

Occupational Disease in Connecticut, 2026



This report covers data for 2024
and was prepared under contract for the
State of Connecticut Workers' Compensation Commission
Stephen M. Morelli, Chairperson

As part of the Occupational Disease Surveillance Program, in cooperation
with the Connecticut Department of Labor and the Connecticut
Department of Public Health

By

Tim Morse, PhD, Professor Emeritus
Division of Occupational and Environmental Medicine
and Department of Public Health Sciences
UConn Health
Farmington, CT 06030
tmorse@uchc.edu

September, 2026

Table of Contents

A. Executive Summary	4
Map of occupational illness rates by town	6
B. Summary of Diseases	7
C. Bureau of Labor Statistics/Connecticut Department of Labor Surveys	8
Occupational Illnesses in 2024	8
Illnesses by Industry	11
Lost-Time Illnesses.....	12
D. Workers' Compensation First Report of Injury Data.....	16
Illnesses by Town/Municipality	22
Musculoskeletal Disorders	24
Infectious Diseases	26
Respiratory Illness and Poisonings.....	27
Chronic Lung Conditions	28
Skin Conditions	28
Stress and Heart Conditions	29
Other Occupational Diseases.....	30
Poison Control Center Cases	38
E. Occupational Illnesses and Injury Surveillance System (OISS)	31
F. Appendix 1: Databases and Methods	39
G. Appendix 2: Occupational Disease Detail by Type and Year (BLS)	41
H. Appendix 3: Internet Resources for Job Safety and Health	43
I. Appendix 4: Who's Who—Connecticut Job Safety and Health Resources	48

List of Tables

Table A-1: Summary of Diseases Reported by Available Systems, 2022–2024.....	4
Table C-1: Occupational Illness by Type, BLS/CTDOL, 2023–2024	8
Table C-2: Illnesses by Industry Sector and Type of Illness, Connecticut, 2024.....	11
Table C-3: Rate of Lost-Time Illnesses, BLS Biennial Data, 2023–2024	12
Table C-4: Cases and Rates of COVID-19, Connecticut, 2020–2024.....	12
Table D-1: Occupational Disease by Type, WCC, 2023–2024.....	16
Table D-2: Occupational Illnesses and Rates per 10,000 Workers by Age, 2024.....	17
Table D-3: Rates of Occupational Disease by Major Industry Sector, WCC, 2024.....	18
Table D-4: Number of Diseases by Industry Sector, WCC, 2024.....	19
Table D-5: Specific Industry Sectors with 20 or More Cases, WCC, 2024	21
Table D-6: Illnesses by Town/Municipality, 20 or More Cases, WCC, 2024.....	22
Table D-7: Musculoskeletal Disorders by Type, WCC, 2023–2024.....	24
Table D-8: Musculoskeletal Disorders by Part of Body, WCC, 2024.....	24
Table D-9: Musculoskeletal Disorders with Identified Cause, WCC, 2024.....	25
Table D-10: Infectious Diseases and Exposures by Type, WCC, 2023–2024	26
Table D-11: Respiratory Conditions and Poisonings by Cause, WCC, 2023–2024.....	27
Table D-12: Chronic Lung Diseases by Type, WCC, 2023–2024	28
Table D-13: Skin Diseases by Cause, WCC, 2023–2024.....	28
Table D-14: Heart, Hypertension, and Stress Conditions, WCC, 2023–2024.....	29
Table D-15: Stress Conditions by Cause, WCC, 2023–2024	29
Table D-16: Other Occupational Illnesses, WCC, 2023–2024.....	30
Table E-1: Occupational Disease Case Reports by Type, OIIS and ABLES, 2015–2024.....	31
Table E-2: Cases and Rates of Illness by Industry Sector, OIIS, 2024	33
Table E-3: Musculoskeletal Disorders by Type, OIIS, 2023–2024	34
Table E-4: Common Causes of MSD, OIIS, 2023–2024	35
Table E-5: Skin Conditions by Type, OIIS, 2023–2024	35
Table E-6: Respiratory Diseases and Poisoning by Type, OIIS, 2023–2024.....	36
Table E-7: Lead Cases by Blood Lead Level, CT ABLES, 2023–2024	36
Table E-8: Infectious and Other Illnesses, OIIS, 2023–2024.....	37
Table G-1: Cases of Occupational Disease by Type, BLS/CTDOL, 1979–2024.....	41
Table G-2: Rates of Occupational Disease by Type, BLS/CTDOL, 1979–2024.....	42

List of Figures

Figure A-1: Map of Occupational Illness Rates by Town, 2024	6
Figure B-1: Summary of Diseases Reported by Available Systems, 2024	7
Figure C-1: Occupational Illness Rates by Type, U.S. and Connecticut, 2024.....	9
Figure C-2: Occupational Illness Rates by Type, Connecticut, 2002–2024.....	10
Figure C-3: Overall Occupational Illness Rates by Year, 2002–2024	10
Figure C-4: Cases of COVID-19, Connecticut, 2020–2024	13
Figure C-5: Musculoskeletal Disorder DAFW Rates, CT and U.S., 2004–2024	13
Figure C-6: Musculoskeletal Disorder DART Rates, CT and U.S., 2021–2024	14
Figure C-7: Lost-Time CTS and Tendonitis Rates, CT and U.S., 2023–2024.....	14
Figure D-1: Percent of Women by Disease Type, WCC, 2024.....	16
Figure D-2: Occupational Illness Cases by Industry, WCC, 2024	18
Figure E-1: Occupational Disease Case Reports by Type, OIIS and ABLES, 1998–2024	31
Figure E-2: Occupational Disease by Age, OIIS, 2024.....	32
Figure E-3: Occupational Disease by Industry Sector, OIIS, 2024.....	33
Figure E-4: Lead Cases at or Above 10 ug/dL, 2003–2024	37

A. Executive Summary

This report focuses on occupational disease reports for 2024 and recent trends in reported cases. It does not address traumatic occupational injuries; data for Connecticut injuries can be found at the national Bureau of Labor Statistics (<https://www.bls.gov/iif/oshstate.htm>). Occupational diseases are typically harder to detect than injuries because they often occur over longer periods and can have multiple occupational and non-occupational risks. The 2024 summary uses three available sources: Workers' Compensation First Reports of Injury (WCC), the Bureau of Labor Statistics/Connecticut Department of Labor Annual Survey (BLS/CTDOL), and the Occupational Illnesses and Injury Surveillance System (OIISS), including laboratory-reported adult blood lead cases from ABLES.

Table A-1: Summary of Diseases Reported by Available Systems, 2022-2024

Type of Disease	BLS/CTDOL			WCC			OIISS/ABLES			Unique Cases* (WCC and OIISS)		
	2022	2023	2024	2022	2023	2024	2022	2023	2024	2022	2023	2024
Lung & poisonings	5,300	1,800	1,100	269	382	327	187	197	101	434	547	
Lead (ABLES)							178	202	236	178	202	236
Skin	200	300	400	176	156	156	76	104	107	224	239	
Musculoskeletal**	**	**	**	2,535	2,552	2,022	502	587	568	2,930	3,013	
Infectious				2,173	1,120	812	1,036	927	1,150	3,100	1,918	
Hearing loss†	300	400	300	112	110	93	15	14	20	118	122	
Other**	600	1,000	1,000	933	868	854	189	232	170	1,091	1,063	
Total***	6,400	3,500	2,800	6,198	5,188	4,264	2,183	2,263	2,352	8,075	7,104	

Sources: BLS: Bureau of Labor Statistics/CTDOL survey; WCC: Connecticut Workers' Compensation Commission First Report of Injury; OIISS: Occupational Illnesses and Injury Surveillance System physician reports; ABLES: Connecticut Adult Blood Lead Epidemiology and Surveillance laboratory reports. OIISS totals include ABLES lead cases.

*Matched and unique 2024 WCC–OIISS case counts were not calculated because matching was not available for this report

**Musculoskeletal disorder (MSD) definitions vary between systems. MSD is included in the "Other" category for BLS/CTDOL data.

†Hearing loss is split out from WCC "Other" cases. The 854 "other" plus 93 hearing-loss equal the 947 "Other Illnesses" reported in Table D-1.

***BLS data may not sum to the total because survey estimates are rounded.

Table A-1 summarizes the three reporting systems with 2024 data. The BLS/CTDOL survey rounds estimates to the nearest 100, so subcategories do not always sum to the total and small year-to-year changes should be interpreted cautiously. WCC figures are counts of First Reports of Injury classified as occupational disease. OIISS figures are physician reports, supplemented by ABLES laboratory reports for adult lead cases.

Workplace illness patterns in 2021-2022 were heavily affected by the COVID-19 pandemic. Reports have continued to decline as COVID-19-related cases decreased, although the three systems use different categories and reporting rules and should not be directly combined.

For 2024, the BLS/CTDOL survey estimated approximately 2,800 occupational illness cases, 4,264 occupational disease reports were submitted to the WCC First Report of Injury database, and OIISS and ABLES recorded 2,352 reports. Compared with 2023, these totals decreased 20% for BLS/CTDOL and 18% for WCC, while OIISS and ABLES increased 4%.

The 2024 OIISS total consisted of 2,116 physician reports and 236 ABLES laboratory-reported adult blood lead cases. Individual-level data were not yet available for physician reports, so matching of 2024 WCC and OIISS records was not possible; those fields remain blank in Table A-1.

Musculoskeletal disorders were the largest WCC category in 2024, with 2,022 reports (47% of all WCC occupational disease reports), down 21% from 2023. OIIS recorded 568 MSD reports, down 3%. BLS/CTDOL does not separately report MSD; these cases are included within its “Other” illness category.

Infectious diseases were the largest OIIS physician-report category, with 1,150 reports (54% of physician reports), up 24% from 2023. They were the second-largest WCC category, with 812 reports, down 28% from 2023. WCC reports included 678 bloodborne pathogen exposures, 67 COVID-19 reports, 15 tuberculosis-related reports, and 15 Lyme disease or tick-bite reports. OIIS recorded 953 bloodborne reports, 135 tuberculosis/PPD reports, and 3 COVID-19 reports.

WCC recorded 327 lung disorders, 156 skin disorders, and 947 “other” illnesses in 2024. OIIS recorded 101 lung conditions, 107 skin disorders, 190 other illnesses (including 20 hearing-loss reports), and 236 adult blood lead cases. The BLS/CTDOL survey estimated 1,100 respiratory cases, 400 skin cases, 300 hearing-loss cases, and 1,000 “other” cases. Differences reflect the systems’ distinct definitions and reporting methods.

The BLS/CTDOL occupational illness rate was 20.9 cases per 10,000 workers in 2024, 22.3% below the 2023 rate of 26.9. Connecticut’s rate was 26% higher than the U.S. rate of 16.6 and ranked ninth highest among 45 states and territories with publishable data.

The WCC rate was 25.3 cases per 10,000 workers in 2024, 19% below the 2023 rate of 31.1. Manufacturing had the highest major-sector rate (47.5), followed by Education/Health (35.1), Government (34.6), and Transportation/Utilities (28.1).

Women accounted for 47% of WCC reports overall and 72% of infectious disease reports. Reports were distributed fairly evenly among workers ages 25-54, with the highest age-specific rate among workers ages 55-64 (33.4 cases per 10,000 workers).

Rates varied widely by municipality. Among towns with at least 20 cases, East Hampton had the highest rate (137.4 per 10,000 workers), followed by Somers (114.1), Westbrook (81.5), Groton (67.8), New London (56.9), Vernon (55.3), Cromwell (53.1), Stonington (48.5), Brookfield (48.0), and East Windsor (47.4). The statewide WCC rate was 25.3.

The Connecticut Poison Control Center reported calls for 347 work-related exposures, with 92 cases (27%) classified by the CPCC as having “moderate to major medical effects”, while the remaining 255 were considered minor or had no effects.

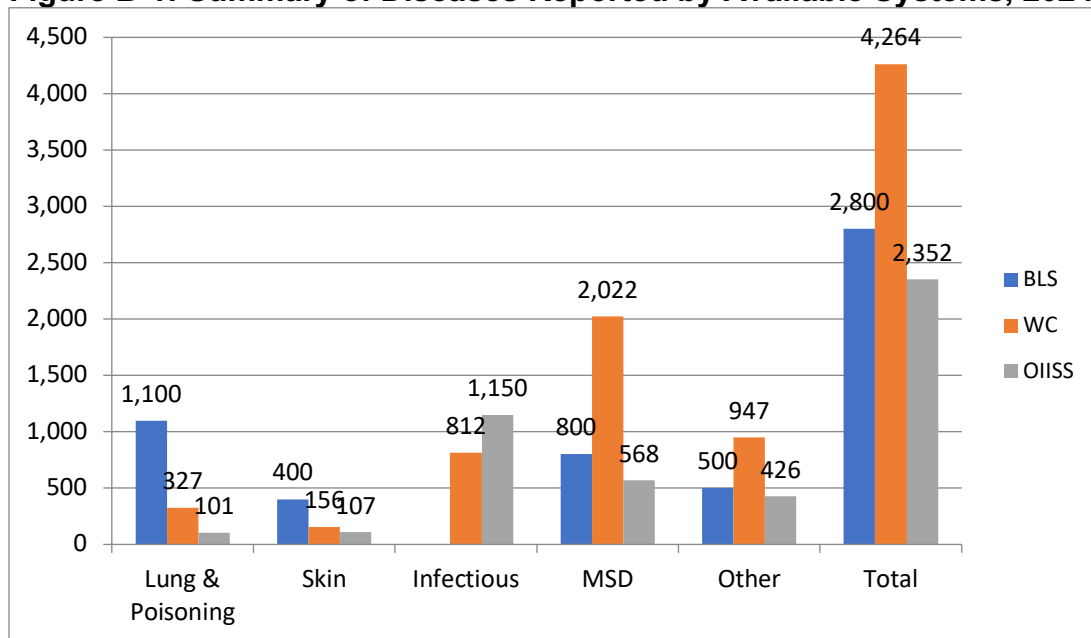
Figure A-1 maps 2024 WCC illness rates for towns with 20 or more reported cases; the underlying rates are listed in Table D-6.

Special thanks to Ivan Cherniack and Neo Deloreto at the CT Dept of Public Health, Erin Wilkins at the CT Dept. of Labor, and Martin Resto and Richard Eighme at the CT Workers’ Compensation Commission for their assistance in compiling and reviewing the data. The map of towns was created by Adam Morse.

B. Summary of Diseases

Figure B-1 compares 2024 occupational disease reports from the three systems with available data: the BLS/CTDOL survey, WCC First Reports of Injury, and OIIS physician and ABLES laboratory reports. Categories are aligned as closely as possible, but definitions and reporting rules differ. BLS/CTDOL includes musculoskeletal disorders within “Other” illnesses, while WCC and OIIS identify MSD separately. See Appendix 1 for methods.

Figure B-1: Summary of Diseases Reported by Available Systems, 2024



Notes: BLS = Bureau of Labor Statistics/CTDOL survey; WCC = Workers' Compensation First Report of Injury database; OIIS = Occupational Illnesses and Injury Surveillance System physician reports, with ABLES laboratory lead reports included in the total. MSD in the BLS data is estimated as 80% of the BLS “Other” category, based on earlier years when BLS reported MSD separately. The OIIS “Other” bar includes hearing loss. Matched and unique 2024 WCC–OIIS totals were not calculated because record-level matching information is not available in the aggregate tables.

BLS/CTDOL estimated 2,800 occupational illness cases in 2024, compared with 4,264 WCC reports and 2,352 OIIS/ABLES reports. Respiratory conditions were the largest separately reported BLS category (1,100 cases), MSD was the largest WCC category (2,022 reports), and infectious disease was the largest OIIS physician-report category (1,150 reports). OIIS also recorded 568 MSD reports, 236 adult blood lead cases, 190 other illnesses, 107 skin disorders, and 101 lung conditions.

C. Bureau of Labor Statistics/Connecticut Dept. of Labor Surveys

In cooperation with the U.S. Bureau of Labor Statistics (BLS), the Connecticut Department of Labor (CTDOL) Office of Research conducts an annual survey of employers to collect data on job-related injuries and illnesses. Connecticut data are available through the BLS website. Because these statistics are based on a survey rather than a census, all numbers and rates are estimates and are rounded. Individual worker-level data are not available and therefore cannot be linked with workers’ compensation claims or physician reports.

The CTDOL notes that the BLS survey likely undercounts occupational illnesses, particularly chronic diseases, because such conditions are often not recognized as work-related or formally reported.

Occupational Illnesses in 2024

There were approximately 2,800 reported cases of occupational illness in 2024 (Table C-1 and Figure C-1), with an overall rate of 20.9 per 10,000 workers, a 22.3% decrease from 2023.

In the BLS Annual Survey of Occupational Injuries and Illnesses, infectious diseases—including COVID-19 and bloodborne infections such as HIV or hepatitis—are included within the “Respiratory Conditions” illness category because they wanted to keep the results comparable to prior years. As a result, this category includes both respiratory diseases caused by inhalation exposures and infectious diseases acquired at work (definitions are different for the lost and restricted time case survey that are reported below). Chronic musculoskeletal disorders (MSD) are included under “Other” illnesses.

The overall decrease was due almost entirely to a 38% decrease in respiratory conditions likely due to a continuing decrease in COVID-19 reports. Skin conditions increased by 23%, while “Other” conditions (which include repetitive trauma/musculoskeletal conditions) changed little (7.5 to 7.2 per 10,000 workers). Numbers of poisonings were too low to be reliably reported.

Table C-1: Occupational Illness by Type, BLS/CTDOL 2023-2024

	2023		2024		% Change in Rate
	Cases	Rates	Cases	Rates	
Respiratory	1,800	13.8	1,100	8.5	-38.4%
Skin	300	2.6	400	3.2	23.1%
Hearing Loss	400	2.8	300	2.0	-28.6%
Poisonings	**	**	**	**	**
Other*	1,000	7.5	1,000	7.2	-4.0%
Total	3,500	26.9	2,800	20.9	-22.3%

Source: BLS/CTDOL; Rates are per 10,000 workers and adjusted for hours worked. The data includes public sector. Total illnesses may differ from sum due to rounding errors.

*Musculoskeletal disorders (MSD) are categorized under the “Other” category by BLS.

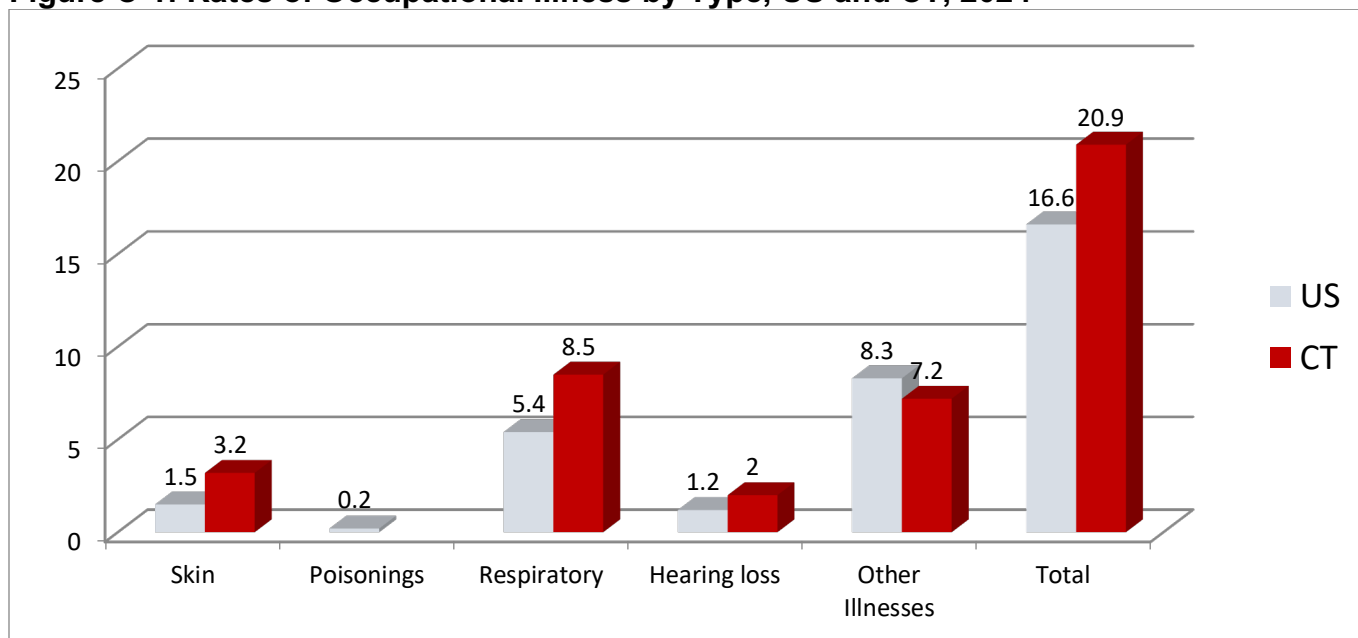
** Numbers are too small or unreliable to publish.

Overall rates for Connecticut in 2024 were 26% higher than U.S. rates (Figure C-1), with higher rates of skin, respiratory, and hearing loss cases and lower rates for “Other” illnesses (mainly musculoskeletal conditions).

Connecticut’s illness rate of 20.9 cases per 10,000 workers ranked 9th highest out of 45 states and territories with publishable data (8 states had higher rates and 36 had lower rates). The District of Columbia had the highest rate of 47.5 (followed by Maine with 43.1) and Texas had the lowest reported rate of 6.7. The U.S. average was 16.6.

Connecticut had a private sector illness rate that was over 50 percent greater than the national rate (21.2 in Connecticut and 13.9 U.S.), but just half as high in the public sector (18.4 Connecticut vs. 35.4 U.S.).

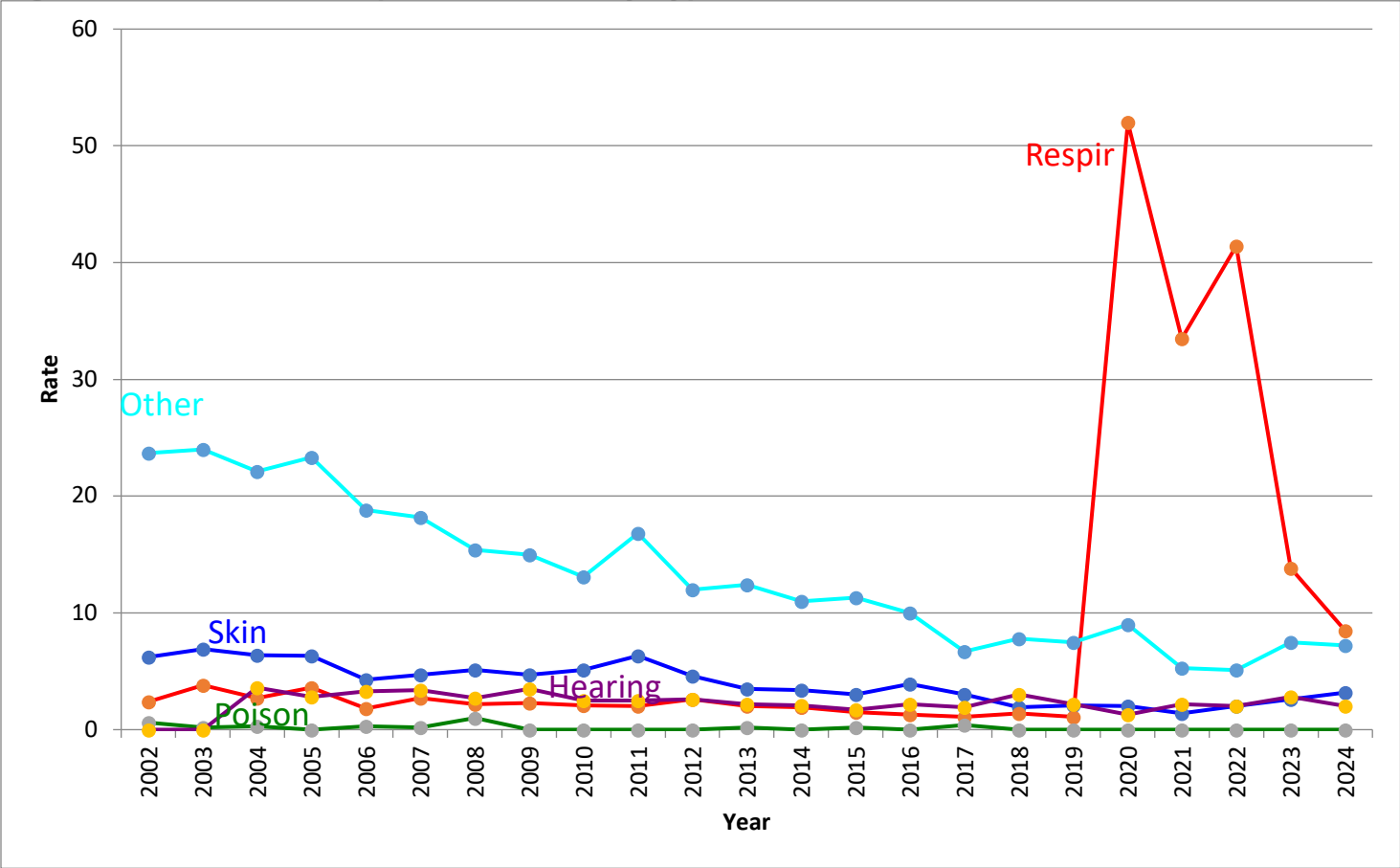
Figure C-1: Rates of Occupational Illness by Type, US and CT, 2024



Source: BLS and CTDOL. Rates per 10,000 workers, adjusted for hours worked. Source: <https://data.bls.gov/cgi-bin/dsrv>

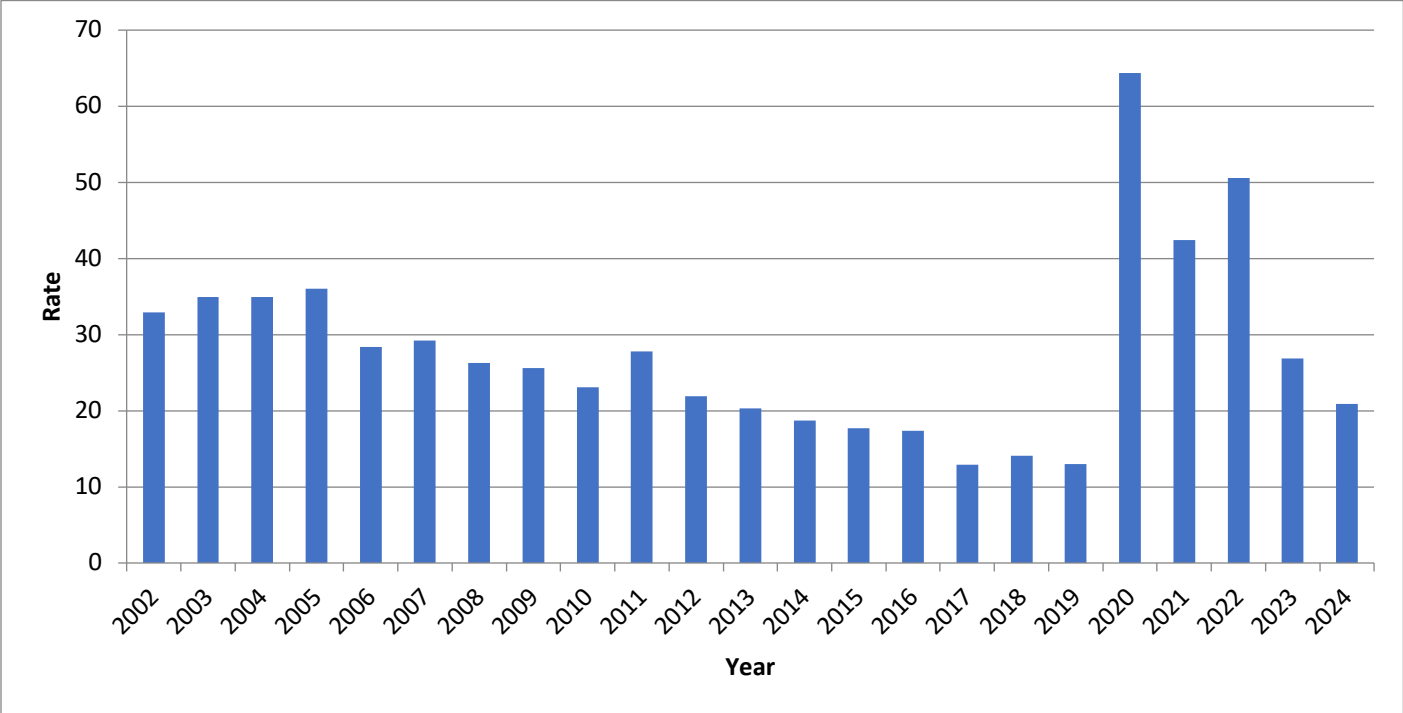
In Connecticut, illness rates increased slightly from 2002–2005. They then generally declined through 2019 (except for 2011) (Figures C-2 and C-3). Rates have been decreasing dramatically since 2022 due to the decrease in COVID-19 cases (the red Respiratory line in Figure C-2), though remaining still above the lowest rates in 2017-19.

Figure C-2: Rates of Occupational Illness by Type and Year, CT, 2002-2024



Source: BLS and CTDOL. Rates per 10,000 workers, adjusted for hours worked.

Figure C-3: Overall Occupational Illness Rates by Year, 2002-2024



Illnesses by Industry

Numbers and rates by industry sector for 2024 are presented in Table C-2. Case counts in Table C-2 are expressed in thousands (e.g., 2.8 represents approximately 2,800 cases). Overall, the adjusted rate was 20.9 cases of occupational illness per 10,000 CT workers. The overall private sector rate was 21.2 with a government rate of 18.4. Blank spaces indicate too few cases for reliable estimates from the survey.

Overall rates were dominated by respiratory illnesses (which includes COVID-19 as well as bloodborne and other infectious conditions) at 8.5 cases per 10,000 workers, followed by Other Illnesses (which includes chronic musculoskeletal conditions) at 7.2.

Supersectors (green) are broken down by major industry sector (blue) and detailed sector (white). By far, the highest major industry sector rate was Educational and Health Services at 59.5, with the sub-category of Health Care and Social Assistance at 70.8. This was followed by the major industry category Service Providing at 22.1, Government at 18.4 (including State Government at 29.5), and Goods Producing at 17.3 (including Manufacturing at 23.7).

Respiratory conditions were highest in Educational and Health services at 39.9 (with Health Care and Social Assistance at 48.3), followed by Service Providing at 11.4. “Other Illnesses”, which includes musculoskeletal conditions due to repetitive exposures, was highest in the large sectors of Education and Health Services (17.7) and Government (10.9). Hearing loss was primarily reported in Goods Producing (11.5), including Manufacturing (16.2). Skin conditions were led by Trade, Transportation and Utilities at 7.1 (with Retail Trade at 14.1), and Government (5.9). There were no industries with reportable numbers for Poisonings.

Table C-2: Illnesses by Industry Sector and Type of Illness, CT, 2024

	Total		Skin		Respiratory		Poisonings		Hearing Loss		Other Illnesses	
Industry sector	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
All Industries	2.8	20.9	0.4	3.2	1.1	8.5			0.3	2.0	1.0	7.2
Private Industry	2.5	21.2	0.3	2.9	1.1	9.4			0.3	2.1	0.8	6.8
Goods producing	0.4	17.3		0.9					0.2	11.5	0.1	4.4
Manufacturing	0.4	23.7		1.2					0.2	16.2	0.1	5.6
Service providing	2.1	22.1	0.3	3.4	1.1	11.4					0.7	7.3
Trade, transportation, and utilities	0.3	14.2	0.2	7.1							0.2	6.5
Retail Trade	0.3	22.0	0.2	14.1							0.1	6.7
Transportation and warehousing	0.1	12.0									0.1	11.6
Finance, insurance, and real estate												
Professional and business services												
Educational and health services	1.5	59.5		1.9	1.0	39.9					0.5	17.7
Education		5.4										4.9
Health care and social assistance	1.5	70.8		2.2	1.0	48.3					0.4	20.4
Leisure and hospitality	0.1	8.7										4.5
Arts, entertainment, and recreation		16.9										
Accommodation and food services	0.1	7.2										2.6
Other services (except public administration)		9.1										4.0
State and Local Government	0.3	18.4	0.1	5.9							0.2	10.9
State Government	0.1	29.5	0.1	15.1							0.1	13.8
Local Government	0.1	13.3		1.6							0.1	9.5

Source: CTDOL; Rates are adjusted for hours worked and are per 10,000 full-time workers. **Number of cases are in thousands (Ex. 0.2 means 200 cases).** Blanks indicate too little data for reliable estimates. Detailed subcategories with no publishable data are omitted.

Lost and Restricted Time Illnesses

BLS changed its reporting system for lost-time illnesses to consolidate survey responses into two-year periods, with annual averages for 2021–2022 and 2023–2024. This included some changes in the definitions of reportable illnesses (see below), so data on lost-time illnesses in this section are not directly comparable to data from years before 2021. BLS obtains additional data for the subset of cases that result in lost or restricted work time and provides additional detail on specific conditions and causes. The following discussion draws from these data for conditions that are more chronic in nature (usually classified as occupational illness). Starting in 2021, BLS began coding cases with job transfer or restriction as well as days away from work.

Table C-3: Rate of Lost time illnesses, BLS biennial data, 2023-2024 (Annual averages)

Repetitive Motion Injuries	2023-2024 CT	2023-24 US
Microtasks (unspecified)	1.1	0.9
Typing and computer	0.3	0.3
Tools	1.1	0.9
All repetitive microtasks (total)	4.5	3.3
Overexertion, rep. motion, and bodily conditions (sum)	61.9	45.5
Exposure to harmful substances or environments	14.5	11.3
Exposure to radiation or noise	0.4	0.1
Exposure to temperature extremes	1.8	2.1
Exposure to harmful substances	11.8	8.3
Exposure to stressful environment	0.1	0.3
Respiratory viral diseases	10.1	6.0

Note: Rates are per 10,000 workers

Connecticut lost/restricted time cases coded as “**repetitive motion**” for cause decreased from 5.0 cases per 10,000 workers to 4.5 in 2023-24 (Table C-3). Major types of repetitive motion included microtasks, tool use, and typing/computer. The CT rate was 36% higher than the national rate of 3.3, and the rate of overexertion conditions was also 36% higher than the U.S. rate.

Table C-3 includes other types of lost/restricted time cases that were included in the survey, including exposure to radiation or noise, temperature extremes, harmful substances, stressful environments, and respiratory viral diseases (including COVID-19).

Infectious Disease

COVID-19 cases could be classified under several different categories, primarily under respiratory and viral cases. For BLS lost time cases (this section), COVID cases were previously coded under “other diseases due to viruses, nec”. Beginning in the 2023-24 survey they have a specific code for “Coronavirus-novel”, so comparisons with previous years should be read with caution. In the OSHA Summary section above, they are counted under Respiratory Conditions.

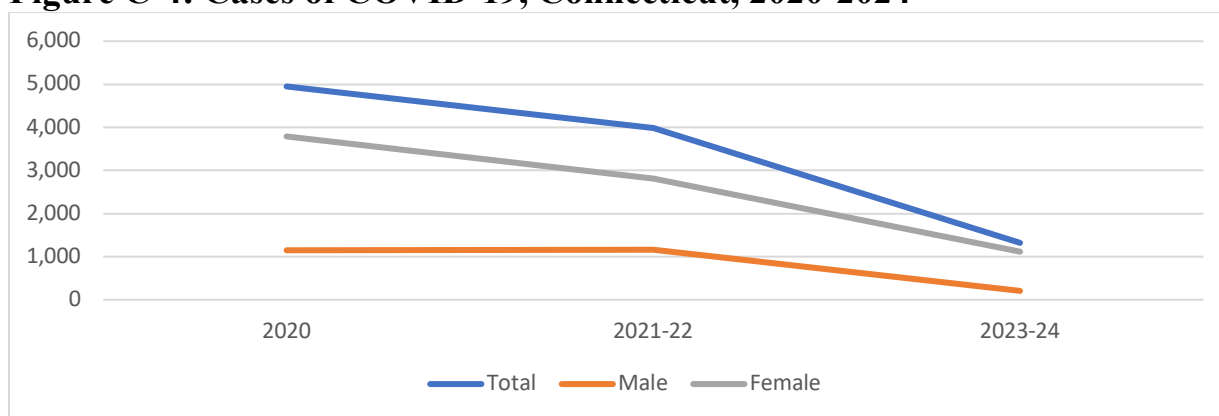
Table C-4: Cases and rates of COVID-19, CT, 2020-2024

	2020	2021-22	2023-24	2020	2021-22	2023-24
	Number	Number (annualized)	Number (annualized)	Rate	Rate	Rate
Total	4,950	3,985	1,320	40.1	32	10
Male	1,150	1,160	205	17.1	17.3	2.9
Female	3,790	2,805	1,115	69.3	49.8	18.6

Note: The BLS coding changed in 2023-24 from “other diseases due to viruses, n.e.c.” to “Coronavirus, novel” so comparisons with earlier rates/numbers should be viewed with caution.

Cases of COVID-19 have decreased dramatically over the 2020-24 time period for Connecticut, going from 4,950 in 2020 down to an average of 1,320 per year for 2023-24 (see Figure C-4 and Table C-4). Rates per 10,000 workers for Connecticut went from 40.1 (2020) to 32.0 (2021-22) to 10.0 (2023-24). Rates were dramatically higher among women than among men in all years.

Figure C-4: Cases of COVID-19, Connecticut, 2020-2024

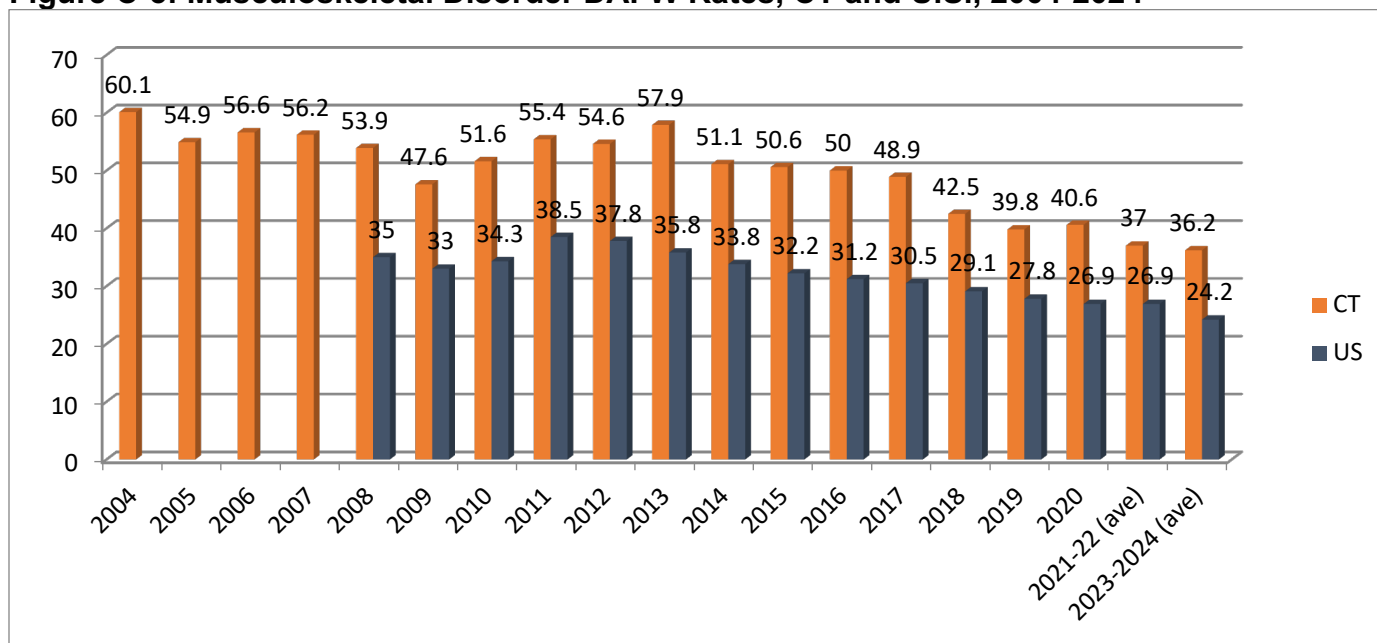


Musculoskeletal Conditions

BLS measures musculoskeletal disorders (MSD) and other illnesses in two ways. Historically, beginning in 2004, BLS included only cases with days away from work (DAFW). Starting with the biennial survey in 2021, BLS also included workers who did not lose time from work but were either restricted in what they could do (light duty) or temporarily transferred to a lighter-duty job (“Days Away from Work, Job Restriction or Transfer,” or DART). Therefore, the historical patterns in Figure C-5 include only DAFW cases for all years, while the remaining tables and figures show DART numbers and rates.

Figure C-5 shows the time trend for those cases from 2004-2024. Rates continued to decline in the most recent years, down to 36.2 for Connecticut and 24.2 for the U.S.

Figure C-5: Musculoskeletal Disorder DAFW Rates, CT and U.S., 2004-2024*



Source: U.S. Bureau of Labor Statistics (Customized Tables); <https://data.bls.gov>

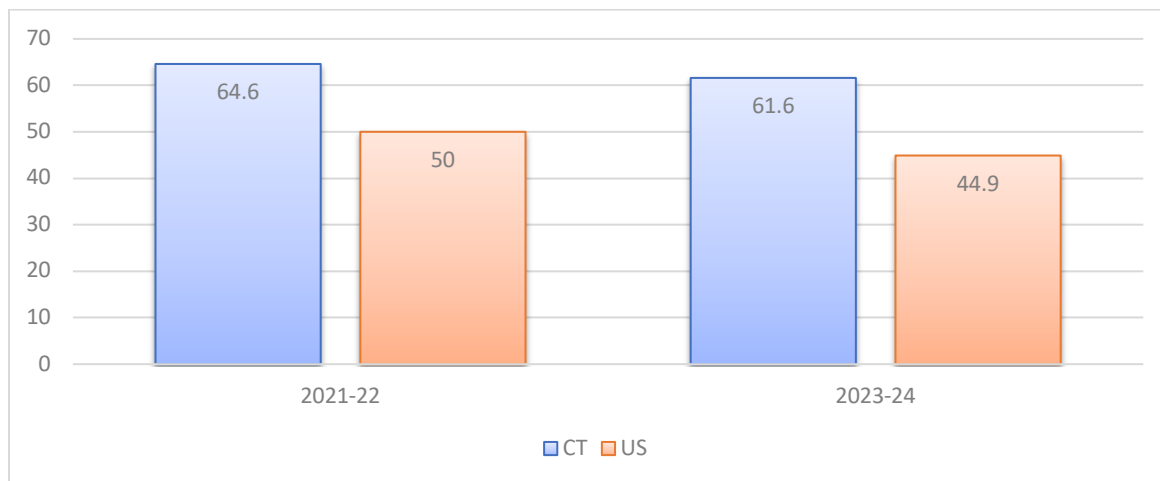
Rates are cases per 10,000 full time employees, public and private

*Definitions of cases and sampling methods changed for 2021-22 so are not exactly comparable to prior years.

The rate of musculoskeletal disorders (MSD) including lost or restricted time (DART) in Connecticut decreased slightly from 64.6 in 2021-22 to 61.6 for 2023-24 (Figure C-6). The Connecticut rate is 37% higher than the national rate of 44.9.

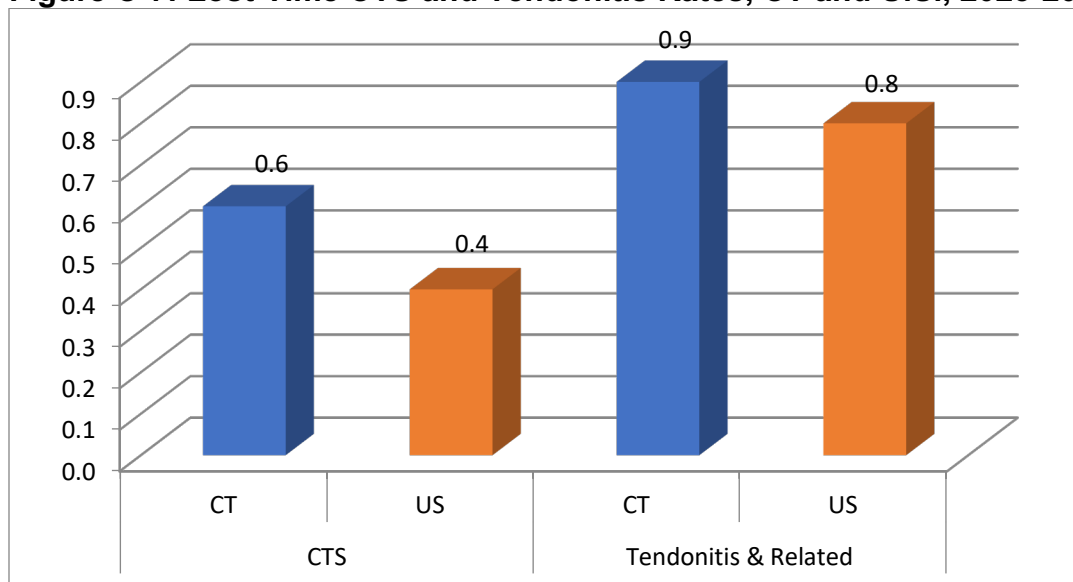
Musculoskeletal disorders (MSD) are the most common category of injury and illness conditions. They include both chronic conditions and acute sprains and strains resulting from overexertion. BLS defines this category broadly and includes conditions such as herniated discs, meniscus tears, sprains and strains, carpal tunnel syndrome, Raynaud's syndrome, and other musculoskeletal diseases when the underlying cause involves overexertion, repetitive motion, vibration, or bodily reaction.

Figure C-6: Musculoskeletal Disorder DART Rates, CT and U.S., 2021-2024



The rate (DART) of tendonitis in CT decreased from 1.2 in 2021-22 to 0.9 in 2023-24 while carpal tunnel syndrome (CTS) decreased from 0.7 cases to 0.6 cases per 10,000. The rate of CTS in CT was 50% higher than the national rate but nearly equal for tendonitis.

Figure C-7: Lost-Time CTS and Tendonitis Rates, CT and U.S., 2023-2024



Source: BLS Website <http://www.bls.gov> customized tables, private and public, cases per 10,000 full time employees.

Lost Time from Illnesses

Average amounts of lost and restricted time for illnesses in Connecticut varied widely and are categorized as days away from work and restricted-duty days (<https://data.bls.gov/cgi-bin/dsrv?cb>). Overall, injuries and illnesses resulting in days away from work, job restriction, or transfer (DART) involved 9 days away from work and 15 restricted-duty days. Carpal tunnel syndrome involved 41 days away from work and 67 restricted-duty days; tendonitis, 33 and 14 days, respectively; skin conditions, 33 and 4 days; COVID-19, 7 days away from work; and mental disorders and syndromes, 100 days away from work.

D. Workers' Compensation First Report of Injury Data

The Workers' Compensation First Report of Injury (FRI) database includes reports submitted by insurers to the Connecticut Workers' Compensation Commission when an employer files a claim notice. Not all reports result in an awarded claim; this section reflects reported cases, not final determinations. The database does not consistently distinguish between confirmed disease and precautionary exposure reports.

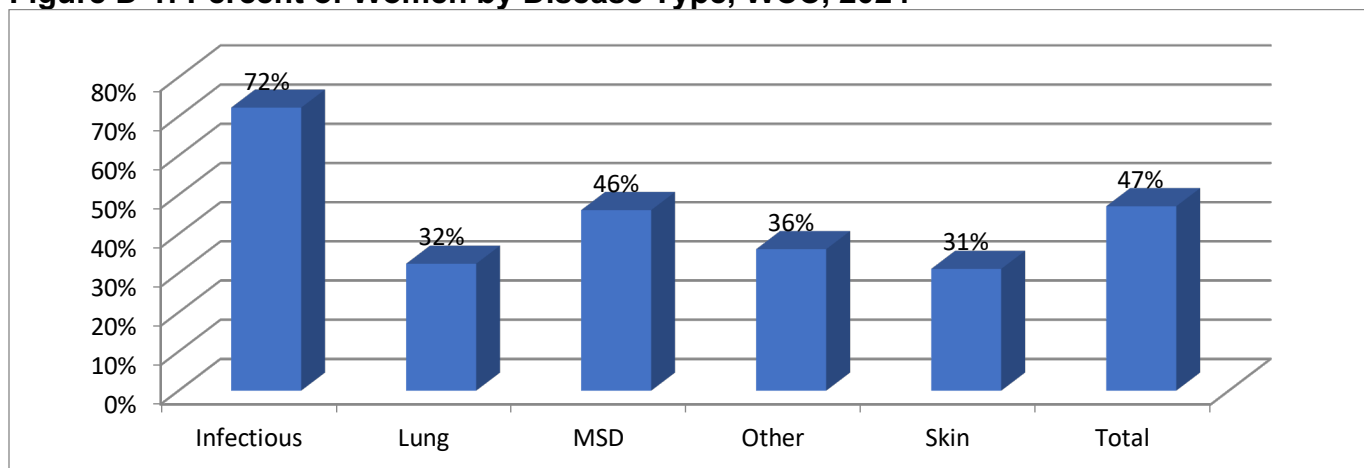
In 2024, there were 4,264 occupational disease reports submitted to the Workers' Compensation First Report of Injury (FRI) database, an 18% decrease from 2023. The decline was driven primarily by decreases in infectious disease (-28%), musculoskeletal disorders (-21%), and lung disorders (-14%).

Musculoskeletal disorders (MSD) accounted for nearly half (47%) of all reported occupational diseases in 2024. Infectious diseases comprised 19%, lung conditions 8%, skin disorders 4%, and a remaining 22% were classified as "other" illnesses (including dizziness, seizures, hearing loss, cancer, and poorly defined conditions).

Table D-1: Occupational Disease by Type, WCC, 2023-2024

	2023	2024		
Illness type	Cases	Cases	% of Total	% Change
Musculoskeletal Disorders (MSD)	2,552	2,022	47%	-21%
Infectious Disease	1,120	812	19%	-28%
Lung Disorders	382	327	8%	-14%
Skin Disorders	156	156	4%	0%
Other Illnesses	978	947	22%	-3%
Total	5,188	4,264	100%	-18%

Figure D-1: Percent of Women by Disease Type, WCC, 2024



Overall, 47% of reports were for women, but this varied by type of case, with a much higher proportion than average for infectious diseases (72% women), but lower for all other types of illness (Figure D-1), particularly for lung disease (32%) and skin conditions (31%). Women comprised approximately 48% of the overall Connecticut workforce in 2024, so overall occupational disease rates appear approximately the same for women and men.

Reported occupational illnesses were distributed fairly evenly across most age groups (Table D-2), with approximately 20% in each 10-year age group for workers ages 25-54 and a slightly higher percentage (23%) for workers ages 55-64. Illness rates, adjusted for workforce size, varied somewhat by age; the highest rate was among workers ages 55-64 (33.4 per 10,000 workers). Both the percentage of cases and the rates were lower for the youngest workers (ages 16-24).

Table D-2: Occupational Illnesses and Rates per 10,000 Workers by Age, 2024

Age	Cases	Percent	Workforce*	Rate
16-24	313	7%	200,603	15.6
25-34	863	20%	307,758	28.0
35-44	870	20%	317,013	27.4
45-54	854	20%	297,411	28.7
55-64	994	23%	297,940	33.4
65-80	316	7%	133,139	23.7
Unknown	54	1%		
Total	4,264	100%	1,683,128	25.3

*Workforce data obtained from the Census Quarterly Workforce Indicators based on the 4 quarter average adjusted to labor department seasonably adjusted totals (<https://ledextract.ces.census.gov/static/data.html>).

Numbers and rates of occupational illnesses by industry sector are presented by major North American Industry Classification System (NAICS) classifications in Figure D-2 and Table D-3. Ninety-nine percent (99%) of reported cases were able to be coded for major industry sector. The largest sectors in terms of overall numbers were Education/Health (29%), Government (18% of all cases, combined local and state), Manufacturing (17%), and Trade (12%).

The number of illnesses by industry may be compared with employment in those industries to understand which industries are at higher risk for illness (Table D-3). Overall, the rate of illness in 2024 was 25.3 cases per 10,000 workers, 19% lower than the 31.1 cases per 10,000 in 2023. Manufacturing had the highest illness rate (47.5 per 10,000 workers), nearly twice the statewide average (25.3). This was followed by Education/Health (35.1), Government (34.6), and Transportation/Utilities (28.1). Trade had a rate of 23.5; all remaining sectors were below the statewide average.

Figure D-2: Occupational Illness Cases by Industry, WCC, 2024

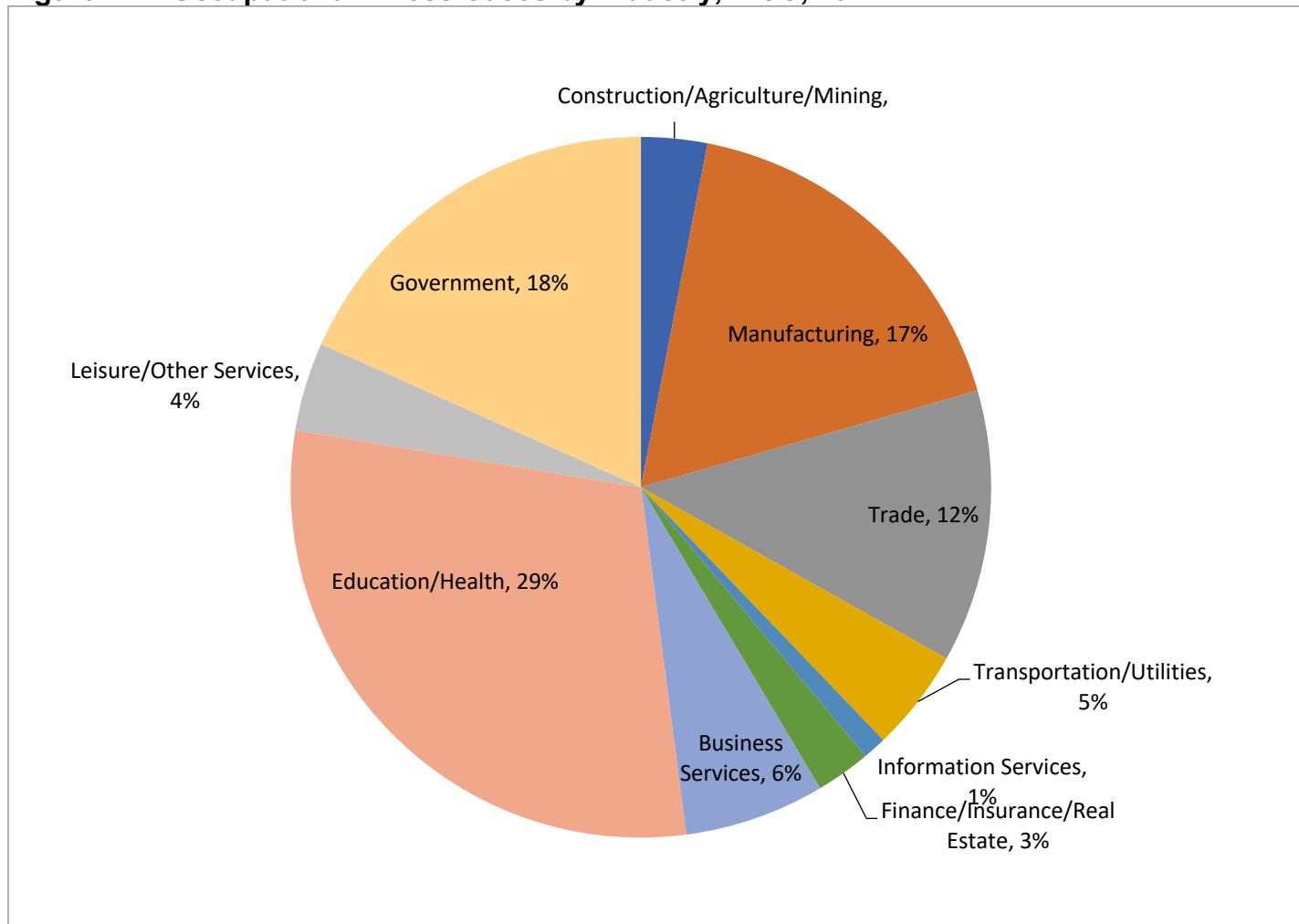


Table D-3: Rates of Occupational Disease by Major Industry Sector, WCC, 2024

Industry Sector	Cases	% Cases	Employment	% Employ	Rate
Construction/Agriculture/Mining	129	3%	69,069	4%	18.7
Manufacturing	740	17%	155,687	9%	47.5
Trade	532	12%	226,419	13%	23.5
Transportation/Utilities	199	5%	70,900	4%	28.1
Information Services	46	1%	30,894	2%	14.9
Finance/Insurance/Real Estate	107	3%	116,011	7%	9.2
Business Services	274	6%	221,138	13%	12.4
Education/Health	1,255	29%	357,408	21%	35.1
Leisure/Other Services	173	4%	211,542	13%	8.2
Government	774	18%	223,591	13%	34.6
Unknown	35	1%	470	0%	
Total	4,264	100%	1,683,128	100%	25.3

Notes: Employment is adjusted for hours worked. A small number of reports that could not be coded for industry are categorized as unknown. Rates are illnesses per 10,000 workers. Total employment and percent do not equal the sum of components due to rounding errors. Government sector includes cases that could alternately be classified under health and education (i.e. public schools). NAICS is the North American Industry Classification System. Employment is based on the CT Labor Dept. QCEW (https://www1.ctdol.state.ct.us/lmi/202/202_annualaverage.asp)

Table D-4 provides the detail of industry sector by type of condition. Patterns differed by the type of illness, although Government, Manufacturing and Education/Health were relatively high in most categories. Table D-4 shows **numbers** of cases and not **rates**, so they are not adjusted for employment size in the different sectors (rates are shown in Tables D-3 and D-5).

Table D-4: Number of Diseases by Industry Sector, WCC, 2024

	Other		Lung		Infectious		MSD		Skin		Total	
Construction/Agric/Mining	25	3%	17	5%	2	0%	83	4%	2	1%	129	3%
Manufacturing	110	12%	80	25%	1	0%	525	26%	24	15%	740	17%
Trade	144	15%	28	9%	12	1%	332	17%	16	10%	532	13%
Transport/Utilities	34	4%	8	3%	9	1%	141	7%	7	4%	199	5%
Information Services	9	1%	2	1%	7	1%	26	1%	2	1%	46	1%
Finance/Insurance/RE	24	3%	10	3%	12	1%	58	3%	2	1%	106	3%
Business Services	65	7%	25	8%	43	5%	124	6%	17	11%	274	6%
Education/Health	87	9%	35	11%	238	29%	276	14%	26	17%	662	16%
Leisure/Other Services	69	7%	15	5%	9	1%	75	4%	5	3%	173	4%
Government	373	40%	99	31%	477	59%	364	18%	55	35%	1,368	32%
Subtotal	940	100%	319	100%	810	100%	2,004	100%	156	100%	4,229	100%
Unknown	7		8		2		18		0		35	
Total	947		327		812		2,022		156		4,264	

Infectious diseases were concentrated in Government (59%) and Education/Health (29%). Lung diseases were concentrated in Government (31%), Manufacturing (25%) and Education/Health (11%). Musculoskeletal disorders (MSD) were spread across Manufacturing (26%), Government (18%), Trade (17%), and Education/Health (14%). Skin disorders were spread across Government (35%), Education/Health (17%), Manufacturing (15%), and Trade (11%). “Other” illnesses, including heart conditions and hypertension, stress, and hearing loss cases were most common in Government (40%), Trade (15%), and Manufacturing (12%).

Table D-5 shows those specific industry subsectors (3-digit NAICS code) that reported 20 or more cases of occupational illness in 2024, ordered by the highest **rate** of illness. The last column shows the change from 2023.

Overall, 23 sectors were above the state average of 25.3 cases per 10,000. These were Chemical Manufacturing (with a rate of 79.9 per 10,000 workers, or three times the average rate), Local Government, Transportation Equipment Manufacturing, Utilities, Plastics and Rubber Products Manufacturing, Fabricated Metal Product Manufacturing, State Government, Telecommunications, Merchant Wholesalers (Nondurable Goods), Electrical Appliance Manufacturing, General Merchandise Stores, Food and Beverage Stores, Transit and Ground Passenger Transport, General Purpose Machinery Manufacturing, Non-residential Construction, Food Products, Miscellaneous Manufacturing, Computer and Electronic Product Manufacturing, Clothing and clothing accessories, Accommodation, Educational Services (excluding government workers), Couriers and Messengers, and Residential Building Leasing.

Table D-5: Specific Industry Sectors with 20 or More Cases, WCC, 2024

Specific Industry Sector	NAICS	2024 #	Employed	2024 Rate	2023 Rate	Change
Chemical Manufacturing	325	62	7,758	79.9	65.1	23%
Local Government	Local Gvt	1,113	140,984	78.9	91.5	-14%
Transportation Equipment Manufacturing	336	305	47,266	64.5	60.6	6%
Utilities	221	26	5,233	49.7	99.3	-50%
Plastics and Rubber Products Manuf.	326	24	4,851	49.5	54.2	-9%
Fabricated Metal Product Manufacturing	332	130	26,905	48.3	50.3	-4%
State Government	State Gvt	255	63,907	39.9	88.2	-55%
Telecommunications	517	22	5,831	37.7	36.4	4%
Merchant Wholesalers, Nondurable Goods	424	81	22,182	36.5	43.7	-16%
Electrical Equip, Appliance Manufacturing	335	24	6,668	36.0	49.7	-28%
General Merchandise Stores	452	102	29,365	34.7	40.0	-13%
Food and Beverage Stores	445	138	40,821	33.8	45.1	-25%
Transit and Ground Passenger Transport	485	44	13,464	32.7	20.2	62%
General Purpose Machinery Manufacturing	333	42	13,032	32.2	32.0	1%
Non-residential Construction	236	37	11,546	32.0	15.7	104%
Food Products	311	29	9,237	31.4	37.6	-17%
Miscellaneous manufacturing	339	27	8,920	30.3	27.0	12%
Computer and Electronic Product Manufacturing	334	30	10,034	29.9	84.9	-65%
Clothing and clothing accessories	448	37	12,595	29.4	25.9	13%
Accommodation	721	26	9,573	27.2	27.3	-1%
Educational Services*	611	179	65,970	27.1	30.2	-10%
Couriers and Messengers	492	34	12,608	27.0	33.6	-20%
Residential Building Leasing	531	40	14,833	27.0	18.6	45%
Connecticut	Ave.	4,264	1,683,128	25.3	31.1	-19%
Health and personal care stores	446	29	12,238	23.7	20.4	16%
Warehouse	493	54	24,961	21.6	19.5	11%
Hospitals*	622	137	65,490	20.9	29.7	-30%
Administrative and Support Services	561	170	82,223	20.7	20.8	-1%
Physician Offices	621	202	98,432	20.5	24.4	-16%
Nursing and Residential Care Facilities*	623	112	56,426	19.8	35.0	-43%
Motor Vehicle Dealers	441	40	21,422	18.7	23.7	-21%
Misc. Retail Stores	459	25	14,063	17.8	22.0	-19%
Specialty Trade Contractors	238	76	44,831	17.0	18.1	-6%
Merchant Wholesalers, Durable Goods	423	45	33,069	13.6	15.5	-12%
Personal and laundry services	812	21	22,067	9.5	8.4	13%
Professional, Scientific, and Technical Services	541	71	101,432	7.0	8.7	-20%
Food Services and Drinking Places	722	55	116,343	4.7	6.0	-21%
Social Assistance	624	32	71,090	4.5	5.8	-22%
Insurance Carriers and Related Activities	524	23	53,505	4.3	4.5	-4%

*Excludes government workers, who are listed under government.

Note: Rates are cases per 10,000 employees.

Illnesses by Town/Municipality

Occupational illnesses were coded by the town where the illness occurred, typically the employer's location. Table D-6 and Figure A-1 show illness rates per 10,000 employees by town of employment, using employment data from the Connecticut Department of Labor, for towns and municipalities with at least 20 reported occupational illness cases in 2024. Table D-6 is ordered from the highest to the lowest rate. Rates varied widely by municipality; high-rate towns often appear to have large employers or institutions that submitted many reports.

For towns with at least 20 cases, East Hampton had the highest rate of 137.4 per 10,000 workers (though with only 28 cases), compared to the state rate of 25.3. The other towns with the highest 10 rates were Somers (114.1), Westbrook (81.5), Groton (67.8), New London (56.9), Vernon (55.3), Cromwell (53.1), Stonington (48.5), Brookfield (48.0), and East Windsor (47.4). New Haven had the highest number of cases (217), followed by Groton (215), Hartford (202), Waterbury (167), Manchester (105), and Stratford (100).

Overall, 40 towns (with 20 or more cases) had rates higher than the state average of 25.3. The average rate for towns with less than 20 cases (generally smaller towns) was 22.1.

Table D-6: Illnesses by Town/Municipality, 20 or more cases, WCC, 2024

Town	Employment	Cases	Rate per 10,000	Rank*
East Hampton	2,038	28	137.4	1
Somers	2,366	27	114.1	2
Westbrook	3,189	26	81.5	3
Groton	31,695	215	67.8	4
New London	12,647	72	56.9	5
Vernon	7,953	44	55.3	6
Cromwell	7,157	38	53.1	7
Stonington	8,046	39	48.5	8
Brookfield	7,293	35	48.0	9
East Windsor	6,331	30	47.4	10
Waterbury	36,255	167	46.1	11
Meriden	20,046	90	44.9	12
Killingly	8,503	35	41.2	13
Southington	18,084	74	40.9	14
Stratford	24,448	100	40.9	15
Newtown	8,692	35	40.3	16
Manchester	26,875	105	39.1	17
New Britain	24,092	94	39.0	18
East Lyme	5,564	21	37.7	19
Wethersfield	9,559	35	36.6	20
Mansfield	11,867	42	35.4	21
Windsor	24,074	85	35.3	22
Torrington	14,553	48	33.0	23
Middletown	30,174	97	32.1	24
Guilford	8,190	26	31.7	25
Orange	10,833	33	30.5	26

Cheshire	16,637	49	29.5	27
Bethel	6,937	20	28.8	28
South Windsor	14,259	41	28.8	29
Avon	8,486	24	28.3	30
Waterford	9,912	28	28.2	31
Rocky Hill	16,325	46	28.2	32
Windsor Locks	12,444	35	28.1	33
Farmington	30,986	86	27.8	34
Berlin	11,233	31	27.6	35
Enfield	16,998	46	27.1	36
Norwich	16,007	42	26.2	37
Plainville	8,454	22	26.0	38
Newington	15,577	40	25.7	39
New Milford	7,830	20	25.5	40
Connecticut	1,683,128	4,264	25.3	CT Ave.
Windham	9,591	24	25.0	41
West Haven	15,226	38	25.0	42
New Haven	90,709	217	23.9	43
Trumbull	13,997	33	23.6	44
Wallingford	26,310	62	23.6	45
Bloomfield	20,273	47	23.2	46
Bridgeport	41,578	88	21.2	47
North Haven	28,240	57	20.2	48
West Hartford	28,358	57	20.1	49
Danbury	42,707	85	19.9	50
Ridgefield	10,728	21	19.6	51
Hartford	110,351	202	18.3	52
Milford	26,224	45	17.2	53
Norwalk	39,802	68	17.1	54
Greenwich	34,564	58	16.8	55
Branford	12,184	20	16.4	56
Bristol	21,477	33	15.4	57
Hamden	21,063	31	14.7	58
Westport	15,647	21	13.4	59
Fairfield	26,791	27	10.1	60
East Hartford	30,899	31	10.0	61
Stamford	74,883	70	9.3	62
Shelton	25,525	23	9.0	63
Total Towns, >20 cases	1,329,736	3,529	26.5	
Total Towns, <20 cases	332,014	735	22.1	

*The town ranked first has the highest rate of illness. Ranks are based on the towns with at least 20 cases of illness reported for the year. Employment figures are based on the town of employment. The Connecticut rate is the average of all towns, not just those with 20 or more cases.

Musculoskeletal Disorders (MSD)

In 2024, 2,022 musculoskeletal disorder cases were reported, a 21% decrease from 2023. MSD accounted for 47% of all reported occupational diseases. Strains and sprains comprised almost three-quarters of MSD cases, followed by carpal tunnel syndrome and other nerve-related conditions.

“Musculoskeletal disorders” are also known as cumulative trauma disorders or repetitive strain injuries. This definition differs from the BLS/CTDOL definition used for lost-time MSD earlier in the report, which includes some acute injuries. Most lower-back cases are not included unless the reports specifically noted that they were due to repetitive exposures. To be eligible for workers’ compensation, a claim must be filed within one year of the accident date for injuries (from the last exposure or first noticed symptom for repetitive trauma) or three years from the first symptom of an occupational disease.

Table D-7: Musculoskeletal Disorders (MSD) by Type, WCC, 2023-2024

	2023	2024		
MSD Type	Cases	Cases	%	Change
Sprain/strain	1,955	1,502	74%	-23%
Carpal Tunnel Syndrome	204	193	10%	-5%
Numbness	112	87	4%	-22%
Inflammation	50	46	2%	-8%
Tendonitis/tenosynovitis	22	24	1%	9%
Trigger finger	17	22	1%	29%
Epicondylitis	12	12	1%	0%
Rotator cuff	11	10	0%	-9%
Ganglion cyst	8	6	0%	-25%
Arthritis/bursitis	4	5	0%	25%
Other/Unknown	157	115	6%	-26%
Total	2,552	2,022	100%	-21%

Table D-8: Musculoskeletal Disorders by Part of Body, WCC, 2024

Part of body	Cases	Percent
Lower Arm, Wrist, Hand	721	36%
Upper Arm, Shoulder, Upper Extremity	433	21%
Neck, Back, Torso	349	17%
Legs, Knees, and Feet	316	16%
Elbow	125	6%
Multiple	61	3%
Other/Unknown	17	1%
Total	2,022	100%

Strains and sprains (excluding acute strains or sprains from single events) were the most common type of MSD, accounting for 74% of reports (Table D-7). Carpal tunnel syndrome (CTS), a debilitating compression of the median nerve at the wrist, accounted for 10% of MSD reports. Other nerve-related problems, described as numbness or tingling, accounted for another 4%. Tendon-related problems, including tendonitis and

tenosynovitis, epicondylitis (“tennis elbow” or “golfer’s elbow”), trigger finger, and rotator-cuff disorders, accounted for 3%. Many reports gave no diagnosis more specific than inflammation, swelling, or pain.

Almost two-thirds (63%) of the cases of MSD were in the upper limbs of the body such as hands, arms, elbows, and shoulders (Table D-8). Another 16% were for the lower extremity (legs, knees and feet), and 17% for the neck, upper back, and torso (note that lower back cases were excluded from these figures unless they explicitly indicated they were due to cumulative exposures).

Causes of conditions were often incomplete, overlapping, and not consistently coded nor described. Approximately 80% of MSD cases had enough description to show some cause. Of the MSD that could be classified (Table D-9), the most frequently mentioned cause was the broad category of “repetitive” or “cumulative” (33% of cases). This term is often used as a general description to describe any chronic musculoskeletal problem. Repetitive motion was followed by lifting and carrying (19%), tool use (including references specifically to pneumatic tools or vibration exposure; 9%), assembly (5%), pushing or pulling (5%), and computing and clerical tasks (5%).

Table D-9: Musculoskeletal Disorders (MSD) with Identified Cause, WCC, 2024

Cause of MSD	Reports	%
Repetitive	528	33%
Lifting/carrying	314	19%
Tools/vibration	147	9%
Assembly	88	5%
Push/pull	86	5%
Computer/clerical	80	5%
Walking/running/moving	53	3%
Machine	52	3%
Driving	46	3%
Bending/kneeling/crawling	31	2%
Grasping/gripping/squeezing	31	2%
Cleaning/mopping/sweeping	30	2%
Patient care	26	2%
Climbing	26	2%
Reaching/overhead/posture	21	1%
Twisting	18	1%
Sitting/standing	17	1%
Scanning/cashier	11	1%
Shoveling/raking	10	1%
Sub-Total	1,615	100%
Unknown/other	407	
Total	2,022	

Infectious Diseases

In 2024, 812 infectious disease cases or exposures were reported, representing 19% of all occupational disease reports and a 28% decrease from 2023. Infectious disease reports can include both actual disease and exposure to infectious agents.

There were 678 reports of exposure to bloodborne pathogens (including reports of exposure to HIV/AIDS and Hepatitis C), accounting for 83% of all infectious disease reports and a 26% decrease from the previous year. These included 190 needlestick injuries or cuts from sharps or surgical instruments that may have resulted in exposure to a patient's blood (a 33% decrease from the prior year), 411 reports of exposures to human bites (cases were excluded if they specifically indicated the skin was not broken), a 10% decrease, and 77 reports of skin or eye exposure to blood or bodily fluids (a 33% decrease). There were additional reports of exposure to "spit" or "sputum" that are not reported here, since risks tend to be extremely low from such exposures. Diseases that can be contracted through blood and body fluid exposures include hepatitis B, hepatitis C and HIV.

Human bites are relatively low risk exposures in terms of bloodborne disease transmission. Exposure to blood and fluids are somewhat higher risk (especially if the worker has open wounds or sores). Sharps (i.e., scalpels) and needlesticks are considered the highest risk (especially if they are deep cuts or injections). Incidents concerning prisoners or clients (including special needs students) accounted for most human bites as well as some of the other bloodborne exposures. The data do not consistently indicate whether the source patient is known to be infected with a bloodborne illness such as HIV or hepatitis, so many of these reported incidents will have little or no actual risk of disease transmission. However, preventive efforts focus on universal precautions, so it is important to reduce these incidents regardless of whether patients/clients are known to be infected.

The 67 COVID-19 cases accounted for 8% of infectious disease reports and a 59% decrease from the prior year.

Table D-10: Infectious Diseases and Exposures by Type, WCC, 2023-2024

Illness	2023		2024		Change
	Cases	%	Cases	%	
Bloodborne: Sharp and needlestick exposures	285	25%	190	23%	-33%
Bloodborne: Human bite	459	41%	411	51%	-10%
Bloodborne: Blood/body fluids	115	10%	77	9%	-33%
COVID-19	164	15%	67	8%	-59%
TB/ppd conversion/exposure	8	1%	15	2%	88%
Lyme Disease/Tick bite	38	3%	15	2%	-61%
Other infectious	51	5%	37	5%	-27%
Total	1,120	100%	812	100%	-28%

There were 15 cases of tuberculosis (TB) infection (usually determined by PPD conversion, a skin test based on immune response to TB) or exposure to clients with TB. There were 15 reports of tick bites, rashes from tick bites and/or a diagnosis of Lyme disease attributed to occupational exposures, a 61% decrease. There were 37 cases of other infectious diseases (often just listed as infectious without a specific illness).

Court decisions have broadened the definition of compensable disease under Workers' Compensation to include exposures, particularly where exposure requires medical treatment such as prophylactic treatments for tuberculosis (TB) and AIDS (HIV) exposures. It is often difficult to determine whether the first report of injury was actual disease or only exposure (for example, actual Lyme disease or only a report of a tick bite).

Respiratory Illness and Poisonings

In 2024, 109 acute respiratory illness cases were reported, a 57% decrease from 2023. Chemical exposures and smoke or fire were the most common causes. There were also 30 poisoning cases, primarily involving carbon monoxide exposures. A major reason for the decrease in smoke-related cases was that more than 75 smoke-inhalation cases arose from two large fires in 2023, with no comparable fires in 2024.

In addition to the more general categories of smoke, construction dust and mold, specific substances connected to the respiratory cases included pesticides (7), coolant (4), fire extinguisher (3), plastic dust (2), plasma cutting fumes (2), medication, metal dust, sulfuric acid, mineral wool insulation, silica, flue, disinfectant, wrapping foam, waste water treatment, Prokure, propane, OTA and Citrinin, caustic chemical, Oxivir, perfume, floor wax, isopropyl alcohol, clothing, contaminated water, Fentanyl (from a patient), grinding dust, hydrogen peroxide, cement dust, Clorox wipes, cat dander, Ecolab degreaser, body spray, ink cartridge, epoxy resin, fuel, solvent, cold air, sheetrock dust, laundry detergent powder, Skydrol fluid, Lysol, sulphur fumes, pest droppings, paint fumes, oven cleaner, and Carnoy's 2000 solution.

There were 30 cases of poisoning from carbon monoxide, other gases, mercury, or lead, a 15% increase from the previous year. Of these cases, 90% involved carbon monoxide or exposure to gas or fumes. There was only 1 report of lead poisoning in the workers' compensation database; refer to the lab reporting of lead cases in the physician report section for a more complete accounting. Chronic lung disease such as asbestos-related illnesses, asthma, and lung cancer are addressed in the following section.

Table D-11: Respiratory Conditions and Poisonings by Cause, WCC, 2023-2024

Cause	2023		2024		
Respiratory	Cases	%	Cases	%	Change
Smoke, Fire	121	47%	29	27%	-76%
Chemical Exposure	72	28%	33	30%	-54%
Dust/fumes	27	11%	19	17%	-30%
IAQ/mold/odor	24	9%	9	8%	-63%
Other Respiratory	12	5%	19	17%	58%
Respiratory subtotal	256	100%	109	100%	-57%
Poisoning	Cases	%	Cases	%	Change
Carbon monoxide/gas	14	54%	27	90%	93%
Lead	11	42%	1	3%	-91%
Other Poisoning	1	4%	2	7%	100%
Poisoning Subtotal	26	100%	30	100%	15%
Total Respiratory and Poisoning	282		139		-51%

Chronic Lung Conditions

In 2024, 188 chronic lung disease cases were reported, an 88% increase from 2023 (Table D-12). These included a group of approximately 20 municipal workers who were exposed to something (not specified) with "possible respiratory issues in the future".

There were 47 reports of asbestos-related disease or exposures in 2024. The reports may be either describing historic exposures that contributed to current disease, or current exposures that raise the risk of future disease.

Cancers, including those caused by asbestos, are noted below (under “other illnesses”). Asbestos exposure is known to increase the risk of lung disease and cancer, but usually only after 10-40+ years. Diseases caused by asbestos exposure are known to be under-reported by traditional surveillance sources such as Workers’ Compensation.

Table D-12: Chronic Lung Diseases by Type, WCC, 2023-2024

Illness	2023	2024	Change
Asbestos-related	44	47	7%
Asthma/bronchitis	6	16	167%
Allergies	12	9	-25%
Other lung	38	116	205%
Total	100	188	88%

There were 16 cases of occupational asthma or bronchitis, 9 lung-related allergies, and 116 other chronic lung conditions, mostly poorly defined. Acute respiratory illnesses are classified under respiratory conditions and poisonings (above).

Skin Conditions

In 2024, 156 skin condition cases were reported, unchanged from 2023. Contact dermatitis from plants (such as poison ivy) and chemical-related skin conditions were the most common sub-categories. There were 11 cases caused by allergic reactions to clothing, gloves, or latex. There were 54 cases of poorly defined skin conditions, frequently just described as rashes.

Table D-13: Skin Diseases by Cause, WCC, 2023-2024

Category	2023	2024	%	Change
Poison Ivy/plants	41	50	32%	22%
Chemical	50	39	25%	-22%
Soap/Cleaning	12	2	1%	-83%
Gloves/Latex/clothing	9	11	7%	22%
Rash/Other/Unknown	44	54	35%	23%
Total	156	156	100%	0%

In addition to cleaning chemicals, bleach and latex, specific chemicals associated with skin conditions included machine chemicals (3), Fiberglas (2), a caterpillar, a bug bite, a sea anemone, contaminated water, hexane, CH53K film adhesive, a lemon disinfectant, EDM 244 oil, nitrol gloves, fire extinguisher, refrigerant, hydrofluoric acid, floor wax, battery acid, peroxide, Lysol, Suprox, head lice, coolant, and sanded paint.

Stress and Heart Conditions

Heart and Hypertension

In 2024, 315 cases involving heart conditions, hypertension, stroke, or stress were reported, a 17% increase from 2023 (Table D-14). Reports noted 120 cases of heart attacks, myocardial infarctions or acute heart events and 7 reported strokes or blood clots, often associated with emergency care at a hospital. There were 20 cases that described the condition as hypertension or “heart and hypertension” (the usual legal term for heart or hypertension cases that are covered under workers’ compensation for police and fire fighters). Over half of the heart and hypertension cases (52% of cases) appeared to involve police or firefighters or other municipal

employees who are frequently covered under heart and hypertension laws that presume those conditions to be work-related for Workers' Compensation purposes.

Table D-14: Heart, Hypertension and Stress Conditions by Type, WCC, 2023-2024

Category	2023	2024	%	Change
Heart attack/severe symptoms	119	120	38%	1%
Hypertension/other heart	15	20	6%	33%
Stroke/clots	13	7	2%	-46%
Stress/anxiety/depression	122	168	53%	38%
Total	269	315	100%	17%

Mental Stress

There was a total of 168 stress-related claims in the database in 2024, a 38% increase from the previous year. Over half (104 cases, or 62%) of the cases referred to violence or post-traumatic stress disorders after experiencing or observing violence or auto accidents (Table D-15), 21 cited either harassment or a hostile work environment, 9 noted conflicts with supervisors, co-workers, or customers, 3 noted excessive work demands, and 31 had no noted cause.

Table D-15: Stress Conditions by Cause, WCC, 2023-2024

Sources of Stress Conditions	2023	2024	%	Change
Violence/robbery/trauma/auto accident	66	104	62%	58%
Harassment/hostile work environment	13	21	13%	62%
Supervisor/co-worker/customer	8	9	5%	13%
Excessive work demands	5	3	2%	-40%
Unknown/other	30	31	18%	3%
Total	122	168	100%	38%

Stress-related claims that are not also associated with a physical injury are typically not compensable under the Workers' Compensation statute, so it is likely that there are additional unreported (non-compensable) cases. It should be noted that this report is based on First Reports of Injury for compensation, and the number of cases that were ultimately awarded compensation was not determined.

Other Occupational Diseases

Table D-16: Other Occupational Illnesses, WCC, 2023-2024

Type of illness	2023	2024	%	Change
Dizziness/fainting/seizure	195	199	31%	2%
Chemicals in eye	114	103	16%	-10%
Hearing loss	110	93	15%	-15%
Cancer	62	33	5%	-47%
Cold/heat related conditions	59	55	9%	-7%
Allergic	44	36	6%	-18%
Other conditions	125	113	18%	-10%
Total	709	632	100%	-11%

Hearing Loss

There were 93 reports of hearing loss in 2024 (Table D-16), 15% lower than the previous year. Most (68%) were from chronic exposure to noise. The acute (single incident) cases included sudden and very close noises such as fire and other alarms (6), student screams (4), gunfire (3), truck horns, air hoses, a burst pipe, a large balloon popping, a door slam, a phone slamming, a loud whistle, a deburring machine, sound from a lawn mower, a blown relief valve, and a plane crash.

Other Disease Conditions

There were 199 reports of workers becoming dizzy, fainting, or seizures, a slight (2%) increase. Some of these are likely from pre-existing conditions that occurred while at work (such as epilepsy or diabetes) and some of these were accompanied by an injury from a fall. Some may reflect more serious conditions such as heart attacks but are just described based on initial symptoms. There were 103 reports of chemical exposures to the eyes (this does not include other physical acute eye injuries such as particles or dust), a 10% decrease. There were 33 cases of cancer reported, which included asbestos-related cancers, a decrease of 47% from the prior year. There were 55 reports of temperature-related problems from heat or cold, a 7% decrease from the previous year. There were 36 cases of allergic reactions reported in addition to those noted above under respiratory and skin conditions, an 18% decrease from the previous year. There were 113 “other” conditions that were difficult to classify, usually due to incomplete information.

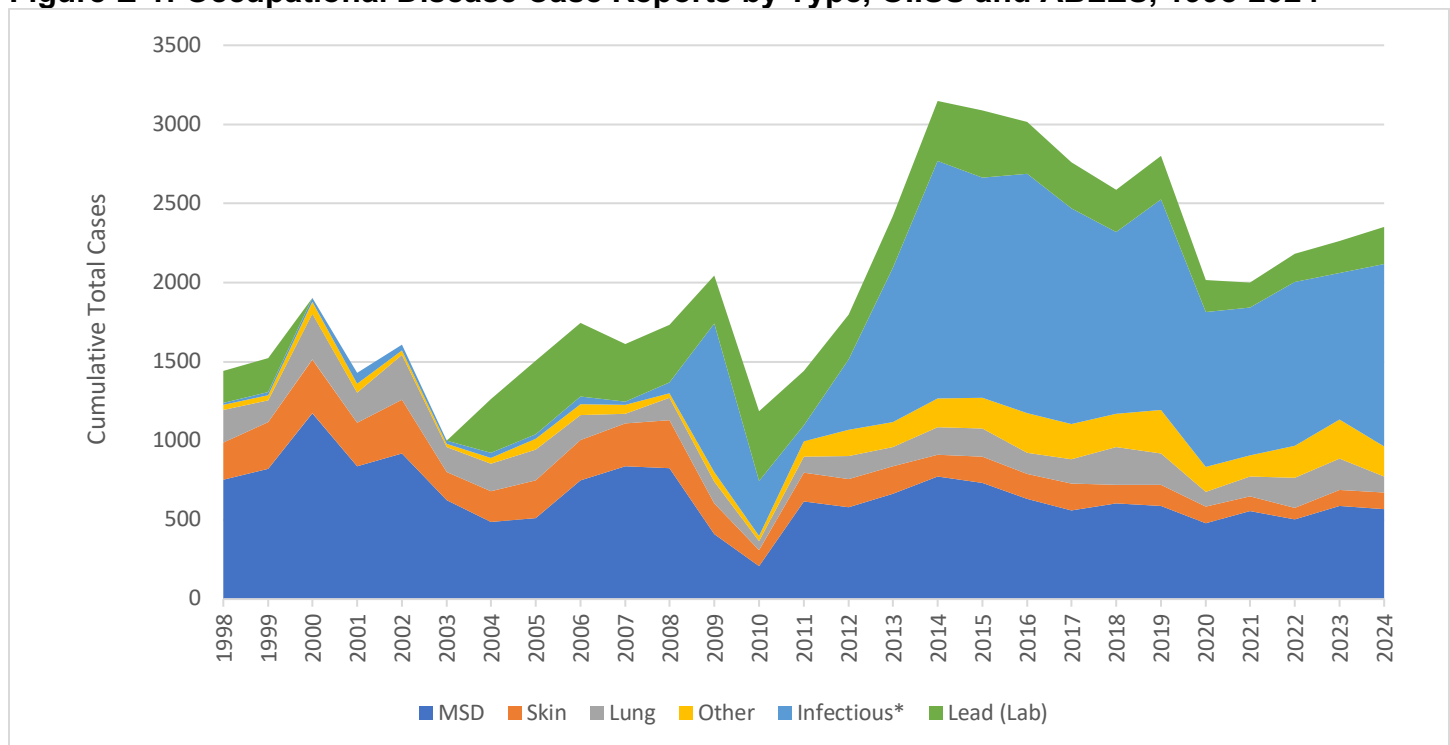
E. Occupational Illnesses and Injury Surveillance System (OIISS)

Physicians, physician assistants, and advanced practice registered nurses are required by CGS § 31-40cc to report suspected occupational diseases to the Connecticut Department of Labor within 48 hours of discovery. The Labor Department may share the reports with the Department of Public Health for disease surveillance, prevention, or control. OIISS data is maintained by the Department of Public Health. Most reports are from Connecticut's occupational health clinics and industrial medicine programs. Information on blood lead level laboratory reports is received from the Connecticut Adult Blood Lead Epidemiology and Surveillance (ABLES) program. Most COVID-19 cases were not reported through occupational health clinics because separate diagnostic and reporting mechanisms, such as emergency departments and testing locations, do not appear in this database. Database coding for this year's report was performed by the Connecticut Department of Public Health, so results may not be directly comparable with prior years.

Table E-1: Occupational Disease Case Reports by Type, OIISS and ABLES, 2015-2024

Category	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	% change 2023-24
MSD	734	633	562	603	590	480	558	502	587	568	-3%
Skin	166	158	168	118	134	104	91	76	104	107	3%
Lung	178	133	155	241	198	92	127	187	197	101	-49%
Other	195	250	220	210	274	161	132	204	246	190	-23%
Infectious	1,390	1,513	1,365	1,148	1,329	979	934	1,036	927	1,150	24%
Sub-total	2,663	2,687	2,470	2,320	2,525	1,816	1,842	2,005	2,061	2,116	3%
Lead (Lab)	425	330	292	268	275	199	160	178	202	236	17%
Total	3,088	3,017	2,762	2,588	2,800	2,015	2,002	2,183	2,263	2,352	4%

Figure E-1: Occupational Disease Case Reports by Type, OIISS and ABLES, 1998-2024



*Infectious category did not include most bloodborne pathogen exposures up to 2008, and again in 2011.

*Infectious category does not include most COVID-19 cases

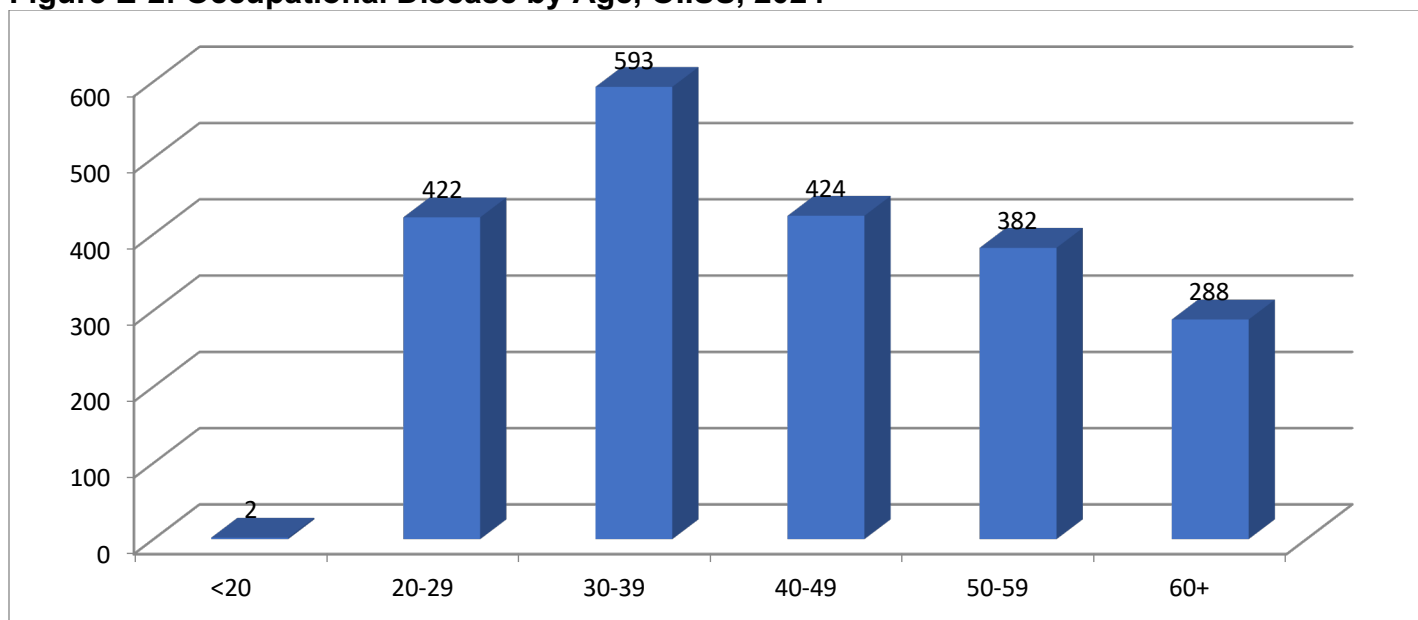
** Lead values for 1998-99 did not include cases in the blood lead level range of 10-19 micrograms per deciliter (ug/dL).

In general, 2020-2022 were very different years for occupational illnesses due to the COVID-19 pandemic, which resulted in dramatically different workplace patterns including widespread workplace closures, working from home where possible, mask wearing, social distancing, and disruptions to the supply chain. Therefore, comparisons to prior and subsequent years must be viewed with these patterns in mind and the potential for dramatically different exposures to workplace hazards. Reports in 2023 and 2024 continued to move back toward pre-pandemic workplace patterns.

There were 2,116 occupational illness reports received from physicians for 2024 (Table E-1), a 3% increase from 2023. Infectious diseases, including bloodborne diseases and exposures, were the largest category, accounting for 54% of physician reports and increasing 24%. Musculoskeletal conditions such as tendonitis and carpal tunnel syndrome accounted for 27% and decreased 3%. Lung conditions accounted for 5% and decreased 49%; skin disorders accounted for 5% and increased 3%; and “other” conditions accounted for 9% and decreased 23%. There were also 236 laboratory-reported adult blood lead cases, 34 (17%) more than in 2023, for a combined total of 2,352 reports in 2024, 4% more than in 2023.

Many workers with occupationally related illness seek care from their primary care providers. In practice, most reports come from the academic and auxiliary occupational health clinics funded under the state occupational disease surveillance network. Therefore, these reports should be viewed as a small portion of physician-diagnosed occupational diseases in Connecticut.

Figure E-2: Occupational Disease by Age, OIIS, 2024



Of the reports with age data, workers in their 30s were the largest group (593 cases, 28%), followed by workers in their 40s (424, 20%), 20s (422, 20%), 50s (382, 18%), and age 60 or older (288, 14%). Two reports involved workers under age 20 (Figure E-2).

Figure E-3: Occupational Disease by Industry Sector, OIIS, 2024

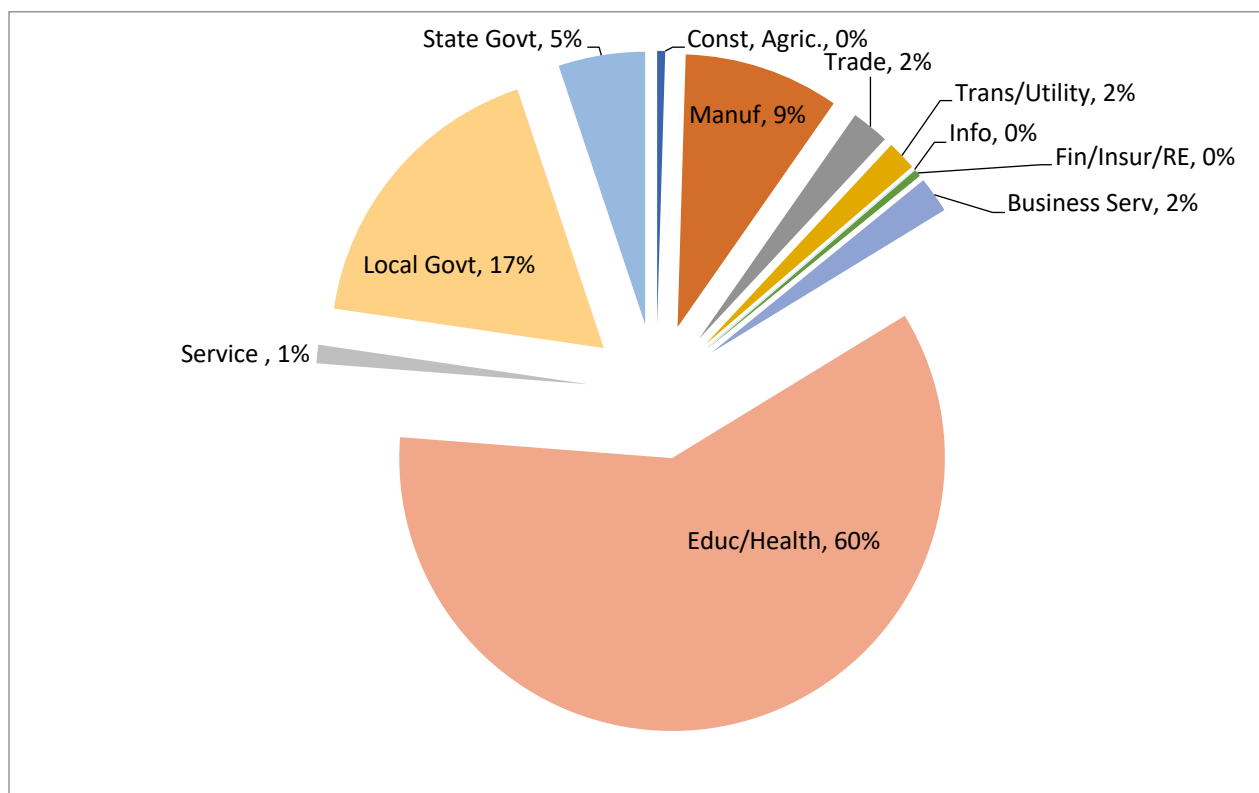


Table E-2: Cases and Rates of Illness by Industry Sector (NAICS*), OIIS, 2024 (per 10,000 workers)

Industry	All		Infectious		Lung		MSD		Other		Skin	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
Construction/Agric	10	1.4	<6	--	<6	--	<6	--	<6	--	0	0.0
Manufacturing	194	12.5	<6	--	12	0.8	131	8.4	35	2.2	12	0.8
Trade	47	2.1	<6	--	<6	--	36	1.6	<6	--	<6	--
Transport/Utilities	37	5.2	0	0.0	<6	--	24	3.4	7	1.0	<6	--
Information Services	0	0.0	0	0.0	0	0.0	<6	--	0	0.0	0	0.0
Finance/Insur/Real E.	9	0.8	<6	--	0	0.0	<6	--	<6	--	<6	--
Business Service	45	2.0	17	0.8	<6	--	12	0.5	9	0.4	<6	--
Education/Health	1,261	35.3	888	24.8	47	1.3	203	5.7	79	2.2	44	1.2
Other Services	23	1.1	<6	--	<6	--	11	0.5	<6	--	<6	--
Local Govt	369	26.2	155	11.0	15	1.1	119	8.4	45	3.2	35	2.5
State Govt	108	16.9	70	11.0	12	1.9	21	3.3	<6	--	0	0.0
Unknown	13	--	6	--	<6	--	<6	--	<6	--	<6	--
Total	2,116	12.6	1,150	6.8	101	0.6	568	3.4	190	1.1	107	0.6

* North American Industry Classification System. OIIS is the CT Occupational Illness and Injury Surveillance System. Specific numbers with less than 6 cases are not specified due to confidentiality and variability.

The Education and Health sector had the most cases (1,261, or 60%), followed by Local Government (369, or 17%), Manufacturing (194, or 9%), and State Government (108, or 5%); see Figure E-3 and Table E-2.

Education and Health workplaces that were also government employers, such as public schools or hospitals, were counted as government.

Industry distribution differed by condition (Table E-2). Education and Health accounted for 77% of infectious disease reports, 47% of lung reports, 42% of other illnesses, 41% of skin disorders, and 36% of MSD reports. Local Government accounted for 33% of skin reports, 24% of other illnesses, 21% of MSD reports, 15% of lung reports, and 13% of infectious reports. Manufacturing accounted for 23% of MSD, 18% of other, 12% of lung, and 11% of skin reports.

Rates of illness by industry sector (adjusted for the size of employment of each sector) are shown in Table E-2. The overall physician-report rate was 12.6 per 10,000 workers. The highest overall rates were in Education/Health (35.3), Local Government (26.2), State Government (16.9), and Manufacturing (12.5). Infectious disease rates were highest in Education/Health (24.8) and Local and State Government (11.0 each). MSD rates were highest in Manufacturing and Local Government (8.4 each), followed by Education/Health (5.7). Lung rates were highest in State Government (1.9), Education/Health (1.3), Local Government (1.1), and Manufacturing (0.8).

Musculoskeletal Disorders (MSD)

There were 568 reports of musculoskeletal disorders (MSD) in 2024, a 3% decrease from 2023 (Table E-3). This table does not include MSD caused by acute incidents such as falls or individual lifts and excludes lower-back diagnoses unless specifically described as caused by cumulative strain. The most common diagnoses were strains and sprains (140 cases, 25% of all cases), other neuropathy and radiculopathy (98, 17%), epicondylitis (62, 11%), tendonitis (44, 8%), carpal tunnel syndrome (44, 8%), and deQuervain's syndrome (29, 5%).

Table E-3: Musculoskeletal Disorders (MSD) by Type, OIIS, 2023-2024

Illness	2023	2024	Percent	Change
Strain/Sprain	125	140	25%	12%
Epicondylitis	74	62	11%	-16%
Other Neuropathy & Radiculopathy (nerve disorder)	70	98	17%	40%
Tendonitis	49	44	8%	-10%
Rotator Cuff	47	21	4%	-55%
Carpal Tunnel Syndrome (CTS)	37	44	8%	19%
DeQuervain's syndrome	32	29	5%	-9%
Bursitis/Arthritis	26	22	4%	-15%
Trigger Finger	16	14	2%	-13%
Tenosynovitis	12	5	1%	-58%
Ganglion	11	7	1%	-36%
Plantar fasciitis	6	2	0%	-67%
Other MSD	82	80	14%	-2%
Total	587	568	100%	-3%

Musculoskeletal disorders (also referred to as cumulative trauma disorders or repetitive strain injuries) include tendon-related conditions, nerve problems, circulatory conditions, and combined conditions.

Tendon Disorders

- Tendonitis: swelling of the tendons

- Epicondylitis: tendon irritation in the elbow area, including “golfer’s elbow” and “tennis elbow”
- Rotator Cuff Syndrome: tendonitis in the shoulder area
- Tenosynovitis: inflammation of the tendon sheaths, particularly in the hand
- deQuervain’s Syndrome: tendon sheath disorder of side of wrist and base of thumb
- Trigger Finger: a bump on the tendon that catches on the tendon sheath that makes the finger or thumb difficult to move
- Ganglion Cysts: swelling of the tendon sheaths from excess lubricating fluid
- Bursitis: inflammation of the fluid-filled sacs around ligaments and tendons

Nerve Disorders

- Carpal Tunnel Syndrome: pinching of the median nerve in the wrist, usually by swollen tendons that pass through the carpal tunnel (median and ulnar nerves can also be pinched in the elbow, shoulder, or neck)

Circulatory/Combined/Other

- Thoracic Outlet Syndrome: pinching of the nerves and blood vessels in the neck/ shoulder area

Table E-4: Common causes of MSD, OIIS, 2023-2024

Cause	2023	2024	Percent	Change
Repetitive	98	111	47%	13%
Lifting	30	39	17%	30%
Push/pull	24	16	7%	-33%
Tools, Machines & Vibration	11	16	7%	45%
Computer/clerical	10	8	3%	-20%
Gripping/grasping/reaching	9	6	3%	-33%
Patient-related	9	17	7%	89%
Bending/twisting/kneel/posture	7	11	5%	57%
Sitting/walking/climbing	2	7	3%	250%
Assembly/scanning	0	4	2%	
Sub-Total	200	235	100%	
Unknown	387	333		
Total	587	568		-3%

Among the 235 reports with a specific cause noted, the most common causes of MSD were repetitive activity (111 cases, 47%), lifting (39, 17%), patient-related activity (17, 7%), pushing or pulling (16, 7%), and tools, machines, or vibration (16, 7%) (Table E-4). Causes were unknown for 333 reports.

Skin Conditions

Table E-5: Skin Conditions by Type, OIIS, 2023-2024

Illness	2023	2024	Percent	Change
Poison ivy & other plants	21	32	30%	52%
Allergic	44	37	35%	-16%
Dermatitis/rash	35	37	35%	6%
Other skin conditions	4	1	1%	-75%
Total	104	107	100%	3%

There were 107 reports of skin disorders in 2024 (Table E-5), a 3% increase from 2023. Allergic conditions and dermatitis/rash each accounted for 37 cases (35%), poison ivy and other plants accounted for 32 cases (30%), and one case involved another skin condition.

Lung/Respiratory Diseases and Poisonings

There were 101 cases of respiratory and other lung diseases reported by physicians in 2024 (Table E-6), a 49% decrease from 2023. “Other lung” conditions accounted for 40 cases (40%), nonspecific respiratory conditions for 20 (20%), asthma or reactive airways dysfunction syndrome (RADS) for 19 (19%), cough, shortness of breath, bronchiolitis, or rhinitis for 17 (17%), and asbestos exposure, fibrosis, or interstitial disease for 5 (5%).

Table E-6: Respiratory Diseases and Poisoning by Type, OIIS, 2023-2024

Illness	2023	2024	Percent	Change
Cough/dyspnea/bronchiolitis/rhinitis	39	17	17%	-56%
Asthma/RADS	29	19	19%	-34%
Respiratory	22	20	20%	-9%
Asbestos exposure/fibrosis/interstitial	7	5	5%	-29%
Other Lung	100	40	40%	-60%
Total	197	101	100%	-49%

Lead Poisoning (Laboratory Reports)

Connecticut requires laboratories to report all blood lead tests of 10 micrograms per deciliter (ug/dL) of whole blood or greater to the Connecticut Department of Public Health (CGS § 19a-110). These cases are classified as childhood cases (less than 16 years of age) or adult cases; only adult cases are reported here. Most adult cases are attributed to an individual’s occupation (although some cases occur in individuals engaged in activities such as home paint removal or recreational indoor shooting-range use). Up to a third or more of cases in recent years are related to the use of indoor shooting ranges. The numbers are based on the highest level for each individual during the calendar year; they do not include multiple tests on the same individual. OSHA medical removal protections apply at the level of 50 ug/dl of whole blood or above (and require a reduction to 40 ug/dl before return to work). Lead can have neurological, reproductive, and other negative effects on health at much lower levels of exposure.

The 236 adult blood lead reports in 2024 were 34 (17%) more than in 2023. The 10-24 ug/dL category accounted for 204 cases (86%), the 25-39 ug/dL category for 23 cases (10%), and the 40-49 ug/dL category for 7 cases (3%). Fewer than six cases were reported in each category at or above 50 ug/dL (Table E-7).

Table E-7: Lead Cases by Level of Blood Lead, CT ABLES, 2023-2024

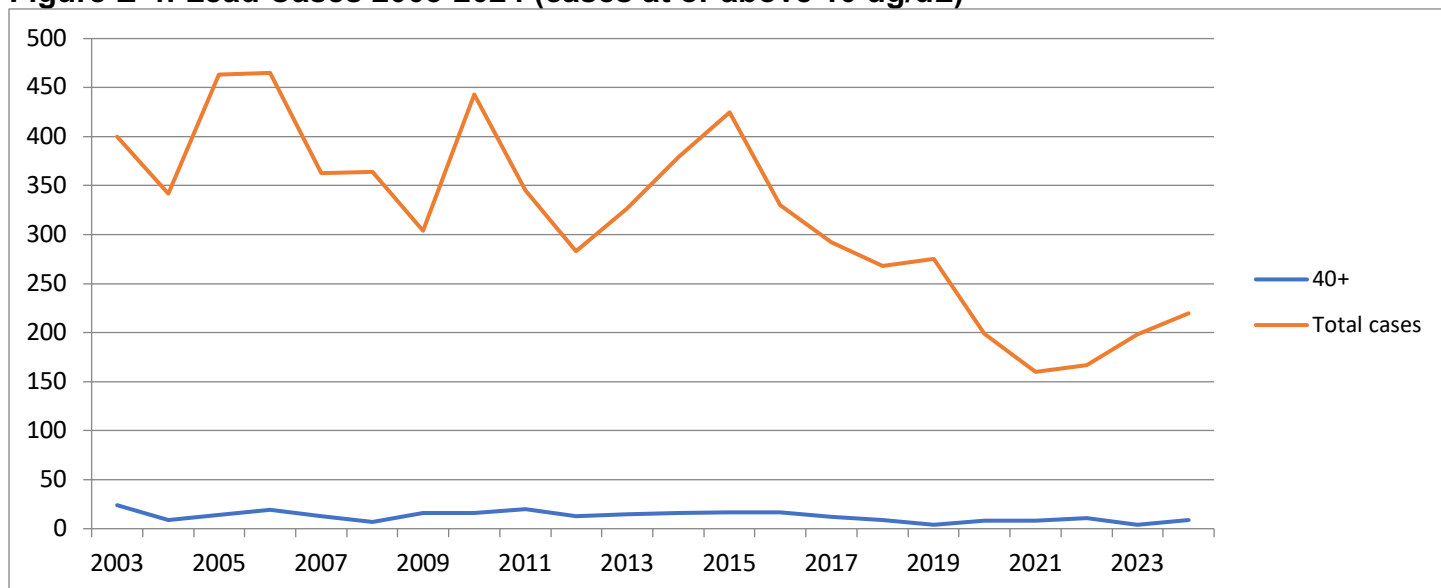
Blood lead level*	2023	2024	Percent	Change
10-24	171	204	86%	19%
25-39	27	23	10%	-15%
40-49	<6	7	3%	
50-59	<6	<6		
>=60	<6	<6		
Total	202	236	100%	17%

Source: Connecticut Adult Blood Lead Epidemiology and Surveillance (ABLES program), CT Dept. of Public Health

* Micrograms per deciliter (ug/dl) of whole blood. Number of individuals with elevated lead levels (multiple tests for individuals were eliminated.)

Lead cases in Connecticut have mostly declined since 2003, with a high of 465 cases in 2006 and a low of 160 cases in 2021, before increasing to 236 in 2024 (Figure E-4). High reporting levels in some past years have been associated with lead screening programs and bridge-maintenance projects involving lead-paint removal.

Figure E-4: Lead Cases 2003-2024 (cases at or above 10 ug/dL)



NIOSH (The National Institute of Occupational Safety and Health) has lead level data for 26 states for 2023 (the last year with available data; see NIOSH Elevated Blood Levels Charts at <https://wwwn.cdc.gov/NIOSH-WHC/chart/ables-ab/exposure?OU=L03&T=ZS&V=C>). Connecticut was the 15th highest among those states for the rate of lead levels above 10 ug/dl, with a rate of 1.04 per 10,000 employed adults (compared to the mean of 1.23 for all states). Connecticut was the 11th highest for rates of higher lead levels (equal or above 25 ug/dl) with a rate of 0.17, equal to the overall mean rate.

Infectious and Other Diseases

Occupational disease reports from physicians primarily come from occupational health clinics. Most COVID-19 cases that occurred in 2020-2022 were seen in other healthcare settings (such as Emergency Departments, testing sites or home testing) and so most were not reported through occupational health clinics. Overall, reported infectious diseases increased 24% to 1,150 cases in 2024. Bloodborne pathogen exposures or diseases were the most common infectious reports, with 953 cases (83% of infectious reports), a 9% increase from 2023. Bloodborne exposures are of greatest concern when there is a needlestick or other sharp injury, particularly if blood is injected into a caregiver's body. These reports do not generally specify whether the source patient or client was infected with HIV, hepatitis B, hepatitis C, or another bloodborne illness.

Reports of potential tuberculosis exposure or positive PPD tests increased from 9 cases in 2023 to 135 in 2024, with the vast majority of the increase coming from a single hospital and likely reflecting a large number of workers with potential exposures. There was one Lyme disease or tick-bite report, 8 scabies reports, and 50 other infectious disease reports. Infectious disease reports such as tuberculosis and meningitis may reflect exposures rather than actual illness.

In addition to infectious diseases, physicians reported 190 other occupational illnesses in 2024 (Table E-8), a 23% decrease from 2023. These included 66 conditions that were difficult to classify, 41 chemical exposures to the eyes, 29 stress, heart, or stroke-related conditions, 20 hearing-loss reports, 11 allergic conditions, 9 poisonings, 7 headache or dizziness reports, 5 heat- or cold-related conditions, and 2 cancer reports.

Table E-8: Infectious and Other Illnesses, 2023-2024

Illness	2023	2024	Percent	% Change
Bloodborne	875	953	83%	9%
TB/PPD	9	135	12%	1400%
Scabies	10	8	1%	-20%
COVID-19*	8	3	0%	-63%
Lyme/tick bite	4	1	0%	-75%
Other infectious	21	50	4%	138%
Subtotal: Infectious	927	1,150	100%	24%
Other Illnesses	2023	2024	Percent	% Change
Chemicals in eyes	66	41	22%	-38%
Stress/heart/stroke	20	29	15%	45%
Hearing loss	14	20	11%	43%
Allergic	13	11	6%	-15%
Poisoning	20	9	5%	
Headache/dizzy	22	7	4%	-68%
Heat/cold	6	5	3%	-17%
Cancer	4	2	1%	-50%
Other	81	66	35%	-19%
Total Other Illnesses	246	190	100%	-23%
Total	1,173	1,340		14%

Poison Control Center Cases

Cases reported to the Connecticut Poison Control Center (CPCC) are primarily non-occupational and include many childhood poisonings. Work-related exposures represent a minority of these cases. In 2024, 347 work-related exposures were reported to the CPCC, representing 2.7% of all Poison Center calls involving adults (over 18 years old). Work-related callers averaged 38 years of age.

Of these 347 work-related exposures, 92 cases (27%) were classified by the CPCC as having “moderate to major medical effects”, while the remaining 255 were considered minor or had no effects. Although some cases were lost to follow-up, prior reviews typically describe these as involving minimal potential toxicity. Among the 92 moderate to major cases, certain substances were more frequently reported. Cleaning agents—including common household and industrial products such as industrial cleaners, disinfectants, chlorine-based cleaners, bleach, soaps, and detergents—were involved in moderate to major effects in 27 workers. Along with fumes/gases/vapors (i.e., carbon monoxide or chlorine gas; 13 workers) and strong acids (i.e. sulfuric or hydrochloric acid; 10 workers), these substances accounted for 50 worker CPCC cases, representing 54% of the 92 cases with moderate to major effects.

Exposure routes varied, with some cases involving multiple routes. Inhalation was the most common route, accounting for 154 cases (44%), while the remaining 193 cases (56%) involved non-inhalation exposures, primarily through dermal and ocular contact, which occurred at similar rates.

F. Appendix 1: Databases and Methods

Determining the incidence of occupational illness is difficult. The problem is two-fold: 1) occupationally-related illness is not consistently recognized as work-related; and 2) the cases reported to either the Department of Labor and/or the Occupational Health Surveillance Division of the Department of Public Health are not complete. Consequently, this assessment of occupational disease reviews a number of sources of information: the Workers' Compensation Commission's First Report of Injury database (WCC), the Bureau of Labor Statistics/Connecticut Dept. of Labor Survey of Occupational Injuries and Illnesses (BLS), the Occupational Illnesses and Injury Surveillance System (OIIS), and the Connecticut Adult Blood Level Epidemiology Surveillance Program (ABLES). The Workers' Compensation database was provided in electronic form from the CT Workers' Compensation Commission and the physicians' reports from the CT Department of Public Health. The BLS survey data was provided in table form from the Connecticut Department of Labor and derived from the U.S. BLS website at <https://www.bls.gov/iif/#data>.

Assumptions and Conventions

The Workers' Compensation Commission's First Reports of Injury database and the Occupational Illnesses and Injury Surveillance System (OIIS, referred to as Physicians' Reports) were reviewed in depth. A rationale for the data review was developed to differentiate occupational *illnesses* from acute traumatic *injuries* and to classify the workplace reports by nature and cause of the illness. Each entry was reviewed for internal consistency and reasonableness. Specifically, the process employed the following steps:

- 1) **Clear acute injuries were eliminated.** In assessing the Workers' Compensation First Reports of Injury, a line by line review of injury descriptions, nature descriptions and codes, listed causes, and part of body were used to differentiate whether an injury vs. illness was described. The determination relied most heavily on the text description and then on the other data fields in the order listed above.

The Physician Reports are organized differently. Numerical ICD10 (International Classification of Disease) and "Nature of Injury or Illness" codes from the Bureau of Labor Statistics Occupational Injury and Illness Classification System (ANSI Z16.2-1995, American National Standard for Information Management for Occupational Safety and Health) were used as the primary indicators to evaluate the records. Cause, certainty, diagnosis, ICD codes, suspected agent and symptom fields were also reviewed in determining illness or injury. Categories that were eliminated included all burns, eye problems such as conjunctivitis or objects in the eye (other than chemical exposures), lower back problems (including sciatica) unless clearly and specifically labeled as a cumulative injury, hernias, infected wounds or burns, insect and animal bites (with the exception of tick bites because of the relationship with Lyme disease), and electrical shocks.

- 2) **Validity of remaining records was determined.** Records were reviewed to be sure that the coding of types of disease was consistent with other information in the record. In addition, diseases were categorized by type of disease. Several approaches were utilized to eliminate duplicate records such as line by line review and matching on first and last name, date of birth and employer (to identify reports with misspellings or reversed first and last names), etc.
- 3) **Fields were either revised or added to the databases:** *Illness Type* and *Nature of Illness*. The *Nature of Illness* was based on the information in the databases, research, and general information about the illnesses. Then each entry was categorized by *Illness Type*. The specific nature categories were grouped into broader categories to support graphic representation. For the Workers' Compensation database, the description of injury was used as the key description of the illness if it disagreed with the coding for other variables. This coding was categorized into illness types (i.e.

skin, lung, infectious, MSD, other), specific illness (i.e. Carpal Tunnel Syndrome, heart conditions, asthma), and cause (i.e. chemical exposure, computer use, needlesticks).

- 4) **Employers were coded for industry** using a comprehensive list of Connecticut employers from the Connecticut Department of Labor and classified under the North American Industry Classification System (NAICS). Employers not found in prior Department of Labor datasets were coded using internet sources such as Manta or naics.com. Physician reports for this year were coded by the Connecticut Department of Public Health. Rates were calculated using employment figures from the U.S. Bureau of Labor Statistics based on Connecticut Department of Labor data.
- 5) **Data were cleaned, tabulated, and put into presentation form using Microsoft Excel and Word.** Breakdowns of conditions with fewer than six cases in the physician-report databases (OIISS and lead) are not detailed, in accordance with Connecticut Department of Public Health policy. Cases were matched between the workers' compensation and physician-report databases to eliminate duplicates based on comparisons of birth dates, names, and employers; multiple reports of similar conditions on or near the same date of injury were considered duplicates.
- 6) **The report is reviewed** and approved by the Connecticut Workers' Compensation Commission prior to publication.

Table G-1: Cases of Occupational Disease by Type, BLS/CTDOL, 1979-2024

	Employ.*	All Ill	Skin	MSD	Lung-dust	Respir.	Poison	Physical	Other
1979	1,358,000	3,322	1,716	471	25	317	175	250	368
1980	1,394,000	3,066	1,586	513	88	214	66	199	400
1981	1,409,000	3,214	1,509	701	38	290	89	192	395
1982	1,400,000	2,549	1,130	580	31	223	31	216	323
1983	1,419,000	2,930	1,236	665	20	154	152	176	519
1984	1,490,000	2,735	1,109	665	24	273	65	162	432
1985	1,528,000	2,809	928	727	44	233	51	130	693
1986	1,567,000	2,719	808	761	39	274	65	235	538
1987	1,607,000	4,643	1,352	1,430	31	300	62	704	754
1988	1,637,000	4,364	1,257	405	35	332	56	405	733
1989	1,634,000	5,844	1,248	2,629	57	277	74	468	1,087
1990	1,593,000	5,307	1,032	2,535	93	457	54	496	641
1991	1,518,000	6,094	946	3,454	62	422	113	501	591
1992	1,483,000	6,458	1,084	3,852	37	471	53	349	612
1993	1,487,000	8,369	965	5,526	52	512	166	346	802
1994	1,501,800	7,319	957	4,482	74	410	97	313	986
1995	1,520,000	6,787	884	4,220	80	323	35	349	896
1996	1,538,000	6,021	827	3,711	40	418	34	235	756
1997	1,570,500	5,419	620	3,335	21	287	70	150	936
1998	1,596,900	5,510	989	3,398	10	459	45	92	517
1999	1,630,100	5,513	793	3,306	20	386	71	265	671
2000	1,653,000	6,396	897	3,827	65	438	29	137	1,003
2001	1,571,000	5,514	916	3,220	10	630	29	118	591
	Employ.*	All Ill	Skin			Respir.	Poison	Hearing	Other
2002	1,602,000	4,387	831			320	78		3,159
2003	1,605,000	4,559	903			490	32		3,132
2004	1,603,100	4,572	832			354	35	466	2,886
2005	1,614,100	4,850	848			480	8	381	3,134
2006	1,635,700	3,787	575			235	38	439	2,500
2007	1,666,600	3,904	624			358	22	457	2,443
2008	1,666,600	3,562	690			293	130	360	2,088
2009	1,675,000	3,400	600			300		500	2,000
2010	1,639,300	3,000	700			300		300	1,700
2011	1,578,200	3,500	800			300		300	2,100
2012	1,628,028	2,800	600			300		300	1,500
2013	1,640,223	2,600	500			300		300	1,600
2014	1,653,547	2,400	400			200		200	1,400
2015	1,662,822	2,300	400			200		200	1,500
2016	1,666,580	2,300	500			200		300	1,300
2017	1,669,766	1,700	400			100		200	900
2018	1,673,867	1,800	300			200		400	1,000
2019	1,670,639	1,700	300			100		300	1,000
2020	1,545,731	8,000	200			6,400		200	1,100
2021	1,591,837	5,200	200			4,100		300	600
2022	1,642,657	6,400	200			5,300		300	600
2023	1,668,477	3,500	300			1,800		400	1,000
2024	1,683,128	2,800	400			1,100	*	300	1,000

Source: U.S. Bureau of Labor Statistics (BLS) and Connecticut Department of Labor, Office of Research. Methods and categories changed in 2002 and are not comparable with prior years; for example, MSD was combined with "Other." Employment is in thousands. Weighted survey estimates, particularly small values, may be unreliable. Blanks indicate unavailable or unpublishable data.

**Table G-2: Rate per 10,000 Workers of Occupational Disease, by Type,
Bureau of Labor Statistics/CT Dept. of Labor, 1979-2024**

Year	Employed	Skin	MSD	Resp/Lung	Poisoning	Other	Hearing	Total
1979	1,358,000	12.6	3.5	2.5	1.3	8.2		24.5
1980	1,394,000	11.4	3.7	2.2	0.5	8.6		22
1981	1,409,000	10.7	5	2.3	0.6	9.4		22.8
1982	1,400,000	8.1	4.1	1.8	0.2	8.2		18.2
1983	1,419,000	8.7	4.7	1.2	1.1	9.7		20.6
1984	1,490,000	7.4	4.5	2	0.4	8.6		18.4
1985	1,528,000	6.1	4.8	1.8	0.3	10.4		18.4
1986	1,567,000	5.2	4.9	2	0.4	10		17.4
1987	1,607,000	8.4	8.9	2.1	0.4	18.2		28.9
1988	1,637,000	7.7	2.5	2.2	0.3	9.6		26.7
1989	1,634,000	7.6	16.1	2	0.5	26		35.8
1990	1,593,000	6.5	15.9	3.5	0.3	23.6		33.3
1991	1,518,000	6.2	22.8	3.2	0.7	30.4		40.1
1992	1,483,000	7.3	26	3.4	0.4	32.7		43.5
1993	1,487,000	6.5	37.2	3.8	1.1	45.2		56.3
1994	1,501,800	6.4	29.8	3.2	0.6	39		48.7
1995	1,520,000	5.8	27.8	2.7	0.2	36.5		44.7
1996	1,538,000	5.4	24.1	3	0.2	30.8		39.1
1997	1,570,500	3.9	21.2	2	0.4	28.3		34.5
1998	1,596,900	6.2	21.3	2.9	0.3	25.2		34.5
1999	1,630,100	4.9	20.3	2.5	0.4	26.1		33.8
2000	1,653,000	5.4	23.2	3	0.2	30.4		38.7
2001	1,571,000	5.8	20.5	4.1	0.2	25.1		35.1
Year	Employ	Skin		Respiratory	Poison	Other	Hearing	Total
2002*	1,602,000	6.2	*	2.4	0.6	23.7	*	32.9
2003	1,605,000	6.9	*	3.8	0.2	24	*	34.9
2004	1,603,100	6.4	*	2.7	0.3	22.1	3.6	34.9
2005	1,614,100	6.3	*	3.6	*	23.3	2.8	36
2006	1,635,700	4.3	*	1.8	0.3	18.8	3.3	28.4
2007	1,666,600	4.7	*	2.7	0.2	18.2	3.4	29.2
2008	1,666,600	4.7	*	2.7	0.2	18.2	3.4	29.2
2009	1,675,000	5.1	*	2.2	1	15.4	2.7	26.3
2010	1,639,300	5.1	*	2.1	*	13.1	2.5	23.1
2011	1,578,200	6.3	*	2	*	16.8	2.5	27.8
2012	1,628,028	4.6	*	2.6	*	12	2.6	21.9
2013	1,640,223	3.5	*	2	0.2	12.4	2.2	20.3
2014	1,653,547	3.4	*	1.9	*	11	2.1	18.7
2015	1,662,822	3	*	1.5	0.2	11.3	1.7	17.7
2016	1,666,580	3.9	*	1.3	*	10	2.2	17.4
2017	1,669,766	2.9	*	1.1	0.4	6.7	1.9	12.9
2018	1,673,867	1.9	*	1.4	*	7.8	3	14.1
2019	1,670,639	2.1	*	1.1	*	7.5	2.2	13
2020	1,545,731	2	*	52	*	9	1.3	64.4
2021	1,591,837	1.4	*	33.5	*	5.3	2.2	42.4
2022	1,642,657	2	*	41.4	*	5.1	2	50.6
2023	1,668,477	2.6	*	13.8	*	7.5	2.8	26.9
2024	1,683,128	3.2	*	8.5	*	7.2	2	20.9

Source: U.S. Bureau of Labor Statistics (BLS) and the Connecticut Dept. of Labor, Office of Research. "Other" includes the pre-2002 categories of MSD, Physical, Lung-dust, and Other. *Data collection methods and categories changed in 2002 and are not comparable to prior years.

Appendix 3: Internet Resources for Job Safety and Health: 2026

General Health and Safety Sites

One of the best sources of information for job health and safety on the internet is the **OSHA (Occupational Safety and Health Administration)** homepage, which includes an ergonomics homepage, worker rights, employer assistance, sector-specific and topic-specific standards and advice, a searchable index of standards, e-tools, COVID-19 guidelines and many other resources. <http://www.osha.gov>

To look up **OSHA citations** by company or industry: <http://www.osha.gov/pls/imis/establishment.html>

OSHA funds **training programs for workers**, community groups and managers across the U.S. through their Susan Harwood Training grants at <https://www.osha.gov/dte/sharwood>.

OSHA has a resource page for **medical clinicians** at <https://www.osha.gov/dts/oom/clinicians/index.html>

OSHA eTools and Safety and Health Topics. A collection of interactive, industry-specific safety tools and detailed information on a wide variety of workplace hazards. <https://www.osha.gov/etools>

OSHA Alliance Program. A partnership network generating best practices, safety guidance, and training resources through collaborations with national organizations. <https://www.osha.gov/alliances>

Safe + Sound Campaign (OSHA). An initiative to help businesses implement effective safety and health programs year-round. <https://www.osha.gov/safeandsound>

The **Bureau of Labor Statistics** tracks occupational injuries and illnesses as well as fatalities. Both summaries and the actual data are available at <https://www.bls.gov/iif>.

NIOSH (the National Institute for Occupational Safety and Health) is another good general source. A searchable section on diseases and injuries briefly describes conditions with updates on current research and guidance on prevention, including personal protective equipment tests and advice. There are also resources on health hazard evaluations, conferences, state-based materials, rulemaking, chemicals, disease statistics, and many other topics. <https://www.cdc.gov/niosh/index.html>

NIOSH supports **Education and Research Centers (ERCs)** based at universities across the US. Expert centers also include **agriculture, construction, and total worker health centers** (for example, see the link for the UConn CPH-NEW program below). ERCs primary purpose is to train health and safety professionals, so the various ERCs host a broad array of training programs for safety experts, industrial hygienists, ergonomists, occupational physicians and nurses and other professionals. In addition, the programs provide extensive in-service training programs for professionals already in the field as well as occasional programs for workers, health and safety committee members, and managers. They are also home to extensive research programs and consultation programs. The list of ERC's and related centers can be found at <https://www.cdc.gov/niosh/extramural-programs/php/about/ercs.html>

NIOSH has a **workplace health promotion** website which includes tools for assessing health and health promotion programs at <https://www.cdc.gov/niosh/twh/index.html>

EPA (the Environmental Protection Agency) has a number of sites relevant to occupational health on indoor air quality, office and school environments, climate change, and other topics. www.epa.gov www.epa.gov/iaq/

American Family Physician also has a number of articles on occupational health for clinicians at <https://www.aafp.org/pubs/afp/topics/by-topic.occupational-health.html>

The **Veterans Administration (VA)** occupational health department has resources on **safe patient handling, wellness, and workplace violence prevention.** <https://www.publichealth.va.gov/about/occhealth/index.asp>

The **Council of State and Territorial Epidemiologists (CSTE)** has links to reports, contacts and resources in occupational health <https://www.cste.org/page/CSTEPublications>. Occupational health indicators are posted at <https://www.cste.org/group/OHIndicators>

The **Canadian Centre for Occupational Health and Safety** has hundreds of resources on their health and safety internet resource list, including Cheminfo, occupational mental health and stress, climate change impacts and much more. <http://www.ccohs.ca>

ILO International Labour Organization – Occupational Safety and Health.

Global OSH data, international conventions, guidelines, and multilingual resources from the UN's labor agency. <https://www.ilo.org/global/topics/safety-and-health-at-work/lang--en/index.htm>

World Health Organization – Occupational Health. A global view of workplace health risks and strategies, including chemical exposures and health promotion. <https://www.who.int/health-topics/occupational-health>

New Jersey Department of Health has 1,600 excellent **chemical hazard factsheets** that are free, independently researched, and clearly written (900 in Spanish) on hundreds of substances. <http://web.doh.state.nj.us/rtkhsfs/indexfs.aspx>

MSDSonline is a commercial website but has free searches for Safety Data Sheets (SDS) under the Globally Harmonized system at <https://www.msdsonline.com/sds-search>.

Several safety organizations have useful websites:

www.nsc.org	The National Safety Council
www.aiha.org	The American Industrial Hygiene Association
www.assp.org	American Society of Safety Professionals
www.nfpa.org	National Fire Protection Association
https://safetyequipment.org	International Safety Equipment Association
http://www.hfes.org	Human Factors and Ergonomics Society

The **national AFL-CIO** includes a health and safety page. <http://www.aflcio.org/Issues/Job-Safety>

COSH (Coalitions for Occupational Safety and Health) are labor-oriented nonprofit groups based in many states, including Connecticut, with information on a variety of hazards. They can all be accessed through the National Council for Occupational Safety and Health <https://www.nationalcosh.org/>

Center for Construction Research and Training (CPWR). A national leader in construction safety research, CPWR offers comprehensive training materials, toolbox talks, data dashboards, and sector-specific research. <https://www.cpwr.com>

SafeWork USA (Washington State Department of Labor & Industries). Research and practical tools from Washington State's occupational health program. <https://lni.wa.gov/safety-health/safety-research>

Harvard Center for Work, Health, & Well-being. A leading Total Worker Health research center focused on workplace policies that improve employee health and productivity.

<https://centerforworkhealth.sph.harvard.edu/>

The **Cal-OSHA Reporter** (California OSHA) carries current stories on job health and safety.

<http://www.cal-osha.com>

Some **blogs carry job health and safety news and commentary.**

The USMWF United Support and Memorial for Workplace Fatalities posts current stories about workers who have been killed on the job and their families <https://www.facebook.com/USMWF> or www.usmwf.org

Workers' compensation issues are covered at the **Workers' Compensation Research Institute** at

<https://www.wcrinet.org> and at the insider publication <http://workerscompinsider.com>.

The **Toxic Use Reduction Institute** at UMass Lowell has extensive resources on safer alternatives to toxic substances, including a database on alternatives to solvents. <http://www.turi.org>

UMass-Lowell's Center for Sustainable Production has information on changing chemical policies.

<http://www.sustainableproduction.org/>

The **Health and Safety Executive of Great Britain** has extensive information on the European Union's REACH (Registration, Evaluation, and Authorization of Chemicals).

<http://www.hse.gov.uk/reach/index.htm> <http://www.hse.gov.uk/index.htm>

OSHA has a discussion of the US program that responds to the International Globally Harmonized System for Hazard Communication. <http://www.osha.gov/dsg/hazcom/global.html>.

ACOEM (American College of Occupational and Environmental Medicine) has an occupational health guide for clinicians: <https://acoem.org/Practice-Resources/Basic-Occupational-Health-Guide>

State of Connecticut and Select Other Resources

The **Connecticut Workers' Compensation Commission** has an excellent website, including information on the locations of offices, a searchable version of the workers' compensation statutes, new decisions, and other information. <http://wcc.state.ct.us>

The **Connecticut (CT)** website allows access to all branches of state government. <https://portal.ct.gov>

The **CT Department of Public Health** occupational health program has database access, health alerts and fact sheets on a variety of occupational health topics including lead. <http://www.ct.gov/dph/occupationalhealth>

The **CT Department of Labor** includes an occupational health services site which includes information on their free Conn-OSHA consultation program and a great set of links to other health and safety sites including regulations, training, and Spanish publications. www.connosha.com

The **Connecticut General Assembly** website lets you search for any bill being considered or get information about relevant committees such as Labor and Public Employees or Public Health. <http://www.cga.ct.gov>

You can track national bills on the **National Library of Congress** site. <https://www.congress.gov/>

Search the medical literature at **US National Library of Medicine**. <http://www.ncbi.nlm.nih.gov/pubmed/>

Search general academic literature through **Google Scholar**. <http://scholar.google.com/schhp?tab=ws>

UConn Health's Division of Occupational and Environmental Medicine has information and links on job health and safety. <http://health.uconn.edu/occupational-environmental>

The **Center for the Promotion of Health in the New England Workplace (CPH-NEW)** is a research-to-practice initiative led by investigators from the UMass Lowell and UConn Health.

<http://health.uconn.edu/occupational-environmental/academics-and-research/cph-new/>

UConn Health's Center for Indoor Environments and Health provides guidance on environmental exposures in indoor settings including schools and office buildings

<http://health.uconn.edu/occupational-environmental/consultation-and-outreach/cieh/>

Apps for occupational health

There are a number of apps developed for smart phones (both Android and Apple) that have been developed by government agencies (and a lot of private companies and insurers) that can be quite useful. Some useful apps include:

- The **NIOSH Sound Level Meter** is a free, non-ad app developed by NIOSH that lets you use your phone as a sound level meter. iPhones now also have a sound level meter built in.
- The **NIOSH Lifting Equation Calculator** (NLE Calc) lets you evaluate jobs based on characteristics of the lifting hazards guidance issued by NIOSH (the International Centre for Safety Ergonomics and Human Factors also has a free NIOSH lifting equation calculator called **MMH Calculator** and Liberty Mutual has the **ErgoValuator**).
- The **OSHA-NIOSH Heat Safety Tool** combines local weather with NIOSH and OSHA guidance on heat stress.
- Chemical hazards can be evaluated using the **Chemical Safety Data Sheets – ICSC** app which calls up 2-page independently developed chemical data sheets (similar to material safety data sheets) from the UN, the International Labor Office (ILO) and the World Health Organization (WHO).
- **NIOSH Mobile Pocket Guide to Chemical Hazards**. Key information for 677 common workplace chemicals can help in quick identification and control, including PPE, exposure limits, and symptoms.
- **CCOHS Safe Work** from the Canadian Centre for Occupational Health and Safety provides OSH Answers factsheets on many workplace hazards, chemicals, job stress, ergonomics and more.
- **iAuditor by SafetyCulture** is a proprietary app designed for employers and safety committees to design and evaluate safety programs and internal inspections. It includes checklists and training resources.

There are also a wide number of commercial apps on occupational health. **Searching in the app store** on your phone or tablet using terms such as the ergonomics, chemicals, job safety, OSHA, NIOSH, or similar terms will bring up apps which you can sort by customer ratings.

Ergonomic Sites and Links

Thomas Bernard's website at **University of South Florida** has many of the standards and excellent free electronic ergonomic analysis tools such as the NIOSH lifting equation and heat stress, including apps.

<https://health.usf.edu/publichealth/tbernard>

Ergoweb has good factsheets, documents, and news. <https://ergoweb.com>

Tom Armstrong at the **University of Michigan** runs one of the most respected university training programs for ergonomics, and has extensive information, tools, and lectures. <http://www-personal.umich.edu/~tja>

Cornell University's Alan Hedge has an active ergonomics program, with reports posted on graduate student projects and evaluation of ergonomic products. <http://ergo.human.cornell.edu>

The **National Ergonomics Conference & Ergo Expo** has provided a forum on ergonomics, safety and wellness programs. <http://www.ergoexpo.com>

The National Health Service/UK has information about repetitive strain injuries/RSI
<http://www.nhs.uk/conditions/Repetitive-strain-injury/Pages/Introduction.aspx>

Paul Landsbergis has a good website on job stress. <http://unhealthywork.org/about-us/team/paul-a-landsbergis>

The **European Agency for Health and Safety at Work's Job Stress Network** has info on to increasing job stress and its impact on health <https://osha.europa.eu/data/links/795>

Internet Resources for Job Safety and Health is compiled by Tim Morse, Ph.D., at UConn Health. To update or add a listing, please contact Tim at tmorse@uchc.edu.

Appendix 4: Who's Who: Resources in Connecticut on Job Safety and Health

OSHA

Connecticut Department of Labor's Division of Occupational Safety and Health/CTDOL

CONN-OSHA enforces state occupational safety and health regulations as they apply to state and municipal employees, and offers free consultations to public agencies, school districts and private companies.

Director: John Rosa

Address: 38 Wolcott Hill Rd., Wethersfield, CT 06109

Phone: (860) 263-6900

Fax: (860) 263-6940

Email: John.Rosa@ct.gov

Web: www.connosha.com

Publications: ConnOSHA Quarterly <https://www.ctdol.state.ct.us/osha/Quarterly/coqtrly.htm>

OSHA (Occupational Safety and Health Administration): Federal OSHA inspects workplaces in the private sector for violations of standards and has information and pamphlets.

National Website: <https://www.osha.gov>

OSHA Bridgeport Office (Fairfield, New Haven, and Middlesex counties).

Area Director: Catherine Brescia

Address: 915 Lafayette Blvd, Room 309, Bridgeport, Connecticut 06604

Phone: (203) 579-5581; National Hotline after hours: (800) 321-OSHA (6742)

Fax: (203) 579-5516

e-mail: oshabridgeport@dol.gov

OSHA Hartford Office

Area Director: Dale Varney

Address: 135 High Street, Suite 361, Hartford, CT 06103

Phone: (860) 240-3152; National Hotline after hours, etc.: (800) 321-OSHA (6742)

Fax: (860) 240-3155

e-mail: oshahartford@dol.gov

Organizations

Coalition for a Safe and Healthy Connecticut

This is a community-based coalition of environmental, public health, and labor organizations providing resources and advocacy for reducing the use of toxic chemicals through substitution of safer alternatives

Coordinator: Anne B. Hulick, RN MS JD

Address: 1224 Mill Street, Bldg B, Suite 17, East Berlin, CT 06023

Phone: (860) 232-6232

e-mail: ahulick@cleanwater.org

Web: <https://safehealthyct.wordpress.com>

ConnectiCOSH (The Connecticut Council for Occupational Safety and Health)

CTCOSH is a union-based non-profit organization for education and political action on job safety and health. They have conferences, fact sheets, and speakers.

Director: Mike Fitts and Pamela Puchalski (Co-Executive Directors)

Address: 683 No. Mountain Rd, Newington, CT 06111

Phone: (860) 953-COSH (2674); **Fax:** (860) 953-1038

e-mail: mike@ctcosh.org

Web: <http://connecticosh.org>

The Ergonomic Technology Center (ErgoCenter) at UConn Health

The ErgoCenter is a center for prevention of work-related musculoskeletal injuries based at UConn Health which does training, research, and clinical care.

Contact: Thomas Varghese, M.S., CPE

Address: 263 Farmington Ave, Farmington, CT 06030-2940

Phone: (860) 679-4096; **Fax:** (860) 679-1349

e-mail: tvarghese@uchc.edu

Web: <https://health.uconn.edu/occupational-environmental/consultation-and-outreach/ergonomics-consultation/>

The Center for the Promotion of Health in the New England Workplace (CPH-NEW)

CPH-NEW is a NIOSH-funded center for scientific research and education, based in participatory action research, integrating occupational health and safety with worksite health that is administered by UConn Health with UMass Lowell and UConn Storrs.

Center co- Director & Total Teacher Health PI: Jennifer Cavallari, Sc.D., CIH

Address: 263 Farmington Ave, Farmington, CT 06030-2940

Phone: (860) 679-4720; **Fax:** (860) 679-1349

e-mail: cavallari@uchc.edu

Web: <http://health.uconn.edu/occupational-environmental/academics-and-research/cph-new/>

Web: [Safety & Health in Corrections](#) | [CPH-NEW](#) | [Research](#) | [UMass Lowell \(uml.edu\)](#)

UConn Health- Center for Indoor Environments and Health (CIEH)

The CIEH at the University of Connecticut Health Center works with public health agencies, companies, clinics and individuals to promote indoor environments which protect the health of building occupants and provide productive, creative spaces for learning and work.

Director: Paula Schenck, MPH

Address: 263 Farmington Ave, Farmington, CT 06030-2940

Phone: (860) 679-2368; **Fax:** (860) 679-1349

e-mail: schenck@uchc.edu

Web: <http://health.uconn.edu/occupational-environmental/consultation-and-outreach/cieh/>

Academic Occupational Health Clinics

UConn Occupational and Environmental Medicine Clinic

Clinic Director: Timothy LeDean, D.O., M.P.H.

Address: UCONN Health, 300 UConn Health Blvd, Farmington, CT 06032-2940

Clinic address: UCONN Main Building (Hospital Entrance), Room CG228

Phone: (860) 679-2893

Fax: (860) 679-4587

e-mail: occmedehs@uchc.edu

Web: <http://health.uconn.edu/occupational-environmental/clinical-services/>

Yale Occupational & Environmental Medicine

Director: Carrie A Redlich, MD, MPH

Address: 367 Cedar Street, ESHA 2nd Floor, New Haven, CT 06510

Clinic address: 135 College St. Rm. 392, New Haven, CT 06510

Phone: (203) 785-4197 or 203-785-6434; **Fax:** (203) 785-7391

e-mail: Carrie.Redlich@yale.edu

Web: <http://medicine.yale.edu/intmed/occmed/> or <https://www.yalemedicine.org/departments/occupational-environmental-medicine-program>

Other Occupational Health Clinics

Connecticut Occupational Medicine Partners

Vice President: Tina Robinson, Tina.Robinson@TrinityHealthOfNE.org

Business Representative: Mallory Davis, Mallory.Davis@trinityhealthofne.org, 860-714-2773

Address: St. Francis Hospital and Medical Center, 1000 Asylum Avenue, Suite 4310, Hartford, CT 06105

Phone: (860) 714-2801; **Fax:** (860) 714-8291

Email: tina.robinson@trinityhealthofne.org

Web: comp LLC.org

Network Practice Sites:

St Francis Hospital & Med Ctr: 1000 Asylum Ave, Suite 4320, Hartford, CT 06105, Phone: 860-714-4270

St Francis Hospital & Medical Center: 100 Deerfield Road, Windsor, CT 06095, Phone: 860-714-9444

St. Mary's Hospital: 1312 West Main St, Waterbury, CT 06708, (203) 709-3740

Johnson Memorial Occupational Medicine Center: 155 Hazard Avenue, Suite 6, Enfield, CT 06082, Phone: (860) 763-7668

MedWorks (Bristol Hospital): 975 Farmington Avenue, Bristol, CT 06010, Phone: (860) 589-0114

CorpCare (ECHN): 2800 Tamarack Avenue, Suite 001, South Windsor, CT 06074, Phone: (860) 647-4796

Mercy Hospital (Work Wise): 299 Carew St, Suite 323, Springfield, MA 01104, Phone: (413) 748-6870

Concentra

Medical Director: Varun Nagarajan, MD, MBA

Operations Manager: Lori Lamson, MSOL, lori.lamson@concentra.com

Address: 701 Main Street, East Hartford, CT 06108

Phone: (860) 289-5561; **Fax:** (860) 291-1895

e-mail: vaNagarajan@concentra.com

Web: <https://www.concentra.com/occupational-health/>

Other Offices: 972 West Main Street, **New Britain** (860) 827-0745; 1080 Day Hill Road, **Windsor** (860) 298-8442; 900 Northrop Rd, **Wallingford**, (203) 949-1534; 8 South Commons Rd, **Waterbury** (203) 759-1229; 333 Kennedy Drive, Suite 202, **Torrington** (860) 482-4552; 315 West Main St, **Norwich**, (860) 859-5100; 370 James Street, Suite 304, **New Haven** (203) 503-0482; 60 Watson Blvd, **Stratford** (203) 380-5945; 15 Commerce Road, 3rd Floor, **Stamford**, (203) 324-9100

Griffin Hospital Occupational Medicine Center

Medical Director: Amir Mohammad, MD, MPH

Clinic Director: Garrie Krueger

e-mail: gkrueger@griffinhealth.org

Address: 10 Progress Drive, Shelton, CT 06484

Phone: (203) 944-3718; **Fax:** (203) 929-3068

Hartford HealthCare Medical Group—Occupational Medicine

Business Development Director: Suzanne Cutter

Admin e-mail: hhcmgocc.health@hhchealth.org

Phone: (860) 524-2690

Web: <https://hartfordhealthcaremedicalgroup.org/specialties/primary-care/occupational-medicine>

East Region HHCMG Occ Medical Director: William H. Hernandez III MD

Fairfield Region HHCMG Occ and UC Medical Director: Syed Z. Hussain MD, MBA, MRO

Clinic Offices: **Wethersfield:** 1025 Silas Deane Highway, 06109, 860.696.2400; **Norwich:** 112 Lafayette Street, Norwich, 06360, 860-848-1297; **Fairfield:** 1262 Post Rd, 06824, 203.259.3440 and 1305 Post Rd, Suite

102, 06824, 203.254.2046; **Shelton**: 15 Armstrong Rd, Shelton, 06484, 203.929.1109; **Torrington**: 220 Kennedy Drive, 2nd Floor, 06790, 860.496.4190; **Stratford**: 3272 Main St, Stratford, CT 06614, 203.380.3920; **Westport**: 374 Post Road East, Westport, 203-221-3390; **Monroe**: 401 Monroe Tpk, Monroe 06468, 203.268.2501; **West Hartford**: 445 South Main Street, West Hartford, 06110, 860.696.2200, **option 5**; **Trumbull**: 900 White Plains Rd, Trumbull, 06611, 203.696.3500, option 5; **Stamford**: 950 High Ridge Rd, 06905

The Hospital of Central Connecticut (THOCC) - Occupational Health Network Hospital of Central CT

OHN Medical Director: Sandor Nagy Jr., MD

Phone: (860) 827-6910

Practice Manager: Michelle Cadiz

Plainville: 440 New Britain Ave, Plainville, 06062

Web: <https://thocc.org/services/occupational-health>

Email: OHNPlainville@hhchealth.org

Yale New Haven Health Occupational Medicine and Wellness Services (5 Campuses)

Web: <https://www.ynhh.org/services/occupational-health.aspx>

Yale-New Haven Hospital (York Street Campus (YSC)/YNHHS)

Asst. Mgr of Clinical Operations (YNHH): Joelle Buntin

Senior Medical Director (YSC): Raj Ahsan, MD, MPH

YNHH, 20 York St., **New Haven**, 203-688-2462

2080 Whitney Ave., Suite 150, **Hamden** (203) 789-6240

Email: OMWSYORK@ynhh.org OMWSHAMDEN@ynhh.org

Yale New Haven Hospital (St Raphael's Campus)

Asst. Mgr. of Clinical Operations (St. Raphaels Campus (SRC)/YNHHS) Tara DiCapua

Senior Medical Director (SRC): Raj Ahsan, MD, MPH

Phone: (203) 789-3721

175 Sherman Avenue, 5th Flr. **New Haven**, CT 06511

Email: OMWSSHERMAN@ynhh.org

Yale New Haven Occupational Medicine and Wellness Services

Bridgeport Hospital Campus (Bridgeport (BH)/Milford Hospital Campus (MC)/YNHHS)

Asst. Mgr. of Clinical Operations (Bridgeport Hospital/YNHHS) Tara DiCapua

Regional Medical Director (BH): Ryan Pastena, MD, MPH

226 Mill Hill Ave, LL Ahlbin Center **Bridgeport**, CT 06610

Phone: 203-384-3613

Email: OMWSBRIDGEPORT@ynhh.org

Yale New Haven Occupational Medicine and Wellness Services

Greenwich Hospital (GH/YNHHS)

Asst. Mgr. of Clinical Operations (Greenwich Hospital/YNHHS) Tara DiCapua

Regional Medical Director (GH): Ryan Pastena, MD, MPH

49 Lake Avenue 2nd Flr room 201, **Greenwich**, CT 06830

Phone: (203) 863-3402

Email: OMWSGREENWICH@ynhh.org

Yale New Haven Health Occupational Medicine and Wellness Services (L&M Hospital/Groton/Pequot/YNHHS)

Asst. Mgr. of Clinical Operations (L&M Hospital, Groton/Pequot/YNHHS): Serena Kenyon

Regional Medical Director (L&M/YNHHS): Cullen Taplin, DO

Address: 52 Hazelnut Hill Rd., Groton, CT 06340

Phone: (860) 446-5175; **Fax**: (860) 448-6961

Email: OMWSLMH@ynhh.org

Middlesex Hospital Occupational Medicine**Director:** Matthew Lundquist, MD, MPH**Address:** 534 Saybrook Rd., Middletown, CT 06457**Phone:** (860) 358-2750; **Fax:** (860) 358-2757**e-mail:** occmed@midhosp.org**Web:** <https://middlesexhealth.org/occmed>**Other Office:** Essex Medical Building, 252 Westbrook Road, Essex (860) 358-3840**Academic Programs and Courses****Central Connecticut State University, School of Engineering, Science, and Technology****Type of Degrees:** Graduate Certificate Program in Environmental and Occupational Safety and
Bachelor of Science in Manufacturing Management, with EH&S Program Option**Faculty contact:** Haoyu Wang**Address:** Applied Innovation Hub - Room 214-08, CCSU, 1615 Stanley Rd., New Britain, CT 06050**Phone:** 860-832-1824**e-mail:** wanghao@ccsu.edu**Web:** <https://www.ccsu.edu/programs/official-certificate-program-environmental-and-occupational-safety>
<https://www.ccsu.edu/programs/manufacturing-management-bs>**UConn College of Agriculture, Health and Natural Resources, Department of Allied Health Sciences****Type of Degree and Program:** Bachelor in Allied Health Sciences (Occupational and Environmental Health
and Safety Concentration); Online OSH Post-Baccalaureate Certificate Program**Faculty contact:** Paul Bureau, MS CIH**Address:** Koons Hall Room 100-H, 358 Mansfield Road, Unit 1101, Storrs, CT 06269-1101**Phone:** 860-486-8816**e-mail:** paul.bureau@uconn.edu**Web:** <http://osh.uconn.edu>**UConn Health, Department of Public Health Sciences****Type of Degree:** Masters in Public Health program with ergonomic/occupational health courses**Online course on Total Worker Health for OSH Professionals:** <https://www.uml.edu/research/cph-new/education-training/intro-to-twh-for-osh>**Director:** David Gregorio, PhD**Address:** UCONN Health, 263 Farmington Ave., Farmington, CT 06030-6325**Phone:** (860) 679-5480; **Fax:** (860) 679-1581**e-mail:** gregorio@uchc.edu**Web:** <https://mph.uconn.edu>**UConn Health, Department of Public Health Sciences****Type of Degree:** Ph.D. in Public Health with courses in Occupational and Environmental Health Sciences**Faculty Contact:** Helen Swede, Ph.D.**Address:** UCONN Health, 263 Farmington Ave., Farmington, CT 06030-6325**Phone:** (860) 679-5568; **Fax:** (860) 679-1581**e-mail:** swede@uchc.edu**Web:** <https://phd.publichealth.uconn.edu>

Professional Associations

American Industrial Hygiene Association (AIHA), Connecticut River Valley Section

AIHA is a professional association for industrial hygienists.

President: Kristen Cramer

Phone: (203) 929-3473 ext. 2

Email: crvaiha@wildapricot.org

Web: <https://crvaiha.wildapricot.org>

President-Elect: Robert Levandoski

American Society of Safety Professionals (ASSP)

American Society of Safety Professional members are dedicated to creating safe work environments by preventing workplace fatalities, injuries and illnesses. Sound safety practices are a legal requirement, socially responsible and good business, leading to increased productivity, a better reputation and higher employee satisfaction.

Connecticut Valley Chapter

President: Gabriella Gajowiak, CSP, ASP

President-Elect: David Garner, CSP, CHMM, SMP

e-mail: president@ctvalley.assp.org

Web: <http://ctvalley.assp.org>

Connecticut Trial Lawyers Association, Workers' Compensation Committee

CTLA is a professional association of attorneys whose mission reads “*Trial lawyers protecting individual rights through fair laws and access to justice*”. The purpose of this section is to ensure that workers who have been injured or suffered illness arising out of and in the course of their employment are provided the benefits to which they are entitled under the Connecticut Workers' Compensation Act.

Chief Executive Officer: Joan D. Maloney

Workers' Compensation Section Co-Chairs: Jill Morrissey Rydzik and J. Paul Vance, Jr.

Address: 100 Pearl St, FL-10, Hartford, CT 06103

Phone: (860) 522-4345

Fax: (860) 522-1027

e-mail: jmaloney@cttriallawyers.org

Web: <https://www.cttriallawyers.org>

New England College of Occupational and Environmental Medicine/NECOEM

The New England component of ACOEM, a physician-led non-profit organization of occupational & environmental health professionals for improving the health and safety of workplaces, and environments by providing clinical care, professional education, and encouragement of research to advance the specialty. Has an annual conference for occupational medicine professionals.

Executive Director: Michela Capobianco, MBA

Address: 2 Goddu Avenue, Winchester, MA 01890

Phone: (508) 259-1018

e-mail: executive.director@necoem.org

Web: <http://www.necoem.org/>

Connecticut Bar Association, Workers' Compensation Section

This is a professional association of attorneys who concentrate in workers' compensation.

Chair: Christopher Buccini

Phone: (203) 389-7000

E-mail: cbuccini@ctworkcomp.com

Web: <https://www.ctbar.org/members/sections-and-committees/sections/workers'-compensation>

Northeast Association of Occupational Health Nurses

NEAOHN is an association of occupational health nurses, including most of the nurses working in industry. The

Connecticut association has been dissolved, so it has moved to the Northeast Association.

President: Nancy Clover, RN, BSN, COHN-S

e-mail: nancy@occhealthconnections.com

Web: <https://neaohn.nursingnetwork.com> and <https://ctaohn.nursingnetwork.com>

Connecticut State Agencies

Department of Public Health (DPH), Occupational Health Program

This Program conducts surveillance and investigates clusters of occupational diseases.

DPH also has programs that work on radon, asbestos, drinking water, lead, asthma, toxic hazards, TB control and infectious disease.

Director: Neo Deloreto, MPH

Address: DPH/ OHP, 410 Capitol Ave, MS #11EOH, PO Box 340308, Hartford, CT 06134-0308

Phone: (860) 509-7740

Fax: (860) 509-7785

e-mail: Neo.DeLoreto@ct.gov

Web: <http://www.ct.gov/dph/occupationalhealth>

State Department of Emergency Services and Public Protection

The Department of Emergency Services and Public Protection (DESPP) comprises the Commission on Fire Prevention and Control, the CT State Police, Emergency Management and Homeland Security, the Police Officer Standards and Training Council, Scientific Services, and Statewide Emergency Telecommunications.

Address: 1111 Country Club Rd, Middletown, CT 06457

Director of Communications: Rick Green

Phone: 860-539-0159

Email: richard.green@ct.gov

Phone: 860-685-8000

Web: <https://portal.ct.gov/despp>

State Emergency Response Commission, Department of Energy and Environmental Protection

This commission oversees plans for response to chemical accidents and collects chemical information for the public under the Emergency Planning and Community Right to Know Act. Contact information for town Local Emergency Planning Committees (LEPC) is at <https://portal.ct.gov/-/media/serc/lepc/lepc-contacts-updated-as-of-01092024.pdf>

Chairman: Gerard P. Goudreau

Address: DEEP, 79 Elm St, Hartford, CT 06106-5127

Phone: (860) 424-3373

e-mail: deep.ctepcra@ct.gov

Web: <https://portal.ct.gov/SERC>

Connecticut Fire Academy, Commission on Fire Prevention & Control

Safety training & standards compliance

Training Director: P.J. Norwood, Training Director

Address: 34 Perimeter Road, Windsor Locks, CT 06096-1069

Phone: 860-627-6363 or toll free (877) 5CT-FIRE (only in CT);

Fax: (860) 654-1889

e-mail: paul.norwood@ct.gov

Web: <http://www.ct.gov/cfpc/site/default.asp>

Connecticut Department of Environmental Protection, Radiation Safety Unit

Director: Jeff Semancik

Phone: (860) 424-3029; (860) 424-3333 24/7 Emergency; **Fax:** (860) 706-5339

e-mail: jeffrey.semancik@ct.gov

Web: <https://portal.ct.gov/deep/radiation/radiation>

Workers' Compensation Commission

Office of the Chairperson and Compensation Review Board

The Workers' Compensation Commission (WCC) administers the workers' compensation laws of the State of Connecticut with the ultimate goal of ensuring that workers injured on the job receive prompt payment of wage loss benefits and appropriate medical treatment. To this end, the Commission approves voluntary agreements, adjudicates disputes, issues findings and awards, hears and rules on appeals, and closes out pending cases through full and final stipulated agreements.

The WCC Education, Safety & Health Services unit assists employers with implementation of the workers' compensation regulations regarding "Establishment and Administration of Safety and Health Committees at Work Sites."

Chairperson: Stephen M. Morelli

Address: 21 Oak St., 4th Floor, Hartford, CT 06106-8011

Phone: (860) 493-1500

Information: (800) 223-WORK (9675)

Fax: (860) 247-1361

e-mail: wcc.chairmansoffice@po.state.ct.us

Web: <http://portal.ct.gov/wcc>

Workers' Compensation District Offices

- 1.** 999 Asylum Ave., **Hartford**, CT 06105; (860) 566-4154; Fax: (860) 566-6137
- 2.** 55 Main St., **Norwich**, CT 06360; (860) 823-3900; Fax: (860) 823-1725
- 3.** 700 State St., **New Haven**, CT 06511; (203) 789-7512; Fax: (203) 789-7168
- 4.** 350 Fairfield Ave., 2nd Floor, **Bridgeport**, CT 06604; (203) 382-5600; Fax: (203) 335-8760
- 5.** 55 West Main St., **Waterbury**, CT 06702; (203) 596-4207; Fax: (203) 805-6501
- 6.** 24 Washington St., **New Britain**, CT 06051; (860) 827-7180; Fax: (860) 827-7913
- 7.** 111 High Ridge Rd., **Stamford**, CT 06905; (203) 325-3881; Fax: (203) 967-7264
- 8.** 649 South Main St., **Middletown**, CT 06457; (860) 344-7453; Fax: (860) 344-7487

The Who's Who is compiled by Tim Morse, Ph.D., at UConn Health. To update or add a listing, please contact Tim at tmorse@uchc.edu.