Conclusion This study shows that exposure to lead and cadmium may affect semen profile in male welding workers. Further studies are need to control for other potential confounding factors, and environmental assessment should be done to assess exposure pathways and concentration.

In 1994, a hazardous waste site, polluted by the dumping of solvents from a former factory, was discovered in Taoyuan, Taiwan. The factory was built in 1970, and was in operation for the manufacturing of electronic appliances up until 1992. The objective of the study was to investigate the risks of childhood cancer and infant death in the offspring of electronic workers. We linked the databases of labour insurance, birth registration, and national cancer registry, which identified 40,647 female workers ever employed in this factory who gave 40,647 first live born singletons, and 47 of them developed cancers during 1979–2001. We also linked the databases of labour insurance, birth registration, and national death registry, identified 7,202 male workers ever employed in this factory with 13,592 live born children and 81 deaths in the first year after, excluding 861 children with potential maternal exposure from the same workplace.

We demonstrated evidence on the hypotheses that maternal exposure to organic solvents near conception increases the risk of cancer in offspring and that paternal exposure during preconception relates to infant mortality and deaths due to congenital malformation.

Respiratory Disorders

Introduction The attributable population risk of work-related asthma is between 10% and 20% of total cases of asthma. In Chile, the prevalence of common asthma is 10.2% but the proportion of occupational asthma (OA) is hidden and invisible. The study objective was to determine the prevalence of OA among asthmatic patients in regular control in the Primary Health Care (PHC) adult respiratory diseases program in Santiago, Chile.

Methods A descriptive, cross-sectional multicenter study of patients aged 20 to 64 years with diagnosis of asthma, according to medical records and functional respiratory tests; who were working or had worked and were in control in PHC in a healthcare district of Santiago. An Occupational Asthma Screening Questionnaire (OAS) was developed and validated in four PHC centres to identify occupational asthma in the population in control for bronchial asthma. The screening instrument included six questions with a scale from 6 to 16 points. The instrument was prepared with a panel of experts with validation of feasibility, reliability, logic, content, construct and criteria, using confirmatory diagnostic tests and blind medical evaluation by two specialists in respiratory diseases and occupational medicine as the gold standard. Patients were classified into three categories: OA, work-exacerbated asthma WEA or common asthma (CA), according to OAS and the medical evaluation.