



NEWSLETTER



International Commission on
Occupational Health – ICOH

Commission Internationale de
la Santé au Travail – CIST

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In this number

- **Message from the President** 1
- **From the Editor** 3
- **Toward new epidemics? An overview of emerging infectious diseases** 4
M. Galli
- **Membership Campaign in Japan** 8
K. Takahashi, K. Kogi, N. Kawakami
- **ICOH information meeting in Finland** 9
S. Lehtinen
- **News from Scientific Committees**
Adding Years to Life and Life to Years 10
Ü. Kristjuhan
- **Environment and Reproduction** 10
I. Figà-Talamanca
- **ICOH Meetings** 11
- **New ICOH Members** 14
- **Résumé en français** 15

Message from the President

Dear Fellow ICOH Members,

The year 2004 has turned to its second half and busy months are ahead for each of us. In Europe, we have finished or are currently enjoying our annual leaves. No matter what time of the year you take the leave it is important – as we also teach – to have a leave, to relax and charge your batteries and then return to work again with energy and enthusiasm; that is occupational health at its best.

Several activities in ICOH are well under way. As you have noticed many Scientific Committees have held their research meetings. I am aware of a half a dozen SC-meetings in the first half of the year, and an equal number of Committees will have their meetings before the end of the year. The Chairs of all the Scientific Committees are invited to Helsinki in January 2005 to discuss with the Board and report on their activities (in fact, the deadline for the reports is 15 November).

The invitations to Helsinki have been sent to all Officers, Scientific Committee Chairs and the Board members, and the preparations are underway. This will be our most important gathering before the ICOH2006 in Milan.

The visitors to Finland are expected to bring with them the warmest clothing they have, as the winter season is at its best in our arctic environment. (I am hoping for a lot of snow and at least -20 degrees Centigrade).

Membership campaigns have been active as you can read in the articles of this Newsletter. The Task Group



on Membership and the Secretary General have made progress on a broad front: web application forms, member benefits, membership campaigns, national secretaries' recruitment campaigns, and young member campaigns. Gradually we are also starting to see the results; the number of new members is growing and also a few but very important Sustaining Members, including the US NIOSH have joined.

In fact, the global trends in occupational health affect also the membership of ICOH. The current trends in companies and institutions show much outsourcing of the so-called non-core activities, i.e. various support, maintenance and service activities needed in the normal operation of organizations. Occupational health services are one of the company services that have been





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outsourced even by some large and stable companies.

The external service providers compete for clients, and this tends to make the service thin and cheap. The staff needed for such services is minimal and often monodisciplinary. As the experts are moved to an external service organization or they have become self-employed, they may have very limited resources to participate in ICOH and other professional activities. This is paradoxical, as especially these service providers would need more support from professional associations than the members of larger multidisciplinary teams or institutions.

Another challenge is the age structure of the ICOH membership. Our average age is high, over 50 years. The Task Group on Membership and the Secretary General have started actions for recruiting young members. The baby boom generation will be retiring soon also from the occupational health field as from all other sectors of work life as well. Replacing this large age cohort needs many more young members than we have been able to recruit in the past.

On the other hand, there are trends that increase the demand for occupational health in all types of activities, research, training, information and services. First, the productivity game cannot be managed without healthy and well-being workers and a minimized sickness absenteeism. The customers, clients and international communities are more and more concerned about the conditions in which products are made and about assuring workers' rights, including health and safety. The company or country image no longer tolerates substandard conditions of work, which in other words means a call for occupational health. So, although outsourcing does happen, R&D functions are needed for the development of occupational health and more comprehensive and competent external services. Thus the number of occupational health experts needs to be increased in order to meet the growing demands as regards both quantity and

quality, and in order to fill the huge 80% coverage gap in the developing world. To put all this together, our membership strategy is at a turning point and needs a lot of concerted effort in the near future.

One of the new and partly re-emerging needs of occupational health is associated with the new trends in microbial hazards. There are several reasons behind the new developments, for instance, the generation of new microbial strains, structural changes in human settlements with high population densities, growing international travel, and possibly changes in our microbial environment as a consequence of global warming. Of the 10 to 100 million species in the world, about 3 million are microbes. The vast majority of them are not pathogenic to man, and with many of them we live in harmony and symbiosis. We also use bacteria in many different ways to produce food, medicines, proteins, etc. The pathogenic bacteria have been well controlled in the 20th century; this control had an enormous positive impact on human health, including occupational health. But now the microbial world is challenging us in many different ways, as described by Professor Massimo Galli in this issue. ICOH has established a Working Group on Biological Agents and Infectious Diseases under the leadership of VP Ruddy Facci. Professor Galli's article tells us how important such an activity is for the present and future actions of ICOH. The Working Group is one of the ICOH responses to the new challenges of globalization.

May I wish all the Members most successful working months for the second half of the year. Let's keep the wheel rolling, but simultaneously steer it towards better health and safety at work.

Jorma Rantanen
President

ICOH is active in many fields

ICOH Newsletter

You are now holding in your hand the fourth issue of the ICOH Newsletter after the revitalization process. We continue to welcome further ideas and proposals on how to improve the contents of the Newsletter to make it meet even better the needs of its readers.

This issue

In this issue of the Newsletter we have some examples of the membership campaigns in the various countries; one effort is described from Japan and one from Finland. The role of the National Secretaries is to provide information about ICOH to the members in the country, but also to find potential members in the countries. For this purpose, e.g. the slide-show of ICOH can be utilized. You can check the National Secretary of your own country at http://www.icoh.org.sg/downloads/ICOH_NATIONAL_SECRETARIES.doc.

We will continue to publish the names of new ICOH members. This may encourage other potential new members to join. In addition, the names of several senior members who have received the status of an Emeritus Member are listed.

We are continuing to publish reviews on topics relevant to occupational health and safety. The purpose is not to publish formal scientific articles, but to call the Members' attention to breakthrough findings or to overviews of issues that are highly topical. Proposals for the themes of such articles are most welcome. In this issue, you can read the overview by Professor Massimo Galli on emerging infectious diseases. The article is very interesting as the topic concerns all of us. An important question is: What can we in the occupational health and safety field do to prevent the disastrous effects of infectious epidemics?

Several expert institutions and organizations have provided a lot of information on their websites. I have listed here only a few: on WHO website e.g. the following:

<http://www.who.int/csr/sars/en/index.html>

http://www.who.int/csr/don/2004_06_22/en/

http://www.who.int/csr/disease/avian_influenza/en/.

On the website of the US National Institute for Occupational Safety and Health, information is available on e.g. how to protect workers from exposure to West Nile virus <http://www.cdc.gov/niosh/topics/westnile/> and about SARS <http://www.cdc.gov/niosh/topics/SARS/>

Mid-term Meeting in January 2005 in Helsinki

The invitations to the Board Members and the Chairs of the Scientific Committees have been sent out in order to allow the preparation for the Mid-Term Meeting, to be held on 27–29 January 2005. A mid-term inventory of all activities will also be done by the ICOH leadership in the Mid-term Meeting of the ICOH Board and Chairs of the Scientific Committees.

Suvi Lehtinen
Editor

Toward new epidemics?

An overview of emerging infectious diseases

M. Galli, Institute of Infectious Diseases, University of Milan, Italy

An ‘emerging’ infectious disease can be scholastically defined as a “new” disease caused by previously unknown agents, or an “old” disease whose incidence abruptly changes or which reaches previously unaffected geographic areas. This formal definition covers events that have profoundly influenced the biological and social history of our species, and repeated recent reports have raised the question as to whether we are going through a phase of an unprecedented acceleration in the occurrence of emerging diseases and, if so, the reasons for it and its possible effects.

Over the past 30 years, a number of completely new diseases have been identified, many old diseases have reappeared, and many resistant micro-organisms have been selected under the pressure of antimicrobial treatments.

The most striking example of a new disease is AIDS, which was caused by a retrovirus that penetrated our species probably less than 60 years ago and is now compromising the social fabric and future of many developing countries in which millions of people die every year. An immunodeficiency retrovirus that is very close to human HIV-1 strains has been isolated in *Pan troglodytes troglodytes*, the chimpanzee sub-species living in Central-Western Africa, and it is probable that the first human infection occurred in people hunting and eating them. Interestingly, the other identified immunodeficiency virus, HIV-2, is very similar to a virus infecting sooty mangabey monkeys (*Cercocebus atis*), and was transmitted to humans in the same way. It is therefore likely that AIDS is a zoonosis due to the “incorrect handling” of the wilderness.



Another kind of malpractice in a completely different environment led to the development of the bovine spongiform encephalitis (BSE). Caused by a prion protein capable of crossing the species barrier, and ‘infecting’ various mammals including humans, it is the deleterious consequence of giving strictly herbivorous cows foodstuffs prepared from butchery discards. Although the original forecasts concerning the extent of the epidemic may not be confirmed (about 140 cases have so far been reported mainly in the UK, and there have been very few cases over the last three years), BSE has been a terrible lesson whose future consequences cannot be completely predicted.

Although “mad cow disease” is the most clamorous, it is certainly not the only recent example of an emerging food-borne disease. Enterohemorrhag-

ic *E. coli* O157.H7, which was responsible for about 250 lethal cases of hemorrhagic colitis every year in the USA during the 1990s, is due to the contamination of meat (particularly the minced meat used to prepare hamburgers) by the animals’ intestinal contents. This disease is a further by-product of the business-oriented methods of manipulating food in the industrialised world, and can be a useful reminder to us all that food-borne infections are not simply a problem of “backwardness”.

Another new agent that has captured the attention of the media and caused great concern to health authorities comes once again from the deep forest. The Ebola virus is a mysterious agent that causes a hemorrhagic fever and has a lethality rate of 80% or more, something that has made it the protagonist of films and novels. Fortunately, the virus

has so far remained circumscribed to the borders of the often violated African rain forest.

After the first outbreak in 1976, Ebola Zaire (with Ebola Sudan and Ebola Ivory Coast, one of the three known African Ebola subtypes) reappeared in 1994 and 1996 in Gabon, and in 1995 in the Congo Democratic Republic (formerly Zaire), and then disappeared until 2002.

For unknown reason, the intervals between the outbreaks are shortening, thus suggesting changes in the virus or environmental conditions. In 2001, 2002 and 2003, the virus reappeared in the Congo Republic and Gabon at the beginning of the rainy season (end of September). These outbreaks consisted of multiple simultaneous epidemics caused by different viral strains, with each epidemic being due to the handling of the carcass of a distinct gorilla, chimpanzee or duiker (*Chepalophus* spp, a type of antelope). Interestingly, the carcasses were infected by different viral strains, which suggests multiple virus introductions from a still unknown natural host.

In the the spring of 2004, the Western Equatorial region of South Sudan was affected by a further outbreak probably due to the Ebola Sudan subtype, which was responsible for the Sudan epidemics of 1976 and 1979, and the Uganda epidemic of 2000.

Curiously, a virus has been isolated in monkeys (*Macaca fascicularis*) imported from The Philippines that resembles the African killer strains so closely as to be classified as a fourth Ebola subtype (*Ebola Reston*) although, in human beings, it seems to cause only a mild and rapidly healing respiratory infection. It is still impossible to explain the different virulence of such closely related viruses, or the evolutionary relationship between one virus whose reservoir is an Asian monkey and its relatives whose unidentified reservoir is restricted to the African forest. It is possible that the Filovirus family is larger than expected.

The only other known member of this mysterious family (and the one that was first discovered) is the Marburg virus, which acquired a sad fame in 1967 by causing an epidemic of hemorrhagic fever among the handlers of imported green monkeys (*Cercopithecus aethiops*) in Germany and Yugoslavia. After this episode, it was responsible for some isolated cases until 1999, when it caused an estimated 76 cases of hemorrhagic fever

and 52 deaths in the Congo Democratic Republic, and some further cases were reported in 2000 in the same area.

The roles of human activities in causing climatic changes, and those of climatic changes in causing 'new' diseases, are widely debated. Changes in climate are probably involved in extending the area of distribution of *Aedes aegypti* and *Aedes albopictus* (the vectors of yellow fever and dengue), thus leading to the increased incidence of dengue in South and Central America that has taken place over the past few years.

Environmental changes are probably the cause of another 'new' Paramixovirus (Nipah virus), which has its reservoir in a bat species (*Pteropus hypomelanus*) whose natural environment was restricted by deforestation. Compelled to live in the proximity of human settlements, these bats infected other bat species (such as blood-sucking vampires), which probably infected pigs. From September 1998 to May 1999, 283 cases of severe meningoencephalitis due to Nipah virus were reported in pig breeders and slaughterers in Malaysia, with a lethality rate of 38.5%. A new outbreak of Nipah encephalitis (30 cases and 18 deaths) was reported this year in Bangladesh. Nipah virus is extremely easy to cultivate and, as inter-human transmission is possible (although its efficiency still has to be assessed), it is considered to be extremely dangerous as a potential biological weapon for terrorist purposes and as a cause of future epidemics.

In 2002 and 2003, more than 12,000 US citizens bitten by common mosquitoes while sitting in the backyards of their houses or walking in a city park had the unexpected experience of being infected by another "tropical" disease that led to about 360 of them paying with their lives. West Nile virus is a flavivirus belonging to the genus of the yellow fever and dengue viruses, but more closely related to the group of so-called Japanese encephalitis viruses. First isolated in 1937 in the West Nile district of Uganda, it has caused a number of human outbreaks in Africa, the Middle East and Eastern Europe and one autochthonous case was reported in Southern France in 2003. In Europe, the virus has been isolated in arthropods, birds and mammals. Life-threatening encephalitis has become a frequent complication of West Nile virus infection since the 1996 epidemic in Rumania.

The virus turned up in the USA in

1999, when it caused a small but highly lethal epidemic in the New York City district of Queens. It subsequently spread to the Mid-West (2002) and the Rocky Mountains (2003), causing 4156 cases in 2002 (lethality 6.8%) and 9100 cases in 2003 (lethality 2.1%). The encephalitis is more frequent in the elderly, often fatal, and can lead to considerable sequelae in survivors. The causes of the spread of West Nile virus in the USA are still unknown. Its reservoir consists of several bird species, including migrating birds. Different species have different degrees of susceptibility to infection and different levels of resistance against it: for example, American crows (*Corvus brachyrhynchos*) are killed by the virus, whereas its major reservoir may currently be the widespread little sparrow (*Passer domesticus*), an "old" invader that arrived in New York from Europe in 1851 and is 'resistant' to the infection. Consideration has been given to changes in the behaviour of migrating birds (due to climatic changes? human activities?), but the species really responsible for introducing the virus in North America has not been identified. However, its current spread in vertebrates and invertebrates in the Americas suggests that it is there to stay for a long time.

The outbreak of monkeypox that affected 72 US citizens in 2003 is a further example of the absolutely unexpected "transportation" of a tropical disease, and the detrimental and potentially very dangerous effects of apparently irrelevant human activities. Monkeypox is an understudied disease observed in humans for the first time in the Congo in 1970, during the smallpox eradication era. The orthopox virus that causes monkeypox is less efficient than smallpox in person-to-person transmission and the mortality rate of the infection is lower (<10%); smallpox vaccine appears to be cross-protective. All of the previously reported naturally recurring cases were in West and Central Africa.

The main source of the American epidemic was imported African rodents (*Cricetomys gambianus* sold as pets), which infected humans and prairie dogs (*Cynomys ludovicianus*). The entire families of the pet owners were sometimes infected, fortunately without any serious consequence; however, the ability of the virus to reach and persist in wild rodent reservoirs in America must still be assessed.

A much more dangerous visitor

was *Yersinia pestis*, which arrived in San Francisco with infected rats travelling on ships coming from the Far East in the first years of the 19th century; it is still infecting a number of wild rodent species, and has caused a mean annual number of 5–15 cases of human plague in the USA over the last ten years.

The role of ships in the spread of infections seems to have been taken over by that of jet aircraft, but the most probable direct source of the cholera epidemic in Latin America in 1991 was the ballast water taken on in the Gulf of Bengal and discharged in the port of Peru and the Gulf of Mexico against health regulations. *Vibrio cholerae* is a strictly human infecting agent but may persist outside the human host as a commensal of zooplankton (particularly small crustaceans, such as copepods) and in association with algae, cyanobacteria and aquatic plants.

Climatic alterations affecting the growth of such organisms may have influenced the spread of the infection, and may prepare the ground for a future cholera pandemic (the eighth since 1817). The candidate agent is *Vibrio cholerae* 0139, the only known non-01 cholero-genic *Vibrio*, which was isolated in 1992 and has been responsible for hundreds of thousands of cholera cases in the Bengal area, and is ominously ready.

A highly lethal respiratory infection that spreads rapidly and easily among humans is at the top of the fear scale in the collective imagination, and came very near to being incarnated last year in the form of severe acute respiratory syndrome (SARS). However, although it is highly contagious, the new coronavirus responsible for it has a lower transmission efficiency than influenza viruses and (probably) the other known human coronaviruses, which cause upper respiratory infections that are indistinguishable from the common cold.

The history of the SARS epidemic is well known as it has been widely reported in the media in terms of its economic and psychological impact, and the steps of its spread from China to Hong Kong and the rest of the world. As of October 2003, there had been 8099 reported cases in more than 30 countries, with a mortality rate of 9.6%. However, only six countries outside China (Canada, Vietnam, Singapore, The Philippines, Mongolia and Taiwan) had secondary epidemics from imported cases. Twenty

percent of the cases were observed in healthcare workers, and many hospitals had to be quarantined during the epidemic. This alarming tendency to spread nosocomially is due to progressively increasing viral shedding, with peak respiratory excretion occurring six days after disease onset. Superspreading patients with complex clinical pictures that were not easily identifiable as SARS were responsible for many of the hospital cases. Aerosolised fecal droplets seem to have cooperated in spreading the infection, as in the episode affecting Amoy Gardens, a group of residential buildings in Hong Kong, in which more than 300 cases of SARS were reported.

Fortunately, and against the predictions of many experts, only a few cases were reported in winter 2004, including 'laboratory-generated' cases in Singapore and Taiwan, and four community acquired cases (without evidence of secondary transmission) in Guangzhou. However, a laboratory outbreak with a total of nine cases (including two second- and five third-generation patients) originated from the laboratories of the National Institute of Virology of Beijing at the end of March; several hundreds of contacts were quarantined, and it had a considerable emotional impact on public opinion.

Although the measures adopted by the WHO and the health authorities of the involved countries were highly successful in blocking the spread of SARS and excluding the recurrence of the disease, it is still necessary to develop a vaccine and identify the animal host. Among the small wild carnivores considered to be a possible reservoir of the virus, the viverrid masked palm civet (*Paguma larvata*) is at the top of the list of suspects, but a canid (*Nyctereutes procyonoides*) and a mustelid (*Melogale moschata*) have also tested positive for the virus. Furthermore, the domestic cat and the ferret (*Mustela furo*) can be experimentally infected and transmit the infection to co-species: although cats easily survive the infection with or without clinical manifestations, the ferrets fell ill and frequently died. However, it is still not known whether any or which of these species is the real reservoir, or which are merely incidental hosts. In my opinion, a still unidentified 'common' prey of all of these small predators could be the best candidate. It has recently been found that mice are susceptible to the virus under experimental conditions, thus further

demonstrating the ability of the SARS virus to infect different species.

It is also clear that the so-called 'wet markets' of the Far East, with their dangerous mix of many wild and domestic species living in the worst conditions of captivity, probably played a considerable role, as indicated by serological studies and the disproportionate number of SARS cases among market employees in Shenzhen and Hong Kong.

Live-animal markets were also apparently involved in the spread of avian influenza, the first recognised human epidemic of which was recorded in Hong Kong in 1997–98. The responsible agent was an H5N1 influenza A strain, which was directly transmitted to humans by poultry and thus broke the dogma of an intermediate host (the 'humanisation' of avian strains in pig). The H5N1 strain killed 6/18 infected patients in 1998, 2/4 in 2003 (once again in Hong Kong), and 24/35 this year in Vietnam and Thailand. Eight Asian countries (including Japan) have reported large-scale epidemics of H5N1 influenza in poultry so far this year, but no inter-human transmissions have been confirmed.

Is this highly lethal virus a candidate causative agent of a future influenza pandemic in humans? The acceleration of viral evolution caused by avian epidemics, the repeated human infections, and the spread to other animal hosts, including the pig all represent a terribly dangerous threat. Influenza experts agree that another pandemic is inevitable and may be imminent. During the XX century, influenza pandemics due to new strains of the influenza A virus were reported in 1918, 1957 and 1968. An H1N1 strain re-emerged in 1977 and, unlike its predecessors, did not replace the 1968 H3N2 strain, which currently remains the main agent of influenza A.

Since 1997, there has been a disproportionate increase in the number of reports of novel subtypes in birds, other animals and humans. In addition to H5N1, an H7N7 influenza virus was responsible for the outbreak affecting the Dutch poultry industry in March 2003: 89 poultry workers contracted viral conjunctivitis, and a veterinarian died of respiratory infection. Another case of H7 virus conjunctivitis was reported in a person involved in culling infected birds in British Columbia in March 2004. The H7N7 virus isolated in The Netherlands outbreak could be transmitted from human to human and also involved pigs.

Furthermore, like H1N1, it can evolve into a highly virulent form as a result of the insertion of additional amino acids in the hemagglutinine cleavage site.

A further endemic strain in Eurasian poultry is H9N2, to which humans and pigs are susceptible and whose reservoir is wild ducks. H6 strains, which are becoming endemic in poultry in Eurasia and the Americas, share the same reservoir. The fact that both of these influenza A subtypes have been reported in poultry only since the mid-1980s is a further convincing demonstration of the continuing adaptation of aquatic bird influenza viruses to domestic chickens.

A further candidate virus for the future pandemic is H2N2, which was responsible for the 1957 human pandemic, disappeared in humans in 1968, but continued to circulate in wild and domestic ducks. Nobody born after 1968 has antibodies against this strain. The recirculation of H1, H2 and H3 strains in humans is documented by sero-archeology data. All of these viruses probably circulated in humans in the late 19th and early 20th centuries, many years before the pandemics that they caused during the 20th century, and when they reappeared in our species were capable of

infecting hundreds of million of people and causing millions of deaths.

A new influenza pandemic caused by a highly virulent strain would be extremely dangerous. A review entitled 'Are we ready for pandemic influenza?' was published in Science last November before the H5N1 epidemics in Asia, and the authors concluded that 'the world will be in deep trouble if the impending influenza pandemic strikes this week, this month or even this year', and that 'nature's ongoing experiments' with H5N1 and H7N7 'may be the greatest bioterror threat of all'.

As suggested by these authors, the worst of a vast collection of potential nightmares in our future may not be a new one.

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Publishing dates for the ICOH Newsletters in 2004–2005

3/2004	31 December 2004	materials by 15 November 2004
1/2005	15 April 2005	materials by 1 March 2005
2/2005	31 August 2005	materials by 15 July 2005
3/2005	31 December 2005	materials by 15 November 2005

Changes of addresses

In order to get your ICOH Newsletter without delay, please inform about the changes of your mailing addresses to Mr. Carlo Petyx, carlopetyx@libero.it.

Thank you for your cooperation.

Membership Campaign in Japan

Ken Takahashi, Kazutaka Kogi, Norito Kawakami

We conducted a special campaign to promote membership in the ICOH during the 77th Annual Con-gress of the Japan Society for Occupational Health (JSOH). This Annual Meeting was held April 13–16, 2004 at the Nagoya Congress Center, organized by Prof. Toru Itani of Nagoya City University and attended by 2,300 participants. ICOH President Jorma Rantanen was the distinguished keynote speaker of the Congress.

Considering the fact that JSOH enjoys a stable membership at around 7,500, there is great potential to increase Japanese membership in ICOH, which lingers at around 150. Sharing this view, two board members (KT and KK) and the national secretary (NK) worked to submit a booth to increase awareness and promote new membership for ICOH. Prof. Itani fully supported the idea and allocated a booth for us free-of-charge! The booth was located in the middle of an exhibition hall comprising

a number of booths presented by relevant organizations and commercial firms. The hall was open during the three days of the conference.

For the presentation, we took full advantage of the excellent PowerPoint file recently developed by Dr. Sergio Iavicoli and his co-workers, in posting several pictures on the back wall and automatically displaying a slide-show of the entire file in the front (some background



music was added). Some of the information on the slides was translated and several new slides were added to accommodate the Japanese audience. New incentives to become members were emphasized. Recent newsletters and membership application forms were placed beside the monitor for interested parties to take (see photo).

Interest in ICOH was substantial, thanks to the promotion file, renewed incentives and the presence of our President, and we were successful in attracting very eager new members. However, it does seem to require a big leap from getting people interested and getting them to actually apply for membership. Thus we at ICOH must continue our efforts to produce more ideas, seize the right opportunities, and promote efficient campaigns.



Above: Promotional booth displaying the ICOH slide show and Newsletters.

Left: Professor Norito Kawakami (right, National Secretary) and Professor Ken Takahashi.

ICOH information meeting in Finland

Finland has some 120 members in ICOH. In order to inform the present members and to increase the membership, the National Secretary of Finland, Dr. Timo Leino, organized a national information meeting inviting all members and welcoming new ones to join the ICOH. The 4-hour meeting was arranged on 4 May 2004, at the premises of the Finnish Institute of Occupational Health. It attracted some 35 participants.

We had the privilege of having two ICOH Presidents present, Professor Jorma Rantanen, as well as our previous President, Professor Sven Hernberg. Professor Jorma Rantanen started the meeting by introducing the activities of ICOH. The new ICOH slide show was utilized for this purpose.

All the Scientific Committees in which a Finnish expert is either Chair or Secretary, or otherwise actively involved in the activities, were also introduced. In addition, the activities of the Task Group on Information and the Working Group on Biological Agents were briefly introduced.

Aging and Work, next meeting on 16–18.10.2004 in Verona, Italy. 2nd International Symposium on Work Ability. Additional information: www.cdlddevoto.it/ageing.htm. (Professor Juhani Ilmarinen)

Epidemiology, EPICOH, next meeting on 13–16.10.2004 in Melbourne, Australia. Additional information: <http://www.med.monash.edu.au/epicoh2004>. (Professor Hilkka Riihimäki)

Health Care Workers, next meeting on 7–10.10.2004, 6th International Conference on Occupational Health for Health Care Workers. Additional information: www.hcw2004uoeh.jp/ (Professor Gustav Wickström)

Health Services Research and Evaluation in Occupational Health, next meeting on “Towards a Multidimensional Approach in Occupational Health Service: Scientific Evidence, Social Consensus, Human Values”, on 13–16.10.2004, in Modena, Italy. Additional informa-



The ICOH Information Seminar gathered some thirty-five participants. After the introductions, a vivid discussion followed with new ideas for intensifying ICOH activities.

tion : <http://www.senaf.it/icoh/index.htm>. (Professor Kaj Husman / Dr. Timo Leino)

Occupational Health and Development, next meeting on 24.1.2005, preliminarily planned to be organized in collaboration with the Pesticides and Occupational Health Nursing Committees. Helsinki, Finland. Tentative theme: Do Occupational Health Services really exist? (Ms. Suvi Lehtinen)

Pesticides, meeting held on 25–28.5.2004 on Rural health in Belgrad. Next meeting preliminarily planned to be held in collaboration with the Occupational Health and Development and Occupational Health Nursing Committees on 24.1.2005, Helsinki, Finland. (Professor Jyrki Liesivuori)

Working Group on Biological Agents, introduction by Professor Kari Reijula, Secretary of the Working Group. The Working Group has met twice, and focused its work on the exposure of health care workers on the one hand, and on those who need to travel in their work. The Group is drafting State-of-the Art Reviews, which will be available by ICOH2006.

Task Group on Information, coordinating the publishing of the Newsletter as well as the ICOH website, was introduced by Suvi Lehtinen.

A vivid discussion followed, and several ideas and suggestions were brought forth.

It was gratifying and encouraging that both the Association of Finnish Occupational Health Physicians and the Association of Finnish Occupational Health Nurses were represented at the meeting. They both considered the ICOH activities to be relevant for their members.

Suvi Lehtinen

News from Scientific Committees

International Ergonomics and Innovation Conference

”Adding Years to Life and Life to Years”

Ülo Kristjuhan, Tallinn University of Technology

The population is ageing in most countries of the world. A decreasing proportion of young and middle-aged people, and the growing number of pensioners in the population hinder economic growth and increase social expenses. The fuller utilization of human capital is the problem No. 1 in industrialized countries. Unfortunately, older people are often passive; they need a more interesting and longer life.

How can we find solutions to this problem? We discussed the issue during the Ergonomics and Innovation Conference in Tallinn, which was the third Conference on the topic to be held in Tallinn. It was organized under the auspices of ICOH and Aging and Work Committee. 71 highly qualified specialists from 7 countries participated. There were 5 sessions (Contemporary problems of health and work ability, Quality of life, Promotion of work ability, and two sessions on

risk factors) and 30 presentations. As real life problems are complex, different specialists: ergonomists, engineers, economists, specialists of public health and occupational health, psychologists, etc. took part. This multidisciplinary collaboration is not simple: the specialists from different disciplines communicate mainly in English, but speak different languages.

Jakob Kübarsepp, Vice Rector of the Tallinn University of Technology and William Elliott, Deputy Head of the British Embassy opened the Conference. Charles Woolfson from Glasgow and the University of Latvia pointed out that new Member States should have different regulatory strategies compared with older EU members. The presentation of Bernard Casey from London was devoted to problems related to the activity of older people. He showed that there are increasing demands for paying attention to the

working conditions of older people. For instance, there is increasing pressure on the need for older people to adapt their work practices, and also on employers to accommodate them in this process. In the presentation “Ignored possibilities of adding years of health and work ability” Ülo Kristjuhan pointed out several prospective ways to improve the work ability of older people. Juhani Ilmarinen described the contemporary theory of age management, Finnish concepts and experiences, and Suvi Lehtinen analysed future information channels in occupational health and safety. Barbro Skoglund and Caj Skoglund from Sweden considered age management problems in Sweden – knowledge about the relationship between ageing and work ability is the key to successful age management. Janusz Pokorski from Krakow showed that the Work Ability Index decreased dramatically with age in Polish nurses, and improvements to their living and working conditions were therefore crucial. Mari Meel and Maksim Saat spoke about moral policy for reducing work stress, Mare Teichmann about using questionnaires for studying the quality of life, Piia Tint about the influence of physical risk factors, and Virve Siirak about collaboration with a bank (all from Tallinn). The Conference decided to compile recommendations for the EU countries and set up an expert committee. The Conference material will be published this year.



Environment and Reproduction

In collaboration with the Scientific Committee on Reproductive Hazards in the Workplace, the Italian Society of Reproductive Toxicology organized a Conference on “Environment and Reproduction” at the University of Chieti School of Medicine on 2–3 April 2004. Environmental agents were

discussed for their possible negative reproductive effects, and several presentations dealt with Endocrine Disrupting Chemicals (EDC). Critical in this sense was the discussion on the use of biomarkers of exposure to EDCs, especially in conducting epidemiological research. Attention was focused in particular on

specific EDCs, such as PCBs. It was shown that it is not only important to monitor the total exposure to PCBs, but also the exposure to specific compounds with different metabolic pathways and different concentrations in subgroups of the population. One difficulty in the evaluation of the possible biological im-

pact of environmental EDCs is the lack of reference values in the biological fluids of the general (non-exposed) population. One paper reported a close association between endometriosis and high blood concentration of the metabolites of phthalates; however, the definition of "high concentration" is presently ill defined. The role of EDCs was also discussed in relation to oogenesis, premature birth, spermatogenesis, DNA damage of the germinal cells, and congenital defects or neurological and/or behavioural problems of the newborn in animal systems.

Several communications and posters dealt with the possible mechanisms of action of reproductive toxicants, including oxidative mechanisms.

The Conference showed that research in reproductive toxicology is rapidly advancing, and that both experimental and epidemiological studies on exposed populations may contribute important new information about the role of occupational exposure in reproductive health, and may help to update the methods of monitoring exposure. In particular, the research may provide solid new scientific evidence on which to formulate preventive strategies.

Prof. Irene Figà-Talamanca
University of Rome "La Sapienza"

ICOH Meetings

3rd International Expert Conference on Unemployment and Health

23–25 September 2004 – University of Bremen, Germany

"Persistent Unemployment and Precarious Work – Research and Policy Issues"

Organized by: International Commission on Occupational Health (ICOH) Scientific Committee "Unemployment and Health"

Chairs of the conference:

Prof. Dr. Thomas Kieselbach, University of Bremen/Germany

Dr. Simo Mannila, STAKES, Helsinki/Finland

Supported by: German Research Foundation (DFG) and National Association of Company-Related Health Insurances (BV-BKK)

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2nd International Symposium on Work Ability

"Assessment and Promotion of Work Ability, Health and Well-being of Ageing Workers"

18–20 October 2004, Verona, Italy

The Universities of Milano (Department of Occupational Health "Clinica del Lavoro L. Devoto") and Verona (Department of Medicine and Public Health), jointly with the ICOH Scientific Committee "Ageing and Work", the IEA Technical Committee "Ageing", INRCA (Ancona) and ISPESL (Roma) Institutes, are the organizers of the 2nd International Symposium on Work Ability of Ageing Workers.

The main topics of the Symposium are:

1. Assessment of work ability in different occupations
2. Factors affecting work ability and employability of older workers
3. Promotion of health and work ability
4. Evaluation of work-related problems of elderly workers

Language: The official language of the conference is English. There will be no translation facilities.

Information

Additional info available at website:
www.cdldevoto.it/ageing.htm

Conference Secretariat:

Daniela Fano

University of Milan – Dept. of Occupational Medicine – Clinica del Lavoro Luigi Devoto

Via S. Barnaba, 8 - 20122 Milano

tel. + 39 02 50320146

fax + 39 02 50320150

e-mail: ergonomia@unimi.it

The Second ICOH International Conference on Psychosocial Factors at Work

Okayama, Japan, 23–26 August 2005

Occupational stress is a major problem in many countries, both developing and industrialized, including countries in Asia. The ICOH Scientific Committee on Work Organization and Psychosocial Factors at Work (ICOH-WOPS) is organizing its second international conference in Japan, following the first conference in Copenhagen, in 1998. The conference intends to provide a forum for exchanging experiences in job stress prevention and intervention in different cultures.

Scope of the Conference

The main theme is EAST MEETS WEST – Job Stress Prevention in a

Global Perspective. The aspects covered will encompass strategies and methods of assessing, preventing and controlling job-related stress and its effects on health in different settings all over the world.

Who should attend

The Conference will bring together researchers, practitioners and occupational health experts interested and involved in the assessment and design of psychosocial factors at work, in job stress, and in the prevention of job stress and its health effects in different settings all over the world.

Important deadlines

Abstract submission 1 February 2005

Notification of paper acceptance 1 April 2005

Internet

Visit <http://www.wops2005.jp> for more congress information.

Contact address

Secretariat, Second ICOH International Conference on Psychosocial Factors at Work,
Okayama University Graduate School of Medicine & Dentistry Hygiene & Preventive Medicine 2-5-1 Shikata-cho, Okayama 700-8558, Japan
Phone +81(Japan)-86-235-7173

18th International Symposium on Epidemiology in Occupational Health

September 11–14, 2005, Bergen, Norway

Venue: The Grieg Hall in the center of Bergen.

The official language of the symposium will be English

Important deadlines

March 31, 2005 Deadline for receiving abstracts

May 31, 2005 Deadline for acceptance of abstracts for symposium

June 30, 2005 Early registration

Tentative topics

The programme is not yet complete, but EPICOH 2005 will include several topics within occupational epidemiology, with a special focus on occupational epidemiology in developing countries, research ethics and molecular epidemiology. Other areas of spe-

cial interest for this programme are:

- Disease and injury surveillance
- Interventions studies
- Analytical study design
- Exposure assessment
- Data analysis techniques
- Biomarkers
- Gene/environment interactions
- Mortality studies
- Cancer
- Musculoskeletal disorders
- Reproductive outcome
- Respiratory disorders
- Skin diseases
- Work organisational and psychosocial factors

As for now, there will be six key lectures. There will be several minisymposia at the conference, at present the following symposia are planned: Pesticides,

Research Ethics, Establishment and use of disease registries, HIV in the workplace, Use of questionnaires in different cultures and contexts and Reproductive outcome.

Contact persons in the national Scientific Committee in Norway:

Bente E. Moen

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Tone Morken

(tone.morken@isf.uib.no),

Helge Kjuus

(helge.kjuus@stami.no),

Sverre Langård

(sverre.langard@rikshospitalet.no).

You are all very welcome to Bergen – the most beautiful city of Norway – in 2005!

Other Meetings

10th Congress of the Polish Association of Occupational Medicine joined with the Golden Jubilee of the Nofer Institute of Occupational Medicine

26-29 September 2004, Łódz, Poland

Main Topic:

Polish Occupational Medicine in
United Europe

The 10th Congress is joined with
the Golden Jubilee of the Nofer Insti-
tute which has been acting as the
WHO Collaborating Centre for the
last 30 years and in 2002 has been
granted the status of the **WHO Lead-
ing Institution in Integrated Work-**

place Health Management.

Topics:

Occupational medicine
Occupational audiology
Occupational allergology
Clinical toxicology
Occupational health promotion
Occupational health legislation

More information

<http://www.imp.lodz.pl/ptmp2004>

International Occupational Hy- giene Association (IOHA) 6th Interna- tional Scientific Conference

19-23 September 2005,
Pilanesberg National Park,
North West Province, South
Africa

Theme: Promotion of Occupational
Hygiene in Africa and Globally

The Organising Committee for IOHA
2005 is pleased to invite you to submit
papers for Oral or Poster presentation at
IOHA 2005. A draft of the Monday to
Friday Scientific Sessions and Profes-
sional Development Courses is available
on the IOHA 2005 website.

A number of important meetings
are taking place to coincide with IOHA
2005. A planning meeting of the WHO
Collaborating Centres in Occupational
Health will take place in the Pilanesberg
the weekend before IOHA 2005. The 4th
Meeting of the ISO Technical Commit-
tee 146 Sub Committee 2 (Workplace
Atmospheres) Working Group 6 on Sil-
ica will be held in Johannesburg the week
before IOHA 2005. It has been proposed
that the Third International Control
Banding Workshop (3ICBW) takes place
at IOHA 2005.

Networking, Scientific Papers, Pro-
fessional Development, Current Issues,
Poster Sessions, Exhibition, Industry Vis-
its, Accompanying Persons Programme,
an Out of Africa Experience.....

For further information visit:
<http://www.saioh.org/ioha2005/>

International Conference on Occupational Health Services 2005

25-27 January 2005, Marina Congress Center,
Helsinki, Finland

We invite you to the International
Conference on Occupational Health
Services 2005 to be organized on 25-
27 January 2005 in Helsinki, Finland.

The Conference is organized by
the Finnish Institute of Occupational
Health and the Ministry of Social Af-
fairs and Health, and co-sponsored by
World Health Organization, Interna-
tional Labour Office, International
Commission on Occupational Health,
and Collegium Ramazzini. OHS2005

The aim of the Conference is to
discuss the coverage and the relevant
contents of occupational health serv-
ices. This includes the current status
of OHS, how the activities are carried
out in practice, what are their health
and economic impacts, how vulnera-
ble groups and high-risk sectors are

taken into consideration, and what
kinds of training, education and hu-
man resource management are re-
quired to provide the services, and to
develop them further.

Information, for example, on
how to submit an abstract and register
as a participant, is now available on In-
ternet at www.ttlfi/ohs2005.

Deadline for submitting ab-
stracts is 30 September 2004.

FIOH/OHS2005 Secretariat
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<http://www.ttl.fi/ohs2005>

New Emeritus Members of ICOH

- Dr. Guillermo D'ARAGONA, Laboratories Bago SA, Buenos Aires, Argentina
Dr. Federico A. MARCO, Buenos Aires, Argentina
Dr. E. LUST, IKMO, Brugge, Belgium
Dr. Manuel Fernando RIVERA-MARFAN, Brussels, Belgium
Dr. Yves LANGLOIS, Montréal, Canada
Prof. Fengsheng HE, Institute of Occupational Medicine, Beijing, China
Prof. You-xin LIANG, Shanghai Medical University, Shanghai, China
Dr. Tarek M. KHATTAB, Cairo, Egypt
Prof. Hubert A. KAHN, Institute of Health Development, Tallinn, Estonia
Dr. Jean-Robert BRESSON, Lyon, France
Dr. Georges CASTIEL, Banque Nationale de Paris, Paris, France
Dr. Rene JOLY, Toulon, France
Prof. Gerd JANSEN, Institut für Arbeitsmedizin, Düsseldorf, Germany
Prof. Friedrich W SCHMAHL, Department of Occupational and Social Medicine, Tuebingen, Germany
Prof. Luigi AMBROSI, Dimil Sezione Medicina del Lavoro, Bari, Italy
Prof. Francesco BRUGNONE, Istituto di Medicina del Lavoro, Verona, Italy
Prof. Nicolo CASTELLINO, Istituto di Medicina del Lavoro, Rome, Italy
Prof. Vito FOA, University of Milan, Milan, Italy
Dr. Gianfranco GAMBINI, Novara, Italy
Prof. Domenico GERMANO, Messina, Sicilia, Italy
Prof. Kazuo HASHIMOTO, Nara City, Japan
Dr. Shigeji KOSHI, Japan Industrial Safety & Health. Association, Tokyo, Japan
Dr. Kazuko MORI, The Institute for Science of Labour, Kawasaki, Japan
Prof. Ken-Ichi NAKAMURA, Showa University, School of Medicine, Tokyo, Japan
Prof. Haruhiko SAKURAI, National Institute of Industrial Health, Kawasaki, Japan
Dr. Masashi SUZUKI-YASUMOTO, Tokyo Electric Power Co. Inc., Tokyo, Japan
Prof. Masatomo TATI, Gifu-ken, Japan
Prof. Seiya YAMAGUCHI, Tsukuba City, Japan
Mrs. Megan R. OLUSANYA, Lagos, Nigeria
Dr. Gunnar MOWE, National Insurance Court, Oslo, Norway
Prof. Stanislaw TARKOWSKI, Nofer Institute of Occupational Medicine, Lodz, Poland
Prof. Valter KERSIC, Institute of Public Health, Maribor, Slovenia
Dr. Gunnar HÖGLUND, National Institute for Working Life, Stockholm, Sweden
Prof. Birgitta KOLMODIN-HEDMAN, Karolinska Institutet, Stockholm, Sweden
Ms. Maud WERNER, National Institute for Working Life, Stockholm, Sweden
Prof. Malinee WONGPHANICH, Bangpeung, Pra-Pradaeng, Thailand
Dr. Robin A.F. COX, Fowlmere, United Kingdom
Ms. Dorothy Mae E. CLARK, Valparaiso, USA
Ms. Jean KELLY, Royal Oak, USA
Prof. Sidney SHINDELL, Denver, USA

New ICOH Members

until 26 July 2004

- Sandro Artur BUSO, Brazil
Tom DWYER, UNICAMP, Brazil
Gustavo E. MARTINEZ, Labor Directorate/Work Conditions Unit, Chile
Harri Uolevi VAINIO, Finnish Institute of Occupational Health, Finland
Eric MULLENS, Laboratoire de Somneil, Fondation Bon Sauveur, France
Marc Jean Pierre DELANOË, France
Holger DRESSEL, LMU - Institut und Poliklinik für Arbeits- und Umweltmedizin, Germany
Eva TSOVILIS, Greece
Georgia BIRBA, Sotiria Athens Chest Hospital, Greece
Marco Aurelio URIZAR ARAGON, Jefe Salud Ocupacional c. Progreso, Guatemala
Norbert L. WAGNER, Sri Ramachandra Medical College, Dept. of Environmental Health Eng., India
Kalyan Brata SAHA, South Eastern Railway, India
Krishna Nirmalya SEN, Larsen & Toubro Limited - Ecc. Division, India
Shrinivas Murlidhar SHANBHAG, Reliance Industries LTD., India
Hanifa Maher DENNY, Dept. of OHS, Faculty of Public Health, Diponegoro University, Indonesia
Riccardo CORIONI, Italy
Takemi OTSUKI, Dept. of Hygiene, Kawasaki Medical School, Japan
Kazuhiko UCHIDA, University of Occupational and Environmental Health, Japan
Hitoshi ISHIKAWA, Department of Public Health, Mie University, School of Medicine, Japan
Tariq Hussein ABUQATTAM, Middle East Regional Dev. Enter, "MEREN", Jordan
Juan Francisco BEAR SANDOVAL, Productos Marine de Mexico S.A. DE C.V., Mexico
Norberta Romero BARRERA, National Autonomous University, Mexico
Felipe LARRAURI, BASF Coating de Mexico, SA DE CV, Mexico
Ivonne Lizeth MORALES LOPEZ, Mexico
Benito Bernardino MARTINEZ ESPARZA, Instituto Mexicano de Seguro Social, Mexico
Maria Teresa CELIS, Instituto Mexicano del Petroleo, Mexico
J. Agustin ALCOCER BOLANOS, Mexico
Angelica SERRANO ROMERO, Mexico
Fouziya LAKTATI, Morocco
Thouria ZEROUAL, Morocco
Ali Naci BERRADA, Morocco
Hicham EL BERRI, Morocco
Aziza LAGOUINDI, Morocco
Raul Cuadra GOMERO, Universidad Peruana Cayetano Heredia, Peru
Patricia Antonieta PAREDES MESONES, Universidad Peruana Cayetano Heredia, Peru
Fermin Paul RUIZ, Universidad Peruana Cayetano Heredia, Peru
Carlos Alberto LLAP, Southern Peru Copper Corporation, Peru
Youssoupha NIANG, Senegal
CHEIKH A.T MBODJ, Senegal
Ndeye Aicha FALL, Senegal
Adama TRAORE, Senegal
Ibra Mbacke NDIAYE, Senegal
El Hadj Moussa FALL, Senegal
Papa Chimere DIAW, Senegal
Papa Birane BOYE, Senegal
Ibrahim TRAORE, Institut d'Hygiène Sociale, Senegal
Abdoul Kader TOURE, Senegal
Papa Badara SYLLA, Senegal
Georges DIOUF, Senegal
Amadou NGOM, Senegal
Paul Ignace COLY, Senegal
Singgiame BAKHOUM, Université Gaston Berger, Senegal
Augustine KIBA, ICS, Senegal
Pathe DIONE, Dakar Dem Dik, Senegal
El Hadji SARR, Senegal
Ivan MIKOV, Institute of Occupational Health, Serbia and Montenegro
Ljiljana Milutin BLAGOJEVIC, Institute of Occupational Health, Serbia and Montenegro
Ljiljana KEZUNOVIC, Dom Zdravlja Podgorica, Serbia and Montenegro
Snezana Stanimir IGNJATOVIC, Institution of Occupational Health, Serbia and Montenegro
Theresa Margaret BOSMAN, South Africa
Claire Helen DEACON, Occumed CC, South Africa
Mervyn Douglas JORDAN, Engen Petroleum Ltd., South Africa
Monica BALLESTER ROCA, Spain
Michel P. GUILLEMIN, Institute of Occupational Health, Switzerland
Gerry EIJKEMANS, Occupational and Environmental Health, Switzerland
Adul BANDHUKUL, Occupational and Environmental Med. Center, Nopparat Rajathanee Hop., Thailand
Rafik GHARBI, Hopital Charles Nicolle de Tunis, Tunisia
Sibel KIRAN, Z. Karaelmas Universitesi, Halk Sagligi AD, Turkey
James MACKIE, Previa UK Ltd., United Kingdom
Jacques Sinfat TAMIN, Interact, United Kingdom
Adam SIYADO, Zimbabwe

Message du Président

Le deuxième semestre de l'année 2004 vient de commencer et nous avons devant nous les mois les plus intenses. En Europe, plusieurs d'entre nous terminent leurs vacances estivales. L'important n'est pas quand nous prenons nos congés mais ce qui compte c'est d'en prendre, de se détendre, de se recharger les batteries et de retourner au travail plein d'énergie et d'enthousiasme : c'est le meilleur moyen de promouvoir la santé au travail.

Plusieurs activités de la CIST avancent bien. Comme vous avez pu le remarquer, de nombreux comités ont organisé leurs réunions scientifiques. Les présidents de tous les comités scientifiques sont invités à Helsinki en janvier 2005 pour discuter avec le Conseil et faire rapport de leurs activités. (En fait, la date de remise pour les rapports est le 15 novembre).

Les campagnes de recrutement de nouveaux adhérents ont aussi eu lieu comme vous pouvez le lire dans ce bulletin. Les résultats de ces efforts sont de plus en plus visibles: le nombre de nouveaux membres augmente et même quelques membres bienfaiteurs, dont l'adhésion est très importante, ont rejoint la CIST.

J'aimerais souligner que les tendances actuelles en santé au travail affectent aussi l'adhésion de nouveaux membres à la CIST. Les services de la santé au travail font souvent partie des services qui sont offerts à la soustraction. Les experts travaillant d'une façon indépendante ou pour des services externes n'ont pas toujours la possibilité de participer aux activités de la CIST ou à celles préparées par d'autres organisations professionnelles. Ceci est paradoxal car les experts externes auraient un plus grand besoin de soutien que ceux travaillant pour de grandes entreprises ou à l'intérieur d'équipes multidisciplinaires.

Par contre, il y a d'autres secteurs comme la formation, la recherche qui contribuent à augmenter la demande des services en santé au travail. Il importe aussi de mentionner que les enjeux entourant la productivité ne peuvent avoir lieu sans que l'on tienne compte de la

bonne santé des travailleurs et de la réduction des absences pour maladie.

Mots de l'éditeur : la CIST est active dans plusieurs domaines

Vous venez de recevoir la quatrième édition du bulletin de la CIST publié depuis le processus de réactualisation. Nous avons aussi ajouté quelques exemples de campagne organisée pour recruter de nouveaux adhérents; l'une au Japon et l'autre en Finlande. Bien que le rôle des Secrétaires Nationaux soit de fournir des informations concernant la CIST aux membres dans leur pays respectifs, il implique aussi la réalisation d'actions pour trouver de futurs adhérents. Vous pouvez accéder aux coordonnées du Secrétaire National de votre pays sur http://www.icoh.org.sg/downloads/ICOH_NATIONAL_SECRETARIES.doc.

Nous continuerons à publier des aperçus sur les thèmes touchant la santé et la sécurité au travail. Dans ce numéro, vous pouvez lire un article du Professeur Massimo Galli sur les maladies infectieuses émergentes qui nous concernent tous. La question importante est de savoir ce que nous pouvons faire dans le domaine de la santé et de la sécurité au travail pour prévenir les effets désastreux des épidémies infectieuses.

Plusieurs institutions et organisations d'experts ont fourni beaucoup d'informations sur le sujet. On peut consulter leurs sites Internet, voici quelques adresses:

<http://www.who.int/csr/sars/en/index.html>

http://www.who.int/csr/don/2004_06_22/en/

http://www.who.int/csr/diseases/avian_influenza/en/

<http://www.cdc.gov/niosh/topics/westnile/>

<http://www.cdc.gov/niosh/topics/SARS/>

La CIST intensifie ses activités

La CIST a environ 120 membres en Finlande. Afin de les tenir informés et de

recruter de nouveaux adhérents, le Docteur Timo Leino, Secrétaire National de la Finlande, a organisé une réunion d'information de quatre heures ayant rassemblé environ 35 participants dans les locaux de l'Institut de la santé au travail le 4 Mai 2004.

La réunion a eu l'honneur d'accueillir deux présidents de la CIST, le Professeur Jorma Rantanen ainsi qu'un ancien président finlandais, le Professeur Sven Hernberg. Le Professeur Rantanen a commencé la réunion en faisant une introduction sur les activités de la CIST, entre autres, à l'aide du nouveau diaporama. Tous les Comités Scientifiques, dont le Président ou le Secrétaire, est un Finlandais ont été présentés. De plus, les activités du groupe de travail sur l'information et celui sur les agents biologiques ont été brièvement décrites.

Ce qui a été particulièrement gratifiant et encourageant est que l'Association Finlandaise des Médecins du Travail et l'Association Finlandaise des Infirmières du Travail ont été représentées lors de la réunion. Les deux considèrent les activités de la CIST importantes pour leurs membres.

Campagne de recrutement de membres au Japon

Une campagne de recrutement spéciale a été menée lors du 77ème Congrès annuel de la Société japonaise de la santé au travail (SJST). Le congrès annuel a eu lieu du 13 au 16 avril 2004, il a attiré 2.300 participants. Le professeur Rantanen, Président de la CIST, a été le conférencier d'honneur de ce Congrès.

Tenant compte du fait que la SJST a environ 7.500 membres, la possibilité d'accroître le nombre des membres de la CIST (actuellement environ 150 adhérents) au Japon est considérable. Partageant cette opinion les Docteurs Ken Takahashi et Kazutaka Kogi, membres du Conseil, ainsi que le Secrétaire National, le Docteur Norito Kawakami ont travaillé ensemble à l'installation d'un stand pour faire connaître la CIST et y promouvoir l'adhésion. Le Professeur Itani, l'organisateur du Congrès, a soutenu cette idée et a mis à disposition le stand gratuitement.

L'intérêt du public japonais envers la CIST était remarquable. Grâce au stand et à la présence de notre Président, nous avons réussi à attirer de nouveaux membres très enthousiastes. Il y a cependant, une différence considérable entre le fait de s'intéresser à la CIST et y adhérer. C'est pourquoi nous devons tous continuer à être innovateurs, saisir les bonnes opportunités et mener des campagnes de recrutement efficaces.

De nouvelles épidémies dans l'avenir? Un aperçu sur certaines maladies infectieuses en émergence

Une maladie infectieuse émergente peut être définie comme une « nouvelle » maladie causée par des agents précédemment inconnus ou une « vieille » maladie dont l'incidence change soudainement ou qui atteint de nouvelles régions géographiques n'ayant pas encore été contaminés. Dans plusieurs rapports récents la question était posée pour savoir si nous traversons une phase d'accélération sans précédent dans l'émergence de nouvelles maladies ; et si oui, quelles en sont les raisons et les conséquences?

L'exemple le plus frappant d'une nouvelle maladie est le SIDA causé par un retrovirus qui a pénétré notre espèce probablement au cours des soixante dernières années compromettant maintenant le système et l'avenir social de beaucoup de pays en voie de développement et où, des millions de gens meurent chaque année.

Une autre pratique erronée dans un environnement complètement différent, a abouti au développement de l'encéphalopathie spongiforme bovine (ESB). Causée par un prion capable de traverser la barrière des espèces et d'infecter différents mammifères dont l'espèce humaine, cette maladie est l'aboutissement néfaste d'avoir donné aux vaches strictement herbivores des aliments préparés à partir de carcasses animales.

Un autre nouvel agent qui a attiré l'attention des médias et causé beaucoup d'inquiétudes parmi les autorités de santé, est le virus Ebola qui vient de zone forestière vierge. Le virus Ebola est un agent mystérieux qui cause une fièvre hémorragique et a un taux de mortalité de 80 % voir plus.

Le rôle des activités de l'homme dans le changement climatique et le rôle des variations du climat sur l'émergence de « nouvelles » maladies ont été lar-

gement débattus. Les changements du climat ont probablement eu des effets sur l'extension de l'aire de distribution de *Aedes aegypti* et *Aedes albopictus* (les vecteurs de la fièvre jaune et de la dengue), menant ainsi à l'augmentation de l'incidence de la dengue en Amérique du Sud et en Amérique Centrale qui a eu lieu pendant les dernières années.

Les changements environnementaux sont probablement la cause d'un autre « nouveau » Paramixovirus (virus Nipah) qui a son réservoir dans une espèce de chauve souris (*Pteropus hypomelanus*) dont l'environnement naturel a été modifié par la déforestation, les obligeant ainsi à vivre à proximité de zones d'habitation. Ces chauves souris ont infecté d'autres espèces de chauve souris qui ont probablement contaminé des porcs.

En 2002 et 2003 plus de 12.000 habitants des Etats-Unis, piqués par des moustiques ont eu la mauvaise surprise, d'avoir été infectés par une autre maladie « tropicale » qui a coûté la vie à 360 individus. Le virus de la vallée du Nil Occidental (West Nile Virus) est un flavivirus appartenant au genre des virus de la fièvre jaune et de la dengue mais plus apparenté au groupe des virus de l'encéphalite japonaise.

L'apparition de la variole simienne qui a affecté 72 Américains en 2003 est un autre exemple de déplacement absolument inattendu d'une maladie tropicale ainsi que des effets indésirables et potentiellement très dangereux du fait de certaines actions de l'homme. La source principale de l'épidémie américaine a été importée par des rongeurs africains (*Cricetomys gambianus*) vendus comme animal domestique) et qui ont infecté des hommes et des chiens de prairies (*Cynomys ludovicianus*).

Un visiteur beaucoup plus dangereux a été le *Yersinia pestis*. Il est arrivé à San Francisco par des rats infectés venus par bateau de l'Extrême-Orient dans les premières années du 19^{ème} siècle. Il infecte toujours des espèces de rongeurs sauvages et a causé en moyenne de 5 à 15 cas de peste yersinia aux Etats-Unis au cours des 10 dernières années.

Le rôle des bateaux comme moyen de propagation des infections semble être remplacé par les transports aériens, mais la source directe la plus probable de l'épidémie de choléra en Amérique Latine en 1991 était l'eau de ballast prise dans le Golf du Bengale et déchargée dans le port du Pérou et dans le Golf du

Mexique et ce, contrairement aux réglementations sanitaires.

Une infection respiratoire très létale qui se propage rapidement et facilement parmi les hommes, est la pire terreur pour l'imaginaire collectif. Cette terreur a presque été incarnée par le syndrome respiratoire aigu sévère (SRAS). Même si il est très contagieux, le nouveau virus corona a une efficacité de transmission moins élevée que pour les virus de l'Influenza et (probablement) les autres virus corona humains connus qui causent des infections des voies respiratoires supérieures qui ne peuvent pas être distinguées de la grippe ordinaire.

L'histoire de l'épidémie de SARS est bien connue. Elle a été largement médiatisée, notamment ses conséquences économiques et psychologiques ainsi que sa propagation de la Chine à Hong Kong puis au reste du monde. En octobre 2003 il y avait 8.099 cas répertoriés dans plus d'une trentaine de pays avec un taux de mortalité de 9,6 %.

Même si les mesures adoptées par l'OMS et les autorités de santé dans les pays concernés avaient très bien réussi à bloquer la propagation de SARS et à empêcher la régénération de la maladie, il est nécessaire de développer un vaccin et d'identifier l'animal porteur. Parmi les petits carnivores sauvages considérés comme de possibles réservoirs du virus, la civette palmiste à masque (*Paguma larvata*) est au sommet des suspects, mais le chien viverrin (*Nyctereutes procyonoides*) et le blaireau chinois (*Melogale moschata*) ont aussi été testés positifs pour les virus. De plus le chat domestique et le furet (*Mustela furo*) peuvent être infectés expérimentalement et transmettre l'infection aux espèces voisines. Même si les chats survivent facilement à l'infection avec ou sans manifestations cliniques, les furets tombaient malades et mouraient souvent. Pourtant on ne sait pas encore laquelle ou lesquelles de ces espèces est le réservoir réel ou porteur(s) plus ou moins occasionnel(s).

Il est aussi clair que les marchés humides de l'Extrême-Orient avec leurs dangereux mélanges de nombreuses espèces sauvages et domestiques vivant dans les pires conditions de captivité, ont probablement joué un rôle considérable, comme l'indiquent les études sérologiques et le nombre disproportionné de cas de SARS parmi les employés de marchés à Shenzhen et à Hong Kong.

Les marchés d'animaux vivants étaient aussi apparemment impliqués

dans la propagation de l'influenza aviaire, la première épidémie humaine reconnue qui a été enregistrée à Hong Kong en 1997–1998. Une nouvelle pandémie d'influenza causé par une souche très virulente serait extrêmement dangereuse. Un rapport intitulé « Somme nous prêts pour une pandémie d'influenza ? » a été publié dans *Science* en novembre dernier avant l'épidémie du virus H5N1 en Asie. Les auteurs ont conclu que « le monde fera face à des troubles sérieux si une pandémie d'influenza menaçante éclate cette semaine, ce mois ou même cette année » et que « les expérimentations actuelles de la nature » avec les virus H5N1 et H7N7 « peuvent être la menace bio terroriste la plus importante de l'histoire ».

Comme suggéré par ces auteurs le pire de nombreux cauchemars potentiels dans le futur ne sera nécessairement pas nouveau.

Environnement et reproduction

Une conférence sur « Environnement et Reproduction » a été organisé en avril 2004 en collaboration avec le Comité Scientifique sur les risques reproductifs dans les lieux de travail. Les possibles effets reproductifs négatifs des agents environnementaux ont été discutés, et plusieurs présentations ont traité du perturbateur endocrinien chimique (EDC). Plusieurs communications et posters portaient sur de possibles mécanisme d'action des toxiques reproductives, le mécanisme oxydatif y compris.

La Conférence a démontré que la recherche en toxicologie reproductive avance vite, et qu'aussi bien les études expérimentales et épidémiologiques sur les populations exposées peuvent apporter de nouvelles informations importantes sur le rôle de l'exposition professionnelle sur la santé reproductive et nous aider à améliorer les méthodes de contrôler l'exposition.

Conférence Internationale sur l'Ergonomie et l'Innovation

La population est vieillissante dans la plupart des pays. Une proportion décroissante de jeunes et de gens d'âge moyen ainsi que le nombre croissant de pensionnés dans la population empêchent la croissance économique et augmentent les dépenses sociales. Une meilleure utilisation du capital humain est le problème numéro un dans les pays industrialisés. Malheureusement les gens âgés sont souvent passifs; il faut que leur vie soit plus intéressante et qu'ils aient une meilleure longévité.

Ces thèmes ont été discutés lors une conférence organisée à Tallin (Estonie) sous le patronage du Comité Scientifique sur le vieillissement et travail appartenant à la CIST. La conférence a décidé de dresser une liste de recommandation pour les pays de l'Union Européenne et établir un comité d'experts. Le matériel de la conférence sera publié cette année.

Visit the ICOH2006 site at www.icoh.org.sg or www.icoh2006.it/en

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