CCOHS Forum 2005

New Strategies for Recognizing and Preventing Occupational Diseases
3-4 March 2005, Toronto, Canada

Background Presentation

on the ILO List of Occupational Diseases

Shengli Niu, MD, MPH, MSc
Senior Specialist on Occupational Health
International Labour Office
Geneva, Switzerland
Occupational Risk Factors

- Chemical risk factors: 100,000 (Carcinogens: 400)
- Biological agents: 200
- Physical factors: 50
- Adverse ergonomic conditions: 20
- Allergens: 3000
Occupational injuries and diseases

- 250 million accidents
- 160 million occupational diseases
- 4% of world’s gross national product is lost

Deaths, Disabilities and Diseases

ILO Estimate of work related deaths in 2000:  
1.9 - 2.3 Million
Work-related Annual Deaths - World

- Economically active population: 2.7 billion
- **Deaths attributed to occupation**: 1.9 - 2.3 Million
- **Work-related diseases: (lower limit)** 1.6 Million
  - communicable diseases, w/r 320 000
  - cancer, w/r 610 000
  - circulatory diseases, w/r 449 000
  - chronic respiratory diseases (silicosis 36 000), w/r 145 000
  - nervous system disorders, w/r 20 000
  - digestive system diseases, w/r 21 000
  - genito-urinary disorders, w/r 9 000
- **Deaths caused by work accidents**: 355 000
- Commuting injuries
  (not included in overall deaths above) 158 000
ILO estimates that 4% of the world Gross Domestic Product is lost due to accidents and work-related diseases.
Global Economic Losses and GDPs of Selected Countries (in billion US$)

- World GDP: 36356 billion US Dollars in 2003
- Middle East & Africa: 1094.3 billion US Dollars
- China: 1400 billion US Dollars
- Canada: 958.7 billion US Dollars
- Russia: 433.4 billion US Dollars
- 4% World GDP: 1454 billion US Dollars
Costs of work-related injuries and diseases

Costs by disease or injury

- Tumors: 40%
- Central Nervous System: 3%
- Respiratory Diseases: 3%
- Accidents: 8%
- Mental Disorders: 9%
- Heart Diseases: 14%
- Musculoskeletal Diseases: 16%
- Skin Diseases: 7%
POISONING CAUSED BY N-HEXANE
TRICHLOROETHYLENE POISONING & ALLERGIC REACTION
BENZENE POISONING
Occupational Diseases

Diseases caused by work have to be discovered and their victims be properly compensated.
1. **Definition** of occupational diseases is usually set out in legislation.

2. **Impacts** of identification of occupational diseases: *compensation* and national and enterprise level *preventive programmes*.
Determination of Occupational Diseases

- Causality between the disease and the exposure factor (physical, chemical, biological and others) at work.
- The relationship between exposure and the severity of the impairment among workers.
- The number of workers exposed.
The International Labour Organization was founded in 1919 to ensure everyone the right to earn a living in freedom, dignity and security, in short, the right to decent work.

We have never accepted the belief that injury and disease "go with the job"
The protection of the worker against sickness, disease and injury arising out of employment is one of the tasks assigned to the ILO in the words of the Preamble of its Constitution.
International Labour Organization

- A tripartite organization
- Standard-setting
- Conventions & Recommendations
Historical development in identification of occupational diseases

In 1919

- R. 3 Anthrax Prevention
- R.4. Lead Poisoning (Women and children)
History and development

In 1925 C. 18 Workmen’s Compensation (occupational diseases)

1. Poisoning by lead, its alloys or compounds and their sequelae,

2. Poisoning by mercury, its amalgams and compounds and their sequelae and

3. Anthrax infection.
History and development

In 1934 C. 42 Revised C.18

1. lead poisoning
2. mercury poisoning,
3. anthrax
4. silicosis
5. phosphorus poisoning
6. arsenic poisoning
7. poisoning by benzene
8. poisoning by the halogen derivatives of hydrocarbons of the aliphatic series
9. diseases due to radiation, and
10. skin cancer (primary epitheliomatous cancer of the skin)
History and development

1964, C.121 & R.121 Employment Injury Benefits
✓ Definition of occupational diseases
✓ Amendment of the list of occupational diseases
✓ List of occupational diseases
1. Definition of occupational diseases

Paragraph 6(1) of Recommendation No. 121 defines occupational diseases as follows:

Each Member should, under prescribed conditions, regard diseases known to arise out of the exposure to substances and dangerous conditions in process, trades or occupations as occupational diseases.
Definition of occupational diseases

Paragraph 7 of the recommendation No. 121 states:

- Where national legislation contains a list establishing a presumption of occupational origin in respect of certain diseases, **proof should be permitted of the occupational origin of diseases not so listed** and of diseases listed when they manifest themselves under conditions different from those establishing a presumption of their occupational origin.
Two Main Elements in the Definition

- The exposure-effect relationship between a **specific working environment and/or activity** and a **specific disease effect**

- The fact that these diseases occur among the group of persons concerned with a frequency **above the average** morbidity of the rest of the population
List of Occupational Diseases

- Convention No. 121 is appended with a separate schedule which allows for amending the schedule without having to adopt a new Convention.

- This separate schedule contains a list of occupational diseases giving entitlement to benefit.

- Under article 8 of Convention No. 121, a ratifying state shall, as a minimum, recognise the occupational origin of all the diseases comprised in this list.
Amendment of the list of occupational diseases

Article 31 of the Convention No. 121:

The International Labour Conference may, at any session at which the matter is included in its agenda, adopt by a two thirds majority amendments to Schedule I to this Convention.
History and development

Schedule I. List of Occupational Diseases

1964: 15 diseases
(five new diseases: beryllium, chrome, manganese, carbon bisulphide, nitro- and amido-toxic derivatives of benzene & its homologues).
ILO Procedure of Amendment

- In Jan 1980, a meeting of experts proposed an amended list.
- Its report was submitted to the 66th Session of the International Labour Conference (1980), at which the list of occupational diseases appended to the Convention No. 121 was duly amended.
- The 1980 amended list of occupational diseases contained 29 diseases.
### Schedule I. List of Occupational Diseases

<table>
<thead>
<tr>
<th>Occupational diseases</th>
<th>Work involving exposure to risk*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pneumoconioses caused by heterogenic mineral dust (silicosis, anthracosilicosis, asbestosis) and silico-tuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death.</td>
<td>All work involving exposure to the risk concerned.</td>
</tr>
<tr>
<td>2. Bronchopulmonary diseases caused by hard-metal dust.</td>
<td></td>
</tr>
<tr>
<td>3. Bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or kapok dust.</td>
<td></td>
</tr>
<tr>
<td>4. Occupational asthma caused by sensitising agents or irritants both recognised in this regard and inherent in the work process.</td>
<td></td>
</tr>
<tr>
<td>5. Extrinsic allergic alveolitis and its sequelae caused by the inhalation of organic dusts, as prescribed by national legislation.</td>
<td></td>
</tr>
<tr>
<td>6. Diseases caused by beryllium or its toxic compounds.</td>
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<tr>
<td>7. Diseases caused by cadmium or its toxic compounds.</td>
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<tr>
<td>8. Diseases caused by phosphorus or its toxic compounds.</td>
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<tr>
<td>9. Diseases caused by chromium or its toxic compounds.</td>
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</tr>
<tr>
<td>10. Diseases caused by manganese or its toxic compounds.</td>
<td></td>
</tr>
<tr>
<td>11. Diseases caused by arsenic or its toxic compounds.</td>
<td></td>
</tr>
<tr>
<td>12. Diseases caused by mercury or its toxic compounds.</td>
<td></td>
</tr>
<tr>
<td>13. Diseases caused by lead or its toxic compounds.</td>
<td></td>
</tr>
</tbody>
</table>

*In the application of this Schedule the degree and type of exposure should be taken into account when appropriate.*

### C. 121

**Employment Injury Benefits, 1960**

<table>
<thead>
<tr>
<th>Occupational diseases</th>
<th>Work involving exposure to risk*</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Diseases caused by fluorine or its toxic compounds.</td>
<td>All work involving exposure to the risk concerned.</td>
</tr>
<tr>
<td>15. Diseases caused by carbon disulfide.</td>
<td></td>
</tr>
<tr>
<td>16. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons.</td>
<td></td>
</tr>
<tr>
<td>17. Diseases caused by benzene or its toxic homologues.</td>
<td></td>
</tr>
<tr>
<td>18. Diseases caused by toxic nitro- and amino-derivatives of benzenic or its homologues.</td>
<td></td>
</tr>
<tr>
<td>19. Diseases caused by nitroglycerin or other nitric acid esters.</td>
<td></td>
</tr>
<tr>
<td>20. Diseases caused by alcohols, glycols or ketones.</td>
<td></td>
</tr>
<tr>
<td>22. Hearing impairment caused by noise.</td>
<td></td>
</tr>
<tr>
<td>23. Diseases caused by vibration (disorders of muscles, tendons, bones, joints, peripheral blood vessels or peripheral nerves).</td>
<td></td>
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<tr>
<td>24. Diseases caused by work in compressed air.</td>
<td></td>
</tr>
<tr>
<td>25. Diseases caused by ionising radiations.</td>
<td></td>
</tr>
<tr>
<td>26. Skin diseases caused by physical, chemical or biological agents not included under other items.</td>
<td></td>
</tr>
<tr>
<td>27. Primary epitheliomatous cancer of the skin caused by sun, pitch, bitumen, mineral oil, asphaltic, or the compounds, products or residues of these substances.</td>
<td></td>
</tr>
<tr>
<td>28. Lung cancer or mesotheliomas caused by asbestos.</td>
<td></td>
</tr>
<tr>
<td>29. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination.</td>
<td>(a) Health or laboratory work.</td>
</tr>
<tr>
<td>(c) Work handling animals, animal carcasses, parts of such carcasses, or merchandise which may have been contaminated by animals, animal carcasses, or parts of such carcasses.</td>
<td>(d) Other work carrying a particular risk.</td>
</tr>
</tbody>
</table>

*In the application of this Schedule the degree and type of exposure should be taken into account when appropriate.*
### SCHEDULE I. LIST OF OCCUPATIONAL DISEASES

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Work involving exposure to risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>C121</td>
<td>Employment Injury Benefits Convention, 1964</td>
<td>All work involving exposure to the risk concerned.</td>
</tr>
<tr>
<td>C122</td>
<td>Employment Policy Convention, 1964</td>
<td></td>
</tr>
<tr>
<td>C123</td>
<td>Minimum Age (Underground Work) Convention, 1965</td>
<td></td>
</tr>
<tr>
<td>C124</td>
<td>Medical Examination of Young Persons (Underground Work)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupational diseases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Pneumoconioses caused by sclerogenic mineral dust (silicosis,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>anthraco-silicosis, asbestosis) and silico-tuberculosis, provided that</td>
<td></td>
</tr>
<tr>
<td></td>
<td>silicosis is an essential factor in causing the resultant incapacity or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>death.</td>
<td></td>
</tr>
</tbody>
</table>
Convention No. *C121* was ratified by 23 countries.

<table>
<thead>
<tr>
<th>Country</th>
<th>Ratification date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Belgium</strong></td>
<td>22:04:1970</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Bolivia</strong></td>
<td>31:01:1977</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Bosnia and Herzegovina</strong></td>
<td>02:06:1993</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Chile</strong></td>
<td>30:09:1999</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Democratic Republic of the Congo</strong></td>
<td>05:09:1967</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Croatia</strong></td>
<td>08:10:1991</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Cyprus</strong></td>
<td>28:07:1966</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Ecuador</strong></td>
<td>05:04:1978</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Finland</strong></td>
<td>23:09:1968</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Germany</strong></td>
<td>01:03:1972</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Guinea</strong></td>
<td>11:08:1967</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Ireland</strong></td>
<td>09:06:1969</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Japan</strong></td>
<td>07:08:1974</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Libyan Arab Jamahiriya</strong></td>
<td>19:06:1975</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Luxembourg</strong></td>
<td>24:07:1972</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>The former Yugoslav Republic of Macedonia</strong></td>
<td>17:11:1991</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Netherlands</strong></td>
<td>02:08:1966</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Senegal</strong></td>
<td>25:04:1966</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Serbia and Montenegro</strong></td>
<td>24:11:2000</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Slovenia</strong></td>
<td>28:05:1992</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Sweden</strong></td>
<td>17:06:1969</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Uruguay</strong></td>
<td>28:06:1973</td>
<td>ratified</td>
</tr>
<tr>
<td><strong>Venezuela</strong></td>
<td>10:08:1982</td>
<td>ratified</td>
</tr>
</tbody>
</table>
The Role & Impact of the ILO List

- Promotion of the inclusion of a range of internationally acknowledged occupational diseases in national lists
- Harmonization of the development of policy on occupational diseases and in promoting their prevention.
- Serving as an example for countries establishing or revising their national lists.
Adding to the list would imply the extension of preventive measures to control the use of harmful substances and would assist a better health surveillance or workers.

This effect can be expected both in countries that have ratified the Convention and those that have not.
Why the List Needs to Be Regularly Updated?

- New risk factors
- Diagnostic technology
- New diseases
- Increased recognition at the national level
- International development
Recommendation No. 194
Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases.
Paragraph 2

A national list of occupational diseases........ should:

(a) for the purposes of prevention, recording, notification and compensation comprise, at the least, the diseases enumerated in Schedule I of the Employment Injury Benefits Convention, 1964, as amended in 1980;

(b) comprise, to the extent possible, other diseases contained in the list of occupational diseases as annexed to this Recommendation; and

(c) comprise, to the extent possible, a section entitled "Suspected occupational diseases".
Paragraph 3 states that:

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.
Paragraph 4 states that:

The national list of occupational diseases should be reviewed and updated with due regard to the most up-to-date list established in accordance with Paragraph 3 above.
Paragraph 6 states that:

*Each Member should furnish annually to the International Labour Office comprehensive statistics on occupational accidents and diseases and, as appropriate, dangerous occurrences and commuting accidents with a view to facilitating the international exchange and comparison of these statistics.*
# Annex

## 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 calcium or its toxic compounds
   1.1.3. Diseases caused by phosphorus or its toxic compounds
   1.1.4. Diseases caused by chromite 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 thionine or its toxic compounds
   1.1.10. Diseases caused by carbon disulfide
   1.1.11. Diseases caused by the toxic halogen derivatives of aliphatic or aromatic hydrocarbons
   1.1.12. Diseases caused by benzene or its homologues
   1.1.13. Diseases caused by toxic nitric- and amino-derivatives 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 asphyxiating 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 ammonia or its toxic compounds
   1.1.21. Diseases caused by beryllium
   1.1.22. Diseases of teeth caused by mineral acids
   1.1.23. Diseases caused by medicinal agents
   1.1.24. Diseases caused by thallium or its compounds
   1.1.25. Diseases caused by arsenic in 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

# Annexe

## Liste des maladies professionnelles

1. Maladies causées par des agents
   1.1. Maladies causées par des agents chimiques
   1.1.1. Maladies causées par le beryllium et ses composés toxiques
   1.1.2. Maladies causées par le calcium et ses composés toxiques
   1.1.3. Maladies causées par le phosphore et ses composés toxiques
   1.1.4. Maladies causées par le chrome et ses composés toxiques
   1.1.5. Maladies causées par le manganèse et ses composés toxiques
   1.1.6. Maladies causées par l’arsenic et ses composés toxiques
   1.1.7. Maladies causées par le mercure et ses composés toxiques
   1.1.8. Maladies causées par le plomb et ses composés toxiques
   1.1.9. Maladies causées par l’iodure et ses composés toxiques
   1.1.10. Maladies causées par le soufre et ses composés toxiques
   1.1.11. Maladies causées par les dérivés halogénés toxiques des hydrocarbures aliphatiques ou aromatiques
   1.1.12. Maladies causées par le benzène et ses homologues toxiques
   1.1.13. Maladies causées par les dérivés nitroés et aminés toxiques du benzène et de ses homologues
   1.1.14. Maladies causées par le nitroglycérine et d’autres esters de l’acide nitrique
   1.1.15. Maladies causées par les alcools, les glycols ou les éthers
   1.1.16. Maladies causées par les substances asphyxiates monoxyles de carbone, acide cyanhydrique ou ses dérivés toxiques, hydrogène sulfure
   1.1.17. Maladies causées par l’acrylonitrile
   1.1.18. Maladies causées par les oxydes d’azote
   1.1.19. Maladies causées par le vanadium et ses composés toxiques
   1.1.20. Maladies causées par l’ammoniac et ses composés toxiques
   1.1.21. Maladies causées par le béryllium
   1.1.22. Maladies des dents causées par les acides minéraux
   1.1.23. Maladies causées par les agents pharmaceutiques
   1.1.24. Maladies causées par le thallium et ses composés
   1.1.25. Maladies causées par l’arsenic et ses composés
   1.1.26. Maladies causées par le selenium et ses composés
   1.1.27. Maladies causées par le cuivre et ses composés
   1.1.28. Maladies causées par l’étain et ses composés
### 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

### 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 photosensitivity

#### 2.3. Occupational musculo-skeletal disorders

##### 2.3.1. Musculo-skeletal diseases caused by specific work activities or work environment where particular risk factors are present

Examples of such activities or environments include:
- (a) rapid or repetitive motion
- (b) forceful exertions
- (c) excessive mechanical force concentration
- (d) awkward or non-neutral postures
- (e) vibration

Local or environmental cold may increase risk

### 3. Occupational cancer

#### 3.1. Cancer caused by the following agents

- **3.1.1. Asbestos**
- **3.1.2. Benzene and its salts**
- **3.1.3. Ars (arsenic and its derivatives)**
- **3.1.4. Chromium and chromium compounds**
- **3.1.5. Coal tar, coal tar pitch or coals**
- **3.1.6. Beta-naphthylamine**
- **3.1.7. Vinyl chloride**
- **3.1.8. Benzene and its homologues**
- **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. 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 disease suffered is established**

### 4. Other diseases

#### 4.1. Miners' pneumoconiosis

#### 4.2. Other diseases

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### 2.1.10. Toute autre affection des voies respiratoires non mentionnée aux entrées 2.1.1 à 2.1.9, causée par un agent où un lien direct est établi entre l'exposition d'un travailleur à cet agent et la maladie dont il est atteint

### 2.2. Dermatoses professionnelles

#### 2.2.1. Dermatoses causées par des agents physiques, chimiques ou biologiques, non mentionnées à d'autres entrées

#### 2.2.2. Photosensibilité professionnelle

#### 2.3. Troubles musculo-squelettiques professionnels

##### 2.3.1. Troubles musculo-squelettiques causés par une activité professionnelle particulière ou par un milieu de travail comportant des facteurs de risque particuliers

Exemples de telles activités ou de tels milieux:
- (a) mouvements rapides ou répétitifs
- (b) efforts extrêmes
- (c) concentration excessive de force mécanique
- (d) postures gênantes ou contraignantes
- (e) vibrations

Le froid et l'humidité sont des facteursà potentiellement le risque.

### 3. Cancer professionnel

#### 3.1. Cancer causé par les agents suivants:

- **3.1.1. Asbestos**
- **3.1.2. Benzène et ses dérivés**
- **3.1.3. Ars (arsenic et ses dérivés)**
- **3.1.4. Chromate et ses dérivés**
- **3.1.5. Carboné de boulonne, carbone de boulonne à utiliser**
- **3.1.6. Bêta-naphthylamine**
- **3.1.7. Chlorure de vinyle**
- **3.1.8. Benzène et ses homologues toxiques**
- **3.1.9. Dérivés nitro- et aminés toxiques du benzène ou de ses homologues**
- **3.1.10. Rayonnements ionisants**
- **3.1.11. Goudron, brûlé, bitume, talcuminé, anthracène, ou les composés, les produits ou les résidus de ces substances**
- **3.1.12. Émissions de colonies**
- **3.1.13. Composés du nickel**
- **3.1.14. Poussières de bois**
- **3.1.15. Cancer causé par d'autres agents non mentionnés aux entrées 3.1.1 à 3.1.14, lorsqu'un lien direct a été établi entre l'exposition d'un travailleur à l'un d'entre eux et le cancer contracté**

### 4. Autres maladies

#### 4.1. Pneumopathies du mineur
R194 List of Occupational Diseases Recommendation, 2002

ANNEX I

EUROPEAN SCHEDULE OF OCCUPATIONAL DISEASES

The diseases mentioned in this schedule must be linked directly to the occupation. The Commission will determine the criteria for recognising each of the occupational diseases listed hereunder.

1. Diseases caused by the following chemical agents:

   100   Acrylonitrile
   101   Arsenic or compounds thereof
   102   Beryllium (glucinium) or compounds thereof
   103.01  Carbon monoxide
   103.02  Carbon oxychloride
   104.01  Hydrocyanic acid
   104.02  Cyanides and compounds thereof
   104.03  Isocyanates
   105   Cadmium or compounds thereof
   106   Chromium or compounds thereof
   107   Mercury or compounds thereof
   108   Manganese or compounds thereof
   109.01  Nitric acid
   109.02  Oxides of nitrogen
   109.03  Ammonia
   110   Nickel or compounds thereof
   111   Phosphorus or compounds thereof
   112   Lead or compounds thereof
   113.01  Oxides of sulphur
   113.02  Sulphuric acid
European Schedule of Occupational Diseases

- Annex I concerns diseases which are occupational in origin.
- Annexed II concerns diseases suspected of being occupational in origin which should be subject to notification and which may be considered at a later stage for inclusion in Annex I of the European Schedule.
European Schedule of Occupational Diseases

- Diseases due to chemical agents
- Skin diseases due to other substances and agents
- Diseases due to inhalation of substances and agents not included under other sections
- Infectious and parasitic diseases
- Diseases caused by physical agents
Updating the List of Occupational Diseases Annexed to R194, 2002

- ILO GB Decision in Nov. 2004
- Technical preparation
- Tripartite Meeting of Experts to be held in December 2005
Technical preparation

- Analysis of national lists
- International development
- Questionnaires to ILO 178 member States
Technical preparation

- The list will not include all known occupational diseases
- Diseases on the list should be common to a number of countries or populations.
- Rare disorders (or less frequent and very specific to a small target group) can be dealt with at a local level.
Technical preparation

No change to the current format of the list:
1. diseases caused by agents (chemical, physical, biological)
2. diseases of target organ systems (respiratory, skin, musculoskeletal)
3. occupational cancer.
Efforts will be made to avoid ambiguity that would result from double entry of either agents or conditions.

Where agents result in multiple organ system diseases, 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 separate for emphasis and because of their importance.

The inclusion of the IARC category 1 list was noted to be a minimum inclusion with possibility of inclusion of the other substances within the carcinogen listing which are not on the IARC category 1 list.
The general titles for each section will be kept.

These general titles for each section allow the addition of new diseases into the list and make the list open.

This would permit in the future to avoid too frequent revisions of the list by having a continuous process of recognizing confirmed occupational diseases based on new scientific, epidemiological and statistical information and evidence.
Agents/ Diseases to be considered for inclusion in the new list:

- Chemicals (pesticides?)
- Physical (EMF?)
- Biological (Tetanus, Brucellosis, HBV/HCV, TB, HIV?)
- Diseases by target organs (Mental and behavioural illnesses such as Post-Traumatic Stress Disorder due to stressful event or situation and Psychosomatic and Psychiatric Syndrome caused by mobbing, MSDs?)
- Occupational Cancer (Arsenic, Beryllium, Cadmium, Erionite, Ethylene oxides, Silica, Hepatitis B Virus and C Virus?)
The experts will be invited taking into account:

- the technical specialities to be covered according to the types of diseases
- the general experience on the policy of occupational diseases in each of the participant’s country
- Geographic balance
- association with governments, employers’ organizations and trade unions.
Tripartite Meeting of Experts on the Updating of the List of Occupational Diseases, Geneva, December 2005

- The importance of having an adequate scientific basis for discussion will be the basis for the work of the experts.

- No comprehensive criteria document will be prepared for the proposed new additions to the list.

- The new list will reflect the best scientific judgement of the experts presented.
Key criteria for updating the ILO list may include:

- the strength of exposure and effect relationship,
- the magnitude of the risk factors and
- the fact that a disease is recognized in many national lists.
Thank you!