

**Letter to the Editor**

## Prevalence of Work-Related Dermatitis in the Working Population

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**To the Editor:**

The publication from NIOSH on work-related dermatitis is an important addition to the literature on the magnitude of occupational injury and illness in the United States. NIOSH's study found that the Bureau of Labor Statistics employer based survey, the official source of national statistics on occupational injuries and illness, underestimated the incidence of work-related skin disease by 85–88% [Luckhaupt et al., 2012].

Data from Michigan would suggest that the estimate of work-related skin disease is even greater than the NIOSH estimate. The question in the National Health Interview Survey (NHIS) that NIOSH used to generate its estimate was based on individuals responding yes to the following: "Have you ever been told by a doctor or other health professional that your skin condition was probably work-related?" In 2011, Michigan administered this same basic question as used in NHIS in its state wide Behavioral Risk Factor Surveillance System (BRFSS). In addition, Michigan added the following question: "Do you think your skin condition was probably work-related?" Combining the yes responses from the two questions, only counting an individual once if they said yes to both questions, almost doubles (8 to 14.1%, 1.76-fold increase) the percentage of skin disease that was reported to be work-related in Michigan. This increase in the number of individuals reporting a relationship between their dermatitis and work when the second question is included about what the individual thinks is similar to the increase in asthma reported to be related to work in a previous BRFSS survey in Michigan, Minnesota and Oregon (1.50–1.88 increase) [Lutzker et al., 2010]. The

finding that shows the number of individuals who respond that their condition is work-related is greater than the number who says a doctor told them their condition is work related is consistent with what is known about the barriers to the recognition of work-related conditions by health care providers [Azaroff et al., 2002]. However, some conditions are probably better recognized by medical providers than others as being work-related. For hearing loss, the increase in percentage incorporating the individual's belief about work-relatedness was only 1.15 [Stanbury et al., 2008]. This difference in magnitude between conditions also suggests that there is not some inherent tendency by individuals to "blame" work for their condition.

The use of the BRFSS is an important component of a comprehensive occupational injury and illness surveillance system and has been used for other work-related conditions [Bonauto et al., 2007; Stanbury et al., 2008]. We should make full use of BRFSS data for this purpose. The effort and cost in administering population based surveys compel us to maximize the data that they can provide and we should be cognizant and when possible address well recognized barriers in health professional recognition of work-related conditions when collecting these valuable sources of surveillance data. This is not to suggest that self-reporting by individuals does not have limitations but rather that trends over time and use of complementary data systems will allow us to gain a closer approximation of the true magnitude of occupational injuries and illnesses in the United States. A more accurate estimate of the magnitude of occupational injuries and illnesses will allow a better allocation of resources and a better targeting and evaluation of interventions.

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The authors report no conflicts of interests.

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