

# **Integration of Hepatitis B and Hepatitis C into the National Occupational Diseases List**

## **(Meeting Report)**

With the support of the ILO Beijing Office, a workshop on Occupational Diseases and Healthcare Workers' Occupational Safety and Health was held on May 31, 2016 in Beijing. More than 30 representatives attended the workshop, including government officials in charge of occupational diseases and industrial injury insurance, experts and scholars in the field of occupational health, industrial injury insurance, epidemiology and hepatopathy, representatives of hospital management, and healthcare workers from Beijing, Henan, Hunan, Guangxi Provinces and experts from the ILO Beijing Office and WHO China Office.

Participants held heated discussion on measures of improving healthcare workers' occupational safety and health, in particular, inclusion of infection of Hepatitis B virus (HBV) and Hepatitis C virus (HCV) into the National Occupational Diseases List. Hepatitis B is yet the world's most common liver infection, and China, according to the World Health Organization, is home to 110 million people with Hepatitis B and Hepatitis C, contributing to one third of population infected by the virus across the world. It was widely agreed in the workshop that much work needed to be done to promote healthcare workers' occupational safety and health.

The participants reached upon the following consensuses during the one day workshop and called on stakeholders to take actions to respond to the critical situation of OSH in Chinese healthcare settings.

### **It is high time China integrated HBV and HCV into the National Occupational Diseases List**

- **From an international perspective**, inclusion of HBV and HCV into the National Occupational Diseases List would provide China with a great opportunity to improve the policy making process in terms of occupational safety and health to align with the international labour standard. Each and every disease reflected on the ILO Occupational Diseases List (ODL) revised in 2010 could be found on the occupational and compensable diseases list in one or more countries. The ILO Occupational Diseases List, which was adopted by the tripartite partners in 2010, was developed based on the agreement achieved in several tripartite consultations as well as the advice of the international occupational safety and health expert committee. Obviously, the ILO Occupational Diseases List, reflecting the international optimal academic judgement is evidence-based. Any disease in the ILO Occupational Diseases List has been found sufficient evidence and rationale to be treated as an

occupational disease, including HBV and HCV. Many countries across the world such as the European Union countries, the United States, Canada, and Poland have incorporated HBV and HCV into their Occupational Diseases List.

- **From a domestic perspective**, inclusion of HBV and HCV into the National Occupational Diseases List would meet the needs of safer and healthier working conditions among male and female health providers. The first Chinese Occupational Diseases List was published in 1957, with a total of 14 types of occupation diseases. In 2013, the number of diseases has increased to 132. Extension of the national occupational diseases list reflected the needs of the society to maintain the dignity, improve the health, and safeguard the rights of workers. The newly amended national Occupational Diseases List in 2013, having ten categories among which four were open-ended, is much improved than the previous editions, yet when compared with the ILO Occupational Diseases List, many disease categories on the list are still close-ended to a large degree. Only those specified diseases on the list would be considered occupational diseases. For others not included in the list, though caused by work-related factors, cannot be recognized as occupational diseases.

China has yet the largest population with Hepatitis B and Hepatitis C. According to China CDC, the prevalence of HBV and HCV among the Chinese healthcare workers is much higher than other populations. Healthcare workers have more opportunities to contact the viruses and thus are at higher risks of being infected by these viruses than others. Inclusion of HBV and HCV into the National Occupational Diseases List would protect occupational safety and health among healthcare workers and improve the effectiveness of management of occupational exposure to blood borne pathogens in workplace.

- **From the perspective of the trend of disease development**, incorporation of HBV and HCV into the National Occupational Diseases List would effectively improve the health of healthcare workers in China, thus improving the healthcare quality for people in the country.

China is has almost 50% of the population with liver cancer worldwide. And 80% of liver cancer in the country is caused by hepatitis B. According to the WHO report, hepatitis B prevalence among healthcare workers is 3 to 6 times higher than that of the general population, yet due to lack of policy documents, hepatitis B vaccination rate among healthcare workers is only 30% as the local survey data shows.

Hepatitis C is another primary cause of liver cancer. One tenth of liver cancer was caused by hepatitis C in China in 2012. The Chinese healthcare workers are at higher risk of hepatitis C infection than the general population. Hepatitis C prevalence among healthcare workers was 2.5% while the general population was only 0.43% in 2012. Yet, antiviral medicines can cure approximately 90% of persons with hepatitis C infection, thereby reducing the

risk of death from liver cancer and cirrhosis. Occupational infection of Hepatitis C should be treated as occupational disease for free or at a low cost, appropriate and on time treatment should be provided for healthcare workers whenever needed. Meanwhile, the existing medical detection technology is able to identify whether the infection is due to occupational exposure.

- **From the perspective of effectiveness of the intervention and treatment**, inclusion of hepatitis B and hepatitis C into the National Occupational Diseases List will greatly enhance the management of occupational exposure to blood borne pathogens in particular the Hepatitis B and Hepatitis C, in healthcare settings. As a result, the Guidelines on Prevention and Control of Occupational Infections of Blood Borne Pathogens will be implemented in a more effective way, thus Hepatitis B vaccination rate among healthcare workers will increase dramatically, and occupational exposure and infection of the viruses will decrease.

Many people with Hepatitis B improve without treatment. There is no medication available to treat acute Hepatitis B, and for Chronic Hepatitis B infection, not every person needs to be on medication. Approximately 30 to 40 per cent of chronic hepatitis B infection needs treatment.

Hepatitis C virus causes both acute and chronic infection. Acute HCV infection is usually asymptomatic, and is only very rarely associated with life-threatening disease. About 15 to 45 percent of infected persons spontaneously clear the virus within 6 months of infection without any treatment. The remaining 55 to 85 percent of persons will develop into chronic HCV infection. Hepatitis C does not always require treatment, as the immune response in some people will clear the infection, and some people with chronic infection do not develop liver damage. Approximately, 80 percent of chronic infection requires treatment, yet it is curable.

- **From the perspective of political and social-economic impact**, inclusion of Hepatitis B and Hepatitis C into the National Occupational Diseases List reflects the care and respect of the government to healthcare workers who dedicate themselves to safeguarding the health of the whole nation. The nine million healthcare workers who serve in the frontline of life-saving course should be entitled to the same rights as other labours in terms of occupational safety and health. Only if healthcare workers are safer and healthier can they provide higher quality service to the whole nation, thus, preparing healthier and more productive people for the country.

China is now narrowing the gap with the world and playing an increasingly important role of social development on the world stage. With rapid economic development, it is time for China to output to the world the progress of social development, in particular those people-oriented and workers' rights concerned good practice. The expansion of National Occupational Diseases List,

care for occupational safety and health of healthcare workers as well as enforcement of the international labor standards will undoubtedly enhance the image of a “socially developing” China in the international arena.

To conclude, it is time to include Hepatitis B and Hepatitis C into the National Occupational Diseases List. This policy change will affect 9 million healthcare workers in China, or 10 percent of the global health providers. Improving occupational safety and health of healthcare workers, and extending National Occupational Disease List not only benefit healthcare workers in China, but also the healthcare providers across the world. Sharing experiences and lessons learned in this regard in China will also reflect the country’s contribution to the global healthcare workers’ occupational safety and health.

### **Call on MOHRSS and NHFPC inclusion of HBV and HCV into the National Occupational Diseases List**

The National Occupational Diseases List was issued on December 23, 2013 jointly by the Ministry of Human Resources and Social Security(MoHRSS), National Health and Family Planning Commission (NHFPC), All-China Federation of Trade Unions (ACFTU), and the State Administration of Work Safety (SAWS). The List fully reflected the intention of decision makers to keep pace with times and sustain innovation when formulating a policy. The new version of the List, built on the previous edition, is more adaptable, open and scientific. Judgement of any disease as the occupational disease was made based on evidence and data. Some diseases such as Hepatitis B and Hepatitis C, which were not agreed upon by related departments, were not incorporated into the List. Now, with a number of studies carried out by labour and health departments and more compelling evidence identified, decision-makers in related departments have had a better understanding of occupational infection of Hepatitis B and Hepatitis C and their implications for specific occupations.

NHFPC is the governing body in charge of hospital administration as well as occupational health inspection, including occupational safety and health inspection in healthcare settings. It would be an important breakthrough in the course of policy change, if MOHRSS could address NHFPC to discuss the incorporation of Hepatitis B and Hepatitis C into the National Occupational Diseases List.

### **Technical cooperation in the future**

Based on the key findings and agreement achieved in the workshop, the ILO Beijing Office communicated with MOHRSS and some experts after the workshop, and identified several priority areas for further technical cooperation with the MOHRSS and other partners:

- To carry out studies on impact of integration of Hepatitis B and Hepatitis C into the National Occupational Diseases List on Occupational Injury Insurance Scheme in China
- To carry out policy research on healthcare workers' participation in the Occupational Injury in China
- To conduct more studies on expanding Occupational Diseases List, for instance, the air borne pathogens(e.g. TB), and other blood borne pathogens
- To explore the establishment of basic occupational health service system for healthcare workers.
- To incorporate the healthcare workers' OSH into the agenda of Health Reform in China