Western Occupational & Environmental Medical Association
WOEMA
EDUCATION | ADVOCACY | EQUITY

Welcome to the WOEMA WINDOW. This e-newsletter is sent to members by email on a monthly basis. The e-newsletter provides links to this page. Below are the items that appeared in the December 2019 issue.

WOEMA
LEADERSHIP | SERVICE | EDUCATION

WOEMA ADVISORY STATEMENT: USP 800

The recommendations of USP 800 are scheduled for implementation in late 2019. Hospitals and other credentialed health care facilities that use antineoplastic and other hazardous drugs (HDs) will be required to adopt a number of industrial hygiene practices, conduct worker training, and carry out limited medical surveillance for certain personal risk factors that may increase a health care worker's likelihood of suffering adverse health consequences if exposed to HDs.

[READ THE FULL STATEMENT]

PROPOSED BILL TO UPDATE CALIFORNIA HEALTH AND SAFETY CODE AND CALIFORNIA OSHA AEROSOL TRANSMISSIBLE DISEASE STANDARD ON TUBERCULOSIS SCREENING OF HEALTHCARE PERSONNEL

WHEREAS, the CDC does recommend establishing a baseline TB status for health care personnel, however the CDC now recommends against routine serial TB testing of health care personnel at any interval in the absence of a known exposure or ongoing transmission for health care personnel;

WHEREAS, the CDC recommends the encouragement of treatment for all health care personnel with untreated latent TB infection;

WHEREAS, California Health and Safety code currently requires "an annual tuberculosis test shall be performed on those individuals with a previously documented negative tuberculosis test" for health personnel who are employed in general acute care hospitals;

WHEREAS, Cal-OSHA currently requires employers to provide to health care personnel "TB tests and other forms of TB assessment shall be provided at least annually;"

RESOLVED,

Legislation is required to resolve differences between the current CDC recommendations of 2019 to not routinely obtain TB screening testing of health care personnel on a serial basis with a California Health and Safety code and a Cal-OSHA standard that requires routine annual TB screening testing.

Legislation is required to encourage or incentivize employers to identify healthcare personnel with latent TB infection and offer appropriate prophylactic treatment to prevent active TB disease.

Brief:

Public health initiatives have been very successful in reducing the incidence of active tuberculosis disease in the U.S. Part of the successful California program included required annual TB screening of health care personnel. However, with the successful reduction of TB in California, annual screening has been shown to no longer be useful in identifying new cases of TB. Furthermore, it is now clear that most cases of active TB disease arise from a large pool of California residents with long term non-infectious latent TB that sporadically progress to active and infectious TB disease. Therefore, at this time it is crucial to move on to the next phase of a public health program for the elimination of TB in California.

In May of 2019, the CDC published recommendations for tuberculosis screening, testing and treatment of U.S. health care personnel. Using evidence from a systematic review conducted by the National Tuberculosis Controllers Association (NTCA)-CDC work group, the CDC now recommends that after establishing a baseline TB status for health care personnel, that

1. No routine serial TB testing at any interval should be performed on health care personnel with a negative TB screening at baseline (in the absence of a known TB exposure or ongoing TB transmission);
2. There should be encouragement of treatment for all health care personnel with untreated latent TB infection (LTBI);
3. There should be annual symptom screening for health care personnel with untreated LTBI; and
4. There should be annual TB education of all health care personnel.

The recommendation to discontinue annual TB screening tests is based on several findings:

- TB rates have declined substantially in the United States (declined 73% since 1991)
- TB rates in health care personnel are similar to the general population, raising questions about the cost-effectiveness of routine serial testing of health care personnel
- A study found that the incidence of new positive TB tests among health care personnel (indicating new TB cases) was extremely low at a tertiary U.S. medical center
- Serial TB screening tests have well-documented limitations for health care personnel at low risk for TB disease

The reason for encouraging the treatment of health care personnel with “latent tuberculosis” is based on the increased rate of progression to active TB in this subgroup of workers:

- About 80% of all infectious tuberculosis disease in California develops from individuals with initially non-infectious “latent” TB infections
- About 4 to 10% of individuals with non-infectious latent TB will subsequently develop infectious TB disease at some time in their lives
- Health care workers with other risk factors have an even greater risk of developing active TB (e.g., individuals with HIV infection, on immune suppressing medications, or with diabetes)
- Health care personnel who develop active TB may spread the infection to co-workers and high-risk patients in medical centers
- The CDC reports that $1 spent on TB prevention saves $12 in TB treatment and care
- (We need more data on ROI for treating LTBI)

Note: In the case of a health care worker who has been identified as having LTBI prior to starting work with a new health care employer, it is clearly not the fault of the new employer, and treatment for LTBI should not be paid for through Workers' Compensation. But the cost of treating LTBI is more than offset by avoiding the costs of the employee developing active TB. An active TB case requires expensive diagnostic testing, multiple drugs for long term treatment, prolonged removal from work, potential permanent disability or death, and potential transmission to other health care personnel and to patients.

KEEPING UP WITH THE SUPPLEMENT INDUSTRY

by Troy Ross, MD, WOEMA Newsletter Editor

We all know that the flood of information that we ought to keep up with in the world of medicine and health is unmanageable. So what's an overworked clinician to do? One of the best sources of practical information that I have found is from my patients. When I take the time to listen then ask questions, I get insights into the worlds that they actually live in. Those tend to be very different worlds than ones typically seen by health professionals through the lenses of P-values and relative risks and population health.

So what to make of this seemingly fit and health-conscious 22 year old in my exam room? I'm asked to clear him to start training as a law enforcement officer candidate. No medical history flags, no concerning extracurricular habits or medication use. Yet his labs say he has impaired renal function, elevated liver enzymes, an elevated H&H, and an HDL of 17!

Once again, my patient provides me with an invaluable education: he tells me about this workout supplement, called Ligandrol, that he got from his local health food store and it works great! … So, what are SARMs and why do they matter?

I've heard of them but not paid much attention. As I did the homework, assigned to me by my patient, I learned that the bodybuilding/fitness world has been paying a lot of attention. I suggest that if you take care of patients in those communities (if you see police or firefighters you do) – you should too.

Here's a place to get started if you aren't familiar with the latest and greatest.

The hype tells people that you get all the benefits of anabolic steroids with none of the negative consequences. My N of 1 patient proved the marketing wrong. After taking the time to sit down to discuss this with him he seemed to see past the shiny allure of looking ripped and fit. I reinforced my discussion by sending him these resources:

https://www.fda.gov/news-events/fda-brief/fda-brief-fda-warns-against-using-sarms-body-building-products

https://www.opss.org/article/sarms-whats-harm

https://www.menshealth.com/health/a19543957/sarms-bodybuilding-supplements-not-safe/

https://legionathletics.com/sarms/#are-sarms-safe

https://selfhacked.com/blog/lgd-4033-ligandrol-used-safe/

Going forward I will take a slightly different approach to evaluating those patients who look a little too fit. Those biomarkers that aren't quite right can lead to very interesting conversations.

DON'T FORGET TO RENEW YOUR WOEMA MEMBERSHIP!

by Aman Dhillon, MD, WOEMA Membership Committee Chair

Membership renewal season is here and the timeline is tight. ACOEM will drop all expired 2019 membership records on February 1, 2020, resulting in loss of ACOEM and WOEMA member status. Rejoining after the deadline is a hassle. Something else to consider- there are several benefits and member only resources available to include free CME offered by WOEMA to members, savings on registration at AOHC 2020 in Washington DC from May 3-6, 2020 as well as WOHC 2020, Sept 23-26 at Long Beach CA, discounts on courses, publication, reference materials (e.g. ACOEM Practice Guidelines) and access to other resources (e.g. MD guidelines).

Members can develop and further their leadership skills by engaging with WOEMA and ACOEM committees, serving as component service officers or Board of Directors (that helps to fulfill requirements towards attaining Fellowship in ACOEM), connect with peers in your area and around the world to build a top notch professional network. Other perks include maintenance of certification through attending webinars/ conferences and joining advocacy groups through WOEMA or ACOEM to safeguard and shape

our specialty's future. Many of the current and past leaders in their respective practice fields in OEM, ranging from corporate medical directors, directors of high ranking state and federal agencies, academic pioneers, clinical practice leaders and many, many more have expressed time and time again as to how their career was hugely impacted early on in their career by being just a WOEMA/ ACOEM member. To me, this benefit of being a WOEMA member is extremely profound.

As we end this year with gratitude and welcome 2020, I encourage all of us to consider making a small commitment as WOEMA/ ACOEM members for the betterment of our societies and OEM in general, be it in terms of volunteering, participating, advocating or advising WOEMA/ ACOEM. Irrespective of our professional backgrounds or titles, each and every WOEMA member is a leader and I am very confident that with our collective effort and zeal to contribute to WOEMA, big or small, it will continue to improve and shine. Wishing a safe and cheerful holiday season to all!

UCI-COEH ANNUAL SYMPOSIA

Hot Topics in Wildfires: Present and Future Health Risks. February 7-9, 2020

Although we see the health and safety risks of wildfires growing, we also have dedicated Public Health professionals rising to the challenge of keeping people safe as they are exposed to that environment. A symposium, "Hot Topics in Wildfires", will be a presentation of the latest research and practical recommendations to help us face the new normal of wildfires in our daily lives.

[CLICK HERE TO LEARN MORE]

IN CASE YOU MISSED IT!

Did you miss the last webinar “Implementing the New 2019 CDC Guidelines on TB Screening of Healthcare Personnel” presented by Dr. Warner Hudson and Dr. Wendy Thanassi? Don’t fret! This highest attended webinar is available on our **WOEMA webinar library** for anyone to view free of charge.

This webinar focused on the following educational objectives:

1. Be able to implement the new CDC guidelines for TB screening of US healthcare personnel.

2. Be able to treat LTBI using new approaches.

3. Be able to adapt the new guidelines for your TB screening program.

Click here for high yield and practical information for occupational healthcare providers and feel free to share with others!

WOEMA is a regional component of the American College of Occupational and Environmental Medicine (ACOEM) and is dedicated to high-quality medical care and ethical principles governing the practice of occupational medicine.

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