

distracted from their social environment due to their illness, and their illnesses are considered as communicable diseases. It was seen that patients were tended to hide their diseases because of the fear of job loss and thinking they were being exposed to discrimination in the workplace.

Discussion After OD diagnosis, external stigmatisation is an important and prominent issue. Ensuring job security of the workers with OD and keeping them in working life (return to work and rehabilitation) should be prioritised to prevent stigmatisation. There is a need for investigations to explore the prevalence and causes of the stigmatisation in the workplaces due to chronic diseases including occupational diseases.

1498 BASIC TYPOLOGY OF SENTINEL AND ALERT APPROACHES TO IDENTIFY NEW AND EMERGING WORK-RELATED DISEASES

¹Jelena Bakusic*, ²Annet Lenderink, ^{1,3}Sofie Vandenbroeck, ^{1,3}Charlotte Lambregts, ⁴Jos Verbeek, ⁵Stefania Curti, ⁵Stefano Mattioli, ^{1,3}Lode Godderis. ¹Environment and Health, KU Leuven, Belgium; ²Coronel Institute of Occupational Health, AMC/University of Amsterdam, The Netherlands; ³IDEWE, External Service for Prevention and Protection at Work, Heverlee, Belgium; ⁴Cochrane Work Review Group, Finnish Institute of Occupational Health, Kuopio, Finland; ⁵Department of Medical and Surgical Sciences, University of Bologna, Bologna, Italy

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Objective Changes in working conditions give rise to new occupational health risks and work-related diseases (WRDs). Monitoring these new WRDs is essential for their early recognition and prevention and requires a comprehensive approach, using several complementary methods. The aim of this review is to provide an overview and basic typology of different approaches to detect new/emerging WRDs.

Methods We conducted an extensive scientific literature search combining terms for the following three concepts:

- surveillance/reporting systems;
- occupational/work-related diseases; and
- new or emerging risks.

In addition, a grey literature search was performed of both grey literature databases and relevant EU and research institute websites for additional resources.

Results We identified a total of 75 surveillance systems from 26 different countries. We set up a basic typology of these systems dividing them into four main groups. Compensation-based systems (n=22) were designed to gather data for compensation purposes and are insurance-driven. Non-compensation-related systems (n=34) were created with the aim of improving the collection and analysis of data to measure trends in occupational and work-related diseases. Sentinel systems (n=12) were specifically designed to provide a warning signal that will initiate health interventions and preventive actions. Finally, public health surveillance systems (n=7) aim to monitor the health of the general population, but can also be used for work-related surveillance. These four main types further differed in terms of disease coverage, means of data collection, evaluation of work-relatedness, follow-up of new/emerging risks, link with prevention etc.

Conclusion Sentinel systems seem to have the most suitable approach to detect and alert to new/emerging WRDs. Nevertheless, systems identified in the other three groups can also contribute to identifying new/emerging WRDs, despite being primarily designed for other purposes.

1554 ESTIMATION OF THE GLOBAL BURDEN OF MESOTHELIOMA DEATHS FROM INCOMPLETE NATIONAL MORTALITY DATA

¹Odgerel Chimed-Ochir*, ²Ken Takahashi, ³Tom Sorahan, ⁴Tim Driscoll, ⁵Christina Fitzmaurice, ¹Makoto Yoko-o, ⁶Kittisak Sawanyawisuth, ⁷Sugio Furuya, ⁸Fumihito Tanaka, ⁹Seichi Horie, ²Nico van Zandwijk, ¹⁰Jukka Takala. ¹Department of Environmental Epidemiology, Institute of Industrial Ecological Sciences, University of Occupational and Environmental Health, Kitakyushu, Japan; ²Asbestos Diseases Research Institute, Concord Clinical School, University of Sydney, Sydney, Australia; ³Institute of Applied Health Research, University of Birmingham, Birmingham, UK; ⁴School of Public Health, University of Sydney, Sydney, Australia; ⁵Department of Medicine, Division of Hematology, Institute for Health Metrics and Evaluation, Washington, USA; ⁶Department of Medicine, Faculty of Medicine, Khon Kaen University, Khon Kaen, Thailand; ⁷Japan Occupational Safety and Health Resource Center, Tokyo, Japan; ⁸Second Department of Surgery, University of Occupational and Environmental Health, Kitakyushu, Japan; ⁹Department of Health Policy and Management, Institute of Industrial Ecological Sciences, University of Occupational and Environmental Health, Kitakyushu, Japan; ¹⁰Workplace Safety and Health Institute, Ministry of Manpower, Singapore

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Introduction Mesothelioma, one of the occupational cancer, is increasingly recognised as a global health issue and the assessment of its global burden is warranted.

Objectives To descriptively analyse national mortality data and to use reported and estimated data to calculate the global burden of mesothelioma deaths.

Methods For the study period of 1994 to 2014, we grouped 230 countries into 59 countries with quality mesothelioma mortality data suitable to be used for reference rates, 45 countries with poor quality data, and 126 countries with no data, based on the availability of data in the WHO Mortality Database. To estimate global deaths, we extrapolated the gender- and age-specific mortality rates of the countries with quality data to all other countries.

Results The global numbers and rates of mesothelioma deaths have increased over time. The 59 countries with quality data recorded 15 011 mesothelioma deaths per year over the three most recent years with available data (equivalent to 9.9 deaths per million per year). From these reference data, we extrapolated the global mesothelioma deaths to be 38 400 per year, based on extrapolations for asbestos use.

Conclusions Although the validity of our extrapolation method depends on the adequate identification of quality mesothelioma data and appropriate adjustment for other variables, our estimates can be updated, refined, and verified because they are based on commonly accessible data and are derived using a straightforward algorithm. Our estimates are within the range of previously reported values but higher than the most recently reported values.

1001 GENDER INEQUALITIES IN WORK ACCIDENTS AND OCCUPATIONAL MUSCULOSKELETAL DISORDERS: FINDINGS FROM THE 2013 BRAZILIAN NATIONAL HEALTH SURVEY

Fernando Feijo, Clara Menegale, Fabrício Cardoso, Luís Henrique Santos, Matheus Lemos. Federal University Of Pelotas, Pelotas, Brazil

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Introduction Considering the need to deepen the understanding of inequities in occupational health, this study aimed to describe the prevalence of work accidents and occupational musculoskeletal disorders (MSD) in the Brazilian population, analysing gender inequalities.