

Table 11. Occupational Allergic Diseases

Referral Guideline	Rationale	Evidence Type
<p>Workers 1) who anticipate being exposed to an agent or agents to which they are at risk of developing an allergy or 2) who are presently being exposed to and are at risk for an allergic reaction to, including rhinitis, conjunctivitis, asthma or eczema should be referred to an allergist/immunologist for assessment to determine if the worker may be susceptible to rhinitis, asthma, dermatitis, urticaria or anaphylaxis from the exposure. An example is a worker who will be exposed to latex and has spina bifida, congenital urogenital tract abnormalities, or a worker with a past history suggestive of latex allergy.</p>	<p>Workers with congenital urogenital tract abnormalities, spina bifida, health care workers and rubber workers have a very high prevalence of latex allergy.¹⁻⁵</p> <p>Workers with an allergy who may not be able to prevent exposure or are prone to accidental exposure should be educated on self-treatment of asthma, rhinitis, urticaria, eczema and anaphylaxis and have appropriate medications to use to control symptoms and signs. Specifically, if the patient has a history of anaphylaxis, prescribing and educating the patient on the proper use of an EpiPen or similar device for self-administration of epinephrine may be life-saving. Allergist-immunologists are specifically trained to educate patients regarding self-treatment of such reactions⁶</p>	<p>Diagnostic</p> <p>Indirect outcome (avoidance)</p>
<p>Workers in whom the cause of occupational induced lung disease, including asthma or hypersensitivity pneumonitis, skin disease or upper respiratory disease such as rhinitis or conjunctivitis, is unable to be determined by history alone and/or objective evidence is necessary to confirm cause and effect between exposure and disease.</p>	<p>Skin testing and RAST testing often can identify the cause of a hypersensitivity reaction.⁷</p> <p>Continued exposure to an allergen may result in progressive lung volume loss, which may be irreversible.⁸</p> <p>In most cases avoidance of the identified agent is the optimal treatment for occupational diseases.⁹</p> <p>Correlation of the history, with the results of IgE testing, helps prevent inappropriate avoidance, which may be suggested by RAST testing alone.^{10,11}</p> <p>In cases where the etiology cannot be isolated adequately by history, skin testing or RAST testing, inhalation challenge, which is the gold standard, can be arranged to provide objective evidence of hypersensitivity reaction.¹²</p>	<p>Diagnostic</p> <p>Indirect outcome (avoidance)</p>

Referral Guideline	Rationale	Evidence Type
Workers with occupational induced rhino-conjunctivitis.	<p>Workers with rhino-conjunctivitis are at an increased risk to develop asthma. Early avoidance may decrease the risk of further respiratory disease.¹³</p> <p>By history, skin testing and or RAST testing and correlating the history and objective findings, the causative agent can often be identified, allowing appropriate avoidance and preventing possible loss of occupation or serious lung disease.¹⁴</p> <p>Prognosis of occupational induced respiratory disease is dependent on extent and duration of exposure.¹⁵</p>	<p>Diagnostic</p> <p>Indirect outcome (avoidance)</p>
Referral to an allergist/immunologist for career counseling should be considered for adolescents with allergic disease who may be considering careers with exposure to animals or other allergens.	<p>Based on history and relevant studies, allergist/immunologists can assess the future relative risks of such patients in the workplace.^{7,16} These individuals can then be aware of any degree of increased risk of sensitization and be able to modify career plans with suitable advice.</p>	<p>Indirect outcome (avoidance)</p>
Workers in occupations with animal exposure who develop rash, upper respiratory symptoms, eye symptoms or lung symptoms.	<p>Upper respiratory and lower respiratory, skin and eye symptoms may be due to allergic sensitization to the animals. Allergy testing can confirm sensitization and lead to appropriate interventions.¹⁶</p>	<p>Diagnostic</p> <p>Indirect outcome (avoidance)</p>
Persons with occupational exposure to food proteins and chronic skin and/or respiratory symptoms attributable to the work environment.	<p>Occupational disease may be related to exposure to food proteins such as wheat ("Bakers" asthma), or food handling (contact urticaria, contact dermatitis) that is diagnosed through modalities available to the allergist/immunologist⁷. Avoidance is the treatment of choice.^{17, 18}</p>	<p>Diagnostic</p> <p>Indirect outcome (avoidance)</p>

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