Objectives include:

- Annually analyze set of occupational health indicators and submit to CSTE
- Conduct in-depth analysis of select indicators
- Maintain laboratory surveillance for heavy metals and carbon monoxide
- Improve data sources for use in occupational health surveillance
- Partner with local, state, and federal agencies and organizations to enhance development of program
- Disseminate surveillance data to foster prevention activities

MAJOR ACCOMPLISHMENTS AND OUTPUTS

ANALYSIS OF OCCUPATIONAL HEALTH SURVEILLANCE DATA

The program evaluated and compiled 2006 occupational health and injury surveillance data for 19 occupational health indicators. The indicators were reported to CSTE for inclusion on their website.

A summary report (Report on Louisiana’s Occupational Health Indicators) of Louisiana’s occupational indicator data including national trend data was updated to include data for 2006 and 2007. The web-based report contains descriptions of data sources and occupational health indicators followed by tables and figures. For most of the indicators, 10 years of data were reported. Louisiana’s rates exceeded national rates for four health outcomes: work-related fatalities, asbestosis hospitalizations, asbestosis mortality, and malignant mesothelioma.

Enhanced surveillance of chemical exposures reported to the Louisiana Poison Control Center resulted in an article published in the Journal of the Louisiana State Medical Society (Metal Fume Fever: A review of the literature and cases reported to the Louisiana Poison Control Center).

The article Characteristics of Pesticide-Related Hospitalizations, Louisiana, 1998-2007 was published in Public Health Reports (May/June 2010, Volume 125). Findings include the elevated rate of hospitalizations among males (all ages) and young children. Intentional poisonings accounted for about 27% of all pesticide-related hospitalizations.

Following the BP Oil Disaster in the Gulf of Mexico, the Occupational Health Program established a surveillance system to track and evaluate acute health effects potentially related to the oil spill. Case reports were received from hospitals, medical clinics, occupational health clinics, and the Louisiana Poison Center. All case data were entered into a surveillance tracking
database and weekly summary reports were prepared. The public reports were posted on LDHH’s website and widely disseminated to local, state, and federal media and public officials/agencies.

OCCUPATIONAL HEALTH PARTNERSHIPS
The staff partnered with the Louisiana Department of Agriculture and Forestry and the Louisiana State University (LSU) AgCenter to present pesticide surveillance data to licensed, pesticide applicators. Presentations were done for several different categories of pesticide applicators – aerial, residential, and schools. The LSU AgCenter conducts certification training of all pesticide applicators and is an important statewide resource for disseminating surveillance findings and implementing outreach and prevention activities.

An internship program with Louisiana State University’s School of Public Health resulted in an in-depth analysis of asbestosis hospitalizations for Louisiana residents over a 10-year period (1998-2007). Louisiana’s rate of asbestosis hospitalizations significantly increased during this 10-year period and overall the state rate was significantly greater than the US rate. The results of the analysis were presented at LSU School of Health Sciences Ground Rounds.

The Program worked closely with the Louisiana Poison Center to evaluate all pesticide-related, heavy metal, and carbon monoxide calls. Detailed call information about these conditions is provided by the LPC to the Program.

The Program has been collaborating with Louisiana’s recently funded Environmental Public Health Tracking (EPHT) Program to promote the use of mapping occupational health outcome data.

Throughout the BP Oil Spill, the Program worked with NIOSH to address health effects and worker issues related to the oil spill. Program staff assisted NIOSH with rostering oil spill workers at the onshore staging areas, and partnered with NIOSH’s Health Hazard Evaluation Program to evaluate hospitalized oil spill clean-up workers.