

## Regional Meeting on Viral Hepatitis

# PAHO Collaborative Work VH and Workers' Health

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Bogota, Colombia

## Overview

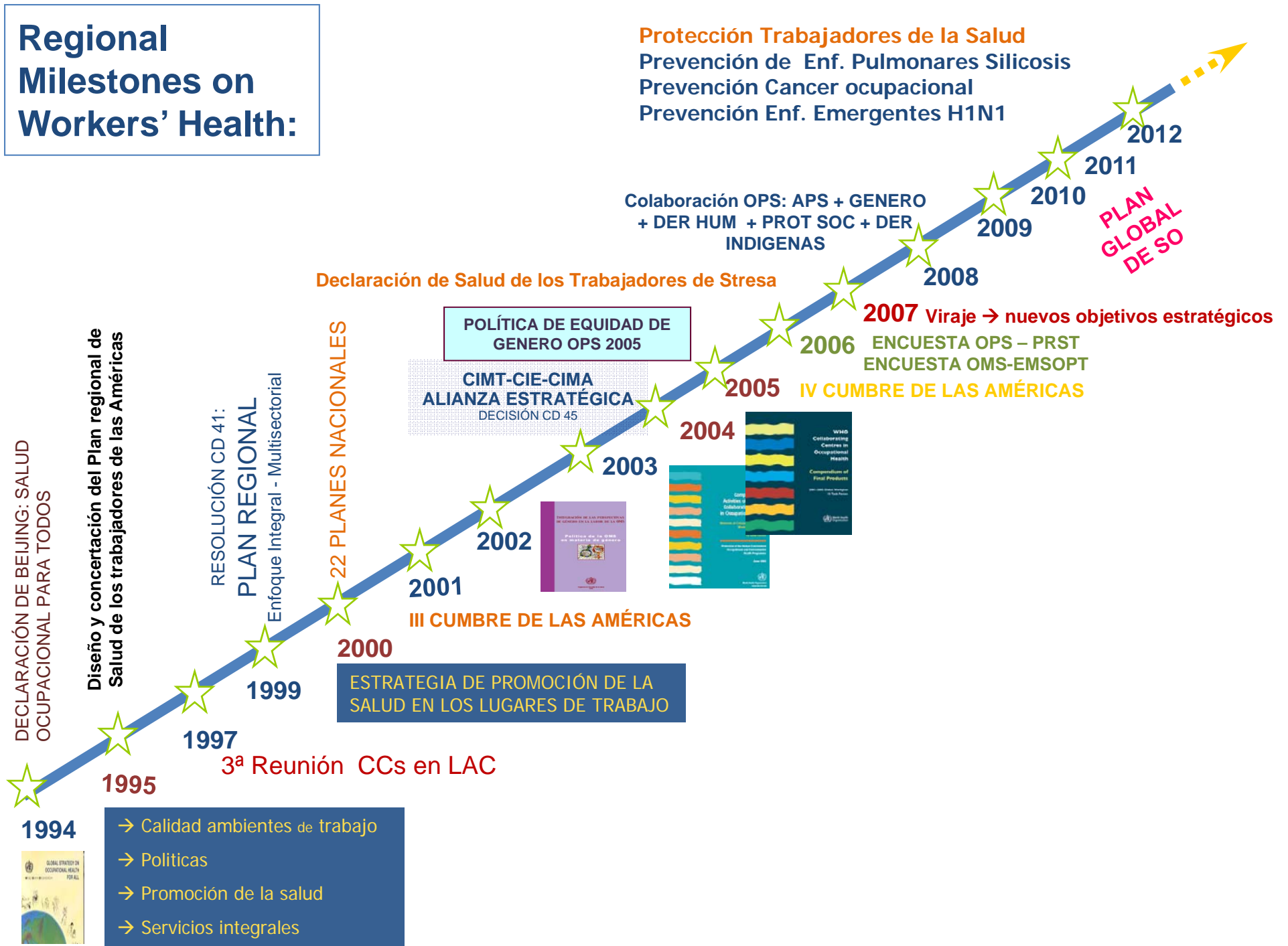
- 1- Milestones in Workers' Health
- 2- Protecting the Health of Healthcare  
Workers Regional Initiative
- 3- The way forward

## Main Strategic Objective 8

**To promote a healthier environment,  
intensify primary prevention and influence public  
policies in all sectors so as to address the root causes of  
environmental threats to health.**

Other SOs: 5, 7, 13

# Regional Milestones on Workers' Health:



# Strategy 1: Inter-sectorial Alliances



## Regional Milestones on Workers' Health:

### WHO/PAHO COLLABORATING CENTERS NETWORK

15 designated  
4 postulated

Collaboration  
Coordination  
Commitment  
Cooperation



## Strategy 2: Collaboration within PAHO

*Health promotion*

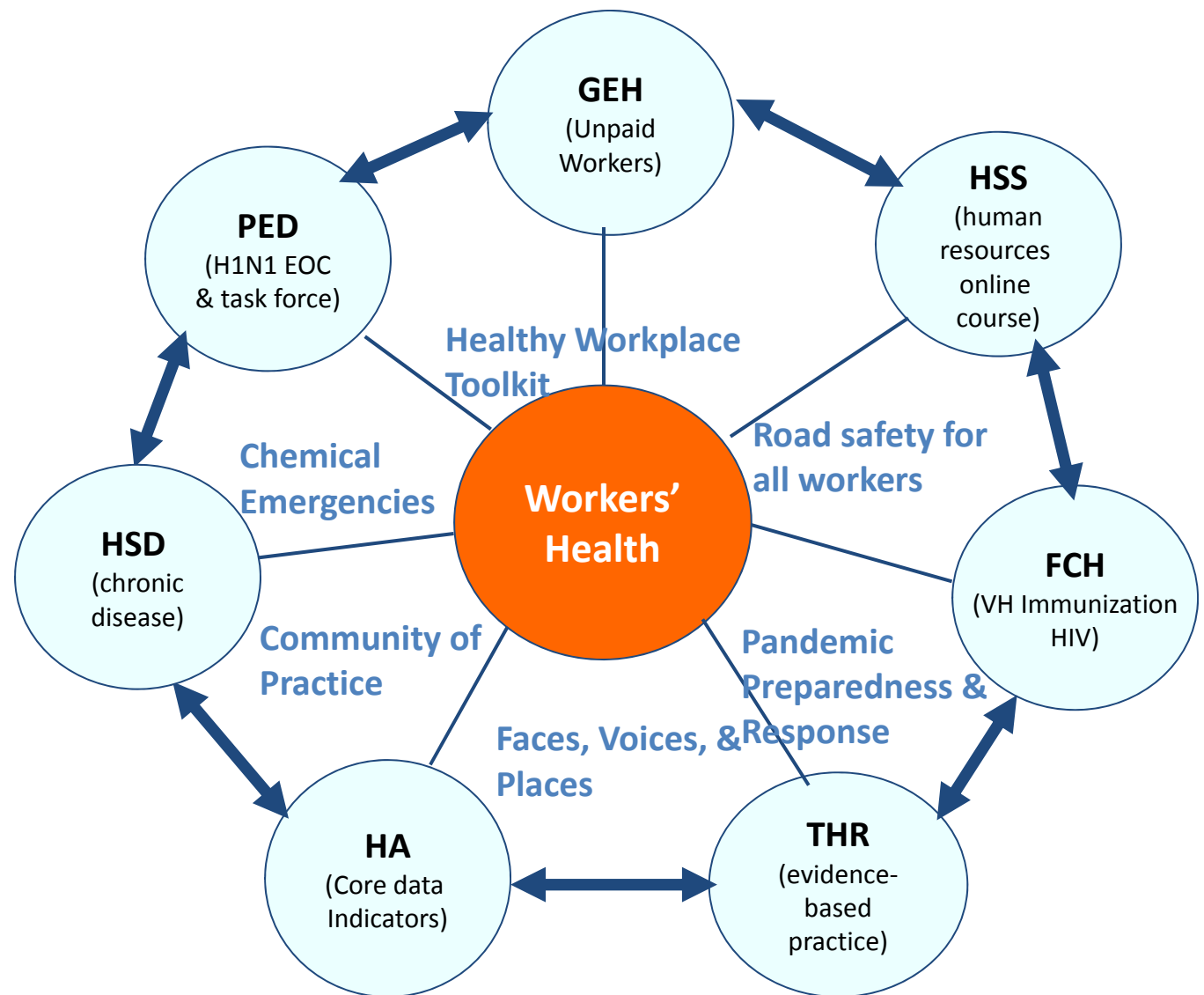
*Gender*

*Primary health care*

*Human rights*

*Social protection*

*Indigenous rights*



## *Regional Initiatives*

- Protecting health and safety of health-care workers;
- Preventing and controlling of lung diseases and occupational and environmental cancers
  - Regional Strategy on the Elimination of Silicosis
  - Elimination of asbestos-related diseases
- Emerging priorities: Influenza A(H1N1)
- PAHO Health, Safety, and Well-being Committee
- Others



# *Prevention of occupational transmission of infectious diseases: Initial Pilot Venezuela*

## **Methodology**

- **Policy Development**
- **Building technical capacity**
  - Information system
  - Human development for human resources
  - Inter-programmatic approach
- **Reaching the local level for sustainability**
  - Formation of health and safety committees
  - Local training: multi-disciplinary approach “institutional culture of prevention”
- **Train-the-trainers workshop**
  - train leaders from 4 pilot hospitals and state officials with the toolkit



# Resources

*PAHO/WHO/NIOSH toolkit on preventing needle stick injuries*

**Requisitos del sistema Acrobat Reader 5.0**

Windows

- Procesador Pentium de Intel
- Microsoft Windows 95/98/2000, Windows ME, Windows XP
- Edición Windows Millennium Windows NT 4.0 con paquete de servicio # 5, Windows 2000
- 64MB de memoria RAM
- 20MB de espacio disponible en disco duro
- 10MB adicionales de espacio en disco duro para letras asiláticas (opcional)

Macintosh

- Procesador para computadora personal
- Mac OS 8.0\*, 9.0.4, 9.1, Mac OS X\*
- 64MB de memoria RAM
- 20MB de espacio disponible en disco duro
- 10MB adicionales de espacio en disco duro para letras asiláticas (opcional)
- \* Algunas versiones pueden no estar disponibles.

**PC/MAC**

Este CD-ROM requiere instalarse en un lector de discos que soporte Adobe Acrobat Reader en su computadora.

Inserte el CD-ROM en su computadora, si no comienza automáticamente después de 30 segundos, vaya al menú de "Inicio" del botón ubicado en el CD-ROM.

**Unidad de Salud Ocupacional y Ambiental**

**Protección de los trabajadores de la salud**

**Prevención de lesiones por pinchazo de aguja**

Un proyecto financiado por el Instituto Nacional para la Seguridad y Salud Ocupacional de los Estados Unidos de América (NIOSH)

**Organización Panamericana de la Salud**

Organización Mundial de la Salud

**NIOSH**

**Organización Mundial de la Salud**

**Caja de herramientas**

Unidad de Salud Ocupacional y Ambiental  
Avenida Apala # 20  
CJ-1211 Ginebra 27, Suiza  
Correo electrónico: [cochsi@who.int](mailto:cochsi@who.int)  
[http://www.who.int/occupational\\_health](http://www.who.int/occupational_health)  
Organización Mundial de la Salud © 2005  
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Includes Adobe Reader

**SALUD Y SEGURIDAD DE LOS TRABAJADORES DEL SECTOR SALUD**

MANUAL PARA QUÉBEC Y ADMINISTRADORES

**EPINet<sup>TM</sup>**  
*Exposure Prevention Information Network*

**GeoLibrary.org**

**Cochrane Occupational Health Field**  
*The reliable source of evidence in occupational health*

# National immunization initiative for health care workers: achieving decent work in Peru

## ➤ Policy Development

- Presidential Mandate
- National Plan for preventing NSI among HCWs

## ➤ Immunization Campaign Outcomes

- Over 500 000 health care workers vaccinated HBV
- Immunization in 34 regions

## ➤ Training in Occupational Health & Safety

- **1,200** HCWs trained and **7,300** HCWs reached with the toolkit



# 2009 Vaccination Week in the Americas

# Vaccination

Vaccination Week in the Americas 2009

Immunization begins with health-care workers: Get vaccinated



## Hepatitis B Immunization of Health Workers

### AIDE-MEMOIRE

for an effective approach to the immunization of health workers against hepatitis B

**Are health workers at risk of exposure to hepatitis B virus (HBV)?**

Yes: HBV is an important occupational hazard for health workers. Approximately 37% of hepatitis B infections among health workers worldwide are the result of occupational exposure.<sup>1</sup>

The World Health Organization (WHO) recommends that health workers be vaccinated against HBV.<sup>2</sup> The WHO Global Plan of Action on Workers' Health calls upon member countries to develop and implement occupational policies and programs for health workers, including hepatitis B immunization.<sup>3</sup>

#### What is hepatitis B?

HBV is a viral infection that attacks the liver and can cause both acute and chronic disease that can be life-threatening. Persons with chronic HBV infection have a 15 to 25% risk of dying prematurely from HBV-related cirrhosis and liver cancer.<sup>4</sup> Worldwide, an estimated two billion people have been infected with HBV, and more than 350 million have chronic liver infections.<sup>5</sup> Health workers can become infected with HBV by exposure to even small amounts of blood from needle-stick injuries or punctures with blood-contaminated equipment.

#### How can health workers be protected against HBV?

- Immunize
- Adhere to standard precautions
- Train health workers about mode of transmission and preventive measures
- Ensure access to post-exposure management services
- Record and report exposure to blood and body fluids

#### Be prepared: addressing commonly asked questions related to the hepatitis B vaccine

> What is the efficacy and safety of the hepatitis B vaccine?  
The hepatitis B vaccine is 95% effective in preventing HBV infection and its chronic consequences. The hepatitis B vaccine has been used since 1982 and over one billion doses have been administered worldwide.<sup>2</sup>

> What are the benefits of being vaccinated against hepatitis B?  
Hepatitis B vaccination protects and promotes the health of health workers, patients, and families. For employers, a vaccinated workforce contributes to the availability of a healthy workforce.

> What are the potential adverse effects of the hepatitis B vaccine?  
Potential adverse effects include redness, swelling, and pain at the injection site. Serious effects are very rare, difficulty breathing, rash, and shock have been reported.<sup>2</sup>

### Checklist

Ensuring a Successful Vaccination Campaign Targeting Health Workers

#### Action Plan for immunizing health workers

- Identify responsible authority (e.g., occupational health unit)
- Implement occupational health and immunization policy and guidelines
- Integrate immunization activities within existing health and safety plan
- Allocate human and financial resources

#### Effective strategies to increase vaccination coverage

- Demonstrate management commitment towards the health of employees including providing resources needed to prevent exposure
- Provide and promote accessible and free on-site vaccination
- Establish participation in vaccination by signed consent or declination
- Educate health workers about the occupational risks associated with HBV, the efficacy of vaccination and other preventive measures
- Repeat reminders to ensure completion of all three doses of hepatitis B vaccine
- Integrate immunization into pre-employment orientation for employees and students
- Monitor immunization coverage regularly

#### Who should be immunized?

- Any health worker who performs tasks involving direct patient contact or handles blood-contaminated items is at risk:
  - Physicians, nurses, laboratory workers, dentists, pharmacists, aids, and allied health professionals
  - Support staff, such as transporters, cleaners, and waste collectors
  - Students training in the field of health care

#### Hepatitis B immunization

- Recommended schedule: 0, 1, and 6 months<sup>6</sup>
- Dose: 1mL intramuscular injection
- Serological testing:
  - Pre-vaccination: not indicated<sup>6,7</sup>
  - Post-vaccination: not required as part of a routine program<sup>2</sup>

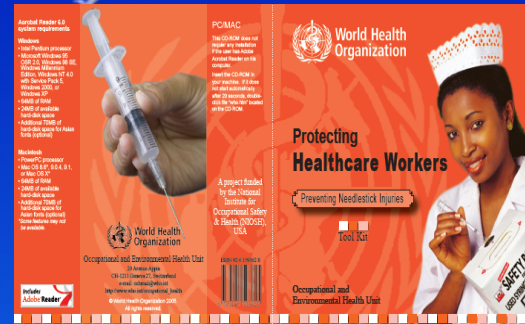


# Other country initiatives

- **Ecuador:** Healthy Hospitals (grant recipient)
  - Strengthening health and safety committees in urban and rural (Amazon)
  - Preventing occupational transmission of infectious diseases among HCWs: more than 400 HCWs trained
- **Trinidad and Tobago:** OH and infection control in health care facilities (grant recipient)
  - Sub-regional training
  - Technical assistance to MOH during the Summit of the Americas, Caribbean Games, Heads of States of Commonwealth meeting
  - Development of resources and tools
    - Online course for health-care workers
    - Workplace assessment tool



# Protecting HCWs Globally/Train-the trainer/Toolkit



**Now in:**  
Peru  
Venezuela  
Colombia  
Ecuador  
Brazil  
Caribbean

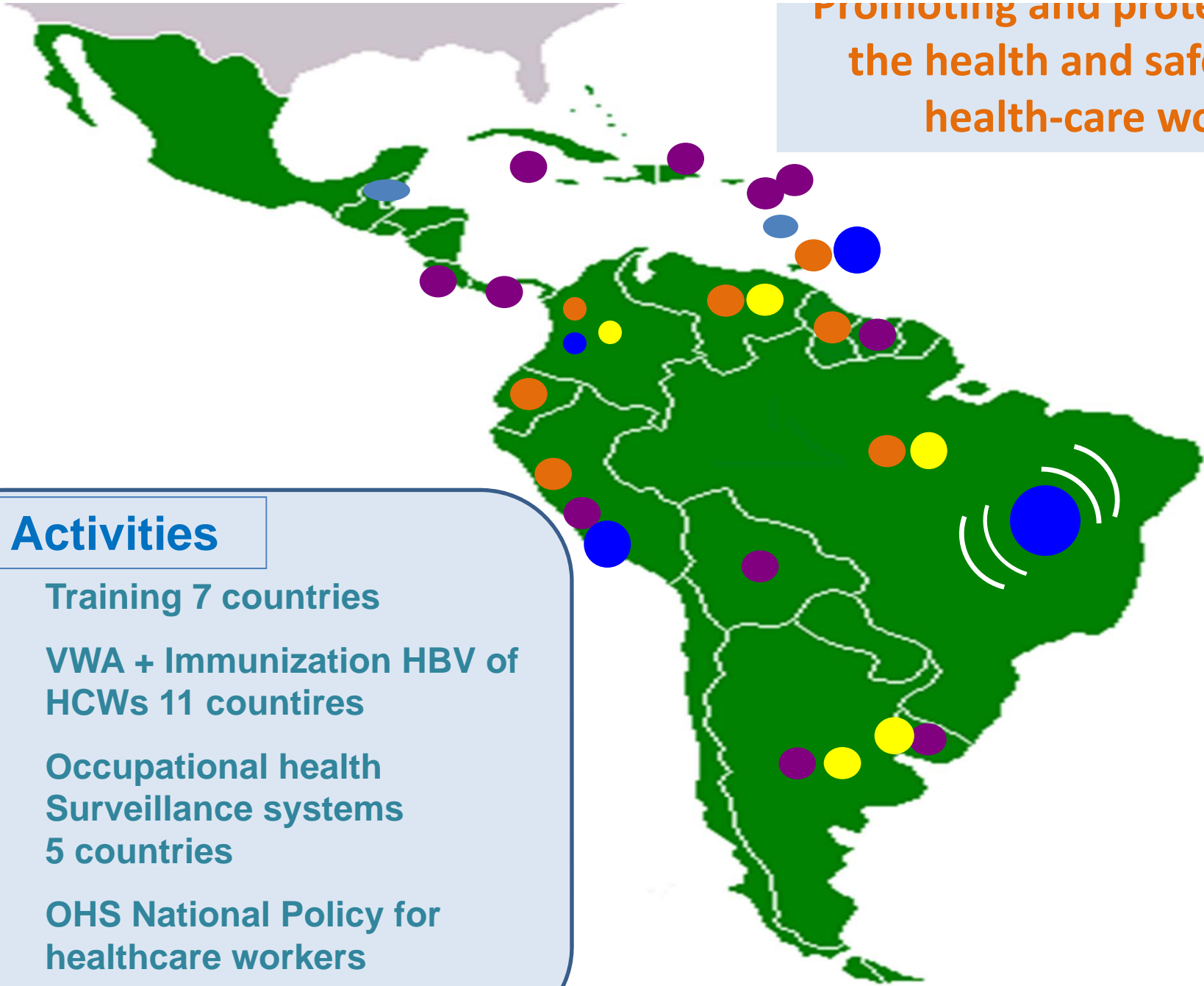
**Pilot training in**  
South Africa  
Tanzania  
Vietnam

***Adapting/up-dating the WHO  
tool kit to Latin American HCW  
2005 to 2012***

Promoting and protecting  
the health and safety of  
health-care workers

**Activities**

- Training 7 countries
- VWA + Immunization HBV of HCWs 11 countries
- Occupational health Surveillance systems 5 countries
- OHS National Policy for healthcare workers 4 countries





## PERU (2008 – 2010)

Presidential decree to Immunize Health Workers against hepatitis B Campaign

- ❖ Over 300 000 health-care workers vaccinated
- ❖ Immunization in all 24 regions

### Policy Development

- ❖ National Plan on OHS in healthcare sector (2008)
- ❖ National policy and plan on prevention of HIV and TB among health workers (2010)

### Training in OHS

- ❖ 1,200 HCW trained and
- ❖ 7,300 HCWs reached with toolkit.

## VENEZUELA (2007-2010)

- All 23 states
- 6,758 trainers
- 725 Health facilities
- 242 safety committees
- 13 national partners
- 13 OSH and PH curricula
- 1,690 students trained
- 75% HCW Immunized
- 50% reporting NSI
- Surveillance system
- 35,000 HCW reached





**The Caribbean ( June 2011)**

33 participants from 9 Caribbean countries were trained.

**COLOMBIA (2010)**

- April 2010 – Minister of Health creates **National Commission for Occupational Health for the health sector workers**

**Regulation for Biological Risk prevention**

- Preliminary steps for implementation of Surveillance for occupational exposure to BBP

- 150 HCWs trained with EPINet from 16 hospitales and 6 cities

- Immunization policy against Hep B  
24 HCW s trained safety devices /tool

**BRAZIL (2010)**

•30 HCW from 7 Brazilian states and 11 Brazilian cities were trained safety devices & tool kit.

• NR32 Policy OHS in HC facilities/ MoL Tripartite/implemented in 2010/ include use of safety devices

## Information Dissemination

### Publications

- Cochrane systemic reviews
- Regional Contributions to the WHO Code of Practices for regional Recruitment and retention of HCW
- Healthy Hospitals Project in Ecuador, *Pan American Journal of Public Health*
- Protecting the health of HCW from infectious diseases in LAC Newsletter
- Protecting Healthcare Workers Health, *NIOSH*
- Aide Memoire about immunization of HCW
- Facts Sheet on Elimination of Silicosis and OHS and working conditions for HCW

#### ELIMINATION OF SILICOSIS: AMERICAS INITIATIVE

**WHAT IS SILICA?**  
Crystalline silica dust is one of the most common minerals in the earth's crust. Crystalline silica dust is released during numerous operations in which rocks, stones, concrete, sand, concrete, cement, roofing tiles, bricks, pottery, some ores and soils, and all silica-containing products are crushed, broken, pulverized, drilled, polished, cut, stamped, sanded, blown, or subjected to any process that could create visible or invisible dust particles.

**WHERE ARE WORKERS POTENTIALLY EXPOSED?**  
Workers may be exposed to crystalline silica in many different work settings and processes. These include:

- Mines, quarries, foundries, stone crushing operations, highway repair, masonry workloads
- The construction, excavation, and demolition sites
- The manufacture, cutting, and finishing of glass
- Creation of concrete, stone, and earth walls
- Abrasive powders
- Drilling, cleaning and removing paint from ship hulls, stone buildings, metal bridges, and other metal surfaces

Exposure to silica dust may occur in unexpected or unknown places. Not all jobs with the risk of silicosis exposure have been identified. Any job that creates respirable dust from a crystalline silica-containing material, whether raw or manufactured, could place workers at risk of silica-related disease. Prevention actions should be initiated before exposure occurs.

**WHAT IS SILICOSIS?**  
Silicosis is one of the oldest occupational diseases, and it still kills thousands of people worldwide each year. It is an insidious and irreversible lung disease caused by inhalation of dust containing free crystalline silica.

The global burden of silicosis is substantial. In fact, in 2000 an estimated 8000 deaths and 400,000 disability-adjusted life years were attributed to silicosis. These figures do not include the burden from silica-related lung cancer.

• In one Brazilian state, more than 4500 workers have been diagnosed with silicosis. Among these workers cutting over-sized sculptures in Petropolis, Brazil, silicosis had a 53.7 per cent prevalence rate.

• In the USA, it is estimated that more than one million workers are occupationally exposed to free crystalline silica dust each year, some 50,000 of whom will eventually develop silicosis.

• In Quebec, Canada, between 1980 and 1994 40 newly hired road workers were compensated for developing silicosis in the workplace. These workers were less than 40 years old.

• The Colombian Government estimates that 1.8 million workers in the country are at risk of developing silicosis.

**OTHER CONCERNS**  
• Silicosis cases and deaths are greatly underreported.

• A lack of primary prevention measures such as controlling dust generation, volume and spread into the workplace and respiratory protection.

• Continuous reports of silica dust exposure in a variety of occupations and industries that are at least several times higher than standards in developed and developing countries.

• Continuous reports of silicosis deaths in young workers in developing and developed countries.

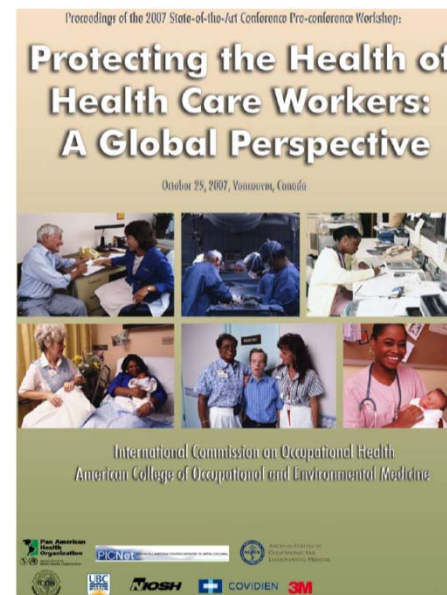
• Inadequacy in legislation and inspection for enforcement, and

• Lack of resources allocated for the prevention of silica dust exposure.

**HOW CAN SILICOSIS BE PREVENTED?**  
Silica Initiative (SII) 1990-1992, a pioneer occupational physician and hygienist who conducted major studies on silicosis in the USA stated: "Obviously the way to attack silicosis is to prevent the formation and escape of dust."

Diagnosis and health surveillance are essential components of any silicosis abatement programme. Although medical and radiological examinations can only detect and not prevent silicosis, there are important components to primary prevention.

Surveillance should be considered a supplement for control strategies and never as a replacement for primary prevention.



- **Presentations**
- *International (5)*
- *Sub-regional (10)*
- *Illuminate (10)*

## *World Day on OHS*

- Acknowledges and creates awareness about Workers' Health in the Americas
- Compromises the PAHO/WHO executive management, other groups and technical areas, CCs, academia, civil society, workers, employers, unions, media and governments.
- Hundreds of participants from more than 25 countries



*The way forward...*

Workers' Health Context:  
**Distribution the Americas' Workforce**

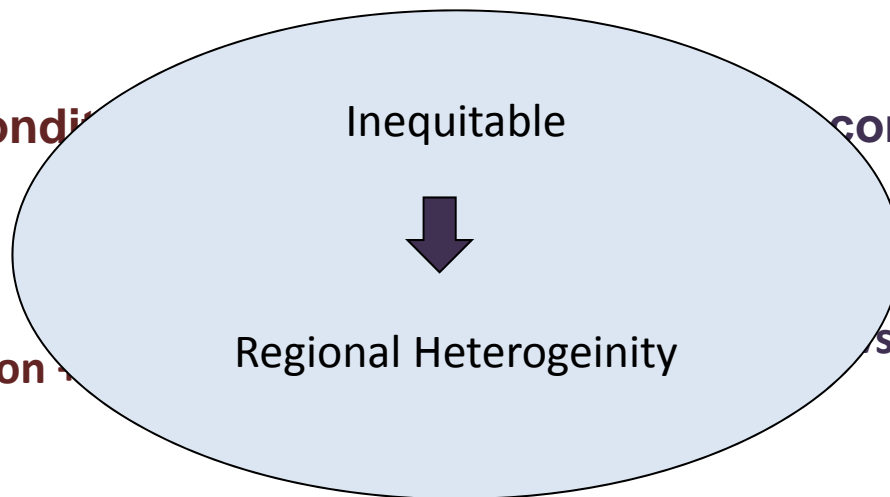
North America	185 millon	(39.5%)
Latin America	283 millon	(60.2%)
-----		
<b>TOTAL</b>	<b>468 MILLON</b>	<b>(100%)</b>

**Employment conditions:**

- Contracts
- Salaries
- Social Protection

**Working conditions:**

- from work's nature
- Injuries
- Occupational Risks



## **POLICY AND EXPECTED RESULTS OF WORKERS' HEALTH IN THE AMERICAS 2012-2013**

### **General Lines of action based on the platform of strategic alliances (internal & external) and with CCs:**

- **Prioritizing actions by critical sectors of economy:**
  - The informal sector (rural y urban)
  - Health sector: Continuing and expanding successful projects that still can expand to and within countries.
  - Mining and agriculture sectors
  
- **Strengthening diagnoses, acknowledgement and registration of OD, facing the burden of chronic NCD:**
  - CID-10 y CID-11: diagnostic protocols and Surveillance systems
  - Promoting and supporting technical cooperation between countries; and,
  - Up-dating materials and tools that will help to detect and diagnose OD

## **POLICY AND EXPECTED RESULTS OF WORKERS' HEALTH IN THE AMERICAS 2012-2013**

**Specific lines of action based on the platform of strategic alliances (internal & external) and with CCs:**

- **Applying evidence-based and successful practices: updating tool kit for prevention of needle stick injuries.**
- **Collaborating to meeting the goals of the HV Working Group**
- **Advocate best healthy work practices within WHO reference framework: healthy hospitals**
- **Strengthening technical work related to preventing consumption of alcohol, tobacco and drug at the work place**
- **Disseminating information: April 28: OHS World Day:  
Meeting the Informal's needs:  
Better opportunities for better, healthier and safer jobs**

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*The way forward...*



Thank you

Gracias

Merci

