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# Occupational noise-induced hearing loss in China: a systematic review and meta-analysis

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## ABSTRACT

**Objective** A huge percentage of the Chinese occupational population are becoming at risk of noise-induced hearing loss (NIHL). However, there is a limited number of literature reviews on occupational NIHL in China. This study aimed to analyze the prevalence and characteristics of occupational NIHL in the Chinese population using data from relevant studies.

**Design** A systematic review and meta-analysis.

**Methods** We searched the literature for studies on NIHL in China published between 1993 and 2019 and analyzed the correlation between NIHL and occupational exposure to noise, including exposure to complex noise and co-exposure to noise and chemicals.

**Results** A total of 71,865 workers aged  $33.5\pm 8.7$  years with an average exposure duration of  $9.9\pm 8.4$  years in the transportation, mining, and typical manufacturing industries were occupationally exposed to  $98.6\pm 7.2$  dB(A) (A-weighted decibels) noise on average. The prevalence of occupational NIHL in China was 21.3%, of which 30.2% was related to high-frequency noise-induced hearing loss (HFNIHL), 9.0% to speech-frequency noise-induced hearing loss (SFNIHL), and 5.8% to noise-induced deafness (NID). Among manufacturing workers, complex noise contributed to greater hearing loss than Gaussian noise (overall weighted odds ratio [OR]=2.88). Co-exposure to noise and chemicals such as organic solvents, welding fumes, carbon monoxide, and hydrogen sulfide led to greater hearing loss than noise exposure alone (overall weighted OR=2.36). Male workers were more likely to experience NIHL than female workers (overall weighted OR=2.26). There were significant linear regression relationships between HFNIHL prevalence and noise level or exposure duration ( $P<0.05$ ).

**Conclusions** The high prevalence of occupational NIHL in China was related to the wide

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4 distribution of noise in different industries as well as high-level and long-term noise exposure. The  
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6 prevalence was further aggravated by exposure to complex noise or co-exposure to noise and  
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8 specific chemicals. Additional efforts are needed to reduce occupational noise exposure in China.  
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14 **Keywords** Noise; Occupational exposure; Hearing loss; Workplace; Review  
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**Strengths and limitations of this study**

- The study attempts to address the limited number of literature reviews on occupational noise-induced hearing loss in China.
- A very large sample of workers with harmful exposure to occupational noise were included in the study.
- Our findings could provide a basis for the early prevention and control of occupational noise-induced hearing loss and the implementation of hearing protection programs in China and other developing countries.
- The number of Chinese studies focusing on speech-frequency noise-induced hearing loss and deafness was limited, resulting in an insufficient sample in these categories.
- There were no well-designed prospective studies on noise, and there were insufficient cohort studies on the topic.

## INTRODUCTION

Hearing loss is the most prevalent sensory disability worldwide, and noise-induced hearing loss (NIHL) has been a global public health problem. NIHL is a type of progressive sensorineural hearing loss caused by noise exposure. With the rapid development of industrialization, people are increasingly becoming at risk of NIHL. The World Health Organization estimated that 10% of the global population are exposed to noise pollution, of whom 5.3% experience NIHL.[1-2]

Approximately 16% of adult hearing loss cases are associated with exposure to noise in the workplace.[3] Occupational NIHL is the most prevalent occupational disease worldwide, with >10% of workers in developed countries having NIHL.[4] About 600 million workers are exposed to harmful levels of noise globally.[5] Each year, about 22 million workers are exposed to harmful levels of noise in the United States,[6] while about 1.7 million workers are exposed to >85 dB(A) (A-weighted decibels) of noise in Britain.[7] Occupational noise-induced deafness (NID) accounts for >60% of all occupational diseases reported in Norway.[8] From 2002 to 2005, 16.2%-22.9% of Korean workers were exposed to workplace noise exceeding 85 dB(A), and 4,483 workers had NID.[9] In China, >10 million workers are exposed to harmful noise.[10] In recent years, China has been facing a change in the spectrum of occupational diseases, i.e., NID followed by pneumoconiosis has replaced occupational poisoning as the second most common occupational disease, with an annual increase of 20%.[11] The prevalence of occupational NIHL in China is estimated to be >20%.[12] In some developing countries, workers exposed to noise in the transportation and manufacturing industries account for a high prevalence of NIHL, ranging from 18% to 67%.[13-14]

Industrial noise may consist of steady noise (Gaussian noise) or complex noise



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4 (non-Gaussian noise), with the latter being the dominant type in the workplace. Complex noise is  
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6 composed of transient high-energy impulsive noise superimposed on stationary (Gaussian)  
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8 background noise.[15] Animal experiments and a few epidemiological surveys revealed that  
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10 exposure to complex noise could lead to greater hearing damage and is not only associated with  
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12 noise energy but also with its complex temporal structure.[16] These findings have challenged the  
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14 appropriateness of the international noise exposure standard (ISO-1999, 2013)[17, 18] and the  
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16 safety of the occupational exposure limit of noise (e.g., 85 dB(A)), in which the measurement of  
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18 noise energy (the equivalent sound level) serves as the sole method for evaluating noise based on  
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20 the “equal energy hypothesis.”[19-21] Currently, kurtosis is considered a good parameter for  
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22 reflecting the temporal structure and impulsiveness of noise, and its combination with energy is an  
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24 effective indicator for evaluating hearing loss caused by complex noise.[22, 23] In addition,  
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26 combined exposure to noise and chemicals may exacerbate hearing loss.[10, 24-27]  
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28 Epidemiological studies have shown that exposure to mixed organic solvents is associated with an  
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30 excessive risk of developing hearing loss, with or without concurrent noise exposure, in humans.  
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32 Workers from a wide range of industrial sectors, whose jobs involve the use of paints, thinners,  
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34 lacquers, and printing inks, are usually exposed to mixtures of xylene, toluene, benzene, methyl  
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36 ethyl ketone, etc.  
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48 Although a large number of workers in China are reported to be at high risk of developing  
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50 NIHL, the epidemiological characteristics and prevalence of NIHL are not well understood, and  
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52 there is a limited number of literature reviews on the topic. This study therefore aimed to review  
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54 the literature regarding NIHL in the Chinese occupational population and analyze the data to  
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56 understand the prevalence and characteristics of NIHL in the workplace, including exposure to  
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4 different types of noise or co-exposure to noise and chemicals. Our findings could provide a basis  
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6 for the early prevention and control of occupational NIHL and the implementation of hearing  
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8 protection programs in China and other developing countries.  
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## 11 12 13 14 **METHODS**

### 15 16 17 **Literature retrieval**

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19 We used English literature databases such as the Web of Science, PubMed, MEDLINE, and  
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21 Scopus. We also searched Chinese literature databases including the China National Knowledge  
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23 Internet, Chinese Sci-Tech Journal Database (weip.com), WanFang Database, and China United  
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25 Library Database. The keywords searched were “noise-induced hearing loss,” “noise and hearing  
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27 loss,” “noise-induced deafness,” “NIHL,” “hearing threshold shift,” “complex noise,”  
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29 “co-exposure,” and “noise and chemical exposure.”  
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### 38 **Inclusion and exclusion criteria**

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40 We included studies on overt hearing loss associated with occupational exposure to noise in  
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42 Chinese populations published in Chinese and English journals from 1993 to 2019. The inclusion  
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44 criteria were as follows: (1) studies with Chinese subjects, (2) studies whose subjects had a clear  
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46 history of occupational exposure to noise, and (3) studies in accordance with an occupational  
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48 health standard in China (e.g., Diagnosis of Occupational Noise-Induced Deafness, GBZ  
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50 49-2014).[28] High-frequency noise-induced hearing loss (HFNIHL) was defined as an average  
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52 hearing threshold of  $\geq 40$  dB for binaural high-frequency sound (3, 4, and 6 kHz) or an average  
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54 hearing threshold in either ear of  $\geq 30$  dB at 3, 4, and 6 kHz. Speech-frequency noise-induced  
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4 hearing loss (SFNIHL) was defined as an average hearing threshold of  $\geq 26$  dB in the better ear at  
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6 speech frequencies of 500, 1000, and 2000 Hz. Meanwhile, NID was defined according to the  
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8 average hearing threshold for high-frequency and speech-frequency sounds, progressive hearing  
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10 loss, tinnitus and other symptoms, and pure-tone audiometry results for sensorineural deafness.  
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14 The exclusion criteria were as follows: (1) studies on hearing loss or deafness that was not  
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16 associated with occupational exposure to noise; (2) studies on noise exposure not associated with  
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18 the auditory system; (3) studies on the clinical treatment of NIHL or NID; (4) studies on the  
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20 clinical diagnosis of NIHL or NID; (5) studies on animal experiments investigating NIHL or NID;  
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22 (6) studies on noise in cells and genetics; (7) studies on noise with unclear or incomplete results or  
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24 unclear description of subjects; or (8) books, conferences, and news articles on noise exposure.  
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### 32 **Data analysis and extraction**

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34 EndNote software was used to screen and extract the relevant literature. Information regarding the  
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36 study design, type of industry, noise level, and hearing loss and general information about the  
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38 target population were extracted from each study for meta-analysis. A meta-analysis is a research  
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40 study that synthesizes and analyzes statistical data from multiple independent studies.[29] Briefly,  
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42 after relevant questions were formed, the criteria for collecting and selecting literature data were  
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44 established based on the research purpose. The collected literature data were then characterized  
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46 and classified. Finally, comprehensive weighted average statistics (e.g., overall weighted odds  
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48 ratios [ORs]) were calculated based on the characteristics of the studies.  
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56 A total of 594 articles were retrieved. Among them, 476 were excluded after examining the  
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58 title or abstract based on the exclusion criteria. Of the 118 articles, 30 were further excluded after  
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4 reviewing the full text. The remaining 88 articles, which consisted of cross-sectional studies  
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6 (79.5%), cohort studies (3.4%), and hot-spot studies (17.1%) on exposure to complex noise and  
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8 co-exposure to noise and chemicals, were included in the meta-analysis (Figure 1).  
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## 14 **RESULTS**

### 15 **Cross-sectional studies on NIHL prevalence**

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17 Appendix table 1 describe five studies on occupational NIHL in the transportation industry (e.g.,  
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19 ship, railway, and air transportation), with a total sample size of 5,810 workers. For this sector, the  
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21 maximum level of noise in the workplace was reported to be 97.1 dB(A). The prevalence of  
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23 HFNIHL, SFNIHL, and NID among the workers was 11.6%, 5.6%, and 5.9%, respectively.  
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30 Appendix table 2 show five studies on noise in the mining industry, with a total sample size  
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32 of 2,245 workers. Among the studies, the average maximum level of noise reported in the  
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34 workplace was 106.2 dB(A). The prevalence of HFNIHL, SFNIHL, and NID among the workers  
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36 was 65.1%, 7.0%, and 10.3%, respectively.  
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40 Appendix table 3 show a total of 34 studies with a total sample size of 34,656 workers in the  
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42 manufacturing industries were analyzed. The most common manufacturing industries associated  
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44 with high noise exposure were typical enterprises, such as automobile manufacturing, air  
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46 conditioning manufacturing, and the textile industry, whose workers were mainly young male  
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48 adults. The average noise level in these workplaces was 96.2±5.1 dB(A). The prevalence of  
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50 HFNIHL, SFNIHL, and NID was 30.9%, 8.5%, and 7.1%, respectively.  
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### 56 **Cross-sectional studies with references to NIHL prevalence**

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58 Appendix table 4 show a total of 27 cross-sectional studies with references to occupational NIHL.  
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There were 18,319 workers in the exposed groups with average noise levels of  $102.2 \pm 7.2$  dB(A) and 7,399 controls with average noise levels of  $63.5 \pm 3.8$  dB(A). The prevalence of HFNIHL among the exposed workers was 28.7%, which was significantly higher than that (9.9%) in the controls. The prevalence of SFNIHL was also significantly higher in the exposed groups than in the control groups. The fixed-effects model of the meta-analysis showed that the overall weighted OR for noise exposure as a risk factor for HFNIHL was 5.63 (95% confidence interval [CI], 4.03-7.88).

### Typical cohort studies on NIHL incidence

Only three cohort studies dynamically investigated hearing loss in 2,999 workers from the oil field, electrolytic aluminum, and automobile manufacturing industries (table 1). The results showed that the incidence of HFNIHL and SFNIHL in these sectors was 22.1% and 8.1%, respectively. Moreover, cumulative noise exposure (CNE) was shown to aggravate hearing loss, and the length of service was positively correlated with the incidence of hearing loss.

**Table 1** Meta-analysis of typical cohort studies on NIHL incidence

Author	Type of factory	Population		Study duration	Years of follow-up	Noise level (max or mean) [dB(A)]	NIHL incidence (%)		
		N	Exposure duration (years)				HFNIHL	SFNIHL	Average
Jin[60]	Oil field	673	1.0-30.0	2006-2010	5	106.8	30.6	3.7	17.2
Xu[61]	Electrolytic aluminum	1929	1.0-30.0	2008-2012	5	$87.1 \pm 2.2$	16.6	10.9	13.8
He[62]	Automobile	397	$8.8 \pm 8.7$	2014-2016	3	101.3	34.3	2.3	18.3
Total	-	2999	$8.8 \pm 8.7$	2006-2016	-	$98.4 \pm 7.2$	22.1	8.1	15.1

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss.

### Hot-spot research on noise exposure and NIHL

NIHL associated with complex noise

Seven studies were about NIHL associated with complex noise vs. Gaussian noise. There were no significant differences in CNE, noise level, age, or sex between the Gaussian noise groups and complex noise groups ( $P>0.05$ ) (table 2). The kurtosis of complex noise ( $33.0\pm 51.7$ ) was significantly higher than that of Gaussian noise ( $3.3\pm 0.3$ ). In the fixed-effects model of the meta-analysis, the prevalence of HFNIHL in the complex noise groups was 34.5%, which was significantly higher than that (25.6%) in the Gaussian noise groups. The overall weighted OR for complex noise affecting HFNIHL prevalence was 2.88 ( $P<0.05$ ).

**Table 2** Prevalence of NIHL associated with complex noise vs. Gaussian noise

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	CNE [dB(A)·year]	Kurtosis (mean±SD)	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)				HFNIHL	SFNIHL	NID	OR	95% CI
Liu[63]	Gaussian	Clothing	1421	32.8±6.9	3.6±2.1	79.9	93.4±5.0	99.1±8.2	-	9.2	-	6.8	0.83	0.61-1.11
	Complex	Hardware	957	32.5±8.3	4.1±1.8	78.0	93.1±4.2	99.0±7.8	-	7.7	-	6.3		
Xie[64]	Gaussian	Textile	26	35.7±8.2	9.8±5.9	76.9	95.1±1.3	104.0±4.4	-	38.5	7.7	-	2.53	1.04-6.14
	Complex	Rolling	98	37.4±6.5	9.9±7.4	84.7	94.9±4.0	103.5±6.3	-	61.2	17.4	-		
Zheng[65]	Gaussian	Machinery	399	33.6±9.9	11.6±8.6	70.2	100.0	96.8±6.0	-	56.6	25.8	-	82.3	20.16-335.83
	Complex	Machinery	271	30.6±8.8	10.1±8.2	86.7	102.1	104.8±5.0	-	79.3	39.1	-		
Zhang[66]	Gaussian	Machinery	202	-	-	100.0	93.4±1.5	-	-	13.4	-	0.5	9.13	5.60-14.89
	Complex	Machinery	212	-	-	100.0	92.7±1.0	-	-	58.5	-	6.1		
Zhao[67]	Gaussian	Textile	163	31.5±8.7	12.7±8.4	100.0	99.9±4.2	110.6±6.0	3.3±0.3	64.4	-	-	1.06	0.48-2.34
	Complex	Metal	32	35.1±7.2	12.3±7.1	37.5	95.2±3.1	103.2±4.2	40.0±44.0	65.6	-	-		
Xie[68]	Gaussian	Textile	163	31.7±8.7	12.7±8.4	49.7	101.2±4.7	110.3±6.1	3.2±0.3	64.4	-	-	0.74	0.48-1.15
	Complex	Steel	178	38.1±7.6	13.0±8.0	100	93.6±5.7	103.6±7.2	37.1±52.9	57.3	-	-		
Zhang[69]	Gaussian	Pharmaceut ical	62	36.8±6.6	-	66.1	92.2±5.3	97.6±5.5	-	32.3	-	-	2.59	1.13-5.96
	Complex	Forging	38	32.9±5.5	-	100.0	95.2±3.9	97.0±6.4	-	55.3	-	-		
Total	Gaussian	-	2436	32.9±7.9	6.5±6.6	92.1	96.3±6.1	101.9±8.8	3.3±0.3	25.6	24.7	6.1	2.88	1.06-7.84
	Complex	-	1786	33.2±8.5	6.7±6.1	67.8	94.0±4.8	103.3±6.5	33.0±51.7	34.5	33.3	6.2		

CNE, cumulative noise exposure; dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.

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4 NIHL associated with co-exposure to noise and chemicals  
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6 Table 3 shows eight studies regarding NIHL associated with co-exposure to noise and chemicals  
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8 (e.g., dust, benzene, welding fumes, n-hexane, hydrogen, carbon, ethylbenzene) vs. exposure to  
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10 noise alone. There were no significant differences in noise level, age, or sex between the noise  
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12 groups and co-exposure groups ( $P>0.05$ ). The fixed-effects model of the meta-analysis showed  
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14 that the prevalence of co-exposure to noise and chemicals was 54.2%, which was significantly  
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16 higher than the prevalence of exposure to noise alone (30.3%). The overall weighted OR for  
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18 complex noise affecting HFNIHL prevalence was 2.36 ( $P<0.05$ ).  
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**Table 3** NIHL associated with co-exposure to noise and specific chemicals

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Zhang[70]	Noise	Automobile	1604	33.8±3.5	-	-	86.9	25.4	2.6	-	2.09	1.54-2.83
	Co-exposure to welding fumes and noise	Tires	202	33.8±3.5	-	-	95.9	41.6	5.9	-		
Song[71]	Noise	Pharmaceutical	169	-	-	-	85	40.8	10.7	-	2.11	1.28-3.47
	Co-exposure to benzene and noise		103	-	5.0-10.0	-	85	59.2	17.5	-		
Chen[72]	Noise	Metal	59	33.8±5.6	13.6±5.2	-	94.0	29.2	-	-	3.89	1.75-8.63
	Co-exposure to welding fumes and noise	components	65	33.7±5.2	13.6±5.7	-	100.0	61.5	-	-		
Xiong[73]	Noise	Technological	45	36.8±10.6	12.6±11.4	-	87.2	33.3	13.3	-	2.12	1.02-4.39
	Co-exposure to n-hexane and noise	Printing	105	36.9±10.2	14.1±10.7	-	86.4	51.4	21.0	-		
Wu[74]	Noise	Petrochemical plants	52	30.0±4.0	14.7±6.2	-	81.6	24.0	-	-	1.45	0.82-2.57
	Co-exposure to hydrogen sulfide and noise		73	29.8±4.1	14.3±6.0	-	85.5	31.5	-	-		
Wu[75]	Noise	Steel	59	33.7±5.6	14.0±4.8	84.7	92.0	28.1	11.5	-	3.83	2.18-6.76
	Co-exposure to welding fumes and noise		65	33.7±5.2	13.6±5.7	87.7	92.0	60.0	35.4	-		
Wang[76]	Noise	Chemical products	106	29.3±5.5	11.2±9.0	69.8	103.0	17.9	-	0.0	1.87	1.09-3.21
	Co-exposure to carbon monoxide and noise		427	30.3±8.5	9.9±6.8	89.0	104.0	29.0	-	2.3		
Zhang[77]	Noise	Power stations	290	-	-	100	84.3	56.9	-	-	2.92	2.14-3.98
	Co-exposure to ethylbenzene and noise	Petrochemical plants	553	-	-	100	83.1	79.4	-	-		

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Total	Noise	-	3001	33.6±4.1	12.9±7.9	77.6	89.3±6.4	30.3	3.9	0.0	2.36	1.92-2.92
	Co-exposure	-	3612	33.3±5.2	11.6±7.5	90.5	91.5±7.3	54.2	15.8	2.3		

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.

### Summary of the epidemiological characteristics of occupational NIHL

A total of 71,865 workers (males, 82.7%) aged  $33.5 \pm 8.7$  years, who had an average noise exposure duration of  $9.9 \pm 8.4$  years, were included in this study (Table 4). Their average levels of noise exposure were  $98.6 \pm 7.2$  dB(A), and most of them were from the transportation, mining, and manufacturing industries. Combining all the data, we found that the general prevalence of occupational NIHL during the past 26 years in China was 21.3%, of which 30.2%, 9.0%, and 5.8% accounted for the prevalence of HFNIHL, SFNIHL, and NID, respectively. Moreover, HFNIHL prevalence was strongly correlated with noise level (i.e., the linear regression equation was  $\text{HFNIHL}\% = 6.417_{L_{Aeq}} + 23.707$ ) and exposure duration (i.e.,  $\text{HFNIHL}\% = 9.850ED + 14.867$ ) (Figure 2). The overall weighted ORs for noise, complex noise, co-exposure to noise and specific chemicals, male sex, age, and exposure duration were 5.63, 2.88, 2.36, 2.26, 0.81, and 1.75, respectively (Table 5).

**Table 4** Summary of the epidemiological characteristics of occupational NIHL in China

Group	Type of industry	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	Average
Cross-sectional study[78-82]	Transportation	5810	39.9±6.8	17.9±10.6	93.0	93.0	11.6	5.6	5.9	8.9
Cross-sectional study[83-86]	Mining	2245	34.4±9.3	8.0±4.0	100.0	106.2	65.1	7.0	10.3	34.2
Cross-sectional study[87-120]	Manufacturing	34,656	32.6±8.9	7.9±6.3	81.6	96.2±5.1	30.9	8.5	7.1	23.1
Cross-sectional study with references[121-147]	Manufacturing	18,319	33.9±9.4	12.6±9.8	81.4	102.2±7.2	28.7	10.0	2.3	19.6
Complex noise[63-69]	Manufacturing	4222	33.0±8.2	6.6±6.4	81.8	95.2±5.6	29.4	28.7	6.2	21.0
Co-exposure[70-77]	Manufacturing	6613	33.4±4.7	12.0±7.6	84.0	90.4±7.0	39.9	6.3	1.9	25.4
Total	-	71,865	33.5±8.7	9.9±8.4	82.7	98.6±7.2	30.2	9.0	5.8	21.3

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 5** Odds ratios for key factors influencing HFNIHL prevalence

No.	Factor	Group	HFNIHL (%)	Overall weighted OR for HFNIHL	95% CI
1	Noise	Noise	28.7	5.63	4.03-7.88
		Control	9.9		
2	Complex noise	Complex noise	34.5	2.88	1.06-7.84
		Gaussian noise	25.6		
3	Co-exposure	Co-exposure	54.2	2.36	1.92-2.92
		Noise	30.3		
4	Sex	Male	17.5	2.26	1.62-3.19
		Female	7.2		
5	Age	Age≤33 years	29.8	0.81	0.78-0.84
		Age>33 years	23.9		
6	Exposure duration	≤10 years	25.1	1.75	1.64-1.87
		>10 years	37.0		

HFNIHL, high-frequency noise-induced hearing loss; OR, odds ratio; CI, confidence interval.

## DISCUSSION

This study reviewed and analyzed literature data on occupational NIHL in China in the past 26 years. The results showed that workers with NIHL were mainly from typical manufacturing industries (e.g., textile, automobile manufacturing, metal processing).[30, 31] Our findings are consistent with those in other countries. In the United States, workers at risk of occupational NIHL include those employed in construction, manufacturing, mining, agriculture, utilities, transportation, and the military, as well as musicians,[32] with approximately 82% of workers with hearing loss coming from the manufacturing industries.[33] In Asia, sources of noise pollution mainly comprise the manufacturing, transportation, mining, and agricultural industries.[13, 34] In this study, we found that the average noise level for Chinese workers from these industries was  $98.6 \pm 7.2$  dB(A), which exceeds the occupational exposure limit of 85 dB(A). Noise intensity was positively correlated with the prevalence of hearing loss (overall weighted

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4 OR=5.63). The general prevalence of NIHL in China was 21.3%, of which 30.2% is related to  
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6 high-frequency hearing loss. These findings suggest that the wide distribution of noise in different  
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8 industries, high levels of noise exposure, and long-term exposure to noise in the workplace were  
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10 the main risk factors for the high prevalence of NIHL in China.  
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14 Our findings on the prevalence and characteristics of noise exposure and NIHL in China are  
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16 similar to those in other countries. For instance, Soltanzadeh et al. reported that the occupational  
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18 noise level in Iran reached 90.29 dB(A), while the overall hearing threshold was 26.44±8.09  
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20 dB.[34] Kim et al. also reported that >90% of the workplace noise levels in South Korea exceeded  
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22 the occupational exposure limit, and 92.9% of suspected occupational diseases were occupational  
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24 NID.[35] The Centers for Disease Control and Prevention estimate that about 9 million workers  
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26 are exposed to daily average sound levels of ≥85 dB(A) and about 26 million Americans  
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28 experience NIHL, with a prevalence of 15%.[36, 37] Rubak et al. also found a dose-response  
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30 relationship between NIHL and noise intensity among workers in Denmark, i.e., a higher noise  
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32 level was associated with a higher prevalence of NIHL.[38]  
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40 The occurrence of NIHL is usually affected by individual factors such as sex and age. In this  
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42 study, the average age of the workers was 33.5±8.7 years, but there was no significant association  
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44 between age and HFNIHL prevalence (overall weighted OR=0.81). Meanwhile, sex was a risk  
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46 factor for HFNIHL, with its prevalence being significantly higher in men than in women. These  
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48 findings are consistent with those of other studies. Most cases of occupational NID in developed  
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50 areas of China occurred in young adults, with an average age of 40 years.[39, 40] Some studies  
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52 also showed that the prevalence of NIHL in workers with high noise exposure was significantly  
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54 higher in men than in women, and the workers with NIHL comprised young and middle-aged  
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4 people.[41-43] The lack of relationship between age and NIHL in this study could be attributed to  
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6 the fact that the hearing threshold was already adjusted for age; this finding agrees with those of  
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8 other reports.[39, 44]  
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11 In this review, the average duration of noise exposure among Chinese workers was  $9.9 \pm 8.4$   
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13 years, which could be a significant contributing factor to the prevalence of high-frequency hearing  
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15 loss (overall weighted OR=1.75). NIHL can result from the cumulative effects of increased  
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17 durations and levels of exposure. High noise levels can damage the outer hair cells, but with  
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19 continuous noise exposure, the damage can extend to the inner hair cells, supporting cells,  
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21 cochlear vascularis, and spiral ganglion cells.[40] Results of previous studies have shown that the  
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23 general prevalence of NIHL increased with exposure duration, with the disease developing rapidly  
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25 during the first 10 years of exposure, reaching a peak in 10-15 years, and then entering a plateau  
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27 after 15 years.[45, 46, 112]  
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35 This study also showed that exposure to complex noise among workers led to a greater risk of  
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37 hearing loss than exposure to Gaussian noise did. The kurtosis for the complex noise group was  
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39 higher than that for the Gaussian noise group, and there were no significant differences in noise  
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41 energy levels between both groups. The overall weighted OR for complex noise was 2.88. These  
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43 findings indicate that the temporal structure of complex noise was a new determinant for NIHL.  
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45 Animal experiments have shown that complex noise was more destructive to the hearing of  
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47 chinchillas than Gaussian noise, and these studies have recommended that the kurtosis reflecting  
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49 the temporal structure of complex noise is a good parameter for classifying the effects of complex  
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51 noise vs. Gaussian noise.[15, 16] Several epidemiological studies have also demonstrated that  
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53 exposure to complex noise could lead to greater hearing loss than exposure to Gaussian noise and  
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4 that the standard noise limit recommended by ISO-1999 was not within the safe threshold.[47, 48]  
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6 A typical impulse noise was also reported to cause more hearing damage than continuous  
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8 noise.[49] Moreover, cross-sectional studies considered the kurtosis metric combined with noise  
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10 energy as a good parameter for determining and preventing the hazards to hearing posed by  
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12 industrial environments with high noise levels.[50-52]  
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17 In addition to noise, other occupational hazards might affect the hearing of workers. This  
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19 study showed that combined exposure to noise and specific chemicals (e.g., organic solvents,  
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21 welding fumes, carbon monoxide, and hydrogen sulfide) aggravated hearing loss (overall  
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23 weighted OR=2.36). The combined effects might be related to auditory neurotoxicity induced by  
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25 these chemicals. Animal experiments have demonstrated that solvents such as toluene, styrene,  
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27 xylene, and ethyl benzene could affect the auditory function through their toxic action on the  
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29 organ of Corti, the auditory pathways, and the middle-ear reflex.[53] Li et al. reported that styrene  
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31 might have an effect on the auditory system, and the combined effects of toluene, xylene, and  
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33 noise could lead to a significant increase in the hearing threshold.[54] Campo et al. found that the  
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35 temporal structure of noise was able to modify the ototoxicity of styrene in experimental animals  
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37 and a moderate level of styrene enhanced the cochlear damage caused by impulse noise. A pilot  
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39 study showed that workers exposed to non-Gaussian noise and solvents presented a significantly  
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41 worse hearing threshold than those exposed only to non-Gaussian noise.[55] A meta-analysis also  
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43 showed that among 7,530 industrial workers, those exposed to both noise and organic solvents had  
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45 a significantly greater risk of hearing loss than those exposed to noise alone.[56] Furthermore, as  
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47 previously mentioned, several epidemiological studies have shown that exposure to various  
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49 organic solvents was associated with an excessive risk of developing hearing loss, with or without  
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4 concurrent noise exposure, in humans.[57-59]  
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7 This study has several limitations. The number of Chinese studies focusing on SFNIHL and  
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9 deafness was limited, resulting in an insufficient sample in these categories. There was also a lack  
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11 of well-designed prospective studies on noise, which made it impossible to determine the  
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13 incidence of NIHL in China. Moreover, only four cohort studies, with 2,999 subjects, were  
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15 included in this study.  
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## 22 **CONCLUSIONS**

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24 Based on the above findings, the following conclusions could be drawn: (1) In China, a large  
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26 proportion of the population exposed to occupational noise comprised young male manufacturing  
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28 workers, and the average duration of exposure to harmful noise levels was >9.0 years. The general  
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30 prevalence of occupational NIHL in China was 21.3%, and among the types of NIHL, HFNIHL  
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32 had the highest prevalence. (2) The prevalence of HFNIHL increased with higher noise levels and  
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34 higher duration of exposure and was affected by individual factors such as age and sex. (3)  
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36 Exposure to complex noise and co-exposure to noise and specific chemicals could increase the  
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38 risk of occupational NIHL. (4) Finally, the high prevalence of occupational NIHL in China was  
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40 related to the wide distribution of noise in different industries as well as high-level and long-term  
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42 noise exposure.  
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50 Our findings suggest the need for additional efforts to reduce noise exposure among Chinese  
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52 workers, which are made possible by carrying out industrial noise monitoring and risk assessment  
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54 of hearing loss, further strengthening the implementation of hearing protection programs for  
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56 workers, and conducting well-designed epidemiological studies on industrial noise, complex  
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4 noise, and co-exposure to noise and chemicals.  
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56  
57  
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**REFERENCES**

- 1 World Health Organization. Program of prevention of blindness and deafness.  
2  
3  
4  
5  
6  
7  
8  
9 <http://www.who.int/pbd/deafness/estimates/en/>  
10  
11  
12 2 Oishi N, Schacht J. Emerging treatments for noise-induced hearing loss. *Expert Opin Emerg*  
13  
14 *Drugs* 2011;16:235–45.  
15  
16  
17 3 Beyan A C, Demiral Y, Cimrin A H, et al. Call centers and noise-induced hearing loss. *Noise*  
18  
19 *Hearing* 2016;18:113-116.  
20  
21  
22 4 Konings A, Van Laer L, Van Camp G. Genetic studies on noise-induced hearing loss: a review.  
23  
24  
25 *Ear Hear* 2009;30:151-159.  
26  
27  
28 5 Soltanzadeh A , Ebrahimi H , Fallahi M , et al. Noise induced hearing loss in Iran: (1997-2012):  
29  
30 systematic review article. *Iranian Journal of Public Health* 2014;43(12):1605-1615.  
31  
32  
33 6 National Institute for Occupational Safety and Health (NIOSH). Noise and hearing loss  
34  
35 prevention. 2013;<http://www.cdc.gov/niosh/topics/noise/>  
36  
37  
38 7 Meyer, J. D . Surveillance for work-related hearing loss in the UK: OSSA and OPRA  
39  
40 1997-2000. *Occupational Medicine* 2002;52:75-79.  
41  
42  
43 8 Lie A , Skogstad M , Johnsen T S , et al. The prevalence of notched audiograms in a  
44  
45 cross-sectional study of 12,055 railway workers. *Ear and Hearing* 2014;36:e86.  
46  
47  
48 9 YL Chen, MB Zhang, W Qiu, et al. Prevalence and determinants of noise-induced hearing  
49  
50 loss among workers in the automotive industry in China: A pilot study. *Journal of Occupational*  
51  
52 *Health* 2019:1-11.  
53  
54  
55 10 Chen J, Cai RD, Xiang LJ, et al. Research progress on the related influencing factors of  
56  
57 noise-induced hearing impairment. *Chinese Occupational Medicine* 2017;44:235–8.  
58  
59  
60

1  
2  
3  
4 11 Department of Planning, Development and Information Technology. Statistical bulletin on  
5  
6 health development in China in 2018.

7  
8  
9 <http://www.nhc.gov.cn/guihuaxxs/s10748/201905/9b8d52727cf346049de8acce25ffc0bd0.shtml> (5  
10  
11 Jun 2019)

12  
13  
14 12 Li YH, Jiao J, Yu SF. Research status of influencing factors of noise-induced hearing loss.  
15  
16 *China Journal of Occupational Diseases* 2014;32:469–73.

17  
18  
19 13 Fuente A , Hickson L . Noise-induced hearing loss in Asia. *International Journal of Audiology*  
20  
21 2011;50:S3-S10.

22  
23  
24 14 Nandi S S , Dhattrak S V . Occupational noise-induced hearing loss in India. *Indian journal of*  
25  
26 *occupational and environmental medicine* 2008;12:53-56.

27  
28  
29 15 Hamernik R P, Qiu W. Energy-independent factors influencing noise-induced hearing loss in  
30  
31 the chinchilla model. *Journal of the Acoustical Society of America* 2001;110:3163.

32  
33  
34 16 Suter A. Occupational hearing loss from non-Gaussian Noise. *Seminars in Hearing*  
35  
36 2017;38:225-262.

37  
38  
39 17 International Organization for Standardization (ISO). Acoustics-Determination of Occupational  
40  
41 Noise Exposure and Estimation of Noise-Induced Hearing Impairment. 2nd ed. Geneva,  
42  
43 Switzerland: International Organization for Standardization [1990] No. ISO 1999.

44  
45  
46 18 International Organization for Standardization (ISO). Acoustics-Estimation of Noise-Induced  
47  
48 Hearing Loss. 3rd ed. Geneva, Switzerland: International Organization for Standardization [2013]  
49  
50 ISO/TC 43-Acoustics, 2013-10-01.

51  
52  
53 19 Ministry of Health. People's Republic of China National Occupational Health GBZ/T  
54  
55 189-2007. China: MOH 2007.

1  
2  
3  
4 20 State Administration of Work Safety of the People's Republic of China. People's Republic of  
5  
6 China Safety Industry Standard: Guidelines for Occupational Disease Inductive Risk Management  
7  
8 of Noise AQ/T 4276. 2016.  
9

10  
11 21 UK Stationery Office. The Control of Noise at Work Regulations [2015]  
12

13  
14 22 Goley G S, Song W J, Kim J H. Kurtosis corrected sound pressure level as a noise metric for  
15  
16 risk assessment of occupational noises. *The Journal of the Acoustical Society of America*  
17  
18 2011;129:1475-1481.  
19

20  
21 23 Qiu W, Zhang MB, Xu WC, et al. Application of kurtosis in assessing hearing loss caused by  
22  
23 complex noise. *Journal of Chinese Ear Science* 2016:701-7.  
24

25  
26 24 Turcot A , Girard S A , Courteau M , et al. Noise-induced hearing loss and combined noise and  
27  
28 vibration exposure. *Occup Med* 2015;16:238-244.  
29

30  
31 25 Yang H Y , Shie R H , Chen P C . Hearing loss in workers exposed to epoxy adhesives and  
32  
33 noise: A cross-sectional study. *BMJ Open* 2016;6:e010533.  
34

35  
36 26 Hormozi M , Ansari-Moghaddam A , Mirzaei R , et al. The risk of hearing loss associated with  
37  
38 occupational exposure to organic solvents mixture with and without concurrent noise exposure: A  
39  
40 systematic review and meta-analysis. *International Journal of Occupational Medicine and*  
41  
42 *Environmental Health* 2017;30:521-535.  
43  
44

45  
46 27 Estill C F , Rice C H , Morata T , et al. Noise and neurotoxic chemical exposure relationship to  
47  
48 workplace traumatic injuries: A review. *Journal of Safety Research* 2017; 60:35-42.  
49

50  
51 28 Ministry of Health. Diagnosis of Occupational Noise Deafness GBZ 49-2014. China: MOH  
52  
53 2014.  
54

55  
56 29 Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery: a systematic review and  
57  
58  
59  
60

1  
2  
3  
4 meta-analysis. *JAMA* 2004;292:1724–37.

5  
6 30 Yu SF, Chen GS, Jiao J, et al. A cohort study on occupational noise induced hearing loss in  
7  
8 workers at an iron and steel plant. *Zhonghua Yu Fang Yi Xue Za Zhi* 2017;51:13–9.

9  
10  
11 31 Yongbing S , Martin W H . Noise induced hearing loss in China: a potentially costly public  
12  
13 health issue. *Journal of Otology* 2013;8:51-56.

14  
15  
16 32 Soltanzadeh A , Ebrahimi H , Fallahi M , et al. Noise induced hearing loss in Iran:  
17  
18 (1997-2012): systematic review article. *Iranian Journal of Public Health* 2014;43:1605-1615.

19  
20  
21 33 National Institute for Occupational Safety and Health (NIOSH). Noise and hearing loss  
22  
23 prevention: facts and statistics. <http://www.cdc.gov/niosh/topics/noise/stats.html>.

24  
25  
26 34 Stucken E Z , Hong R S . Noise-induced hearing loss: an occupational medicine perspective.  
27  
28  
29 *Current Opinion in Otolaryngology & Head & Neck Surgery* 2014;22:388-393.

30  
31  
32 35 Kim K S . Occupational hearing loss in Korea. *Journal of Korean Medical Science*  
33  
34 2010:S62-69.

35  
36  
37 36 Masterson E A , Deddens J A , Themann C L , et al. Trends in worker hearing loss by industry  
38  
39 sector, 1981-2010. *American Journal of Industrial Medicine* 2015;58:392-401.

40  
41  
42 37 Shargorodsky, Josef. Change in prevalence of hearing loss in US adolescents. *JAMA*  
43  
44 2010;304:772.

45  
46  
47 38 Rubak T , Kock S A , Koefoed-Nielsen B , et al. The risk of noise-induced hearing loss in the  
48  
49 Danish workforce. *Noise & Health* 2006;8:80-87.

50  
51  
52 39 Chen WX, Huang YL, Xie YQ, et al. Investigation and analysis of noise hazards in Foshan city  
53  
54 from 2007 to 2016. *Industrial Hygiene and Occupational Diseases* 2019:132–3.

55  
56  
57 40 Zhu W, Ding B, Sheng H, et al. Occupational noise-induced deafness diagnosis analysis in  
58  
59  
60

1  
2  
3  
4 Jiangsu from 2006 to 2009. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2015;33:671-3.

5  
6 41 Seixas N S , Neitzel R , Stover B , et al. 10-year prospective study of noise exposure and  
7  
8 hearing damage among construction workers. *Occupational and Environmental Medicine*  
9  
10 2012;69:643-650.  
11

12  
13  
14 42 Lie A , Skogstad M , Johnsen T S , et al. A cross-sectional study of hearing thresholds among  
15  
16 4627 Norwegian train and track maintenance workers. *BMJ Open* 2014;4:e005529.  
17

18  
19 43 Lie A , Skogstad M , Johannessen H A , et al. Occupational noise exposure and hearing: a  
20  
21 systematic review. *International Archives of Occupational and Environmental Health*  
22  
23 2016;89:351-372.  
24

25  
26  
27 44 Samant Y , Parker D , Wergeland E , et al. The Norwegian labour inspectorate's registry for  
28  
29 work-related diseases: data from 2006. *International Journal of Occupational & Environmental*  
30  
31 *Health* 2008;14:272-279.  
32

33  
34  
35 45 Bauer P , Karl Körpert, Neuberger M , et al. Risk factors for hearing loss at different  
36  
37 frequencies in a population of 47 388 noise exposed workers. *Journal of the Acoustical Society of*  
38  
39 *America* 1998;90:3086.  
40

41  
42  
43 46 Chen TJ , Chiang HC , Chen SS . Effects of aircraft noise on hearing and auditory pathway  
44  
45 function of airport employees. *Journal of occupational medicine* 1992;34:613-619.  
46

47  
48 47 SEIXAS, N. Alternative metrics for noise exposure among construction workers. *Annals of*  
49  
50 *Occupational Hygiene* 2005;49:493-502.  
51

52  
53 48 Seixas N S , Neitzel R , Stover B , et al. 10-Year prospective study of noise exposure and  
54  
55 hearing damage among construction workers. *Occupational and Environmental Medicine*  
56  
57 2012;69:643-650.  
58  
59  
60



- 1  
2  
3  
4 49 Clifford RE, Rogers RA . Impulse Noise: Theoretical solutions to the quandary of cochlear  
5  
6 protection. *The Annals of Otolaryngology, Rhinology & Laryngology* 2009;118:417-427.  
7  
8  
9 50 Davis R , Qiu W , Heyer N , et al. The use of the kurtosis metric in the evaluation of  
10  
11 occupational hearing loss in workers in China: implications for hearing risk assessment. *Noise and*  
12  
13 *Health* 2012;14:330-342.  
14  
15  
16 51 Davis R I , Qiu W , Hamernik R P . Role of the kurtosis statistic in evaluating complex noise  
17  
18 exposures for the protection of hearing. *Ear and Hearing* 2009;30:628-634.  
19  
20  
21 52 Wei Q , Meibian Z , Weichao X U , et al. The application of the kurtosis metric in evaluating  
22  
23 hearing trauma from complex noise exposures. *Chinese Journal of Otolaryngology* 2016.  
24  
25  
26 53 Ludivine, Wathier, Thomas, et al. Membrane fluidity does not explain how solvents act on the  
27  
28 middle-ear reflex. *NeuroToxicology* 2016:13-21.  
29  
30  
31 54 Zhang M, Xu P, Gu Q. Research progress on ototoxicity and hearing loss effects of organic  
32  
33 solvents. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2016;34:873-7.  
34  
35  
36 55 Adrian, Qiu, et al. Use of the kurtosis statistic in an evaluation of the effects of noise and  
37  
38 solvent exposures on the hearing thresholds of workers: An exploratory study. *The Journal of the*  
39  
40 *Acoustical Society of America* 2018;143:1704-1710.  
41  
42  
43 56 Hormozi M , Ansari-Moghaddam A , Mirzaei R , et al. The risk of hearing loss associated with  
44  
45 occupational exposure to organic solvents mixture with and without concurrent noise exposure: A  
46  
47 systematic review and meta-analysis. *International Journal of Occupational Medicine and*  
48  
49 *Environmental Health* 2017;30:521-535.  
50  
51  
52 57 Campo P , Morata T C , Hong O S . Chemical exposure and hearing loss. *Disease-a-Month*  
53  
54  
55  
56  
57  
58  
59  
60

- 1  
2  
3  
4 58 Unlu I , Kesici G G , Basturk A , et al. A comparison of the effects of solvent and noise  
5  
6 exposure on hearing, together and separately. *Noise and Health* 2014;16:410-415.  
7  
8  
9 59 Kim J , Park H , Ha E . Combined effects of noise and mixed solvents exposure on the hearing  
10  
11 function among workers in the aviation industry. *Industrial health* 2004;43:567-73.  
12  
13  
14 60 Jing QS, Zang J, Wang CL. Hearing examination results of drilling workers in an oil field from  
15  
16 2006 to 2010. *Occupation and Health* 2012;28:19–21.  
17  
18  
19 61 Xu T, Ding WQ, Song Y, et al. Investigation on the hearing impairment of noise-exposed  
20  
21 workers in an enterprise. *Sichuan Medical Science* 2014;35:509–12.  
22  
23  
24 62 He XL, Li FH, Xia AL, et al. Investigation on hearing loss of noise-exposed workers in an  
25  
26 automobile manufacturing company. *China Journal of Industrial Medicine* 2017;30:40–2.  
27  
28  
29 63 Liu XX, Guo ZP, Huang GX, et al. A comparative study on hearing damage caused by  
30  
31 Gaussian and non-Gaussian noise in workers. *Occupational Health and Emergency Rescue*  
32  
33 2010;28:87–90.  
34  
35  
36  
37 64 Xie HW, Zhang MB, Quan CJ. Relationship between cumulative exposure to non-Gaussian  
38  
39 noise and hearing loss. *Environmental and Occupational Medicine* 2014;26:340–8.  
40  
41  
42  
43 65 Zheng JR, Wan WX, Zhao YM, et, al. Study on the effect of impulse noise in mechanical  
44  
45 industry on hearing of workers. *Chinese Journal of Industrial Medicine* 1997;10:19–20.  
46  
47  
48 66 Zhang J. Effects of pulse and Gaussian-state noise on hearing and cardiovascular system of  
49  
50 workers. *Occupation and Health* 2010;26.  
51  
52  
53 67 Zhao YM , Qiu W , Zeng L , et al. Application of the kurtosis statistic to the evaluation of the  
54  
55 risk of hearing loss in workers exposed to high-level complex noise. *Ear and Hearing*  
56  
57 2010;31:527-532.  
58  
59  
60

- 1  
2  
3  
4 68 Xie HW , Qiu W , Heyer NJ , et al. The use of the kurtosis - adjusted cumulative noise  
5  
6 exposure metric in evaluating the hearing loss risk for complex noise. *Ear and Hearing*  
7  
8  
9 2015;37:1-23.  
10  
11 69 Zhang GY, Tang ZF, Yao YP. A comparative study of high-frequency hearing impairment  
12  
13 caused by noise from punching machine and steady state noise in workers. *China Journal of*  
14  
15  
16  
17 *Occupational Health* 2012;30:356–8.  
18  
19 70 Zhang JX, Xu SH, Ye XG, et al. Analysis of hearing loss and related factors in noise-exposed  
20  
21 workers in tire manufacturing industry. *Chinese Occupational Medicine* 2018;45:143–6.  
22  
23  
24 71 Song J, Ma J. Effects of smoking on noise-induced hearing loss. *Modern Preventive Medicine*  
25  
26  
27 2008;35:4572–3.  
28  
29 72 Chen XX, Li JY, Su SS. Investigation on hearing impairment of workers under combined  
30  
31 effects of welding smoke and noise. *Chinese Journal of Occupational Medicine* 2009;36:87–8.  
32  
33  
34 73 Xiong YJ. Effects of n-hexane combined with noise on hearing loss. *Modern Preventive*  
35  
36  
37 *Medicine* 2014;41:2724–6.  
38  
39 74 Wu QF, Li C, Liang XY, et al. Effects of noise combined with high temperature and hydrogen  
40  
41 sulfide on hearing impairment. *Occupational Health and Emergency Rescue* 2012;30:16–8.  
42  
43  
44 75 Wu L, Zhu ZC, Ye LF, et al. Effects of welding dust and noise on hearing loss in workers.  
45  
46  
47  
48 *China Public Health* 2009;25:75–6.  
49  
50 76 Wang GM, Chen XM, Wang XL. Effects of combined noise and carbon monoxide on hearing.  
51  
52  
53 *Journal of Medical Animal Control* 2006;22:697–8.  
54  
55 77 Zhang M, Wang Y, Wang Q, et al. Ethylbenzene-induced hearing loss, neurobehavioral  
56  
57  
58 function, and neurotransmitter alterations in petrochemical workers. *Journal of Occupational and*  
59  
60

1  
2  
3  
4 *Environmental Medicine* 2013;55:1001–6.

5  
6 78 Hu MS, Yang J, Jin HB, et al. A sampling survey on the hearing status of civil aviation air  
7  
8 traffic controllers. *Chinese Journal of Otolaryngology, Head and Neck Surgery* 2018;25:131–5.

9  
10 79 Rong X, Wu LX, Hu D, et al. Analysis on hearing loss of 2045 locomotive drivers.  
11  
12  
13  
14 *Environmental and Occupational Medicine* 2016;33:319–24.

15  
16 80 Ge SS, Zheng GL, Cai WR, et al. An analysis on the hearing loss of seafarers caused by noisy  
17  
18 environment. *Chinese Journal of Marine Medicine and Hyperbaric Medicine* 2014;21:105–8.

19  
20 81 Xu TG, Zhao ZR. Survey of warship noise and its effect on hearing loss of naval officers.  
21  
22  
23  
24 *Journal of Naval Medical College of China* 1997:213–5.

25  
26 82 Peng Y, Fan C, Hu L, et al. Tunnel driving occupational environment and hearing loss in train  
27  
28 drivers in China. *Occupational and Environmental Medicine* 2019;;76:97-104.

29  
30 83 Zhang HC, Yue PP. Hearing loss in blasting, tunneling and mining workers in a mining  
31  
32  
33  
34 enterprise. *Occupation and Health* 2013;29:3076–9.

35  
36 84 Yuan JW, Cao SQ, Feng Q. Effects of oil field noise on workers' hearing and  
37  
38  
39  
40 electrocardiogram. *China Journal of Industrial Medicine* 2001;14:116–7.

41  
42 85 Zhao JF, Xu QX, Li HM. Analysis of hearing test results of noise-exposed workers in a coal  
43  
44  
45  
46 mine of a city. *Occupational Health and Emergency Rescue* 2016;34:394–5.

47  
48 86 Zhang G, Tang Z, Yao Y, et al. Investigation of noise hazards and hearing status of workers in  
49  
50  
51  
52 outdoor quarries. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2014;32:597–9.

53  
54 87 Chen M, Lin MZ, Chen YQ, et al. Analysis of physical examination data of workers in a noisy  
55  
56  
57  
58  
59  
60 work site of a machinery factory in Huli district, Xiamen city. *Occupation and Health*  
2013;29:3282–4.

- 1  
2  
3  
4 88 Gao T, Wu XN. Investigation on noise exposure and hearing loss of steel rolling workers in a  
5  
6 steel company. *Chinese Medicine and Clinic* 2010;10:1017–9.  
7  
8  
9 89 Gao WW, Xia GH, Ji K, et al. Epidemiological investigation on occupational noise and hearing  
10  
11 loss in Beilun district, Ningbo city. *Zhejiang Medical Science* 2011;33:1727–8.  
12  
13  
14 90 Gao Y, Huang QF, Guo JJ, et al. Hearing loss and risk factors of workers exposed to noise in a  
15  
16 toy factory. *Occupation and Health* 2017;33:1172–4.  
17  
18  
19 91 Jiao Y, Fan SH. Analysis on pure tone audiometry results of 520 Exposures of workers  
20  
21 exposed to noise. *Chinese Practical Medicine* 2014:268–9.  
22  
23  
24 92 Li CF, He Y, Li DL, et al. Survey report on noise classification and health status of workers in  
25  
26 Xifei Company. *Journal of Aerospace Medicine* 2002;13:47–8.  
27  
28  
29 93 Lin L, Liu Q, Wang JY, et al. Epidemiological study on occupational noise and hearing loss in  
30  
31 Longgang district, Shenzhen. *Occupation and Health* 2008;24:511–3.  
32  
33  
34 94 Liu F, Song WM. Analysis of hearing exposure results of noise-exposed workers in an oxygen  
35  
36 plant. *Chinese department of otolaryngology, head and neck surgery* 2010;17:653–5.  
37  
38  
39 95 Lv SQ, Shao LH, Wang JX, et al. Dose-response relationship between noise exposure and the  
40  
41 prevalence of hearing loss in male aircraft maintenance workers. *Chinese Journal of Industrial*  
42  
43 *Medicine* 2003:277–9.  
44  
45  
46 96 Wang JY, Xiao QH, Xia Y, et al. Discussion on the relationship between cumulative noise  
47  
48 exposure and noise-induced hearing loss. *Occupational Health and Emergency Rescue*  
49  
50 2009;27:131–3.  
51  
52  
53 97 Wang RL, Zhao YM. Investigation on the working age and hearing loss of workers in a textile  
54  
55 factory. *Capital Public Health* 2015;9:207–9.  
56  
57  
58  
59  
60

- 1  
2  
3  
4 98 Yan XK, Dai P, Xue XJ, et al. Investigation on hearing loss of tank soldiers. *People's Army*  
5  
6  
7 *Doctor* 2008;51:202-4.  
8  
9 99 Yan YL, Tan HY, He XX. Investigation and prediction of hearing loss in 528 subjects exposed  
10  
11 to non-Gaussian noise. *Chinese Journal of Occupational Medicine* 1993:73-4.  
12  
13  
14 100 Guo Y, Han SQ, Xu YH. Investigation on the relationship between hearing loss, length of  
15  
16 service and cumulative noise exposure of workers exposed to noise in a textile factory.  
17  
18  
19 *Contemporary Chinese Medicine* 2012;19:150-4.  
20  
21  
22 101 Nie W, Hu WJ. Survey on noise hazard of shipbuilding enterprises. *Chinese Journal of*  
23  
24 *Industrial Medicine* 2016:167-70.  
25  
26  
27 102 Wang LY, Dong HL, Zhang W. Investigation on noise hazard in cotton textile industry.  
28  
29  
30 *Chinese Journal of Industrial Medicine* 2003:364-5.  
31  
32  
33 103 Zhang XH, Zhu YM, Xia YY. Dose-response relationship between hearing loss and noise  
34  
35 exposure in Gaussian noise-exposed workers. *Chinese Journal of Industrial Medicine*  
36  
37 2001;14:72-4.  
38  
39  
40 104 Ni CH, Chen ZY, Zhou Y, et al. Associations of blood pressure and arterial compliance with  
41  
42 occupational noise exposure in female workers of textile mill. *Chin Med J* 2007;120:1309-13.  
43  
44  
45 105 Xie HW, Tang SC, Zhou LF, et al. Relationship between cumulative exposure to  
46  
47 non-Gaussian noise and hearing loss. *Environmental and Occupational Medicine* 2015;32:56-60.  
48  
49  
50 106 Chen YL, Zhang MB, Qiu W, et al. Prevalence and determinants of noise - induced hearing  
51  
52 loss among workers in the automotive industry in China: a pilot study. *Journal of Occupational*  
53  
54 *Health* 2019;18:1-11.  
55  
56  
57 107 Ning K, Liu C, Li D, et al. Relationship between hearing loss and length of service.  
58  
59  
60

1  
2  
3  
4 *Occupation and Health* 2011;27:1245–7.

5  
6 108 Xu SC. Investigation on the effect of pulse noise on hearing injury of workers in forging  
7  
8 industry. *Shanghai Preventive Medicine* 1999;11:553–4.

9  
10  
11 109 Liu XX, Guo ZP, He J, et al. Dose-response relationship of individual noise protection in  
12  
13 occupational exposure population. *Chinese Journal of Occupational Medicine* 2008;35:477–9.

14  
15  
16 110 Peng LH, Zheng JR, Xu ZG. Dose-response relationship between cumulative noise exposure  
17  
18 and hearing impairment. *Public Health and Preventive Medicine* 2005;16:58–9.

19  
20  
21 111 Huang WX, Wu GJ. Investigation on the influence of noise in sawmill workshop of an  
22  
23 electronics factory on the five senses of workers. *Occupation and Health* 2004;20:1–2.

24  
25  
26 112 Li YQ, Shao RQ. Research on the hazard of production noise in a steel pipe manufacturing  
27  
28 enterprise. *Zhejiang Journal of Preventive Medicine* 2015;27:298–9.

29  
30  
31 113 Chen L, Guo QH. Analysis of high-frequency noise-induced hearing loss of workers in a tire  
32  
33 factory. *Occupational Health and Emergency Rescue* 2018;36:305–7.

34  
35  
36 114 Bao EB, Su YW, Xue CH, et al. Analysis of influencing factors of hearing loss in  
37  
38 noise-exposed workers in an automobile manufacturing enterprise. *Occupational Health and*  
39  
40 *Emergency Rescue* 2019;37:122–5.

41  
42  
43 115 You XD, Hu SQ, Zhang YJ. Epidemiological investigation of noise-induced deafness among  
44  
45 textile workers in Nantong city. *Traffic Medicine* 2013;27:38–40.

46  
47  
48 116 Chen LJ. Relationship between noise exposure and high frequency hearing loss in bottled  
49  
50 beverage. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2017;35:286–8.

51  
52  
53 117 Zhang HY, Hua RY, Gao N, et al. Noise hazard and health status of workers in metal  
54  
55 processing enterprises in Qinhuangdao city. *Occupation and Health* 2018;34:3155–7.

1  
2  
3  
4 118 Zhou P, Lu CH, Yin SW, et al. Effect of noise on welders' hearing. *Occupational Health and*  
5  
6  
7 *Emergency Rescue* 2015;33:343–5.

8  
9 119 Wang LC, Wei YZ, Shan YL, et al. Effects of unsteady noise on hearing of steel rolling  
10  
11  
12 workers. *Journal of China Metallurgical Industry and Medicine* 2007;24:612–3.

13  
14 120 Qian HY, Ge QJ, Xie S, et al. Noise hazard of welding workers in Zhenjiang city and its  
15  
16  
17 influencing factors. *Occupation and Health* 2015;31:2914–7.

18  
19 121 Luo Y, Zhou LF, Chen J, et al. A survey on the hearing condition of workers working in noise  
20  
21  
22 environment in a petrochemical plant. *Journal of Audiology and Speech Disorders* 2013;21:532–

23  
24  
25 4.

26  
27 122 Pan LN, Wu XH, Feng XL. A survey on the effect of ship noise on crew's hearing. *Chinese*  
28  
29  
30 *Journal of Occupational Medicine* 2009:351–3.

31  
32 123 Yang F, Liu Z, Zhou Y. Investigation on the influence of ship noise on crew's hearing.  
33  
34  
35 *Chinese Occupational Medicine* 2015:1537–40.

36  
37 124 Yu RM, Zhao HM, Li X, et al. Investigation on noise pollution in military canteen and its  
38  
39  
40 effect on the hearing of cooking personnel. *North China National Defense Medicine* 2010;22:578–

41  
42  
43 80.

44  
45 125 Zu AH, Cui C, Wang X, et al. Investigation on the effect of industrial impulse noise on the  
46  
47  
48 hearing of stamping workers. *International Journal of Medical and Health* 2012;18:429–33.

49  
50 126 Yuan JG, Ji FM, Hao J, et al. Investigation on the influence of production noise in forging  
51  
52  
53 workshop on male workers' hearing. *Industrial Hygiene and Occupational Diseases* 2005;31:413–

54  
55  
56 4.

57  
58 127 Hu JH, He J, Lin B, et al. Investigation and analysis of hearing loss in steel pipe factory  
59  
60



workers exposed to noise. *Chinese Journal of Metallurgical Industry and Medicine* 2005;22:614–

5.

128 Li JM, He J, Huang YM, et al. Analysis of hearing level of workers exposed to mechanical noise. *Chinese Journal of Industrial Medicine* 2018;31:49–51.

129 Wang CY, Wang F, Wu BZ, et al. Epidemiological investigation on hearing loss in home-made gem processors. *Chinese Journal of Industrial Medicine* 2013:201–3.

130 Ni L, Yao Y, Li JC, et al. Analysis of hearing loss in workers exposed to noise in a boiler plant. *Chinese Journal of Industrial Medicine* 2011:16–9.

131 Liu SM, Yao Y, Wu QF, et al. Investigation on hearing loss of workers exposed to noise from a tobacco company. *Chinese Journal of Industrial Medicine* 2010:215–7.

132 Chang S J, Chang C K. Prevalence and risk factors of noise-induced hearing loss among liquefied petroleum gas (LPG) cylinder infusion workers in Taiwan. *Industrial Health* 2009;47:603-610.

133 Liu J, Xu M, Ding L, et al. Prevalence of hypertension and noise-induced hearing loss in Chinese coal miners. *Journal of Thoracic Disease* 2016;8:422-429.

134 Zhang QN, Chen ZF, Zhong MY, et al. Characteristics of hearing loss in noise-exposed workers in electronic technology enterprises. *International Journal of Medicine and Health* 2012;18:424–9.

135 Chen XH, Qiu Y, Li Q, et al. Effects of occupational noise exposure on hearing of workers in a thermal power plant in Guangxi. *Occupation and Health* 2014;30:758–60.

136 Li BW, Li FD, Zhang YG, et al. Investigation of noise induced hearing impairment in boiler workers. *Chinese Journal of Occupational Health* 2003;21:374–5.

- 1  
2  
3  
4 137 Li L, Huang JM, Ji HX, et al. Correlation between cumulative noise exposure and hearing  
5  
6 impairment. *Preventive Medicine Literature Information* 2000;6:105–6.  
7  
8  
9 138 Yang CM, Qiu Y. An investigation and analysis of the effect of impulse noise on hearing and  
10  
11 hearing of working workers. *Chinese Journal of Occupational Medicine* 1999;26:51–2.  
12  
13  
14 139 Fu GY, Zou ZF, Li BL, et al. Effects of steady state noise on hearing in a chemical plant.  
15  
16  
17 *Chinese Journal of Hygiene Engineering* 2007;6:20–2.  
18  
19  
20 140 Liu LF, Wen L. Effects of production noise on workers' health in a machining enterprise.  
21  
22  
23 *Occupation and Health* 2013;29:2133–5.  
24  
25 141 Li M, Li JH, Cao DY, et al. Analysis of high-frequency hearing loss of workers in noise  
26  
27 operation of an artificial gem factory. *Occupational Health and Emergency Rescue* 2006;24:115–  
28  
29  
30 6.  
31  
32  
33 142 Wu JY, Xu XY, Jiang BY. Effects of noise operation on health of female workers in a shoe  
34  
35 factory. *Journal of Preventive Medicine* 2009;15:67–9.  
36  
37  
38 143 Tang JF, Tu XH, Wu J. Investigation on hearing loss of 726 workers in Suining city.  
39  
40  
41 *Occupational Health and Injury* 2018;33:7–9.  
42  
43 144 Tang MZ, Hua MY. Analysis of occupational health examination results of workers exposed  
44  
45 to noise in Wuxi New District. *Zhejiang Preventive Medicine* 2015;27:82–3.  
46  
47  
48 145 Chen YP, Yang JR. Effects of noise on health of female workers. *Occupation and Health*  
49  
50  
51 2003;19:3–5.  
52  
53 146 Xie S, Ge QJ, Li YP, et al. Health status of workers exposed to noise in a paper-making  
54  
55 enterprise of Zhenjiang city. *Occupation and Health* 2013;29:310–31.  
56  
57  
58 147 Lin L, Chen HL, Liu LY, et al. Effects of occupational noise on workers' hearing. *Modern*  
59  
60

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*Preventive Medicine* 2005;32:1234–5.

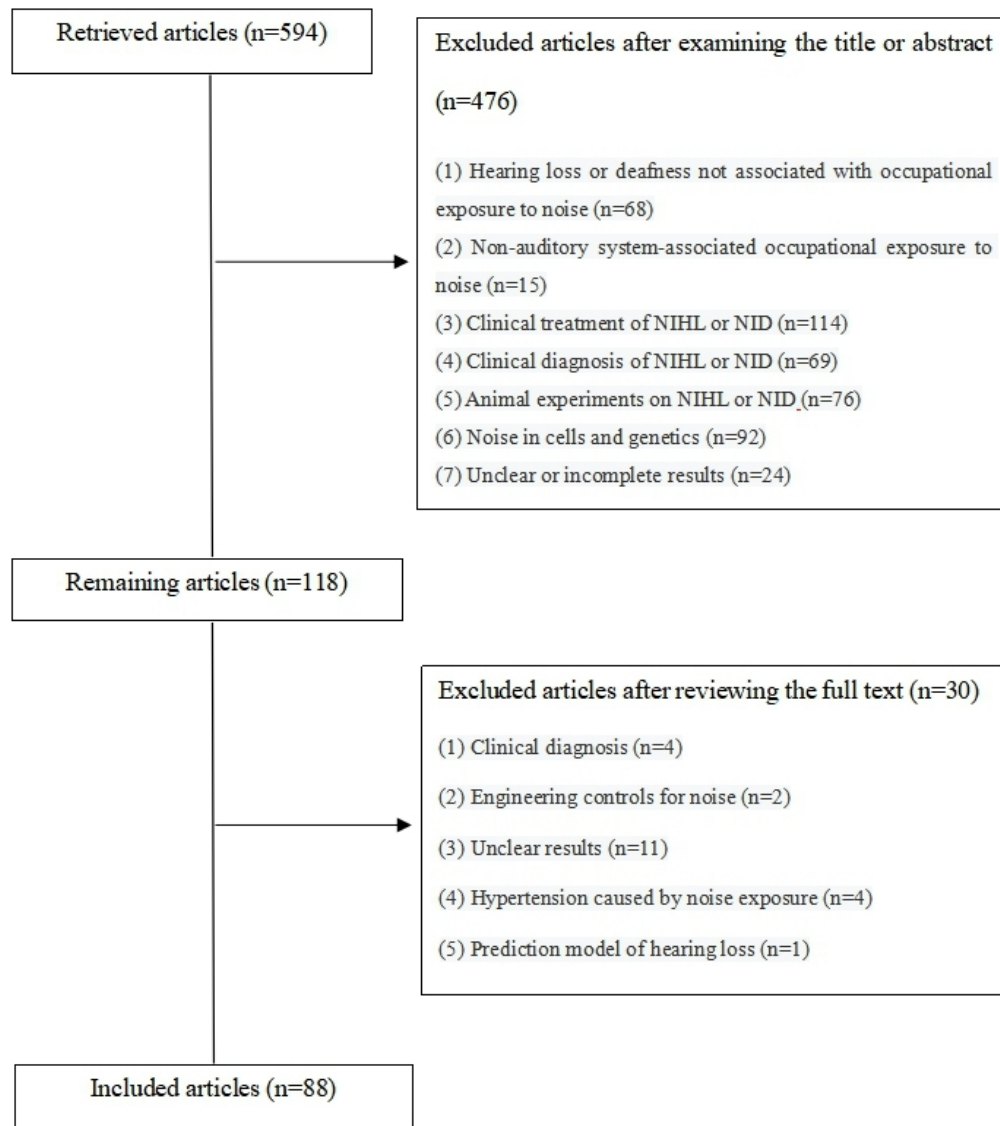
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4 **FIGURE LEGENDS**  
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6 **Figure 1** Flowchart of the selection of articles for meta-analysis. NIHL, noise-induced hearing loss;  
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9 NID, noise-induced deafness.  
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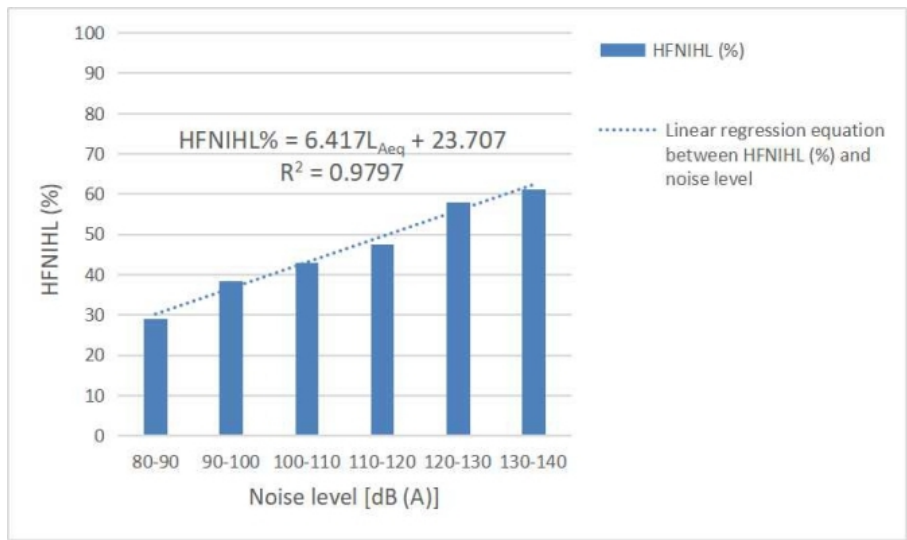
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14 **Figure 2** Linear regression relationships between (a) HFNIHL prevalence and noise level and (b)  
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17 HFNIHL prevalence and exposure duration. HFNIHL, high-frequency noise-induced hearing loss.  
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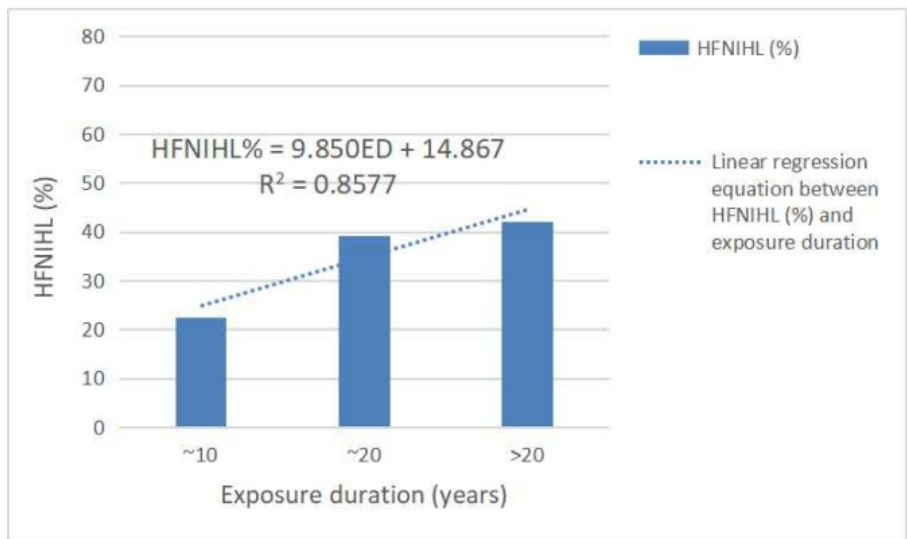


42 Flowchart of the selection of articles for meta-analysis. NIHL, noise-induced hearing loss; NID, noise-induced  
43 deafness

44  
45 144x162mm (120 x 120 DPI)



(a)



(b)

Linear regression relationships between (a) HFNIHL prevalence and noise level and (b) HFNIHL prevalence and exposure duration. HFNIHL, high-frequency noise-induced hearing loss

141x188mm (120 x 120 DPI)

Supplementary material: More than two pages of tables in the article and  
a plethora of other tables

**Appendix**

**Table 1** Prevalence of NIHL among workers in the transportation industry

Author	Type of transportation	Population			Noise level (max) [dB(A)]	NIHL (%)			
		N	Age (years)	Exposure duration (years)		Male (%)	HFNIHL	SFNIHL	NID
Hu[60]	Air	1498	29.7	-	73.0	-	6.1	4	-
Rong[61]	Railway	2045	39.9±6.8	18.0±11.0	100.0	97.1	13.1	-	5.9
Ge[62]	Ship	1000	20.0-60.0	-	100.0	-	15.6	-	-
Xu[63]	Ship	53	17.0-42.0	-	100.0	-	60.4	-	-
Peng[64]	Railway	1214	23.0-58.0	17.7±10.0	100.0	-	10.3	5.8	-
Total	-	5810	17.0-60.0	17.9±10.6	93.0	97.1	11.6	5.6	5.9

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 2** Prevalence of NIHL among workers in the mining industry

Author	Type of mining	Population				Noise level (max) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Zhang[65]	Mining	389	24-53	-	100.0	-	73.5	13.1	-
Yuan[66]	Oil field	211	31.8±8.4	10.6±6.8	100.0	94.0	24.6	5.2	-
Zhao[67]	Coal mining	1137	29.6±2.4	9.2±0.8	100.0	117.0	80.8	-	10.1
Zhang[68]	Mining	508	46.4±8.5	4.1±4.0	-	107.5	40.3	3.1	10.6
Total	-	2245	34.4±9.3	8.0±4.0	100.0	106.2±11.6	65.1	7.0	10.3

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.



**Table 3** Prevalence of noise exposure and NIHL among manufacturing workers

Author	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Chen[69]	Sports equipment	247	34.0±6.5	-	89.9	-	17.0	-	4.9
Gao[70]	Rolling mills	629	40.0±7.0	1-41	83.5	118.0	25.6	-	4.3
Gao[71]	-	1023	17-55	5.1	74.2	95.8	11.3	4.8	-
Gao[72]	Toys	720	31.8±3.7	-	56.4	-	10.4	-	-
Jiao[73]	-	520	21-58	15.2	60.8	101.5	-	-	12.8
Li[74]	Aviation	1197	-	10.2±7.9	-	102.5	43.5	-	-
Lin[75]	-	386	26.6±6.3	3.4±2.3	79.5	89.9	74.1	50.5	-
Liu[76]	Oxygen mills	333	20-59	14.0	68.5	103.0	11.1	3.0	-
Lv[77]	Airport	290	33.4±10.3	14.5±11.2	-	98.8	48.6	6.6	-
Wang[78]	-	512	-	-	-	91.6	81.3	21.3	-
Wang[79]	Textile	1001	38.1±3.0	16.5±4.5	18.7	-	65.1	3.0	-
Yan[80]	Tank	406	18-32	-	100.0	-	34.5	23.2	-
Yan[81]	-	528	-	-	-	115.0	83.7	23.0	-
Guo[82]	Textile	60	25.8±8.4	3.6±3.1	16.7	100.5	28.3	-	-
Nie[83]	Shipbuilding	3260	40.4±8.8	7.7±3.8	90.2	112.1	11.8	3.4	-
Wang[84]	Textile	1156	30.7±5.6	11.9±5.3	-	93.7	33.3	17.3	-
Zhang[85]	Textile	481	18-58	1-33	25.4	98.4	11.9	-	-
Ni[86]	Textile	618	35.8±6.1	10.6±7.6	-	113.5	23.6	0.8	-
Xie[87]	Steel	98	37.0	-	84.7	134.5	61.2	17.3	-
Chen[88]	Automotive	6557	27.0	3.5	96.4	119.1	28.8	-	-
Ning[89]	Manufacturing	1439	20-55	1-5	77.5	100.0	33.6	5.4	-
Xu[90]	Forging	272	33.7	4.2	-	129	26.1	-	-
Liu[91]	Manufacturing	3432	32.7±7.4	3.8±2.5	81.2	92.1±4.9	37.1	3.9	-
Peng[92]	Automotive	706	35.5±7.6	11.1±7.8	65.7	99.3	59.8	9.1	-
Huang[93]	Electronics	172	28.3	4.3	66.3	100.0	36.0	15.1	-
Li[94]	Steel pipes	106	29.8±2.4	7.6	-	89.6±9.7	28.3	-	-
Chen[95]	Tires	953	37.9±8.6	11.8±7.1	90.3	91.2	10.5	-	-

Author	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Bao[96]	Automotive	3411	22.4±3.0	4.3±3.0	100.0	86.9	15.7	-	-
You[97]	Textile	1000	33.1±8.0	11.1±8.2	0.0	90.8±7.6	42.6	-	-
Chen[98]	Bottled drinks	154	29.9±5.5	5.3±3.7	-	89.6	20.8	-	3.3
Zhang[99]	Metal processing	965	27.4±6.5	5.6±2.3	90.6	88.2±3.5	27.5	-	-
Zhou[100]	Welding	924	32.4±7.5	10.0±6.5	94.5	100.7	48.3	11.6	-
Wang[101]	Steel rolling	120	25-55	2-39	-	99.3	75.8	15.0	-
Qian[102]	Welding	980	32.0±7.0	9.6±6.3	91.8	84.1±12.7	33.7	-	-
Total	-	34,656	32.6±8.9	7.9±6.3	81.6	96.2±5.1	30.9	8.5	7.1

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 4** Meta-analysis of cross-sectional studies with references to NIHL among manufacturing workers

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Luo[103]	Exposure	Petrochemicals	908	-	20.1±9.1	-	91.8	38.3	-	0.6	4.78	3.04-7.53
	Control		200	-	23.3±9.0	-	-	11.5	-	-		
Pan[104]	Exposure	Shipbuilding	1000	-	-	-	110.0	69.1	10.9	-	7.16	5.87-8.73
	Control		1000	-	-	-	-	23.8	1.3	-		
Yang[105]	Exposure	Furniture	345	31.6±7.4	15.3±12.2	75.7	-	32.2	-	0.9	3.95	2.21-7.07
	Control		140	43.4±8.2	20.2±10.1	71.4	-	10.7	-	-		
Yu[106]	Exposure	Cooking	116	-	-	-	90.0	15.5	9.5	-	4.59	1.50-14.05
	Control		104	-	-	-	-	3.8	4.8	-		
Zu[107]	Exposure	Metal processing	570	-	2.8±2.9	59.3	96.6	44.0	-	1.8	8.84	5.24-14.91
	Control		208	-	2.6±2.5	54.3	71.1	8.2	-	-		
Yuan[108]	Exposure	Forging	88	36.5±9.4	19.1±8.7	-	109.0	61.4	26.1	-	13.24	5.87-29.86
	Control		84	37.2±8.6	20.3±7.7	-	58.0	10.5	1.2	-		
Hu[109]	Exposure	Tubes	123	32.6±3.9	12.2±2.5	-	109.0	68.3	35.5	-	27.14	10.12-72.79
	Control		68	34.6±4.5	13.2±3.5	-	-	7.4	-	-		
Li[110]	Exposure	Manufacturing	4908	33.7±9.2	-	95.8	115.7	17.3	12.5	-	3.83	2.75-5.33
	Control		753	35.1±10.6	-	96.7	-	5.2	3.3	-		
Wang[111]	Exposure	Gem processing	381	39.4±9.1	10.7±5.1	43.8	102.3	15.8	3.4	-	5.42	1.29-22.79
	Control		60	45.4±10.5	13.4±11.1	35.0	-	3.3	1.7	-		
Ni[112]	Exposure	Boilers	105	42.9±8.5	17.6±11.9	91.4	123.8	58.1	8.6	-	2.05	1.19-3.53
	Control		109	41.8±6.0	18.7±10.3	89.0	82.0	40.4	1.8	-		

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Liu[113]	Exposure	Tobacco	1314	36.7±8.0	17.3±9.6	54.5	82.1	22.1	2.4	-	4.01	1.84-8.72
	Control		106	37.3±6.7	18.4±6.6	56.6	51.5	6.6	0.9	-		
Chang[114]	Exposure	Liquefied	37	46.7±7.6	12.7±7.4	-	79.1±5.1	56.8	-	-	48.56	6.01-392.64
	Control	petroleum gas	38	38.3±5.7	7.3±3.1	-	55.4±4.4	2.6	-	-		
Liu[115]	Exposure	Coal processing	360	43.5±6.4	-	68.1	-	30.8	12.8	-	1.21	0.88-1.66
	Control		378	42.8±6.9	-	65.9	-	27.0	7.4	-		
Zhang[116]	Exposure	Electronics	495	26.3±3.6	5.0±3.0	73.5	86.6±2.6	30.7	14.9	-	3.71	2.14-6.45
	Control		150	26.5±3.7	5.0±3.4	80.0	-	10.7	1.3	-		
Chen[117]	Exposure	Electronics	1012	44.5±6.8	21.5±8.3	74.0	86.9±12.9	14.3	-	-	2.26	1.36-3.76
	Control		261	43.7±8.7	-	75.9	61.3±3.4	6.9	-	-		
Li[118]	Exposure	Boilers	120	32.6±9.7	4.8±2.8	-	108.0	59.2	15.0	-	4.71	1.45-15.30
	Control		17	34.1±9.6	4.2±2.3	-	-	23.5	0.0	-		
Li[119]	Exposure	Manufacturing	170	34.1±10.0	10.5±6.2	-	98.5	24.7	-	-	3.23	1.62-6.42
	Control	in general	130	35.6±8.7	12.1±6.9	-	-	9.2	-	-		
Yang[120]	Exposure	Sheet metals	63	31.3±6.9	7.8±7.1	87.3	125.0	57.1	-	27.0	9.70	4.34-21.67
	Control	-	91	33.5±8.2	9.1±7.5	86.8	-	12.1	-	7.7		
Fu[121]	Exposure	Chemical	153	34.5	9.1	71.2	86.8	44.4	15.7	-	5.37	2.28-12.64
	Control	plants	54	29.5	6.8	55.6	-	13.0	1.9	-		
Liu[122]	Exposure	Mechanical	404	36.2	11.7	97.3	106.4	22.0	-	-	6.43	3.05-13.55
	Control	processing	190	37.2	10.8	67.9	-	4.2	-	-		
Li[123]	Exposure	Gem	890	23.9±3.9	2.7±2.1	96.4	89.2±2.8	34.3	-	-	3.65	2.24-5.95
	Control	processing	160	24.7±4.1	2.9±1.9	96.9	-	12.5	-	-		

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Wu[124]	Exposure	Shoes	320	31.0	8.0	0.0	96.0	17.8	2.8	-	30.13	7.28-124.64
	Control		280	33.0	10.3	0.0	-	0.7	0.4	-		
Tang[125]	Exposure	Manufacturing	726	38.2±8.2	23.0±9.2	-	88.3±16.1	12.5	1.8	3.4	5.08	2.99-8.63
	Control		620	30.6±7.5	16.5±8.4	-	-	2.7	0.6	1.1		
Tang[126]	Exposure	Manufacturing	1200	22-55	9.3±7.1	100.0	85.6±1.9	57.5	-	-	30.86	22.20-42.90
	Control		1000	22-55	9.4±7.0	100.0	43.9±1.0	4.2	-	-		
Chen[127]	Exposure	Textile	294	22.8±5.3	7.2±5.2	0.0	98.0	23.5	3.4	-	7.05	3.73-13.35
	Control		288	23.5±6.2	-	0.0	-	4.2	0.7	-		
Xie[128]	Exposure	Paper industry	1717	31.2±4.8	9.5±4.7	99.4	104.0	22.6	12.3	-	3.13	2.17-4.50
	Control		410	35.8±6.9	10.2±5.8	98.5	73.4	8.5	4.6	-		
Lin[129]	Exposure	Machinery	500	28.8	-	56.0	104.5	19.8	2.6	-	5.63	3.45-9.19
	Control		500	27.2	-	57.6	-	4.2	0.0	-		
Total	Exposure	-	18,319	33.9±9.4	12.6±9.8	81.4	102.2±7.2	28.7	10.0	2.3	5.63	4.03-7.88
	Control		7399	34.9±10.1	12.0±9.1	73.4	63.5±3.8	9.9	2.1	2.0		

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.



# PRISMA 2009 Checklist

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Section/topic	#	Checklist item	Reported on page #
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2, 3
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	5
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	7
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	None
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	None
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	7
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	None
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	7
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	9
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	7



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Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	None
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	8
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$ ) for each meta-analysis.	None

Page 1 of 2

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	None
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	None
<b>RESULTS</b>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	9
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	9-15
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	None
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	9-15
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	16-18
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	None
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	None
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	18-22



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Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	18-22
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	22
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	24

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

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# BMJ Open

## Occupational noise-induced hearing loss in China: a systematic review and meta-analysis

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Secondary Subject Heading:	Occupational and environmental medicine, Public health
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# Occupational noise-induced hearing loss in China: a systematic review and meta-analysis

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Word count (excluding title page, abstract, references, figures, and tables): 3317 words

**ABSTRACT**

**Objective** Most of the Chinese occupational population are becoming at risk of noise-induced hearing loss (NIHL). However, there is a limited number of literature reviews on occupational NIHL in China. This study aimed to analyze the prevalence and characteristics of occupational NIHL in the Chinese population using data from relevant studies.

**Design** Systematic review and meta-analysis.

**Methods** From December 2019 to February 2020, we searched the literature for studies on NIHL in China published in 1993-2019 and analyzed the correlation between NIHL and occupational exposure to noise, including exposure to complex noise and co-exposure to noise and chemicals.

**Results** A total of 71,865 workers aged  $33.5 \pm 8.7$  years were occupationally exposed to  $98.6 \pm 7.2$  dB(A) (A-weighted decibels) noise for a duration of  $9.9 \pm 8.4$  years in the transportation, mining, and typical manufacturing industries. The prevalence of occupational NIHL in China was 21.3%, of which 30.2% was related to high-frequency noise-induced hearing loss (HFNIHL), 9.0% to speech-frequency noise-induced hearing loss (SFNIHL), and 5.8% to noise-induced deafness (NID). Among manufacturing workers, complex noise contributed to greater HFNIHL than Gaussian noise (overall weighted odds ratio [OR]=1.95). Co-exposure to noise and chemicals such as organic solvents, welding fumes, carbon monoxide, and hydrogen sulfide led to greater HFNIHL than noise exposure alone (overall weighted OR=2.36). Male workers were more likely to experience HFNIHL than female workers (overall weighted OR=2.26). Age, noise level, and exposure duration were also risk factors for HFNIHL (overall weighted OR=1.35, 5.63, and 1.75, respectively).

**Conclusions** The high prevalence of occupational NIHL in China was related to the wide

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4 distribution of noise in different industries as well as high-level and long-term noise exposure. The  
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6 prevalence was further aggravated by exposure to complex noise or co-exposure to noise and  
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8 specific chemicals. Additional efforts are needed to reduce occupational noise exposure in China.  
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14 **Keywords** Noise; Occupational exposure; Hearing loss; Workplace; Review  
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**Strengths and limitations of this study**

- The study attempts to address the limited number of literature reviews on occupational noise-induced hearing loss in China.
- A very large sample of workers with harmful exposure to occupational noise were included in the study.
- Our findings could provide a basis for the early prevention and control of occupational noise-induced hearing loss and the implementation of hearing protection programs in China and other developing countries.
- The number of Chinese studies focusing on speech-frequency noise-induced hearing loss and deafness was limited, resulting in an insufficient sample in these categories.
- There were no well-designed prospective studies on noise, and there were insufficient cohort studies on the topic.

## INTRODUCTION

Hearing loss is the most prevalent sensory disability worldwide, and noise-induced hearing loss (NIHL) has been a global public health problem. NIHL is a type of progressive sensorineural hearing loss caused by noise exposure. With the rapid development of industrialization, people are increasingly becoming at risk of NIHL. The World Health Organization estimated that 10% of the global population are exposed to noise pollution, of whom 5.3% experience NIHL.[1-2]

Approximately 16% of adult hearing loss cases are associated with exposure to noise in the workplace.[3] Occupational NIHL is the most prevalent occupational disease worldwide, with >10% of workers in developed countries having NIHL.[4] About 600 million workers are exposed to harmful levels of noise globally.[5] Each year, about 22 million workers are exposed to harmful levels of noise in the United States,[6] while about 1.7 million workers are exposed to >85 dB(A) (A-weighted decibels) of noise in Britain.[7] Occupational noise-induced deafness (NID) accounts for >60% of all occupational diseases reported in Norway.[8] From 2002 to 2005, 16.2%-22.9% of Korean workers were exposed to workplace noise exceeding 85 dB(A), and 4,483 workers had NID.[9] In China, >10 million workers are exposed to harmful noise.[10] In recent years, China has been facing a change in the spectrum of occupational diseases, i.e., NID followed by pneumoconiosis has replaced occupational poisoning as the second most common occupational disease, with an annual increase of 20%.[11] The prevalence of occupational NIHL in China is estimated to be >20%.[12] In some developing countries, workers exposed to noise in the transportation and manufacturing industries account for a high prevalence of NIHL, ranging from 18% to 67%.[13-14]

Industrial noise may consist of steady noise (Gaussian noise) or complex noise

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4 (non-Gaussian noise), with the latter being the dominant type in the workplace. Complex noise is  
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6 composed of transient high-energy impulsive noise superimposed on stationary (Gaussian)  
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8 background noise.[15] Animal experiments and a few epidemiological surveys revealed that  
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10 exposure to complex noise could lead to greater hearing damage and is not only associated with  
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12 noise energy but also with its complex temporal structure.[16] These findings have challenged the  
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14 appropriateness of the international noise exposure standard (ISO-1999, 2013)[17, 18] and the  
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16 safety of the occupational exposure limit of noise (e.g., 85 dB(A)), in which the measurement of  
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18 noise energy (the equivalent sound level) serves as the sole method for evaluating noise based on  
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20 the “equal energy hypothesis.”[19-21] Currently, kurtosis is considered a good parameter for  
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22 reflecting the temporal structure and impulsiveness of noise, and its combination with energy is an  
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24 effective indicator for evaluating hearing loss caused by complex noise.[22, 23] In addition,  
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26 combined exposure to noise and chemicals may exacerbate hearing loss.[10, 24-27]  
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28 Epidemiological studies have shown that exposure to mixed organic solvents is associated with an  
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30 excessive risk of developing hearing loss, with or without concurrent noise exposure, in humans.  
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32 Workers from a wide range of industrial sectors, whose jobs involve the use of paints, thinners,  
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34 lacquers, and printing inks, are usually exposed to mixtures of xylene, toluene, benzene, methyl  
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36 ethyl ketone, etc.  
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48 Although a large number of workers in China are reported to be at high risk of developing  
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50 NIHL, the epidemiological characteristics and prevalence of NIHL are not well understood, and  
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52 there is a limited number of literature reviews on the topic. This study therefore aimed to review  
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54 the literature regarding NIHL in the Chinese occupational population and analyze the data to  
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56 understand the prevalence and characteristics of NIHL in the workplace, including exposure to  
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4 different types of noise or co-exposure to noise and chemicals. Our findings could provide a basis  
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6 for the early prevention and control of occupational NIHL and the implementation of hearing  
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8 protection programs in China and other developing countries.  
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## 11 12 13 14 **METHODS**

### 15 16 17 **Literature retrieval**

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19 We used English literature databases such as the Web of Science, PubMed, MEDLINE, and  
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21 Scopus. We also searched Chinese literature databases including the China National Knowledge  
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23 Internet, Chinese Sci-Tech Journal Database (weip.com), WanFang Database, and China United  
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25 Library Database. The keywords searched were “noise-induced hearing loss,” “noise and hearing  
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27 loss,” “noise-induced deafness,” “NIHL,” “hearing threshold shift,” “complex noise,”  
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29 “co-exposure,” and “noise and chemical exposure.” The date of search was between  
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31 December 2019 and February 2020.  
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### 37 38 **Inclusion and exclusion criteria**

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40 We included studies on overt hearing loss associated with occupational exposure to noise in  
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42 Chinese populations published in Chinese and English journals from 1993 to 2019. The inclusion  
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44 criteria were as follows: (1) studies with Chinese subjects, (2) studies whose subjects had a clear  
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46 history of occupational exposure to noise, and (3) studies in accordance with an occupational  
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48 health standard in China (e.g., Diagnosis of Occupational Noise-Induced Deafness, GBZ  
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50 49-2014).[28] High-frequency noise-induced hearing loss (HFNIHL) was defined as an average  
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52 hearing threshold of  $\geq 40$  dB for binaural high-frequency sound (3, 4, and 6 kHz) or an average  
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54 hearing threshold in either ear of  $\geq 30$  dB at 3, 4, and 6 kHz. Speech-frequency noise-induced  
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4 hearing loss (SFNIHL) was defined as an average hearing threshold of  $\geq 26$  dB in the better ear at  
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6 speech frequencies of 500, 1000, and 2000 Hz. Meanwhile, NID was defined according to the  
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8 average hearing threshold for high-frequency and speech-frequency sounds, progressive hearing  
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10 loss, tinnitus and other symptoms, and pure-tone audiometry results for sensorineural deafness.  
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14 The exclusion criteria were as follows: (1) studies on hearing loss or deafness that was not  
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16 associated with occupational exposure to noise; (2) studies on noise exposure not associated with  
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18 the auditory system; (3) studies on the clinical treatment of NIHL or NID; (4) studies on the  
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20 clinical diagnosis of NIHL or NID; (5) studies on animal experiments investigating NIHL or NID;  
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22 (6) studies on noise in cells and genetics; (7) studies on noise with unclear or incomplete results or  
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24 unclear description of subjects; or (8) books, conferences, and news articles on noise exposure.  
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### 32 **Data analysis and extraction**

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35 EndNote software was used to screen and extract the relevant literature. Information  
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37 regarding the study design, type of industry, noise level, and hearing loss and general information  
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39 about the target population were extracted from each study for systematic review and  
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41 meta-analysis. A meta-analysis is a research study that synthesizes and analyzes statistical data  
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43 from multiple independent studies.[29] Briefly, after relevant questions were formed, the criteria  
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45 for collecting and selecting literature data were established based on the research purpose. The  
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47 collected literature data were then characterized and classified. Finally, comprehensive weighted  
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49 average statistics (e.g., overall weighted odds ratios [ORs]) were calculated based on the  
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51 characteristics of the studies, including the subject characteristics (e.g., sex, age, and exposure  
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53 duration), type of noise (complex noise vs. Gaussian noise), and exposure characteristics (noise  
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4 exposure vs. no noise exposure, co-exposure to noise and chemicals vs. noise exposure).  
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6 A total of 594 articles were retrieved. Among them, 476 were excluded after examining the  
7 title or abstract based on the exclusion criteria. Of the 118 articles, 30 were further excluded after  
8 reviewing the full text. The remaining 88 articles, which consisted of cross-sectional studies  
9 (79.5%), cohort studies (3.4%), and hot-spot studies (17.1%) on exposure to complex noise and  
10 co-exposure to noise and chemicals, were included in the systematic review and meta-analysis  
11 (figure 1).  
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## 22 **Patient and public involvement**

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24 No patient involved in the study.  
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## 30 **RESULTS**

### 31 **Cross-sectional studies on NIHL prevalence**

32 Appendix table 1 describes five studies on occupational NIHL in the transportation industry (e.g.,  
33 ship, railway, and air transportation), with a total sample size of 5,810 workers. For this sector, the  
34 maximum level of noise in the workplace was reported to be 97.1 dB(A). The prevalence of  
35 HFNIHL, SFNIHL, and NID among the workers was 11.6%, 5.6%, and 5.9%, respectively.  
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45 Appendix table 2 shows five studies on noise in the mining industry, with a total sample size  
46 of 2,245 workers. Among the studies, the average maximum level of noise reported in the  
47 workplace was 106.2 dB(A). The prevalence of HFNIHL, SFNIHL, and NID among the workers  
48 was 65.1%, 7.0%, and 10.3%, respectively.  
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55 Appendix table 3 shows a total of 34 studies with a total sample size of 34,656 workers in the  
56 manufacturing industries were analyzed. The most common manufacturing industries associated  
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4 with high noise exposure were typical enterprises, such as automobile manufacturing, air  
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6 conditioning manufacturing, and the textile industry, whose workers were mainly young male  
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8 adults. The average noise level in these workplaces was  $96.2\pm 5.1$  dB(A). The prevalence of  
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10 HFNIHL, SFNIHL, and NID was 30.9%, 8.5%, and 7.1%, respectively.  
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### 17 **Cross-sectional studies with references to NIHL prevalence**

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19 Appendix table 4 shows a total of 27 cross-sectional studies with references to occupational  
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21 NIHL. There were 18,319 workers in the exposed groups with average noise levels of  $102.2\pm 7.2$   
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23 dB(A) and 7,399 controls with average noise levels of  $63.5\pm 3.8$  dB(A). The prevalence of  
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25 HFNIHL among the exposed workers was 28.7%, which was significantly higher than that (9.9%)  
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27 in the controls. The prevalence of SFNIHL was also significantly higher in the exposed groups  
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29 than in the control groups. The fixed-effects model of the meta-analysis showed that the overall  
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31 weighted OR for noise exposure as a risk factor for HFNIHL was 5.63 (95% confidence interval  
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33 [CI], 4.03-7.88). Moreover, the forest plot (figure 2) displayed the magnitude and uncertainty of  
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35 the 95% CI of OR in each effect size in the dataset. The 95% CI of OR in each study was  $>1$ .  
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### 46 **Typical cohort studies on NIHL incidence**

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48 Only three cohort studies dynamically investigated hearing loss in 2,999 workers from the oil  
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50 field, electrolytic aluminum, and automobile manufacturing industries (table 1). The results  
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52 showed that the incidence of HFNIHL and SFNIHL in these sectors was 22.1% and 8.1%,  
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54 respectively. Moreover, cumulative noise exposure (CNE) was shown to aggravate hearing loss,  
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56 and the length of service was positively correlated with the incidence of hearing loss.  
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**Table 1** Meta-analysis of typical cohort studies on NIHL incidence

Author	Type of factory	Population		Study duration	Years of follow-up	Noise level (max or mean) [dB(A)]	NIHL incidence (%)		
		N	Exposure duration (years)				HFNIHL	SFNIHL	Average
Jing[30]	Oil field	673	1.0-30.0	2006-2010	5	106.8	30.6	3.7	17.2
Xu[31]	Electrolytic aluminum	1929	1.0-30.0	2008-2012	5	87.1±2.2	16.6	10.9	13.8
He[32]	Automobile	397	8.8±8.7	2014-2016	3	101.3	34.3	2.3	18.3
Total	-	2999	8.8±8.7	2006-2016	-	98.4±7.2	22.1	8.1	15.1

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss.

### Hot-spot research on noise exposure and NIHL

NIHL associated with complex noise

Seven studies were about NIHL associated with complex noise vs. Gaussian noise. There were no significant differences in CNE, noise level, age, or sex between the Gaussian noise groups and complex noise groups ( $P>0.05$ ) (table 2). The kurtosis of complex noise ( $33.0\pm 51.7$ ) was significantly higher than that of Gaussian noise ( $3.3\pm 0.3$ ). The prevalence of HFNIHL in the complex noise groups was 34.5%, which was significantly higher than that (25.6%) in the Gaussian noise groups (chi-square test,  $P<0.01$ ). The fixed-effects model of the meta-analysis showed that the overall weighted OR for complex noise affecting HFNIHL prevalence was 1.95.

**Table 2** Prevalence of NIHL associated with complex noise vs. Gaussian noise

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	CNE [dB(A)·year]	Kurtosis (mean±SD)	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)				HFNIHL	SFNIHL	NID	OR	95% CI
Liu[33]	Gaussian	Clothing	1421	32.8±6.9	3.6±2.1	79.9	93.4±5.0	99.1±8.2	-	9.2	-	6.8	0.83	0.61-1.11
	Complex	Hardware	957	32.5±8.3	4.1±1.8	78.0	93.1±4.2	99.0±7.8	-	7.7	-	6.3		
Xie[34]	Gaussian	Textile	26	35.7±8.2	9.8±5.9	76.9	95.1±1.3	104.0±4.4	-	38.5	7.7	-	2.53	1.04-6.14
	Complex	Rolling	98	37.4±6.5	9.9±7.4	84.7	94.9±4.0	103.5±6.3	-	61.2	17.4	-		
Zheng[35]	Gaussian	Machinery	399	33.6±9.9	11.6±8.6	70.2	100.0	96.8±6.0	-	56.6	25.8	-	2.94	2.06-4.19
	Complex	Machinery	271	30.6±8.8	10.1±8.2	86.7	102.1	104.8±5.0	-	79.3	39.1	-		
Zhang[36]	Gaussian	Machinery	202	-	-	100.0	93.4±1.5	-	-	13.4	-	0.5	9.13	5.60-14.89
	Complex	Machinery	212	-	-	100.0	92.7±1.0	-	-	58.5	-	6.1		
Zhao[37]	Gaussian	Textile	163	31.5±8.7	12.7±8.4	100.0	99.9±4.2	110.6±6.0	3.3±0.3	64.4	-	-	1.06	0.48-2.34
	Complex	Metal	32	35.1±7.2	12.3±7.1	37.5	95.2±3.1	103.2±4.2	40.0±44.0	65.6	-	-		
Xie[38]	Gaussian	Textile	163	31.7±8.7	12.7±8.4	49.7	101.2±4.7	110.3±6.1	3.2±0.3	64.4	-	-	0.74	0.48-1.15
	Complex	Steel	178	38.1±7.6	13.0±8.0	100	93.6±5.7	103.6±7.2	37.1±52.9	57.3	-	-		
Zhang[39]	Gaussian	Pharmaceut ical	62	36.8±6.6	-	66.1	92.2±5.3	97.6±5.5	-	32.3	-	-	2.59	1.13-5.96
	Complex	Forging	38	32.9±5.5	-	100.0	95.2±3.9	97.0±6.4	-	55.3	-	-		
Total	Gaussian	-	2436	32.9±7.9	6.5±6.6	92.1	96.3±6.1	101.9±8.8	3.3±0.3	25.6	24.7	6.1	1.95	0.93-4.09
	Complex	-	1786	33.2±8.5	6.7±6.1	67.8	94.0±4.8	103.3±6.5	33.0±51.7	34.5	33.3	6.2		

CNE, cumulative noise exposure; dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.

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4 NIHL associated with co-exposure to noise and chemicals  
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6 Table 3 shows eight studies regarding NIHL associated with co-exposure to noise and chemicals  
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8 (e.g., dust, benzene, welding fumes, n-hexane, hydrogen, carbon, ethylbenzene) vs. exposure to  
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10 noise alone. There were no significant differences in noise level, age, or sex between the noise  
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12 groups and co-exposure groups ( $P>0.05$ ). Moreover, the prevalence of co-exposure to noise and  
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14 chemicals was 54.2%, which was significantly higher than that of exposure to noise alone (30.3%)  
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16 (chi-square test,  $P<0.01$ ). The fixed-effects model of the meta-analysis showed that the overall  
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18 weighted OR for co-exposure to noise and chemicals was 2.36.  
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**Table 3** NIHL associated with co-exposure to noise and specific chemicals

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Zhang[40]	Noise	Automobile	1604	33.8±3.5	-	-	86.9	25.4	2.6	-	2.09	1.54-2.83
	Co-exposure to welding fumes and noise	Tires	202	33.8±3.5	-	-	95.9	41.6	5.9	-		
Song[41]	Noise	Pharmaceutical	169	-	-	-	85	40.8	10.7	-	2.11	1.28-3.47
	Co-exposure to benzene and noise		103	-	5.0-10.0	-	85	59.2	17.5	-		
Chen[42]	Noise	Metal	59	33.8±5.6	13.6±5.2	-	94.0	29.2	-	-	3.89	1.75-8.63
	Co-exposure to welding fumes and noise	components	65	33.7±5.2	13.6±5.7	-	100.0	61.5	-	-		
Xiong[43]	Noise	Technological	45	36.8±10.6	12.6±11.4	-	87.2	33.3	13.3	-	2.12	1.02-4.39
	Co-exposure to n-hexane and noise	Printing	105	36.9±10.2	14.1±10.7	-	86.4	51.4	21.0	-		
Wu[44]	Noise	Petrochemical plants	52	30.0±4.0	14.7±6.2	-	81.6	24.0	-	-	1.45	0.82-2.57
	Co-exposure to hydrogen sulfide and noise		73	29.8±4.1	14.3±6.0	-	85.5	31.5	-	-		
Wu[45]	Noise	Steel	59	33.7±5.6	14.0±4.8	84.7	92.0	28.1	11.5	-	3.83	2.18-6.76
	Co-exposure to welding fumes and noise		65	33.7±5.2	13.6±5.7	87.7	92.0	60.0	35.4	-		
Wang[46]	Noise	Chemical products	106	29.3±5.5	11.2±9.0	69.8	103.0	17.9	-	0.0	1.87	1.09-3.21
	Co-exposure to carbon monoxide and noise		427	30.3±8.5	9.9±6.8	89.0	104.0	29.0	-	2.3		
Zhang[47]	Noise	Power stations	290	-	-	100	84.3	56.9	-	-	2.92	2.14-3.98
	Co-exposure to ethylbenzene and noise	Petrochemical plants	553	-	-	100	83.1	79.4	-	-		



Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Total	Noise	-	3001	33.6±4.1	12.9±7.9	77.6	89.3±6.4	30.3	3.9	0.0	2.36	1.92-2.92
	Co-exposure	-	3612	33.3±5.2	11.6±7.5	90.5	91.5±7.3	54.2	15.8	2.3		

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.

### Summary of the epidemiological characteristics of occupational NIHL

A total of 71,865 workers (males, 82.7%) aged  $33.5\pm 8.7$  years, who had an average noise exposure duration of  $9.9\pm 8.4$  years, were included in this study (table 4). Their average levels of noise exposure were  $98.6\pm 7.2$  dB(A), and most of them were from the transportation, mining, and manufacturing industries. Combining all the data, we found that the general prevalence of occupational NIHL during the past 26 years in China was 21.3%, of which 30.2%, 9.0%, and 5.8% accounted for the prevalence of HFNIHL, SFNIHL, and NID, respectively. The overall weighted ORs for noise, complex noise, co-exposure to noise and specific chemicals, male sex, age, and exposure duration were 5.63, 1.95, 2.36, 2.26, 1.35, and 1.75, respectively (table 5).

**Table 4** Summary of the epidemiological characteristics of occupational NIHL in China

Group	Type of industry	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	Average
Cross-sectional study[48-52]	Transportation	5810	39.9±6.8	17.9±10.6	93.0	93.0	11.6	5.6	5.9	8.9
Cross-sectional study[53-56]	Mining	2245	34.4±9.3	8.0±4.0	100.0	106.2	65.1	7.0	10.3	34.2
Cross-sectional study[57-90]	Manufacturing	34,656	32.6±8.9	7.9±6.3	81.6	96.2±5.1	30.9	8.5	7.1	23.1
Cross-sectional study with references[91-117]	Manufacturing	18,319	33.9±9.4	12.6±9.8	81.4	102.2±7.2	28.7	10.0	2.3	19.6
Complex noise[33-39]	Manufacturing	4222	33.0±8.2	6.6±6.4	81.8	95.2±5.6	29.4	28.7	6.2	21.0
Co-exposure[40-47]	Manufacturing	6613	33.4±4.7	12.0±7.6	84.0	90.4±7.0	39.9	6.3	1.9	25.4
Total	-	71,865	33.5±8.7	9.9±8.4	82.7	98.6±7.2	30.2	9.0	5.8	21.3

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 5** Odds ratios for key factors influencing HFNIHL prevalence

No.	Factor	Group	HFNIHL (%)	Overall weighted OR for HFNIHL	95% CI
1	Noise	Noise	28.7	5.63	4.03-7.88
		Control	9.9		
2	Complex noise	Complex noise	34.5	1.95	1.06-7.84
		Gaussian noise	25.6		
3	Co-exposure	Co-exposure	54.2	2.36	1.92-2.92
		Noise	30.3		
4	Sex	Male	17.5	2.26	1.62-3.19
		Female	7.2		
5	Age	Age>33 years	29.8	1.35	1.30-1.40
		Age≤33 years	23.9		
6	Exposure duration	≤10 years	25.1	1.75	1.64-1.87
		>10 years	37.0		

HFNIHL, high-frequency noise-induced hearing loss; OR, odds ratio; CI, confidence interval.

## DISCUSSION

This study reviewed and analyzed literature data on occupational NIHL in China in the past 26 years. The results showed that workers with NIHL were mainly from typical manufacturing industries (e.g., textile, automobile manufacturing, metal processing).[118, 119] Our findings are consistent with those in other countries. In the United States, workers at risk of occupational NIHL include those employed in construction, manufacturing, mining, agriculture, utilities, transportation, and the military, as well as musicians,[120] with approximately 82% of workers with hearing loss coming from the manufacturing industries.[121] In Asia, sources of noise pollution mainly comprise the manufacturing, transportation, mining, and agricultural industries.[13, 122] In this study, we found that the average noise level for Chinese workers from these industries was  $98.6 \pm 7.2$  dB(A), which exceeds the occupational exposure limit of 85 dB(A). Noise intensity was positively correlated with the prevalence of hearing loss (overall weighted

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4 OR=5.63). The general prevalence of NIHL in China was 21.3%, of which 30.2% is related to  
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6 high-frequency hearing loss. These findings suggest that the wide distribution of noise in different  
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8 industries, high levels of noise exposure, and long-term exposure to noise in the workplace were  
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10 the main risk factors for the high prevalence of NIHL in China.  
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14 Our findings on the prevalence and characteristics of noise exposure and NIHL in China are  
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16 similar to those in other countries. For instance, Soltanzadeh et al. reported that the occupational  
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18 noise level in Iran reached 90.29 dB(A), while the overall hearing threshold was 26.44±8.09  
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20 dB.[34] Kim et al. also reported that >90% of the workplace noise levels in South Korea exceeded  
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22 the occupational exposure limit, and 92.9% of suspected occupational diseases were occupational  
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24 NID.[123] The Centers for Disease Control and Prevention estimate that about 9 million workers  
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26 are exposed to daily average sound levels of ≥85 dB(A) and about 26 million Americans  
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28 experience NIHL, with a prevalence of 15%.[124, 125] Rubak et al. also found a dose-response  
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30 relationship between NIHL and noise intensity among workers in Denmark, i.e., a higher noise  
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32 level was associated with a higher prevalence of NIHL.[126]  
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40 The occurrence of NIHL is usually affected by individual factors such as sex and age. In this  
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42 study, the average age of the workers was 33.5±8.7 years, and the risk of HFNIHL increased with  
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44 age. Meanwhile, sex was risk factor for HFNIHL, with its prevalence being significantly higher in  
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46 men than in women. These findings are consistent with those of other studies. Most cases of  
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48 occupational NID in developed areas of China occurred in young adults, with an average age of 40  
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50 years.[127, 128] Some studies also showed that the prevalence of NIHL in workers with high  
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52 noise exposure was significantly higher in men than in women, and the workers with NIHL  
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54 comprised young and middle-aged people.[129-131] Although the hearing threshold was already  
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4 adjusted for age in most studies, age might still influence the occurrence of HFNIHL.[130, 132]  
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7 In this review, the average duration of noise exposure among Chinese workers was  $9.9\pm 8.4$   
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9 years, which could be a significant contributing factor to the prevalence of high-frequency hearing  
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11 loss (overall weighted OR=1.75). NIHL can result from the cumulative effects of increased  
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13 durations and levels of noise exposure. High noise levels can damage the outer hair cells, but with  
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15 continuous noise exposure, the damage can extend to the inner hair cells, supporting cells,  
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17 cochlear vascularis, and spiral ganglion cells.[128] Results of previous studies have shown that the  
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19 general prevalence of NIHL increased with exposure duration, with the disease developing rapidly  
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21 during the first 10 years of exposure, reaching a peak in 10-15 years, and then entering a plateau  
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23 after 15 years.[82, 133, 134]  
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30 This study also showed that exposure to complex noise among workers led to a greater risk of  
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32 hearing loss than exposure to Gaussian noise did. The kurtosis for the complex noise group was  
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34 higher than that for the Gaussian noise group, and there were no significant differences in noise  
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36 energy levels between both groups. The overall weighted OR for complex noise was 1.95. These  
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38 findings indicate that the temporal structure of complex noise was a new determinant for NIHL.  
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40 Moreover, the ORs in the machinery subgroups were 9.13 and 2.94, which were relatively higher  
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42 than those in other subgroups. The reason might be related to the complexity of the temporal  
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44 structure of noise generated from mechanical processes, making complex noise from the  
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46 machinery industry a greater contributor to HFNIHL than complex noise from other  
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48 industries.[15, 135] Animal experiments have shown that complex noise was more destructive to  
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50 the hearing of chinchillas than Gaussian noise, and these studies have recommended that the  
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52 kurtosis reflecting the temporal structure of complex noise is a good parameter for classifying the  
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4 effects of complex noise vs. Gaussian noise.[15, 16] Several epidemiological studies have also  
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6 demonstrated that exposure to complex noise could lead to greater hearing loss than exposure to  
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8 Gaussian noise and that the standard noise limit recommended by ISO-1999 was not within the  
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10 safe threshold.[136, 137] A typical impulse noise was also reported to cause more hearing damage  
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12 than continuous noise.[138] Moreover, cross-sectional studies considered the kurtosis metric  
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14 combined with noise energy as a good parameter for determining and preventing the hazards to  
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16 hearing posed by industrial environments with high noise levels.[135, 139-140]  
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22 In addition to noise, other occupational hazards might affect the hearing of workers. This  
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24 study showed that combined exposure to noise and specific chemicals (e.g., organic solvents,  
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26 welding fumes, carbon monoxide, and hydrogen sulfide) aggravated hearing loss (overall  
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28 weighted OR=2.36). The combined effects might be related to auditory neurotoxicity induced by  
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30 these chemicals. Animal experiments have demonstrated that solvents such as toluene, styrene,  
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32 xylene, and ethyl benzene could affect the auditory function through their toxic action on the  
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34 organ of Corti, the auditory pathways, and the middle-ear reflex.[141] Li et al. reported that  
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36 styrene might have an effect on the auditory system, and the combined effects of toluene, xylene,  
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38 and noise could lead to a significant increase in the hearing threshold.[142] Campo et al. found  
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40 that the temporal structure of noise was able to modify the ototoxicity of styrene in experimental  
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42 animals and a moderate level of styrene enhanced the cochlear damage caused by impulse noise.  
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44 A pilot study showed that workers exposed to non-Gaussian noise and solvents presented a  
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46 significantly worse hearing threshold than those exposed only to non-Gaussian noise.[143] A  
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48 meta-analysis also showed that among 7,530 industrial workers, those exposed to both noise and  
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50 organic solvents had a significantly greater risk of hearing loss than those exposed to noise  
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4 alone.[144] Furthermore, as previously mentioned, several epidemiological studies have shown  
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6 that exposure to various organic solvents was associated with an excessive risk of developing  
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8 hearing loss, with or without concurrent noise exposure, in humans.[145-147]  
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11 This study has several limitations. The number of Chinese studies focusing on SFNIHL and  
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13 deafness was limited, resulting in an insufficient sample in these categories. There was also a lack  
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15 of well-designed prospective studies on noise, which made it impossible to determine the  
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17 incidence of NIHL in China. Only three cohort studies with 2,999 subjects were included in this  
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19 study, and the rest were mainly cross-sectional studies; therefore, the determination of correlation  
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21 between occupational exposure factors and NIHL was limited.  
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## 30 **CONCLUSIONS**

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32 Based on the above findings, the following conclusions could be drawn: (1) In China, a large  
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34 proportion of the population exposed to occupational noise comprised young male manufacturing  
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36 workers, and the average duration of exposure to harmful noise levels was >9.0 years. The general  
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38 prevalence of occupational NIHL in China was 21.3%, and among the types of NIHL, HFNIHL  
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40 had the highest prevalence. (2) The prevalence of HFNIHL increased with higher noise levels and  
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42 higher duration of exposure and was affected by individual factors such as age and sex. (3)  
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44 Exposure to complex noise and co-exposure to noise and specific chemicals could increase the  
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46 risk of occupational NIHL. (4) Finally, the high prevalence of occupational NIHL in China was  
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48 related to the wide distribution of noise in different industries as well as high-level and long-term  
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50 noise exposure.  
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58 Our findings suggest the need for additional efforts to reduce noise exposure among Chinese  
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4 workers, which are made possible by carrying out industrial noise monitoring and risk assessment  
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6 of hearing loss, further strengthening the implementation of hearing protection programs for  
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8 workers, and conducting well-designed epidemiological studies on industrial noise, complex  
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10 noise, and co-exposure to noise and chemicals.  
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25  
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56  
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58  
59  
60

**REFERENCES**

- 1 World Health Organization. Prevention of blindness and deafness.  
2  
3  
4  
5  
6  
7  
8  
9 <http://www.who.int/pbd/deafness/estimates/en/>  
10  
11  
12 2 Oishi N, Schacht J. Emerging treatments for noise-induced hearing loss. *Expert Opin Emerg*  
13  
14 *Drugs* 2011;16:235–45.  
15  
16  
17 3 Beyan AC, Demiral Y, Cimrin AH, et al. Call centers and noise-induced hearing loss. *Noise*  
18  
19 *Health* 2016;18:113–6.  
20  
21  
22 4 Konings A, Van Laer L, Van Camp G. Genetic studies on noise-induced hearing loss: a review.  
23  
24  
25 *Ear Hear* 2009;30:151–9.  
26  
27  
28 5 Soltanzadeh A, Ebrahimi H, Fallahi M, et al. Noise induced hearing loss in Iran: (1997-2012):  
29  
30 systematic review article. *Iran J Public Health* 2014;43:1605–15.  
31  
32  
33 6 National Institute for Occupational Safety and Health (NIOSH). Noise and hearing loss  
34  
35 prevention. 2013. <http://www.cdc.gov/niosh/topics/noise/>  
36  
37  
38 7 Meyer JD, Chen Y, McDonald JC. Surveillance for work-related hearing loss in the UK: OSSA  
39  
40 and OPRA 1997–2000. *Occupational Medicine* 2002;52:75–9.  
41  
42  
43 8 Lie A, Skogstad M, Johnsen TS, et al. The prevalence of notched audiograms in a  
44  
45 cross-sectional study of 12,055 railway workers. *Ear Hear* 2015;36:e86–92.  
46  
47  
48 9 Chen Y, Zhang M, Qiu W, et al. Prevalence and determinants of noise-induced hearing loss  
49  
50 among workers in the automotive industry in China: a pilot study. *J Occup Health* 2019;61:387–  
51  
52 97.  
53  
54  
55 10 Chen J, Cai RD, Xiang LJ, et al. Research progress on the related influencing factors of  
56  
57 noise-induced hearing impairment. *Chinese Occupational Medicine* 2017;44:235–8.  
58  
59  
60

1  
2  
3  
4 11 Department of Planning, Development and Information Technology. Statistical bulletin on  
5  
6 health development in China in 2018.

7  
8  
9 <http://www.nhc.gov.cn/guihuaxxs/s10748/201905/9b8d52727cf346049de8acce25ffcbd0.shtml>

10  
11  
12 (accessed 5 Jun 2019).

13  
14 12 Li YH, Jiao J, Yu SF. Research status of influencing factors of noise-induced hearing loss.

15  
16  
17 *China Journal of Occupational Diseases* 2014;32:469–73.

18  
19 13 Fuente A, Hickson L. Noise-induced hearing loss in Asia. *Int J Audiol* 2011;50 Suppl 1:S3–10.

20  
21  
22 14 Nandi SS, Dhattrak SV. Occupational noise-induced hearing loss in India. *Indian J Occup*

23  
24  
25 *Environ Med* 2008;12:53–6.

26  
27 15 Hamernik RP, Qiu W. Energy-independent factors influencing noise-induced hearing loss in

28  
29  
30 the chinchilla model. *J Acoust Soc Am* 2001;110:3163–8.

31  
32  
33 16 Suter AH. Occupational hearing loss from non-Gaussian noise. *Semin Hear* 2017;38:225–62.

34  
35  
36 17 International Organization for Standardization. ISO 1999:1990 Acoustics—Determination of

37  
38  
39 Occupational Noise Exposure and Estimation of Noise-Induced Hearing Impairment. 2nd ed.

40  
41  
42 Geneva, Switzerland: International Organization for Standardization 1990.

43  
44  
45 18 International Organization for Standardization. ISO 1999:2013 Acoustics—Estimation of

46  
47  
48 Noise-Induced Hearing Loss. 3rd ed. Geneva, Switzerland: International Organization for

49  
50  
51 Standardization 2013.

52  
53  
54 19 Ministry of Health. People's Republic of China National Occupational Health GBZ/T

55  
56  
57 189-2007. China: MOH 2007.

58  
59  
60 20 State Administration of Work Safety of the People's Republic of China. People's Republic of

China Safety Industry Standard: Guidelines for Occupational Disease Inductive Risk Management

1  
2  
3  
4 of Noise AQ/T 4276. 2016.  
5

6 21 Health and Safety Executive. The Control of Noise at Work Regulations 2005. UK: The  
7  
8 Stationery Office Limited 2005.  
9

10  
11 22 Goley GS, Song WJ, Kim JH. Kurtosis corrected sound pressure level as a noise metric for risk  
12  
13 assessment of occupational noises. *J Acoust Soc Am* 2011;129:1475–81.  
14

15  
16 23 Qiu W, Zhang MB, Xu WC, et al. Application of kurtosis in assessing hearing loss caused by  
17  
18 complex noise. *Journal of Chinese Ear Science* 2016:701–7.  
19

20  
21 24 Turcot A, Girard SA, Courteau M, et al. Noise-induced hearing loss and combined noise and  
22  
23 vibration exposure. *Occup Med (Lond)* 2015;65:238–44.  
24

25  
26 25 Yang HY, Shie RH, Chen PC. Hearing loss in workers exposed to epoxy adhesives and noise: a  
27  
28 cross-sectional study. *BMJ Open* 2016;6:e010533.  
29

30  
31 26 Hormozi M, Ansari-Moghaddam A, Mirzaei R, et al. The risk of hearing loss associated with  
32  
33 occupational exposure to organic solvents mixture with and without concurrent noise exposure: a  
34  
35 systematic review and meta-analysis. *Int J Occup Med Environ Health* 2017;30:521–35.  
36  
37

38  
39 27 Estill CF, Rice CH, Morata T, et al. Noise and neurotoxic chemical exposure relationship to  
40  
41 workplace traumatic injuries: a review. *Journal of Safety Research* 2017; 60:35–42.  
42  
43

44  
45 28 Ministry of Health. Diagnosis of Occupational Noise Deafness GBZ 49-2014. China: MOH  
46  
47 2014.  
48

49  
50 29 Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery: a systematic review and  
51  
52 meta-analysis. *JAMA* 2004;292:1724–37.  
53

54  
55 30 Jing QS, Zang J, Wang CL. Hearing examination results of drilling workers in an oil field from  
56  
57 2006 to 2010. *Occupation and Health* 2012;28:19–21.  
58  
59

- 1  
2  
3  
4 31 Xu T, Ding WQ, Song Y, et al. Investigation on the hearing impairment of noise-exposed  
5  
6 workers in an enterprise. *Sichuan Medical Science* 2014;35:509–12.  
7  
8  
9 32 He XL, Li FH, Xia AL, et al. Investigation on hearing loss of noise-exposed workers in an  
10  
11 automobile manufacturing company. *China Journal of Industrial Medicine* 2017;30:40–2.  
12  
13  
14 33 Liu XX, Guo ZP, Huang GX, et al. A comparative study on hearing damage caused by  
15  
16 Gaussian and non-Gaussian noise in workers. *Occupational Health and Emergency Rescue*  
17  
18 2010;28:87–90.  
19  
20  
21 34 Xie HW, Zhang MB, Quan CJ. Relationship between cumulative exposure to non-Gaussian  
22  
23 noise and hearing loss. *Environmental and Occupational Medicine* 2014;26:340–8.  
24  
25  
26 35 Zheng JR, Wan WX, Zhao YM, et al. Study on the effect of impulse noise in mechanical  
27  
28 industry on hearing of workers. *Chinese Journal of Industrial Medicine* 1997;10:19–20.  
29  
30  
31 36 Zhang J. Effects of pulse and Gaussian-state noise on hearing and cardiovascular system of  
32  
33 workers. *Occupation and Health* 2010;26.  
34  
35  
36 37 Zhao YM, Qiu W, Zeng L, et al. Application of the kurtosis statistic to the evaluation of the  
37  
38 risk of hearing loss in workers exposed to high-level complex noise. *Ear Hear* 2010;31:527–32.  
39  
40  
41 38 Xie HW, Qiu W, Heyer NJ, et al. The use of the kurtosis-adjusted cumulative noise exposure  
42  
43 metric in evaluating the hearing loss risk for complex noise. *Ear Hear* 2015;37:312–23.  
44  
45  
46 39 Zhang GY, Tang ZF, Yao YP. A comparative study of high-frequency hearing impairment  
47  
48 caused by noise from punching machine and steady state noise in workers. *China Journal of*  
49  
50  
51  
52  
53  
54  
55  
56 40 Zhang JX, Xu SH, Ye XG, et al. Analysis of hearing loss and related factors in noise-exposed  
57  
58 workers in tire manufacturing industry. *Chinese Occupational Medicine* 2018;45:143–6.  
59  
60

1  
2  
3  
4 41 Song J, Ma J. Effects of smoking on noise-induced hearing loss. *Modern Preventive Medicine*  
5  
6 2008;35:4572-3.  
7

8  
9 42 Chen XX, Li JY, Su SS. Investigation on hearing impairment of workers under combined  
10  
11 effects of welding smoke and noise. *Chinese Journal of Occupational Medicine* 2009;36:87-8.  
12

13  
14 43 Xiong YJ. Effects of n-hexane combined with noise on hearing loss. *Modern Preventive*  
15  
16 *Medicine* 2014;41:2724-6.  
17

18  
19 44 Wu QF, Li C, Liang XY, et al. Effects of noise combined with high temperature and hydrogen  
20  
21 sulfide on hearing impairment. *Occupational Health and Emergency Rescue* 2012;30:16-8.  
22

23  
24 45 Wu L, Zhu ZC, Ye LF, et al. Effects of welding dust and noise on hearing loss in workers.  
25  
26 *China Public Health* 2009;25:75-6.  
27

28  
29 46 Wang GM, Chen XM, Wang XL. Effects of combined noise and carbon monoxide on hearing.  
30  
31 *Journal of Medical Animal Control* 2006;22:697-8.  
32

33  
34 47 Zhang M, Wang Y, Wang Q, et al. Ethylbenzene-induced hearing loss, neurobehavioral  
35  
36 function, and neurotransmitter alterations in petrochemical workers. *Journal of Occupational and*  
37  
38 *Environmental Medicine* 2013;55:1001-6.  
39

40  
41 48 Hu MS, Yang J, Jin HB, et al. A sampling survey on the hearing status of civil aviation air  
42  
43 traffic controllers. *Chinese Journal of Otolaryngology, Head and Neck Surgery* 2018;25:131-5.  
44

45  
46 49 Rong X, Wu LX, Hu D, et al. Analysis on hearing loss of 2045 locomotive drivers.  
47  
48 *Environmental and Occupational Medicine* 2016;33:319-24.  
49

50  
51 50 Ge SS, Zheng GL, Cai WR, et al. An analysis on the hearing loss of seafarers caused by noisy  
52  
53 environment. *Chinese Journal of Marine Medicine and Hyperbaric Medicine* 2014;21:105-8.  
54

55  
56 51 Xu TG, Zhao ZR. Survey of warship noise and its effect on hearing loss of naval officers.  
57  
58  
59  
60

1  
2  
3  
4 *Journal of Naval Medical College of China* 1997;213–5.

5  
6 52 Peng Y, Fan C, Hu L, et al. Tunnel driving occupational environment and hearing loss in train  
7  
8 drivers in China. *Occup Environ Med* 2019;76:97–104.

9  
10  
11 53 Zhang HC, Yue PP. Hearing loss in blasting, tunneling and mining workers in a mining  
12  
13 enterprise. *Occupation and Health* 2013;29:3076–9.

14  
15  
16 54 Yuan JW, Cao SQ, Feng Q. Effects of oil field noise on workers' hearing and  
17  
18 electrocardiogram. *China Journal of Industrial Medicine* 2001;14:116–7.

19  
20  
21 55 Zhao JF, Xu QX, Li HM. Analysis of hearing test results of noise-exposed workers in a coal  
22  
23 mine of a city. *Occupational Health and Emergency Rescue* 2016;34:394–5.

24  
25  
26 56 Zhang G, Tang Z, Yao Y, et al. Investigation of noise hazards and hearing status of workers in  
27  
28 outdoor quarries. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2014;32:597–9.

29  
30  
31 57 Chen M, Lin MZ, Chen YQ, et al. Analysis on data of physical examination in workers  
32  
33 exposed to noise in a machinery factory of Huli District in Xiamen City. *Occupation and Health*  
34  
35 2013;29:3282–4.

36  
37  
38 58 Gao T, Wu XN. Investigation on noise exposure and hearing loss of steel rolling workers in a  
39  
40 steel company. *Chinese Medicine and Clinic* 2010;10:1017–9.

41  
42  
43 59 Gao WW, Xia GH, Ji K, et al. Epidemiological investigation on occupational noise and hearing  
44  
45 loss in Beilun district, Ningbo city. *Zhejiang Medical Science* 2011;33:1727–8.

46  
47  
48 60 Gao Y, Huang QF, Guo JJ, et al. Hearing loss and risk factors of workers exposed to noise in a  
49  
50 toy factory. *Occupation and Health* 2017;33:1172–4.

51  
52  
53 61 Jiao Y, Fan SH. Analysis on pure tone audiometry results of 520 Exposures of workers  
54  
55 exposed to noise. *Chinese Practical Medicine* 2014:268–9.



1  
2  
3  
4 62 Li CF, He Y, Li DL, et al. Survey report on noise classification and health status of workers in  
5  
6 Xifei Company. *Journal of Aerospace Medicine* 2002;13:47–8.

7  
8  
9 63 Lin L, Liu Q, Wang JY, et al. Epidemiological study on occupational noise and hearing loss in  
10  
11 Longgang district, Shenzhen. *Occupation and Health* 2008;24:511–3.

12  
13  
14 64 Liu F, Song WM. Analysis of hearing exposure results of noise-exposed workers in an oxygen  
15  
16 plant. *Chinese Department of Otolaryngology, Head and Neck Surgery* 2010;17:653–5.

17  
18  
19 65 Lv SQ, Shao LH, Wang JX, et al. Dose-response relationship between noise exposure and the  
20  
21 prevalence of hearing loss in male aircraft maintenance workers. *Chinese Journal of Industrial  
22  
23 Medicine* 2003:277–9.

24  
25  
26 66 Wang JY, Xiao QH, Xia Y, et al. Discussion on the relationship between cumulative noise  
27  
28 exposure and noise-induced hearing loss. *Occupational Health and Emergency Rescue*  
29  
30 2009;27:131–3.

31  
32  
33 67 Wang RL, Zhao YM. Investigation on the working age and hearing loss of workers in a textile  
34  
35 factory. *Capital Public Health* 2015;9:207–9.

36  
37  
38 68 Yan XK, Dai P, Xue XJ, et al. Investigation on hearing loss of tank soldiers. *People's Army  
39  
40 Doctor* 2008;51:202–4.

41  
42  
43 69 Yan YL, Tan HY, He XX. Investigation and prediction of hearing loss in 528 subjects exposed  
44  
45 to non-Gaussian noise. *Chinese Journal of Occupational Medicine* 1993:73–4.

46  
47  
48 70 Guo Y, Han SQ, Xu YH. Investigation on the relationship between hearing loss, length of  
49  
50 service and cumulative noise exposure of workers exposed to noise in a textile factory.  
51  
52  
53  
54  
55  
56 *Contemporary Chinese Medicine* 2012;19:150–4.

57  
58  
59 71 Nie W, Hu WJ. Survey on noise hazard of shipbuilding enterprises. *Chinese Journal of  
60*

1  
2  
3  
4 *Industrial Medicine* 2016:167–70.

5  
6 72 Wang LY, Dong HL, Zhang W. Investigation on noise hazard in cotton textile industry.

7  
8  
9 *Chinese Journal of Industrial Medicine* 2003:364–5.

10  
11 73 Zhang XH, Zhu YM, Xia YY. Dose-response relationship between hearing loss and noise  
12 exposure in Gaussian noise-exposed workers. *Chinese Journal of Industrial Medicine*  
13  
14  
15  
16  
17 2001;14:72–4.

18  
19 74 Ni CH, Chen ZY, Zhou Y, et al. Associations of blood pressure and arterial compliance with  
20 occupational noise exposure in female workers of textile mill. *Chin Med J* 2007;120:1309–13.

21  
22 75 Xie HW, Tang SC, Zhou LF, et al. Relationship between cumulative exposure to non-Gaussian  
23 noise and hearing loss. *Environmental and Occupational Medicine* 2015;32:56–60.

24  
25 76 Chen Y, Zhang M, Qiu W, et al. Prevalence and determinants of noise-induced hearing loss  
26 among workers in the automotive industry in China: a pilot study. *J Occup Health* 2019;18:387–  
27  
28  
29 97.

30  
31 77 Ning K, Liu C, Li D, et al. Relationship between hearing loss and length of service. *Occupation*  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41 *and Health* 2011;27:1245–7.

42  
43 78 Xu SC. Investigation on the effect of pulse noise on hearing injury of workers in forging  
44 industry. *Shanghai Preventive Medicine* 1999;11:553–4.

45  
46 79 Liu XX, Guo ZP, He J, et al. Dose-response relationship of individual noise protection in  
47 occupational exposure population. *Chinese Journal of Occupational Medicine* 2008;35:477–9.

48  
49 80 Peng LH, Zheng JR, Xu ZG. Dose-response relationship between cumulative noise exposure  
50 and hearing impairment. *Public Health and Preventive Medicine* 2005;16:58–9.

51  
52  
53  
54  
55  
56  
57  
58 81 Huang WX, Wu GJ. Investigation on the influence of noise in sawmill workshop of an  
59  
60

- 1  
2  
3  
4 electronics factory on the five senses of workers. *Occupation and Health* 2004;20:1–2.  
5  
6  
7 82 Li YQ, Shao RQ. Research on the hazard of production noise in a steel pipe manufacturing  
8  
9 enterprise. *Zhejiang Journal of Preventive Medicine* 2015;27:298–9.  
10  
11  
12 83 Chen L, Guo QH. Analysis of high-frequency noise-induced hearing loss of workers in a tire  
13  
14 factory. *Occupational Health and Emergency Rescue* 2018;36:305–7.  
15  
16  
17 84 Bao EB, Su YW, Xue CH, et al. Analysis of influencing factors of hearing loss in  
18  
19 noise-exposed workers in an automobile manufacturing enterprise. *Occupational Health and*  
20  
21 *Emergency Rescue* 2019;37:122–5.  
22  
23  
24 85 You XD, Hu SQ, Zhang YJ. Epidemiological investigation of noise-induced deafness among  
25  
26 textile workers in Nantong city. *Traffic Medicine* 2013;27:38–40.  
27  
28  
29  
30 86 Chen LJ. Relationship between noise exposure and high frequency hearing loss in bottled  
31  
32 beverage. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2017;35:286–8.  
33  
34  
35 87 Zhang HY, Hua RY, Gao N, et al. Noise hazard and health status of workers in metal  
36  
37 processing enterprises in Qinhuangdao city. *Occupation and Health* 2018;34:3155–7.  
38  
39  
40 88 Zhou P, Lu CH, Yin SW, et al. Effect of noise on welders' hearing. *Occupational Health and*  
41  
42 *Emergency Rescue* 2015;33:343–5.  
43  
44  
45 89 Wang LC, Wei YZ, Shan YL, et al. Effects of unsteady noise on hearing of steel rolling  
46  
47 workers. *Journal of China Metallurgical Industry and Medicine* 2007;24:612–3.  
48  
49  
50  
51 90 Qian HY, Ge QJ, Xie S, et al. Noise hazard of welding workers in Zhenjiang city and its  
52  
53 influencing factors. *Occupation and Health* 2015;31:2914–7.  
54  
55  
56 91 Luo Y, Zhou LF, Chen J, et al. A survey on the hearing condition of workers working in noise  
57  
58 environment in a petrochemical plant. *Journal of Audiology and Speech Disorders* 2013;21:532–  
59  
60

1  
2  
3  
4 4.

5  
6 92 Pan LN, Wu XH, Feng XL. A survey on the effect of ship noise on crew's hearing. *Chinese*  
7  
8  
9 *Journal of Occupational Medicine* 2009:351–3.

10  
11 93 Yang F, Liu Z, Zhou Y. Investigation on the influence of ship noise on crew's hearing. *Chinese*  
12  
13  
14 *Occupational Medicine* 2015:1537–40.

15  
16 94 Yu RM, Zhao HM, Li X, et al. Investigation on noise pollution in military canteen and its  
17  
18  
19 effect on the hearing of cooking personnel. *North China National Defense Medicine* 2010;22:578–  
20  
21  
22 80.

23  
24 95 Zu AH, Cui C, Wang X, et al. Investigation on the effect of industrial impulse noise on the  
25  
26  
27 hearing of stamping workers. *International Journal of Medical and Health* 2012;18:429–33.

28  
29 96 Yuan JG, Ji FM, Hao J, et al. Investigation on the influence of production noise in forging  
30  
31  
32 workshop on male workers' hearing. *Industrial Hygiene and Occupational Diseases* 2005;31:413–  
33  
34  
35 4.

36  
37 97 Hu JH, He J, Lin B, et al. Investigation and analysis of hearing loss in steel pipe factory  
38  
39  
40 workers exposed to noise. *Chinese Journal of Metallurgical Industry and Medicine* 2005;22:614–  
41  
42

43 5.

44  
45 98 Li JM, He J, Huang YM, et al. Analysis of hearing level of workers exposed to mechanical  
46  
47  
48 noise. *Chinese Journal of Industrial Medicine* 2018;31:49–51.

49  
50 99 Wang CY, Wang F, Wu BZ, et al. Epidemiological investigation on hearing loss in home-made  
51  
52  
53 gem processors. *Chinese Journal of Industrial Medicine* 2013:201–3.

54  
55 100 Ni L, Yao Y, Li JC, et al. Analysis of hearing loss in workers exposed to noise in a boiler  
56  
57  
58 plant. *Chinese Journal of Industrial Medicine* 2011:16–9.

- 1  
2  
3  
4 101 Liu SM, Yao Y, Wu QF, et al. Investigation on hearing loss of workers exposed to noise from  
5  
6 a tobacco company. *Chinese Journal of Industrial Medicine* 2010;215–7.  
7  
8  
9 102 Chang SJ, Chang CK. Prevalence and risk factors of noise-induced hearing loss among  
10  
11 liquefied petroleum gas (LPG) cylinder infusion workers in Taiwan. *Ind Health* 2009;47:603–10.  
12  
13  
14 103 Liu J, Xu M, Ding L, et al. Prevalence of hypertension and noise-induced hearing loss in  
15  
16 Chinese coal miners. *J Thorac Dis* 2016;8:422–9.  
17  
18  
19 104 Zhang QN, Chen ZF, Zhong MY, et al. Characteristics of hearing loss in noise-exposed  
20  
21 workers in electronic technology enterprises. *International Journal of Medicine and Health*  
22  
23 2012;18:424–9.  
24  
25  
26 105 Chen XH, Qiu Y, Li Q, et al. Effects of occupational noise exposure on hearing of workers in  
27  
28 a thermal power plant in Guangxi. *Occupation and Health* 2014;30:758–60.  
29  
30  
31 106 Li BW, Li FD, Zhang YG, et al. Investigation of noise induced hearing impairment in boiler  
32  
33 workers. *Chinese Journal of Occupational Health* 2003;21:374–5.  
34  
35  
36 107 Li L, Huang JM, Ji HX, et al. Correlation between cumulative noise exposure and hearing  
37  
38 impairment. *Preventive Medicine Literature Information* 2000;6:105–6.  
39  
40  
41 108 Yang CM, Qiu Y. An investigation and analysis of the effect of impulse noise on hearing and  
42  
43 hearing of working workers. *Chinese Journal of Occupational Medicine* 1999;26:51–2.  
44  
45  
46 109 Fu GY, Zou ZF, Li BL, et al. Effects of steady state noise on hearing in a chemical plant.  
47  
48  
49 *Chinese Journal of Hygiene Engineering* 2007;6:20–2.  
50  
51  
52 110 Liu LF, Wen L. Effects of production noise on workers' health in a machining enterprise.  
53  
54  
55 *Occupation and Health* 2013;29:2133–5.  
56  
57  
58 111 Li M, Li JH, Cao DY, et al. Analysis of high-frequency hearing loss of workers in noise  
59  
60

1  
2  
3  
4 operation of an artificial gem factory. *Occupational Health and Emergency Rescue* 2006;24:115–

5  
6  
7 6.

8  
9 112 Wu JY, Xu XY, Jiang BY. Effects of noise operation on health of female workers in a shoe  
10  
11 factory. *Journal of Preventive Medicine* 2009;15:67–9.

12  
13  
14 113 Tang JF, Tu XH, Wu J. Investigation on hearing loss of 726 workers in Suining city.  
15  
16  
17 *Occupational Health and Injury* 2018;33:7–9.

18  
19 114 Tang MZ, Hua MY. Analysis of occupational health examination results of workers exposed  
20  
21 to noise in Wuxi New District. *Zhejiang Preventive Medicine* 2015;27:82–3.

22  
23  
24 115 Chen YP, Yang JR. Effects of noise on health of female workers. *Occupation and Health*  
25  
26  
27 2003;19:3–5.

28  
29  
30 116 Xie S, Ge QJ, Li YP, et al. Health status of workers exposed to noise in a paper-making  
31  
32 enterprise of Zhenjiang city. *Occupation and Health* 2013;29:310–31.

33  
34 117 Lin L, Chen HL, Liu LY, et al. Effects of occupational noise on workers' hearing. *Modern*  
35  
36 *Preventive Medicine* 2005;32:1234–5.

37  
38  
39 118 Yu SF, Chen GS, Jiao J, et al. A cohort study on occupational noise induced hearing loss in  
40  
41 workers at an iron and steel plant. *Zhonghua Yu Fang Yi Xue Za Zhi* 2017;51:13–9.

42  
43  
44 119 Yongbing S, Martin WH. Noise induced hearing loss in China: a potentially costly public  
45  
46 health issue. *Journal of Otology* 2013;8:51–6.

47  
48  
49 120 Soltanzadeh A, Ebrahimi H, Fallahi M, et al. Noise induced hearing loss in Iran: (1997-2012):  
50  
51 systematic review article. *Iran J Public Health* 2014;43:1605–15.

52  
53  
54 121 National Institute for Occupational Safety and Health (NIOSH). Noise and hearing loss  
55  
56 prevention: facts and statistics. <http://www.cdc.gov/niosh/topics/noise/stats.html>

57  
58  
59 122 Stucken EZ, Hong RS. Noise-induced hearing loss: an occupational medicine perspective.  
60

1  
2  
3  
4 *Curr Opin Otolaryngol Head Neck Surg* 2014;22:388–93.

5  
6  
7 123 Kim KS. Occupational hearing loss in Korea. *J Korean Med Sci* 2010:S62–9.

8  
9  
10  
11  
12 124 Masterson EA, Deddens JA, Themann CL, et al. Trends in worker hearing loss by industry  
13 sector, 1981-2010. *Am J Ind Med* 2015;58:392–401.

14  
15  
16  
17 125 Shargorodsky J, Curhan SG, Curhan GC, et al. Change in prevalence of hearing loss in US  
18 adolescents. *JAMA* 2010;304:772–8.

19  
20  
21  
22 126 Rubak T, Kock SA, Koefoed-Nielsen B, et al. The risk of noise-induced hearing loss in the  
23 Danish workforce. *Noise Health* 2006;8:80–7.

24  
25  
26  
27 127 Chen WX, Huang YL, Xie YQ, et al. Investigation and analysis of noise hazards in Foshan  
28 city from 2007 to 2016. *Industrial Hygiene and Occupational Diseases* 2019:132–3.

29  
30  
31  
32 128 Zhu W, Ding B, Sheng H, et al. Occupational noise-induced deafness diagnosis analysis in  
33 Jiangsu from 2006 to 2009. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2015;33:671–3.

34  
35  
36  
37 129 Seixas NS, Neitzel R, Stover B, et al. 10-year prospective study of noise exposure and hearing  
38 damage among construction workers. *Occup Environ Med* 2012;69:643–50.

39  
40  
41  
42 130 Lie A, Skogstad M, Johnsen TS, et al. A cross-sectional study of hearing thresholds among  
43 4627 Norwegian train and track maintenance workers. *BMJ Open* 2014;4:e005529.

44  
45  
46  
47 131 Lie A, Skogstad M, Johannessen HA, et al. Occupational noise exposure and hearing: a  
48 systematic review. *Int Arch Occup Environ Health* 2016;89:351–72.

49  
50  
51  
52 132 Samant Y, Parker D, Wergeland E, et al. The Norwegian labour inspectorate's registry for  
53 work-related diseases: data from 2006. *Int J Occup Environ Health* 2008;14:272–9.

54  
55  
56  
57 133 Bauer P, Körpert K, Neuberger M, et al. Risk factors for hearing loss at different frequencies  
58 in a population of 47,388 noise-exposed workers. *J Acoust Soc Am* 1998;90:3086–98.  
59  
60

- 1  
2  
3  
4 134 Chen TJ, Chiang HC, Chen SS. Effects of aircraft noise on hearing and auditory pathway  
5  
6 function of airport employees. *J Occup Med* 1992;34:613–9.  
7  
8  
9 135 Qui W, Zhang M, Xu W, et al. The application of the kurtosis metric in evaluating hearing  
10  
11 trauma from complex noise exposures. *Chinese Journal of Otology* 2016.  
12  
13  
14 136 Seixas N, Neitzel R, Sheppard L, et al. Alternative metrics for noise exposure among  
15  
16 construction workers. *Ann Occup Hyg* 2005;49:493–502.  
17  
18  
19 137 Seixas N S, Neitzel R, Stover B, et al. 10-year prospective study of noise exposure and  
20  
21 hearing damage among construction workers. *Occup Environ Med* 2012;69:643–50.  
22  
23  
24 138 Clifford RE, Rogers RA. Impulse noise: theoretical solutions to the quandary of cochlear  
25  
26 protection. *Ann Otol Rhinol Laryngol* 2009;118:417–27.  
27  
28  
29 139 Davis R, Qiu W, Heyer NJ, et al. The use of the kurtosis metric in the evaluation of  
30  
31 occupational hearing loss in workers in China: implications for hearing risk assessment. *Noise*  
32  
33 *Health* 2012;14:330–42.  
34  
35  
36 140 Davis RI, Qiu W, Hamernik RP. Role of the kurtosis statistic in evaluating complex noise  
37  
38 exposures for the protection of hearing. *Ear Hear* 2009;30:628–34.  
39  
40  
41 141 Wathier L, Venet T, Thomas A, et al. Membrane fluidity does not explain how solvents act on  
42  
43 the middle-ear reflex. *Neurotoxicology* 2016;57:13–21.  
44  
45  
46 142 Zhang M, Xu P, Gu Q. Research progress on ototoxicity and hearing loss effects of organic  
47  
48 solvents. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2016;34:873–7.  
49  
50  
51 143 Fuente A, Qiu W, Zhang M, et al. Use of the kurtosis statistic in an evaluation of the effects of  
52  
53 noise and solvent exposures on the hearing thresholds of workers: an exploratory study. *J Acoust*  
54  
55 *Soc Am* 2018;143:1704.  
56  
57  
58  
59  
60



1  
2  
3  
4 144 Hormozi M, Ansari-Moghaddam A, Mirzaei R, et al. The risk of hearing loss associated with  
5  
6 occupational exposure to organic solvents mixture with and without concurrent noise exposure: a  
7  
8 systematic review and meta-analysis. *Int J Occup Med Environ Health* 2017;30:521–35.

9  
10  
11 145 Campo P, Morata TC, Hong OS. Chemical exposure and hearing loss. *Dis Mon* 2013;59:119–  
12  
13  
14 38.

15  
16  
17 146 Unlu I, Kesici GG, Basturk A, et al. A comparison of the effects of solvent and noise  
18  
19 exposure on hearing, together and separately. *Noise Health* 2014;16:410–5.

20  
21  
22 147 Kim J, Park H, Ha E. Combined effects of noise and mixed solvents exposure on the hearing  
23  
24 function among workers in the aviation industry. *Ind Health* 2005;43:567–73.  
25  
26  
27  
28  
29  
30  
31  
32  
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37  
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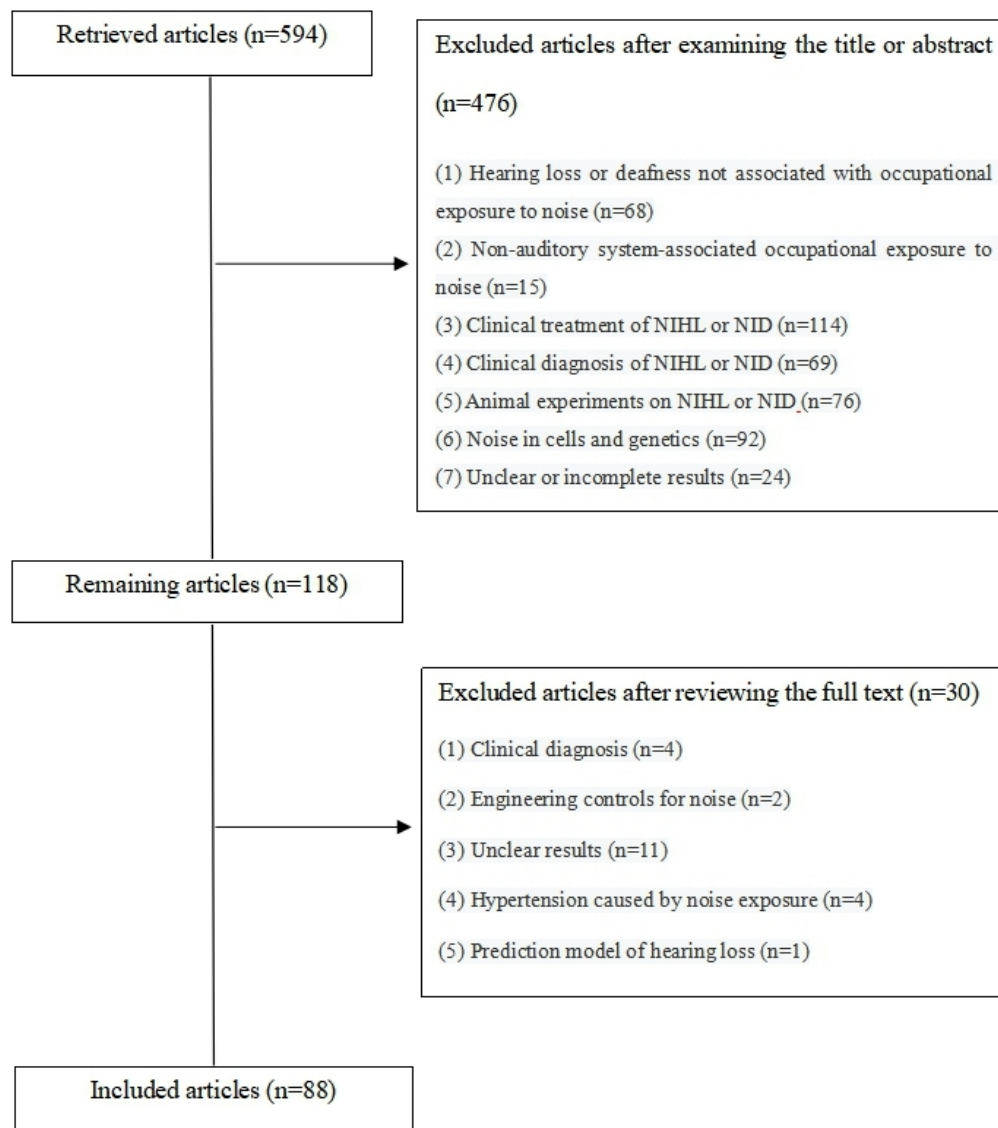
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**FIGURE LEGENDS**

**Figure 1** Flowchart of the selection of articles for meta-analysis.

**Figure 2** Forest plots of cross-sectional studies.

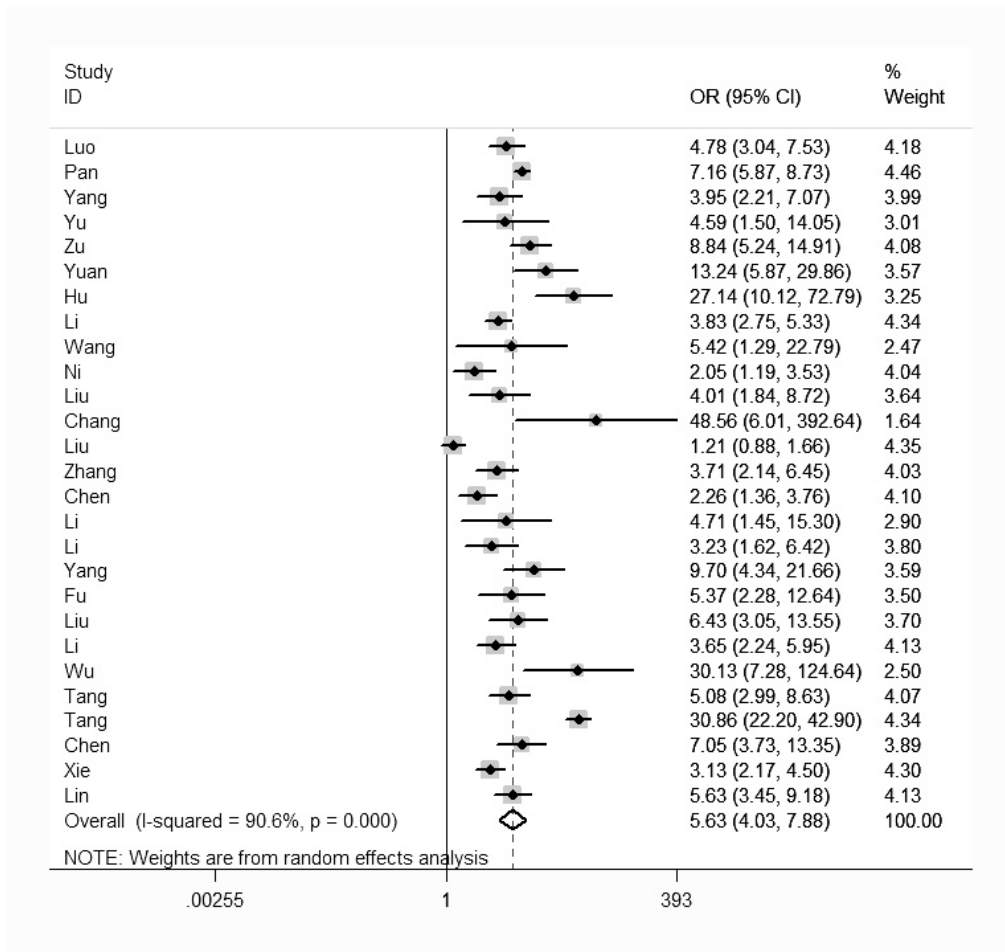
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Flowchart of the selection of articles for meta-analysis

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Forest plots of cross-sectional studies.

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Supplementary material: More than two pages of tables in the article and  
a plethora of other tables

Appendix

**Table 1** Prevalence of NIHL among workers in the transportation industry

Author	Type of transportation	Population			Noise level (max) [dB(A)]	NIHL (%)			
		N	Age (years)	Exposure duration (years)		Male (%)	HFNIHL	SFNIHL	NID
Hu[48]	Air	1498	29.7	-	73.0	-	6.1	4	-
Rong[49]	Railway	2045	39.9±6.8	18.0±11.0	100.0	97.1	13.1	-	5.9
Ge[50]	Ship	1000	20.0-60.0	-	100.0	-	15.6	-	-
Xu[51]	Ship	53	17.0-42.0	-	100.0	-	60.4	-	-
Peng[52]	Railway	1214	23.0-58.0	17.7±10.0	100.0	-	10.3	5.8	-
Total	-	5810	17.0-60.0	17.9±10.6	93.0	97.1	11.6	5.6	5.9

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 2** Prevalence of NIHL among workers in the mining industry

Author	Type of mining	Population				Noise level (max) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Zhang[53]	Mining	389	24-53	-	100.0	-	73.5	13.1	-
Yuan[54]	Oil field	211	31.8±8.4	10.6±6.8	100.0	94.0	24.6	5.2	-
Zhao[55]	Coal mining	1137	29.6±2.4	9.2±0.8	100.0	117.0	80.8	-	10.1
Zhang[56]	Mining	508	46.4±8.5	4.1±4.0	-	107.5	40.3	3.1	10.6
Total	-	2245	34.4±9.3	8.0±4.0	100.0	106.2±11.6	65.1	7.0	10.3

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 3** Prevalence of noise exposure and NIHL among manufacturing workers

Author	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Chen[57]	Sports equipment	247	34.0±6.5	-	89.9	-	17.0	-	4.9
Gao[58]	Rolling mills	629	40.0±7.0	1-41	83.5	118.0	25.6	-	4.3
Gao[59]	-	1023	17-55	5.1	74.2	95.8	11.3	4.8	-
Gao[60]	Toys	720	31.8±3.7	-	56.4	-	10.4	-	-
Jiao[61]	-	520	21-58	15.2	60.8	101.5	-	-	12.8
Li[62]	Aviation	1197	-	10.2±7.9	-	102.5	43.5	-	-
Lin[63]	-	386	26.6±6.3	3.4±2.3	79.5	89.9	74.1	50.5	-
Liu[64]	Oxygen mills	333	20-59	14.0	68.5	103.0	11.1	3.0	-
Lv[65]	Airport	290	33.4±10.3	14.5±11.2	-	98.8	48.6	6.6	-
Wang[66]	-	512	-	-	-	91.6	81.3	21.3	-
Wang[67]	Textile	1001	38.1±3.0	16.5±4.5	18.7	-	65.1	3.0	-
Yan[68]	Tank	406	18-32	-	100.0	-	34.5	23.2	-
Yan[69]	-	528	-	-	-	115.0	83.7	23.0	-
Guo[70]	Textile	60	25.8±8.4	3.6±3.1	16.7	100.5	28.3	-	-
Nie[71]	Shipbuilding	3260	40.4±8.8	7.7±3.8	90.2	112.1	11.8	3.4	-
Wang[72]	Textile	1156	30.7±5.6	11.9±5.3	-	93.7	33.3	17.3	-
Zhang[73]	Textile	481	18-58	1-33	25.4	98.4	11.9	-	-
Ni[74]	Textile	618	35.8±6.1	10.6±7.6	-	113.5	23.6	0.8	-
Xie[75]	Steel	98	37.0	-	84.7	134.5	61.2	17.3	-
Chen[76]	Automotive	6557	27.0	3.5	96.4	119.1	28.8	-	-
Ning[77]	Manufacturing	1439	20-55	1-5	77.5	100.0	33.6	5.4	-
Xu[78]	Forging	272	33.7	4.2	-	129	26.1	-	-
Liu[79]	Manufacturing	3432	32.7±7.4	3.8±2.5	81.2	92.1±4.9	37.1	3.9	-
Peng[80]	Automotive	706	35.5±7.6	11.1±7.8	65.7	99.3	59.8	9.1	-
Huang[81]	Electronics	172	28.3	4.3	66.3	100.0	36.0	15.1	-
Li[82]	Steel pipes	106	29.8±2.4	7.6	-	89.6±9.7	28.3	-	-
Chen[83]	Tires	953	37.9±8.6	11.8±7.1	90.3	91.2	10.5	-	-

Author	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Bao[84]	Automotive	3411	22.4±3.0	4.3±3.0	100.0	86.9	15.7	-	-
You[85]	Textile	1000	33.1±8.0	11.1±8.2	0.0	90.8±7.6	42.6	-	-
Chen[86]	Bottled drinks	154	29.9±5.5	5.3±3.7	-	89.6	20.8	-	3.3
Zhang[87]	Metal processing	965	27.4±6.5	5.6±2.3	90.6	88.2±3.5	27.5	-	-
Zhou[88]	Welding	924	32.4±7.5	10.0±6.5	94.5	100.7	48.3	11.6	-
Wang[89]	Steel rolling	120	25-55	2-39	-	99.3	75.8	15.0	-
Qian[90]	Welding	980	32.0±7.0	9.6±6.3	91.8	84.1±12.7	33.7	-	-
Total	-	34,656	32.6±8.9	7.9±6.3	81.6	96.2±5.1	30.9	8.5	7.1

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.



**Table 4** Meta-analysis of cross-sectional studies with references to NIHL among manufacturing workers

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Luo[91]	Exposure	Petrochemicals	908	-	20.1±9.1	-	91.8	38.3	-	0.6	4.78	3.04-7.53
	Control		200	-	23.3±9.0	-	-	11.5	-	-		
Pan[92]	Exposure	Shipbuilding	1000	-	-	-	110.0	69.1	10.9	-	7.16	5.87-8.73
	Control		1000	-	-	-	-	23.8	1.3	-		
Yang[93]	Exposure	Furniture	345	31.6±7.4	15.3±12.2	75.7	-	32.2	-	0.9	3.95	2.21-7.07
	Control		140	43.4±8.2	20.2±10.1	71.4	-	10.7	-	-		
Yu[94]	Exposure	Cooking	116	-	-	-	90.0	15.5	9.5	-	4.59	1.50-14.05
	Control		104	-	-	-	-	3.8	4.8	-		
Zu[95]	Exposure	Metal processing	570	-	2.8±2.9	59.3	96.6	44.0	-	1.8	8.84	5.24-14.91
	Control		208	-	2.6±2.5	54.3	71.1	8.2	-	-		
Yuan[96]	Exposure	Forging	88	36.5±9.4	19.1±8.7	-	109.0	61.4	26.1	-	13.24	5.87-29.86
	Control		84	37.2±8.6	20.3±7.7	-	58.0	10.5	1.2	-		
Hu[97]	Exposure	Tubes	123	32.6±3.9	12.2±2.5	-	109.0	68.3	35.5	-	27.14	10.12-72.79
	Control		68	34.6±4.5	13.2±3.5	-	-	7.4	-	-		
Li[98]	Exposure	Manufacturing	4908	33.7±9.2	-	95.8	115.7	17.3	12.5	-	3.83	2.75-5.33
	Control		753	35.1±10.6	-	96.7	-	5.2	3.3	-		
Wang[99]	Exposure	Gem processing	381	39.4±9.1	10.7±5.1	43.8	102.3	15.8	3.4	-	5.42	1.29-22.79
	Control		60	45.4±10.5	13.4±11.1	35.0	-	3.3	1.7	-		
Ni[100]	Exposure	Boilers	105	42.9±8.5	17.6±11.9	91.4	123.8	58.1	8.6	-	2.05	1.19-3.53
	Control		109	41.8±6.0	18.7±10.3	89.0	82.0	40.4	1.8	-		

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Liu[101]	Exposure	Tobacco	1314	36.7±8.0	17.3±9.6	54.5	82.1	22.1	2.4	-	4.01	1.84-8.72
	Control		106	37.3±6.7	18.4±6.6	56.6	51.5	6.6	0.9	-		
Chang[102]	Exposure	Liquefied	37	46.7±7.6	12.7±7.4	-	79.1±5.1	56.8	-	-	48.56	6.01-392.64
	Control	petroleum gas	38	38.3±5.7	7.3±3.1	-	55.4±4.4	2.6	-	-		
Liu[103]	Exposure	Coal processing	360	43.5±6.4	-	68.1	-	30.8	12.8	-	1.21	0.88-1.66
	Control		378	42.8±6.9	-	65.9	-	27.0	7.4	-		
Zhang[104]	Exposure	Electronics	495	26.3±3.6	5.0±3.0	73.5	86.6±2.6	30.7	14.9	-	3.71	2.14-6.45
	Control		150	26.5±3.7	5.0±3.4	80.0	-	10.7	1.3	-		
Chen[105]	Exposure	Electronics	1012	44.5±6.8	21.5±8.3	74.0	86.9±12.9	14.3	-	-	2.26	1.36-3.76
	Control		261	43.7±8.7	-	75.9	61.3±3.4	6.9	-	-		
Li[106]	Exposure	Boilers	120	32.6±9.7	4.8±2.8	-	108.0	59.2	15.0	-	4.71	1.45-15.30
	Control		17	34.1±9.6	4.2±2.3	-	-	23.5	0.0	-		
Li[107]	Exposure	Manufacturing	170	34.1±10.0	10.5±6.2	-	98.5	24.7	-	-	3.23	1.62-6.42
	Control	in general	130	35.6±8.7	12.1±6.9	-	-	9.2	-	-		
Yang[108]	Exposure	Sheet metals	63	31.3±6.9	7.8±7.1	87.3	125.0	57.1	-	27.0	9.70	4.34-21.67
	Control	-	91	33.5±8.2	9.1±7.5	86.8	-	12.1	-	7.7		
Fu[109]	Exposure	Chemical	153	34.5	9.1	71.2	86.8	44.4	15.7	-	5.37	2.28-12.64
	Control	plants	54	29.5	6.8	55.6	-	13.0	1.9	-		
Liu[110]	Exposure	Mechanical	404	36.2	11.7	97.3	106.4	22.0	-	-	6.43	3.05-13.55
	Control	processing	190	37.2	10.8	67.9	-	4.2	-	-		
Li[111]	Exposure	Gem	890	23.9±3.9	2.7±2.1	96.4	89.2±2.8	34.3	-	-	3.65	2.24-5.95
	Control	processing	160	24.7±4.1	2.9±1.9	96.9	-	12.5	-	-		

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Wu[112]	Exposure	Shoes	320	31.0	8.0	0.0	96.0	17.8	2.8	-	30.13	7.28-124.64
	Control		280	33.0	10.3	0.0	-	0.7	0.4	-		
Tang[113]	Exposure	Manufacturing	726	38.2±8.2	23.0±9.2	-	88.3±16.1	12.5	1.8	3.4	5.08	2.99-8.63
	Control		620	30.6±7.5	16.5±8.4	-	-	2.7	0.6	1.1		
Tang[114]	Exposure	Manufacturing	1200	22-55	9.3±7.1	100.0	85.6±1.9	57.5	-	-	30.86	22.20-42.90
	Control		1000	22-55	9.4±7.0	100.0	43.9±1.0	4.2	-	-		
Chen[115]	Exposure	Textile	294	22.8±5.3	7.2±5.2	0.0	98.0	23.5	3.4	-	7.05	3.73-13.35
	Control		288	23.5±6.2	-	0.0	-	4.2	0.7	-		
Xie[116]	Exposure	Paper industry	1717	31.2±4.8	9.5±4.7	99.4	104.0	22.6	12.3	-	3.13	2.17-4.50
	Control		410	35.8±6.9	10.2±5.8	98.5	73.4	8.5	4.6	-		
Lin[117]	Exposure	Machinery	500	28.8	-	56.0	104.5	19.8	2.6	-	5.63	3.45-9.19
	Control		500	27.2	-	57.6	-	4.2	0.0	-		
Total	Exposure	-	18,319	33.9±9.4	12.6±9.8	81.4	102.2±7.2	28.7	10.0	2.3	5.63	4.03-7.88
	Control		7399	34.9±10.1	12.0±9.1	73.4	63.5±3.8	9.9	2.1	2.0		

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.



# PRISMA 2009 Checklist

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Section/topic	#	Checklist item	Reported on page #
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2, 3
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	5
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	7
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	None
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	None
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	7
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	None
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	7
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	9
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	7



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Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	None
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	8
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$ ) for each meta-analysis.	None

Page 1 of 2

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	None
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	None
<b>RESULTS</b>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	9
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	9-15
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	None
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	9-15
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	16-18
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	None
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	None
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	18-22



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Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	18-22
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	22
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	24

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

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# BMJ Open

## Occupational noise-induced hearing loss in China: a systematic review and meta-analysis

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<b>Primary Subject Heading</b>:	Occupational and environmental medicine
Secondary Subject Heading:	Occupational and environmental medicine, Public health
Keywords:	OCCUPATIONAL & INDUSTRIAL MEDICINE, PUBLIC HEALTH, Health & safety < HEALTH SERVICES ADMINISTRATION & MANAGEMENT

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# Occupational noise-induced hearing loss in China: a systematic review and meta-analysis

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Word count (excluding title page, abstract, references, figures, and tables): 3317 words

**ABSTRACT**

**Objective** Most of the Chinese occupational population are becoming at risk of noise-induced hearing loss (NIHL). However, there is a limited number of literature reviews on occupational NIHL in China. This study aimed to analyze the prevalence and characteristics of occupational NIHL in the Chinese population using data from relevant studies.

**Design** Systematic review and meta-analysis.

**Methods** From December 2019 to February 2020, we searched the literature through databases, including Web of Science, PubMed, MEDLINE, Scopus, the China National Knowledge Internet, Chinese Sci-Tech Journal Database (weip.com), WanFang Database, and China United Library Database, for studies on NIHL in China published in 1993-2019 and analyzed the correlation between NIHL and occupational exposure to noise, including exposure to complex noise and co-exposure to noise and chemicals.

**Results** A total of 71,865 workers aged  $33.5 \pm 8.7$  years were occupationally exposed to  $98.6 \pm 7.2$  dB(A) (A-weighted decibels) noise for a duration of  $9.9 \pm 8.4$  years in the transportation, mining, and typical manufacturing industries. The prevalence of occupational NIHL in China was 21.3%, of which 30.2% was related to high-frequency noise-induced hearing loss (HFNIHL), 9.0% to speech-frequency noise-induced hearing loss (SFNIHL), and 5.8% to noise-induced deafness (NID). Among manufacturing workers, complex noise contributed to greater HFNIHL than Gaussian noise (overall weighted odds ratio [OR]=1.95). Co-exposure to noise and chemicals such as organic solvents, welding fumes, carbon monoxide, and hydrogen sulfide led to greater HFNIHL than noise exposure alone (overall weighted OR=2.36). Male workers were more likely to experience HFNIHL than female workers (overall weighted OR=2.26). Age, noise level, and

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4 exposure duration were also risk factors for HFNIHL (overall weighted OR=1.35, 5.63, and 1.75,  
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6 respectively).

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9 **Conclusions** The high prevalence of occupational NIHL in China was related to the wide  
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11 distribution of noise in different industries as well as high-level and long-term noise exposure. The  
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13 prevalence was further aggravated by exposure to complex noise or co-exposure to noise and  
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15 specific chemicals. Additional efforts are needed to reduce occupational noise exposure in China.  
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22 **Keywords** Noise; Occupational exposure; Hearing loss; Workplace; Systematic review  
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**Strengths and limitations of this study**

- The study attempts to address the limited number of literature reviews on occupational noise-induced hearing loss in China.
- A very large sample of workers with harmful exposure to occupational noise were included in the study.
- Our findings could provide a basis for the early prevention and control of occupational noise-induced hearing loss and the implementation of hearing protection programs in China and other developing countries.
- The number of Chinese studies focusing on speech-frequency noise-induced hearing loss and deafness was limited, resulting in an insufficient sample in these categories.
- There were no well-designed prospective studies on noise, and there were insufficient cohort studies on the topic.

## INTRODUCTION

Hearing loss is the most prevalent sensory disability worldwide, and noise-induced hearing loss (NIHL) has been a global public health problem. NIHL is a type of progressive sensorineural hearing loss caused by noise exposure. With the rapid development of industrialization, people are increasingly becoming at risk of NIHL. The World Health Organization estimated that 10% of the global population are exposed to noise pollution, of whom 5.3% experience NIHL.[1-2]

Approximately 16% of adult hearing loss cases are associated with exposure to noise in the workplace.[3] Occupational NIHL is the most prevalent occupational disease worldwide, with >10% of workers in developed countries having NIHL.[4] About 600 million workers are exposed to harmful levels of noise globally.[5] Each year, about 22 million workers are exposed to harmful levels of noise in the United States,[6] while about 1.7 million workers are exposed to >85 dB(A) (A-weighted decibels) of noise in Britain.[7] Occupational noise-induced deafness (NID) accounts for >60% of all occupational diseases reported in Norway.[8] From 2002 to 2005, 16.2%-22.9% of Korean workers were exposed to workplace noise exceeding 85 dB(A), and 4,483 workers had NID.[9] In China, >10 million workers are exposed to harmful noise.[10] In recent years, China has been facing a change in the spectrum of occupational diseases, i.e., NID followed by pneumoconiosis has replaced occupational poisoning as the second most common occupational disease, with an annual increase of 20%.[11] The prevalence of occupational NIHL in China is estimated to be >20%.[12] In some developing countries, workers exposed to noise in the transportation and manufacturing industries account for a high prevalence of NIHL, ranging from 18% to 67%.[13-14]

Industrial noise may consist of steady noise (Gaussian noise) or complex noise

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4 (non-Gaussian noise), with the latter being the dominant type in the workplace. Complex noise is  
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6 composed of transient high-energy impulsive noise superimposed on stationary (Gaussian)  
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8 background noise.[15] Animal experiments and a few epidemiological surveys revealed that  
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10 exposure to complex noise could lead to greater hearing damage and is not only associated with  
11  
12 noise energy but also with its complex temporal structure.[16] These findings have challenged the  
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14 appropriateness of the international noise exposure standard (ISO-1999, 2013)[17, 18] and the  
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16 safety of the occupational exposure limit of noise (e.g., 85 dB(A)), in which the measurement of  
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18 noise energy (the equivalent sound level) serves as the sole method for evaluating noise based on  
19  
20 the “equal energy hypothesis.”[19-21] Currently, kurtosis is considered a good parameter for  
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22 reflecting the temporal structure and impulsiveness of noise, and its combination with energy is an  
23  
24 effective indicator for evaluating hearing loss caused by complex noise.[22, 23] In addition,  
25  
26 combined exposure to noise and chemicals may exacerbate hearing loss.[10, 24-27]  
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28 Epidemiological studies have shown that exposure to mixed organic solvents is associated with an  
29  
30 excessive risk of developing hearing loss, with or without concurrent noise exposure, in humans.  
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32 Workers from a wide range of industrial sectors, whose jobs involve the use of paints, thinners,  
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34 lacquers, and printing inks, are usually exposed to mixtures of xylene, toluene, benzene, methyl  
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36 ethyl ketone, etc.  
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48 Although a large number of workers in China are reported to be at high risk of developing  
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50 NIHL, the epidemiological characteristics and prevalence of NIHL are not well understood, and  
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52 there is a limited number of literature reviews on the topic. This study therefore aimed to review  
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54 the literature regarding NIHL in the Chinese occupational population and analyze the data to  
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56 understand the prevalence and characteristics of NIHL in the workplace, including exposure to  
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4 different types of noise or co-exposure to noise and chemicals. Our findings could provide a basis  
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6 for the early prevention and control of occupational NIHL and the implementation of hearing  
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8 protection programs in China and other developing countries.  
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## 11 12 13 14 **METHODS**

### 15 16 17 **Literature retrieval**

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19 We used English literature databases such as the Web of Science, PubMed, MEDLINE, and  
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21 Scopus. We also searched Chinese literature databases including the China National Knowledge  
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23 Internet, Chinese Sci-Tech Journal Database (weip.com), WanFang Database, and China United  
24  
25 Library Database. The keywords searched were “noise-induced hearing loss,” “noise and hearing  
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27 loss,” “noise-induced deafness,” “NIHL,” “hearing threshold shift,” “complex noise,”  
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29 “co-exposure,” and “noise and chemical exposure.” The date of search was between  
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31 December 2019 and February 2020.  
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### 37 38 **Inclusion and exclusion criteria**

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40 We included studies on overt hearing loss associated with occupational exposure to noise in  
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42 Chinese populations published in Chinese and English journals from 1993 to 2019. The inclusion  
43  
44 criteria were as follows: (1) studies with Chinese subjects, (2) studies whose subjects had a clear  
45  
46 history of occupational exposure to noise, and (3) studies in accordance with an occupational  
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48 health standard in China (e.g., Diagnosis of Occupational Noise-Induced Deafness, GBZ  
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50 49-2014).[28] High-frequency noise-induced hearing loss (HFNIHL) was defined as an average  
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52 hearing threshold of  $\geq 40$  dB for binaural high-frequency sound (3, 4, and 6 kHz) or an average  
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54 hearing threshold in either ear of  $\geq 30$  dB at 3, 4, and 6 kHz. Speech-frequency noise-induced  
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4 hearing loss (SFNIHL) was defined as an average hearing threshold of  $\geq 26$  dB in the better ear at  
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6 speech frequencies of 500, 1000, and 2000 Hz. Meanwhile, NID was defined according to the  
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8 average hearing threshold for high-frequency and speech-frequency sounds, progressive hearing  
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10 loss, tinnitus and other symptoms, and pure-tone audiometry results for sensorineural deafness.  
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14 The exclusion criteria were as follows: (1) studies on hearing loss or deafness that was not  
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16 associated with occupational exposure to noise; (2) studies on noise exposure not associated with  
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18 the auditory system; (3) studies on the clinical treatment of NIHL or NID; (4) studies on the  
19  
20 clinical diagnosis of NIHL or NID; (5) studies on animal experiments investigating NIHL or NID;  
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22 (6) studies on noise in cells and genetics; (7) studies on noise with unclear or incomplete results or  
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24 unclear description of subjects; or (8) books, conferences, and news articles on noise exposure.  
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### 32 **Data analysis and extraction**

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35 EndNote software was used to screen and extract the relevant literature. Information  
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37 regarding the study design, type of industry, noise level, and hearing loss and general information  
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39 about the target population were extracted from each study for systematic review and  
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41 meta-analysis. A meta-analysis is a research study that synthesizes and analyzes statistical data  
42  
43 from multiple independent studies.[29] Briefly, after relevant questions were formed, the criteria  
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45 for collecting and selecting literature data were established based on the research purpose. The  
46  
47 collected literature data were then characterized and classified. Finally, comprehensive weighted  
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49 average statistics (e.g., overall weighted odds ratios [ORs]) were calculated based on the  
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51 characteristics of the studies, including the subject characteristics (e.g., sex, age, and exposure  
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53 duration), type of noise (complex noise vs. Gaussian noise), and exposure characteristics (noise  
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4 exposure vs. no noise exposure, co-exposure to noise and chemicals vs. noise exposure).  
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6 A total of 594 articles were retrieved. Among them, 476 were excluded after examining the  
7 title or abstract based on the exclusion criteria. Of the 118 articles, 30 were further excluded after  
8 reviewing the full text. The remaining 88 articles, which consisted of cross-sectional studies  
9 (79.5%), cohort studies (3.4%), and hot-spot studies (17.1%) on exposure to complex noise and  
10 co-exposure to noise and chemicals, were included in the systematic review and meta-analysis  
11 (figure 1).  
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### 22 **Patient and public involvement**

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24 No patient involved in the study.  
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## 30 **RESULTS**

### 31 **Cross-sectional studies on NIHL prevalence**

32 Appendix table 1 describes five studies on occupational NIHL in the transportation industry (e.g.,  
33 ship, railway, and air transportation), with a total sample size of 5,810 workers. For this sector, the  
34 maximum level of noise in the workplace was reported to be 97.1 dB(A). The prevalence of  
35 HFNIHL, SFNIHL, and NID among the workers was 11.6%, 5.6%, and 5.9%, respectively.  
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45 Appendix table 2 shows five studies on noise in the mining industry, with a total sample size  
46 of 2,245 workers. Among the studies, the average maximum level of noise reported in the  
47 workplace was 106.2 dB(A). The prevalence of HFNIHL, SFNIHL, and NID among the workers  
48 was 65.1%, 7.0%, and 10.3%, respectively.  
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55 Appendix table 3 shows a total of 34 studies with a total sample size of 34,656 workers in the  
56 manufacturing industries were analyzed. The most common manufacturing industries associated  
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4 with high noise exposure were typical enterprises, such as automobile manufacturing, air  
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6 conditioning manufacturing, and the textile industry, whose workers were mainly young male  
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8 adults. The average noise level in these workplaces was  $96.2\pm 5.1$  dB(A). The prevalence of  
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10 HFNIHL, SFNIHL, and NID was 30.9%, 8.5%, and 7.1%, respectively.  
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### 17 **Cross-sectional studies with references to NIHL prevalence**

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19 Appendix table 4 shows a total of 27 cross-sectional studies with references to occupational  
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21 NIHL. There were 18,319 workers in the exposed groups with average noise levels of  $102.2\pm 7.2$   
22  
23 dB(A) and 7,399 controls with average noise levels of  $63.5\pm 3.8$  dB(A). The prevalence of  
24  
25 HFNIHL among the exposed workers was 28.7%, which was significantly higher than that (9.9%)  
26  
27 in the controls. The prevalence of SFNIHL was also significantly higher in the exposed groups  
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29 than in the control groups. The fixed-effects model of the meta-analysis showed that the overall  
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31 weighted OR for noise exposure as a risk factor for HFNIHL was 5.63 (95% confidence interval  
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33 [CI], 4.03-7.88). Moreover, the forest plot (figure 2) displayed the magnitude and uncertainty of  
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35 the 95% CI of OR in each effect size in the dataset. The 95% CI of OR in each study was  $>1$ .  
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### 46 **Typical cohort studies on NIHL incidence**

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48 Only three cohort studies dynamically investigated hearing loss in 2,999 workers from the oil  
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50 field, electrolytic aluminum, and automobile manufacturing industries (table 1). The results  
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52 showed that the incidence of HFNIHL and SFNIHL in these sectors was 22.1% and 8.1%,  
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54 respectively. Moreover, cumulative noise exposure (CNE) was shown to aggravate hearing loss,  
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56 and the length of service was positively correlated with the incidence of hearing loss.  
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**Table 1** Meta-analysis of typical cohort studies on NIHL incidence

Author	Type of factory	Population		Study duration	Years of follow-up	Noise level (max or mean) [dB(A)]	NIHL incidence (%)		
		N	Exposure duration (years)				HFNIHL	SFNIHL	Average
Jing[30]	Oil field	673	1.0-30.0	2006-2010	5	106.8	30.6	3.7	17.2
Xu[31]	Electrolytic aluminum	1929	1.0-30.0	2008-2012	5	87.1±2.2	16.6	10.9	13.8
He[32]	Automobile	397	8.8±8.7	2014-2016	3	101.3	34.3	2.3	18.3
Total	-	2999	8.8±8.7	2006-2016	-	98.4±7.2	22.1	8.1	15.1

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss.

### Hot-spot research on noise exposure and NIHL

NIHL associated with complex noise

Seven studies were about NIHL associated with complex noise vs. Gaussian noise. There were no significant differences in CNE, noise level, age, or sex between the Gaussian noise groups and complex noise groups ( $P>0.05$ ) (table 2). The kurtosis of complex noise ( $33.0\pm 51.7$ ) was significantly higher than that of Gaussian noise ( $3.3\pm 0.3$ ). The prevalence of HFNIHL in the complex noise groups was 34.5%, which was significantly higher than that (25.6%) in the Gaussian noise groups (chi-square test,  $P<0.01$ ). The fixed-effects model of the meta-analysis showed that the overall weighted OR for complex noise affecting HFNIHL prevalence was 1.95.

**Table 2** Prevalence of NIHL associated with complex noise vs. Gaussian noise

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	CNE [dB(A)·year]	Kurtosis (mean±SD)	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)				HFNIHL	SFNIHL	NID	OR	95% CI
Liu[33]	Gaussian	Clothing	1421	32.8±6.9	3.6±2.1	79.9	93.4±5.0	99.1±8.2	-	9.2	-	6.8	0.83	0.61-1.11
	Complex	Hardware	957	32.5±8.3	4.1±1.8	78.0	93.1±4.2	99.0±7.8	-	7.7	-	6.3		
Xie[34]	Gaussian	Textile	26	35.7±8.2	9.8±5.9	76.9	95.1±1.3	104.0±4.4	-	38.5	7.7	-	2.53	1.04-6.14
	Complex	Rolling	98	37.4±6.5	9.9±7.4	84.7	94.9±4.0	103.5±6.3	-	61.2	17.4	-		
Zheng[35]	Gaussian	Machinery	399	33.6±9.9	11.6±8.6	70.2	100.0	96.8±6.0	-	56.6	25.8	-	2.94	2.06-4.19
	Complex	Machinery	271	30.6±8.8	10.1±8.2	86.7	102.1	104.8±5.0	-	79.3	39.1	-		
Zhang[36]	Gaussian	Machinery	202	-	-	100.0	93.4±1.5	-	-	13.4	-	0.5	9.13	5.60-14.89
	Complex	Machinery	212	-	-	100.0	92.7±1.0	-	-	58.5	-	6.1		
Zhao[37]	Gaussian	Textile	163	31.5±8.7	12.7±8.4	100.0	99.9±4.2	110.6±6.0	3.3±0.3	64.4	-	-	1.06	0.48-2.34
	Complex	Metal	32	35.1±7.2	12.3±7.1	37.5	95.2±3.1	103.2±4.2	40.0±44.0	65.6	-	-		
Xie[38]	Gaussian	Textile	163	31.7±8.7	12.7±8.4	49.7	101.2±4.7	110.3±6.1	3.2±0.3	64.4	-	-	0.74	0.48-1.15
	Complex	Steel	178	38.1±7.6	13.0±8.0	100	93.6±5.7	103.6±7.2	37.1±52.9	57.3	-	-		
Zhang[39]	Gaussian	Pharmaceut ical	62	36.8±6.6	-	66.1	92.2±5.3	97.6±5.5	-	32.3	-	-	2.59	1.13-5.96
	Complex	Forging	38	32.9±5.5	-	100.0	95.2±3.9	97.0±6.4	-	55.3	-	-		
Total	Gaussian	-	2436	32.9±7.9	6.5±6.6	92.1	96.3±6.1	101.9±8.8	3.3±0.3	25.6	24.7	6.1	1.95	0.93-4.09
	Complex	-	1786	33.2±8.5	6.7±6.1	67.8	94.0±4.8	103.3±6.5	33.0±51.7	34.5	33.3	6.2		

CNE, cumulative noise exposure; dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.

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4 NIHL associated with co-exposure to noise and chemicals  
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6 Table 3 shows eight studies regarding NIHL associated with co-exposure to noise and chemicals  
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8 (e.g., dust, benzene, welding fumes, n-hexane, hydrogen, carbon, ethylbenzene) vs. exposure to  
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10 noise alone. There were no significant differences in noise level, age, or sex between the noise  
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12 groups and co-exposure groups ( $P>0.05$ ). Moreover, the prevalence of co-exposure to noise and  
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14 chemicals was 54.2%, which was significantly higher than that of exposure to noise alone (30.3%)  
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16 (chi-square test,  $P<0.01$ ). The fixed-effects model of the meta-analysis showed that the overall  
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18 weighted OR for co-exposure to noise and chemicals was 2.36.  
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**Table 3** NIHL associated with co-exposure to noise and specific chemicals

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Zhang[40]	Noise	Automobile	1604	33.8±3.5	-	-	86.9	25.4	2.6	-	2.09	1.54-2.83
	Co-exposure to welding fumes and noise	Tires	202	33.8±3.5	-	-	95.9	41.6	5.9	-		
Song[41]	Noise	Pharmaceutical	169	-	-	-	85	40.8	10.7	-	2.11	1.28-3.47
	Co-exposure to benzene and noise		103	-	5.0-10.0	-	85	59.2	17.5	-		
Chen[42]	Noise	Metal	59	33.8±5.6	13.6±5.2	-	94.0	29.2	-	-	3.89	1.75-8.63
	Co-exposure to welding fumes and noise	components	65	33.7±5.2	13.6±5.7	-	100.0	61.5	-	-		
Xiong[43]	Noise	Technological	45	36.8±10.6	12.6±11.4	-	87.2	33.3	13.3	-	2.12	1.02-4.39
	Co-exposure to n-hexane and noise	Printing	105	36.9±10.2	14.1±10.7	-	86.4	51.4	21.0	-		
Wu[44]	Noise	Petrochemical plants	52	30.0±4.0	14.7±6.2	-	81.6	24.0	-	-	1.45	0.82-2.57
	Co-exposure to hydrogen sulfide and noise		73	29.8±4.1	14.3±6.0	-	85.5	31.5	-	-		
Wu[45]	Noise	Steel	59	33.7±5.6	14.0±4.8	84.7	92.0	28.1	11.5	-	3.83	2.18-6.76
	Co-exposure to welding fumes and noise		65	33.7±5.2	13.6±5.7	87.7	92.0	60.0	35.4	-		
Wang[46]	Noise	Chemical products	106	29.3±5.5	11.2±9.0	69.8	103.0	17.9	-	0.0	1.87	1.09-3.21
	Co-exposure to carbon monoxide and noise		427	30.3±8.5	9.9±6.8	89.0	104.0	29.0	-	2.3		
Zhang[47]	Noise	Power stations	290	-	-	100	84.3	56.9	-	-	2.92	2.14-3.98
	Co-exposure to ethylbenzene and noise	Petrochemical plants	553	-	-	100	83.1	79.4	-	-		

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Total	Noise	-	3001	33.6±4.1	12.9±7.9	77.6	89.3±6.4	30.3	3.9	0.0	2.36	1.92-2.92
	Co-exposure	-	3612	33.3±5.2	11.6±7.5	90.5	91.5±7.3	54.2	15.8	2.3		

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.

### Summary of the epidemiological characteristics of occupational NIHL

A total of 71,865 workers (males, 82.7%) aged  $33.5 \pm 8.7$  years, who had an average noise exposure duration of  $9.9 \pm 8.4$  years, were included in this study (table 4). Their average levels of noise exposure were  $98.6 \pm 7.2$  dB(A), and most of them were from the transportation, mining, and manufacturing industries. Combining all the data, we found that the general prevalence of occupational NIHL during the past 26 years in China was 21.3%, of which 30.2%, 9.0%, and 5.8% accounted for the prevalence of HFNIHL, SFNIHL, and NID, respectively. The overall weighted ORs for noise, complex noise, co-exposure to noise and specific chemicals, male sex, age, and exposure duration were 5.63, 1.95, 2.36, 2.26, 1.35, and 1.75, respectively (table 5).



**Table 4** Summary of the epidemiological characteristics of occupational NIHL in China

Group	Type of industry	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	Average
Cross-sectional study[48-52]	Transportation	5810	39.9±6.8	17.9±10.6	93.0	93.0	11.6	5.6	5.9	8.9
Cross-sectional study[53-56]	Mining	2245	34.4±9.3	8.0±4.0	100.0	106.2	65.1	7.0	10.3	34.2
Cross-sectional study[57-90]	Manufacturing	34,656	32.6±8.9	7.9±6.3	81.6	96.2±5.1	30.9	8.5	7.1	23.1
Cross-sectional study with references[91-117]	Manufacturing	18,319	33.9±9.4	12.6±9.8	81.4	102.2±7.2	28.7	10.0	2.3	19.6
Complex noise[33-39]	Manufacturing	4222	33.0±8.2	6.6±6.4	81.8	95.2±5.6	29.4	28.7	6.2	21.0
Co-exposure[40-47]	Manufacturing	6613	33.4±4.7	12.0±7.6	84.0	90.4±7.0	39.9	6.3	1.9	25.4
Total	-	71,865	33.5±8.7	9.9±8.4	82.7	98.6±7.2	30.2	9.0	5.8	21.3

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 5** Odds ratios for key factors influencing HFNIHL prevalence

No.	Factor	Group	HFNIHL (%)	Overall weighted OR for HFNIHL	95% CI
1	Noise	Noise	28.7	5.63	4.03-7.88
		Control	9.9		
2	Complex noise	Complex noise	34.5	1.95	1.06-7.84
		Gaussian noise	25.6		
3	Co-exposure	Co-exposure	54.2	2.36	1.92-2.92
		Noise	30.3		
4	Sex	Male	17.5	2.26	1.62-3.19
		Female	7.2		
5	Age	Age>33 years	29.8	1.35	1.30-1.40
		Age≤33 years	23.9		
6	Exposure duration	≤10 years	25.1	1.75	1.64-1.87
		>10 years	37.0		

HFNIHL, high-frequency noise-induced hearing loss; OR, odds ratio; CI, confidence interval.

## DISCUSSION

This study reviewed and analyzed literature data on occupational NIHL in China in the past 26 years. The results showed that workers with NIHL were mainly from typical manufacturing industries (e.g., textile, automobile manufacturing, metal processing).[118, 119] Our findings are consistent with those in other countries. In the United States, workers at risk of occupational NIHL include those employed in construction, manufacturing, mining, agriculture, utilities, transportation, and the military, as well as musicians,[120] with approximately 82% of workers with hearing loss coming from the manufacturing industries.[121] In Asia, sources of noise pollution mainly comprise the manufacturing, transportation, mining, and agricultural industries.[13, 122] In this study, we found that the average noise level for Chinese workers from these industries was  $98.6 \pm 7.2$  dB(A), which exceeds the occupational exposure limit of 85 dB(A). Noise intensity was positively correlated with the prevalence of hearing loss (overall weighted

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4 OR=5.63). The general prevalence of NIHL in China was 21.3%, of which 30.2% is related to  
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6 high-frequency hearing loss. These findings suggest that the wide distribution of noise in different  
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8 industries, high levels of noise exposure, and long-term exposure to noise in the workplace were  
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10 the main risk factors for the high prevalence of NIHL in China.  
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14 Our findings on the prevalence and characteristics of noise exposure and NIHL in China are  
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16 similar to those in other countries. For instance, Soltanzadeh et al. reported that the occupational  
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18 noise level in Iran reached 90.29 dB(A), while the overall hearing threshold was 26.44±8.09  
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20 dB.[34] Kim et al. also reported that >90% of the workplace noise levels in South Korea exceeded  
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22 the occupational exposure limit, and 92.9% of suspected occupational diseases were occupational  
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24 NID.[123] The Centers for Disease Control and Prevention estimate that about 9 million workers  
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26 are exposed to daily average sound levels of ≥85 dB(A) and about 26 million Americans  
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28 experience NIHL, with a prevalence of 15%.[124, 125] Rubak et al. also found a dose-response  
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30 relationship between NIHL and noise intensity among workers in Denmark, i.e., a higher noise  
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32 level was associated with a higher prevalence of NIHL.[126]  
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40 The occurrence of NIHL is usually affected by individual factors such as sex and age. In this  
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42 study, the average age of the workers was 33.5±8.7 years, and the risk of HFNIHL increased with  
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44 age. Meanwhile, sex was risk factor for HFNIHL, with its prevalence being significantly higher in  
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46 men than in women. These findings are consistent with those of other studies. Most cases of  
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48 occupational NID in developed areas of China occurred in young adults, with an average age of 40  
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50 years.[127, 128] Some studies also showed that the prevalence of NIHL in workers with high  
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52 noise exposure was significantly higher in men than in women, and the workers with NIHL  
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54 comprised young and middle-aged people.[129-131] Although the hearing threshold was already  
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4 adjusted for age in most studies, age might still influence the occurrence of HFNIHL.[130, 132]  
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7 In this review, the average duration of noise exposure among Chinese workers was  $9.9 \pm 8.4$   
8  
9 years, which could be a significant contributing factor to the prevalence of high-frequency hearing  
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11 loss (overall weighted OR=1.75). NIHL can result from the cumulative effects of increased  
12  
13 durations and levels of noise exposure. High noise levels can damage the outer hair cells, but with  
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15 continuous noise exposure, the damage can extend to the inner hair cells, supporting cells,  
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17 cochlear vascularis, and spiral ganglion cells.[128] Results of previous studies have shown that the  
18  
19 general prevalence of NIHL increased with exposure duration, with the disease developing rapidly  
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21 during the first 10 years of exposure, reaching a peak in 10-15 years, and then entering a plateau  
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23 after 15 years.[82, 133, 134]  
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30 This study also showed that exposure to complex noise among workers led to a greater risk of  
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32 hearing loss than exposure to Gaussian noise did. The kurtosis for the complex noise group was  
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34 higher than that for the Gaussian noise group, and there were no significant differences in noise  
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36 energy levels between both groups. The overall weighted OR for complex noise was 1.95. These  
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38 findings indicate that the temporal structure of complex noise was a new determinant for NIHL.  
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40 Moreover, the ORs in the machinery subgroups were 9.13 and 2.94, which were relatively higher  
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42 than those in other subgroups. The reason might be related to the complexity of the temporal  
43  
44 structure of noise generated from mechanical processes, making complex noise from the  
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46 machinery industry a greater contributor to HFNIHL than complex noise from other  
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48 industries.[15, 135] Animal experiments have shown that complex noise was more destructive to  
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50 the hearing of chinchillas than Gaussian noise, and these studies have recommended that the  
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52 kurtosis reflecting the temporal structure of complex noise is a good parameter for classifying the  
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4 effects of complex noise vs. Gaussian noise.[15, 16] Several epidemiological studies have also  
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6 demonstrated that exposure to complex noise could lead to greater hearing loss than exposure to  
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8 Gaussian noise and that the standard noise limit recommended by ISO-1999 was not within the  
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10 safe threshold.[136, 137] A typical impulse noise was also reported to cause more hearing damage  
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12 than continuous noise.[138] Moreover, cross-sectional studies considered the kurtosis metric  
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14 combined with noise energy as a good parameter for determining and preventing the hazards to  
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16 hearing posed by industrial environments with high noise levels.[135, 139-140]  
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22 In addition to noise, other occupational hazards might affect the hearing of workers. This  
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24 study showed that combined exposure to noise and specific chemicals (e.g., organic solvents,  
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26 welding fumes, carbon monoxide, and hydrogen sulfide) aggravated hearing loss (overall  
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28 weighted OR=2.36). The combined effects might be related to auditory neurotoxicity induced by  
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30 these chemicals. Animal experiments have demonstrated that solvents such as toluene, styrene,  
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32 xylene, and ethyl benzene could affect the auditory function through their toxic action on the  
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34 organ of Corti, the auditory pathways, and the middle-ear reflex.[141] Li et al. reported that  
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36 styrene might have an effect on the auditory system, and the combined effects of toluene, xylene,  
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38 and noise could lead to a significant increase in the hearing threshold.[142] Campo et al. found  
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40 that the temporal structure of noise was able to modify the ototoxicity of styrene in experimental  
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42 animals and a moderate level of styrene enhanced the cochlear damage caused by impulse noise.  
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44 A pilot study showed that workers exposed to non-Gaussian noise and solvents presented a  
45  
46 significantly worse hearing threshold than those exposed only to non-Gaussian noise.[143] A  
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48 meta-analysis also showed that among 7,530 industrial workers, those exposed to both noise and  
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50 organic solvents had a significantly greater risk of hearing loss than those exposed to noise  
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4 alone.[144] Furthermore, as previously mentioned, several epidemiological studies have shown  
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6 that exposure to various organic solvents was associated with an excessive risk of developing  
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8 hearing loss, with or without concurrent noise exposure, in humans.[145-147]  
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11 This study has several limitations. The number of Chinese studies focusing on SFNIHL and  
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13 deafness was limited, resulting in an insufficient sample in these categories. There was also a lack  
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15 of well-designed prospective studies on noise, which made it impossible to determine the  
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17 incidence of NIHL in China. Only three cohort studies with 2,999 subjects were included in this  
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19 study, and the rest were mainly cross-sectional studies; therefore, the determination of correlation  
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21 between occupational exposure factors and NIHL was limited.  
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## 30 **CONCLUSIONS**

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32 Based on the above findings, the following conclusions could be drawn: (1) In China, a large  
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34 proportion of the population exposed to occupational noise comprised young male manufacturing  
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36 workers, and the average duration of exposure to harmful noise levels was >9.0 years. The general  
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38 prevalence of occupational NIHL in China was 21.3%, and among the types of NIHL, HFNIHL  
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40 had the highest prevalence. (2) The prevalence of HFNIHL increased with higher noise levels and  
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42 higher duration of exposure and was affected by individual factors such as age and sex. (3)  
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44 Exposure to complex noise and co-exposure to noise and specific chemicals could increase the  
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46 risk of occupational NIHL. (4) Finally, the high prevalence of occupational NIHL in China was  
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48 related to the wide distribution of noise in different industries as well as high-level and long-term  
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50 noise exposure.  
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58 Our findings suggest the need for additional efforts to reduce noise exposure among Chinese  
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4 workers, which are made possible by carrying out industrial noise monitoring and risk assessment  
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6 of hearing loss, further strengthening the implementation of hearing protection programs for  
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8 workers, and conducting well-designed epidemiological studies on industrial noise, complex  
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10 noise, and co-exposure to noise and chemicals.  
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58  
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**REFERENCES**

- 1 World Health Organization. Prevention of blindness and deafness.  
2  
3  
4  
5  
6  
7  
8  
9 <http://www.who.int/pbd/deafness/estimates/en/>  
10  
11  
12 2 Oishi N, Schacht J. Emerging treatments for noise-induced hearing loss. *Expert Opin Emerg*  
13  
14 *Drugs* 2011;16:235–45.  
15  
16  
17 3 Beyan AC, Demiral Y, Cimrin AH, et al. Call centers and noise-induced hearing loss. *Noise*  
18  
19 *Health* 2016;18:113–6.  
20  
21  
22 4 Konings A, Van Laer L, Van Camp G. Genetic studies on noise-induced hearing loss: a review.  
23  
24  
25 *Ear Hear* 2009;30:151–9.  
26  
27  
28 5 Soltanzadeh A, Ebrahimi H, Fallahi M, et al. Noise induced hearing loss in Iran: (1997-2012):  
29  
30 systematic review article. *Iran J Public Health* 2014;43:1605–15.  
31  
32  
33 6 National Institute for Occupational Safety and Health (NIOSH). Noise and hearing loss  
34  
35 prevention. 2013. <http://www.cdc.gov/niosh/topics/noise/>  
36  
37  
38 7 Meyer JD, Chen Y, McDonald JC. Surveillance for work-related hearing loss in the UK: OSSA  
39  
40 and OPRA 1997–2000. *Occupational Medicine* 2002;52:75–9.  
41  
42  
43 8 Lie A, Skogstad M, Johnsen TS, et al. The prevalence of notched audiograms in a  
44  
45 cross-sectional study of 12,055 railway workers. *Ear Hear* 2015;36:e86–92.  
46  
47  
48 9 Chen Y, Zhang M, Qiu W, et al. Prevalence and determinants of noise-induced hearing loss  
49  
50 among workers in the automotive industry in China: a pilot study. *J Occup Health* 2019;61:387–  
51  
52 97.  
53  
54  
55 10 Chen J, Cai RD, Xiang LJ, et al. Research progress on the related influencing factors of  
56  
57 noise-induced hearing impairment. *Chinese Occupational Medicine* 2017;44:235–8.  
58  
59  
60

1  
2  
3  
4 11 Department of Planning, Development and Information Technology. Statistical bulletin on  
5  
6 health development in China in 2018.

7  
8  
9 <http://www.nhc.gov.cn/guihuaxxs/s10748/201905/9b8d52727cf346049de8acce25ffcbd0.shtml>

10  
11  
12 (accessed 5 Jun 2019).

13  
14 12 Li YH, Jiao J, Yu SF. Research status of influencing factors of noise-induced hearing loss.

15  
16  
17 *China Journal of Occupational Diseases* 2014;32:469–73.

18  
19 13 Fuente A, Hickson L. Noise-induced hearing loss in Asia. *Int J Audiol* 2011;50 Suppl 1:S3–10.

20  
21 14 Nandi SS, Dhattrak SV. Occupational noise-induced hearing loss in India. *Indian J Occup*

22  
23  
24  
25 *Environ Med* 2008;12:53–6.

26  
27 15 Hamernik RP, Qiu W. Energy-independent factors influencing noise-induced hearing loss in

28  
29  
30 the chinchilla model. *J Acoust Soc Am* 2001;110:3163–8.

31  
32 16 Suter AH. Occupational hearing loss from non-Gaussian noise. *Semin Hear* 2017;38:225–62.

33  
34 17 International Organization for Standardization. ISO 1999:1990 Acoustics—Determination of

35  
36  
37 Occupational Noise Exposure and Estimation of Noise-Induced Hearing Impairment. 2nd ed.

38  
39  
40 Geneva, Switzerland: International Organization for Standardization 1990.

41  
42 18 International Organization for Standardization. ISO 1999:2013 Acoustics—Estimation of

43  
44  
45 Noise-Induced Hearing Loss. 3rd ed. Geneva, Switzerland: International Organization for

46  
47  
48 Standardization 2013.

49  
50 19 Ministry of Health. People's Republic of China National Occupational Health GBZ/T

51  
52  
53 189-2007. China: MOH 2007.

54  
55 20 State Administration of Work Safety of the People's Republic of China. People's Republic of

56  
57  
58 China Safety Industry Standard: Guidelines for Occupational Disease Inductive Risk Management

59  
60

1  
2  
3  
4 of Noise AQ/T 4276. 2016.  
5

6 21 Health and Safety Executive. The Control of Noise at Work Regulations 2005. UK: The  
7  
8 Stationery Office Limited 2005.  
9

10  
11 22 Goley GS, Song WJ, Kim JH. Kurtosis corrected sound pressure level as a noise metric for risk  
12  
13 assessment of occupational noises. *J Acoust Soc Am* 2011;129:1475–81.  
14

15  
16 23 Qiu W, Zhang MB, Xu WC, et al. Application of kurtosis in assessing hearing loss caused by  
17  
18 complex noise. *Journal of Chinese Ear Science* 2016:701–7.  
19

20  
21 24 Turcot A, Girard SA, Courteau M, et al. Noise-induced hearing loss and combined noise and  
22  
23 vibration exposure. *Occup Med (Lond)* 2015;65:238–44.  
24

25  
26 25 Yang HY, Shie RH, Chen PC. Hearing loss in workers exposed to epoxy adhesives and noise: a  
27  
28 cross-sectional study. *BMJ Open* 2016;6:e010533.  
29

30  
31 26 Hormozi M, Ansari-Moghaddam A, Mirzaei R, et al. The risk of hearing loss associated with  
32  
33 occupational exposure to organic solvents mixture with and without concurrent noise exposure: a  
34  
35 systematic review and meta-analysis. *Int J Occup Med Environ Health* 2017;30:521–35.  
36  
37

38  
39 27 Estill CF, Rice CH, Morata T, et al. Noise and neurotoxic chemical exposure relationship to  
40  
41 workplace traumatic injuries: a review. *Journal of Safety Research* 2017; 60:35–42.  
42  
43

44  
45 28 Ministry of Health. Diagnosis of Occupational Noise Deafness GBZ 49-2014. China: MOH  
46  
47 2014.  
48

49  
50 29 Buchwald H, Avidor Y, Braunwald E, et al. Bariatric surgery: a systematic review and  
51  
52 meta-analysis. *JAMA* 2004;292:1724–37.  
53

54  
55 30 Jing QS, Zang J, Wang CL. Hearing examination results of drilling workers in an oil field from  
56  
57 2006 to 2010. *Occupation and Health* 2012;28:19–21.  
58  
59

- 1  
2  
3  
4 31 Xu T, Ding WQ, Song Y, et al. Investigation on the hearing impairment of noise-exposed  
5  
6 workers in an enterprise. *Sichuan Medical Science* 2014;35:509–12.  
7  
8  
9 32 He XL, Li FH, Xia AL, et al. Investigation on hearing loss of noise-exposed workers in an  
10  
11 automobile manufacturing company. *China Journal of Industrial Medicine* 2017;30:40–2.  
12  
13  
14 33 Liu XX, Guo ZP, Huang GX, et al. A comparative study on hearing damage caused by  
15  
16 Gaussian and non-Gaussian noise in workers. *Occupational Health and Emergency Rescue*  
17  
18 2010;28:87–90.  
19  
20  
21 34 Xie HW, Zhang MB, Quan CJ. Relationship between cumulative exposure to non-Gaussian  
22  
23 noise and hearing loss. *Environmental and Occupational Medicine* 2014;26:340–8.  
24  
25  
26 35 Zheng JR, Wan WX, Zhao YM, et al. Study on the effect of impulse noise in mechanical  
27  
28 industry on hearing of workers. *Chinese Journal of Industrial Medicine* 1997;10:19–20.  
29  
30  
31 36 Zhang J. Effects of pulse and Gaussian-state noise on hearing and cardiovascular system of  
32  
33 workers. *Occupation and Health* 2010;26.  
34  
35  
36 37 Zhao YM, Qiu W, Zeng L, et al. Application of the kurtosis statistic to the evaluation of the  
37  
38 risk of hearing loss in workers exposed to high-level complex noise. *Ear Hear* 2010;31:527–32.  
39  
40  
41 38 Xie HW, Qiu W, Heyer NJ, et al. The use of the kurtosis-adjusted cumulative noise exposure  
42  
43 metric in evaluating the hearing loss risk for complex noise. *Ear Hear* 2015;37:312–23.  
44  
45  
46 39 Zhang GY, Tang ZF, Yao YP. A comparative study of high-frequency hearing impairment  
47  
48 caused by noise from punching machine and steady state noise in workers. *China Journal of*  
49  
50  
51  
52  
53  
54  
55  
56 40 Zhang JX, Xu SH, Ye XG, et al. Analysis of hearing loss and related factors in noise-exposed  
57  
58 workers in tire manufacturing industry. *Chinese Occupational Medicine* 2018;45:143–6.  
59  
60

- 1  
2  
3  
4 41 Song J, Ma J. Effects of smoking on noise-induced hearing loss. *Modern Preventive Medicine*  
5  
6 2008;35:4572–3.  
7  
8  
9 42 Chen XX, Li JY, Su SS. Investigation on hearing impairment of workers under combined  
10  
11 effects of welding smoke and noise. *Chinese Journal of Occupational Medicine* 2009;36:87–8.  
12  
13  
14 43 Xiong YJ. Effects of n-hexane combined with noise on hearing loss. *Modern Preventive*  
15  
16 *Medicine* 2014;41:2724–6.  
17  
18  
19 44 Wu QF, Li C, Liang XY, et al. Effects of noise combined with high temperature and hydrogen  
20  
21 sulfide on hearing impairment. *Occupational Health and Emergency Rescue* 2012;30:16–8.  
22  
23  
24 45 Wu L, Zhu ZC, Ye LF, et al. Effects of welding dust and noise on hearing loss in workers.  
25  
26  
27 *China Public Health* 2009;25:75–6.  
28  
29  
30 46 Wang GM, Chen XM, Wang XL. Effects of combined noise and carbon monoxide on hearing.  
31  
32 *Journal of Medical Animal Control* 2006;22:697–8.  
33  
34  
35 47 Zhang M, Wang Y, Wang Q, et al. Ethylbenzene-induced hearing loss, neurobehavioral  
36  
37 function, and neurotransmitter alterations in petrochemical workers. *Journal of Occupational and*  
38  
39 *Environmental Medicine* 2013;55:1001–6.  
40  
41  
42 48 Hu MS, Yang J, Jin HB, et al. A sampling survey on the hearing status of civil aviation air  
43  
44 traffic controllers. *Chinese Journal of Otolaryngology, Head and Neck Surgery* 2018;25:131–5.  
45  
46  
47 49 Rong X, Wu LX, Hu D, et al. Analysis on hearing loss of 2045 locomotive drivers.  
48  
49  
50 *Environmental and Occupational Medicine* 2016;33:319–24.  
51  
52  
53 50 Ge SS, Zheng GL, Cai WR, et al. An analysis on the hearing loss of seafarers caused by noisy  
54  
55 environment. *Chinese Journal of Marine Medicine and Hyperbaric Medicine* 2014;21:105–8.  
56  
57  
58 51 Xu TG, Zhao ZR. Survey of warship noise and its effect on hearing loss of naval officers.  
59  
60

1  
2  
3  
4 *Journal of Naval Medical College of China* 1997;213–5.

5  
6 52 Peng Y, Fan C, Hu L, et al. Tunnel driving occupational environment and hearing loss in train  
7  
8  
9 drivers in China. *Occup Environ Med* 2019;76:97–104.

10  
11 53 Zhang HC, Yue PP. Hearing loss in blasting, tunneling and mining workers in a mining  
12  
13  
14 enterprise. *Occupation and Health* 2013;29:3076–9.

15  
16 54 Yuan JW, Cao SQ, Feng Q. Effects of oil field noise on workers' hearing and  
17  
18  
19 electrocardiogram. *China Journal of Industrial Medicine* 2001;14:116–7.

20  
21 55 Zhao JF, Xu QX, Li HM. Analysis of hearing test results of noise-exposed workers in a coal  
22  
23  
24 mine of a city. *Occupational Health and Emergency Rescue* 2016;34:394–5.

25  
26 56 Zhang G, Tang Z, Yao Y, et al. Investigation of noise hazards and hearing status of workers in  
27  
28  
29 outdoor quarries. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2014;32:597–9.

30  
31 57 Chen M, Lin MZ, Chen YQ, et al. Analysis on data of physical examination in workers  
32  
33  
34 exposed to noise in a machinery factory of Huli District in Xiamen City. *Occupation and Health*  
35  
36  
37 2013;29:3282–4.

38  
39 58 Gao T, Wu XN. Investigation on noise exposure and hearing loss of steel rolling workers in a  
40  
41  
42 steel company. *Chinese Medicine and Clinic* 2010;10:1017–9.

43  
44 59 Gao WW, Xia GH, Ji K, et al. Epidemiological investigation on occupational noise and hearing  
45  
46  
47 loss in Beilun district, Ningbo city. *Zhejiang Medical Science* 2011;33:1727–8.

48  
49 60 Gao Y, Huang QF, Guo JJ, et al. Hearing loss and risk factors of workers exposed to noise in a  
50  
51  
52 toy factory. *Occupation and Health* 2017;33:1172–4.

53  
54 61 Jiao Y, Fan SH. Analysis on pure tone audiometry results of 520 Exposures of workers  
55  
56  
57 exposed to noise. *Chinese Practical Medicine* 2014:268–9.  
58  
59  
60

1  
2  
3  
4 62 Li CF, He Y, Li DL, et al. Survey report on noise classification and health status of workers in  
5  
6 Xifei Company. *Journal of Aerospace Medicine* 2002;13:47–8.

7  
8  
9 63 Lin L, Liu Q, Wang JY, et al. Epidemiological study on occupational noise and hearing loss in  
10  
11 Longgang district, Shenzhen. *Occupation and Health* 2008;24:511–3.

12  
13  
14 64 Liu F, Song WM. Analysis of hearing exposure results of noise-exposed workers in an oxygen  
15  
16 plant. *Chinese Department of Otolaryngology, Head and Neck Surgery* 2010;17:653–5.

17  
18  
19 65 Lv SQ, Shao LH, Wang JX, et al. Dose-response relationship between noise exposure and the  
20  
21 prevalence of hearing loss in male aircraft maintenance workers. *Chinese Journal of Industrial*  
22  
23 *Medicine* 2003:277–9.

24  
25  
26 66 Wang JY, Xiao QH, Xia Y, et al. Discussion on the relationship between cumulative noise  
27  
28 exposure and noise-induced hearing loss. *Occupational Health and Emergency Rescue*  
29  
30 2009;27:131–3.

31  
32  
33 67 Wang RL, Zhao YM. Investigation on the working age and hearing loss of workers in a textile  
34  
35 factory. *Capital Public Health* 2015;9:207–9.

36  
37  
38 68 Yan XK, Dai P, Xue XJ, et al. Investigation on hearing loss of tank soldiers. *People's Army*  
39  
40 *Doctor* 2008;51:202–4.

41  
42  
43 69 Yan YL, Tan HY, He XX. Investigation and prediction of hearing loss in 528 subjects exposed  
44  
45 to non-Gaussian noise. *Chinese Journal of Occupational Medicine* 1993:73–4.

46  
47  
48 70 Guo Y, Han SQ, Xu YH. Investigation on the relationship between hearing loss, length of  
49  
50 service and cumulative noise exposure of workers exposed to noise in a textile factory.  
51  
52 *Contemporary Chinese Medicine* 2012;19:150–4.

53  
54  
55 71 Nie W, Hu WJ. Survey on noise hazard of shipbuilding enterprises. *Chinese Journal of*  
56  
57  
58  
59  
60

1  
2  
3  
4 *Industrial Medicine* 2016:167–70.

5  
6 72 Wang LY, Dong HL, Zhang W. Investigation on noise hazard in cotton textile industry.

7  
8  
9 *Chinese Journal of Industrial Medicine* 2003:364–5.

10  
11 73 Zhang XH, Zhu YM, Xia YY. Dose-response relationship between hearing loss and noise  
12 exposure in Gaussian noise-exposed workers. *Chinese Journal of Industrial Medicine*  
13  
14  
15  
16  
17 2001;14:72–4.

18  
19 74 Ni CH, Chen ZY, Zhou Y, et al. Associations of blood pressure and arterial compliance with  
20 occupational noise exposure in female workers of textile mill. *Chin Med J* 2007;120:1309–13.

21  
22 75 Xie HW, Tang SC, Zhou LF, et al. Relationship between cumulative exposure to non-Gaussian  
23 noise and hearing loss. *Environmental and Occupational Medicine* 2015;32:56–60.

24  
25 76 Chen Y, Zhang M, Qiu W, et al. Prevalence and determinants of noise-induced hearing loss  
26 among workers in the automotive industry in China: a pilot study. *J Occup Health* 2019;18:387–  
27  
28  
29 97.

30  
31 77 Ning K, Liu C, Li D, et al. Relationship between hearing loss and length of service. *Occupation*  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41 *and Health* 2011;27:1245–7.

42  
43 78 Xu SC. Investigation on the effect of pulse noise on hearing injury of workers in forging  
44 industry. *Shanghai Preventive Medicine* 1999;11:553–4.

45  
46 79 Liu XX, Guo ZP, He J, et al. Dose-response relationship of individual noise protection in  
47 occupational exposure population. *Chinese Journal of Occupational Medicine* 2008;35:477–9.

48  
49 80 Peng LH, Zheng JR, Xu ZG. Dose-response relationship between cumulative noise exposure  
50 and hearing impairment. *Public Health and Preventive Medicine* 2005;16:58–9.

51  
52  
53  
54  
55  
56  
57  
58 81 Huang WX, Wu GJ. Investigation on the influence of noise in sawmill workshop of an  
59  
60



- 1  
2  
3  
4 electronics factory on the five senses of workers. *Occupation and Health* 2004;20:1–2.  
5  
6  
7 82 Li YQ, Shao RQ. Research on the hazard of production noise in a steel pipe manufacturing  
8  
9 enterprise. *Zhejiang Journal of Preventive Medicine* 2015;27:298–9.  
10  
11  
12 83 Chen L, Guo QH. Analysis of high-frequency noise-induced hearing loss of workers in a tire  
13  
14 factory. *Occupational Health and Emergency Rescue* 2018;36:305–7.  
15  
16  
17 84 Bao EB, Su YW, Xue CH, et al. Analysis of influencing factors of hearing loss in  
18  
19 noise-exposed workers in an automobile manufacturing enterprise. *Occupational Health and*  
20  
21 *Emergency Rescue* 2019;37:122–5.  
22  
23  
24 85 You XD, Hu SQ, Zhang YJ. Epidemiological investigation of noise-induced deafness among  
25  
26 textile workers in Nantong city. *Traffic Medicine* 2013;27:38–40.  
27  
28  
29  
30 86 Chen LJ. Relationship between noise exposure and high frequency hearing loss in bottled  
31  
32 beverage. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2017;35:286–8.  
33  
34  
35 87 Zhang HY, Hua RY, Gao N, et al. Noise hazard and health status of workers in metal  
36  
37 processing enterprises in Qinhuangdao city. *Occupation and Health* 2018;34:3155–7.  
38  
39  
40 88 Zhou P, Lu CH, Yin SW, et al. Effect of noise on welders' hearing. *Occupational Health and*  
41  
42 *Emergency Rescue* 2015;33:343–5.  
43  
44  
45 89 Wang LC, Wei YZ, Shan YL, et al. Effects of unsteady noise on hearing of steel rolling  
46  
47 workers. *Journal of China Metallurgical Industry and Medicine* 2007;24:612–3.  
48  
49  
50  
51 90 Qian HY, Ge QJ, Xie S, et al. Noise hazard of welding workers in Zhenjiang city and its  
52  
53 influencing factors. *Occupation and Health* 2015;31:2914–7.  
54  
55  
56 91 Luo Y, Zhou LF, Chen J, et al. A survey on the hearing condition of workers working in noise  
57  
58 environment in a petrochemical plant. *Journal of Audiology and Speech Disorders* 2013;21:532–  
59  
60

1  
2  
3  
4 4.

5  
6 92 Pan LN, Wu XH, Feng XL. A survey on the effect of ship noise on crew's hearing. *Chinese*  
7  
8  
9 *Journal of Occupational Medicine* 2009:351–3.

10  
11 93 Yang F, Liu Z, Zhou Y. Investigation on the influence of ship noise on crew's hearing. *Chinese*  
12  
13  
14 *Occupational Medicine* 2015:1537–40.

15  
16 94 Yu RM, Zhao HM, Li X, et al. Investigation on noise pollution in military canteen and its  
17  
18  
19 effect on the hearing of cooking personnel. *North China National Defense Medicine* 2010;22:578–  
20  
21  
22 80.

23  
24 95 Zu AH, Cui C, Wang X, et al. Investigation on the effect of industrial impulse noise on the  
25  
26  
27 hearing of stamping workers. *International Journal of Medical and Health* 2012;18:429–33.

28  
29 96 Yuan JG, Ji FM, Hao J, et al. Investigation on the influence of production noise in forging  
30  
31  
32 workshop on male workers' hearing. *Industrial Hygiene and Occupational Diseases* 2005;31:413–  
33  
34  
35 4.

36  
37 97 Hu JH, He J, Lin B, et al. Investigation and analysis of hearing loss in steel pipe factory  
38  
39  
40 workers exposed to noise. *Chinese Journal of Metallurgical Industry and Medicine* 2005;22:614–

41  
42  
43 5.

44  
45 98 Li JM, He J, Huang YM, et al. Analysis of hearing level of workers exposed to mechanical  
46  
47  
48 noise. *Chinese Journal of Industrial Medicine* 2018;31:49–51.

49  
50 99 Wang CY, Wang F, Wu BZ, et al. Epidemiological investigation on hearing loss in home-made  
51  
52  
53 gem processors. *Chinese Journal of Industrial Medicine* 2013:201–3.

54  
55 100 Ni L, Yao Y, Li JC, et al. Analysis of hearing loss in workers exposed to noise in a boiler  
56  
57  
58 plant. *Chinese Journal of Industrial Medicine* 2011:16–9.

- 1  
2  
3  
4 101 Liu SM, Yao Y, Wu QF, et al. Investigation on hearing loss of workers exposed to noise from  
5  
6 a tobacco company. *Chinese Journal of Industrial Medicine* 2010;215–7.  
7  
8  
9 102 Chang SJ, Chang CK. Prevalence and risk factors of noise-induced hearing loss among  
10  
11 liquefied petroleum gas (LPG) cylinder infusion workers in Taiwan. *Ind Health* 2009;47:603–10.  
12  
13  
14 103 Liu J, Xu M, Ding L, et al. Prevalence of hypertension and noise-induced hearing loss in  
15  
16 Chinese coal miners. *J Thorac Dis* 2016;8:422–9.  
17  
18  
19 104 Zhang QN, Chen ZF, Zhong MY, et al. Characteristics of hearing loss in noise-exposed  
20  
21 workers in electronic technology enterprises. *International Journal of Medicine and Health*  
22  
23 2012;18:424–9.  
24  
25  
26 105 Chen XH, Qiu Y, Li Q, et al. Effects of occupational noise exposure on hearing of workers in  
27  
28 a thermal power plant in Guangxi. *Occupation and Health* 2014;30:758–60.  
29  
30  
31 106 Li BW, Li FD, Zhang YG, et al. Investigation of noise induced hearing impairment in boiler  
32  
33 workers. *Chinese Journal of Occupational Health* 2003;21:374–5.  
34  
35  
36 107 Li L, Huang JM, Ji HX, et al. Correlation between cumulative noise exposure and hearing  
37  
38 impairment. *Preventive Medicine Literature Information* 2000;6:105–6.  
39  
40  
41 108 Yang CM, Qiu Y. An investigation and analysis of the effect of impulse noise on hearing and  
42  
43 hearing of working workers. *Chinese Journal of Occupational Medicine* 1999;26:51–2.  
44  
45  
46 109 Fu GY, Zou ZF, Li BL, et al. Effects of steady state noise on hearing in a chemical plant.  
47  
48  
49  
50  
51 *Chinese Journal of Hygiene Engineering* 2007;6:20–2.  
52  
53  
54 110 Liu LF, Wen L. Effects of production noise on workers' health in a machining enterprise.  
55  
56  
57  
58  
59 111 Li M, Li JH, Cao DY, et al. Analysis of high-frequency hearing loss of workers in noise  
60

1  
2  
3  
4 operation of an artificial gem factory. *Occupational Health and Emergency Rescue* 2006;24:115–

5  
6  
7 6.

8  
9 112 Wu JY, Xu XY, Jiang BY. Effects of noise operation on health of female workers in a shoe  
10  
11 factory. *Journal of Preventive Medicine* 2009;15:67–9.

12  
13  
14 113 Tang JF, Tu XH, Wu J. Investigation on hearing loss of 726 workers in Suining city.  
15  
16  
17 *Occupational Health and Injury* 2018;33:7–9.

18  
19 114 Tang MZ, Hua MY. Analysis of occupational health examination results of workers exposed  
20  
21 to noise in Wuxi New District. *Zhejiang Preventive Medicine* 2015;27:82–3.

22  
23  
24 115 Chen YP, Yang JR. Effects of noise on health of female workers. *Occupation and Health*  
25  
26  
27 2003;19:3–5.

28  
29  
30 116 Xie S, Ge QJ, Li YP, et al. Health status of workers exposed to noise in a paper-making  
31  
32  
33 enterprise of Zhenjiang city. *Occupation and Health* 2013;29:310–31.

34  
35 117 Lin L, Chen HL, Liu LY, et al. Effects of occupational noise on workers' hearing. *Modern*  
36  
37 *Preventive Medicine* 2005;32:1234–5.

38  
39 118 Yu SF, Chen GS, Jiao J, et al. A cohort study on occupational noise induced hearing loss in  
40  
41  
42 workers at an iron and steel plant. *Zhonghua Yu Fang Yi Xue Za Zhi* 2017;51:13–9.

43  
44 119 Yongbing S, Martin WH. Noise induced hearing loss in China: a potentially costly public  
45  
46  
47 health issue. *Journal of Otology* 2013;8:51–6.

48  
49 120 Soltanzadeh A, Ebrahimi H, Fallahi M, et al. Noise induced hearing loss in Iran: (1997-2012):  
50  
51  
52 systematic review article. *Iran J Public Health* 2014;43:1605–15.

53  
54 121 National Institute for Occupational Safety and Health (NIOSH). Noise and hearing loss  
55  
56  
57 prevention: facts and statistics. <http://www.cdc.gov/niosh/topics/noise/stats.html>

58  
59 122 Stucken EZ, Hong RS. Noise-induced hearing loss: an occupational medicine perspective.  
60

1  
2  
3  
4 *Curr Opin Otolaryngol Head Neck Surg* 2014;22:388–93.

5  
6  
7 123 Kim KS. Occupational hearing loss in Korea. *J Korean Med Sci* 2010:S62–9.

8  
9  
10 124 Masterson EA, Deddens JA, Themann CL, et al. Trends in worker hearing loss by industry  
11  
12 sector, 1981-2010. *Am J Ind Med* 2015;58:392–401.

13  
14 125 Shargorodsky J, Curhan SG, Curhan GC, et al. Change in prevalence of hearing loss in US  
15  
16 adolescents. *JAMA* 2010;304:772–8.

17  
18  
19 126 Rubak T, Kock SA, Koefoed-Nielsen B, et al. The risk of noise-induced hearing loss in the  
20  
21 Danish workforce. *Noise Health* 2006;8:80–7.

22  
23  
24 127 Chen WX, Huang YL, Xie YQ, et al. Investigation and analysis of noise hazards in Foshan  
25  
26 city from 2007 to 2016. *Industrial Hygiene and Occupational Diseases* 2019:132–3.

27  
28  
29 128 Zhu W, Ding B, Sheng H, et al. Occupational noise-induced deafness diagnosis analysis in  
30  
31 Jiangsu from 2006 to 2009. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2015;33:671–3.

32  
33  
34 129 Seixas NS, Neitzel R, Stover B, et al. 10-year prospective study of noise exposure and hearing  
35  
36 damage among construction workers. *Occup Environ Med* 2012;69:643–50.

37  
38  
39 130 Lie A, Skogstad M, Johnsen TS, et al. A cross-sectional study of hearing thresholds among  
40  
41 4627 Norwegian train and track maintenance workers. *BMJ Open* 2014;4:e005529.

42  
43  
44 131 Lie A, Skogstad M, Johannessen HA, et al. Occupational noise exposure and hearing: a  
45  
46 systematic review. *Int Arch Occup Environ Health* 2016;89:351–72.

47  
48  
49 132 Samant Y, Parker D, Wergeland E, et al. The Norwegian labour inspectorate's registry for  
50  
51 work-related diseases: data from 2006. *Int J Occup Environ Health* 2008;14:272–9.

52  
53  
54 133 Bauer P, Körpert K, Neuberger M, et al. Risk factors for hearing loss at different frequencies  
55  
56 in a population of 47,388 noise-exposed workers. *J Acoust Soc Am* 1998;90:3086–98.

- 1  
2  
3  
4 134 Chen TJ, Chiang HC, Chen SS. Effects of aircraft noise on hearing and auditory pathway  
5  
6 function of airport employees. *J Occup Med* 1992;34:613–9.  
7  
8  
9 135 Qui W, Zhang M, Xu W, et al. The application of the kurtosis metric in evaluating hearing  
10  
11 trauma from complex noise exposures. *Chinese Journal of Otology* 2016.  
12  
13  
14 136 Seixas N, Neitzel R, Sheppard L, et al. Alternative metrics for noise exposure among  
15  
16 construction workers. *Ann Occup Hyg* 2005;49:493–502.  
17  
18  
19 137 Seixas N S, Neitzel R, Stover B, et al. 10-year prospective study of noise exposure and  
20  
21 hearing damage among construction workers. *Occup Environ Med* 2012;69:643–50.  
22  
23  
24 138 Clifford RE, Rogers RA. Impulse noise: theoretical solutions to the quandary of cochlear  
25  
26 protection. *Ann Otol Rhinol Laryngol* 2009;118:417–27.  
27  
28  
29 139 Davis R, Qiu W, Heyer NJ, et al. The use of the kurtosis metric in the evaluation of  
30  
31 occupational hearing loss in workers in China: implications for hearing risk assessment. *Noise*  
32  
33 *Health* 2012;14:330–42.  
34  
35  
36 140 Davis RI, Qiu W, Hamernik RP. Role of the kurtosis statistic in evaluating complex noise  
37  
38 exposures for the protection of hearing. *Ear Hear* 2009;30:628–34.  
39  
40  
41 141 Wathier L, Venet T, Thomas A, et al. Membrane fluidity does not explain how solvents act on  
42  
43 the middle-ear reflex. *Neurotoxicology* 2016;57:13–21.  
44  
45  
46 142 Zhang M, Xu P, Gu Q. Research progress on ototoxicity and hearing loss effects of organic  
47  
48 solvents. *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi* 2016;34:873–7.  
49  
50  
51 143 Fuente A, Qiu W, Zhang M, et al. Use of the kurtosis statistic in an evaluation of the effects of  
52  
53 noise and solvent exposures on the hearing thresholds of workers: an exploratory study. *J Acoust*  
54  
55 *Soc Am* 2018;143:1704.  
56  
57  
58  
59  
60

1  
2  
3  
4 144 Hormozi M, Ansari-Moghaddam A, Mirzaei R, et al. The risk of hearing loss associated with  
5  
6 occupational exposure to organic solvents mixture with and without concurrent noise exposure: a  
7  
8 systematic review and meta-analysis. *Int J Occup Med Environ Health* 2017;30:521–35.

9  
10  
11 145 Campo P, Morata TC, Hong OS. Chemical exposure and hearing loss. *Dis Mon* 2013;59:119–  
12  
13  
14 38.

15  
16  
17 146 Unlu I, Kesici GG, Basturk A, et al. A comparison of the effects of solvent and noise  
18  
19 exposure on hearing, together and separately. *Noise Health* 2014;16:410–5.

20  
21  
22 147 Kim J, Park H, Ha E. Combined effects of noise and mixed solvents exposure on the hearing  
23  
24 function among workers in the aviation industry. *Ind Health* 2005;43:567–73.  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
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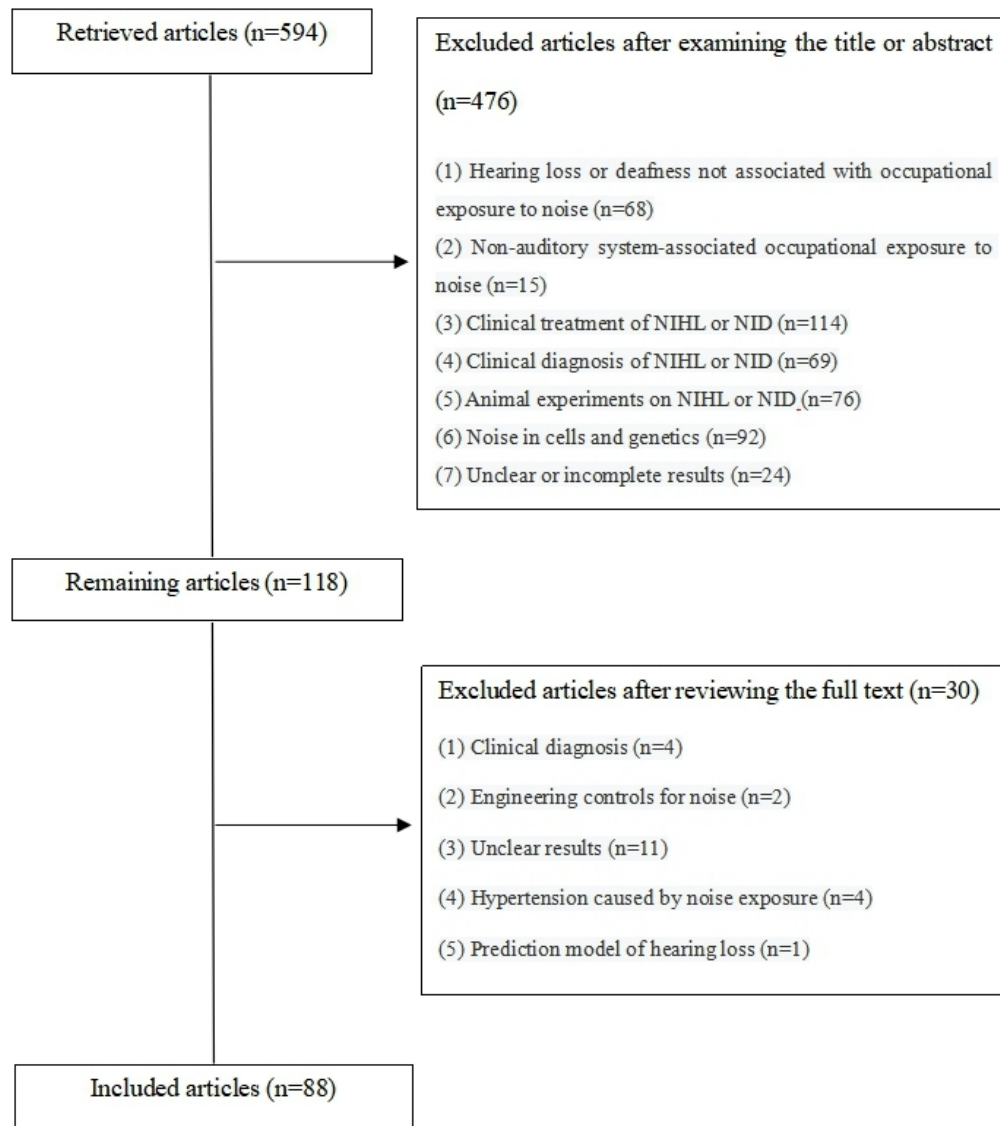
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4 **FIGURE LEGENDS**  
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6 **Figure 1** Flowchart of the selection of articles for meta-analysis.  
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11 **Figure 2** Forest plots of cross-sectional studies.  
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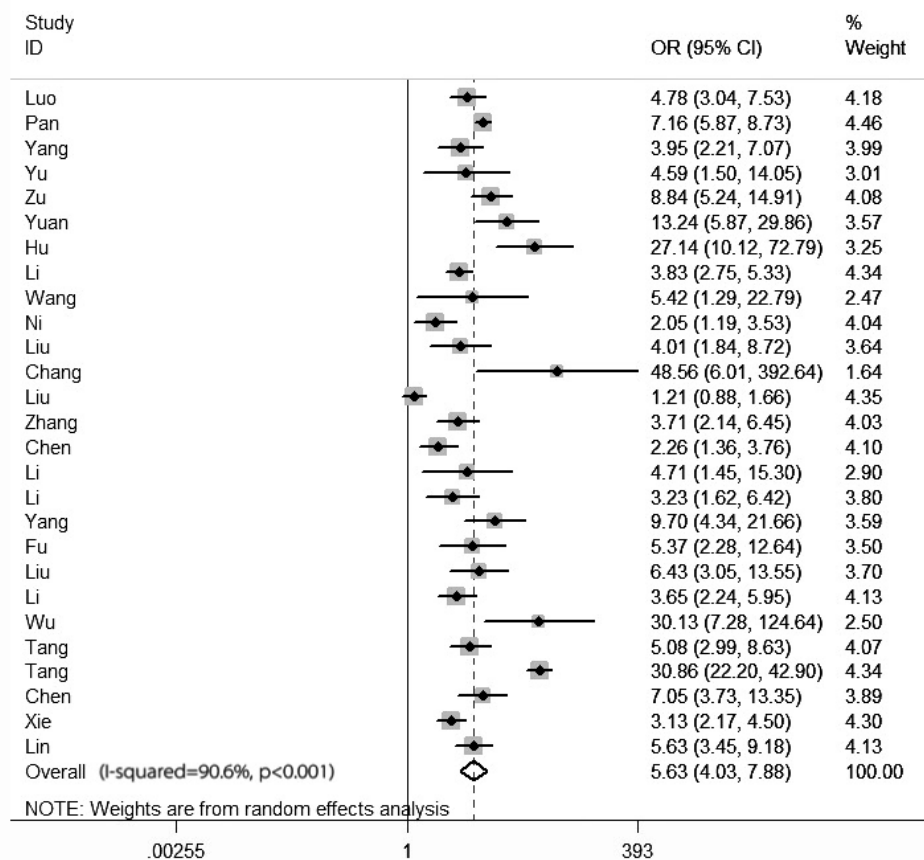
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Flowchart of the selection of articles for meta-analysis

144x162mm (120 x 120 DPI)



Forest plots of cross-sectional studies.

266x252mm (72 x 72 DPI)

Supplementary material: More than two pages of tables in the article and  
a plethora of other tables

**Appendix**

**Table 1** Prevalence of NIHL among workers in the transportation industry

Author	Type of transportation	Population			Noise level (max) [dB(A)]	NIHL (%)			
		N	Age (years)	Exposure duration (years)		Male (%)	HFNIHL	SFNIHL	NID
Hu[48]	Air	1498	29.7	-	73.0	-	6.1	4	-
Rong[49]	Railway	2045	39.9±6.8	18.0±11.0	100.0	97.1	13.1	-	5.9
Ge[50]	Ship	1000	20.0-60.0	-	100.0	-	15.6	-	-
Xu[51]	Ship	53	17.0-42.0	-	100.0	-	60.4	-	-
Peng[52]	Railway	1214	23.0-58.0	17.7±10.0	100.0	-	10.3	5.8	-
Total	-	5810	17.0-60.0	17.9±10.6	93.0	97.1	11.6	5.6	5.9

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 2** Prevalence of NIHL among workers in the mining industry

Author	Type of mining	Population				Noise level (max) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Zhang[53]	Mining	389	24-53	-	100.0	-	73.5	13.1	-
Yuan[54]	Oil field	211	31.8±8.4	10.6±6.8	100.0	94.0	24.6	5.2	-
Zhao[55]	Coal mining	1137	29.6±2.4	9.2±0.8	100.0	117.0	80.8	-	10.1
Zhang[56]	Mining	508	46.4±8.5	4.1±4.0	-	107.5	40.3	3.1	10.6
Total	-	2245	34.4±9.3	8.0±4.0	100.0	106.2±11.6	65.1	7.0	10.3

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 3** Prevalence of noise exposure and NIHL among manufacturing workers

Author	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Chen[57]	Sports equipment	247	34.0±6.5	-	89.9	-	17.0	-	4.9
Gao[58]	Rolling mills	629	40.0±7.0	1-41	83.5	118.0	25.6	-	4.3
Gao[59]	-	1023	17-55	5.1	74.2	95.8	11.3	4.8	-
Gao[60]	Toys	720	31.8±3.7	-	56.4	-	10.4	-	-
Jiao[61]	-	520	21-58	15.2	60.8	101.5	-	-	12.8
Li[62]	Aviation	1197	-	10.2±7.9	-	102.5	43.5	-	-
Lin[63]	-	386	26.6±6.3	3.4±2.3	79.5	89.9	74.1	50.5	-
Liu[64]	Oxygen mills	333	20-59	14.0	68.5	103.0	11.1	3.0	-
Lv[65]	Airport	290	33.4±10.3	14.5±11.2	-	98.8	48.6	6.6	-
Wang[66]	-	512	-	-	-	91.6	81.3	21.3	-
Wang[67]	Textile	1001	38.1±3.0	16.5±4.5	18.7	-	65.1	3.0	-
Yan[68]	Tank	406	18-32	-	100.0	-	34.5	23.2	-
Yan[69]	-	528	-	-	-	115.0	83.7	23.0	-
Guo[70]	Textile	60	25.8±8.4	3.6±3.1	16.7	100.5	28.3	-	-
Nie[71]	Shipbuilding	3260	40.4±8.8	7.7±3.8	90.2	112.1	11.8	3.4	-
Wang[72]	Textile	1156	30.7±5.6	11.9±5.3	-	93.7	33.3	17.3	-
Zhang[73]	Textile	481	18-58	1-33	25.4	98.4	11.9	-	-
Ni[74]	Textile	618	35.8±6.1	10.6±7.6	-	113.5	23.6	0.8	-
Xie[75]	Steel	98	37.0	-	84.7	134.5	61.2	17.3	-
Chen[76]	Automotive	6557	27.0	3.5	96.4	119.1	28.8	-	-
Ning[77]	Manufacturing	1439	20-55	1-5	77.5	100.0	33.6	5.4	-
Xu[78]	Forging	272	33.7	4.2	-	129	26.1	-	-
Liu[79]	Manufacturing	3432	32.7±7.4	3.8±2.5	81.2	92.1±4.9	37.1	3.9	-
Peng[80]	Automotive	706	35.5±7.6	11.1±7.8	65.7	99.3	59.8	9.1	-
Huang[81]	Electronics	172	28.3	4.3	66.3	100.0	36.0	15.1	-
Li[82]	Steel pipes	106	29.8±2.4	7.6	-	89.6±9.7	28.3	-	-
Chen[83]	Tires	953	37.9±8.6	11.8±7.1	90.3	91.2	10.5	-	-

Author	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)		
		N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID
Bao[84]	Automotive	3411	22.4±3.0	4.3±3.0	100.0	86.9	15.7	-	-
You[85]	Textile	1000	33.1±8.0	11.1±8.2	0.0	90.8±7.6	42.6	-	-
Chen[86]	Bottled drinks	154	29.9±5.5	5.3±3.7	-	89.6	20.8	-	3.3
Zhang[87]	Metal processing	965	27.4±6.5	5.6±2.3	90.6	88.2±3.5	27.5	-	-
Zhou[88]	Welding	924	32.4±7.5	10.0±6.5	94.5	100.7	48.3	11.6	-
Wang[89]	Steel rolling	120	25-55	2-39	-	99.3	75.8	15.0	-
Qian[90]	Welding	980	32.0±7.0	9.6±6.3	91.8	84.1±12.7	33.7	-	-
Total	-	34,656	32.6±8.9	7.9±6.3	81.6	96.2±5.1	30.9	8.5	7.1

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing

loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness.

**Table 4** Meta-analysis of cross-sectional studies with references to NIHL among manufacturing workers

Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Luo[91]	Exposure	Petrochemicals	908	-	20.1±9.1	-	91.8	38.3	-	0.6	4.78	3.04-7.53
	Control		200	-	23.3±9.0	-	-	11.5	-	-		
Pan[92]	Exposure	Shipbuilding	1000	-	-	-	110.0	69.1	10.9	-	7.16	5.87-8.73
	Control		1000	-	-	-	-	23.8	1.3	-		
Yang[93]	Exposure	Furniture	345	31.6±7.4	15.3±12.2	75.7	-	32.2	-	0.9	3.95	2.21-7.07
	Control		140	43.4±8.2	20.2±10.1	71.4	-	10.7	-	-		
Yu[94]	Exposure	Cooking	116	-	-	-	90.0	15.5	9.5	-	4.59	1.50-14.05
	Control		104	-	-	-	-	3.8	4.8	-		
Zu[95]	Exposure	Metal processing	570	-	2.8±2.9	59.3	96.6	44.0	-	1.8	8.84	5.24-14.91
	Control		208	-	2.6±2.5	54.3	71.1	8.2	-	-		
Yuan[96]	Exposure	Forging	88	36.5±9.4	19.1±8.7	-	109.0	61.4	26.1	-	13.24	5.87-29.86
	Control		84	37.2±8.6	20.3±7.7	-	58.0	10.5	1.2	-		
Hu[97]	Exposure	Tubes	123	32.6±3.9	12.2±2.5	-	109.0	68.3	35.5	-	27.14	10.12-72.79
	Control		68	34.6±4.5	13.2±3.5	-	-	7.4	-	-		
Li[98]	Exposure	Manufacturing	4908	33.7±9.2	-	95.8	115.7	17.3	12.5	-	3.83	2.75-5.33
	Control		753	35.1±10.6	-	96.7	-	5.2	3.3	-		
Wang[99]	Exposure	Gem processing	381	39.4±9.1	10.7±5.1	43.8	102.3	15.8	3.4	-	5.42	1.29-22.79
	Control		60	45.4±10.5	13.4±11.1	35.0	-	3.3	1.7	-		
Ni[100]	Exposure	Boilers	105	42.9±8.5	17.6±11.9	91.4	123.8	58.1	8.6	-	2.05	1.19-3.53
	Control		109	41.8±6.0	18.7±10.3	89.0	82.0	40.4	1.8	-		

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Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Liu[101]	Exposure	Tobacco	1314	36.7±8.0	17.3±9.6	54.5	82.1	22.1	2.4	-	4.01	1.84-8.72
	Control		106	37.3±6.7	18.4±6.6	56.6	51.5	6.6	0.9	-		
Chang[102]	Exposure	Liquefied	37	46.7±7.6	12.7±7.4	-	79.1±5.1	56.8	-	-	48.56	6.01-392.64
	Control	petroleum gas	38	38.3±5.7	7.3±3.1	-	55.4±4.4	2.6	-	-		
Liu[103]	Exposure	Coal processing	360	43.5±6.4	-	68.1	-	30.8	12.8	-	1.21	0.88-1.66
	Control		378	42.8±6.9	-	65.9	-	27.0	7.4	-		
Zhang[104]	Exposure	Electronics	495	26.3±3.6	5.0±3.0	73.5	86.6±2.6	30.7	14.9	-	3.71	2.14-6.45
	Control		150	26.5±3.7	5.0±3.4	80.0	-	10.7	1.3	-		
Chen[105]	Exposure	Electronics	1012	44.5±6.8	21.5±8.3	74.0	86.9±12.9	14.3	-	-	2.26	1.36-3.76
	Control		261	43.7±8.7	-	75.9	61.3±3.4	6.9	-	-		
Li[106]	Exposure	Boilers	120	32.6±9.7	4.8±2.8	-	108.0	59.2	15.0	-	4.71	1.45-15.30
	Control		17	34.1±9.6	4.2±2.3	-	-	23.5	0.0	-		
Li[107]	Exposure	Manufacturing	170	34.1±10.0	10.5±6.2	-	98.5	24.7	-	-	3.23	1.62-6.42
	Control	in general	130	35.6±8.7	12.1±6.9	-	-	9.2	-	-		
Yang[108]	Exposure	Sheet metals	63	31.3±6.9	7.8±7.1	87.3	125.0	57.1	-	27.0	9.70	4.34-21.67
	Control	-	91	33.5±8.2	9.1±7.5	86.8	-	12.1	-	7.7		
Fu[109]	Exposure	Chemical	153	34.5	9.1	71.2	86.8	44.4	15.7	-	5.37	2.28-12.64
	Control	plants	54	29.5	6.8	55.6	-	13.0	1.9	-		
Liu[110]	Exposure	Mechanical	404	36.2	11.7	97.3	106.4	22.0	-	-	6.43	3.05-13.55
	Control	processing	190	37.2	10.8	67.9	-	4.2	-	-		
Li[111]	Exposure	Gem	890	23.9±3.9	2.7±2.1	96.4	89.2±2.8	34.3	-	-	3.65	2.24-5.95
	Control	processing	160	24.7±4.1	2.9±1.9	96.9	-	12.5	-	-		



Author	Group	Type of factory	Population				Noise level (max or mean) [dB(A)]	NIHL (%)			HFNIHL prevalence	
			N	Age (years)	Exposure duration (years)	Male (%)		HFNIHL	SFNIHL	NID	OR	95% CI
Wu[112]	Exposure	Shoes	320	31.0	8.0	0.0	96.0	17.8	2.8	-	30.13	7.28-124.64
	Control		280	33.0	10.3	0.0	-	0.7	0.4	-		
Tang[113]	Exposure	Manufacturing	726	38.2±8.2	23.0±9.2	-	88.3±16.1	12.5	1.8	3.4	5.08	2.99-8.63
	Control		620	30.6±7.5	16.5±8.4	-	-	2.7	0.6	1.1		
Tang[114]	Exposure	Manufacturing	1200	22-55	9.3±7.1	100.0	85.6±1.9	57.5	-	-	30.86	22.20-42.90
	Control		1000	22-55	9.4±7.0	100.0	43.9±1.0	4.2	-	-		
Chen[115]	Exposure	Textile	294	22.8±5.3	7.2±5.2	0.0	98.0	23.5	3.4	-	7.05	3.73-13.35
	Control		288	23.5±6.2	-	0.0	-	4.2	0.7	-		
Xie[116]	Exposure	Paper industry	1717	31.2±4.8	9.5±4.7	99.4	104.0	22.6	12.3	-	3.13	2.17-4.50
	Control		410	35.8±6.9	10.2±5.8	98.5	73.4	8.5	4.6	-		
Lin[117]	Exposure	Machinery	500	28.8	-	56.0	104.5	19.8	2.6	-	5.63	3.45-9.19
	Control		500	27.2	-	57.6	-	4.2	0.0	-		
Total	Exposure	-	18,319	33.9±9.4	12.6±9.8	81.4	102.2±7.2	28.7	10.0	2.3	5.63	4.03-7.88
	Control		7399	34.9±10.1	12.0±9.1	73.4	63.5±3.8	9.9	2.1	2.0		

dB(A), A-weighted decibels; NIHL, noise-induced hearing loss; HFNIHL, high-frequency noise-induced hearing loss; SFNIHL, speech-frequency noise-induced hearing loss; NID, noise-induced deafness; OR, odds ratio; CI, confidence interval.



# PRISMA 2009 Checklist

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Section/topic	#	Checklist item	Reported on page #
<b>TITLE</b>			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	2, 3
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known.	5
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	7
<b>METHODS</b>			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	None
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	None
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	7
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	None
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	7
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	9
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	7



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Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	None
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	8
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., $I^2$ ) for each meta-analysis.	None

Page 1 of 2

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	None
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	None
<b>RESULTS</b>			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	9
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	9-15
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	None
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	9-15
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	16-18
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	None
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	None
<b>DISCUSSION</b>			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	18-22



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Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	18-22
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	22
<b>FUNDING</b>			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	24

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

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