

## Draft Minutes of the MC meeting

### COST Action IS1002 – “Modernet - a network for development of new techniques for discovering trends in occupational and work-related diseases and tracing new and emerging risks”

April 6 2011, Amsterdam, The Netherlands

#### Welcome to participants (Chair)

The participants of the inaugural meeting of COST Action IS1002 were welcomed by Dick Spreeuwers, chair of the Action.

**Apologies:** Francesca Boscolo (COST Office), Thomas Brüning (Germany), Lefter Viorel (Romania), Roseanne McNamee (UK), Luis Monteiro Rodrigues (Portugal), Viorica Petreanu (Romania), Rafael Pinilla Palleja (Spain), Yogi Samant (Norway), Riitta Sauni (Finland), Julia Stamm (COST Office), Helena Taskinen (Finland).

The draft agenda of the meeting was adopted.

#### Report from the COST Office (COST representative)

- 15 countries now take part to our action. Iceland is the last one that came in.
- Our new contact person is Julia Stamps instead of Francesca Boscolo.
- Leo inform us that Australia, New Zealand, South Africa and Argentina are new COST partners;
- As an answer to one question, he also added that, if Russia is not a COST country, it could nevertheless participate at the question, if Management committee decides so.
- He also reminded us that up to 4 international experts may take part to our meetings and be reimbursed.

#### Minutes of last meeting (Chair)

The minutes of the meeting of November 9, 2010 in Brussels were accepted. Raymond expressed some concern about the fact that the directions described in our project for Modernet are not a Work plan for the COST action (all points won't be necessarily realized).

#### Short presentations of participating countries on ideas about contribution to the Modernet network (Belgium, Czech republic, Finland, France, Germany, Iceland, Italy, Norway, Romania, Spain, UK, Australia, Ireland, Netherlands) (8 minutes each) (Vice-chair)

All countries provided a short presentation on their ideas and role in the Action. Some key points are the following:

- Belgium (Anton) wants to improve its actual “surveillance system” of OD, where occupational physicians report to labour inspectorate with no criteria for what should be reported, no criteria for diagnosis, no links with exposure data. Only crude analysis are done (tables with number of cases, and feed back is very limited). There is also a wide discrepancy between OD claims (n=5500 in 2009) and OD reported (1150 in the same time). They want to work on how valid is this reporting, are interested by the search of new cases, and new OD. Belgium is now also working on an other larger notifying system (200'000 workers followed / year), with data on exposure, sickness absence, medications but also denominator. But there is a huge observer variability. For that reason, they have interest in several WG, including WG1.
- Czech Republic (Pavel Urban, Zbyneck Bittner) are from National Institute of Public Health (NIPH) in Prague, in contact with WHO collaborating centre of OH and Eurostat. They have an OD registry from 1991, with theoretically mandatory reporting of all cases of recognized OD (total 46000 cases). Dick Spreeuwers audit notified a low alert function and rated monitoring function high? They told us this system in its actual form is a bit “rigid and insensitive”. They will be happy to participate to
  - WG1 (Delphi study for defining OD, updating guidelines, contribution to harmonization of systems, as they are member of Eurostat scientific committee).
  - WG2 / 3: signal strengthening

- Finland (Ari Kaukiainen, from FIOSH). FIOSH not only put an emphasis on well-being through work, decent work and long careers, “matching work to the worker”, but also includes a nanosafety research centre. It belongs to ICOH SCOM. They are interested in indicators of OD useful for prevention, and especially “lagging” indicators that would reflect effects of exposure in the past, and “leading” indicators with a predictive value. No precise data was given on specific surveillance system or registry.
- France (Vincent Bonnetterre). VB reminded that French participation involves in the COST project their two national health surveillance agency ANSES and InVS. With ANSES and all 32 OD centre, they share an OD surveillance scheme called RNV3P, particularly involved in deep investigation of cases and search of new disease x exposure associations through a clinical watch system and Data Mining tools (about 10000 new cases a year). InVS is an agency with epidemiological background and purposes which develops indicators for the follow-up of Occupational Health.
- Germany was represented by Dirk Pallapies from Bochum IPA institute, which has a 50% research activity. They have 5 departments: clinical, epidemiology, toxicology, molecular medicine, allergology / immunology. He gave us some example of what they have shown (as a decrease of 15-20% of lung function test in compost workers including several asthma and EAA, and the decrease of IgG anti actinomycetes these last years). They also work on wet work and task involving substances harmful to the skin. They may also rely on measures done by inspections (currently 50000?).
- Iceland has an OH service which has research and education activity, and lines with labor inspection. They have data on accidents, not on OD (even no centralised system for OD compensation), and want to work on this. They currently know a high percentage of unemployment (9% in contrast to 1% earlier), face difficulties with disabilities, changing work environment, MSD and psychosocial disorders. They are interested in work stress, noted a high prevalence of fibromyalgia.
- Ireland has a health and safety agency that funds a voluntary system of OD reporting, derived and connected with THOR. They think COST action is an opportunity to share information, and want to improve the quality of their data. Currently, as for THOR, the report of OD is not mandatory, but regulation is about to change.
- Italy (Claudio) is represented by 3 universities: Milan (Claudio), Bologna (Stefano Mateoli), Cagliari (Pierluigi Cocco). Milano has an expertise in Agricultural Health (active search of cases, comparison of different databases, collaborations with GPs, project on zoonoses) and participate to IDC-11 revision. Cagliari has developed ICT applications to increase the value of the existing health data flow aimed to early detection of emerging OD. Bologna has an interest for new diseases and bibliographic search and belongs to a collaborative group called MALPROF.
  - At a national level, an OH agency (labor inspection) collect all referred cases of OD notified from all physicians. It is a theoretically mandatory reporting system, which also has a compensation goal. About 25'000 cases a year are notified in Italy
  - MALPROF runs data of a higher quality in 6 regions (about 8000 a year), and started in 2004-2005 in Toscana and Lombardy. Disease, Exposure, work history (activity sector and occupation) and attributability are précised. This program is coordinated by Giuseppe Campo from National Institute of OH (ISPESL) in Roma
- Netherlands (Gert van der Laan) has no specific regulation for OD (risk social system independent of the origin of the disease), a weak infrastructure of OD clinics, and a strong need and motivation to collaborate in the EU context. AMC OD centre started in 1995 and developed expertise in chronic solvent encephalopathy. They initiated in 2000 a national registry of OD
- Norway (Axel Wannag / Hans Magne Gravseth) has 19 years experience in work related disorders registration by labor inspection (diseases & symptoms, independently of compensation). They make about 200-300 interventions a year in enterprises. He estimates about 2-3% of WRD are reported. Reports are web-based (uses a web-based system already installed in GP, named “electronic journal”). Norway can also count (from 2009), on the registry

of outpatients examined by the 6 Norwegian occupational medicine departments, also relying on electronic submission (1 page per report). It accounted for 1400 patients last year including about 200 tumors. 50% of patients were referred by social security system for compensation. Attributability is characterized (probably related to work / possibly / probably not).

- Romania has a legal system imported from other European ones; A national database of OD is under construction.
- Spain was represented only by a representative of a private institute / “network of trust” called Social Network Qoolife (qoolife.com) focusing in healthcare workers and patients. They try to use new technologies to promote health care (ICT : “to do more with less”). They include a multidisciplinary team with engineers, physicians, nurses and designers. They have experience in collecting informations from users (questionnaires, interviews) and are interested in WG4.
- UK (Raymond Agius) is able to rely on a strong and long lasting OD surveillance scheme named THOR (started in 1989 with the respiratory OD scheme, SWORD). About 11000 new cases a year come from specialists, and the same quantity from Occ physicians and GP together. They have made lot of publications on their data and on methodological topics such as triangulation, trends, etc. They are interested in all 4 WG : already leading methodology in WG2, strong interest in WG3 (with THOR-Extra, specialist networks and QSAR prediction), and WG4 (experience in THOR website, benchmarking tools, etc)
- Australia (Malcom Sim from Monash Centre for OEH) has no national centre for OD. MonCOEH has about 30 research /teaching and administrative staff and runs 2.8 Millions Euros Grants. Their main topics are epidemiology of chronic diseases in workplaces (respiratory, cancers, MSD, Psychosocial, skin, NHL). They run cohorts (aluminium workers, petroleum workers, nurses, ..); They have on OD surveillance program “SABRE”, a mesothelioma registry, and are solicited by China for development of an OD surveillance system. They have also interest in Exposure assessments methods.

### **Working Group Meetings (WG leaders)**

The four WG’s discussed their objectives in separate sessions and each WG drafted a work plan. The work plans of the WG’s were presented in the plenary session.

- *WG 1: improvement of quality of data collection in occupational diseases*  
It was decided that the WG will make an inventory of the experience, the available data and the needs on this topic amongst the participants of the Action (**Dick Spreuwers**)
- *WG 2: Application of new techniques and methods for analysis of trends in occupational diseases* (**Raymond Agius**)  
See Appendix WG2
- *WG3: New techniques for tracing newly occurring occupational diseases (such as data mining, sentinel approach etc...)* (**Vincent Bonneterre**)  
See Appendix WG3
- *WG4: dissemination and implementation of new knowledge on occupational diseases* (**Claudio Colosio**)  
See Appendix WG4

### **Action planning (Chair)**

#### *Relationship COST-Modernet:*

The Relationship between COST and Modernet was shortly discussed. Modernet is a network of collaborating centres doing research on occupational diseases, which existed already before the COST Action. The Modernet network has taken the initiative for the COST Action. So, the COST Action is an activity of the Modernet network (besides other activities), in which also other parties can participate. The Modernet network and the COST Action have a considerable overlap.

#### *Action Budget Planning:*

Since the MC meeting and the WG meetings are the first (reimbursable) activity in the COST Action, no changes in the account has appeared till now. The Grant Holder will inform the MC in due time about the Action Budget planning.

*Location and date of next meeting:*

The MC is in favour of planning of an MC meeting and WG meetings together again. The MC agreed on Manchester as the location of the next meeting. Raymond Agius will be the contact person and organizer for the next meeting.

The date for the next meeting has to be determined yet, but it should be before December 1 2011, otherwise the reimbursements cannot be covered by the budget of the first year of the Action. Raymond will inform us on the date asap.

**Other issues (Chair)**

The chair invites all the participants to make use of the application for an STSM

**Closing**

The meeting was closed by the Action Chair, who thanks the participants and the COST Office representatives