What is the European Academy of Dermatology and Venereology (EADV)?

Founded in 1987, the EADV is a non-profit association whose mission is to advance excellence in clinical care, research, education and training in the field of dermatology and venereology and to act as the advocate and educator of patients, particularly those with cutaneous or venereal diseases.

Why a campaign?

In 2008, the European Agency for Safety and Health at Work published the European Risk Observatory report on Occupational skin diseases (OSD) and dermal exposure in the EU (EU-25). It clearly revealed that “skin diseases are the second most common work related health problem in Europe”. They “are one of the most important emerging risks related to the exposure to chemical, physical and biological risk factors”. OSD account for 90 per cent of all work related health problems in the age group of 15-25 years.

It is estimated that within the European Union the costs of OSD-related medical treatment, sick leave and loss of productivity exceed € 5 billion annually. Most of these costs fall on small and medium sized enterprises (SME). For affected individuals, the chronic course of OSD may result in detrimental socioeconomic and psychological consequences, including job loss and long-term unemployment. For SMEs, there is increasing pressure, in times of recession, to improve their competitiveness by reducing costs.

Established scientific data demonstrate the outstanding effectiveness of OSD prevention in some countries. Dermatologists by their specific knowledge and competence – in cooperation with other disciplines – can save patients’ health and jobs, and thus reduce costs for tax-payers and insurance systems.

The main objective of the EADV-europrevention campaign healthy skin@work, launched in November 2009, is putting science into practice by disseminating experience, exchanging good practices and making the recent achievements in dermatological prevention available to every EU-citizen. The campaign entails a co-ordinated scientific effort at different levels for the benefit of the individual and society as a whole. It furthermore seeks to raise public and political awareness to the problem of OSD and the possibilities of their prevention.

What are the most important OSD and which professions are most affected?

Occupational skin diseases (OSD) account for more than 25 per cent of occupational illnesses and are often underreported, because their association with the working environment is frequently not recognized. Individuals affected by OSD originate from all ages, both sexes and a large variety of occupations. High risk industries for OSD include healthcare, hairdressing/beauticians, metal work, construction, manufacturing, food production, agriculture, printing, and janitorial services. The most affected body sites are the hands; the single most relevant occupational risk factor is wet work, followed by occupational exposure to multiple irritants and allergens.
Contact dermatitis accounts for almost 90 per cent of skin disorders acquired at the workplace. According to its pathophysiology it can be divided into irritant contact dermatitis that involves a non-immunologic response to a skin irritant such as water, acids, alkalis and others. In contrast, allergic contact dermatitis is caused by a skin inflammation driven by an immunologic cell mediated reaction to an antigenic substance (e.g. epoxy resin, potassium dichromate, hair dyes). Both result in skin inflammation with clinically characteristic signs of redness, swelling, blistering, flaking, cracking and itching. Further common OSD include urticaria (hives) but also skin cancer, such as squamous and basal cell carcinoma by occupational UV-exposure.

Besides detrimental economic losses due to sick leave, job changes or long term unemployment, social stigmata associated with OSD additionally affects quality of life. Because hands are visible and essential for communication, contact and expression, OSD may result in grossly diminished sense of personal well-being and self-esteem, leading to depressive mood and withdrawal from social interaction. Making a bed or putting on a shirt is a painful procedure with sore, oozing and fissured hands, which bleed easily.

**Achievements since the campaign launch**

A campaign is a combination of a number of actions, events, reports, research, and other activities to bring about a change. Hence, numerous actions have been undertaken and achievements have been reached since the launch of the campaign to draw attention to the widespread problem of occupational skin diseases not only at European but also at global level. Key partners and organizations at the local, national, European and international level were gained to undertake efforts in improving prevention of OSD. Important stakeholders have been supporting the campaign.

The following list reflects the main milestones:

**At national level:**
- Events in **Bulgaria, Czech Republic, Germany, Croatia and Romania** were organized in 2010 and 2011, entailing kick-off press conferences, press releases, dissemination of information leaflets, online information platforms on occupational skin diseases, enterprise visits, organizations of workshops for workers, occupational practitioners and others, free-of-charge consultations with local dermatologists, including patch testing and collection of data deriving from the consultations and patch testing.

**At EU level:**
- Adoption of the **European framework agreement on the prevention of health risks in the hairdressing sector (Declaration of Dresden, DoD)** in September 2010. It is the first voluntary scientifically-guided commitment reached in the field of OSD prevention in risk professions at the EU level. Hence, European hairdressers’, employers’ and workers’ associations have agreed to substantially improve standards of prevention and its practical
implementation in the hairdressing trade. The DoD is the result of a EU-funded research project “SafeHair 1.0”. This framework agreement is a major milestone as it underlines that trades affected by OSD are increasingly getting aware of the disease burden and that proper dermatological diagnosis based on patch testing and patient management, education and training in occupational safety and health can offer a solution.

✓ Approval of “SafeHair 2.0” in July 2011. Phase 2 entails the practical implementation of the prevention guidelines and recommendations included in the DoD. The first workshop of a series of three is to take place from 11 to 12 November 2011 in Ljubljana, Slovenia.

✓ Thanks to the support of MEP Mrs. Antigoni Papadopoulou, a Written Question was submitted in July 2011 to the European Commission. The objective is to obtain a reply on how to achieve a better recognition of occupational diseases at the EU level, to raise more awareness and to improve training of professional staff, as these are major issues of concern of the EADV “healthy skin@work” campaign.

✓ Another major achievement during the period under revision has been the grant of the European Regional Development Fund (ERDF) to undertake a pilot project aimed at creating return to work units focusing on OSD for small- and medium-sized enterprises (SMEs) in the northern region of Lower Saxony, Germany. If the business model for the units proves sustainable after the three-year pilot, it is envisaged to transpose it at European level, also for other medical indications.

✓ In June 2011, a workshop was held in Dresden, Germany, at the occasion of the Conference of the European Forum of Insurances against Accidents at Work and Occupational Diseases. The objective was to inform about and to gain the interest of these national social security organisations for the campaign. A number of them do not only compensate but also have a legal obligation to improve safety and health standards, including for OSD. Contacts have been established between EADV/EPOS and Forum members.

✓ Yet unsolved is the problem that the current Clinical Trials Directive (Directive 2001/20/EC) impedes epidemiological surveillance and identification of new contact allergens. This undesired effect of the directive is the result of neglecting diagnosis of contact allergy. From a medical point unnecessary restrictions of an essentially safe procedure severely weaken the diagnostic accuracy and jeopardize workers’ health as new allergens cannot be detected\(^1\). Hence, an exemption of patch test preparations from the directive would enable to keep track in TypIV-allergy diagnostics with the rapid appearance of new allergens at work places and allow for adequate consultation and protection of exposed workers.

At international level:

✓ In February 2011, an international workshop, jointly organized by EADV and WHO on occupational skin diseases was held in Geneva. 35 European and non-European experts from 20 countries around the globe attended the meeting and discussed the major challenges caused by occupational skin diseases and how these could be tackled. The very fruitful event

\(^1\) http://dkg.ivdk.org/dok/Comment_onCTD_rev_final_2011_05.pdf or Schnuch et al. 2011, Contact Dermatitis, 65, 251–253
concluded with a nine item follow-up list, including the publication of the presentations of the workshop in early 2012.²

✓ The above workshop laid furthermore the ground for a fruitful collaboration between the Dermatology Topic Advisory Group of the WHO-ICD Revision Project and a number of EADV/EPOS workshop experts, as the Advisory Group is presently undertaking the 11th revision of the International Statistical Classification of Diseases, and Related Health Problems. The focus of attention laid on developing diagnostic and exposure criteria for occupational skin diseases, risk assessment and reduction and on reflecting the clinical entities and their causes. The joint work resulted in a comprehensive section on contact dermatitis and occupational dermatoses in the ICD11 draft. The revised list will allow for a better coding of occupationally induced skin manifestations. It will moreover be a major tool to help capture more comprehensive data on OSD at both national and international level and thus improve on OSD-epidemiology and awareness.

✓ In addition to the aforementioned, the International Labour Organization (ILO), being aware of the growing challenges related to OSD at worldwide level, seeks to increase recognition of OSD by adding these into the ILO Exposure and Diagnostic Guidance annexed to the list. It therefore organized a meeting in October 2011, which was attended by EADV/EPOS experts to ensure that through a better implementation of OSD in the exposure and diagnostic guidance their epidemiology, prevention and compensation are improved.

The way forward
The above achievements confirm that joining knowledge and efforts makes a difference. The increasing commitment of numerous partners and stakeholders are a positive sign. It therefore seems most appropriate to envisage the organization of a Pan European Conference under the auspices of one of the next EU presidencies (Ireland/January-June 2013, Lithuania/July-December 2013), as proposed by the EU administration. The Conference would provide a platform to address important safety and health issues concerning work-related skin diseases at EU level by identifying good practice examples, reviewing the 2007-2012 European OSH strategy and discussing effective prevention strategies not only for occupational skin diseases but occupational allergies in general. Your support in this important endeavour is crucial.

EPOS: The Network of Experts
The objective of EPOS (European Initiative for the Prevention of Occupational Skin Diseases) is to provide scientific guidance to the EADV europahealth@work campaign. It serves as an international network platform in the field of occupational dermatology by connecting experts, scientists and other interested individuals. It enables cross fertilization of ideas, techniques and good practice. Meanwhile, 89 leading experts from 26 European countries are members of the network.

EPOS-Members
European Initiative for the Prevention of Occupational Skin Diseases
– scientific advisory committee to the EADV-europrevention campaign –

Become a part(ner)
Help create a European Network in Occupational Dermatology

www.epos2010.eu
The multiple benefits of Prevention
S. M. John, MD

Everybody benefits from prevention of OSD: affected workers, employers, taxpayers, social insurance schemes, the economy and society at large. Why not do it throughout Europe?

It is a dangerous, however frequent, misconception that OSD belong to the job and are a sign of personal eagerness or that they are fate and inevitable. Neither of this is true. There is a lot that can be done. The sooner the better. Prevention is effective in real work settings but so far this is not entirely known by both workers and employers. One uniform finding is common to most intervention studies: the lack of knowledge as to the causes of OSD and on proper personal skin protection of affected (and unaffected) workers in all risk professions in all countries. Such lack of information is one of the greatest risks at work places. Thus, dermatologically guided workers’ education is an eminent future task.

Skin does not agree with being permanently soaked, and longstanding occupational contact to water already means a hazard (“wet work”). Using crude brushes and abrasives or even organic solvents to clean the skin after work is completely outdated but still common. Nowadays, there are effective ways of cleaning which are much less harmful. Furthermore, using protective creams beforehand reduces the amount of soiling. Also, there are various minimal contact techniques avoiding contamination to hazards and there is a tremendous variety of gloves, which, however, have to be carefully and individually chosen. Before the detailed advice on improved skin protection is given there should be dermatological consultations for and meticulous patch testing of affected individuals. Good experiences have been made with providing workers at risk with individually tailored instructions on the use of gloves, protective creams and after-work skin care in the framework of multidisciplinary skin protection seminars.

In Germany for instance, rehabilitation and compensation costs in the hairdressing trade have been reduced by 77 per cent from € 32 million per year to less than € 8 million per year over the last 15 years due to systematic and early preventive intervention strategies.

Rehabilitation and compensation costs for skin diseases (in millions of €)

Source: BGW: Institution for Statutory Accident Insurance and Prevention in the Health and Welfare Services, Germany
In Switzerland, the numbers of registered work-related skin diseases have dropped by approximately 45 per cent from 1,100 to 600 between 2000 and 2008 due to the multiple prevention efforts undertaken at different levels. Both figures show: prevention pays.

Undoubtedly, awareness to OSD, its pathogenesis and prevention by workers at risk has, as yet, to be improved throughout Europe. Therefore, we do need ongoing research. Preferably this should take place in a European network of researchers, in order to share the gathered experiences in the various countries and to develop robust good practice models tailored to the specific national needs. Approximately two thirds of European workers are employed in small and medium-sized enterprises (SME) having fewer than 500 workers. The average staff employed in a hairdresser salon for instance is six. It is in SMEs that the OSD rate tends to be highest because they frequently lack comprehensive health care programs. Improved prevention of OSD will therefore significantly contribute to enhanced competitiveness of SMEs, as costs for prolonged sick leave and loss of productivity are detrimental especially to them. Undoubtedly, prevention of OSD should be ascribed a higher priority in the affected industries, as every worker is entitled to a safe working environment.

10 Strategies of Workers’ Education in OSD

- Induce awareness to occupational health hazards and thus avoid complacency at the workplace.
- Identify particularly hazardous work activities.
- Develop protective strategies together with the worker to avoid these hazards.
- Allow dermatological pre-employment counselling to identify persons at risk, and provide them with specifically tailored instructions and teaching offers.
- Enable teaching on OSD with the start of job training and repeat it periodically.
- Explain the reasons for OSD, and give practical and specific advice to best practice skin protection policy, including the use of gloves, moisture-absorbing cotton linings, protective creams and after work emollients.
- Create motivation to use protection and include clues to laymen’s recognition of early OSD symptoms.
- Include fore-workers as on-the-job-multipliers (combined top-down and bottom-up strategy).
- Use multidisciplinary approaches combining dermatologist’s and educationalist’s knowledge.
- Include social partners, such as employers’ and workers’ associations and social insurance bodies when implementing prevention programmes.

References


