How to submit this form

Submission form: Seeking proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001

The Ministry of Business, Innovation and Employment (MBIE) would like your suggested additions to Schedule 2, the list of occupational diseases in the Accident Compensation Act (2001). Please provide your feedback by **5pm, on 17 May 2023.**

When completing this submission form, please provide specific occupational disease names, their relevant exposure, and any data that may aid your submission. Your feedback will help inform decisions about the list of diseases that MBIE will provide to independent researchers and medical experts for their analysis.

We appreciate your time and effort taken to respond to this consultation.

Instructions

To make a submission you will need to:

1. Fill out your name, email address, phone number and organisation.
2. Fill out your responses to the discussion document questions. You can answer any or all of these questions in the **discussion document**. Where possible, please provide us with evidence to support your views. Examples can include references to independent research or facts and figures.
3. If your submission has any confidential information:
    i. Please state this in the email accompanying your submission, and set out clearly which parts you consider should be withheld and the grounds under the Official Information Act 1982 (Official Information Act) that you believe apply. MBIE will take such objections into account and will consult with submitters when responding to requests under the Official Information Act.
    ii. Indicate this on the front of your submission (e.g. the first page header may state “In Confidence”). Any confidential information should be clearly marked within the text of your submission (preferably as Microsoft Word comments).
    iii. Note that submissions are subject to the Official Information Act and may, therefore, be released in part or full. The Privacy Act 1993 also applies.

How to submit this form

4. Submit your feedback:

i. As a Microsoft Word document by email to **ACregs@mbie.govt.nz** with subject line: *Consultation: Suggested additions to Schedule 2*

ii. By mailing your submission to:

The Manager, Accident Compensation Policy
Ministry of Business, Innovation and Employment
PO Box 1473

Wellington 6140
New Zealand

Submitter information

MBIE would appreciate if you would provide some information about yourself. If you choose to provide information in the section below it will be used to help MBIE understand the impact of our proposals on different occupational groups. Any information you provide will be stored securely.

Your name, email address, phone number and organisation

Name:	Privacy of natural persons Member Advocacy Lead – Southern Cross
Email address:	Privacy of natural persons
Phone number:	Privacy of natural persons
Organisation:	Southern Cross Health Society

☐ The Privacy Act 1993 applies to submissions. Please tick the box if you do **not** wish your name or other personal information to be included in any information about submissions that MBIE may publish.

☐ MBIE may upload submissions or a summary of submissions received to MBIE's website at **www.mbie.govt.nz**. If you do **not** want your submission or a summary of your submission to be placed on our website, please tick the box and type an explanation below:

I do not want my submission placed on MBIE's website because… [insert reasoning here]

Please check if your submission contains confidential information

☐ I would like my submission (or identifiable parts of my submission) to be kept confidential, and **have stated** my reasons and ground under section 9 of the Official Information Act that I believe apply, for consideration by MBIE.

Seeking proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001

1. Do you think there is relevant evidence to support including new occupational diseases to Schedule 2 at this time?

   ☒ Yes ☐ No ☐ Not Sure

2. If yes to Question 1, what occupational diseases should be added to Schedule 2?

Musculoskeletal disorders per the 2010 revised ILO List of Occupational diseases

a) Radial styloid tenosynovitis
b) Chronic tenosynovitis of hand and wrist
c) Olecranon bursitis
d) Prepatellar bursitis
e) Epicondylitis
f) Meniscus lesions
g) Carpal tunnel syndrome

Occupational lumbar disc disorder

Occupational skin cancer or melanoma

Occupational varicose veins in the lower extremities

Campylobacteriosis

3. For each occupational disease suggested in response to Question 2, what should be listed as the corresponding:

   a. agents, dusts, compounds, substances, radiation or things, and

   b. if appropriate, the relevant level or extent of exposure to these; or

   c. occupations, industries, or procresses?

Musculoskeletal disorders per the 2010 revised ILO List of Occupational diseases

i. Radial styloid tenosynovitis due to repetitive movements, forceful exertions and extreme postures of the wrist.
ii. Chronic tenosynovitis of hand and wrist due to repetitive movements, forceful exertions and extreme postures of the wrist.
iii. Olecranon bursitis due to prolonged pressure of the elbow region.
iv. Prepatellar bursitis due to prolonged stay in kneeling position.
v. Epicondylitis due to repetitive forceful work.
vi. Meniscus lesions following extended periods of work in a kneeling or squatting position.
vii. Carpal tunnel syndrome due to extended periods of repetitive forceful work, work involving vibration, extreme postures of the wrist, or a combination of the three.

[1] *Recommendation R194 - List of Occupational Diseases Recommendation, 2002 (No. 194). (n.d.).* https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312532

Seeking proposals for additions to the list of occupational diseases under the Accident Compensation Act 2001

Occupational lumbar disc disorder

a) Exposure to work processes involving repetitive manual handling of heavy load or excessive work-related heavy lifting, frequent bending and or twisting of trunk, and or continuous whole-body vibration.
b) Greater than about 20-year cumulative exposure to the recognised work processes or high-risk occupations.
c) Recognised high-risk occupations include fruit market workers, fire and emergency field workers, long-distance truck or bus drivers, construction workers, agriculture or aquaculture workers, manual patient handlers such as geriatric nurses.

[1] Hung, Y., Shih, T. T., Chen, B., Hwang, Y., Ma, L., Huang, W., Liou, S., Ho, I. K., & Guo, Y. L. (2014). The Dose-Response Relationship Between Cumulative Lifting Load and Lumbar Disk Degeneration Based on Magnetic Resonance Imaging Findings. *Physical Therapy, 94*(11), 1582–1593. https://doi.org/10.2522/ptj.20130095

[2] Jang, T. Y., Ahn, Y., Byun, J., Lee, J., Kim, K. H., Kim, Y., Song, H. H., Lee, C. H., Kwon, Y., Yoon, J. S., & Jeong, K. S. (2016). Lumbar intervertebral disc degeneration and related factors in Korean firefighters. *BMJ Open, 6*(6), e011587. https://doi.org/10.1136/bmjopen-2016-011587

[3] Macedo, L. G., & Battié, M. C. (2019). The association between occupational loading and spine degeneration on imaging – a systematic review and meta-analysis. *BMC Musculoskeletal Disorders, 20(1)*. https://doi.org/10.1186/s12891-019-2835-2

[4] Papic, M., Papić, V., Kresoja, M., Munteanu, V., Mikov, I., & Cigic, T. (2017). Relation between grades of intervertebral disc degeneration and occupational activities of patients with lumbar disc herniation. *Vojnosanitetski Pregled.* https://doi.org/10.2298/vsp151112306p

[5] Petit, A., & Roquelaure, Y. (2015). Low back pain, intervertebral disc and occupational diseases. *International Journal of Occupational Safety and Ergonomics, 21*(1), 15–19. https://doi.org/10.1080/10803548.2015.1017940

[6] Salo, S., Hurri, H., Rikkonen, T., Sund, R., Kröger, H., & Sirola, J. (2022). Association between severe lumbar disc degeneration and self-reported occupational physical loading. *Journal of Occupational Health, 64*(1). https://doi.org/10.1002/1348-9585.12316

[7] Schröder, C., & Nienhaus, A. (2020). Intervertebral Disc Disease of the Lumbar Spine in Health Personnel with Occupational Exposure to Patient Handling—A Systematic Literature Review and Meta-Analysis. *International Journal of Environmental Research and Public Health, 17*(13), 4832. https://doi.org/10.3390/ijerph17134832

[8] Wahlström, J., Burström, L., Johnson, P., Nilsson, T., & Järvholm, B. (2018). Exposure to whole-body vibration and hospitalization due to lumbar disc herniation. *International Archives of Occupational and Environmental Health, 91*(6), 689–694. https://doi.org/10.1007/s00420-018-1316-5

[9] Williams, F. M. K., & Sambrook, P. N. (2011). Neck and back pain and intervertebral disc degeneration: Role of occupational factors. *Best Practice & Research: Clinical Rheumatology, 25*(1), 69–79. https://doi.org/10.1016/j.berh.2011.01.007

[10] Yang, S., Kim, W. H., Choi, K. S., & Yi, Y. G. (2016). Influence of occupation on lumbar spine degeneration in men: the Korean National Health and Nutrition Examination Survey 2010–2013. *International Archives of Occupational and Environmental Health, 89*(8), 1321–1328. https://doi.org/10.1007/s00420-016-1166-y

[11] Zawilla, N. H., Darweesh, H., Mansour, N., Helal, S., Taha, F. M., Awadallah, M. A., & Shazly, R. E. (2014). Matrix Metalloproteinase-3, Vitamin D Receptor Gene Polymorphisms, and Occupational Risk Factors in Lumbar Disc Degeneration. *Journal of Occupational Rehabilitation, 24*(2), 370–381. https://doi.org/10.1007/s10926-013-9472-7

Occupational skin cancer or melanoma

a) Exposure to excessive solar ultraviolet radiation.
b) Greater than 5-year cumulative exposure to excessive (6 or more hours per working day) solar ultraviolet radiation or engagement in a recognised high-risk occupation.

c) Recognised high-risk occupations include outdoor workers in construction, agriculture, horticulture, aquaculture, mountain guiding, landscaping, or roading.

[1] Bauer, A., Diepgen, T. L., & Schmitt, J. H. M. M. (2011). Is occupational solar ultraviolet irradiation a relevant risk factor for basal cell carcinoma? A systematic review and meta-analysis of the epidemiological literature. *British Journal of Dermatology*, no. https://doi.org/10.1111/j.1365-2133.2011.10425.x

[2] Butacu, A., Pharmacy, B. R., Wittlich, M., John, S. M., Zurac, S., Moldovan, H., & Tiplica, G. (2020). Characteristics of non-melanoma skin cancer depending upon occupational solar UV exposure dosage. *Revista Medicală Română, 67*(1), 37–43. https://doi.org/10.37897/rmj.2020.1.7

[3] Cherrie, J. W., & Cherrie, M. (2022). Workplace exposure to UV radiation and strategies to minimize cancer risk. *British Medical Bulletin, 144*(1), 45–56. https://doi.org/10.1093/bmb/ldac019

[4] Cherrie, J. W., Nioi, A., Wendelboe-Nelson, C., Cowan, S., Cherrie, M., Rashid, S., Cowie, H., Ritchie, P. A., & Lansdown, T. C. (2021). Exposure to Solar UV During Outdoor Construction Work in Britain. *Annals of Work Exposures and Health, 65*(2), 176–182. https://doi.org/10.1093/annweh/wxaa028

[5] Fartasch, M., Diepgen, T. L., Schmitt, J., & Drexler, H. G. (2012). The Relationship Between Occupational Sun Exposure and Non-Melanoma Skin Cancer. *Deutsches Arzteblatt International*. https://doi.org/10.3238/arztebl.2012.0715

[6] Girvalaki, C., A, C., Weinert, P., & John, S. M. (2020). Non-melanoma skin cancer as an occupational disease. What is the impact on the society and the welfare system? Journal of Health Inequalities. https://doi.org/10.5114/jhi.2020.101599

[7] Gobba, F., Modenese, A., & John, S. M. (2019). Skin cancer in outdoor workers exposed to solar radiation: a largely underreported occupational disease in Italy. *Journal of the European Academy of Dermatology and Venereology, 33*(11), 2068–2074. https://doi.org/10.1111/jdv.15768

[8] Hammond, V. A., Reeder, A. I., & Gray, A. (2009). Patterns of real-time occupational ultraviolet radiation exposure among a sample of outdoor workers in New Zealand. *Public Health, 123*(2), 182–187. https://doi.org/10.1016/j.puhe.2008.12.007

[9] John, S. M., Garbe, C., French, L. E., Takala, J., Yared, W., A, C., Gehring, R., Spahn, A., & Stratigos, A. J. (2021). Improved protection of outdoor workers from solar ultraviolet radiation: position statement. *Journal of the European Academy of Dermatology and Venereology, 35*(6), 1278–1284. https://doi.org/10.1111/jdv.17011

[10] John, S. M., Trakatelli, M., Gehring, R., Finlay, K., Fionda, C., Wittlich, M., Augustin, M., Hilpert, G., Dias, J. M. B., Ulrich, C., & Pellacani, G. (2016). CONSENSUS REPORT: Recognizing non-melanoma skin cancer, including actinic keratosis, as an occupational disease - A Call to Action. *Journal of the European Academy of Dermatology and Venereology, 30*, 38–45. https://doi.org/10.1111/jdv.13608

[11] Karimkhani, C., Green, A. C., Nijsten, T., Weinstock, M. A., Dellavalle, R. P., Naghavi, M., & Fitzmaurice, C. (2017). The global burden of melanoma: results from the Global Burden of Disease Study 2015. *British Journal of Dermatology, 177*(1), 134–140. https://doi.org/10.1111/bjd.15510

[12] Lichte, V., Dennenmoser, B., Dietz, K., Häfner, H., Schlagenhauff, B., Garbe, C., Fischer, J., & Moehrle, M. (2009). Professional risk for skin cancer development in male mountain guides - a cross-sectional study. *Journal of the European Academy of Dermatology and Venereology*. https://doi.org/10.1111/j.1468-3083.2009.03528.x

[13] Modenese, A., Farnetani, F., Andreoli, A., Pellacani, G., & Gobba, F. (2016). Questionnaire-based evaluation of occupational and non-occupational solar radiation exposure in a sample of Italian patients treated for actinic keratosis and other non-melanoma skin cancers. *Journal of the European Academy of Dermatology and Venereology, 30*, 21–26. https://doi.org/10.1111/jdv.13606

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[15] Mofidi, A., Tompa, E., Spencer, J., Kalcevich, C., Peters, C. E., Kim, J., Song, C., Mortazavi, S. A., & Demers, P. A. (2018). The economic burden of occupational non-melanoma skin cancer due to solar radiation. *Journal of Occupational and Environmental Hygiene, 15*(6), 481–491. https://doi.org/10.1080/15459624.2018.1447118

[16] Peters, C. E., Kim, J., Song, C., Heer, E., Arrandale, V. H., Pahwa, M., Labrèche, F., McLeod, C., Davies, H. A., Ge, C., & Demers, P. A. (2019). Burden of non-melanoma skin cancer attributable to occupational sun exposure in Canada. *International Archives of Occupational and Environmental Health, 92*(8), 1151–1157. https://doi.org/10.1007/s00420-019-01454-z

[17] Peters, C. E., Nicol, A., & Demers, P. A. (2012). Prevalence of Exposure to Solar Ultraviolet Radiation (UVR) on the Job in Canada. *Canadian Journal of Public Health-revue Canadienne De Sante Publique, 103*(3), 223–226. https://doi.org/10.1007/bf03403817

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[19] Saeedi, R., Miri, H., Abtahi, M., Dobaradaran, S., Koolivand, A., Gomes, H., Mohagheghian, A., & Ardeh, S. A. (2022). National and subnational burden of disease attributable to occupational exposure to solar ultraviolet radiation (SUVR) in Iran, 2005–2019. *International Journal of Hygiene and Environmental Health, 240*, 113897. https://doi.org/10.1016/j.ijheh.2021.113897

[20] Serrano, M., Cañada, J. S., & Moreno, J. (2013). Solar UV exposure in construction workers in Valencia, Spain. *Journal of Exposure Science and Environmental Epidemiology, 23*(5), 525–530. https://doi.org/10.1038/jes.2012.58

[21] Serrano, M., Cañada, J. S., Moreno, J., & Gurrea, G. (2014). Occupational UV Exposure of Environmental Agents in Valencia, Spain. Photochemistry and Photobiology, n/a. https://doi.org/10.1111/php.12252

[22] Turner, S., Forman, S. D., McNamee, R., Wilkinson, S. M., & Agius, R. (2015). Investigating work-related neoplasia associated with solar radiation. *Occupational Medicine, 65*(1), 22–28. https://doi.org/10.1093/occmed/kqu156

[23] Wittlich, M. (2022). Criteria for Occupational Health Prevention for Solar UVR Exposed Outdoor Workers-Prevalence, Affected Parties, and Occupational Disease. *Frontiers in Public Health, 9*. https://doi.org/10.3389/fpubh.2021.772290

[24] Wright, C. Y., & Norval, M. (2021). Health Risks Associated With Excessive Exposure to Solar Ultraviolet Radiation Among Outdoor Workers in South Africa: An Overview. *Frontiers in Public Health, 9*. https://doi.org/10.3389/fpubh.2021.678680

[25] Zink, A., Tizek, L., Schielein, M. C., Böhner, A., Biedermann, T., & Wildner, M. (2018). Different outdoor professions have different risks - a cross-sectional study comparing non-melanoma skin cancer risk among farmers, gardeners and mountain guides. *Journal of the European Academy of Dermatology and Venereology, 32*(10), 1695–1701. https://doi.org/10.1111/jdv.15052

Occupational varicose veins in the lower extremities

a) Engaged in prolonged standing at work
b) Greater than about 10-year exposure to prolonged (more than about 70%) standing/walking at work
c) High-risk occupations include the nursing profession working in emergency care and operative rooms

[1] Abou-ElWafa, H. S., ELmetwaly, A. a. M., & El-Gilany, A. (2020). Lower limb varicose veins among nurses: A single center cross-sectional study in Mansoura, Egypt. *Indian Journal of Occupational and Environmental Medicine, 24*(3), 172. https://doi.org/10.4103/ijoem.ijoem_264_19

[2] Bahk, J., Kim, H., Jung-Choi, K., Jung, M., & Lee, I. (2012). Relationship between prolonged standing and symptoms of varicose veins and nocturnal leg cramps among women and men. *Ergonomics, 55*(2), 133–139. https://doi.org/10.1080/00140139.2011.582957

[3] Chen, C., & Guo, H. R. (2014). Varicose veins in hairdressers and associated risk factors: a cross-sectional study. BMC Public Health, 14(1). https://doi.org/10.1186/1471-2458-14-885

[4] Nia, H. S., Chan, Y. H., Haghdoost, A. A., Soleimani, M., Beheshti, Z., & Bahrami, N. (2015). Varicose veins of the legs among nurses: Occupational and demographic characteristics. *International Journal of Nursing Practice, 21*(3), 313–320. https://doi.org/10.1111/ijn.12268

[5] Tabatabaeifar, S., Frost, P., Andersen, J. H., Jensen, L. S., Thomsen, J. F., & Svendsen, S. W. (2015). Varicose veins in the lower extremities in relation to occupational mechanical exposures: a longitudinal study. Occupational and Environmental Medicine, 72(5), 330–337. https://doi.org/10.1136/oemed-2014-102495

Campylobacteriosis

a) Working with live animals or their carcasses
b) Recognised high-risk occupations include dairy cattle farmers, poultry workers, wildlife animal workers, and slaughterhouse workers

[1] Davis, M. B., Moore, D. L., Baker, K., French, N. P., Patnode, M., Hensley, J., Macdonald, K., & Besser, T. E. (2013). Risk Factors for Campylobacteriosis in Two Washington State Counties with High Numbers of Dairy Farms. *Journal of Clinical Microbiology, 51*(12), 3921–3927. https://doi.org/10.1128/jcm.01433-13

[2] De Perio, M. A., Niemeier, R. T., Levine, S. J., Gruszynski, K., & Gibbins, J. R. (2013). Campylobacter Infection in Poultry-Processing Workers, Virginia, USA, 2008–2011. *Emerging Infectious Diseases, 19*(2), 286–288. https://doi.org/10.3201/eid1902.121147

[3] Duijster, J. W., Franz, E., Neefjes, J., & Mughini-Gras, L. (2021). Occupational risk of salmonellosis and campylobacteriosis: a nationwide population-based registry study. *PubMed, 76*(9), 617–624. https://doi.org/10.1136/oemed-2019-105868

[4] Friedrich, A., Marshall, J. L., Biggs, P., Midwinter, A. C., & French, N. P. (2016). Seasonality of Campylobacter jejuniisolates associated with human campylobacteriosis in the Manawatu region, New Zealand. *Epidemiology and Infection, 144*(4), 820–828. https://doi.org/10.1017/s0950268815002009

[5] Gilpin, B., Walshe, G., On, S. L. W., Smith, D. J., Marshall, J. L., & French, N. P. (2013). Application of molecular epidemiology to understanding campylobacteriosis in the Canterbury region of New Zealand. Epidemiology and Infection, 141(6), 1253–1266. https://doi.org/10.1017/s0950268812001719

[6] Grout, L., Marshall, J., Hales, S., Baker, M. J., & French, N. P. (2022). Dairy Cattle Density and Temporal Patterns of Human Campylobacteriosis and Cryptosporidiosis in New Zealand. *Ecohealth, 19*(2), 273–289. https://doi.org/10.1007/s10393-022-01593-9

[7] Nohra, A., Grinberg, A., Midwinter, A. C., Marshall, J., Collins-Emerson, J. M., & French, N. P. (2018). Exposure to whole chicken carcasses may present a greater risk of campylobacteriosis compared to exposure to chicken drumsticks. *Zoonoses and Public Health, 65*(7), 822–830. https://doi.org/10.1111/zph.12505

[8] Saunders, S. P., Smith, K. W., Schott, R., Dobbins, G., & Scheftel, J. M. (2017). Outbreak of Campylobacteriosis Associated with Raccoon Contact at a Wildlife Rehabilitation Centre, Minnesota, 2013. *Zoonoses and Public Health, 64*(3), 222–227. https://doi.org/10.1111/zph.12300

[9] Su, C., De Perio, M. A., Fagan, K., Smith, M. B., Salehi, E., Levine, S. J., Gruszynski, K., & Luckhaupt, S. E. (2017). Occupational Distribution of Campylobacteriosis and Salmonellosis Cases — Maryland, Ohio, and Virginia, 2014. *Morbidity and Mortality Weekly Report, 66*(32), 850–853. https://doi.org/10.15585/mmwr.mm6632a4

[10] Su, C., Stover, D., Buss, B. F., Carlson, A. R., & Luckhaupt, S. E. (2017). Occupational Animal Exposure Among Persons with Campylobacteriosis and Cryptosporidiosis — Nebraska, 2005–2015. *Morbidity and Mortality Weekly Report, 66*(36), 955–958. https://doi.org/10.15585/mmwr.mm6636a4

[11] Thépault, A., Rose, V., Quesne, S., Poezevara, T., Béven, V., Hirchaud, E., Touzain, F., Lucas, P., Méric, G., Mageiros, L., Sheppard, S. K., Chemaly, M., & Rivoal, K. (2018). Ruminant and chicken: important sources of campylobacteriosis in France despite a variation of source attribution in 2009 and 2015. *Scientific Reports, 8*(1). https://doi.org/10.1038/s41598-018-27558-z

4. Do you think there is relevant evidence to support including additional exposures for occupational diseases currently included in Schedule 2?

N/A

5. If yes to Question 4, for each relevant current occupational disease, what should be listed as the corresponding additional:

    a. agents, dusts, compounds, substances, radiation or things, and

    b. if appropriate, the relevant level or extent of exposure to these; or

    c. occupations, industries, or procresses?

N/A

If you have suggested including a new occupational disease or diseases, and/or additional exposures, please provide links and/or references to supporting evidence.

Where relevant, please include information on how the disease or diseases affect different populations, including impacts on different genders.