

Short Note on Epidemiology Collaboration on Occupational Health

Li Yuqiang*

Department of Safety and Health, Tokyo Women's Medical University, Japan

Abstract

Although there are few statistics on the prevalence of long-term sick leave in Japan, it is a major issue for public health. Our goal was to provide reference data regarding private sector long-term sick leave in Japan. The participants in the Japan Epidemiology Collaboration on Occupational Health Study comprised the population of the study. Each company provided information on medically certified 30-day sick leave. From April 2012 to March 2014, a age- and sex-specific incidence rate of sick leave was calculated. During the 162,989 and 30,645 person years of observation, there were a total of 1422 spells in men and 289 in women, respectively.

Keywords: Incidence; Mental disorders; Neoplasms; Occupational health

Introduction

Mental disorders accounted for 52 percent of sick leave, neoplasms accounted for 12 percent, and injuries accounted for 8 percent of sick leave for men and mental disorders for 35% of women, neoplasms for 20%, and diseases related to pregnancy for 14%. Men in their 20s to 40s had a relatively high rate of sick leave due to mental disorders, whereas women tend to get older. Neoplasms are now the most common cause of sick leave after 50 for men and 60 for women, and the second most common cause after 40 for women and 50 for men. The incidence rate of sick leave due to neoplasms began to rise after 50 for men and 40 for women. Diseases related to pregnancy accounted for the second sickest leaves among women between the ages of 20 and 39.

Data on the incidence of long-term sick leave can help in the prevention and management of sick leave, but there are several methodological issues that need to be addressed in research regarding long-term sick leave. Long-term sick leave is regarded as a problem in public health, and there is growing interest in its connection to future health status¹ and mortality [1]. For instance, self-detailed debilitated leave is loose in instances of leave surpassing multi week, and not self-detailed however therapeutically guaranteed determination prompting debilitated leave demands are viewed as solid in the new examinations on debilitated leave; Therefore, accurate evaluation of long-term sick leave requires objective data, such as company-based data.^{3,4} In addition, incidence research necessitates a clearly defined population from which sick leave cases arise.⁵ Qualified incidence studies have been conducted in a few nations. A total of ten studies were identified in Finland, Norway, the Netherlands, Canada, and Brazil in an international comparison study of the incidence of medically certified sick leave due to mental disorders, which is the leading cause of sick leave in most high-income countries. In Asia, however, no such studies have been carried out. Concentrating on frequency of wiped out leave is particularly testing in nations without a wiped out leave vault, for example, Japan. The Japan Epidemiology Collaboration on Occupational Health (J-ECOH) Study group has been collecting records of company-based sick leave from a number of private companies in Japan since 2012. Male and female workers of all ages are represented in the J-ECOH Study population [2].

Result

Using data from this large-scale, multicenter occupational cohort, our goal was to present reference data for long-term sick leave among private sector employees in Japan. The Japan Epidemiology

Collaboration on Occupational Health Study (J-ECOH) is a multi-center occupational cohort study that is currently ongoing in Japan.^{7,8} As of March 2015, a total of 12 private sector businesses, primarily in the manufacturing sector, provided official records of medically certified sick leave to the J-ECOH Study and reported the number of employees by sex and 5-year age group from April 1, 2012, through March 31, 2014, which served as the basis for the data that are the subject of the In total, there were 82,510 and 15,475 male and female employees aged 20 to 64 in 2012 and 81,316 and 15,313 in 2013, respectively [3].

Discussion

Survey of sick-leave policies In Japan, where paid sick-leave is not required by law, different businesses offer different paid sick-leave policies [4]. Employees at the companies that were a part of the J-ECOH Study had access to paid sick leave that was more than two-thirds of their salary for at least 18 months, and they were also guaranteed job security for at least 30 months. The J-ECOH Study's sick-leave data included the subject's diagnosis, birth date, sex, and sick-leave start and end dates [5]. The medical certificate submitted by the attending physician a general practitioner or specialist, but not an occupational physician. when the employee applied for paid sick leave was the basis for all decisions regarding sick leave. We looked at cases of medically approved sick leave that started between April 1, 2012, and March 31, 2014 and lasted at least 30 days in this study. Subjects who applied for sick leave in March 2014 were followed up on until April 30, 2014, to see if their absence was longer than 30 days. Long-term sick leave was defined in this study as sick leave lasting at least 30 days [6].

Conclusion

We reference to the Japanese standard disease-code master, we classified diagnoses using the International Classification of Diseases, 10th Revised (ICD-10).⁹ Of the 1711 certificates, 1273 were mechanically encoded by text matching using Microsoft Excel

*Corresponding author: Li Yuqiang, Department of Safety and Health, Tokyo Women's Medical University, Japan, E-mail: li.yuq@gmail.com

Received: 01-May-2023, Manuscript No: omha-23-91608; **Editor assigned:** 04-May-2023, Pre-QC No: omha-23-91608 (PQ); **Reviewed:** 17-May-2023, QC No: omha-23-91608; **Revised:** 24-May-2023, Manuscript No: omha-23-91608 (R); **Published:** 30-May-2023, DOI: 10.4172/2329-6879.1000464

Citation: Yuqiang L (2023) Short Note on Epidemiology Collaboration on Occupational Health. *Occup Med Health* 11: 464.

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(Microsoft Corporation, Redmond, WA, USA). Two occupational physicians from the J-ECOH Study group, CN and CK, manually and independently encoded the remaining 438 unmatched certificates with reference to the master; The coding for 370 certificates was agreed upon by both physicians. The majority of the disagreements between the two doctors regarding the remaining 68 certificates involved multiple diagnoses. Another occupational physician in the J-ECOH Study Group (AH) independently coded and ultimately selected their ICD-10 code because we were unable to obtain the original clinical record to determine the primary diagnosis.

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