**O-306** PERFORMANCE OF SELF-REPORTED AND URINARY BIOMARKER-BASED MEASURES OF EXPOSURE TO GLYPHOSATE AND MANCOZEB IN A STUDY ON SLEEP PROBLEMS AMONG SMALLHOLDER FARMERS IN UGANDA

Hans Kromhout, 1Samuel Fuhrmann, 1Institute for Risk Assessment Sciences (IRAS), Utrecht University, Utrecht, The Netherlands; 2Swiss Tropical and Public Health Institute (Swiss TPH), Allschwil, Switzerland

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**Introduction** We aim to showcase the impact of applying self-reported and biomarker-based exposure measures for glyphosate and mancozeb on the association with sleep problems in a study among 253 smallholder farmers in Uganda.

**Methods** The questionnaire-based exposure measures included: (1) application days of any pesticide last 7 days (never, 1–2; >2 days) and four glyphosate and mancozeb-specific measures: (2) applicator status last 12 months (yes/no), (3) recent applicator status (never, last 7 days and last 12 months), (4) number of application days last 12 months, (5) average exposure-intensity scores (EIS) derived from a semi-quantitative exposure algorithm and (6) EIS-weighted number of application days in last 12 months. Based on 384 repeatedly collected urinary samples of ETU and glyphosate biomarkers from 85 farmers, we also used (7) estimated biomarker levels.

Multivariable logistic regression models to assess the association between the different exposure measures and three selected Medical Outcomes Study Sleep Scale (MOS-SS) indices (6-item sleep inadequacy and snoring) indicate sleep problems in the preceding week.

**Results** We observed statistically significant relationships between (1) any pesticide application days in last 7 days and all three sleep problem indices. Glyphosate application in last 7 days (4) and mancozeb application in last 12 months (2) were significantly associated with the 6-item sleep problem index. For the other glyphosate and mancozeb exposure measures based on self-reports, no significant associations were observed. For estimated biomarker levels exposure-response trends pointing in the same direction (p-value < 0.1) with associations with the 6-item sleep problem index and sleep inadequacy was seen as with the measures based on self-report.

**Conclusion** Our results suggest that different pesticide-active ingredient-specific short and long-term exposure measures are relevant when studying the association with (acute) sleep problems.

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**O-31** SYNTHESIS OF EVIDENCE FROM THE PROTECT UK NATIONAL CORE STUDY: EXPLORING OCCUPATIONAL RISKS OF SARS-COV-2 INFECTION AND COVID-19 MORTALITY

Martie van Tongeren, 1Sarah Rhodes, 2Sarah Beale, 3Neil Pearce, 4Mark Cherrie, 1Fiona Holland, 1Andrew Hayward, 1Matthew Gittins, 4Will Mueller, 1University of Manchester, UK; 1UCL; 2LSHTM; 4ICOM, UK

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**Introduction** The PROTECT National Core Study was funded by the UK Health and Safety Executive (HSE) to investigate how SARS-CoV-2 is transmitted from person to person, and how this varies in different settings.

One area of research aimed to compare relative differences between occupational groups and sectors in SARS-CoV-2 infection and COVID-19 mortality over time and explore the likely reasons.

**Methods** We brought together evidence from nine published epidemiological studies supported by PROTECT relating to four data sets, plus new analyses relating to the Omicron period. We organised these studies into the following categories: those that specifically compared risks of infection mortality; and those that looked at risk factors for SARS-CoV-2 infection and/or COVID-19 mortality. We extracted descriptive study level data and results. We investigated risk across four pandemic waves using forest plots for key occupational groups by time. A workshop was organised in Oct 2022 with authors from each study to discuss and document key strengths and expected biases.

**Results** Healthcare and social care sectors saw elevated risks of SARS-CoV-2 infection and COVID-19 mortality early in the pandemic but thereafter these declined and varied by specific occupational subgroup. The education sector saw sustained elevated risks of infection after the initial lockdown period with little evidence of elevated mortality. Results were largely consistent across different studies with differing expected biases, although unmeasured confounding cannot be ruled out.

**Conclusion** Differences between occupations and sectors in the UK in terms of COVID-19 risks that were observed in the early stages of the pandemic largely dissipated over time. Studies investigating risk factors suggest that reasons could include vaccination roll out, introduction of risk mitigation within high risk sectors, changes in patterns of home-working and lifting of restriction on social mixing (thereby reducing the relative effect of work).

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**O-32** THE EXPOSURE-RESPONSE RELATION BETWEEN OCCUPATIONAL EXPOSURE TO RESPIRABLE CRYSTALLINE SILICA AND INCIDENT INTERSTITIAL LUNG DISEASES: A PROSPECTIVE FOLLOW-UP STUDY

Henrik A. Kielstad, 1JM Vestergaard, 2SK Thorup, 1J Thygesen, 1F Rasmussen, 1MB Andersen, 1E Bendstrup, 2OA Stokholm, 1J Ohlender, 1S Peters, 1ET Wörtz, 1V Schünissen, 1JP Bonde, 10H Bønløkke, 1H Kromhout, 1Ing Brobasl Iversen, 1Professor, Aarhus University Hospital, Denmark; 2Department of Occupational Medicine, Danish Ramazzini Centre, Aarhus University Hospital; 3Department of Radiology, Aarhus University Hospital; 4Department of Clinical Engineering, Aarhus University Hospital; 5Department of Radiology, Herlev and Gentofte Hospital; 6Department of Respiratory Diseases and Allergy, Aarhus University Hospital; 7Institute for Risk Assessment Sciences, Utrecht University; 8Department of Public Health, Danish Ramazzini Centre, Aarhus University; 9Department of Occupational and Environmental Medicine, Bispebjerg and Frederiksberg Hospital; 10Department of Occupational and Environmental Medicine, Danish Ramazzini Centre, Aalborg University Hospital, Denmark

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**Introduction** Occupational exposure to respirable crystalline silica is a well-known cause of silicosis, but studies have indicated that silica exposure is also associated with increased risk of other types of interstitial lung disease (ILD). Our objective was to examine the risk of different types of ILD following occupational silica exposure.