

Asbestosis in Great Britain 2016

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Summary

The document can be found at: www.hse.gov.uk/statistics/causdis/asbestosis/

Asbestosis deaths and Industrial Injuries Disablement Benefit (IIDB) cases continue to increase in Great Britain, a legacy of heavy exposures to asbestos in the past.

The latest information shows:

- In 2014 there were 431 deaths where the death certificate mentioned asbestosis and not mesothelioma compared with 109 in 1978. (Asbestosis register)
- In 2014 there were 198 deaths with asbestosis specifically recorded as the underlying cause of death compared with 36 in 1978. (Asbestosis register).
- There were 1175 new cases assessed for Industrial Injuries Disablement Benefit (IIDB) in 2015 compared with 985 in 2014.
- There has been a long-term upward trend in both deaths and IIDB cases, though with substantial fluctuations year-on-year in IIDB cases, particularly in recent years.
- Increases in annual numbers of deaths have been driven mainly by cases above age 75 years.

Introduction

Asbestosis is a form of pneumoconiosis defined as lung fibrosis caused by the inhalation of asbestos fibres. The disease is characterised by scarring and inflammation of the lung tissue. It is an irreversible condition with no cure. Symptoms include shortness of breath, persistent cough, fatigue, laboured and rapid breathing and chest pain. These can seriously affect normal daily activity and lead to various complications which can be fatal.

Asbestosis is a long-latency disease which usually takes many years – typically several decades – to develop following exposure to asbestos. It is generally recognised that heavy asbestos exposures are required in order to produce clinically significant asbestosis within the lifetime of an individual. Current trends therefore still largely reflect the results of heavy exposures in the past.

Overall scale of disease including trends

The best indication of the number of deaths where asbestosis contributed as a cause is deaths that mention “asbestosis” on the death certificate, but excluding those where death certificates also mentioning both “mesothelioma”.

There were 431 such deaths in 2014 compared with 109 in 1978.

There were 478 deaths in total in 2014 where the death certificate mentioned asbestosis (i.e. including a further 47 deaths that also mentioned mesothelioma) and of these 198 had asbestos recorded as the underlying cause of death - see Table ASIS01 at www.hse.gov.uk/statistics/tables/asis01.xlsx

The Health and Safety Executive maintains a register of all deaths where the death certificate mentions asbestosis. These deaths include those where the underlying cause of death is specifically identified as asbestosis, but also those with other underlying causes but where asbestosis was nevertheless mentioned in the textual description of the cause of death. (The underlying cause of death is defined as the disease or injury that initiated the train of morbid events leading directly to death.) The wider category of deaths mentioning asbestosis but not necessarily recorded as such in the underlying cause of death gives an indication of the number of individuals who were suffering from asbestosis when they died.

However, the word “asbestosis” is often mentioned on death certificates along with other asbestos-related diseases - for example mesothelioma and/or lung cancer. On some death certificates the wording of the cause of death description suggests that the word asbestosis is sometimes used incorrectly as a general term for any asbestos-related disease - i.e., to indicate the role of asbestos in causing mesothelioma and/or lung cancer - rather than the presence of asbestos-induced lung fibrosis per se. This is particularly the case for mesothelioma, where the phrase “industrial disease of asbestosis” is sometimes used when mesothelioma is given as a cause of death.

Interpretation of these figures is further complicated by the fact that cases of asbestosis may sometimes not be recorded as such because they may be mistaken for other types of lung fibrosis – or recorded as “idiopathic” cases (i.e. lung fibrosis without a known cause)¹ – or may go undiagnosed.

Figure 1 – Annual deaths where death certificates mentioned asbestosis but not mesothelioma, and IIDB cases 1978-2015

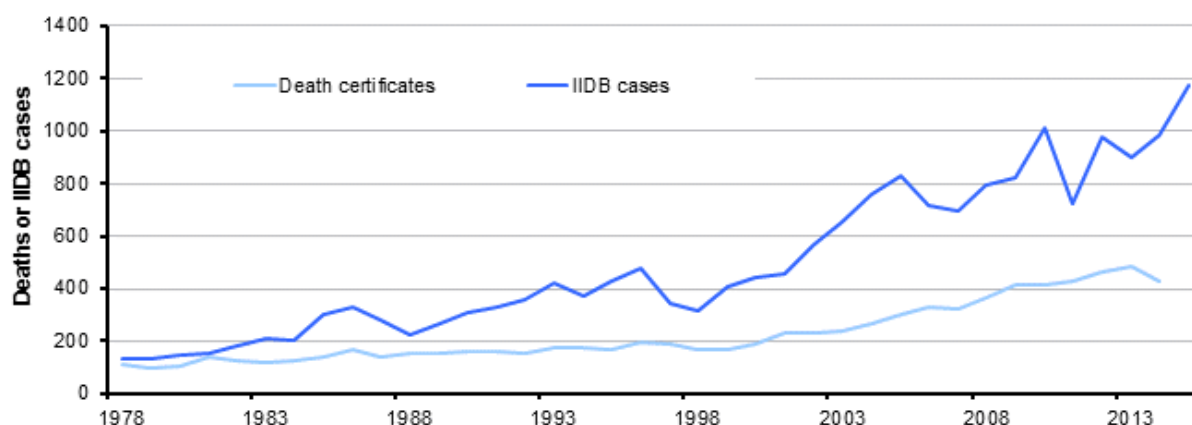


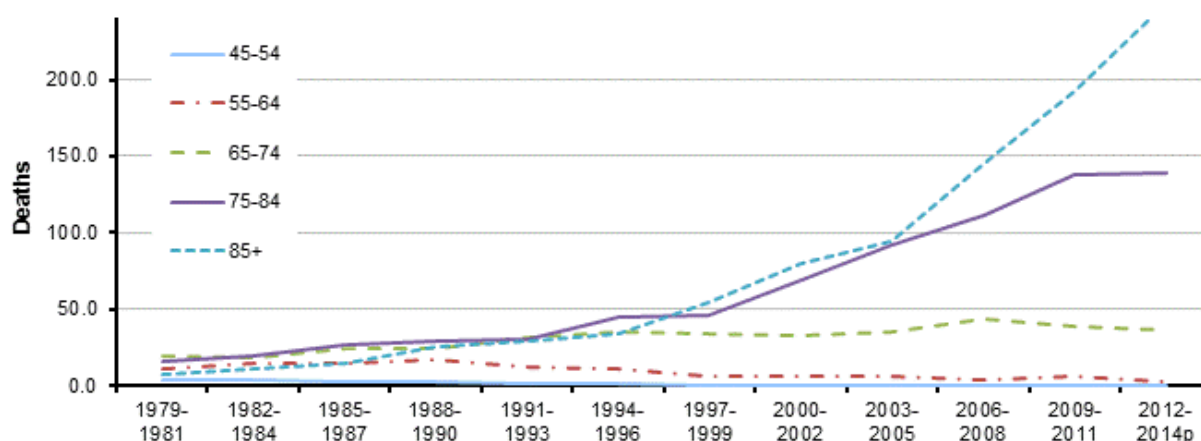
Table IIDB06 www.hse.gov.uk/statistics/tables/iidb06.xlsx shows the number of new cases of asbestosis (and other forms of pneumoconiosis) assessed under the Industrial Injuries and Disablement Benefit (IIDB) scheme. The number of cases of asbestosis has increased from 132 in 1978 to 1175 in 2015 (see Figure 1).

Statistics based on reporting of pneumoconiosis cases seen by chest physicians in the THOR scheme also support a continuing increase in annual asbestosis cases. The latest analysis of trends in THOR data² suggests that the incidence of all pneumoconiosis – the majority of which is known to be asbestosis within that scheme – has been increasing since 2007 with an average increase of +4.0% (95% CIs: +2.0, +6.0) per year over the time period 1999-2015. For the more recent period 2007-2015, the equivalent estimate was +10.6% (95% CIs: +5.7, +15.7) with the increase largely attributable to asbestosis.

Table THORR01 (www.hse.gov.uk/statistics/tables/thorr01.xlsx) gives a breakdown of the pneumoconiosis cases and shows that there were 144 cases of asbestosis out of the estimated 210 pneumoconiosis cases reported to respiratory physicians in 2015.

Table ASIS02 www.hse.gov.uk/statistics/tables/asis02.xlsx shows the total number of death certificates mentioning the term asbestosis without mention of mesothelioma among males, and equivalent death rates, by age group for the twelve three-year time periods during 1979-2014. Death rates for males are also shown in Figure 2. There are large differences in the magnitude of the rates between the different age groups. Death rates at ages below 55 have been falling since the 1980s with strongly increasing rates confined to deaths at ages 75 and above. This is consistent with those that were born more recently tending to have lower asbestos exposures than those born earlier and who were of working age during the period when asbestos was most widely used. Due to the small number of female deaths, age-specific death rates for women have not been shown.

Figure 2 – Average annual male death rates based on death certificates mentioning asbestosis but not mentioning mesothelioma by age and time period, 1980-2014(p)



References

1. Barber CM, Wiggans RE, Young C, Fishwick D. (2016) UK asbestos imports and mortality due to idiopathic pulmonary fibrosis. *Occup Med (Lond)*. 2016 Mar;66(2):106-11.
2. Carder M, McNamee R, Gittins M, Hussey L, Agius R. (2016) Time trends in the incidence of work-related ill health in the UK, 1996-2014: estimation from THOR surveillance data.
www.hse.gov.uk/statistics/pdf/thortrends16.pdf

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An account of how the figures are used for statistical purposes can be found at www.hse.gov.uk/statistics/sources.htm.

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