

Compulsory notification of Work-Related Voice Disorder: importance and registration procedures

Notificação compulsória do Distúrbio de Voz Relacionado ao Trabalho: importância e procedimentos de registro

Notificación obligatoria del Trastorno de la Voz Laboral: importancia y procedimientos de registro

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Abstract

Introduction: on October 29, 2024, a Seminar organized by the Regional Council of Speech Therapy-2nd (CRFa_2) took place at the Legislative Assembly of São Paulo. In addition to rescuing the actions carried out regarding this condition, emphasis was given to the notification of the DVRT, considering its

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recent inclusion in the List of Compulsory Notifiable Diseases. **Objective:** to present a summary of the speeches presented by the speakers at the event “Challenges in Professional Vocal Health: Assessment and Notification of Work-Related Vocal Disorder (DVRT)” and highlight the importance of DVRT notification, recording the main procedures. **Description:** the speakers’ report recalled the history of actions carried out since 1997, when discussions about the DVRT began. Next, emphasis was given to the importance of notifying this problem, with step-by-step details, for all interested parties. Working conditions associated with DVRT were also discussed, both those related to voice professionals, traditionally approached (such as teachers), and contemporary ones such as digital communicators. **Final Considerations:** holding the aforementioned seminar was an important milestone for health professionals and workers, a moment in which it was possible to recover actions carried out in the past, share current experiences and advance in the implementation of DVRT notification, an essential action for the management of this problem. It is expected that by completing the Notification Form in detail, it will be possible to highlight the occurrence of the problem with the Ministry of Health, for the implementation of more effective measures for health promotion and prevention, protection and treatment of DVRT.

Keywords: Voice Disorders; Surveillance of the Workers’ Health; Disease Notification; Occupational Health Policy.

Resumo

Introdução: no dia 29 de outubro de 2024 aconteceu, na Assembleia Legislativa de São Paulo, um Seminário organizado pelo Conselho Regional de Fonoaudiologia-2ª (CRFa_2) sobre o Distúrbio de Voz Relacionado ao Trabalho (DVRT). Além de resgatar as ações realizadas referentes a esse agravo, foi dado destaque à notificação do DVRT, considerando sua inserção recente na Lista das Doenças Relacionadas ao Trabalho de Notificação Compulsória. **Objetivo:** sintetizar as discussões, recomendações e principais desafios abordados pelos palestrantes para disseminação da importância do DVRT e no aprimoramento dos processos de notificação. **Descrição:** o relato dos palestrantes recuperou o histórico das ações efetivadas desde 1997, quando as discussões sobre o DVRT foram iniciadas. Na sequência, destaque foi dado à importância da notificação desse agravo, com detalhamento do passo a passo, para todos os interessados. Condições de trabalho associadas ao DVRT também foram discutidas, tanto às relacionadas aos profissionais da voz, tradicionalmente abordados (como professores), quanto aos contemporâneos como os comunicadores digitais. **Considerações Finais:** a realização do referido Seminário foi um marco importante para profissionais da saúde e trabalhadores, momento em que foi possível rever ações implementadas, compartilhar experiências atuais e avançar na efetivação da notificação do DVRT, ação imprescindível para o manejo desse agravo. Espera-se que, com o detalhamento do preenchimento da Ficha de Notificação, seja possível destacar a ocorrência do agravo junto ao Ministério da Saúde, para a implantação de medidas mais efetivas da promoção da saúde e da prevenção, proteção e tratamento do DVRT.

Palavras-chave: Distúrbios da Voz; Vigilância em Saúde do Trabalhador; Notificação de Doenças; Política de Saúde do Trabalhador.

Resumen

Introducción: el 29 de octubre de 2024, tuvo lugar en la Asamblea Legislativa de São Paulo un Seminario organizado por el Consejo Regional de Logopedia-2º (CRFa_2). Además de rescatar las acciones realizadas respecto de esta patología, se dio énfasis a la notificación a la DVRT, considerando su reciente inclusión en la Lista de Enfermedades de Declaración Obligatoria. **Objetivo:** presentar un resumen de los discursos presentados por los ponentes en el evento “Desafíos en Salud Vocal Profesional: Evaluación y Notificación del Trastorno Vocal Laboral (DVRT)” y resaltar la importancia de la notificación de la DVRT, registrando los principales procedimientos. **Descripción:** el informe de los ponentes recordó la historia de las acciones realizadas desde 1997, cuando comenzaron las discusiones sobre la DVRT. A continuación, se destacó la importancia de notificar este problema, con detalle paso a paso, a todas las partes interesadas. También se discutieron las condiciones laborales asociadas a la DVRT, tanto las



relacionadas con los profesionales de la voz, abordados tradicionalmente (como los docentes), como los contemporáneos, como los comunicadores digitales. **Consideraciones finales:** la realización del citado seminario constituyó un hito importante para los profesionales y trabajadores de la salud, un momento en el que fue posible recuperar acciones realizadas en el pasado, compartir experiencias actuales y avanzar en la implementación de la notificación DVRT, acción esencial para el manejo de este problema. Se espera que al completar detalladamente el Formulario de Notificación, sea posible visibilizar la ocurrencia del problema ante el Ministerio de Salud, para la implementación de medidas más efectivas para la promoción de la salud y la prevención, protección y tratamiento de la DVRT.

Palabras clave: Trastornos de la Voz; Vigilancia de la Salud del Trabajador; Notificación de Enfermedades; Política de Salud Ocupacional.

Introduction

On the morning of October 29, 2024, the seminar titled “Desafios na Saúde Vocal Profissional: Avaliação e Notificação do Distúrbio Vocal Relacionado ao Trabalho (DVRT)” [*Challenges in Occupational Vocal Health: Assessment and Reporting of Work-Related Voice Disorder (DVRT)*] was held at the São Paulo Legislative Assembly. This event was organized by the CRFa – 2nd Region [*Regional Council of Speech-Language Pathology and Audiology*], primarily under the leadership of the Speech-Language Pathologist Silvia Pierotti, Chair of the Parliamentary Affairs Committee of CREFONO2.

The seminar stood out as an opportunity to deepen knowledge and discuss challenges related to vocal health in the workplace.

During the event’s planning phase, the speakers engaged in discussions to align their presentations, and it became evident that the process of reporting DVRT cases was one of the primary issues faced, particularly by speech-language pathologists.

Some suggested that notifications should be physically submitted to the nearest CEREST [*Workers’ Health Referral Centers*] so that the data could be entered into a dedicated platform. While others argued that cases should be reported directly in the SINAN [*Brazilian Case Registry Database*]; however, individuals attempting to access the system often struggled to understand the reporting procedure.

Just days before the event, on October 25, 2024, Dr. José Carlos do Carmo (CEREST-SP), one of the event’s speakers, announced that an individual notification/conclusion form for the city of São Paulo had been approved. It was considered important to present this development in detail during the seminar.

With an audience of 73 participants, the majority being speech-language pathologists or undergraduate students in Speech-Language Pathology, as well as representatives from the São Paulo Teachers’ Union (SinproSP), the Municipal Department of Education, the Brazilian Society of Speech-Language Pathology and Audiology, the Brazilian Federal Council of Speech-Language Pathology and Audiology, and the Regional Council of Speech-Language Pathology and Audiology – 2nd Region, the event was regarded as an essential platform for advancing discussions on DVRT, particularly regarding its reporting process in São Paulo.

Thus, this report aimed to summarize the discussions, recommendations, and key challenges presented by the speakers to promote awareness of DVRT and improve reporting procedures.

Description

This section is divided into two parts: the first provides of the speakers’ presentations, while the second details the procedures for reporting DVRT cases.

The Event

The seminar opened with the participation of Congresswoman Maria Lucia Amary, accompanied by other representatives, including Speech-Language Pathologist Eliane Bier, Vice President of the Regional Council of Speech-Language Pathology and Audiology – 2nd Region; Speech-Language Pathologist Ana Leia Safro Berenstein, representing the Brazilian Federal Council of Speech-Language Pathology and Audiology; Dr. Ana Carolina Constantini, representing the Brazilian Society of Speech-Language Pathology and Audiology; and Marcia Helena Matsushita, representing the Municipal Department of Education.



Speech-Language Pathologist Sílvia Pierotti emphasized the critical role played by the speakers in organizing the event, with special recognition for the Regional Council of Speech-Language Pathology and Audiology – 2nd Region, Speech-Language Pathologist Dr. Lésle Piccolotto Ferreira, and Physician Dr. José Carlos do Carmo. Thanks to these efforts, an online reporting form for DVRT cases was successfully implemented on October 24. Developed by the Municipal Health Department of São Paulo, this initiative aims to streamline the reporting process, eliminate bureaucratic obstacles, and ensure the formal documentation of DVRT cases.

The speaker also highlighted that the Directive GM/MS [*Office of the Minister of the Ministry of Education*] No. 5.201, which includes DVRT in the National List of Mandatory Notifications, is currently in effect but faces political pressures that may jeopardize its continuity. She reinforced the importance of supporting Bill No. 03993/2023, which seeks to mandate nationwide reporting of DVRT cases, thereby strengthening the recognition and protection of workers' vocal health. The event concluded with an expression of gratitude to all attendees for their support and participation.

Then, Dr. Lésle Piccolotto Ferreira, who had been involved from the outset in discussions on DVRT (the first seminar on the topic, organized by the LaborVox Voice Laboratory at the Pontifical Catholic University of São Paulo, which she coordinates, took place on October 17, 1997, compared the process to a streaming series, with multiple seasons and episodes – some with happy endings, others less so – many of which had already aired, while others were still to come. She concluded by emphasizing that the event that day was a significant episode in the ongoing process and that, to accelerate progress, it was essential to involve healthcare professionals, educators (given that teachers are among the most affected by DVRT), and relevant authorities to ensure that DVRT moves beyond theoretical discussions and becomes a concrete reality in the daily lives of those impacted.

Following this, each speaker took turns presenting their topics, raising key issues to be discussed later with the participants.

Dr. Maria Maeno (Fundacentro) provided context by addressing longstanding yet still relevant issues in occupational health. She highlighted the

persistence of inadequate working conditions that continue to affect workers, leading to various types of illnesses and occupational accidents. Despite the inclusion of these conditions in the Ministry of Health and Social Security's official list of work-related diseases since 1999, such issues remain prevalent. She acknowledged the symbolic importance of having these health conditions recognized in official lists, as it signifies the state's acknowledgment that they stem from work-related processes. However, for these lists to translate into effective prevention measures and guarantees of labor and social security rights – particularly for formally employed workers – there must be systematic identification and reporting by public and private healthcare and education services, as well as official recognition by the Social Security for private-sector workers and by the respective pension systems for municipal, state, and federal public servants. In the context of this public, the challenge lay in broadly disseminating the issue to society as a whole, raising awareness that individuals working under certain conditions should not have to accept voice impairment as a consequence of their profession. It was crucial to highlight that these disorders, which affect people's ability to work and live, are preventable. Additionally, all professionals within Brazil's SUS [*Unified Health System*] and private healthcare services needed to be trained to diagnose, report, treat, and prevent it. However, this was no easy task in view of the highly heterogeneous nature of employment arrangements in the healthcare sector, often leading to high turnover rates among professionals.

Education professionals, particularly teachers, also needed to be encouraged to recognize individuals affected by it and to mobilize efforts to improve working conditions that contribute to such disorders, in addition to advocating for their rights. The same applied to teleoperators and sports commentators, especially those covering football.

Next, Dr. Susana Pimentel Pinto Giannini (speech-language pathologist), who had been actively involved in DVRT discussions over the years, provided a historical overview of the topic, emphasizing the crucial role of speech-language pathology in this process. She highlighted the development and publication of the DVRT Differentiated Complexity Protocol in 2018 as a key milestone¹. The Differentiated Complexity Protocols issued by the Ministry of Health are intended to guide





the procedures for workers suspected of having work-related health conditions – from initial care to reporting and occupational health surveillance measures – by providing recommendations and parameters for Visat [*Worker Health Surveillance*].

The protocol defines “Work-Related Voice Disorder (DVRT)” as any form of vocal deviation directly related to the use of the voice during a professional activity that slows down, compromises or prevents the worker’s activities and/or communication, whether in the presence of an organic change in the larynx or not¹. She also emphasized the significance of DVRT’s inclusion in the List of Work-Related Diseases in 2023 (Directive of the GM/MS [*Office of the Minister of the Ministry of Education*] No. 1,999, of November 27, 2023) and, more recently, in the List of Mandatory Reportable Diseases (Directive of the GM/MS [*Office of the Minister of the Ministry of Education*] No. 5,201, of August 15, 2024). She concluded by reaffirming that the 30-year struggle for DVRT’s recognition as an occupational disease was ongoing and that ensuring its practical acknowledgment in professional settings required continued efforts in training healthcare professionals for proper identification and reporting².

Dr. Fabiana Zambon, speech-language pathologist and coordinator of the Vocal Health Program at the São Paulo Teachers’ Union (SINPRO-SP), which represents private school teachers in São Paulo, discussed the working conditions and organizational factors that pose risks for DVRT among teachers. She also addressed the challenges these professionals face regarding voice use and communication. The SINPRO-SP Vocal Health Program, which has been operating for 20 years, was presented as an initiative offering teachers voice assessments, guidance, vocal improvement programs, and treatment. The program has also produced educational and awareness materials, such as the *Guia Bem-estar vocal: uma nova perspectiva de cuidar da voz* [*Vocal well-being guide: a new perspective on voice care*] and the film *Minha Voz, Minha Vida* [*My Voice, My Life*] (SINPRO-SP, CEV, available at www.sinprosp.org.br). Research findings indicate that most teachers who seek the program’s services present vocal alterations and a high number of voice-related symptoms^{4,5,6}. Another observation from these consultations is that teachers rarely take time off from work for vocal rehabilitation. Dr. Zambon

underscored the importance of collective actions to reduce the prevalence of DVRT among teachers. She also noted that SINPRO-SP’s leadership had incorporated measures to improve working conditions and promote vocal health into negotiations with employer unions, securing the inclusion of key clauses in collective bargaining agreements (Collective Labor Agreement - Sesi, 2024, available at www.sinprosp.org.br).

Following this, Dr. Marcia Menezes, speech-language pathologist, board member, and member of the Voice Committee of CREFONO, emphasized the importance of speech-language pathologists in private practice (independent clinics) staying informed on developments related to the DVRT. She stressed that regardless of whether they work in public or private settings, speech-language pathologists must report DVRT cases when dealing with professional voice users. Dr. Menezes addressed common misconceptions that often discourage speech-language pathologists in private practice from engaging with DVRT and incorporating mandatory reporting into their professional routine, such as: “Reporting is only for those working in the public sector,” “Only physicians or voice specialists should file reports,” and “Reporting doesn’t benefit me in any way, so I won’t waste my time with it.”

She reinforced that voice use has expanded in contemporary professions due to the influence of the internet. The COVID-19 pandemic accelerated this shift, with many activities migrating to social media or integrating digital communication into their business models. As a result, anyone with a smartphone can become a potential communicator and even turn this into a profitable profession. Dr. Menezes cited a study published by Dell Technologies (2017)⁷, which projected that approximately 85% of professions would be new and had yet to be invented by 2030. She emphasized that healthcare professionals responsible for reporting DVRT must remain attentive to how voice is used in these emerging professions. Finally, she reiterated that regardless of a voice professional’s employment arrangement – whether under the CLT [*Brazilian Consolidation of Labor Laws*] or working independently – and regardless of whether they seek care in public or private services, reporting remains essential.

Concluding the speakers’ presentations, Dr. José Carlos do Carmo (CEREST-SP) clarified the importance of DVRT reporting, outlining a





step-by-step guide on the necessary procedures. He highlighted that reporting is mandatory for all healthcare professionals, regardless of a worker's employment status, for both confirmed and suspected cases. Reports must be submitted weekly using the ICD-10 code R49, which pertains to Voice Disorder.

Notification of DVRT

Before detailing the issues surrounding the notification of DVRT, it is important to highlight that occupational health conditions, when initially published as a Protocol of Differentiated Complexity, were accompanied by specific notification forms. These forms were designed to collect essential data to improve the understanding of each case involving workers.

Thus, in 2018, the same year DVRT was published by the Ministry of Health, a group of speech-language pathologists – faculty representatives from the Pontifícia Universidade Católica de São Paulo and the Universidade Estadual de Campinas – along with CEREST-Campinas, decided, following similar initiatives in other regions of the country, to develop an Individual Notification Form (INF). This form aimed to guide the identification of any voice disorder related to the work environment⁸.

During its development, experienced speech-language pathologists contributed, and in its publication, the authors highlighted in the final considerations that:

“The FNI proposed, which is epidemiological in nature, will only be an instrument of visibility for DVRT and act as subsidy to collective actions of prevention and health promotion if there is a commitment of health care professionals in this area to create reports of cases addressed, whose conditions and work environment organizations have contributed to the worsening/triggering of the vocal disorder. This FNI must not become another health surveillance instrument that is established, but not used. The forms filled should be submitted to the departments responsible for the information and/or epidemiological surveillance of municipal departments, which must refer it upward every week in magnetic media to the Health State Departments (SES). In case of any doubt, the nearest CEREST should be contacted (p173)”⁸

Subsequently, the content of the INF was integrated into the FormSUS system, and a small number of speech-language pathologists, under the

supervision of Dr. Marcia Tiveron, then affiliated with CEREST-SP, implemented it in practice.

However, the Ministry of Health introduced a new notification registration system, known as e-SUS, which was presented by a Ministry of Health representative at the Work-Related Voice Disorder: Achievements and Challenges in Latin America Seminar, organized by LaborVox in 2022. This system, however, has not yet been officially adopted⁹.

Before outlining the notification procedure, it is essential to emphasize some important points. First, the notification of occupational health conditions plays a crucial role in understanding disease etiology and establishing causal relationships. A significant example of this was observed in Sweden in the 1980s when researchers identified the connection between occupational exposure to organic solvents and hearing loss. This case demonstrates that epidemiological surveillance is unfeasible without comprehensive collective data. In other words, without reliable data, public health surveillance becomes impractical, and the absence of well-structured reporting systems results in fragmented and ineffective knowledge for public health interventions.

Additionally, it is important to recognize the existence of different notification systems. Among those used by the Social Security, the Work Accident Report (CAT) stands out. Within the Unified Health System (SUS), multiple information systems exist, including: Ambulatory Information System (SIA/SUS); Hospital Information System (SIH/SUS); Primary Care e-SUS System (e-SUS APS); and Mortality Information System (SIM). Furthermore, the SINAN [*Brazilian Case Registry Database*] plays a central role in the collection and analysis of epidemiological data in public health.

The implementation of SINAN began in 1993, making the notification of several health conditions mandatory due to their public health significance. Only in 2004 did a set of occupational health conditions, including NIHL [*Noise-Induced Hearing Loss*], become part of the mandatory reporting list.

More than 30 years after the launch of SINAN, the DVRT has now been classified as a mandatory reportable condition. In the state of São Paulo, this requirement was established by Resolution SS No. 88 of April 24, 2024, and at the national level by Directive of the GM/MS [*Office of the Minister of the Ministry of Education*] No. 5,201 of August 15, 2024.





It is essential to highlight that the communication of mandatory reportable conditions – whether confirmed or suspected – to local health authorities is the responsibility of every citizen. Additionally, it is a legal obligation for physicians, healthcare professionals, and those responsible for public and private healthcare and educational institutions. Failure to report such conditions may result in sanitary, civil, and criminal penalties.

Reinforcing what has been previously stated, healthcare professionals, whether working in public or private services, must report DVRT cases regardless of the worker's employment status. This applies to both confirmed and suspected cases and must be conducted on a weekly basis, with the ICD-10 code R49 (Voice Disorder) recorded.

A structured 10-step process has been established for the notification of DVRT cases in São Paulo, namely:

- 1 - Link
https://capital.sp.gov.br/web/saude/w/vigilancia_em_saude/saude_do_trabalhador/disturbio_voz
- 2 - Filling Out the Individual Notification/Conclusion Form (Fillable PDF) (https://www.prefeitura.sp.gov.br/cidade/secretarias/upload/saude/pdf_preenchivel_COVISA_SINAN_19_04_2021.pdf).
- 3 - Attention: When registering the code for the condition/disease, record "Voice Disorders" under the corresponding ICD-10 code. R 49
- 4 - Identify the Reference Health Surveillance Unit (UVIS); locate the appropriate UVIS for the healthcare service (clinic, hospital, occupational health and safety service - SESMT) by searching on the following websites: <https://cnes.datasus.gov.br/>; https://capital.sp.gov.br/web/saude/w/vigilancia_em_saude/286675
- 5 - Complete all required fields:

Notificação Individual	8 Nome do Paciente	9 Data de Nascimento
	10 (ou) Idade 1 - Hora 2 - Dia 3 - Mês 4 - Ano	11 Sexo M - Masculino F - Feminino 9 - Ignorado
	12 Gestante 1-1º Trimestre 2-2º Trimestre 3-3º Trimestre 4- Idade gestacional Ignorada 5-Não 6- Não se aplica 9-Ignorado	13 Raça/Cor 1-Branca 2-Preta 3-Amarela 4-Parda 5-Indígena 9-Ignorado
	14 Escolaridade 0-Analfabeto 1-1ª a 4ª série incompleta do EF (antigo primário ou 1º grau) 2-4ª série completa do EF (antigo primário ou 1º grau) 3-5ª à 8ª série incompleta do EF (antigo ginásio ou 1º grau) 4-Ensino fundamental completo (antigo ginásio ou 1º grau) 5-Ensino médio incompleto (antigo colegial ou 2º grau) 6-Ensino médio completo (antigo colegial ou 2º grau) 7-Educação superior incompleta 8-Educação superior completa 9-Ignorado 10- Não se aplica	
Dados de Residência	15 Número do Cartão SUS	16 Nome da mãe
	17 UF	18 Município de Residência
	Código (IBGE)	
	19 Distrito	
	20 Bairro	21 Logradouro (rua, avenida,...)
	22 Número	23 Complemento (apto., casa, ...)
	24 Geo campo 1	25 Geo campo 2
	26 Ponto de Referência	27 CEP
28 (DDD) Telefone	29 Zona 1 - Urbana 2 - Rural 3 - Periurbana 9 - Ignorado	30 País (se residente fora do Brasil)

- 6 - In particular: Item 31: Enter the date of the first medical and/or speech-language pathology evaluation; Item 34: Record the number "3"; and Item 43: Enter the date when the investigation was completed or when the diagnosis was confirmed.

Conclusão		
31 Data da Investigação	32 Classificação Final 1 - Confirmado 2 - Descartado	33 Critério de Confirmação/Descarte 1 - Laboratorial 2 - Clínico-Epidemiológico
Local Provável da Fonte de Infecção		
34 O caso é autóctone do município de residência? 1-Sim 2-Não 3-Indeterminado	35 UF	36 País
37 Município	Código (IBGE)	38 Distrito
39 Bairro		
40 Doença Relacionada ao Trabalho 1 - Sim 2 - Não 9 - Ignorado	41 Evolução do Caso 1 - Cura 2 - Óbito pelo agravo notificado 3 - Óbito por outras causas 9 - Ignorado	
42 Data do Óbito	43 Data do Encerramento	

NOTIFICAÇÃO DE CASO - INDIVIDUAL

Notificação Individual. [Link lista nacional das DNVs](#)

***Campos com preenchimento obrigatório**

IDENTIFICAÇÃO DO AGRAVO

Data notificação:

1 - Caso ☐ Suspeito ☐ Confirmado

2 - Óbito ☐ Sim ☐ Não

3 - Agravo:

3.1 - Tipo de Fungo, se Doença Fúngica relacionada a COVID 19

3.1.1 - Outro tipo de fungo, descrever

3.2 - Amostra para cultura, se Doença Fúngica relacionada a COVID 19

4 - Outro evento, descrever

5 - Data primeiros sintomas

DADOS DO NOTIFICANTE

16 - Tipo de notificante

17 - Município de Notificação

18 - Local de Atendimento do Paciente

18.1 - Descrição do local de atendimento ou local onde se encontra o paciente

19 - Nome do Notificante

20 - Telefone p/contato (ddd) n°

21 - E-mail

***Dados obrigatórios**

22 - Observação



It is essential to emphasize that in both the municipal and state-level systems, the “Observations” field must include details about the worker’s occupation (CBO [*Brazilian Classification of Occupations*] No.), the company’s economic activity (CNAE [*National Classification of Economic Activities Code*]), the company’s registered name or employer’s name (CNPJ [*National Register of Legal Entities*] No. or CPF [*Individual Taxpayer Registration*] No.), and the company address.

To conclude, two key points must be highlighted. The first draws attention to findings from an integrative review aimed at identifying and summarizing evidence from studies on the association between work and voice disorders¹⁰. In an analysis of 47 studies published between 2003 and 2017, the authors reported an average prevalence of 44.2% for work-related voice disorders and an incidence rate of 17.0%. Noise was identified as a contributing factor to dysphonia in 25.5% of the studies, followed by prolonged working hours (17.0%) and allergies (14.9%). The authors emphasize the need to strengthen the formal recognition of work-related voice disorders, provide technical support for legislation, and underscore the urgency of public policies for vocal health protection in the workplace¹⁰.

The second point, complementing the first, recommends a thorough reading of the e-book presented during a seminar⁹, which brought together several professionals studying and researching work-related voice disorders (DVRT). This e-book, available free of charge and authored in part by contributors to this report, aims to support the training of all those interested in managing DVRT. It provides an overview of the history of its recognition, risk factors, diagnosis, treatment, workplace surveillance, and notification procedures¹¹.

Final considerations

The “Challenges in Occupational Vocal Health: Assessment and Reporting of Work-Related Voice Disorder (DVRT)” seminar was undoubtedly a landmark event for healthcare professionals and workers. It provided an opportunity to review past progress, share current experiences, and advance the implementation of DVRT notification – a crucial step in managing the disorder. It is expected that by detailing the completion of the Notification Form, the occurrence of this health condition will

be more effectively reported to the Ministry of Health, facilitating the implementation of stronger health promotion, prevention, protection, and treatment measures for DVRT.

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