

Medical/Technical Committee Pilot Project Update

Since the April 2001 Newsletter, the methods for the Occupational Respiratory Disease Information System have been tested. These methods include finding possible cases of work-related respiratory disease by computerized billing codes and hospital discharge data. Medical records are then reviewed to confirm the diagnosis of the following study diseases: asbestosis, silicosis, conditions due to chemical fumes and vapors, hypersensitivity pneumonitis (lung diseases due to organic dust), and work-related asthma. Further information is obtained by a telephone interview on work history and other possible exposures from the home or hobbies that may cause respiratory disease.

The review of medical records is important both in identifying which diseases meet the study standards, for example, conditions due to chemical fumes and vapors, and whether or not the disease or condition is work-related. For example, most the patients with conditions due to chemical fumes and vapors during the test period were the result of household exposures to cleaning agents. Study procedures were tested on samples of patients seen during a one year period at St. Mary's/Duluth Clinic.

All patients seen at St. Mary's/Duluth Clinic and St. Luke's from January through March 2001 are now being checked. Medical records for each possible case are being reviewed. Each eligible person is being contacted by telephone to review work history and other exposures that could affect health. Most patients identified during this three-month period have possible asthma, which is being reviewed for any work association.

When the data are fully analyzed, recommendations for any possible changes to the system will be made. However, the system cannot go forward without privacy language.

If you would like more information about this effort, contact Ron French at 612-676-5239, Toll Free 1-888-642-8498, or ronald.french@health.state.mn.us

Mesothelioma Study Update

The purpose of the mesothelioma study is to identify sources of commercial asbestos to which mineworkers who later developed mesothelioma may have been exposed. Because it takes 20 to 40 or more years after first exposure to asbestos for mesothelioma to develop, we are interested in exposures that may have taken place in the 1940s through the 1970s.

Over the past year we have interviewed current and former mineworkers about possible exposures to commercial asbestos in certain jobs (including those jobs which had been held by workers who later developed mesothelioma). We conducted more than 350 interviews covering 122 different job titles from the eight northeastern Minnesota mining companies. These interviews have all been reviewed and summarized by an industrial hygienist. Names and other identifying information have been removed.

We are now in the final analysis phase of the study. On November 30, union and management safety and health personnel met to review the information from the interviews. Their goal was to determine, for each job being studied, the likelihood that it involved past exposure to commercial asbestos. At least one more meeting will be required to finish the
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Continued Utilization of Iron Miner Rosters

Background: In the early 1980s researchers at the University of Minnesota School of Public Health undertook an ambitious effort to identify all persons ever employed in the iron mining industry in Minnesota and determine the rates and causes of death among these miners. Seven of the eight mining companies that were in operation at the time participated in this effort. Funding was provided by the Iron Range Resources and Rehabilitation Board (IRRRB). A cohort (roster) of approximately 70,000 workers was developed along with information on exposures to silica dust. Unfortunately, resources were exhausted before a complete mortality follow-up could be conducted. In 1998 — at about the same time the ORDIS Advisory Work Group was being established — the Minnesota Department of Health requested and received a legal transfer of the mining study data from the University of Minnesota and the IRRRB. The purpose in obtaining these records was to determine if or how this information could be utilized to address health and safety concerns in the mining industry and what resources would be required to move forward with these efforts.

Mesothelioma Study. The first use of these data was in the mesothelioma study (an update on that effort is described elsewhere in this newsletter). In that investigation the roster of iron miners was compared to the roster of individuals diagnosed with mesothelioma throughout the state. That comparison revealed that a number of people diagnosed with mesothelioma - a cancer closely linked to asbestos exposure - were employed in iron mining prior to 1983. The purpose of that study is to determine to what extent, if any, exposure to commercial asbestos occurred in various

mining jobs, including those held by people who subsequently developed this cancer.

Mortality Follow-Up Study: Since obtaining the mining records in 1998, MDH staff has been reviewing and evaluating the data for a possible follow-up study. A follow-up study requires that certain information be available, such as social security number, date of birth, and employment history. Unfortunately, not all of the required data was computerized. Therefore, microfiche and paper records are being used to obtain the required information — a slow and painstaking process. While that activity continues, other necessary steps have also been taken to move forward with this study. For example, approval was obtained in July 2001 from the MDH Institutional Review Board (IRB) to proceed with a mortality study. Approvals were also obtained from two federal agencies (Social Security Administration and the National Death Index) that are routinely used in epidemiologic studies to determine the rates and causes of death in a cohort.

If the records are sufficiently complete and resources remain available, MDH epidemiologists will attempt to determine how the death rate among former miners for each major cause of death compares to the death rate among other Minnesotans. This study faces many technical and resource hurdles and will take several years to finish.

If you would like more information about this effort, contact Al Williams 612-676-5105, Toll Free 1-888-642-8498, or allan.williams@health.state.mn.us

Tribute: Elizabeth Prebich

Liz Prebich (May 9, 1949 – September 15, 2001), a dedicated member of the Advisory Work Group, County Commissioner in St. Louis County for 14 years, and an advocate of many worthy causes including the establishment of the Mesabi Trail, died in September. Liz was recognized for her many contributions to life in St. Louis County, and we are thankful for the opportunity to know her and work with her.

ORDIS Staff Updates

Debora Boyle has recently accepted a new position at MDH as director of Minnesota's National Electronic Disease Surveillance System (NEDSS) project. She is also taking on responsibilities in sexually transmitted disease surveillance efforts at MDH. Deb has been director of the MDH Center for Occupational Health and Safety. Along with her many other roles in the Center, Deb has provided direction and coordination of the ORDIS program since its inception. We have greatly appreciated her many contributions and wish her well in her new position.

Advisory Work Group Update

Tom Techar of Hibbing Community College will be replacing Frank Ongaro as Co-Chair of the Advisory Work Group with Marian Marbury. Tom is in the Occupational Environmental Safety and Health Department.

Mesothelioma Study Update

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assessments of each job. Once this step is complete, MDH will analyze the assessments to see if the cases of mesothelioma in mineworkers can be explained by exposures to commercial asbestos. The results will be included in an MDH report on mesothelioma in northeastern Minnesota.

If you would like more information about this effort, contact Wendy Brunner at 612-676-5541, Toll Free 1-888-642-8498, or wendy.brunner@health.state.mn.us

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For address changes, and additions or deletions to our mailing list contact:
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