

More on Work-Related Asthma

The letter from California as with our publication is an example of how work-related asthma (WRA) is a potentially fatal condition.^{1,2} The five WRA deaths in California were identified by one of the four states that have been funded by the National Institute for Occupational Safety and Health (NIOSH) to conduct surveillance for WRA. With the funding cuts proposed by the Trump administrations, whether any state will be able to track this condition in the future is uncertain.

With this letter from California, three of the four states (California, Massachusetts, and Michigan but not Washington) tracking WRA have reported fatal cases of WRA. The letter about California data emphasizes that the five deaths identified in California are an undercount of the actual number of deaths. Our experience in Michigan is in agreement with California's that the states that track WRA miss a high percentage of cases.³ In addition, the fact that only a few states conduct surveillance for WRA means the undercount for WRA and deaths from WRA are even larger.

The immediate cause of death from WRA is a lack of recognition by health care providers, both primary care doctors and specialists, of the association between their patient's asthma and work exposure and that even when the association is recognized, the health care provider either delays or does not take adequate action to ensure the patient is removed from exposure to the workplace trigger. Seventeen years ago, the American College of Chest Physicians developed guidance of the importance and the approach to considering WRA in the diagnosis and management of adults with asthma.⁴ These guidelines remain highly relevant.

The more basic cause of these WRA deaths is the lack of comprehensive OSHA standards for the known 300 workplace allergens.⁵ The lack of such standards means that OSHA's allowable air levels were not set to prevent WRA and that companies are not required to provide medical screening so as to identify individuals at early stage in the disease process to reduce the morbidity and mortality for this condition.

Rather than the proposed cutbacks in federal funding to state-based occupational surveillance, more funds are needed to expand surveillance and increase health care provider education. In addition to the secondary preventive actions involving state-based

surveillance and health care provider education to reduce morbidity and mortality from WRA, a primary prevention initiative that updates the OSHA regulations is needed to reduce exposures that cause WRA.

Kenneth D. Rosenman, MD
Mary Jo Reilly, MS
 Michigan State University
 East Lansing, Michigan

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Address correspondence to: Kenneth D. Rosenman, MD, Michigan State University, 909 West Fee, Room 118 West Fee, East Lansing, MI 48824 (rosenman@msu.edu).

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