

Respiratory Infections among Adults with Newly Diagnosed Asthma

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DESCRIPTION

In working-age people, respiratory illnesses are relatively prevalent and frequently cause absences from work. While recurring respiratory infections may negatively affect the longterm prognosis of asthmatics, acute respiratory infections have the potential to worsen pre-existing bronchial asthma. The office work environment is thought to have less risk factor for respiratory health than many other occupations, despite the fact that sharing an office increases the respiratory infections among office workers, as we have previously observed. Our interest in investigating whether we can pinpoint professions that are associated with an increased risk of developing acute respiratory infections was sparked by the current COVID-19 outbreak. Such data might be helpful in directing preventative measures to limit the spread of respiratory diseases at work. The purpose of this study was to examine the prevalence of respiratory infections in working-age persons with newly diagnosed asthma across various jobs. People who have asthma are probably among those who are most vulnerable to respiratory infections.

In this study, we examined a group of working-age adults who may be more vulnerable to respiratory infections, namely those with recently diagnosed asthma. We discovered that, compared to office workers, these individuals had a higher risk of both URTIs and LRTIs in specific jobs. This study found that the risk of common colds was particularly high in occupations where workers frequently switch work environments depending on the site that is being constructed or otherwise worked on, such as forestry. Due to their mobility and the inclusion of employees from different regions of the same nation or from abroad, these workforces have the potential to spread diseases, particularly during epidemics.

The increased incidence of tonsillitis and sinusitis among hairdressers and those who work with fur and leather raises the possibility that certain chemicals employed at work may contribute to the spread of infections. Infections in these professions might be decreased by substituting less irritating compounds for such chemicals and other potentially irritating ones. The higher incidence of tonsillitis, sinusitis, and pneumonia among laboratory technicians suggests that frequent contact with consumers may be a source of infections. The vulnerability of the airways to respiratory infections may also be affected by exposure to laboratory chemicals.

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Construction, mining, forestry, and related occupations showed an increased risk of the common cold, the most common upper respiratory tract infection in this age group, in the populationbased Finnish Environment and Asthma Study of working-age adults with incident asthma from a geographically defined area in Southern Finland. A portion of the workforce may reside in shared housing close to the worksite in these occupations, which have relatively mobile workforces that change their work environments as needed. These accommodations may be made for migrant employees who may have contracted upper respiratory illnesses at work sites abroad or in other regions of the same nation.

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