Work-related health estimates

WORK-RELATED HEALTH DEATHS AND HOSPITALISATIONS ESTIMATES, AND UPDATE OF THE ACC WORK-RELATED HEALTH CLAIMS FIGURE

August 2019

New Zealand Government

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ACKNOWLEDGEMENTS

Thank you to Dr Trang Khieu (Principal Analyst Research and Evaluation, WorkSafe), Dr Scott Metcalfe (when on fixed-term secondment to WorkSafe as Principal Analyst System Strategies/Principal Health Economist) for reviewing and contributing to this document.

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1.0
Brief summary

This report estimates the number of deaths and hospitalisations caused by chronic exposure to work-related hazards in New Zealand each year.

It excludes deaths and hospitalisations caused by acute injury. It also reports the latest three year average of Accident Compensation Corporation (ACC) claims flagged by ACC case managers as gradual process.

The revised estimate for work-related health[1] deaths is 750–900 per year (rounded to the nearest 50).

The revised estimate for work-related health hospitalisations is 5000–6000 per year (rounded to the nearest 1000).

The latest three year (2015–2017) average figure for ACC gradual process claims is 5281 per year.[2]

The major similarity between the methodology used in this revision and that of the previous Ministry of Business, Innovation and Employment (MBIE) (2013)[3] estimate of work-related health deaths and hospitalisations is that both apply international work-related attributable fractions to New Zealand mortality and hospital event data. The major differences between the methodologies are:

- this revision replaces most of the attributable fractions used by MBIE with recently published attributable fractions, and
- this revision reports the hospitalisation estimate and ACC gradual process claim components of non-fatal ill-health quite separately.

In line with previous estimates,[3,4] the ranges of the work-related health estimates are scenario-based (low and high), due to the uncertainty of the work-relatedness of some diseases. They are not confidence intervals (ie they do not account for additional uncertainty from sampling error, being random error/chance imprecision inevitable with smaller numbers of events), and they do not represent the inherently large uncertainties in individual attributable fractions.[5]

[1] In this context, 'work-related health' means the effect on health from chronic exposure to work-related hazards.

[2] Data extracted 6 June, 2019. This number is subject to change slightly as the source data is updated by ACC.

[3] MBIE. (2013). Work-Related Disease in New Zealand: The state of play in 2010: New Zealand Government.

[4] Driscoll et al. (2004). The burden of occupational disease and injury in New Zealand: Technical Report. NOHSAC: Wellington. http://psm-dm.otago.ac.nz/ipru/ReportsPDFs/OR057.pdf

[5] For excellent coverage of this see Hutchings, S., & Rushton, L. (2017). Estimating the burden of occupational cancer: assessing bias and uncertainty. Occupational and Environmental Medicine, oemed-2016. Also see the caveats in the discussion section.

2.0 Abstract

IN THIS SECTION:

2.1 Background

It is timely to revise the previous estimate of work-related health deaths and non-fatal disease cases published in 2013 by MBIE for three reasons:

1. Since publication, ACC has revised and greatly reduced their own work-related health claims figure for the 2010 year, which is the claims year included in the previous estimate.
2. The number of work-related health claims recorded in subsequent years are substantially fewer than the revised figure for 2010.
3. Relating to deaths and hospitalisations estimates, new research quantifying the fraction of diseases attributable to work has been published since 2001, the increasingly outdated year of publication of the primary source of work-related attributable fractions used by MBIE (2013).

2.2 Aim

To revise the work-related health deaths and hospitalisations estimates using the best available international work-related attributable fractions applied to the most recently available New Zealand deaths and hospital event data, and to also report an updated figure for the number of ACC gradual process claims.

2.3 Method

For the revision of work-related health deaths and hospitalisations, work-related attributable fractions were applied to count data from the 2015 New Zealand Mortality Collection, and 2015/16 National Minimum Dataset (hospital events). Literature searches were conducted to identify recent, high quality work-related attributable fractions research. The list of diseases that attributable fractions were applied to was based upon the list used in the previous MBIE (2013) estimate and its primary source publication, and the list kept the two categories of diseases: those with a better established occupational link 'A' and those with a less well established occupational link 'B'. 'A' diseases were used to derive the lower estimates and 'A' + 'B' diseases were used to calculate the higher estimates of the ranges.

The number of ACC gradual process claims were collated from the average number of claims from the last three years from the WorkSafe Gradual Process data set, which contains work-related ACC claims assigned a gradual process flag by ACC case managers.

2.4 Results

Sixteen cancer diseases and 14 non-cancer diseases were included in the final list of work-related diseases. Nine articles were selected as sources for attributable fractions for these 30 diseases. Estimated work-related health deaths (ie excluding injury) were 750–900 per year (rounded to the nearest 50). Estimated work-related health hospitalisations were 5000–6000 per year (rounded to the nearest 1000). The latest three year (2015–2017) average figure for ACC gradual process claims was 5281 per year.[6]

2.5 Conclusion

This revision updates the estimates for New Zealand work-related health deaths and hospitalisations, using the most up-to-date international attributable faction research and New Zealand mortality and hospital event data. It also reports an up-to-date three-year average of ACC gradual process claims.

[6] This number is count data, not an estimate. It is subject to change slightly as the source data is updated by ACC.

3.0
Background

A review of the currently used WorkSafe work-related health estimates[7] revealed two problems with the reported non-fatal disease estimate of 30,000 cases.

Firstly, the initially published 2010 figure for ACC gradual process claims contributed 24,000 of the 30,000 cases, but has subsequently been revised down by ACC to under 11,000 (for the 2010 year). In addition to this, the counts for the 2017 ACC gradual process claims are now between 5,300 and 7,300, depending on the dataset used.[8]

Secondly, the MBIE (2013) estimate for non-fatal disease cases appears to have added together two different categories of data; hospitalisations and ACC gradual process claims. There is only one ACC claim per case of disease, however there is often more than one hospitalisation per case of disease per year. It is therefore incorrect to classify hospitalisations as individual cases of disease, since this will over-estimate individual cases. ACC claims and estimated hospitalisations should therefore be reported separately. For the above reasons, the estimate for work-related health non-fatal cases needed to be revised.

Another reason for updating the work-related health estimates is that since MBIE (2013), a large international research programme by the Occupational Cancer Research Centre (sited at and co-funded by Cancer Care Ontario) has published a series of work-related attributable fractions for cancer[9] that are based on higher quality evidence than the attributable fractions used in the two previous New Zealand work-related health estimates, being:

- MBIE. (2013). *Work-Related Disease in New Zealand: The state of play in 2010*: New Zealand Government
- Driscoll et al. (2004). *The burden of occupational disease and injury in New Zealand: Technical Report*. National Occupational Health and Safety Advisory Committee (NOHSAC): Wellington).

[7] MBIE. (2013). Work-Related Disease in New Zealand: The state of play in 2010: New Zealand Government.

[8] ACC gradual process claims, flagged as such by an ACC case manager, or ACC data held by Statistics NZ; different methodologies are used for each dataset. The lower estimate is from the former, which is likely to be the most valid (Zeeman van der Merwe, ACC; Personal communication).

[9] Cancer Care Ontario, Occupational Cancer Research Centre. (2017). Burden of occupational cancer in Ontario: Major workplace carcinogens and prevention of exposure. Toronto: Queen's Printer for Ontario.

Availability of updated work-related attributable fractions is the limiting factor for calculating estimates of work-related deaths and hospitalisations. If the same work-related attributable fractions are used from one revision to the next, then any changes in estimates will be mostly due to changes in **non**-work-related exposures, and improvements in medical treatment. This is because the only new data used in the revision are the most recent total mortality and total hospitalisation counts, which are mostly influenced by **non**-work-related factors. Therefore there is no strong rationale for regularly revising work-related health estimates if there are no new and better quality attributable fractions available.[10]

[10] Another reason why more regular updates would be of little value is that the uncertainty in attributable fractions would far outweigh the changes in the number of total deaths and hospitalisations from one year to the next.

4.0 Methods

IN THIS SECTION:

4.1 Scope

The scope of this revision is modest. It is a revision of the MBIE (2013) estimates, and intends to replicate, where reasonable, the same approach. This includes using:

- the same core method used in the MBIE (2013) estimates; that is, applying attributable fractions to New Zealand Ministry of Health mortality, and hospital events data.
- as a reference point, the list of diseases used in previous New Zealand estimates[11,12] and their key reference publications,[13,14] with the exception that the list of cancers be replaced by either the list included in the research from Cancer Care Ontario's Occupational Cancer Research Centre (2017)[15] or by more recent, higher quality attributable fractions than these.

Within scope is to identify recent, high quality, and applicable work-related attributable fractions from published literature, to replace the somewhat out of date attributable fractions used in previous estimates.

4.2 Outside of scope

As with previous estimates, this revision does not calculate new attributable fractions; it uses attributable fractions published in the peer-reviewed epidemiological scientific literature. For almost all exposure-disease pairings, the necessary data has not been derived and/or calculated for New Zealand.

As with the previous MBIE (2013) estimates, this revision is not intended to re-assess the strength of the occupational link of diseases included in previous estimates nor of diseases not included in previous estimates.

As with the previous estimates, this revision is not intended to quantify the full burden of work-related health harm. Work-related cases of ill-health that do not require hospitalisation and are not captured by ACC claims, are not quantified by this report. This includes for example many primary health care visits for illness not covered or claimed for under ACC.

Nor does this revision measure health losses from years of life lost through premature death or long-term non-fatal disability and suffering (which are both age-related), nor losses in quality of life, nor economic losses from productivity losses and monetised losses in health.

The revision only captures:

1. estimated deaths
2. estimated hospitalisations of conditions generally not captured by ACC claims, and
3. ACC gradual process claims, flagged as such by ACC case managers.

[10] Another reason why more regular updates would be of little value is that the uncertainty in attributable fractions would far outweigh the changes in the number of total deaths and hospitalisations from one year to the next.

[11] MBIE. (2013). Work-Related Disease in New Zealand: The state of play in 2010: New Zealand Government.

[12] Driscoll et al. (2004). The burden of occupational disease and injury in New Zealand: Technical Report. NOHSAC: Wellington. http://psm-dm.otago.ac.nz/ipru/ReportsPDFs/OR057.pdf

[13] Nurminen and Karjalainen (2001). Epidemiologic estimate of the proportion of fatalities related to occupational factors in Finland. *Scandinavian Journal of Work, Environment & Health*. 27(3), pp. 161-213.

[14] Steenland, K., Burnett, C., Lalich, N., Ward, E., & Hurrell, J. (2003). Dying for work: the magnitude of US mortality from selected causes of death associated with occupation. *American Journal of Industrial Medicine*, 43(5), 461-482.

[15] Cancer Care Ontario, Occupational Cancer Research Centre. (2017). Burden of occupational cancer in Ontario: Major workplace carcinogens and prevention of exposure. Toronto: Queen's Printer for Ontario.

As with the previous estimates, this revision does not attempt to quantify the uncertainty inherent in the attributable fraction methodology, including the large range between reasonable lower and upper bounds for each individual attributable fraction as applied to their own jurisdiction,[16] nor the uncertainties from applying attributable fractions derived in one jurisdiction to another,[17] nor the uncertainty from applying an attributable fraction derived for one health outcome (for example cancer registrations) to another (for example cancer deaths).[18]

It is not within scope to comprehensively describe all work-related attributable fraction studies found by the literature search. Studies from which attributable fractions are selected will be briefly described, as will the small number of reasonable alternative studies from which attributable fractions were considered, but not selected.

4.3 Data sources

New Zealand data sources

- Ministry of Health Mortality collection 2015 (the latest finalised release available).
- Ministry of Health Public and Private Hospitalisations data 2015/16 (the latest available).
- ACC gradual process claims for 2015-2017.[19]

International data sources

International work-related attributable fractions.[20]

4.4 Selection of attributable fractions

A structured literature search using systematic and non-systematic search techniques for all work-related attributable fractions published since those used in the previous estimates was conducted. Systematic search techniques were applied to Embase and Medline databases. The search strategies were tailored to each database's MeSH terms, and also used key words. The generic key word of 'work' was not included due to the hundreds of thousands of false positive search hits. In addition to these academic databases, Google Scholar was searched for work-related attributable fraction research, and key researchers in the field were asked for sources of attributable fraction research in peer-reviewed and grey literature.[21]

[16] For a detailed analysis of the various sources of uncertainty in attributable fractions, see Hutchings, S., & Rushton, L. (2017). Estimating the burden of occupational cancer: assessing bias and uncertainty. Occupational and Environmental Medicine, oemed-2016.

[17] This is commonplace in the literature, and more common than deriving local attributable fractions, due to the common situation of the lack of detailed local exposure data.

[18] It is reasonable to assume that the work-related attributable fraction of disease cases is similar to that of disease deaths; see Steenland. (date unknown). Attributable fraction: example, cancers due to occupation in the US. Rollins School Public Health, Emory University, Atlanta, Ga. www.occupationalcancer.ca/wp-content/uploads/2011/03/Steenland.pdf

[19] All accepted work-related ACC claims assigned a gradual process flag by an ACC case manager.

[20] See results for selected attributable fractions and their publication source.

From the publications identified in the searches, attributable fractions were selected based upon relevance to the list of diseases within scope (see above), currency (ie how recent), subjective quality, applicability of the research to the New Zealand context, and applicability to deaths and hospitalisation data. Where there was little difference in these factors, more conservative attributable fractions were favoured, given the large uncertainty inherent in all attributable fraction research.[22]

Assessing quality of the research required judgement from the author but based on standard clinical epidemiology techniques and measures for assessing levels and grades of evidence. This favoured attributable fractions derived from higher levels of the evidence hierarchy; that is, systematic reviews, over cohort studies, over case-control studies. It also favoured research from acknowledged leading experts in the field of occupational attributable fractions research. Assessing applicability to New Zealand entailed only including attributable fraction research from countries with developed economies.

4.5 Applying attributable fractions to New Zealand mortality and hospital events data

For each disease, the selected work-related attributable fraction was multiplied by the specified age range of the corresponding disease outcome count data from the most recent New Zealand mortality (2015) and hospitalisation (2015/16) data to estimate the annual number of work-related health deaths and hospitalisations.

The specified age range for each disease is based upon the disease latency, and where published, was taken from the same research as the attributable fraction. Where no age range was published, for consistency, the age ranges were taken from those used by the National Health and Safety Advisory Committee (NOHSAC) work-related health estimate by Driscoll et al. (2004), or from their primary source, Nurminen and Karjalainen (2001), or from consideration of the latency and mechanism of the exposure. Given that almost all work-related diseases are more common in older age, the choice of specified upper age limit has a substantial impact on estimates, while the choice of lower age limit usually has no or minimal impact. The age ranges used are reported in the results tables, and the source is provided in the notes to the tables.

4.6 Determining the final list of diseases and corrections to previous estimates' methodology

Cancers

As explained in the scope, the starting point for the list of cancer diseases included in this revision are those from Cancer Care Ontario's Occupational Cancer Research Centre (2017).[23] The rationale behind this decision is that this Cancer Care Ontario research is widely considered amongst the most substantial and advanced work-related attributable fractions research in the world to date. It included 44 different known and suspected occupational carcinogens and 27 associated cancer sites, based on evaluations conducted by the International Agency for Research on Cancer (IARC) Monographs. The prevalence of exposure to each occupational carcinogen was mostly based upon exposure estimates developed by CAREX[24] Canada, which is a multi-institution research project

[21] Sally Hutchings, Dr Paul Demers, A/Prof. Alison Milner, and Profs. David Fishwick and Tony LaMontagne.

[22] Hutchings, S., & Rushton, L. (2017). Estimating the burden of occupational cancer: assessing bias and uncertainty. Occupational and Environmental Medicine, oemed-2016.

[23] Cancer Care Ontario, Occupational Cancer Research Centre. (2017). Burden of occupational cancer in Ontario: Major workplace carcinogens and prevention of exposure. Toronto: Queen's Printer for Ontario.

[24] Carcinogen Exposure database.

that combines academic expertise and government resources to generate an evidence-based Canadian carcinogen exposure surveillance programme.[25]

Work-related attributable fractions for cancer found by the literature search were assessed for inclusion against these Cancer Care Ontario attributable fractions.

Non-cancers

The starting point for the list of non-cancer diseases was those used in the two previous New Zealand work-related health estimates[26,27] and their primary reference publication and source of almost all previously used attributable fractions, Nurminen and Karjalainen (2001).[28]

In the previous estimates an error arose from cross-walking between ICD-10 to ICD-9, which meant that *vascular and unspecified dementia* (ICD-10 codes F01 and F03) was incorrectly listed as *senile and pre-senile organic psychotic conditions*.[29] This revision corrected that error.

For pneumonia, Driscoll et al. (2004) included ICD-9 codes:

- 480 Viral pneumonia
- 481 Pneumococcal pneumonia (*Streptococcus pneumoniae pneumonia*)
- 482 Other bacterial pneumonia
- 483 Pneumonia due to other specified organism
- 484 Pneumonia in infectious diseases classified elsewhere
- 485 Bronchopneumonia, organism unspecified
- 486 Pneumonia, organism unspecified

This was based on the ICD-10 codes included by Nurminen and Karjalainen (2001):

- J12 Viral pneumonia, not elsewhere classified
- J13 Pneumonia due to Streptococcus pneumoniae
- J15 Bacterial pneumonia, not elsewhere specified
- J17 Pneumonia in diseases classified elsewhere

The source of Nurminen and Karjalainen's attributable fraction is a study by Coggon et al. (1994), which reported an increased risk of lobar pneumonia in welders. There was no increased risk for those older than 65, which the Coggon et al. surmised was due to the reversibility of the susceptibility of the lung to pneumonic infection. Hence the appropriate age range of New Zealand death and hospitalisation data to apply to the attributable fractions used by previous estimates is the working age range used by Coggon et al.; 15-64 years. Previous estimates used 30+ years, which would cause an overestimate of the effect of welding fumes on pneumonia cases, given that the vast majority are in those over 65 years of age.

An added complication since the publication of Nurminen and Karjalainen (2001) is that the ICD-10 code J18 Pneumonia, organism unspecified, has been added to the ICD-10 classification system, and that most New Zealand deaths and hospitalisations are classified under this code. This revision has not included J18 cases, which may lead to an underestimation if there is misclassification of lobar pneumonia to this code. Most cases of lobar pneumonia are due to *Streptococcus pneumoniae*, so should be coded under J13, which is included in the analysis.

[25] Cancer Care Ontario, Occupational Cancer Research Centre. (2017). Burden of occupational cancer in Ontario: Major workplace carcinogens and prevention of exposure. Toronto: Queen's Printer for Ontario.

[26] MBIE. (2013). Work-Related Disease in New Zealand: The state of play in 2010: New Zealand Government.

[27] Driscoll et al. (2004). The burden of occupational disease and injury in New Zealand: Technical Report. NOHSAC: Wellington

[28] Nurminen and Karjalainen (2001). Epidemiologic estimate of the proportion of fatalities related to occupational factors in Finland. Scandinavian Journal of Work, Environment & Health. 27(3), pp. 161-213.

[29] Which was later summarised as 'mental health' conditions in widely used presentation slides.

For kidney disease, due to cross-walking between ICD-10 and ICD-9, in an attempt to represent the approximate count of the kidney diseases considered to have an occupational cause, previous estimates included one third of the cases under ICD-9 codes 580-589. This revision reverts back to the original ICD-10 codes used by Nurminen and Karjalainen (2001).

Both previous New Zealand estimates omitted four non-cancer diseases/outcomes that were included by their primary source publication.[30] These diseases are *depressive episode, spinal muscular atrophy (or motor neuron disease or amyotrophic lateral sclerosis), cryptogenic fibrosing alveolitis (or idiopathic pulmonary fibrosis), and suicide*. These four diseases were deemed in scope for the attributable fractions literature search and any subsequent analysis.

Musculoskeletal conditions such as low back pain and carpal tunnel syndrome were not included in the hospitalisation estimate for reasons of consistency with MBIE (2013), and because musculoskeletal conditions are captured to some degree by the ACC gradual process claims.[31]

4.7 Applying the categorisation of 'well established' v 'less well established' to the list of diseases; the origin of the ranges in the estimates

The categorisation used by the NOHSAC estimate (Driscoll et al. 2004) between 'A' diseases 'with the most well established links to occupation' and 'B' diseases 'for which the occupational link was less well established' was retained for this revision, as it was outside of the scope to re-evaluate based on current scientific evidence, how well established the occupational link of each disease is. The NOHSAC 'A' category is the list of diseases included by Steenland et al. (2003) and the 'B' category is the list of diseases included by Nurminen and Karjalainen (2001), but not included by Steenland et al.

For cancers, NOHSAC's 'A' category referred to cancers caused by carcinogens classified as definite or probable by the International Agency for Research on Cancer (IARC).[32] The Cancer Care Ontario, Occupational Cancer Research Centre research (2017) almost exclusively only included cancers caused by carcinogens classified as definite or probable by IARC, hence (with one exception) all cancers from this research were classed as 'A'. The exception is bladder cancer; the portion of the work-related attributable fraction of bladder cancer that was due to polycyclic aromatic hydrocarbons was classified as 'B'.[33] Over 99% of the estimated work-related cancer deaths derived from the Cancer Care Ontario, Occupational Cancer Research Centre research (2017) attributable fractions fall under category 'A'.

For non-cancers, this revision retained the same NOHSAC categorisations where one had been assigned, however there were at least four diseases/outcomes not assigned a categorisation, due to their exclusion from the NOHSAC estimate: *depressive episode, spinal muscular atrophy (or motor neuron disease), cryptogenic fibrosing alveolitis (or idiopathic pulmonary fibrosis), and suicide*. For the purposes of this analysis, a category was applied to these diseases based on the source of the attributable fraction and internal review within WorkSafe New Zealand.

[30] Nurminen and Karjalainen (2001). Epidemiologic estimate of the proportion of fatalities related to occupational factors in Finland. *Scandinavian Journal of Work, Environment & Health*. 27(3), pp. 161-213.

[31] Estimating work-related musculoskeletal hospitalisations may be explored in future work.

[32] While this is not explicitly stated by NOHSAC, it is implicit, since all cancers included by Steenland were given an A category, and all were chosen by Steenland based on the IARC classification of 1 (definite), and 2A (probable). Nurminen and Karjalainen (2001) included some cancers caused by carcinogens classified by IARC as 2B (possible).

[33] This is based upon Cancer Care Ontario, Occupational Cancer Research Centre. (2017) 'there was weaker evidence for the association between PAHs and bladder cancer' (p. 39).

4.8 Sensitivity analysis of the work-related health deaths and hospitalisations

Two sensitivity analyses were undertaken, which compared the primary results from this study to analysis using different sets of attributable fractions. The first applied the most recent Ministry of Health mortality and hospitalisation data to the work-related attributable fractions used by MBIE (2013). The second applied the same Ministry of Health data to the cancer attributable fractions in a comprehensive French study by Micallef et al. 2019.

4.8 Methodology of the update of the ACC gradual process claims figure

The number of ACC gradual process claims for 2015-2017 were collated from gradual process claims, flagged as such by an ACC case manager, to give a three year average.[34] This data set contains all approved work-related claims that have been assigned an ACC gradual process flag by an ACC case manager. This gradual process flag is how WorkSafe determines whether an ACC claim is a work-related health claim, rather than an acute injury claim. The gradual process flag is thought to be the most valid method of determining gradual process claims.[35] These claims were cross-tabulated by disease.

[34] 2018 data was not used since there is a lag in this data set due to how claims are assigned a year by ACC; the 2018 claims count extracted at the end of 2019 compared with the start of 2019 will be several hundreds of claims higher.

[35] Zeeman van der Merwe, ACC. (Personal communication)

5.0 Results

IN THIS SECTION:

5.1 Work-related attributable fractions search

Systematic literature search of Embase and Medline

The Embase search returned 520 publications and the Medline search returned 304 publications. After duplications between databases were removed, the search returned 543 distinct publications (see Appendix 6).

Attributable fractions were selected from these 543 publications, and from other means as outlined in the methods. In the few cases where the source publication was not found through the systematic literature search, this is noted below.

5.2 Cancers

IARC based multi-carcinogen studies

> Cancer Care Ontario, Occupational Cancer Research Centre. (2017). Burden of occupational cancer in Ontario: Major workplace carcinogens and prevention of exposure. Toronto: Queen's Printer for Ontario.

This publication was identified through the website of the Institute for Work and Health, Toronto, Canada.[36] The research included 44 different known and suspected occupational carcinogens and 27 associated cancer sites, based on evaluations conducted by the International Agency for Research on Cancer (IARC) Monographs. The prevalence of exposure to each occupational carcinogen was mostly based upon exposure estimates developed by CAREX Canada which is a multi-institution research project that combines academic expertise and government resources to generate an evidence-based Canadian carcinogen exposure surveillance programme.

This Cancer Care Ontario research considered several other carcinogens for inclusion in the study, but ultimately did not report attributable fractions for their effects, due to insufficient data. Carcinogens not included were antineoplastic agents, nanomaterials, pesticides, and sedentary work.

> Labrèche, F., Kim, J., Song, C., Pahwa, M., Calvin, B.G., Arrandale, V.H., McLeod, C.B., Peters, C.E., Lavoué, J., Davies, H.W. and Nicol, A.M. (2019). The current burden of cancer attributable to occupational exposures in Canada. *Preventive Medicine*, 122, 128-139.

Labrèche and Kim et al.'s publication is essentially the peer reviewed version of the 2017 Cancer Care Ontario, Occupational Cancer Research Centre's publication. However there are some notable differences, including: fewer carcinogens (31) and slightly fewer cancer sites (24), resulting in 64 exposure-cancer site pairs; and the use of a method to avoid over-estimation of lung and bladder cancers from overlapping carcinogens in industries and occupations.

A comprehensive French study has recently been published that has a similar approach to the Cancer Care Ontario study.

> Micallef, C. M., Shield, K. D., Vignat, J., Baldi, I., Charbotel, B., Fervers, B., ... & Hutchings, S. J. (2019). Cancers in France in 2015 attributable to occupational exposures. *International Journal of Hygiene and Environmental Health, 222*(1), 22-29.

[36] The systematic literature search found a citation for a peer reviewed article of this research, however it seems that it is currently in press, as Labrèche F., (2019). The current burden of cancer attributable to occupational exposures in Canada. *Preventive Medicine*. (no pagination).

At least two of the attributed researchers in the Cancer Care Ontario, Occupational Cancer Research Centre (2017) work are co-authors of the French study; Hutchings and Rushton.

Micallef et al.'s primary analysis only includes carcinogens classed as definite by IARC, whereas the Cancer Care Ontario research and Labrèche and Kim et al. include IARC definite and probably carcinogens, although the latter only include two IARC probable carcinogens (creosotes and night shift work). Micallef et al. included 25 agents in the primary analysis, which were causally related to 23 cancer sites, and 44 carcinogen–cancer pairings. Micallef et al. undertook a secondary analysis of carcinogens classified as definite or probable by IARC. This analysis included 34 carcinogens, causally related to 23 cancer sites, and 73 carcinogen–cancer pairings.

Micallef et al. adjust for the changing level of exposures over time by categorising exposures into three groups: '(i) agents which have been used with no change since 1965, (ii) agents very little used after 2000 (eg asbestos, benzene), and (iii) agents where there has been a moderate decrease in use since 1965' (p 23). The Cancer Care Ontario research also adjusts for changes in exposures over time using historical trend analysis from the Canadian job exposure matrix and unique analysis for asbestos and environmental tobacco smoke exposure.

Micallef et al. do not include the impact of para-occupational exposure to asbestos in their mesothelioma attributable fraction, while the Cancer Care Ontario, and Labrèche and Kim et al. research do. This lowers the Micallef et al. mesothelioma attributable fraction by approximately 3%, and lowers the New Zealand estimate based on this attributable fraction by approximately three deaths.

Any of the three above studies could be used for the cancer attributable fractions for this revision of estimates.[37] Labrèche and Kim et al. was selected over Micallef on the basis that its primary analysis included the effects of IARC definite and probable carcinogens (as did previous New Zealand estimates) and its attributable fractions had published confidence intervals, which have the potential to be included in further analysis. Labrèche and Kim et al. was selected over the Cancer Care Ontario research since it was essentially the more recent peer reviewed version, but improved upon the methodology by accounting for overlapping carcinogens.

Melanoma of the skin

Rushton, L., & Hutchings, S. J. (2017). The burden of occupationally-related cutaneous malignant melanoma in Britain due to solar radiation. *British Journal of Cancer*, 116(4), 536.

Rushton and Hutchings (2017), report an attributable fraction of melanoma of the skin caused by work-related solar radiation (sun exposure) of 2%. They also report that there is uncertainty in the literature as to whether melanoma of the skin is work-related.

Melanoma of the skin from solar radiation was not included by Labrèche and Kim et al. or the Cancer Care Ontario study on the grounds that the occupational link is not established; the rationale was that childhood exposures are the substantive cause. However, given the significance of this disease to New Zealand, and given that there is a recently published, high quality work-related attributable fraction, this cancer has been included, but as a NOHSAC category 'B' disease, so will not affect the lower work-related health estimates.

[37] Data from both studies will likely be used in the future, particularly the exposure data.

Alternative sources are the Micallef et al. attributable fraction of 0.1% for men and 0% for women based on exposure to polychlorobiphenyls, or the Labrèche and Kim et al. attributable fraction of 0.1% for men and women from exposure to mineral oils.

List of included and excluded cancers in this revision

As a result of using the Labrèche and Kim et al. attributable fractions, and the exception made for melanoma of the skin, the following cancers have been **included** in this revision:

- bladder cancer
- breast cancer
- laryngeal cancer
- leukaemia
- liver cancer
- lung cancer
- melanoma of the skin
- mesothelioma
- multiple myeloma
- nasopharyngeal cancer
- non-melanoma skin cancer
- ocular eye melanoma in welders
- ovarian cancer
- pharyngeal cancer
- sinonasal cancer
- stomach cancer.

As a result of using the Labrèche and Kim attributable fractions, the following cancers and cancer sites that were included in previous estimates have been **excluded** from this revision:

- bone and articular cartilage
- brain
- cervix uteri
- colon
- gallbladder
- Hodgkin's disease
- kidney
- non-Hodgkin's lymphoma
- oesophagus
- oral cavity
- pancreas
- prostate
- rectum, rectosigmoid junction and anus
- uterus.

Evidence for the occupational link for these excluded cancers is not strong. All except kidney cancer were categorised as 'B' by NOHSAC; which means they were not included by Steenland (2003) on the grounds that they were not associated with an IARC probable or definite carcinogen.

The kidney cancer attributable fraction calculated by Nurminen and Karjalainen is based upon four studies which include data from several countries, covering exposures such as petroleum, gasoline (and the additive tetraethyl lead), solvents, cadmium and lead. An attributable fraction for kidney cancer caused by trichloroethylene is included in the supplementary material of Labrèche and Kim et al. however it is 0.0 (0.0-0.1) for the exclusion of kidney cancer. Kidney cancer caused by exposure to cadmium, and trichloroethylene is included in the French study by Micallef et al. (2019). If the attributable fractions from this study are applied to New Zealand health outcome data, then kidney cancer accounts for 4 deaths and 16 hospitalisations (see Appendix 3).

5.3 Non-cancers

Chronic obstructive pulmonary disease

Hutchings, S., Rushton, L., Sadhra, S., & Fishwick, D. (2017). 0365 Estimation of the burden of chronic obstructive pulmonary disease due to occupation in Great Britain.

While this is an abstract, the yet to be released Health and Safety Executive UK chapter from which it is based has been received: *Section 3 Estimation of the Burden of Chronic Obstructive Pulmonary Disease due to Occupation in Great Britain*. The research reviewed the literature to select the best risk estimate for work-related COPD for the UK population, and used a UK developed airborne chemical exposure job exposure matrix (ACEJEM) to estimate the proportion of the population exposed to COPD hazards. The attributable fractions were 18.3% for men, and 6.1% for women, with combined attributable fraction of 12.3%.

Another recent publication considered was Lytras et al. (2018). This multi-centre, prospective cohort study with 20 years follow-up reported a work-related attributable fraction of 21.0% for men and women.

The Hutchings et al. (2017) attributable fractions were selected over this for the following reasons: i) Hutchings et al. reported results for men and women separately[38] ii) the cohort in Lytras et al. (2018) is relatively young (median age of 55 years) and ranges from 39 to 68 years, so there is some uncertainty regarding generalisability to older age groups, and iii), the Hutchings et al. attributable fraction is substantially lower, hence is a more conservative choice.

Asthma

Lillienberg, L., Andersson, E., Janson, C., Dahlman-Höglund, A., Forsberg, B., Holm, M., ... & Sigsgaard, T. (2012). Occupational exposure and new-onset asthma in a population-based study in Northern Europe (RHINE). *Annals of Occupational Hygiene*, 57(4), 482-492.

This prospective cohort study reported attributable fractions for new-onset work-related asthma of 14.3% for men and 6.6% for women.

Another publication considered was Torén et al. (2011). This prospective cohort study reported attributable fractions for occupational exposure to gas, dust and fumes of 17.3% for men, 5.1% for women; 9.4% in total.

[38] Although Lytras et al. (2018) did report finding no significant difference between men and women.

The Lillienberg et al. (2011) attributable fractions were selected primarily on the basis that the Toren et al. (2011) study assessed exposures by a single survey question: 'Have you ever in your work been exposed to gas, dust or fume?', whereas the Lillienberg et al. (2011) study used a job exposure matrix that included 17 risk groups of known asthmagens.

Idiopathic pulmonary fibrosis

Cummings et al. 2017. Occupational contribution to idiopathic pulmonary fibrosis. *American Journal of Respiratory and Critical Care Medicine*. Conference: American Thoracic Society International Conference, ATS 2017. United States.

This is the only study found with an attributable fraction for idiopathic pulmonary fibrosis due to dust (13%); in order of greatest effect, agricultural dust, metal dust, and wood dust. While this publication is only an abstract, one of the authors was contacted, and the full study publication in a peer-review scientific journal is currently in press.

There is no specific ICD-10-AM 8th edition code[39] for idiopathic pulmonary fibrosis. To apply this attributable fraction to New Zealand health outcomes, data is required for the 4-digit ICD-10 codes under J84, including J840 Alveolar and parietoalveolar conditions; J841 Other interstitial pulmonary diseases with fibrosis; J848 Other specified interstitial pulmonary diseases; and J849 Interstitial pulmonary disease, unspecified. Ministry of Health Clinical Coding Helpdesk advised that 'By following the conventions within the ICD-10-AM classification 'idiopathic pulmonary fibrosis' is classified to J84.1 *Other interstitial pulmonary diseases with fibrosis*. The ICD-10-AM code J84.1 is the default code for 'fibrosis lung', so the code is not specific to 'idiopathic'.' It is therefore not possible to determine the exact number idiopathic pulmonary fibrosis deaths or hospitalisations from available Ministry of Health data sets, so this disease was not included in the revision. This judgement call may change to include idiopathic pulmonary fibrosis if expert respiratory physician opinion can indicate the likely proportion of code J84.1 that is idiopathic pulmonary fibrosis.

The upper limit for work-related idiopathic pulmonary fibrosis deaths can be determined by assuming all 105 deaths for 2015 attributed to J841 *Other interstitial pulmonary diseases with fibrosis* are idiopathic pulmonary fibrosis. The upper limit would be 14 deaths attributable to work-related dust exposure.

Ischaemic heart disease

Ha, J., Kim, S. G., Paek, D., & Park, J. (2011). The Magnitude of Mortality from Ischemic Heart Disease Attributed to Occupational Factors in Korea-Attributable Fraction Estimation Using Meta-analysis. *Safety and Health at Work, 2*(1), 70-82.[40]

This study was selected on the grounds that it conducted a systematic review and meta-analysis, and included several risk factors for ischaemic heart disease. Some other studies only include the effects of psychosocial factors or shift work.[41] Ha et al. include attributable fractions for noise (0.53%), work-related

[39] This is the ICD-10 version used by the Ministry of Health.

[40] This article was not found by the systematic literature search because the journal is not included in Embase nor Medline.

[41] Sultan-Taïeb, H., Chastang, J. F., Mansouri, M., & Niedhammer, I. (2013). The annual costs of cardiovascular diseases and mental disorders attributable to job strain in France. BMC public health, 13(1), 748; Vyas, M. V., Garg, A. X., Iansavichus, A. V., Costella, J., Donner, A., Laugsand, L. E., ... & Hackam, D. G. (2012). Shift work and vascular events: systematic review and meta-analysis. *British Medical Journal, 345*, e4800. This study reported an attributable fraction of 7.0% for myocardial infarction caused by shift work.

environmental tobacco smoke (ETS) (3.48% for men and 2.43% for women), shift work (1.02% for men and 0.64% for women), and low job control (4.54% for men and 2.53% for women), for combined attributable fractions of 9.29% for men and 5.78% for women. It applied these to ICD-10 codes I21–I25, which includes acute and chronic ischaemic heart disease.

Ha et al. (2011) likely over-estimates the effect of ETS since it is based on exposure prevalence of 19% for men and 11.3% for women, defined as exposed to ETS for more than a quarter of working time.

Järvholm, Reuterwall and Bystedt (2013) assessed multiple risk factors, but this study did not conduct a systematic review or meta-analysis to identify risk estimates. It reported attributable fractions for acute myocardial infarction attributable to job strain, shift work, exhaust gases, combustion products, or environmental tobacco smoke (ETS). The attributable fractions reported are high; 23% for women and 21% for men, but are only applied to ICD 10 I21 (acute myocardial infarction), because the authors state that there are better established work-related factors for this diagnosis. If these attributable fractions are applied to New Zealand data for acute myocardial infarction, then the estimated number of deaths is 99, compared with 81 estimated deaths if Ha et al.'s lower attributable fractions are applied to the wider grouping of diagnoses (ICD 10 I21-25).

Three further single risk factor studies illustrate the variability in attributable fractions research.

Vyas et al. (2012) reported, reported an attributable fraction of 7.0% for myocardial infarction caused by shift work. This compares to the 1.02% for men and 0.64% for women reported by Ha et al. This large difference is primarily due to very different population exposure prevalence figures used in the studies (32.8% for Vyas et al. and 8.6% for men and 5.4% for women in Ha et al.). There is also a small difference between the risk estimates (1.23 for Vyas et al. compared with 1.17 for Ha et al.)

Sultan-Taïeb et al. (2013) reported an attributable fraction for ischaemic heart disease caused by job strain of 9.4% for men; their meta-analysis reported a non-significant relationship for women. This compares to Ha et al.'s findings of 4.54% for men and 2.53% for women (also a non-significant finding, but included in the final attributable fraction). Sultan-Taïeb et al.'s relative risks used were 1.53 for men and 1.09 for women, and their proportions exposed to high job strain were 19.6% for men and 28.2% for women, obtained from the SUMER survey, a national periodical cross-sectional survey.

Lee and Kim (2018) reported an attributable fraction for ischaemic heart disease caused by job strain of 6.7%. The relative risk of 1.34 was from Kivimaki et al. (2012), and their proportion exposed to high job strain was 21.2%, from the 2006 Korean Working Conditions Survey.

Stroke

Lee, K. and Kim, I. (2018). Job stress-attributable burden of disease in Korea. *Journal of Korean Medical Science. 33*(25)e187.

Lee and Kim report an attributable fraction for stroke caused by job strain.[42] They used relative risks of 1.24 for ischaemic stroke and 1.01 for haemorrhagic stroke from Fransson et al. (2015). This revision is only using the attributable fraction for ischaemic stroke, since the relative risk for haemorrhagic stroke is

[42] Lee and Kim seem to make an error when determining the population attributable fraction (PAF) for all stroke, by summing the PAFs for ischaemic, and haemorrhagic stroke, rather than determining a weighted average of the two PAFs. This error does not affect the ischaemic stroke PAF used by this revision.

extremely close to 1.00, and is not statistically significant (RR 1.01 (95% CI 0.75–1.36)), indicating that job strain does not cause haemorrhagic stroke. Lee and Kim reported an attributable fraction for ischaemic stroke (ICD-10 I63) of 4.84%. This revision used an attributable fraction of 3.68% derived from the job strain prevalence data in Lee and Kim, but using the Fransson et al. adjusted (for socioeconomic status) relative risk of 1.18 rather than the unadjusted relative risk of 1.24.

Given the high quality of the Fransson et al. (2015) meta-analysis, and the consistency with the same causal mechanism for ischaemic heart disease, ischaemic stroke from job strain was assigned a NOHSAC category A.

A potential limitation of using Lee and Kim's attributable fraction for ischaemic stroke is that it only takes into account the effects of one exposure; job strain. Previous estimates use Nurminen and Karjalainen's (2001) attributable fraction of 10.5%, which incorporates the exposures of shift work (4.8% for men and women), and work-related environmental tobacco smoke (ETS) (7.6% for men and 3.2% for women). The work-related ETS portion of this attributable fraction is almost certainly an over-estimate, given that the reference source was a 1999 New Zealand study which did not differentiate between work and non-work ETS.

Nurminen and Karjalainen's (2001) shift work attributable fraction of 4.8% is considerably higher than a more recent study by Vyas et al. (2012), which reported an attributable fraction of 1.6% for stroke events, but no significant finding identified for stroke deaths.

A study by Jaakkola and Jaakkola (2006) calculated an ETS attributable fraction for stroke for Sweden of between 1-5% for an ETS exposure prevalence (exposed to tobacco smoke for greater than or equal to 75% of their working time) of 3-10%. The proportion of New Zealand's exposure to this level of ETS at work is not known, but it seems likely to be far less than 10%, given New Zealand's smoke free legislation.

Based on the above, it is very likely that the Nurminen and Karjalainen (2001) attributable fraction is an over-estimate. However it is likely that the Vyas et al. (2012) attributable fraction is an under-estimate, given that it only includes the effects of one risk factor (shift work), and reported a higher non-significant relative risk for cerebrovascular death (1.12 v 1.05). Despite Vyas et al.'s systematic review, these attributable fractions were based on only 4 and 2 studies respectively, illustrating the lack of research in this area at that point in time.

Motor neuron disease

Wang, M. D., Gomes, J., Cashman, N. R., Little, J., & Krewski, D. (2014). A meta-analysis of observational studies of the association between chronic occupational exposure to lead and amyotrophic lateral sclerosis. *Journal of Occupational and Environmental Medicine*, 56(12), 1235.

This is the only study found with an attributable fraction for motor neuron disease (amyotrophic lateral sclerosis). The study reported an attributable fraction of motor neuron disease caused by lead of 4.9%. To apply this attributable fraction to New Zealand health outcomes, data for the 4-digit ICD-10 codes under G12, including G122 motor neuron disease were requested and received from the Ministry of Health.[43]

[43] ICD-10 4-digit code breakdowns are not available on the Ministry of Health website.

Depressive episode (and anxiety)

Harvey, S. B., Sellahewa, D. A., Wang, M. J., Milligan-Saville, J., Bryan, B. T., Henderson, M., ... & Mykletun, A. (2018). The role of job strain in understanding midlife common mental disorder: a national birth cohort study. *The Lancet Psychiatry, 5*(6), 498-506.

This cohort study used data from a national child development study to assess the prospective association between job strain and future depression and anxiety. The study reported a work-related attributable fraction of 14%. While attributable fractions were not calculated separately for men and women, the study population was 48% female and the modelling adjusted for sex. Another potential limitation of the study is that it assessed midlife depression and anxiety, that is, depression and anxiety that developed in a cohort between the ages of 45 to 50 years. It is possible that the pathogenesis of work-related midlife depression and anxiety differs to that of other age groups, which if the case, would limit the generalisability of this study.

Attributable fractions from several other studies were considered, however Harvey et al.'s was used on the basis that it was a recent, large prospective study. Another advantage over some other studies is that it enables the inclusion of anxiety in the revised estimates. While anxiety was not included in previous estimates, there is good evidence from longitudinal New Zealand research that work stress precipitates both depression and anxiety.[44] The Malaise Inventory was used to detect case-level common mental disorders, however this inventory was not designed to align with specific ICD anxiety disorders. For this revision, Harvey et al.'s attributable fraction was applied to ICD 10 F41, which includes:

- F41.0 Panic disorder (episodic paroxysmal anxiety)
- F41.1 Generalised anxiety disorder
- F41.2 Mixed anxiety and depressive disorder
- F41.3 Other mixed anxiety disorders
- F41.8 Other specified anxiety disorders
- F41.9 Anxiety disorder, unspecified.

Other potential attributable fractions for depressive episodes (and anxiety)

Cocco and Agius (2018) is a recent study, and has the advantage of including the effects of two psychosocial hazards; effort-reward imbalance, and job control. It reported a work-related attributable fraction for major depressive disorder of 11.2%. The study used risk estimates and proportions exposed from a 2012 study that uses data from large international surveys.[45] Most of the data used was cross-sectional.

McTernan, Dollard & LaMontagne. (2013) reported an attributable fraction for depression due to job strain and bullying of 8.7%. It used a telephone survey with a response rate of 31% to ascertain the population exposure, so is more prone to bias. It also had a smaller sample than Harvey et al. (2018).

Sultan-Taïeb et al. (2013) used meta-analysis to calculate risk estimates for job strain's contribution to mental disorders (depression and anxiety), and used a 2003 large national government run survey with a high response rate to assess the population exposure to this risk. Attributable fractions based on multi-

[44] Melchior, M., Caspi, A., Milne, B. J., Danese, A., Poulton, R., & Moffitt, T. E. (2007). Work stress precipitates depression and anxiety in young, working women and men. Psychological medicine, 37(8), 1119-1129.

[45] Siegrist, J., Lunau, T., Wahrendorf, M., & Dragano, N. (2012). Depressive symptoms and psychosocial stress at work among older employees in three continents. Globalization and health, 8(1), 27.

adjusted relative risks were 15.2% for men and 14.3% for women. While this high quality study has the added strength that it reports separate attributable fractions for men and women, Harvey et al. (2018) was chosen on the basis that it is more recent, prospective, and whilst noting there is very little difference between the two studies' attributable fractions.

LaMontagne et al. (2008) was based on cross-sectional survey data and calculated the attributable fraction of depression caused by job strain. It has the advantage of reporting separate attributable fractions for men (13.2%) and women (17.2%). The risk estimate for job strain was obtained from a 2006 meta-analysis that included two studies for job strain.[46] Job strain prevalence was obtained from a 2003 population-based telephone survey. However, Harvey et al. (2018) was preferred to this research on the grounds of currency and the prospective cohort study design, which is less prone to bias than cross-sectional survey data.

Other mental and behavioural disorders

Mental and behavioural disorders due to alcohol and drugs (ICD-10 F10-19) were considered for inclusion because of a published work-related attributable fraction from the World Health Organization of 15.8%.[46] However, this attributable fraction was based upon expert opinion, a lower level of evidence than the other attributable fractions used in this revision, which were calculated from a risk estimate and the proportion of the population exposed. For this reason, the World Health Organization attributable fraction was not included in the analysis. No other population attributable fractions for mental and behavioural disorders due to alcohol and drugs were found from the systematic literature search.

Suicide

No work-related attributable fractions were found for suicide from the literature searches, nor from asking key researchers in the field of work-related suicide.[48]

Suicides were excluded by NOHSAC/MBIE, probably on the basis that they were excluded from their main outcome data source, the Work-related fatal injuries study (WRFIS). NOHSAC refers to the attributable fractions calculated by Nurminen and Karjalainen (2001), which were 0.4% for men and 0.3% for women, but does not use them. They were based on Finnish research using data from 1971-80 (Rimpela et al. 1987), which compared rates of suicide in physicians with other professionals, and with the economically active population.

Routley and Ozanne-Smith (2012) studied the nature of work-related suicides by analysing records from the Victorian Work Related Fatality Database for the period July 2000 – December 2007. A very broad definition of 'work-related' was used by this study, over-estimating the figure reported for work-related suicides. A re-analysis of the data by this work-related health estimates revision calculated that 5.9% of suicides had a work-related stressor. This figure is not an attributable fraction; it is not derived from a risk estimate and the proportion of a population exposed. It is the proportion of suicides that the coroner reported having a work-related stressor; many of these suicides also had non-work-related stressors. Therefore, the 5.9% figure should be used with caution, even though it is the best known published estimate for the proportion of suicides that may be caused by work. The 5.9% figure was not used in the primary analysis for the work-related estimates, but analysis has been included in the appendices.

[46] Stansfeld, S., & Candy, B. (2006). Psychosocial work environment and mental health – a meta-analytic review.

[47] Wolf, J., Prüss-Ustün, A., Ivanov, I., Mugdal, S., Corvalán, C., Bos, R., Neira, M. (2018). Preventing disease through a healthier and safer workplace. Geneva: World Health Organization.

[48] Key researchers contacted were Prof. Tony LaMontagne and Assoc. Prof. Allison Milner.

Lee and Kim (2018) note the Korean National Police Agency reported that approximately 4% of suicides were related to work or workplace-related issues. This proportion is not too dissimilar to the result of the re-analysis of the Routley and Ozanne-Smith (2012) data. The Korean police agency report is not accessible in English, so the definition of 'work or workplace-related issues' is not available.

There is sufficient data reported to calculate a work-related attributable fraction for suicide from completed research in Australia (risk estimates for job strain causing suicide, and worker exposure survey data giving a population exposed to job strain), however this step has not been done by those researchers, and is outside of the scope of this revision.

An alternative approach given consideration was to construct a work-related attributable fraction for suicide from two sources:

i. a work-related attributable fraction for mental health conditions such as depression, and combine this with
ii. depression-related attributable fractions for suicide. The literature on the latter is contested, with some research showing no association between depression and suicide once other risk factors (such as impulsivity) are taken into account (Nock, 2009).

Therefore, conservatively, this approach was not pursued. Note that Sultan-Taïeb (2013) does pursue this approach, but the literature this was based upon is prior to Nock (2009).

For all other non-cancer diseases

Nurminen, M., & Karjalainen, A. (2001). Epidemiologic estimate of the proportion of fatalities related to occupational factors in Finland. *Scandinavian Journal of Work, Environment & Health*, 161-213.

For all other non-cancer diseases not covered above, the Nurminen and Karjalainen attributable fractions used by Driscoll et al. (2004) and MBIE (2013) were retained. These diseases are:

- vascular and unspecified dementia
- Parkinson's disease
- Alzheimer's disease all classified
- pneumonia
- pneumoconiosis
- gastric and duodenal ulcer
- chronic renal failure and nephritic syndrome.[49]

With the exception of Pneumoconiosis and Chronic renal failure and nephritic syndrome, these diseases fall under NOHSAC's 'B' category, so do not influence the lower work-related health estimates of this revision. 'B' diseases are diseases for which the work-related link is less well established or harder to quantify.

Pneumoconiosis (almost all of which is asbestosis, but also includes silicosis) has an indisputable work-related link, and most studies use a work-related attributable fraction of 100%, which is what Nurminen and Karjalainen use.

Chronic renal failure and nephritic syndrome is the only remaining NOHSAC 'A' category disease (excluding the special case of pneumoconiosis). The absence of attributable fraction research in this area may be an indication that the work-related link is not well accepted or established, however further specific literature searching on this topic would be required to test this hypothesis.

[49] Note the inclusion of (acute) nephritic syndrome by Nurminen and Karjalainen onwards. This is distinct from, and quite different to, (chronic) nephrotic syndrome.

5.4 The revised work-related health estimates[50]

Table 1 shows the estimates calculated from the above selection of attributable fractions and subsequent application to New Zealand mortality and hospitalisation data. The precise work-related health death estimates calculated for NOHSAC category 'A' and 'A' + 'B' are 753 and 902 deaths. The precise work-related health hospitalisation estimates calculated for NOHSAC category 'A', and 'A' + 'B' are 5,202 and 5,725 hospitalisations.

Table 2 shows that of the estimated 753 NOHSAC 'A' category deaths, an estimated 53% are cancers. Two cancers account for nearly half of total deaths: lung cancer (35%) and mesothelioma (12%). For non-cancers, chronic obstructive pulmonary disorder accounts for 28% of total deaths, with ischaemic heart disease accounting for 11%.

For the estimated 5202 NOHSAC 'A' category hospitalisations, Table 2 shows that 30% are estimated to be due to chronic obstructive pulmonary disease, 21% due to non-melanoma skin cancer, 13% due to ischaemic heart disease, and 6% due to asthma.

The lower estimate (753) for the number of work-related health deaths per year is over 15 times the number of work-related injury deaths (49) for the 2017/18 year.

A sensitivity analysis was done for NOHSAC 'A' diseases, which applied the most recent New Zealand deaths and hospitalisations data to the same attributable fractions as were used in previous estimates (see Appendix 2). The total results were similar (704 deaths and 5745 hospitalisations), but the distribution by disease has some notable differences, due to the different set of attributable fractions used. For deaths, the major differences are that for the sensitivity analysis, lung cancer only contributes 20% of deaths compared with 35% for this revision, and ischaemic heart disease contributes 23% of deaths compared with 11% for this revision.

[50] In this section, the use of the precise numbers and percentages from the tables should not be interpreted as having **accurate** numbers and percentages. In this context, accuracy means the degree to which the estimated numbers and percentages conform to the actual (unknowable) numbers and percentages. The uncertainty in the reported estimated numbers and percentages (except for perhaps mesothelioma) are large, making them indicative only. See the caveats in the discussion section.

DISEASE	ICD-10 CODE	AGE RANGE	NOHSAC A OR B	ATTRIBUTABLE FRACTION			SOURCE	TOTAL NZ DEATHS FOR AGE RANGE (2015)			TOTAL NZ PUBLIC AND PRIVATE HOSPITALISATIONS FOR AGE RANGE (2015/16)			WORK-RELATED NZ MORTALITY ESTIMATES			WORK-RELATED NZ HOSPITALISATION ESTIMATES		
CANCER				Men	Women	Total		Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Nasopharyngeal cancer	C11	25+	A			5.5	Labrèche, Kim et al. (2019)[i]	13	1	14	31	16	47			1			3
Pharyngeal cancer	C14	25+	A			2.4	Labrèche, Kim et al. (2019)	5	1	6	14	2	16			0			0
Stomach cancer	C16	25+	A			0.5	Labrèche, Kim et al. (2019)	151	107	258	450	265	715			1			4
Liver cancer	C22	25+	A			0.1	Labrèche, Kim et al. (2019)[i]	192	92	284	483	161	644			0			1
Sinonasal cancer	C30-C31	25+	A			6.7	Labrèche, Kim et al. (2019)[i]	7	3	10	43	15	58			1			4
Laryngeal cancer	C32	25+	A			2.1	Labrèche, Kim et al. (2019)[i]	21	5	26	186	14	200			1			4
Lung cancer	C33-C34	25+	A	24.4	3.4	14.9	Labrèche, Kim et al. (2019)	953	852	1,805	1,606	1,641	3,247	233	29	262	392	56	448
Melanoma of the skin	C43	25+	B	3.2	0.9	2	Rushton and Hutchings (2017)	254	123	377	1,463	1,072	2,535	8	1	9	47	10	56
Non-malenoma skin cancer	C44	25+	A	10.8	1.3	6.5	Labrèche, Kim et al. (2019)	97	60	157	9,569	5,783	15,352	10	1	11	1,033	75	1109
Mesothelioma	C45	25+	A	85	60	80.6	Labrèche, Kim et al. (2019)	90	17	107	142	29	171	77	10	87	121	17	138
Breast cancer	C50	25+	A		3.62	3.6	Labrèche, Kim et al. (2019)[i,ii]		669	699		4,189	4,189			25			152
Ovarian cancer	C56	25+	A			0.5	Labrèche, Kim et al. (2019)		207	207		603	603			1			3
Bladder cancer	C67	25+	A	5.4	0.9	4.3	Labrèche, Kim et al. (2019)	168	66	234	1,073	440	1,513	9	1	10	58	4	62
Ocular eye melanoma in welders	C69	25+	A			5.4	Labrèche, Kim et al. (2019)	10	10	20	43	40	83			1			4
Multiple myeloma	C90	15-84	A			0.2	Labrèche, Kim et al. (2019)	85	51	136	700	480	1,180			0			2
Leukaemia	C91-C95	15-84	A			0.6	Labrèche, Kim et al. (2019)[i]	167	99	266	1,224	752	1,976			2			12
Cancer total A																**402**			**1,945**
Cancer total A+B																**411**			**2,001**
NON-CANCER																			
Mental disorders																			
Vascular and unspecified dementia	F01, F03	30+	B	10.0	1.8	3.9	Nurminen and Karjalainen (2001)	631	1,100	1,731	928	1,108	2,036	63	20	83	93	20	113
Depressive episode	F32	20-64	A	14.0	14.0	14.0	Harvey et al. (2018)	0	0	0	792	1,069	1,861	0	0	0	111	150	261
Other anxiety disorders	F41	20-64	A	14.0	14.0	14.0	Harvey et al. (2018)	0	0	0	346	482	828	0	0	0	48	67	116
Diseases of the nervous system																			
Motor neuron disease	G122	30+	B	4.9	4.9	4.9	Wang et al. (2014)	87	44	131	168	111	279	4	2	6	8	5	14
Parkinson's disease	G20-G21	30+	B	16.0	4.9	9.2	Nurminen and Karjalainen (2001)	165	88	253	546	256	802	26	4	31	87	13	100
Alzheimer's disease	G30	30+	B	3.4	1.8	2.3	Nurminen and Karjalainen (2001)	234	449	683	268	245	513	8	8	16	9	4	14
Diseases of circulatory system																			
Ischaemic heart disease	I21-I25	15-69	A	9.3	5.8		Ha et al. (2011)	739	216	955	6,164	2,116	8,280	69	12	81	573	122	695
Ischaemic stroke	I63, 23.1%(I64, I69)	15-69	A	3.7	3.7	3.7	Lee and Kim (2018)	43	29	71	1,164	762	1,926	2	1	3	43	28	71
Diseases of respiratory system																			
Pneumonia	J12, J13, J15, J17	15-64	B	1.4	0.3	1.1	Nurminen and Karjalainen (2001)	6	1	7	458	407	865	0	0	0	6	1	8
Chronic obstructive pulmonary disease	J41-J44, J47	20+	A	18.3	6.1	12.3	Hutchings et al. (2017)	879	845	1,724	6,370	6,881	13,251	161	52	212	1,166	420	1,585
Asthma	J45	20+	A	14.3	6.6		Lillienburg et al. (2013)	28	57	85	1,097	2,535	3,632	4	4	8	157	167	324
Pneumoconiosis	J60-64, J67	20+	A	100.0	100.0	100.0	Nurminen and Karjalainen (2001)	21	7	28	19	10	29	21	7	28	19	10	29
Diseases of digestive system																			
Gastric and duodenal ulcer	K25-K26	20-69	B	29.0	29.0	29.0	Nurminen and Karjalainen (2001)	8	4	12	481	273	754	2	1	3	139	79	219
Diseases of the genitourinary system																			
Chronic renal failure and nephritic syndrome	N03, N11, N18, N19, N28	30+	A	17.6	2.3	2.6	Nurminen and Karjalainen (2001)	98	95	193	912	699	1,611	17	2	19	161	16	177
Non-cancer total A														**273**	**78**	**351**	**2,277**	**981**	**3,257**
Non-cancer total A+B														**377**	**114**	**491**	**2,620**	**1,103**	**3,724**
Cancer and non-cancer																			
TOTAL A (lower estimate)																**753**			**5,202**
TOTAL A+B (upper estimate)																**902**			**5,725**

TABLE 1: Estimated work-related health deaths and hospitalisations (A and B diseases)[51,52,53,54,55,56]

[i] These subset of attributable fractions were calculated by this revision using Supplementary Table S-1 data and the complement of the product of complement method described by Labrèche and Kim et al. (2019).

[ii] The attributable fraction for breast cancer is the average of the high and low attributable fractions from Labrèche and Kim et al. (2019).

[51] Age ranges for the cancer attributable fractions are based upon a latency time of 10-50 years for solid tumours, and 0-20 years for haematopoietic cancers used by Labrèche and Kim et al. (2019). Age ranges for vascular and unspecified dementia, cerebrovascular disease, chronic obstructive pulmonary disease (COPD), asthma, pneumoconiosis, chronic renal failure and nephritic syndrome, and gastric and duodenal ulcer are from NOHSAC's work-related health estimates (Driscoll et al. 2004). Note that for COPD, Hutchings, Rushton et al. (2017) use 18+ years (HSE, UK, unpublished). Age ranges for depressive episode, and other anxiety disorders were not published by Harvey et al. (2018), so were specified by this research, based upon assertions of short latency and relatively quick return to baseline risk on cessation of exposure. An age range for motor neuron disease was not published by Wang et al. (2014), so was specified as 30+ years by this research, in keeping with NOHSAC's age ranges for Parkinson's and Alzheimer's disease (Driscoll et al. 2004). The age range for ischaemic heart disease is from Ha et al. (2011). The age range for pneumonia is from Coggon et al. (1994), via Nurminen and Karjalainen (2001).

[52] The columns 'Total NZ deaths for age range (2015)' and 'Total NZ public and private hospitalisations for age range (2015/16)' are restricted to the deaths and hospitalisations for the specified age ranges only.

[53] Only female breast cancer is included in the analysis because IARC (2010) only considers the effects of shift work on female breast cancer.

DISEASE	ICD-10 CODE	AGE RANGE	ATTRIBUTABLE FRACTION			SOURCE	TOTAL NZ DEATHS FOR AGE RANGE (2015)			TOTAL NZ PUBLIC AND PRIVATE HOSPITALISATIONS FOR AGE RANGE (2015/16)			WORK-RELATED NZ MORTALITY ESTIMATES				WORK-RELATED NZ HOSPITALISATION ESTIMATES			
CANCER			Men	Women	Total		Men	Women	Total	Men	Women	Total	Men	Women	Total	%	Men	Women	Total	%
Nasopharyngeal cancer	C11	25+			5.5	Labrèche, Kim et al. (2019)[i]	13	1	14	31	16	47			1	0			3	0
Pharyngeal cancer	C14	25+			2.4	Labrèche, Kim et al. (2019)	5	1	6	14	2	16			0	0			0	0
Stomach cancer	C16	25+			0.5	Labrèche, Kim et al. (2019)	151	107	258	450	265	715			1	0			4	0
Liver cancer	C22	25+			0.1	Labrèche, Kim et al. (2019)[i]	192	92	284	483	161	644			0	0			1	0
Sinonasal cancer	C30-C31	25+			6.7	Labrèche, Kim et al. (2019)[i]	7	3	10	43	15	58			1	0			4	0
Laryngeal cancer	C32	25+			2.1	Labrèche, Kim et al. (2019)[i]	21	5	26	186	14	200			1	0			4	0
Lung cancer	C33-C34	25+	24.4	3.4	14.9	Labrèche, Kim et al. (2019)	953	852	1,805	1,606	1,641	3,247	233	29	262	35	392	56	448	9
Non-malenoma skin cancer	C44	25+	10.8	1.3	6.5	Labrèche, Kim et al. (2019)	97	60	157	9,569	5,783	15,352	10	1	11	1	1,033	75	1109	21
Mesothelioma	C45	25+	85.0	60.0	80.6	Labrèche, Kim et al. (2019)	90	17	107	142	29	171	77	10	87	12	121	17	138	3
Breast cancer	C50	25+		3.6	3.6	Labrèche, Kim et al. (2019)[ii]		669	699		4,189	4,189			25	3			152	3
Ovarian cancer	C56	25+		0.5	0.5	Labrèche, Kim et al. (2019)		207	207		603	603			1	0			3	0
Bladder cancer	C67	25+	5.4	0.9	4.3	Labrèche, Kim et al. (2019)	168	66	234	1,073	440	1,513	9	1	10	1	58	4	62	1
Ocular eye melanoma in welders	C69	25+			5.4	Labrèche, Kim et al. (2019)	10	10	20	43	40	83			1	0			4	0
Multiple myeloma	C90	15-84			0.2	Labrèche, Kim et al. (2019)	85	51	136	700	480	1,180			0	0			2	0
Leukaemia	C91-C95	15-84			0.6	Labrèche, Kim et al. (2019)[i]	167	99	266	1,224	752	1,976			2	0			12	0
Cancer total A															**402**	**53**			**1,945**	**37**
NON-CANCER																				
Mental disorders																				
Depressive episode	F32	20-64	14.0	14.0	14.0	Harvey et al. (2018)	0	0	0	792	1,069	1,861	0	0	0	0	111	150	261	5
Other anxiety disorder	F41	20-64	14.0	14.0	14.0	Harvey et al. (2018)	0	0	0	346	482	828	0	0	0	0	48	67	116	2
Diseases of circulatory system																				
Ischaemic heart disease	I21-I25	15-69	9.3	5.8		Ha et al. (2011)	739	216	955	6,164	2,116	8,280	69	12	81	11	573	122	695	13
Ischaemic stroke	I63, 23.1%(I64, I69)	15-69	3.7	3.7	3.7	Lee and Kim (2018)	43	29	71	1,164	762	1,926	2	1	3		43	28	71	
Diseases of respiratory system																				
Chronic obstructive pulmonary disease	J41-J44, J47	20+	18.3	6.1	12.3	Hutchings et al. (2017)	879	845	1,724	6,370	6,881	13,251	161	52	212	28	1,166	420	1,585	30
Asthma	J45	20+	14.3	6.6		Lillienburg et al. (2013)	28	57	85	1,097	2,535	3,632	4	4	8	1	157	167	324	6
Pneumoconiosis	J60-64, J67	20+	100.0	100.0	100.0	Nurminen and Karjalainen (2001)	21	7	28	19	10	29	21	7	28	4	19	10	29	1
Diseases of the genitourinary system																				
Chronic renal failure and nephritic syndrome	N03, N11, N18, N19, N28	30+	17.6	2.3	2.6	Nurminen and Karjalainen (2001)	98	95	193	912	699	1,611	17	2	19	3	161	16	177	3
Non-cancer total A													**273**	**78**	**351**	**47**	**2,277**	**981**	**3,257**	**63**
TOTAL A (lower estimate)															**753**				**5,202**	

TABLE 2: Estimated work-related health deaths and hospitalisations (A diseases)[57]

[54] The diseases shaded grey are classified as NOHSAC 'B' diseases, which are diseases with a less well established occupational link (Driscoll et al. 2004).

[55] The disease outcome totals for Leukaemia include all subcategories of C91-95. However, Labrèche and Kim et al.'s Supplementary Table S-1 details that the leukaemia attributable fraction caused by Benzene of 0.5% applies to a subset of Leukaemia only: acute non-lymphocytic, acute lymphoblastic, and chronic lymphocytic leukaemia. These leukaemias make up a substantial proportion of all leukaemias. Because of this, and the fact that the attributable fraction for benzene is very small, the overestimation caused by including all subcategories of C91-95 will be extremely small; less than 1 death.

[56] For ischaemic stroke, an adjustment factor of 0.231 was applied to I64: Stroke, not specified as haemorrhage or infarction, and I69: Sequelae of cerebrovascular disease, to adjust for these classifications including both haemorrhagic and ischaemic stroke. The adjustment factor of 0.231 is the ratio of deaths from (I60: Subarachnoid haemorrhage + I61: Intracerebral haemorrhage)/I63: Cerebral infarction, for the specified age range of 15-69.

[57] Refer to footnotes to Table 1.

Sensitivity analyses using Micallef et al. (2019) cancer attributable fractions (Appendix 3)

When New Zealand mortality data is applied to the Micallef et al. (2019) primary (IARC 1 definite) and secondary (IARC 1 definite and 2 probable) attributable fractions, estimated cancer deaths would be 309 and 404 respectively,[58] and cancer hospitalisations would be 595 and 927 respectively.

The estimated number of deaths derived from Micallef et al.'s IARC 1+2 attributable fractions (404) is almost identical to the 402 estimated deaths derived from using Labrèche and Kim et al. (2019). This small difference is remarkable, and is consistent with the fact that very similar methods were used in both studies. However, the small difference in combined cancers masks some notable differences at the level of individual cancers, such as Labrèche and Kim et al. giving higher estimates for lung and breast cancer, and including non-melanoma skin cancer, and Micallef et al. including a far higher estimate for liver cancer, and including colorectal and stomach cancer.

The estimated number of hospitalisations from Micallef et al.'s IARC 1+2 attributable fractions is far less than the estimate derived from the Labrèche and Kim et al. attributable fractions (927 compared with 1945). Most of this difference is due to the fact that Micallef et al. excluded the effects of solar radiation due to a lack of exposure data for the French population; non-melanoma skin cancer accounts for an estimated 1109 hospitalisations in Table 2. When non-melanoma skin cancer is excluded from the estimates derived from Labrèche and Kim et al. attributable fractions, the total falls to 836. Micallef et al.'s estimate is 11% greater than this. Labrèche and Kim et al. attributable fractions result in higher estimates for breast cancer and lung cancer, while Micallef et al. attributable fractions give higher estimates for pharyngeal and liver cancer, and include stomach, and colorectal cancer, and non-Hodgkin's Lymphoma.

5.5 Results of the ACC gradual process claims analysis

Table 3 shows the results of the extraction of ACC gradual process claims, flagged as such by an ACC case manager.

YEAR	NUMBER OF ACC GRADUAL PROCESS CLAIMS
2015	4750
2016	5528
2017	5566
2015-2017 average	5281.3

TABLE 3: ACC gradual process claims

On initial analysis of these claims, 75% had a primary diagnosis group of deafness[59] and 18% had a musculoskeletal related primary diagnosis.[60]

[58] If Micallef et al.'s 'Total' attributable fractions are used rather than their 'Men' and 'Women' attributable fractions, the estimated cancer deaths for IARC 1 carcinogens would be 361 and IARC 1+2 carcinogens would be 466. The difference between the 'Total' attributable fractions and 'Men' and 'Women' attributable fractions reflects the difference in cancer distribution between men and women in France compared with New Zealand.

[59] Mostly recorded as noise induced hearing loss.

[60] The five musculoskeletal diagnoses were: Fracture/dislocation; Gradual Process – Compress Syndrome; Gradual Process – Local Inflammation; Infective/non-infective laceration, puncture, sting; Soft Tissue Injury.

6.0 Discussion

IN THIS SECTION:

This work has revised MBIE's previous work-related health estimates from 2013, using similar methodology and scope.

Within the scope of the list of diseases used in previous estimates, the attributable fraction methodology enables an estimation of the total number of work-related deaths and hospitalisations, which is not possible if using data from individual cases of illness categorised as work-related at the time of diagnosis.

The major difference between this and previous estimates is the attributable fractions used. Therefore, the difference between this estimate and previous estimates is mainly due to advances in the scientific understanding of the association between work and illness, rather than the change in the New Zealand working environment. The use of international attributable fractions means that no New Zealand work-related exposure data or worker distribution by occupation and industry was used.

Another significant difference between this revision and the MBIE (2013) estimate is that this revision reports work-related health hospitalisation estimates and ACC gradual process claims separately, since they are different categories of data. It is not the purpose of this revision to critically analyse the ACC gradual process claims data in terms of quality, completeness and validity. This will potentially be considered in a separate piece of work. Briefly, the factors that have the strongest influence on this ACC data are more likely to be ACC policy changes, Accident Compensation Act amendments, and societal changes influencing claimant behaviour, rather than changes in work-related health exposures and disease. Therefore, raw ACC gradual process claims data counts are not good work-related health indicators. For example, in the past decade the change that arguably has had the most influence on accepted ACC gradual process claims is the July 2010 amendments to the Accident Compensation Act 2010, which tightened the criteria regarding hearing loss claims.[61] Accepted gradual process claims for noise induced hearing loss decreased from 6439 in 2009 to 1854 in 2011 largely due to these amendments.[62]

[61] The amendments included clause 26 (1A), which set a threshold for hearing loss claims 'Personal injury includes any degree of hearing loss that is 6% or more of binaural hearing loss caused by a personal injury…'.

[62] ACC gradual process claims, flagged as such by an ACC case manager.

6.1 Strengths

This revision has several strengths:

1. Most attributable fractions used are based on high quality research such as meta-analyses, and are very recently published. This contrasts with MBIE (2013) WRH estimates, which used attributable fractions from 2001, and had a more limited scientific knowledge base at that point in time.
2. Systematic search techniques were used, including documented searches of the two major medical science databases (Embase and Medline), to identify relevant attributable fractions.
3. Often, several attributable fractions for the same disease were considered, critically assessed, and compared before one was selected.
4. Two sensitivity analyses have provided some ability to compare this revision's results with previous and alternative sets of attributable fractions.
5. The latest mortality and hospital event data, which are very high quality data sets, have been applied to the attributable fractions.
6. Some errors and inaccuracies mostly caused by mapping ICD-10 to ICD-9 codes in previous work-related health estimates have been corrected for vascular and unspecified dementia, chronic renal failure and nephritic syndrome, and pneumonia. These corrections should be taken into account when directly comparing estimates for these diseases between this and previous estimates.
7. This revision made three exceptional additions to the list of diseases used in previous estimates. Two of these were diseases included in the source reference of the previous estimates (Nurminen and Karjalainen, 2001): depression, and motor neuron disease; and the other was to include anxiety, on the basis of published evidence and its diagnostic proximity to/merging with depression as one syndrome. The challenge with the inclusion of anxiety was to choose the appropriate ICD-10 codes to apply the attributable fraction to. A conservative approach was taken, with only F41 *Other anxiety disorders* chosen. It may be appropriate to also include F43 *Reaction to severe stress, and adjustment disorders*, but this decision would best be made based on further review of published literature.
8. Reported ACC gradual process claims do not use the initial 2010 figure reported by ACC, which was an over-estimate that has been subsequently revised downwards by ACC.
9. Work-related health hospitalisation estimates and ACC gradual process claims are reported separately.

6.2 Caveats

There are several important caveats to this revision.

Inherent to attributable fractions research

1. Attributable fractions have large uncertainty, mainly due to i) selection of the risk estimate, and ii) estimation of the population exposed. See Hutchings and Rushton (2017) for further discussion. Where published in the source literature, the range of uncertainty between reasonable lower and upper estimates for each attributable fraction is large (see Appendix 5 for 95% confidence intervals for A diseases). For example, the 95% confidence interval for the Labrèche and Kim et al. attributable fraction for lung cancer gives an estimated range of 171 to 541 work-related lung cancer deaths when applied to New Zealand mortality data.

The above confidence interval only takes into account the uncertainty from the relative risk, and the proportion of the population exposed. As explained by Hutchings and Rushton (2017), while these are the greatest source of uncertainty, they are not the only uncertainties in attributable fractions. Other sources of uncertainty include the selected latency range for diseases, and bias resulting from using Levin's equation in the presence of confounding (Hutchings and Rushton, 2017).

To use the example from Hutchings and Rushton (2017), when taking into account the full range of known sources of error, the reasonable lower and upper range for the fraction of lung cancer caused by respirable crystalline silica in men in the UK was reported to be between 2.0% and 16.2%, with a point estimate of 3.9%. If this range is applied to New Zealand data, this is equivalent to estimated deaths of between 19 and 154, with a point estimate of 37 deaths.

Labrèche and Kim et al. give an attributable fraction of lung cancer caused by respirable crystalline silica in men of 4.38% (95% CI 2.85 – 11.96), giving an estimated range of deaths of between 27 and 114, with a point estimate of 48 deaths. The range of estimated deaths is still large, though narrower than that calculated by Hutchings and Rushton (2017). The reasons for this are firstly, Labrèche and Kim et al. had more detailed exposure data, but secondly because Hutchings and Rushton include more sources of error in their analysis.

The examples above illustrate that the use of precise figures for work-related estimates of disease outcome can obscure the large reasonable range of possible estimates; attributable fractions are an imprecise method, and results derived from their use have very large uncertainties.[63]

2. The attributable fraction methodology largely tells us about current health outcomes from past exposures. It is limited in what it can tell us about the current workplace environment (where prevention or mitigation can occur). This is due to the long latency of many of the diseases, including those that cause most harm: cancers and chronic obstructive pulmonary disease.

Specific to this revision and previous estimates

3. As illustrated by the sensitivity analyses, the selection of one attributable fraction or a set of attributable fractions over others for common diseases such as lung cancer, breast cancer, colorectal cancer, chronic obstructive pulmonary disease, and ischaemic heart disease can make a substantial difference to the estimates. There is often very little reason to choose between two published attributable fractions. What may assist in this selection process in the future is more comprehensive and detailed New Zealand exposure prevalence data. However, this is likely to be limited to a few exposures such as shift work, job strain, and work-related environmental tobacco smoke.

4. This revision and previous estimates do not attempt to incorporate the uncertainty within each attributable fraction into the results. Many of the attributable fractions published have included lower and upper bounds, so there is scope to do further analysis using this data in the future, by combining standard errors using regular methods for indirect comparison.[64,65]

[63] Confidence intervals or upper and lower estimates incorporating uncertainties in the risk estimates and uncertainties in the proportion of the population exposed, can be found in the source publications for most but not all of the attributable fractions used in this revision. Different methods are used to calculate these confidence intervals, so they are not always directly comparable. Most, including for cancers and COPD, use Monte Carlo simulations.

[64] Wells GA, Sultan SA, Chen L, Khan M, Coyle D. Indirect evidence: indirect treatment comparisons in meta-analysis. Ottawa: Canadian Agency for Drugs and Technologies in Health, 2009. www.cadth.ca/media/pdf/H0462_itc_tr_e.pdf

[65] Appendix to: Bucher HC, Guyatt GH, Griffith LE, Walter SD. The results of direct and indirect treatment comparisons in meta-analysis of randomized controlled trials. *Journal of Clinical Epidemiology*. 1997;50(6):683-91. http://pdfs.semanticscholar.org/bcb6/07385e98e1a3c5058f092b3c1474499af4e5.pdf

5. There is added uncertainty from applying an attributable fraction derived for one country's population to the New Zealand population, because of differences in the prevalence and distribution of work-related and non-work-related exposures, differences in country income, income distribution, and labour market participation etc, and differences in population distribution by gender, sex and ethnicity. In the published literature, it is very common practice to undertake such translation of attributable fractions from some countries to another, and indeed it was done in both previous New Zealand estimates of the burden of work-related ill-health.
6. The list of diseases used in this revision is based on the list used in previous estimates, which in turn is essentially the same list as is used by Nurminen and Karjalainen (2001). This list may need revising, but this was deemed out of the scope of this revision, since it would require an assessment of the published literature on the occupational link of many diseases; a substantial piece of work. Related to this would be the re-assessment of the NOHSAC categorisation of diseases as 'A' or 'B', based on how well established the occupational link is. In this and previous estimates, the diseases in the 'B' category which have the greatest influence on the estimates are vascular dementia, Alzheimer's and Parkinson's.
7. As covered in the results, no attributable fraction research was found since Nurminen and Karjalainen for some of the diseases in the list. This could possibly be because the occupational link is uncertain, or that it is too difficult to quantify.
8. It was not possible to include idiopathic pulmonary disease due to the New Zealand data sets grouping this disease with other diseases, based on the ICD-10 version currently in use by the Ministry of Health.
9. No attributable fractions were found for suicide. The results discuss research from Australia and Korea, which gives an indication of the number of work-related suicides, but suicide was not included in the estimates based on the fact that all other diseases included have published work-related attributable fractions. Better evidence quantifying the work-related proportion of suicide is needed before inclusion, due to the sensitive nature of suicide data and the importance of this health outcome to New Zealand.
10. Number of hospitalisations is a reasonably blunt measure, since it does not account for severity of illness or length of stay. For example, an overnight admission for non-melanoma skin cancer would be counted the same as a ten day admission for end-stage lung cancer.
11. Numbers of deaths is not susceptible to the above limitation for hospitalisations. However, on its own, it does not take account of the mean age of death between deaths from work-related ill-health, and work-related injury. HSE UK research reported that the average age of diagnosis of a fatal cancer is 71 years of age (Zand, 2016). Analysis using lost life potential can account for the difference between causes of deaths that occur at different mean ages.
12. This revision and the previous MBIE (2013) estimate do not capture hospitalisations for musculoskeletal disease. An example would be operations for work-related carpal tunnel syndrome. The reasons for this are partly due to consistency between estimates, and partly because some of these cases will be captured by the ACC gradual process claims. However, a work-related attributable fraction approach may capture more of the work-related musculoskeletal harm than ACC gradual process claims, and the literature search did find several published work-related musculoskeletal attributable fractions.

13. This revision and previous estimates do not capture the primary health care burden of work-related ill-health. This is because there is no equivalent primary health care data set to the mortality and hospital events data set. Therefore there is no data set to apply the attributable fractions to. This applies particularly to conditions that cause high disease burden but little hospitalisation stays and no direct mortality (eg low back pain).

Regarding this revision

14. The literature search may not have identified all work-related attributable fractions published since 2001. Given the broad search terms that were used relating to occupation and attributable fractions/risk, it is likely that few articles have been missed. However, not all work-related attributable fraction research uses the term 'attributable fraction' and not all are stored under occupational MeSH terms. The literature search is very likely to have missed some relevant grey literature, although key researchers in the field were consulted. Regardless of these limitations, the primary aim of the literature search was to replace the increasingly outdated Nurminen and Karjalainen attributable fractions with more recent, higher quality attributable fractions. Ideally, the replacements would be the best available attributable fractions, but this cannot be guaranteed and should not detract from the fact that the use of better (rather than the best) attributable fractions is still an improvement on the status quo.

15. The cancer attributable fractions used in this revision largely exclude pesticides. The documented exception in the Supplementary Table S-3 of Labrèche and Kim et al. (2019) is that certain pesticides contain Chromium VI. According to Cancer Care Ontario, Occupational Cancer Research Centre. (2017), the reasons that pesticides were largely excluded is that not many of the hundreds of pesticides have been classified by IARC, there is limited human epidemiological evidence relating to pesticides, and there is limited knowledge of their exposure prevalence in Canada, which is also the case in New Zealand.[66]

[66] Dr Laura Beane Freeman, the US National Cancer Institute (NCI) Principal Investigator on the Agricultural Health Study, the Early Life Exposures in Agriculture Study and the NCI Formaldehyde Industries Cohort, and key note speaker at the International Symposium on Epidemiology in Occupational Health (EPICOH) 2019 confirmed that based on current scientific knowledge, it is unlikely that it is possible to quantify the number of deaths and hospitalisations caused by chronic exposure to pesticides (Personal communication, May 2019).

7.0
Conclusion

This revision used more recent and better quality attributable fraction research where available, to update the estimates of New Zealand work-related health deaths and hospitalisations.

This revision does not avoid the inherent uncertainty in estimates derived from attributable fractions, however its advantage is that it takes account of advances in scientific knowledge since 2001, being the year when the attributable fractions used in previous estimates were published. This revision also does not avoid the inherent fact that work-related health estimates describe current health outcomes from past exposures, many of which happened decades ago and are not amenable to present preventive or mitigating measures.

The results of this revision reinforce the main message from all work-related health estimates research: that deaths from work-related ill-health are at least an order of magnitude greater than deaths from work-related acute injury. This revision identified that when limiting the scope to those diseases with more well-established occupational links, the same four work-related diseases that predominated in previous estimates (lung cancer, mesothelioma, ischaemic heart disease, and chronic obstructive pulmonary disease) predominate in this estimate, but to an even greater degree.

Appendices

IN THIS SECTION:

Appendix 1: Database search strategies

Embase – all years

(1947 – present with daily update)

NUMBER	SEARCH STATEMENT	RESULTS
1	attributable fraction*.mp.	2835
2	attributable risk*.mp.	8684
3	attributable risk/	5498
4	1 or 2 or 3	11163
5	workplace/	37688
6	work/	32587
7	occupations/	35656
8	industrial worker/	6777
9	occupational hazard/	17590
10	occupational health/	38302
11	air pollutants, occupational/	25725
12	occupational diseases/	19817
13	occupational disease/	42169
14	"National Institute for Occupational Safety and Health (U.S.)"/	8838
15	occupational exposure/	75651
16	workroom air/	1117
17	occupation*.mp. (mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word)	323643
18	work-related.mp. (mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word)	18043
19	workplace.mp. (mp=title, abstract, heading word, drug trade name, original title, device manufacturer, drug manufacturer, device trade name, keyword, floating subheading word, candidate term word)	58013
20	5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19	409641
21	4 and 20	749
22	limit 21 to (abstracts and english language and yr="2001-Current")	532
23	remove duplicates from 22	520

Ovid MEDLINE(R)

(1996 to April 01, 2019)

NUMBER	SEARCH STATEMENT	RESULTS
1	attributable fraction*.mp. (mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms)	1946
2	attributable risk*.mp. (mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms)	3020
3	Occupational Health/or Air Pollutants, Occupational/or Occupational Diseases/or "National Institute for Occupational Safety and Health (U.S.)"/or Occupational Exposure/	88489
4	work/	4678
5	Occupations/	8817
6	work-related.mp. (mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms)	11224
7	occupation*.mp. (mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms)	158866
8	workplace.mp. (mp=title, abstract, original title, name of substance word, subject heading word, floating sub-heading word, keyword heading word, organism supplementary concept word, protocol supplementary concept word, rare disease supplementary concept word, unique identifier, synonyms)	35640
9	1 or 2	4866
10	3 or 4 or 5 or 6 or 7 or 8	182777
11	9 and 10	394
12	limit 11 to (abstracts and english language and yr="2001-Current")	304

Appendix 2: Sensitivity analysis using previous estimates' attributable fractions

DISEASE	ICD-10 CODE	AGE RANGE	NOHSAC A OR B	ATTRIBUTABLE FRACTION		SOURCE	TOTAL NZ DEATHS FOR AGE RANGE (2015)			TOTAL NZ PUBLIC AND PRIVATE HOSPITALISATIONS FOR AGE RANGE (2015/16)			WORK-RELATED NZ MORTALITY ESTIMATES				WORK-RELATED NZ HOSPITALISATION ESTIMATES			
CANCER				Men	Women		Men	Women	Total	Men	Women	Total	Men	Women	Total	%	Men	Women	Total	%
Liver, specified as primary	C22	25+	A	4.5	6.3	Nurminen and Karjalainen (2001)	192	92	284	483	161	644	9	6	14	2	22	10	32	1
Nasal cavities, middle ear and accessory	C30-C31	25+	A	24	6.7	Nurminen and Karjalainen (2001)	7	3	10	43	15	58	2	0	2	0	10	1	11	0
Larynx	C32	25+	A	9.3	0.5	Nurminen and Karjalainen (2001)	21	5	26	186	14	200	2	0	2	0	17	0	17	0
Trachea, bronchus and lung	C34	25+	A	12.3	2.6	Nurminen and Karjalainen (2001)	952	852	1,804	1,605	1,640	3,245	117	22	139	20	197	43	240	4
Mesothelioma	C45	25+	A	90	25	Nurminen and Karjalainen (2001)	90	17	107	142	29	171	81	4	85	12	128	7	135	2
Skin non-melanoma	C44	25+	A	13.1	3.8	Nurminen and Karjalainen (2001)	97	60	157	9,569	5,783	15,352	13	2	15	2	1254	220	1473	26
Bladder	C67	25+	A	14.2	7.1	Nurminen and Karjalainen (2001)	168	66	234	1,073	440	1,513	24	5	29	4	152	31	184	3
Kidney and other unspecified urinary	C64-C65	25+	A	4.7	0.8	Nurminen and Karjalainen (2001)	135	73	208	556	305	861	6	1	7	1	26	2	29	0
Leukaemia	C91-C95	15-84	A	18.5	2.5	Nurminen and Karjalainen (2001)	167	99	266	1,224	752	1,976	31	2	33	5	226	19	245	4
Cancer total													**284**	**42**	**327**	**46**	**2033**	**333**	**2366**	**41**
NON-CANCER																				
Diseases of circulatory system																				
Ischaemic heart disease	I21-I25	15-69	A	18.9	9.1	Nurminen and Karjalainen (2001)	739	216	955	6,164	2,116	8,280	140	20	159	23	1,165	193	1,358	24
Diseases of respiratory system																				
Chronic obstructive pulmonary disease	J41-J44, J47	20+	A	14.0	3.8	Nurminen and Karjalainen (2001)	879	845	1,724	6,370	6,881	13,251	123	32	155	22	892	261	1,153	20
Asthma	J45	20+	A	17.8	18.4	Nurminen and Karjalainen (2001)	28	57	85	1,097	2,535	3,632	5	10	15	2	195	466	662	12
Pneumoconiosis	J60-64, J67	20+	A	100.0	100.0	Nurminen and Karjalainen (2001)	21	7	28	19	10	29	21	7	28	4	19	10	29	1
Diseases of the genitourinary system																				
Chronic renal failure and nephritic syndrome	N03, N11, N18, N19, N28	30+	A	17.6	2.3	Nurminen and Karjalainen (2001)	98	95	193	912	699	1,611	17	2	19	3	161	16	177	3
Non-cancer total													**306**	**71**	**377**	**54**	**2,432**	**947**	**3,378**	**59**
TOTAL A (lower estimate)															**704**				**5,745**	

TABLE 4: Estimated work-related health deaths and hospitalisations (NOHSAC A diseases) using the attributable fractions from previous New Zealand work-related health estimates[67,68]

[67] For consistency, the age ranges are the same as those used in Table 1.

[68] The columns 'Total NZ deaths (2015)' and 'Total NZ public and private hospitalisations (2015/16)' are restricted to the deaths and hospitalisations for the specified age ranges only.

Appendix 3: Sensitivity analysis using Micallef et al. (2019) attributable fractions

DISEASE	ICD-10 IARC 1+2	AGE RANGE	MICALLEF ATTRIBUTABLE FRACTION IARC 1+2			TOTAL NZ DEATHS FOR AGE RANGE (2015) IARC 1+2			TOTAL NZ PUBLIC AND PRIVATE HOSPITALISATIONS FOR AGE RANGE (2015/16) IARC 1+2			WORK-RELATED NZ MORTALITY ESTIMATES (MICALLEF IARC 1+2)				WORK-RELATED NZ HOSPITALISATION ESTIMATES (MICALLEF IARC 1+2)			
CANCER			Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total (Men AF + Women AF)	Total (Total AF)	Men	Women	Total (Men AF + Women AF)	Total (Total AF)
Pharynx	C01, C09-14	25+	10	1.2		63	12	75	328	82	410	6	0	6	6	33	1	34	34
Oesophagus	C15	25+	0.2	0	0.1	174	73	247	393	175	568	0	0	0	0	1	0	1	1
Stomach	C16	25+	5.7	0.7	4	151	107	258	450	265	715	9	1	9	10	26	2	28	29
Colorectal	C18-21	25+	3.4	0.4	2	689	578	1,267	2,406	2,146	4,552	23	2	26	25	82	9	90	91
Liver	C22	25+	4.3	0.9	3.7	192	92	284	483	161	644	8	1	9	11	21	1	22	24
Nasal cavity	C30.0	25+	40.9	8.9	30.7	4	2	6	30	10	40	2	0	2	2	12	1	13	12
Larynx	C32	25+	8.5	2.3	7.7	21	5	26	186	14	200	2	0	2	2	16	0	16	15
Lung	C33-C34	25+	21.9	3.2	16.7	953	852	1,805	1,606	1,641	3,247	209	27	236	301	352	53	404	542
Skin melanoma	C43	25+	0.1	0	0.02	254	123	377	1,463	1,072	2,535	0	0	0	0	1	0	1	1
Mesothelioma	C45	25+	83.1	41.7	71.1	90	17	107	144	32	176	75	7	82	76	120	13	133	125
Breast	C50	25+	0	1.3	1.3		669	669		4,189	4,189	0	9	9	9	0	54	54	54
Ovary	C56	25+	0	1.3	1.3	0	207	207		603	603	0	3	3	3	0	8	8	8
Prostate	C61	25+	0.4	0	0.4	647	0	647	2,766		2,766	3	0	3	3	11	0	11	11
Kidney	C64-C65	25+	2.6	0.5	1.9	135	73	208	556	305	861	4	0	4	4	14	2	16	16
Bladder	C67	25+	4.8	1.5	4.2	168	66	234	1,073	440	1,513	8	1	9	10	52	7	58	64
Non-Hodgkin Lymphoma	C82-83	15-84	2	0.2	1.2	101	55	156	1,061	704	1,765	2	0	2	2	21	1	23	21
Leukaemia	C91-C96	15-84	0.7	0.7	0.7	169	101	270	1,227	755	1,982	1	1	2	2	9	5	14	14
TOTAL												**351**	**52**	**404**	**466**	**770**	**157**	**927**	**1,062**

TABLE 5: Estimated work-related health deaths and hospitalisations (IARC 1+2) using attributable fractions from Micallef et al. (2019)[69,70,71,72]

[69] The age ranges are the same as those used in Table 1.

[70] The columns 'Total NZ deaths age range (2015) IARC 1+2' and 'Total NZ public and private hospitalisations age range (2015/16) IARC 1+2' are restricted to the deaths and hospitalisations for the specified age ranges only.

[71] Only female breast cancer is included in the analysis because IARC (2010) only considers the effects of shift work on female breast cancer.

[72] The diseases shaded grey are caused by IARC 2 carcinogens.

DISEASE	ICD-10 IARC 1	AGE RANGE	MICALLEF ATTRIBUTABLE FRACTION IARC 1			TOTAL NZ DEATHS FOR AGE RANGE (2015) IARC 1			TOTAL NZ PUBLIC AND PRIVATE HOSPITALISATIONS FOR AGE RANGE (2015/16) IARC 1			WORK-RELATED NZ MORTALITY ESTIMATES (MICALLEF IARC 1)				WORK-RELATED NZ HOSPITALISATION ESTIMATES (MICALLEF IARC 1)			
CANCER			Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total (Men AF + Women AF)	Total (Total AF)	Men	Women	Total (Men AF + Women AF)	Total (Total AF)
Pharynx	C11, C14	25+	19.9	5.4	17	18	2	20	45	18	63	4	0	4	3	9	1	10	11
Nasal cavity	C30.0	25+	32.9	7.9	25	4	2	6	30	10	40	1	0	1	2	10	1	11	10
Larynx	C32	25+	8.3	2.3	7.6	21	5	26	186	14	200	2	0	2	2	15	0	16	15
Lung	C33-C34	25+	19.3	2.6	14.6	953	852	1,805	1,606	1,641	3,247	184	22	206	264	310	43	353	474
Skin melanoma	C43	25+	0.1	0.0	0.02	254	123	377	1,463	1,072	2,535	0	0	0	0	1	0	1	1
Mesothelioma	C45	25+	83.1	41.7	71.1	90	17	107	144	32	176	75	7	82	76	120	13	133	125
Ovary	C56	25+	0.0	1.3	1.3	0	207	207	0	603	603	0	3	3	3	0	8	8	8
Kidney	C64-C65	25+	2.4	0.3	1.7	135	73	208	556	305	861	3	0	3	4	13	1	14	15
Bladder	C67	25+	2.9	0.2	2.4	168	66	234	1,073	440	1,513	5	0	5	6	31	1	32	36
Non-Hodgkin Lymphoma	C82-83	15-84	0.3	0.0	0.2	101	55	156	1,061	704	1,765	0	0	0	0	3	0	3	4
Leukaemia	C91-C96	15-84	0.7	0.7	0.7	169	101	270	1,227	755	1,982	1	1	2	2	9	5	14	14
TOTAL												**275**	**33**	**309**	**361**	**522**	**73**	**595**	**712**

TABLE 6: Sensitivity analysis: estimated work-related health deaths and hospitalisations (IARC 1) using attributable fractions from Micallef et al. 2019[73,74]

[73] The age ranges are the same as those used in Table 1.

[74] The columns 'Total NZ deaths for age range (2015) IARC 1' and 'Total NZ public and private hospitalisations for age range (2015/16) IARC 1' are restricted to the deaths and hospitalisations for the specified age ranges only.

Appendix 4: Suicide analysis

Routley and Ozanne-Smith (2012) report that 17% of suicides in Victoria for the period July 2000 – December 2007 were work-related. This relies on a very broad definition of work-related, which includes for example, people who suicide by stepping in front of trains, on the basis that the train is a workplace of the train driver. Reanalysis of the data in the study excluded stressors that were not due to the nature of work, excluded 'unable to find employment', and excluded those who were recorded as 'unemployed, retired, pensioners or students'. This brought the reported figure of 17% down to 5.9%.

In 2015 there were 451 suicides in the 15-64 year age-group in New Zealand.[75] Based on the 5.9% figure above, 27 of these 451 suicides may have involved a work-related stressor. This is not equivalent to an attributable fraction for suicide, since the 5.9% does not take into account the non-work-related stressors which will likely be present in a large proportion of these 27 suicides. Routley and Ozanne reported that 'the majority (54.8%) of work-related stressor suicides also had additional stressor causes not recorded as work related by police or coroners' (p. 132).

[75] Ministry of Health. (2019). Suicide Facts: Data tables 1996–2015 www.health.govt.nz/publication/suicide-facts-data-tables-19962015

Appendix 5: Attributable fractions and 95% confidence intervals (A diseases)[76,77]

DISEASE	ICD-10 CODE	AGE RANGE	NOHSAC A OR B	ATTRIBUTABLE FRACTIONS: LOWER AND UPPER 95% CONFIDENCE INTERVALS									SOURCE
CANCER				Men	95% LCI	95% UCI	Women	95% LCI	95% UCI	Total	95% LCI	95% UCI	
Nasopharyngeal cancer	C11	25+	A							5.5	4.3	15.1	Labrèche, Kim et al. (2019)[i]
Pharyngeal cancer	C14	25+	A							2.4	1.8	5.0	Labrèche, Kim et al. (2019)
Stomach cancer	C16	25+	A							0.5	0.3	1.6	Labrèche, Kim et al. (2019)
Liver cancer	C22	25+	A							0.1	0.1	0.5	Labrèche, Kim et al. (2019)[i]
Sinonasal cancer	C30-C31	25+	A							6.7	3.3	23.1	Labrèche, Kim et al. (2019)[i]
Laryngeal cancer	C32	25+	A							2.1	1.2	4.4	Labrèche, Kim et al. (2019)[i]
Lung cancer	C33-C34	25+	A	24.4	16.0	49.4	3.4	2.2	8.2	14.9	10.1	31.4	Labrèche, Kim et al. (2019)
Non-malenoma skin cancer	C44	25+	A	10.8	9.0	21.1	1.3	1.1	3.6	6.5	5.8	12.8	Labrèche, Kim et al. (2019)
Mesothelioma	C45	25+	A	85.0			60.0			80.6	NP	NP	Labrèche, Kim et al. (2019)
Breast cancer	C50	25+	A				3.6	1.4	13.6	3.6	1.4	13.6	Labrèche, Kim et al. (2019)[i,ii]
Ovarian cancer	C56	25+	A				0.5	0.2	1.2	0.5	0.2	1.2	Labrèche, Kim et al. (2019)
Bladder cancer	C67	25+	A	5.4	3.6	15.2	0.9	0.6	3.2	4.3	3.0	12.0	Labrèche, Kim et al. (2019)
Ocular eye melanoma in welders	C69	25+	A							5.4	3.9	12.1	Labrèche, Kim et al. (2019)
Multiple myeloma	C90	15-84	A							0.2	0.2	0.7	Labrèche, Kim et al. (2019)
Leukaemia	C91-C95	15-84	A							0.6	0.5	1.4	Labrèche, Kim et al. (2019)[i]
NON-CANCER													
Mental disorders													
Depressive episode	F32	20-64	A	14.0			14.0			14.0	6.0	20.0	Harvey et al. (2018)
Other anxiety disorder	F41	20-64	A	14.0			14.0			14.0	6.0	20.0	Harvey et al. (2018)
Diseases of circulatory system													
Ischaemic heart disease	I21-I25	15-69	A	9.3	0.3	18.5	5.8	-7.1	19.2				Ha et al. (2011)
Ischaemic stroke	I63, 23.1%(I64, I69)	15-69	A	3.7			3.7			3.7	NP	NP	Lee and Kim (2018)
Diseases of respiratory system													
Chronic obstructive pulmonary disease	J41-J44, J47	20+	A	18.3	2.6	42.9	6.1	0.7	18.8	12.3	1.6	31.1	Hutchings et al. (2017)
Asthma	J45	20+	A	14.3			6.6						Lillienburg et al. (2013)
Pneumoconiosis	J60-64, J67	20+	A	100.0			100.0			100.0	NA	NA	Nurminen and Karjalainen (2001)
Diseases of the genitourinary system													
Chronic renal failure and nephritic syndrome	N03, N11, N18, N19, N28	30+	A	17.6			2.3			2.6	NP	NP	Nurminen and Karjalainen (2001)

TABLE 7: Attributable fractions and 95% confidence intervals (A diseases)

[i] These subset of attributable fractions were calculated by this revision using Supplementary Table S-1 data and the complement of the product of complement method described by Labrèche and Kim et al. (2019).

[ii] The attributable fraction for breast cancer is the average of the high and low attributable fractions from Labrèche and Kim et al. (2019).

[76] 95% confidence intervals were reported in the source literature for lung cancer, non-melanoma skin cancer, bladder cancer, ocular eye melanoma, multiple myeloma, ovarian cancer, pharyngeal cancer, depressive episode, other anxiety disorder, ischaemic heart disease, and chronic obstructive pulmonary disease. For nasopharyngeal, pharyngeal, sinonasal, and liver cancers and leukaemia, 95% confidence intervals were calculated using the 'complement of the product of complements' formula applied to the confidence intervals for the two or more exposures contributing to the cancer's attributable fraction, reported in the source literature.

[77] NP = not published; NA = not applicable.

Appendix 6: Literature search citations

AUTHOR	TITLE	SOURCE	DOI
Qiu H., Zhu X., Wang L., Pan J., Pu X., Zeng X., Zhang L., Peng Z., Zhou L.	Attributable risk of hospital admissions for overall and specific mental disorders due to particulate matter pollution: A time-series study in Chengdu, China.	Environmental Research. (pp 230-237), 2019. Date of Publication: March 2019.	http://dx.doi.org/10.1016/j.envres.2018.12.019
Marant Micallef C., Shield K.,D., Vignat J., Baldi I., Charbotel B., Fervers B., Gilg Soit Ilg A., Guenel P., Olsson A., Rushton L., Hutchings S.,J., Clero E., Laurier D., Scanff P., Bray F., Straif K., Soerjomataram I.	Cancers in France in 2015 attributable to occupational exposures.	International journal of hygiene and environmental health. 222 (1) (pp 22-29), 2019. Date of Publication: 01 Jan 2019.	http://dx.doi.org/10.1016/j.ijheh.2018.07.015
Das K., Chaitra M., Ravikumar S.	Caregiver Burden and Resilience in Family members of Alcohol dependence patients: A study in rural south India.	Indian Journal of Psychiatry. Conference: 71st Annual Conference of Indian Psychiatric Society, ANCIPS 2019. India. 61 (9 Supplement 3) (pp S473), 2019. Date of Publication: January 2019.	
Neophytou A.,M., Costello S., Picciotto S., Brown D.,M., Attfield M.,D., Blair A., Lubin J.,H., Stewart P.,A., Vermeulen R., Silverman D.,T., Eisen E.,A.	Diesel Exhaust, Respirable Dust, and Ischemic Heart Disease: An Application of the Parametric g-formula.	Epidemiology (Cambridge, Mass.). 30 (2) (pp 177-185), 2019. Date of Publication: 01 Mar 2019.	http://dx.doi.org/10.1097/EDE.0000000000000954
Coggon D., Ntani G., Palmer K.,T., Felli V.,E., Harari F., Quintana L.,A., Felknor S.,A., Rojas M., Cattrell A., Vargas-Prada S., Bonzini M., Solidaki E., Merisalu E., Habib R.,R., Sadeghian F., Kadir M.,M., Warnakulasuriya S.,S.,P., Matsudaira K., Nyantumbu-Mkhize B., Kelsall H.,L., Harcombe H.	Drivers of international variation in prevalence of disabling low back pain: Findings from the Cultural and Psychosocial Influences on Disability study.	European Journal of Pain (United Kingdom). 23 (1) (pp 35-45), 2019. Date of Publication: January 2019.	http://dx.doi.org/10.1002/ejp.1255
Ma R., Zhong S., Morabito M., Hajat S., Xu Z., He Y., Bao J., Sheng R., Li C., Fu C., Huang C.	Estimation of work-related injury and economic burden attributable to heat stress in Guangzhou, China.	Science of the Total Environment. 666 (pp 147-154), 2019. Date ofPublication: 20 May 2019.	http://dx.doi.org/10.1016/j.scitotenv.2019.02.201
Van Der Molen H.,F., Hulshof C.,T.,J., Kuijer P.,P.,F.,M.	How to improve the assessment of the impact of occupational diseases at a national level? The Netherlands as an example.	Occupational and Environmental Medicine. 76 (1) (pp 30-32), 2019. Date of Publication: January 2019.	http://dx.doi.org/10.1136/oemed-2018-105387
Arroyo V., Linares C., Diaz J.	Premature births in Spain: Measuring the impact of air pollution using time series analyses.	Science of the Total Environment. 660 (pp 105-114), 2019. Date of Publication: 10 April 2019.	http://dx.doi.org/10.1016/j.scitotenv.2018.12.470

AUTHOR	TITLE	SOURCE	DOI
Hsu Y.,-Y., Wang R., Bai C.,-H.	Significant Impacts of Work-Related Cerebrovascular and Cardiovascular Diseases among Young Workers: A Nationwide Analysis.	International journal of environmental research and public health. 16 (6) (no pagination), 2019. Date of Publication: 18 Mar 2019.	http://dx.doi.org/10.3390/ijerph16060961
Labreche F., Kim J., Song C., Pahwa M., Ge C.,B., Arrandale V.,H., McLeod C.,B., Peters C.,E., Lavoue J., Davies H.,W., Nicol A.,-M., Demers P.,A.	The current burden of cancer attributable to occupational exposures in Canada.	Preventive Medicine. (no pagination), 2019. Date of Publication: 2019.	http://dx.doi.org/10.1016/j.ypmed.2019.03.016
Varghese B.,M., Barnett A.,G., Hansen A.,L., Bi P., Hanson-Easey S., Heyworth J.,S., Sim M.,R., Pisaniello D.,L.	The effects of ambient temperatures on the risk of work-related injuries and illnesses: Evidence from Adelaide, Australia 2003-2013.	Environmental Research. (pp 101-109), 2019. Date of Publication: March 2019.	http://dx.doi.org/10.1016/j.envres.2018.12.024
Porru F., Burdorf A., Robroek S.,J.,W.	The impact of depressive symptoms on exit from paid employment in Europe: a longitudinal study with 4 years follow-up.	European journal of public health. 29 (1) (pp 134-139), 2019. Date ofPublication: 01 Feb 2019.	http://dx.doi.org/10.1093/eurpub/cky136
Fouquet N., Petit A., Descatha A., Roquelaure Y.	Theoretical impact of workplace-based primary prevention of lumbar disc surgery in a French region: A pilot study.	Work (Reading, Mass.). 62 (1) (pp 13-20), 2019. Date of Publication: 2019.	http://dx.doi.org/10.3233/WOR-182837
Ogata H., Hirakawa Y., Matsumoto K., Hata J., Yoshida D., Fukuyama S., Inoue H., Kitazono T., Ninomiya T., Nakanishi Y.	Trends in the prevalence of airflow limitation in a general Japanese population: Two serial cross-sectional surveys from the Hisayama Study.	BMJ Open. 9 (3) (no pagination), 2019. Article Number: e023673. Date of Publication: 01 Mar 2019.	http://dx.doi.org/10.1136/bmjopen-2018-023673
Chin W., Guo Y.,-L.,L., Hung Y.,-J., Hsieh Y.,-T., Wang L.,-J., Shiao J.,S.,- C.	Workplace justice and intention to leave the nursing profession.	Nursing ethics. 26 (1) (pp 307-319), 2019. Date of Publication: 01 Feb 2019.	http://dx.doi.org/10.1177/0969733016687160
Niakankalhori S., Behzadi A., Maharlou H., Rahimzadeh S., Khajavi A., Pouryaghoub G., Mehrdad R., Aminian O., Jeddian A., Naderimagham S.	A burden assessment of occupational exposures in Iran, 1990-2010: Findings from the global burden of disease study 2010.	International Journal of Preventive Medicine. 9 (1) (no pagination), 2018. Article Number: 56. Date of Publication: 2018.	http://dx.doi.org/10.4103/ijpvm.IJPVM_123_17
Tsutsumi A., Shimazu A., Eguchi H., Inoue A., Kawakami N.	A Japanese Stress Check Program screening tool predicts employee long- term sickness absence: a prospective study.	Journal of occupational health. 60 (1) (pp 55-63), 2018. Date of Publication: 25 Jan 2018.	http://dx.doi.org/10.1539/joh.17-0161-OA
Watson-Jones D Weiss HA Changalucha JM Todd J Gumodoka B Bulmer J Balira R Ross D Mugeye K Hayes R Mabey D	Adverse birth outcomes in United Republic of Tanzania – impact and prevention of maternal risk factors.	Bulletin of the World Health Organization. 85(1):9-18, 2007 Jan.	

AUTHOR	TITLE	SOURCE	DOI
Soerjomataram I., Shield K., Marant-Micallef C., Vignat J., Hill C., Rogel A., Menvielle G., Dossus L., Ormsby J.,-N., Rehm J., Rushton L., Vineis P., Parkin M., Bray F.	Cancers related to lifestyle and environmental factors in France in 2015.	European Journal of Cancer. 105 (pp 103-113), 2018. Date of Publication: December 2018.	http://dx.doi.org/10.1016/j.ejca.2018.09.009
Ivert T., Malmstrom H., Hammar N., Carlsson A.,C., Wandell P.,E., Holzmann M.,J., Jungner I., Arnlov J., Walldius G.	Cardiovascular events in patients under age fifty with early findings of elevated lipid and glucose levels – The AMORIS study.	PLoS ONE. 13 (8) (no pagination), 2018. Article Number: e0201972. Date of Publication: August 2018.	http://dx.doi.org/10.1371/journal.pone.0201972
Faber M., Askar M., Stark K.	Case-control study on risk factors for acute hepatitis E in Germany, 2012 to 2014.	Eurosurveillance. 23 (19) (no pagination), 2018. Article Number: 17-00469. Date of Publication: 10 May 2018.	http://dx.doi.org/10.2807/1560-7917.ES.2018.23.19.17-00469
Ogata H., Hirakawa Y., Matsumoto K., Fukuyama S., Inoue H., Kitazono T., Ninomiya T., Nakanishi Y.	Changes in the prevalence of airflow limitation in community- dwelling japanese subjects: The hisayama study.	American Journal of Respiratory and Critical Care Medicine. Conference: American Thoracic Society International Conference, ATS 2018. United States. 197 (MeetingAbstracts) (no pagination), 2018. Date of Publication: 2018.	
Shiao J., Lin K.,-F., Chu P.,-C., Chen C.,-Y., Liu L.,-W., Pan Y.,-T., Guo L.	Contribution of workplace psychosocial factors on neck and shoulder symptoms among manufacturing workers.	Occupational and Environmental Medicine. Conference: 32nd Triennial Congress of the International Commission on Occupational Health, ICOH 2018. Ireland. 75 (Supplement 2) (pp A261), 2018. Date of Publication: April 2018.	http://dx.doi.org/10.1136/oemed-2018-ICOHabstracts.747
Gushgari A.,J., Halden R.,U.	Critical review of major sources of human exposure to N-nitrosamines.	Chemosphere. 210 (pp 1124-1136), 2018. Date of Publication: November 2018.	http://dx.doi.org/10.1016/j.chemosphere.2018.07.098
Nielsen L.,M., Maribo T., Kirkegaard H., Petersen K.,S., Lisby M., Oestergaard L.,G.	Effectiveness of the 'Elderly activity performance intervention' on elderly patients' discharge from a short- stay unit at the emergency department: A quasi- experimental trial.	Clinical Interventions in Aging. 13 (pp 737-747), 2018. Date of Publication: 26 Apr 2018.	http://dx.doi.org/10.2147/CIA.S162623
Cumberbatch M.,G.,K., Jubber I., Black P.,C., Esperto F., Figueroa J.,D., Kamat A.,M., Kiemeney L., Lotan Y., Pang K., Silverman D.,T., Znaor A., Catto J.,W.,F.	Epidemiology of Bladder Cancer: A Systematic Review and Contemporary Update of Risk Factors in 2018.	European Urology. 74 (6) (pp 784-795), 2018. Date of Publication: December 2018.	http://dx.doi.org/10.1016/j.eururo.2018.09.001
Ferguson J., Alvarez- Iglesias A., Newell J., Hinde J., O'Donnell M.	Estimating average attributable fractions with confidence intervals for cohort and case-control studies.	Statistical Methods in Medical Research. 27 (4) (pp 1141-1152), 2018. Date of Publication: 01 Apr 2018.	http://dx.doi.org/10.1177/0962280216655374

AUTHOR	TITLE	SOURCE	DOI
Driscoll T.	Exposure and burden of disease related to occupational carcinogens.	Asia-Pacific Journal of Clinical Oncology. Conference: 45th Annual Scientific Meeting of the Clinical Oncology Society of Australia, COSA 2018. Australia. 14 (Supplement 7) (pp 72), 2018. Date of Publication: November 2018.	http://dx.doi.org/10.1111/ajco.13088
Gaskin J., Coyle D., Whyte J., Krewksi D.	Global Estimate of Lung Cancer Mortality Attributable to Residential Radon.	Environmental health perspectives. 126 (5) (pp 057009), 2018. Date of Publication: 01 May 2018.	http://dx.doi.org/10.1289/EHP2503
Dutta A., Kavitha A.,K., Samal S., Panigrahi P., Swain S., Nanda L., Pati S.	Independent urban effect on hypertension of older Indians: identification of a knowledge gap from a Study on Global AGEing and Health.	Journal of the American Society of Hypertension. 12 (11) (pp e9-e17), 2018. Date of Publication: November 2018.	http://dx.doi.org/10.1016/j.jash.2018.09.004
Fred A., Fianu A., Beral M., Guernier V., Sissoko D., Mechain M., Michault A., Boisson V., Gauzere B.,-A., Favier F., Malvy D., Gerardin P.	Individual and contextual risk factors for chikungunya virus infection: The SEROCHIK cross-sectional population- based study.	Epidemiology and Infection. 146 (8) (pp 1056 1064), 2018. Date of Publication: 01 Jun 2018.	http://dx.doi.org/10.1017/S0950268818000341
Merlo D.,F., Bruzzone M., Bruzzi P., Garrone E., Puntoni R., Maiorana L., Ceppi M.	Mortality among workers exposed to asbestos at the shipyard of Genoa, Italy: A 55 years follow-up.	Environmental Health: A Global Access Science Source. 17 (1) (no pagination), 2018. Article Number: 94. Date of Publication: 29 Dec 2018.	http://dx.doi.org/10.1186/s12940-018-0439-1
Hu K., Guo Y., Hu D., Du R., Yang X., Zhong J., Fei F., Chen F., Chen G., Zhao Q., Yang J., Zhang Y., Chen Q., Ye T., Li S., Qi J.	Mortality burden attributable to PM<inf>1</inf> in Zhejiang province, China.	Environment International. Part 1. 121 (pp 515-522), 2018. Date of Publication: December 2018.	http://dx.doi.org/10.1016/j.envint.2018.09.033
Kang D.,-M., Kim J.,-E., Kim Y.,-K., Lee H.,-H., Kim S.,-Y.	Occupational Burden of Asbestos-Related Diseases in Korea, 1998- 2013: Asbestosis, Mesothelioma, Lung Cancer, Laryngeal Cancer, and Ovarian Cancer.	Journal of Korean medical science. 33 (35) (pp e226), 2018. Date of Publication: 27 Aug 2018.	http://dx.doi.org/10.3346/jkms.2018.33.e226
Modenese A., Gobba F.	Occupational exposure to solar radiation at different latitudes and pterygium: A systematic review of the last 10 years of scientific literature.	International Journal of Environmental Research and Public Health. 15 (1) (no pagination), 2018. Article Number: 37. Date of Publication: January 2018.	http://dx.doi.org/10.3390/ijerph15010037

AUTHOR	TITLE	SOURCE	DOI
Lytras T., Kogevinas M., Kromhout H., Carsin A.,- E., Anto J.,M., Bentouhami H., Weyler J., Heinrich J., Nowak D., Urrutia I., Martinez- Moratalla J., Gullon J.,A., Pereira-Vega A., Raherison-Semjen C., Pin I., Demoly P., Leynaert B., Villani S., Gislason T., Svanes C., Holm M., Forsberg B., Norback D., Mehta A.,J., Probst-Hensch N., Benke G., Jogi R., Toren K., Sigsgaard T., Schlunssen V., Olivieri M., Blanc P.,D., Vermeulen R., Garcia-Aymerich J., Jarvis D., Zock J.,-P.	Occupational exposures and 20-year incidence of COPD: The European Community Respiratory Health Survey.	Thorax. (no pagination), 2018. Date of Publication: 24 Mar 2018.	http://dx.doi.org/10.1136/thoraxjnl-2017-211158
Marant Micallef C., Shield K.,D., Baldi I., Charbotel B., Fervers B., Gilg Soit Ilg A., Guenel P., Olsson A., Rushton L., Hutchings S.,J., Straif K., Soerjomataram I.	Occupational exposures and cancer: A review of agents and relative risk estimates.	Occupational and Environmental Medicine. 75 (8) (pp 604-614), 2018. Date of Publication: August 2018.	http://dx.doi.org/10.1136/oemed-2017-104858
Cox C.,A., Krout K., Navabi P., Markiewitz N.,D., McColl M., Caffrey J.	Prevalence of burnout syndrome in burn center clinical staff.	Journal of Burn Care and Research. Conference: 50th Annual Meeting of the American Burn Association, ABA 2018. United States. 39 (Supplement 1) (pp S9), 2018. Date of Publication: April 2018.	http://dx.doi.org/10.1093/jbcr/iry006.013
Fernandes G.,S., Parekh S.,M., Moses J., Fuller C., Scammell B., Batt M.,E., Zhang W., Doherty M.	Prevalence of knee pain, radiographic osteoarthritis and arthroplasty in retired professional footballers compared with men in the general population: a cross-sectional study.	British journal of sports medicine. 52 (10) (pp 678-683), 2018. Date of Publication: 01 May 2018.	http://dx.doi.org/10.1136/bjsports-2017-097503
Guerrero-Lopez C.,M., Colchero M.,A.	Productivity loss associated with the consumption of sugar- sweetened beverages in Mexico.	Preventive Medicine. 115 (pp 140-144), 2018. Date of Publication: October 2018.	http://dx.doi.org/10.1016/j.ypmed.2018.08.014
Lee W.,J., Choi Y., Ko S., Cha E.,S., Kim J., Kim Y.,M., Kong K.,A., Seo S., Bang Y.,J., Ha Y.,W.	Projected lifetime cancer risks from occupational radiation exposure among diagnostic medical radiation workers in South Korea.	BMC Cancer. 18 (1) (no pagination), 2018. Article Number: 1206. Date of Publication: 04 Dec 2018.	http://dx.doi.org/10.1186/s12885-018-5107-x
Singer D.,E., Byrne C., Chen L., Shao S., Goldsmith J., Niebuhr D.,W.	Risk of Exertional Heat Illnesses Associated with Sickle Cell Trait in U.S. Military.	Military medicine. 183 (7-8) (pp e310-e317), 2018. Date of Publication: 01 Jul 2018.	http://dx.doi.org/10.1093/milmed/usx085

AUTHOR	TITLE	SOURCE	DOI
Pahwa M., Labreche F., Harris M.,A., Kim J., Song C., Demers P.,A.	Shiftwork and breast cancer: Epidemiology, burden, and implications for prevention.	Occupational and Environmental Medicine. Conference: 32nd Triennial Congress of the International Commission on Occupational Health, ICOH 2018. Ireland. 75 (Supplement 2) (pp A490), 2018. Date of Publication: April 2018.	http://dx.doi.org/10.1136/oemed-2018-ICOHabstracts.1395
Driscoll T.	The 2016 global burden of disease arising from occupational exposures.	Occupational and Environmental Medicine. Conference: 32nd Triennial Congress of the International Commission on Occupational Health, ICOH 2018. Ireland. 75 (Supplement 2) (pp A142), 2018. Date of Publication: April 2018.	http://dx.doi.org/10.1136/oemed-2018-ICOHabstracts.402
Brown K.,F., Rumgay H., Dunlop C., Ryan M., Quartly F., Cox A., Deas A., Elliss-Brookes L., Gavin A., Hounsome L., Huws D., Ormiston-Smith N., Shelton J., White C., Parkin D.,M.	The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015.	British Journal of Cancer. 118 (8) (pp 1130-1141), 2018. Date of Publication: 01 Apr 2018.	http://dx.doi.org/10.1038/s41416-018-0029-6
Silva G.,A.,E.	The fraction of cancer attributable to ways of life, infections, occupation, and environmental agents in Brazil in 2020.	Tumor Biology. Conference: 44th Annual Congress of the International Society of Oncology and Biomarkers. Brazil. 40 (3) (pp 7), 2018. Date of Publication: March 2018.	http://dx.doi.org/10.1177/1010428318762660
Cocco P., Agius R.	The preventable burden of work-related ill-health.	Occupational medicine (Oxford, England). 68 (5) (pp 327-331), 2018. Date of Publication: 20 Jun 2018.	http://dx.doi.org/10.1093/occmed/kqy063
Harvey S.,B., Sellahewa D.,A., Wang M.,-J., Milligan-Saville J., Bryan B.,T., Henderson M., Hatch S.,L., Mykletun A.	The role of job strain in understanding midlife common mental disorder: a national birth cohort study.	The Lancet Psychiatry. 5 (6) (pp 498-506), 2018. Date of Publication: June 2018.	http://dx.doi.org/10.1016/S2215-0366%2818%2930137-8
Roquelaure Y., Fouquet N., Chazelle E., Descatha A., Evanoff B., Bodin J., Petit A.	Theoretical impact of simulated workplace-based primary prevention of carpal tunnel syndrome in a French region.	BMC public health. 18 (1) (pp 426), 2018. Date of Publication: 02 Apr 2018.	http://dx.doi.org/10.1186/s12889-018-5328-6
Roquelaure Y., Petit A., Chazelle E., Descatha A., Evanoff B., Bodin J., Fouquet N.	Theoretical impact of workplace-based primary prevention of carpal tunnel syndrome in a French region: A pilot study.	Occupational and Environmental Medicine. Conference: 32nd Triennial Congress of the International Commission on Occupational Health, ICOH 2018. Ireland. 75 (Supplement 2) (pp A272), 2018. Date of Publication: April 2018.	http://dx.doi.org/10.1136/oemed-2018-ICOHabstracts.778

AUTHOR	TITLE	SOURCE	DOI
Bonfiglioli R.	Update on physical factors from the Italian octopus study.	Occupational and Environmental Medicine. Conference: 32nd Triennial Congress of the International Commission on Occupational Health, ICOH 2018. Ireland. 75 (Supplement 2) (pp A257- A258), 2018. Date of Publication: April 2018.	http://dx.doi.org/10.1136/oemed-2018-ICOHabstracts.737
Demers P.,A., Kim J., Pahwa M., Peters C.,E., Song C., Arrandale V.,H., Davies H.,W., Labreche F., Lavoue J., Nicol A.,M., McLeod C.,B.	Using burden of cancer to promote policy change.	Occupational and Environmental Medicine. Conference: 32nd Triennial Congress of the International Commission on Occupational Health, ICOH 2018. Ireland. 75 (Supplement 2) (pp A148), 2018. Date of Publication: April 2018.	http://dx.doi.org/10.1136/oemed-2018-ICOHabstracts.417
Niu Y., Chen R., Kan H.	Air pollution, disease burden, and health economic loss in China.	Advances in Experimental Medicine and Biology. 1017 (pp 233-242), 2017. Date of Publication: 2017.	http://dx.doi.org/10.1007/978-981-10-5657-4_10
Scarselli A., Corfiati M., Di Marzio D., Iavicoli S.	Appraisal of levels and patterns of occupational exposure to 1,3- butadiene.	Scandinavian Journal of Work, Environment and Health. 43 (5) (pp 494-503), 2017. Date of Publication: 2017.	http://dx.doi.org/10.5271/sjweh.3644
Culqui D.,R., Linares C., Ortiz C., Carmona R., Diaz J.	Association between environmental factors and emergency hospital admissions due to Alzheimer's disease in Madrid.	Science of the Total Environment. 592 (pp 451-457), 2017. Date of Publication: 15 Aug 2017.	http://dx.doi.org/10.1016/j.scitotenv.2017.03.089
Nevin R.,L., Bernt J., Hodgson M.	Association of Poultry Processing Industry Exposures with Reports of Occupational Finger Amputations: Results of an Analysis of OSHA Severe Injury Report (SIR) Data.	Journal of Occupational and Environmental Medicine. 59 (10) (pp e159-e163), 2017. Date of Publication: 01 Oct 2017.	http://dx.doi.org/10.1097/JOM.0000000000001135
Chen F., Deng Z., Deng Y., Qiao Z., Lan L., Meng Q., Luo B., Zhang W., Ji K., Qiao X., Fan Z., Zhang M., Cui Y., Zhao X., Li X.	Attributable risk of ambient PM<inf>10</inf> on daily mortality and years of life lost in Chengdu, China.	Science of the Total Environment. 581-582 (pp 426-433), 2017. Date of Publication: 01 Mar 2017.	http://dx.doi.org/10.1016/j.scitotenv.2016.12.151
Chen G., Zhang Y., Zhang W., Li S., Williams G., Marks G.,B., Jalaludin B., Abramson M.,J., Luo F., Yang D., Su X., Lin Q., Liu L., Lin J., Guo Y.	Attributable risks of emergency hospital visits due to air pollutants in China: A multi-city study.	Environmental Pollution. 228 (pp 43-49), 2017. Date of Publication: 2017.	http://dx.doi.org/10.1016/j.envpol.2017.05.026
Pinichka C., Makka N., Sukkumnoed D., Chariyalertsak S., Inchai P., Bundhamcharoen K.	Burden of disease attributed to ambient air pollution in Thailand: A GIS-based approach.	PLoS ONE. 12 (12) (no pagination), 2017. Article Number: e0189909. Date of Publication: December 2017.	http://dx.doi.org/10.1371/journal.pone.0189909
Chen Y., Zang L., Chen J., Xu D., Yao D., Zhao M.	Characteristics of ambient ozone (O<inf>3</inf>) pollution and health risks in Zhejiang Province.	Environmental science and pollution research international. 24 (35) (pp 27436-27444), 2017. Date of Publication: 01 Dec 2017.	http://dx.doi.org/10.1007/s11356-017-0339-x

AUTHOR	TITLE	SOURCE	DOI
Shen Y., Zhang S., Zhou J., Chen J.	Cohort Research in 'Omics' and Preventive Medicine.	Advances in Experimental Medicine and Biology. 1005 (pp 193-220), 2017. Date of Publication: 2017.	http://dx.doi.org/10.1007/978-981-10-5717-5_9
Pulido J., Vallejo F., Alonso-Lopez I., Regidor E., Villar F., de la Fuente L., Domingo-Salvany A., Barrio G.	Directly alcohol- attributable mortality by industry and occupation in a Spanish Census cohort of economically active population.	Drug and Alcohol Dependence. 180 (pp 93-102), 2017. Date of Publication: 1 November 2017.	http://dx.doi.org/10.1016/j.drugalcdep.2017.07.028
Song J., Chen Y., Wei L., Ma Y., Tian N., Huang S.,Y., Dai Y.,M., Zhao L.,H., Kong Y.,Y.	Early-life exposure to air pollutants and adverse pregnancy outcomes: Protocol for a prospective cohort study in Beijing.	BMJ Open. 7 (9) (no pagination), 2017. Article Number: e015895. Date of Publication: 01 Sep 2017.	http://dx.doi.org/10.1136/bmjopen-2017-015895
Hutchings S., Rushton L.	Estimating the burden of occupational cancer: Assessing bias and uncertainty.	Occupational and Environmental Medicine. 74 (8) (pp 604-611), 2017. Date of Publication: 01 Aug 2017.	http://dx.doi.org/10.1136/oemed-2016-103810
Nelson L., Valle J., King G., Mills P.,K., Richardson M.,J., Roberts E.,M., Smith D., English P.	Estimating the Proportion of Childhood Cancer Cases and Costs Attributable to the Environment in California.	American journal of public health. 107 (5) (pp 756-762), 2017. Date of Publication: 01 May 2017.	http://dx.doi.org/10.2105/AJPH.2017.303690
Soriano J.,B., Abajobir A.,A., Abate K.,H., Abera S.,F., Agrawal A., Ahmed M.,B., Aichour A.,N., Aichour I., Eddine Aichour M.,T., Alam K., Alam N., Alkaabi J.,M., Al-Maskari F., Alvis- Guzman N., Amberbir A., Amoako Y.,A., Ansha M.,G., Anto J.,M., Asayesh H., Atey T.,M., Avokpaho E.,F.,G.,A., Barac A., Basu S., Bedi N., Bensenor I.,M., Berhane A., Beyene A.,S., Bhutta Z.,A., Biryukov S., Boneya D.,J., Brauer M., Carpenter D.,O., Casey D., Christopher D.,J., Dandona L., Dandona R., Dharmaratne S.,D., Do H.,P., Fischer F., Gebrehiwot T.,T., Geleto A., Ghoshal A.,G., Gillum R.,F., Mohamed Ginawi I.,A., Gupta V., Hay S.,I., Hedayati M.,T., Horita N., Hosgood H.,D., Jakovljevic M.,M.,B.,	Global, regional, and national deaths, prevalence, disability- adjusted life years, and years lived with disability for chronic obstructive pulmonary disease and asthma, 1990-2015: a systematic analysis for the Global Burden of Disease Study 2015.	The Lancet Respiratory Medicine. 5 (9) (pp 691-706), 2017. Date of Publication: September 2017.	http://dx.doi.org/10.1016/S2213-2600%2817%2930293-X
McBeth J., Mulvey M., Rashid A., Anderson J., Druce K.	Neuropathic pain is a weak predictor of new onset chronic widespread pain.	Annals of the Rheumatic Diseases. Conference: Annual European Congress of Rheumatology, EULAR 2017. Spain. 76 (Supplement 2) (pp 758), 2017. Date of Publication: June 2017.	http://dx.doi.org/10.1136/annrheumdis-2017-eular.1642

AUTHOR	TITLE	SOURCE	DOI
Vinnikov D., Semizhon S., Rybina T., Savich L., Scherbitsky V., Manichev I.	Occupation and chronic obstructive pulmonary disease in Minsk tractor plant workers.	American journal of industrial medicine. 60 (12) (pp 1049-1055), 2017. Date of Publication: 01 Dec 2017.	http://dx.doi.org/10.1002/ajim.22776
Cummings K.,J., Reynolds C.,J., Vinnikov D., Murgia N., Annesi- Maesano I., Balmes J.,R., Fishwick D., Miedinger D., Naidoo R., Redlich C., Sigsgaard T., Toren K., Blanc P.,D.	Occupational contribution to idiopathic pulmonary fibrosis.	American Journal of Respiratory and Critical Care Medicine. Conference: American Thoracic Society International Conference, ATS 2017. United States. 195 (no pagination), 2017. Date of Publication: 2017.	www.atsjournals.org/doi/pdf/10.1164/ajrccm-conference.2017.195.1_MeetingAbstracts.A7009
Koo J.,-W., Myong J.,-P., Yoon H.,-K., Rhee C.,K., Kim Y., Kim J.,S., Jo B.,S., Cho Y., Byun J., Choi M., Kim H.,-R., Kim E.,-A.	Occupational exposure and idiopathic pulmonary fibrosis: A multicentre case-control study in Korea.	International Journal of Tuberculosis and Lung Disease. 21 (1) (pp 107-112), 2017. Date of Publication: 01 Jan 2017.	http://dx.doi.org/10.5588/ijtld.16.0167
Toren K., Vikgren J., Olin A.,-C., Rosengren A., Bergstrom G., Brandberg J.	Occupational exposure to vapor, gas, dust, or fumes and chronic airflow limitation, COPD, and emphysema: The swedish cardiopulmonary bioimage study (SCAPIS pilot).	International Journal of COPD. 12 (pp 3407-3413), 2017. Date of Publication: 29 Nov 2017.	http://dx.doi.org/10.2147/COPD.S144933
Ko S., Chung H.,H., Cho S.,B., Jin Y.,W., Kim K.,P., Ha M., Bang Y.,J., Ha Y.,W., Lee W.,J.	Occupational radiation exposure and its health effects on interventional medical workers: Study protocol for a prospective cohort study.	BMJ Open. 7 (12) (no pagination), 2017. Article Number: e018333. Date of Publication: 01 Dec 2017.	http://dx.doi.org/10.1136/bmjopen-2017-018333
Gianfagna F., Riva M.,A., Veronesi G., Iacoviello L., Borchini R., Cesana G., Ferrario M.,M.	Patterns of circulating biomarkers across occupational classes: Results from the MONICA- Brianza cohort study.	European Journal of Preventive Cardiology. Conference: 7th International Commission on Occupational Health Conference on Work Environment and Cardiovascular Diseases, ICOH 2017. Italy. 24 (2 Supplement 1) (pp 37), 2017. Date of Publication: 2017.	http://dx.doi.org/10.1177/2047487317698870
Kiwanuka N., Ssetaala A., Ssekandi I., Nalutaaya A., Kitandwe P.,K., Ssempiira J., Bagaya B.,S., Balyegisawa A., Kaleebu P., Hahn J., Lindan C., Sewankambo N.,K.	Population attributable fraction of incident HIV infections associated with alcohol consumption in fishing communities around Lake Victoria, Uganda.	PLoS ONE. 12 (2) (no pagination), 2017. Article Number: e0171200. Date of Publication: February 2017.	http://dx.doi.org/10.1371/journal.pone.0171200
Ajrouche R., Ielsch G., Clero E., Roudier C., Gay D., Guillevic J., Laurier D., Le Tertre A.	Quantitative Health Risk Assessment of Indoor Radon: A Systematic Review.	Radiation protection dosimetry. 177 (1-2) (pp 69-77), 2017. Date of Publication: 01 Nov 2017.	http://dx.doi.org/10.1093/rpd/ncx152
Cao X., MacNaughton P., Laurent J.,C., Allen J.,G.	Radon-induced lung cancer deaths may be overestimated due to failure to account for confounding by exposure to diesel engine exhaust in BEIR VI miner studies.	PLoS ONE. 12 (9) (no pagination), 2017. Article Number: e0184298. Date of Publication: September 2017.	http://dx.doi.org/10.1371/journal.pone.0184298

AUTHOR	TITLE	SOURCE	DOI
McGuinn LA Ghazarian AA Ellison GL Harvey CE Kaefer CM Reid BC	Cancer and environment: definitions and misconceptions. (Review)	Environmental Research. 112:230-4, 2012 Jan.	https://dx.doi.org/10.1016/j.envres.2011.10.009
Colak Y., Nordestgaard B.,G., Laursen L.,C., Afzal S., Lange P., Dahl M.	Risk Factors for Chronic Cough Among 14,669 Individuals From the General Population.	Chest. 152 (3) (pp 563-573), 2017. Date of Publication: September 2017.	http://dx.doi.org/10.1016/j.chest.2017.05.038
Dahl M., Olak Y., Nordestgaard B., Laursen L., Afzal S., Lange P.	Risk factors for chronic cough in 14669 individuals from the general population.	European Respiratory Journal. Conference: European Respiratory Society International Congress, ERS 2017. Italy. 50 (Supplement 61) (no pagination), 2017. Date of Publication: September 2017.	http://dx.doi.org/10.1183/1393003.congress-2017.PA2616
Ursano R.,J., Kessler R.,C., Naifeh J.,A., Mash H.,H., Fullerton C.,S., Bliese P.,D., Zaslavsky A.,M., Ng T.,H.,H., Aliaga P.,A., Wynn G.,H., Dinh H.,M., McCarroll J.,E., Sampson N.,A., Kao T.,-C., Schoenbaum M., Heeringa S.,G., Stein M.,B., Wagner J., Cox K.	Risk of suicide attempt among soldiers in army units with a history of suicide attempts.	JAMA Psychiatry. 74 (9) (pp 924-931), 2017. Date of Publication: September 2017.	http://dx.doi.org/10.1001/jamapsychiatry.2017.1925
Palmer K.,T., D'Angelo S., Harris E.,C., Linaker C., Sayer A.,A., Gale C.,R., Evandrou M., Van Staa T., Cooper C., Coggon D., Walker-Bone K.	Sleep disturbance and the older worker: Findings from the Health and Employment after Fifty study.	Scandinavian Journal of Work, Environment and Health, Supplement. 43 (2) (pp 136-145), 2017. Date of Publication: 2017.	http://dx.doi.org/10.5271/sjweh.3618
Jokela M., Guida F., Barros H., Giles G.,G., Kelly-Irving M., Lasserre A.,M., Marmot M.,G., Kawachi I., Steptoe A., Mackenbach J.,P., Alenius H., Avendano M., Bochud M., Carmeli C., Carra L., Castagne R., Chadeau-Hyam M., Clavel-Chapelon F., Costa G., Courtin E., Delpierre C., D'Errico A., Dugue P.,-A., Elliott P., Fraga S., Gares V., Giles G., Goldberg M., Greco D., Hodge A., Irving M.,K., Karisola P., Kivimaki M., Krogh V., Lang T., Layte R., Lepage B., Mackenbach J., Marmot M., McCrory C., Milne R., Muennig P., Nusselder W., Panico S., Petrovic D., Polidoro S., Preisig M., Raitakari O., Ribeiro A.,I., Ricceri F., Robinson O., Valverde J.,R., Sacerdote C., Satolli R., Severi G., Shipley M.,J., Stringhini	Socioeconomic status and the 25 x 25 risk factors as determinants of premature mortality: a multicohort study and meta-analysis of 1.7 million men and women.	The Lancet. 389 (10075) (pp 1229-1237), 2017. Date of Publication: 25 Mar 2017.	http://dx.doi.org/10.1016/S0140-6736%2816%2932380-7

AUTHOR	TITLE	SOURCE	DOI
Zhao R., Chen S., Wang W., Huang J., Wang K., Liu L., Wei S.	The impact of short-term exposure to air pollutants on the onset of out-of- hospital cardiac arrest: A systematic review and meta-analysis.	International Journal of Cardiology. 226 (pp 110-117), 2017. Date of Publication: 01 Jan 2017.	http://dx.doi.org/10.1016/j.ijcard.2016.10.053
Canivet C., Aronsson G., Bernhard-Oettel C., Leineweber C., Moghaddassi M., Stengard J., Westerlund H., Ostergren P.,-O.	The negative effects on mental health of being in a non-desired occupation in an increasingly precarious labour market.	SSM – Population Health. 3 (pp 516-524), 2017. Date of Publication: December 2017.	http://dx.doi.org/10.1016/j.ssmph.2017.05.009
Masala G., Bendinelli B., Assedi M., Occhini D., Zanna I., Sieri S., Agnoli C., Sacerdote C., Ricceri F., Mattiello A., Panico S., Tumino R., Frasca G., Saieva C., Palli D.	Up to one-third of breast cancer cases in post-menopausal Mediterranean women might be avoided by modifying lifestyle habits: the EPIC Italy study.	Breast Cancer Research and Treatment. 161 (2) (pp 311-320), 2017. Date of Publication: 01 Jan 2017.	http://dx.doi.org/10.1007/s10549-016-4047-x
Whitehead A., Gould Fogerite S.	Yoga Treatment for Chronic Non-Specific Low Back Pain (2017).	Explore. 13 (4) (pp 281-284), 2017. Date of Publication: July 2017.	http://dx.doi.org/10.1016/j.explore.2017.04.018
Morelli X., Rieux C., Cyrys J., Forsberg B., Slama R.	Air pollution, health and social deprivation: A fine- scale risk assessment.	Environmental Research. 147 (pp 59-70), 2016. Date of Publication: May 01, 2016.	http://dx.doi.org/10.1016/j.envres.2016.01.030
Kaila-Kangas L., Koskinen A., Pensola T., Makela P., Leino-Arjas P.	Alcohol-induced morbidity and mortality by occupation: a population- based follow-up study of working Finns.	European journal of public health. 26 (1) (pp 116-122), 2016. Date of Publication: 01 Feb 2016.	http://dx.doi.org/10.1093/eurpub/ckv145
Hutchings S., Rushton L., Sadhra S., Fishwick D.	An age-time window method to estimate a population attributable fraction for the prevalence of COPD in the UK.	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A124), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.342
Masese L Baeten JM Richardson BA Bukusi E John-Stewart G Graham SM Shafi J Kiarie J Overbaugh J McClelland RS	Changes in the contribution of genital tract infections to HIV acquisition among Kenyan high-risk women from 1993 to 2012.	AIDS. 29(9):1077-85, 2015 Jun 01.	https://dx.doi.org/10.1097/QAD.0000000000000646
Fouquet N., Descatha A., Ha C., Petit A., Roquelaure Y.	An epidemiological surveillance network of lumbar disc surgery to help prevention of and compensation for low back pain.	European journal of public health. 26 (4) (pp 543-548), 2016. Date of Publication: 01 Aug 2016.	http://dx.doi.org/10.1093/eurpub/ckv240

AUTHOR	TITLE	SOURCE	DOI
Ntani G., Walker-Bone K., Palmer K., Coggon D.	Association between disabling low back pain and general propensity to musculoskeletal pain.	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A31), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.84
Labreche F., Duguay P., Boucher A., Arcand R.	But other than mesothelioma? An estimate of the proportion of work-related cancers in Quebec.	Current Oncology. 23 (2) (pp e144-e149), 2016. Date of Publication: April 2016.	http://dx.doi.org/10.3747/co.23.2812
Stewart B.,W., Bray F., Forman D., Ohgaki H., Straif K., Ullrich A., Wild C.,P.	Cancer prevention as part of precision medicine: 'Plenty to be done'.	Carcinogenesis. 37 (1) (pp 2-9), 2016. Date of Publication: 01 Jan 2016.	http://dx.doi.org/10.1093/carcin/bgv166
Violante F.,S., Farioli A., Graziosi F., Marinelli F., Curti S., Armstrong T.,J., Mattioli S., Bonfiglioli R.	Carpal tunnel syndrome and manual work: The OCTOPUS cohort, results of a ten-year longitudinal study.	Scandinavian Journal of Work, Environment and Health. 42 (4) (pp 280-290), 2016. Date of Publication: 2016.	http://dx.doi.org/10.5271/sjweh.3566
Meding B., Wrangsjo K., Burdorf A., Jarvholm B.	Disability pensions due to skin diseases: A cohort study in Swedish construction workers.	Acta Dermato- Venereologica. 96 (2) (pp 232-236), 2016. Date of Publication: February 2016.	http://dx.doi.org/10.2340/00015555-2215
Pinichka C., Bundhamcharoen K., Shibuya K.	Diseases Burden of Chronic Obstructive Pulmonary Disease (COPD) Attributable to Ground-Level Ozone in Thailand: Estimates Based on Surface Monitoring Measurements Data.	Global journal of health science. 8 (1) (pp 1-13), 2016. Date of Publication: 01 Jan 2016.	http://dx.doi.org/10.5539/gjhs.v8n1p1
Manthey J., Laramee P., Parrott S., Rehm J.	Economic burden associated with alcohol dependence in a German primary care sample: a bottom-up study.	BMC public health. 16 (pp 906), 2016. Date of Publication: 31 Aug 2016.	http://dx.doi.org/10.1186/s12889-016-3578-8
Kundi M.	Environment and cancer – A stocktaking.	Deutsche Zeitschrift fur Onkologie. 48 (1) (pp 4-12), 2016. Date of Publication: 2016.	http://dx.doi.org/10.1055/s-0042-103520
Neophytou A., Eisen E., Brown D., Picciotto S., Costello S.	Estimating absolute risk in the presence of confounders and competing risks: Combining inverse probability weights and a cumulative incidence function in an occupational study of crystalline silica and lung cancer.	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A28), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.77

AUTHOR	TITLE	SOURCE	DOI
Hutchings S., Courtice M., Rushton L., Cherrie J.,W.	Estimating occupational attributable disease burden in migrant and transient workers now and in the future: An example in construction.	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A124), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.340
Andujar P., Lacourt A., Brochard P., Pairon J.,- C., Jaurand M.,-C., Jean D.	Five years update on relationships between malignant pleural mesothelioma and exposure to asbestos and other elongated mineral particles.	Journal of Toxicology and Environmental Health – Part B: Critical Reviews. 19 (5-6) (pp 151-172), 2016. Date of Publication: 17 Aug 2016.	http://dx.doi.org/10.1080/10937404.2016.1193361
Javaras K.,N., Zanarini M.,C., Hudson J.,I., Greenfield S.,F., Gunderson J.,G.	Functional outcomes in community-based adults with borderline personality disorder.	Biological Psychiatry. Conference: 71st Annual Scientific Convention and Meeting of the Society of Biological Psychiatry, SOBP 2016. Atlanta, GA United States. Conference Publication: (var.pagings). 79 (9 SUPPL. 1) (pp 89S), 2016. Date of Publication: May 2016.	http://dx.doi.org/10.1016/j.biopsych.2016.03.1748
Coggon D., Ntani G., Palmer K., Walker-Bone K.	General propensity to pain is a major risk factor for disabling wrist/hand pain.	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A30- A31), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.83
Feigin V.,L., Roth G.,A., Naghavi M., Parmar P., Krishnamurthi R., Chugh S., Mensah G.,A., Norrving B., Shiue I., Ng M., Estep K., Cercy K., Murray C.,J.,L., Forouzanfar M.,H.	Global burden of stroke and risk factors in 188 countries, during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013.	The Lancet Neurology. 15 (9) (pp 913-924), 2016. Date of Publication: 01 Aug 2016.	http://dx.doi.org/10.1016/S1474-4422%2816%2930073-4
Chen Y., Shen G., Huang Y., Zhang Y., Han Y., Wang R., Shen H., Su S., Lin N., Zhu D., Pei L., Zheng X., Wu J., Wang X., Liu W., Wong M., Tao S.	Household air pollution and personal exposure risk of polycyclic aromatic hydrocarbons among rural residents in Shanxi, China.	Indoor air. 26 (2) (pp 246-258), 2016. Date of Publication: 01 Apr 2016.	http://dx.doi.org/10.1111/ina.12204
Arroyo V., Diaz J., Carmona R., Ortiz C., Linares C.	Impact of air pollution and temperature on adverse birth outcomes: Madrid, 2001-2009.	Environmental Pollution. 218 (pp 1154-1161), 2016. Date of Publication: 01 Nov 2016.	http://dx.doi.org/10.1016/j.envpol.2016.08.069
Lee L.,J.,-H., Lin C.,-K., Hung M.,-C., Wang J.,-D.	Impact of work-related cancers in Taiwan-Estimation with QALY (quality-adjusted life year) and healthcare costs.	Preventive Medicine Reports. 4 (pp 87-93), 2016. Date of Publication: 01 Dec 2016.	http://dx.doi.org/10.1016/j.pmedr.2016.05.015

AUTHOR	TITLE	SOURCE	DOI
Takala J., Hamalainen P.	Injuries and illnesses at work, ilo methods and estimates in Europe, Asia and globally.	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A74), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.204
D'Angelo S., Harris E.,C., Linaker C., Sayer A.,A., Gale C., Evandrou M., Van Staa T., Cooper C., Coggon D., Walker-Bone K., Palmer K.,T.	Insomnia and the older worker: Findings from the health and employment after fifty (HEAF) study.	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A63), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.171
D'Angelo S., Coggon D., Harris E.,C., Linaker C., Sayer A.,A., Gale C.,R., Evandrou M., Van Staa T., Cooper C., Walker- Bone K., Palmer K.,T.	Job dissatisfaction and the older worker: Baseline findings from the Health and Employment after Fifty study.	Occupational and Environmental Medicine. 73 (8) (pp 512-519), 2016. Date of Publication: August 2016.	http://dx.doi.org/10.1136/oemed-2016-103591
Li J., Sun S., Tang R., Qiu H., Huang Q., Mason T.,G., Tian L.	Major air pollutants and risk of COPD exacerbations: A systematic review and meta-analysis.	International Journal of COPD. 11 (1) (pp 3079-3091), 2016. Date of Publication: 12 Dec 2016.	http://dx.doi.org/10.2147/COPD.S122282
Missikpode C., Michael Y.,L., Wallace R.,B.	Midlife Occupational Physical Activity and Risk of Disability Later in Life: National Health and Aging Trends Study.	Journal of the American Geriatrics Society. 64 (5) (pp 1120-1127), 2016. Date of Publication: 01 May 2016.	http://dx.doi.org/10.1111/jgs.14083
Torvik F.,A., Reichborn- Kjennerud T., Gjerde L.,C., Knudsen G.,P., Ystrom E., Tambs K., Roysamb E., Ostby K., Orstavik R.	Mood, anxiety, and alcohol use disorders and later cause-specific sick leave in young adult employees.	BMC public health. 15 (pp 702), 2016. Date of Publication: 03 Aug 2016.	http://dx.doi.org/10.1186/s12889-016-3427-9
Lopez M.,J., Perez-Rios M., Schiaffino A., Fernandez E.	Mortality attributable to secondhand smoke exposure in Spain (2011).	Nicotine and Tobacco Research. 18 (5) (pp 1307 1310), 2016. Article Number: ntv137. Date of Publication: 01 May 2016.	http://dx.doi.org/10.1093/ntr/ntv130
Lin H., Liu T., Xiao J., Zeng W., Li X., Guo L., Zhang Y., Xu Y., Tao J., Xian H., Syberg K.,M., Qian Z.,M., Ma W.	Mortality burden of ambient fine particulate air pollution in six Chinese cities: Results from the Pearl River Delta study.	Environment International. 96 (pp 91-97), 2016. Date of Publication: 01 Nov 2016.	http://dx.doi.org/10.1016/j.envint.2016.09.007
Aroui H., Merchaoui I., Henchi M.,A., Rassas I., Belhadj N., Chaari N., Amri C.	Musculoskeletal disorders of the hand and wrist and population attributable fraction of risk of exposure to biomechanical constraints.	Annals of Physical and Rehabilitation Medicine. Conference: 31st Annual Congress of the French Society of Physical and Rehabilitation Medicine. France. 59 (Supplement) (pp e113-e114), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1016/j.rehab.2016.07.255

AUTHOR	TITLE	SOURCE	DOI
Song C., Kim J., Peters C.,E., McLeod C.,B., Arrandale V., Davies H.,W., Labreche F., Lavoue J., Pahwa M., Demers P.,A.	Proportion of lung cancer attributable to workplace environmental tobacco smoke in Canada.	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A137), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.374
Guillerman R.,P.	Radiation safety considerations for pediatric lung imaging.	Pediatric Pulmonology. Conference: 15th International Congress of Pediatric Pulmonology, CIPP 2016. Italy. 51 (Supplement 43) (pp S17-S18), 2016. Date of Publication: June 2016.	http://dx.doi.org/10.1002/ppul.23454
Alfonso J.,H., Tynes T., Thyssen J.,P., Holm J.,- O., Johannessen H.,A.	Self-reported occupational skin exposure and risk of physiciancertified long- term sick leave: A prospective study of the general working population of Norway.	Acta Dermato- Venereologica. 96 (3) (pp 336-340), 2016. Date of Publication: March 2016.	http://dx.doi.org/10.2340/00015555-2253
Arroyo V., Diaz J., Ortiz C., Carmona R., Saez M., Linares C.	Short term effect of air pollution, noise and heat waves on preterm births in Madrid (Spain).	Environmental Research. 145 (pp 162-168), 2016. Date of Publication: February 01, 2016.	http://dx.doi.org/10.1016/j.envres.2015.11.034
Brathwaite N.	Socio-economic differences in mortality among adults in the Bahamas.	West Indian Medical Journal. Conference: 10th Annual Research Day 'Clinical and Community Medicine A Vital Research' Partnership. Bahamas. 65 (Supplement 5) (pp 58-59), 2016. Date of Publication: 2016.	
Zeitlin J., Mortensen L., Prunet C., Macfarlane A., Hindori-Mohangoo A.,D., Gissler M., Szamotulska K., Pal K., Bolumar F., Andersen A.,-M.,N., Olafsdottir H.,S., Zhang W.,-H., Blondel B., Alexander S.	Socioeconomic inequalities in stillbirth rates in Europe: Measuring the gap using routine data from the Euro- Peristat Project.	BMC Pregnancy and Childbirth. 16 (1) (no pagination), 2016. Article Number: 15. Date of Publication: January 19, 2016.	http://dx.doi.org/10.1186/s12884-016-0804-4
Wild P., Schill W., Bourgkard E., Drescher K., Gonzalez M., Paris C.	The 2-phase case-control design: An efficient way to use expert time.	Scandinavian Journal of Work, Environment and Health. 42 (2) (pp 162-169), 2016. Date of Publication: 2016.	http://dx.doi.org/10.5271/SJWEH.3547
Linton SJ	Does work stress predict insomnia? A prospective study.	British Journal of Health Psychology. 9(Pt 2):127-36, 2004 May.	
Krantz G Ostergren PO	Double exposure. The combined impact of domestic responsibilities and job strain on common symptoms in employed Swedish women.	European Journal of Public Health. 11(4):413-9, 2001 Dec.	

AUTHOR	TITLE	SOURCE	DOI
Herman J Kafoa B Wainiqolo I Robinson E McCaig E Connor J Jackson R Ameratunga S	Driver sleepiness and risk of motor vehicle crash injuries: a population- based case control study in Fiji (TRIP 12).	Injury. 45(3):586-91, 2014 Mar.	https://dx.doi.org/10.1016/j.injury.2013.06.007
Azevedo E Silva G., De Moura L., Curado M.,P., Da Silva Gomes F., Otero U., De Rezende L.,F.,M., Daumas R.,P., Guimaraes R.,M., Meira K.,C., Da Costa Leite I., Valente J.,G., Moreira R.,I., Koifman R., Malta D.,C., De Campos Mello M.,S., Guedes T.,W.,G., Boffetta P.	The fraction of cancer attributable to ways of life, infections, occupation, and environmental agents in Brazil in 2020.	PLoS ONE. 11 (2) (no pagination), 2016. Article Number: e0148761. Date of Publication: February 2016.	http://dx.doi.org/10.1371/journal.pone.0148761
Schubauer-Berigan M., Daniels R.	US cohort study of uranium miners on the colorado plateau: What new information can we learn?	Occupational and Environmental Medicine. Conference: 25th Conference on Epidemiology in Occupational Health, EPICOH 2016: Occupational Health, Think Globally, Act Locally. Spain. 73 (Supplement 1) (pp A103), 2016. Date of Publication: September 2016.	http://dx.doi.org/10.1136/oemed-2016-103951.280
Dement J., Welch L., Ringen K., Quinn P., Chen A., Haas S.	A case-control study of airways obstruction among construction workers.	American journal of industrial medicine. 58 (10) (pp 1083-1097), 2015. Date of Publication: 01 Oct 2015.	http://dx.doi.org/10.1002/ajim.22495
Price J.,W.	A comparison of random and post-accident urine opiate and opioid tests.	Journal of Addictive Diseases. 34 (1) (pp 36-42), 2015. Date of Publication: 02 Jan 2015.	http://dx.doi.org/10.1080/10550887.2014.975614
Bailey T.,S., Dollard M.,F., Richards P.,A.,M.	A national standard for psychosocial safety climate (PSC): PSC 41 as the benchmark for low risk of job strain and depressive symptoms.	Journal of Occupational Health Psychology. 20 (1) (pp 15-26), 2015. Date of Publication: 2015.	http://dx.doi.org/10.1037/a0038166
Kuijer P.,P., van der Molen H.,F., Schop A., Moeijes F., Frings- Dresen M.,H., Hulshof C.,T.	Annual incidence of non- specific low back pain as an occupational disease attributed to whole-body vibration according to the National Dutch Register 2005-2012.	Ergonomics. 58 (7) (pp 1232-1238), 2015. Date of Publication: 2015.	http://dx.doi.org/10.1080/00140139.2014.915991
Madsen I.,E.,H., Lange T., Borritz M., Rugulies R.	Burnout as a risk factor for antidepressant treatment – a repeated measures time-to-event analysis of 2936 Danish human service workers.	Journal of Psychiatric Research. 65 (pp 47-52), 2015. Date of Publication: 01 Jun 2015.	http://dx.doi.org/10.1016/j.jpsychires.2015.04.004
Silverwood V., Blagojevic- Bucknall M., Jinks C., Jordan J.,L., Protheroe J., Jordan K.,P.	Current evidence on risk factors for knee osteoarthritis in older adults: A systematic review and meta-analysis.	Osteoarthritis and Cartilage. 23 (4) (pp 507-515), 2015. Date of Publication: 01 Apr 2015.	http://dx.doi.org/10.1016/j.joca.2014.11.019

AUTHOR	TITLE	SOURCE	DOI
Carreiro-Martins P., Rosado-Pinto J., do Ceu Teixeira M., Neuparth N., Silva O., Papoila A.,L., Khaltaev N., Bousquet J., Annesi-Maesano I.	Distribution and etiology of chronic respiratory diseases in primary healthcare departments in Cape Verde.	Revue d'Epidemiologie et de Sante Publique. 63 (5) (pp 305-313), 2015. Date of Publication: October 2015.	http://dx.doi.org/10.1016/j.respe.2015.06.007
Ovesen L.,L., Nielsen H.,B., Mortensen L.,H., Lau C.,J., Joensen L.,E.	Education level, occupational status and quality of life in adults with type 1 diabetes and in the general population: A comparative study.	Diabetologia. Conference: 51st Annual Meeting of the European Association for the Study of Diabetes, EASD 2015. Stockholm Sweden. Conference Publication: (var.pagings). 58 (1 SUPPL. 1) (pp S412), 2015. Date of Publication: September 2015.	http://dx.doi.org/10.1007/s00125-015-3687-4
Daniels R.,D., Bertke S., Dahm M.,M., Yiin J.,H., Kubale T.,L., Hales T.,R., Baris D., Zahm S.,H., Beaumont J.,J., Waters K.,M., Pinkerton L.,E.	Exposure-response relationships for select cancer and non-cancer health outcomes in a cohort of us firefighters from San Francisco, Chicago and Philadelphia (1950-2009).	Occupational and Environmental Medicine. 72 (10) (pp 699-706), 2015. Date of Publication: 01 Oct 2015.	http://dx.doi.org/10.1136/oemed-2014-102671
Connolly S., Heslin C., Mays I., Corr B., Normand C., Hardiman O.	Health and social care costs of managing amyotrophic lateral sclerosis (ALS): An Irish perspective.	Amyotrophic Lateral Sclerosis and Frontotemporal Degeneration. 16 (1-2) (pp 58-62), 2015. Date of Publication: 01 Mar 2015.	http://dx.doi.org/10.3109/21678421.2014.957322
Widanarko B., Legg S., Devereux J., Stevenson M.	Interaction between physical and psychosocial work risk factors for low back symptoms and its consequences amongst Indonesian coal mining workers.	Applied Ergonomics. (Part A) (pp 158-167), 2015. Date of Publication: 01 Jan 2015.	http://dx.doi.org/10.1016/j.apergo.2014.07.016
Yoon S.,-J., Kim H.,-S., Ha J., Kim E.,-J.	Measuring the environmental burden of disease in South Korea: A population-based study.	International Journal of Environmental Research and Public Health. 12 (7) (pp 7938-7948), 2015. Date of Publication: 13 Jul 2015.	http://dx.doi.org/10.3390/ijerph120707938
Xu W., Wang H.,-F., Jiang T., Tan M.,-S., Tan L., Zhao Q.,-F., Li J.,-Q., Wang J., Yu J.,-T.	Meta-analysis of modifiable risk factors for Alzheimer's disease.	Journal of Neurology, Neurosurgery and Psychiatry. 86 (12) (pp 1299-1306), 2015. Date of Publication: 01 Dec 2015.	http://dx.doi.org/10.1136/jnnp-2015-310548
Wurtz E.,T., Schlunssen V., Malling T.,H., Hansen J.,G., Omland O.	Occupational COPD among Danish never-smokers: A population- based study.	Occupational and Environmental Medicine. 72 (6) (pp 456-459), 2015. Date of Publication: 21 Jan 2015.	http://dx.doi.org/10.1136/oemed-2014-102589
Wurtz E., Schlunssen V., Malling T., Brasch- Andersen C., Hansen J.,G., Omland O.	Occupational exposure and 4-year incidence of COPD among 45-84-year old Danes.	European Respiratory Journal. Conference: European Respiratory Society Annual Congress 2015. Amsterdam Netherlands. Conference Publication: (var.pagings). 46 (SUPPL. 59) (no pagination), 2015. Date of Publication: 01 Sep 2015.	http://dx.doi.org/10.1183/13993003.congress-2015.PA346

AUTHOR	TITLE	SOURCE	DOI
Fraser S.,D.,S., George S.	Perspectives on differing health outcomes by city: Accounting for Glasgow's excess mortality.	Risk Management and Healthcare Policy. 8 (pp 99-110), 2015. Date of Publication: 17 Aug 2015.	http://dx.doi.org/10.2147/RMHP.S68925
Frey J.,J., Osteen P.,J., Berglund P.,A., Jinnett K., Ko J.	Predicting the impact of chronic health conditions on workplace productivity and accidents: Results from two US Department of Energy National Laboratories.	Journal of Occupational and Environmental Medicine. 57 (4) (pp 436-444), 2015. Date of Publication: 01 Apr 2015.	http://dx.doi.org/10.1097/JOM.0000000000000383
Lu Q., Lv W., Tian J., Zhang L., Zhu B.	Risk factors for non- occupational carbon monoxide poisoning: Anshan Prefecture, Liaoning Province, China, 2011-2012.	PLoS ONE. 10 (6) (no pagination), 2015. Article Number: e0129121. Date of Publication: 12 Jun 2015.	http://dx.doi.org/10.1371/journal.pone.0129121
Maisonneuve P., Lowenfels A.,B.	Risk factors for pancreatic cancer: A summary review of meta-analytical studies.	International Journal of Epidemiology. 44 (1) (pp 186-198), 2015. Date of Publication: 01 Feb 2015.	http://dx.doi.org/10.1093/ije/dyu240
Dreyfus A., Heuer C., Wilson P., Collins-Emerson J., Baker M.,G., Benschop J.	Risk of infection and associated influenza-like disease among abattoir workers due to two Leptospira species.	Epidemiology and Infection. 143 (10) (pp 2095-2105), 2015. Date of Publication: 10 Jul 2015.	http://dx.doi.org/10.1017/S0950268814002477
Alfonsojose J.,H., Thyssen J.,P., Tynes T., Mehlum I.,S., Johannessen H.,A.	Self-reported occupational exposure to chemical and physical factors and risk of skin problems: A 3-year follow-up study of the general working population of Norway.	Acta Dermato- Venereologica. 95 (8) (pp 959-962), 2015. Date of Publication: November 2015.	http://dx.doi.org/10.2340/00015555-2135
Akter S., Okazaki H., Kuwahara K., Miyamoto T., Murakami T., Shimizu C., Shimizu M., Tomita K., Nagahama S., Eguchi M., Kochi T., Imai T., Nishihara A., Sasaki N., Nakagawa T., Yamamoto S., Honda T., Uehara A., Yamamoto M., Hori A., Sakamoto N., Nishiura C., Totsuzaki T., Kato N., Fukasawa K., Pham N.,M., Kurotani K., Nanri A., Kabe I., Mizoue T., Sone T., Dohi S.	Smoking, smoking cessation, and the risk of type 2 diabetes among Japanese adults: Japan epidemiology collaboration on occupational health study.	PLoS ONE. 10 (7) (no pagination), 2015. Article Number: e0132166. Date of Publication: 22 Jul 2015.	http://dx.doi.org/10.1371/journal.pone.0132166
Begley C.,E., Durgin T.,L.	The direct cost of epilepsy in the United States: A systematic review of estimates.	Epilepsia. 56 (9) (pp 1376-1387), 2015. Date of Publication: 01 Sep 2015.	http://dx.doi.org/10.1111/epi.13084
Purdue M.,P., Hutchings S.,J., Rushton L., Silverman D.,T.	The proportion of cancer attributable to occupational exposures.	Annals of Epidemiology. 25 (3) (pp 188-192), 2015. Date of Publication: 01 Mar 2015.	http://dx.doi.org/10.1016/j.annepidem.2014.11.009

AUTHOR	TITLE	SOURCE	DOI
Smith P.,M., LaMontagne A.,D.	What is needed to make research on the psychosocial work environment and health more meaningful? Reflections and missed opportunities in IPD debates.	Scandinavian Journal of Work, Environment and Health. 41 (6) (pp 594-596), 2015. Date of Publication: 2015.	http://dx.doi.org/10.5271/sjweh.3519
Laires P.,A., Canhao H., Gouveia M.	A comparison of the impact of rheumatic diseases and other chronic diseases on early retirement in Portugal.	Value in Health. Conference: ISPOR 17th Annual European Congress. Amsterdam Netherlands. Conference Publication: (var. pagings). 17 (7) (pp A383), 2014. Date of Publication: November 2014.	http://dx.doi.org/10.1016/j.jval.2014.08.2630
Wang M.,-D., Gomes J., Cashman N.,R., Little J., Krewski D.	A meta-analysis of observational studies of the association between chronic occupational exposure to lead and amyotrophic lateral sclerosis.	Journal of Occupational and Environmental Medicine. 56 (12) (pp 1235-1242), 2014. Date of Publication: 14 Dec 2014.	http://dx.doi.org/10.1097/JOM.0000000000000323
Nanayakkara S., Senevirathna S.,T., Abeysekera T., Chandrajith R., Ratnatunga N., Gunarathne E.,D., Yan J., Hitomi T., Muso E., Komiya T., Harada K.,H., Liu W., Kobayashi H., Okuda H., Sawatari H., Matsuda F., Yamada R., Watanabe T., Miyataka H., Himeno S., Koizumi A.	An integrative study of the genetic, social and environmental determinants of chronic kidney disease characterized by tubulointerstitial damages in the North Central Region of Sri Lanka.	Journal of occupational health. 56 (1) (pp 28-38), 2014. Date of Publication: 2014.	
Kim J., Peters C.,E., McLeod C., Hutchings S., Rushton L., Pahwa M., Demers P.,A.	Burden of cancer attributable to occupational diesel engine exhaust exposure in Canada0309 Burden of cancer attributable to occupational diesel engine exhaust exposure in Canada.	Occupational and Environmental Medicine. Conference: 24th International Conference on Epidemiology in Occupational Health, EPICOH 2014: Challenges for Occupational Epidemiology in the 21st Century. Chicago, IL United States. Conference Publication: (var.pagings). 71 (SUPPL. 1) (pp A37), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/oemed-2014-102362.115
Peters S., Glass D.,C., Greenop K.,R., Armstrong B.,K., Kirby M., Milne E., Fritschi L.	Childhood brain tumours: Associations with parental occupational exposure to solvents.	British Journal of Cancer. 111 (5) (pp 998-1003), 2014. Date of Publication: 2014.	http://dx.doi.org/10.1038/bjc.2014.358
Laires P.,A., Canhao H., Gouveia M.	Early retirement indirect costs attributable to rheumatic diseases in Portugal.	Value in Health. Conference: ISPOR 17th Annual European Congress. Amsterdam Netherlands. Conference Publication: (var. pagings). 17 (7) (pp A377), 2014. Date of Publication: November 2014.	http://dx.doi.org/10.1016/j.jval.2014.08.2594

AUTHOR	TITLE	SOURCE	DOI
Hutchings S., Rushton L., Driscoll T.	Estimating the burden of occupational cancer taking into account age0261 Estimating the burden of occupational cancer taking into account age.	Occupational and Environmental Medicine. Conference: 24th International Conference on Epidemiology in Occupational Health, EPICOH 2014: Challenges for Occupational Epidemiology in the 21st Century. Chicago, IL United States. Conference Publication: (var.pagings). 71 (SUPPL. 1) (pp A34), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/oemed-2014-102362.106
Labreche F., Duguay P., Boucher A., Arcand R.	Estimating the proportion of occupational cancers with minimal resources: An example from Quebec.	Occupational and Environmental Medicine. Conference: 24th International Conference on Epidemiology in Occupational Health, EPICOH 2014: Challenges for Occupational Epidemiology in the 21st Century. Chicago, IL United States. Conference Publication: (var.pagings). 71 (SUPPL. 1) (pp A90), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/oemed-2014-102362.281
Serrier H., Sultan-Taieb H., Luce D., Bejean S.	Estimating the social cost of respiratory cancer cases attributable to occupational exposures in France.	European Journal of Health Economics. 15 (6) (pp 661-673), 2014. Date of Publication: July 2014.	http://dx.doi.org/10.1007/s10198-013-0528-6
Lillienberg L., Dahlman- Hoglund A., Schioler L., Toren K., Andersson E.	Exposures and asthma outcomes using two different job exposure matrices in a general population study in northern Europe.	The Annals of occupational hygiene. 58 (4) (pp 469-481), 2014. Date of Publication: 01 May 2014.	http://dx.doi.org/10.1093/annhyg/meu002
McElduff P Attia J Ewald B Cockburn J Heller R	Estimating the contribution of individual risk factors to disease in a person with more than one risk factor.	Journal of Clinical Epidemiology. 55(6):588-92, 2002 Jun.	
Niedhammer I., Sultan- Taieb H., Chastang J.,- F., Vermeylen G., Parent- Thirion A.	Fractions of cardiovascular diseases and mental disorders attributable to psychosocial work factors in 31 countries in Europe.	International archives of occupational and environmental health. 87 (4) (pp 403-411), 2014. Date of Publication: 01 May 2014.	http://dx.doi.org/10.1007/s00420-013-0879-4
Takala J., Hamalainen P., Saarela K.,L., Yun L.,Y., Manickam K., Jin T.,W., Heng P., Tjong C., Kheng L.,G., Lim S., Lin G.,S.	Global estimates of the burden of injury and illness at work in 2012.	Journal of occupational and environmental hygiene. 11 (5) (pp 326- 337), 2014. Date of Publication: 2014.	http://dx.doi.org/10.1080/15459624.2013.863131
de Wind A., Geuskens G.,A., Ybema J.,F., Blatter B.,M., Burdorf A., Bongers P.,M., van der Beek A.,J.	Health, job characteristics, skills, and social and financial factors in relation to early retirement – Results from a longitudinal study in the Netherlands.	Scandinavian Journal of Work, Environment and Health. 40 (2) (pp 186-194), 2014. Date of Publication: 2014.	http://dx.doi.org/10.5271/sjweh.3393

AUTHOR	TITLE	SOURCE	DOI
Jarvholm B., Stattin M., Robroek S.,J.,W., Janlert U., Karlsson B., Burdorf A.	Heavy work and disability pension – A long term follow-up of Swedish construction workers.	Scandinavian Journal of Work, Environment and Health. 40 (4) (pp 335-342), 2014. Date of Publication: 2014.	http://dx.doi.org/10.5271/sjweh.3413
Canivet C., Nilsson P.,M., Lindeberg S.,I., Karasek R., Ostergren P.,-O.	Insomnia increases risk for cardiovascular events in women and in men with low socioeconomic status: A longitudinal, register-based study.	Journal of Psychosomatic Research. 76 (4) (pp 292-299), 2014. Date of Publication: April 2014.	http://dx.doi.org/10.1016/j.jpsychores.2014.02.001
Wang M.,-J., Mykletun A., Moyner E.,I., Overland S., Henderson M., Stansfeld S., Hotopf M., Harvey S.,B.	Job strain, health and sickness absence: Results from the Hordaland health study.	PLoS ONE. 9 (4) (no pagination), 2014. Article Number: e96025. Date of Publication: 22 Apr 2014.	http://dx.doi.org/10.1371/journal.pone.0096025
Nattey C., Urban M., Kielkowski D.	Lung cancer risk attributable to occupation: in a case control study in black South Africans, 2001-2008.	Occupational and Environmental Medicine. Conference: 24th International Conference on Epidemiology in Occupational Health, EPICOH 2014: Challenges for Occupational Epidemiology in the 21st Century. Chicago, IL United States. Conference Publication: (var.pagings). 71 (SUPPL. 1) (pp A110- A111), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/oemed-2014-102362.348
Price J.,W.	Marijuana and workplace safety: An examination of urine drug tests.	Journal of Addictive Diseases. 33 (1) (pp 24-27), 2014. Date of Publication: 01 Jan 2014.	http://dx.doi.org/10.1080/10550887.2014.882729
Lacourt A., Gramond C., Rolland P., Ducamp S., Audignon S., Astoul P., Chamming's S., Gilg Soit Ilg A., Rinaldo M., Raherison C., Galateau- Salle F., Imbernon E., Pairon J.,C., Goldberg M., Brochard P.	Occupational and non- occupational attributable risk of asbestos exposure for malignant pleural mesothelioma.	Thorax. 69 (6) (pp 532-539), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/thoraxjnl-2013-203744
Pasetto R., Terracini B., Marsili D., Comba P.	Occupational burden of asbestos-related cancer in argentina, Brazil, Colombia, and Mexico.	Annals of Global Health. 80 (4) (pp 263-268), 2014. Date of Publication: 01 Jul 2014.	http://dx.doi.org/10.1016/j.aogh.2014.09.003
Toch-Marquardt M., Menvielle G., Eikemo T.,A., Kulhanova I., Kulik M.,C., Bopp M., Esnaola S., Jasilionis D., Maki N., Martikainen P., Regidor E., Lundberg O., Mackenbach J.,P.	Occupational class inequalities in all-cause and cause-specific mortality among middle-aged men in 14 European populations during the early 2000s.	PLoS ONE. 9 (9) (no pagination), 2014. Article Number: e108072. Date of Publication: 30 Sep 2014.	http://dx.doi.org/10.1371/journal.pone.0108072
Slastad S., Leira H.,L., Aas O., Amundsen T., Sorhaug S., Sundstrom S., Gronberg B.,H., Hilt B.	Occupational lung cancer in Middle Norway.	European Respiratory Journal. Conference: European Respiratory Society Annual Congress 2014. Munich Germany. Conference Publication: (var.pagings). 44 (SUPPL. 58) (no pagination), 2014. Date of Publication: 01 Sep 2014.	

AUTHOR	TITLE	SOURCE	DOI
Andersen L.,L., Burdorf A., Fallentin N., Persson R., Jakobsen M.,D., Mortensen O.,S., Clausen T., Holtermann A.	Patient transfers and assistive devices: Prospective cohort study on the risk for occupational back injury among healthcare workers.	Scandinavian Journal of Work, Environment and Health. 40 (1) (pp 74-81), 2014. Date of Publication: 2014.	http://dx.doi.org/10.5271/sjweh.3382
Penven E., Luc A., Thaon I., Paris C.	Performance of a task- based questionnaire for exposure assessment of bronchial occupational carcinogens.	European Respiratory Journal. Conference: European Respiratory Society Annual Congress 2014. Munich Germany. Conference Publication: (var.pagings). 44 (SUPPL. 58) (no pagination), 2014. Date of Publication: 01 Sep 2014.	
Van der Bij S Vermeulen RC Portengen L Moons KG Koffijberg H	Expected number of asbestos-related lung cancers in the Netherlands in the next two decades: a comparison of methods.	Occupational & Environmental Medicine. 73(5):342-9, 2016 May.	https://dx.doi.org/10.1136/oemed-2014-102614
Blair S.	Physical inactivity: A major public health problem.	Obesity Reviews. Conference: 12th International Congress on Obesity, ICO 2014. Kuala Lumpur Malaysia. Conference Publication: (var.pagings). 15 (SUPPL. 2) (pp 5), 2014. Date of Publication: March 2014.	http://dx.doi.org/10.1111/obr.12146
Aagestad C., Tyssen R., Johannessen H.,A., Gravseth H.,M., Tynes T., Sterud T.	Psychosocial and organizational risk factors for doctor-certified sick leave: a prospective study of female health and social workers in Norway.	BMC public health. 14 (pp 1016), 2014. Date of Publication: 2014.	http://dx.doi.org/10.1186/1471-2458-14-1016
Uehli K., Mehta A.,J., Miedinger D., Hug K., Schindler C., Holsboer- Trachsler E., Leuppi J.,D., Kunzli N.	Sleep problems and work injuries: A systematic review and meta-analysis.	Sleep Medicine Reviews. 18 (1) (pp 61-73), 2014. Date of Publication: February 2014.	http://dx.doi.org/10.1016/j.smrv.2013.01.004
Palazzo C., Ravaud J-F., Papelard A., Ravaud P., Poiraudeau S.	The burden of musculoskeletal conditions.	Osteoarthritis and Cartilage. Conference: 2014 Osteoarthritis Research Society International World Congress, OARSI 2014. Paris France. Conference Publication: (var.pagings). 22 (SUPPL. 1) (pp S218- S219), 2014. Date of Publication: April 2014.	
Hoy D.,G., Smith E., Cross M., Sanchez-Riera L., Buchbinder R., Blyth F.,M., Brooks P., Woolf A.,D., Osborne R.,H., Fransen M., Driscoll T., Vos T., Blore J.,D., Murray C., Johns N., Naghavi M., Carnahan E., March L.,M.	The global burden of musculoskeletal conditions for 2010: An overview of methods.	Annals of the Rheumatic Diseases. 73 (6) (pp 982-989), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/annrheumdis-2013-204344

AUTHOR	TITLE	SOURCE	DOI
Driscoll T., Jacklyn G., Orchard J., Passmore E., Vos T., Freedman G., Lim S., Punnett L.	The global burden of occupationally related low back pain: Estimates from the Global Burden of Disease 2010 study.	Annals of the Rheumatic Diseases. 73 (6) (pp 975-981), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/annrheumdis-2013-204631
Jones G.,T., Dean L.,E., Macfarlane G.,J.	The impact of ankylosing spondylitis on work impairment-results from the scotland registry for ankylosing spondylitis (SIRAS).	Clinical and Experimental Rheumatology. Conference: 9th International Congress on Spondyloarthritis. Gent Belgium. Conference Publication: (var.pagings). 32 (5) (pp 800), 2014. Date of Publication: 2014.	
Jarvholm B., Englund A.	The impact of asbestos exposure in Swedish construction workers.	American Journal of Industrial Medicine. 57 (1) (pp 49-55), 2014. Date of Publication: January 2014.	http://dx.doi.org/10.1002/ajim.22264
Fritschi L., Carey R., Peters S., Reid A., Driscoll T., Rushton L., Glass D., Hutchings S.	The lifetime risk approach to estimating the burden of occupational cancer.	Occupational and Environmental Medicine. Conference: 24th International Conference on Epidemiology in Occupational Health, EPICOH 2014: Challenges for Occupational Epidemiology in the 21st Century. Chicago, IL United States. Conference Publication: (var.pagings). 71 (SUPPL. 1) (pp A44), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/oemed-2014-102362.136
Sultan-Taieb H., Chastang J.,-F., Mansouri M., Niedhammer I.	The use of epidemiologic data to evaluate the economic burden of occupational risks: Modelling the cost of diseases attributable to job strain in France.	Occupational and Environmental Medicine. Conference: 24th International Conference on Epidemiology in Occupational Health, EPICOH 2014: Challenges for Occupational Epidemiology in the 21st Century. Chicago, IL United States. Conference Publication: (var.pagings). 71 (SUPPL. 1) (pp A20), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/oemed-2014-102362.62
Guha N., Loomis D., Straif K.	Using meta-data from occupational studies to inform hazard identification and cancer control: The IARC Monographs and beyond0314 Using meta- data from occupational studies to inform hazard identification and cancer control: The IARC Monographs and beyond.	Occupational and Environmental Medicine. Conference: 24th International Conference on Epidemiology in Occupational Health, EPICOH 2014: Challenges for Occupational Epidemiology in the 21st Century. Chicago, IL United States. Conference Publication: (var. pagings). 71 (SUPPL. 1) (pp A38), 2014. Date of Publication: June 2014.	http://dx.doi.org/10.1136/oemed-2014-102362.118
Wicker S., Seale H., Von Gierke L., Maltezou H.	Vaccination of healthcare personnel: Spotlight on groups with underlying conditions.	Vaccine. 32 (32) (pp 4025-4031), 2014. Date of Publication: 07 Jul 2014.	http://dx.doi.org/10.1016/j.vaccine.2014.05.070

AUTHOR	TITLE	SOURCE	DOI
Etherington G., Zhang W., Harrison J., Walsh L.	Worker doses and potential health effects resulting from the accident at the Fukushima nuclear power plant in 2011.	International Journal of Radiation Biology. 90 (11) (pp 1088-1094), 2014. Date of Publication: 01 Nov 2014.	http://dx.doi.org/10.3109/09553002.2014.942920
Wolf I., Friede T., Hallier E., Straube S.	Work-related outcomes in randomised placebo- controlled pain trials: A systematic review and meta-analysis.	Journal of Occupational Medicine and Toxicology. 9 (1) (no pagination), 2014. Article Number: 25. Date of Publication: 15 Jul 2014.	http://dx.doi.org/10.1186/1745-6673-9-25
Kumar Praveen N.	A study on the risk profile of postnatal women with low birth weight babies.	Indian Journal of Public Health Research and Development. 4 (2) (pp 139-143), 2013. Date of Publication: April-June 2013.	http://dx.doi.org/10.5958/j.0976-5506.4.2.030
Martinelli N., Olivieri O., Girelli D.	Air particulate matter and cardiovascular disease: A narrative review.	European Journal of Internal Medicine. 24 (4) (pp 295-302), 2013. Date of Publication: June 2013.	http://dx.doi.org/10.1016/j.ejim.2013.04.001
Palazzo C., J.,-F Ravaud Ravaud P., Poiraudeau S.	An analysis of the burden of musculoskeletal conditions in France.	Annals of Physical and Rehabilitation Medicine. Conference: 28e Congres de Medecine Physique et de Readaptation. Reims France. Conference Publication: (var.pagings). 56 (SUPPL. 1) (pp e12-e13), 2013. Date of Publication: October 2013.	http://dx.doi.org/10.1016/j.rehab.2013.07.468
Rosen L.	An intuitive approach to understanding the attributable fraction of disease due to a risk factor: the case of smoking.	International journal of environmental research and public health. 10 (7) (pp 2932-2943), 2013. Date of Publication: Jul 2013.	http://dx.doi.org/10.3390/ijerph10072932
Smith P.,M., Mustard C.,A., Lu H., Glazier R.,H.	Comparing the risk associated with psychosocial work conditions and health behaviours on incident hypertension over a nine- year period in Ontario, Canada.	Canadian Journal of Public Health. 104 (1) (pp e82-e86), 2013. Date of Publication: January/February 2013.	
Schottenfeld D., Beebe- Dimmer J.,L., Buffler P.,A., Omenn G.,S.	Current perspective on the global and United States cancer burden attributable to lifestyle and environmental risk factors.	Annual Review of Public Health. 34 (pp 97-117), 2013. Date of Publication: March 2013.	http://dx.doi.org/10.1146/annurev-publhealth-031912-114350
Gomez M.,G., Castaneda R., Menduina P.,L., Garrido R.,U., Markowitz S.	Estimating medical costs of work-related diseases in the Basque Country (2008).	La Medicina del lavoro. 104 (4) (pp 267-276), 2013. Date of Publication: 2013 Jul-Aug.	
Hutchings S.,J., Sadhra Kurmi De Matteis Jarvis Fishwick Chambers Mitchell Gallacher Wheatley Cullinan Rushton	Estimating the burden of occupational Chronic Obstructive Pulmonary Disease (COPD) in the UK.	Occupational and Environmental Medicine. Conference: 23rd Conference on Epidemiology in Occupational Health, EPICOH 2013: Improving the Impact. Utrecht Netherlands. Conference Publication: (var. pagings). 70 (SUPPL. 1) (no pagination), 2013. Date of Publication: September 2013.	http://dx.doi.org/10.1136/oemed-2013-101717.410

AUTHOR	TITLE	SOURCE	DOI
Barrick K., Levesque L.,E., Dostaler S., Pickett W., Liss G., Tarlo S.,M., Lougheed M.,D.	Estimating the burden of work-related asthma using compensation and administrative data linkage.	American Journal of Respiratory and Critical Care Medicine. Conference: American Thoracic Society International Conference, ATS 2013. Philadelphia, PA United States. Conference Publication: (var.pagings). 187 (MeetingAbstracts) (no pagination), 2013. Date of Publication: 2013.	
Pruss-Ustun A., Wolf J., Driscoll T., Degenhardt L., Neira M., Calleja J.,M.,G.	HIV Due to Female Sex Work: Regional and Global Estimates.	PLoS ONE. 8 (5) (no pagination), 2013. Article Number: e63476. Date of Publication: 23 May 2013.	http://dx.doi.org/10.1371/journal.pone.0063476
Youlden D.,R., Cramb S.,M., Peters S., Porceddu S.,V., Moller H., Fritschi L., Baade P.,D.	International comparisons of the incidence and mortality of sinonasal cancer.	Cancer Epidemiology. 37 (6) (pp 770-779), 2013. Date of Publication: December 2013.	http://dx.doi.org/10.1016/j.canep.2013.09.014
Nattey C.	Lung cancer risk attributable to occupation: in a case control study in black South Africans 2001- 2008.	Journal of Thoracic Oncology. Conference: 15th World Conference on Lung Cancer. Sydney, NSW Australia. Conference Publication: (var.pagings). 8 (SUPPL. 2) (pp S232), 2013. Date of Publication: November 2013.	http://dx.doi.org/10.1097/01.JTO.0000438438.14562.c8
Mustafic H., Jabre P., Caussin C., Murad M.,H., Escolano S., Marijon E., Empana J.,P., Jouven X.	Main air pollutants and myocardial infarction: A systematic review and meta-analysis.	European Journal of Preventive Cardiology. Conference: EuroPRevent 2013. Rome Italy. Conference Publication: (var.pagings). 20 (1 SUPPL. 1) (pp S13), 2013. Date of Publication: April 2013.	http://dx.doi.org/10.1177/2047487314530052
Zhou C., Baiz N., Zhang T., Banerjee S., Annesi- Maesano I.	Modifiable exposures to air pollutants related to asthma phenotypes in the first year of life in children of the EDEN mother-child cohort study.	BMC public health. 13 (pp 506), 2013. Date of Publication: 2013.	http://dx.doi.org/10.1186/1471-2458-13-506
Jarvholm B., Reuterwall C., Bystedt J.	Mortality attributable to occupational exposure in Sweden.	Scandinavian Journal of Work, Environment and Health. 39 (1) (pp 106-111), 2013. Date of Publication: January 2013.	http://dx.doi.org/10.5271/sjweh.3284
de Wind A Geuskens GA Ybema JF Blatter BM Burdorf A Bongers PM van der Beek AJ	Health, job characteristics, skills, and social and financial factors in relation to early retirement – results from a longitudinal study in the Netherlands.	Scandinavian Journal of Work, Environment & Health. 40(2):186-94, 2014 Mar.	https://dx.doi.org/10.5271/sjweh.3393

AUTHOR	TITLE	SOURCE	DOI
Hagopian A., Flaxman A.,D., Takaro T.,K., Esa Al Shatari S.,A., Rajaratnam J., Becker S., Levin-Rector A., Galway L., Hadi Al-Yasseri B.,J., Weiss W.,M., Murray C.,J., Burnham G.	Mortality in Iraq Associated with the 2003-2011 War and Occupation: Findings from a National Cluster Sample Survey by the University Collaborative Iraq Mortality Study.	PLoS Medicine. 10 (10) (no pagination), 2013. Article Number: e1001533. Date of Publication: 2013.	http://dx.doi.org/10.1371/journal.pmed.1001533
Lund T., Andersen J.,H., Winding T.,N., Biering K., Labriola M.	Negative life events in childhood as risk indicators of labour market participation in young adulthood: A prospective birth cohort study.	PLoS ONE. 8 (9) (no pagination), 2013. Article Number: 0075860. Date of Publication: 11 Sep 2013.	http://dx.doi.org/10.1371/journal.pone.0075860
Lillienberg L., Andersson E., Janson C., Dahlman- Hoglund A., Forsberg B., Holm M., Glslason T., Jogi R., Omenaas E., Schlunssen V., Sigsgaard T., Svanes C., Toren K.	Occupational exposure and new-onset asthma in a population-based study in northern Europe (RHINE).	Annals of Occupational Hygiene. 57 (4) (pp 482-492), 2013. Date of Publication: May 2013.	http://dx.doi.org/10.1093/annhyg/mes083
Bonzini M., Parassoni Facchinetti Borchini Zanoni T., Castelnuovo Mario M.	Occupational exposure to carcinogens in different subtypes of SinoNasal Cancer. Results from 100 consecutive hospital based cases in Italy.	Occupational and Environmental Medicine. Conference: 23rd Conference on Epidemiology in Occupational Health, EPICOH 2013: Improving the Impact. Utrecht Netherlands. Conference Publication: (var. pagings). 70 (SUPPL. 1) (no pagination), 2013. Date of Publication: September 2013.	http://dx.doi.org/10.1136/oemed-2013-101717.158
Blair S.	Physical activity: Impact on mortality and morbidity.	Annals of Nutrition and Metabolism. Conference: 20th International Congress of Nutrition. Granada Spain. Conference Publication: (var.pagings). 63 (SUPPL. 1) (pp 27), 2013. Date of Publication: 2013.	http://dx.doi.org/10.1159/000354245
Rowe A.,K., Rowe S.,Y., Peters D.,H., Holloway K.,A., Chalker J., Ross- Degnan D.	Preliminary results of a systematic review of the effectiveness of strategies to improve health worker performance in low-and middle-income countries.	American Journal of Tropical Medicine and Hygiene. Conference: 62nd Annual Meeting of the American Society of Tropical Medicine and Hygiene, ASTMH 2012. Washington, DC United States. Conference Publication: (var. pagings). 89 (5 SUPPL. 1) (pp 25), 2013. Date of Publication: November 2013.	
Rushton L., Hutchings	SHECAN-methodology for the health impact assessment: The strengths and weaknesses of this approach.	Occupational and Environmental Medicine. Conference: 23rd Conference on Epidemiology in Occupational Health, EPICOH 2013: Improving the Impact. Utrecht Netherlands. Conference Publication: (var. pagings). 70 (SUPPL. 1) (no pagination), 2013. Date of Publication: September 2013.	http://dx.doi.org/10.1136/oemed-2013-101717.191

AUTHOR	TITLE	SOURCE	DOI
Kartaloglu Z.	Socioeconomic status and chronic obstructive pulmonary disease.	TAF Preventive Medicine Bulletin. 12 (1) (pp 87-96), 2013. Date of Publication: 2013.	http://dx.doi.org/10.5455/pmb.1-1331198324
Sultan-Taieb H., Chastang J.,F., Mansouri M., Niedhammer I.	The annual costs of cardiovascular diseases and mental disorders attributable to job strain in France.	BMC public health. 13 (pp 748), 2013. Date of Publication: 2013.	http://dx.doi.org/10.1186/1471-2458-13-748
Driscoll R.	The burden of disease from occupational exposures.	Occupational and Environmental Medicine. Conference: 23rd Conference on Epidemiology in Occupational Health, EPICOH 2013: Improving the Impact. Utrecht Netherlands. Conference Publication: (var. pagings). 70 (SUPPL. 1) (no pagination), 2013. Date of Publication: September 2013.	http://dx.doi.org/10.1136/oemed-2013-101717.23
Nielsen GD Olsen O Larsen ST Lovik M Poulsen LK Glue C Brandorff NP Nielsen PJ	IgE-mediated sensitisation, rhinitis and asthma from occupational exposures. Smoking as a model for airborne adjuvants? (Review) (119 refs)	Toxicology. 216(2-3):87-105, 2005 Dec 15.	
Binazzi A., Scarselli A., Marinaccio A.	The burden of mortality with costs in productivity loss from occupational cancer in Italy.	American Journal of Industrial Medicine. 56 (11) (pp 1272-1279), 2013. Date of Publication: November 2013.	http://dx.doi.org/10.1002/ajim.22224
Driscoll R.	The contribution of surveillance data to occupational burden of disease studies.	Occupational and Environmental Medicine. Conference: 23rd Conference on Epidemiology in Occupational Health, EPICOH 2013: Improving the Impact. Utrecht Netherlands. Conference Publication: (var. pagings). 70 (SUPPL. 1) (no pagination), 2013. Date of Publication: September 2013.	http://dx.doi.org/10.1136/oemed-2013-101717.200
Driscoll T.	The global burden of occupational disease and injury.	Internal Medicine Journal. Conference: RACP Future Directions in Health Congress 2013. Perth, WA Australia. Conference Publication: (var.pagings). 43 (SUPPL. 3) (pp 30), 2013. Date of Publication: May 2013.	http://dx.doi.org/10.1111/imj.12154
Kaikkonen R., Harkanen T., Rahkonen O., Gould R., Koskinen S.	Three decades of work ability and its main determinants: Alternate explanations or similarities?	European Journal of Epidemiology. Conference: EuroEpi 2013 and NordicEpi 2013: Non-Communicable Disease Epidemic: Epidemiology in Action. Aarhus Denmark. Conference Publication: (var.pagings). 28 (1 SUPPL. 1) (pp S168), 2013. Date of Publication: August 2013.	http://dx.doi.org/10.1007/s10654-013-9820-0

AUTHOR	TITLE	SOURCE	DOI
Kristensen P.,K., Mehlum Corbett Bjerkedal	Transgenerational sickness absence patterns in Norwegian families.	Occupational and Environmental Medicine. Conference: 23rd Conference on Epidemiology in Occupational Health, EPICOH 2013: Improving the Impact. Utrecht Netherlands. Conference Publication: (var. pagings). 70 (SUPPL. 1) (no pagination), 2013. Date of Publication: September 2013.	http://dx.doi.org/10.1136/oemed-2013-101717.314
Bacigalupe A., Esnaola S., Martin U., Borrell C.	Two decades of inequalities in smoking prevalence, initiation and cessation in a southern European region: 1986-2007.	European journal of public health. 23 (4) (pp 552-558), 2013. Date of Publication: Aug 2013.	
Moon E.,K., Son M., Jin Y.,-W., Park S., Lee W.,J.	Variations of lung cancer risk from asbestos exposure: Impact on estimation of population attributable fraction.	Industrial Health. 51 (1) (pp 128-133), 2013. Date of Publication: 2013.	http://dx.doi.org/10.2486/indhealth.MS1350
Stefanoff P., Rosinska M., Samuels S., White D.,J., Morse D.,L., Randolph S.,E.	A National Case-Control Study Identifies Human Socio-Economic Status and Activities as Risk Factors for Tick-Borne Encephalitis in Poland.	PLoS ONE. 7 (9) (no pagination), 2012. Article Number: e45511. Date of Publication: 19 Sep 2012.	http://dx.doi.org/10.1371/journal.pone.0045511
Mendez-Hernandez P., Dosamantes-Carrasco D., Siani C., Flores Y.,N., Arredondo A., Lumbreras- Delgado I., Granados- Garcia V.,M., Denova- Gutierrez E., Gallegos- Carrillo K., Salmeron J.	A workplace physical activity program at a public university in Mexico can reduce medical costs associated with type 2 diabetes and hypertension.	Salud Publica de Mexico. 54 (1) (pp 20-27), 2012. Date of Publication: 2012.	http://dx.doi.org/10.1590/S0036-36342012000100004
Hamerschlak N Maluf E Biasi Cavalcanti A Avezum Junior A Eluf- Neto J Passeto Falcao R Lorand-Metze IG Goldenberg D Leite Santana C de Oliveira Werneck Rodrigues D Nascimento da Motta Passos L Oliveira de Miranda Coelho E Tostes Pintao MC Moraes de Souza H Borbolla JR Pasquini R	Incidence and risk factors for agranulocytosis in Latin American countries – the Latin Study: a multicenter study.	European Journal of Clinical Pharmacology. 64(9):921-9, 2008 Sep.	https://dx.doi.org/10.1007/s00228-008-0513-7
Lind ML Albin M Brisman J Kronholm Diab K Lillienberg L Mikoczy Z Nielsen J Rylander L Toren K Meding B	Incidence of hand eczema in female Swedish hairdressers.	Occupational & Environmental Medicine. 64(3):191-5, 2007 Mar.	
Jaakkola M.,S., Jaakkola J.,J.	Assessment of public health impact of work-related asthma.	BMC medical research methodology. 12 (pp 22), 2012. Date of Publication: 2012.	http://dx.doi.org/10.1186/1471-2288-12-22

AUTHOR	TITLE	SOURCE	DOI
Wang J.,B., Jiang Y., Liang H., Li P., Xiao H.,J., Ji J., Xiang W., Shi J.,F., Fan Y.,G., Li L., Wang D., Deng S.,S., Chen W.,Q., Wei W.,Q., Qiao Y.,L., Boffetta P.	Attributable causes of cancer in China.	Annals of Oncology. 23 (11) (pp 2983-2989), 2012. Article Number: mds139. Date of Publication: November 2012.	http://dx.doi.org/10.1093/annonc/mds139
Ivers N., Jamtvedt G., Flottorp S., Young J.,M., Odgaard-Jensen J., French S.,D., O'Brien M.,A., Johansen M., Grimshaw J., Oxman A.,D.	Audit and feedback: Effects on professional practice and healthcare outcomes.	Cochrane Database of Systematic Reviews. 2012 (6) (no pagination), 2012. Article Number: CD000259. Date of Publication: 2012.	https://doi.org/10.1002/14651858.CD000259.pub3
Mccarthy W.,J., Meza R., Jeon J., Moolgavkar S.,H.	Chapter 6: Lung cancer in never smokers: Epidemiology and risk prediction models.	Risk Analysis. 32 (SUPPL.1) (pp S69-S84), 2012. Date of Publication: July 2012.	http://dx.doi.org/10.1111/j.1539-6924.2012.01768.x
Darby A.,C., Waterhouse J.,C., Stevens V., Billings C.,G., Burton C.,M., Young C., Wight J., Blanc P.,D., Fishwick D.	Chronic obstructive pulmonary disease among residents of an historically industrialised area.	Thorax. 67 (10) (pp 901-907), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1136/thoraxjnl-2011-200543
Upadhyay R.,P., Dwivedi P.,R., Rai S.,K., Misra P., Kalaivani M., Krishnan A.	Determinants of neonatal mortality in rural Haryana: A retrospective population based study.	Indian Pediatrics. 49 (4) (pp 291-294), 2012. Date of Publication: April 2012.	http://dx.doi.org/10.1007/s13312-012-0044-2
Garcia Gomez M., Garrido R.,U., Lopez R.,C., Menduina P.,L.	Direct Health Care Costs of Occupational Asthma in Spain: An Estimation From 2008.	Archivos de Bronconeumologia. 48 (10) (pp 355-361), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1016/j.arbr.2012.07.010
Tokarskaya ZB Zhuntova GV Scott BR Khokhryakov VF Belyaeva ZD Vasilenko EK Syrchikov VA	Influence of alpha and gamma radiations and non-radiation risk factors on the incidence of malignant liver tumors among Mayak PA workers.	Health Physics. 91(4):296-310, 2006 Oct.	
De Hoogh K., Wang Y., Lee K., McHugh C., Carruthers D., Gulliver J.	Do increasingly realistic exposure metrics lead to changes in attributable risk?	Epidemiology. Conference: 24th Annual Conference of the International Society for Environmental Epidemiology, ISEE 2012. Columbia, SC United States. Conference Publication: (var.pagings). 23 (5 SUPPL. 1) (pp S115), 2012. Date of Publication: September 2012.	http://dx.doi.org/10.1097/01.ede.0000416715.79797.70
Gibson J.,M., Farah Z.,S.	Environmental risks to public health in the United Arab Emirates: A quantitative assessment and strategic plan.	Environmental Health Perspectives. 120 (5) (pp 681-686), 2012. Date of Publication: May 2012.	http://dx.doi.org/10.1289/ehp.1104064
McCormack V., Peto J., Byrnes G., Straif K., Boffetta P.	Estimating the asbestos- related lung cancer burden from mesothelioma mortality.	British Journal of Cancer. 106 (3) (pp 575-584), 2012. Date of Publication: 31 Jan 2012.	http://dx.doi.org/10.1038/bjc.2011.563

AUTHOR	TITLE	SOURCE	DOI
Kuo C.,-F., Grainge M.,J., See L.,-C., Yu K.,-H., Luo S.,-F., Valdes A.,M., Chou I.,-J., Zhang W., Doherty M.	Familial aggregation and heritability of ankylosing spondylitis in Taiwan: A nationwide population study.	Arthritis and Rheumatism. Conference: Annual Scientific Meeting of the American College of Rheumatology and Association of Rheumatology Health Professionals 2012. Washington, DC United States. Conference Publication: (var.pagings). 64 (SUPPL. 10) (pp S254), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1002/art.37735
Kuo C.,-F., Grainge M.,J., See L.,-C., Yu K.,-H., Luo S.,-F., Valdes A.,M., Zhang W., Doherty M.	Familial aggregation and heritability of gout in taiwan: A nationwide population study.	Arthritis and Rheumatism. Conference: Annual Scientific Meeting of the American College of Rheumatology and Association of Rheumatology Health Professionals 2012. Washington, DC United States. Conference Publication: (var.pagings). 64 (SUPPL. 10) (pp S355), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1002/art.37735
Merry S.,N.	Fifty studies later, have we finally arrived? Results from an updated meta- analysis.	Neuropsychiatrie de l'Enfance et de l'Adolescence. Conference: 20th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions, IACAPAP 2012. Paris France. Conference Publication: (var.pagings). 60 (5 SUPPL. 1) (pp S85), 2012. Date of Publication: July 2012.	http://dx.doi.org/10.1016/j.neurenf.2012.05.347
De matteis S., Consonni D., Lubin J.,H., Tucker M., Peters S., Vermeulen R.,C., Kromhout H., Bertazzi P.,A., Caporaso N.,E., Pesatori A.,C., Wacholder S., Landi M.,T.	Impact of occupational carcinogens on lung cancer risk in a general population.	International Journal of Epidemiology. 41 (3) (pp 711-721), 2012. Article Number: dys042. Date of Publication: June 2012.	http://dx.doi.org/10.1093/ije/dys042
Baade P.,D., Youl P.,H., Meng X., Sinclair C.	Impact of prevention on future cancer incidence in Australia.	Asia-Pacific Journal of Clinical Oncology. Conference: COSA 39th Annual Scientific Meeting and IPOS 14th World Congress of Psycho- Oncology. Brisbane, QLD Australia. Conference Publication: (var.pagings). 8 (SUPPL. 3) (pp 302-303), 2012. Date of Publication: November 2012.	http://dx.doi.org/10.1111/ajco.12030
Kivimaki M Singh- Manoux A Virtanen M Ferrie JE Batty GD Rugulies R	IPD-Work consortium: pre- defined meta-analyses of individual-participant data strengthen evidence base for a link between psychosocial factors and health.	Scandinavian Journal of Work, Environment & Health. 41(3):312-21, 2015 May 01.	https://dx.doi.org/10.5271/sjweh.3485

AUTHOR	TITLE	SOURCE	DOI
Suka M., Miwa Y., Ono Y., Yanagisawa H.	Impact of weight gain on cardiovascular risk factors in Japanese male workers.	Journal of Occupational and Environmental Medicine. 54 (10) (pp 1288-1292), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1097/JOM.0b013e31825cb669
Consonni D., de Matteis S., Pesatori A.,C., Cattaneo A., Cavallo D.,M., Lubin J.,H., Tucker M., Bertazzi P.,A., Caporaso N.,E., Wacholder S., Landi M.,T.	Increased lung cancer risk among bricklayers in an Italian population-based case-control study.	American Journal of Industrial Medicine. 55 (5) (pp 423-428), 2012. Date of Publication: May 2012.	http://dx.doi.org/10.1002/ajim.22017
Kessler R.,C., Berglund P.,A., Coulouvrat C., Fitzgerald T., Hajak G., Roth T., Shahly V., Shillington A.,C., Stephenson J.,J., Walsh J.,K.	Insomnia, comorbidity, and risk of injury among insured Americans: Results from the America Insomnia Survey.	Sleep. 35 (6) (pp 825-834), 2012. Date of Publication: 01 Jun 2012.	http://dx.doi.org/10.5665/sleep.1884
Hutchings S., Cherrie J.,W., Van Tongeren M., Rushton L.	Intervening to reduce the future burden of occupational cancer in Britain: What could work?	Cancer Prevention Research. 5 (10) (pp 1213 1222), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1158/1940-6207.CAPR-12-0070
Kivimaki M., Nyberg S.,T., Batty G.,D., Fransson E.,I., Heikkila K., Alfredsson L., Bjorner J.,B., Borritz M., Burr H., Casini A., Clays E., De Bacquer D., Dragano N., Ferrie J.,E., Geuskens G.,A., Goldberg M., Hamer M., Hooftman W.,E., Houtman I.,L., Joensuu M., Jokela M., Kittel F., Knutsson A., Koskenvuo M., Koskinen A., Kouvonen A., Kumari M., Madsen I.,E.,H., Marmot M.,G., Nielsen M.,L., Nordin M., Oksanen T., Pentti J., Rugulies R., Salo P., Siegrist J., Singh-Manoux A., Suominen S.,B., Vaananen A., Vahtera J., Virtanen M., Westerholm P.,J.,M., Westerlund H., Zins M., Steptoe A., Theorell T.	Job strain as a risk factor for coronary heart disease: A collaborative meta-analysis of individual participant data.	The Lancet. 380 (9852) (pp 1491-1497), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1016/S0140-6736%2812%2960994-5
Chen W., Liu Y., Wang H., Hnizdo E., Sun Y., Su L., Zhang X., Weng S., Bochmann F., Hearl F.,J., Chen J., Wu T.	Long-term exposure to silica dust and risk of total and cause-specific mortality in Chinese workers: A cohort study.	PLoS Medicine. 9 (4) (no pagination), 2012. Article Number: e1001206. Date of Publication: April 2012.	http://dx.doi.org/10.1371/journal.pmed.1001206
Feldens C.,A., Kramer P.,F., Sequeira M.,C., Rodrigues P.,H., Vitolo M.,R.	Maternal education is an independent determinant of cariogenic feeding practices in the first year of life.	European Archives of Paediatric Dentistry. 13 (2) (pp 70-75), 2012. Date of Publication: April 2012.	http://dx.doi.org/10.1007/BF03262847
Blanc P.,D.	Occupation and COPD: A brief review.	Journal of Asthma. 49 (1) (pp 2-4), 2012. Date of Publication: February 2012.	http://dx.doi.org/10.3109/02770903.2011.611957

AUTHOR	TITLE	SOURCE	DOI
Engdahl B., Krog N.,H., Kvestad E., Hoffman H.,J., Tambs K.	Occupation and the risk of bothersome tinnitus: Results from a prospective cohort study (HUNT).	BMJ Open. 2 (1) (no pagination), 2012. Article Number: e000512. Date of Publication: 2012.	http://dx.doi.org/10.1136/bmjopen-2011-000512
Hedlund U., Hedman L., Lundback B., Ronmark E.	Occupational air pollutants-More hazardous for respiratory health than smoking? Report from the obstructive lung disease in northern Sweden studies.	European Respiratory Journal. Conference: European Respiratory Society Annual Congress 2012. Vienna Austria. Conference Publication: (var.pagings). 40 (SUPPL. 56) (no pagination), 2012. Date of Publication: 01 Sep 2012.	
Li P., Deng S.,-S., Wang J.,-B., Iwata A., Qiao Y.,-L., Dai X.,-B., Boffetta P.	Occupational and environmental cancer incidence and mortality in China.	Occupational Medicine. 62 (4) (pp 281-287), 2012. Date of Publication: June 2012.	http://dx.doi.org/10.1093/occmed/kqs016
Rushton L., Hutchings S.,J., Fortunato L., Young C., Evans G.,S., Brown T., Bevan R., Slack R., Holmes P., Bagga S., Cherrie J.,W., Van Tongeren M.	Occupational cancer burden in Great Britain.	British Journal of Cancer. 107 (SUPPL. 1) (pp S3-S7), 2012. Date of Publication: 19 Jun 2012.	http://dx.doi.org/10.1038/bjc.2012.112
Wild P., Gonzalez M., Bourgkard E., Courouble N., Clement-Duchene C., Martinet Y., Fevotte J., Paris C.	Occupational risk factors have to be considered in the definition of high-risk lung cancer populations.	British Journal of Cancer. 106 (7) (pp 1346-1352), 2012. Date of Publication: 27 Mar 2012.	http://dx.doi.org/10.1038/bjc.2012.75
Tse L.,A., Yu I.,T.,-S., Qiu H., Au J.,S.,K., Wang X.,-R.	Occupational risks and lung cancer burden for Chinese men: A population-based case-referent study.	Cancer Causes and Control. 23 (1) (pp 121-131), 2012. Date of Publication: January 2012.	http://dx.doi.org/10.1007/s10552-011-9861-1
Lam K.,B.,H., Yin P., Jiang C.,Q., Zhang W.,S., Adab P., Miller M.,R., Thomas G.,N., Ayres J.,G., Lam T.,H., Cheng K.,K.	Past dust and GAS/FUME exposure and COPD in Chinese: The Guangzhou Biobank Cohort Study.	Respiratory Medicine. 106 (10) (pp 1421-1428), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1016/j.rmed.2012.05.009
Foubert-Samier A., Helmer C., Perez F., Goff M.,L., Auriacombe S., Elbaz A., Dartigues J.,-F., Tison F.	Past exposure to neuroleptic drugs and risk of Parkinson disease in an elderly cohort.	Neurology. 79 (15) (pp 1615-1621), 2012. Date of Publication: 09 Oct 2012.	http://dx.doi.org/10.1212/WNL.0b013e31826e25ce
Foubert-Samier A., Helmer C., Perez F., Le Goff M., Auriacombe S., Elbaz A., Dartigues J.,-F., Tison F.	Past exposure to neuroleptics and risk of parkinson's disease.	Neuroepidemiology. Conference: 2nd International Congress on Neurology and Epidemiology. Nice France. Conference Publication: (var.pagings). 39 (3-4) (pp 210), 2012. Date of Publication: October 2012.	http://dx.doi.org/10.1159/000343765
Kuo C.,-Y., Liao S.,-C., Lin K.,-H., Wu C.,-L., Lee M.,-B., Guo N.,-W., Guo Y.,L.	Predictors for suicidal ideation after occupational injury.	Psychiatry Research. 198 (3) (pp 430-435), 2012. Date of Publication: 15 Aug 2012.	http://dx.doi.org/10.1016/j.psychres.2012.02.011

AUTHOR	TITLE	SOURCE	DOI
Etzel C.,J.	Racial and ethnic differences in cancer risk models.	Cancer Research. Conference: 103rd Annual Meeting of the American Association for Cancer Research, AACR 2012. Chicago, IL United States. Conference Publication: (var. pagings). 72 (8 SUPPL. 1) (no pagination), 2012. Date of Publication: 15 Apr 2012.	http://dx.doi.org/10.1158/1538-7445.AM2012-SY09-03
Ok C.,H., Park H.,S., Choi H.,C., Kim Y.,N., Son J.,H., Cho Y.,K., Yoon H.,J., Kim H., Nam C.,W., Hur S.,H., Kim K.,B., Kang Y.,H., Ryu J.,K.	Radiation dose and risk of cancer development during electrophysiology procedure.	Circulation. Conference: American Heart Association 2012 Scientific Sessions and Resuscitation Science Symposium. Los Angeles, CA United States. Conference Publication: (var.pagings). 126 (21 SUPPL. 1) (no pagination), 2012. Date of Publication: 20 Nov 2012.	
Vyas M.,V., Garg A.,X., Iansavichus A.,V., Costella J., Donner A., Laugsand L.,E., Janszky I., Mrkobrada M., Parraga G., Hackam D.,G.	Shift work and vascular events: Systematic review and meta-analysis.	BMJ (Online). 345 (7871) (no pagination), 2012. Article Number: e4800. Date of Publication: 25 Aug 2012.	http://dx.doi.org/10.1136/bmj.e4800
d'Errico A., Costa G.	Socio-demographic and work-related risk factors for medium- and long- term sickness absence among Italian workers.	European journal of public health. 22 (5) (pp 683-688), 2012. Date of Publication: Oct 2012.	
Boffetta P.	The burden of lung cancer in non-smokers.	Journal of Thoracic Oncology. Conference: 3rd European Lung Cancer Conference, ELCC 2012. Geneva Switzerland. Conference Publication: (var.pagings). 7 (6 SUPPL. 1) (pp S9), 2012. Date of Publication: June 2012.	http://dx.doi.org/10.1097/JTO.0b013e318253d2ff
Kumar S., Quinn S.,C., Kim K.,H., Daniel L.,H., Freimuth V.,S.	The impact of workplace policies and other social factors on self-reported influenza-like illness incidence during the 2009 H1N1 pandemic.	American journal of public health. 102 (1) (pp 134-140), 2012. Date of Publication: Jan 2012.	
Huysmans M.,A., Ijmker S., Blatter B.,M., Knol D.,L., Van Mechelen W., Bongers P.,M., Van Der Beek A.,J.	The relative contribution of work exposure, leisure time exposure, and individual characteristics in the onset of arm-wrist- hand and neck-shoulder symptoms among office workers.	International Archives of Occupational and Environmental Health. 85 (6) (pp 651-666), 2012. Date of Publication: August 2012.	http://dx.doi.org/10.1007/s00420-011-0717-5
Garcia Gomez M Castaneda Lopez R Urbanos Garrido R Lopez Menduina P Markowitz S	Medical costs of cancer attributable to work in the Basque Country (Spain) in 2008.	Gaceta Sanitaria. 27(4):310-7, 2013 Jul-Aug.	https://dx.doi.org/10.1016/j.gaceta.2013.01.002

AUTHOR	TITLE	SOURCE	DOI
Sisti J., Boffetta P.	What proportion of lung cancer in never-smokers can be attributed to known risk factors?.	International Journal of Cancer. 131 (2) (pp 265-275), 2012. Date of Publication: 15 Jul 2012.	http://dx.doi.org/10.1002/ijc.27477
Parkin D.,M.	1. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010.	British Journal of Cancer. 105 (SUPPL. 2) (pp S2-S5), 2011. Date of Publication: 06 Dec 2011.	http://dx.doi.org/10.1038/bjc.2011.474
Parkin D.,M., Boyd L., Walker L.,C.	16. The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010.	British Journal of Cancer. 105 (SUPPL. 2) (pp S77-S81), 2011. Date of Publication: 06 Dec 2011.	http://dx.doi.org/10.1038/bjc.2011.489
Myers J., Young T., Galloway M., Manyike P., Tucker T.	A public health approach to the impact of climate change on health in southern Africa – Identifying priority modifiable risks.	South African Medical Journal. 101 (11) (pp 817-820), 2011. Date of Publication: November 2011.	
Toren K., Ekerljung L., Kim J.,-L., Hillstrom J., Wennergren G., Ronmark E., Lotvall J., Lundback B.	Adult-onset asthma in west Sweden – Incidence, sex differences and impact of occupational exposures.	Respiratory Medicine. 105 (11) (pp 1622-1628), 2011. Date of Publication: November 2011.	http://dx.doi.org/10.1016/j.rmed.2011.06.003
Mustafic H., Jabre P., Caussin C., Murrad M.,H., Escolano S., Tafflet M., Perier M.,-C., Marijon E., Vernerey D., Empana J.,-P., Jouven X.	Air pollution and myocardial infarction: A systematic review and meta-analysis.	Circulation. Conference: American Heart Association's Scientific Sessions 2011. Orlando, FL United States. Conference Publication: (var. pagings). 124 (21 SUPPL. 1) (no pagination), 2011. Date of Publication: 22 Nov 2011.	
Slack R., Rushton L., Hutchings S.	Assessment of risk factors influencing incidence of female breast carcinoma: Occupational burden.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A85), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.279
Aime Guedou F., Van Damme L., Mirembe F.,M., Solomon S., Becker M., Deese J., Crucitti T., Taylor D., Alary M.	Association between prevalent bacterial vaginosis (bv) and hiv infection among female sex workers at two african and two indian sites.	Sexually Transmitted Infections. Conference: 19th Biennial Conference of the International Society for Sexually Transmitted Diseases Research. Quebec City, QC Canada. Conference Publication: (var.pagings). 87 (SUPPL. 1) (pp A34-A35), 2011. Date of Publication: July 2011.	http://dx.doi.org/10.1136/sextrans-2011-050109.30
Wang J.,-B., Fan Y.,-G., Jiang Y., Li P., Xiao H.,- J., Chen W.,-Q., Wei W.,-Q., Zhou Q.,-H., Qiao Y.,-L., Boffetta P.	Attributable causes of lung cancer incidence and mortality in China.	Thoracic Cancer. 2 (4) (pp 156-163), 2011. Date of Publication: November 2011.	http://dx.doi.org/10.1111/j.1759-7714.2011.00067.x

AUTHOR	TITLE	SOURCE	DOI
Li Z., Page A., Martin G., Taylor R.	Attributable risk of psychiatric and socio-economic factors for suicide from individual-level, population-based studies: A systematic review.	Social Science and Medicine. 72 (4) (pp 608-616), 2011. Date of Publication: February 2011.	http://dx.doi.org/10.1016/j.socscimed.2010.11.008
Erren T.,C., Morfeld P.	Attributing the burden of cancer at work: Three areas of concern when examining the example of shift-work.	Epidemiologic Perspectives and Innovations. 8 (1) (no pagination), 2011. Article Number: 4. Date of Publication: 2011.	http://dx.doi.org/10.1186/1742-5573-8-4
Kim Y.,-M., Kim J.,-W., Lee H.,-J.	Burden of disease attributable to air pollutants from municipal solid waste incinerators in Seoul, Korea: A source- specific approach for environmental burden of disease.	Science of the Total Environment. 409 (11) (pp 2019-2028), 2011. Date of Publication: 01 May 2011.	http://dx.doi.org/10.1016/j.scitotenv.2011.02.032
Morfeld P., Gros V., Erren T.,C.	Causal, practical and methodological reasons to avoid attributable caseload estimates: The example of occupational cancers attributed to shift- work.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A18), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.55
Ehrlich R., Adams S., Baatjies R., Jeebhay M.,F.	Chronic airflow obstruction and respiratory symptoms following tuberculosis: A review of South African studies.	International Journal of Tuberculosis and Lung Disease. 15 (7) (pp 886-891), 2011. Date of Publication: July 2011.	http://dx.doi.org/10.5588/ijtld.10.0526
Weiland K., Neidell M., Rauh V., Perera F.	Cost of developmental delay from prenatal exposure to airborne polycyclic aromatic hydrocarbons.	Journal of Health Care for the Poor and Underserved. 22 (1) (pp 320-329), 2011. Date of Publication: February 2011.	
Bonzini M., Mensi C., Macchione M., Sieno C., Bordini L., Riboldi L., Pesatori A.,C.	Differences in the environmental exposure pattern between peritoneal and pleural mesothelioma: Data from the mesothelioma lombardy region register (Italy).	Epidemiology. Conference: 22nd Annual Conference of the International Society for Environmental Epidemiology, ISEE 2010. Seoul South Korea. Conference Publication: (var. pagings). 22 (SUPPL. 1) (pp S107), 2011. Date of Publication: January 2011.	http://dx.doi.org/10.1097/01.ede.0000391996.40990.99
Li G., Baker S.,P., Zhao Q., Brady J.,E., Lang B.,H., Rebok G.,W., DiMaggio C.	Drug violations and aviation accidents: findings from the US mandatory drug testing programs.	Addiction (Abingdon, England). 106 (7) (pp 1287-1292), 2011. Date of Publication: Jul 2011.	http://dx.doi.org/10.1111/j.1360-0443.2011.03388.x
Leigh J.,P.	Economic burden of occupational injury and illness in the United States.	Milbank Quarterly. 89 (4) (pp 728-772), 2011. Date of Publication: December 2011.	http://dx.doi.org/10.1111/j.1468-0009.2011.00648.x

AUTHOR	TITLE	SOURCE	DOI
Yang Y., Li J.,-X., Chen J.,-C., Cao J., Lu X.,-F., Chen S.,-F., Wu X.,-G., Duan X.,-F., Mo X.,-B., Gu D.,-F.	Effect of elevated total cholesterol level and hypertension on the risk of fatal cardiovascular disease: A cohort study of Chinese steelworkers.	Chinese Medical Journal. 124 (22) (pp 3702-3706), 2011. Date of Publication: 20111120.	http://dx.doi.org/10.3760/cma.j.issn.0366-6999.2011.22.018
Vives A., Vanroelen C., Amable M., Ferrer M., Moncada S., Llorens C., Muntaner C., Benavides F.,G., Benach J.	Employment precariousness in Spain: prevalence, social distribution, and population-attributable risk percent of poor mental health.	International journal of health services : planning, administration, evaluation. 41 (4) (pp 625-646), 2011. Date of Publication: 2011.	
Roquelaure Y., Fouquet N., Ha C., Bord E., Surer N., Manach A.,P.,L., Leclerc A., Lombrail P., Goldberg M., Imbernon E.	Epidemiological surveillance of lumbar disc surgery in the general population: A pilot study in a French region.	Joint Bone Spine. 78 (3) (pp 298-302), 2011. Date of Publication: May 2011.	http://dx.doi.org/10.1016/j.jbspin.2010.08.008
LaMontagne A., Sanderson K., Cocker F.	Estimating the economic benefits of eliminating job strain as a risk factor for depression.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A3), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.9
Xiang W., Shi J.,-F., Li P., Wang J.,-B., Xu L.,-N., Wei W.,-Q., Zhao F.,-H., Qiao Y.,-L., Boffetta P.	Estimation of cancer cases and deaths attributable to infection in China.	Cancer Causes and Control. 22 (8) (pp 1153-1161), 2011. Date of Publication: August 2011.	http://dx.doi.org/10.1007/s10552-011-9791-y
Bonzini M., Battaglia P., Casa M., Parassoni D., Borchini R., Castelnuovo P.,G., Ferrario M.,M.	Etiological role of occupational exposure in different subtypes of sino- nasal cancer: Results from a large hospital- based cohort in Italy.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A112), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.374
af Klinteberg B., Almquist Y., Beijer U., Rydelius P.,A.	Family psychosocial characteristics influencing criminal behaviour and mortality – possible mediating factors: a longitudinal study of male and female subjects in the Stockholm Birth Cohort.	BMC public health. 11 (pp 756), 2011. Date of Publication: 2011.	
Sultan-Taieb H., Lejeune C., Drummond A., Niedhammer I.	Fractions of cardiovascular diseases, mental disorders, and musculoskeletal disorders attributable to job strain.	International Archives of Occupational and Environmental Health. 84 (8) (pp 911-925), 2011. Date of Publication: December 2011.	http://dx.doi.org/10.1007/s00420-011-0633-8
Hamalainen P.,H., Saarela K.,L., Takala J.	Global estimates of fatal work-related diseases by region and disease group, 2002.	International journal of occupational and environmental health. 17 (1) (pp 49-56), 2011. Date of Publication: 2011 Jan- Mar.	

AUTHOR	TITLE	SOURCE	DOI
Tse L.,A., Yu I., Qiu H., Au J.,S.,K., Wang X.	Lung cancer and occupational exposures in Hong Kong Chinese men.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A114), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.381
Olsson A.,C., Gustavsson P., Zaridze D., Mukeriya A., Szeszenia-Dabrowska N., Rudnai P., Lissowska J., Fabianova E., Mates D., Bencko V., Foretova L., Janout V., Fevotte J., 'T Mannetje A., Fletcher T., Brennan P., Boffetta P.	Lung cancer risk attributable to occupational exposures in a multicenter case-control study in central and Eastern Europe.	Journal of Occupational and Environmental Medicine. 53 (11) (pp 1262-1267), 2011. Date of Publication: November 2011.	http://dx.doi.org/10.1097/JOM.0b013e318234e2d2
Fevotte J., Dananche B., Delabre L., Ducamp S., Garras L., Houot M., Luce D., Orlowski E., Pilorget C., Lacourt A., Brochard P., Goldberg M., Imbernon E.	Matgene: A program to develop job-exposure matrices in the general population in France.	Annals of Occupational Hygiene. 55 (8) (pp 865-878), 2011. Date of Publication: October 2011.	http://dx.doi.org/10.1093/annhyg/mer067
Fevotte J., Dananche B., Delabre L., Ducamp S., Garras L., Houot M., Luce D., Pilorget C., Lacourt A., Brochard P., Goldberg M., Imbernon E.	Matgene: A program to develop job-exposure matrices in the general population in France.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A78), 2011. Date of Publication: September 2011.	https://doi.org/10.1093/annhyg/mer067
Grimby-Ekman A., Andersson E., Hagberg M.	Neck pain and perceived stress: Analysing repeated binary outcomes from a cohort study.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A116-A117), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.388
Fuente A., Hickson L.	Noise-induced hearing loss in Asia.	International Journal of Audiology. 50 (SUPPL. 1) (pp S3-S10), 2011. Date of Publication: March 2011.	http://dx.doi.org/10.3109/14992027.2010.540584

AUTHOR	TITLE	SOURCE	DOI
Driscoll T., Rushton L., Hutchings S.	Occupational burden estimates – Strengths and limitations.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A58), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.187
'T Mannetje A., Bencko V., Brennan P., Zaridze D., Szeszenia- Dabrowska N., Rudnai P., Lissowska J., Fabianova E., Cassidy A., Mates D., Foretova L., Janout V., Fevotte J., Fletcher T., Boffetta P.	Occupational exposure to metal compounds and lung cancer. Results from a multi-center case-control study in Central/Eastern Europe and UK.	Cancer Causes and Control. 22 (12) (pp 1669-1680), 2011. Date of Publication: December 2011.	http://dx.doi.org/10.1007/s10552-011-9843-3
Govender N., Lalloo U.,G., Naidoo R.,N.	Occupational exposures and chronic obstructive pulmonary disease: A hospital based case – Control study.	Thorax. 66 (7) (pp 597-601), 2011. Date of Publication: July 2011.	http://dx.doi.org/10.1136/thx.2010.149468
Paris C., Bourgkard E., Gonzales M., Corvisier J., Feicht G., Courouble N., Clement-Duchene C., Luc A., Stucker I., Brochard P., Benichou J.	Occupational risk factors may be of importance to define populations suitable to screening of lung cancer.	European Respiratory Journal. Conference: European Respiratory Society Annual Congress 2011. Amsterdam Netherlands. Conference Publication: (var.pagings). 38 (SUPPL. 55) (no pagination), 2011. Date of Publication: 01 Sep 2011.	
Billette de Villemeur A., Gratacap-Cavallier B., Casey R., Baccard- Longere M., Goirand L., Seigneurin J.,-M., Morand P.	Occupational risk for cytomegalovirus, but not for parvovirus B19 in child- care personnel in France.	Journal of Infection. 63 (6) (pp 457-467), 2011. Date of Publication: December 2011.	http://dx.doi.org/10.1016/j.jinf.2011.06.012
Lam K.,B.,H., Yin P., Jiang C.,Q., Zhang W.,S., Zdab P., Miller M., Thomas G.,N., Ayres J.,G., Lam T.,H., Cheng K.,K.	Past dust and gas/fume exposure and COPD in Chinese: The Guangzhou Biobank cohort study.	European Respiratory Journal. Conference: European Respiratory Society Annual Congress 2011. Amsterdam Netherlands. Conference Publication: (var.pagings). 38 (SUPPL. 55) (no pagination), 2011. Date of Publication: 01 Sep 2011.	
Hutchings SJ Rushton L	Occupational cancer in Britain. Statistical methodology.	British Journal of Cancer. 107 Suppl 1:S8-17, 2012 Jun 19.	https://dx.doi.org/10.1038/bjc.2012.113
Jacobs B., Ward L.	Peritoneal mesothelioma presenting as intractable vomiting.	Journal of General Internal Medicine. Conference: 34th Annual Meeting of the Society of General Internal Medicine. Phoenix, AZ United States. Conference Publication: (var.pagings). 26 (SUPPL. 1) (pp S415), 2011. Date of Publication: May 2011.	http://dx.doi.org/10.1007/s11606-011-1730-9

AUTHOR	TITLE	SOURCE	DOI
Hutchings S., Rushton L.	Predicting the future burden of occupational cancer.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A59), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.190
De Matteis S., Consonni D., Lubin J., Tucker M., Peters S., Vermeulen R., Kromhout H., Bertazzi P.,A., Caporaso N., Pesatori A.,C., Wacholder S., Landi M.,T.	Public health impact of exposure to occupational carcinogens on lung cancer risk.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A16), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.49
Prado-Leon LR Aceves- Gonzalez C Avila-Chaurand R	Occupational driving as a risk factor in low back pain: a case-control study in a Mexican population.	Work. 31(4):387-96, 2008.	
Long S.,J., Arora S., Moorthy K., Sevdalis N., Vincent C.	Qualities and attributes of a safe practitioner: Identification of safety skills in healthcare.	BMJ Quality and Safety. 20 (6) (pp 483-490), 2011. Date of Publication: June 2011.	http://dx.doi.org/10.1136/bmjqs.2010.043166
Shahriar M., Islam R.,B., Mahmood A.,S., Shamim Al Mamun M., Nahar S.,S., Sadiana T., Shahid S.	Risk factors and trends of common cancers in Bangladesh: Outcome of hospital based case control survey conducted in Dhaka City, Bangladesh.	Stamford Journal of Pharmaceutical Sciences. 4 (2) (pp 35-41), 2011. Date of Publication: 2011.	
Guida F., Papadopoulos A., Menvielle G., Matrat M., Fevotte J., Cenee S., Cyr D., Schmaus A., Carton M., Paget-Bailly S., Radoi L., Tarnaud C., Bara S., Tretarre B., Luce D., Stucker I.	Risk of lung cancer and occupational history: Results of a french population-based case-control study, the ICARE study.	Journal of Occupational and Environmental Medicine. 53 (9) (pp 1068-1077), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1097/JOM.0b013e318229ab2e
Wong I.,S., McLeod C.,B., Demers P.,A.	Shift work trends and risk of work injury among Canadian workers.	Scandinavian Journal of Work, Environment and Health. 37 (1) (pp 54-61), 2011. Date of Publication: January 2011.	http://dx.doi.org/10.5271/sjweh.3124
Guaita R., Pichiule M., Mate T., Linares C., Diaz J.	Short-term impact of particulate matter (PM2.5) on respiratory mortality in Madrid.	International Journal of Environmental Health Research. 21 (4) (pp 260-274), 2011. Date of Publication: August 2011.	http://dx.doi.org/10.1080/09603123.2010.544033

AUTHOR	TITLE	SOURCE	DOI
Franchi A., Miligi L., Palomba A., Giovannetti L., Santucci M.	Sinonasal carcinomas: Recent advances in molecular and phenotypic characterization and their clinical implications.	Critical Reviews in Oncology/Hematology. 79 (3) (pp 265-277), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1016/j.critrevonc.2010.08.002
Rushton L., Bagga S., Bevan R., Brown T., Cherrie J., Holmes P., Fortunato L., Slack R., Van Tongeren M., Young C., Hutchings S.	The British occupational cancer burden study.	Occupational and Environmental Medicine. Conference: 22nd International Conference on Epidemiology in Occupational Health, EPICOH 2011. Oxford United Kingdom. Conference Publication: (var.pagings). 68 (SUPPL. 1) (pp A58), 2011. Date of Publication: September 2011.	http://dx.doi.org/10.1136/oemed-2011-100382.186
Petti S., Rabiei M., de Luca M., Scully C.	The magnitude of the association between hepatitis C virus infection and oral lichen planus: Meta-analysis and case control study.	Odontology. 99 (2) (pp 168-178), 2011. Date of Publication: July 2011.	http://dx.doi.org/10.1007/s10266-011-0008-3
Rushton L., Bagga S., Bevan R., Brown T.,B., Cherie J.,W., Fortunato L., Holmes P., Hutchings S.,J., James K., Slack R., Van Tongeren M., Young C.	The number of cancers caused by occupation in the UK.	Asia-Pacific Journal of Clinical Oncology. Conference: 38th Annual Scientific Meeting of the Clinical Oncological Society of Australia, COSA 2011. Perth, WA Australia. Conference Publication: (var.pagings). 7 (SUPPL. 4) (pp 71), 2011. Date of Publication: November 2011.	http://dx.doi.org/10.1111/j.1743-7563.2011.01477.x
Simons E., To T., Dell S.	The population attributable fraction of asthma among Canadian children.	Canadian Journal of Public Health. 102 (1) (pp 35-41), 2011. Date of Publication: January-February 2011.	
Meyskens F.,L., Yang S.	Thinking about the role (Largely Ignored) of heavy metals in cancer prevention: Hexavalent chromium and melanoma as a case in point.	Clinical Cancer Prevention. Recent Results in Cancer Research. 188 (pp 65-74), 2011. Date of Publication: 2011.	http://dx.doi.org/10.1007/978-3-642-10858-7_5
Hutchings S., Rushton L.	Toward risk reduction: Predicting the future burden of occupational cancer.	American Journal of Epidemiology. 173 (9) (pp 1069-1077), 2011. Date of Publication: 01 May 2011.	http://dx.doi.org/10.1093/aje/kwq434
Willcox S.,J., Stewart B.,W., Sitas F.	What factors do cancer patients believe contribute to the development of their cancer? (New South Wales, Australia).	Cancer Causes and Control. 22 (11) (pp 1503-1511), 2011. Date of Publication: November 2011.	http://dx.doi.org/10.1007/s10552-011-9824-6
Burr H., Pedersen J., Hansen J.,V.	Work environment as predictor of long-term sickness absence: linkage of self-reported DWECS data with the DREAM register.	Scandinavian journal of public health. 39 (7 Suppl) (pp 147-152), 2011. Date of Publication: Jul 2011.	

AUTHOR	TITLE	SOURCE	DOI
Eisner M.,D., Anthonisen N., Coultas D., Kuenzli N., Perez-Padilla R., Postma D., Romieu I., Silverman E.,K., Balmes J.,R.	An official American Thoracic Society public policy statement: Novel risk factors and the global burden of chronic obstructive pulmonary disease.	American Journal of Respiratory and Critical Care Medicine. 182 (5) (pp 693-718), 2010. Date of Publication: 01 Sep 2010.	http://dx.doi.org/10.1164/rccm.200811-1757ST
Lacourt A., Rolland P., Gramond C., Astoul P., Chamming'S S., Ducamp S., Frenay C., Galateau- Salle F., Gilg Soit Ilg A., Imbernon E., Le Stang N., Pairon J.,C., Goldberg M., Iwatsubo Y., Salmi L.,-R., Brochard P.	Attributable risk in men in two French case-control studies on mesothelioma and asbestos.	European Journal of Epidemiology. 25 (11) (pp 799-806), 2010. Date of Publication: November 2010.	http://dx.doi.org/10.1007/s10654-010-9502-0
Aguilar-Madrid G., Robles-Perez E., Juarez- Perez C.,A., Alvarado- Cabrero I., Rico-Mendez F.,G., Javier K.,-G.	Case-control study of pleural mesothelioma in workers with social security in Mexico.	American Journal of Industrial Medicine. 53 (3) (pp 241-251), 2010. Date of Publication: March 2010.	http://dx.doi.org/10.1002/ajim.20780
Knudsen A.,K., Overland S., Aakvaag H.,F., Harvey S.,B., Hotopf M., Mykletun A.	Common mental disorders and disability pension award: Seven year follow-up of the HUSK study.	Journal of Psychosomatic Research. 69 (1) (pp 59-67), 2010. Date of Publication: July 2010.	http://dx.doi.org/10.1016/j.jpsychores.2010.03.007
Crosignani P., Amendola P., Scaburri A., Chiappino G., Marinaccio A.	Confounders and confusion: Dealing with cancer cases of occupational origin.	American Journal of Industrial Medicine. 53 (10) (pp 1002-1005), 2010. Date of Publication: October 2010.	http://dx.doi.org/10.1002/ajim.20847
Richardson D.,B.	Discrete time hazards models for occupational and environmental cohort analyses.	Occupational and Environmental Medicine. 67 (1) (pp 67-71), 2010. Date of Publication: January 2010.	http://dx.doi.org/10.1136/oem.2008.044834
Norman R., Bradshaw D., Lewin S., Cairncross E., Nannan N., Vos T.	Estimating the burden of disease attributable to four selected environmental risk factors in South Africa.	Reviews on environmental health. 25 (2) (pp 87-119), 2010. Date of Publication: 2010 Jan-Mar.	
Skov S.,J., Chikritzhs T.,N., Li S.,Q., Pircher S., Whetton S.	How much is too much? Alcohol consumption and related harm in the Northern Territory.	Medical Journal of Australia. 193 (5) (pp 269-272), 2010. Date of Publication: 06 Sep 2010.	
Emberland J.,S., Rundmo T.	Implications of job insecurity perceptions and job insecurity responses for psychological well- being, turnover intentions and reported risk behavior.	Safety Science. 48 (4) (pp 452-459), 2010. Date of Publication: April 2010.	http://dx.doi.org/10.1016/j.ssci.2009.12.002
Rushton L., Bagga S., Bevan R., Brown T.,P., Cherrie J.,W., Holmes P., Fortunato L., Slack R., Van Tongeren M., Young C., Hutchings S.,J.	Occupation and cancer in Britain.	British Journal of Cancer. 102 (9) (pp 1428-1437), 2010. Date of Publication: April 2010.	http://dx.doi.org/10.1038/sj.bjc.6605637

AUTHOR	TITLE	SOURCE	DOI
Kim E.,A., Lee W.,J., Son M., Kang S.,K.	Occupational lymphohematopoietic cancer in Korea.	Journal of Korean medical science. 25 (Suppl) (pp S99-104), 2010. Date of Publication: Dec 2010.	
Szram J., Schofield S.,J., MacNeill S.,J., Cullinan P.	Prevalence of asthma related to employment in the UK.	Thorax. Conference: British Thoracic Society Winter Meeting 2010. London United Kingdom. Conference Publication: (var. pagings). 65 (SUPPL. 4) (pp A71-A72), 2010. Date of Publication: December 2010.	http://dx.doi.org/10.1136/thx.2010.150953.8
BrieRe J., Chevalier A., Imbernon E.	Surveillance of fatal occupational injuries in France: 2002-2004.	American Journal of Industrial Medicine. 53 (11) (pp 1109-1118), 2010. Date of Publication: November 2010.	http://dx.doi.org/10.1002/ajim.20874
Engstrom K Diderichsen F Laflamme L	Parental social determinants of risk for intentional injury: a cross- sectional study of Swedish adolescents.	American Journal of Public Health. 94(4):640-5, 2004 Apr.	
Ilgren E.,B.	The California coalinga chrysotile miners and millers – Further evidence for a lack of attributable disease.	Indoor and Built Environment. 19 (5) (pp 562-585), 2010. Date of Publication: October 2010.	http://dx.doi.org/10.1177/1420326X09359969
Lund T., Labriola M., Feveile H., Christensen K.,B.	The fraction of disability pensions attributable to smoking and obesity. Results from a 15-year follow-up study.	Journal of Public Health. 18 (3) (pp 251-254), 2010. Date of Publication: June 2010.	http://dx.doi.org/10.1007/s10389-009-0304-3
Henneberger P.,K., Mirabelli M.,C., Kogevinas M., Anto J.,M., Plana E., Dahlman- Hoglund A., Jarvis D.,L., Kromhout H., Lillienberg L., Norback D., Olivieri M., Radon K., Toren K., Urrutia I., Villani S., Zock J.,P.	The occupational contribution to severe exacerbation of asthma.	European Respiratory Journal. 36 (4) (pp 743-750), 2010. Date of Publication: 01 Oct 2010.	http://dx.doi.org/10.1183/09031936.00135109
Scazufca M., Almeida O.,P., Menezes P.,R.	The role of literacy, occupation and income in dementia prevention: The Sao Paulo Ageing & Health Study (SPAH).	International Psychogeriatrics. 22 (8) (pp 1209-1215), 2010. Date of Publication: December 2010.	http://dx.doi.org/10.1017/S1041610210001213
Agustian D., Yusnita S., Susanto H., Sukandar H., de Schryver A., Meheus A.	An estimation of the occupational risk of HBV, HCV and HIV infection among Indonesian health- care workers.	Acta medica Indonesiana. 41 Suppl 1 (pp 33-37), 2009. Date of Publication: Jul 2009.	
Toren K., Blanc P.,D.	Asthma caused by occupational exposures is common – A systematic analysis of estimates of the population-attributable fraction.	BMC Pulmonary Medicine. 9 (no pagination), 2009. Article Number: 7. Date of Publication: 29 Jan 2009.	http://dx.doi.org/10.1186/1471-2466-9-7

AUTHOR	TITLE	SOURCE	DOI
Roquelaure Y., Ha C., Fouquet N., Descatha A., Leclerc A., Goldberg M., Imbernon E.	Attributable risk of Carpal tunnel syndrome in the general population – Implications for intervention programs in the workplace.	Scandinavian Journal of Work, Environment and Health, Supplement. 35 (5) (pp 342-348), 2009. Date of Publication: 2009.	http://dx.doi.org/10.5271/sjweh.1342
Kremer A.,M., Steenbeek R.	Avoidable Sickness Absence in a Dutch Working Population.	Journal of Occupational Rehabilitation. (pp 1-9), 2009. Date of Publication: 2009.	http://dx.doi.org/10.1007/s10926-009-9200-5
Venneri L., Rossi F., Botto N., Andreassi M.,G., Salcone N., Emad A., Lazzeri M., Gori C., Vano E., Picano E.	Cancer risk from professional exposure in staff working in cardiac catheterization laboratory: Insights from the National Research Council's Biological Effects of Ionizing Radiation VII Report.	American Heart Journal. 157 (1) (pp 118-124), 2009. Date of Publication: January 2009.	http://dx.doi.org/10.1016/j.ahj.2008.08.009
Vrezas I., Elsner G., Bolm-Audorff U., Abolmaali N., Seidler A.	Case-control study of knee osteoarthritis and lifestyle factors considering their interaction with physical workload.	International Archives of Occupational and Environmental Health. (pp 1-10), 2009. Date of Publication: 2009.	http://dx.doi.org/10.1007/s00420-009-0486-6
Darby A.,C., Waterhouse J.,C., Barber C.,M., Burton C.,M., Wight J., Blanc P.,D., Stevens V., Billings C., Billings C.,G., Fishwick D.	COPD in Sheffield: How do case definitions of COPD affect risk estimates for causative factors?.	Thorax. Conference: British Thoracic Society, BTS Winter Meeting 2009. London United Kingdom. Conference Publication: (var. pagings). 64 (SUPPL. 4) (pp A157- A158), 2009. Date of Publication: December 2009.	
Perez L., Sunyer J., Kunzli N.	Estimating the health and economic benefits associated with reducing air pollution in the Barcelona metropolitan area (Spain).	Gaceta Sanitaria. 23 (4) (pp 287-294), 2009. Date of Publication: July/August 2009.	http://dx.doi.org/10.1016/j.gaceta.2008.07.002
Mosavi-Jarrahi A., Mohagheghi M.,A., Kalaghchi B., Mousavi- Jarrahi Y., Kolahi A.,A., Noori M.,K.	Estimating the incidence of leukemia attributable to occupational exposure in Iran.	Asian Pacific Journal of Cancer Prevention. 10 (1) (pp 67-70), 2009. Date of Publication: 2009.	
Andersen LL Fallentin N Thorsen SV Holtermann A	Physical workload and risk of long-term sickness absence in the general working population and among blue-collar workers: prospective cohort study with register follow-up.	Occupational & Environmental Medicine. 73(4):246-53, 2016 Apr.	https://dx.doi.org/10.1136/oemed-2015-103314
Mosavi-Jarrahi A., Mohagheghi M., Kalaghchi B., Mousavi- Jarrahi Y., Noori M.,K.	Estimating the incidence of lung cancer attributable to occupational exposure in Iran.	Population Health Metrics. 7 (no pagination), 2009. Article Number: 7. Date of Publication: 12 May 2009.	http://dx.doi.org/10.1186/1478-7954-7-7
Ivanov V.,K., Tsyb A.,F., Panfilov A.,P., Agapov A.,M., Kaidalov O.,V., Korelo A.,M., Maksioutov A., Chekin S.,Y., Kashcheyeva P.,V.	Estimation of individualized radiation risk from chronic occupational exposure in Russia.	Health Physics. 97 (2) (pp 107-114), 2009. Date of Publication: August 2009.	http://dx.doi.org/10.1097/01.HP.0000346702.02932.7d

AUTHOR	TITLE	SOURCE	DOI
Menzler S Piller G Gruson M Rosario AS Wichmann HE Kreienbrock L	Population attributable fraction for lung cancer due to residential radon in Switzerland and Germany.	Health Physics. 95(2):179-89, 2008 Aug.	https://dx.doi.org/10.1097/01.HP.0000309769.55126.03
Guo X., Johnson R.,C., Deng H., Liao J., Guan L., Nelson G.,W., Tang M., Zheng Y., De The G., O'Brien S.,J., Winkler C.,A., Zeng Y.	Evaluation of nonviral risk factors for nasopharyngeal carcinoma in a high-risk population of southern China.	International Journal of Cancer. 124 (12) (pp 2942 2947), 2009. Date of Publication: 15 Jun 2009.	http://dx.doi.org/10.1002/ijc.24293
Blanc P.,D., Eisner M.,D., Earnest G., Trupin L., Balmes J.,R., Yelin E.,H., Gregorich S.,E., Katz P.,P.	Further exploration of the links between occupational exposure and chronic obstructive pulmonary disease.	Journal of Occupational and Environmental Medicine. 51 (7) (pp 804-810), 2009. Date of Publication: July 2009.	http://dx.doi.org/10.1097/JOM.0b013e3181a7dd4e
Laaksonen M., Piha K., Martikainen P., Rahkonen O., Lahelma E.	Health-related behaviours and sickness absence from work.	Occupational and Environmental Medicine. 66 (12) (pp 840-847), 2009. Date of Publication: December 2009.	http://dx.doi.org/10.1136/oem.2008.039248
Alavinia S.,M., Van Den Berg T.,I.,J., Van Duivenbooden C., Elders L.,A.,M., Burdorf A.	Impact of work-related factors, lifestyle, and work ability on sickness absence among Dutch construction workers.	Scandinavian Journal of Work, Environment and Health. 35 (5) (pp 325-333), 2009. Date of Publication: October 2009.	http://dx.doi.org/10.5271/sjweh.1340
Gibson P.,G.	Inflammatory phenotypes in adult asthma: Clinical applications.	Clinical Respiratory Journal. 3 (4) (pp 198-206), 2009. Date of Publication: October 2009.	http://dx.doi.org/10.1111/j.1752-699X.2009.00162.x
Lucchini R., Zimmerman N.	Lifetime cumulative exposure as a threat for neurodegeneration: Need for prevention strategies on a global scale.	NeuroToxicology. 30 (6) (pp 1144-1148), 2009. Date of Publication: November 2009.	http://dx.doi.org/10.1016/j.neuro.2009.10.003
Lidwall U., Bergendorff S., Voss M., Marklund S.	Long-term sickness absence: Changes in risk factors and the population at risk.	International Journal of Occupational Medicine and Environmental Health. 22 (2) (pp 157-168), 2009. Date of Publication: 01 Jan 2009.	https://doi.org/10.2478/v10001-009-0018-3
Page A., Taylor R., Hall W., Carter G.	Mental disorders and socioeconomic status: Impact on population risk of attempted suicide in Australia.	Suicide and Life-Threatening Behavior. 39 (5) (pp 471-481), 2009. Date of Publication: October 2009.	
Blanc P.,D., Iribarren C., Trupin L., Earnest G., Katz P.,P., Balmes J., Sidney S., Eisner M.,D.	Occupational exposures and the risk of COPD: Dusty trades revisited.	Thorax. 64 (1) (pp 6-12), 2009. Date of Publication: January 2009.	http://dx.doi.org/10.1136/thx.2008.099390
Olusanya B.,O., Ofovwe G.,E.	Predictors of Preterm Births and Low Birthweight in an Inner-City Hospital in Sub-Saharan Africa.	Maternal and Child Health Journal. (pp 1-9), 2009. Date of Publication: 2009.	http://dx.doi.org/10.1007/s10995-009-0528-4

AUTHOR	TITLE	SOURCE	DOI
Bang K.,M., Syamlal G., Mazurek J.,M.	Prevalence of chronic obstructive pulmonary disease in the U.S. working population: An analysis of data from the 19972004 national health interview survey.	COPD: Journal of Chronic Obstructive Pulmonary Disease. 6 (5) (pp 380-387), 2009. Date of Publication: 2009.	http://dx.doi.org/10.1080/15412550903140899
Syamlal G., Mazurek J.,M., Bang K.,M.	Prevalence of lifetime asthma and current asthma attacks in U.S. working adults: An analysis of the 1997-2004 national health interview survey data.	Journal of Occupational and Environmental Medicine. 51 (9) (pp 1066-1074), 2009. Date of Publication: September 2009.	http://dx.doi.org/10.1097/JOM.0b013e3181b3510a
Jimenez E., Linares C., Rodriguez L.,F., Bleda M.,J., Diaz J.	Short-term impact of particulate matter (PM<inf>2.5</inf>) on daily mortality among the over-75 age group in Madrid (Spain).	Science of the Total Environment. 407 (21) (pp 5486-5492), 2009. Date of Publication: 15 Oct 2009.	http://dx.doi.org/10.1016/j.scitotenv.2009.06.038
Helvik A.,-S., Krokstad S., Tambs K.	Socioeconomic inequalities in hearing loss: The HUNT study.	American Journal of Public Health. 99 (8) (pp 1376-1378), 2009. Date of Publication: 01 Aug 2009.	http://dx.doi.org/10.2105/AJPH.2007.133215
Bang KM Syamlal G Mazurek JM	Prevalence of chronic obstructive pulmonary disease in the U.S. working population: an analysis of data from the 1997-2004 National Health Interview Survey.	Copd: Journal of Chronic Obstructive Pulmonary Disease. 6(5):380-7, 2009 Oct.	
Takala J., Urrutia M., Hamalainen P., Saarela K.,L.	The global and European work environment-Numbers, trends, and strategies.	Scandinavian Journal of Work, Environment and Health, Supplement. (7) (pp 15-23), 2009. Date of Publication: 2009.	
McPhee C.,S., Lipscomb H.,J.	Upper-extremity musculoskeletal symptoms and physical health related quality of life among women employed in poultry processing and other low- wage jobs in northeastern North Carolina.	American Journal of Industrial Medicine. 52 (4) (pp 331-340), 2009. Date of Publication: April 2009.	http://dx.doi.org/10.1002/ajim.20687
Lipscomb HJ Nolan J Patterson D Dement JM	Prevention of traumatic nail gun injuries in apprentice carpenters: use of population-based measures to monitor intervention effectiveness.	American Journal of Industrial Medicine. 51(10):719-27, 2008 Oct.	https://dx.doi.org/10.1002/ajim.20628
Quansah R., Gissler M., Jaakkola J.,J.,K.	Work as a physician and adverse pregnancy outcomes: A Finnish nationwide population-based registry study.	European Journal of Epidemiology. 24 (9) (pp 531-536), 2009. Date of Publication: September 2009.	http://dx.doi.org/10.1007/s10654-009-9369-0

AUTHOR	TITLE	SOURCE	DOI
Milham S., Morgan L.,L.	A new electromagnetic exposure metric: High frequency voltage transients associated with increased cancer incidence in teachers in a California school.	American Journal of Industrial Medicine. 51 (8) (pp 579-586), 2008. Date of Publication: August 2008.	http://dx.doi.org/10.1002/ajim.20598
Buchanan I.,S.,H., Mendell M.,J., Mirer A.,G., Apte M.,G.	Air filter materials, outdoor ozone and building-related symptoms in the BASE study.	Indoor Air. 18 (2) (pp 144-155), 2008. Date of Publication: April 2008.	http://dx.doi.org/10.1111/j.1600-0668.2008.00519.x
Mehlum I.,S., Kristensen P., Kjuus H., Wergeland E.	Are occupational factors important determinants of socioeconomic inequalities in musculoskeletal pain?.	Scandinavian Journal of Work, Environment and Health. 34 (4) (pp 250-259), 2008. Date of Publication: August 2008.	http://dx.doi.org/10.5271/sjweh.1269
Heikkila P., Martikainen R., Kurppa K., Husgafvel- Pursiainen K., Karjalainen A.	Asthma incidence in wood- processing industries in Finland in a registerbased population study.	Scandinavian Journal of Work, Environment and Health, Supplement. 34 (1) (pp 66-72), 2008. Date of Publication: 2008.	http://dx.doi.org/10.5271/sjweh.1191
Roquelaure Y., Ha C., Nicolas G., Pelier-Cady M.,-C., Mariot C., Descatha A., Leclerc A., Raimbeau G., Goldberg M., Imbernon E.	Attributable risk of carpal tunnel syndrome according to industry and occupation in a general population.	Arthritis Care and Research. 59 (9) (pp 1341 1348), 2008. Date of Publication: 15 Sep 2008.	http://dx.doi.org/10.1002/art.24002
Sareen J., Belik S.,-L., Afifi T.,O., Asmundson G.,J.,G., Cox B.,J., Stein M.,B.	Canadian military personnel's population attributable fractions of mental disorders and mental health service use associated with combat and peacekeeping operations.	American Journal of Public Health. 98 (12) (pp 2191-2198), 2008. Date of Publication: 01 Dec 2008.	http://dx.doi.org/10.2105/AJPH.2008.134205
Cosgrove M.,P., Sargeant L.,A., Griffin S.,J.	Does depression increase the risk of developing type 2 diabetes?.	Occupational Medicine. 58 (1) (pp 7-14), 2008. Date of Publication: January 2008.	http://dx.doi.org/10.1093/occmed/kqm105
Simcox A.,A., Jaakkola J.,J.,K.	Does work as a nurse increase the risk of adverse pregnancy outcomes?.	Journal of Occupational and Environmental Medicine. 50 (5) (pp 590-592), 2008. Date of Publication: May 2008.	http://dx.doi.org/10.1097/JOM.0b013e318162f65b
Clapp R.,W., Jacobs M.,M., Loechler E.,L.	Environmental and occupational causes of cancer: New evidence 2005-2007.	Reviews on Environmental Health. 23 (1) (pp 1-37), 2008. Date of Publication: January/ March 2008.	
Armstrong B.,G., Darnton A.	Estimating reduction in occupational disease burden following reduction in exposure.	Occupational and Environmental Medicine. 65 (9) (pp 592-596), 2008. Date of Publication: September 2008.	http://dx.doi.org/10.1136/oem.2007.035725

AUTHOR	TITLE	SOURCE	DOI
De Matteis S., Consonni D., Bertazzi P.,A.	Exposure to occupational carcinogens and lung cancer risk. Evolution of epidemiological estimates of attributable fraction.	Acta Biomedica de l'Ateneo Parmense. 79 (SUPPL. 1) (pp 34-42), 2008. Date of Publication: 2008.	
Dias A., Cordeiro R.	Fraction of work-related accidents attributable to occupational noise in the city of Botucatu, Sao Paulo, Brazil.	Noise and Health. 10 (40) (pp 69-73), 2008. Date of Publication: 01 Jul 2008.	http://dx.doi.org/10.4103/1463-1741.44344
Sotgiu G., Arbore A.,S., Cojocariu V., Piana A., Ferrara G., Cirillo D.,M., Matteelli A., Castiglia P., Ditiu L., Spanevello A., Zellweger J.,-P., Mihaescu T., Migliori G.,B.	High risk of tuberculosis in health care workers in Romania.	International Journal of Tuberculosis and Lung Disease. 12 (6) (pp 606-611), 2008. Date of Publication: June 2008.	
Palmer K.,T., Reading I., Calnan M., Coggon D.	How common is repetitive strain injury?.	Occupational and Environmental Medicine. 65 (5) (pp 331-335), 2008. Date of Publication: May 2008.	http://dx.doi.org/10.1136/oem.2007.035378
Jarvholm B., From C., Lewold S., Malchau H., Vingard E.	Incidence of surgically treated osteoarthritis in the hip and knee in male construction workers.	Occupational and Environmental Medicine. 65 (4) (pp 275-278), 2008. Date of Publication: April 2008.	http://dx.doi.org/10.1136/oem.2007.033365
LaMontagne A.,D., Keegel T., Vallance D., Ostry A., Wolfe R.	Job strain – Attributable depression in a sample of working Australians: Assessing the contribution to health inequalities.	BMC Public Health. 8 (no pagination), 2008. Article Number: 181. Date of Publication: 2008.	http://dx.doi.org/10.1186/1471-2458-8-181
Preller L., Balder H.,F., Tielemans E., Van Den Brandt P.,A., Goldbohm R.,A.	Occupational lung cancer risk among men in the Netherlands.	Occupational and Environmental Medicine. 65 (4) (pp 249-254), 2008. Date of Publication: April 2008.	http://dx.doi.org/10.1136/oem.2006.030353
Dahlin A.,M., Van Guelpen B., Hultdin J., Johansson I., Hallmans G., Palmqvist R.	Plasma vitamin B12 concentrations and the risk of colorectal cancer: A nested case-referent study.	International Journal of Cancer. 122 (9) (pp 2057-2061), 2008. Date of Publication: 01 May 2008.	http://dx.doi.org/10.1002/ijc.23299
Siza J.,E.	Risk factors associated with low birth weight of neonates among pregnant women attending a referral hospital in northern Tanzania.	Tanzania journal of health research. 10 (1) (pp 1-8), 2008. Date of Publication: Jan 2008.	
Rushton L., Hutchings S., Brown T.	The burden of cancer at work: Estimation as the first step to prevention.	Occupational and Environmental Medicine. 65 (12) (pp 789-800), 2008. Date of Publication: December 2008.	http://dx.doi.org/10.1136/oem.2007.037002

AUTHOR	TITLE	SOURCE	DOI
Nuernberg A.,M., Christiani D.,C.	The future of occupationally related diffuse lung disease.	Seminars in Respiratory and Critical Care Medicine. 29 (6) (pp 680-684), 2008. Date of Publication: December 2008.	http://dx.doi.org/10.1055/s-0028-1101278
Boedeker W., Friedel H., Friedrichs M., Rottger C.	The impact of work on morbidity-related early retirement.	Journal of Public Health. 16 (2) (pp 97-105), 2008. Date of Publication: April 2008.	http://dx.doi.org/10.1007/s10389-007-0146-9
De Schryver A., Cornelis K., Van Winckel M., Moens G., Devlies G., Derthoo D., Van Sprundel M.	The occupational risk of Helicobacter pylori infection among workers in institutions for people with intellectual disability.	Occupational and Environmental Medicine. 65 (9) (pp 587-591), 2008. Date of Publication: September 2008.	http://dx.doi.org/10.1136/oem.2007.035022
Omenaas E., Svanes C., Janson C., Toren K., Jogi R., Gislason T., Franklin K.,A., Gulsvik A.	What can we learn about asthma and allergy from the follow-up of the RHINE and the ECRHS studies?.	The clinical respiratory journal. 2 Suppl 1 (pp 45-52), 2008. Date of Publication: Oct 2008.	http://dx.doi.org/10.1111/j.1752-699X.2008.00083.x
Feodor Nilsson S Andersen PK Strandberg- Larsen K Nybo Andersen AM	Risk factors for miscarriage from a prevention perspective: a nationwide follow-up study.	BJOG: An International Journal of Obstetrics & Gynaecology. 121(11):1375-84, 2014 Oct.	https://dx.doi.org/10.1111/1471-0528.12694
Roquelaure Y., Ha C., Pelier-Cady M.,-C., Nicolas G., Descatha A., Leclerc A., Raimbeau G., Goldberg M., Imbernon E.	Work increases the incidence of carpal tunnel syndrome in the general population.	Muscle and Nerve. 37 (4) (pp 477-482), 2008. Date of Publication: April 2008.	http://dx.doi.org/10.1002/mus.20952
Demir A., Joseph L., Becklake M.,R.	Work-related asthma in Montreal, Quebec: Population attributable risk in a community-based study.	Canadian Respiratory Journal. 15 (8) (pp 406-412), 2008. Date of Publication: 2008.	http://dx.doi.org/10.1155/2008/391269
Watson-Jones D., Weiss H.,A., Changalucha J.,M., Todd J., Gumodoka B., Bulmer J., Balira R., Ross D., Mugeye K., Hayes R., Mabey D.	Adverse birth outcomes in United Republic of Tanzania – Impact and prevention of maternal risk factors.	Bulletin of the World Health Organization. 85 (1) (pp 9-18), 2007. Date of Publication: January 2007.	http://dx.doi.org/10.2471/BLT.06.033258
Li G., Baker S.,P., Qiang Y., Rebok G.,W., McCarthy M.,L.	Alcohol violations and aviation accidents: Findings from the U.S. Mandatory Alcohol Testing Program.	Aviation Space and Environmental Medicine. 78 (5 I) (pp 510-513), 2007. Date of Publication: May 2007.	
Bener A., Farooq A.	Analysis of road traffic crashes data: Applying the Lorenz curve and associated Gini index.	Middle East Journal of Emergency Medicine. 7 (1) (pp 18-23), 2007. Date of Publication: March 2007.	
Downing J., Greig T.,W., Quattlebaum M.,D., Valentin M., Heeren T.,C., Grabenstein J.,D.	Assessing the safety of anthrax immunization in US Army aircrew members via physical examination.	Journal of Occupational and Environmental Medicine. 49 (10) (pp 1079-1085), 2007. Date of Publication: October 2007.	http://dx.doi.org/10.1097/JOM.0b013e318157d305

AUTHOR	TITLE	SOURCE	DOI
Dias A., Cordeiro R.	Attributable fraction of work accidents related to occupational noise exposure in a Southeastern city of Brazil.	Cadernos de Saude Publica. 23 (7) (pp 1649-1655), 2007. Date of Publication: July 2007.	http://dx.doi.org/10.1590/S0102-311X2007000700016
Rosenbaum P.,R.	Confidence intervals for uncommon but dramatic responses to treatment.	Biometrics. 63 (4) (pp 1164-1171), 2007. Date of Publication: December 2007.	http://dx.doi.org/10.1111/j.1541-0420.2007.00783.x
Ezzati M Lopez AD Rodgers A Vander Hoorn S Murray CJ Comparative Risk Assessment Collaborating Group	Selected major risk factors and global and regional burden of disease. (Review) (49 refs)	Lancet. 360(9343):1347-60, 2002 Nov 02.	
Corbett E.,L., Bandason T., Yin B.,C., Munyati S., Godfrey-Faussett P., Hayes R., Churchyard G., Butterworth A., Mason P.	Epidemiology of tuberculosis in a high HIV prevalence population provided with enhanced diagnosis of symptomatic disease.	PLoS Medicine. 4 (1) (pp 0164-0172), 2007. Date of Publication: January 2007.	http://dx.doi.org/10.1371/journal.pmed.0040022
Norman R., Mathee A., van der Merwe L., Bradshaw D.	Estimating the burden of disease attributable to lead exposure in South Africa in 2000.	South African Medical Journal. 97 (8) (pp 773-780), 2007. Date of Publication: August 2007.	
Groenewald P., Vos T., Norman R., Laubscher R., van Walbeek C., Saloojee Y., Sitas F., Bradshaw D.	Estimating the burden of disease attributable to smoking in South Africa in 2000.	South African Medical Journal. 97 (8) (pp 674-681), 2007. Date of Publication: August 2007.	
Cherrie J.,W., Van Tongeren M., Semple S.	Exposure to occupational carcinogens in Great Britain.	Annals of Occupational Hygiene. 51 (8) (pp 653-664), 2007. Date of Publication: November 2007.	http://dx.doi.org/10.1093/annhyg/mem049
Ahmed P., Jaakkola J.,J.,K.	Exposure to organic solvents and adverse pregnancy outcomes.	Human Reproduction. 22 (10) (pp 2751-2757), 2007. Date of Publication: October 2007.	http://dx.doi.org/10.1093/humrep/dem200
Kogevinas M., Zock J.,- P., Jarvis D., Kromhout H., Lillienberg L., Plana E., Radon K., Toren K., Alliksoo A., Benke G., Blanc P.,D., Dahlman- Hoglund A., D'Errico A., Hery M., Kennedy S., Kunzli N., Leynaert B., Mirabelli M.,C., Muniozguren N., Norback D., Olivieri M., Payo F., Villani S., van Sprundel M., Urrutia I., Wieslander G., Sunyer J., Anto J.,M.	Exposure to substances in the workplace and new-onset asthma: an international prospective population-based study (ECRHS-II).	Lancet. 370 (9584) (pp 336-341), 2007. Date of Publication: 29 Jul 2007.	http://dx.doi.org/10.1016/S0140-6736%2807%2961164-7
Hamalainen P., Takala J., Saarela K.,L.	Global estimates of fatal work-related diseases.	American Journal of Industrial Medicine. 50 (1) (pp 28-41), 2007. Date of Publication: 01 Jan 2007.	http://dx.doi.org/10.1002/ajim.20411

AUTHOR	TITLE	SOURCE	DOI
Vineis P., Hoek G., Krzyzanowski M., Vigna- Taglianti F., Veglia F., Airoldi L., Overvad K., Raaschou-Nielsen O., Clavel-Chapelon F., Linseisen J., Boeing H., Trichopoulou A., Palli D., Krogh V., Tumino R., Panico S., Bueno-De- Mesquita H.,B., Peeters P.,H., Lund E E., Agudo A., Martinez C., Dorronsoro M., Barricarte A., Cirera L., Quiros J.,R., Berglund G., Manjer J., Forsberg B., Day N.,E., Key T.,J., Kaaks R., Saracci R., Riboli E.	Lung cancers attributable to environmental tobacco smoke and air pollution in non-smokers in different European countries: A prospective study.	Environmental Health: A Global Access Science Source. 6 (no pagination), 2007. Article Number: 7. Date of Publication: 2007.	http://dx.doi.org/10.1186/1476-069X-6-7
Lopez M.,J., Perez-Rios M., Schiaffino A., Nebot M., Montes A., Ariza C., Garcia M., Juarez O., Moncada A., Fernandez E.	Mortality attributable to passive smoking in Spain, 2002.	Tobacco Control. 16 (6) (pp 373-377), 2007. Date of Publication: December 2007.	http://dx.doi.org/10.1136/tc.2006.019679
Blanc P.,D., Toren K.	Occupation in chronic obstructive pulmonary disease and chronic bronchitis: An update.	International Journal of Tuberculosis and Lung Disease. 11 (3) (pp 251-257), 2007. Date of Publication: March 2007.	
Jeebhay M.,F., Quirce S.	Occupational asthma in the developing and industrialised world: A review.	International Journal of Tuberculosis and Lung Disease. 11 (2) (pp 122-133), 2007. Date of Publication: February 2007.	
Veglia F., Vineis P., Overvad K., Boeing H., Bergmann M.,M., Trichopoulou A., Trichopoulos D., Palli D., Krogh V., Tumino R., Linseisen J., Steindorf K., Raaschou-Nielsen O., Tjonneland A., Gonzalez C.,A., Martinez C., Dorronsoro M., Barricarte A., Cirera L., Quiros J.,R., Day N.,E., Saracci R., Riboli E.	Occupational exposures, environmental tobacco smoke, and lung cancer.	Epidemiology. 18 (6) (pp 769-775), 2007. Date of Publication: November 2007.	http://dx.doi.org/10.1097/EDE.0b013e318142c8a1
Harriss D.,J., Cable N.,T., George K., Reilly T., Renehan A.,G., Haboubi N.	Physical activity before and after diagnosis of colorectal cancer: Disease risk, clinical outcomes, response pathways and biomarkers.	Sports Medicine. 37 (11) (pp 947-960), 2007. Date of Publication: 2007.	http://dx.doi.org/10.2165/00007256-200737110-00003
Mudarri D., Fisk W.,J.	Public health and economic impact of dampness and mold.	Indoor Air. 17 (3) (pp 226-235), 2007. Date of Publication: June 2007.	http://dx.doi.org/10.1111/j.1600-0668.2007.00474.x
Klepeis N.,E., Ott W.,R., Switzer P.	Real-time measurement of outdoor tobacco smoke particles.	Journal of the Air and Waste Management Association. 57 (5) (pp 522-534), 2007. Date of Publication: May 2007.	http://dx.doi.org/10.3155/1047-3289.57.5.522

AUTHOR	TITLE	SOURCE	DOI
Berry G.	Relative risk and acceleration in lung cancer.	Statistics in Medicine. 26 (18) (pp 3511-3517), 2007. Date of Publication: 15 Aug 2007.	http://dx.doi.org/10.1002/sim.2783
McGowan J.,J.	Swimming with the sharks: Perspectives on professional risk taking.	Journal of the Medical Library Association. 95 (1) (pp 104-113), 2007. Date of Publication: January 2007.	
Brunekreef B., Miller B.,G., Hurley J.,F.	The brave new world of lives sacrificed and saved, deaths attributed and avoided.	Epidemiology. 18 (6) (pp 785-788), 2007. Date of Publication: November 2007.	http://dx.doi.org/10.1097/EDE.0b013e3181570d88
Helvik AS Krokstad S Tambs K	Socioeconomic inequalities in hearing loss in a healthy population sample: The HUNT Study.	American Journal of Public Health. 99(8):1376-8, 2009 Aug.	https://dx.doi.org/10.2105/AJPH.2007.133215
De Bekker-Grob E.,W., Polder J.,J., Mackenbach J.,P., Meerding W.,J.	Towards a comprehensive estimate of national spending on prevention.	BMC Public Health. 7 (no pagination), 2007. Article Number: 252. Date of Publication: 2007.	http://dx.doi.org/10.1186/1471-2458-7-252
Eide G.,E., Heuch I.	A scaled sample space cube used to illustrate attributable fractions.	Biometrical Journal. 48 (1) (pp 93-104), 2006. Date of Publication: February 2006.	http://dx.doi.org/10.1002/bimj.200410156
Pittet D., Allegranzi B., Storr J., Donaldson L.	'Clean Care is Safer Care': the Global Patient Safety Challenge 2005-2006.	International Journal of Infectious Diseases. 10 (6) (pp 419-424), 2006. Date of Publication: November 2006.	http://dx.doi.org/10.1016/j.ijid.2006.06.001
Ivanov V.,K., Tsyb A.,F., Agapov A.,M., Panfilov A.,P., Kaidalov O.,V., Gorski A.,I., Maksioutov M.,A., Suspitsin Y.,V., Vaizer V.,I.	Concept of optimisation of the radiation protection system in the nuclear sector: Management of individual cancer risks and providing targeted health care.	Journal of Radiological Protection. 26 (4) (no pagination), 2006. Article Number: 001. Date of Publication: 01 Dec 2006.	http://dx.doi.org/10.1088/0952-4746/26/4/001
Reynales-Shigematsu L.,M., Campuzano-Rincon J.,C., Sesma- Vasquez S., Juarez-Marquez S.,A., Valdes- Salgado R., Lazcano- Ponce E., Hernandez-Avila M.	Costs of Medical Care for Acute Myocardial Infarction Attributable to Tobacco Consumption.	Archives of Medical Research. 37 (7) (pp 871-879), 2006. Date of Publication: October 2006.	http://dx.doi.org/10.1016/j.arcmed.2006.02.010
Nawrot T., Plusquin M., Hogervorst J., Roels H.,A., Celis H., Thijs L., Vangronsveld J., Van Hecke E., Staessen J.,A.	Environmental exposure to cadmium and risk of cancer: A prospective population-based study.	Lancet Oncology. 7 (2) (pp 119-126), 2006. Date of Publication: February 2006.	http://dx.doi.org/10.1016/S1470-2045%2806%2970545-9
Coggon D.	Epidemiology in risk management for chemicals.	La Medicina del lavoro. 97 (2) (pp 190-194), 2006. Date of Publication: 2006 Mar-Apr.	
Deschamps F., Barouh M., Deslee G., Prevost A., Munck J.,-N.	Estimates of work-related cancers in workers exposed to carcinogens.	Occupational Medicine. 56 (3) (pp 204-209), 2006. Date of Publication: May 2006.	http://dx.doi.org/10.1093/occmed/kqj038

AUTHOR	TITLE	SOURCE	DOI
Ivanov V., Vasilenko E., Agapov A., Panfilov A., Kaidalov O., Gorski A., Kashcheeva P.	Identification of groups of potential risk among the 'Mayak' plant personnel.	Acta Medica Nagasakiensia. 51 (3) (pp 99-103), 2006. Date of Publication: 2006.	
Jaakkola M.,S., Jaakkola J.,J.,K.	Impact of smoke-free workplace legislation on exposures and health: Possibilities for prevention.	European Respiratory Journal. 28 (2) (pp 397-408), 2006. Date of Publication: August 2006.	http://dx.doi.org/10.1183/09031936.06.00001306
Chen Y., Graziano J.,H., Parvez F., Hussain I., Momotaj H., Van Geen A., Howe G.,R., Ahsan H.	Modification of risk of arsenic-induced skin lesions by sunlight exposure, smoking, and occupational exposures in Bangladesh.	Epidemiology. 17 (4) (pp 459-467), 2006. Date of Publication: July 2006.	http://dx.doi.org/10.1097/01.ede.0000220554.50837.7f
Johnson A., Toelle B.,G., Yates D., Belousova E., Ng K., Corbett S., Marks G.	Occupational asthma in New South Wales (NSW): A population-based study.	Occupational Medicine. 56 (4) (pp 258-262), 2006. Date of Publication: June 2006.	http://dx.doi.org/10.1093/occmed/kql020
Skorge TD Eagan TM Eide GE Gulsvik A Bakke PS	The adult incidence of asthma and respiratory symptoms by passive smoking in uterus or in childhood.	American Journal of Respiratory & Critical Care Medicine. 172(1):61-6, 2005 Jul 01.	
Houseman E.,A., Milton D.,K.	Partial questionnaire designs, questionnaire non-response, and attributable fraction: Applications to adult onset asthma.	Statistics in Medicine. 25 (9) (pp 1499-1519), 2006. Date of Publication: 15 May 2006.	http://dx.doi.org/10.1002/sim.2265
Nielsen M.,L., Rugulies R., Smith-Hansen L., Christensen K.,B., Kristensen T.,S.	Psychosocial work environment and registered absence from work: Estimating the etiologic fraction.	American Journal of Industrial Medicine. 49 (3) (pp 187-196), 2006. Date of Publication: March 2006.	http://dx.doi.org/10.1002/ajim.20252
Inoue M., Iwasaki M., Otani T., Sasazuki S., Tsugane S.	Public awareness of risk factors for cancer among the Japanese general population: A population-based survey.	BMC Public Health. 6 (no pagination), 2006. Article Number: 2. Date of Publication: 10 Jan 2006.	http://dx.doi.org/10.1186/1471-2458-6-2
Kreiss K., Esfahani R.,S., Antao V.,C.,S., Odencrantz J., Lezotte D.,C., Hoffman R.,E.	Risk factors for asthma among cosmetology professionals in Colorado.	Journal of Occupational and Environmental Medicine. 48 (10) (pp 1062-1069), 2006. Date of Publication: October 2006.	http://dx.doi.org/10.1097/01.jom.0000237348.32645.eb
Doorduyn Y., Van Den Brandhof W.,E., Van Duynhoven Y.,T.,H.,P., Wannet W.,J.,B., Van Pelt W.	Risk factors for Salmonella Enteritidis and Typhimurium (DT104 and non-DT104) infections in The Netherlands: Predominant roles for raw eggs in Enteritidis and sandboxes in Typhimurium infections.	Epidemiology and Infection. 134 (3) (pp 617-626), 2006. Date of Publication: June 2006.	http://dx.doi.org/10.1017/S0950268805005406
Hedlund U., Eriksson K., Ronmark E.	Socio-economic status is related to incidence of asthma and respiratory symptoms in adults.	European Respiratory Journal. 28 (2) (pp 303-310), 2006. Date of Publication: August 2006.	http://dx.doi.org/10.1183/09031936.06.00108105

AUTHOR	TITLE	SOURCE	DOI
Fingerhut M., Nelson D.,I., Driscoll T., Concha- Barrientos M., Steenland K., Punnett L., Pruss- Ustun A., Leigh J., Corvalan C., Eijkemans G., Takala J.	The contribution of occupational risks to the global burden of disease: summary and next steps.	La Medicina del lavoro. 97 (2) (pp 313-321), 2006. Date of Publication: 2006 Mar-Apr.	
Goldberg M., Imbernon E., Rolland P., Gilg Soit Ilg A., Saves M., De Quillacq A., Frenay C., Chamming's S., Arveux P., Boutin C., Launoy G., Pairon J.,C., Astoul P., Galateau-Salle F., Brochard P.	The French National Mesothelioma Surveillance Program.	Occupational and Environmental Medicine. 63 (6) (pp 390-395), 2006. Date of Publication: June 2006.	http://dx.doi.org/10.1136/oem.2005.023200
Sim J., Lacey R.,J., Lewis M.	The impact of workplace risk factors on the occurrence of neck and upper limb pain: A general population study.	BMC Public Health. 6 (no pagination), 2006. Article Number: 234. Date of Publication: 19 Sep 2006.	http://dx.doi.org/10.1186/1471-2458-6-234
Gyekye S.,A., Salminen S.	The self-defensive attribution hypothesis in the work environment: Co- workers' perspectives.	Safety Science. 44 (2) (pp 157-168), 2006. Date of Publication: February 2006.	http://dx.doi.org/10.1016/j.ssci.2005.06.006
Rushton L J Hutchings S	The burden of occupationally-related cutaneous malignant melanoma in Britain due to solar radiation.	British Journal of Cancer. 116(4):536-539, 2017 Feb 14.	https://dx.doi.org/10.1038/bjc.2016.437
Joshi R., Reingold A.,L., Menzies D., Pai M.	Tuberculosis among health-care workers in low- and middle-income countries: A systematic review.	PLoS Medicine. 3 (12) (pp 2376-2391), 2006. Date of Publication: December 2006.	http://dx.doi.org/10.1371/journal.pmed.0030494
Chiolero A., Bovet P., Paccaud F.	Association between maternal smoking and low birth weight in Switzerland: The EDEN study.	Swiss Medical Weekly. 135 (35-36) (pp 525-530), 2005. Date of Publication: 03 Sep 2005.	
Tobias M., Turley M.	Causes of death classified by risk and condition, New Zealand 1997.	Australian and New Zealand Journal of Public Health. 29 (1) (pp 5-12), 2005. Date of Publication: February 2005.	http://dx.doi.org/10.1111/j.1467-842X.2005.tb00740.x
Pruss-Ustun A., Rapiti E., Hutin Y.	Estimation of the global burden of disease attributable to contaminated sharps injuries among health-care workers.	American Journal of Industrial Medicine. 48 (6) (pp 482-490), 2005. Date of Publication: December 2005.	http://dx.doi.org/10.1002/ajim.20230
Blanc P.,D., Eisner M.,D., Balmes J.,R., Trupin L., Yelin E.,H., Katz P.,P.	Exposure to vapors, gas, dust, or fumes: Assessment by a single survey item compared to a detailed exposure battery and a job exposure matrix.	American Journal of Industrial Medicine. 48 (2) (pp 110-117), 2005. Date of Publication: August 2005.	http://dx.doi.org/10.1002/ajim.20187

AUTHOR	TITLE	SOURCE	DOI
Mamo C., Marinacci C., Demaria M., Mirabelli D., Costa G.	Factors other than risks in the workplace as determinants of socioeconomic differences in health in Italy.	International Journal of Occupational and Environmental Health. 11 (1) (pp 70-76), 2005. Date of Publication: January/March 2005.	http://dx.doi.org/10.1179/oeh.2005.11.1.70
Eisner M.,D., Balmes J., Katz P.,P., Trupin L., Yelin E.,H., Blanc P.,D.	Lifetime environmental tobacco smoke exposure and the risk of chronic obstructive pulmonary disease.	Environmental Health: A Global Access Science Source. 4 (no pagination), 2005. Article Number: 7. Date of Publication: 12 May 2005.	http://dx.doi.org/10.1186/1476-069X-4-7
Porru S., Placidi D., Di Carlo A.,S., Campagna M., Mariotti O., Barbieri P.,G., Lombardi S., Candela A., Tassi G.,F., Alessio L.	Malignant mesothelioma and the working environment: The viewpoint of the occupational physician.	Medicina del Lavoro. 96 (4) (pp 312-329), 2005. Date of Publication: 2005.	
Burdorf A Brand T Jaddoe VW Hofman A Mackenbach JP Steegers EA	The effects of work- related maternal risk factors on time to pregnancy, preterm birth and birth weight: the Generation R Study.	Occupational & Environmental Medicine. 68(3):197-204, 2011 Mar.	https://dx.doi.org/10.1136/oem.2009.046516
Bejean S., Sultan-Taieb H.	Modeling the economic burden of diseases imputable to stress at work.	European Journal of Health Economics. 6 (1) (pp 16-23), 2005. Date of Publication: March 2005.	http://dx.doi.org/10.1007/s10198-004-0251-4
Eijkemans G.,J.,M., Takala J.	Moving knowledge of global burden into preventive action.	American Journal of Industrial Medicine. 48 (6) (pp 395-399), 2005. Date of Publication: December 2005.	http://dx.doi.org/10.1002/ajim.20227
Prado-Leon L.,R., Celis A., Avila-Chaurand R.	Occupational lifting tasks as a risk factor in low back pain: A case-control study in a Mexican population.	Work. 25 (2) (pp 107-114), 2005. Date of Publication: 2005.	
Barone-Adesi F., Richiardi L., Merletti F.	Population attributable risk for occupational cancer in Italy.	International Journal of Occupational and Environmental Health. 11 (1) (pp 23-31), 2005. Date of Publication: January/March 2005.	http://dx.doi.org/10.1179/oeh.2005.11.1.23
t'Mannetje A., Pearce N.	Quantitative estimates of work-related death, disease and injury in New Zealand.	Scandinavian Journal of Work, Environment and Health. 31 (4) (pp 266-276), 2005. Date of Publication: August 2005.	http://dx.doi.org/10.5271/sjweh.882
Skorge T.,D., Eagan T.,M.,L., Eide G.,E., Gulsvik A., Bakke P.,S.	The adult incidence of asthma and respiratory symptoms by passive smoking in utero or in childhood.	American Journal of Respiratory and Critical Care Medicine. 172 (1) (pp 61-66), 2005. Date of Publication: 01 Jul 2005.	http://dx.doi.org/10.1164/rccm.200409-1158OC
Saladi R.,N., Persaud A.,N.	The causes of skin cancer: A comprehensive review.	Drugs of Today. 41 (1) (pp 37-53), 2005. Date of Publication: January 2005.	http://dx.doi.org/10.1358/dot.2005.41.1.875777

AUTHOR	TITLE	SOURCE	DOI
Driscoll T., Nelson D.,I., Steenland K., Leigh J., Concha-Barrientos M., Fingerhut M., Pruss-Ustun A.	The global burden of disease due to occupational carcinogens.	American Journal of Industrial Medicine. 48 (6) (pp 419-431), 2005. Date of Publication: December 2005.	http://dx.doi.org/10.1002/ajim.20209
Driscoll T., Nelson D.,I., Steenland K., Leigh J., Concha-Barrientos M., Fingerhut M., Pruss-Ustun A.	The global burden of non malignant respiratory disease due to occupational airborne exposures.	American Journal of Industrial Medicine. 48 (6) (pp 432-445), 2005. Date of Publication: December 2005.	http://dx.doi.org/10.1002/ajim.20210
Nelson D.,I., Nelson R.,Y., Concha-Barrientos M., Fingerhut M.	The global burden of occupational noise-induced hearing loss.	American Journal of Industrial Medicine. 48 (6) (pp 446-458), 2005. Date of Publication: December 2005.	http://dx.doi.org/10.1002/ajim.20223
Nelson D.,I., Concha- Barrientos M., Driscoll T., Steenland K., Fingerhut M., Punnett L., Pruss- Ustun A., Leigh J., Corvalan C.	The global burden of selected occupational diseases and injury risks: Methodology and summary.	American Journal of Industrial Medicine. 48 (6) (pp 400-418), 2005. Date of Publication: December 2005.	http://dx.doi.org/10.1002/ajim.20211
Kaiser R., Romieu I., Medina S., Schwartz J., Krzyzanowski M., Kunzli N.	Air pollution attributable postneonatal infant mortality in U.S. metropolitan areas: a risk assessment study.	Environmental health : a global access science source. 3 (1) (no pagination), 2004. Article Number: 4. Date of Publication: 5 May 2004.	
Franssen E.,A.,M., Van Wiechen C.,M.,A.,G., Nagelkerke N.,J.,D., Lebret E.	Aircraft noise around a large international airport and its impact on general health and medication use.	Occupational and Environmental Medicine. 61 (5) (pp 405-413), 2004. Date of Publication: May 2004.	http://dx.doi.org/10.1136/oem.2002.005488
Hnizdo E., Sullivan P.,A., Bang K.,M., Wagner G.	Airflow obstruction attributable to work in industry and occupation among U.S. race/ethnic groups: A study of NHANES III data.	American Journal of Industrial Medicine. 46 (2) (pp 126-135), 2004. Date of Publication: August 2004.	http://dx.doi.org/10.1002/ajim.20042
Uibu T., Oksa P., Auvinen A., Honkanen E., Metsarinne K., Saha H., Uitti J., Roto P.	Asbestos exposure as a risk factor for retroperitoneal fibrosis.	Lancet. 363 (9419) (pp 1422-1426), 2004. Date of Publication: 01 May 2004.	http://dx.doi.org/10.1016/S0140-6736%2804%2916100-X
Goebell P.,J., Villanueva C.,M., Rettenmeier A.,W., Rubben H., Kogevinas M.	Environmental exposure, chlorinated drinking water, and bladder cancer.	World journal of urology. 21 (6) (pp 424-432), 2004. Date of Publication: Feb 2004.	http://dx.doi.org/10.1007/s00345-003-0389-1
Hannerz H., Tuchsen F., Spangenberg So., Albertsen K.	Industrial differences in disability retirement rates in Denmark, 1996-2000.	International Journal of Occupational Medicine and Environmental Health. 17 (4) (pp 465-471), 2004. Date of Publication: 2004.	
Lam T.,-H., Ho S.,-Y., Hedley A.,J., Mak K.,-H., Leung G.,M.	Leisure time physical activity and mortality in Hong Kong: Case-control study of all adult deaths in 1998.	Annals of Epidemiology. 14 (6) (pp 391-398), 2004. Date of Publication: July 2004.	http://dx.doi.org/10.1016/j.annepidem.2003.09.005

AUTHOR	TITLE	SOURCE	DOI
Gorell J.,M., Peterson E.,L., Rybicki B.,A., Johnson C.,C.	Multiple risk factors for Parkinson's disease.	Journal of the Neurological Sciences. 217 (2) (pp 169-174), 2004. Date of Publication: 15 Feb 2004.	http://dx.doi.org/10.1016/j.jns.2003.09.014
Altieri A., Tavani A., Gallus S., La Vecchia C.	Occupational and leisure time physical activity and the risk of nonfatal acute myocardial infarction in Italy.	Annals of Epidemiology. 14 (7) (pp 461-466), 2004. Date of Publication: August 2004.	http://dx.doi.org/10.1016/j.annepidem.2003.11.005
Ugnat A.,-M., Luo W., Semenciw R., Mao Y.	Occupational exposure to chemical and petrochemical industries and bladder cancer risk in four western Canadian provinces.	Chronic Diseases in Canada. 25 (2) (pp 7-15), 2004. Date of Publication: Spring 2004.	
Richiardi L., Boffetta P., Simonato L., Forastiere F., Zambon P., Fortes C., Gaborieau V., Merletti F.	Occupational risk factors for lung cancer in men and women: A population- based case-control study in Italy.	Cancer Causes and Control. 15 (3) (pp 285-294), 2004. Date of Publication: April 2004.	http://dx.doi.org/10.1023/B:CACO.0000024223.91059.ed
Krause N., Rugulies R., Ragland D.,R., Syme S.,L.	Physical workload, ergonomic problems, and incidence of low back injury: A 7.5-year prospective study of San Francisco transit operators.	American Journal of Industrial Medicine. 46 (6) (pp 570-585), 2004. Date of Publication: December 2004.	http://dx.doi.org/10.1002/ajim.20094
Ojima T., Uehara R., Watanabe M., Tajimi M., Oki I., Nakamura Y.	Population attributable fraction of smoking to low birth weight in Japan.	Pediatrics International. 46 (3) (pp 264-267), 2004. Date of Publication: June 2004.	http://dx.doi.org/10.1111/j.1442-200x.2004.01881.x
Zhang X.,-F., Attia J., D'Este C., Yu X.,-H.	Prevalence and magnitude of classical risk factors for stroke in a cohort of 5092 Chinese steelworkers over 13.5 years of follow-up.	Stroke. 35 (5) (pp 1052-1056), 2004. Date of Publication: May 2004.	http://dx.doi.org/10.1161/01.STR.0000125305.12859.ff
Hartman E., Frankena K., Oude Vrielink H.,H.,E., Nielen M., Metz J.,H.,M., Huirne R.,B.,M.	Risk factors associated with sick leave due to work-related injuries in Dutch farmers: An exploratory case-control study.	Safety Science. 42 (9) (pp 807-823), 2004. Date of Publication: November 2004.	http://dx.doi.org/10.1016/j.ssci.2004.03.001
Emberson J.,R., Whincup P.,H., Morris R.,W., Walker M.	Social class differences in coronary heart disease in middle-aged British men: Implications for prevention.	International Journal of Epidemiology. 33 (2) (pp 289-296), 2004. Date of Publication: April 2004.	http://dx.doi.org/10.1093/ije/dyh006
Janzon E., Hedblad B., Berglund G., Engstrom G.	Tobacco and myocardial infarction in middle-aged women: A study of factors modifying the risk.	Journal of Internal Medicine. 256 (2) (pp 111-118), 2004. Date of Publication: August 2004.	http://dx.doi.org/10.1111/j.1365-2796.2004.01346.x

AUTHOR	TITLE	SOURCE	DOI
Minami Y., Tateno H.	Associations between cigarette smoking and the risk of four leading cancers in Miyagi Prefecture, Japan: A multi- site case-control study.	Cancer Science. 94 (6) (pp 540-547), 2003. Date of Publication: 01 Jun 2003.	http://dx.doi.org/10.1111/j.1349-7006.2003.tb01480.x
Gustavsson P., Ahlbom A., Andersson T., Scheele P.	Calculation of fractions of lung cancer incidence attributable to occupational exposure to asbestos and combustion products in Stockholm, Sweden.	European Journal of Epidemiology. 18 (10) (pp 937-940), 2003. Date of Publication: 2003.	http://dx.doi.org/10.1023/A:1025885925199
Steenland K., Burnett C., Lalich N., Ward E., Hurrell J.	Dying for work: The magnitude of us mortality from selected causes of death associated with occupation.	American Journal of Industrial Medicine. 43 (5) (pp 461-482), 2003. Date of Publication: 01 May 2003.	http://dx.doi.org/10.1002/ajim.10216
Garcia-Porrua C., Armesto V., Manana P., Gonzalez-Gay M.,A.	Fatigue Fractures Suggesting Clinical Monarthritis.	Arthritis Care and Research. 49 (6) (pp 741-744), 2003. Date of Publication: 15 Dec 2003.	
Pope D.,P., Hunt I.,M., Birrell F.,N., Silman A.,J., Macfarlane G.,J.	Hip pain onset in relation to cumulative workplace and leisure time mechanical load: A population based case-control study.	Annals of the Rheumatic Diseases. 62 (4) (pp 322-326), 2003. Date of Publication: 01 Apr 2003.	http://dx.doi.org/10.1136/ard.62.4.322
Dickel H., Bruckner T.,M., Schmidt A., Diepgen T.,L.	Impact of atopic skin diathesis on occupational skin disease incidence in a working population.	Journal of Investigative Dermatology. 121 (1) (pp 37-40), 2003. Date of Publication: 01 Jul 2003.	http://dx.doi.org/10.1046/j.1523-1747.2003.12323.x
Lee Y.,L., Lin Y.,C., Hsiue T.,R., Hwang B.,F., Guo Y.,L.	Indoor and outdoor environmental exposures, parental atopy, and physician-diagnosed asthma in Taiwanese schoolchildren.	Pediatrics. 112 (5) (pp e389), 2003. Date of Publication: Nov 2003.	http://dx.doi.org/10.1542/peds.112.5.e389
Robroek SJ van den Berg TI Plat JF Burdorf A	The role of obesity and lifestyle behaviours in a productive workforce.	Occupational & Environmental Medicine. 68(2):134-9, 2011 Feb.	
Winkleby M.,A., Cubbin C.	Influence of individual and neighbourhood socioeconomic status on mortality among black, Mexican-American, and white women and men in the United States.	Journal of Epidemiology and Community Health. 57 (6) (pp 444-452), 2003. Date of Publication: 01 Jun 2003.	http://dx.doi.org/10.1136/jech.57.6.444
Leigh J.,P., Yasmeen S., Miller T.,R.	Medical costs of fourteen occupational illnesses in the United States in 1999.	Scandinavian Journal of Work, Environment and Health. 29 (4) (pp 304-313), 2003. Date of Publication: August 2003.	http://dx.doi.org/10.5271/sjweh.735
Chan-Yeung M.	Occupational asthma – Global perspective.	Allergy and Clinical Immunology International. 15 (5) (pp 203-207), 2003. Date of Publication: September/October 2003.	

AUTHOR	TITLE	SOURCE	DOI
Arif A.,A., Delclos G.,L., Whitehead L.,W., Tortolero S.,R., Lee E.,S.	Occupational exposures associated with work-related asthma and work- related wheezing among U.S. workers.	American Journal of Industrial Medicine. 44 (4) (pp 368-376), 2003. Date of Publication: 01 Oct 2003.	http://dx.doi.org/10.1002/ajim.10291
Chan-Yeung M., Koo L.,C., Ho J.,C.,-M., Tsang K.,W.,-T., Chau W.,-S., Chiu S.,-W., Ip M.,S.,-M., Lam W.,-K.	Risk factors associated with lung cancer in Hong Kong.	Lung Cancer. 40 (2) (pp 131-140), 2003. Date of Publication: 01 May 2003.	http://dx.doi.org/10.1016/S0169-5002%2803%2900036-9
Sjol A., Thomsen K.,K., Schroll M., Andersen L.,B.	Secular trends in acute myocardial infarction in relation to physical activity in the general Danish population.	Scandinavian Journal of Medicine and Science in Sports. 13 (4) (pp 224-230), 2003. Date of Publication: August 2003.	http://dx.doi.org/10.1034/j.1600-0838.2003.00310.x
Hemminki K., Zhang H., Czene K.	Socioeconomic factors in cancer in Sweden.	International Journal of Cancer. 105 (5) (pp 692-700), 2003. Date of Publication: 10 Jul 2003.	http://dx.doi.org/10.1002/ijc.11150
Trupin L., Earnest G., San Pedro M., Balmes J.,R., Eisner M.,D., Yelin E., Katz P.,P., Blanc P.,D.	The occupational burden of chronic obstructive pulmonary disease.	European Respiratory Journal. 22 (3) (pp 462-469), 2003. Date of Publication: 01 Sep 2003.	http://dx.doi.org/10.1183/09031936.03.00094203
Axelson O.	Alternative for estimating the burden of lung cancer from occupational exposures – Some calculations based on data from Swedish men.	Scandinavian Journal of Work, Environment and Health. 28 (1) (pp 58-63), 2002. Date of Publication: 2002.	http://dx.doi.org/10.5271/sjweh.647
Park R.,M., Bailer A.,J., Stayner L.,T., Halperin W., Gilbert S.,J.	An alternate characterization of hazard in occupational epidemiology: Years of life lost per years worked.	American Journal of Industrial Medicine. 42 (1) (pp 1-10), 2002. Date of Publication: 2002.	http://dx.doi.org/10.1002/ajim.10082
Hnizdo E., Sullivan P.,A., Bang K.,M., Wagner G.	Association between chronic obstructive pulmonary disease and employment by industry and occupation in the US population: A study of data from the Third National Health and Nutrition Examination Survey.	American Journal of Epidemiology. 156 (8) (pp 738-746), 2002. Date of Publication: 15 Oct 2002.	http://dx.doi.org/10.1093/aje/kwf105
Leigh J.,P., Romano P.,S., Schenker M.,B., Kreiss K.	Costs of occupational COPD and asthma.	Chest. 121 (1) (pp 264-272), 2002. Date of Publication: 2002.	http://dx.doi.org/10.1378/chest.121.1.264
Baussano I Nunn P Williams B Pivetta E Bugiani M Scano F	Tuberculosis among health care workers. (Review)	Emerging Infectious Diseases. 17(3):488-94, 2011 Mar.	https://dx.doi.org/10.3201/eid1703.100947
De Groh M., Morrison H.,I.	Environmental tobacco smoke and deaths from coronary heart disease in Canada.	Chronic Diseases in Canada. 23 (1) (pp 13-16), 2002. Date of Publication: 2002.	

AUTHOR	TITLE	SOURCE	DOI
Joshi R Reingold AL Menzies D Pai M	Tuberculosis among health-care workers in low- and middle-income countries: a systematic review. (Review) (78 refs)	PLoS Medicine/Public Library of Science. 3(12):e494, 2006 Dec.	
Bjork J., Stromberg U.	Estimating attributable fraction in partially ecologic case-control studies.	Epidemiology. 13 (4) (pp 459-466), 2002. Date of Publication: 2002.	http://dx.doi.org/10.1097/00001648-200207000-00015
Arif A.,A., Whitehead L.,W., Delclos G.,L., Tortolero S.,R., Lee E.,S.	Prevalence and risk factors of work related asthma by industry among United States workers: Data from the third national health and nutrition examination survey (1988-94).	Occupational and Environmental Medicine. 59 (8) (pp 505-511), 2002. Date of Publication: 2002.	http://dx.doi.org/10.1136/oem.59.8.505
Lipfert F.,W., Morris S.,C.	Temporal and spatial relations between age specific mortality and ambient air quality in the United States: Regression results for counties, 1960-97.	Occupational and Environmental Medicine. 59 (3) (pp 156-174), 2002. Date of Publication: 2002.	http://dx.doi.org/10.1136/oem.59.3.156
Mollo F., Magnani C., Bo P., Burlo P., Cravello M.	The attribution of lung cancers to asbestos exposure: A pathologic study of 924 unselected cases.	American Journal of Clinical Pathology. 117 (1) (pp 90-95), 2002. Date of Publication: 2002.	http://dx.doi.org/10.1309/DEDU-V6UC-587A-9CGD
Hazelton W.,D., Luebeck E.,G., Heidenreich W.,F., Moolgavkar S.,H.	Analysis of a historical cohort of chinese tin miners with arsenic, radon, cigarette smoke, and pipe smoke exposures using the biologically based two- stage clonal expansion model.	Radiation Research. 156 (1) (pp 78-94), 2001. Date of Publication: 2001.	
Eide G.,E., Heuch I.	Attributable fractions: Fundamental concepts and their visualization.	Statistical Methods in Medical Research. 10 (3) (pp 159-193), 2001. Date of Publication: 2001.	
Leigh J.,P., Cone J.,E., Harrison R.	Costs of occupational injuries and illnesses in California.	Preventive Medicine. 32 (5) (pp 393-406), 2001. Date of Publication: 2001.	http://dx.doi.org/10.1006/pmed.2001.0841
Nurminen M., Karjalainen A.	Epidemiologic estimate of the proportion of fatalities related to occupational factors in Finland.	Scandinavian Journal of Work, Environment and Health. 27 (3) (pp 161-213), 2001. Date of Publication: 2001.	http://dx.doi.org/10.5271/sjweh.605
Leigh J.,P., Seavey W., Leistikow B.	Estimating the costs of job related arthritis.	Journal of Rheumatology. 28 (7) (pp 1647-1654), 2001. Date of Publication: 2001.	
Dalal P.,M.	Ischaemic strokes: Management in first six hours.	Neurology India. 49 (2) (pp 104-115), 2001. Date of Publication: 2001.	

AUTHOR	TITLE	SOURCE	DOI
Hein H.,O., Suadicani P., Gyntelberg F.	Lewis phenotypes, leisure time physical activity, and risk of ischaemic heart disease: An 11 year follow up in the Copenhagen male study.	Heart. 85 (2) (pp 159-164), 2001. Date of Publication: 2001.	
Simonato L., Agudo A., Ahrens W., Benhamou E., Benhamou S., Boffetta P., Brennan P., Darby S.,C., Forastiere F., Fortes C., Gaborieau V., Gerken M., Gonzales C.,A., Jockel K.,-H., Kreuzer M., Merletti F., Nyberg F., Pershagen G., Pohlabeln H., Rosch F., Whitley E., Wichmann H., E., Zambon P.	Lung cancer and cigarette smoking in Europe: An update of risk estimates and an assessment of inter-country heterogeneity.	International Journal of Cancer. 91 (6) (pp 876-887), 2001. Date of Publication: 15 Mar 2001.	http://dx.doi.org/10.1002/1097-0215%28200102%299999:9999%3C::AID-IJC1139%3E3.0.CO;2-7
Nurminen M.,M., Jaakkola M.,S.	Mortality from occupational exposure to environmental tobacco smoke in Finland.	Journal of Occupational and Environmental Medicine. 43 (8) (pp 687-693), 2001. Date of Publication: 2001.	http://dx.doi.org/10.1097/00043764-200108000-00006
Mak G.,K., Gould M.,K., Kuschner W.,G.	Occupational inhalant exposure and respiratory disorders among never- smokers referred to a hospital pulmonary function laboratory.	American Journal of the Medical Sciences. 322 (3) (pp 121-126), 2001. Date of Publication: 2001.	http://dx.doi.org/10.1097/00000441-200109000-00002
Linton S.,J.	Occupational psychological factors increase the risk for back pain: a systematic review.	Journal of occupational rehabilitation. 11 (1) (pp 53-66), 2001. Date of Publication: Mar 2001.	
Kellerer A.,M., Nekolla E.,A., Walsh L.	On the conversion of solid cancer excess relative risk into lifetime attributable risk.	Radiation and Environmental Biophysics. 40 (4) (pp 249-257), 2001. Date of Publication: 2001.	http://dx.doi.org/10.1007/s004110100106
Shakhatreh F.,M.	Reproductive health of male radiographers.	Saudi medical journal. 22 (2) (pp 150-152), 2001. Date of Publication: Feb 2001.	
Maoa Y., Hua J., Ugnata A.,-M., Semenciwa R., Finchamb S.	Socioeconomic status and lung cancer risk in Canada.	International Journal of Epidemiology. 30 (4) (pp 809-817), 2001. Date of Publication: 2001.	
Gwynn R.,C., Thurston G.,D.	The burden of air pollution: Impacts among racial minorities.	Environmental Health Perspectives. 109 (SUPPL. 4) (pp 501-506), 2001. Date of Publication: 2001.	
Donoghue A.,M.	The design of hazard risk assessment matrices for raking occupational health risks and their application in mining and minerals processing.	Occupational Medicine. 51 (2) (pp 118-123), 2001. Date of Publication: 2001.	http://dx.doi.org/10.1093/occmed/51.2.118

AUTHOR	TITLE	SOURCE	DOI
Lee C.,-H., Ko Y.,-C., Cheng L.,S.,-C., Lin Y.,-C., Lin H.,-J., Huang M.,-S., Huang J.,-J., Kao E.,- L., Wang H.,-Z.	The heterogeneity in risk factors of lung cancer and the difference of histologic distribution between genders in Taiwan.	Cancer Causes and Control. 12 (4) (pp 289-300), 2001. Date of Publication: 2001.	http://dx.doi.org/10.1023/A:1011270521900
Karjalainen A., Kurppa K., Martikainen R., Klaukka T., Karjalainen J.	Work is related to a substantial portion of adult- onset asthma incidence in the finnish population.	American Journal of Respiratory and Critical Care Medicine. 164 (4) (pp 565-568), 2001. Date of Publication: 15 Aug 2001.	http://dx.doi.org/10.1164/ajrccm.164.4.2012146

Appendix 7: References

Cancer Care Ontario, Occupational Cancer Research Centre. (2017). *Burden of occupational cancer in Ontario: Major workplace carcinogens and prevention of exposure*. Toronto: Queen's Printer for Ontario.

Cummings et al. 2017. Occupational contribution to idiopathic pulmonary fibrosis. *American Journal of Respiratory and Critical Care Medicine*. Conference: American Thoracic Society International Conference, ATS 2017. United States.

Cocco, P., & Agius, R. (2018). The preventable burden of work-related ill-health. *Occupational Medicine, 68*(5), 327-331.

Coggon, D., Inskip, H., Winter, P., & Pannett, B. (1994). Lobar pneumonia: an occupational disease in welders. The Lancet, 344(8914), 41-43.

Driscoll et al. (2004). The burden of occupational disease and injury in New Zealand: Technical Report. NOHSAC: Wellington.

Ha, J., Kim, S. G., Paek, D., & Park, J. (2011). The Magnitude of Mortality from Ischemic Heart Disease Attributed to Occupational Factors in Korea-Attributable Fraction Estimation Using Meta-analysis. *Safety and Health at Work, 2*(1), 70-82.

Harvey, S. B., Sellahewa, D. A., Wang, M. J., Milligan-Saville, J., Bryan, B. T., Henderson, M., ... & Mykletun, A. (2018). The role of job strain in understanding midlife common mental disorder: a national birth cohort study. *The Lancet Psychiatry, 5*(6), 498-506.

Hutchings, S., & Rushton, L. (2017). Estimating the burden of occupational cancer: assessing bias and uncertainty. *Occupational and Environmental Medicine*, oemed-2016.

Hutchings, S., Rushton, L., Sadhra, S., & Fishwick, D. (2017). 0365 Estimation of the burden of chronic obstructive pulmonary disease due to occupation in Great Britain. *Occupational and Environmental Medicine* 2017;74:A114.

International Agency for Research on Cancer (IARC) Working Group on the Evaluation of Carcinogenic Risks to Humans. (2010). Painting, firefighting, and shiftwork. IARC monographs on the evaluation of carcinogenic risks to humans, 98.

Jaakkola, M. S., & Jaakkola, J. J. K. (2006). Impact of smoke-free workplace legislation on exposures and health: possibilities for prevention. *European Respiratory Journal, 28*(2), 397-408.

Järvholm, B., Reuterwall, C., & Bystedt, J. (2013). Mortality attributable to occupational exposure in Sweden. *Scandinavian Journal of Work, Environment & Health*, 106-111.

Kauppinen, T., Riala, R., Seitsamo, J., & Hernberg, S. (1992). Primary liver cancer and occupational exposure. *Scandinavian Journal of Work, Environment & Health*, 18-25.

Kheifets, L., Bowman, J. D., Checkoway, H., Feychting, M., Harrington, M., Kavet, R., ... & van Wijngaarden, E. (2008). Future needs of occupational epidemiology of extremely low frequency (ELF) electric and magnetic fields (EMF): review and recommendations. *Occupational and Environmental Medicine*.

Kivimäki, M., Nyberg, S. T., Batty, G. D., Fransson, E. I., Heikkilä, K., Alfredsson, L., ... & Clays, E. (2012). Job strain as a risk factor for coronary heart disease: a collaborative meta-analysis of individual participant data. *The Lancet*, 380(9852), 1491-1497.

Labrèche, F., Kim, J., Song, C., Pahwa, M., Calvin, B.G., Arrandale, V.H., McLeod, C.B., Peters, C.E., Lavoué, J., Davies, H.W. and Nicol, A.M. (2019). The current burden of cancer attributable to occupational exposures in Canada. Preventive medicine, 122, 128-139.

LaMontagne, A. D., Keegel, T., Vallance, D., Ostry, A., & Wolfe, R. (2008). Job strain – attributable depression in a sample of working Australians: Assessing the contribution to health inequalities. *BMC Public Health, 8*(1), 181.

Lee K, Kim I. (2018). Job Stress-attributable Burden of Disease in Korea. *Journal of Korean Medical Science. 33*(25):e187. https://jkms.org/DOIx.php?id=10.3346/jkms.2018.33.e187

Lillienberg, L., Dahlman-Höglund, A., Schiöler, L., Torén, K., & Andersson, E. (2014). Exposures and asthma outcomes using two different job exposure matrices in a general population study in northern Europe. *Annals of Occupational Hygiene, 58*(4), 469-481.

Lytras, T., Kogevinas, M., Kromhout, H., Carsin, A. E., Antó, J. M., Bentouhami, H., ... & Martinez-Moratalla, J. (2018). Occupational exposures and 20-year incidence of COPD: the European Community Respiratory Health Survey. *Thorax*, 73(11), 1008-1015.

MBIE. (2013). Work-Related Disease in New Zealand: The state of play in 2010: New Zealand Government.

Ministry of Health. (2019). Suicide Facts: Data tables 1996–2015 www.health.govt.nz/publication/suicide-facts-data-tables-19962015

McTernan, W. P., Dollard, M. F., & LaMontagne, A. D. (2013). Depression in the workplace: An economic cost analysis of depression-related productivity loss attributable to job strain and bullying. *Work & Stress, 27*(4), 321-338.

Micallef, C. M., Shield, K. D., Vignat, J., Baldi, I., Charbotel, B., Fervers, B., ... & Hutchings, S. J. (2019). Cancers in France in 2015 attributable to occupational exposures. *International Journal of Hygiene and Environmental Health, 222*(1), 22-29.

Nock, M. K., Hwang, I., Sampson, N. A., & Kessler, R. C. (2010). Mental disorders, comorbidity and suicidal behavior: results from the National Comorbidity Survey Replication. *Molecular Psychiatry, 15*(8), 868.

Nurminen, M., & Karjalainen, A. (2001). Epidemiologic estimate of the proportion of fatalities related to occupational factors in Finland. *Scandinavian Journal of Work, Environment & Health*, 161-213.

Rimpelä, A., Pulkkinen, P., Nurminen, M., Rimpelä, M., & Valkonen, T. (1987). Mortality of doctors: do doctors benefit from their medical knowledge? *The Lancet, 329*(8524), 84-86.

Routley, V. H., & Ozanne-Smith, J. E. (2012). Work-related suicide in Victoria, Australia: a broad perspective. *International Journal of Injury Control and Safety Promotion, 19*(2), 131-134.

Rushton, L., Hutchings, S. J., Fortunato, L., Young, C., Evans, G. S., Brown, T., ... & Cherrie, J. W. (2012). Occupational cancer burden in Great Britain. *British Journal of Cancer*, 107(S1), S3.

Sneyd, M.J., & Gray, A. (2018). Expected non melanoma skin (Keratinocytic) cancer incidence in New Zealand for 2018. Wellington: Health Promotion Agency.

Steenland, K., Burnett, C., Lalich, N., Ward, E., & Hurrell, J. (2003). Dying for work: the magnitude of US mortality from selected causes of death associated with occupation. *American Journal of Industrial Medicine, 43*(5), 461-482.

Sultan-Taïeb, H., Chastang, J. F., Mansouri, M., & Niedhammer, I. (2013). The annual costs of cardiovascular diseases and mental disorders attributable to job strain in France. *BMC Public Health, 13*(1), 748.

Torén, K., Ekerljung, L., Kim, J. L., Hillström, J., Wennergren, G., Rönmark, E., ... & Lundbäck, B. (2011). Adult-onset asthma in west Sweden–incidence, sex differences and impact of occupational exposures. *Respiratory Medicine, 105*(11), 1622-1628.

Torén, K., & Blanc, P. D. (2009). Asthma caused by occupational exposures is common–a systematic analysis of estimates of the population-attributable fraction. *BMC Pulmonary Medicine*, 9(1), 7.

Vyas, M. V., Garg, A. X., Iansavichus, A. V., Costella, J., Donner, A., Laugsand, L. E., ... & Hackam, D. G. (2012). Shift work and vascular events: systematic review and meta-analysis. *British Medical Journal, 345*, e4800.

Wang, M. D., Gomes, J., Cashman, N. R., Little, J., & Krewski, D. (2014). A meta-analysis of observational studies of the association between chronic occupational exposure to lead and amyotrophic lateral sclerosis. *Journal of Occupational and Environmental Medicine*, 56(12), 1235.

Wolf, J., Prüss-Ustün, A., Ivanov, I., Mugdal, S., Corvalán, C., Bos, R., Neira, M. (2018). Preventing disease through a healthier and safer workplace. Geneva: World Health Organization.

Zand, M., Rushbrook, C., Spencer, I., Donald, K., & Barnes, A. Costs to Britain of work related cancer. Health and Safety Executive, Report RR1074 2016.

Notes

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ISBN: 978-1-98-856745-7 (online)

Published: October 2019

PO Box 165, Wellington 6140, New Zealand

worksafe.govt.nz

WSNZ_3508_OCT 19

ISBN 978-1-98-856745-7 (online)

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