Occupational risks from biological agents: Facing up to the challenges
Brussels, 5 and 6 June 2007

Recognition of work-related origin of diseases caused
by biological agents – An ILO perspective

Shengli Niu
Senior Specialist on Occupational Health
International Labour Office
Geneva, Switzerland
Occupational Risk Factors

- Chemical risk factors: 100,000 (Carcinogens: 400)
- Biological agents: 200
- Physical factors: 50
- Adverse ergonomic conditions: 20
- Allergens: 3000
Occupational injuries and diseases

The ILO estimates that some 2.2 million women and men around the world succumb to work-related accidents or diseases every year. Worldwide, there are around 270 million occupational accidents and 160 million victims of work-related illnesses annually.
ILO estimates that 4% of the world Gross Domestic Product is lost due to accidents and work-related diseases.
SARS Patients
(severe acute respiratory syndrome).
Occupational Diseases

- Diseases caused by work have to be discovered and their victims be properly compensated.
- Preventive and protective measures taken at the workplace.
- Definition of occupational diseases is usually set out in legislation.
International Labour Organization

- A tripartite organization
- Standard-setting
- Conventions & Recommendations
Historical development in identification of occupational diseases

**In 1919**

- R. 3 *Anthrax* Prevention
History and development

In 1925 C. 18 Workmen’s Compensation (occupational diseases)

1. Poisoning by lead, its alloys or compounds and their sequelae,

2. Poisoning by mercury, its amalgams and compounds and their sequelae and

3. Anthrax infection.
History and development

In 1934 C. 42 Revised C.18

1. lead poisoning
2. mercury poisoning,
3. anthrax
4. silicosis
5. phosphorus poisoning
6. arsenic poisoning
7. poisoning by benzene
8. poisoning by the halogen derivatives of hydrocarbons of the aliphatic series
9. diseases due to radiation, and
10. skin cancer (primary epitheliomatous cancer of the skin)
History and development

1964, C.121 & R.121 Employment Injury Benefits

✓ Definition of occupational diseases
✓ Amendment of the list of occupational diseases
✓ List of occupational diseases
Paragraph 6(1) of Recommendation No. 121 defines occupational diseases as follows:

Each Member should, under prescribed conditions, regard diseases known to arise out of the exposure to substances and dangerous conditions in process, trades or occupations as occupational diseases.
The Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (No.155) specifies - occupational diseases as any disease contracted as a result of an exposure to risk factors arising from work activities.
Two Main Elements in the Definition

- The exposure-effect relationship between a specific working environment and/or activity and a specific disease effect

- The fact that these diseases occur among the group of persons concerned with a frequency above the average morbidity of the rest of the population
1. Pneumoconioses caused by sclerogenic mineral dust (silicosis, anthracosilicosis, asbestosis) and silico-tuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death.
3. Bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or sisal dust
4. Occupational asthma caused by sensitising agents or irritants both recognised in this regard and inherent in the work process
5. Extrinsic allergic alveolitis and its sequelae caused by the inhalation of organic dusts, as prescribed by national legislation.
26. Skin diseases caused by physical, chemical or biological agents not included under other items.
29. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination.
Employment Injury Benefits Convention, 1964 (No.121)

(Article 8) Each Member shall

- (a) prescribe a list of diseases, comprising at least the diseases enumerated in Schedule I to this Convention, which shall be regarded as occupational diseases under prescribed conditions; or

- (b) include in its legislation a general definition of occupational diseases broad enough to cover at least the diseases enumerated in Schedule I to this Convention; or

- (c) prescribe a list of diseases in conformity with clause (a), complemented by a general definition of occupational diseases or by other provisions for establishing the occupational origin of diseases not so listed or manifesting themselves under conditions different from those prescribed.
Needs to Regularly Update the List

- New risk factors
- Diagnostic technology
- New diseases
- Increased recognition at the national level and international level
Recommendation No. 194

Important Features of the List

A new format has been proposed, Breaking down the list into the three following categories:

1. **Diseases caused by agents (chemical, physical, biological).**
2. **Diseases of target organ systems (respiratory, skin, musculoskeletal).**
3. **Occupational cancer.**
1.3. Diseases caused by biological agents

1.3.1. Infectious or parasitic diseases contracted in an occupation where there is a particular risk of contamination

3. Occupational cancer

3.1. Cancer caused by the following agent

3.1.14. Wood dust
The Role & Impact of the ILO List

- Promotion of the inclusion of a range of internationally acknowledged occupational diseases in national lists
- Harmonization of the development of policy on occupational diseases and in promoting their prevention.
- Serving as an example for countries establishing or revising their national lists.
The Role & Impact of the ILO List

- Adding to the list would imply the extension of preventive measures to control the use of harmful substances and would assist a better health surveillance of workers.

- This effect can be expected both in countries that have ratified the Convention and those that have not.
611. The Worker Vice-Chairperson agreed with the advisability of leaving the revision of the list to an expert panel. He was confident that the constitution of the expert group would be inclusive, and that consultation papers would be prepared to enable governments, employers and workers to give full consideration to the issues and relevant data that their experts would be called upon to judge.

612. Pursuant to the consensus achieved, the Employer and Worker members withdrew their remaining amendments.

613. The Government members of China and Côte d’Ivoire, agreeing with the Employer and Worker members that a meeting of the most representative experts was the best way to update the list annexed to the proposed Recommendation, withdrew the remaining amendments that they had submitted.

614. The Annex was adopted without change.

615. The Committee members agreed on the following statement of their expectations regarding a meeting of experts to update the list of occupational diseases in the Annex:

The Committee requests the Governing Body of the International Labour Office to convene the first of the tripartite meetings of experts referred to in Paragraph 3 of the Recommendation as a matter of priority.

In addition to examining the Annex to the Recommendation together with existing national and other lists of occupational diseases, as well as comments received from member States, the meeting should consider all the amendments submitted on the Annex to the Conference Committee.
Preparation for the Meeting of Experts on Updating the list of Occupational Diseases

1. Evaluation of the international scientific development in identification of occupational diseases

2. Analysis of national and other lists of occupational diseases

3. Amendments to the List of Occupational Diseases at the 2002 ILC

4. Comments from Member States
Preparation for the Meeting of Experts on Updating the list of Occupational Diseases

1. Evaluation of the international scientific development in identification of occupational diseases was carried out in collaboration with:

Arbetslivsinstitutet

Università degli Studi di Milano
2. Analysis of national and other lists of occupational diseases

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilphenyls, dioxane, furans</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acid and alkali</td>
<td></td>
<td></td>
<td>x (acid)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aldehydes, ether, esters and other oxygenated hydrocarbons</td>
<td></td>
<td></td>
<td>x (formic acid)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aliphatic Hydrocarbons</td>
<td></td>
<td></td>
<td>x (apart)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amides/methacrylates</td>
<td></td>
<td></td>
<td>x (methyl)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aromatic Hydrocarbons</td>
<td></td>
<td></td>
<td>x (sterene)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boranes (strong reagents, single class of reducing agents)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carbon tetrachloride</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colophony</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Analysis of national and other lists of occupational diseases
QUESTIONNAIRE

ON THE UPDATING OF THE "ANNEX: LIST OF OCCUPATIONAL DISEASES " OF THE RECOMMENDATION (NO. 184) ON THE LIST OF OCCUPATIONAL DISEASES, 2002

Please consult the most representative organizations of employers and workers in your country before finalizing your replies to the following questionnaire and send your replies, indicating the reasons for each reply, so as to reach the International Labour Office, [Fax: (+41 22) 799 6078, Email: Safework@ilo.org, Tel.: (+41 22) 799 6716, contact person: Dr. Shengli Niu, Safework] in Geneva, Switzerland by 30 June 2005 at the latest.

Please give us the contact details in case we have queries to your replies:

Name: ___________________________
Organization: ___________________________
Address: ___________________________
Email: ___________________________
Telephone: ___________________________
Fax: ___________________________

Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Occupational Accidents and Diseases, 2002 (No. 184)

ANNEX: LIST OF OCCUPATIONAL DISEASES

[While answering the questions, please refer to the original numbering of the list of occupational diseases which is reproduced at the end of the questionnaire. The questionnaire could also be downloaded from the internet at: www.ilo.org/safework]

1. Diseases caused by agents

1.1. Diseases caused by chemical agents

1.1.1 - 1.1.32

Do you consider that these items should remain unchanged? Yes [ ] No [ ]

If your answer is no, please specify the changes you propose:

__________________________
Replies to the Questionnaire

- 88 member states (Replies from 8 member States missed the extended deadline and are not included in the Report MEULOD/2005/1)
- WHO, IMHA and ERS
3. Amendments to the List of Occupational Diseases at 2002 ILC

Amendments to the List of Occupational Diseases submitted to the Committee of Occupational Accidents and Diseases of the 50th Session of the International Labour Conference in 2002

Working document for the meeting of experts on updating the list of Occupational Diseases (Geneva, 22-26 December 2002)

InFocus Programme on Safety and Health at Work (SafeWork) Geneva, October 2005

INTERNATIONAL LABOUR ORGANIZATION

INTERNATIONAL LABOUR OFFICE GENEVA
Report MEULOD/2005/1

- Chapter 1: background introduction
- Chapter 2: the essential points of observations indicated in the replies, the amendments in 2002 and Office commentaries
- Chapter 3: a proposed list of occupational diseases
Other working documents

MEULOD/2005/2
Amendments in 2002

MEULOD/2005/3

The technical justifications for the new and modified items in the proposed list
Technical preparation

- The proposed list was not intended to include all known occupational diseases.
- Diseases to be included in the list were considered common to a number of countries or populations.
- Rare disorders (or less frequent and very specific to a small target group) were considered to be more appropriate to be dealt with at a local level.
Technical preparation

Key criteria used for the proposed list include:

- **Adequate scientific basis**
  - the strength of exposure and effect relationship,
  - the magnitude of the risk factors
  (MEULOD/2005/3)

- Recognition in national lists or the majority views of the ILO constituents as indicated in the replies to the questionnaires.
  (MEULOD/2005/1 & MEULOD/2005/2)
Technical preparation

Biological agents/diseases were proposed for inclusion in the new list:

- **Biological:** Tetanus, Brucellosis, HBV/HCV, TB, HIV
- **Occupational Cancer:** Hepatitis B Virus and C Virus
The Agenda of the Meeting, as determined by the Governing Body, is as follows:

- Examination and adoption of an updated list of occupational diseases which will replace the list of occupational diseases included in the Annex to the Recommendation concerning the List of Occupational Diseases and the Recording and Notification of Accidents and Diseases, 2002 (No. 194).
Experts appointed after consultations with Governments

Mr. Wayne Creasey, Acting Assistant Secretary, National Standards Branch, Department of Employment and Workplace Relations, GPO BOX 9879, Canberra 2601 ACT, Australia
Ms. Eve Anna Karpinski, Labour Program, 165 Hotel de Ville Street, ELAO12 Gitezenu, Quebec, Canada
Sr. Pedro Miguel Cordero Abraham, Oficina de Relaciones Laborales Internacionales, Subsecretario de Previsión Social, Oficina 1273, 5 o Piso, 8340383 Santiago de Chile, Chile
Dr. Su Zhi, Ministry of Health, Deputy Director-General, Department of Health, Law Enforcement and Supervision, 1 Xinzhimenwai Nanlu, 100044 Beijing, China
Advisor/Conseiller technique/Consejero técnico
Dr. Anhuan Zhao, Deputy Director, National Institute of Occupational Health and Poison Control, 20, Nanwai Road, Xuanwu, 100050 Beijing, China
Ms. Patricia Di Stefano, Ministère de l’Emploi et de la Cohésion sociale et du Logement, Bureau CT2, Protection de la santé au milieu de travail, 39-43 quai André Citroën, 75902 Paris Cedex 15, France
Mr. Roberto Premiagni, responsabile del Bureau international, INAIL, Piazza Galiano Pastore 6, 00144 Italy
Advisors/Conseillers techniques/Consejeros técnicos
Prof. Giuseppe Camaghi, INAIL, Piazzale Galiano Pastore 6, 00144 Rome, Italy
Ms. Alessandra Pifferi, INAIL, Piazzale Galiano Pastore 6, 00144 Rome, Italy
Prof. Konstantin Tedeska, Director, Ministry of Health and Social Development, 3, Rakhmanovskiy perulok, 127994 Moscow, Russia
Dr. Papa Massadioh Sarr, médecine du travail, ministère de la Fonction publique, du Travail et de l’Emploi, Caisse de sécurité sociale, BP 102, place de l’OIT, Dakar, Sénégal
Mr. Tim Curtis, Executive Manager, Occupational Health Safety, Department of Labour, Private Bag X499, ZA-Pretoria-0003, South Africa
Advisors/Conseillers techniques/Consejeros técnicos
Dr. Muzo Tshoko Paul Ramatsi, Compensation Fund, Department of Labour, PO Box 955, Pretoria 0001, South Africa
Mr. Desmond Philip Seaman, Compensation Fund, Department of Labour, PO Box 955, Pretoria 0001, South Africa
Dr. Lindwa Ndlovu, Director, Medical Bureau for Occupational Diseases, Department of Health, 144 De Korte Street, Braamfontein, PO Box 4948, Johannesburg-2000, South Africa
Dr. Chayuth Chatchararakul, Deputy Director-General, Department of Labour Protection and Welfare (DLPW), 9th Floor, Mimituri Road, Dindaeng, Bangkok 10400, Thailand

Experts appointed after consultations with the Employers’ group

Dr. Rana Al-Ammadi, Chief Medical Officer, Aluminium Bahrain Company (ALBA), PO Box 570, Manama, Bahrain
Dr. John W. Curbil, Consultant Chief Medical Officer, Canadian Pacific Railway, Box 71025, Calgary-Alberta T3B 8K2, Canada
Dr. Francisco De Paula Gómez, Director, Cámara de la Salud, Asociación Nacional de Empresarios de Colombia (ANDI), Calle 51, No. 47-42, Edificio Col Lester, piso 3, Apartado Aereo 997, Medellin, Colombia
Dr. Vemund Dignes, Assistant Director, Occupational Medicine, Federation of Norwegian Process Industries (PIL), Essenbrod gate 3, Post Box 5487, Majorstuen, N-0305 Oslo, Norway

World Confederation of Labour (WCL), rue de Varembe 1, PO Box 122, 1211 Geneva 20, Switzerland (Mr. Hervé Saé, representative)
International Commission on Occupational Health (ICOH), Finnish Institute of Occupational Health, Topeliuksenkatu 41 a FI-00200 Helsinki, Finland, Prof. Jaakko Rannasan, President of ICOH
International Social Security Association, 4 route des Morillons, Case Postale 1, 1211 Geneva 22 (Ms. Patricia Weissert, representative)

ILO secretariat

Dr. Jaksa Tadic, representative of the Director-General
Dr. Shengli Niu, deputy representative of the Director-General
Mr. Malcolm Griffl, expert
Mr. Alberto López-Velazco, expert
Dr. Georges H. Coppée, expert
Tripartite Meeting of Experts on the Updating of the List of Occupational Diseases
Geneva, 13-20 December 2005

Report

Introduction

1. At its 201st Session (November 2004), the Governing Body of the International Labour Office decided to convene a Meeting of Experts on Updating the List of Occupational Diseases. The Meeting was held as plenary from 13 to 20 December 2005.

Agenda

2. The agenda of the Meeting, as approved by the Governing Body, was as follows:

   Discussion and adoption of an updated list of occupational diseases which will replace the list of occupational diseases included in the Addenda to the List of Occupational Diseases
   in Geneva, 1952 (EI-1952)

Participants

3. Thirty experts were invited to the Meeting. Two of these were appointed after consultations with the Governments of Australia, Canada, Chile, China, Egypt, Italy, Russian Federation, Singapore, South Africa and Thailand. Ten were appointed after consultations with the Workers' group and ten other consultations with the Employers' group of the Governing Body. The Meeting was also attended by the representatives of the World Federation of Trade Unions (WFTU), the International Confederation of Free Trade Unions (ICFTU), the International Commission on Occupational Health (ICOH), the International Social Security Association (ISSA) and the International Council of Nurses (ICN).

4. The list of participants is appended to this report.

Opening address

5. Ms. July Person, Executive Director of the Social Dialogue Sector, ILO, opened the Meeting and welcomed all participants on behalf of the ILO Director-General. Mr. John Somers, the Director-General, expressed the greetings of Mr. Azevedo Dos Santos, Executive Director of the Social Protection Sector, who was unable to attend the Meeting during the first week but would do so during the second. He expressed his deep gratitude to all participants for having

Shengli Niu
3. The Meeting examined a proposed list prepared by the Office and proposed changes to the list. A report of the Meeting was adopted unanimously by the experts and will be available at the Committee sessions. The report of the Meeting includes two proposed lists of occupational diseases, which reflect the positions of the Government and Worker experts, on one hand, and the Employer experts, on the other.

4. The list proposed by the Employer experts includes, as an introduction, a set of general criteria for identifying occupational diseases. This introduction is intended to be applied to all the individual disease items and to replace the open-ended items which allow the recognition of the occupational origin of diseases not specified in the list if a link is established between exposure to risk factors arising from work activities and the disorders contracted by the worker.
1.3. Diseases caused by biological agents
1.3.1. Brucellosis
1.3.2. Diseases caused by hepatitis viruses
1.3.3. Diseases caused by human immunodeficiency virus (HIV)
1.3.4. Tetanus
1.3.5. Tuberculosis
1.3.6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
1.3.7. Malaria
1.3.8. Anthrax
1.3.9. Leptospirosis
1.3.10. Diseases caused by any other biological agents not mentioned in the preceding paragraphs 1.3.1. to 1.3.9. where a link is established between the exposure to these biological agents arising from work activity and the disease contracted by the worker
1.3. Diseases caused by biological agents
1.3.1. Brucellosis
1.3.2. Diseases caused by hepatitis viruses
1.3.3. Diseases caused by human immunodeficiency virus (HIV)
1.3.4. Tetanus
1.3.5. Tuberculosis
1.3.6. Toxic or inflammatory syndromes associated with bacterial or fungal contaminants
1.3.7. Malaria
1.3.8. Anthrax
1.3.9. Leptospirosis
1.3.10. Diseases caused by any other biological agents not mentioned in the preceding paragraphs 1.3.1. to 1.3.9. where a link is established between the exposure to these biological agents arising from work activity and the disease contracted by the worker
2.1. Occupational respiratory diseases
2.1.2. Silicotuberculosis
2.1.6. Bronchopulmonary diseases caused by cotton dust (byssinosis), or flax, hemp or sisal dust
2.1.7. Occupational asthma caused by recognized sensitizing agents or irritants inherent to the work process
2.1.8. Extrinsic allergic alveolitis caused by the inhalation of organic dusts, as prescribed by national legislation
2.1.9. Chronic obstructive pulmonary diseases
2.1.11. Upper airways disorders caused by recognized sensitizing agents or irritants inherent to the work process
2.1.12. Any other respiratory diseases not mentioned in the preceding items 2.1.1. to 2.1.11. where a link is established between the exposure to risk factors from work activity and the disease contracted by the worker

2.2. Occupational skin diseases
2.2.1. Allergic contact dermatoses and contact urticaria caused by recognized allergy provoking agents not included in other items
2.2.2. Irritant contact dermatoses caused by other recognized irritant agents not included in other items
2.2.3. Occupational vitiligo
2.2.4. Skin diseases caused by physical, chemical or biological agents not included under other items
3. Occupational cancer
3.1. Cancer caused by the following agents
3.1.14. Wood dust
3.1.21. Hepatitis B Virus (HBV) and C Virus (HCV)
63. The Committee on Sectoral and Technical Meetings and Related Issues recommends that the Governing Body:

(a) take note of the report of the Meeting of Experts on Updating the List of Occupational Diseases;

(b) convene another meeting of experts to complete the work accomplished by the Meeting already held concerning the review and updating of the list of occupational diseases included in the annex to the List of Occupational Diseases Recommendation, 2002 (No. 194). To that end the Office is invited to proceed with consultations for the purpose of preparing common ground before the convening of the next meeting by the Governing Body; and

(c) request that the Director-General make proposals for financing such a meeting within the Programme and Budget proposals for 2008-09.
Thank you!