blue coloured ring in periphery of iris (11%), dysmetria (9%), gingivitis (7%), intention tremor (5%), decreased mental labial reflex (5%), decreased Babinski reflex (5%), ataxia (3%) and decreased ankle jerk reflex (2%). About 50% of participants with clinical signs of mercury intoxication were found to have mercury levels in their blood and urine above WHO standards.

Discussion Our findings show higher levels of mercury in urine, blood and hair above recommended values which correspond to the neurological symptoms. There is a need for interventions on the reduction of the mercury exposure among workers.

Introduction This study described the trends and compensation patterns of fatal occupational injuries and occupational diseases in Taiwan and examined the similarities and differences with that of selected countries.

Methods Numbers, occurrence rates and compensation benefits of fatal occupational injuries and occupational diseases in Taiwan were obtained from official statistics for the period from 1998 to 2016. Also obtained were official statistics on the numbers and major types of compensated occupational diseases from Japan, South Korea and selected European countries.

Results From 1998 to 2016, the coverage of the workers’ compensation insurance program expanded from 79.6% to 86.7%, and occupational fatality had declined substantially but was still higher as compared to other developed countries. Analyses of the levels of claimants’ compensation benefits showed that the average amount of benefits for fatal cases had been reduced steadily. Despite of recent efforts by the government in improving the recognition of occupational disease, the compensation rates of occupational diseases remained low (8.18 per 100 000 insured). Musculoskeletal disorders were the most dominant type of occupational disease in Taiwan, accounting for up to 66% in 2016, following by respiratory diseases (17%) and stress-related cerebrovascular and cardiovascular diseases (10%).

Discussion The observed improvement in occupational fatality had been accompanied by a downward trend in compensation benefits, suggesting a shift of occupational fatalities toward low-wage groups. On one hand, under-recognition and under-compensation of occupational diseases were severe, that may due to multiple institutional and administrative barriers as well as lower social awareness on the work-relatedness of disease causality. On the other hand, the high visibility of cerebrovascular and cardiovascular events suggested the social concerns over long working hours and heavy workloads might have played a significant role in the recognition of overwork-related occupational diseases.