the ILO were asked to transmit a copy of the questionnaire to the representative organizations of employers and workers in their countries and to ensure that their replies took account of any comments received from those organizations. The World Health Organization (WHO) and the International Commission on Occupational Health (ICOH) were also invited to reply to the questionnaire.

At the time of drawing up this working document, the Office had received replies from the following 80 member States:¹ Algeria, Argentina, Australia, Azerbaijan, Bahamas, Bahrain, Belarus, Belgium, Belize, Benin, Brazil, Burundi, Bulgaria, Cameroon,

¹ Replies received, including those that arrived too late to be included in this document, may be consulted on request by the participants of the Meeting.

Canada, Central African Republic, Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Dominica, Egypt, Estonia, Ethiopia, Finland, France, Gabon, Ghana, Germany, Greece, Guatemala, Honduras, Hungary, India, Islamic Republic of Iran, Israel, Italy, Japan, Kenya, Lithuania, Latvia, The former Yugoslav Republic of Macedonia, Mauritius, Mexico, Morocco, Netherlands, New Zealand, Nicaragua, Oman, Panama, Peru, Philippines, Poland, Portugal, Rwanda, Russian Federation, Qatar, San Marino, Sri Lanka, Serbia and Montenegro, Sierra Leone, Saudi Arabia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukraine, United Kingdom, United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

The governments of the following 17 member States stated that their replies had been drawn up following consultation with organizations of employers and workers: Argentina, Azerbaijan, Belgium, Belize, Bulgaria, Canada, Czech Republic, Dominican Republic, Finland, Latvia, Poland, Russian Federation, Rwanda, San Marino, Sierra Leone, Spain, Sri Lanka. Some included in their replies the opinions expressed on certain points by these organizations, or referred to them, while other governments sent the observations from employers' and workers' organizations separately, without otherwise referring to them. In some cases replies were received directly from employers' and workers' organizations.

The present working document has been prepared on the basis of: (i) all the amendments submitted to the list of occupational diseases annexed to the List of Occupational Diseases Recommendation, 2002 (No. 194), to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference in 2002 (see MEULOD/2005/2); (ii) the replies to the Office questionnaire on the list of occupational diseases from governments, employers' and workers' organizations of the member States; and (iii) the analysis of about 50 national and other lists of occupational diseases collected by the Office and the evaluation of international scientific developments in the identification of occupational diseases. With due account being taken of the agenda for the Meeting of Experts on Updating the List of Occupational Diseases, clearly defined by the Governing Body, the Office focused its technical work on occupational diseases, which are diseases contracted as a result of an exposure to risk factors arising from work activity as defined by the Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (No. 155).

The body of this working document contains, under each item, the essential points of the observations indicated in the replies from governments, employers' and workers' organizations, the amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference in 2002 and brief Office commentaries.

This is followed by a proposed list of occupational diseases to replace the list annexed to the List of Occupational Diseases Recommendation, 2002 (No. 194). It is expected that the examination of this list will enable the Meeting to adopt an updated list and to fulfil the task on its agenda.

The technical justifications for the new and modified items in the proposed list are presented in a separate background document (MEULOD/2005/3) in order to reduce the length of this working document. The technical justifications include the evaluation of the scientific development and the recognition of these occupational disorders at national and international levels. Useful technical information on unchanged items may be found in the ILO *Encyclopaedia of Occupational Health and Safety*, 1998.

Replies received and commentaries

This section contains the substance of the replies to the questionnaire which has been circulated to member States. Each question is reproduced and followed by a list indicating the governments, employers' and workers' organizations that replied to it (grouped in accordance with their replies: affirmative, negative, and other). The substance of the amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference in 2002 is given after the replies of the governments, employers' and workers' organizations. Where replies are accompanied by qualifying remarks or explanations, the substance of each observation is given, in alphabetical order of the countries, after the abovementioned list. Where a reply deals with several questions, or refers to earlier questions, the substance of the reply is given under the first question and is only referred to in the other questions. The replies to each question are followed by brief comments.

Some replies gave information on national law and practice without giving answers to some or all questions. While most useful for the work of the Office, this information has not been included unless it is of direct relevance to specific items of the questionnaire. Such replies have been listed as affirmative or negative answers depending on their wording in relation to the context of the question.

General observations ²

Argentina. CGT: An exhaustive evaluation has been made of the occupational diseases in the attached list under Decree No. 658/96 pursuant to section 8, paragraph 2, of Act No. 24,557, in addition to later additions such as the Register of carcinogenic substances and agents issued by resolution 415/02, compounds or circumstances involving carcinogenic exposure under resolution 310/03, the Register of polychloride biphenyls under resolution 497/03, the updated list of chemical substances in Annex I of Provision 895 under resolution 743/03, and the inclusion of hanta virus and tripanosoma cruzi by Decree No. 1,167/03 as agents causing occupational disease.

Occupational diseases are those recognized by law and listed in Decree No. 658/96, but there are others that have not been included, which the WHO terms work-related diseases.

With each day that passes there are more intoxications, heart attacks, gastrointestinal disorders, ulcers, hypertension, diabetes, insomnia, psychosomatic disorders – all pathologies that are caused as a result of distress at work which leads to depression of the immune system.

As another example, the list of diseases caused by “strained postures and repetitive movements at work” excludes inguinal abdominal hernia, discal hernia and eventrations, as if they had nothing to do with carrying heavy bags weighing 50 kilos for 12 hours or lifting 12-inch girders, with the list being limited to the effects of occupational accidents.

Stress is included only as a post-traumatic effect of an occupational accident, disregarding all the circumstances leading to it, such as those experienced by public

² In quoting the replies, if only the name of a country is given, this means that the reply is from the Government of that country.

transport drivers, firefighters, police officers and journalists, and all the work environments marked by excessive pressure and demands.

In the absence of a complete register it is impossible to determine the causes of a disease and therefore to prevent it. Hence the need to develop the list through an exchange of views conducted in person, as a supplement to merely filling in a statistical form.

Australia: Australia's national occupational health and safety (OHS) programmes are expressed through the National OHS Strategy 2002-22 (the Strategy) and its action plans. These are regularly reviewed and adjusted to reflect changing national situations. The Strategy provides a comprehensive and systematic approach to promoting improved OHS performance, with identified priorities and areas requiring national action. The Strategy has five national priorities: reducing high incidence/severity risks; improving the capacity of business operators and workers to manage OHS effectively; preventing occupational disease more effectively; eliminating hazards at the design stage; and strengthening the capacity of government to influence OHS outcomes. With regard to the priority to prevent occupational diseases more effectively, NOHSC members have agreed that eight disease categories warrant specific action. These are: musculoskeletal disorders (MSDs); mental disorders; noise-induced hearing loss; respiratory diseases including asthma; cancer; contact dermatitis; infectious and parasitic diseases; and cardiovascular diseases.

Brazil: The Single Health System (SUS) and the National Institute of Social Security (INSS-MPAS), responsible in Brazil for diagnosing occupational diseases and determining causal links between injuries/diseases and exposure to agents, recently updated the legislation containing the list of work-related diseases. In 1998, the Ministry of Health began an initiative to draw up a list of occupational and work-related diseases for the SUS's guidance, referring, in Decree No. 1339/GM of 18 November 1999, to paragraph 3.VII.6 of Act No. 8,080/90, which assigns the task of drawing up such lists to the SUS. At the same time, it also deals with the recommendations contained in the Employment Injury Benefits Convention, 1964 (No. 121), and the List of Occupational Diseases Recommendation, 2002 (No. 194), of the ILO.

In order to put this initiative into practice, the Ministry of Health established a Committee of Experts on Occupational Diseases which drew up a list of diseases that can be caused or etiologically related to pathogenic agents or groups of pathogenic agents. This stage of the process allowed "List A" to be drawn up; this is a table of entries by agent. This was followed by "List B", which links diseases with etiological agents or occupational risk factors. The end result was a "double-entry" list, that is, by agent and by disease.

To avoid legislative conflicts, the list was recognized by the INSS, which published it as an annex to Decree No. 3048 on 6 May 1999. From a conceptual point of view, the Committee preferred to work with the broad definition of "work-related diseases" in order to overcome the conceptual difference in Brazilian law between "occupational diseases" and "diseases of the working environment". Consequently, at least three categories are included, based on the classification proposed by Schilling:

- *Group I:* Diseases in which occupation is a necessary factor, typically "occupational diseases", in the strict sense, or acute occupational intoxication.
- *Group II:* Diseases in which occupation can be a risk factor or a contributing factor, but is not a necessary one; examples are "common" diseases occurring more frequently or earlier than normal among particular occupational groups and which therefore have a causal link of an eminently epidemiological nature.

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- *Group III:* Diseases in which occupation provokes a latent condition, or aggravates an established or pre-existing disease, typically allergic skin or respiratory diseases or mental disorders, in particular occupational groups.

It was therefore suggested that the ILO fully apply the same principles and listings, which could without doubt contribute to greater understanding and broader application of the List of Occupational Diseases Recommendation, 2002 (No. 194).

Cuba: On 18 December 1996, Cuba put into effect joint resolution MTSS-MINSAP No. 2, which repealed government resolution No. 34 of 1977. This new resolution No. 2/1996, in contrast to resolution No. 34/1977, identifies the diagnosis and the etiological agent that caused the disease and, moreover, states the industrial, agricultural or occupational activities where it may be contracted. It also establishes the procedure that will allow this connection to be extended as a result of the appearance of new etiological factors arising from the scientific and technical development of the country. Resolution No. 2/1996 has the approval of the Confederation of Workers of Cuba and the evaluation and approval of new diseases to be included should also be considered by that workers' organization according to the resolution. Generally, the occupational diseases recognized and listed by Cuba are listed in the general or specific statements of the proposal, except for anthrax, brucellosis, histoplasmosis and leptospirosis. We believe that the proposal is broader than the current list of occupational diseases established by Cuba, and that section 2.3 "Mental and behavioural illnesses" is very innovative. With regard to the new section 2.4, new standards and concepts are being developed in Cuba that introduce the potentially damaging effect of the psychosocial element in the labour environment. This concurrence brings Cuba closer to the new ILO proposal. However, psychosomatic and psychiatric conditions caused by harassment are not a characteristic of Cuban society, which means further consideration is needed. Similarly, there are some diseases caused by chemical agents that are not specified in resolution No. 2/1996, as follows: 1.1.6, 1.1.17, 1.1.18, 1.1.20 to 1.1.28, 1.1.30, 1.1.31, 1.2.6, 1.2.7. With regard to infectious or parasitic diseases caused by biological agents covered in section 1.3 in a single general statement, Cuba covers these more specifically in order to specify the name of the disease and the work situation or occupation where it can be contracted. Asthma falls into the section on occupational respiratory diseases. This illness is very widespread in Cuba and generally in the geographic area, which makes it difficult and controversial when it comes to diagnosing it as an occupational illness or not. In any case, the study of asthma is of interest. In the same section, there are other occupational diseases that are not considered by Cuba, such as: 2.1.2, 2.1.4 (asthma), 2.1.5 to 2.1.9. Occupational musculoskeletal disorders are not listed in Cuba and are often difficult to diagnose given the possibilities of developing these from any overexertion inside or outside the working area or work activity. However, this is a challenge that can be examined. Cuba does not deal with occupational cancer (section 3) in the same way, although some of the listed proposals appear in Cuban legislation. The proposal is advanced and very consistent with the suffering of workers and potential harmful factors for them in their working environment. The proposal should be examined with a view to its inclusion in national lists.

Czech Republic: The classification criteria (by agent as well as by target organ systems) are inevitably overlapping. Which of them are preferable, e.g. should allergic dermatitis caused by chromium be coded as 1.1.4 (Diseases caused by chromium) or as 2.2.1 (Skin diseases caused by chemical agents)?

Germany: In the interests of promoting more precise definitions of occupational diseases, the Government of Germany is concerned not to include in its own list of occupational diseases any new diseases designated as "Diseases caused by ...". Indeed, efforts are directed at ensuring that, in the case of any new occupational diseases that might be included, a precise indication is given of the disease in question, the relevant causative factors and indications of dose (for example, lung cancer in the case of an

established cumulative dose of asbestos dust at the workplace over at least 25 years). We therefore cannot agree to the inclusion of new diseases designated in general terms such as “Diseases caused by ...” and “Diseases caused by any other agents not mentioned in ...” of the type seen in the ILO list of occupational diseases in 1.1.32, 1.2.8, 2.1.10, 3.1.15.

Japan. JBF: 1. *Basic stance.* We consider that there should be extensive discussion in a tripartite expert meeting with regard to updating the list of occupational diseases, as modalities relating to the outbreak of occupational diseases are different among countries, and that the list of occupational diseases formulated by ILO should not be of a binding nature but be confined to reference material. 2. *Comments on the replies of the Japanese Government.* The replies prepared by the Japanese Government on: (1) diseases caused by agents; (2) diseases by target organ systems; (3) occupational cancer; and (4) other diseases are in line with the report presented in April 2003 by the Ministry of Labour, Health and Welfare’s Professional Meeting for the examination of article 35, Enforcement Regulations for the Labour Standards Law. The Professional Meeting composed of 13 medical experts was established on the basis of Recommendation No. 194 and it examined whether there was any occupational disease to be added to Japan’s list of occupational diseases from the medical standpoint. The JBF, therefore, supports the Government’s reply. 3. *Other comments.* The nature of the ILO list of occupational diseases as an annex to the non-binding Recommendation should be firmly maintained.

Netherlands: In the list different ways of categorizing are used, some of them according to exposure, others to disease. Sometimes it is not very clear (when only exposure is given) which disease is meant. It would perhaps be better in the long term to develop a list which combines both exposure and diseases. Also, the development of a series of criteria documents and practical guidelines for diagnosing the diseases on the list seems necessary. Moreover, the Netherlands would like to emphasize that the items on the list should be typical for certain professions (hence, occupational) and the link between the exposure and the disease should be sufficiently established. This is why the Netherlands cannot fully agree with some of the proposed changes and why it has suggested some changes in phrasing.

New Zealand: The Government requests that, as part of a move by the ILO to give a higher priority to occupational health, the ILO issue an up-to-date list of occupational diseases to member States on an annual basis.

BNZ: The BNZ is in general agreement with the Government’s response to the questionnaire, except for the following: the BNZ does not agree with the Government’s general comment that the ILO should issue an up-to-date list of occupational diseases “on at least an annual basis”. It is this organization’s view that it would be more satisfactory to require the ILO to issue a list of this kind “from time to time, as required”.

NZCTU: The NZCTU endorses the New Zealand Government’s request to update the list of occupational diseases on at least an annual basis. The NZCTU recommends that this update expand upon the list of carcinogenic and serious hazardous substances.

Portugal: Taking account of new working conditions and new forms of work existing all around the world, it would be preferred that experts meet together to add new types of occupational diseases to the ILO list (Recommendation No. 194).

Spain: As background to the subject of this report, which should be taken into account with the completed questionnaire, please note the following:

- the list of occupational diseases annexed to the Employment Injury Benefits Convention, 1964 (updated in 1980). This Convention has not been ratified by Spain;

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- ILO Recommendation No. 194;
 - article 116 of Royal Legislative Decree No. 1/1994 of 20 June, which approves the Revised Text of the General Law on Social Security, which defines what is understood by occupational disease in our regulations, and Royal Decree No. 1995/1978 of 12 May, which approves the Table of Occupational Diseases in the Social Security System. Both provisions constitute legislation in force in Spain, the table mentioned being currently under revision. Royal Decree No. 1995/1998 contains the definitive list of occupational diseases that are recognized as such in Spain, for the activities specified and with the factors and substances that cause them provided in that table.

However, at the Community level, Recommendation No. 2003/670/EC of the Commission of 19 December 2003 has recently been approved, which recommends that the Member States introduce as soon as possible into their national legislations the occupational diseases contained in its Annex I (the European schedule of occupational diseases) and establish a data-recognition system on the epidemiology of the diseases in Annex II or on any occupational disease (complementary list). It is obvious that Spain, like the other Member States, will adhere to this schedule, which has provided the basis of the revision of the table of occupational diseases currently in force.

The revision process has been carried out in the Committee on Social Dialogue for the Prevention of Labour Risks (Labour Health Group). A technical subgroup focused on updating the Spanish Table of Occupational Diseases, in particular based on Recommendation No. 2003/670/EC (European schedule of occupational diseases). However, the original principle was to try to retain, to the extent possible, the structure of the table currently in force (Agent-pathology and main symptoms-activities capable of causing the occupational disease). The table has been revised, introducing new concepts and sections. Annex II of the European list was also examined, and was considered the basic guiding criteria for the changes to be introduced into the new table. The revision process is well under way.

The sections on occupational diseases in the new table are grouped as follows:

- *Group 1:* Occupational diseases caused by chemical agents;
- *Group 2:* Occupational diseases caused by physical agents;
- *Group 3:* Occupational diseases caused by biological agents;
- *Group 4:* Occupational diseases caused by inhalation of substances and agents not included in other sections;
- *Group 5:* Occupational skin diseases caused by substances and agents not included in other sections;
- *Group 6:* Occupational diseases caused by carcinogenic agents.

We note that, in general, this has followed the structuring of the groups of diseases of the ILO Recommendation (except for Group 4), showing where future provisions in Spanish legislation will be directed on the issue. With regard to the diseases included in each group of the new Spanish table, we would like to point out the following:

- those indicated in the new table will be aimed, as in the European list, at families of specific agents (for example, lead and lead compounds, glycols, etc.), rather than being broad generalized concepts;

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- barring certain exceptions (for example, points 1.1.25 to 1.1.30 of the ILO list), it covers and goes beyond the diseases in the ILO list (note also that the ILO list takes the form of a Recommendation).

For this reason it seems appropriate that our answers to the questionnaire take into account the provisions of the new Spanish table of occupational diseases in order to achieve the greatest possible degree of harmonization and to avoid any confusion in the future. In our opinion, this is not a question of both lists being identical, but both should contain the same essential structure and points.

Switzerland: Swiss legislation concerning occupational diseases allows the consideration of diseases not included in the list as occupational diseases. Therefore, it is not so important to modify the ILO list of occupational diseases annexed to Recommendation No. 194. However, since many national laws are not as flexible as Swiss legislation, it would seem useful to increase the number of diseases in order to ensure more homogeneity regarding this topic.

UPS: It is not necessary to update the list based on specific agents or organs. What is important is a clear distinction between diseases caused by the professional activity and diseases caused by other activities. Switzerland has a legislation concerning occupational diseases that is “open” and allows the consideration of diseases not included in the list as occupational diseases when the relation with the occupation is clearly proven.

United Kingdom. TUC: We welcome and support the response from the Government in respect of mental and behavioural illness. However, we would ask that this be extended to include those cases of post-traumatic stress disorder (PTSD) which are work related. We do sympathize with the Government’s comments that there is no explanation for the suggested admissions to the list and we believe this is regrettable, however we would contend that those diseases outlined in 1.3 and 3.1 should definitely be included. We are surprised that the British Government has opposed the inclusion of these, often relatively common, conditions, but at the same time support retaining “miners’ nystagmus” – a condition that was effectively eradicated in the United Kingdom several decades ago. While we do not support the removal of miners’ nystagmus without international evidence on its prevalence, the Government position does seem irrational. In respect of the diseases in 1.1 and 1.2, although we would have liked some consideration given to these we accept that, as currently proposed, they may be difficult to quantify and record.

World Health Organization (WHO): The questionnaire was filled out by our occupational health experts in consultation with the network of WHO collaborating centres for occupational health. Due to the short time available for preparing the comments we were not able to review the evidence and to organize consultations with our Member States. Therefore, the proposals made by our experts do not constitute a formal position of the WHO on the ILO list of occupational diseases.

Office commentary

The pattern of employment has been in a steady process of changing in many countries over the recent decades. Traditional heavy industries have diminished in some and have been replaced by service industries; in others, in particular the developing countries, heavy industries are being developed and large numbers of workers are being exposed to occupational risks that were previously unknown in those countries. Despite continued efforts to improve working conditions and the rapid development of safety and health technologies for the workplace, work-related hazards exist in almost all occupations. The development of new chemicals, coupled with the considerable increase in international trade, is creating new risks in all countries. Rapidly expanding computer use has been associated with musculoskeletal and eye problems in a growing number of workers. New

physical, chemical and biological factors, which affect workers' health, are increasingly identified thanks to the development of diagnostic technology and epidemiological studies.

The number of occupational diseases that are recognized and included in various national compensation schemes has seen a steady increase over the years, even though the pace of the increase varies greatly from country to country. The European Commission issued a new recommended schedule of occupational diseases and a list of diseases suspected of being occupational in origin in 2003, which are the updated versions of its 1990 lists. There has been no change in the format of the 2003 European lists. The 2003 European schedule of occupational diseases introduced about 16 new items and deleted one item. Among the newly introduced items, four come from the 1990 list of diseases suspected of being occupational in origin. The 2003 list of diseases suspected of being occupational in origin introduced seven new items.

Judging from the analysis of the amendments submitted to the 2002 International Labour Conference, the replies to the questionnaire on the list of occupational diseases and the common practice in the development and establishment of lists of occupational diseases at the national and regional levels, the Office considers it reasonable to keep unchanged the current format of the list of occupational diseases annexed to Recommendation No. 194 which breaks down the list into diseases caused by agents (chemical, physical, biological); diseases of target organ systems; and occupational cancer. Consequently, the Office updating work has been focused on further consolidating the list by improving existing items for better clarity and comprehensiveness and introducing new diseases and conditions and deleting redundant ones. This was based on scientific and technical developments in identification and diagnosis of diseases caused by work as well as the relevant laws and practice at national, regional and international levels.

In proposing an updated version of the list of occupational diseases, efforts have been made by the Office to avoid ambiguity that would result from double entry of either agents or conditions. Where agents result in multiple organ system diseases (e.g. poisoning), these should be included within the list of agents. The agents will be classified as noted with the indication that only non-cancer end points are considered. Carcinogens are listed separately for emphasis and because of their importance. Although they have not been recently updated, the "Indicative lists of carcinogenic substances and agents" and the "Lists of carcinogenic agents and industrial processes according to the IARC Monograph Programme" have been taken into account (Occupational Safety and Health Series No. 39, 1988, Appendixes I and II respectively). The inclusion of the agents commonly seen at work included in the International Agency for Research on Cancer (IARC) category 1 list was considered to be a minimum inclusion with the possibility of the inclusion of the other substances within the carcinogen listing which are not on the IARC category 1 list.

Criteria for the identification of new occupational diseases to be added to the ILO list of occupational diseases include the scientific evidence on the causal relation between occupational exposure and effect, the magnitude of the risk factors as well as the importance of taking preventive measures (availability, reliability, cost-effectiveness). The fact that a disease is recognized in many or several national lists is also included among the abovementioned criteria. The majority views in the replies to the Office questionnaire echoed by the amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference in 2002 are a key factor in deciding the actual changes that the Office proposes to be introduced to the list of occupational diseases. Specific items, if selected appropriately, could help to focus the preventive action, but this should only be done on the understanding that other non-specified items would be implicitly covered by the open provisions of the list such as "any other agents/diseases not mentioned in the preceding items, where a link is established between exposure to risk factors arising from work activities and the disease contracted by the worker". This cautious approach is highly

advisable since Recommendation No. 194, Paragraph 2(a), states that a national list should “comprise, at the least, the diseases enumerated in Schedule I of the Employment Injury Benefits Convention, 1964 (No. 121), as amended in 1980”.

Taking due account of several of the abovementioned general observations, it would seem useful for the ILO to produce at a later stage guidance documents concerning the linkage between this ILO list and the WHO’s work on the international classification of diseases,³ diagnostic criteria, approaches and technical terminology on the recognition and determination of occupational diseases at the international level. Such activities would be conducted in collaboration with relevant national and international agencies involved in the field of occupational health.

Specific observations

Qu. 1:

1. Diseases caused by agents
 - 1.1. Diseases caused by chemical agents
 - 1.1.1.-1.1.32.

Do you consider that these items should remain unchanged?

Total number of replies: 121 (73)⁴

Affirmative: 81 (51)

Algeria, Argentina, Argentina (CGT), Azerbaijan, Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belgium, Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Bulgaria, Burundi (COTEBU), Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Chile, Colombia, Cuba, Cyprus, Czech Republic (SPCR), Dominican Republic, Egypt, Egypt (FEI), Ethiopia, Finland, Gabon, Ghana, Greece, Guatemala, Honduras, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), Nicaragua, Nicaragua (UPANIC), Panama, Philippines, Philippines (Social Security System), Portugal, Portugal (CCP), Portugal (UGT), Portugal (CIP), Qatar, Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZDS), Sri Lanka, Switzerland (UPS), Trinidad and Tobago (ECA), Tunisia, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (MESS), United Arab Emirates, United Kingdom, Bolivarian Republic of Venezuela, Zambia.

³ Guidance on the use of ICD-10 in the notification of occupational diseases is given in the WHO publication entitled *International statistical classification of diseases and related health problems (ICD-10) in occupational health*, 1999 (WHO/SDE/OEH/99.11).

⁴ The figure indicated in brackets is the number of governments that replied.

Negative: 40 (22)

Argentina (UIA), Bahrain, Benin (National Fund of Social Safety), Brazil, Canada (CLC), Canada (CSN), China, Congo, Costa Rica, Croatia, Czech Republic, Estonia, Germany, Germany (BDA), Germany (DGB), Germany (IGM), Hungary, India, Mexico, New Zealand, Nicaragua (INSS), Oman, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal (CPT), Qatar (QCA), Serbia and Montenegro, Slovenia (ZPIZ), Slovenia (CIOTSM), Spain, Spain (UGT), Sweden, Switzerland, Turkey, Uganda, Ukraine (FPU), United Kingdom (CBI).

WHO.

Comments

Argentina. UIA: Even if item 1.1.32 includes all the chemical substances that cause occupational diseases, it must be underlined that some substances have acquired sufficient importance to be named separately.

Canada. CLC: Standard lists of chemical agents should be appended, e.g. neurotoxins, reproductive toxins, teratogens and embryotoxins (respiratory diseases agents and carcinogens are covered elsewhere in the Questionnaire and Recommendation).

CSN: Add “diseases caused by lead paint” and “diseases caused by welding fumes”.

China: Add “diseases caused by barium or its toxic compounds” and “diseases caused by chlorine-ammonia”.

Costa Rica: Add glass fibres, wood dust, clay, cement in industries and construction.

Czech Republic: Add “diseases caused by chlorine and its toxic compounds”, “diseases caused by sulphur oxides”, “diseases caused by isocyanates”, “diseases caused by ammonium”, “diseases caused by formaldehyde and other aliphatic aldehydes”, “diseases caused by phenols”, “diseases caused by polycyclic aromatic hydrocarbons” and extend item 1.1.15 by “ethers”.

Finland: It should be noted that the list of 2002 encompasses items that are not included neither in the Finnish Decree on Occupational Diseases or in the Commission Recommendations of 2003 concerning the European Schedule of Occupational Diseases. At this stage it might not be appropriate to amend the Recommendation issued by the International Labour Conference in 2002.

Germany: The diseases listed under the following points: 1.1.18 Diseases caused by oxides of nitrogen; 1.1.20 Diseases caused by antimony or its toxic compounds; 1.1.23 Diseases caused by pharmaceutical agents; 1.1.25 Diseases caused by osmium or its compounds; 1.1.26 Diseases caused by selenium or its compounds; 1.1.27 Diseases caused by copper or its compounds; 1.1.28 Diseases caused by tin or its compounds; 1.1.29 Diseases caused by zinc or its compounds, are not identified in the German list of occupational diseases and we therefore cannot agree to include them. The diseases listed under 1.1.11, “Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons” are included in the German list of occupational diseases as “Diseases caused by halogenated hydrocarbons” (No. 1302). The “Diseases caused by alcohols, glycols or ketones” listed under 1.1.15 are partially included in the German list of occupational diseases as diseases caused by methyl alcohol” (No. 1306) and “polyneuropathy or encephalopathy caused by organic solvents or mixtures thereof”

(No. 1317). Poisoning by hydrogen cyanide, which is included in 1.1.16, "Diseases caused by asphyxiants, is defined in Germany as an occupational accident and therefore not listed as an occupational disease. The occupational diseases listed under 1.1.21, "Diseases caused by hexane" are also covered in the German list of occupational diseases as polyneuropathy or encephalopathy caused by organic solvents. The occupational diseases listed under 1.1.30, "Diseases caused by ozone, phosgene" are only partially covered in the German list as obstructive respiratory diseases caused by chronically irritant or toxic substances" (No. 4302). Acute phosgene poisoning is classified as an occupational accident under German law. As regards the other diseases covered by 1.1.32, we refer to our preliminary observation. There are no objections to the inclusion of the other diseases mentioned under points 1.1.1. to 1.1.32.

BDA: 1.1.1 to 1.1.17 and 1.1.21, 1.1.22, 1.1.24, 1.1.30, 1.1.31 can be accepted, as they generally correspond (at least to some extent) to our own Occupational Diseases Ordinance (*Verordnung*). In 1.1.16, the inclusion of hydrogen cyanide must be discussed. As regards 1.1.18 to 1.1.20 and 1.1.25 to 1.1.29, there is not enough scientific evidence available to confirm the existence of a specific occupational disease, so our response is negative. As regards 1.1.23, this cannot be added to the list in its current form, which is far too general. While various pharmaceutical substances can potentially cause illness, their effects relate to different organ systems, and no clear cases of occupational disease have been scientifically proven. 1.1.32 is a general open clause which cannot be included in any list of occupational diseases in this form.

DGB: Add "Diseases of the liver due to dimethylformamide".

India: Delete item 1.1.21.

Islamic Republic of Iran: In the first part "Diseases caused by agents" it is proposed to add "1.4 Diseases caused by ergonomics agents".

Italy: This section has to be updated on the basis of the identification of new dangerous substances.

Mexico: Add aromatic amines and polycyclic aromatic hydrocarbons.

New Zealand: In 1.1.11 delete "the toxic halogen derivate of".

Nicaragua. INSS: We consider it important to list the agents which can cause diseases along with the diseases themselves.

Oman: Proposed to add toxic effects of sulphur and nickel, both of which are in the list of the Sultanate.

Peru: Add diseases caused by: corrosive substances, detergents and soaps, derivatives of petroleum, pesticides, sulphur dioxide, formaldehyde, chlorine, fluorine, hydrogen fluoride, hydrogen sulphur, carbon dioxide, cyanhydric acid.

Poland: This item should be changed, as there is no justification for the enumeration of chemicals which may cause diseases. Enumerating, under item 1, a few dozen chemical agents which may cause acute or chronic intoxication while mentioning that the disease may also be caused by other chemical agents occurring in the working environment is useless. The argument is that the list of chemicals available in the market consists of 70,000-100,000 items. About 1,500 of them are of many tons in weight. The list of chemical agents should be reduced to those occurring the most frequently (approximately 20), the last item should contain "others".

Qatar. QCA: They must be regularly upgraded.

Russian Federation: Add: 1.1.32 Diseases caused by polymers; 1.1.33 Diseases caused by vapours of hazardous liquids.

Serbia and Montenegro: The list is too detailed, including diseases with extremely low incidence (e.g. intoxication with osmium and vanadium) as well as diseases with doubtful etiology (chronic intoxication with carbon monoxide). Diseases caused by manganese and its toxic compounds should be added because workers in some modern industries are considerably exposed to these agents.

Spain: The list can be improved, adding some new occupational diseases.

UGT: Add: isocyanates, chlorine, bromine, iodine, formaldehyde, silver, magnesium, platinum, tantalum, titanium, silica oxide.

Switzerland: Add diseases caused by formaldehyde and diseases caused by latex.

Trinidad and Tobago: Add diseases caused by ammonia/ammonia related compounds (major problem in manufacturing company) and nickel/nickel alloys (widely used as catalysts).

Turkey: Add diseases caused by nickel and its compounds, ammonia, nickel compounds, sulphuric acid.

Uganda: Add diseases caused by pesticides, anaesthetic agents and latex gloves.

United Kingdom. CBI: Add acrylamide-peripheral neuropathy.

WHO: Proposed to specify: Diseases caused by cyanhydric acid, cyanides or isocyanides; Diseases caused by nickel or its toxic compounds; Diseases caused by phosphorus or its toxic compounds; Diseases caused by oxides of sulphur; Diseases caused by chlorine or its toxic compounds; Diseases caused by formaldehyde and other aliphatic aldehydes; Diseases caused by hydrocarbons and their toxic compounds, including dimethylhydrazine and polycyclic aromatic hydrocarbons; Diseases caused by halogen derivatives of alkyl-, aryl- or alkylaryloxides; Diseases caused by halogen derivatives of alkyl-, aryl- or alkylarylsulphides; Diseases of the liver caused by dimethylformamide; Polyneuropathy or encephalopathy caused by organic solvents or their mixtures other than hexane; Diseases caused by phenols. In item 1.1.15 (Diseases caused by alcohols, glycols or ketones) add "ethers".

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Employer members: Delete items 1.1.18, 1.1.23, 1.1.25, 1.1.26, 1.1.27, 1.1.28, 1.1.29, and 1.1.32; in item 1.1.15 replace "alcohols, glycols, or ketones" by "methanol"; delete "ozone" in 1.1.30; replace 1.1.31 by "Diseases due to corneal irritants like benzoquinone"; add in 1.1.32: (i) the word "direct" before the word "link", (ii) the word "repeated" before the word "exposure", (iii) the words "at work" before the word "and", and (iv) the word "scientifically" before the word "established".

Worker members: Add two new items "Diseases of the endocrine system due to chemical agents" and "Diseases due to organic solvents".

Côte d'Ivoire: In 1.1.15 add "acids, aldehydes"; in 1.1.31 add "and caustic substances" after the word "irritants" and after "corneal irritants" add "such as soda"; add a

new item “Diseases caused by organochlorinated or organophosphorous pesticides, insecticides, herbicides and fertilizers”.

Office commentary

A clear majority of replies considered that these items should remain unchanged. The proposals for inclusion of additional chemicals in this section of the list could be grouped into four categories, namely (1) specific chemicals and agents, e.g. ammonia, chlorine, formaldehyde,⁵ phenol; (2) agents specific in their use, e.g. pesticides, anaesthetics, solvents, soaps and detergents; and (3) agents which could cause diseases to a specific organ system or function, e.g. neurotoxin, endocrine system, reproductive health; and (4) “others” such as materials (wood and cement dusts, latex).

A list always has a tendency to be restrictive and it will be important that the ILO list specifically identifies common and important individual diseases, and incorporates the causal agents that are widely recognized and acknowledged. The open item for each section in the list will provide useful leverage for national authorities to include in their national list other causal agents which are not specified in this international list but have been identified and recognized in their country. The comments on the open item 1.1.32 propose the introduction of additional restrictive factors. For example, one proposal is to emphasize the scientific basis in the establishment of a causal relationship. This is well understood, but the Office considers it difficult to introduce the proposed change. The reason is because in many countries it has been a common practice that occupational diseases are a legal term and are not always determined solely on the basis of scientific knowledge, the acceptance of which may vary not only with time but also from country to country. Furthermore, subparagraph (b) of Article 1 of the Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (No. 155), states that “the term ‘occupational disease’ covers any disease contracted as a result of an exposure to risk factors arising from work activity”. In view of the majority support to item 1.1.32 indicated in the replies, the Office proposes a few modifications to the wording of this item so that it will be closer to the stipulation as quoted from the aforementioned Protocol.

In view of the fact that the majority of responses to this question are affirmative, and in responding to the proposals included in the negative responses which are mainly for addition of new chemical agents and improvement of the existing items, the Office proposes to introduce the following new items in section 1.1:

- (1) to add “Diseases caused by ammonia” as a new item;
- (2) to add “Diseases caused by isocyanates” as a new item;
- (3) to add “Diseases caused by sulphur oxides” as a new item;
- (4) to reword item 1.1.32 as “Diseases caused by any other chemical agents not mentioned in the preceding items 1.1.1 to 1.1.xx where a link is established between the exposure to these chemical agents arising from work activity and the disease contracted by the worker”.

⁵ Formaldehyde was mentioned several times in the replies. In view of the fact that formaldehyde is a carcinogen (Group 1: “The agent (mixture) is carcinogenic to humans”, as classified by the IARC in 2004), formaldehyde is to be discussed later in the section on occupational cancer.

Qu. 2:

Do you agree to add “Diseases caused by pesticides”?

Total number of replies: 120 (73)

Affirmative: 107 (66)

Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (GICAM), Cameroon (USLC), Canada, Canada (CLC), Canada (CSN), Chile, China, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Egypt, Estonia, Ethiopia, Gabon, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Mexico, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (CIOTSM), Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland, Switzerland (UPS), Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda, Ukraine (FPU), United Arab Emirates, United Kingdom (CBI), Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 13 (7)

Algeria, Croatia, Egypt (FEI), Finland, Germany, Germany (BDA), Nicaragua (INSS), Poland, Portugal (CIP), Slovenia (ZDS), Spain, Turkey (MESS), United Kingdom.

Comments

Belgium: This item is not adequately defined so the technical group is not able to give an opinion.

Bulgaria. BUPCV: The diversification of different types of pesticides is necessary.

Finland: The Finnish Decree on Occupational Diseases includes pesticides. Some (e.g. organophosphate type pesticides) are classified under “Phosphor and its compounds”.

EK: Not justified since pesticides are composed of many ingredients and their individual action has not been established.

SAK and VTML: Answered yes.

Germany: These diseases should already be covered by “Diseases caused by toxic halogen derivatives of aliphatic or aromatic hydrocarbons” (1.1.11). In Germany, they are covered by occupational disease No. 1302.

BDA: Too non-specific.

Japan: If some items are to be added, they should not be listed as “pesticides”. Their chemical names should be specified.

Poland: There is no justification for the addition of diseases caused by pesticides. These diseases are contained in item 1.1 of the list as different chemicals are used for the production of pesticides and the clinical presentation of disease depends on the chemicals used.

Spain: The term “pesticides” is very broad, given that it includes various chemical groups: organochlorines, organophosphates, carbamates, bipyridyls, chlorophenoxyacids, chloronitrophenols, etc.; most of these can be integrated into other families or chemical groups included in the ILO list of chemical products; while this situation needs to be evaluated on a case-by-case basis, taking into account the seriousness of their effects on workers, there exist pesticides that are less dangerous or that have other effects that do not affect people (effects on fauna or the environment). For this reason, similar to the European list and the proposed new table, we prefer the expression “organochlorines and organophosphates”, that have indeed been shown to be hazardous for those workers using them.

Tunisia: Recognized as an occupational disease in Tunisia (table No. 45).

Turkey. TKS: Add “diseases caused by labelled nucleids compounds”.

Ukraine. FPU: The addition to section 1.1 of diseases caused by pesticides corresponds to diseases codes D 60-D 64 of ICD-10 and to part I, section 1, paragraph 4, of Order No. 1662 of 8 November 2000 of the Cabinet of Ministers of Ukraine on the promulgation of the list of occupational diseases.

WHO: “Pesticides” should be replaced by biocides, a broader term which would also include herbicides, fungicides, etc.

Office commentary

An overwhelming majority of responses favour the inclusion of “Diseases caused by pesticides” as a new item. There are several proposals to specify the chemical names of the pesticides. The Office considers that a general term “pesticides” is more advisable than to list specific names of chemical substances, compounds or mixtures. This seems meaningful since pesticides could be classified into many groups and there is a very large variety of pesticides widely used all over the world. Based on the amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference in 2002 and the Office technical analysis, this item was in the Office questionnaire on the list of occupational diseases. As a result the Office proposes to add a new item “Diseases caused by pesticides” to the list.

Qu. 3:

1.2. Diseases caused by physical agents

1.2.1.-1.2.8.

Do you consider that these items should remain unchanged?

Total number of replies: 121 (74)

Affirmative: 84 (53)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Burundi (COTEBU), Cameroon, Cameroon (GICAM), Cameroon (USLC), Canada (CLC), Chile, China, Colombia, Cuba, Cyprus, Czech Republic, Dominican Republic, Egypt, Egypt (FEI), Ethiopia, Finland, Gabon, Germany (DGB), Ghana, Greece, Guatemala, Honduras, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy (CGIL), Japan, Japan (JTUC), Kenya, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Poland, Portugal, Portugal (CCP), Portugal (UGT), Portugal (CIP), Qatar, Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZDS), Slovenia (ZDOODS), Sri Lanka (LJEWU), Sweden, Switzerland (UPS), Trinidad and Tobago (ECA), Tunisia, Turkey (TSF), Turkey (MESS), Turkey (TKS), United Kingdom, United Kingdom (CBI), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association.

Negative: 37 (21)

Algeria, Argentina (UIA), Brazil, Bulgaria, Canada, Canada (CSN), Congo, Costa Rica, Croatia, Czech Republic (SPCR), Estonia, Germany, Germany (BDA), Germany (IGM), Hungary, India, Italy, Mexico, Nicaragua (INSS), Latvia, Philippines (Occupational Safety and Health Centre), Portugal (CPT), Qatar (QCA), Slovenia (ZPIZ), Slovenia (CIOTSM), Spain, Spain (UGT), Sri Lanka, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Switzerland, Trinidad and Tobago, Turkey, Turkey (INTES), Uganda, Ukraine (FPU).

WHO.

Comments

Algeria: In item 1.2.7, the term “extreme temperature” could be misunderstood (high or low temperatures).

Argentina. UIA: With due account of the latest study reports, microwave radiation or radiofrequency radiation should be included.

Azerbaijan: Add diseases caused by coherent monochromatic radiation, local laser exposure.

Bulgaria: Proposed that the type of vibration shall be specified – local, mechanical hand-arm vibration and whole-body vibration and specification of injuries caused by them. Proposed changes are: 1.2.2.1 Diseases caused by hand-arm vibration (injury of peripheral blood vessels, microcirculation, peripheral nerves, muscles, tendons, bones, joints, auditory receptors); 1.2.2.2 Diseases caused by whole-body vibration (injuries of muscles, tendons, bones, joints, vestibular and auditory receptors, peripheral nerves, autonomic dysfunction).

UPEE: Add diseases of the central nervous system caused by vibrations and diseases of the vestibular sensor system.

Canada: Proposed to add “Diseases caused by modifications of the atmospheric pressure” and “Diseases caused by agents not mentioned in item 1.2.2 to 1.2.8 when a direct link is established between the exposure to these agents and the disease suffered by the worker”.

CSN: Between the parentheses of 1.2.2, add “disorders of vertebral and intervertebral discs”; between the parentheses of 1.2.7 add “for example telangiectasis or rosacea”.

Costa Rica: Add “sound pollution, digestive system, central nervous system, psychological and heat alterations”.

Germany: The category “Diseases caused by ultraviolet radiation” (1.2.6) is not included in the German list of occupational diseases. Consideration is being given, however, to the inclusion of the occupational disease “Skin cancer caused by ultraviolet light”. The category “Diseases caused by extreme temperature” (1.2.7) does not exist in the German list of occupational diseases. We cannot agree to its inclusion. As regards 1.2.8, we refer you to our preliminary observation. There are no objections to the inclusion of the other diseases mentioned under points 1.2.1 to 1.2.8.

BDA: 1.2.6: No, not in the German list of occupational diseases. 1.2.7: No, too general and relates mainly to situations that are not occupation dependent. 1.2.8: No, this is a general extension clause like 1.1.32: No to new items.

Italy: Add “diseases caused by laser”.

Latvia: Add “diseases caused by atmospheric compression or decompression and diseases caused by optical radiation”.

Philippines (Occupational Safety and Health Centre): Add “diseases from infra and low-frequency sound”.

Qatar. QCA: They must be regularly upgraded.

Russian Federation: Add “diseases caused by ultrasound and infrasound”, “diseases caused by stress-strain situations” and change 1.2.6 by deleting “ultraviolet” and inserting “non-ionizing”.

Serbia and Montenegro: Replace item 1.2.6 with “Diseases caused by non-ionizing radiation”.

Institute of Occupational Health: Replace item 1.2.6 with “Diseases caused by non-ionizing radiation” and in item 1.2.7 delete (“e.g. sunstroke, frostbite”) which are occupational injuries.

Spain: We believe it more appropriate that specific points in the ILO list, such as point 2.3 on occupational musculoskeletal disorders, and point 4 on other diseases (Miners’ nystagmus) are included in the section on “Diseases caused by physical agents”, given that the physical load required for the activity or other factors related to the working environment can be included in this section. The difference in classification arises from the fact that the ILO list has considered other criteria (occupational diseases classified according to systems affected). However, both the Spanish table of occupational diseases and the European list of occupational diseases classify these as occupational diseases caused by physical agents; something that should be kept as it would harmonize the ILO

list and the European list. In accordance with the above, points 2.3 and 4 of the ILO list would become point 1.2.8 of physical agents (in which the heading is substituted, broadening it) and point 1.2.9, respectively. The list of physical agents would, therefore, include the following: 1.2.8 Diseases caused by extreme postures and repetitive movements at work (which would also include, as subpoints 1.2.8.1-1.2.8.7, those indicated under points 2.3.1-2.3.7 of the questionnaire). That is, those corresponding to: 1.2.8.1 Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist; 1.2.8.2 Chronic crepitant tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist; 1.2.8.3 Olecranon-bursitis due to prolonged pressure of the elbow region; Prepatellar bursitis following extended periods of work in a kneeling position; 1.2.8.4 Epicondylitis due to repetitive forceful work; 1.2.8.5 Meniscus lesions following extended periods of work in a kneeling or squatting position; 1.2.8.6 Carpal tunnel syndrome; 1.2.8.7 Any other musculoskeletal and nervous diseases not mentioned in the preceding newly-proposed items where a link between the work activities or work environment of a worker and the disease suffered is thoroughly documented in literature. Add, as new point 1.2.8.8, "Strain as a result of fatigue to the spinal apophyses". 1.2.9 Miners' nystagmus. Point 2.3, Occupational musculoskeletal disorders, is deleted. The current point 1.2.8 in the ILO list will become point 1.2.10.

UGT: Add after miners' nystagmus in the section on other diseases the following: osteoarticular and angioneurotic diseases caused by mechanical vibration; vertebral discopathy caused by repeated vertical vibration throughout the body; diseases caused by extreme posture and repetitive movements.

Sri Lanka: Health conditions due to electrocution should be included in the list of occupational diseases 1.2.

LJEWU: Sound pollution is on the increase and so is the global temperature.

Switzerland: Add "diseases caused by ultraviolet radiation and non-ionizing radiation (laser and microwaves), and diseases caused by work at altitude".

Trinidad and Tobago: Add extremes of pressure (aviation medicine, deep-sea diving).

Turkey: Add "diseases caused by working in low temperatures or reaction to cold" to the list after item 1.2.7.

Add "EMF".

International Maritime Health Association: Add "leakage from microwave oven".

WHO: Change item 1.2.3 (Diseases caused by work in compressed air) into "Diseases caused by work in compressed or decompressed air, abnormal atmosphere or water pressure". Add "Diseases caused by laser radiation".

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Côte d'Ivoire: Replace "compressed air" by "high and low pressures air" in item 1.2.3.

Employer members: Delete item 1.2.6 "Diseases caused by ultraviolet radiation" and the examples in 1.2.7.

Worker members: Add “heat stroke” among the examples in item 1.2.7 and a new item “diseases caused by electromagnetic radiation”.

Office commentary

The majority of replies considered that these items should remain unchanged. In view of the proposals for new physical agents to be included in the list and for the existing items to be modified or deleted, the Office proposes the following changes and modifications:

- (1) to modify item 1.2.3, “Diseases caused by work in compressed air” by introducing the words “and decompressed” after the word “compressed”;
- (2) to modify item 1.2.6, “Diseases caused by ultraviolet radiation” as “Diseases caused by optical (ultraviolet, visible light, infrared) radiations”. As a result of this modification, heat radiation from infrared will be included in this item and the current item 1.2.5, “Diseases caused by heat radiation” becomes redundant and could be deleted;
- (3) item 1.2.7, “Diseases caused by extreme temperature (e.g. sunstroke, frostbite) is proposed to be modified by removing the examples “(e.g. sunstroke, frostbite)” in order to include all the diseases caused by exposure to hot and cold temperatures;
- (4) item 1.2.8, “Diseases caused by any other physical agents not mentioned in the preceding items 1.2.1 to 1.2.7, where a direct link between the exposure of a worker to these physical agents and the diseases suffered is established” is proposed to be modified in the same way as proposed for item 1.1.32. The modified item 1.2.8 would now read “Diseases caused by any other physical agents not mentioned in the preceding items 1.2.1 to 1.2.xx where a link is established between the exposure to these physical agents arising from work activity and the disease contracted by the worker”.

Qu. 4:

Do you agree to add “Acute diseases caused by electromagnetic fields – EMF”?

Total number of replies: 118 (71)

Affirmative: 77 (45)

Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada (CSN), Colombia, Congo, Cyprus, Czech Republic (SPCR), Egypt, Egypt (FEI), Estonia, Ethiopia, Gabon, Ghana, Germany (IGM), Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands (FNV), Nicaragua, Nicaragua (UPANIC), Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Poland, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia (ZPIZ), Slovenia (ZDODS), Slovenia (CIOTSM), Sri Lanka (LJEWU), Switzerland, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TSF), Turkey (TKS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 41 (26)

Algeria, Bahrain, Benin (National Fund of Social Safety), Bulgaria, Canada, Canada (CLC), Chile, China, Croatia, Cuba, Czech Republic, Dominican Republic, Finland, Germany, Germany (BDA), Germany (DGB), Israel, Japan, Netherlands, New Zealand, Oman, Portugal, Portugal (CIP), Qatar, San Marino (ANIS), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sri Lanka, Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZDS), Spain, Spain (UGT), Sweden, Switzerland (UPS), Trinidad and Tobago, Turkey (MESS), Turkey (INTES), United Kingdom, United Kingdom (CBI).

International Maritime Health Association.

Comments

Belgium: This item is not adequately defined so the technical group is not able to give an opinion.

Bulgaria: No, because the list includes only diseases and if the injuries are in acute form then they fall into the category of workplace accidents.

Canada: Until the diseases caused by exposure to EMF can be specified. There is only limited scientific evidence presently.

CLC: This item should be added but the word “acute” deleted.

Congo: The current 1.2.7 would become 1.2.8.

Finland: In Finland some acute EMF diseases can be considered occupational injuries; one example is a work-related case caused by leakage from a microwave oven.

EK: Answered no, considering that EMF addition is not necessary because so far it has not been proved that exposure to EMF would lead to an illness.

SAK and VTML: Answered yes.

Nicaragua. INSS: When listing physical agents, electromagnetic fields should be added as an agent that can cause diseases.

Oman: Does not agree to add acute disorders caused by electromagnetic fields because they are provisional. This is not proved scientifically.

Poland: Delete the word “acute” and in this event item 1.2.8 should be deleted because this exhausts the list of physical agents occurring in the working environment.

San Marino. ANIS: Does not agree to add acute diseases caused by electromagnetic fields – EMF.

Spain: Currently, no. Among the harmful effects of electromagnetic fields (EMF), which depend on frequency and exposure, the following should be noted: fundamentally those that affect the central nervous system of the head and trunk of workers in the short term are caused by intense fields (frequency range 1 Hz to 10 MHz); depending on the frequency and exposure time, exposure to EMF could cause heating in the body, cataracts and burns. Another issue is that occupational diseases need to be considered. As such, this is not included in the European list. Directive 2004/40/EC of the European Parliament and

of the Council on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields) should be transposed no later than four years following publication in the *Official Journal* of the European Union (in 2008) and for the moment this has not been transposed.

Ukraine. FPU: The addition to section 1.2 of acute diseases caused by electromagnetic fields – EMF corresponds to diseases codes F 45.3 of ICD-10 and to part III, section 2, paragraph 1, of Order No. 1662 of 8 November 2000 of the Cabinet of Ministers of Ukraine on the promulgation of the list of occupational diseases.

Office commentary

The majority of the replies are in favour of the list addressing the health impacts of exposure to EMF. There are also a number of responses that raised doubts about the inclusion of “Acute diseases caused by electromagnetic fields” in the list. These divergent views reinforce the fact that the health implications of EMF have been a subject of great concern to the ILO constituents but there still remain a great deal of unknowns about them. In light of the abovementioned replies, comments and amendments taken as a whole, the Office suggests that EMF should not be left out of the list but should be introduced in a gradual manner. Since the aim is to provide orientation and guidance on the identification of occupational diseases, it seems appropriate to start with the part of EMF, exposure to which could lead to well-defined detrimental health impacts. In this connection, the radiofrequency (RF) radiation seems to be a suitable candidate. The frequencies of the RF part of the electromagnetic spectrum are generally in the range of about 3 kilohertz to 300 gigahertz. The health implications of exposure to RF radiation are well documented in the scientific literature as well as in several publications of the International Commission on Non-Ionizing Radiation (ICNIRP), WHO and the ILO. It is therefore suggested to include a new item “Diseases due to radiofrequency radiations”.

Qu. 5:

1.3. Diseases caused by biological agents

1.3.1. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination

Do you consider that this item should remain unchanged?

Total number of replies: 118 (73)

Affirmative: 80 (47)

Algeria, Argentina (CGT), Azerbaijan, Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Bulgaria, Burundi (COTEBU), Cameroon, Cameroon (USLC), Canada (CLC), Canada (CSN), China, Colombia, Costa Rica, Croatia, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Egypt, Egypt (FEI), Ethiopia, Gabon, Germany, Germany (BDA), Ghana, Greece, Guatemala, Honduras, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy (CGIL), Japan, Japan (JTUC), Kenya, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (UPANIC), Panama, Philippines, Philippines (Social Security System), Portugal, Portugal (CCP), Portugal (UGT), Portugal (CIP), Qatar, Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDS), Slovenia (CIOTSM), Sri Lanka (LJEWU), Switzerland (UPS), Trinidad and Tobago

(ECA), Tunisia, Zambia, Turkey (TKS), Turkey (TSF), Turkey (MESS), United Arab Emirates, United Kingdom, United Kingdom (CBI), Bolivarian Republic of Venezuela.

Negative: 38 (26)

Argentina, Argentina (UIA), Bahrain, Belgium, Benin (National Fund of Social Safety), Brazil, Cameroon (GICAM), Canada, Chile, Congo, Cuba, Estonia, Finland, Germany (DGB), Germany (IGM), Hungary, India, Italy, Latvia, Netherlands, Nicaragua (INSS), Oman, Peru, Philippines (Occupational Safety and Health Centre), Portugal (CPT), Qatar (QCA), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Spain, Spain (UGT), Sri Lanka, Sweden, Switzerland, Trinidad and Tobago, Turkey, Turkey (INTES), Uganda, Ukraine (FPU).

International Maritime Health Association, WHO.

Comments

Argentina: Include biological agents and specify each of them.

UIA: Some diseases have proven to be easily transmitted, which significantly affects workers involved in health care, both human and veterinary. Where there is a proven link between the source and the person affected, this should be considered as an occupational disease.

Azerbaijan: Proposed to add tick-borne (vernal) encephalitis, toxoplasmosis, dermatomycosis, scabies, dysbacteriosis, mucocutaneous candidiasis, visceral candidiasis.

Belgium: An increase of risk compared to the general population is needed. This relation can be accepted if confirmed by epidemiological studies.

Benin (National Fund of Social Safety): Add some diseases caused by biological agents present in activities like agriculture, forestry, wood industry, abattoirs (e.g. occupational carbuncle).

Cameroon. GICAM: Need to be more precise for a better understanding.

Canada: The following diseases are suggested for consideration: 1.3.3 Infectious, parasitic and mycotic diseases; 1.3.1.1 Diseases caused by bacteria; 1.3.1.1.1 Diseases caused by zoonotic bacteria (anthrax, brucellosis...); 1.3.1.1.2 Specific intestinal infectious diseases (salmonellosis, shigellosis); 1.3.1.1.3 Other diseases caused by bacteria (tetanus, actinomycosis); 1.3.1.2 Viral diseases; 1.3.1.2.1 HIV infection (HIV positive and AIDS) 1.3.1.2.2 Hepatitis A, B, C; 1.3.1.2.3 Ornithosis, psittacosis, toxoplasmosis; 1.3.1.2.4 Other diseases (rabies, Lime disease, malaria); 1.3.1.3 Mycotic diseases; 1.3.1.4 Helminthiasis. Others: SARS, Norovirus, Avian Flu, necrotizing fasciitis.

CSN: Add SARS, infection by *Clostridium difficile*, conjunctivitis, laryngitis (teachers).

Congo: Proposed to add “Legionellosis in people working most of their time in air-conditioned environments”.

Cuba: Recommended to add specifically histoplasmosis, leptospirosis, brucellosis, carbuncle and anthrax.

Finland. EK: Answered no.

SAK and VTML: Answered yes.

India: It should accompany a list of probable diseases.

Italy: This item is very generic, it would be better to specify each agent in the list, like the list annexed to the Italian DM of 27 April 2004, especially for biological agents included in group 3.

Latvia: Proposed to add: work-related zoonoses, work-related diseases caused by infectious agents in disease prevention, health care, domestic assistance and other comparable activities; tick-borne encephalitis.

Netherlands. VNO-NCW: Answering point 1.3.1 the Dutch Government suggests adding other infections to the list. The VNO-NCW is not in favour of that suggestion while the suggestion is rather vague. Furthermore, in the hospital sector hepatitis B can be prevented with vaccination rather well. More important is the question of to what extent it has to be proven that these diseases are caused by occupational exposure, whereas workers can also get these diseases outside the workplace. Lastly, it does not seem useful to add hepatitis B and C to the list twice (under 1.3 and under 3.1 as well).

Nicaragua: These diseases frequently occur after an injury, and would therefore be considered to be the consequences of an accident, not occupational diseases.

Oman: Proposed to add diseases caused by anthrax, which is in the list of Oman.

Peru: Add the following diseases: carbuncle, leptospirosis, histoplasmosis, toxoplasmosis, ankylostomiasis, leishmaniosis tegumentaria.

Philippines (Occupational Safety and Health Centre): Proposed to add diseases caused by biologically derived contaminants such as endotoxins, mycotoxins and antigens.

Poland: In the European Union and Polish lists of occupational diseases this item is open and contains the examples (not exhaustive) of the most frequently diagnosed occupational diseases. In the European Union list this item is called "Infections and parasitic diseases". The Polish list contains: viral hepatitis, borreliosis, tuberculosis, brucellosis, amoebiasis, malaria, and other infections and parasitic diseases. Therefore the diseases proposed by the ILO may be added to item 1.3 though the content to date is sufficient.

Portugal. CPT: Add "amebiasis".

Qatar. QCA: New items must be added.

Rwanda: Aspergillosis could be added.

Serbia and Montenegro: Item 1.3.1 should be changed in so far as to add tropical diseases caused by viruses, bacteria and parasites, which are of importance to the professions of seafarers, professional soldiers and similar professions.

Institute of Occupational Health: Add anthrax.

Spain: We believe that the list of occupational diseases caused by biological agents is not sufficiently explained. The following question shows a tendency to greater differentiation, but we believe that the possible occupational diseases that we could accept would be included in the following sections:

1.3.1. Infectious and parasitic diseases of staff involved in the prevention, assistance and care of those who are ill, and investigation and safety (including those illnesses caused by HIV and hepatitis B and C).

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- 1.3.2. Infectious and parasitic diseases transmitted to humans through animals, animal products and animal carcasses (including tetanus, brucellosis, tuberculosis).
- 1.3.3. Various infectious and parasitic diseases (including malaria, amoebiasis, trypanosomiasis, dengue fever, yellow fever, papataci fever, recurrent fever, plague, leishmaniasis, yaws, jail fever and other rickettsioses).
- 1.3.4. Infectious and parasitic diseases not included in other sections (including mycoses, legionella and helminthiasis).

UGT: Further to those indicated in the questionnaire, we would like to add the following: amoebic dysentery, brucella melitensis, bacillus anthracis, prions, rhabdovirus, diseases caused by biological agents in endemic areas, mycosis, legionella, helminthes.

Netherlands: Suggestion for change “other infectious and parasitic ... etc”. Yes to add tetanus, brucellosis, tuberculosis, HBV, HBC and HIV. Consider specifying other infectious diseases on the European list.

Sri Lanka: Add the following infectious diseases in the section 1.3: leptospirosis (farmers), rubella and SARS (health-care workers/cabin-crew workers), bird flu (animal husbandry).

Switzerland: Add diseases caused by professional contact with animals and diseases contracted while working overseas.

Turkey: Add anthrax.

Uganda: Add acute haemorrhagic fever (i.e. Ebola), SARS, HIV/AIDS, mycobacterium.

Ukraine. FPU: The addition to section 1.3 of acute diseases caused by hepatitis B virus (HBV) and C virus (HBC), HIV, tetanus, brucellosis and tuberculosis corresponds to diseases codes A15, A 23, B 15-B 18 and B 20 – B 24 of ICD-10 and to part V, section 1, paragraphs 1, 2, 4 and 8 of Order No. 1662 of 8 November 2000 of the Cabinet of Ministers of Ukraine on the promulgation of the list of occupational diseases.

International Maritime Health Association: Add animal dust/dandruff.

WHO: There are many infectious and parasitic diseases which can be contracted as a result of work but which are not included in the proposed list. Item 1.3.1 could be changed to read “Other infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination”, and then the new categories proposed by the ILO could be added. The WHO suggests adding toxic (inflammatory) syndromes, such as inhalation fever, toxic pneumonitis, organic dust syndrome associated with exposure to bacterial and fungal contaminants – endotoxins, mycotoxins, (1->3)-B-D-glycans.

Amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference, 2002

Employer members: In item 1.2.1, insert the word “direct” before the word “contamination”.

Côte d’Ivoire: Add a new item “Diseases caused by enzymes”.

Worker members: Add after the word “contamination” “or where a direct link between the exposure to the biological agent and the diseases suffered is established” and a

new item “Intoxications where a direct link between the exposure of a worker to biological agents and the diseases is established.”

Office commentary

Whilst a majority of the replies considered that these items should remain unchanged, some replies mentioned specific proposals to include new items in this section. The number of illnesses associated with biological agents due to occupational exposures has increased. In the last decade, living organisms and their products have posed new potential occupational risks. Many new biological factors present in organic dusts that may induce work-related allergic and immunotoxic diseases among farmers and workers of the agricultural and wood industries have been identified. Droplet aerosols, which are generated from water, oils, oil-water emulsions and other liquids in various work environments, may contain infectious agents as well as allergic or toxic agents. New viruses and prions, emerging in different parts of the world, have posed a particular threat to the health and lives of health-care workers, agriculture workers and veterinarians.

In view of the proposals indicated in the replies and in the amendments submitted to the 2002 International Labour Conference, it is proposed to include tetanus, brucellosis, tuberculosis, viral hepatitis and diseases caused by HIV virus in the list, as suggested in the Office commentaries on Questions 6, 7, 8, 9 and 10. It is also suggested to reword the current item 1.3.1 that will now be placed at the end of this section. The proposed wording is: “Diseases caused by any other biological agents not mentioned in the preceding paragraphs 1.3.1 to 1.3x where a link is established between the exposure to these biological agents arising from work activity and the disease contracted by the worker”.

Qu. 6:

Do you agree to add “Tetanus”?

Total number of replies: 119 (72)

Affirmative: 98 (62)

Algeria, Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CLC), Canada (CSN), Chile, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Egypt, Egypt (FEI), Estonia, Ethiopia, Gabon, Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua (UPANIC), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Portugal (CIP), Qatar (QCA), Qatar, Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia (Institute of Occupational Safety), Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TSF), Turkey (ÇMİS), Turkey (INTES), Turkey (TKS), Uganda, Ukraine (FPU), United Kingdom (CBI), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 21 (10)

Argentina (UIA), Bosnia and Herzegovina (Society of Occupational Medicine), China, Croatia, Finland, Germany, Germany (BDA), Germany (DGB), Nicaragua, Nicaragua (INSS), Philippines, Philippines (Social Security System), Serbia and Montenegro, Slovenia, Slovenia (CIOTSM), Slovenia (ZDS), Slovenia (ZDODS), Sweden, Switzerland (UPS), Turkey (MESS), United Kingdom.

Comments

Colombia: For this and also the other items proposed it is recommended to specify the economic and occupational activities for which this may occur.

Germany: Tetanus infection is classified in Germany as an occupational accident.

BDA: Tetanus is generally regarded in Germany as an accident.

Finland. SAK: Answered yes.

Nicaragua: This disease is due to an accident and is considered as an injury.

Tunisia: Recognized as an occupational disease in Tunisia (table No. 64).

Office commentary

The large majority of responses support the inclusion of tetanus in the list. Therefore “tetanus” is proposed as a new item.

Qu. 7:

Do you agree to add “Brucellosis”?

Total number of replies: 119 (72)

Affirmative: 108 (67)

Algeria, Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), Chile, Canada, Canada (CLC), Canada (CSN), China, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Egypt, Egypt (FEI), Estonia, Ethiopia, Finland, Gabon, Germany, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Portugal (CIP), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Spain, Spain (UGT), Sri Lanka (LJEWU), Switzerland, Trinidad and Tobago, Trinidad and

Tobago (ECA), Tunisia, Turkey, Turkey (TSF), Turkey (ÇMİS), Turkey (INTES), Turkey (TKS), Uganda, Ukraine (FPU), United Kingdom (CBI), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 11 (5)

Croatia, Germany (BDA), Oman, Slovenia (ZDODS), Slovenia (ZDS), Slovenia (CIOTSM), Sri Lanka, Sweden, Switzerland (UPS), Turkey (MESS), United Kingdom.

Comments

Finland. EK: Answered no.

Tunisia: Recognized as an occupational disease in Tunisia (table No. 60).

Oman: Does not agree to add brucellosis because it is an acute disease which can be treated within a short time.

Office commentary

The overwhelming majority of responses support the inclusion of Brucellosis in the list. Therefore “brucellosis” is proposed as a new item.

Qu. 8:

Do you agree to add “Tuberculosis”?

Total number of replies: 121 (72)

Affirmative: 107 (67)

Algeria, Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Burundi (COTEBU), Chile, Cameroon, Cameroon (USLC), Canada, Canada (CLC), Canada (CSN), China, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Egypt, Egypt (FEI), Ethiopia, Estonia, Finland, Gabon, Germany, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda, Ukraine (FPU), United Arab Emirates, United Kingdom (CBI), Bolivarian Republic of Venezuela.

International Maritime Health Association, WHO.

Negative: 14 (5)

Cameroon (GICAM), Croatia, Germany (BDA), Portugal (CIP), Russian Federation, San Marino (ANIS), Slovenia (ZDODS), Slovenia (ZDS), Slovenia (CIOTSM), Sweden, Switzerland (UPS), Turkey (MESS), United Kingdom, Zambia.

Comments

Finland. EK: Answered no.

Philippines: Limited to health-care workers.

Philippines (Occupational Safety and Health Centre): Health-care workers as well as embalmers, emergency response personnel, police and military, firemen, etc.

San Marino (ANIS): Does not agree to add tuberculosis.

Spain: Yes, as long as its occupational origin is proven.

Tunisia: Recognized as an occupational disease in Tunisia (table No. 63).

Office commentary

The overwhelming majority of responses support the inclusion of “tuberculosis” in the list. Therefore “tuberculosis” is proposed as a new item.

Qu. 9:

Do you agree to add “Diseases caused by hepatitis B virus (HBV) and C virus (HCV)”?

Total number of replies: 120 (71)

Affirmative: 102 (66)

Algeria, Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Benin (National Fund of Social Safety), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Canada, Canada (CLC), Canada (CSN), Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Estonia, Finland, Gabon, Germany, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, Hungary (Employers’ organization), India, India (AITUC), Israel, Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua (UPANIC), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (UGT), Qatar (QCA), Russian Federation, Rwanda, San Marino, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Saudi Arabia, Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TSF), Turkey (ÇMİS), Turkey

(INTES), Turkey (TKS), Uganda, United Kingdom (CBI), Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 18 (5)

Burundi (COTEBU), Cameroon (GICAM), Egypt (FEI), Germany (BDA), Japan, Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Philippines, Philippines (Social Security System), Portugal (CIP), Qatar, Slovenia (ZDS), Slovenia (CIOTSM), Slovenia (ZDODS), Switzerland (UPS), Turkey (MESS), United Kingdom.

Comments

Finland. EK: Answered no.

Hungary (Employers' organization): We agree only if the occupational origin of these diseases can be proven in a sound manner.

Spain: Yes, as long as its occupational origin is proven, for certain affected groups: security forces, health-care workers, etc.

Trinidad and Tobago: Proposed to also add hepatitis A virus (HAV) (sewer sanitation workers).

Tunisia: Recognized as an occupational disease in Tunisia (table No. 70).

Office commentary

The overwhelming majority of responses support the inclusion of "Diseases caused by hepatitis B virus (HBV) and C virus (HCV)" in the list. Therefore "Diseases caused by hepatitis B virus (HBV) and C virus (HCV)" is proposed as a new item.

Qu. 10:

Do you agree to add "Diseases caused by HIV"?

Total number of replies: 119 (72)

Affirmative: 98 (64)

Algeria, Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Canada, Canada (CLC), Canada (CSN), Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Egypt, Ethiopia, Estonia, Gabon, Germany, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua (UPANIC), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (Institute

of Occupational Safety), Spain, Spain (UGT), Sri Lanka (LJEWU), Sweden, Switzerland, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela.

International Maritime Health Association, WHO.

Negative: 21 (8)

Burundi (COTEUBU), Cameroon (GICAM), Egypt (FEI), Finland, Germany (BDA), Japan, Nicaragua, Nicaragua (INSS), Philippines, Philippines (Social Security System), Portugal (CIP), Slovenia (ZDODS), Slovenia (ZDS), Slovenia (CIOTSM), Sri Lanka, Switzerland (UPS), Trinidad and Tobago, Turkey (MESS), United Kingdom, United Kingdom (CBI), Zambia.

Comments

Algeria: Yes, on condition that there is a pre-employment test for health-care and medical personnel.

Colombia: Defining the economic activities and occupations for which these may occur.

Finland. SAK: Answered yes.

Nicaragua: These should be listed with damage to health; the agents would have to be listed.

Spain: Yes, as long as its occupational origin is proven, for certain affected groups: security forces, health corps, blood analysis laboratories, etc.

Trinidad and Tobago: Not enough evidence.

Tunisia: Recognized as an occupational disease in Tunisia (table No. 75).

Office commentary

The overwhelming majority of responses support the inclusion of “Diseases caused by HIV” in the list. Therefore “Diseases caused by HIV” is proposed as a new item.

Qu. 11:

2. Diseases by target organ systems
 - 2.1. Occupational respiratory diseases
 - 2.1.1.-2.1.10.

Do you consider that these items should remain unchanged?

Total number of replies: 119 (71)

Affirmative: 86 (52)

Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (UHW), Belize, Benin (National Fund of Social Safety), Bulgaria, Burundi (COTEBU), Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Chile, Colombia, Congo, Croatia, Cyprus, Czech Republic (SPCR), Dominican Republic, Egypt, Egypt (FEI), Ethiopia, Estonia, Finland, Gabon, Ghana, Greece, Guatemala, Honduras, Hungary (Employers' organization), India (AITUC) Israel, Islamic Republic of Iran, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Lithuania, Mauritius, Morocco, Netherlands, Netherlands (FNV), Nicaragua (UPANIC), Panama, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (UGT), Portugal (CIP), Qatar, Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDS), Slovenia (ZDODS), Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland, Switzerland (UPS), Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (MESS), Ukraine (FPU), United Arab Emirates, United Kingdom, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association.

Negative: 33 (19)

Belarus (FPB), Belgium, Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Canada (CLC), Canada (CSN), China, Cuba, Czech Republic, Germany, Germany (BDA), Germany (DGB), Germany (IGM), Hungary, India, Islamic Republic of Iran (ICEA), Latvia, The former Yugoslav Republic of Macedonia, New Zealand, Nicaragua, Nicaragua (INSS), Oman, Peru, Poland, Portugal (CPT), Qatar (QCA), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Spain, Turkey, Uganda, United Kingdom (CBI).

WHO.

2.1.1. Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthracosilicosis, asbestosis) and silicotuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death

Comments

Canada: Proposed to add: Pneumoconiosis caused by sclerogenic dust (silicosis, anthraco-silicosis, asbestosis, talcosis, berylliosis) and silico-tuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death.

Hungary: Item 2.1.1 must be divided into “silicosis” (2.1.1.1) and “asbestosis” (2.1.1.2).

New Zealand: 2.1.1 Delete silicotuberculosis and following (silicosis already covered, tuberculosis to be covered 1.3?).

NZCTU: Agree to the deletion of silicotuberculosis from this section, conditional upon the insertion of tuberculosis at the appropriate point in the list (at 1.3).

Serbia and Montenegro (Institute of Occupational Health): Proposed to delete explanations, so the new 2.1.1 will be “Pneumoconiosis”.

Slovenia. CIOTSM: Proposed to change to “Pneumoconiosis ... provided that silicosis and asbestosis are essential factors in causing the resultant incapacity or death”.

WHO: Separate silicosis and asbestosis in the current item 2.1.1.

Office commentary

This item is a replica of item 1 of “Schedule I. List of Occupational Diseases” appended to the Employment Injury Benefits Convention, 1964 (No. 121). Paragraph 2(a) of the List of Occupational Diseases Recommendation, 2002 (No. 194), requests national lists of occupational diseases to comprise, at the least, the diseases enumerated in Schedule I of the Employment Injury Benefits Convention, 1964 (No. 121), as amended in 1980. Against this background and in view of the clear majority support to keep this item unchanged, no change is proposed to be made to this item.

2.1.2. Bronchopulmonary diseases caused by hard-metal dust

Comments

ERS (European Respiratory Society): Proposed the following amendments to the list of occupational diseases:

- 2.1.2. “Broncho-pulmonary diseases caused by hard-metal dust (or similar cobalt containing materials)” – Justification: hard metal is composed of tungsten carbide and cobalt (Co); similar hard materials are now also made of diamond and cobalt (“diamond tools”) and these have the same toxic potential as hard metal.

Office commentary

This item is a replica of item 2 of “Schedule I. List of Occupational Diseases” appended to the Employment Injury Benefits Convention, 1964 (No. 121). The proposed change is a further expanding of the scope of this item. In view of the clear majority opinion not to change the item, the Office considers no change is necessary to this item and that the concerns of the ERS will be better covered in the open item 2.1.10.

2.1.3. Bronchopulmonary diseases caused by cotton, flax, hemp or sisal dust (byssinosis)

Comments

Czech Republic: Proposed to extend item 2.1.3 by “sugar cane”.

Office commentary

This item is a replica of item 3 of “Schedule I. List of Occupational Diseases” appended to the Employment Injury Benefits Convention, 1964 (No. 121). The clear majority view is to keep this item unchanged. The Office considers it essential to keep only important examples in the item. To make an exhaustive list would dilute the focus that the item conveys. As a result, the Office considers it better that the proposed new example be taken care of by the existence of the open item 2.1.10, and proposes no change to the item. It has been noted that a misplacement of the word “byssinosis” due to an editorial oversight has occurred and the Office proposes that the item should now read

“bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or sisal dust”.

2.1.4. Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process

Comments

Cuba: Proposed to delete 2.1.4 “asthma” until better objectivity is achieved.

Germany: “Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process” (2.1.4) and “Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process” (2.1.9) are only partially covered in the German list of occupational diseases, under “Obstructive respiratory diseases caused by allergenic substances” (No. 4301) and “Respiratory diseases caused by irritant or toxic substances (No. 4302)”. We cannot agree to an extension of the list.

DBA: 2.1.4 is covered only partially in the German list. No to addition.

Office commentary

This item is a replica of item 4 of “Schedule I. List of Occupational Diseases” appended to the Employment Injury Benefits Convention, 1964 (No. 121). In view of the same reasons given in the Office commentary on the previous item 2.1.1, the Office does not propose any change to this item.

2.1.5. Extrinsic allergic alveolitis caused by the inhalation of organic dusts, as prescribed by national legislation

Comments

Czech Republic (Ministry of Labour and Social Affairs): Proposed to extend item 2.1.5 by “chemicals, e.g. by isocyanates”.

The former Yugoslav Republic of Macedonia: Proposed to delete “caused by inhalation of organic dusts as prescribed by national legislation”.

Office commentary

This item is a replica of item 4 of “Schedule I. List of Occupational Diseases” appended to the Employment Injury Benefits Convention, 1964 (No. 121). The Office considers that adding one chemical agent as an example will not contribute very much to illustrating the whole spectrum covered by “organic dusts” and that the proposed deletion will greatly enlarge the scope of the item. For these reasons, and in view of the overwhelming support in the replies to not change this item, the Office proposes to keep this item as it is.

2.1.6. Siderosis

Comments

Germany: The occupational disease “siderosis” (2.1.6) is not included in the German list. The inclusion of “pulmonary fibrosis in welders” is currently under consideration.

Poland: Proposed to replace siderosis by “other types of pneumoconiosis”.

Office commentary

Siderosis is recognized in a number of countries and its listing ensures the visibility of the health impacts of the iron dusts which are common in many workplaces. To replace siderosis by other types of pneumoconiosis is in fact to create another open general item which is not necessary due to the existing item 2.1.10. For these reasons, and in view of the overwhelming support to not change this item, the Office proposes keeping this item unchanged.

2.1.7. Chronic obstructive pulmonary diseases

Comments

Algeria: Item 2.1.7 should be dealt with in 2.1.4, “Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process”.

Belgium: As regards item 2.1.7, the “Chronic obstructive pulmonary diseases” (COPD) are caused by smoking in more than 80 per cent of cases; so this item has to be moved to 2.1.10 (a direct link between COPD and occupational exposure is needed, e.g. COPD and exposure to silica dusts).

China: Proposed to delete 2.1.7.

Czech Republic: Doubt about an evidence-based justification of recognizing item 2.1.7 because the recognition criteria would have to be defined.

Islamic Republic of Iran. ICEA: Delete item 2.1.7 because it will be covered by item 2.1.10 “Any other respiratory disease not mentioned in the preceding items 2.1.1 to 2.1.9, caused by an agent where a direct link between the exposure of a worker to this agent and the disease suffered is established”.

Oman: Item 2.1.7 should be more specific.

Serbia and Montenegro: Proposed to change 2.1.7 to “Chronic obstructive pulmonary disease”.

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Employer members: Delete item 2.1.7.

Office commentary

Chronic obstructive pulmonary disease (COPD) refers to a number of chronic lung disorders that obstruct the airways. The most common form of COPD is a combination of chronic bronchitis and emphysema: a mucosal inflammation with stenosis and scar formation in the peripheral bronchioli and a breakdown and destruction of the inter-alveolar walls leading to a saccular structure formation commonly referred to as lung emphysema.

Dust exposure is generally accepted as a causal factor contributing to risk for development of chronic obstructive lung disease. The commonly seen types of dust and occupational exposures implicated include coal dust, dust from stone quarries and asbestos, wood dust, cotton dust, dust from cereals and agricultural work, dust in animal stables, dust from textiles, paper dust, and dust from welding. A number of countries recognized a

link between chronic obstructive pulmonary diseases and work. In view of the clear majority view in the replies to keep the item unchanged, the fact that this item exists in a number of countries, and after a careful study of the comments on this item, the Office feels that justifications were not sufficient for the Office to make a proposal which would differ from the majority view reflected in the replies to the questionnaire. As a result, no change is proposed to this item.

2.1.8. Diseases of the lung caused by aluminium

Comments

India: Proposed to delete item 2.1.8.

Serbia and Montenegro: Proposed to delete item 2.1.8.

Office commentary

This item is included in the lists of occupational diseases of a number of countries. Broncho-pulmonary ailments caused by dusts or fumes from aluminium are also included in the 2003 European schedule of occupational diseases. In view of the clear majority support to keep this item unchanged, the Office proposes to retain this item as it is.

2.1.9. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process

Comments

Germany. DBA: 2.1.9 is covered only partially in the German list. No to addition.

Poland: In item 2.1.9, “irritants” should be replaced by “perforation of nasal septum”.

Serbia and Montenegro: Proposed to delete item 2.1.9.

Office commentary

This item exists in the lists of many countries. In view of the clear majority support to keep this item unchanged, the Office proposes to retain this item as it is.

Other comments

Belarus. UHW: Section 2 of the list includes occupational respiratory diseases caused by particular types of industrial aerosol. Item 2.1.7, however, does not define the cause of the type of disease to which it refers (“chronic obstructive pulmonary diseases”), although industrial aerosols are the main cause. Section 2 does not include the following: types of pneumonitis not covered by the term “chronic obstructive pulmonary disease” caused by gases, fumes or vapours; total dystrophic diseases of the upper airways caused by work involving inhalation of all types of dust, including organic dust of plant or animal origin (flour, cereal, grain, hair, wool, tobacco, paper, sugar, others) or by work involving simultaneous exposure to dust, sensitizing and chemical agents (irritants, exhausts from power-driven mining machinery, and other factors).

Bosnia and Herzegovina (Society of Occupational Medicine): Proposed to add “Laryngitis chronic in risk occupation”.

Canada: Add “Occupational respiratory disease and allergy caused by exposure to organic agricultural dusts and grain dust”.

CLC: Standard lists of respiratory sensitizers should be added.

Germany. DGB: Proposed to add “Allergic diseases due to isocyanates”.

IGM: Proposed to add “Fibrosis caused by welding fumes and welding dust”.

Latvia: Proposed to add “Chronic bronchitis due to heavy exposure to unspecified dust, including dust from insulating material, dust from grain and foodstuffs, woodworking dust, welding fumes and dust caused by desurfacing”.

Nicaragua: It is not necessary to state “occupational diseases resulting from”; it is sufficient to mention the diseases by name. In the case of aluminium, this should be given as a chemical agent.

Peru: Proposed to add the following items: pneumoconiosis due to mould, fungi or organic dust; bagassosis; bronchitis and pneumoconiosis caused by chemicals, gases, fumes and vapours; pulmonary oedema and inflammatory disorders of the respiratory tract caused by chemicals, gases, fumes and vapours; pulmonary emphysema caused by chemicals, gases, fumes and vapours.

Portugal. CPT: The following diseases must be emphasized: silicosis, asbestosis and rhinitis.

Russian Federation: Proposed to add tobacco dust.

Spain: In this case, as we have indicated in the introduction to the questionnaire, the ILO list follows different criteria to the European schedule and the Spanish tables of occupational diseases. The European list brings together in this section “Diseases caused by inhalation of substances and agents not included in other sections” and in the interests of the potential harmonization of both lists we propose that this be the criteria and heading of this group of occupational diseases. Change the heading of point 2 to “Diseases caused by inhalation of substances and agents not included in other sections”. This section would include paragraph 2.1 on “Occupational respiratory diseases”. Because of its importance, we believe that section 2.2, “Occupational skin diseases”, could be considered a separate group similar to the European list, but, for the moment, we retain it as point 2.2. We have already indicated that section 2.3, “Occupational musculoskeletal diseases”, would be included in the section on physical agents. We believe that the list could be changed, taking what is provided in Royal Decree No. 1995/1978 and in the new table of occupational diseases, some cases which seem appropriate to us and which do not appear, or from those in the European list, which are more systematized. Therefore, we propose adding: 2.1.10 Broncho-pulmonary diseases caused by Thomas slag dust; 2.1.11 Other mineral dusts (talcum, kaolin, Fuller’s earth, bentonite, sepiolite, mica, other silicate minerals). The current point 2.1.10 of the questionnaire would become point 2.1.11.

Turkey: Proposed to add “Pneumoconiosis caused by dusts of silicates”.

Uganda: Proposed to add “Occupational asthma due to latex gloves, anaesthetic agents, isocyanide, foam industries”.

ERS (European Respiratory Society): Proposed to add “Diseases of the lung caused by synthetic microfibers” – Justification: several clinical and epidemiological studies have shown the occurrence of lung disease in workers exposed to synthetic microfibers (flock), including nylon, polyethylene, and potentially polypropylene.

WHO: Add “Pleural and pericardial thickening caused by asbestos”, “Extrinsic allergic alveolitis caused by inhalation of organic dusts and chemicals inherent to the work process, such as moulds, fungal spores or any other allergenic proteinaceous material, 2,4-toluene-di-isocyanates”.

Office commentary

Levels of specifications of the causal agents have always been a topic for discussion. Over 300 specific occupational sensitizers have now been identified. It will make the list too long if all of their names are listed specifically. In addition, the current list has a section on the causal agents and it would be more useful that the examples of the causal agents be restricted to the most significant ones or the ones that are essential to avoid misunderstanding of the items so listed. The open item in this section is for diseases not mentioned or covered in the preceding specific items. Against this background and in view of the majority views indicated in the replies, the Office does not suggest any change in relation to the above comments.

2.1.10. Any other respiratory disease not mentioned in the preceding items 2.1.1 to 2.1.9, caused by an agent where a direct link between the exposure of a worker to this agent and the disease suffered is established

Comments

Algeria: 2.1.10 has to be classified as an occupational disease.

Germany. DBA: 2.1.10. No. This is an open item like 1.1.32.

Serbia and Montenegro: Proposed to delete item 2.1.10.

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Employer members: Delete item 2.1.10, or insert “repeated” before the word “exposure”, add “scientifically” before the word “established”, and insert “at work” after the term “to this agent”.

Worker members: Add “Any other respiratory diseases caused by asbestos not covered in the preceding item” and “Bronchopulmonary diseases caused by synthetic or man-made fibres”.

Office commentary

A clear majority of replies support keeping item 2.1.10 unchanged. Proposals indicated in the replies and in the amendments submitted to the 2002 International Labour Conference recommended modifications to the item. For the same reason as stated in the Office commentaries on the open item in section 1.1, a similar modification is proposed to be made for item 2.1.10. The following wording is proposed “Any other respiratory diseases not mentioned in the preceding items 2.1.1 to 2.1.9 where a link is established between the exposure to risk factors arising from work activity and the disease contracted by the worker”.

Qu. 12:

2.2. Occupational skin diseases

2.2.1. Skin diseases caused by physical, chemical or biological agents not included under other items

2.2.2. Occupational vitiligo

Do you consider that these items should remain unchanged?

Total number of replies: 122 (73)

Affirmative: 99 (59)

Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Bulgaria, Burundi (COTEBU), Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada (CLC), Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Egypt (FEI), Estonia, Finland, Gabon, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, India, India (AITUC), Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua (UPANIC), Panama, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Portugal (CIP), Qatar, Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDS), Spain (UGT), Sri Lanka (LJEWU), Sweden, Switzerland, Switzerland (UPS), Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (MESS), United Arab Emirates, United Kingdom, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association.

Negative: 23 (14)

Algeria, Brazil, Canada, Canada (CSN), Germany, Germany (BDA), Hungary, Islamic Republic of Iran, Nicaragua, Nicaragua (INSS), Oman, Peru, Poland, Qatar (QCA), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia (CIOTSM), Spain, Sri Lanka, Uganda, Ukraine (FPU), United Kingdom (CBI).

WHO.

Comments

Algeria: Item 2.2.1 should be more specific.

Canada: Proposed to add: occupational skin diseases and/or skin conditions; skin diseases/conditions caused by physical, chemical or biological agents not included under other items such as allergy, irritation, inflammation and infection, etc.

CSN: Add skin infections, abscess, mycosis, warts and parasitic diseases.

Germany: “Occupational vitiligo” (2.2.2) is covered in German law only by the term “Vitiligo like depigmentation in diseases caused by para-tertiary butylphenol’ (No. 1314). We cannot agree to the adoption of a less specific term.

DBA: 2.2.1 General extension clause like 1.1.32; 2.2.2 too non-specific, occurs as an occupational disease only following exposure to para-tertiary butylphenol.

Greece: Proposed to add “contact dermatitis”.

Hungary: The type of occupational skin diseases must be mentioned: e.g. contact irritative dermatitis

Islamic Republic of Iran: In part 2.2 it is recommended that important skin diseases caused by occupational risk factors (occupational contact dermatitis) and also work-related skin malignancies (occupational skin cancer) are added.

Nicaragua: The possible skin diseases need to be detailed, including specific skin diseases (allergic contact dermatitis) and cancers caused by chemical or other agents (soot, tar, asphalt).

Oman: Add “chronic skin diseases and cancer” instead of “skin diseases” alone

Peru: Add “allergic contact dermatitis caused by metals, adhesives, cosmetics, drugs, dyes, foods, plants”; “irrigative contact dermatitis caused by detergents, cosmetics, drugs, foods”; “contact urticaria due to latex, vegetables, foods”; “radiodermatitis due to ionizing radiations”; “acne due to chemical substances”.

Poland: Proposed to delete item 2.2.2, “Occupational vitiligo” because vitiligo can be caused only by chemical agents and therefore it is contained in the item 2.2.1; the list should contain the most frequent diseases while vitiligo is rather rare.

Qatar. QCA: They must be upgraded.

Russian Federation: Proposed to add 2.2.2, “Occupational dermatosis”.

Serbia and Montenegro: Items 2.2.1-2.2.2 should be changed in so far as to omit professional vitiligo, considering the fact that the etiology of vitiligo is still unknown.

Institute of Occupational Health: Assert that it must be more specific and proposed to add chronic eczema, chronic urticaria, but some other skin diseases could be on the list as well.

Slovenia. CIOTSM: Proposed to modify 2.2.1 as follows: “Skin diseases caused by physical, chemical, biological or scientifically recognized allergy-provoking agents not included under other items”.

Spain: Given the diversity of the agents implicated in point 2.2.1 of the ILO proposal, it would seem advisable to classify the agents causing skin diseases as follows: 2.2.1 Substances with a low molecular weight, less than 1000 Daltons (metals and metal salts, wood powders, pharmaceutical products, chemical plastic substances, additives, dissolvent, etc.); 2.2.2 Substances with a high molecular weight, greater than 1000 Daltons (substances of vegetable, animal, micro-organism origin and enzymatic substances of vegetable, animal and/or micro-organism origin). 2.2.3 Exogenous photosensitizing substances; 2.2.4 Infectious agents; 2.2.5 Occupational vitiligo.

UGT: Replace 2.2.1 Skin diseases caused by physical, chemical or biological agents not included under other items by skin diseases caused by low molecular weight

substances; skin diseases caused by high molecular weight substances; skin diseases caused by exogenous photosensitive substances; skin diseases caused by biological agents.

Uganda: Proposed to add diseases caused by pesticides, skin cancer due to radiation.

Ukraine. FPU: In section 2.2 diseases caused by biological agents (mycoses, dermatitis) should be separated from diseases caused by physical and chemical agents (toxicoderma, eczema).

United Kingdom. CBI: Add Scleroderma and Silica.

WHO: Proposed to add “skin diseases, including skin cancer, caused by soot, tar, asphalt, antracen and its compounds, oil and mineral fats, brute paraffine, carbazol and its compounds, by-products of the distillation of coal”.

Office commentary

Whilst many replies proposed no changes to the two items in this section, some preferred to have specific mention made of some of the occupational skin diseases (i.e. dermatitis, urticaria, mycosis, skin cancers, etc). To address the concerns on the most important commonly seen skin diseases (except cancers, as there is a separate section on cancers), the Office proposes introducing the following two specific entries as new items in this section:

- (1) allergic contact dermatoses and contact urticaria caused by recognized allergy provoking agents not included in other items;
- (2) irritant contact dermatoses caused by other recognized irritant agents not included in other items.

2.2.1. Skin diseases caused by physical, chemical or biological agents not included under other items

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Employer members: Add “Severe and repetitive” before the word “skin” and insert the words “at work and” before the word “not”.

Office commentary

This item is a replica of item 26 of “Schedule I List of Occupational Diseases” appended to the Employment Injury Benefits Convention, 1964 (No. 121). To add the words as proposed by the above comments, it will effectively narrow the scope of the application of this item itself. As a result, no modification is proposed to this item by the Office.

2.2.2. Occupational vitiligo

Comments

Poland: Proposed to delete item 2.2.2, “Occupational vitiligo” because vitiligo can be caused only by chemical agents and therefore it is contained in the item 2.2.1.

Serbia and Montenegro: Items 2.2.1-2.2.2 should be changed in so far as to omit professional vitiligo, considering the fact that etiology of vitiligo is still unknown.

Office commentary

The overwhelming replies support to keep this item. Vitiligo is not a rare disease and establishment of the occupational origin of vitiligo is not always difficult. A number of agents have been proven to be responsible for occupationally caused leucoderma. Occupational vitiligo appears in the lists of occupational diseases of many countries. It is also included in the 2003 European schedule of occupational diseases. As a result, it is proposed to keep the item as it is.

Qu. 13:

2.3. Occupational musculoskeletal disorders

2.3.1. Musculoskeletal diseases caused by specific work activities or work environment where particular risk factors are present. Examples of such activities or environment include:

- (a) rapid or repetitive motion;
- (b) forceful exertion;
- (c) excessive mechanical force concentration;
- (d) awkward or non-neutral postures;
- (e) vibration.

Local or environmental cold may increase risk

Do you consider that this item should remain unchanged?

Total number of replies: 120 (73)

Affirmative: 46 (24)

Argentina (UIA), Azerbaijan, Bahamas, Belarus, Belarus (UHW), Bosnia and Herzegovina (Society of Occupational Medicine), Bulgaria, Burundi (COTEBU), Cameroon, Cameroon (USLC), Canada (CLC), China, Costa Rica, Egypt, Egypt (FEI), Finland, Gabon, Ghana, Greece, Guatemala, India (AITUC), Islamic Republic of Iran (ICEA), Israel, Italy, Japan, Japan (JTUC), Lithuania, Mauritius, Nicaragua (UPANIC), Philippines, Philippines (Social Security System), Portugal (CCP), Portugal (CIP), Qatar, Russian Federation, Rwanda, Slovenia (ZDS), Slovenia (CIOTSM), Sri Lanka (LJEWU), Switzerland (UPS), Trinidad and Tobago (ECA), Turkey (TSF), Turkey (MESS), Turkey (TKS), United Kingdom, Zambia.

Negative: 74 (49)

Algeria, Argentina, Argentina (CGT), Bahrain, Belarus (FPB), Belgium, Belize, Benin (National Fund of Social Safety), Brazil, Cameroon (GICAM), Canada, Canada (CSN), Chile, Colombia, Congo, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Estonia, Germany, Germany (BDA), Germany

(DGB), Germany (IGM), Honduras, Hungary, India, Islamic Republic of Iran, Kenya, Latvia, The former Yugoslav Republic of Macedonia, Mexico, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CPT), Portugal (UGT), Qatar (QCA), San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (CIOTSM), Slovenia (ZDODS), Spain, Spain (UGT), Sri Lanka, Sweden, Switzerland, Trinidad and Tobago, Tunisia, Turkey, Turkey (INTES), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela.

International Maritime Health Association, WHO.

Comments

Azerbaijan: Proposed to add diseases caused by coordination of movements, local muscle tension, working in a forced position for long periods.

Belarus. UHW: Section 2.3, “Occupational musculoskeletal disorders” fails to include a number of diseases caused by static and dynamic loads and stresses, lifting and moving heavy loads, working in awkward positions, work involving increased eye strain, or work requiring a high degree of motor coordination. These include: neurological disorders; peripheral nervous system disorders; vascular diseases (varicose vein formation in the legs, complicated inflammatory or trophic disorders); and ophthalmic diseases (progressive myopia caused by eye strain).

Bulgaria: It is proposed to specify: a) the names of some of the proposed diseases e.g. in place of epicondilitis: lateral epicondilitis and radial epicondilitis; in place of meniscus crick: the lesion of meniscus; b) the risk factors which cause the above mentioned diseases, e.g. in place of epicondilitis caused by repetitive work: radial epicondilitis caused by systematic work and related to forced extension of wrist in conditions of extended forearm toward armpit and pronation of hand. The UPEE rejects the existence of this nosological unit. The BUPCV proposes to make changes which would mention the etiological diagnosis in the first position.

Cameroon. USLC: Proposed to add discus hernia resulting from driving tractors and machinery involved in public works.

Czech Republic: Proposed also to specifically mention osteoarthroses in the upper and lower extremities and to also add an item covering compressive neuropathies, such as cubital tunnel syndrome, canal Guyon syndrome, tarsal tunnel syndrome, etc.

Finland. SEK: Answered yes, noting that because of the multiplicity of musculoskeletal disorders it would be necessary to specify those situations separately which are proven to be work-related.

Germany. DGB: Proposed to add “disc diseases of the cervical and lumbar spine” and gonarthrosis.

India. AITUC: Proposed not to replace but to add the items listed below in the questionnaire.

Islamic Republic of Iran: In part 2.3, because of the high occurrence of occupational lower back pain it is recommended that this part be added in a separate code.

Netherlands. VNO-NCW: Under 2.3.1 various health effects of manual lifting or other physical handling are mentioned. One has to take into account that these health effects also have other causes. Therefore it can only be acknowledged if the causal relationship between occupational exposure and the health effect in the individual case is established.

Nicaragua. Ministry of Labour and INSS: Diseases affecting the musculoskeletal system should be listed. Proposed to add disc hernia and lower back pain.

Oman: Proposed to add sciatica and herniated disc.

Poland: Proposed to add “sulci ulnaris nerve syndrome”.

Portugal. CCP: Proposed to add diseases caused by vibration and forced and repetitive movements.

CPT: The following diseases must be emphasized: tendonitis and peritendonitis.

Spain: Move to the section on physical agents (see point 1.2).

Tunisia: All the musculoskeletal disorders in the following items are present in the Tunisian list of occupational diseases (table No. 82).

Turkey: Proposed to add carpal tunnel syndrome.

Uganda: Proposed to add chondritis (chest pain due to poor sitting posture).

Ukraine. FPU: The replacement of section 2.3 by the listed diseases corresponds to diseases codes M 00-M 99 of ICD-10 and to part IV, section 3, paragraphs 2, 3, 4, 5 and 6 of Order No. 1662 of 8 November 2000 of the Cabinet of Ministers of Ukraine on the promulgation of the list of occupational diseases.

Amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference, 2002

Employer members: Delete 2.3.1 (b), (c), (d) and the words “Local or environmental cold may increase risk”.

Worker members: Add “Any other musculoskeletal disorders not mentioned in 2.3.1 due to occupational psychological factors including mental fatigue”; “Central nervous system disorders of occupational origin; and “Mutagenic and reproductive diseases of occupational origin”.

Office commentary

Whilst a considerable number of responses indicated that this item should remain unchanged, there is a clear majority in favour of the changes proposed in the questionnaire. It is widely known that worldwide an increasing percentage of the reported occupational illnesses are work-related musculoskeletal disorders of various types. Many different diagnoses, such as localized nerve entrapment (e.g. carpal tunnel syndrome), tendonitis (e.g. lateral epicondylitis, de Quervain’s tendonitis), muscle strain and less well-defined regional pain syndromes have been associated with jobs in all sectors of the economy. Musculoskeletal disorders can be due to repetitive movements, forceful exertions and awkward or non-neutral postures. The rise of claims for cumulative trauma disorders is partly attributable to the new high-tech workstations. It is difficult to predict in the future

how many workers will be affected by diseases related to such workstations. It has to be noted that these disorders are also very common in the general population. In some cases, the etiology is unclear and the pathological findings may not relate closely to the presenting symptoms. The causal relationship with work factors is sometimes unclear or difficult to substantiate on an individual basis, as distinct from a group basis.

Based on the analysis of law and practice in recognizing the occupational origin of musculoskeletal disorders at the national and international levels, it is felt that one general item 2.3.1 does not commensurate the state-of-the-art knowledge in the determination and recognition of the occupational musculoskeletal disorders. The proposed specific musculoskeletal disorders as indicated in the questionnaire were selected because their occupational origin had been well established. A general open item indicated in Question 21 will not only accommodate the essence in the current 2.3.1 but will also make it consistent with the similar open items in other sections of the list. From the replies it is reasonable to assume that a majority of the respondents could endorse these proposed new modifications.

As regards the comments on mutagenic and reproductive diseases, the Office concluded, on the basis of the technical information it has collected so far, that section 1.1 on occupational diseases caused by agents covers most of the risk factors at work which could cause the disorders as indicated in the comments. The replies received seem to indicate that the concern of the majority of the respondents focus on occupational musculoskeletal disorders.

As a result, the new items under Questions 14, 15, 16, 17, 18, 19 and 20 are proposed to be added in order to specify the different kinds of musculoskeletal disorders that are known to have an occupational origin. The proposed items have been recognized by a number of countries e.g. Algeria, Australia, Bangladesh, Belgium, Canada, China, Colombia, Denmark, Finland, France, Italy, Japan, Republic of Korea, Latvia, Lithuania, Luxembourg, Malaysia, Poland, Portugal, Spain, Switzerland, United Kingdom. Most of the items are also included in the 2003 European schedule of occupational diseases.

Qu. 14:

Do you agree to replace 2.3.1 by the following eight items:

- (i) “Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist”?

Total number of replies: 110 (69)

Affirmative: 96 (64)

Algeria, Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CSN), Chile, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Egypt (FEI), Estonia, Ghana, Germany, Germany (DGB), Germany (IGM), Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Israel, Italy, Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San

Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDODS), Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland (UPS), Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TKS), Turkey (TSF), Uganda, United Arab Emirates, Bolivarian Republic of Venezuela.

WHO.

Negative: 14 (5)

Argentina (UIA), China, Gabon, Belarus (UHW), Germany (BDA), Greece, Italy (CGIL), Nicaragua (UPANIC), Portugal (CIP), Ukraine (FPU), United Kingdom, United Kingdom (CBI), Zambia.

International Maritime Health Association.

Comments

Algeria: The occupations should be specified.

Belgium: Proposed to use the term “De Quervain Tenosynovitis”.

Finland. EK: Answered yes.

Germany: These diseases are covered in the German list of occupational diseases by the term “Diseases of the tendons or tendon sheaths and of the tendon or muscle attachments” (No. 2101).

Office commentary

The large majority of responses endorse the inclusion of “Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist” in the list as a new item and it is, therefore, so proposed.

Qu. 15:

- (ii) “Chronic crepitant tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme posture of the wrist”?

Total number of replies: 108 (69)

Affirmative: 90 (61)

Algeria, Argentina, Argentina (CGT), Bahamas, Bahrain, Belarus, Belarus (FPB), Belize, Brazil, Bulgaria, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CSN), Chile, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Estonia, Ghana, Germany, Germany (DGB), Germany (IGM), Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Italy, Kenya, Lithuania, Latvia, The former Yugoslav Republic of Macedonia, Mauritius, Mexico, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and

Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDODS), Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Trinidad and Tobago, Trinidad and Tobago (ECA), Turkey, Turkey (TKS), Turkey (TSF), Uganda, Ukraine (FPU), United Arab Emirates, United Kingdom (CBI), Bolivarian Republic of Venezuela.

WHO.

Negative: 18 (8)

Argentina (UIA), Belarus (UHW), Belgium, China, Egypt (FEI), Gabon, Germany (BDA), Greece, Israel, Italy (CGIL), Nicaragua (UPANIC), Portugal (CIP), Slovenia (CIOTSM), Switzerland (UPS), Tunisia, United Kingdom, Zambia.

International Maritime Health Association.

Comments

Algeria: The occupations should be specified.

Germany: These diseases are covered in the German list of occupational diseases by the term “Diseases of the tendons or tendon sheaths and of the tendon or muscle attachments” (No. 2101).

Finland. EK: If the inflammation is acute, it can be regarded as work-related.

Office commentary

The large majority of responses endorse the inclusion of “Chronic crepitant tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist” in the list as a new item and it is, therefore, so proposed.

Qu. 16:

(iii) “Olecranon bursitis due to prolonged pressure of the elbow region”?

Total number of replies: 110 (69)

Affirmative: 90 (62)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CSN), Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Estonia, Ghana, Germany, Germany (IGM), Guatemala, Honduras, Hungary, India, India (AITUC), Italy, Islamic Republic of Iran, Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Mexico, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDODS), Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Trinidad and

Tobago (ECA), Tunisia, Turkey, Turkey (TKS), Turkey (TSF), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 20 (7)

Algeria, Argentina (UIA), Belarus (UHW), Egypt (FEI), Gabon, Germany (BDA), Germany (DGB), Greece, Israel, Italy (CGIL), Nicaragua (UPANIC), Philippines, Philippines (Social Security System), Portugal (CIP), Slovenia (CIOTSM), Switzerland (UPS), Trinidad and Tobago, United Kingdom, United Kingdom (CBI).

International Maritime Health Association.

Comments

Canada. CSN: Yes as bursitis.

Finland. EK: Answered yes.

Germany: These diseases are covered in the German list of occupational diseases by the term “Chronic diseases of the bursa caused by constant pressure” (No. 2105).

Office commentary

The large majority of responses endorse the inclusion of “Olecranon-bursitis due to prolonged pressure of the elbow region” in the list as a new item and it is, therefore, so proposed.

Qu. 17:

(iv) “Prepatellar bursitis following extended periods of work in kneeling position”?

Total number of replies: 111 (69)

Affirmative: 95 (63)

Algeria, Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CSN), Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Ethiopia, Egypt, Estonia, Ghana, Germany, Germany (DGB), Germany (IGM), Guatemala, Honduras, Hungary, India, India (AITUC), Israel, Italy, Islamic Republic of Iran, Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Mexico, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDODS), Spain, Spain (UGT), Sri Lanka (LJEWU), Sweden, Switzerland (UPS), Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TKS), Turkey (TSF), Uganda, Ukraine (FPU), United Arab Emirates, United Kingdom (CBI), Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 16 (6)

Argentina (UIA), Belarus (UHW), Dominican Republic, Egypt (FED), Gabon, Germany (BDA), Greece, Italy (CGIL), Nicaragua (UPANIC), Philippines, Philippines (Social Security System), Portugal (CIP), Slovenia (CIOTSM), Sri Lanka, United Kingdom.

International Maritime Health Association.

Comments

Algeria: The occupations should be specified.

Finland. EK: Answered yes.

Germany: These diseases are covered in the German list of occupational diseases by the term “Chronic diseases of the bursae caused by constant pressure” (No. 2105).

Office commentary

The large majority of responses endorse the inclusion of “Prepatellar bursitis due to prolonged stay in kneeling position” in the list as a new item and it is, therefore, so proposed.

Qu. 18:

(v) “Epicondylitis due to repetitive forceful work”?

Total number of replies: 110 (69)

Affirmative: 92 (61)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CSN), Chile, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Estonia, Ghana, Germany, Germany (DGB), Germany (IGM), Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Israel, Italy, Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Spain, Spain (UGT), Sri Lanka (LJEWU), Sweden, Switzerland (UPS), Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TKS), Turkey (TSF), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 18 (8)

Algeria, Argentina (UIA), China, Egypt (FEI), Gabon, Germany (BDA), Greece, Italy (CGIL), Nicaragua (UPANIC), Philippines, Philippines (Social Security System), Portugal (CIP), Slovenia (CIOTSM), Sri Lanka, Trinidad and Tobago, United Kingdom, United Kingdom (CBI).

International Maritime Health Association.

Comments

Finland. EK: Answered no.

Germany: Also covered in Germany by item No. 210 1.

Office commentary

The large majority of responses endorse the inclusion of “Epicondylitis due to repetitive forceful work” in the list as a new item and it is, therefore, so proposed.

Qu. 19:

(vi) “Meniscus lesions following extended periods of work in a kneeling or squatting position”?

Total number of replies: 112 (70)

Affirmative: 91 (60)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CSN), Chile, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Estonia, Ghana, Germany, Germany (DGB), Germany (IGM), Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Israel, Italy, Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Mexico, Morocco, Netherlands, Netherlands (FNV), New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Spain, Spain (UGT), Sri Lanka (LJEWU), Sweden, Switzerland (UPS), Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TKS), Turkey (TSF), Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 21 (10)

Algeria, Argentina (UIA), Belarus (UHW), Belgium, China, Egypt (FEI), Gabon, Germany (BDA), Greece, Italy (CGIL), New Zealand, Nicaragua (UPANIC), Philippines,

Philippines (Social Security System), Portugal (CIP), Slovenia (CIOTSM), Sri Lanka, Uganda, United Kingdom, United Kingdom (CBI).

International Maritime Health Association.

Comments:

Finland. EK: Answered no.

Germany: In Germany these are covered by item No. 2102 in the list of occupational diseases “Meniscus lesions following constant or frequently recurring activities over a period of years in which the knee joints are subjected to increased stress”.

New Zealand. NZCTU: This condition is similar to others recommended for addition by the New Zealand Government, and may affect some New Zealand workers – particularly those in cleaning and gardening occupations.

Office commentary

The large majority of responses endorse the inclusion of “Meniscus lesions following extended periods of work in a kneeling or squatting position” in the list as a new item and it is, therefore, so proposed.

Qu. 20:

(vii) “Carpal tunnel syndrome”?

Total number of replies: 108 (67)

Affirmative: 94 (63)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CSN), Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Estonia, Germany (DGB), Germany (IGM), Ghana, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Israel, Italy, Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Mexico, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TKS), Turkey (TSF), Uganda, Ukraine (FPU), United Arab Emirates, United Kingdom (CBI), Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 14 (4)

Argentina (UIA), Belarus (UHW), Egypt (FEI), Gabon, Germany, Germany (BDA), Greece, Italy (CGIL), Nicaragua (UPANIC), Portugal (CIP), Slovenia (CIOTSM), Switzerland (UPS), United Kingdom.

International Maritime Health Association.

Comments

Belgium: Yes, but a better specification would be useful.

Finland. EK: Only a fraction of cases can be regarded as work-related. Only those cases in which deviant strain is caused by extended periods of wrist movements that strain the wrist and deviate from the neutral position of the wrist. These movements are part of work and not connected with other illnesses or predispositions.

Germany: Inclusion in the German list of occupational diseases is currently being considered.

New Zealand: In the item “Carpal tunnel syndrome”, add the words “due to work involving repetition, force and/or vibration”.

Office commentary

The large majority of responses endorse the inclusion of “Carpal tunnel syndrome” in the list as a new item and it is, therefore, so proposed.

Qu. 21:

(viii) “Any other musculoskeletal and nervous disorders not mentioned in the preceding newly- proposed items where a link between the work activities or work environment of a worker and he disorders suffered is thoroughly documented in literature”?

Total number of replies: 110 (69)

Affirmative: 91 (57)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CSN), Canada (CLC), Chile, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Czech Republic (SPCR), Dominican Republic, Ethiopia, Egypt, Estonia, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India (AITUC), Italy, Islamic Republic of Iran, Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro (Institute of Occupational Health), Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Spain, Spain (UGT), Sri Lanka (LJEWU), Sri Lanka, Sweden, Trinidad and Tobago, Trinidad and

Tobago (ECA), Turkey, Turkey (TSF), Turkey (TKS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 19 (12)

Algeria, Argentina (UIA), Belarus (UHW), China, Gabon, Germany, Germany (BDA), India, Israel, Italy (CGIL), Mexico, Portugal, Portugal (CIP), Serbia and Montenegro, Slovenia (CIOTSM), Switzerland (UPS), Tunisia, United Kingdom, United Kingdom (CBI).

Comments

Argentina: Diseases must be detailed for body parts (upper limbs and lower limbs) and the others should be grouped together (e.g. painful shoulder, tendonitis of anserine foot, epitrocleitis).

Algeria: It has to be considered as an occupational disease.

Belgium: Yes, for the other musculoskeletal diseases only if prospective studies are used.

Belize: Proposed to add: scapulo-thoracic bursitis; para-cervical muscle pain; lumbago/disc herniation related to work.

Colombia: It is important to retain open paragraphs in this section and to emphasize that the etiology relates to all those factors that represent the physical burden of work that exceeds the worker's capacity.

Finland. SAK: Answered yes.

India: The scope under item 2.3.1 adequately covers this category.

Latvia: Proposed to add: chronic low back disorders including lumbago (sciatica, lumbar prolapsed disc) or degeneration with daily or frequent pain.

Mexico: Proposed to add de Quervain syndrome.

Netherlands: The last addition should be rephrased as follows: "Any other musculoskeletal and nervous diseases not mentioned in the preceding items where a direct link between the work activities or work environment of a worker and the disease suffered is thoroughly established".

Peru: Proposed to add occupational lower back pain; occupational disc-related disease; occupational rheumatitis; occupational compressive syndromes.

Trinidad and Tobago: Proposed to add lower back pain; lumbar-repeated strain, and spinal and disc injury.

Tunisia: A close-ended list of occupational diseases is better than an open-ended list.

Bolivarian Republic of Venezuela: Proposed to add lower back pain caused by excessive effort and awkward postures.

WHO: Proposed to add: 1 Osteoarthritis of the knee caused by work in kneeling or squatting postures over several years; 2 Arthrosis and periarthrosis of elbow and shoulder

joints with functional impairment; 3 Compressive neuropathy, such as cubital tunnel syndrome, canal Guyon syndrome, tarsal tunnel syndrome.

Office commentary

The large majority of responses endorse the inclusion of this open item in the list. To be consistent with the existing open items in other sections, it is suggested that this proposed item now be reworded as follows: “Any other musculoskeletal disorders not mentioned in the preceding items 2.3.1-2.3.x where a link is established between exposure to risk factors arising from work activity and the disorders contracted by the worker”. As a result of this proposal, the current item 2.3.1 becomes redundant.

Qu. 22:

2.4. New section: Mental and behavioural illnesses

Do you agree to this addition?

Total number of replies: 120 (73)

Affirmative: 86 (53)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus (FPB), Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CLC), Canada (CSN), Chile, Colombia, Congo, Croatia, Cuba, Cyprus, Dominican Republic, Egypt, Estonia, Ethiopia, Gabon, Ghana, Germany (DGB), Germany (IGM), Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, The former Yugoslav Republic of Macedonia, Mexico, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, Saudi Arabia, Sierra Leone, Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Trinidad and Tobago, Trinidad and Tobago (ECA), Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Uganda, Ukraine (FPU), United Kingdom, United Kingdom (CBI), Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 34 (20)

Algeria, Argentina (UIA), Belarus, Belgium, Benin (National Fund of Social Safety), Bulgaria, China, Costa Rica, Czech Republic, Egypt (FEI), Finland, Germany, Germany (BDA), Japan, Lithuania, Mauritius, Morocco, Philippines, Portugal (CIP), San Marino, Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDS), Slovenia (CIOTSM), Slovenia (ZDODS), Switzerland, Switzerland (UPS), Tunisia, Turkey (MESS), United Arab Emirates.

Comments

Belarus: We consider that it would not be appropriate to include in the list a new section on “mental and behavioural illness” (section 2.4.), given the lack of precise criteria for identifying occupational mental and behavioural illness and allowing differentiated diagnosis of such illness as distinct from non-occupational illness.

UHW: Section 2.4, “Mental and behavioural illnesses” should include illnesses (such as neuroses) caused by work involving nursing care of patients in psychiatric institutions.

Belgium: The question of whether or not to insert a new section is pertinent only if the diseases are defined: it is very difficult to prove the correlation for conditions of post-traumatic stress due to a stressful event or situation (work accident), and for psychosomatic and psychiatric syndrome caused by psychological harassment (in Belgium this is the object of specific legislation).

Bulgaria: The BUPCV proposes to make changes which place the etiological diagnosis in the first position.

Canada: Yes, however two Canadian jurisdictions do not support this addition, since the disorders in question are considered as the result of accidents rather than as occupational diseases.

Colombia: We have attached to our reply a list of diseases that we suggest as an annex to this section in addition to the proposed items. This list is a result of a study entitled “Protocol for determining the origin of pathologies arising from stress”. It is essential to retain open paragraphs in this section and to emphasize that the etiology relates to all factors or conditions of psychosocial intra-working labour, including overburdening of mental work. This paragraph could take the following form: “Any other mental or behavioural illness not mentioned in the preceding points caused by psychosocial intra-working agents where a link between the exposure of a worker to those agents and the illness suffered has been established”.

Finland: The decision not to include mental and behavioural illnesses was taken by a national working group. In Finland, post-traumatic syndromes that result from occupational accidents are compensated as occupational injury.

SAK: Answered yes.

Germany. DBA: These are purely speculative and are not substantiated by adequate scientific data.

Hungary (Employers’ organization): To prove the solely occupational origin of psychological changes is a difficult professional task. For the successful solving of this problem, ongoing cooperation between the medical profession and the economic organizations is indispensable.

Islamic Republic of Iran. ICEA: In the new section on mental and behavioural disorders (instead of illnesses), the following subdivision could be added “any other mental or behavioural disorder not mentioned in preceding items 2.4.1-2.4.2 where a direct link between the work and the mental disorder is established”.

Netherlands. VNO-NCW: Post-traumatic stress disorders due to stressful events or situations and psychosomatic psychiatric syndromes caused by mobbing can have

important causes outside the workplace. Therefore the relationship between exposure at the workplace and the health effects has to be established before these disorders and syndromes are recognized as occupational diseases.

FNV: We ask for special attention to be paid to the occupational disease “burnout”. According to the criteria of the Dutch Centre for Occupational Disease (registration number E 002), burnout is an occupational disease. Workers who suffer from burnout have a combination of the following health complaints: extreme fatigue, emotional exhaustion or emotional lability, tension, sleep disturbance, insufficient feelings, depressive moods. According to these criteria burnout can develop as a result of three major factors: working pressure, lack of autonomy, lack of social support at work. There is enough scientific evidence for the opinion that burnout is an occupational disease. In the Netherlands each year 20 to 30 victims have been financially compensated by an insurance company. Since the diagnosis of burnout has to be affirmed by a competent medical practitioner, employers who want to argue that burnout in a specific case is not an occupational disease have to prove that the given case of burnout is caused by non-work-related factors: personal mental disorder, severe financial problems, life events. We also see some difficulty in the term psychosomatic or psychiatric syndromes: in our view it is better to use here also the terms “post-traumatic stress disorder caused by mobbing”. Psychiatric refers too much to an internal state of the mind, thereby not saying anything about the relation with external work-related variables.

Poland: Agree with new addition even if diagnostic and certification process will be very difficult because of few specific consequences and the lack of objective indicators for the assessment of the scale of stress and mobbing at the workplace. This section should be entitled “Mental and behavioural disorders” instead of “diseases”.

Spain: With respect to this section on “Mental and behavioural illnesses”, there is a strong trend to gradually introduce these issues into occupational safety and health. Given the socioeconomic significance of this issue we believe that the competent bodies should be consulted (the economic administration of social security authorities, the labour authorities, the INSS, the INSHT). This would be a new step, given that neither Recommendation No. 194, nor the European schedule of occupational diseases, nor the Spanish tables of occupational diseases contain any provisions on this issue. The matter may perhaps be premature and, in our opinion, should be the subject of in-depth analysis.

United Kingdom: The Health and Safety Executive’s suggested entry for mental and behavioural illnesses: “2.4 Mental and behavioural illnesses such as distress, anxiety, depression, that are caused by specific work activities or work environments where particular risk factors are present. Examples of such activities or environments include: (1) emotional distress in a bullying environment; (2) depression following a lack of support from colleagues or managers; (3) anxiety following a lack of control in the way one’s work is done; (4) mental and physical burnout following an excessive workload; (5) anxiety following role conflict – e.g. needing to be in two meetings that are held at same time; (6) fatigue following excessive hours, working nights, or badly planned shift work; (7) emotional distress following uncertainty during a change programme”.

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Worker members: Add “Any other musculoskeletal disorders not mentioned in 2.3.1 due to occupational psychological factors including mental fatigue”.

Office commentary

Despite the fact that some voiced reservations in their replies, a clear majority support the addition of a new section “2.4 Mental and behavioural illnesses” in the list. The Office studied carefully the proposals to further improve this section (i.e. inclusion of other well-defined disorders such as burnout, introduction of an open item to accommodate the need for recognition of other mental and behavioural disorders, listing of risk factors which lead to these disorders). It is felt that it would be appropriate to make the maximum effort to use terms consistent with WHO ICD-10 and to propose an open item to make possible the recognition of other established disorders (such as burnout) that are not specified in this list. As a result, it is proposed: (1) to replace the word “illnesses” by the word “disorders” in the title of the proposed section 2.4 which now reads “2.4 Mental and behavioural disorders”; and (2) to introduce a new proposed open item which will read “Any other mental or behavioural disorder not mentioned in preceding items 2.4.1-2.4.2 where a link is established between exposure to risk factors arising from work activities and the mental disorder contracted by the worker.”

Qu. 23:

If your answer to add 2.4 is yes, do you agree to add under this section:

2.4.1. Post-traumatic stress disorder due to a stressful event or situation?

Total number of replies: 99 (61)

Affirmative: 85 (53)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus (FPB), Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CLC), Canada (CSN), Chile, Congo, Costa Rica, Croatia, Cuba, Cyprus, Dominican Republic, Egypt, Estonia, Ethiopia, Gabon, Germany (IGM), Guatemala, Ghana, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, The former Yugoslav Republic of Macedonia, Mexico, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Poland, Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, Saudi Arabia, Sierra Leone, Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Uganda, Ukraine (FPU), United Kingdom (CBI), Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 14 (8)

Argentina (UIA), Bulgaria, Germany (BDA), Germany (DGB), Lithuania, Mauritius, Philippines, Portugal (CIP), Serbia and Montenegro, Slovenia, Slovenia (ZDODS), Slovenia (CIOTSM), Tunisia, United Kingdom.

Comments:

Finland. SAK: Answered yes.

Netherlands: Agree to add post-traumatic stress disorder only if the description is rephrased to make clear that this refers to an exceptionally stressful event (for example “PTSD due to traumatic events or situations that are of an exceptionally severe nature”) inherent in certain professions.

New Zealand: Delete “due to a stressful event or situation” and add “as diagnosed by a psychiatrist”.

BNZ: About the addition of post-traumatic stress disorders, BNZ considers that the words added by the Government “as diagnosed by a psychiatrist” should be followed by the further statement “and there are no other predisposing factors”.

Spain: See the comments on the previous point. We believe that this should be limited to groups with a greater risk of being subjected to stress factors, both in individual and collective situations. A group that can be taken as an example of being at high risk of mental and behavioural illness is teaching staff. However, it is currently not included in the European list.

WHO: Proposed “Post-traumatic stress disorder due to work-related stressful event or situation”.

Office commentary

A significant majority of responses endorse the inclusion of a new item “Post-traumatic stress disorder due to a stressful event or situation” in the list. The occupational origin of post-traumatic stress disorder has been recognized widely but maybe more as an injury than as a disease. Post-traumatic stress disorder is coded as F43.1 in WHO ICD-10 and has been widely recognized by mental health practitioners with well-established diagnostic criteria. As a result, the Office proposes “Post-traumatic stress disorder due to a stressful event or situation” as a new item.

Qu. 24:

If your answer to add 2.4 is yes, do you agree to add under this section:

2.4.2. Psychosomatic psychiatric syndromes caused by mobbing?

Total number of replies: 97 (57)

Affirmative: 69 (39)

Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus (FPB), Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Burundi (COTEBU), Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CLC), Canada (CSN), Chile, Congo, Costa Rica, Cyprus, Dominican Republic, Egypt, Estonia, Ethiopia, Ghana, Germany (IGM), Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, The former Yugoslav Republic of Macedonia, Mexico, Netherlands (FNV), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Panama, Peru, Philippines (Occupational Safety and Health Centre), Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar (QCA), Russian Federation, Rwanda, Saudi Arabia, Sierra Leone, Spain, Spain (UGT), Sri Lanka (LJEWU), Sweden, Trinidad and Tobago (ECA), Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 28 (18)

Argentina (UIA), Bulgaria, Croatia, Gabon, Germany (BDA), Germany (DGB), Islamic Republic of Iran (ICEA), Israel, Lithuania, Mauritius, Netherlands, New Zealand, Oman, Philippines, Philippines (Social Security System), Poland, Portugal, Portugal (CIP), Qatar, Serbia and Montenegro, Slovenia, Slovenia (CIOTSM), Slovenia (ZDODS), Sri Lanka, Trinidad and Tobago, Ukraine (FPU), United Kingdom, United Kingdom (CBI).

Comments

Bulgaria: Cases of post-traumatic stress disorder and psychosomatic or psychiatric syndromes caused by maltreatment are diseases where the individual assessment of the occupational origin is difficult. There are not enough reliable criteria to determine the professional nature of poly-ethological diseases.

Canada. CSN: Add “Burnout by excessive workload”.

Philippines (Occupational Safety and Health Centre): Proposed to add: mobbing and other forms of workplace conflict, e.g. sexual and physical harassment.

Poland: Because of few specific consequences and the lack of objective indicators for the assessment of the scale of stress and mobbing, the addition of this item raises reservations.

Spain: See the comments on point 2.4. Technical documentation refers widely to this issue. However, it is currently not included in the European schedule of occupational diseases.

Office commentary

A clear majority of responses favour the adoption of a new item entitled “Psychosomatic psychiatric syndromes caused by mobbing” in the list, and therefore it is so proposed.

Qu. 25:

Do you consider that other occupational disease(s) by target organ systems not mentioned from 2.1 to 2.3 should be included in this section?

Total number of replies: 94 (57)

Affirmative: 35 (18)

Bahamas, Belarus (FPB), Brazil, Bulgaria, Cameroon (GICAM), Canada (CLC), China, Czech Republic, Ghana, Germany (DGB), Germany (IGM), Guatemala, Latvia, Islamic Republic of Iran, Netherlands, Netherlands (FNV), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Philippines (Occupational Safety and Health Centre), Portugal (CCP), Qatar (QCA), Russian Federation, Rwanda, Sri Lanka (LJEWU), Sweden, Trinidad and Tobago, Trinidad and Tobago (ECA), Turkey, Turkey (TKS), Uganda, Ukraine (FPU), Zambia.

WHO.

Negative: 59 (39)

Algeria, Argentina (UIA), Azerbaijan, Bahrain, Belarus, Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Chile, Cameroon (USLC), Canada, Canada (CSN), Costa Rica, Croatia, Cyprus, Egypt, Egypt (FEI), Estonia, Ethiopia, Gabon, Germany (BDA), Greece, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan (JTUC), The former Yugoslav Republic of Macedonia, Mauritius, New Zealand, Oman, Panama, Peru, Philippines, Philippines (Social Security System), Poland, Portugal, Portugal (UGT), Portugal (CIP), Qatar, San Marino, Saudi Arabia, Serbia and Montenegro, Slovenia, Slovenia (CIOTSM), Slovenia (ZDODS), Slovenia (ZPIZ), Spain, Spain (UGT), Sri Lanka, Tunisia, Turkey (TSF), Turkey (INTES), United Arab Emirates, United Kingdom, United Kingdom (CBI).

Comments

Azerbaijan: The following could be included: diseases caused by air moisture, changeable weather conditions, cardiovascular diseases, kidney diseases caused by work with heavy metals, diseases caused by work in an illuminated zone.

Belarus. UHW: The list of occupational diseases as submitted does not include a separate section for “Allergic diseases (which include conjunctivitis, rhinitis, bronchial asthma, hypersensitive pneumonitis, exogenous alveolitis, allergic contact dermatitis and allergic contact eczema, toxidermia, Quinke’s oedema, nettle rash, anaphylactic shock, allergic alveolitis, and others). There is no definition of the factors in the work environment which may cause occupational disease (work involving exposure to allergenic substances and compounds, or work performed in contact with air conditioners and humidifiers contaminated with thermophilic actinomycetes and other microorganisms that reproduce within a ventilation system). A separate section along these lines would be especially relevant for the health sector.

Cameroon. GICAM: Add “Reduction in sight due to work with video display unit”.

Canada. CLC: Under the new section 2.4, should be added “2.4.3 Chronic stress due to conditions of work”.

China: Add “Occupational liver diseases caused by chemicals”.

Czech Republic: Add “Diseases of the vocal chords caused by work-related vocal effort”.

Estonia: Proposed cardio-toxic syndrome.

Ethiopia: It would be good to include other diseases like Bagassosis, Farmers’ lung, Malt workers’ lung and wheat disease.

Gabon: Add “Eye diseases due to work at video display unit”.

Germany. DGB: Add “Encephalopathy or polyneuropathy due to solvents”.

IGM: Add “Stress and its effects on the musculoskeletal system”.

Guatemala: Add “Arterial hypertension”, “Diabetes mellitus”, “Reduction in sight”.

Islamic Republic of Iran: Add: “Occupational neuralgic disorders”; “Occupational digestive system disorders”, which relate to digestive disorders in workers who are affected by nitrosamine and nitrogen ingredients in food industries; “Occupational genitourinary system disorders”, caused by the contact of workers with carcinogenic substances and delaying urination through lack of availability of sanitary facilities.

Latvia: Proposed to add neuroses caused by mental overload in the service sector.

Nicaragua. INSS: In the list of diseases given by agent, it would also be useful to list diseases caused by ergonomic or psychosocial factors.

Philippines (Occupational Safety and Health Centre): Proposed to add depression and severe anxiety reactions including phobic disorders secondary to workplace factors.

Portugal. CCP: Duodenal ulcer, colitis, ischaemic heart disease due to prolonged stress.

Qatar. QCA: Proposed to add “Other central nervous system and renal disorders”.

Rwanda: Proposed to add cardiovascular disorders.

Saudi Arabia: Proposed to add varicose veins.

Sri Lanka: Circulation disorders such as varicose veins due to prolonged standing, especially in the garment trade, nursing trade and teaching should be considered.

LJEWU: Proposed to add cryptogenic fibrosing alveolitis of exposure to wood and metal dust.

Sweden: Proposed to add mental health problems caused by the impact of strenuous working conditions.

Trinidad and Tobago: Occupational kidney disorders need special attention for the prevention of metal toxicity and other chemical effects including those caused by pesticides.

Turkey: Proposed to add “Affective disorders due to stress”.

Ukraine. FPU: Proposed to add in section 2.4 “Neuroses” code F 48 of ICD-10.

Bolivarian Republic of Venezuela: Proposed to add acute and chronic toxic hepatopathy, acute and chronic toxic nephropathy.

WHO: Proposed to add: 2.5 Diseases of the vocal cords caused by work-related vocal efforts; 2.6 Progressive myopia caused by visually tense work.

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Worker members: Add “Central nervous system disorders of occupational origin” and “Mutagenic and reproductive diseases of occupational origin”.

Office commentary

The majority of replies are not in favour of the addition of other occupational diseases of the target organ systems not mentioned on the list. A number of proposals are for the addition of diseases of new target organ systems (cardiovascular diseases, liver diseases, kidney diseases, eye diseases, diseases of the vocal chords, arterial hypertension, vascular disorders, diabetes mellitus, neuralgic disorders, digestive system disorders, genitourinary system disorders, etc.). Others propose new diseases caused by agents and psychosocial factors. As to the addition of new target organ systems, the Office considers that the current sections of “Diseases caused by agents” cover most, if not all, of the agents which could cause the diseases specified in the comments, except those diseases caused by psychosocial and ergonomic factors. Psychosocial and ergonomic factors are covered in the newly proposed items by the Office concerning musculoskeletal disorders and mental and behavioural disorders. Thus to introduce new target organ systems would not add much more information in terms of new occupational diseases. However, it would contribute to the completeness of the classification by the organ systems. In so doing, the basis of the current format would have to be changed. As explained in the Office commentary in 2.1, “General observations”, the current listing is developed on the basis that where an agent results in multiple organ system diseases, it will be included within the section of “Diseases caused by agents”. In addition, only those diseases with non-cancer end points are concerned by this question (No. 25) which is under the “Diseases by target organ systems” section. Diseases in this section are those whose causal agents will mainly cause the illness in the organ system specified in the list. This approach to listing is purposely adopted to avoid ambiguity that would result from the double entry of either agents or conditions.

After carefully balancing the evidence available (formats of lists of occupational diseases at the national and international levels) and the new organ systems and diseases proposed, the Office considers it inappropriate at present to make a proposal for inclusion in the list of any of the new diseases as suggested in the comments. Having so concluded, the Office nevertheless deems it necessary that developments in the recognition of these new diseases should be closely followed and they should be the starting point for consideration of the inclusion of new organ systems in the future updating of the list.

Qu. 26:

3. Occupational cancer
 - 3.1. Cancer caused by the following agents
 - 3.1.1.-3.1.15.

Do you consider that these items should remain unchanged?

Total number of replies: 118 (71)

Affirmative: 83 (51)

Algeria, Argentina, Argentina (CGT), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), China, Colombia, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Dominican Republic, Egypt, Egypt (FEI), Ethiopia, Gabon, Germany, Ghana, Greece, Guatemala, Honduras, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, Lithuania, Mauritius, Morocco,

Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Panama, Philippines, Philippines (Social Security System), Portugal, Portugal (CCP), Portugal (UGT), Portugal (CIP), Qatar, Russian Federation, Rwanda, San Marino, Saudi Arabia (General Organization for Social Insurance), Sierra Leone, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (CIOTSM), Slovenia (ZDS), Sri Lanka (LJEWU), Switzerland, Switzerland (UPS), Trinidad and Tobago (ECA), Turkey, Turkey (INTES), Turkey (TKS) Turkey (TSF), Turkey (MESS), United Arab Emirates, United Kingdom, United Kingdom (CBI), Bolivarian Republic of Venezuela, Zambia.

Negative: 35 (20)

Argentina (UIA), Belgium, Benin (National Fund of Social Safety), Brazil, Canada, Canada (CLC), Canada (CSN), Chile, Congo, Czech Republic, Estonia, Finland, Germany (BDA), Germany (DGB), Germany (IGM), Hungary, Peru, Philippines (Occupational Safety and Health Centre), Poland, Portugal (CPT), Qatar (QCA), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia, Spain, Spain (UGT), Sri Lanka, Sweden, Trinidad and Tobago, Tunisia, Turkey, Uganda, Ukraine (FPU).

International Maritime Health Association, WHO.

Comments

Argentina. UIA: Taking into account developments in biomedical research, some substances should be included in the list of carcinogens.

Belgium: For the chromium it is proposed to specify chromium hexavalent only.

Canada: It is recommended that the chemicals be listed in alphabetical order to facilitate their reference. All known cancer-causing agents should be listed. References to cancer-causing agents in other international sources, such as the International Agency for Research on Cancer (IARC) and the American Conference of Governmental Industrial Hygienists (ACGIH) would be beneficial.

CLC: Append standard lists of occupational carcinogens, e.g. ACGIH, National Toxicology Program (NTP) and IARC Groups I, 2A and 2B.

Czech Republic: Recommend adding polycyclic aromatic hydrocarbons (PAH), 2,3,7,8-TCDD and 4-aminobiphenyl.

Finland: Yes, but this only applies to the items that are considered cancerous according to the Finnish Decree on Occupational Diseases, e.g. arsenic, beryllium, cadmium, ethylene oxide and also silica if specified as crystalline or quartz. According to Finnish legislation on occupational safety and health erionite is regarded as a carcinogenic silicate mineral similar to asbestos. According to some evidence it may be a more significant cause of cancer of the pleura than asbestos.

SAK and VTML: Answered yes.

EK: The presented agents can be included in the list providing that the cancer risk caused by agents used at work as well as becoming ill is clarified and the causal connection is proven scientifically.

Germany: We refer to our preliminary comments. Although the German list of occupational diseases does not contain any separate section for occupational cancer, the types of cancer listed in the ILO list are to some extent covered in the German list under

occupational diseases defined in other terms. For example, lung or throat cancer caused by asbestos is covered in the way indicated in the preliminary observation (German list of occupational diseases, No. 4104); asbestos-related mesothelioma of the pleura, peritoneum or pericardium is covered in another category (No. 4105). Cancer caused by chromium or chromium compounds is covered in German law by the category “Diseases caused by chromium or its compounds” (No. 1103 in the German list of occupational diseases). As regards 3.1.15, we refer again to our preliminary observation.

DBA: No, because of 3.1.15. Erionite is meaningless in the case of Germany.

DGB: Proposed to add “cancer due to PAH”.

Hungary (Employers’ organization): Item 3.1.9: following the statistical data we are given, acute toxicosis (e.g. carbon monoxide) is given notification and registration both as an occupational disease and an occupational accident. To avoid duplicates we propose separating acute occupational diseases from occupational accidents; item 3.1.14: specify only the wood dust which is carcinogenic.

Netherlands: In the future it would probably be a good idea to make use of an international list of recognized carcinogens, i.e. the IARC list, and list the substances from this list for which occupational exposure is considered relevant.

New Zealand. NZCTU: The IARC list of carcinogens. The list as it currently stands does not contain a full list of substances which are well recognized as causes of occupational cancer. There is a general phrase in section 3.1.15 – and an incomplete list of carcinogens. The IARC – an agency of the World Health Organization – publishes a list of substances which has been evaluated with respect to the evidence on whether they cause cancer. Reference to their list of Group 1 (i.e. proven human) carcinogens for which exposure is usually occupational, supports the inclusion of the following carcinogens and their compounds: arsenic, beryllium, cadmium, environmental tobacco smoke, nickel, silica, 2,3,7,8-TCDD (dioxin), and strong inorganic acid mists containing sulphuric acid. Most of these exposures exist for workers in New Zealand, and their inclusion in the list should be regarded as a conservative step. For the list to have significance for New Zealand workers it should help draw attention to potential occupational disease risks that exist and whose potential harm in the workplace can be minimized through appropriate action. The list could also include the other substances and exposure circumstances which are regarded as “probably carcinogenic to humans” i.e. IARC’s list 2A carcinogens. The NZOTU would support the addition of the listed chemical agents in the ILO revision plus the other IARC recognized human carcinogens: environmental tobacco smoke, nickel, Silica, 2,3,7,8-TCDD (Dioxin), and strong inorganic acid mists containing sulphuric acid.

Peru: Proposed to add vinyl chloride, aromatic amines, bromide.

Poland: Under this item there is no need to enumerate the agents that may be a cause of occupational etiology of cancers, because different lists are in force in different countries. It is proposed to change this item in the following manner: “Malignant cancers caused by the agents considered to be carcinogenic which occur in the working environment”, indicating the location (the organs) of the most frequently diagnosed occupational cancers. According to the professional literature, the position that silica is a carcinogenic agent for humans could be reconsidered.

Portugal. CPT: Proposed to also add asbestos.

Qatar. QCA: They must be regularly upgraded.

Serbia and Montenegro: Proposed to add the following sentence at the end of item 3.1.15: “and whereas it is about the agent on the IARC list of surely proven cancer agents.”

Institute of Occupational Health: Proposed that list of exposures 3.1.1 to 3.1.14 should be replaced with link to IARC list of human carcinogens.

Slovenia: Wood dust must be defined more precisely.

Spain: Those included in the ILO list refer to agents that cause occupational cancers. In European Union terminology, such agents are classified as C1 and C2. However, it seems advisable to correct some overly generic designations, which might cause confusion by including substances or factors that are not carcinogenic. In this respect, we propose changing the following designations: replace point 3.1.8, “Benzene or its toxic homologues”, with “Benzene or its carcinogenic homologues”; replace point 3.1.9, “Toxic nitro- and amino-derivatives of benzene or its homologues”, with “Carcinogenic nitro- and amino-derivatives of benzene or its homologues”; replace point 3.1.14, “Wood dust”, with “hard-wood dust”, which is the carcinogenic dust envisaged in Royal Decree No. 665/1997 of 12 May on the protection of workers from carcinogenic agents. The same may be said for the factors that are introduced in the following questions.

UGT: In 3.1.4, replace chromium by chromium VI.

Uganda: Proposed to add leukaemia due to electromagnetic fields, and hepatocellular carcinoma due to the hepatitis B virus (HBV).

ERS: Proposed the following amendments to the list of occupational diseases: 3.1 Cancer caused by the following agents: all the indicated agents should be added, especially the lung carcinogens, arsenic, beryllium, cadmium, erionite and silica.

WHO: In 3.1.1, under “Asbestos”, add “lung cancer, cancer of the larynx, mesothelioma of the pleura and pericardium”. Add: “1. Primary carcinoma caused by silica dust when there is accompanying silicosis or silicotuberculosis; 2. Primary carcinoma of lungs and larynx caused by exposure to benzo(a)pyren”. The carcinogens listed in the ILO proposal are only a few examples of human carcinogens. Therefore we suggest, instead of listing carcinogens, to make a reference to the IARC official classification of carcinogens: “Cancer caused by agents, groups of agents, mixtures and exposure circumstances classified under Groups 1 and 2 as to their carcinogenic risk to humans in accordance with the procedures adopted as standard IARC practice”.

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Employer members: Add “VI” after the word “Chromium” and the word “chromium” in item 3.1.4; Replace the word “wood” with the words “certain woods (e.g. oak)” in 3.1.14; delete 3.1.15 (as a whole) or insert in 3.1.15 (1) the word “Specific” at the beginning of the item, add the word “repeated” before the word “exposure”, add the words “at work” after the word “agent”, add the word “specific” before the words “cancer suffered” and add the word “scientifically” before the word “established”.

Worker members: Add “hepatitis B virus or hepatitis C virus” and “Silica, crystalline in the form of quartz or cristobalite”.

Office commentary

A clear majority of replies favour keeping these items unchanged. Many of the 150 or so chemical or biological agents classified as Group 1 and Group 2A carcinogens to humans by the IARC are encountered in occupational settings. Some replies proposed the addition of more carcinogens. It would make the list too long and cumbersome if most of these 151 carcinogens are specified in section 3: "Cancer caused by the following agents". Some replies suggested a simplification of the list by making a linkage to the IARC list of carcinogens to humans instead of listing them in the List of Occupational Diseases itself. One disadvantage of such a simplification reflects the status and historical importance of the ILO list of occupational diseases. The ILO list is well known in all countries of the world and specifically identifies common and important individual diseases. It is an authoritative statement that these diseases are, or can be occupational in origin, and that they can and should be prevented. As a result, simplification of the list or rearrangement in strictly logical format may result in some losses of impact. Carcinogens proposed in the questionnaires for inclusion in the list are considered by the Office to be of importance in occupational exposures and recognized in a number of national and other lists of occupational diseases. They are all Group 1 carcinogens as classified by the IARC.

In response to the comments concerning the existing carcinogens in the list (for example chromium), some minor modifications are proposed in order to be precise and consistent with the IARC classifications. Formaldehyde has been proposed in a number of the replies in relation to Qu. 1 on chemical agents. In view of the fact that formaldehyde is carcinogenic to humans and was classified in 2004 by the IARC as a Group 1 carcinogen to humans, it is also proposed to add formaldehyde as a new item in this section.

- (1) To modify item 3.1.4. "Chromium and compounds" and reword it as "Chromium VI and chromium VI compounds": this proposal is for consistency with the IARC classification that evaluated only hexavalent chromium as carcinogenic to humans (Group 1).
- (2) To modify item 3.1.15 "Cancer caused by any other agents not mentioned in the preceding items 3.1.1 to 3.1.14, where a direct link between the exposure of a worker to this agent and the cancer suffered is established" so that it would be consistent with the open items in other sections. This modification is proposed for the same reasons given before in other sections, for example section 1.1 (the previous 1.1.32); the proposed rewording is "Cancer caused by any other agents not mentioned in the preceding items 3.1.1 to 3.1.x where a link is established between exposure to these agents arising from work activity and the disease contracted by the worker".
- (3) To add "Formaldehyde" as a new item.

Qu. 27:

Do you agree to add "Arsenic and its compounds"?

Total number of replies: 117 (73)

Affirmative: 105 (68)

Algeria, Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CLC), Canada (CSN), Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech

Republic, Dominican Republic, Egypt, Egypt (FEI), Estonia, Ethiopia, Finland, Gabon, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 12 (5)

Germany, Germany (BDA), Lithuania, Poland, Portugal (CIP), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia (ZDS), Slovenia (CIOTSM), Turkey (MESS), United Kingdom, United Kingdom (CBI).

Comments

Germany: Cancers caused by these agents are covered in German law by the general term “Diseases caused by arsenic, beryllium, and cadmium” (Nos. 1108, 1110 and 1104, respectively, in the German list of occupational diseases).

Tunisia: Recognized as an occupational disease in Tunisia (table No. 3).

Office commentary

The overwhelming majority of responses support the inclusion of “Arsenic and its compounds” in the list and it is, therefore, so proposed.

Qu. 28:

Do you agree to add “Beryllium and its compounds”?

Total number of replies: 116 (71)

Affirmative: 99 (64)

Algeria, Argentina, Argentina (CGT), Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belgium, Belize, Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Canada (CLC), Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada (CSN), Chile, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Dominican Republic, Egypt, Egypt (FEI), Estonia, Ethiopia, Finland, Gabon, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal,

Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZDODS), Spain, Spain (UGT), Sri Lanka, Sweden, Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TSF), Turkey (ÇMİS), Turkey (INTES), Turkey (TKS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 17 (7)

Argentina (UIA), Azerbaijan, Benin (National Fund of Social Safety), China, Germany, Germany (BDA), Islamic Republic of Iran (ICEA), Lithuania, Poland, Portugal (CIP), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia (ZDS), Slovenia (CIOTSM), Turkey (MESS), United Kingdom, United Kingdom (CBI).

Comments

Canada: Probable occupational origin but insufficient proof.

Germany: Cancers caused by these agents are covered in German law by the general term “Diseases caused by arsenic, ... beryllium, ... and cadmium” (Nos. 1108, 1110 and 1104, respectively, in the German list of occupational diseases).

Tunisia: Recognized as an occupational disease in Tunisia (table No. 9).

Office commentary

The overwhelming majority of responses support the inclusion of “Beryllium and its compounds” in the list and it is, therefore, so proposed.

Qu. 29:

Do you agree to add “Cadmium and its compounds”?

Total number of replies: 117 (71)

Affirmative: 104 (66)

Algeria, Argentina, Argentina (CGT), Azerbaijan, Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CLC), Canada (CSN), Chile, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Dominican Republic, Egypt, Egypt (FEI), Estonia, Ethiopia, Finland, Gabon, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Slovenia (ZDODS), Spain, Spain (UGT), Sri Lanka, Sri Lanka

(LJEWU), Sweden, Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 13 (5)

Argentina (UIA), China, Germany, Germany (BDA), Poland, Portugal (CIP), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia (ZDS), Slovenia (CIOTSM), Turkey (MESS), United Kingdom, United Kingdom (CBI).

Comments

Belgium: The technical group considers there to be insufficient available data to reply to this question.

Tunisia: Recognized as an occupational disease in Tunisia (table No. 11).

Office commentary

The overwhelming majority of responses support the inclusion of “Cadmium and its compounds” in the list and it is, therefore, so proposed.

Qu. 30:

Do you agree to add “Erionite”?

Total number of replies: 110 (69)

Affirmative: 92 (57)

Algeria, Argentina, Argentina (CGT), Argentina (UIA), Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada (CLC), Canada (CSN), Chile, Colombia, Congo, Costa Rica, Cuba, Cyprus, Czech Republic, Egypt, Egypt (FEI), Estonia, Ethiopia, Finland, Gabon, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar (QCA), Rwanda, San Marino, Saudi Arabia, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Spain, Spain (UGT), Sweden, Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 18 (12)

Azerbaijan, Belgium, China, Croatia, Dominican Republic, Germany, Germany (BDA), Lithuania, Poland, Portugal (CIP), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia (CIOTSM), Sri Lanka, Tunisia, Turkey (MESS), United Kingdom, United Kingdom (CBI).

Comments

Belgium: No, because erionite is an environmental fibre and cannot be considered as an occupational carcinogen.

Canada: Different views among jurisdictions.

Office commentary

The overwhelming majority of responses support the inclusion of “Erionite” in the list and it is, therefore, so proposed.

Qu. 31:

Do you agree to add “Ethylene oxides”?

Total number of replies: 113 (70)

Affirmative: 97 (62)

Algeria, Argentina, Argentina (CGT), Azerbaijan, Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CLC), Canada (CSN), Chile, China, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Dominican Republic, Egypt, Egypt (FEI), Estonia, Ethiopia, Finland, Gabon, Germany (DGB), Germany (IGM), Ghana, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan, Japan (JTUC), Kenya, Latvia, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Rwanda, San Marino, Saudi Arabia, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Spain, Sri Lanka (LJEWU), Sweden, Switzerland, Trinidad and Tobago, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 16 (8)

Argentina (UIA), Belgium, Germany, Germany (BDA), Greece, Lithuania, Poland, Portugal (CIP), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational

Health), Slovenia (CIOTSM), Spain (UGT), Sri Lanka, Turkey (MESS), United Kingdom, United Kingdom (CBI).

Comments

Belgium: No, because not enough arguments are actually available in the scientific literature.

Office commentary

The overwhelming majority of responses support the inclusion of “Ethylene oxides” in the list and it is, therefore, so proposed.

Qu. 32:

Do you agree to add “Silica”?

Total number of replies: 116 (71)

Affirmative: 100 (63)

Algeria, Argentina, Argentina (CGT), Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Cameroon, Cameroon (USLC), Cameroon (GICAM), Canada, Canada (CLC), Canada (CSN), Chile, Colombia, Congo, Costa Rica, Croatia, Cuba, Cyprus, Czech Republic, Dominican Republic, Egypt, Egypt (FEI), Estonia, Ethiopia, Finland, Gabon, Germany, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Israel, Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Spain, Spain (UGT), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (INTES), Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda, Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

International Maritime Health Association, WHO.

Negative: 16 (8)

Argentina (UIA), Azerbaijan, China, Germany (BDA), Islamic Republic of Iran (ICEA), Japan, Morocco, Poland, Portugal (CIP), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Slovenia (CIOTSM), Trinidad and Tobago, Turkey (MESS), United Kingdom, United Kingdom (CBI).

Comments

Belgium: The technical group cannot answer this question because this agent is the subject of a study being conducted by the National Fund for Occupational Diseases.

Canada: Silica, crystalline- α -quartz and cristobalite are suspected human carcinogens.

Germany: Lung cancer caused by silicon dioxide crystals is included in the German list as No. 4112.

Tunisia: Recognized as an occupational disease in Tunisia (table No. 17).

International Maritime Health Association: If specified crystalline silica or quartz.

Office commentary

The overwhelming majority of responses support the inclusion of “Silica” in the list and it is, therefore, so proposed.

Qu. 33:

Do you agree to add: “Hepatitis B virus (HBV) and C virus (HCV)”?

Total number of replies: 119 (70)

Affirmative: 93 (59)

Algeria, Argentina, Argentina (CGT), Azerbaijan, Bahamas, Belarus, Belarus (FPB), Belarus (UHW), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Bulgaria, Burundi (COTEBU), Cameroon, Cameroon (USLC), Canada, Canada (CLC), Canada (CSN), Chile, Colombia, Congo, Croatia, Cuba, Cyprus, Czech Republic, Dominican Republic, Egypt, Estonia, Ethiopia, Gabon, Germany (DGB), Germany (IGM), Ghana, Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, New Zealand (NZCTU), Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Qatar, Qatar (QCA), Russian Federation, Rwanda, San Marino, Saudi Arabia, Serbia and Montenegro, Sierra Leone, Slovenia, Slovenia (Institute of Occupational Safety), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland, Trinidad and Tobago (ECA), Tunisia, Turkey, Turkey (TKS), Turkey (TSF), Turkey (ÇMİS), Uganda (Department of Occupational Safety and Health), Ukraine (FPU), United Arab Emirates, Bolivarian Republic of Venezuela, Zambia.

WHO.

Negative: 26 (11)

Argentina (UIA), Cameroon (GICAM), China, Costa Rica, Egypt (FEI), Finland, Germany, Germany (BDA), Japan, Nicaragua, Philippines, Philippines (Social Security System), Poland, Portugal (CIP), San Marino (ANIS), Serbia and Montenegro (Institute of Occupational Health), Slovenia (ZDODS), Slovenia (ZDS), Slovenia (CIOTSM), Spain, Trinidad and Tobago, Turkey (INTES), Turkey (MESS), United Kingdom, United Kingdom (CBI).

International Maritime Health Association.

Comments

Canada: Hepatitis B and C viruses cause liver disease which can lead to liver cancer.

Finland: Hepatitis B and C are classified by the IARC as certain human carcinogens. The IARC classification is not, however, incorporated as such into Finnish legislation, even though one case of liver cancer as a result of hepatitis caught through blood has been registered as an occupational cancer.

San Marino. ANIS: Does not agree to add hepatitis B virus (HBV) and C virus (HCV).

Tunisia: Recognized as an occupational disease in Tunisia (table No. 70).

New Zealand. NZCTU: This appears to replicate the proposed addition under 1.3 of diseases caused by the same two viruses (HBV and HCV).

Office commentary

The large majority of responses support the inclusion of “hepatitis B virus (HBV) and C virus (HCV)” in the list and it is, therefore, so proposed.

Qu. 34:

4. Other diseases

4.1. Miners’ nystagmus

Do you consider that this item should remain unchanged?

Total number of replies: 118 (72)

Affirmative: 98 (59)

Algeria, Argentina, Argentina (CGT), Argentina (UIA), Azerbaijan, Bahamas, Bahrain, Belarus, Belarus (FPB), Belarus (UHW), Belgium, Belize, Benin (National Fund of Social Safety), Bosnia and Herzegovina (Society of Occupational Medicine), Brazil, Cameroon, Cameroon (USLC), Canada, Canada (CLC), Canada (CSN), Congo, Costa Rica, Croatia, Cyprus, Czech Republic, Dominican Republic, Egypt (FEI), Egypt, Ethiopia, Finland, Gabon, Germany, Germany (IGM), Greece, Guatemala, Honduras, Hungary, India, India (AITUC), Italy, Italy (CGIL), Japan (JTUC), Kenya, Latvia, Lithuania, The former Yugoslav Republic of Macedonia, Mauritius, Morocco, Netherlands, Netherlands (FNV), New Zealand, Nicaragua, Nicaragua (INSS), Nicaragua (UPANIC), Oman, Panama, Peru, Philippines, Philippines (Social Security System), Philippines (Occupational Safety and Health Centre), Portugal, Portugal (CCP), Portugal (CPT), Portugal (UGT), Portugal (CIP), Qatar, Russian Federation, Rwanda, San Marino, Saudi Arabia, Sierra Leone, Slovenia, Slovenia (ZDODS), Slovenia (Institute of Occupational Safety), Slovenia (ZPIZ), Slovenia (ZDS), Slovenia (CIOTSM), Sri Lanka, Sri Lanka (LJEWU), Sweden, Switzerland, Switzerland (UPS), Trinidad and Tobago, Trinidad and Tobago (ECA), Turkey, Turkey (TSF), Turkey (MESS), Turkey (INTES), Turkey (TKS), Uganda, Ukraine (FPU), United Arab Emirates, United Kingdom, United Kingdom (CBI), Bolivarian Republic of Venezuela, Zambia.

Negative: 20 (13)

Bulgaria, Cameroon (GICAM), Chile, China, Cuba, Czech Republic, Estonia, Germany (BDA), Germany (DGB), Islamic Republic of Iran, Islamic Republic of Iran (ICEA), Israel, Japan, Poland, San Marino (ANIS), Serbia and Montenegro, Serbia and Montenegro (Institute of Occupational Health), Spain, Spain (UGT), Tunisia.

Comments

Bulgaria: Miners' nystagmus is not a disease. It is only a symptom unrelated to other pathological diseases. The UPEE rejects the existence of this nosological unit. The BUPCV proposes making changes that would place the etiological diagnosis in first-place position.

Cameroon. GICAM: It is necessary to be more precise for better understanding.

Canada: This is an occupational disease which may lead to the development of psychoneurotic symptoms. The nervous disorders may lead to the miner's disability.

China: Delete "Miners' nystagmus" and add "Metal fume fever".

Czech Republic: Being obsolete, proposed to delete this item.

Finland: In Finland this disease is of no relevance, as we do not have coal mines.

Germany. DGB: In Germany it is not relevant.

India. AITUC: Agrees with Recommendation No. 194, of 2002, along with the Office proposals, which are also included in Indian legislation.

Israel: Miners' nystagmus has not been encountered in national occupational medicine practice. No case reports about this occupational illness have been published for several past decades.

Islamic Republic of Iran: In parts 4 and 4.1, as the visual organ is an independent part of the body, this paragraph should be written under the title of "Occupational ophthalmic disorders". Miners' nystagmus is just one of the ophthalmic symptoms and it is recommended to move it to part 2 under the title of "Occupational ophthalmic disorders".

Japan: Delete miners' nystagmus.

Poland: Proposed to delete the item "Miners' nystagmus" because this is a symptom not a disease, moreover it is not being observed in occupational pathology any longer. Add to item 4: "the vision system diseases caused by physical, chemical and biological agents"; the most important can be enumerated.

Qatar. QCA: There are other causes of occupational related nystagmus, such as among plasterers.

San Marino. ANIS: Does not consider that this item should remain unchanged.

Serbia and Montenegro: Assert that Miners' nystagmus should not be listed since it does not occur with the miners.

Institute of Occupational Health: Delete item 4.1.

Spain. UGT: Diseases caused by physical agents.

Tunisia: Miners' nystagmus was recognized as an occupational disease in Tunisia from 1957 to 1994.

WHO: Under item 4, add "4.2 Abrasive damage of teeth caused by silica dust exposure over several years".

Amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference, 2002

Worker members: Add "Disabling occupational neuroses", "Professional laryngitis with aphonia" and "Diseases of a physical or psychological nature related to violence arising out of or in the course of employment".

Office commentary

The large majority of responses support maintaining this item unchanged. Miners' nystagmus is an occupational disease associated with poor lighting, which involves problems in focusing. Pendular or rotating nystagmus may be accompanied by dizziness and headaches. Nystagmus is coded as H55 in ICD-10 and included in the lists of occupational diseases of a number of countries such as Algeria, Belgium, Columbia, Germany, Luxembourg and Spain. Miners' nystagmus is also included in the 2003 European schedule of occupational diseases as item 507.

Other proposals such as dental damage, neurosis, laryngitis, diseases of a physical or psychological nature related to violence could be considered as covered in the relevant different sections (e.g. diseases caused by agents and by target organ systems) of the proposed list, but may not be in the same manner as people would expect. The Office is reluctant to propose changes or additions in relation to the proposals. It is noted that a number of comments have been made concerning health impairments or disorders, which have not been retained as specific items since they were considered as sufficiently covered by the open items. However, the experts may reach a different conclusion and may wish to include some specific and occupationally related health disorders (e.g. metal fume fever) which could hardly be classified in the three preceding sections. It is therefore advisable to keep a section entitled "other diseases" which would contain more than just a single item (i.e. Miners' nystagmus) as is the case in the current proposed list.

Other comments

Algeria: A more specific wording of the questions is necessary, otherwise the wording of the items may prompt argument.

Bulgaria: It is proposed that the list of occupational diseases be based on only one principle – etiological – according to the types of the causal risks. This manner of structuring would simplify the use of the list by the occupational diseases experts. The following structural change is proposed: "Occupational diseases caused by chemical agents; Occupational diseases caused by physical agents; Occupational diseases caused by biological agents; Occupational diseases caused by mineral dusts and fibres, metal dust and aerosol, dust of vegetal or animal origin, etc.; Occupational diseases caused by working process factors – static physical effort and/or dynamic physical work, overloading of organs of speech, sight, etc." According to the Bulgarian Chamber of Commerce and Industry (BCCI), it is not necessary to make changes to the existing list of occupational diseases, because for each subgroup of diseases, classified by factor agent, there exists a provision which allows for injuries that are not specifically indicated in the list of

occupational diseases, but that are linked to the working environment, to be classified as occupational diseases. The BCCI considers that the rights and interests of workers in the field of occupational diseases are well protected according to world and European tendencies. Existing Bulgarian legislation provides for a mixed system of recognition of occupational diseases that includes the list of professional diseases which is not comprehensive, but which remains entirely in line with European legislation.

Colombia: We would suggest including diseases caused by working conditions or occupational risk factors that might affect the sexual and reproductive health of workers, such as workers' infertility problems and genome damage (genetic mutations caused by physical, chemical or other agents). Finally, we believe that the list should retain its mixed character, i.e. a list of diseases and the open paragraph that allows the definition of occupational diseases as being all those pathologies for which a link can be established between working conditions and damage to health arising from them.

Cuba: Should be substantiated and further developed.

Finland: The relevant European Union legislation should be taken into account, especially the revised Commission Recommendation concerning the European schedule of occupational diseases published on 24 September 2003 which may include items similar to the new ILO questionnaire proposals and should be given due consideration. The expression "direct link" used to describe the connection between the exposure of the worker and the disease suffered could perhaps be clarified. In Finland the legislation requires that "the agent is the probable and main cause of the disease".

Germany. DBA: One general observation is that the general extension clauses found in all sections (for example 1.1.32) is not acceptable. Including them would mean opening up the German list of occupational diseases to speculative action and thus in our case, for example, to many unnecessary complaints and procedures in connection with the list which are bound to fail. This would involve an indefensible waste of resources and effort. Lists of occupational diseases must therefore retain clear definitions and include only those diseases for which a causal relationship with certain specific workplace or occupational factors has been scientifically proven.

Hungary: The ILO Recommendation must be harmonized with that of the European Union (2003/670/EC).

Employers' organization: The harmonization of the ILO Recommendation with that of the European Union (2003/670/EC) is not reasonable in the near future because of the different levels of economic development of member States.

The former Yugoslav Republic of Macedonia: The European schedule of occupational diseases, Annex I, has been adopted in The former Yugoslav Republic of Macedonia (December 2004) together with established national criteria for recognition and verification according to national law and practice.

New Zealand. NZCTU: Endorses the New Zealand Government's request to update the list of occupational diseases on an at least annual basis. The NZCTU recommends that this update expand upon the list of carcinogenic and serious hazardous substances, as specified above.

Panama: We should point out that the "Carex" programme of the Health and Work Programme in Central America (SALTRA) is currently undertaking investigative research in Panama and the region, where a significant number of disease-causing agents have been identified; this may assist professionals in all fields in universities, research agencies, non-governmental organizations and other institutions.

Portugal. CCP: Update Regulatory Decree No. 6/2001 and approve the list of occupational diseases, including reference numbers, to make it more complete and explicit.

Slovenia. CIOTSM: The ILO should determine the criteria for recognizing each of the occupational diseases listed in Recommendation No. 194. It is necessary to have a register of occupational diseases in the European Community for individual and epidemiological follow-up, evaluation and prevention of occupational diseases, as well as accidents at work.

Spain. UGT: Broadening and dividing up the sections would facilitate analysis, statistics and decision-making.

Turkey. INTES: All occupational diseases can be prevented by the correct and effective use of personal protective equipment.

Uganda. Mental illness due to work needs thorough evaluation. More research is required in the field of electromagnetic fields and organophosphoric pesticides and their relationship to cancer.

Zambia. While upholding the existing list of occupational diseases, a review is inevitable because more chemicals and other agents are being introduced every day into the workplace.

International Maritime Health Association: If possible, relevant European Union legislation should be taken into account. Chronic solvent poisoning and polyneuropathy should also be considered, as should polyaromatic hydrocarbons (PAH) in general as a cause of cancers.

Office commentary

Bulgaria made extensive proposals regarding the format of the list and they will be useful in the future work of the Office concerning the updating of the list of occupational diseases. The Office does not propose any changes concerning the format of the list this time for the reasons explained in its commentary under “General observations” and in view of the fact that many countries are using similar formats for their national lists of occupational diseases. The format of the 2003 European schedule of occupational diseases is identical to its 1990 version and does not differ fundamentally from that of the ILO list. The Office notes a number of requests to harmonize the ILO list with the 2003 European schedule of occupational diseases. The Office also wishes to point out that the WHO’s work on the International statistical classification of diseases and related health problems (ICD-10) in occupational health uses a format similar to the ILO one to classify occupational diseases.

Slovenia (CIOTSM) proposed that the ILO should determine the criteria for recognizing each of the occupational diseases on the list. The Office agrees that international guidance on the recognition criteria for occupational diseases is important. It should be noted that diagnostic criteria for occupational diseases are available at the national and international levels (e.g. the European Commission’s information notices on diagnosis of occupational diseases). Valuable information in this respect is contained in publications of the International Programme on Chemical Safety (IPCS) (e.g. environmental health criteria documents), the IARC, the WHO (e.g. early detection of occupational diseases, biological monitoring) and the ILO (e.g. *Encyclopaedia of Occupational Health and Safety* and the International Occupational Safety and Health Information Centre).

There have been several proposals for the inclusion of new agents or new diseases. The Office considers that they have been dealt with in its commentaries on various items in the preceding sections and does not feel the need to propose new changes to the list.

Final Office remarks

On the basis of the amendments to the list of occupational diseases submitted to the Committee on Occupational Accidents and Diseases of the 90th Session of the International Labour Conference in June 2002 and the replies received to the questionnaire which was circulated, as well as on the basis of the Office's technical analysis and commentaries, the following list is proposed for examination and adoption by the Meeting of Experts on Updating the List of Occupational Diseases which will be held from 13 to 20 December 2005, in Geneva, Switzerland.

Proposed list of occupational diseases

1. Diseases caused by agents
 - 1.1. Diseases caused by chemical agents
 - 1.1.1. Diseases caused by beryllium or its toxic compounds
 - 1.1.2. Diseases caused by cadmium or its toxic compounds
 - 1.1.3. Diseases caused by phosphorus or its toxic compounds
 - 1.1.4. Diseases caused by chromium or its toxic compounds
 - 1.1.5. Diseases caused by manganese or its toxic compounds
 - 1.1.6. Diseases caused by arsenic or its toxic compounds
 - 1.1.7. Diseases caused by mercury or its toxic compounds
 - 1.1.8. Diseases caused by lead or its toxic compounds
 - 1.1.9. Diseases caused by fluorine or its toxic compounds
 - 1.1.10. Diseases caused by carbon disulphide
 - 1.1.11. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons
 - 1.1.12. Diseases caused by benzene or its toxic homologues
 - 1.1.13. Diseases caused by toxic 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: carbon monoxide, hydrogen cyanide or its toxic derivatives, hydrogen sulphide
 - 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 toxic compounds
 - 1.1.20. Diseases caused by antimony or its toxic compounds
 - 1.1.21. Diseases caused by hexane
 - 1.1.22. Diseases of teeth caused by mineral acids
 - 1.1.23. Diseases caused by pharmaceutical agents
 - 1.1.24. Diseases caused by thallium or its compounds

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- 1.1.25. Diseases caused by osmium or its compounds
 - 1.1.26. Diseases caused by selenium or its compounds
 - 1.1.27. Diseases caused by copper or its compounds
 - 1.1.28. Diseases caused by tin or its compounds
 - 1.1.29. Diseases caused by zinc or its compounds
 - 1.1.30. Diseases caused by ozone, phosgene
 - 1.1.31. Diseases caused by irritants: benzoquinone and other corneal irritants
 - 1.1.32. Diseases caused by ammonia (new)
 - 1.1.33. Diseases caused by isocyanates (new)
 - 1.1.34. Diseases caused by pesticides (new)
 - 1.1.35. Diseases caused by sulphur oxides (new)
 - 1.1.36. Diseases caused by any other chemical agents not mentioned in the preceding items 1.1.1 to 1.1.35 where a link is established between the exposure to these chemical agents arising from work activity and the disease contracted by the worker (a modified previous item 1.1.32)
 - 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 work in compressed and decompressed air (a modified item)
 - 1.2.4. Diseases caused by ionizing radiations
 - 1.2.5. Diseases due to radiofrequency radiations (new)
 - 1.2.6. Diseases caused by optical (ultraviolet, visible light, infrared) radiations (modified previous items 1.2.6 and 1.2.5)
 - 1.2.7. Diseases caused by extreme temperature (modified)
 - 1.2.8. Diseases caused by any other physical agents not mentioned in the preceding items 1.2.1 to 1.2.7 where a link is established between the exposure to these physical agents arising from work activity and the disease contracted by the worker (modified item)
 - 1.3. Diseases caused by biological agents
 - 1.3.1. Brucellosis (new)
 - 1.3.2. Diseases caused by hepatitis B virus (HBV) and C virus (HCV) (new)
 - 1.3.3. Diseases caused by HIV (new)

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- 1.3.4. Tetanus (new)
 - 1.3.5. Tuberculosis (new)
 - 1.3.6. Diseases caused by any other biological agents not mentioned in the preceding paragraphs 1.3.1 to 1.3.5 where a link is established between the exposure to these biological agents arising from work activity and the disease contracted by the worker (modified previous item 1.3.1)
 - 2. Diseases by target organ systems
 - 2.1. Occupational respiratory diseases
 - 2.1.1. Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthracosilicosis, asbestosis) and silicotuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death
 - 2.1.2. Bronchopulmonary diseases caused by hard-metal dust
 - 2.1.3. Bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or sisal dust⁶
 - 2.1.4. Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process
 - 2.1.5. Extrinsic allergic alveolitis caused by the inhalation of organic dusts, as prescribed by national legislation
 - 2.1.6. Siderosis
 - 2.1.7. Chronic obstructive pulmonary diseases
 - 2.1.8. Diseases of the lung caused by aluminium
 - 2.1.9. Upper airways' disorders caused by recognized sensitizing agents or irritants inherent to the work process
 - 2.1.10. Any other respiratory diseases not mentioned in the preceding items 2.1.1 to 2.1.9 where a link is established between the exposure to risk factors from work activity and the disease contracted by the worker (modified item)
 - 2.2. Occupational skin diseases
 - 2.2.1. Allergic contact dermatoses and contact urticaria caused by recognized allergy provoking agents not included in other items (new)
 - 2.2.2. Irritant contact dermatoses caused by other recognized irritant agents not included in other items (new)
 - 2.2.3. Occupational vitiligo (previous item 2.2.2)

⁶ An editorial change has been introduced to the item in relation to item 3 of Schedule I of the Employment Injury Benefits Convention, 1964 (No. 121).

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- 2.2.4. Skin diseases caused by physical, chemical or biological agents not included under other items (previous 2.2.1)
 - 2.3. Occupational musculoskeletal disorders (modified)
 - 2.3.1. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist (new)
 - 2.3.2. Chronic crepitant tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist (new)
 - 2.3.3. Olecranon-bursitis due to prolonged pressure of the elbow region (new)
 - 2.3.4. Prepatellar bursitis due to prolonged stay in kneeling position (new)
 - 2.3.5. Epicondylitis due to repetitive forceful work (new)
 - 2.3.6. Meniscus lesions following extended periods of work in a kneeling or squatting position (new)
 - 2.3.7. Carpal tunnel syndrome (new)
 - 2.3.8. Any other musculoskeletal disorders not mentioned in the preceding items 2.3.1 to 2.3.7 where a link is established between exposure to risk factors arising from work activity and the disorders contracted by the worker (modified item of previous 2.3.1)
 - 2.4. Mental and behavioural disorders (new)
 - 2.4.1. Post-traumatic stress disorder due to a stressful event or situation (new)
 - 2.4.2. Psychosomatic psychiatric syndromes caused by mobbing (new)
 - 2.4.3. Any other mental or behavioural disorder not mentioned in the preceding items 2.4.1 to 2.4.2 where a link is established between exposure to risk factors arising from work activities and the mental disorder contracted by the worker (new)
 - 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 and chromium VI compounds (modified)
 - 3.1.5. Coal tars, coal tar pitches or soots
 - 3.1.6. Beta-naphthylamine
 - 3.1.7. Vinyl chloride
 - 3.1.8. Benzene or its toxic homologues

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- 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. Compounds of nickel
 - 3.1.14. Wood dust
 - 3.1.15. Arsenic and its compounds (new)
 - 3.1.16. Beryllium and its compounds (new)
 - 3.1.17. Cadmium and its compounds (new)
 - 3.1.18. Erionite (new)
 - 3.1.19. Ethylene oxides (new)
 - 3.1.20. Formaldehyde (new)
 - 3.1.21. Hepatitis B virus (HBV) and C virus (HCV) (new)
 - 3.1.22. Silica (new)
 - 3.1.23. Cancer caused by any other agents not mentioned in the preceding items 3.1.1 to 3.1.22 where a link is established between exposure to these agents arising from work activity and the disease contracted by the worker (modified item of the previous 3.1.15)
 - 4. Other diseases
 - 4.1. Miners' nystagmus