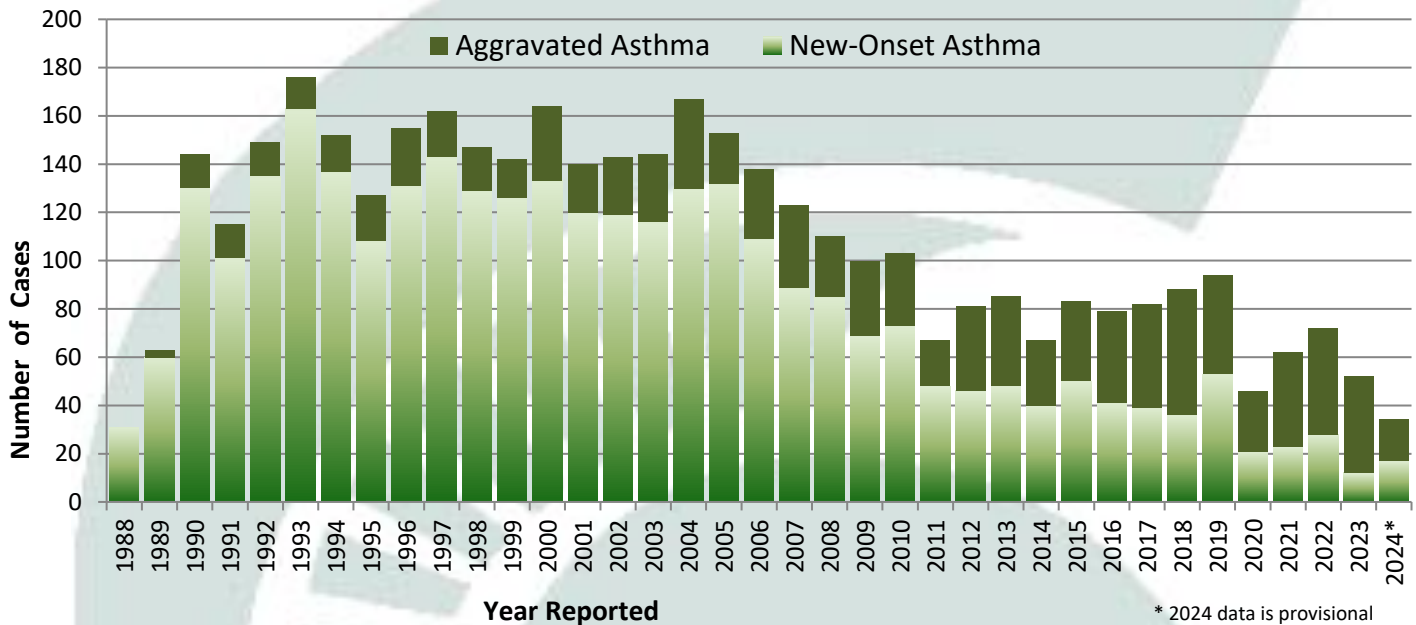


# Tracking Work-Related Asthma (WRA) in Michigan

Additional Information Available at: [www.oem.msu.edu](http://www.oem.msu.edu)

## Summary Statistics

Confirmed WRA Cases by Year & Type



The Association of Occupational & Environmental Clinics (AOEC) provides an on-line asthma-causing agent look-up tool to identify the 371 work-related exposures that cause asthma. The link to the AOEC website is: <http://www.aoecdata.org/ExpCodeLookup.aspx> Thousands more substances have not been evaluated for their asthma-causing potential. There are two subgroups of WRA, new onset asthma and preexisting asthma that is exacerbated by an exposure at work. The average incidence of WRA among Black/African American workers is 2.5 times greater than among white workers (2.70 and 1.09 cases per 100,000, respectively). The most commonly reported exposures in Michigan are cleaning agents and diisocyanates. These exposures reflect the manufacturing and service industry base in our state.

## Top 10 Exposure Agents in MI

Exposure Agent	% WRA Cases
Cleaning Agents	13.5
Diisocyanates	12.0
Metal Working Fluids	8.5
Unknown Mfg.	7.5
Unknown Office	5.3
Smoke/Fume	4.6
Welding Fume	4.2
Solvents	2.8
Paint Fume	2.5
Fungus	2.4



Federal OSHA has a number of resources on Protecting Temporary Workers at:

[https://www.osha.gov/temp\\_workers/index.html](https://www.osha.gov/temp_workers/index.html)

## Background

In 1988 Michigan instituted a tracking program for work-related asthma (WRA) with financial assistance from the National Institute for Occupational Safety and Health. This is a joint project of the Michigan Occupational Safety and Health Administration (MIOSHA) and the Michigan State University (MSU) Department of Medicine. The reporting of a sentinel case may lead to the identification of employees from the same facility who are at risk of developing asthma. The goal of the project is to prevent WRA through the identification of these sentinel patients.

### Annual Average Rate of WRA: Manufacturing Industries

2002 NAICS	Industry	# Cases	Ann Avg Rate	# Ees
311	Food Mfg	74	7.1	32,729
323	Printing & Related Support Activities	19	3.2	18,327
325	Chemical Mfg	112	12.6	27,704
326	Plastics & Rubber Products Mfg	122	8.9	43,056
327	Nonmetallic Mineral Product Mfg	19	3.6	16,512
331	Primary Metal Mfg	73	8.3	27,648
332	Fabricated Metal Product Mfg	129	4.8	83,121
333	Machinery Mfg	160	6.6	75,925
334	Computer & Electronic Product Mfg	16	2.6	19,165
336	Transportation Equipment Mfg	1,191	14.5	255,913
337	Furniture & Related Product Mfg	17	2.0	26,167
	All Other Mfg	161	7.2	69,619



## Program Highlights

- A 2005 survey found that 53% of MI employed adults that currently have asthma reported that a health care provider (HCP) told them, or they told the HCP their asthma was caused or made worse by exposures at work.
- MIOSHA enforcement inspections at the workplaces of the WRA patients reveal that, on average, 1 out of every 6 fellow workers has asthma or respiratory symptoms compatible with asthma and are not listed on the OSHA Injury and Illness 300 Log.
- Air sampling for allergens during MIOSHA inspections reveals only 3.8% of the facilities have exposures above the MIOSHA enforceable permissible exposure limit. This suggests that employees can become sensitized to workplace allergens at levels within permissible limits.
- Cessation of exposure is the most important aspect of treatment once an employee has become sensitized; patients removed from exposure the soonest have the best prognosis.

## WRA Narratives

- A female in her 30s developed work-related asthma from exposure to isocyanates at an automotive parts manufacturer where she worked as a job setter. Her asthma began when a hose blew that was supplying the isocyanates to the tank used each day for the machines. She immediately experienced shortness of breath and was prescribed Symbicort and albuterol in the emergency department. She has smoked a cigarette per day since her 20s. She continued to work this job after her diagnosis.
- A female in her 40s developed work-related asthma from exposure to metal finishing chemicals at a metal manufacturer. She worked close to the tanks of chemicals used to finish the metals. She developed shortness of breath and was prescribed albuterol and steroids in the emergency department. She formerly smoked cigarettes for less than a year in her teens. She continues to work at the facility and her asthma has worsened.
- A male in his 60s experienced an exacerbation of his childhood asthma from exposure to dusts from sanding Corian fabricated countertops. He experienced shortness of breath and was prescribed albuterol, a nebulizer and Advair. Since the exacerbation, his asthma worsened, and he required a greater amount of asthma medication. He currently smokes two cigarettes per day since his late teens.