



OCCUPATIONAL DISEASES AND SICK LEAVE

Dijana Krišto¹, Stipan Barač², Katarina Zahariev Vukšinić¹

¹Croatian Institute for Health Protection and Safety at Work, ²Croatian Health Insurance Fund

Introduction

Duration of sick leave due to occupational diseases (ODs) depends on diagnosis and degree of damage to health. During the sick leave and the absence from work due to recognized occupational diseases (ODs), workers are entitled to salary compensation, which is paid by the insurer (Croatian Health Insurance Fund, CHIF).

Objective

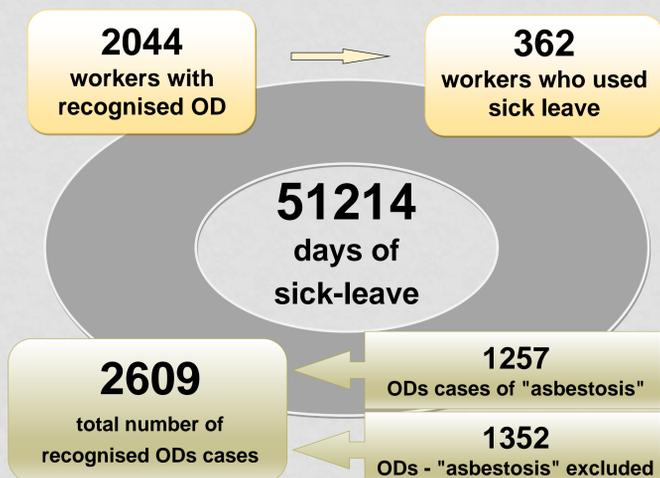
To find out:

- which diagnoses or groups of diagnoses are most commonly recognized as occupational diseases,
- which diagnoses are related to the highest number of sick leave days,
- availability of preventive actions for any of these diagnoses in order to prevent their development, reduce their incidence and consequently decrease the number of sick leave days.

Methods

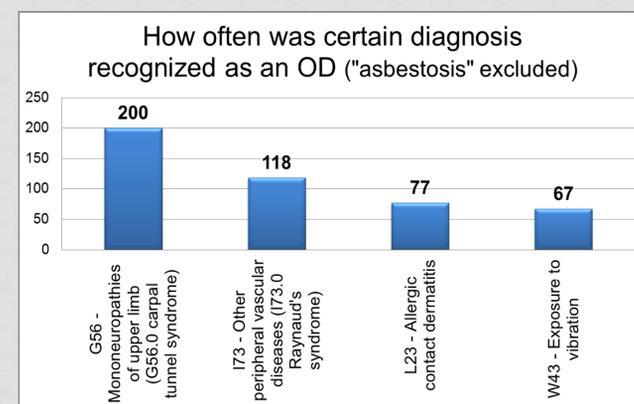
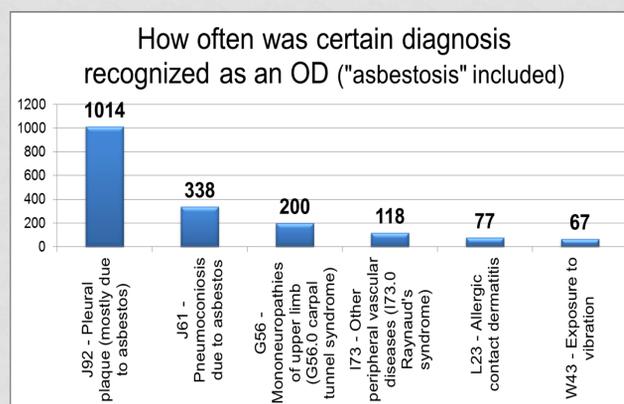
For this analysis, data on recognized occupational diseases were used. Data were collected by the Croatian Health Insurance Fund (CHIF) in the period between 1 January 2008 and 31 March 2015.

Analysis of data on sick leave due to recognized occupational diseases (ODs) in the Republic of Croatia in the period between 1 January 2008 and 31 March 2015



Results

The most common diseases which occur due to the influence of the working environment are asbestosis, vibration-induced diseases, those caused by repetitive movements, and dermatosis.



Results

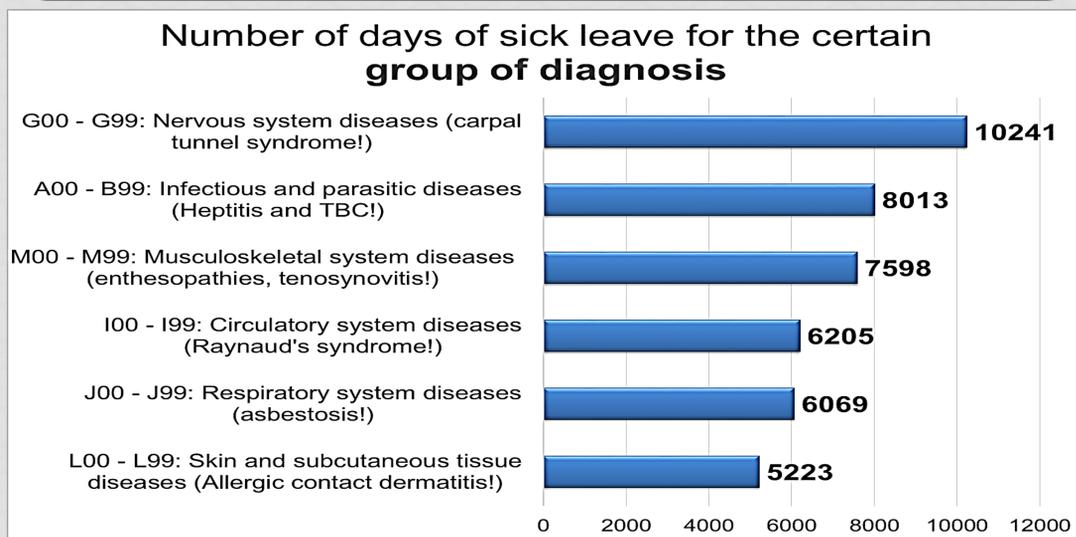
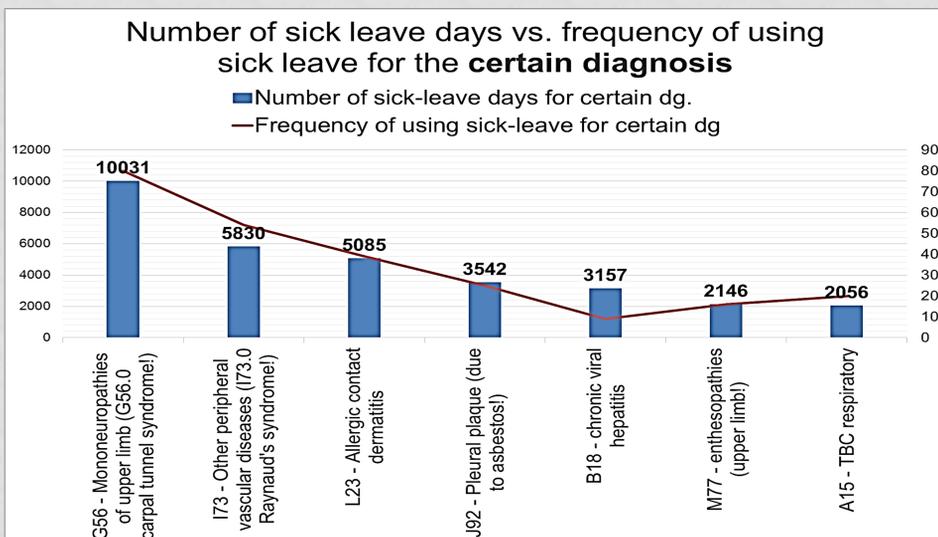
The most common recognized occupational diseases are:

1. **Mononeuropathies of upper limb (G56)**, in most cases carpal tunnel syndrome (G56.0),
 2. **Other peripheral vascular diseases (I73)**, in most cases Raynaud's syndrome (I73.0),
 3. **Allergic contact dermatitis (L23)**.
- These are the leading diagnoses with the highest number of sick leave days and the most frequently used sick leave days.

Results

The analysis of data related to **groups of diseases** and of the consequential sick leave days shows some different results. The order is as follows:

1. **Nervous system occupational diseases** (the leading diagnosis - carpal tunnel syndrome (G56.0)).
2. **Infectious occupational diseases** (the leading diagnoses are chr. viral hepatitis and tuberculosis).
3. **Musculoskeletal occupational diseases** (the leading diagnoses are M77 (other enthesopathies - in most cases enthesopathies of upper limb), M65 (synovitis and tenosynovitis - in most cases „trigger finger” and „de Quervain”), and M51 (intervertebral disc disorder)).



Conclusion

Some occupational diseases and their consequences can be prevented or their incidence reduced through the active implementation of safety measures, training, use of appropriate personal protective equipment and other preventive actions. This, in turn, would help greatly reduce the number of sick leave days and consequently the loss of the CHIF's income. The resultant savings could be earmarked to improve prevention and rehabilitation programs and thus contribute to further prevent occupational diseases and reduce their incidence.