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Letter to the Editor California response to "Work-Related Asthma Mortality, Michigan 2003–2023"

To the Editor:

We applaud the important article by Rosenman and Reilly[1] on the tragedy of preventable fatalities from work-related asthma (WRA). We agree with the conclusion that health care provider recognition of the role of work in an adult asthma patient's care is essential to prevent serious outcomes, including death. The California Department of Public Health has been conducting public health surveillance of WRA since 1993 and has identified over 14,380 confirmed cases of WRA through multiple data sources. As in Michigan, we perform public health follow-up and telephone interviews for every case identified. Between 1993 and August 2025, we have documented five fatalities due to WRA.

These five WRA deaths represent a variety of workplace exposures and include two women and three men, with a median age of 56 (range: 26 to 65) years. Tasks and exposures included teaching in an enclosed renovated classroom with new carpet, cleaning shelves in a discount department store, packing cannabis in a cannabis warehouse, and highway construction and maintenance, including one worker using epoxies and another performing weed removal. Two of the workers had new-onset occupational asthma, one had aggravation of preexisting asthma, and two cases were confirmed as WRA, but prior asthma status was unknown.

We do not review death certificates to identify potential WRA deaths, and these five cases likely represent an undercount of workers who have died as a direct result of their WRA. Other data support this conclusion. Of the 357 California deaths in 2023 with an International Classification of Diseases, 10th Revision code of J45 listed as the final cause of death, 134 were of standard working age (18 to 64 years). Population-based data from the 2023 Behavioral Risk Factor Surveillance System Asthma Call Back Survey[2] estimated that 43% of adults with current asthma report that their asthma was caused or made worse by exposures at work. Given the high proportion of adult asthma that may be work-related, we would expect some of those 134 asthma deaths to be due to an exposure in the workplace. Health care providers treating adults with asthma may not often ask about onset or worsening of asthma symptoms at work, yet it is a critical part of adult asthma care. Furthermore, as highlighted by Rosenman and Reilly,[1] primary care providers and pulmonologists who do recognize WRA may not act to prevent ongoing exposure. The severe consequences of these cases are preventable, but only if the contribution of workplace exposures is recognized and workers are removed from exposure.[3]

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REFERENCES

1. Rosenman KD, Reilly MJ. Work-related asthma mortality, Michigan 2003-2023. *J Occup Environ Med* 2025;67:459–461.
2. Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Questionnaire*. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2023.
3. Gandhi SA, Heinzerling A, Flattery J, Cummings KJ. Occupational contributions to respiratory health disparities. *Clin Chest Med* 2023;44:635–649.

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