OCCUPATIONAL DISEASE REPORTING

IN TENNESSEE

In the absence of legislation requiring the reporting of occupational diseases, the Industrial Hygiene Service of the Tennessee Department of Public Health has adopted the best available substitute.

Claims for Compensation

An arrangement has been made with the Division of Workmen's Compensation of the Tennessee Department of Labor whereby this agency provides the Industrial Hygiene Service with copies of all claims that it receives for compensation involving an occupational disease. The Tennessee occupational disease law became effective March 14, 1947. This arrangement has been in effect since October 1, 1947, and during this month there were received 118 reports, most of which were for occupational dermatitis. Although these reports of claims will not provide complete coverage it is anticipated that they will provide much valuable information on occupational disease incidence in the State.

Death Certificates

The death certificates received by the Division of Vital Statistics of the Tennessee Department of Public Health were recognized as an additional potential source of information relative to deaths from occupational disease. The *Manual of the International List of Causes of Death* was studied and information requested regarding certificates with deaths coded to the following title numbers:

I, 7. Anthrax (infection by *Bacillus anthracis*).
II, 51. Cancer of the male genital organs:
  a. Scrotum.
V, 78. Lead poisoning:
  a. Specified as occupational.
  b. Not specified as occupational.
79. Chronic poisoning by other mineral or organic substances:
  a. Specified as occupational.
  b. Not specified as occupational.
VIII, 114. Other diseases of the respiratory system (except tuberculosis):
  a. Silicosis.
  b. Other and unspecified forms of pneumoconioses.
XVII, 178. Accidental absorption of poisonous gas:
  a. Illuminating gas.
  b. Motor-vehicle exhaust gas.
  c. Other carbon monoxide gas.
  x. Other poisonous gases.
179. Acute accidental poisoning by solids or liquids:
  A. Arsenic and compounds.
  C. Cresol compounds.
  D. Mercury and compounds.
  F. Carbolic acid and phenol.
  G. Lye and potash.
  H. Tobacco and derivatives.
  M. Narcotics.
  O. Methanol and other alcohols.
  X. Other and unspecified substances.
191. Excessive heat.

Upon receipt of information relative to any of the above causes of death, an investigation will be made and appropriate measures taken to prevent further fatalities.

IN INDIANA

Under the Indiana laws occupational diseases are reportable to the State Industrial Board and to that agency solely. Occupational diseases have not been made reportable to the State Board of Health, either by adoption of rules and regulations, to that effect by the Board of Health, or by legislative enactment.

Thus, reporting to the Board of Health is entirely voluntary. Through an agreement with the State Industrial Board, copies are supplied us of all occupational diseases reported to them. This, at the outset, would indicate that through this technique one should have available data on all occupational diseases occurring within the State. This is not quite true, for frequently occupational diseases are not reported to the board unless it appears that compensation may result. However, I am certain results are as good as one could expect from reporting to any agency.

In addition to the reports received by the industrial board, physicians and nurses frequently report cases to us as information or reasons for further epidemiological studies. All these reports are tabulated and follow-up studies are undertaken whenever the data appear to be statistically significant.

Two attempts were made to have our legislature pass legislation requiring the reporting of all occupational disease to the State board of health. The first attempt was in 1937 and the last in 1947. Both attempts failed.

Through the techniques described we believe that the voluntary reporting of occupational disease is adequate for the purpose of follow-up studies, and it has one advantage; namely that there is no compulsion.—**L. W. Spolyar, M. D.**

IN CALIFORNIA

California's reporting of occupational diseases is relatively complete. This is undoubtedly due, at least partially, to the complete coverage law, and the fact that the same forms are used for reporting accidental injuries and occupational diseases. The liability of the employer for treatment regardless of the severity of the disability is another factor which makes the employer desire reporting even for conditions that might seem at first insignificant.

Physicians, in order to be compensated by the insurance carrier, are required to furnish reports on all cases treated. That is probably the strongest incentive for reporting. Another aspect influencing the total statistics is the fact that the reports include the non lost-time cases, which is not usual in accident or disease reporting. Of course, no records are available of non lost-time cases which occur in industries having in-plant medical services where the physician is on salary.

California has no special occupational disease law such as many other States have. Under the workmen's compen-