

BRONCHIAL ASTHMA AS AN OCCUPATIONAL AND ENVIRONMENTAL DISEASE: CURRENT VIEWS ON THE PROBLEM ACCORDING TO THE RECOMMENDATIONS OF THE INTERNATIONAL LABOUR ORGANIZATION IN 2022

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Abstract. According to the International Labour Organization (ILO), the annual incidence of occupational bronchial asthma (OBA) ranges from 12 to 300 cases per million workers. Unlike in European countries, bronchial asthma in Ukraine remains an «under-recognised» occupational disease, accounting for less than 0.2 % of occupational pathology.

The aim of the study: to analyse the algorithm for diagnosing and recognising bronchial asthma as an occupational disease according to the ILO 2022 recommendations, to compare its main provisions with the current one in Ukraine in order to adapt the system of registration of OBA to the requirements of the European Union because of the European integration process.

Materials and methods. An analytical review of scientific publications using the abstract databases of scientific libraries PubMed, Medline and text databases of scientific publishers PubMed, Central, BMJ group and other VIP databases. The main legislative documents of Ukraine and the ILO regulating the process of recognising occupational diseases were analysed. The methods of system and content analysis were used.

The results. Population risk assessments show that the development of 9–15 % of asthma cases in working population is directly related to exposure to harmful factors in the workplace. The risk of disease development is significantly increased due to air pollution with chemical and toxic substances as a result of hostilities in Ukraine. A comparative analysis of the international principles of diagnosis and recognition of bronchial asthma as an occupational disease with a similar system in Ukraine revealed significant differences: Ukrainian documents do not contain important information on the properties of various forms of chemical compounds, their toxicological profile, the minimum duration of exposure that causes an occupational disease, and the latency period. The lack of reference to these legally defined indicators affects the objectivity of diagnosis, the unification of diagnoses, which leads to a distortion of statistical indicators of occupational morbidity in Ukraine.

Conclusions. The system of diagnosis and recording of occupational diseases, including OBA, should be improved according to the current ILO 2022 recommendations because of the reintegration processes of Ukraine's accession to the European Union.

Key words: occupational bronchial asthma, sensitizers, irritants.