NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Alister F. Martin, MD, MPP
Commissioner

2026 Health Advisory 24:
Acute and Accelerated Silicosis in Engineered Stone Workers

Please distribute to all clinical staff in pulmonology, radiology, critical care, primary care, urgent care, emergency medicine, occupational medicine, and transplant medicine.

- Workers, such as countertop fabricators, who are exposed to engineered stone are at risk for developing accelerated silicosis, which can occur within 5 to 10 years of exposure and can progress rapidly to lung transplant or death.
- Consider silicosis in the differential diagnosis of people with an occupational history of construction, mining, or blasting, especially if they work with engineered stone.
- Collect an occupational history including, if relevant, use of protective equipment in all individuals who develop respiratory symptoms, unexplained fatigue, restrictive lung disease, tuberculosis, or have chest radiography findings consistent with nodular or fibrotic lung disease.
- Report all suspected silicosis cases to the New York State Occupational Lung Disease Registry by calling (866) 807-2130 or completing a reporting form.
- Refer people with suspected silicosis to a New York State Occupational Health Clinic.
- Emphasize that all employees have equal rights to workers' compensation benefits and medical care in New York State, regardless of immigration status.

September 3, 2026

Dear Colleagues,

At least seven suspected cases of silicosis in workers exposed to engineered stone have been identified in New York State, including one recent death in New York City.

Silicosis is a progressive, irreversible, and often fatal illness driven by the inhalation of respirable crystalline silica dust. Engineered stone, often referred to as “artificial stone” or “quartz countertops” and commonly used in kitchen and bathroom countertops, is composed of greater than 90% crystalline silica, more than double the concentration found in natural granite. Workers exposed to engineered stone can develop silicosis at younger ages and after shorter exposure periods than those exposed to other sources of crystalline silica.

Accelerated silicosis can occur within 5 to 10 years of exposure and often progresses rapidly to lung transplant or death. In California, about 25% of engineered stone silicosis cases reported to the state since 2019 required lung transplant evaluation and approximately 5% resulted in death, with a median age at death of 52 years old. Diagnosis was delayed in many of these individuals because clinical teams focused on potential infectious etiologies rather than considering silicosis.

Diagnostic criteria for silicosis consist of evidence of exposure, consistent imaging, and elimination of competing differentials. **Documenting a comprehensive occupational history is the first, most important step in identifying and caring for people with this illness.**

Clinical guidance for healthcare providers:

1. Consider silicosis in the differential diagnosis of:
    - People with an occupational history of construction, mining, or blasting, especially if they work with engineered stone.
    - People with persistent cough, shortness of breath, chest pain, or other symptoms of silicosis.
    - People with pulmonary tuberculosis or non-tubercular mycobacterial infection.
    - People with imaging consistent with nodular or fibrotic lung disease.
    - People with spirometry findings consistent with restrictive lung disease or poor diffusing capacity of carbon monoxide (DL_{CO}).
2. Collect and document an occupational history, including, if relevant, the use of protective equipment in these individuals.
3. Reinforce confidentiality and use appropriate language interpretation. People may conceal occupational histories due to fear of employer retaliation, job termination, or immigration consequences.

For people with suspected silicosis:

1. Report the case to the New York State Occupational Lung Disease Registry by calling (866) 807-2130 or completing a reporting form. Suspected silicosis cases must be reported within 10 days, as required by Part 22 of the State Sanitary Code.
2. Refer individuals to and/or consult with a New York State Occupational Health Clinic. Local clinics include:
    - Mount Sinai Selikoff Centers for Occupational Health, 888-702-0630
    - Bellevue/NYU Occupational & Environmental Medicine Clinic, 212-562-4572

    - Occupational & Environmental Medicine of Long Island, 516-492-3297 (New Hyde Park) or 631-439-5300 (Islandia)
3. Emphasize that all employees have equal rights to workers' compensation benefits and medical care in New York State, regardless of immigration status.
4. Clinical evaluation and imaging include:
    - Referral to a pulmonologist for spirometry.
    - Chest x-rays can be used for screening but may miss small nodules. Referral for a high-resolution CT scan (HRCT) is the gold standard for evaluating silicosis.
5. Screen for other conditions associated with silicosis, including chronic obstructive pulmonary disease (COPD), autoimmune disease, tuberculosis, non-tubercular mycobacterium infection, and chronic kidney disease.
6. Recommend exposure-reduction and risk-mitigation steps:
    - If possible, limit exposure by avoiding engineered stonework. If it is not possible, exposure can be reduced by using all safety and exposure controls at their workplace, donning approved respirators that are properly fitted and well-maintained, and removing dust-covered clothes before leaving the worksite.
    - Smoking compounds the effects of silicosis. Provide tobacco treatment, with the goal of quitting as soon as possible.

Thank you for your continued collaboration in protecting the health of New Yorkers.

Resources:

1. Silicosis and Crystalline Silica Exposure: What Physicians Need to Know (New York State Department of Health)
2. New York State Occupational Health Clinic Network
3. Silicosis in the Artificial Stone Countertop Industry: An Official American Thoracic Society Workshop Report
4. Engineered Stone Silicosis Dashboard (California Department of Public Health)
5. Severe Silicosis in Engineered Stone Fabrication Workers — California, Colorado, Texas, and Washington, 2017–2019 (MMWR)
6. NIOSH Silica and Worker Health (NIOSH)
7. Deadly Countertops: An Urgent Need to Eliminate Silicosis among Engineered Stone Workers
8. Silicosis Among Immigrant Engineered Stone (Quartz) Countertop Fabrication Workers in California
9. Silica Hazards in Engineered Stone Countertop Production: Worker Experiences and Challenges in Los Angeles
10. Information on Smoking, Tobacco and E-cigarette Use for Clinicians
11. Smoking: NYC Quits (Tobacco Treatment Resources from the NYC Department of Health and Mental Hygiene)

Sincerely,

Toni Eyssallenne, MD, PhD
Chief Medical Officer
Office of the Chief Medical Officer

Madhury Ray, MD, MPH, CEM
Paul Farmer Fellow in Anti-Racism and Preventive Medicine
Bureau of Environmental Surveillance and Policy