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DPMC-12787

LAM 019164

25 TAC § 97.155**TEXAS DEPARTMENT OF HEALTH**

Source: The provisions of this §97.155 adopted to be effective March 13, 1986, 11 TexReg 1045.

§ 97.156. Denial, Suspension, or Revocation of Stamp

(a) The division may deny an application for a stamp or suspend or revoke an existing stamp if the applicant or holder fails to comply with the requirements of these sections. The applicant or holder has the opportunity to request a hearing on any of these actions in accordance with depart-

ment formal hearing rules, §§1.21-1.32 of this title (relating to Formal Hearing Procedures).

(b) The department will not suspend or revoke a stamp without a prior hearing, except if the division determines that immediate suspension or revocation is necessary because of imminent threat to public health; the division may suspend or revoke the stamp and offer the holder the opportunity for a post-action hearing.

Source: The provisions of this §97.156 adopted to be effective March 13, 1986, 11 TexReg 1045.

CHAPTER 99. OCCUPATIONAL DISEASES**Section****99.1. General Provisions.****§ 99.1. General Provisions**

(a) Purpose. This section implements the Texas Occupational Disease Reporting Act, House Bill 2091, 69th Legislature, 1985, which authorizes the Texas Board of Health to adopt rules concerning the reporting and control of occupational diseases.

(b) Definitions. The following words and terms, when used in these sections, shall have the following meanings unless the context clearly indicates otherwise.

(1) Case—A person in whom an occupational disease is diagnosed by a physician based upon clinical evaluation, interpretation of laboratory and/or roentgenographic findings, and an appropriate occupational history.

(2) Commissioner—The commissioner of health.

(3) Department—The Texas Department of Health, 1100 West 49th Street, Austin, Texas 78756.

(4) Local health authority—The chief administrative officer of a public health district or a local health department, or the physician who is to administer state and local laws relating to public health.

(5) Occupational diseases—Those diseases and abnormal health conditions that are caused by or are related to conditions in the workplace.

(6) Reportable occupational disease—Any occupational disease or condition for which an official report is required. See subsection (d) of this section.

(7) Report of an occupational disease—The notification to the appropriate authority of the occurrence of a specific occupational disease in a human, including all information required by the procedures established by the Board of Health.

(8) Suspected case—A case in which an occupational disease is suspected, but the final diagnosis is not yet made.

(c) Reporting requirements.

(1) It is the duty of every physician holding a license to practice in the State of Texas to report promptly to the local health authority each patient she or he shall examine and who has or is suspected of having any reportable occupational disease. The local health authority may authorize a staff member to transmit reports.

(2) It is the duty of every person who is in charge of a clinical or hospital laboratory, blood bank, mobile unit, or other facility in which a laboratory examination of any specimen derived from a human body yields microscopical, cultural, serological, chemical, or other evidence suggestive of a reportable disease to report promptly that information to the local health authority.

(3) The reporting physician or laboratory director shall make the report in writing. A local health authority may authorize one or more employees under his or her supervision to receive the report from the physician or laboratory director by telephone; use of this alternative, if authorized, is at the option of the reporter. The local health authority shall implement a method for verifying the identity of the telephone caller when that person is unfamiliar to the employee.

NOTE: on my "original"
I highlighted the word
"ASBESTOSIS" above -
it may not FAX well.
Thx
ajt

TUBERCULOSIS

(4) The local health authority shall collect the reports and transmit the information at weekly intervals to the Bureau of Epidemiology, Texas Department of Health. Transmission may be made by mail, courier, or electronic transfer.

(A) If by mail or courier, the reports shall be placed in a sealed envelope addressed to the attention of the Bureau of Epidemiology, Texas Department of Health, and marked "Confidential Medical Records."

(B) If by electronic transmission, including facsimile transmission by telephone, it shall be in a manner and form authorized by the commissioner or his or her designee in each instance. Any electronic transmission of the reports must provide at least the same degree of protection against unauthorized disclosure as those of mail or courier transmission. The commissioner or his or her designee shall, before authorizing such transmission, establish guidelines for establishing and conducting such transmission.

(5) When a case of occupational disease is reported to a local health authority, and the person diagnosed as having the disease resides outside his or her area of local health jurisdiction, the local health authority receiving the report shall notify the appropriate local health authority where the person or persons reside. The department shall assist the local health authority in providing such notifications if requested.

(d) List of reportable occupational diseases. Occupational diseases reportable by name, address, age, sex, race/ethnicity, method of diagnosis, and relevant occupation(s) and employer(s) of the case, and identity of the reporter, are: **silicosis, blood lead levels at or above 40 micrograms lead/100 milliliters of blood in persons 15**

years of age or older, and acute occupational pesticide poisoning.

(e) General control measures for reportable occupational diseases. The commissioner or his or her duly authorized representative shall, as circumstances may require, proceed as follows:

(1) investigation shall be made for the purpose of verifying the diagnosis, ascertaining the source of the causative agent, obtaining an occupational and employment history and discovering unreported cases;

(2) collection of specimens of the body tissues, fluids, or discharges and of materials directly or indirectly associated with the case, as may be necessary in confirmation of the diagnosis, and their submission to a laboratory for examination;

(3) obtaining samples of air or materials from the current or former business or place of employment of a case, as may be necessary to ascertain if a public health hazard exists. If a hazard is found the commissioner or his/her designee shall make appropriate recommendations concerning the hazard.

(f) Confidential nature of case reporting.

(1) All case reports received by the local health authority or the Texas Department of Health are confidential records and not public records. These records will be held in a secure location and accessed only by authorized personnel.

(2) The department may use information obtained from reports or health records for statistical and epidemiological studies which may be public information as long as an individual is not identifiable.

Authority: The provisions of this §99.1 issued under Texas Civil Statutes, Article 5182c, §3.

Source: The provisions of this §99.1 adopted to be effective October 11, 1985, 10 TexReg 3766.

CHAPTER 107. [RESERVED]

CHAPTER 109. TUBERCULOSIS

TUBERCULOSIS CONTROL

Section

109.1 through 109.24. [RESERVED]

109.25. Patient Transfers.

109.26. Funeral Service Contracts.

109.27. Gifts, Grants, and Donations.

109.28. Clothing Needs of Patients.

109.29. Marking of Indigent Patients' Graves.

Section

109.30. Admission of Quarantine Patients.

109.31. Disposition of Patients' Trust Funds and Miscellaneous Personal Property.

Authority: The provisions of this Chapter 109 issued under Acts 1959, 56th Leg., p. 379, ch. 181, effective August 11, 1959, as amended (Texas Civil Statutes, Article 4477-11); Acts 1965, 59th Leg., p. 124, ch. 51, effective August 30, 1965, as amended (Texas

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CHAPTER 99. OCCUPATIONAL DISEASES

Section

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TUBERCULOSIS

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years of age or older, and acute occupational pesticide poisoning.

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Source: The provisions of this §99.1 adopted to be effective October 11, 1985, 10 TexReg 3766.

TUBERCULOSIS

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Texas Preventable Disease NEWS

Ron J. Anderson, M.D.
Chairman
Texas Board of Health

Robert Bernstein, M.D. F.A.C.P.
Commissioner

Vol. 46, No. 48
November 29, 1986

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Danger - Children and Lighters
Monthly Statistical Summary
CPSC Alert: Voltron Toy Recall

Bureau of Epidemiology, 1100 West 49th Street, Austin, Texas 78756-3180 (512-458-7207)

OCCUPATIONAL DISEASE REPORTING IN TEXAS:

*I "deleted" the lead article (pp 1-2)
(on lead levels).
This was ~~my~~ original encounter
with this State law.
Thomami*

PROCEDURES FOR REPORTING OCCUPATIONAL DISEASES

Occupational diseases that are reportable by law are newly confirmed or suspected cases of asbestosis, silicosis, acute occupational pesticide poisoning, and elevated blood lead levels (blood lead greater than or equal to 40 µg/dl in persons 15 years of age or older).

The system for reporting these occupational diseases follows that of current communicable disease reports. Physicians and others with case reports are requested to provide the name, address, age, sex and race of the case and the diagnosis and date of diagnosis to their local health department or regional health director who, in turn, will transmit this information to the Texas Department of Health, Bureau of Epidemiology. Reports also may be made directly to the bureau by calling the toll-free number: 1-800-252-8239. Bureau staff then will contact the initiator of the report to obtain more information about the case.

The law for occupational disease reporting provides for the confidential handling of all case reports. Please do not hesitate to contact the Bureau of Epidemiology (512/458-7268) if you have any questions or need further assistance.

DPMC-12792

LAM 019169

TITLE 25. HEALTH SERVICES
Part I. Texas Department of Health
Chapter 99. Occupational Diseases Reporting
25 TAC SECTION 99.1*

The Texas Department of Health adopts new §99.1, with changes to the proposed text published in the July 26, 1985, issue of the *Texas Register* (10 Texas Register 2399).

The new section implements the requirements of House Bill 2091, Article 19, §3, 69th Legislature, 1985, which authorizes the Texas Board of Health to adopt sections covering the reporting of occupational diseases.

The new section covers definitions, reporting requirements, confidentiality of reports, general control measures for reportable occupational diseases, and the list of reportable occupational diseases. In addition to the occupational diseases listed in House Bill 2091, 69th Legislature, 1985, this new section also contains the occupational disease of acute occupational pesticide poisoning.

The new section is adopted under Texas Civil Statutes, Article 5182c, §3, which authorizes the Texas Board of Health to adopt rules covering the reporting of occupational diseases.

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(a) **Purpose.** This section implements the Texas Occupational Disease Reporting Act, House Bill 2091, 69th Legislature, 1985, which authorizes the Texas Board of Health to adopt rules concerning the reporting and control of occupational diseases.

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(7) **Report of an occupational disease**—The notification to the appropriate authority of the occurrence of a specific occupational disease in a human, including all information required by the procedures established by the Board of Health.

LAM 019170

*Adapted from: Texas Register, September 27, 1985, 10 Tex Reg 3766-7.

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This agency hereby certifies that the rule as adopted has been reviewed by legal counsel and found to be a valid exercise of the agency's legal authority.

Issued in Austin, Texas, on September 20, 1985.

TRD-858690

Robert A. MacLean
Deputy Commissioner
Professional Services
Texas Department of Health

* * *

CPSC ALERT: VOLTRON TOY RECALL

The US Consumer Product Safety Commission has announced the recall of 1.5 million "Voltron Lion" toys imported from Taiwan during the past two years due to the presence of a high percentage of lead in the paint used to color the metal parts of the toys.

The toys were imported from Taiwan by Matchbox Toys (USA) Ltd of Moonachie, NJ. Two models of the toy are being recalled. The first is the Deluxe Lion version which stands about 11 inches tall and sells for \$60 to \$90. The second is a miniature version about six inches tall which resembles the taller version except that the body parts are not designed to separate.

These models are not to be confused with the plastic versions of the same toy or the versions manufactured in Japan. The recalled items carry silver stick-on labels on the back/or bottom of the foot stating they were made in Taiwan; the name Bandai is embossed either on the foot or under the jaw of the larger version.

These particular toys were found to contain in excess of 10% lead by weight of the paint. Since young children are very susceptible to lead poisoning, parents should remove these toys from use immediately.

To receive a free replacement toy consumers may call, toll-free, 1-800-445-8697. The importer will mail a free mailing label for return of the lead-containing toy. If further information is needed, consumers should call CPSC's toll-free number 1-800-638-CPSC or contact Dan Sowards, Bureau of Consumer Health Protection, Texas Department of Health at (512) 458-7519.

DPMC-12735

LAM 019172

GEORGE L. DELCLOS, MD, MPH
PATRICIA A. BUFFLER, PhD, MPH
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MARCUS M. KEY, MD, MIH
DENNIS M. PERROTTA, PhD
CHARLES ALEXANDER, MD, DrPH
R. KEITH WILSON, MD

Asbestos-associated disease: a review

This was the article which (p.56)
I thought answered the question, but
I'm still looking for it "legally"

George L. Delclos, MD, MPH, Pulmonary Section, Dept of Medicine, Baylor College of Medicine, Houston, and The University of Texas School of Public Health, PO Box 20186, Houston, TX 77225; Patricia Buffer, PhD, MPH, and Marcus M. Key, MD, MIH, The University of Texas School of Public Health, Houston; S. Donald Greenberg, MD, Dept of Pathology, Baylor College of Medicine, Houston; Dennis Perrotta, PhD, Division of Epidemiology, Texas Department of Health, Austin; and Charles Alexander, MD, DrPH, Bureau of AIDS and STD Control, Texas Department of Health, Austin; and R. Keith Wilson, MD, Pulmonary Section, Dept of Medicine, Baylor College of Medicine, Houston. Send reprint requests to Dr Delclos.

Asbestos and its potential for adversely affecting health remain a source of concern to several sectors of society. Since it rarely occurs in the absence of occupational exposure to asbestos, and because it is potentially preventable, asbestosis was recently defined as a reportable occupational disease in Texas. An overview of the cardinal characteristics of the asbestos minerals and their associated health effects is presented. The role of the primary physician in diagnosis and counseling of individuals with asbestos-associated diseases is addressed.

KEY WORDS. ASBESTOS, ASBESTOSIS, OCCUPATIONAL DISEASE REPORTING.

The occupational lung diseases are recognized by the National Institute for Occupational Safety and Health (NIOSH) as heading the list of the ten leading occupation-related conditions in this country (1). When one considers prevalence, potential disability, premature death, and preventability, asbestos as a cause of pulmonary disease continues to be a source of concern to industry, labor, government, and the general public. This is heightened by different medical, sociopolitical, and economic considerations.

In 1985, asbestosis, one of the asbestos-related diseases, was defined as one of the four reportable occupational diseases in Texas (Texas Civil Statutes, Article 5182C) (2). The other three reportable conditions are elevated adult blood lead levels, silicosis, and acute occupational pesticide poisoning (3). This review is one of a series of papers on the reportable occupational diseases in which an overview of the historical, epidemiologic, mineralogical, pathological, and clinical features of asbestosis and the spectrum of asbestos-related conditions or diseases is presented.

Modern history

Asbestos is a term that refers to a group of naturally occurring fibrous hydrated silicate minerals, useful to man because of their properties of enhanced strength, flexibility, and resistance to physical and chemical insults. It was used sporadically for production of purses and lamp wicks for hundreds of years. Widespread production and use of asbestos began in the late 19th century with the introduction of the steam engine. Unique properties of asbestos—flexibility and virtual indestructibility—were unmatched at the time by any other mineral or man-made fiber and quickly led to its use in the manufacture of a long list of construction materials and textiles, including cement, insulation products, friction materials, electrical appliances, and protective garments. Worldwide production and use of as-

bestos increased dramatically until the mid-1970s when concern regarding health effects of asbestos and the implementation of strict regulatory standards resulted in a decrease in annual use (from approximately 800,000 metric tons used in the United States in 1973 to 210,000 metric tons in 1983). Worldwide cumulative production of asbestos products, however, has continued and it is estimated that approximately 30 million metric tons of asbestos are still in use in this country (4).

Isolated case reports of pulmonary fibrosis in heavily exposed asbestos factory workers appeared as early as 1906 (5) and increased rapidly thereafter (6). Although an association between asbestos exposure, asbestosis, and lung cancer was suspected as early as 1935 (7), firm epidemiologic evidence inferring causality was not reported until 1955 (8). In 1960, a causal association between asbestos exposure and mesothelioma, a malignant and invariably fatal tumor of the pleura and/or peritoneum, was reported (9) and thus further expanded the spectrum of asbestos-related diseases.

Asbestosis first became a recognized compensable disease in 1931, in Great Britain under the Workmen's Compensation Act. In the United States, compensation was first awarded to an asbestos weaver in 1927, through the Massachusetts Industrial Accident Board (10). The extent to which occupational diseases are covered in the United States varies according to each state's workers compensation laws. This inconsistency has led to numerous cases being argued via tort litigation in the courts.

Initially, most cases of asbestosis described were limited to workers in the mining, milling (11), and manufacturing (12) sectors. End-product users (eg, insulators, pipefitters, shipyard workers, etc), were not regularly reported as being at risk of asbestosis until the late 1950s and early 1960s (13), although isolated cases in this sector had been described as early as 1934 (6). From a medicolegal standpoint, the asbestos product use sector is of great interest, since the numbers of exposed workers in these occupations are now considered to substantially outnumber those in the mining, milling, and manufacturing sectors. In the United States, it has been estimated that over 27 million persons have been occupationally exposed to asbestos since 1940 (14). The potential medical, economic, and legal implications of these figures are readily apparent.

Implementation of regulatory measures and safe workplace practices paralleled scientific knowledge; the measures taken initially, such as those of the US Public Health Service, however, were limited and left up to industry to implement and enforce (15). A major step towards stricter workplace regulation took place in 1970 with the passage of the Occupational Safety and Health Act and the subsequent creation of the Occupational Safety and Health Ad-

The most common presenting symptoms of the patient with mesothelioma are unremitting chest pain and increasing dyspnea upon exertion. Chest radiographs may show a moderate or large effusion and pleural thickening encroaching on the interlobar fissures and infiltration of the mediastinum, as the tumor progressively encases the lung and neighboring structures. Establishing a pathologic diagnosis prior to death is frequently difficult. Closed-needle biopsy of the pleura and pleural fluid analysis may have a low diagnostic yield; open- or thoracoscopically-guided pleural biopsy procedures produce better samples. Other tumors such as metastatic adenocarcinoma may mimic mesothelioma, and frequently a combination of gross pathology, microscopic study of specimens, and histochemical testing for the presence or absence of certain mucins and enzymes is required for a definitive diagnosis.

OTHER MALIGNANCIES

Although there is general agreement on the association between asbestos and both lung cancer and mesothelioma, a consensus does not exist as to whether there is an increased risk of other tumors such as gastrointestinal, laryngeal, renal, and ovarian carcinomas in asbestos-exposed populations. Among these tumors, the epidemiologic evidence is most abundant for tumors of the digestive tract, with some studies reporting an increased risk, although not always statistically significant, among those exposed to asbestos (85,102,103); other studies have not found such an increase (29,104). Exposure-response relationships have not been documented in studies of asbestos exposure and tumors of non-respiratory sites, the biological plausibility of an effect has been questioned, and animal experiments have been unable to substantiate the association of gastrointestinal tumors with asbestos exposure (4,105). Doll and Peto (106) suggest that misclassification of cases of peritoneal mesothelioma as gastrointestinal cancer may account for most of the observed excess. Notwithstanding this, OSHA considered gastrointestinal cancer as probably associated with asbestos exposure when it recently revised its exposure limits (16).

There are fewer data on the associations between tumors other than gastrointestinal and lung and asbestos exposure. Although some studies have suggested an excess number of laryngeal carcinoma cases among asbestos workers, these studies were limited by problems with study design, lack of adequate reference populations, and lack of adjustment for the confounding effects of smoking and alcohol intake (4,107). Even so, the likelihood of misdiagnosis of laryngeal carcinoma, particularly in case-control studies, is low, and an argument is made for the biological plausibility of such an association.

This association, therefore, remains unresolved and further study seems warranted (106).

Role of the primary physician

The primary physician has two important roles with respect to patients with a history of asbestos exposure: the identification and counseling of individuals at risk and the accurate diagnosis of asbestos-associated diseases when present. Obtaining a careful occupational history, which includes a detailed description of onset of exposure and the duration and nature of exposures, cannot be overemphasized. Likewise, an accurate smoking history and careful review of radiographs for evidence of both malignant and nonmalignant pathology are essential. When identified, persons at risk should be accurately informed as to possible complications deriving from their exposure and the health significance of any pulmonary changes. Baseline and periodic pulmonary function testing, as well as radiographs, may be helpful in this assessment. When a possible asbestos-associated disease is identified, the patient should be informed, for purposes of compensation, of the existence of a statute of limitations from the date of notification.

If a diagnosis of asbestosis is suspected or confirmed, the case should be reported either to the local health authority or directly to the Epidemiology Division, Texas Department of Health. Reports are accepted by mail or toll-free telephone report (1-800-252-8239). These rules provide for strict confidential handling of case reports. To better serve the purposes of surveillance, a precise case definition for asbestosis has not been established. However, the epidemiologic surveillance criteria for a case is stated as "a person in whom an occupational disease is diagnosed by a physician based upon clinical evaluation, interpretation of laboratory and/or roentgenographic findings, and an appropriate occupational history" (108). Pleural plaques do not require reporting. Mesothelioma, as well as any other cancer, is reportable under the Texas Cancer Control Act.

OSHA requires that a preplacement medical examination be performed prior to assigning an individual to a job with potential for exposure to airborne asbestos. For active employees, an annual comprehensive medical examination is required. Chest roentgenographs should be offered "at 5 year intervals during the 10 years following any employee's first exposure to asbestos. After 10 years from the employee's first exposure, the age category of an employee will determine the frequency of x-ray testing: up until age 35, x-rays will be required at 5 year intervals; between the ages of 35-45 medical examinations will be required every 2 years; and above age 45, x-ray will be required on an annual basis" (16).

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108. Texas Administrative Code, Section 99.1, Art 97, Title 25.

For additional resources on this topic, see the MORE ON THE SUBJECTS department in this issue.

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