Media Release

PEAK BODY CALLS FOR NATIONAL RESPONSE FOLLOWING RESURGENCE OF OCCUPATIONAL LUNG DISEASES

Under Embargo until Thursday, 23 November 1am EST

(Sydney: Thursday, 23 November 2017): Australia’s peak body representing lung health professionals has today issued a warning to people working with dusts, including engineered or artificial stone products commonly used to manufacture kitchen and bathroom benchtops, and dusts generated from mining and tunnelling. You may be at risk of lung disease and employers must ensure effective safety measures are implemented, they say.

The alert is being issued from the Asian Pacific Society of Respirology (APSR) Congress 2017, where international and national experts are hearing about a spike of new silicosis cases in relatively young tradespeople across the country.

According to the Thoracic Society of Australia and New Zealand, silicosis is just one of a number of occupational lung diseases that is making a comeback.

“This resurgence in occupational lung diseases should have clinicians, tradespeople and industry on alert. These are diseases we thought had almost been eradicated, but thanks to exposure to high levels of dust and poor control measures they’re resurfacing,” said Prof Allan Glanville, President of the Thoracic Society of Australia and New Zealand.

“To make matters worse, the disease progression is much faster than we’ve seen before, and the people affected much younger. We need a national response,” he said.

Pneumoconioses (which include silicosis and coal mine lung dust diseases) are progressive, irreversible and sometimes fatal lung diseases caused by prolonged exposure to respirable crystalline silica, quartz and coal dusts. There is no known treatment or cure, but they can be prevented. Once thought to be mainly a disease of miners, tunnellers, or road workers, artificial stone kitchen benchtops – which are made using crushed silica rock– are exposing a whole new sector of the work force to the dangerous dust. Meanwhile, levels of dust exposure in traditional industries have also been rising.

Occupational lung specialists are presenting an update at the APSR 2017 Conference this week.

Dr Ryan Hoy from Victoria is aware of seven new cases of silicosis caused by work with artificial stone across NSW, Queensland and Victoria diagnosed in the last five years, six of which have advanced disease, known as progressive massive fibrosis. All were employed in small businesses involved in kitchen and bathroom benchtop fabrication.

A/Prof Deborah Yates from Sydney, presenting on Coal Workers Pneumoconiosis (Black Lung) warns cases are unlikely to be limited to that state alone. “To date, there have been 54 cases of coal workers’ pneumoconiosis described in Queensland. This is 54 too many. And other states are likely to be far from immune from this disease,” said A/Prof Yates.

“Dust diseases arise from one cause only – dust – and it is unacceptable that any cases should be occurring in Australia today,” she said.
The Thoracic Society of Australia and New Zealand - Australia’s peak body representing lung health professionals - is calling for a national registry of cases of occupational lung diseases, as well as effective dust control and health surveillance measures.

An occupational lung registry would allow early notification of cases and appropriate investigation to prevent other people from being affected, as well as accurate information about the prevalence of these diseases.

“For over a year now we have been calling for consistent, nationwide action to protect workers from lung diseases caused by workplace exposures. Occupational lung diseases are entirely preventable diseases that should not be occurring in modern Australia. But without mandatory reporting, we don’t even know how many people are affected, or where they are. Action is required to improve detection and prevention, but these measures will require funding, and to be effective, must be applied nationally. Eradication of work-related lung disease must be our aim,” said Professor Glanville.

CASE STUDIES ARE AVAILABLE FOR INTERVIEW UPON REQUEST
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ABOUT APSAD SYDNEY 2017
The Asian Pacific Society of Respirology (APSR) Congress 2017 is being held at the International Convention Centre, Sydney from 23-26 November 2017. The APSR Congress will be hosted by the Thoracic Society of Australia and New Zealand in conjunction with APSR.

- View the APSR 2017 Program
- Follow @APSAD17 on twitter or use the hashtag #APSR17
- Contact Petrana Lorenz to arrange an interview or find out about other key topics.

BACKGROUND Q&A: OCCUPATIONAL LUNG DISEASE IN AUSTRALIA

What are Occupational Lung Diseases?
Occupational exposures contribute substantially to burden of lung disease. Current international estimates indicate that occupational exposures cause:

- 15-20% of asthma in adults
- 10-15% of chronic obstructive pulmonary disease (COPD), a condition that affects one in seven Australians over 40 and is a leading cause of death and disease burden after heart disease, stroke and cancer (Lung Foundation of Australia)
- 5-10% of lung cancers.

In Australia, there is extremely limited insight into the causes of occupational lung disease and the industries in which they occur. The Cancer Council WA estimates that approximately 30% of lung cancer in men are occupationally acquired.

What's been Australia’s response so far?
Queensland has instituted changes in its surveillance system for coal dust lung diseases after a Senate inquiry and there has been a review of the Dust Diseases scheme in NSW. However there has been no action at all on instituting any co-ordinated, national response to the current occupational lung disease crisis.
How can a national register make a difference?
The 2006 report “Occupational Respiratory Diseases in Australia” commission by the Department of Employment and Workplace Relations through the Australian Safety and Compensation Council noted that “there is limited information on the extent of work-related respiratory disease in Australia and that the current data sources related to these diseases do not provide reliable or complete national data on the occurrence of these diseases to help target prevention activities.”

A national register would allow early notification of these unusual diseases and allow national monitoring to ensure that appropriate exposure levels of dusts, fumes and vapours were occurring. Cases need to be reported early to allow investigation to stop other people from becoming ill and to ensure that appropriate dust control measures are implemented.

Why hasn’t it been implemented yet?
Despite much discussion, no funds have yet been allocated towards a national register, investigation of occupational lung disease outbreaks, better dust controls or action for individuals affected by such disorders. Better education for the public and professionals is required alongside better dust control and better treatment of dust-affected individuals.

Case studies

Mr TS is a 58 year old man with hypersensitivity pneumonitis which caused him to have cough and breathlessness due to exposure to the Farmer’s lung antigens at work. It took more than a year for the diagnosis to be reached and for him to be removed from exposure and given the right treatment. He is now recovering from his disease as he has been removed from the antigen at work but is likely always to be left with a permanent lung problem. His salary has been stopped and he is in serious financial difficulty due to this. He continues on immunosuppressive treatment. If someone had taken his complaints seriously to begin, he would likely have had a complete resolution of his lung problems and a long working career. He has never smoked.

Mr VN is a 58 year old man who has had to have a lung transplant because of silicosis acquired cutting of manufactured artificial stone. He would otherwise have died of this completely preventable disorder.

Ms SD is a 54 year old lady who has never smoked but had contact with glutaraldehyde in her job as an endoscopy technician. She developed sensitivity to glutaraldehyde and has been left with occupational asthma which has only improved slightly since she has been forced to leave the job. She is likely to be left with asthma symptoms all her life.

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