

Research that makes a Difference

Title	Key exposures and industries causing work-related contact dermatitis
Year	2006 – 2008
Investigators	Victoria Arrandale, Gary Liss, Linn Holness, Susan Tarlo, Melanie Pratt Denis Sasseville, Irena Kudla
CREOD Research Program	Occupational Skin and Respiratory Disease
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Product Type	Research Study
Background	Traditionally, research related to occupational allergic contact dermatitis (OACD) and occupational asthma (OA) has been done in organ system silos, and rarely focusing on the two together. There is evidence that some agents cause both irritant and allergic responses in both the skin and respiratory systems, but these agents are not well documented. Better understanding of the inter-relationships between inhalation and dermal routes of exposure and between respiratory and skin responses to workplace chemicals would be helpful in developing appropriate prevention strategies.
Study Focus (Research Question/Goals/ Methods)	We used the North American Contact Dermatitis Group (NACDG) database, which now includes occupational factors, to identify common occupational contact allergens. We then linked this information to the respiratory literature to identify whether these agents caused occupational asthma (OA). We also assessed the utility of the NACDG database itself, as a tool for research and surveillance. We analyzed patch test data for 3676 patients seen at the two Canadian NACDG Centres between 2001 and 2006.
Key Findings	 17% of subjects had an overall work-related CD diagnosis. Of these overall work-related cases, 64% had an allergic diagnosis (OACD) and 34% had an irritant diagnosis. Industries most commonly affected by OACD were aircrafts and parts, beauty shops, and hospitals. Workers at highest risk of OACD were: Electrical equipment assemblers Precision assemblers Hairdressers and cosmetologists The 10 most common occupational contact allergens for OACD and their association with OA are listed below. Established association with OA: Epoxy resin Nickel sulfate Cobalt chloride Potassium dichromate Glutaraldehyde Possible association with OA: P-phenylenediamine Formaldehyde Not listed in the literature or reference docs as a cause of OA: Thiuram Carba mix Glyceryl thioglycolate There is a general lack of consistency in how sensitizer (or equivalent) notations are assigned across organizations. For example, sensitizer notation in the TLV handbook does not distinguish between the respiratory, dermal, or conjunctival organ systems. Over time, the NACDG database may be useful for identifying common or emerging occupational contact allergens.



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Implications for Health/Labour Policy and Practice	• It is important to consider both dermal and inhalation routes of exposure.
	Epoxy resin, nickel sulfate, cobalt chloride, potassium dichromate, and glutaraldehyde should be
	targeted for more focused research and prevention activities.
	 High-risk worksites (aircrafts and parts, beauty shops, hospitals) are potential partners for future
	research.
	Improved consistency in sensitizer notation across reference materials commonly used by
	occupational hygienists could lead to:
	- Earlier recognition of occupational exposures
	- Improved exposure control strategies in the workplace
	- Better outcomes for workers
Publication & Presentation Information	<u>Publications</u>
	Arrandale VH, Liss GM, Tarlo S, Pratt, Sassville D, Kudla I, Holness DL. Key exposures causing work-related allergic contact
	dermatitis and evidence for dual causation of occupational asthma. Report to Research Advisory Council, Workplace Safety
	and Insurance Board, July 2009. • Arrandale VH, Liss G, Tarlo SM, Manno M, Pratt M, Sasseville D, Kudla I, Holness DL. Analysis of occupationally-related
	positive patch test results in the 2001-2002 North American Contact Dermatitis Group Canadian data. Dermatitis
	2009:20;226-227.
	Arrandale VH, Liss G, Tarlo S, Manno M, Pratt M, Sasseville D, Kudla I, Holness DL. Key exposures causing work-related
	allergic contact dermatitis and occupational asthma: a comparison using North American Contact Dermatitis Group Data (2001-2002) and the peer-reviewed asthma literature. Am J Respir Crit Care Med 2009:179:A1646.
	Arrandale VH, Liss G, Tarlo SM, Pratt M, Sasseville D, Kudla I, Holness DL. Inconsistencies in sensitizer notation for common
	occupational contact allergens in the 2001-2006 North American Contact Dermatitis Group Canadian data. Dermatitis
	2010;21:232.
	• Arrandale VH, Liss G, Tarlo S, Pratt M, Sasseville D, Kudla I, Holness DL. Occupational contact allergens: can they also cause
	occupational asthma? Am J Ind Med 2012;55:353-360.
	Presentations • Arrandale VH, Liss G, Tarlo S, Manno M, Pratt M, Sasseville D, Kudla I, Holness DL. Analysis of occupationally related positive
	patch test results in 2001-02 North American Contact Dermatitis Group Canadian data. American Contact Dermatitis Annual
	Meeting, San Francisco, March 2009.
	Arrandale VH, Liss G, Tarlo S, Manno M, Pratt M, Sasseville D, Holness DL. Exposures causing occupational allergic contact
	dermatitis and occupational asthma: an analysis using the North American Contact Dermatitis Group Data (2001-2002) and the peer-reviewed asthma literature. American Thoracic Society International Conference, San Diego, May 2009.
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	occupationally related positive patch test results: an analysis using data from the Canadian sites of the North American
	Contact Dermatitis Group (NACDG). OEESC 2009, Edinburgh, June 2009.
	Arrandale VH, Liss G, Tarlo SM, Pratt M, Sasseville D, Kudla I, Holness DL. Inconsistencies in sensitizer notation for common
	occupational contact allergens in the 2001-2006 North American Contact Dermatitis Group Canadian data. American Contact Dermatitis Society Annual Meeting, Miami, March 2010.
	Contact Sermanta Society Annual Meeting, Milann, March 2010.