

Meeting date:

19 June 2007

Open Gov.
Status:

Fully Open

Secretary's Report for 10th Meeting, 19 June 2007

A. Progress on minuted actions arising during the 9th Meeting, 22nd February 2007

Min. Ref.	Action	Status
4.29	HSE to produce a succinct portrayal of the dose-response for the effects of exposure to coal mine dust (as a surrogate for general, low toxicity dusts) on the respiratory tract, together with associated comments as reflected in the minutes (WATCH/MIN/2007/1). Following clearance of this analysis by correspondence with members, HSE will present to ACTS at the May 2007 meeting.	See below
5.12	HSE to distribute to WATCH a HSE research report estimating the current occupationally-related burden of six important cancers (not recorded as a specific action).	Report to be publicly available by late summer 2007
6.14	HSE to prepare a scoping document setting out a draft plan for how to advance the topic of low-level exposures to asbestos through WATCH, for consideration at the next WATCH meeting in June 2007.	WATCH/2007/4 presented at June 2007 meeting
8.8	HSE to combine a report on recycling by HSL's Horizon Scanning Unit with the comments of an ad hoc 'COPI' member and distribute them to WATCH.	WATCH/2007/7 presented at June 2007 meeting

4.29 Dose-response for the effects of exposure to coal mine dust on the respiratory tract

The aim of the paper to be produced by HSE is that it will present an HSE/WATCH attempt to provide a clear distillation of the dose-response relationship for the effects of inhaled respirable coal mine dust on lung function. WATCH agreed that this would be referred to ACTS for consideration at its May 2007 meeting, at which it will consider potential priorities for future work under the Disease Reduction Programme.

HSE has produced an analysis and a bar chart to illustrate the dose-response relationship. The bar chart indicates three categories of lung function impairment (mild, moderate and severe losses in FEV₁) that could result from a working lifetime of exposure to coalmine dust at respirable dust concentrations of 0 - 4 mg.m⁻³. It shows that with increasing levels of respirable coalmine dust exposure, there is a gradual increase in the percentage of non-smoking workers aged 60 with each of the three defined deficits in lung function. Furthermore, no clear threshold is observable for the coal mine dust-related effect. Of the study reference group said to be "non-dust exposed", 10% showed severe deficits in lung function which would be almost certainly consistent with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD). These "unexposed" workers were surface workers at coal mines; it could be that these workers would have had some exposure to

dust. A HSE review concluded that an average background prevalence of COPD in never-smoking, non-dust exposed males aged 60 is likely to be about 5%.

The analysis and bar chart have been agreed by WATCH and distributed to ACTS in time for its May meeting. An update on the ACTS discussion will be given at the June 2007 WATCH meeting

B. Updates on other activities

Nothing to report.