NIOSH BIBLIOGRAPHY OF COMMUNICATION AND RESEARCH PRODUCTS | 2024

U.S. Centers for Disease Control and Prevention
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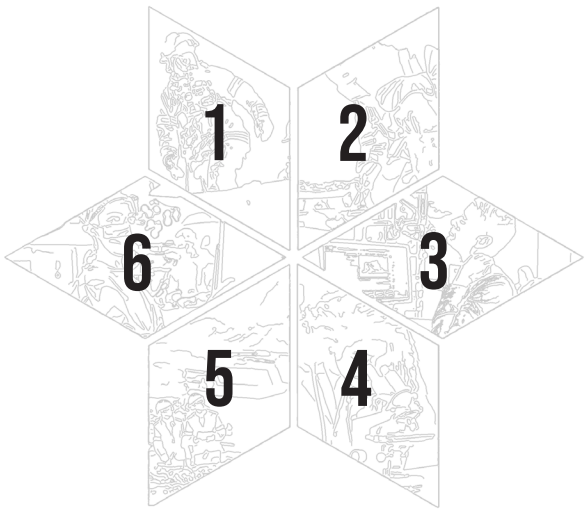

Cover: Photographs on the cover of the *NIOSH Bibliography of Communication and Research Products 2024* represent just a few of the workers and professions that NIOSH conducts research for. The photographs are described below:

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Bibliography of Communication and Research Products

2024

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

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Suggested Citation

NIOSH [2026]. NIOSH bibliography of communication and research products 2024. By Lechliter J, Hamilton C, Bohman MB, Brown T, Fendinger S, Hornback D, North K, Reuss V. Cincinnati, OH: U.S. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2026-103.

DHHS (NIOSH) Publication No. 2026-103

June 2026

Foreword

As the director of the National Institute for Occupational Safety and Health (NIOSH), I take pride in presenting the *NIOSH Bibliography of Communication and Research Products 2024*. This bibliography lists a wide variety of NIOSH products published in 2024. Each focuses on improving the safety, health, and lives of workers.

NIOSH communication and research 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 with your colleagues in the occupational safety and health 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 2024

Below are highlighted NIOSH research studies that advanced the safety and health of U.S. workers in 2024. NIOSH Divisions, Labs, and Offices helped to select this featured research.

Precarious Employment and Mental Health in the United States

Precarious employment has increased in recent decades. Precarious jobs are unstable, provide low pay, and offer few workplace benefits. However, few studies examine how unstable work affects mental health. This study, published in *Preventive Medicine*, looked at the association between unstable work and mental health in U.S. workers.

NIOSH researchers analyzed 2008–2021 data from the U.S. Medical Expenditure Panel Survey.

The sample represented more than 106 million workers. Researchers used statistical methods to examine associations between unstable work and self-reported mental health. They also studied how the effects of unstable work on mental health varied with the amount of unstable work the person had.

Researchers compared workers who have more-stable jobs with those who have less-stable jobs. Those with less stable work were more likely to rate their mental health

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Unstable employment can cause job-related stress leading to poorer mental health.

as poor or fair. Other analyses also showed less stability associated with an increased probability workers will report poor or fair mental health. These results show a possible dose-response relationship, which means an increase or decrease of the dose (unstable work) impacts the response (poor mental health).

This study draws attention to the role of unstable work in mental health outcomes. Researchers hope to highlight the impact of precarious work on health differences within the U.S. workforce.

Lundstrom EW, Asfaw A, Steege AL, Bhattacharya A, Groenewold M [2024]. **Precarious employment and mental health in the United States: results from the Medical Expenditure Panel Survey (MEPS), 2008–2021**. Prev Med *186*:108090.

Assessing the Relevance of an Animal Model to Human Health Risk

NIOSH researchers evaluated whether lung tumor findings from mouse styrene studies are likely to apply to people. Using an approach based on mode-of-action and human relevance, this study strengthens the scientific basis for assessing health risks from chemical exposure.

Because key biological processes—especially how the airways metabolize styrene—can differ substantially across species, animal findings may not always predict human outcomes. In this analysis, researchers assessed the evidence for a mouse-specific pathway and compared it with what is known about comparable processes in humans to inform the relevance of the animal evidence for human risk assessment.

Styrene exposure has been reported to cause bronchiolar (lung) tumors in some strains of mice. Researchers reviewed the available scientific data showing these tumors in mice may come from a mode of action based on a specific gene. A mode of action is the step-by-step way the gene or another agent produces its effects. Researchers also examined the likelihood that this mode of action could happen in humans. This study was published in *Critical Reviews in Toxicology*.

Researchers used a **weight-of-evidence framework**, developed by Meek et al., to analyze whether the scientific data supported the mode-of-action theory. They concluded that the mode of action, as theorized in mice, is unlikely in humans. They based their results on the lack of the specific gene expression in humans and the inconsistencies in relationships between key biological events when comparing mouse and human data. The researchers also identified important differences in airway capacity and connections between early toxic effects and long-term outcomes.

This study shows that a transparent weight-of-evidence framework can better determine whether animal findings apply to humans, thereby strengthening assessments of risks to human health. The framework could also be used to examine how certain mode-of-action theories relate to human health.

Frank EA, Meek ME [2024]. **Procedural application of mode-of-action and human relevance analysis: styrene-induced lung tumors in mice**. Crit Rev Toxicol *54*(2):134–151.

Severe Work-related Injuries in the Oil and Gas Extraction Industry

NIOSH scientists examined severe injury trends in the oil and gas extraction industry. They analyzed Occupational Safety and Health Administration data from January 2015 through July 2022. The study was published in *Morbidity and Mortality Weekly Report*.

The data showed 2,101 severe work-related injuries from 32 jurisdictions. Further analysis revealed oil and gas extraction contract workers had more severe work-related injuries

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NIOSH research found that severe injuries in oil and gas extraction disproportionately affect contract workers—especially in well service and drilling—and many involve upper extremities.

compared with workers in other industries.

Well service contract workers' injuries had the highest number of amputations (417), which was 20% of all severe injuries. They also had the highest number of hospitalizations (1,194), accounting for 57% of all severe injuries. Overall, 895 of all severe injuries reported (nearly 43%) involved upper extremities. Contract workers in the service and drilling subindustries had a higher number of work-related injuries than those in the operation subindustry.

These injuries are preventable. Employers could have worksite safety plans that include the **hierarchy of controls** as part of an effective safety management system. Employers could also offer consistent safety training to contractors on work equipment and personal protective equipment. Daily site safety meetings could also help support and reinforce safety practices for these workers.

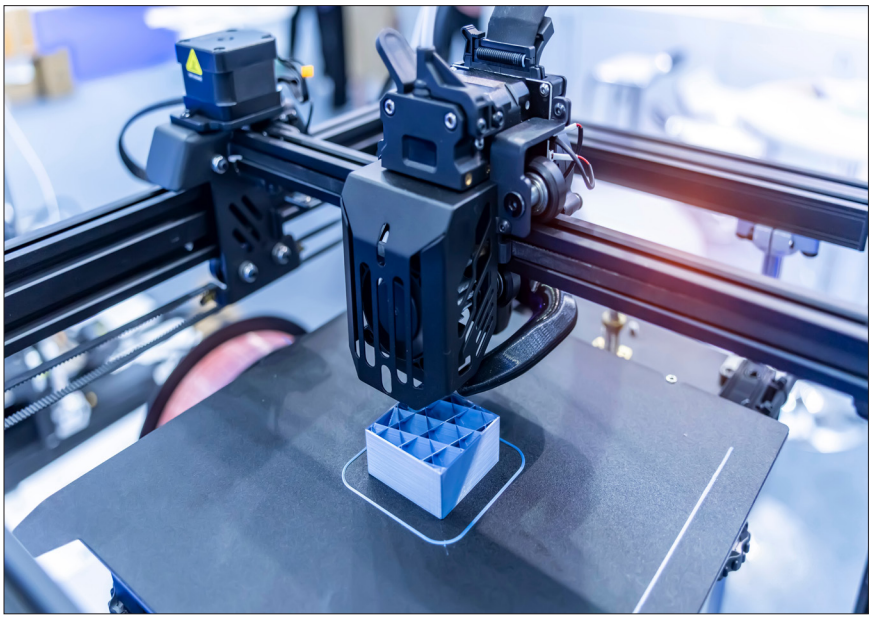
Parasram V, Socias-Morales C, Reichard A [2024]. **Severe work-related injuries in the oil and gas extraction industry—32 Federal Occupational Safety and Health Administration jurisdictions, United States, January 2015–July 2022**. MMWR Morb Mortal Wkly Rep *73*(5):104–109.

Effect of 3D Printing Emissions on Cardiac Function Markers

Three-dimensional (3D) printing with polycarbonate plastic occurs in manufacturing, schools, and homes. When people print with this plastic, it emits small particles (particulates) and volatile chemicals into the air. These emissions may be a risk factor for developing heart (cardiovascular) disease. Polycarbonate plastic emissions also contain bisphenol A, an endocrine disruptor that affects the body's hormones. Breathing in these particles can affect heart and endocrine function.

This study, published in the *Journal of Toxicology and Environmental Health, Part A*, looked at how exposure impacts indicators of heart function. To do this, NIOSH researchers conducted controlled laboratory studies of exposures to polycarbonate plastic emissions over a period of 30 days. They measured tissue concentrations of particles, volatile chemicals, and bisphenol A each day. They then reported the changes they saw after the 30-day exposure.

Researchers found that exposure reduced the diameter and thickness of coronary artery walls. They also observed increases in levels of estrogen and androgen receptors, oxidative stress markers, and a vasoconstrictor called vascular endothelial growth factor. Exposure



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A 3D printer uses plastic compounds to make shapes. The process emits small particles (particulates) and volatile chemicals into the air. These emissions have been associated with health effects.

also led to a decrease in endothelial nitric oxide synthase (eNOS) in cardiac arteries.

Researchers further noticed reduced catalase and eNOS transcript levels but increased endothelin in cardiac tissue. These changes may have played a role in the narrowed coronary arteries and may contribute to cardiovascular disease. Together, these findings clarify potential cardiovascular effects of 3D printing emissions and can help inform occupational risk assessment and future studies in humans.

Krajnak K, Farcas M, Richardson D, Hammer MA, Waugh S, McKinney W, Knepp A, Jackson M, Burns D, LeBouf R, Matheson J, Thomas T, Qian Y [2024]. **Exposure to emissions generated by 3-dimensional printing with polycarbonate: effects on peripheral vascular function, cardiac vascular morphology and expression of markers of oxidative stress in male rat cardiac tissue.** J Toxicol Environ Health A *87*(13):541–559.

Healthcare Workers and Elastomeric Half-mask Respirator Use

During public health emergencies, the demand for N95® filtering facepiece respirators can exceed supply. Elastomeric half-mask respirators are a possible alternative.

These respirators offer the same or more protection, and workers can reuse them. This study, published in the *American Journal of Infection Control*, looked at the practical aspects

PHOTO BY NIOSH

A healthcare worker uses wipes to decontaminate an elastomeric half-mask respirator.

of elastomeric half-mask respirator use among healthcare workers.

NIOSH researchers studied 183 healthcare workers at two tertiary referral centers during September–December 2021. These workers wore elastomeric half-mask respirators whenever hospital protocols called for respiratory protection. These were the times when workers might normally wear a filtering facepiece respirator. The participants then answered surveys about their experiences.

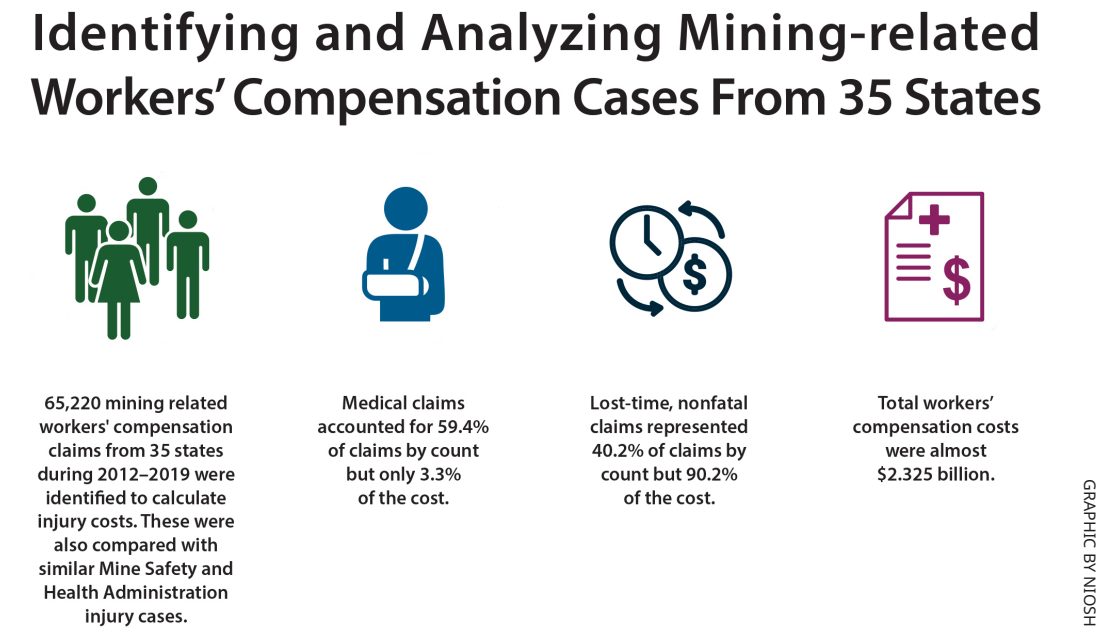
Workers typically wore elastomeric half-mask respirators for 1–3 hours per shift. They disinfected the respirator about 85% of the time after using it. Workers felt confident using these respirators but felt they hindered communication. Healthcare workers unfamiliar with elastomeric half-mask respirators were able to wear them instead of an N95 filtering facepiece respirator. They experienced little interference with their job tasks and were good at disinfecting them.

Researchers hope this study will show that elastomeric half-mask respirators are an alternative during a public health emergency.

Lane M, Pompeii L, Rios J, Benavides E, Kasbaum M, Patlovich S, Ostrosky-Zeichner L, Hornbeck A, McClain C, Fernando R, Sietsema M, Kraft CS [2024]. Provider experiences with daily use of elastomeric half-mask respirators in healthcare. Am J Infect Control *52*(7):745–750.

Analyzing Mining Injuries Using Workers' Compensation Claims Data

Mining is well recognized as dangerous work. Understanding the causes and costs of injuries is vital to protecting miners. In this study, published in the *Journal of Occupational and Environmental Medicine*, NIOSH researchers analyzed workers' compensation data for mining injuries from 35 states. They collected data on report numbers, claim rates, and costs during 2012–2019. They compared this



Workers' compensation claims were used to identify mining-related injuries, estimate injury costs, and compare findings with similar MSHA injury cases.

information with injury data from the Mine Safety and Health Administration.

Despite some differences, the findings between the two systems were similar. Over time, the number of injuries decreased 30% for both workers' compensation claims and Mine Safety and Health Administration cases. NIOSH researchers found that the total costs of mining injuries were more than $2 billion. Over half (59%) of claims were for medical treatment only, which was about 3% of costs. About 40% of claims were for lost time at work, accounting for most of the costs (90%).

The researchers also found that contact with objects and equipment represented 39% of claims and 30% of costs. Overexertion and bodily reaction accounted for 27% of claims and 24% of costs. By body part, upper extremities accounted for more than a third of workers' compensation claims and 21% of costs.

By analyzing Mine Safety and Health Administration injury cases along with workers' compensation data, safety and health experts can find areas to improve in order to better protect miners.

Heberger JR, Wurzelbacher S [2024]. **Mining injuries 2012–2019: using workers' compensation claims data from 35 states to identify rates and costs associated by nature of injury, event/exposure, and body part affected**. J Occup Environ Med *66*(5):e160–e175.

The Respiratory Health of Women Coal Miners

NIOSH researchers wanted to learn more about the work experiences and respiratory health of women coal miners in the United States—a group often overlooked. They analyzed data from the Coal Workers' Health Surveillance Program during 1970–2022. These data included 3,392 women with at least 1 year of coal mining experience. The study was published in the *Journal of Women's Health*.

PHOTO BY NIOSH

Women drillers and blasters at a mine in Black Mesa, Arizona.

Researchers discovered that most women miners had relatively short tenures in the industry. Many worked fewer than 10 years and often in roles with lower dust exposure. Only a small percentage (0.5%) developed pneumoconiosis. None of the women miners had progressive massive fibrosis. This low prevalence partly reflects women's limited presence in the highest-risk, dusty jobs.

This study highlights the lack of women's employment and health information in the coal mining industry. It emphasizes the need for collecting data specifically relating to men or women to better understand the unique challenges and health risks women miners experience.

Hall NB, Myers NT, Reynolds LE, Blackley DJ, Laney AS [2024]. **Women in coal mining—radiographic findings of women participants in the Coal Workers' Health Surveillance Program 1970–2022**. J Womens Health (Larchmt) *33*(9):1219–1223.

Preventing Opioid Use Disorder in the Mining Industry

Research shows the mining industry has one of the highest rates of opioid overdose deaths compared with other industries. Mine workers have been prescribed opioids more frequently, at higher doses, and for longer periods of time. In response, NIOSH scientists collaborated with the Mine Safety and Health Administration to publish this resource guide. Feedback from the mining community and opioid use prevention research informed its design. This resource can help mine operators and safety managers prevent opioid use disorder among mine workers.

Flexible in nature, the guide offers 10 strategies employers can use based on their resources and needs. Also included are examples showing employers how to use the Workplace Health and Well-being Model. This model is a framework for planning and applying prevention strategies. Many sections in the guide include links to partner resources for assessing, planning, and using different strategies. The guide can help employers recognize what interventions are working and how to meet changing workplace needs.

Opioid use disorder can be a complex issue. This calls for a comprehensive approach that workplaces can support. This resource guide serves as a valuable starting point, increasing awareness and access to resources.

> MSHA/NIOSH [2024]. **Implementing effective workplace solutions to prevent opioid use disorder: a resource guide for the mining industry**. Washington, DC: U.S. Department of Labor, Mine Safety and Health Administration. Cincinnati, OH: U.S. Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health.

How Many U.S. Workers Use Cannabis?

Although cannabis is illegal at the federal level, many U.S. states have legalized some forms. Many cannabis studies have focused on personal health; however, NIOSH researchers wanted to look closer at the effect of cannabis on workplace safety.

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Cannabis use varies widely by industry group and occupation.

This study, published in the *American Journal of Public Health*, examined the prevalence of cannabis use in U.S. workers. The researchers used data from the NIOSH industry and occupation module within the U.S. Behavioral Risk Factor Surveillance System. They analyzed self-reported cannabis use among U.S. workers (aged 18 years or older) in 15 states during 2016–2020.

Researchers found nearly 11% of workers reported using cannabis in the past 30 days. The prevalence of cannabis use varied widely by industry group and occupation. For example, only 3% of workers in utility industries and 4% in protective service occupations reported cannabis use.

On the other hand, 21% of workers in accommodation and food service industries and 22% of workers in food preparation and serving occupations reported using it. Demographics also played a role, particularly with age. Only 3% of workers over 65 years reported using cannabis while 24% of workers aged 18–24 years reported use.

This study offers some insight into workers and their cannabis use. These results can help guide research, inform policy discussions, and prioritize health messaging

as laws, policies, and social attitudes toward cannabis change.

Evoy R, Victoroff T [2024]. **Prevalence of cannabis use among U.S. workers in 15 states, 2016–2020.** Am J Public Health *114*(S8):S645–S653.

A Renewed Call for World Trade Center Research

The World Trade Center Health Program is a limited federal healthcare program. It provides medical monitoring and treatment for those adversely impacted by the terrorist attack on September 11, 2001, and its aftermath. Those accepted into the program are generally grouped as responders or survivors. Responders are those who performed rescue, recovery, cleanup, and other support services in the New York City disaster area. Survivors are those who lived, worked, went to school, or were otherwise in that area on 9/11.

Among many research opportunities is a need to better understand the health effects and health services for survivors. This study, published in the *Archives of Environmental and Occupational Health*, describes the characteristics of 9/11 survivors. The survivor group is large, with 37,384 accepted into the program as of December 31, 2022. They are diverse in sex, age, race, and ethnicity. A high number of survivors are certified for certain health conditions related to 9/11.

This survivor population provides opportunities for various scientific fields to study the 9/11-related health effects and treatments. NIOSH researchers hope to stimulate new ideas for better healthcare services and further research. Their findings could guide future studies on this population.

Liu R, Santiago-Colón A, Butturini E, Kubale TL, Reibman J [2024]. **Characteristics of survivors enrolled in the World Trade Center Health Program.** Arch Environ Occup Health *79*(5–6):185–198.

Top 10 Certified Cancers Among Survivors, by Sex (as of Dec. 31, 2022)

Females		
Cancer Site	**Cases**	**%**
Breast	2,162	12.6%
Thyroid	547	3.2%
Lung and Bronchus	421	2.5%
Colon and Rectum	310	1.8%
Non-Hodgkin Lymphoma	224	1.3%
Myeloma	137	0.8%
Leukemia	128	0.7%
Ovary	116	0.7%
Kidney and Renal Pelvis	114	0.7%
Melanoma of the Skin	94	0.5%
All sites	**4,583**	**26.7%**

Males		
Cancer Site	**Cases**	**%**
Prostate	2,958	14.6%
Colon and Rectum	527	2.6%
Non-Hodgkin Lymphoma	484	2.4%
Kidney and Renal Pelvis	437	2.2%
Lung and Bronchus	364	1.8%
Leukemia	355	1.8%
Thyroid	349	1.7%
Urinary Bladder	338	1.7%
Oral Cavity and Pharynx	269	1.3%
Melanoma of the Skin	266	1.3%
All sites	**6,892**	**34.1%**

GRAPHIC BY NIOSH

Numbers and percentages show survivors certified for each cancer site. Percentages are calculated within sex (female n=17,162; male n=20,222). "All sites" indicates survivors certified for at least one included WTC Health Program-covered cancer as of 12/31/2022.

Journal Articles

NOTE: For electronic versions of the NIOSH Bibliography, 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. Blue type indicates links.

Abdelraheem W, Meng L, Pignatello JJ, Seenthia N, Xu W [2024]. **Participation of strong H-bonding to acidic groups contributes to the intense sorption of the anionic munition, nitrotriazolone (NTO) to the carbon, Filtrasorb 400**. Environ Sci Technol *58*(46):20719–20728.
NIOSHTIC-2: **20070390**

Aldinger J, Roach K, Meighan T, Roberts J, Barber T [2024]. **Induction of miR-21-PDCD4 signaling and transformation by freshly fractured crystalline silica in JB6 or BEAS-2B cells**. Appl In Vitro Toxicol *10*(4):91–102.
NIOSHTIC-2: **20070407**

Alexander BM, Ramirez-Cardenas A, Wurzelbacher SJ, Meyers AR, Naber SJ [2024]. **Oil and gas extraction industry workers' compensation claims and proposed safety interventions**. J Occup Environ Med *66*(8):635–647.
NIOSHTIC-2: **20069675**

Animah F, Greth A, Afrouz S, Keles C, Akinseye T, Pan L, Reed WR, Sarver E [2024]. **Respirable coal mine dust in the vicinity of a roof bolter: an inter-laboratory study to compare wet versus dry dust collection systems**. Min Metall Explor *41*(1):37–51.
NIOSHTIC-2: **20069122**

Animah F, Keles C, Reed WR, Sarver E [2024]. **Effects of dust controls on respirable coal mine dust composition and particle sizes: case studies on auxiliary scrubbers and canopy air curtain**. Int J Coal Sci Technol *11*(1):33.
NIOSHTIC-2: **20069612**

Asfaw A [2024]. **Paid sick leave and self-reported depression and anxiety: evidence from a nationally representative longitudinal survey**. Am J Prev Med *66*(4):627–634.
NIOSHTIC-2: **20068822**

Asfaw A, Bhattacharya A [2024]. **Association between longest-held occupation and mortality risk**. Am J Ind Med *67*(10):901–909.
NIOSHTIC-2: **20069968**

Ayo-Bali A, Ajayi KM [2024]. **Characterization of rock fractures for fractal modeling of radon gas transport**. J Environ Radioact *280*:107543.
NIOSHTIC-2: **20070180**

Azofeifa A, Liu R, Dupont H, Reissman DB [2024]. **Telemedicine trends and lessons learned during the COVID-19 pandemic—World Trade Center Health Program, 2020–2021**. Public Health Rep *139*(3):301–308.
NIOSHTIC-2: **20069201**

Barat S, Hood RB, Terrell ML, Howards PP, Spencer JB, Wainstock T, Barton H, Pearson M, Kesner JS, Meadows JW, Marcus M, Gaskins AJ [2024]. **In-utero exposure to polybrominated biphenyl (PBB) and menstrual cycle function in adulthood**. Int J Hyg Environ Health *256*:114297.
NIOSHTIC-2: **20068889**

Barham M, Bauerle T, Eiter B [2024]. **Are fatigue and sleepiness the same? A brief introduction to the differences and similarities and their implications for work safety**. Min Metall Explor *41*(1):53–59.
NIOSHTIC-2: **20069072** | NORA: Mining

Bautista GJ, Madera-Garcia V, Carter RJ, Schwitters A, Byrkit R, Carnes N, Prejean J, U.S. Mpox Vaccine Equity Team [2024]. **Reducing vaccination disparities during a national emergency response: the U.S. Mpox Vaccine Equity Pilot Program**. J Public Health Manag Pract *30*(1):122–129.
NIOSHTIC-2: **20068406**

Beddingfield Z, Ji C, Zarus GM, Ruiz P, Faroon O, Abadin H, Alman B, Antonini JM, Shoeb M [2024]. **Review of correlations between telomere length and metal exposure across distinct populations**. Environments *11*(12):280.
NIOSHTIC-2: **20070451**

Berrington de González A, Masten SA, Bhatti P, Fortner RT, Peters S, Santonen T, Yakubovskaya MG, Barouki R, Barros SBM, Barupal D, Beane Freeman LE, Calaf GM, Dillner J, El Rhazi K, Fritschi L, Fukushima S, Godderis L, Kogevinas M, Lachenmeier DW, Mandrioli D, Muchengeti MM, Niemeier RT, Pappas JJ, Pi J, Purdue MP, Riboli E, Rodríguez T, Schlünssen V, Benbrahim-Tallaa L, de Conti A, Facchin C, Pasqual E, Wedekind R, Ahmadi A, Chittiboyina S, Herceg Z, Kulasingam S, Lauby-Secretan B, MacLehose R, Sanaa M, Schüz J, Suonio E, Zavadil J, Mattock H, Madia F, Schubauer-Berigan MK [2024]. **Advisory Group recommendations on priorities for the IARC Monographs**. Lancet Oncol *25*(5):546–548.
NIOSHTIC-2: **20069561**

Bhattacharya A, Syamlal G, Dodd KE [2024]. **Medical costs and incremental medical costs of asthma among workers in the United States**. Am J Ind Med *67*(9):834–843.
NIOSHTIC-2: **20069854**

Biney IN, 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 LJ, Sood A, Suggett J, Tal-Singer R, Tashkin D, Yates J, Cambridge L, Dailey PA, Mannino DM, Dhand R [2024]. **Guidance on mitigating the risk of transmitting respiratory infections during nebulization by the COPD Foundation Nebulizer Consortium**. Chest *165*(3):653–668.
NIOSHTIC-2: **20068802**

Bjork A, Stoddard RA, Anderson AD, de Perio MA, Niemeier RT, Self JS, Fitzpatrick KA, Gulland FMD, Field CL, Kersh GJ, Gibbins JD [2024]. **Zoonoses in the workplace: a seroprevalence study of *Coxiella*, *Brucella*, and *Leptospira* among marine mammal rescue and rehabilitation workers in California**. Public Health Chall *3*(2):e132.
NIOSHTIC-2: **20069866**

Blackley BH, Fechter-Leggett ED, Alexander T, Panagakos F, Chipps T, Cox-Ganser JM [2024]. **COVID-19 deaths in dental occupations and other healthcare occupations among U.S. decedents in 2020**. Am J Ind Med *67*(10):920–932.
NIOSHTIC-2: **20070007**

Boden LI, Asfaw A, O'Leary PK, Tripodis Y, Busey A, Applebaum KM, Fox MP [2024]. **Opioid-related mortality after occupational injury in Washington State: accounting for preinjury opioid use**. Occup Environ Med *81*(10):515–521.
NIOSHTIC-2: **20070179**

Burns ES, Harner RE, Kodali V, Afshari AA, Antonini JM, Leonard SS [2024]. **Comparative in vitro toxicity of compositionally distinct thermal spray particulates in human bronchial cells**. Toxicol Rep *13*:101851.
NIOSHTIC-2: **20070406** | NORA: Manufacturing

Carr MM, Foreman AM, Friedel JE, O'Brien DC, Wirth O [2024]. **Factors affecting medical residents' decisions to work after call**. J Patient Saf *20*(1):16–21.
NIOSHTIC-2: **20069057** | NORA: Healthcare and Social Assistance / Transportation, Warehousing and Utilities

Carson W, Bates M, Howard J [2024]. **Elevating professional well-being in healthcare**. Nurs Manage *55*(8):7–12.
NIOSHTIC-2: **20069966**

Chambers D, Jin G, Tourei A, Saeed Issah AH, Lellouch A, Martin E, Zhu D, Girard A, Yuan S, Cullison T, Snyder T, Kim S, Danes N, Punithan N, Boltz MS, Mendoza MM [2024]. **DASCore: a Python library for distributed fiber optic sensing**. Seismica *3*(2):1–6.
NIOSHTIC-2: **20070017** | NORA: Mining

Charles LE, Gu JK, Violanti JM [2024]. **Impact of shiftwork on retinal vasculature diameters over a 5-year period: a preliminary investigation using the BCOPS study data**. Int J Environ Res Public Health *21*(4):439.
NIOSHTIC-2: **20069608** | NORA: Public Safety

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(NIOSH) Publication No. 2026-103