

# Occupational Diseases Reporting System in Romania

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**Abstract.** Description of the occupational diseases reporting system in Romania is the main objective of this paper. Here are presented the four steps of the reporting system of occupational diseases: indicating is the procedure used to indicate for the first time that a disease might be an occupational disease; investigation is the procedure systematically performed in order to ascertain the nature of the reported occupational disease; adjudging occupational diseases; reporting is the procedure used to communicate information on occupational diseases declared, according to law, to the National Institute of Public Health and to the National Centre for Organization and Provision of the Information and IT System in the Health Care Domain Bucharest.

The results of reporting data system are presented in the second part of this paper reflecting the specific morbidity in Romania in the last years, according to data provided by National Institute of Statistics.

The paper is part of results of the Eurostat grants for 2009, Theme-Health and Safety, "Consolidation of methodologies for the collection of the data on accidents at work and occupational diseases" where the first author was a member of the project's team as an expert of the National Institute of Statistics.

**Keywords:** occupational disease, Romania, National Institute of Statistics, EODS methodology

## 1. Introduction

In Romania there are difficulties associated with estimating the exactly number of occupational disease and there are also a variety of issues that continue to cause uncertainty and debate. The occupational disease data collection capacity and data needs in Romania were reviewed by assessing current data sources taking into account the views of the end-users of the data.

In 2003-2004, the National Institute of Statistics carried out the Eurostat Pilot Project 2001 – *Health and Safety at Work*. The project made a description of the organisation of the national system for registration the occupational diseases and created a framework in order to harmonize the national registration according to the European Statistical Report System of Occupational Diseases, under European Occupational Diseases Statistics (EODS) methodology elaborated by Eurostat.

In the period 2007-2009, the project Consolidation of methodologies for the collection of the data on accidents at work and occupational diseases - *Implementation of EODS methodology for the collection of the data on occupational diseases*" was finalized in Romania by National Institute of Statistics. The project was successfully carried out in Romania solving the problems related with the collection of data on occupational diseases and also it improved the data collection.

## 2. Occupational diseases reporting system in Romania

### 2.1. Indicating occupational diseases:

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- Questionable cases of occupational diseases will be mandatory reported by all physicians who detected this type of illnesses, regardless of specialty or workplace, during any medical procedure: preventive medical examinations or specialty medical examinations;
- The physician suspecting an occupational disease will fill in the reporting Form BP1; the Form is taken by the patient who, afterwards, will go to occupational health sanitary unit, clinic or office within the hospitals, for validating the diagnose as occupational disease;
- The occupational health physician examines the patient, diagnose the occupational disease, fill in the indicating Form BP1 then send the Form to the County Department of Public Health and Control of Public Health or to the Bucharest Municipality Department within maximum 7 days from diagnosing of the disease as occupational.

## **2.2. Investigating occupational diseases:**

- after receiving the Reporting Form BP1, the physician specialized in occupational health in the County or Bucharest Municipality Department of Public Health investigates within the following 7 days the causes of occupational disease, tracking the professional route;
- is done in the presence of the employer or his representative or, where appropriate, of the authorized natural persons in case of self employed persons;
- aims to confirm or invalidate the occupational nature of a specific illness and is completed with the drafting and signing of minutes of the occupational disease investigation;
- the minutes of the investigation is signed by all persons who took part in the investigation, specifically mentioning the causes of illness, employers' liability and organizational and technical measures needed to prevent similar cases;
- where one of the parties involved disagrees with the conclusions reached in the minutes, he/she should address in writing, within 30 days of receipt of minutes, to the Committee of experts in occupational health, accredited by the Ministry of Labour, Family and Social Protection and the Ministry of Health;
- Minutes of the investigation of occupational disease is given to the employer and to the physician who reported the occupational disease, in order to record the occupational disease and track the measures prescribed, as well as to the occupational health physician in the county/Bucharest Municipality Department of Public Health;
- based on the confirmation of the occupational nature of the illness, the occupational health physician who conducted the investigation declare the case of occupational illness by filling the Form BP2 for reporting the occupational disease.

## **2.3. Adjudging occupational diseases:**

- The investigation file for adjudging the occupational disease is kept at the County/Bucharest Municipality Department of Public Health and include the following documents:
  - list of documents in the file;
  - occupational exposure history (the document certifying the professional route, e.g. copy of the employment record book and, where appropriate, measured levels of contaminants or contaminant identified);
  - copy of the identification Form of occupational risks in the medical file of occupational health;
  - history of health at the workplace (document issued by the occupational health physician who provides medical assistance to the respective unit);
  - medical document indicating the diagnosis of occupational disease (discharge card issued by the clinic/department of occupational health within the structure of hospitals or the medical certificate issued by the occupational health physician who ascertained the diagnosis of occupational disease where the patient was not admitted) and copies of investigations necessary to support the diagnosis of occupational disease
  - minutes of investigation the case of occupational disease;
  - copy of the Reporting Form BP1.

- Evaluation the occupational disease is made by the County Department of Public Health or by the Bucharest Municipality Department of Public Health where the occupational health physician who carried out the investigation belongs.
- If the unit where the illness occurred was disbanded at the moment of indicating the diagnosis of occupational disease, the case may be declared in the reporting Form BP2, based on the documents provided.
- cases of pneumoconiosis and occupational cancer are recorded at the last employer where the patient worked and where exists the occupational disease risk factors, highlighted in the official documents from the Department of Public Health;
- occupational diseases diagnosed as pneumoconiosis is confirmed only on the basis of the diagnosis stated by the commissions for pneumoconiosis in the clinics for occupational diseases.

## 2.4. Reporting occupational diseases:

- newly-adjudged occupational diseases are reported during the month when the illness occurred, by the County Department of Public Health to: the National Institute of Public Health - Bucharest, the National Centre for Organizing and Ensuring the Informational and IT System in the Health Care Domain Bucharest, as well as to the territorial levels of the insurer, according to law;
- the copy of the BP2 Form will be handled to the worker diagnosed with occupational disease;
- the National Institute of Public Health – Bucharest is setting up the Operative Computerized National Register of occupational diseases, updated on a monthly basis;
- the National Institute of Public Health – Bucharest is the methodological forum which provides assistance and professional technical guidance in occupational diseases area and communicates information of public interest on occupational diseases to all institutions involved in activities related to workers health;
- Occupational health structures within the County Departments of Public Health will report annually to the National Institute of Public Health – Bucharest the status of absenteeism due to medical reasons by occupational diseases for newly-adjudged in the respective year;
- occupational acute poisoning is investigated, adjudged and registered both as an occupational disease, as well as work accident.

## 3. Occupational morbidity in Romania – a statistical overview

### 3.1. Reported cases of occupational diseases

The number of occupational diseases reported cases in Romania, during 1980-2009 is shown in Figure 1:

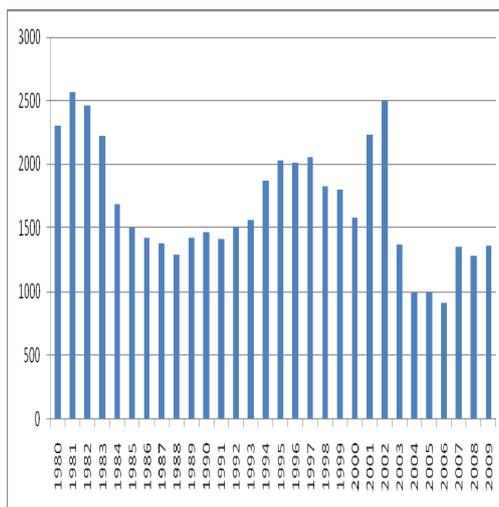


Fig. 1: Incidence evolution of occupational diseases in Romania, in the period 1980-2009 (new cases)

During the period 2006-2009 there is a slight increase in the incidence of occupational diseases, which may have several reasons:

- improvement of working conditions: there are many situations where the implementation of new technologies, together with the policies of companies which implements strong technical-organizational actions, prevents exposure to a series of harmful physical, chemical or biological agents, to neural-psycho-sensorial strain in the working environment, creating safe and healthy working conditions;
- increasing the number of occupational health specialists in Romania led to a better supervision of workers and an increase of the number of detected occupational diseases cases.

The distribution of cases by production branches shows that in Romania, in 2009, most cases of illnesses have been reported in the **metallurgical industry** (213 cases - 15.59% of all reported diseases), **extraction of metal ores** (187 cases - 13.69%) and **manufacture of motor vehicles trailers and semi-trailers** (153 cases - 11.20%).

In the **metallurgical industry** the predominant occupational disease is asthma (93 new cases), musculoskeletal disorders (39 new cases) and silicosis (37 new cases); in the **extraction of metal ores** predominates musculoskeletal disorders (56 new cases), silicosis (49 new cases) and occupational diseases caused by noise (43 new cases); in the **manufacture of motor vehicles** predominates silicosis (67 new cases), followed by musculoskeletal disorders (32 new cases) and chronic bronchitis (18 new cases).

Occupational diseases caused by locomotors strain recorded a remarkable increase compared to 2008, ranking first, and in line with global trends. Silicosis shows a slight decrease (in the total number of cases) and ranks second in the morbidity structure. An increase of the number of cases of occupational chronic bronchitis cases has been recorded too (located on the third), while asthma is ranked fourth. The situation of adjudged occupational diseases, by counties, in 2009 is shown in Figure 2.

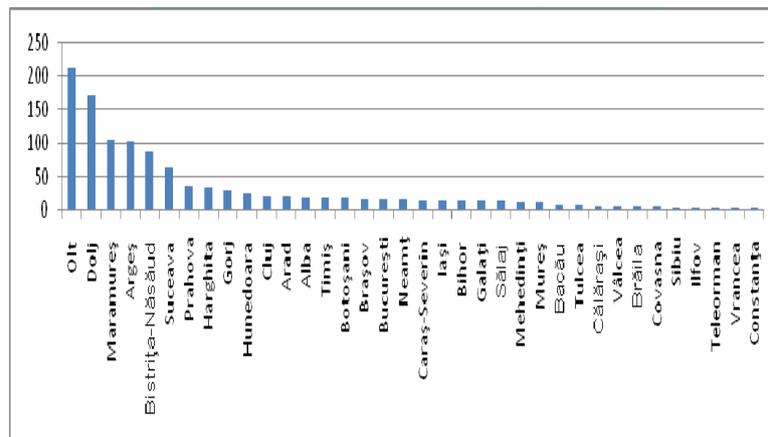


Fig. 2: Incidence of occupational diseases, by counties in 2009 (100000 workers)

Differences between regions reflect, first, the disparities in profile of production branches and the aggressiveness of risk factors. The distribution of new cases of occupational disease by profession shows that the first places are occupied, with the most cases of illness, by: **foundry workers** (145 new cases), **miners** (129 new cases) and **locksmiths** (73 new cases).

### 3.2. Silicosis

Although silicosis is one of the oldest occupational diseases, it is the reason of death for thousands of people every year, all over the world. It is also an incurable disease, caused by the inhalation of dust containing free crystalline silica. It is irreversible in terms of evolving and is progressing even after exposure. In 2009, occupational diseases caused by dust containing silica were on the second place in terms of number of diseases: 20.64% (282 cases in the total of 1366), which is considered a high level, taking into account the severity of the disease. By age groups, the largest number of cases is recorded for persons aged 40 - 49 years (114 cases), followed by age groups 50-59 years (93 cases) and 70-79 years (33 cases), which is related with the length of exposure.

In the total number of 308 cases of silicosis, 21 cases are associated with tuberculosis, representing 6.81%. Watching the link between the industry branch and average duration of exposure (in years) until the stage I of silicosis emerged, one can notice that within the metal structures industry, silicosis emerge after a period of exposure of 12.6 years, in geological exploration after 13 years, and in mining and metal ores, after 15.9 years.

### **3.3. Occupational diseases caused by exposure to asbestos fibres**

Because of the high level of risk to human health, exposure to asbestos fibres should be watched through special action for security at work. Pathological changes occur after about 15-20 years of fiber retention in the body exposed, being directly linked with the intensity of exposure.

According to Governmental Decision (HG) No. 1875 of 22.12.2005 published in the Official Journal Part I, No. 64 of 24.01.2006, employers must ensure that any worker should not be exposed to concentrations of airborne asbestos over 0.1 fibres per cm<sup>3</sup>, measured in relation with a time-weighted average, during a period of 8 hours.

### **3.4. Occupational poisoning**

Occupational poisoning ranks six in the structure of new disease cases, by cause, with a downward trend of decrease in the last four years, as total number of newly adjudged cases. In 2009, 58 new cases of occupational poisoning were reported, representing 4,24% in the total of occupational cases in Romania. The most numerous cases are chronic (58.62%) in the total number of reported cases.

### **3.5. Occupational skin diseases**

In the general picture of occupational diseases in Romania, skin diseases weight 0.58% of the total number of occupational diseases, recording a downward trend (from 19 to 9 cases) compared to the previous year. In 2009 occurred 8 cases of occupational dermatitis caused by factors such as: oils, resins, latex, which lead to useful conclusions for optimizing occupational medicine. The onset of disease, clinical data, the evolution of skin lesions after discontinuation of exposure are very important when diagnosing the occupational diseases and for confirmation of the allergic nature of the respective dermatitis. The situation requires from the factors responsible to take protection measures, simple and handy, for the purchase and use of appropriate protective equipment for occupational exposure (gloves, protective ointments) in order to prevent such events.

## **4. Acknowledgements**

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