The Project

The Washington State Department of Labor and Industries, Safety and Health Assessment and Research for Prevention (SHARP) Program continues to conduct statewide surveillance of work-related skin disorders. This project, which is now in its fourth year, is sponsored by the U.S. National Institute for Occupational Safety and Health (NIOSH). NIOSH has considered occupational skin disorders an area of interest in their Sentinel Event Notification Systems for Occupational Safety and Health (SENSOR) projects. This project was designed to accomplish the following goals:

- to construct and implement a model surveillance system for occupational skin disorders,
- to evaluate and then describe occupational risk factors associated with skin disease in order to plan prevention activities, and
- to review the collected information on the occurrence of these disorders in both the workers' compensation data and in the sentinel provider data and to determine whether this type of surveillance system provides useful information and is cost effective.

The Data

We have analyzed workers' compensation claims data on occupationally related dermatologic cases from 1990 to the present. There have been over 12,000 claims filed, primarily consisting of contact dermatitis. We now have over 2 years of data collected from over 40 physicians in King, Pierce and Yakima counties. As of September 30, 1996, over 250 case-reports have been made. Your participation and continued support is crucial to the success of this project and we greatly appreciate your time and assistance. We continue to receive reports by mail and telephone contact.

Examination of Workers’ Compensation and Sentinel Provider Data in Relation to Sources of Exposure

The principal sources of these cases in the physician supplied data are latex, soap and water, cleaning agents, epoxy resins, solvents, formaldehyde, adhesives and pesticides (Table 1), while claimants in the workers’ compensation data base were primarily exposed to sources including chemicals, soap/detergents, vegetation, gloves, solvents/degreasers, insecticides, plastics and fiberglass (Table 2). As you can see, many of the cases we are seeing are related to glove use. Although the workers’ compensation data base does not specifically identify whether these gloves are latex, many are probably latex. This supports the importance of the work we have begun in evaluating latex glove use/management in hospitals in Washington State.

Table 1. Most Frequently Reported Sources in Sentinel Data

<table>
<thead>
<tr>
<th>Source Description</th>
<th>Total # of Claims</th>
<th>Percent of Total #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latex</td>
<td>31</td>
<td>12.3</td>
</tr>
<tr>
<td>Soap and Water</td>
<td>23</td>
<td>9.1</td>
</tr>
<tr>
<td>Epoxy</td>
<td>17</td>
<td>6.8</td>
</tr>
<tr>
<td>Cleaning Agent</td>
<td>14</td>
<td>5.6</td>
</tr>
<tr>
<td>Solvent</td>
<td>8</td>
<td>3.2</td>
</tr>
<tr>
<td>Formaldehyde</td>
<td>7</td>
<td>2.8</td>
</tr>
<tr>
<td>Adhesive</td>
<td>6</td>
<td>2.3</td>
</tr>
<tr>
<td>Pesticide</td>
<td>6</td>
<td>2.3</td>
</tr>
</tbody>
</table>
in Washington state as well as being able to assess the informational needs of the hospital community. It is likely that we will develop an informational packet to distribute to the hospitals.

**Administration & Future Activities: Personnel**

As of April 22 of this year Dr. Susan Sama has taken over the responsibilities of project manager. Susan has a doctorate in Occupational Epidemiology from the University of Massachusetts. Nicole Villacres left L&I this fall to attend graduate school on the east coast. Nicole trained our new staff assistant, Cindy Dotson, who will be contacting you to collect phone reports. We thank Nicole for her wonderful assistance in this project and will miss her greatly. Welcome aboard Cindy!

**Sensor Meeting**

Two of the project staff attended a national SENSOR meeting in Boston this past May. Preliminary results from analyses of the data collected thus far were presented at this meeting. Another annual meeting was also held this fall in Portland. The meeting brought together those working on occupational dermatitis SENSOR projects from each participating state including Washington, Oregon and Ohio, for discussion of current and future activities. We are also in the process of discussing future publication of these data and will keep you informed of any publications.

**National Expert to Visit**

We will be sponsoring several talks on occupational skin disorders in early spring. Dr. Boris Lushniak, NIOSH’s leading dermatologist, will speak on April 16, 1997 at the Seattle Dermatology Society meeting and on April 17 will be presenting at the University of Washington.

**Dermatitis is a National Priority**

This year NIOSH, along with various partners from the public and private sectors have developed the National Occupational Research Agenda (NORA). The NORA was designed to set priorities for occupational safety and health research. Allergic and irritant dermatitis are among the 21 priority research areas.

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**Field Investigation**

In June of this year, we made a site visit to a local sporting goods manufacturer to evaluate exposures to epoxy resins and fiberglass fabric. Three employees from this facility filed workers' compensation claims for contact dermatitis within a two month period. Contact was made with the employer and an industrial hygienist, an occupational physician and an epidemiologist conducted a site visit of the particular area in the plant that was associated with all three cases.

SHARP staff completed a report evaluating exposures and recommending methods for reducing these dermal exposures. As reports continue to accumulate, we hope to be able to conduct more field investigations with successful identification of hazards and prevention of future cases.

**Current Activities: Latex**

We are currently conducting a latex allergy awareness survey of 105 hospitals in the state of Washington. The survey is designed to assess the knowledge and experience of local hospitals in terms of latex allergy. We are interested in learning if hospitals have in fact had employees who have become sensitized to latex, how prevalent this condition is, what types of interventions hospitals have used to address their latex problems, and the effectiveness of these interventions. We now have data from approximately 90% of hospitals included in the survey, and are analyzing the data; a report will be available soon. We hope to develop a better understanding of the scope of latex induced problems in hospital employees

<table>
<thead>
<tr>
<th>Source Description</th>
<th>Total # of Claims</th>
<th>Percent of Total #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical</td>
<td>2495</td>
<td>25.6</td>
</tr>
<tr>
<td>Soap/Detergent</td>
<td>1403</td>
<td>14.4</td>
</tr>
<tr>
<td>Vegetation</td>
<td>788</td>
<td>8.1</td>
</tr>
<tr>
<td>Gloves</td>
<td>343</td>
<td>3.5</td>
</tr>
<tr>
<td>Solvent/Degreaser</td>
<td>300</td>
<td>3.1</td>
</tr>
<tr>
<td>Insecticide</td>
<td>245</td>
<td>2.5</td>
</tr>
<tr>
<td>Plastics</td>
<td>242</td>
<td>2.5</td>
</tr>
<tr>
<td>Fiberglass</td>
<td>214</td>
<td>2.2</td>
</tr>
</tbody>
</table>

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**Table 2. Most Frequently Reported Sources in Workers’ Compensation Data**

**Did you know...**

Two Case Studies in Agricultural Medicine were sent to providers and can be used for category 1 CME credits. The studies are:


Let us know if you would like copies of either of these.

**Home pages of interest:**

LATEX
http://gasnet.med.yal.edu/gta/latex/latexhome.html

CONTACT DERMATITIS
http://www.mc.vanderbilt.edu/vumcdept/derm/contact
http://telemedicine.org/contact.htm

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