related to socio-economic changes in the country in the following years a doubling of the cases of tuberculosis up to 49.9/100 000 was observed in 1998. Recently there has been a tendency to arrest and slowly reduce incidence - up to 37.1/100 000 in 2007. One of the most affected groups at risk for the development and spread of tuberculosis in Bulgaria are the people from the Roma community. According to the National Statistical Institute (2001) 9% of the population identified themselves as Roma. In Bulgaria there is no registration and analysis of health indicators by ethnic groups, therefore the assessment of the health of these communities is difficult. TB in Roma communities is higher than the national average prevalence. The goal of this study was to establish the prevalence and determinants characterising this distribution process.

Preventive measures should be targeted at early development and improvement of living and working conditions to overcome social exclusion. Targeted epidemiological studies of morbidity among people in the Roma community, identification of risk factors and the development of preventive strategies are needed to combat tuberculosis.

Results Workers and supervisors both reported illnesses and job dissatisfaction. The survey found that the most prevalent issues among workers were: the need to upgrade skills (76.5%), feeling pressured in doing work (60.5%), fast paced work (60.5%), repetitive work (65%), and that work is both physically and mentally tiring (59.7%). Among supervisors the issues raised included: work described as challenging and stimulating (66%), needing regular upgrading of skills (46.8%), and needing literature on information technology (31.9%). Focus group discussions showed that workers and supervisors were confronted with stress, fast-paced work, the need to upgrade skills in order to accommodate new information technology into the work production, fatigue, re-engineering and downsizing by management, low job control and difficult worker-supervisor relationship.

Conclusions This study was able to show that health of workers and supervisors is affected by both organisational and management factors at work.

**P2-439 MIGRANTS AND REFUGEES MENTAL HEALTH: A SYSTEMATIC REVIEW**

**Materials and Methods**

A survey was undertaken in 23 establishments, including 650 workers, and 47 supervisors. In addition, 10 focus group discussions (FGDs) for workers, and 5 FGDs for supervisors were undertaken.

**Results**

348 records; with 37 on 35 populations meeting the inclusion criteria. 35 studies were included in the systematic literature for population based studies (for depression and/or anxiety among refugees and labour migrants; to evaluate associations between the Gross National Product (GNP) of the immigration country and depression and anxiety.

**Methods**

Systematic literature was used to review prevalence rates of depression and/or anxiety according to DSM- or ICD- criteria; and calculation of combined estimates with the Dersimonian-Laird estimator for proportions with the respective CI.

**Results**

348 records; with 37 on 35 populations meeting the inclusion criteria. 35 studies were included in the final analysis. Combined prevalence rates for depression among labour migrants were 20% (95% CI 14% to 26%) vs 44% (95% CI 27% to 62%) among refugees; for anxiety among labour migrants 21% (95% CI 14% to 29%) vs 40% among (95% CI 25% to 49%) (n=24,051). Higher GNP in the country of immigration was related to lower symptom prevalence of depression and/or anxiety in labour migrants; but not in refugees.

**Conclusions**

Depression and/or anxiety in labour migrants and refugees needs to be considered separately. The GNP of the host country appears to be related to better mental health in labour migrants but not in refugees.

**P2-440 ORGANISATIONAL AND HEALTH FACTORS AMONG WORKERS AND THEIR SUPERVISORS IN EXPORT PROCESSING ZONES IN THE PHILIPPINES**

**Materials and Methods**

A survey was undertaken in 23 establishments, including 650 workers, and 47 supervisors. In addition, 10 focus group discussions (FGDs) for workers, and 5 FGDs for supervisors were undertaken.

**Results**

14% to 29%) vs 40% among (95% CI 23% to 49%) (n=24,051). Higher GNP in the country of immigration was related to lower symptom prevalence of depression and/or anxiety in labour migrants; but not in refugees.

**Conclusions**

Depression and/or anxiety in labour migrants and refugees needs to be considered separately. The GNP of the host country appears to be related to better mental health in labour migrants but not in refugees.

**P2-441 OCCUPATIONAL HAZARDS AND ILLNESSES OF FILIPINO WOMEN WORKERS IN EXPORT PROCESSING ZONES**

**Methods**

This was a baseline study on the occupational exposures and health problems among women workers in Export Processing Zone with employers from foreign multinationals such as Americans, Europeans Japanese, Chinese, and Indians. Physical, chemical and ergonomic hazards were evaluated and measured through workplace ambient monitoring, survey questionnaires, and interviews among 24 industries, and 500 respondents (majority were female at 88.8%). The top 5 hazards were ergonomic hazards (72.2%), heat (66.6%), overwork (66.6%), poor ventilation (54.2%) and chemical exposure (50.8%). The most common illnesses were gastro-intestinal problems (57.4%), backache (56%), headache (53.2%) and fatigue/weakness (53.2%). Logistic regression shows association between certain work-related factors and occupational illnesses, and psychosocial problems. Highly significant associations were hearing loss with years spent in the company (p=0.005) and gender (p=0.006); headache and dizziness with poor ventilation (p=0.000); backache with prolonged work (p=0.003). These results will have implications for policy and program formulation for women worker’s concerns and issues in the export zones.

**P2-442 EUROPEAN ANCESTRY, PHENOTYPIC CHARACTERISTICS AND RISK OF CUTANEOUS MELANOMA: A CASE-CONTROL STUDY IN SAO PAULO, BRAZIL**

**Introduction**

We investigated the relationship between organisational/management factors at work with health factors in the manufacturing sector.

**Materials and Methods**

A survey was undertaken in 23 establishments, including 650 workers, and 47 supervisors. In addition, 10 focus group discussions (FGDs) for workers, and 5 FGDs for supervisors were undertaken.

**Results**

10% of the study population were Africans, 17% were Europeans Japanese, Chinese, and Indians. Physical, chemical and ergonomic hazards were evaluated and measured through workplace ambient monitoring, survey questionnaires, and interviews among 24 industries, and 500 respondents (majority were female at 88.8%). The top 5 hazards were ergonomic hazards (72.2%), heat (66.6%), overwork (66.6%), poor ventilation (54.2%) and chemical exposure (50.8%). The most common illnesses were gastro-intestinal problems (57.4%), backache (56%), headache (53.2%) and fatigue/weakness (53.2%). Logistic regression shows association between certain work-related factors and occupational illnesses, and psychosocial problems. Highly significant associations were hearing loss with years spent in the company (p=0.005) and gender (p=0.006); headache and dizziness with poor ventilation (p=0.000); backache with prolonged work (p=0.003). These results will have implications for policy and program formulation for women worker’s concerns and issues in the export zones.