CORRESPONDENCE

Gall bladder cancer cluster in a food industry

Editor—Cancer of the gall bladder and ducts (GC) is a rare disease and very little is known of its causes.1 We would like to draw your attention to a cluster of GC cases in a food industry producing chocolate and sugar confectionery.

Having learnt of two fatal cases of GC occurring in young female employees, the company physician asked us to study the occurrence of GC among the production workers. A cohort was established of 4017 women and 1871 men, identified to have been employed for at least one year during 1965–87. The cohort was followed up for the period 1965–89 in the Swedish cancer and death (to 1990) registries, with minimal losses to follow up. A total of five cases of GC was found in the death registry, two being the original two cases. The expected number of cases in the study group, based on the incidence in the general population of the county where the company was located, was 1·5 (SMR = 3·2, 95% confidence interval 1·0–7·5). The same five GC cases were found in the death registry, in which we also found one case coded with liver cancer as the cause of death, although previous hospital examinations had suggested a GC. This case has not been reported to the cancer registry. The duration of employment before diagnosis was less than 10 years for four of the six cases, and the time from first employment to diagnosis was less than 10 years for three of them (table).

A nested case-control study was performed on the six cases and 10 age and sex matched controls per case, drawn from the entire cohort. Detailed work histories did not show any association between outcome and common work related potential exposures to chemicals, or to work processes or products. There was however a non-significant tendency to overweight among the cases.

The study is thus inconclusive. We cannot dismiss the cluster as probably only a random aggregation, nor can we find any work related risk. The intention of this communication is to stimulate the reporting of observations of possible similar clusters in this kind of industry, which may assist in refining or accepting the association suggested. Reports on incidence or mortality would of course be even more helpful.

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Need for vaccination of sewer workers against leptospirosis and hepatitis A

Editor—Health hazards associated with sewage workers is an interesting topic which has perhaps been under researched.

The paper contributed to the further understanding of these hazards and one surprising finding was that antibodies to hepatitis A were not significantly more prevalent among sewer workers than among controls. Unfortunately, the paper did not seem to comment on the hepatitis A vaccination status of the two groups. One would postulate that this would have some bearing on the antibodies detected and we would be grateful for the author’s comments on this.

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Author’s reply—Vaccination against hepatitis A changes the prevalence of antibodies against this disease. However, hepatitis A vaccine was only introduced in Canada in 1994. As this study was conducted in 1993, neither workers nor controls had received the vaccine.

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NOTICES


Presented by the Department of Epidemiology of the University of California, San Francisco, this programme gives an overview of the scope and methods used in infectious disease epidemiology and research, the unique aspects of hospital epidemiology and infection control, the problem of antimicrobial drug resistance, and the epidemiology and prevention of significant infectious diseases. The programme is designed for all practitioners in the disciplines of epidemiology, public health, health administration, medicine, nursing, and related professions. The conference is sponsored by UCSF’s Office of Continuing Medical Education.
Need for vaccination of sewer workers against leptospirosis and hepatitis A

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