(PPE), particularly when dressing and undressing, in 20.7% and 31.3% of them respectively. Difficulty in undressing PPE was statistically associated with lack of training (p=0.02<0.05), with stress and anxiety (p=0.01<0.05). We identified nine seropositive HCW (4.2%). Having working more than four shifts (62 cas) was associated with a higher risk of being seropositive. Anxiety, sex and the lack of past training on COVID-19 were not statistically associated with seropositivity.

Conclusions In our study, the seropositivity, as a determinant of past SARS-CoV-2 infection, in HCW was related to the degree of exposure to COVID-19 patients. This reinforces the importance of occupational medicine in its preventive role and the medical fitness decisions of workers having contact with infected patients.

Return to work/Work capability assessment

Introduction Systemic diseases are inflammatory diseases involving multi-organ damage that may affect the patient’s socio-professional life. The occupational physician plays a crucial role in the fit assessment of the worker with the aim of keeping him active for as long as possible while preserving the prognosis of his pathology. Our aims were to describe the socio-professional, clinical and paraclinical characteristics of patients with a systemic disease in a professional environment and to assess the impact of these pathologies on medical fitness to work.

Material and Methods Retrospective and descriptive study of patients with systemic diseases, conducted in the department of occupational medicine and occupational diseases of the University Teaching Hospital La Rabta in Tunis, Tunisia;

Results Our population included 36 cases mostly female with a mean age of 42 years. The most shown activity sector was that of health care (36%). Half of the patients were hand workers. The most commonly observed systemic diseases were Behcet’s disease (32%), Sjögren’s syndrome (17%), systemic sclerosis (14%) and systemic lupus erythematosus (14%). The systemic lesions were dominated by the mucocutaneous involvement (77%), the osteo articular involvement (48%) and the ocular involvement (34%). These pathologies had compromised the medical ability to work indicating a layout of the workstation (48%), a transfer to another workstation (11%) and a disability (19%).

Conclusion Because of their multiorgan impairment, systemic diseases have significant impact on medical fitness to work. Collaboration between the internist doctor and the occupational physician is highly recommended in the management of these pathologies.

Reproductive effects/Outcomes

Introduction An increasing number of women now work in previously male dominated occupations with high exposure to chemicals and particles, but high-quality epidemiological studies on effects of occupational exposure to chemicals and particles during pregnancy are lacking.

Material and Methods This cohort study covers full-time employed women in Sweden, giving birth between 1994 and 2014, providing a sample of 719,330 pregnancies. Data were extracted from the Medical Birth Register, which contains information from prenatal care facilities and hospitals regarding the pregnancy (including diagnoses), background characteristics (maternal age, parity, smoking status, BMI, nationality), and occupation in gestational week 10.

Occupational exposure to chemicals and particles were obtained by linking occupational codes to the Swedish Job Exposure Matrix (SWEJEM), partly based on FINJEM. Exposure levels derives from measurements and for each occupation, the proportion of workers exposed, and the mean intensity level are estimated. The JEM contains estimates for 41 different types of dust, gases, fumes, and particles in three-year intervals. Additional JEMs in SWEJEM were used to adjust for other occupational exposures.

Results and Conclusions Preliminary results indicate that exposure to several agents during pregnancy were positively associated with adverse pregnancy outcomes, in particular asphyxiants (carbon monoxide), combustion compounds (gasoline and diesel exhaust) for gestational hypertension and preeclampsia, and to an extent also exposure to paper or pulp for gestational hypertension and preeclampsia. For gestational diabetes, mainly metals (lead), were found associated with the specific outcome.

To conclude, increased risks were found in association with several of the chemicals and particles under study. Many of these previously male dominated occupations, do not have guideline or exposure limit values in place to protect pregnant workers. This study has an explorative approach and further studies are therefore needed to verify the results.

Surveillance

Introduction Systemic diseases have significant impact on medical fitness to work. Collaboration between the internist doctor and the occupational physician is highly recommended in the management of these pathologies.