The National Network for Monitoring and Prevention of Occupational Diseases (RNV3P) brings together all the French occupational disease clinics (CCPPs) and several occupational health services (SSTs) associated with the network. The RNV3P is simultaneously a network of competence in occupational health and a health database.

This 2013-2014 report focuses on two years of activity and presents data from the network’s old and new information systems.
THE NATIONAL NETWORK FOR MONITORING AND PREVENTION OF OCCUPATIONAL DISEASES IN BRIEF

The National Network for Monitoring and Prevention of Occupational Diseases (RNV3P) brings together all 32 French occupational disease clinics (CCPPs), as well as 10 occupational health services (SSTs) attached to the network (Figure 1). It records in a standardised way all the consultations carried out in the CCPPs, and all the occupational health problems diagnosed by the SSTs participating in the RNV3P (demographic data on the patient, diseases, exposure, industry sector, profession, causality between disease and exposure). It should be noted that the data from the CCPPs primarily reflect a system for seeking treatment. There are no inclusion and exclusion criteria, and the recruitment of cases depends on the network of doctors referring patients to the CCPPs. The value of these data lies in the fact that they are open to the entire field of diseases suspected to be of occupational origin (regardless of medical-legal considerations of compensation) and they are based on well-documented files. The data provided by the SSTs provide information on the incidence of the various work-related diseases, and complement that transmitted by the CCPPs. An additional strength of the RNV3P is its historical intricacy and complementarity with prevention stakeholders, especially engineers from the Occupational Health and Pension Insurance Funds (CARSAT), whose cooperation with the CCPPs was formalised some time ago.
REORGANISATION OF THE NETWORK
AND NEW INFORMATION SYSTEM

Over these past two years, in parallel with the rewriting of agreements underpinning the network, the RNV3P’s information system (IS) has been completely rebuilt. Anses undertook the creation of a new tool designed to facilitate registration (quality, uniformity of collection), harmonise practices and improve data processing (Figure 2). A dedicated working group was tasked with defining all of the functional aspects. This new information system was finally deployed to all the CCPPs and SSTs in the network in March 2014. To familiarise future users with this application and assist in this change, many training sessions have been organised within ANSES. This assistance with

The main objectives of the RNV3P network are:

• to detect and describe occupational situations in France that entail health risks,
• to search for new etiologies and emerging risks,
• to enhance and harmonise diagnosis practices for occupational diseases.

As operator of the network, ANSES is responsible for coordinating all its activities in partnership with the National Health Insurance Fund for Salaried Workers (CNAM-TS), the Central Fund for the Agricultural Mutual Insurance Scheme (CCMSA), the French Institute for Public Health Surveillance (InVS) and the French Society for Occupational Medicine (SFMT).

1 January 2013 › Entry into force of the new conventions defining the framework of the RNV3P’s operating partnership.
5 June 2013 › Renewal of the composition of the members of the RNV3P Steering Committee and election of the representatives of the occupational disease clinics.
16-18 October 2013 › Meeting of the European Modernet network in Paris on the ANSES premises. The highlights of these three days were the talks by Jorge COSTA DAVID from the European Commission and Elke SCHNEIDER from EU-OSHA, and the presentation on the OccWatch project.
4 December 2013 › Conference at the European Parliament in Brussels on “Occupational Diseases in the EU: The system(s) and their role / Way forward”. Presentation of the OccWatch sharing platform and the procedure for highlighting emerging diseases at European level.
1 January 2014 › Release of the new version of the Thesaurus on Occupational Exposures (Version “Beta-2”).
25 March 2014 › RNV3P’s School of Quality and Methodology at ANSES: day of training and information on the new information system, new procedures and good coding practices with the participation of around 60 occupational health professionals and medical data entry operators from CCPPs and SSTs throughout France.

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Deployment has been extended through technical support and web conferences organised for each CCP. Today, each user of the application can find all the data on their patients and search the RNV3P data themselves at local and national level.

These two years have also led to the restructuring of the network, with the signature of agreements relating to the RNV3P. These agreements govern the relationship between the national partner organisations and the CCPs, and how the network will operate on new legal bases. They determine the missions and commitments of each of the members of the group: the network coordinator (ANSES), the other funding members (CNAM-TS, CCMSA), associated members (InVS and SFMT) and each CCP. This reorganisation has helped simplify the comitology process.

The RNV3P Steering Committee was renewed in June 2013 with the election of six representatives of the CCPs (Figure 3).

DETECTION AND EXPERT APPRAISAL OF SUSPICIONS OF NEW OCCUPATIONAL DISEASES (“EMERGING DISEASES”)

Vigilance in occupational health has no regulatory framework. But society has high expectations concerning the prevention of occupational risks. One of the main objectives of the RNV3P is to identify emerging or re-emerging risks in occupational health. The RNV3P is therefore an important project for the Agency with regard to the topic of vigilance.

This is done via the working group on Emergence, whose missions are to establish a platform for sharing and expertise for the early detection of potentially emerging cases, and to set up a process for reporting any occurrence of an emerging disease. In 2013, this working group changed its name from “Clinical Emergence” to “Emergence”, because the signals discussed by the group’s experts involve not just clinical cases reported in the field but also information from statistics revealing emergence (data mining in the national RNV3P base), or even from proactive searches for cases in response to alerts on new diseases from other sources or organisations (literature, NIOSH, European Modernet Network).

**Figure 3: Composition of the RNV3P Steering Committee in 2013 and 2014**

Mission: To decide on the main policy orientations of the RNV3P, rule on its priorities and ensure its proper functioning.

| Chairman | DEWITTE Jean-Dominique |
| University and Hospital Professor, Brest, Chairman of the Steering Committee |

| Representatives of the French Agency for Food, Environmental and Occupational Health & Safety | MORTUREUX Marc, Director General |
| LASFARGUES Gérard, Deputy General Director for Scientific Affairs |
| BASTOS Henri, Assistant to the Occupational Health Director |
| LE BARBIER Mélina, Head of Unit for the RNV3P mission |

| Representatives of the National Health Insurance Fund for Salaried Workers | JACQUETIN Pascal, CNAM-TS |
| VANDENBERGHE Odile, CNAM-TS |

| Representative of the French National Research and Safety Institute | ABADIA-BENOIST Geneviève, INRS |

| The President of the French Society for Occupational Medicine (or his representative) | PAIRON Jean-Claude, University and Hospital Professor, Créteil |

| Representative of the French Central Fund for the Agricultural Mutual Insurance Scheme | DEFFONTAINES Gaëtan, CCMSA |

| Representative of the French Institute for Public Health Surveillance | BUISSON Catherine, InVS |
New occupational diseases are defined within this group as new pairs (disease x exposure), or as pairs (disease x exposure) that are already known but have been detected in a new occupation or a new industry sector (referred to as a “new triad”).

The years 2013-2014 have helped establish the capacity for vigilance in occupational health and the research approach for emerging cases at both national and European level. The most recent scientific report by the RNV3P published in 2014, “Method of detection and expert appraisal of suspicions of new occupational diseases”, presents the adopted approach.

So far, 40 reports have been or are being assessed by the experts in this working group. Most of the reports have come from the clinical component. The work done at national level is coordinated with that at European level (see box).

### Type of consultations, health problems at work and industry sectors identified

Between 2001 and 2014, 347,021 consultations (CCPP+SST) concerning 213,140 patients were recorded in the RNV3P database. 29,911 new consultations were added to the database in 2013 and 29,069 in 2014 (Table 1) representing 17,357 patients in 2013 and 17,264 in 2014. Over these two years, most patients were men (60%; n=20,651). The mean age was 47.1±14.6 years for the CCPPs versus 43.4±10.4 years for the SSTs.

Between 2001 and 2014, 335,605 consultations were recorded in the RNV3P database by the CCPPs participating in the network (Table 1).

The occupational health problems (OHPs) observed in the CCPPs in 2013 and 2014 mainly concerned mental and behavioural disorders (20.6%), musculoskeletal disorders (14.9%) and cancers (14.6%) (Figures 5 to 9).

### Thesaurus on occupational exposures

ANSES was tasked with designing and monitoring a thesaurus on occupational exposures, to be shared by many different occupational health stakeholders, within a working group bringing together all the network’s institutional partners. The aim of this collective thesaurus of occupational exposures is to provide occupational health stakeholders with a common reference tool for coding and tracking occupational exposures with a view to occupational risk prevention. This thesaurus ensures that the users share the same language and vocabulary in order to:
- ensure the continuity of worker monitoring,
- facilitate cooperation with partners,
- enable the entered data to be exploited,
- contribute still further to protecting worker health.

New versions of the thesaurus of occupational exposures, resulting from the working group’s efforts, are regularly issued to users. In 2013, in the framework of its monitoring work, substantial improvements were made to version “Beta-1”, taking into account the views of the users as well as developments in knowledge. This work led to the creation of a new version containing 8,264 items. Some of the terms have also been reviewed and corrected, and 1,415 new items have been added to this version.

At the same time, the working group opted to recode the entire thesaurus. The recodification that took place in 2013 now means that an indicator code is generated, which facilitates subsequent exploitation of the data. This recodification has no negative impact for routine users.

The tasks for this update included featuring all the substances listed in the tables of occupational diseases, and redesigning the part on biological agents.
Figure 4: Breakdown of consultations by CCPP for 2013 and 2014

- Angers
- Cherbourg
- Caen
- Bordeaux
- Garches
- Cochin
- Toulouse
- Créteil
- Lyon
- Nantes
- Le Havre
- Strasbourg
- Lille
- Fernand-Widal
- Lyon
- Caen
- Le Havre
- Rouen
- Cherbourg
- Others (% < 2.50)

2013:
- Angers: 1,289
- Cherbourg: 1,350
- Caen: 1,638
- Bordeaux: 1,691
- Garches: 1,561
- Cochin: 1,164
- Toulouse: 1,009
- Créteil: 997
- Lyon: 921
- Nantes: 879
- Le Havre: 830
- Rouen: 839
- Cherbourg: 718

2014:
- Angers: 1,350
- Cherbourg: 1,289
- Caen: 1,561
- Bordeaux: 1,691
- Garches: 1,164
- Cochin: 1,009
- Toulouse: 921
- Créteil: 879
- Lyon: 830
- Nantes: 839
- Le Havre: 817
- Rouen: 737
- Cherbourg: 711

Figure 5: Occupational health problems most frequently encountered in the CCPPs in 2013 and 2014 in the RNV3P network (ICD-10 nomenclature)

- Adaptation disorders relating to psychosocial risks and mental and behavioural disorders (F00-F99)
- Diseases of the musculoskeletal system and connective tissue (M00-M99)
- Neoplasms (C00-D48)
- Factors influencing health status and contact with health services (placed under observation) (Z11-Z99)
- Diseases of the respiratory system (J00-J99)
- Diseases of the skin and subcutaneous tissue (L00-L99)
- Diseases of the nervous system (G00-G99)
- Diseases of the ear and the mastoid process (H60-H95)
- Diseases of the eye and adnexa (H00-H59)
- Other ICD-10 chapters

N=16,563

2013:
- F00-F99: 20.2%
- M00-M99: 15.0%
- C00-D48: 7.6%
- Z11-Z99: 4.7%
- J00-J99: 2.2%
- L00-L99: 1.8%
- G00-G99: 1.4%
- H60-H95: 1.3%
- H00-H59: 1.2%

2014:
- F00-F99: 14.7%
- M00-M99: 14.4%
- C00-D48: 3.9%
- Z11-Z99: 3.0%
- J00-J99: 1.6%
- L00-L99: 1.2%
- G00-G99: 2.4%
- H60-H95: 2.0%
- H00-H59: 2.6%

Figure 6: Occupational health problems most frequently encountered in the SSTs in 2013 and 2014 in the RNV3P network (ICD-10 nomenclature)

- Adaptation disorders relating to psychosocial risks and mental and behavioural disorders (F00-F99)
- Diseases of the musculoskeletal system and connective tissue (M00-M99)
- Neoplasms (C00-D48)
- Factors influencing health status and contact with health services (placed under observation) (Z11-Z99)
- Diseases of the respiratory system (J00-J99)
- Diseases of the skin and subcutaneous tissue (L00-L99)
- Diseases of the nervous system (G00-G99)
- Diseases of the ear and the mastoid process (H60-H95)
- Diseases of the digestive system (K00-K99)
- Certain infectious and parasitic diseases (A60-B99)
- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)

N=1,410

2013:
- F00-F99: 41.8%
- M00-M99: 30.7%
- C00-D48: 9.1%
- Z11-Z99: 3.1%
- J00-J99: 2.4%
- L00-L99: 2.3%
- G00-G99: 1.8%
- H60-H95: 1.4%
- K00-K99: 1.2%

2014:
- F00-F99: 40.5%
- M00-M99: 34.2%
- C00-D48: 8.0%
- Z11-Z99: 2.6%
- J00-J99: 4.9%
- L00-L99: 1.6%
- G00-G99: 0.9%
- H60-H95: 1.0%
- K00-K99: 0.9%

N=1,269

2013-2014 ACTIVITY REPORT
NATIONAL NETWORK FOR MONITORING AND PREVENTION OF OCCUPATIONAL DISEASES (RNV3P)
Figure 7: Breakdown of consultations recorded in the CCPPs by source of the request for 2013 and 2014

- **2013**
  - Occupational physician: 13,312 (47.1%)
  - Specialist physician (hospital, community): 6,716 (23.8%)
  - GPs, school physicians or medical advisors: 3,996 (14.1%)
  - Patients themselves: 2,354 (8.3%)
  - Other origins: 1,886 (6.7%)
  - Total: 28,265

- **2014**
  - Occupational physician: 12,290 (44.4%)
  - Specialist physician (hospital, community): 6,462 (23.3%)
  - GPs, school physicians or medical advisors: 4,172 (15.1%)
  - Patients themselves: 2,627 (9.5%)
  - Other origins: 2,141 (7.7%)
  - Total: 27,692

Figure 8: Breakdown of reasons for consultations recorded in the CCPPs for 2013 and 2014

- **2013**
  - Occupational disease diagnosis: 15,301 (49.6%)
  - Opinion on fitness for work, career guidance or reclassification: 1,608 (5.2%)
  - Occupational disease monitoring: 4,483 (14.5%)
  - Systematic surveillance: 2,215 (7.2%)
  - Occupational questionnaire: 5,438 (17.6%)
  - Other reasons: 1,608 (5.2%)
  - Total: 30,844

- **2014**
  - Occupational disease diagnosis: 15,245 (47.7%)
  - Opinion on fitness for work, career guidance or reclassification: 1,848 (5.8%)
  - Occupational disease monitoring: 3,552 (11.1%)
  - Systematic surveillance: 3,306 (10.4%)
  - Occupational questionnaire: 6,921 (21.6%)
  - Other reasons: 410 (1.3%)
  - Total: 31,977

Figure 9: Breakdown of the findings of occupational health problems recorded in the CCPPs by source of the request for 2013 and 2014

- **2013**
  - Occupational disease diagnosis: 9,163 (55.3%)
  - Fitness for work: 2,278 (13.8%)
  - Non-occupational and non-environmental disease: 3,306 (20.0%)
  - Absence of disease: 298 (1.8%)
  - Environmental disease: 1,518 (9.2%)
  - Total: 16,563

- **2014**
  - Occupational disease diagnosis: 8,976 (54.5%)
  - Fitness for work: 2,763 (16.8%)
  - Non-occupational and non-environmental disease: 2,873 (17.4%)
  - Absence of disease: 333 (2.0%)
  - Environmental disease: 1,524 (9.3%)
  - Total: 16,469
Modernet ("Monitoring trends in Occupational Diseases and new and Emerging occupational Risks NETwork") is a network of experts in the field of occupational diseases from 19 different countries. This network aims to develop vigilance in occupational health at a supranational level. Modernet’s primary missions are to improve exchanges on the reporting of occupational diseases and methods for detecting and analysing trends. The main challenge for Modernet is to foster cooperation by different European teams around the issue of occupational health watch, supported by five years of COST funding. It involves sharing tools, moving toward consensus, analysing comparative data and encouraging member countries setting up surveillance networks to use tools that are as similar as possible to those already developed by other member countries, in order to facilitate comparative analyses. In the framework of this collaborative work and sharing of potentially emerging cases, ANSES developed the OccWatch Platform project. The aim of this platform on the emergence of new occupational diseases is to ensure the capture and traceability of cases considered to be potentially emerging occupational diseases within the Modernet partners, then to summarise the shared expertise in order to make it more easily available. It already brings together more than thirty people from the countries participating in the Modernet network.

1. Belgium, Bosnia-Herzegovina, Croatia, Czech Republic, Finland, France, Germany, Iceland, Ireland, Italy, Malta, Netherlands, Norway, Portugal, Republic of Macedonia, Romania, Spain, Switzerland, United Kingdom.

Following the deployment of the new IS at all the CCPPs and SSTs, it was necessary to inform and train all the data entry operators in the new procedures and good practices for coding medical data. A School of Quality and Methodology was held on 25 March 2014 and was attended by more than 60 participants from all over France (occupational physicians, physicians in other specialities, nurses, secretaries, medical interns).

At the same time, the dissemination of information was formalised, systematised and extended to all the people concerned. To do this, several reference documents were drafted and sent to users. In particular, they included a guide to facilitate data entry. This document has been updated to take into account the changes to the database. Similarly, a coding guide, recommendations on conducting queries and a publication charter were drafted and made available to users. Telephone support is also offered for the CCPPs and SSTs during working days.