Mesothelioma Mortality by Geographical Area

Mesothelioma mortality in Great Britain 1981-2017

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Summary

This fact sheet provides statistics on mesothelioma deaths in Great Britain by geographical area for deaths occurring in the period 1981 to 2017. Numbers of deaths for males and females are given for areas within the current local government structure down to Unitary Authority (UA) and Local Authority (LA) level.

Standardised Mortality Ratios (SMRs) are also provided with associated 95% Confidence Intervals in order to allow comparison of areas after taking into account the age distributions of the underlying populations.

The statistics are presented in tabular form in the following spreadsheet:

www.hse.gov.uk/statistics/tables/mesoarea.xlsx

- MESOAREA01: Number of mesothelioma deaths and SMRs for males by geographical area in Great Britain.
- MESOAREA02: Number of mesothelioma deaths and SMRs for females by geographical area in Great Britain.
- MESOAREA03: Mesothelioma deaths and Standardised Mortality Ratios (SMRs) for males in Great Britain by area and five year time periods 1981-2017.
- MESOAREA04: Mesothelioma deaths and Standardised Mortality Ratios (SMRs) for females in Great Britain by area and five year time periods 1981-2017.

Results are also available as interactive maps available at: https://arcg.is/PLzSj.
Introduction

Previous descriptive analyses of mesothelioma death rates for geographical areas within Great Britain have highlighted the effect of geographically-specific sources of asbestos exposure: geographical areas with the highest mortality rates tend to be those known to contain large industrial sites such as shipyards and asbestos product factories.

This factsheet provides an update of analyses of mesothelioma mortality by Unitary Authority (UA) and Local Authority (LA) area to include deaths occurring during the period 1981 to 2017, the longest period for which data are available according to the current UA and LA structure. It also provides more detailed analysis of temporal trends within these geographical areas using Generalised Additive Models (see Annex 1 for further details).

The analyses are based on the last area of residence of the deceased, as recorded on death certificates, and use Standardised Mortality Ratios (SMRs) which compare the mortality rate in a particular area with the mortality rate for GB, taking account of age differences (see Annex 1 for further details). SMRs are expressed as a percentage: values higher or lower than 100 indicate mesothelioma rates that are higher or lower, respectively, than for GB as a whole.

A number of Unitary Authorities were created in 2009 and these are detailed in Annex 2. Note that we have not used the new Unitary Authorities that were created in April 2019. A detailed map showing all UAs and LAs can be found at: www.arcgis.com/sharing/rest/content/items/f5e202d4bca34b1ea8c8fa1d54823fc2/data.

The analyses of temporal trends for geographical areas within Great Britain should be interpreted in the context of increasing annual mesothelioma deaths in Great Britain as a whole. Overall deaths have increased more than 10-fold since the late 1960s when consistent recording in the British Mesothelioma Register began, with a similar pattern for both males and females, though annual male deaths have consistently outnumbered female deaths by around five to one due to higher and more widespread past asbestos exposures often in occupational settings (Figure 1).

Since Standardised Mortality Ratios (SMRs) compare the mortality rate in a particular region with that for GB as a whole, trends in SMRs for a particular area indicate whether rates for that area have increased relatively more or less rapidly than for GB as a whole. No change in the SMR for an area over time indicates that the mortality rates have increased in line with the trend for GB as a whole.

Figure 1 – Male and female mesothelioma deaths 1968-2017(p)

All of the analyses presented in this factsheet are limited by the fact that death certificates record only the last address of residence of the deceased. A case of mesothelioma caused by work in one geographical area will only be assigned to that area in this analysis if the individual was resident there when they died. The long latency period of mesothelioma means that individuals may move between areas before the onset of the disease and thus there is considerable potential for dilution of the observed difference in risk between...
areas. The extent of this dilution will be strongest for those areas where there have been substantial migrations. Areas with the highest SMRs will be those which are genuine sources of risk, but their SMRs will underestimate the true risk level relative to the rest of Great Britain. Conversely, SMRs of other areas will overstate the level of risk associated with these locations. The areas recording the lowest SMRs will be those areas not associated with asbestos exposure and which are unlikely to be the final area of residence for individuals with asbestos exposure.

Results and Discussion

These analyses for the period 1981 to 2017 are based on 49,820 male and 8,896 female mesothelioma deaths from mesothelioma (a small number of individuals with an overseas address are excluded).

Full results are available in Excel tables at: www.hse.gov.uk/statistics/tables/mesoarea.xlsx
- MESOAREA01: Number of mesothelioma deaths and SMRs for males by geographical area in Great Britain.
- MESOAREA02: Number of mesothelioma deaths and SMRs for females by geographical area in Great Britain
- MESOAREA03: Mesothelioma deaths and Standardised Mortality Ratios (SMRs) for males in Great Britain by area and five year time periods 1981-2017
- MESOAREA04: Mesothelioma deaths and Standardised Mortality Ratios (SMRs) for females in Great Britain by area and five year time periods 1981-2017

Maps showing SMRs for males and females for the overall period 1981-2017 are presented (Figures 2 and 4) along with additional maps highlighting those areas for which the mortality rate was statistically significantly higher or lower than for GB as a whole (Figures 3 and 5).

Results are also available as interactive maps available at: https://arcg.is/PfZsJ

Temporal trends for Scotland, Wales and English regions are shown for males and females in Figures 6 and 7, and trends for selected LA and UA areas with higher SMRs are shown in Figures 8-12 for males and Figures 13-17b for females. Additional results for males are available and in Annex 3 (Figures 18-22).

Results for the overall period 1981-2017

The geographical areas with the highest male mesothelioma death rates for the period 1981-2017 were Barrow-in-Furness (SMR 431.9, 95% Confidence Interval 382.8 to 485.5, 280 deaths), West Dunbartonshire (SMR 389.0, 95% CI 345.2 to 436.8, 286 deaths), North Tyneside (SMR 296.0, 95% CI 271.1 to 322.5, 522 deaths), South Tyneside (SMR 283.4, 95% CI 256.1 to 312.8, 394 deaths), Portsmouth (SMR 275.0, 95% CI 249.3 to 302.6, 419 deaths), Plymouth (SMR 271.3 95% CI 249.4 to 294.6, 567 deaths) followed by Medway, Hartlepool, Southampton and Gosport.

The geographical areas with the highest female mesothelioma death rates were Barking & Dagenham (SMR 363.4, 95% CI 289.8 to 449.9, 84 deaths), Sunderland (345.2, 95% CI 291.8 to 405.5, 148 deaths), Newham (299.5, 95% CI 239.3 to 377.8, 71 deaths), West Dunbartonshire (SMR 250.0, 95% CI 176.0 to 344.6, 37 deaths), Barrow-in-Furness (SMR 243.5, 95% CI 161.8 to 351.9, 28 deaths), Leeds (SMR 240.9, 95% CI 212.3 to 272.2, 257 deaths) followed by Blackburn, Havering, Newcastle upon Tyne and Medway.

As in previous geographical analyses of mesothelioma deaths, the results presented here show that areas with the highest excess of mesothelioma in males tend to be those containing industrial sites known to have been associated with high asbestos exposures in the past, such as shipyards. However, occupational analyses suggest that asbestos exposures in the construction industry also account for a substantial proportion of mesothelioma deaths. Such exposures are less likely to have been associated with specific geographical areas; rather, they are likely to have taken place over a wide range of areas.

The analyses of temporal trends show that most areas associated with shipbuilding activity tend to have much higher SMRs for early time periods than for later periods, although there are some exceptions. Mesothelioma rates in these areas thus tend to be rising more slowly than the overall rate for Great Britain or even falling. This may to some extent reflect the effect of risks being diluted due to the migration of those exposed in an industry which has declined substantially into lower risk areas. It may also suggest that annual mesothelioma deaths arising from such exposures may peak earlier than those arising from other sources of exposure.
Figure 2 – Mesothelioma SMRs for males by geographical area for the period 1981-2017
Figure 3 – Statistical significance of mesothelioma SMRs for males by geographical area 1981-2017

Significance
- less than 100
- not significant
- over 100
Figure 4 – Mesothelioma SMRs for females by geographical area for the period 1981-2017
Figure 5 – Statistical significance of mesothelioma SMRs for females by geographical area 1981-2017

Significance
- less than 100
- not significant
- over 100
Temporal trends – Scotland, Wales and English regions

Figure 6 – Annual mesothelioma SMRs for males by region, 1981-2017

Figure 6 shows the regional variation for male SMRs calculated annually along with 95% confidence intervals. Corresponding statistics for female are shown in Figure 7.

Trend lines with solid bold black lines indicate a statistically significant yearly trend, those with green lines indicate trends of borderline significance, and for those with blue lines trends were not significant. The dashed lines represent the 95% confidence intervals.

For males, the highest rates for the period as a whole (1981-2017) were seen in the North East, South East, East of England and Scotland, and with the exception of the East of England, SMRs all show some decline over time. This indicates that mesothelioma rates for these regions have increased relatively less rapidly over the period than for GB as a whole.

Conversely, there was an increase in the SMRs over time for those regions with the lowest rates for the period as a whole (East Midlands, West Midlands and Wales). This indicates that mesothelioma rates for these regions have increased relatively more rapidly over the period than for GB as a whole.

England accounts for the majority of Great Britain and so SMRs show little variation from the standard SMR figure of 100.
Figure 7 – Annual mesothelioma SMRs for females by region, 1981-2017

For females, the highest rates for the period as a whole were in the North-East, East of England and London. There was evidence of an increase in the SMR over time for the East of England and a decline for London.
Temporal trends for UA and LA areas, males

Figure 8 – Annual mesothelioma SMRs for males for the top six UA/LA areas, 1981-2017

Temporal trends in annual male SMRs are shown in Figures 8-12 (and Figures 18-21 in Annex 3) for all UA/LA areas with significantly elevated SMRs for the period as a whole (1981-2017).

Figure 8 covers the top six areas. The top ten areas were all associated with shipbuilding.

Figure 9 covers the North East, Teesside and Tyne and Wear (North Tyneside and South Tyneside are included in Figure 8).

Figure 10 covers the coastal region of Hampshire (except for Portsmouth which is included in Figure 8).

Figure 11 covers parts of central Scotland, mainly around the Clyde (except West Dunbartonshire which is included in Figure 8).

Marked statistically significant downward trends were seen for several of these areas including Barrow-in-Furness (where the SMR reduced from over 900 to less than 300 over the period, compared with 431.9 for the period as a whole), Plymouth, Portsmouth, Southampton and, to a lesser extent, South Tyneside. For South Tyneside there was a gradual decline in the SMR with a flatter trend in more recent years. The decline in Renfrewshire (Figure 11) was from an SMR of around 350 in 1981 to one in 2017 that is not statistically different from 100.

Several areas with high SMRs for males also had high SMRs for females including Barrow-in-Furness, Sunderland, Barking and Dagenham, and West Dunbartonshire.
Figure 9 – Annual mesothelioma SMRs for males for UA/LAs in the North East, 1981-2017

Darlington
127 deaths; SMR 141 (117.167); Rank 38

Hartlepool
174 deaths; SMR 227 (194.263); Rank 8

Midlothian
152 deaths; SMR 141 (120.165); Rank 37

North East
199 deaths; SMR 166 (136.164); Rank 28

Stockton-on-Tees
284 deaths; SMR 199 (177.224); Rank 18

Gateshead
269 deaths; SMR 152 (134.171); Rank 32

Newcastle upon Tyne
452 deaths; SMR 265 (187.229); Rank 15

Sunderland
465 deaths; SMR 199 (181.218); Rank 19

Figure 10 – Annual mesothelioma SMRs for males for UA/LAs in the Hampshire coastal region 1981-2017

Isle of Wight
244 deaths; SMR 156 (137.177); Rank 30

Southampton
380 deaths; SMR 225 (203.249); Rank 9

Eastleigh
210 deaths; SMR 220 (194.252); Rank 12

Fareham
206 deaths; SMR 206 (179.236); Rank 14

 Gosport
145 deaths; SMR 223 (188.263); Rank 10

 Havant
231 deaths; SMR 294 (176.228); Rank 16
Figure 11 – Annual mesothelioma SMRs for males for UA/LAs in central Scotland, 1981-2017

East Dunbartonshire
123 deaths; SMR 136 (113,162); Rank 44

Fife
389 deaths; SMR 128 (116,142); Rank 51

Glasgow City
728 deaths; SMR 160 (149,173); Rank 27

Inverclyde
150 deaths; SMR 298 (176,245); Rank 13

North Ayrshire
143 deaths; SMR 223 (194,245); Rank 62

Renfrewshire
242 deaths; SMR 174 (153,198); Rank 22

Figure 12 – Annual mesothelioma SMRs for males for other areas, 1981-2017

Croy
63 deaths; SMR 135 (116,153); Rank 33

Tamworth
76 deaths; SMR 136 (123,159); Rank 31

Thornton
187 deaths; SMR 185 (159,213); Rank 20

Castle Point
165 deaths; SMR 200 (179,233); Rank 17

Newham
227 deaths; SMR 170 (149,194); Rank 23

Barking and Dagenham
267 deaths; SMR 220 (195,249); Rank 11

Medway
400 deaths; SMR 241 (221,267); Rank 7

Swindon
257 deaths; SMR 169 (148,192); Rank 24
Temporal trends for UA and LA areas, females

Figure 13 – Annual mesothelioma SMRs for females for the top eight UA/LA areas, 1981-2017

Temporal trends in annual female SMRs are shown in Figures 13-17 for all areas with significantly elevated SMRs for the period as a whole (1981-2017).

Figure 13 shows marked statistically significant declines in the annual SMRs for Barking and Dagenham, Sunderland but not for Newcastle upon Tyne and Newham. For Blackburn with Darwen SMRs in more recent years were not significantly raised.
Figure 14 – Annual mesothelioma SMRs for females for areas ranked 9-16 in GB, 1981-2017

Figure 15 – Annual mesothelioma SMRs for females for areas ranked 17-24 in GB, 1981-2017
Figure 16 – Annual mesothelioma SMRs for females for areas ranked 25-32 in GB, 1981-2017

Goulding
12 deaths; SMR 106 (113,234); Rank 25

Charley
24 deaths; SMR 90 (106,249); Rank 26

Crawley
20 deaths; SMR 104 (100,254); Rank 27

Harlow
17 deaths; SMR 164 (95,362); Rank 28

Richford
21 deaths; SMR 162 (100,248); Rank 29

Presley
52 deaths; SMR 156 (116,204); Rank 30

Forest Heath
12 deaths; SMR 155 (89,271); Rank 31

Wigan
69 deaths; SMR 154 (130,196); Rank 32

Figure 17a – Annual mesothelioma SMRs for females for other areas, 1981-2017

Greenwich
44 deaths; SMR 154 (112,206); Rank 34

Kirkcaldy
89 deaths; SMR 154 (123,189); Rank 35

Hillingdon
51 deaths; SMR 152 (113,206); Rank 36

Gateshead
49 deaths; SMR 151 (112,206); Rank 38

South Tyneside
38 deaths; SMR 148 (105,203); Rank 43

Wakefield
67 deaths; SMR 142 (119,180); Rank 53

Glasgow City
129 deaths; SMR 136 (114,192); Rank 57

Redbridge
44 deaths; SMR 131 (95,198); Rank 69
Figure 17b – Annual mesothelioma SMRs for females for other areas, 1981-2017

- Hartlepool: 21 deaths; SMR 153 (95,233); Rank 36
- Ipswich: 28 deaths; SMR 140 (94,155); Rank 41
- Maidstone: 32 deaths; SMR 146 (101,209); Rank 42
- Milton Keynes: 32 deaths; SMR 148 (101,209); Rank 44
- Bromley: 71 deaths; SMR 145 (113,183); Rank 49
- Portsmouth: 41 deaths; SMR 144 (103,196); Rank 51
- Central Bedfordshire: 42 deaths; SMR 136 (98,164); Rank 58
- Nottingham: 48 deaths; SMR 128 (96,176); Rank 72
Annex 1 – Methodology

Mesothelioma deaths occurring during the period 1981-2017 were obtained from the Health and Safety Executive Mesothelioma Register. SMRs were derived using mid-year population estimates provided by the Office for National Statistics.

The method of age standardisation used in the production of SMRs is commonly referred to as the indirect method. Age-specific death rates in a standard population (in this case Great Britain by gender) are applied to the age structure of the population for each geographical area in order to calculate expected numbers of deaths. The ratio of the observed number of deaths to the expected number of deaths in the area is calculated and multiplied by 100 to give the SMR. The SMR of the standard population is 100. An SMR greater or less than 100 indicates a respectively higher or lower than expected mortality rate in a specific area. If the lower bound of the 95% Confidence Interval for the SMR is greater than 100 this indicates that the observed number of deaths was statistically significantly higher than expected. A worked example of the SMR calculation is provided below.

The statistical models involved fitting a smoothed term for the year in a Poisson Generalized Additive (GAM) model (GAM) to identify annual trends. In a most cases a Poisson error term was assumed; for a small number of cases a Negative Binomial or Normal (Gaussian) error term was assumed.

SMR calculation – worked example

Table A illustrates the calculation of an SMR for men in area A. The total population of Great Britain is used as the standard population, (column 1). The mesothelioma death rate per 1,000 in the population for each age group (column 3) is the total number of male mesothelioma deaths (column 2) divided by the total number of men in Great Britain (column 1) to give age-specific death rates in the standard population. These rates are applied to the total population in area A, given in column 4, to give the expected numbers of deaths in this area, in column 6. The total observed number of deaths, shown in column 5, (1,196) divided by the expected number of deaths (2,024), multiplied by 100 gives an SMR of 59.

Table A: Example of an SMR calculation

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<th>Death rate Per 1,000</th>
<th>Population, (thousands)</th>
<th>Mesothelioma deaths</th>
<th>Expected deaths</th>
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Annex 2 – Unitary Authorities created in 2009

These comprise the following local authorities that existed as part of the previous local government structure that applied from 1998. Changes in 2009 were as follows:

1. County Durham UA comprises the former districts of Chester-le-Street, Derwentside, Durham, Easington, Sedgefield, Teesdale and Wear Valley.

2. Northumberland UA comprises the former districts of Alnwick, Berwick-upon-Tweed, Blyth Valley, Castle Morpeth, Tynedale and Wansbeck.

3. Cheshire East UA comprises the former districts of Congleton, Crewe and Nantwich and Macclesfield.

4. Cheshire West and Chester UA comprises the former districts of Chester, Ellesmere Port & Neston and Vale Royal.

5. Shropshire UA comprises the former districts of Bridgnorth, North Shropshire, Oswestry, Shrewsbury and Atcham and South Shropshire.

6. Bedford UA comprises the former district of Bedford.

7. Central Bedfordshire UA comprises the former districts of Mid Bedfordshire and South Bedfordshire.

8. Cornwall UA comprises the former districts of Caradon, Carrick, Kerrier, North Cornwall, Penwith and Restormel.

9. Wiltshire UA comprises the former districts of Kennet, North Wiltshire, Salisbury and West Wiltshire.
Annex 3 – Other areas with significantly raised male SMRs

Figure 18 – Annual mesothelioma SMRs for males for other areas, 1981-2017 (part 2)

Halton
135 deaths; SMR 147 (123,174); Rank 35

Wirral
405 deaths; SMR 166 (152,181); Rank 26

York
220 deaths; SMR 137 (120,157); Rank 42

Doncaster
378 deaths; SMR 149 (134,165); Rank 34

Basingstoke
211 deaths; SMR 167 (145,191); Rank 25

Brentwood
34 deaths; SMR 140 (111,171); Rank 39

 Havering
375 deaths; SMR 183 (155,203); Rank 21

Gravesend
126 deaths; SMR 158 (132,188); Rank 29

Figure 19 – Annual mesothelioma SMRs for males for other areas, 1981-2017 (part 3)

Cheam
413 deaths; SMR 125 (113,138); Rank 55

Tamworth
217 deaths; SMR 123 (107,141); Rank 59

Knowsley
140 deaths; SMR 125 (105,147); Rank 56

Leeds
762 deaths; SMR 121 (112,130); Rank 64

Derby
264 deaths; SMR 136 (120,154); Rank 43

Chelmsford
160 deaths; SMR 123 (105,144); Rank 61

Epping Forest
136 deaths; SMR 121 (102,143); Rank 65

Rochford
98 deaths; SMR 130 (105,158); Rank 48
Figure 20 – Annual mesothelioma SMRs for males for other areas, 1981-2017 (part 4)

- Maldon: 70 deaths; SMR 127 (99, 160); Rank 52
- Tendring: 216 deaths; SMR 121 (106, 137); Rank 63
- Babergh: 112 deaths; SMR 130 (107, 156); Rank 46
- Waveney: 153 deaths; SMR 119 (101, 140); Rank 66

- Tower Hamlets: 141 deaths; SMR 130 (109, 153); Rank 47
- Bexley: 255 deaths; SMR 139 (122, 157); Rank 41
- Greenwich: 192 deaths; SMR 126 (109, 145); Rank 54
- Hillingdon: 253 deaths; SMR 123 (108, 140); Rank 60

Figure 21 – Annual mesothelioma SMRs for males for other areas, 1981-2017 (part 5)

- Harlow: 72 deaths; SMR 124 (97, 156); Rank 57
- Bracknell Forest: 87 deaths; SMR 129 (103, 159); Rank 50
- Milton Keynes: 160 deaths; SMR 129 (110, 150); Rank 49
- New Forest: 268 deaths; SMR 134 (118, 158); Rank 45

- Dartford: 98 deaths; SMR 142 (115, 173); Rank 36
- Swale: 148 deaths; SMR 139 (117, 163); Rank 40
- Vale of Glamorgan: 137 deaths; SMR 120 (106, 140); Rank 51
- Falkirk: 151 deaths; SMR 124 (105, 145); Rank 58
Relevant scientific publications on mesothelioma

National Statistics

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Health and Safety Executive's responsibility to maintain compliance with the standards expected by National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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

For information regarding the quality guidelines used for statistics within HSE see www.hse.gov.uk/statistics/about/quality-guidelines.htm

A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/

Additional data tables can be found at www.hse.gov.uk/statistics/tables/.

Last updated: July 2019

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Journalists/media enquiries only: www.hse.gov.uk/contact/contact.htm