



Uploaded to the VFC Website

▶▶ ▶▶ **May 2015** ◀◀ ◀◀

This Document has been provided to you courtesy of Veterans-For-Change!

Feel free to pass to any veteran who might be able to use this information!

For thousands more files like this and hundreds of links to useful information, and hundreds of "Frequently Asked Questions, please go to:

[Veterans-For-Change](#)

If Veterans don't help Veterans, who will?

Note:

VFC is not liable for source information in this document, it is merely provided as a courtesy to our members & subscribers.



Notes from the Field: Silicosis in a Countertop Fabricator — Texas, 2014

Weekly

February 13, 2015 / 64(05);129-130

Gary K. Friedman, MD¹, Robert Harrison, MD², Heidi Bojes, PhD³, Karen Worthington, MS⁴, Margaret Filios, MSc⁵ (Author affiliations at end of text)

In May 2014, the Texas Department of State Health Services was notified of a case of silicosis with progressive massive fibrosis in a Hispanic male aged 37 years who worked for an engineered stone countertop company as a polisher, laminator, and fabricator. He was exposed to dust for 10 years from working with conglomerate or quartz surfacing materials containing 70%–90% crystalline silica.* This is the first reported case of silicosis associated with exposure to quartz surfacing materials in North America.

In 2010, the patient presented to a primary care provider with a 2-year history of persistent cough and dyspnea on exertion. He had no history of tobacco use or pulmonary disease. On physical examination, he had diminished bibasilar breath sounds and a right-sided inspiratory wheeze. Pulmonary function studies showed a combined obstructive and restrictive defect with no change post bronchodilator and reduced diffusion capacity. An electrocardiogram showed right ventricular hypertrophy, and cardiac catheterization confirmed the presence of pulmonary hypertension. A B Reader[†] classified the patient's chest radiograph as large opacity Category "C" with 3/2 profusion, q/r bilateral upper and middle lobe rounded opacities. Computed tomography scan of the chest showed bilateral upper and middle lobe small rounded and large opacities, with hilar and mediastinal adenopathy. The worker was reassigned to a different job to minimize silica dust exposure. He is oxygen-dependent, and his medical condition is being monitored for possible lung transplantation.

Clusters of silicosis cases, some requiring lung transplantation, have occurred among fabrication workers exposed to silica dust from quartz surfacing materials in Israel, Italy, and Spain (1–4). In the last year, imports of quartz surfacing materials to the United States have risen 49%,[§] and these materials are among the most popular countertop materials. The increased use of this silica-containing material poses a new risk for silica exposure (<http://blogs.cdc.gov/niosh-science-blog/2014/03/11/countertops>). An investigation by CDC's National Institute for Occupational Safety and Health of the patient's work site is ongoing to identify work hazards and assess silica exposures and the health of the other employees.

Health care providers need to be aware of quartz surfacing materials as a source of silica exposure, advise reassignment of patients with silicosis to jobs without silica dust exposure, and report cases to their state public health agency; in 2010, silicosis was reportable in 25 states.[¶] Employers are responsible for maintaining a safe workplace by measuring silica exposure, limiting access to areas

where silica exposures are high, using effective methods to reduce exposure (e.g., wet methods,** local exhaust ventilation, and use of personal protective equipment), providing medical examinations to workers with high exposures, and training workers about silica hazards and how to limit exposures.^{††}

Acknowledgments

Kenneth D. Rosenman, MD, Michigan State University. Kristin Yeoman, MD, National Institute for Occupational Safety and Health, CDC.

¹Pulmonary Division, University of Texas Health Houston; ²California Department of Public Health; ³Texas Department of State Health Services; ⁴New Jersey Department of Health and Senior Services; ⁵Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health, CDC (Corresponding author: Margaret Filios, mfilios@cdc.gov, 304-285-5754)

References

1. Kramer MR, Blanc PD, Fireman E, et al. Artificial stone silicosis: disease resurgence among artificial stone workers. *Chest* 2012;142:419–24.
2. Bartoli D, Banchi B, Di Benedetto F, et al. Silicosis in employees in the processing of kitchen, bar and shop countertops made from quartz resin composite. Provisional results of the environmental and health survey conducted within the territory of USL11 of Empoli in Tuscany among employees in the processing of quartz resin composite materials and review of the literature [Abstract] [in Italian]. *Ital J Occup Environ Hyg* 2012;3:138–43.
3. Pérez-Alonso A, Córdoba-Doña JA, Millares-Lorenzo JL, Figueroa-Murillo E, García-Vadillo C, Romero-Morillo J. Outbreak of silicosis in Spanish quartz conglomerate workers. *Int J Occup Environ Health* 2014;20:26–32.
4. García Vadillo C, Gómez JS, Morillo JR. Silicosis in quartz conglomerate workers [Letter]. *Arch Bronconeumol* 2011;47:53.

* Additional information available at http://www.4willis.com/pdf/zodiag/msds-zodiagslab_aug2010.pdf, <http://www.caesarstoneus.com/en/pages/tech%20-%20info.aspx>, and <http://www.silestoneusa.com/distributors/for-the-trade>.

[†] Additional information available

at <http://www.cdc.gov/niosh/topics/chestradiography/breader.html> and <http://www.cdc.gov/niosh/topics/chestradiography/ilo.html>.

[§] Information available at http://www.stoneupdate.com/us-stone-imports/statwatch-monthly-report/805-granite-quartz-imports-continue-2014-boom?utm_source=mailinglist&utm_medium=email&utm_campaign=edge+16+december+2014.

[¶] In 2010, silicosis was a reportable condition in 25 states (Arkansas, California, Connecticut, Delaware, Florida, Illinois, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Rhode Island, Texas, Virginia, and Wisconsin); however, only two states (Michigan and New Jersey) currently

submit case data to CDC's National Institute for Occupational Safety and Health. Additional information available at <http://www.cste.org/group/srcaqueryres>.

** Suppression of dust using water stream or spray.

†† Additional information available at <https://www.osha.gov/dsg/topics/silicacrystalline/index.html>, [https://www.osha.gov/OshDoc/data General Facts/crystalline-factsheet.pdf](https://www.osha.gov/OshDoc/data%20General%20Facts/crystalline-factsheet.pdf).

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.

References to non-CDC sites on the Internet are provided as a service to *MMWR* readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites. URL addresses listed in *MMWR* were current as of the date of publication.

All *MMWR* HTML versions of articles are electronic conversions from typeset documents. This conversion might result in character translation or format errors in the HTML version. Users are referred to the electronic PDF version (<http://www.cdc.gov/mmwr>) and/or the original *MMWR* paper copy for printable versions of official text, figures, and tables. An original paper copy of this issue can be obtained from the Superintendent of Documents, U.S. Government Printing Office (GPO), Washington, DC 20402-9371; telephone: (202) 512-1800. Contact GPO for current prices.

**Questions or messages regarding errors in formatting should be addressed to mmwrq@cdc.gov.