WG1: improvement of quality of data collection in occupational diseases
(*Quality of data*, WG-chair: D.Spreeuwers PhD)

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In order to evaluate whether targets of reduction in occupational illnesses have been achieved by policy measures, we must be able to monitor occupational diseases in a valid and reliable way. Valid monitoring presupposes clear case definitions of occupational diseases and valid instruments for assessment. Furthermore, for reliable monitoring the case capturing process and the data recording process have to meet certain requirements. For good comparability of figures between countries, it is necessary to harmonize definitions and methods concerning the registration of occupational diseases.

Although almost everyone acknowledges the importance of a preventive policy towards occupational diseases, there are diverging interests between the various stakeholders concerning how we should deal with this issue. The parties that have to pay for the prevention of occupational diseases or to compensate for them - for example employers and insurers - will probably propose higher demands concerning the evidence of a causal relationship than workers and their representatives. On the other hand, workers and their organizations do not always feel that it is in their interest to detect occupational diseases, for example if there is a threat that they will lose their jobs either as individuals or as members of a collective of workers in a high-risk sector of industry.

Furthermore, information on the severity and impact of the diseases is important for decision-making in preventive policy. Moreover, the incidence rate, the severity and the impact of a disease can provide arguments when deciding for which diseases preventive activities should be financed. In general, registries of occupational diseases do not provide information on the severity or impact of the diseases. Despite variations in registration guidelines in different countries, general occupational disease registries probably contain the relatively more severe cases of occupational disease, which result in relatively higher costs. Therefore, it might be relevant for policy purposes to perform follow-up studies of the cases from registries.

With respect to work-related stress and mental ill health, this problem has the second highest incidence of work related ill health according to data from GPs trained in occupational medicine (Hussey et al. 2008) and the highest burden of sickness absence attributable to work. However since work-related stress and mental ill health has not been covered by the EU definitions it is important that this gap is addressed. Within our consortium we have studied the agreement between physicians in diagnosing these conditions (O'Neill et al. 2008). Therefore in view of the importance of work-related stress and mental ill health as a burden in

the EU, we shall undertake a 'Cochrane' review for evidence based criteria for making a diagnostic attribution. The review would consider 'interventions' for reporting occupational disease. The review output would then be used in order to improve the accuracy and validity of existing reporting procedures. Thus a Delphi consensus will be undertaken involving experts from this consortium and others in order to achieve a definition (which can then be evaluated) for these conditions.

We will consider the role of different sampling strategies to achieve optimal response e.g. within the consortium we have compared random month sampling of occupational physicians' reporting versus every month of the year reporting (McNamee et al. in press).

Specific actions:

1. Cochrane review on work-related stress and mental ill health
2. Delphi study for defining work-related conditions
3. Development of a guideline for evidence based development of case definitions of occupational diseases
4. Development of a workshop for the implementation of evidence based case definitions. The workshops can be used in the participating countries.
5. Studies on workers' and doctors' conceptions of occupational diseases.
6. Assessment of the information needs of stakeholders for prevention of occupational diseases and the developments of tools to satisfy these needs
7. Evaluation of different sampling strategies to achieve optimal response