



July 12, 2011

NIOSH Docket Office
Robert A. Taft Laboratories
4676 Columbia Parkway
MS-C-34
Cincinnati, OH 45226

RE: NIOSH Docket Number NIOSH-238

Submission via electronic means – nioshdocket@cdc.gov

Docket Officer:

The American Industrial Hygiene Association (AIHA) expresses its appreciation to the National Institute for Occupational Safety and Health (NIOSH) for the opportunity to comment on the draft alert entitled “Preventing Occupational Respiratory Disease From Dampness in Office Buildings, Schools, and Other Nonindustrial Buildings”. The draft alert was published in the *Federal Register* on May 18, 2011, Volume 76, No. 96, Page 28789.

AIHA, and its 10,000+ members, is the premier association serving the needs of professionals involved in occupational and environmental health and safety practicing industrial hygiene in industry, government, labor, academic institutions, and independent organizations. The AIHA mission is to promote healthy and safe working environments by advancing the science, principles, practice, and value of industrial hygiene. A healthy workforce is essential to the success of American industry, our economic recovery, and our future position in the global economy.

AIHA comments on this draft alert were developed by the AIHA Biosafety and Environmental Microbiology Committee. While the document has been reviewed carefully and is supported by AIHA, the AIHA Committee recommends NIOSH conduct a more thorough review of the document to correct some minor changes and include more modern references (i.e., the Green Book, books on the public health aspects).

AIHA offers the following specific comments on this Draft Alert:

Page 1, lines 18 to 20 and page 7 lines 10 to 22: “Exposures from building dampness and mold have been associated with respiratory symptoms, asthma, hypersensitivity pneumonitis, (HP) and sarcoidosis in research studies.”

Comment: (Alternative to the first comment from Page 7, line 16-17 below) No substantial support is provided that demonstrates sarcoidosis is related to dampness. It is suggested that NIOSH either

provide some evidence (case study or reference to other literature) or remove sarcoidosis from the discussion.

Page 1 line 24: "Persistent building dampness and subsequent respiratory illness in some building occupants occurs..."

Comment: Guidance or definition of what constitutes "persistent" is important in resolving building dampness issues.

Page 2, line 13: "Follow remediation guidelines such as the..."

Comment: It is suggested that NIOSH add other recognized guidance here (i.e., AIHA 2008 and ASHRAE 2009a).

Page 4, lines 37 to 38: "...the potential exposures will vary depending on the species that are present and on environmental conditions."

Comment: It is suggested that NIOSH add something related to building material/growth substrate here due to its high importance in determining both fungal/bacterial growth potential and the potential toxicity associated with microbial and other substrate decomposition pathways and products.

Page 6, line 30-31: "A worker or occupant with allergic asthma may experience symptoms after exposure to very low levels of a sensitizing agent that may still be present..."

Comment: To avoid confusion for physicians and others, the sentence should read "A worker or occupant with *in vivo or in vitro demonstration of* allergic asthma may experience symptoms after exposure to very low levels of a sensitizing agent that may still be present..."

Page 6, line 49: "HP is often misdiagnosed as a respiratory infection."

Comment: To avoid implicating blame or liability on treating physicians or even raising medical disputes, this sentence should read "HP *can* often *mimic* a respiratory infection."

Page 7, line 16-17: "The environment may be a factor in some cases; including exposure to dampness and mold..."

Comment: To avoid non-physician readers to fixate on implicating exposure to dampness and mold as "a factor" for a suspected case of sarcoidosis and yet delay medically necessary testing and treatment for other treatable diseases similar to sarcoidosis, this sentence should read "*The treating physician must rule out other treatable diseases and start treatment as soon as possible even though the environment may be a factor in some sarcoidosis cases; including exposure to dampness and mold.*"

Page 10, line 46: Recommendations

Comment: It is suggested that NIOSH add a paragraph (or section) on renovations and other building structure and mechanical changes since these activities frequently involve envelope penetrations and often require mechanical modifications that are not properly designed, implemented, or commissioned.

Page 14, lines 14 to 16: "A large amount of settled dust in the occupied spaces or in the HVAC systems is a practical indicator of IAQ problems. Be sure to remove settled dust, including dust present on above-floor surfaces, by using a high efficiency particulate air (HEPA) vacuum."

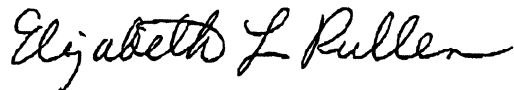
Comment: Clarification should be provided regarding the removal of dust in ducts and other HVAC components. The text appears to imply ducts and other HVAC components should be cleaned based on any level of contamination; however, this is neither supported nor recommended by most salient guidance.

As the Institute moves forward, the AIHA offers its breadth of experience as a resource to NIOSH in the development of this Alert to supply workers and employers with guidance for respiratory disease prevention and appropriate environmental response to damp building conditions.

AIHA appreciates the opportunity to work with NIOSH to help achieve the mutual goal of protecting American workers and we look forward to further opportunities to work with the Institute on this and similar issues and regulatory priorities.

If AIHA can be of any further assistance, please contact me. Thank you.

Sincerely,



Elizabeth L. Pullen, CIH
AIHA President

cc: AIHA Board of Directors
Chair, AIHA Biosafety & Environmental Microbiology Committee
Peter O'Neil, AIHA Executive Director