NEWSLETTER

International Commission on Occupational Health - ICOH

Commission Internationale de la Santé au Travail - CIST

Volume 14, Number 1 April 2016

In this number

Message from the President

What the ICOH can do

What is the global role of an Occupational Health Professional and that of ICOH today? Let me start from the 17 new UN Sustainable Development Goals to transform our world:

1. NO POVERTY
2. ZERO HUNGER
3. GOOD HEALTH AND WELL-BEING
4. QUALITY EDUCATION
5. GENDER EQUALITY
6. CLEAN WATER AND SANITATION
7. AFFORDABLE AND CLEAN ENERGY
8. DECENT WORK AND ECONOMIC GROWTH
9. INDUSTRY INNOVATION AND INFRASTRUCTURE
10. REDUCED INEQUALITIES
11. SUSTAINABLE CITIES AND COMMUNITIES
12. RESPONSIBLE CONSUMPTION & PRODUCTION
13. CLIMATE ACTION
14. LIFE BELOW WATER
15. LIFE ON LAND
16. PEACE, JUSTICE AND INSTITUTIONS
17. PARTNERSHIPS FOR THE GOALS

www.un.org/sustainabledevelopment/sustainable-development-goals/#prettyPhoto

We do have a role in all of these but I would like to point out a few specifics.
Goals 1-2: Work creates all the wealth, health and well-being, and it is the solution for all of the goals, and it is also important not to create a problem. Nothing will come as granted, and no health/ well-being can be obtained without work, decent work.
Goal 3: "Ensure healthy lives and promote well-being for all at all ages". We can ensure working life with dignity, and we will have to continue making sure that the workforce has the ability to accomplish that.
Goals 5 and 10: A huge number of women and men suffer from inequality between and within countries and between and within workplaces. Apart from pay and status inequality, women suffer more from musculoskeletal disorders and psychosocial problems, whereas men in poor jobs die of occupational cancer, die from cardiovascular disorders at work and suffer more from fatal and other injuries. Specific groups, such as agricultural workers, are at high risk, in particular, in developing countries. Where are malaria and other tropical disorders compensated as occupational diseases? The answer is almost none. Could all these poor workers get at least clean water at work, under the Goal 6?
Goal 8: "Decent work for all women

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NEWSLETTER

Volume 14, Number 1
April 2016

ICOH Newsletter

Published by the International Commission on Occupational Health

Reviewed and Edited by

KOSHA(Korea Occupational Safety & Health Agency)

The electronic version of the ICOH Newsletter on the internet can be accessed at the following address: www.icohweb.org/newsletter

and men, including young people and persons with disabilities… safe and secure working environments, especially for migrant workers… elimination of worst forms of child labor."
And finally I'm quoting the person in charge of the occupational health and safety department at the European Commission when retiring from his job: "We have not achieved all that we wanted to for the health and safety at workplace; however, most importantly, the EU's main goal "peace" has been secured in the EU for well over 50 years" (UN Goal 16).

And in practice

In Singapore, we are just planning the next 5 to 10 year strategies. The ministry's vision is: A Great Workforce – A Great Workplace. We have proposed a new vision of "Healthy Workforce in Safe Workplace" for the Division of Occupational Safety and Health. I would add two more words: "for life". This reflects the emphasis of lifelong integration of health and safety. How could we expand these beliefs throughout the world?

The ICOH Secretary General, Dr. Iavicoli and I had an opportunity to discuss that WHO and ILO are collaborating well in October 2015. Our original plan was to meet with the officials from the two organizations separately, but we ended up in having a joint ICOH/ILO/WHO meeting with the key people from both, Drs. Maria Neira and Ivan Ivanov from WHO and Ms. Nancy Leppink and Dr. Valentina Forastieri from the ILO. While there was no interest (yet, I hope) in organizing the next session of the ILO/WHO Joint Committee of Occupational Health, the collaboration continues vibrantly.

Recently, Singapore received an ILO delegation - the same officials mentioned above - and they asked ICOH to ensure the scientific quality of a new set of "Global Estimates" to be worked out. As some of you may know, this process has already been in place since some 15 years ago when I was in charge of the ILO/SafeWork Programme, and the methods have been gradually enhanced. The project team will consist of Singaporean and Finnish researchers. We'll plan to attain the validation from ICOH and collaboration from all interested. I have contacted ICOH groups and members in selected areas and will continue to do so. In particular, it would be useful to collect best evidences for carcinogens and other exposures, and their consequences, as well as those of circulatory diseases, psychosocial factors and musculoskeletal disorders. Furthermore, I have been in touch -in order to collaborate and harmonize data - with the Institute of Health Metrics and Evaluation, Dr. Chris Murray, the Global Burden of Illness and Injury team at the University of Washington. The immediate reaction was very positive and collaborative. Many of you are aware that collaboration and harmonization of methods and metrics is really needed.

Recent activities

ICOH Scientific Committees, Groups and National Secretaries have been organized and nominated. The Officers had a planning meeting in Rome in October 2015. The latest event was a very interesting meeting in Dublin including the planning of the ICOH2018 Congress. While we do have a competent team of Irish organisers led by Dr Martin Hogan of the Royal College of Pysicians, plenty of efforts need to be invested by many ICOH Members to prepare for a successful scientific and practical programme in Dublin in 2018.

Also, I'm pleased to announce that two new ICOH Board Members were nominated. Dr. Shrinivas Shanbhag now represents India at the Board. The nomination was authorized by the ICOH Board based on the consensus proposal obtained through the Indian National Secretary after consultations with the ICOH Members in India. Another ICOH Board Member was nominated through the same procedure

ISSN 1459-6792 (Printed publication)
ISSN 1795-0260 (On-line publication)

from Peru, Ms. Maria Luisa Tupia Gonzales, an active Occupational Health Nurse. I'm happy to welcome both to the ICOH Board.

Based on the earlier Board decision concerning the construction of the Football Championship facilities in Qatar, we have seen some positive developments and immediate reactions by authorities in Qatar. But we still need to follow up since the health and safety problems of the migrant construction workers may not be sorted out quickly. ILO and WHO have been kept informed.

I have personally had contacts with the Collegium Ramazzini, and arranged a session on occupational cancer during the Ramazzini Days. I was also invited to speak at the OCCUCON Conference organized by the Indian Association of Occupational Health. My message in India was to find out ways how to expand the coverage of legal measures, enforcement, compensation and occupational health services gradually to the whole population, rather than just for the 6-7% of the workforce in the organized sectors today.

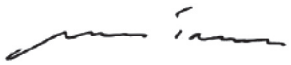
Institution of Occupational Health, IOSH, in the U.K. - it has a global network as well - is also keen to collaborate, in particular, in reducing silica dust and other exposures to carcinogens[1)]. Initial results indicate that 47 million workers are exposed globally to silica dust where 28,000 die of lung cancer caused by silica dust. ILO/WHO earlier estimated the death caused by pneumoconioses globally at 36,000 deaths annually, and a major part of these fatalities was also caused by silica dust. Maybe the ILO/WHO Global Programme to Eliminate Silicosis needs to be re-activated and expanded in order to cover silica causing lung cancers.[2)]

KOSHA asked Prof. Rantanen and myself to speak at the "Seoul Statement Seminar" in Gumi in November. We truly appreciated the follow-up works of the ICOH Congress output as well as the beautiful Korean landscape in autumn colors.

Furthermore, our Brazilian Members, including Dr Rudy Facci, have had a very positive answer with the International Ergonomics Association Technical Committee.

I would be pleased to hear more news on our activities and engagements.

Jukka Takala
President of ICOH



1) http://www.iosh.co.uk/NTTL/Home/About-NTTL.aspx "No Time to Lose"
2) http://www.who.int/occupational_health/publications/newsletter/gohnet12e.pdf

Message from the Editor

Occupational safety and health of health care workers always has been an important issue for ICOH members. Considering that health workers' activity is exposed to potentially contaminated blood and other human body fluids, a specific guideline for biosafety equipments or devices is invaluable. In this issue, Dr Luis Mazon introduced the Biosafety Guideline published by the Spanish Ministry of Health. He outlined what studies the guideline is based on, which equipment or procedure the guideline deals with, and the key points of recommendation for biosafety of health care workers.

Primary health care (PHC) is a critical component of workers' health. Dr Frank van Dijk and Dr Peter Buijs summarized the successful results of special session in ICOH 2015, which was organized by Scientific Committee (SC) on Education and Training in Occupational Health and Occupational Health Services. In this session the experiences on PHC in Thailand, South-Africa, Eastern-Mediterranean Region, Brazil, Indonesia and UK were shared to enhance international collaboration. Keeping in mind that PHC is covering 70-80% of the world population – many of them are workers –, this special session presented 10 provisional conclusions including duties of national governments and comments on universal health coverage of WHO.

SCs represents the core structure of ICOH where the members share their study results or occupational health achievement, and young scientists or students who are potentially being a ICOH member meet the 'ICOH' for the first time. Although brief introduction of SCs is posted at the ICOH website, we need to provide detailed outlines and stories of the SCs in order to encourage new members to join the ICOH. In this Issue, SC on Musculoskeletal Disorders and SC on Allergy and Immunotoxicology present the key point of their purpose, present situation and achievements. Dr. Dongmug Kang (Chair) and Jason Devereux (Secretary) are in charge of SC on Musculoskeletal Disorders. The conference of Musculoskeletal Disorder have been called as PREMUS (PRevention of MUSculo-skeletal disorders) is one of the largest one of ICOH SCs. SC on Allergy and Immunotoxicology is in charged by Prof. Takemi Otsuki (Chair) and Claudia Petrarc (Secretary). The topics of the conference are not only the classical occupational allergy but ones caused by newly developed substances including nanomaterials.

Changes of Addresses

The ICOH Newsletter is published in two versions: hard copy and electronic version. All active ICOH members, who paid membership fee for the triennium 2016-2018, receive it by e-mail and postal mail. For those who wish to receive both versions, the email address and postal address registered to the ICOH Secretariat must be correct ones. Please inform the new address, if any changes are made, to the Editorial office (icohnews@kosha.or.kr) or the ICOH Secretariat (icoh@inail.it).

Eun-A Kim
Editor-in-Chief,
ICOH Newsletter

News from Members

Extension of the ICOH-IALI MoU

Jukka Takala, President of ICOH (left)
Kevin Myers, President of IALI Board and Deputy Chief Executive of HSE/UK(right)

ICOH and IALI had a signing ceremony at the IALI Board Meeting in Dresden on 20th March 2016, in connection of the International OSH Strategy Conference.
The both organizations have extended MoU and it will allow further scientific and professional collaboration in OSH.

FREE ONLINE COURSE

Occupational Health in Developing Countries
Dr Bente Elisabeth Moen announced an important online education course which is a free course - no payment. The course starts in March 2016, but prospective students may register now. The education course offers a diverse selection of courses from leading universities and cultural institutions around the world. These are delivered one step at a time, and are accessible on mobile, tablet and desktop; thus, you can fit the learning to your life. The web site: https://www.futurelearn.com/courses/occupational-health-developing-countries

New Book

Occupational Safety and Health Online
Dr Liliana Rapas introduced an online book titled 'Occupational Safety and Health Online: How to Find Reliable Information'. The book serves as an introduction to finding the highest quality health and safety information online, and is a useful tool for those working in the field of Occupational Safety and Health (OSH). We believe that the book is an excellent resource for the education and training of OSH experts, offering easy access to global sources for relevant evidence-based guidelines, systematic reviews, scientific articles, quality online lessons and courses in addition to a glossary of OSH terms and more. The first edition of the book was originally published in Spanish in 2011. The application in Latin America and Spain was successful. In 2014 and 2015, we profoundly revised the first edition, updated all sources, added new sources and worked hard with translators to prepare a revised second edition in English. Jos Verbeek, Carel Hulshof and Paul Smits agreed to be co-authors for the chapters on systematic reviews, evidence-based guidelines and online courses and lessons. A Spanish version of this second edition is scheduled to be published early 2016. Thanks to the sponsorship of the Center for International Health (CIH) at the Ludwig-Maximilians-Universität in Munich, this book were able to disseminate digitally free of charge. The digital version includes more than 130 hyperlinks which can be used directly. The book can be easily distributed to participants in a course or workshop, or to OSH experts affiliated with a professional association, university or institute. Adapting and updating the content is relatively simple. The non-profit foundation Learning and Developing Occupational Health(LDOH) initiated the development of the second edition and is the publisher of the book.
For more information, please see www.ldoh.net/

Occupational Medicine Congress in Africa

South African Society of Occupational Medicine (SASOM) Annual Congress
• Date: 10 – 11 June 2016, Benoni, Gauteng, South Africa

- Organised and sponsored by: The South African Society of Occupational Medicine
- Topics: Facets of Occupational Health including: Occupational Medicine, Occupational Hygiene, Occupational Health Nursing, Occupational Health in Mining and Travel Medicine

- Contact information:
  Contact person: Ms Jenny Acutt (Email : info@sasom.org, Telephone : +27 (0) 12 803 7418, Fax: +27 (0) 11 507 5085)
- Website: www.sasom.org

28th MANGANESE2016 CONFERENCE

Manganese Health Effects on Neurodevelopment & Neurodegenerative Diseases, September 25-28, 2016

The Second International Conference on the neurotoxicity and prevention of adverse manganese health effects will be held on September 25-28, 2016 at the Icahn School of Medicine at Mount Sinai in New York City. This is the 28th meeting of the International Neurotoxicology Conference series.

This conference will bring together international experts and new researchers to present, discuss, and evaluate the most recent information on manganese (Mn). It will yield international state-of-the-science discussion of what is known, identify information gaps, and help define future directions for research. The conference aims to advance the fundamental knowledge of the causes, mechanisms, diagnosis, related new technologies, treatment, and prevention of Mn-induced or exacerbated diseases and disorders in children, adults and the elderly. Occupations at risk for high exposure, such as mining and welding, will be highlighted. Plenary and Poster abstracts are topics concerning: environmental and human exposure to Mn; pharmacokinetics, uptake and distribution of Mn; new aspects of Mn toxicity in animal models and humans; clinical features, imaging and pathology of Mn in humans; neurobehavioral effects of workplace Mn exposure in humans; neurobehavioral effects of environmental Mn exposure in humans; biomarkers of Mn exposure; reproductive effects of Mn; effects of Mn on cellular functions and behavior in animal models; and health risk assessments and protective standards of Mn. For more information to submit abstracts and to register, please visit: http://events.mountsinaihealth.org/event/manganese2016

PREMUS 2016

The Institute for Work & Health is delighted to host PREMUS 2016, the 9th International Conference on the Prevention of Work-related Musculoskeletal Disorders.
Conference dates: June 20-23, 2016 (Toronto, Canada)

Join more than 400 delegates from over 40 countries for four days of scientific exchange and debate. Every three years since 1992, PREMUS has gathered scientists, students, practitioners in occupational health & safety, epidemiologists, ergonomists, industrial engineers, clinicians and policy-makers together, with the goal of promoting multidisciplinary research and the translation of that research into applicable use. PREMUS is an international scientific conference that serves as a forum for work-related musculoskeletal health research, with an emphasis on the prevention of work-related musculoskeletal disorders (MSDs). It is the primary conference of the Musculoskeletal Disorders Scientific Community of the International Commission of Occupational Health (ICOH), and has been taking place every three years since 1992.

The overarching theme of PREMUS 2016 is Preventing Work-Related Musculoskeletal Disorders in a Global Economy.
PREMUS 2016 will focus on eight major themes:

- Field evaluations of MSD prevention policies, programs and practices
- Economic burden of work-related MSDs
- Epidemiology of work-related MSDs
- Biology of work-related MSDs
- Measuring exposures in a new world of work
- Management of work-related MSDs and sustainable employment
- Health disparities and globalization
- Emerging issues in the prevention and management of work-related MSDs

Registration is now open!
For more information, please visit
premus2016.iwh.on.ca or email to premus2016@iwh.on.ca.

Scientific Committee Activities

Memories of PREMUS 2013

Conference of Musculo-Skeletal Disorders Scientific Committee

Chair : Dongmug Kang

Secretary: Jason Devereux

Dongmug Kang (Chair of MSD SC) kangdm@pusan.ac.kr
Dr. John Jason Devereux (Secretary of MSD SC): jjdlia@yahoo.co.uk)

PREMUS (PRevention of MUSculo-skeletal disorders) represents the primary conference activity of the Musculoskeletal Disorders Scientific Committee (MSD SC) of the ICOH. The goals of MSD SC are to prevent work-related musculoskeletal disorders and exchange scientific knowledge. Main areas of interests of the SC are Epidemiology and surveillance on MSD burden, Ergonomics and Biomechanics of MSDs, Social aspects of determining work-relatedness and compensation, Work Organization, job stress and psychosocial aspects, National strategies for prevention, standards and regulation, Economic aspects of MSDs, Functional capacity, rehabilitation and return to work, Workload, aging and MS degeneration.

PREMUS is a conference with 3-year cycle between ICOH congresses with following history.

1992: 1st PREMUS, Stockholm Sweden, chaired by Mats Hagberg and Asa Kilbom. 1995: 2nd PREMUS, Montreal Canada, 1998: 3rd PREMUS, Helsinki Finland, FIOH, chaired by Eira Viikari-Juntura. 2001: 4th PREMUS, Amsterdam, The Netherlands, chaired by Van der Hank Molen 2004: 5th PREMUS, Zurich Swiss, chaired by Thomas Laubli. 2007: 6th PREMUS, Boston USA, chaired by Laura Punnett. 2010: 7th PREMUS, Angers France, chaired by Yves Roquelaure. 2013: 8th PREMUS, Busan Korea, chaired by Dongmug Kang. 2016: 9th PREMUS, Toronto Canada, chaired by Ben Amick. 2019(confirmed): 10th PREMUS, Bologna Italy, will be chaired by Francesco Violante. Majority of conference venues were in Europe and North America.

Fig 1. Conference venues of PREMUS

The last PREMUS, 8th PREMS 2013, had 7 key note speeches, 2 preconference workshops, 186 papers, 53 poster presentations, and 290 participants. As usual, participants at the conference are about 400, and the number of the participants of the last conference looked smaller than usual. Since it was the first conference of PREMUS which was held outside of Europe or North America, I expected lower participation than before because of accessibility. However, the worse thing was high withdrawal rate of the registration. The pre-registered number for the conference was around 340, but 50 (15%) people withdrew their registration. In addition to geological disadvantage, the threat from North Korea to South Korea just before the conference prompted pre-registered participants to withdraw their registration. The threat from North Korea would be "made a mountain out of a molehill". Considering majority of dropped people were European or North American, the geological distance could be important attributable factor to think the threat in real.

Fig 2. Participants of the 8th PREMUS

The most notable achievement of the last conference would be increased participation from developing countries. Scholars and colleagues from Asia in PREMUS until 7th PREMUS in 2010 were hard to find except a few colleagues from Japan and Korea. At 8th PREMUS 2013, even though the number of Koreans (N=102) and Japanese (N=15) was excluded, the number of Asian participants reached 30 which was beyond previous expectations. Table 1 shows the composition of the participants at the conference.

Table 1. Continents, countries of participants in the 8th PREMUS year 2013 (N)

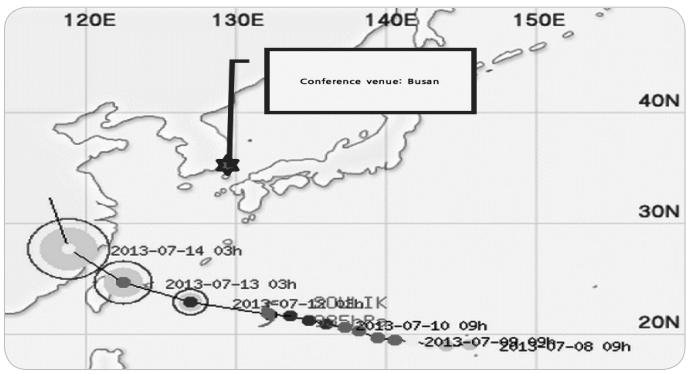
Traditional Participating Countries		
Continent	Nation	participant
Europe (71)	Denmark	13
	Finland	5
	France	13
	Germany	6
	Italy	1
	Luxembourg	2
	Netherlands	12
	Norway	5
	Russia	1
	Sweden	9
	Switzerland	2
	UK	1
	Ireland	1
North America (44)	Canada	19
	United States	25
Oceania (20)	Australia	17
	New Zealand	3
Subtotal		135

Newer Participating Countries		
Continent	Nation	participant
Africa (4)	Nigeria	1
	South Africa	3
Asia (147)	China	1
	Hong Kong	8
	India	7
	Indonesia	2
	Japan	15
	Korea	102
	Malaysia	4
	Thailand	8
South America (4)	Brazil	1
	Colombia	3
Subtotal		155

The reasons why the number of newer scholars from developing countries is growing or at least higher in this PREMUS 2013 would be explained by geographical location of the conference venue. However, more important reason for increased members from developing countries and young researchers might be because of the needs for MSD research and practice from the region including Asia and South America. It is good news for ICOH which needs “young blood”.

July when PREMUS 2013 was held was the rainy season usually accompanied by some typhoons. The organizers gave an umbrella for gift to the participants for this very reason. Good thing was that there was no rain or typhoon during the conference period. Although one big typhoon was expected to hit the conference location, it shifted to the left to hit China instead. My condolences for Chinese people.

Fig 3. Conference venue and route of typhoon during the conference period



Some of the papers in the 8th PREMUS were published in AOEM (Annals of Occupational and Environmental Medicine). The list of the papers is as follows.

- Editorial: Overview of PREMUS2013 (Dongmug KANG)
- Occupational MSDs in Korea, temporal trend (Young-Ki KIM)
- Work-related MSDs in Korea and Japan, comparative description (Euna Kim)
- Design and evaluation of interventions in developing countries (Somnath GANGOPADHYAY)
- Co morbidities of Neck Pain among Information Technology Professionals (Mathankumar MOHANDOSS)
- Psychosocial indicators and musculoskeletal symptoms among Brazilian office and industrial workers, at private and public sectors (Tatiana De oliveira SATO)
- Relationship between psychological stressors and WRMSDs among nurses at government hospitals in Malaysia (NUR AZMA AMIN)
- Musculoskeletal disorders of the upper extremities due to extensive usage of hand held devices (Deepak Sharan)
- An evidence-based multidisciplinary practice guideline to reduce the workload due to lifting to prevent work-related low back pain (Paul F.M. KUIJER)
- Relationship between work situations and job satisfaction of geriatric-care personnel (Shuichi HIRUTA)
- Development and evaluation of the accuracy and feasibility of a computer vision / machine learning-based musculoskeletal hazard assessment and feedback tool (June SPECTOR)

The 9th PREMUS will be held in Toronto, Canada during June 20 - 23, 2016.

Secretary : Jason Devereux

Activities of the Allergy and Immunotoxicity Scientific Committee

Chiarperson Prof. Takemi Otsuki (Kurashiki, Japan)
Secretary Prof. Claudia Petrarca (Chieti, Italy)

Allergy and Immunotoxicity Scientific Committee (AISC) has been focusing on investigation and discussion of the pathophysiological mechanisms regarding the allergic and imunotoxicological effects of environmental as well as occupational substances. In particular, occupational allergies, such as dermatitis and asthma, have been considered so far as a type of classical diseases. Recently, numerous newly developed substances have been increasingly introduced among the occupational situations. In view of this troublesome state of affairs, the best practice would be avoiding exposure; however, it is necessary to define new prevention methods by using in vitro and in silico procedures. At the same time, another step forward is represented by the analysis of the immunotoxicological effects of various substances on the environment as well as occupational contexts. Main members of our SC have been investigating the imunotoxicological effects of fibrous and particulate matters such as silica, asbestos and, more recently, nanomaterials including nanoparticles, nanotubes and nanosheet. The session during the 31st ICOH Congress dedicated to allergy, they discussed on prevention and management of allergens in occupational allergy, traditional and emerging occupational allergy in Japan, a review on work-related and non industrial indoor related asthma and new data on molecular and cellular mechanisms in lung-specific immune responses activated by some particulates. With regards to immunotoxicology, epidemiological health surveillance of formerly asbestos-exposed workers as well as experimental works were presented: in particular, the setting up of the biorepository of

biological specimens from ex-workers and the gathering of matched clinical data and the asbestos' effects on human regulatory T cells. In addition, understanding of immunotoxicity of engineered nanomaterials for sustainable nanotechnology was also shown.

Moreover, there were many poster presentations in Korea regarding glass allergic asthma, sensitization in workers exposed to urban air pollution, in silico analysis such as qualitative structure-toxicity relationship (QSTR), solar radiation and the immune system, phagocytic alteration in leukocytes exposed to benzene. Regarding the immuno−toxicological topics, there were many presentations about the effects of asbestos on various human immune cells such as cytotoxic T cell (CTL), regulatory T cells (Treg) as well as analysis of cytokines derived from asbestos exposed patients pathological tissues such as pleural plaque and mesothelioma. In addition, presentations were made on immunological alterations in silicosis patients who had been exposed to silica particles, induction of autoantibody production caused by mineral oil, and cell cycle alteration in human peripheral lymphocytes exposed to palladium nanoparticles. All these studies resulted in interesting and important consideration for further proceedings in prevention and management of occupational allergy and immunotoxicity.

The first honorary chairperson in our SC was Prof. Toshio Matsushita, Kagoshima, Japan. Thereafter, Prof. Poalo Boscolo, Chieti, Italy, and Prof. Kanehisa Morimoto, Osaka, Japan inherited the office of chairperson. Meanwhile, our SC had several special midterm symposiums in Italy, China as well as Kumamoto and Kyoto, Japan. We call these symposiums as "International Symposium on Occupational and Environmental Allergy and Immune Diseases (ISOEAID)." Actually, I. Prof. Otsuki, current chairperson of this SC, organized ISOEAID 2010 held in Kyoto myself. It took place in April while we were all surrounded by beautiful full blossom of cherry trees. During the symposium, we presented and discussed many issues regarding occupational and environmental allergy and immunotoxicology field as shown above. In addition, we enjoyed the lectures regarding air pollution such as PM 2.5 on immune organs, immunological aspects of sick-building syndrome, sensitizers in GHS, and childhood and immunology. Moreover, during reception, many attendees and presenters had a chance to appreciate excellent performances provided by singers and piano players delighting and captivating visitors to embrace every moment for everyone. Then, we enjoyed singing "canzone" such as Santa Lucia. At that time, the chairperson was Prof. Mario Di Gioacchino, Chieti, Italy until Korean meeting in 2015.

Between Seoul (2015) and the next ICOH meeting (Dublin 2018), we decided to work together for publishing the eBook entitled "Allergy and Immunotoxicology in Occupational Health", Springer Japan, one of the eBook series of "Current Topics in Environmental Health and Preventive Medicine", organized by the Japanese Society for Hygiene. This eBook will be published during 2016. The line-up of chapters (tentative) is as follows:

- Impact of immune mediated diseases in Occupational Medicine
- Occupational and environmental substances disrupting auto-immunity
- Cellular mechanisms of silica induced alteration of auto-immunity
- Engineered nanomaterials and allergy
- Allergens in occupational allergy: prevention and management, focus on Asthma
- Particulate-driven type-2 immunity and allergic responses
- Traditional and emerging occupational asthma in Japan
- Skin sensitization model based on only animal data by qualitative structure-toxicity relationships (QSTR) approach
- Non-industrial indoor environments and work-related asthma, a review
- Occupational contact dermatitis
- Isocyanate-induced occupational asthma
- Epidemiology of occupational asthma in Thailand
- Combined effect on immune and nervous system of aluminum nanoparticles

Finally, Allergy and Immunotoxicity Scientific Committee has been working rigorously to understand the pathophysiology of occupational allergy and immunotoxicity, prevention and management of occupational environment as

well as patients who suffer from these pathological environments. In addition, we should offer discussion, scientific session with other SCs in ICOH, such as Respiratory Disorders SC, Rural Health: Agriculture, Pesticides and Organic Dusts SC, Indoor Air Quality and Health SC, Occupational and Environmental Dermatoses SC, Occupational Toxicology SC and others. If anyone related to these SCs would like to provide supports, please feel free to contact our chairperson or secretary via e-mail. You will be a great assistance to develop a valuable session in Doblin's meeting.

We are welcoming new participants to our SC. Anyone who are interested in allergy and immunotoxicology issues, please contact us as soon as possible, and let's support patients with these problems and contribute to the future construction of better occupational health management, especially for allergy and immunotoxicology.

National Biosafety Guide to Health Care Workers

Dr Luis Mazon
Head Occupational Health Unit
Hospital de Fuenlabrada. Madrid.

PUBLISHED SPANISH BIOSAFETY GUIDE

The Spanish Ministry of Health has published the National Biosafety Guideline for health care workers.

Luis Mazon, National Secretary for Spain, and Rosa Orriols, ICOH Board, participated as a consultant and reviewer of the document.

For health care workers whose activities revolve around providing care, the risk of exposure to potentially contaminated blood and other human bodily fluids continues to be the biggest and most common preventable occupational hazard.

Biosafety equipment or devices are apparatuses and instruments that eliminate or reduce the risk of percutaneous and mucocutaneous exposures. They should be included in the professional practice procedure that are established in order to reduce, minimize or, where applicable, eliminate the risks of exposure to accidental injuries and infection derived from the use of needles and sharps, among other hazards.
If we classify these devices according to the procedure for which they are used, we can categorize them into the following groups:

- Extraction equipment.
- Injection equipment.
- Infusion equipment.
- Surgical equipment.

And we can also classify them according to their operating mechanism as follows:

- Passive equipments or automatic devices, which do not require the user to carry out any specific action to activate the safety feature or any change to the procedure. They allow the safety feature to come into play early in the procedure. Passive equipment is better for preventing needle-stick injuries. Additional costs for passive equipments can be offset by a reduction in accidental biological exposure and reduced training needs for healthcare workers.
- Active equipments require the user's involvement in order to activate the safety feature. It can be subdivided into three subgroups:
  - The safety mechanism is semi-automatic.
  - The shifting of the protective sleeve onto the needle is fully manual and generally carried out by way of a hand movement.
  - The activation of the safety feature by pressing the needle is fully manual and generally carried out using both hands.

In Spain, the Ministry of Health in recent decades has fostered the development of prevention and health promotion policies regarding the extremely relevant topics of biosafety for healthcare workers. At the end of 2004, European funds were distributed to foster the introduction of safety devices to protect against the biological risks posed by needlesticks at pilot healthcare centres and to assess their efficiency, in the Autonomous Regions.

These pilot projects led to legislative initiatives between 2005 and 2011 which eventually mandated the use of safety devices and/or the recording of incidents of accidental biological exposure.

The implemented pilot trials showed that the number of needlestick injuries had been efficiently reduced after the introduction of safety equipment, together with training. The number of accidents at the pilot centres fell by 78.7% compared to the same period in the previous year (Casanova et al., 2007).

In a cohorts study (2007 – 2011), Mazon et al concluded:

1.- The implementation of a safety device decreased the percutaneous injury risk (DAR -0,45;95CI -0,06 -0,02;P<0.05)

2.- They prevent 1 percutaneous injury by 22 professionals (NNT22.2;95CI 15.4-37.7; P<0,05)

Thanks to all, it was possible to show that the measures to prevent biological hazards should focus on the introduction of materials and equipment with biosafety mechanisms; on improving professional practice by applying work protocols; on providing training and information to workers regarding the use of barrier mechanisms and universal/standard precautions; and on epidemiological monitoring.

Despite the above, it was with the entry into force of Council Directive 2010/32/EU, which implemented the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector, on 1 June 2010, that it was first stipulated that healthcare facilities should eliminate "the unnecessary use of sharps by implementing changes in practice and on the basis of the results of the risk assessment, providing medical devices incorporating safety-engineered protection mechanisms (clause 6)".

As such, with the transposition of the Directive into Spanish law, the use of biosafety equipment or devices at all centres that carry out healthcare activities which involve the use of sharps, as well as in home healthcare activities, became mandatory.

The purpose of this guideline is to establish good practice guidelines - by way of a consensus document in which various associations and professionals participated - in order to make it easier for workers and business owners to fully comply with Order ESS/1451/2013 which transposed the specific European Directive into law and protect workers from risks related to exposure to biological agents derived from the use of sharps at work.

The guideline applies to the following people and institutions, regardless of whether they are publicly or privately owned:

- All workers in the hospital and healthcare sector: this should be understood by all workers who carry out healthcare activities or activities related thereto (such as cleaning staff) that may involve the use of sharps or the risk of injuries or needlesticks, regardless of where the healthcare is provided.

- All centres, establishments and services within the hospital and healthcare setting: a healthcare centre, establishment or service should be understood by any unit where a healthcare activity is carried out that involves the risk of injuries or needlesticks, including healthcare activities at patients' homes, mobile facilities, healthcare vehicles, internal or external risk prevention services involving healthcare activities, healthcare units at sports, educational or cultural facilities, healthcare facilities at prisons, military institutions, ports and airports, social healthcare services, etc.

The Guideline recommends that biosafety, as a key part of hazard prevention, be integrated into a company's management system and included at all levels of the organization, in all activities that are carried out and ordered which involve the risk of a biological accident and in all the decisions that are made. This integration must be evident throughout the entire management process and be included in the Occupational Health and Safety Plan.

Primary Health Care and Workers' Health

Summary Report of a Special Session[1] at the ICOH 31st International Congress in Seoul Korea, June 1st, 2015

Frank van Dijk[2], Peter Buijs[3]

The session was opened by words of welcome and encouragement from ICOH (Jukka Takala, ICOH president 2015-2018), WONCA[4] (Garth Manning, CEO of WONCA) and WHO (Ivan Ivanov, WHO Geneva).

For many years, more than 85 % of all workers have no access to professional care for health and safety at work. Therefore, new strategies have to be explored and discussed, especially by involving primary or community health care (PHC) in workers' health needs, because of their coverage of 70-80% of the world population – among them many workers.

In several countries, programs have been started to involve PHC. In this special session, experiences from various countries were presented to promote international debate and collaboration.

1. Part One: History, Thailand, South Africa and Eastern Mediterranean Region

In his introduction, Peter Buijs mentioned that the history of connecting primary health care to the health of the workers had a landmark in 1978 in Alma Ata. However, it took until 2014 before the ICOH-WONCA common Statement and Pledge was launched concluding to address jointly "gaps in services, researches and policies for the health and safety of workers and to better integrate occupational health in the primary care setting, to the benefit of all workers and their families." Peter recommended an option to form an international task force.

Orrapan Untimanon reported about the situation in Thailand with 38 million workers, including many informal workers, for example those who working in agriculture. To date more than one third of all Primary Health Care Units in Thailand provide occupational services integrated in PHC. Workers in the community can access such services easily. In-house services are featured with work history interviews, health screening, diagnosis of occupational diseases and treatment, and record keeping. Pro-active services include health education, walk-through surveys, health volunteer training, case investigations, risk assessment and management. A SWOT analysis (Strengths, Weaknesses, Opportunities and Threats) showed the strengths to be well-developed multidisciplinary teams and the collaboration with local authorities. Weaknesses are the insufficient number of health personnel and limited knowledge about work-related health problems among primary health care staff. Significant international collaboration and a clear policy in some provinces offer good opportunities. Threats to mention are an indefinite occupational health policy at national level and inadequacy of the occupational diseases data system. There is a need for more resources and personnel, for appropriate training to improve PHC staff competences and for good collaboration between stakeholders to extend the services. OHS interventions should be clearly specified in the Universal Health Coverage scheme.

Muzimkhulu Zungu described that most South African workers have limited access to occupational health services. An opportunity for the inclusion of workers' health as an issue in the current health care exists in the Universal Health

1) Chairpersons of the first part were Hanifa Denny and Frank van Dijk, while Orrapan Untimanon and Peter Buijs chaired the second part.

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3) buijspc@gmail.com, international consultant in occupational health and primary care

4) World federation of family physicians

Coverage reforms of the health system. Strengthening the health system, South Africa has embarked on re-engineering of PHC (R-PHC) that will shift the PHC system from a largely passive, curative, vertical and individually-oriented system to the one with a more proactive, integrated and population-based approach. R-PHC is run through among others the Ward Based PHC Outreach Teams headed by a nurse and is envisaged to perform essential health services for workers. They know the demography and economic activities of the area and could provide essential health services for workers. Such services include advice for workplace improvements based on workplace visits; reduction of work-related diseases and injuries by early detection and adequate measures, treatment and referral of patients; and promotion of fitness for work by medical surveillance programs and work capacity assessments. Pilot sites are implemented as demonstration sites for workers' health. To accomplish these tasks, the public health system needs to be strengthened through education and training. In addition, community outreach has to be promoted and the continuity of care including referral pathways has to be ensured.

Said Arnaout discussed about the Eastern Mediterranean Region. Working in the informal sector and presence of many migrant workers are common practices in the region. Coverage with occupational health services is relatively very low. An innovation is the development of occupational and environmental health standards with actions and indicators for every domain, to be fulfilled for accrediting hospitals and other health care facilities in the Gulf countries. Among these domains are the organizational setting, occupational health services, employee health programs, occupational health risk management, employee health and physical assessment, information, education, training, prevention and control measures, etc. This development will strengthen infras−tructures, human resources and organizational capacities. At an international consultation in Semnan, Iran (2014) decision makers were sensitized on the issue and successful experiences were shared such as those in Iran where occupational health is in a process of integrating in primary health care. The efforts in Iran have proven to be sustainable for a long time. Universal Health Coverage should include specified occupational health needs of the working population.

2. Part Two: Brazil, Indonesia, agricultural workers, United Kingdom

In the second part of the Special Session, Andrea Maria Silveira representing Elisabeth Costa Dias reported that half of the 101 million workers in Brazil have informal work with poor or no social protection. The start of the National Health System (SUS) increased access to health care. Workers' health is under the responsibility of the SUS and Primary Health Care is the health system coordinator in Brazil. PHC coverage increased enormously. PHC teams are making epidemiological profiles of workers, prioritizing interventions, providing health care for workers affected by work-related injuries or diseases, and organizing surveillance actions. But there are also limitations caused by a poor infrastructure, a devaluation of PHC work and for example underreporting of work-related diseases. More education of PHC staff and technical support by Reference Centers of Workers' Health is required. She mentioned that strengthening of political support is also needed for funding and redefinition of roles in health care.

Hanifa Denny informed about the situation in Indonesia with 125 million workers. Efforts to provide care to workers are supported by the government. Most services are delivered through the primary health care system. PHC centers have Occupational Health Posts (POS UKK) with community participation: two or three occupational health volunteers. A number of PHC officers have been trained in occupational health. A number of centers are supported by Occupational Health referral centers (BKKM). In addition, training centers (PUSKESMAS) are highly available. Coverage is increasing but the workers' health program is not a mandatory service and funding is insecure, coming from diverse sources that are not always fully aware of the importance of workers' health, resulting in deficiencies. Evidence is needed on economic and health benefits of the programs; such data could stimulate the increase in coverage needed.

Claudio Colosio presented challenges for the workers in agriculture, half of all workers in the world. The sector suffers from many occupational accidents and diseases. Most works are Dangerous, Dirty and Demanding; and adequate occupational health surveillance is mostly not available. A high priority needs to be placed on the access to basic health

care and social security. Health care provision models for occupational health vary depending on local conditions. Examples include Basic Occupational Health Services (BOHS), a form of collaboration between occupational and primary health care. Essential health packages at local level can be supported by nurses and physicians in rural health centers, also functioning as referral centers. Education and training, custom-made tools and full support from workers, employees and employers are needed. New ICT technologies (smartphones, internet) may increase coverage and quality of care.

Finally, Raymond Agius described how many General Practitioners (family physicians) in United Kingdom were educated in Occupational Medicine following a blended Postgraduate course (70-100 per year in Manchester, a six months program, 10 hours study a week). With a number of these GPs, a network was launched reporting more than 6000 work-related ill health cases and associated sickness absence for further research (THOR-GP). For additional education and for continued contact with these GPs, an electronic resource 'EELAB' was developed assisting GPs in learning occupational medicine using their own cases. Feedback from questionnaire and focus groups was very favorable. Finally, a community of GPs was developed, well-trained in occupational medicine. Their knowledge and skills were augmented and at the same time these GPs contributed to pedagogic and epidemiological research.

3. Part Three: Conclusions

The Special Session closed with a number of provisional conclusions, formulated by Frank van Dijk:

1. The presented examples from various countries show the feasibility of primary health care contributing essentially to workers' health, under various conditions.
2. Clearly, progress has been made in the last decade, but it is also clear that this is only the beginning, both in coverage and in quality.
3. To continue progress, Universal Health Coverage should include specified interventions for workers' health such as activities for primary, secondary and tertiary prevention, as well as for treatment and rehabilitation, to safeguard embedding in the health systems and future funding.
4. National governments are to be held responsible to create favorable conditions for primary health care to perform interventions in favor of the workers' health and safety.
5. One of these conditions is a well-organized support of PHC by OSH experts and the availability of referral options. PHC physicians, nurses, technical staff, community health workers and volunteers have to be trained in basic occupational health care.
6. Therefore, a programmatic approach is necessary including the provision of financial resources and evaluation programs of the care provided.
7. Part of such approaches is the organization of a support infrastructure with an online helpdesk, information websites and referral options for patients as well as education for PHC professionals and volunteers and custom-made practice tools.
8. Community participation by workers, companies and local organizations has to play a substantial role.
9. Modern ICT can be used to increase collaboration, quality and coverage.
10. Scientific sound evaluation studies are needed to assure true progresses.

Résumé en français

Message du Président

Ce que la CIST peut faire

Quel est le rôle global d'un professionnel de santé au travail et celle de la CIST aujourd'hui? Permettez-moi de commencer par les 17 nouveaux objectifs de développement durable des Nations Unies pour transformer notre monde :

1. PAS DE PAUVRETE
2. PAS DE FAIM
3. BONNE SANTE ET BIEN-ETRE
4. EDUCATION DE QUALITE
5. EGALITE ENTRE LES SEXES
6. EAU POTABLE ET ASSAINISSEMENT
7. ENERGIE ABORDABLE ET PROPRE
8. TRAVAIL DECENT ET CROISSANCE ECONOMIQUE
9. INNOVATION D'INDUSTRIE ET INFRASTRUCTURE
10. REDUCTION DES INEGALITES
11. VILLES ET COMMUNAUTES DURABLES
12. CONSOMMATION ET PRODUCTION RESPONSABLES
13. ACTION CLIMATIQUE
14. LA VIE SOUS L'EAU
15. LA VIE SUR TERRE
16. PAIX, JUSTICE ET INSTITUTIONS
17. PARTENARIAT POUR ATTEINDRE LES OBJECTIFS

www.un.org/sustainabledevelopment/sustainable-development-goals/#prettyPhoto

Nous avons un rôle à jouer dans tous ces éléments, mais j'aimerais souligner quelques points spécifiques.

Objectifs 1-2: Le travail crée toute richesse, santé et bien-être, et c'est la solution pour tous ces objectifs, et ne doit pas créer un problème. La santé et le bien-être ne viendront pas comme acquis et ne peuvent être obtenus sans travail décent.

Objectif 3: "Assurer une vie saine et promouvoir le bien-être pour tous et à tous les âges". Nous pouvons assurer une vie active digne, nous devrons faire en sorte que la main-d'œuvre ait la capacité de le faire.

Objectifs 5 et 10: Un grand nombre de femmes et d'hommes souffrent d'inégalité entre et au sein des pays et entre et au sein des lieux de travail. En dehors des inégalités de rémunération et de l'inégalité de statut que subissent davantage les femmes, elles sont aussi plus assujetties aux troubles musculo-squelettiques et aux problèmes psychosociaux. Dans des emplois pauvres, les hommes, quant à eux, meurent de cancer professionnel, de maladies cardio-vasculaires au travail, et souffrent davantage de blessures mortelles et autres. Des groupes spécifiques, tels que les travailleurs agricoles sont à risque élevé, en particulier dans les pays en développement. Y a-t-il des indemnisations pour les maladies professionnelles pour le paludisme et d'autres maladies tropicales? Presque jamais. Ces travailleurs pauvres peuvent-ils au moins obtenir de l'eau potable au travail, objectif 6.

Objectif 8: "Du travail décent pour toutes les femmes et hommes, y compris pour les jeunes et les personnes handicapées ... des environnements de travail sûrs et sécurisés, y compris pour les travailleurs migrants ... l'élimination des pires formes de travail des enfants".

Et enfin je cite la personne en charge du département de la santé et la sécurité au travail à la Commission européenne lors de sa prise de retraite: " Nous n'avons pas réalisé tout ce que nous voulions dans la santé et la sécurité au travail, - cependant - la plupart des objectifs principaux de l'UE, qui était "la paix", a été assuré dans l'UE pour bien plus de 50 ans " (Objectif 16 des Nations Unis).

Et dans la pratique

À Singapour, nous sommes en train de planifier les stratégies pour les 5-10 prochaines années. La perspective du ministère est: Pour une grande main d'œuvre, un bon lieu de travail. Nous avons proposé une nouvelle vision "une main-d'œuvre en bonne santé dans un milieu de travail sécuritaire" pour la division de la sécurité et de la santé au travail. Je voudrais encore ajouter deux mots: «à vie». Cela reflète l'importance de l'intégration permanente de la santé et de la sécurité. Comment pourrions-nous étendre cette réflexion à l'échelle mondiale?

Le secrétaire général de la CIST, Dr Iavicoli et moi avons eu l'occasion de constater que l'OMS et l'OIT sont en bonne collaboration depuis octobre 2015. Notre plan initial était de voir les responsables des deux organisations séparément, mais nous avons fini par avoir une réunion conjointe regroupant la CIST, l'OIT et l'OMS avec les personnes clés des deux organisations, les Dr. Maria Neira et Ivan Ivanov de l'OMS et Mme Nancy Leppink et le Dr Valentina Forastieri de l'OIT. Bien qu'ils n'aient pas montré d'intérêt (pas encore, j'espère) à organiser une prochaine session de Comité mixte OMS/OIT de la santé au travail, la collaboration se poursuit activement.

Récemment, Singapour a reçu une délégation de l'OIT - les mêmes fonctionnaires mentionnés ci-dessus - et nous a demandé à la CIST de veiller à la qualité scientifique d'une nouvelle série «d'estimations globales» à élaborer. Comme certains d'entre vous savent déjà, ce processus a déjà été commencé il y a 15 ans, quand j'étais en charge du Programme OIT/SafeWork, et les méthodes se sont progressivement améliorées. L'équipe du projet sera composée de chercheurs singapouriens et finlandais. Nous prévoyons d'avoir la validation de la CIST et la collaboration de tous les intéressés. J'ai contacté des groupes et des membres de la CIST dans certains domaines sélectionnés et je continuerai ces démarches. En particulier, il serait utile d'obtenir des preuves pour les cancérogènes et autres expositions, et leurs conséquences, ainsi que ceux des maladies circulatoires, des facteurs psychosociaux et des troubles musculo-squelettiques. De plus, je suis en contact - afin de collaborer et d'harmoniser les données - avec l'Institut des mesures et évaluations de la santé, le Dr Chris Murray, et l'équipe de la charge mondiale de la maladie et des blessures à l'Université de Washington. La réaction immédiate a été très positive et collaborative. Beaucoup d'entre vous sont conscients que la collaboration et l'harmonisation des méthodes et des mesures sont vraiment nécessaires.

Les activités récentes

Les comités scientifiques, groupes et secrétaires nationaux de la CIST ont été organisés et nommés. Les agents ont eu une réunion de planification à Rome en octobre 2015. Le dernier événement a été une réunion très intéressante à Dublin, y compris la planification du Congrès de la CIST 2018. Alors que nous avons une équipe compétente d'organisateurs irlandais dirigé par le Dr Martin Hogan du Royal College of Physicians, Un grand effort de la part de nombreux membres de la CIST sera nécessaire pour préparer avec succès un programme scientifique et pratique à Dublin en 2018.

De plus, je suis heureux d'annoncer que deux nouveaux membres du Conseil de la CIST ont été nommés. Dr. Shrinivas Shanbhag représente maintenant l'Inde au sein du Conseil. La nomination a été autorisée par le Conseil de la CIST et fondé sur la proposition de consensus obtenu par le secrétaire national indien après des consultations avec les membres de la CIST en Inde. Un autre membre du conseil CIST a été nommé en utilisant la même procédure au Pérou, Mme Maria Luisa Tupia Gonzales, une infirmière de la santé au travail. Je suis heureux de les accueillir au Conseil de la CIST.

Sur la base de la décision du Conseil antérieure liée à la construction des installations de championnat de football au Qatar, nous avons vu des développements positifs, des contacts de haut niveau, et des réactions immédiates par les autorités du Qatar, mais nous devons rester vigilants. Les problèmes de santé et de sécurité des travailleurs de construction migrants ne peuvent être résolus rapidement. L'OIT et l'OMS ont été tenus informés.

J'ai personnellement eu des contacts avec le Collegium Ramazzini, et organisé une session sur le cancer professionnel pendant les journées Ramazzini. On m'a également invité à parler à la Conférence OCCUCON organisée par l'Association des Indiens de la santé au travail. Mon message en Inde était de trouver des manières pour étendre la couverture des mesures juridiques, l'application, la rémunération des services de la santé au travail progressivement à l'ensemble de la population, plutôt que seulement 6-7% de la main-d'œuvre dans les secteurs organisés aujourd'hui.

L'Institution de la santé au travail, IOSH, au Royaume-Uni – qui dispose aussi d'un réseau mondial - est également désireux de collaborer, en particulier, dans la réduction de la poussière de silice et autres expositions de substances cancérigènes[1)]. Les premiers résultats indiquent que 47 millions de travailleurs sont exposés à l'échelle mondiale à la poussière de silice et 28 000 meurent d'un cancer du poumon causé par celle-ci. Les estimations des décès causés par la pneumoconiose au niveau mondial faites auparavant par l'OIT/OMS étaient de 36 000 décès chaque année, une grande partie de cela est également due à la poussière de silice. Le programme mondial de l'OMS et de l'OIT pour l'élimination de la silicose a peut-être besoin d'être réactivé et étendu pour couvrir les cancers du poumon causés par la silice.[2)]

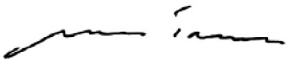
Le KOSHA a demandé au professeur Rantanen et moi-même de parler au «Séminaire de Déclaration de Séoul» à Gumi en

1) http://www.iosh.co.uk/NTTL/Home/About-NTTL.aspx "No Time to Lose"

2) http://www.who.int/occupational_health/publications/newsletter/gohnet12e.pdf

Novembre. Nous avons vraiment apprécié le suivi des resultats du Congrès de la CIST, et le magnifique paysage coréen aux couleurs d'automne.
En outre, notre membre brésilien, Dr Rudy Facci, a eu un contact très positif avec le Comité technique de l'association internationale d'ergonomie.
Je serais heureux d'entendre plus de telles nouvelles au sujet de nos activités et notre engagement.

Jukka Takala



Message de l'éditeur

Contenu de cette publication

La sécurité et la santé des travailleurs de la santé au travail ont toujours été des problems importants pour les membres de la CIST. Considérant que l'activité des agents de santé est exposée à du sang et d'autres fluides du corps humain potentiellement contaminé, des guides spécifiques pour des équipements ou des dispositifs de biosécurité sont inestimables. Dans ce numéro, le Dr Luis Mazon présente les lignes directrices de biosécurité qui ont été publiées par le ministère espagnol de la Santé. Il décrit sur quoi sont fondées les études de la ligne directrice, quel équipement ou procédure traite la directive, et les points clés de la recommandation pour la biosécurité des travailleurs de la santé

Les soins de santé primaires (SSP) sont un composant critique de la santé des travailleurs. Dr Frank van Dijk et Dr Peter Bjijs ont résumé les résultats positifs lors de la session extraordinaire de la CIST 2015 qui a été organisé par le comité scientifique (CS) «L'éducation et la formation dans la santé au travail» et «les services de la santé au travail». Dans cette session, les expériences sur les soins de santé primaires en Thaïlande, les travailleurs sud-africains, l'Est-Région de la Méditerranée et le Brésil, l'Indonésie, et le Royaume-Uni ont été partagés pour stimuler une collaboration internationale. En gardant à l'esprit que les SSP couvre 70-80% de la population mondiale - parmi eux de nombreux travailleurs, cette session extraordinaire a fait 10 conclusions provisoires y compris les devoirs des gouvernements nationaux et des commentaires sur la couverture des maladies universelles de l'OMS.

Les CSs sont la structure de base de la CIST où les membres partagent leurs résultats d'étude ou leurs accomplissements de la santé au travail, et où le jeune scientifique ou étudiants qui sont des potentiels membres de la CIST rencontrent la «CIST» pour la première fois. Bien qu'il y ait de brèves introductions du CSs sur le site Web de la CIST, nous devons fournir des descriptions détaillées, des histoires vives du CS pour encourager les nouveaux membres à se joindre à la CIST. Dans ce numéro, les CSs de troubles musculo-squelettiques et de l'allergie et de l'immunotoxicologie présentent leur point clé de leur but, leur situation actuelle et leurs accomplissements. Dr Dongmug Kang (président) et Jason Devereux (secrétaire) sont en charge du CS des troubles musculo-squelettiques. La conférence organisée par le CS de troubles musculo-squelettiques a été appelé PREMUS (PREvention des troubles MUsculo-Squelettiques) et est l'un des plus importants des CSs de la CIST. Le CS de l'allergie et de l'immunotoxicologie est en charge par le professeur Takemi Otsuki (président) et Claudia Pétrarque (secrétaire). Les sujets de ce CS ne sont pas seulement l'allergie professionnelle classique, mais la santé au travail relative aux nombreuses nouvelles substances connexes, y compris les nanomatériaux.

Changement des adresses

Le bulletin de la CIST est publié en deux versions: la version imprimée et la version électronique. Tous les membres actifs de la CIST, qui ont payé des frais d'adhésion pour la période triennale de 2016 à 2018, le recevront par e-mail et courrier postal. Pour chacun d'eux, l'adresse e-mail et adresse postale enregistrée au Secrétariat de la CIST doivent être correctes. Veuillez informer la nouvelle adresse, le cas échéant, au bureau de la rédaction (icohnews@kosha.or.kr) ou au Secrétariat de la CIST (icoh@inail.it).

Eun-A Kim
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