Results of the 2008
University of Manitoba
Asbestos Survey

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**Introduction:** In 2002 the University of Manitoba initiated a medical surveillance program of its staff because of concerns raised by the identification of trace amounts of asbestos in a maintenance/storage building, the knowledge that asbestos is present in other locals in the university complex, and the discovery of three cases of malignant mesothelioma in current and former anthropology staff at the University. The administration of the University decided not to restrict staff participation based on either, length of service at the University, or likelihood of contact with asbestos. The survey did not identify any evidence of asbestos related effects in the 228 participants, although many of the staff had not worked at the University for a long enough period of time to account for the latency period of asbestos related health effects. In the spring of 2004 a repeat survey was conducted and again offered to all staff regardless of their job title or duration of service at the University. A total of 116 individuals participated in the second survey. No evidence of asbestos related health effects was identified. A repeat survey was again performed in the spring of 2006 in which 70 individuals participated, again no evidence of asbestos related effects were observed. In May 2008 a repeat survey was performed. This report summarizes the result of that survey.

**Methodology:** The methodology used was similar to that which was used in the previous surveys. The survey consisted of a questionnaire which provided information on occupational exposures. Since asbestos related disorders only surface many years, usually at least fifteen to twenty, after the start of exposure, the potential latency period of asbestos exposure at the University was calculated. This period was calculated as the number of years since the individual began working at the University. Some basic health information was also collected in the questionnaire. The questionnaire was administered by the staff of the Manitoba Lung Association. A chest radiograph and lung function testing were performed by the Manitoba Lung Association. Standard American Thoracic Society procedures were used for the lung function testing. Forced Vital Capacity (FVC), Forced Expiratory Volume in 1 second (FEV₁) and the ratio of FEV₁ to FVC were determined. The chest radiographs were interpreted by Dr. B. Henderson, an experienced radiologist. The lung function tests were interpreted by Dr. C. Ramsey, a respirologist. Dr. A. Kraut, a specialist in occupational and internal medicine, reviewed all of the reports and questionnaires.
The survey was open to all university employees.

Each participant was subsequently sent a letter informing them of the results of their chest radiograph and lung function tests and an explanation of the findings.

**Results:**

In total 6 individuals participated in the survey. Five individuals (83%) had participated in prior surveys and 1 (17%) participated for the first time. Five of the six participants were men. The participants were classified by job group. All of the participants were maintenance and trades workers. Three reported working in trades with significant potential exposure to asbestos. No participants in this or the 2006 round were academic or support staff. In the surveys in 2002 and 2004, approximately 50% of the participants were maintenance or trades workers or managers and the other 50% were academic or support staff. On average the workers in this survey were 42.3 +/- 6.5 years old and had begun working at the University 7.8 +/- 5.4 years before the survey. The range of duration of time since beginning employment at the University was two to 18 years. Only one respondent had been working at the University 15 years or more. No individual reported ever working on large jobs that involved disturbing asbestos while at the University. Five reported working on small jobs, which may have led to the disturbance of asbestos and everyone reported potential contact with undisturbed asbestos at the University.

In each survey the number of participants has decreased from 228 in 2002 to 116 in 2004 to 70 in 2006 to 6 in the current survey. Some of the individuals who participated in this survey reported potential exposure to asbestos in previous jobs. In this survey all six workers reported working directly with asbestos while in previous surveys only 64%, 44% and 34% of worker did. Thus it appears that many individuals who did not have direct exposure to asbestos are not participating in the surveillance program.

Of the 6 individuals who participated, two declined to have a chest radiograph. One of the remaining 4 radiographs was reported as abnormal. This individual’s findings were unchanged
from previous testing and consistent with an old infection. No radiograph was reported to show interstitial or pleural fibrosis which may be related to asbestos exposure.

All of the workers had pulmonary function testing. In all cases the results were reported as normal.

**Conclusions:** This survey had a very low response rate, the cause of which should be determined. No evidence of asbestos related diseases was identified in the individuals who participated in the survey.