



# Modernet Newsletter

## 6-4-2015 NR.1

### **Modernet interim Core Group:**

*Lode Godderis  
Stefania Curti  
Vincent Bonneterre  
Raymond Agius  
Jill Stocks  
Annet Lenderink  
Local organiser:  
Claudio Colosio*

### *Modernet 2.0*

### *Core Group Matters*

### *Cost IS1002 Modernet matters*

### *Publications on Modernet topics*

### *Research proposals/ ideas*

We are proud to invite you all to meet again on the next one-day Modernet meeting in Italy, titled:

### **Modernet 2.0: What is new in Identifying work-related ill health?**

Fee: 60 euro (for the rent of the room, one coffee break and a light lunch)

Date: September 8, 2015

Time: 9.00 – 16.00 hr.

Location: Lodi, near Milan, easily reachable by train (25 minutes), at least 1 train/hour



We will start at 9 am to finish well in time to prepare for the opening session of **the International Congress on Rural Health, 8-11 September 2015 in Lodi**, to which you are invited also with a special Modernet members fee of 250 Euro.

You can register for the Modernet meeting as well as the Rural Health Conference online through the official website

<http://www.ouergroup.eu/ruralhealth2015/index.html>

Click on register to find all information

On the website you also find more information on venue and travel arrangements as well as the possibility to submit an abstract for the rural health conference with a deadline of 31 May 2015

We invite you let us know whether you will join this meeting and you can send us an abstract if you want to present something at this meeting. Proposed subjects:

- Work related mental and neurobehavioral disorders
- Methodological issues
- New cases

At the business meeting we hope to discuss future funding prospects, practical organisation etc. We will invite every speaker to add at the end of his presentation opportunities for partnership – funding.

Please send abstracts to Annet Lenderink ([aflenderink@gmail.com](mailto:aflenderink@gmail.com)) and/or Stefania Curti ([stefania.curti@unibo.it](mailto:stefania.curti@unibo.it)) before 15 June 2015.



We also want to organize a social dinner event on 7 September 2015 to meet again and reconnect.

If you would like to take part in this, please let us know.

	<p><b>Core Group matters</b></p> <p>The Core Group had three teleconferences in the first three months of 2015. We discussed several topics, such as how to formalize our network, where to plan a meeting and research collaboration possibilities.</p> <p>We are in the process of creating a voluntary association to keep a more or less (in)formal structure for our network. The voluntary association will be based in the country where it can easily be established + easily opening an account.</p> <p>Expenses: website is currently covered by COST and hosted by AMC. We need a small working budget. That is why we consider a small membership fee, e.g. 25 Euro/person. As soon as it is clear how we propose to proceed, we will inform you.</p> <p>We decided to plan a one-day meeting back to back with the rural health conference and Claudio assisted us in finding a good meeting place with some catering for a nice fee in Lodi (Italy). We hope a lot of you will join us there.</p> <p>Below you find some information on research collaboration and abstracts of two important papers on Modernet topics authored by our Modernet members and published in 2015.</p> <p>On the 31<sup>st</sup> International Conference on Occupational Health (ICOH 2015) in Seoul we have a special session on Modernet topics. We also would like to set-up an informal meeting to meet all Modernet members present in Seoul to chat and have a drink. If you think this would be a good idea, please let us know.</p>
	<p><b>COST IS1002 Modernet matters</b></p> <p>The financial reports of our Action were submitted in time and approved; the AMC (Netherlands) got the second instalment paid in February 2015</p> <p>The final report was sent by Raymond to the COST Office on 9 February 2015. Our Science Officer acknowledged receipt of the report and answered she would look into it. Until now we had no reaction.</p> <p>The work on the special issue of Modernet is ongoing, but in its finishing stages. Claudio and Raymond are taking care of it in close contact with Peter Noone.</p>
	<p><b>Publications on Modernet topics</b></p> <p><b>Trends in incidence of occupational asthma, contact dermatitis, noise-induced hearing loss, carpal tunnel syndrome and upper limb musculoskeletal disorders in European countries from 2000 to 2012.</b></p> <p><a href="#">Stocks SJ</a><sup>1</sup>, <a href="#">McNamee R</a><sup>2</sup>, <a href="#">van der Molen HF</a><sup>3</sup>, <a href="#">Paris C</a><sup>4</sup>, <a href="#">Urban P</a><sup>5</sup>, <a href="#">Campo G</a><sup>6</sup>, <a href="#">Sauni R</a><sup>7</sup>, <a href="#">Martínez Jarreta B</a><sup>8</sup>, <a href="#">Valenty M</a><sup>9</sup>, <a href="#">Godderis L</a><sup>10</sup>, <a href="#">Miedinger D</a><sup>11</sup>, <a href="#">Jacquetin P</a><sup>12</sup>, <a href="#">Gravseth HM</a><sup>13</sup>, <a href="#">Bonneterre V</a><sup>14</sup>, <a href="#">Telle-Lamberton M</a><sup>15</sup>, <a href="#">Bensefa-Colas L</a><sup>16</sup>, <a href="#">Faye S</a><sup>17</sup>, <a href="#">Mylle G</a><sup>18</sup>, <a href="#">Wannag A</a><sup>19</sup>, <a href="#">Samant Y</a><sup>19</sup>, <a href="#">Pal T</a><sup>3</sup>, <a href="#">Scholz-Odermatt S</a><sup>20</sup>, <a href="#">Papale A</a><sup>6</sup>, <a href="#">Schouteden M</a><sup>18</sup>, <a href="#">Colosio C</a><sup>21</sup>, <a href="#">Mattioli S</a><sup>22</sup>, <a href="#">Agius R</a><sup>23</sup>; <a href="#">Working Group 2; Cost Action IS1002—Monitoring trends in Occupational Diseases and tracing new and Emerging Risks in a NETWORK (MODERNET).</a></p> <p>Abstract</p>

**OBJECTIVES:** The European Union (EU) strategy for health and safety at work underlines the need to reduce the incidence of occupational diseases (OD), but European statistics to evaluate this common goal are scarce. We aim to estimate and compare changes in incidence over time for occupational asthma, contact dermatitis, noise-induced hearing loss (NIHL), carpal tunnel syndrome (CTS) and upper limb musculoskeletal disorders across 10 European countries.

**METHODS:** OD surveillance systems that potentially reflected nationally representative trends in incidence within Belgium, the Czech Republic, Finland, France, Italy, the Netherlands, Norway, Spain, Switzerland and the UK provided data. Case counts were analysed using a negative binomial regression model with year as the main covariate. Many systems collected data from networks of 'centres', requiring the use of a multilevel negative binomial model. Some models made allowance for changes in compensation or reporting rules.

**RESULTS:** Reports of contact dermatitis and asthma, conditions with shorter time between exposure to causal substances and OD, were consistently declining with only a few exceptions. For OD with physical causal exposures there was more variation between countries. Reported NIHL was increasing in Belgium, Spain, Switzerland and the Netherlands and decreasing elsewhere. Trends in CTS and upper limb musculoskeletal disorders varied widely within and between countries.

**CONCLUSIONS:** This is the first direct comparison of trends in OD within Europe and is consistent with a positive impact of European initiatives addressing exposures relevant to asthma and contact dermatitis. Taking a more flexible approach allowed comparisons of surveillance data between and within countries without harmonisation of data collection methods.

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**Interventions to increase the reporting of occupational diseases by physicians.**

[Curti S<sup>1</sup>](#), [Sauni R](#), [Spreeuwers D](#), [De Schryver A](#), [Valenty M](#), [Rivière S](#), [Mattioli S](#).

**[Author information](#)**

**Abstract**

**BACKGROUND:**

Under-reporting of occupational diseases is an important issue worldwide. The collection of reliable data is essential for public health officials to plan intervention programmes to prevent occupational diseases. Little is known about the effects of interventions for increasing the reporting of occupational diseases.

**OBJECTIVES:**

To evaluate the effects of interventions aimed at increasing the reporting of occupational diseases by physicians.

**SEARCH METHODS:**

We searched the Cochrane Occupational Safety and Health Group Specialised Register, the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE (PubMed), EMBASE, OSH UPDATE, Database of Abstracts of Reviews of Effects (DARE), OpenSIGLE, and Health Evidence until January 2015. We also checked reference lists of relevant articles and contacted study authors to identify additional published, unpublished, and ongoing studies.

**SELECTION CRITERIA:**

We included randomised controlled trials (RCTs), cluster-RCTs (cRCTs), controlled before-after (CBA) studies, and interrupted time series (ITS) of the effects of increasing the reporting of occupational diseases by physicians. The primary outcome was the reporting of occupational diseases measured as the number of physicians reporting or as the rate of reporting occupational diseases.

**DATA COLLECTION AND ANALYSIS:**

Pairs of authors independently assessed study eligibility and risk of bias and extracted data. We expressed intervention effects as risk ratios or rate ratios. We combined the results of similar studies in a meta-analysis. We assessed the overall quality of evidence for each combination of intervention and outcome using the GRADE approach.

**MAIN RESULTS:**

We included seven RCTs and five CBA studies. Six studies evaluated the effectiveness of educational materials alone, one study evaluated educational meetings, four studies evaluated a combination of the two, and one study evaluated a multifaceted educational campaign for increasing the reporting of occupational diseases by physicians. We judged all the included studies to have a high risk of bias. We did not find any studies evaluating the effectiveness of Internet-based interventions or interventions on procedures or techniques of reporting, or the use of financial incentives. Moreover, we did not find any studies evaluating large-scale interventions like the introduction of new laws, existing or new specific disease registries, newly established occupational health services, or surveillance systems.

*Educational materials*

We found moderate-quality evidence that the use of educational materials did not considerably increase the number of physicians reporting occupational diseases compared to no intervention (risk ratio of 1.11, 95% confidence interval (CI) 0.74 to 1.67). We also found moderate-quality evidence showing that sending a reminder message of a legal obligation to report increased the number of physicians reporting occupational diseases (risk ratio of 1.32, 95% CI 1.05 to 1.66) when compared to a reminder message about the benefits of reporting. We found low-quality evidence that the use of educational materials did not considerably increase the rate of reporting when compared to no intervention.

*Educational materials plus meetings*

We found moderate-quality evidence that the use of educational materials combined with meetings did not considerably increase the number of physicians reporting when compared to no intervention (risk ratio of 1.22, 95% CI 0.83 to 1.81). We found low-quality evidence that educational materials plus meetings did not considerably increase the rate of reporting when compared to no intervention (rate ratio of 0.77, 95% CI 0.42 to 1.41).

*Educational meetings*

We found very low-quality evidence showing that educational meetings increased the number of physicians reporting occupational diseases (risk ratio at baseline: 0.82, 95% CI 0.47 to 1.41 and at follow-up: 1.74, 95% CI 1.11 to 2.74) when compared to no intervention. We found very low-quality evidence that educational meetings did not considerably increase the rate of reporting occupational diseases when compared to no intervention (rate ratio at baseline: 1.57, 95% CI 1.22 to 2.02 and at follow-up: 1.92, 95% CI 1.48 to 2.47).

*Educational campaign*

We found very low-quality evidence showing that the use of an educational campaign increased the number of physicians reporting occupational diseases when compared to no intervention (risk ratio at baseline: 0.53, 95% CI 0.19 to 1.50 and at follow-up: 11.59, 95% CI 5.97 to 22.49).

	<p><b>AUTHORS' CONCLUSIONS:</b></p> <p>We found 12 studies to include in this review. They provide evidence ranging from very low to moderate quality showing that educational materials, educational meetings, or a combination of the two do not considerably increase the reporting of occupational diseases. The use of a reminder message on the legal obligation to report might provide some positive results. We need high-quality RCTs to corroborate these findings.</p> <p>Future studies should investigate the effects of large-scale interventions like legislation, existing or new disease-specific registries, newly established occupational health services, or surveillance systems. When randomisation or the identification of a control group is impractical, these large-scale interventions should be evaluated using an interrupted time-series design.</p> <p>We also need studies assessing online reporting and interventions aimed at simplifying procedures or techniques of reporting and the use of financial incentives.</p> <p><a href="#">Cochrane Database Syst Rev.</a> 2015 Mar 25;3:CD010305. doi: 10.1002/14651858.CD010305.pub2.</p>
	<p>Unfortunately the H2020 proposal ANTICIPATE (submitted during the Bologna meeting) was not permitted to proceed to the next stage as we got 7/10 instead of the required 8.5/10</p> <p><b>Research proposals/ideas</b></p> <ul style="list-style-type: none"> <li>• Annet and Lode submitted new Cost action on 24 March 2015: COST Action Proposal OC-2015-1-19813 " European Network integrating research on environmental or occupational neurotoxic diseases " In the end it is expected that 42 proposals will be granted and we will know in October.</li> <li>• Raymond is talking with the HSE and Public Health England. HSE are not making into any commitment. Public Health England is interested to widen up the topic to environmental diseases.</li> <li>• Lode is leading a committee on new occupational diseases within the fund of occupational diseases. There is interest in funding SIGNAAL. This is currently under discussion within fund of occupational diseases.</li> <li>• Stefania informs us about that new Horizon 2020 calls will be available soon. She will follow-up and will let us.</li> <li>• Vincent proposes to submit a project to French agency ANSES, amount 200.000 Euro.</li> <li>• Jill proposes a charity: suggested title: impact of recession on WRD and Occupational Injury, amount &gt;100.000.</li> </ul>