

Asthma - What's Work Got to Do with It?

By Kathy Leinenkugel, MPA,
 REHS, CLS/MLS, Iowa
 Department of Public Health,
 Occupational Safety and
 Health Surveillance Program
 Coordinator

You may not think of work as contributing to your risk of asthma, but occupational or work-related asthma (WRA) is something we should all consider.

WRA is the most common occupational lung disease in developed countries, with an estimated 15% to 30% of adult-onset asthma linked to workplace exposures.

The U.S. Occupational Safety and Health Administration (OSHA) states that occupational factors are associated with up to 15 percent of disabling asthma cases in the United States, with an estimated 11 million workers in a wide range of industries and occupations exposed to known agents or triggers associated with occupational asthma.

A 2003 journal article reported that occupational or work-related asthma costs the US \$1.6 billion annually. Workers diagnosed with WRA often experience professional downgrading, loss of work-

derived income, or even unemployment, especially for new-onset disease.

Currently, there is limited data regarding the number of asthma cases in Iowa that are caused or aggravated by work, but



work-related asthma could be linked to between 30,000 and 60,000 cases. The Iowa Asthma Coalition and the Iowa Department of Public Health are working to improve surveillance and raise awareness of WRA.

Anyone can be at risk for work-related asthma. Manufacturing jobs and workers in the service sector (those with exposure to cleaning products) tend to have the highest rates of WRA.

Wheezing, coughing, being short of breath, and having

chest tightness are all symptoms that are not normal. If you have these symptoms at work, or if they get worse when you are at work, talk to your doctor. Suspect your asthma may be work-related if:

- Your breathing problems are worse at work.
- Your symptoms improve or are better when away from work.
- You got asthma after you started a new job.
- You are an adult with new-onset asthma.
- You had asthma already, but it has gotten worse in your adult life.

The sooner the exposure to the substance that is causing your asthma stops, the better the chance that your asthma symptoms will improve or go away completely. Talk to your employer about your concerns and work together to find possible solutions to reducing your exposure at work.

Occupational or work-related asthma is a reportable disease in Iowa. Physicians and medical providers are required to report cases of work-related asthma and

Summer Issue

August 2009

Inside this issue:

Acting Surgeon General Issues 'Call to Action to Promote Healthy Homes'	2
FDA requests precautionary label on asthma medication	2
Annual flu vaccination rates among people with asthma need to be increased.	3
Iowa Asthma Coalition Needs You!	4

hypersensitivity pneumonitis (including farmer’s lung and toxic organic dust syndrome) to the Iowa Department of Public Health Division of Environmental Health at

800-972-2026. Learn more by contacting the Iowa Department of Public Health Occupational Safety and Health Surveillance Program at 515-281-4930 or

800-972-2026. For a list of resources used for this article, email Kathy Leinenkugel at kleinenk@idph.state.ia.us.

Acting Surgeon General Issues ‘Call to Action to Promote Healthy Homes’



For more information and “A Healthy Home Checklist” visit www.surgeongeneral.gov

Acting Surgeon General Steven K. Galson, M.D., M.P.H., issued The Surgeon General’s Call to Action to Promote Healthy Homes which looks at the ways housing can affect health; and initiates a national dialogue about the importance of healthy homes.

Many diseases and injuries that result from health hazards in the home can be prevented by following the simple steps outlined in this Call to Action.

The Call to Action outlines the next steps of a society-wide approach to healthy homes that will result in the greatest possible public health impact

and reduction of disparities in the availability of healthy, safe, affordable, accessible, and environmentally friendly homes.

Individuals can make their homes healthy and more environmentally friendly by improving air quality, safely using household products, properly using safety devices, adequately supervising children, and abating the use of toxic chemicals.

Organizations can educate at-risk populations about the connection between health and housing, and identifying and addressing home deficiencies.

Health care providers can incorporate healthy housing solutions into their protocols.

Government can help create homes that are affordable and improve people’s health. Adequate supplies of affordable housing must be made available in order for

healthy homes to be achieved.

The Call to Action also highlights the need for research that links housing conditions with specific health outcomes and that highlights the impact of disparate access to safe, healthy, affordable, and accessible homes. The outcomes of this research should result in tangible improvements to people’s lives by translating practice into policy.

The release of this document is part of a larger Healthy Homes Initiative led by the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention, and HUD with support from such organizations as the National Center for Healthy Housing, the Alliance for Healthy Homes, and the Coalition to End Childhood Lead Poisoning. For more information please visit www.surgeongeneral.gov www.cdc.gov/healthyhomes and www.hud.gov/healthyhomes.

Reported neuropsychiatric events prompt FDA to request precautionary label on asthma medication

Neuropsychiatric events have been reported in some patients taking montelukast (Singulair), zafirlukast (Accolate), and zileuton (Zyflo and Zyflo CR). FDA has requested that manufacturers include a precaution in the drug prescribing information (drug labeling).

Montelukast is used to treat asthma, and the symptoms of allergic rhinitis (sneezing, stuffy nose, runny nose, itching of the

nose), and to prevent exercise-induced asthma. Zafirlukast and zileuton are used to treat asthma.

The reported neuropsychiatric events include postmarket cases of agitation, aggression, anxiousness, dream abnormalities and hallucinations, depression, insomnia, irritability, restlessness, suicidal thinking and behavior (including suicide), and tremor.

Patients and healthcare professionals should be aware of the potential for neuropsychiatric events with these medications.

Patients should talk with their healthcare providers if these events occur. Healthcare professionals should consider discontinuing these medications if patients develop neuropsychiatric symptoms.

Annual flu vaccination rates among people with asthma need to be increased.

Adults with asthma are at high risk of developing complications after contracting the influenza virus, yet most adults with asthma do not receive an annual flu vaccination.

Only one-third of all asthmatic adults and one-fifth of asthmatic adults younger than 50 years of age receive the flu vaccine annually, according to a study by the Centers for Disease Control and Prevention (CDC).

Respiratory infections like influenza are more serious in patients with asthma, and such infections can often lead to pneumonia and acute respiratory disease.

CDC researchers used data from the National Health Interview Survey, 1999 to 2001, to examine the prevalence of flu vaccinations among people who have asthma. The following percentage of survey respondents with asthma reported that they received the flu vaccine: 35.1% (1999), 36.7% (2000), and 33.3% (2001).

As study respondents with asthma aged, the number who were vaccinated increased, as indicated below:

- 18 to 49 years of age: 20.9% (1999), 22.7% (2000), and 21.1% (2001)
- 50 to 64 years of age: 46.2% (1999), 47.8% (2000), and 42.3% (2001)
- 65 years of age and older: 72.8% (1999), 71.2% (2000), and 64.8% (2001)

According to the survey, vaccination rates increased among those respondents with higher education. Sex and ethnicity also affected vaccination rates. Of those respondents interviewed in 2000, fewer men than women and fewer African Americans than whites reported having been vaccinated. In 2001, fewer Hispanics than whites reported having been vaccinated.

Annual flu vaccination rates among people with asthma need to be increased. The flu vaccine is safe and effective. All people who have asthma should be encouraged to get the flu vaccination as part of their routine care.

Source: <http://www.cdc.gov/asthma/flushot.htm>

Annual immunization is the best way to protect against influenza. Vaccination typically begins in October and can continue through March.

In most seasons, influenza virus activity doesn't peak until February or March. You should talk to your health-care provider for more information about the importance of influenza immunization.

WHO SHOULD BE VACCINATED?

- Anyone who wants to prevent influenza
- Children 6 months–18 years of age
- People 50 years of age and older
- Women who will be pregnant during the influenza season
- Adults and children with chronic medical conditions, such as asthma, chronic obstructive pulmonary disease (COPD), heart disease, weakened immune system, diabetes, and others
- Residents of long-term care facilities and nursing homes

If you are in contact with persons at high risk, you should also be vaccinated to prevent spreading the virus. These include:

- Parents, siblings, grandparents, babysitters, and daycare providers for children who are younger than 6 months of age
- Health-care personnel
- Household contacts and caregivers for people at risk of developing serious complications

WHO SHOULD NOT BE VACCINATED?

Some people should not be vaccinated or should first talk with their health-care provider. These include:

- People with severe allergies to eggs or have had a severe allergic reaction to a past influenza vaccination
- Children younger than 6 months of age

**DON'T GET THE FLU.
DON'T SPREAD THE FLU.
GET VACCINATED.**



For more facts about asthma:

American Lung Association in Iowa
www.lungia.org

Iowa Department of Public Health
www.idph.state.ia.us/hpcdp/
asthma.asp



This document provided by the Iowa Asthma Coalition and funded through a Cooperative Agreement with the Centers for Disease Control and Prevention.

Initiating Asthma Control in Iowa through Education and Awareness



American Lung Association in Iowa
2530 73rd Street
Des Moines, IA 50322
Phone: 515-309-9507
Fax: 515-334-9564
Web: www.lungia.org



Iowa Asthma Coalition Needs You!

The Iowa Asthma Coalition (IAC) is a partnership of state agencies, academic institutions, healthcare and insurance providers and consumers. It was formed through a cooperative funding agreement with the Centers for Disease Control and Prevention and the Iowa Department of Public Health.

Its mission is to improve the quality of life for Iowans with asthma by raising awareness and providing educational resources. We invite you to join our efforts to improve the quality of life for Iowans with asthma.

- Arrange a free presentation at your worksite, school or childcare setting.
- Ensure all Iowans with asthma use an Asthma Action Plan.
- Help improve air quality in order to reduce triggers that cause asthma attacks.
- Become an active member of the Iowa Asthma Coalition.

The IAC meets quarterly to facilitate communication and networking among people and organizations and to share experiences, problems and success stories. The meetings are usually held at the American Lung Association in Iowa offices in Urbandale and members from outside the metro area may participate by conference call.

For more information about the IAC and how you can get involved please contact Janelle Thier, IAC Coordinator at 515-309-9507.

Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5