



Contribution of vigilance data to the risk assessment of pesticides

Marie-Odile Rambourg Schepens

WG of the PPR Panel "epidemiological studies in the RA of pesticides"

French Agency for Food, Environmental and Occupational Health & Safety

Parma 21 November 2017

Background

■ **Regulatory framework**

- Several EU Regulations require the notification and/or collection and/or reporting of adverse events caused by pesticides in humans
- Acute or chronic, in the general population or agricultural workers
- Work-related, accidental, misuse, deliberate poisoning

■ **Dir. EC 128/2009 on sustainable use of pesticides**

- “Member States shall put in place systems for gathering information on pesticides acute incidents... operators, agricultural workers or persons living close to pesticide application areas”
- “The Commission in cooperation with the MS shall develop... a strategic guidance document on monitoring and surveying of impacts of pesticide use on human health”

■ **PPP and active substances: Reg. EC 1107/2009, 283/2013**

- Submission of human data at the time of the re-approval process
- Post-market monitoring: continuous follow-up process, detection of new/emerging risks

Public health surveillance systems

■ Two approaches

- Population level: epidemiological studies
- Individual level: **reports of case incidents**

■ A few definitions

- Survey: single effort to measure and record something
- Surveillance: repeated standardised surveys to detect trends in populations: absence or presence and distribution of a disease
- Monitoring: intermittent analysis of routine measurements and observations: detection of changes in health status of a population
- Vigilance: activities relating to the detection, assessment, understanding and prevention of adverse events. Combines surveillance and monitoring

■ Types of systems

- Active; passive; sentinel
- Work-related disease surveillance systems; occupational disease registries
- Non specific recording systems: Poison Control Centres (PCCs)
- EU alerting system on chemical hazards: RASCHEM

Characteristics of collected data

■ Reporting mechanism

- Based on obligatory or voluntary notification (e.g. vigilance)
- Reporters: occupational physicians or nurses, GPs, employers, workers
- Review of clinical cases collected by non specific systems e.g. PCCs: general population, employers, workers, physicians,...

■ Data collected

- Worker's gender, date of birth, age, occupation and sector of professional activity, exposure, duration of exposure, diagnosis, symptoms, time of onset of symptoms, past medical history, level of imputability (case causality assessment)
- Quality of data: data reviewed by experts

■ Dissemination of results

- Annual reports to the government; summary reports in scientific journals

Key limitations

■ **Heterogeneity within MS**

- **Reporting scheme based on obligatory or voluntary notification**
- **Schemes not specifically designed for pesticides: e.g. poor data on exposure; mixed exposures: PPPs, biocides, other chemicals**
- **Voluntary reporting: not extensive**
- **Lack of harmonisation: accuracy of information; exposure assessment; assessment of causal relationship between exposure and adverse effects**
- **Accessibility of information: data not publicly available**

■ **Link with prevention**

- **Depending on policy-makers' and stakeholders' interest**

 **No unified reporting scheme in the EU**

Use of surveillance and vigilance data in the RA of pesticides: AS

- **Re-approval of AS process: section 5 of Reg 283/2013 – Mammalian toxicity**
 - **Chapter 5.9 “Medical data”**
 - Medical surveillance on manufacturing plant personnel
 - Direct observations: clinical cases, poisoning incidents
 - Epidemiological studies
 - **Other chapters: hazard identification for every endpoint**
 - Acute and short term toxicity, all routes
 - Skin, eye, respiratory irritation, sensitisation: occupational exposure
 - Genotoxicity: human material
 - ADME studies
 - biological measurements after acute exposure (clinical cases)
 - biomonitoring performed in the context of occupational surveillance



dose-response relationship; AOEL

Use of surveillance and vigilance data in the RA of pesticides: PPP

■ Re-registration process of PPPs

Application of all human data information compiled on the PPP which is in the re-registration process

- Identification of new/emerging hazards e.g. irritancy, sensitisation, other work-related troubles
- Identification of high risk situations e.g. worker re-entry after spraying, accidental splashing during opening of packaging or spilling during tank loading, ...
- Detection of emerging health problems related to
 - Occupation, mode of application, ...
 - Personal protective equipment (PPE)
 - Misuse

➡ Risk assessment

➡ Risk management decisions: revision of the conditions of PPP authorisation

An example: the Phyt'attitude network-France

- Established by the health and social insurance organisation for agricultural workers
- Based on a network of 35 regional centres for occupational medicine
- Voluntary reporting by occupational physicians or nurses, agricultural workers, farmers,...



- Free phone number



- Data collected
 - Name of PPPs, sector of activity, job, crop, task at the time of the incident, duration, wind speed and temperature, wearing of PPE
 - Signs and symptoms, past medical history, clinical course, treatment
 - Records are reviewed by a clinical toxicologist; setting of a level of imputability to each couple trouble-PPP (imputability scale derived from that used in pharmacovigilance) and a final imputability for the case

Proposals for improvement of case incidents reporting - national level

- **Increase the reporting of acute and chronic incidents by setting up post-marketing surveillance programmes (occupational and general population)**
- **Develop surveillance networks with occupational health physicians**
- **Improve the collaboration between PCCs and regulatory authorities in order to collect information on all PPP poisonings**
- **Improve training regarding pesticide toxidromes in toxicology courses for medical and paramedical staff responsible for diagnostic decisions, data entry and management**

Towards a unified vigilance scheme in the EU?

- **Harmonisation of human incident data collection activities at the EU level**
- **Development of a valid method for assessing the weight/strength of the causal relationship ('imputability') for acute (and chronic) incidents**
- **Development of glossaries and a thesaurus to support harmonised reporting between EU Member States**
- **Coordination of the compilation of EU-wide databases**
 - **Harmonised data from Member States should be gathered at the EU level**
 - **Periodical examination of the data by the Commission/EFSA**
 - **Issue of a report focusing on the most relevant findings**

➡ Develop an EU-wide vigilance framework for pesticides

Towards pesticidovigilance?

Or

“pesticidosurveillance”?

“PPPvigilance”?

“PPPsurveillance”?

“phytopharmacovigilance”?

“...”





Thank you!