

Silicosis and coal workers' pneumoconiosis statistics in Great Britain, 2019

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Silicosis and coal workers' pneumoconiosis

Silicosis

- Available sources are likely to substantially underestimate the annual incidence of silicosis.
- Annual new cases assessed for Industrial Injuries Disablement Benefit (IIDB) have reduced during the last 10 years with 30 cases in 2018 compared with 80 in 2009.
- Chest physicians participating in the SWORD scheme with The Health and Occupation Reporting (THOR) network have typically identified around 25 estimated new cases each year.
- There have typically been between around 10 and 20 annual deaths from silicosis over the last 10 years.

Coal workers' pneumoconiosis

- In 2018, there were 155 new cases assessed for IIDB.
- Estimated numbers of annual new cases identified by chest physicians participating in the SWORD scheme have fluctuated substantially year-on-year averaging around 25 per year.
- Annual deaths from pneumoconiosis have remained relatively constant over the last 10 years with an average of around 130 deaths per year, with 105 deaths in 2018.

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

Introduction

Pneumoconiosis is a serious lung disease caused by inhaling various forms of dust in certain kinds of occupations.

The most common forms are coal workers' pneumoconiosis (due to coal dust), silicosis (due to respirable crystalline silica), and asbestosis (due to asbestos). The different forms of disease are usually identified based on assessment of an occupational history of exposure to one of these dusts.

This report describes available statistics for forms of pneumoconiosis other than asbestosis, which is covered in a separate report available at www.hse.gov.uk/statistics/causdis/asbestos-related-disease.pdf.

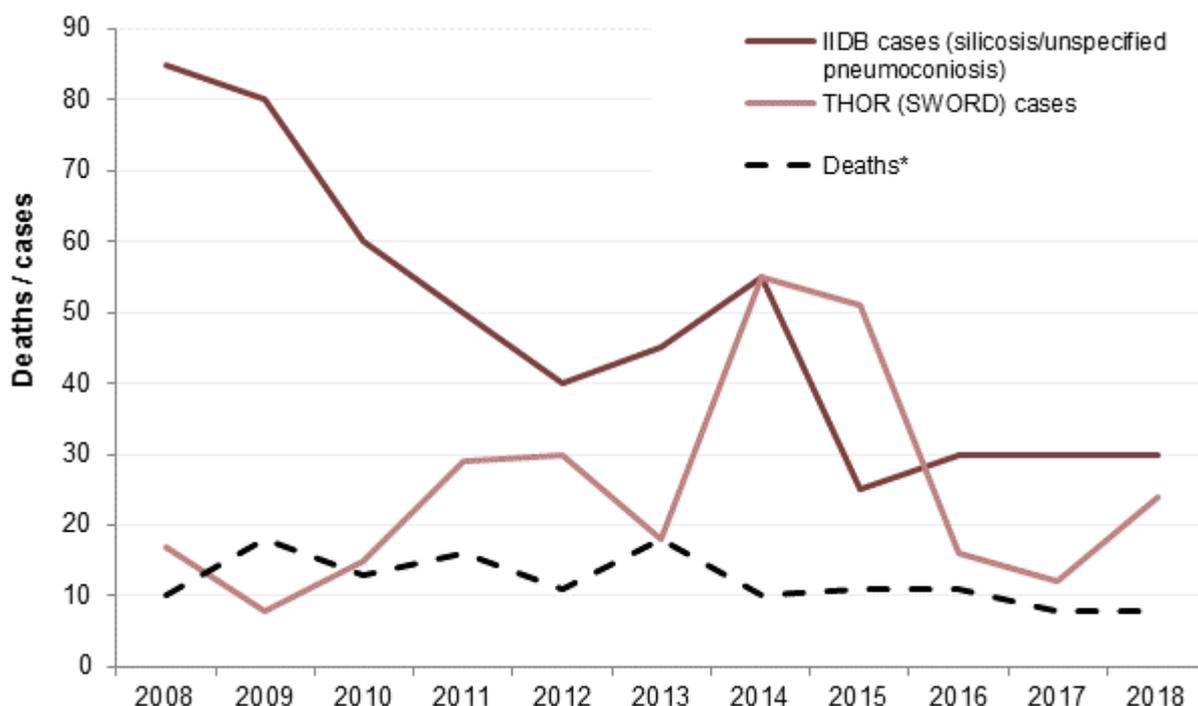
Pneumoconiosis is a "long latency" disease which typically develops gradually over a number of decades following exposure to these dusts and can eventually be fatal. Therefore, current and recently occurring cases and deaths largely reflect the effect of past working conditions.

Statistics based on individual cases of pneumoconiosis occurring in Britain are available from the following sources:

- cases assessed for Industrial Injuries Disablement Benefit (IIDB) (main source table IIDB01 www.hse.gov.uk/statistics/tables/iidb01.xlsx with an industry breakdown in table IIDB06 www.hse.gov.uk/statistics/tables/iidb06.xlsx).
- cases identified by chest physicians participating in the SWORD scheme within The Health and Occupation Reporting (THOR) network (main source table THORR01 www.hse.gov.uk/statistics/tables/thorr01.xlsx).
- deaths recorded with pneumoconiosis as the underlying cause (Table DC01 www.hse.gov.uk/statistics/tables/dc01.xlsx).

Silicosis

Figure 1: Silicosis in Great Britain, 2008-2018



*Deaths for 2018 are provisional and may be subject to revision by the Office for National Statistics (ONS) and National Records for Scotland (NRS)

- The majority of IIDB cases that are not due to coal or asbestos are silicosis^{*}. Annual new cases assessed for Industrial Injuries Disablement Benefit (IIDB) have reduced during the last 10 years with 30 cases in 2018 compared with 80 in 2009.
- 24 estimated new cases of silicosis were identified by chest physicians participating in the SWORD scheme in 2018 compared to 12 in 2017. Annual estimated cases have averaged 25 per year over the last decade.
- There were 8 deaths from silicosis in both 2017 and 2018. Before this there were typically between 10 and 20 annual deaths in recent years.

Given the different patterns suggested and the limitations of these data sources it is difficult to draw any firm conclusions about an overall trend in silicosis incidence during the period.

Both the IIDB and THOR data sources are likely to substantially underestimate the incidence of silicosis. Estimates of annual lung cancer cases due to past exposures to silica (nearly 800 deaths per year)¹ imply that the extent of underestimation of silicosis by IIDB and THOR was substantial. This is because many such lung cancers would be expected to develop from among highly exposed workers who were also developing silicosis, and so the number of silicosis cases would be expected to be of a similar order of magnitude.

Estimates of the risk of silicosis following long-term exposure², together with information about the likely extent of past exposures in Britain, also suggest that silicosis incidence could be much higher than recorded in the available IIDB and THOR statistics.

The following industries and occupations were most commonly associated with silicosis cases reported within the THOR scheme based on data for the 10-year period 2006-2015 (not tabulated):

- Stonemasons and bricklayers (26% of actual reported cases)
- Other construction-related occupations (25% of actual reported cases)
- Mining and quarrying (20% of actual reported cases)
- Foundry-related occupations (13% of actual reported cases)

Around 70% of IIDB cases of pneumoconiosis due to 'other' agents (mainly silica) occur in men aged over 65. There were 2% of cases who were females (see table IIDB07 www.hse.gov.uk/statistics/tables/iidb07.xlsx.)

Previous analyses of data from the THOR scheme indicate that around 5% of silicosis cases are female and 10% of other (non-asbestos and not coal related) pneumoconiosis cases are female. THORR02 (www.hse.gov.uk/statistics/tables/thorr02.xlsx) indicates that for all types of pneumoconiosis (including asbestosis) over 94% of female and 84% of male cases are aged 65 or over.

The role of silica exposure in work-related respiratory disease is also supported by information about how individuals currently with "breathing or lung problems" thought that work had caused or made their illness worse, according to the Labour Force Survey (LFS).

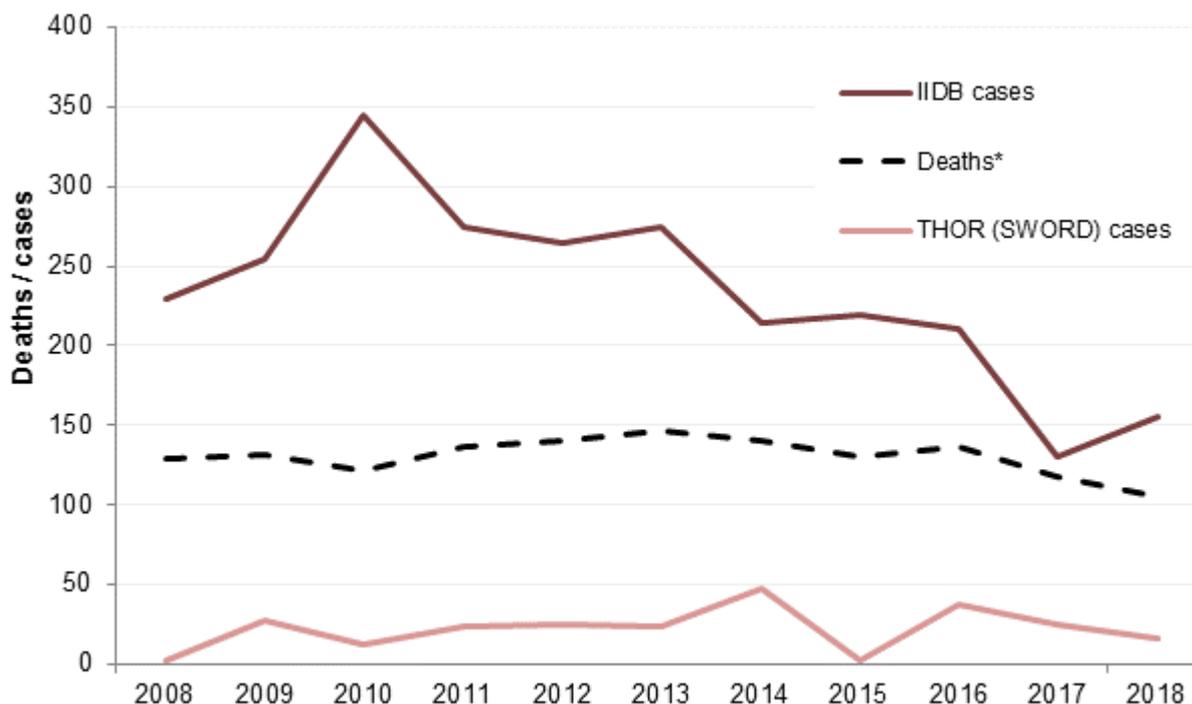
The most recent estimate of the annual prevalence of work-related respiratory disease (based on data from the LFS in 2016/17, 2017/18 and 2018/19) suggests that around 144,000 people who had ever worked currently had breathing or lung problems caused or made worse by work (95% Confidence Interval: 126,000 – 161,000) (statistics not currently tabulated).

Based on questions about what respondents thought was the cause of their work-related illness in the 2009/10, 2010/11, and 2011/12 surveys, "Dusts from stone, cement, brick or concrete" contributed in 19% of estimated cases of breathing and lung problems.

^{*} Causal agents other than coal or asbestos are not recorded in the IIDB scheme, but details of the industrial setting in which cases occurred suggest that the majority of other cases are in fact silicosis.

Coal workers' pneumoconiosis

Figure 2: Coal workers' pneumoconiosis in Great Britain, 2008-2018



*Deaths for 2018 are provisional and may be subject to revision by the Office for National Statistics (ONS) and National Records for Scotland (NRS)

- There were 155 new cases assessed for IIDB in 2018 compared with 130 in 2017 (see table IIDB01 www.hse.gov.uk/statistics/tables/iidb01.xlsx). Both these figures are somewhat lower than the 200-300 annual new cases per year seen over the previous 10 years.
- Estimated numbers of annual new cases identified by specialist chest doctors fluctuated year-on-year with an average of around 25 cases per year (see table THORR01 www.hse.gov.uk/statistics/tables/thorr01.xlsx). There were an estimated 16 cases in 2018 and 25 cases in 2017.
- Annual deaths from pneumoconiosis other than silicosis and asbestosis (which are mainly coal workers' pneumoconiosis) have remained relatively constant over the last 10 years with an average of around 130 deaths per year; there were 105 deaths in 2018 (see Table DC01 www.hse.gov.uk/statistics/tables/dc01.xlsx).

Current numbers of annual coal workers' pneumoconiosis cases and deaths are now lower than in previous decades and this reflects an overall reduction in exposure to coal dust over time driven, at least in part, by the substantial reduction in the size of the coal mining industry since the 1980s.

There are no IIDB and THOR cases of female coal workers' pneumoconiosis. Both the IIDB and THOR schemes indicate that most cases of pneumoconiosis occur in men aged over 65 (see table IIDB07 www.hse.gov.uk/statistics/tables/iidb07.xlsx and THORR02 www.hse.gov.uk/statistics/tables/thorr02.xlsx). For example, around 82% of coal pneumoconiosis IIDB cases assessed in the ten years to 2018 were over 65 years of age.

References

[1] Rushton L, et al. (2012) Occupation and cancer in Britain. British Journal of Cancer 107;(Supplement 1):S1-S108

[2] Health and Safety Commission. (2005) Control of Substances Hazardous to Health Regulations 2002 (as amended 2005). Proposal for a Workplace Exposure Limit for Respirable Crystalline Silica. Consultative Document CD203. HSE Books, Sudbury, Suffolk. www.hse.gov.uk/consult/condocs/cd203.pdf (Page 12, Table 1)

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