

NIOSH BIBLIOGRAPHY OF COMMUNICATION AND RESEARCH PRODUCTS | 2023



**Centers for Disease Control
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Cover: Photographs on the cover of the *NIOSH Bibliography of Communication and Research Products 2023* represent just a few of the workers and professions that NIOSH conducts research for. The photographs are described below:

1. An office worker stands at an ergonomic desk while typing on a laptop computer. Photo by ©Alvarez/Getty Images
2. A manager speaks with workers in a meeting room. Photo by ©isayildiz/Getty Images
3. A construction worker puts on hearing protection as he stands in front of a concrete pump truck wearing a hard hat, protective eyewear, and a reflective vest. Photo by ©kali9/Getty Images
4. Workers stand in front of a computer that operates a robotic arm in a factory. Photo by ©Krittanut Unsombut/Getty Images
5. A doctor consoles a coworker. Photo by ©PeopleImages/Getty Images
6. Firefighters adjust their respirators at the scene of a fire. Photo by ©slobo/Getty Images
7. A farmer feeds hay to cows in a barn. Photo by ©Georgijevic/Getty Images
8. An oil and gas industry worker uses a smartphone and laptop. Photo by ©shotbydave/Getty Images

NIOSH

Bibliography of Communication and Research Products

2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

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Suggested Citation

NIOSH [2024]. NIOSH bibliography of communication and research products 2023. By Lechliter J, Hamilton C, Bohman MB, Brown T, Fendinger S, Hornback D, North K, Reuss V. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2024-113, <https://doi.org/10.26616/NIOSHPUB2024113>.

DHHS (NIOSH) Publication No. 2024-113

April 2024

Foreword

As the director of the National Institute for Occupational Safety and Health (NIOSH), I take pride in presenting the *NIOSH Bibliography of Research and Communication Products 2023*. This bibliography lists a wide variety of NIOSH products published in 2023. Each focuses on improving the safety, health, and lives of workers.

NIOSH research and communications products result from the NIOSH mission to develop and put into practice new occupational safety and health knowledge. NIOSH and its partners work to make workplaces safer, healthier, and more productive.

NIOSH does research and recommends how to prevent work-related injuries, illnesses, and deaths. NIOSH also provides training and education to workers, employers, and other partners to help them understand and implement workplace safety and health best practices.

The products in this bibliography reflect the wide range of NIOSH work. They include journal articles, research reports, fact sheets, training materials, and other workplace safety and health resources. Content covers preventing workplace injuries and illnesses, protecting workers from exposure to hazardous chemicals and other workplace hazards, and promoting workplace wellness.

Please explore the products in this bibliography and learn more about the work that NIOSH is doing to keep workers safe and healthy. I also encourage you to share this bibliography freely with your colleagues in the occupational health and safety community.

Thank you for your interest in NIOSH and our work to improve the safety and health of workers.



John Howard, M.D.
Director,
National Institute for
Occupational Safety and Health

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Introduction

Research Highlights 2023

Below are examples of exemplary NIOSH research studies that advanced the safety and health of U.S. workers in 2023. Research recognized in Research Highlights was suggested by NIOSH Divisions, Labs, and Offices.

Characterizing Airborne Dust Generated From Grinding Engineered and Natural Stone Products

Outbreaks of silicosis (a serious lung disease) among workers in the stone countertop industry have been reported globally. This includes 52 silicosis cases and 10 fatalities in California in 2023. Due to the high crystalline silica content in some engineered stone products, overexposure to this

substance can still occur when workers use traditional dust control methods.

NIOSH researchers are developing control strategies as part of the effort to address this emerging public health threat. In this study, researchers systematically characterized dust emissions from grinding engineered and natural stone products in a laboratory testing system. The study was published in *Annals of Work Exposures and Health*. Results provided important scientific data to develop an overall exposure control strategy following the [NIOSH Hierarchy of Controls](#),



A stone countertop worker uses a grinding tool to alter a countertop.

PHOTO BY NIOSH

which offers different action levels to reduce or remove hazards.

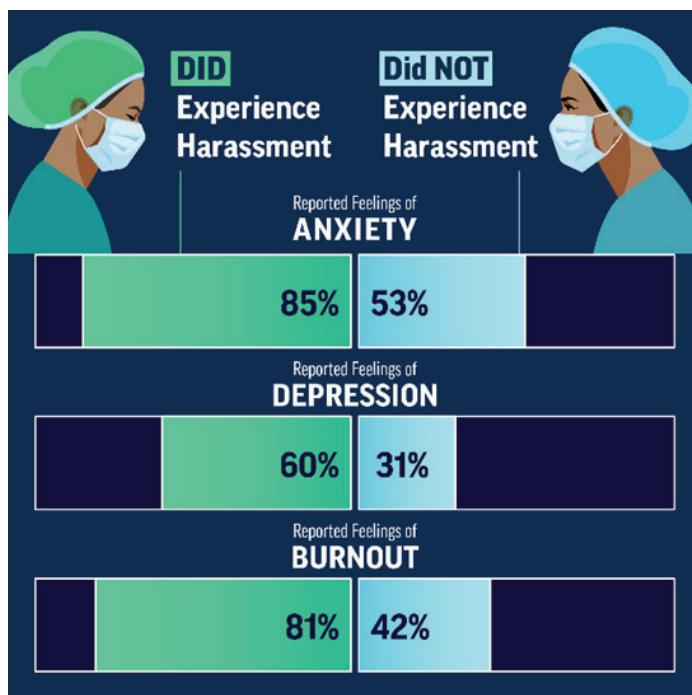
Researchers found that working with engineered stone products manufactured from using specific formulas could lower respirable crystalline silica exposure to levels similar to working with most natural stones. Certain engineered stone products could even eliminate respirable crystalline silica exposure risks entirely. Using stone products made from certain formulas to reduce exposure aligns with the top strategies in the Hierarchy of Controls, which are eliminating and substituting hazardous materials. Researchers also found the highest respirable crystalline silica generation rates occurred in particles ranging 3.2–5.6 microns. Therefore, when developing engineering controls, focusing on removing particles in the 3.2–5.6 micron size range is key to significantly reducing exposure to respirable crystalline silica.

Thompson D, Qi C [2023]. Characterization of the emissions and crystalline silica content of airborne dust generated from grinding natural and engineered stones. *Ann Work Expo Health* 67(2):266–280.

Health Workers Face a Mental Health Crisis

Decades of research have identified aspects of work organization that can cause stress and present risks to worker well-being. Little is known about how those stressors affect health workers' well-being and how best to mitigate the risks. Health workers faced overwhelming demands and experienced crisis levels of burnout before the COVID-19 pandemic. The pandemic offered unique challenges that further added to the mental health crisis.

For the study, published in *Vital Signs* (a special feature of CDC's *Morbidity and Mortality Weekly Report*), NIOSH researchers wanted to assess working conditions and symptoms of burnout, anxiety, and depression. They used data from the 2018 and 2022 General Social Survey Quality of Worklife Module. They focused on health workers, other essential workers, and all remaining workers before and during the COVID-19 pandemic.



Health workers who experienced harassment were more likely to report burnout, depression, and anxiety, compared with those who did not.

ILLUSTRATION BY NIOSH



PHOTO BY ©VADIM_KEY/GETTY IMAGES

When public health workers experience workplace violence, their mental health suffers.

Health workers reported more days of poor mental health in 2022 than in 2018. They were also more likely to report burnout. Those who experienced harassment at work were more likely to report symptoms of burnout, anxiety, and depression than those who did not. Positive working conditions, such as trust in management and supervisor help, were associated with lower odds of poor mental health symptoms and burnout. These research findings direct attention to aspects of work that can be improved to support health worker well-being.

Nigam JA, Barker RM, Cunningham TR, Swanson NG, Chosewood LC [2023]. Vital Signs: Health worker-perceived working conditions and symptoms of poor mental health—Quality of Worklife Survey, United States, 2018–2022. *MMWR* 72(44):1197–1205.

Workplace Violence and the Mental Health of Public Health Workers During COVID-19

During the COVID-19 pandemic, public health workers faced an increased risk of workplace violence and harassment. NIOSH researchers wanted to see how the COVID-19 pandemic and workplace stressors impacted public health workers' mental health. They analyzed data on over 26,000 state, local, and tribal public health workers. The study was published in the *American Journal of Preventive Medicine*.

Researchers found that one out of three public health workers experienced at least one form of workplace violence. Examples of this included receiving job threats or being bullied, harassed, or stigmatized. Results showed that experiencing workplace violence was associated with a 21% greater risk of reporting depression or anxiety, a 31%

greater risk of reporting posttraumatic stress disorder, and a 26% greater risk of reporting suicidal thoughts, even after controlling for other risk factors.

The more workplace violence the public health worker experienced, the greater the impact on their mental health. Several work factors were found to be associated with increasing workplace violence, such as hours worked and public interaction. The authors hope to shed light on one alarming outcome of the COVID-19 pandemic—workplace violence against public health workers.

Tiesman HM, Hendricks SA, Wiegand DM, Lopes-Cardozo B, Rao CY, Hortsler L, Rose CE, Byrkit R [2023]. *Workplace violence and the mental health of public health workers during COVID-19*. *Am J Prev Med* 64(3):315–325.

Insight on the Pathobiology of Traumatic Brain Injury

Traumatic brain injury (TBI) is a common occupational hazard, affecting almost 3 million people each year. Severe TBI puts people at high risk for disability and death. Most TBIs, however, are mild, and many go unnoticed or untreated. Any TBI can lead to brain damage, inflammation, and long-lasting health effects. NIOSH researchers decided to investigate underlying differences in brain pathobiology (biological processes) of severe and mild TBI.

Their study, published in *Brain Sciences*, used a rat model to research TBIs of varying severities. Effects of severe TBI included prolonged unconsciousness, impaired neurobehavior, increased mortality risk, and neuron damage and inflammation throughout the brain. Effects of mild TBI included shorter periods of unconsciousness, no neurobehavioral deficits, and mild brain inflammation without neuron loss.

Researchers aligned these data with a computational model of neuron-glia

interaction. This revealed that severe TBI strongly correlated with the inflammatory state of the model. Mild TBI fell between the normal and inflammatory states. These findings highlight the possibility to miss a mild TBI diagnosis. They also suggest potential for health benefits in the identification of biomarkers of mild TBI.

Michalovicz LT, Kelly KA, Craddock TJA, O'Callaghan JP [2023]. *A projectile concussive impact model produces neuroinflammation in both mild and moderate-severe traumatic brain injury*. *Brain Sci* 13(4):623.

The Use of Respirators and Face-worn Products as Source Control Products

During the COVID-19 pandemic, respirators and surgical masks were used as source control to prevent the spread of disease. Shortages of N95® filtering facepiece respirators (FFRs) that are NIOSH Approved® caused workers and others to use alternative respirators, such as elastomeric half mask respirators (EHMRs), as respiratory protection. When the pandemic began, all NIOSH Approved EHMRs had exhalation valves. These valves allowed some amount of unfiltered breath to be exhaled into the area around its user. A concern was that wearers may be infected and spread disease through unfiltered exhalation.

Researchers at West Virginia University and NIOSH wanted to find the total outward leakage from the respirators and surgical masks being worn. They investigated the total outward leakage of surgical masks and NIOSH Approved respirators. These included N95 FFRs, N95 FFRs with a valve, EHMRs with a valve, and EHMRs with a valve covered by a surgical mask. They conducted the study using a manikin headform performing cyclic breathing under different conditions of facepiece sealing levels and flowrates.



One of the respirator devices with an exhalation valve tested.

The study, published in the *Journal of Occupational & Environmental Hygiene*, found that N95 FFRs without exhalation valves had the lowest mean total outward leakage. Surgical masks had about three times higher total outward leakage than the N95 FFRs without exhalation valves. Reduced face-seal leakage for N95 FFRs and surgical masks improved their source control. Using a surgical mask to cover the exhalation valve did not improve EHMR efficiency in lowering the total outward leakage.

Attribution Statement: *N95 and NIOSH Approved* are certification marks of the U.S. Department of Health and Human Services (HHS) registered in the United States and several international jurisdictions.

Myers WR, Yang W, Ryan KJ, Bergman MS, Fisher EM, Soo J-C, Zhuang Z [2023]. Total outward leakage of half-mask respirators and surgical masks used for source control. *J Occup Environ Hyg* 20(12):610–620.

Advancing the Training for Mineworkers to Self-escape

After an [extensive study](#) sponsored by NIOSH, the National Academy of Sciences (NAS) Committee on Mine Safety concluded that

“the quality and quantity of escape training still falls far behind what is necessary to ensure that all mine personnel can effectively escape a mine emergency.”

In response, NIOSH created a technical report which outlines actions NIOSH took in response to four specific NAS recommendations to improve self-escape training. These actions include the following:

- Analyzing what tasks miners would take to self-escape.
- Finding the gap between the skills and knowledge miners have and need.
- Developing the parts or steps for effective training.
- Reviewing literature in detail on emergency response training and decision-making under stress.

The report focused on preparing rank-and-file mineworkers for self-escape. It also served as the basis for practical guidance in its companion publication, the NIOSH Information Circular [Self-escape Core Competency Profile: Guidance for Improving Underground Coal Miners' Self-escape Competency](#). The circular offers an evidence-based self-escape competency framework that came from the findings of this research. This work aligns with one of the NIOSH Mining Program's Strategic Goals to reduce the risk of mine disasters and improve the post-disaster survivability of mineworkers.

NIOSH [2023]. Advancing self-escape training: a needs analysis based on the National Academy of Sciences report "Improving self-escape from underground coal mines." By Hoebbel CL, Bellanca JL, Ryan ME, Brnich MJ Jr. Pittsburgh, PA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2023-134 (Revised 06/2023).

Malignant Mesothelioma Among U.S. Medicare Beneficiaries: Incidence, Prevalence, and Therapy

Mesothelioma is an aggressive cancer typically seen in older adults. The disease is caused by exposure to asbestos fibers. Patients who receive trimodal therapy (chemotherapy, radiation, and surgery) live longer than those receiving one or two kinds of treatment.

Cancer registry data are typically used to describe the epidemiology of mesothelioma. However, the data contain limited treatment information. In this study, researchers developed broad, intermediate, and narrow case definitions using diagnostic



Miner taking a NIOSH self-escape KSA (knowledge, skills, and abilities) survey as part of a training needs analysis.

PHOTO BY NIOSH

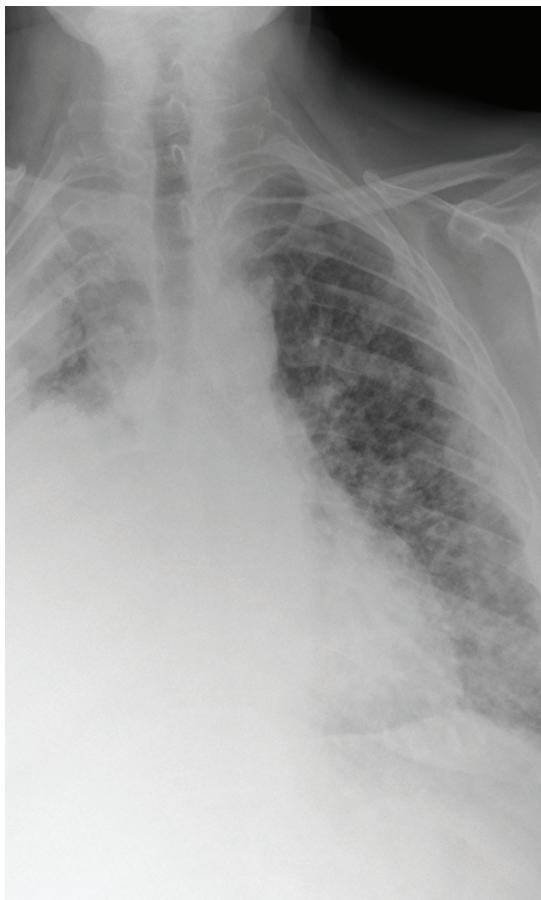


PHOTO BY ©WILLSIE/GETTY IMAGES

Digital chest X-ray of asbestos-related mesothelioma.

and treatment data. They applied these definitions to estimate mesothelioma incidence, prevalence, and treatment among 42.5 million people filing Medicare claims. By developing the definitions, researchers addressed challenges of using medical claims data for public health purposes. The study was published in *Occupational & Environmental Medicine*.

During the study period, a range of 8,213–19,036 mesothelioma patients were identified depending on the case definition. Among 13,642 patients who met the intermediate definition, 7,638 (56%) had claim information that indicated they received treatment. Of these, 9% received chemotherapy alone, 1.5% received radiation alone, 19% received surgery alone, and 6% received trimodal therapy.

For mesothelioma surveillance, this study demonstrates that claims data are an important complement to cancer registry data, which have a reporting lag and contain limited treatment information. Those in public health can adapt and apply the methods developed in this study to support surveillance for other chronic conditions in the Medicare population.

Kurth L, Mazurek JM, Blackley DJ [2023]. Malignant mesothelioma among U.S. Medicare beneficiaries: incidence, prevalence and therapy, 2016–2019. *Occup Environ Med* 80(2):86–92.

Occupational Exposure to Respirable Crystalline Silica Among U.S. Metal and Nonmetal Miners, 2000–2019

More than 90% of U.S. mines are noncoal, including metal, nonmetal, stone, sand, and gravel mines. Respirable crystalline silica exposures are a long-recognized health hazard in these noncoal mines. Respirable crystalline silica, commonly known as silica, silica dust, or quartz, is classified as a human carcinogen. Exposure can cause lung, heart, and kidney diseases.

In this study, published in the *American Journal of Industrial Medicine*, NIOSH described miners' hazardous respirable crystalline silica exposures over the 20-year period, 2000–2019. Researchers used data from personal breathing zone respirable crystalline silica samples collected by the Mine Safety and Health Administration (MSHA). They found that metal and nonmetal miners' personal exposures varied significantly by year, mine type, sector, commodity, occupation, and location in a mine.

Overall, the percentage of respirable crystalline silica exposures above the MSHA permissible exposure limit (100 micrograms per cubic meter or $\mu\text{g}/\text{m}^3$) was 11.8%. The percentage above the NIOSH recommended

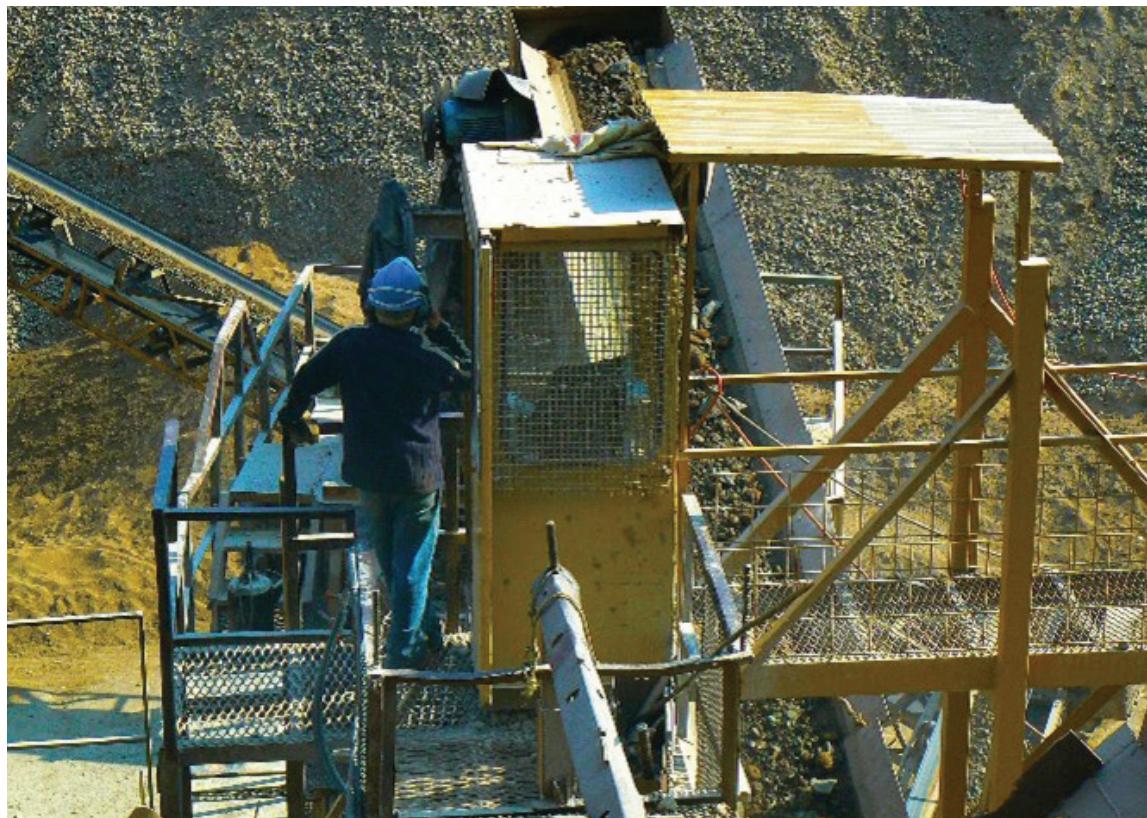


PHOTO BY NIOSH

Respirable crystalline silica exposures are a long-recognized health hazard in noncoal mines, such as this sand and gravel mine.

exposure limit ($50 \mu\text{g}/\text{m}^3$) was 27.3%. These overexposures indicated substantial risk. Notably, the geometric mean exposures in years 2018 ($45.9 \mu\text{g}/\text{m}^3$) and 2019 ($52.9 \mu\text{g}/\text{m}^3$) were significantly higher than the geometric means for all years prior. This might be due to a more focused sampling strategy during this time period.

Overexposures to respirable crystalline silica among U.S. metal and nonmetal miners continue and may be increasing in certain settings and occupations. Further research and interventions are needed to prevent silica-induced diseases.

Misra S, Sussell AL, Wilson SE, Poplin G [2023]. Occupational exposure to respirable crystalline silica among U.S. metal and nonmetal miners, 2000–2019. *Am J Ind Med* 66(3):199–212.

Oil and Gas Extraction Workers, Risky Driving Behaviors, and Employer Safety Policies

Transportation incidents are the leading cause of fatal work-related injuries in the U.S. oil and gas extraction industry. Oil and gas extraction workers who drive for work face multiple crash risk factors, such as fatigue, long work hours, and long commutes. Limited research exists that describes risky driving behaviors among these workers. Studies on the prevalence of employer policies and practices in this industry aimed at reducing crash and injury risk are also limited.

NIOSH researchers set out to explore factors that may affect the risk of injury and illness among oil and gas extraction workers. They surveyed 500 of these workers in three states. This study, published in *The National*

Occupational Injury Research Symposium special issue of the *Journal of Safety Research*, analyzed responses from 363 oil and gas extraction workers who drove for work.

Researchers found hands-free cell phone use the most commonly reported risky driving behavior among workers (60%). Employer policies banning hands-free cell phone use were the least common safety policy reported (35%). Results also showed these other factors significantly associated with risky driving behaviors:

- Longer work and commuting hours.
- Lack of employer motor vehicle safety policies.
- Experience of a work crash.
- Employment as an oil and gas extraction operator.

These findings highlight the importance of motor vehicle safety interventions, such as bans on cell phone use while driving.

Wingate KC, Pratt S, Ramirez-Cardenas A, Hagan-Haynes K [2023]. [Risky driving behaviors and employer motor vehicle safety policies among U.S. oil and gas extraction workers](#). *J Safety Res* 86:12–20.

World Trade Center Health Program and Opioid Prescriptions Among Its Members

Congress established the World Trade Center Health Program in 2011. Its purpose is to provide high-quality medical monitoring and treatment for physical and mental health conditions resulting from the 9/11 attacks in New York, at the Pentagon, and in Shanksville, Pennsylvania. As of December 31, 2023, about 130,000 members have enrolled in the program, with membership growth of over 5% each year.



PHOTO BY NIOSH

Transportation incidents are the leading cause of fatal work-related injuries in the oil and gas industry.



PHOTO BY ©JANNHUIZENGA/GETTY IMAGES

Study findings showed that World Trade Center Health Program members had low opioid prescription rates. Opioids were mainly prescribed for cancer, hospice, and end-of-life care.

The opioid overdose epidemic is among the most pressing recent public health challenges in the United States, resulting in a dramatic increase in prescription-related deaths. Since 2018, the program has implemented various interventions to prevent prescription opioid overuse among its members. This study, published in *BMC Health Services Research*, describes opioid prescriptions dispensed to program members during 2013–2021. Researchers also used standardized measures to evaluate program interventions on opioid prescribing.

NIOSH found that program-paid opioid prescription rates for all members, including those with noncancer pain, were low. Opioids were mainly prescribed for cancer, hospice, and end-of-life care. Findings showed program interventions to prevent opioid overuse coincided with better outcomes. The study also identified possible areas for improvement and insights for other health programs in managing opioid use. Therefore, continued surveillance of program-paid opioid prescriptions is suggested.

Liu R, Calvert GM, Anderson KR, Malcolm H, Cimineri L, Dupont H, Martinez M [2023]. [Opioid prescriptions among the World Trade Center Health Program population](#). *BMC Health Serv Res* 23:1323.

Journal Articles

NOTE: NIOSHTIC-2 numbers are linked to the corresponding page in the NIOSHTIC-2 Bibliographic Database. Clicking on page numbers will cause the page to jump to the corresponding reference.

Ahn C, Lee T, Shin JH, Lee JS, Thiagarajan Upaassana V, Ghosh S, Ku BK [2023]. [Lab on a chip for detecting Clara cell protein 16 \(CC16\) for potential screening of the workers exposed to respirable silica aerosol](#). Microfluid Nanofluidics 27(11):72.

NIOSHTIC-2: [20068554](#) | NORA: Oil and Gas Extraction

Ajayi KM, Khademian Z, Schatzel SJ, Rubinstein EN [2023]. [Implications of shale gas well integrity failure near a longwall mine under shallow cover](#). Min Metall Explor 40(2):543–553.

NIOSHTIC-2: [20067030](#) | NORA: Mining / Oil and Gas Extraction

Aljaroudi AM, Bhattacharya A, Strauch A, Quinn TD, Williams WJ [2023]. [Effect of cooling on static postural balance while wearing firefighter's protective clothing in a hot environment](#). Int J Occup Saf Ergon 29(4):1460–1466.

NIOSHTIC-2: [20066294](#) | NORA: Public Safety

Almberg KS, Halldin CN, Friedman LS, Go LHT, Rose CS, Hall NB, Cohen RA [2023]. [Increased odds of mortality from non-malignant respiratory disease and lung cancer are highest among U.S. coal miners born after 1939](#). Occup Environ Med 80(3):121–128.

NIOSHTIC-2: [20066805](#) | NORA: Mining

Amoscato AA, Anthonymuthu T, Kapralov O, Sparvero LJ, Shrivastava IH, Mikulska-Ruminska K, Tyurin VA, Shvedova AA, Tyurina YY, Bahar I, Wenzel S, Bayir H, Kagan VE [2023]. [Formation of protein adducts with hydroperoxy-PE electrophilic cleavage products during ferroptosis](#). Redox Biol 63:102758.

NIOSHTIC-2: [20067711](#) | NORA: Manufacturing

Andel R, Veal BM, Howard VJ, MacDonald LA, Judd SE, Crowe M [2023]. [Retirement and cognitive aging in a racially diverse sample of older Americans](#). J Am Geriatr Soc 71(9):2769–2778.

NIOSHTIC-2: [20068049](#)

Anderson N, Marcum J, Bonauto D, Siegel M, LaSee C [2023]. [The relative burden of occupational injuries and illnesses in firefighters: an analysis of Washington workers' compensation claims, 2006–2020](#). *Int J Environ Res Public Health* 20(22):7077.

NIOSHTIC-2: [20068821](#) | NORA: Public Safety

Antonini JM, Kodali V, Meighan TG, McKinney W, Cumpston JL, Leonard HD, Cumpston JB, Friend S, Leonard SS, Andrews R, Zeidler-Erdely PC, Erdely A, Lee EG, Afshari AA [2023]. [Lung toxicity, deposition, and clearance of thermal spray coating particles with different metal profiles after inhalation in rats](#). *Nanotoxicology* 17(10):669–686.

NIOSHTIC-2: [20069056](#)

Armenti K, Sweeney MH, Lingwall C, Yang L [2023]. [Work: a social determinant of health worth capturing](#). *Int J Environ Res Public Health* 20(2):1199.

NIOSHTIC-2: [20066840](#)

Asfaw A [2023]. [Association between reasons for not working and reporting of major depression and anxiety symptoms among U.S. adult population during the COVID-19 pandemic](#). *J Workplace Behav Health* 38(3):293–320.

NIOSHTIC-2: [20067331](#)

Asfaw A [2023]. [Paid sick leave and self-reported depression and anxiety: evidence from a nationally representative longitudinal survey](#). *Am J Prev Med*: Epub ahead of print, 2023 November.

NIOSHTIC-2: [20068822](#)

Barham M, Bauerle T, Eiter B [2023]. [Are fatigue and sleepiness the same? A brief introduction to the differences and similarities and their implications for work safety](#). *Min Metall Explor*: Epub ahead of print, 2023 December.

NIOSHTIC-2: [20069072](#) | NORA: Mining

Baur R, Kashon M, Lukomska E, Weatherly LM, Shane HL, Anderson SE [2023]. [Exposure to the anti-microbial chemical triclosan disrupts keratinocyte function and skin integrity in a model of reconstructed human epidermis](#). *J Immunotoxicol* 20(1):1–11.

NIOSHTIC-2: [20066671](#) | NORA: Healthcare and Social Assistance / Oil and Gas Extraction

Beaudry MF, Beaudry AG, Bradley JP, Haynes DE, Holland G, Edwards A, Baker BA, Jacobson BR, Chetlin RD [2023]. [Comparison of the “tall and fall” versus “drop and drive” pitching styles: analysis of Major League Baseball pitchers during a single season](#). *Orthop J Sports Med* 11(5).

NIOSHTIC-2: [20067709](#)

Bellanca JL, Macdonald B, Navoyski J, Hrica JK, Orr TJ, Demich B, Hoebbel CL [2023]. [Using near-miss events to create training videos](#). *Min Metall Explor* 40(4):1091–1099.

NIOSHTIC-2: [20067782](#) | NORA: Mining

Benishek LE, Radonovich LJ, Blackley BH, Weissman DN [2023]. Healthcare workers' infection risk perceptions of aerosol-generating procedures and affective response. *Antimicrob Steward Healthc Epidemiol* 3(1):e29.

NIOSHTIC-2: [20067029](#)

Benishek LE, Tomasi SE, Pikel L, Golab GC [2023]. Veterinarian COVID-19 vaccine uptake was widespread, but safety and efficacy concerns held some back: descriptive results from a survey of AVMA members' perceptions of COVID-19. *J Am Vet Med Assoc* 261(5):678–687.

NIOSHTIC-2: [20066807](#)

Bennett JS, Mahmoud S, Dietrich W, Jones B, Hosni M [2023]. Evaluating vacant middle seats and masks as Coronavirus exposure reduction strategies in aircraft cabins using particle tracer experiments and computational fluid dynamics simulations. *Eng Rep* 5(4):e12582.

NIOSHTIC-2: [20066408](#) | NORA: Transportation, Warehousing and Utilities

Bergman MS, Grinshpun SA, Yermakov MV, Zhuang Z, Vollmer BE, Yoon KN [2023]. Fit evaluation of NIOSH Approved N95 filtering facepiece respirators with various skin protectants: a pilot study. *J Occup Environ Hyg* 20(9):365–372.

NIOSHTIC-2: [20067797](#)

Biney I, Ari A, Barjaktarevic IZ, Carlin B, Christiani DC, Cochran L, Drummond MB, Johnson K, Kealing D, Kuehl PJ, Li J, Mahler DA, Martinez S, Ohar J, Radonovich L, Sood A, Suggett J, Tal-Singer R, Tashkin D, Yates J, Cambridge L, Dailey PA, Mannino DM, Dhand R [2023]. Guidance on mitigating the risk of transmitting respiratory infections during nebulization by the COPD Foundation Nebulizer Consortium. *Chest*: Epub ahead of print, 2023 November.

NIOSHTIC-2: [20068802](#)

Blackley BH, Nett RJ, Cox-Ganser JM, Harvey RR, Virji MA [2023]. Eye and airway symptoms in hospital staff exposed to a product containing hydrogen peroxide, peracetic acid, and acetic acid. *Am J Ind Med* 66(8):655–669.

NIOSHTIC-2: [20067638](#)

Blackwood CB, Croston TL, Barnes MA, Lemons AR, Rush RE, Goldsmith T, McKinney WG, Anderson S, Weaver KL, Sulyok M, Park J-H, Germolec D, Beezhold DH, Green B [2023]. Optimization of *Aspergillus versicolor* culture and aerosolization in a murine model of inhalational fungal exposure. *J Fungi (Basel)* 9(11):1090.

NIOSHTIC-2: [20068820](#)

Boggess B, Prager S, Lincoln JM, Foss NE, Kissam E, Partida S, Lainz AR [2023]. CDC-supported national network of farmworker-serving organizations to mitigate COVID-19. *Am J Public Health* 113(2):166–169.

NIOSHTIC-2: [20066882](#)

Bonner EM, Horn GP, Smith DL, Kerber S, Fent KW, Tidwell LG, Scott RP, Adams KT, Anderson KA [2023]. [Silicone passive sampling used to identify novel dermal chemical exposures of firefighters and assess PPE innovations](#). Int J Hyg Environ Health 248:114095.

NIOSHTIC-2: [20066617](#) | NORA: Public Safety

Bonney T, Grant MP [2023]. [Local health department engagement with workplaces during the COVID-19 pandemic—examining barriers of and facilitators to outbreak investigation and mitigation](#). Front Public Health 11:1–9.

NIOSHTIC-2: [20067315](#) | NORA: Services

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DHHS (NIOSH) Publication No. 2024-113
DOI: <https://doi.org/10.26616/NIOSHPUB2024113>