Method A pooled analysis of 10 case-control studies was conducted within the Interlymph Consortium. Overall, the study population included 10786 NHL cases and 12069 controls. Each occupation of study subjects was coded using the 1968 ISCO classification. Risk of NHL, diffuse large B cell lymphoma (DLBCL), follicular Lymphoma (FL), chronic lymphocytic leukaemia (CLL) and T-cell Lymphoma, associated with having been working for one year or more in specific health occupations was calculated as the Odds Ratio (OR) and its 95% confidence interval (95% CI) with unconditional logistic regression, adjusting by age, gender and study area. Risk was also calculated for duration of employment > 10 years.

Results Health workers employed 10 year or more showed a significant 19% excess risk of FL, which was restricted to male workers (OR = 1.62; 95% CI 1.02, 2.59). FL risk was highest (OR = 2.23, 95% CI 1.17–4.26) among the medical staff, and it was consistent in both genders. Male personal care workers also showed an increase in NHL risk (OR = 2.52; 95% CI 1.18–5.36). Risk was not increased among nurses. No consistent patterns of increasing risk was observed for the other NHL subtypes.

Conclusions Shift work, ethylene oxide, and viral agents are well known NHL risk factors among health workers. Our results suggest that risk might be more elevated among the medical staff and among men.