Other work-related respiratory disease statistics in Great Britain, 2020

Allergic alveolitis, byssinosis and allergic rhinitis

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

Other respiratory diseases

This document outlines the available statistics for occupational respiratory diseases other than asbestos-related disease, asthma, Chronic Obstructive Pulmonary Disease (COPD) and pneumoconiosis which are covered elsewhere – see https://www.hse.gov.uk/statistics/causdis/index.htm.

Farmer's lung and other allergic alveolitis

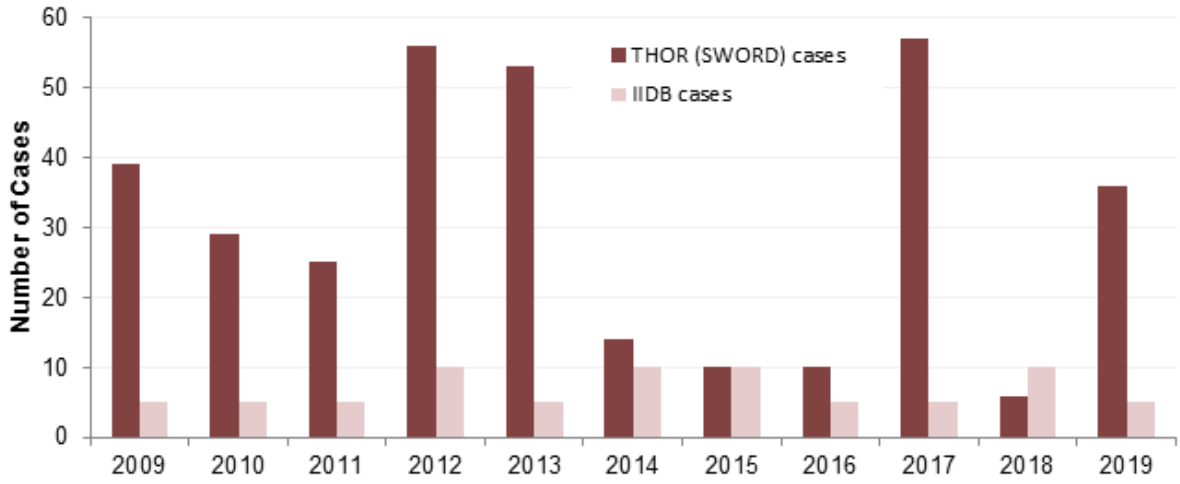
Occupational Extrinsic Allergic Alveolitis (EAA) – also known as Occupational Hypersensitivity Pneumonitis – is inflammation of the alveoli within the lungs caused by an allergic reaction to inhaled material. “Farmer's lung”, which is caused by the inhalation of dust or spores arising from mouldy hay, grain or straw, is a common form of the disease. It is typically characterised by acute flu-like effects but can, in some cases, also lead to serious longer-term effects on lung function.

There has been an average of 7 new cases of occupational EAA assessed for Industrial Injuries Disablement Benefit (IIDB) each year over the last decade, with about 15% of total cases being among women (Table IIDB01 www.hse.gov.uk/statistics/tables/iidb01.xlsx).

There has also been an average of 7 deaths where farmer's lung (or a similar condition) was recorded as the underlying cause each year over the last decade (Table DC01 www.hse.gov.uk/statistics/tables/dc01.xlsx), with less than 10% of total deaths among women. As the disease only rarely progresses to a life-threatening level, it is likely that there are substantially more annual new cases than currently identified in the IIDB scheme or on death certificates.

Reports by chest physicians participating in the SWORD scheme within The Health and Occupation Reporting (THOR) network supports this, with the estimated number of new cases of occupational EAA averaging 30 per year over the last 10 years, of which 30% were among women. There is substantial variability in annual estimates: in 2019 there were 36 cases; compared to 6 in 2018 and 57 in 2017 (Table THORR01 www.hse.gov.uk/statistics/tables/thorr01.xlsx).

Figure 1: Occupational Extrinsic Allergic Alveolitis in Great Britain, 2009-2019



One possible explanation for the smaller number of cases compensated than identified by chest physicians is that farmers, who constitute the largest group of sufferers, are often self-employed and therefore ineligible for compensation.

Recent research compared the causes of cases of EAA identified by chest physicians in 2010-2014 with cases identified in an earlier period 1996-2000 using SWORD data[1]. The estimated annual incidence was similar in both periods with about 25% of cases among women. The most commonly recorded agent in the most recent period was “metal working fluids, coolants and oil mist”, which accounted for 33% of cases; whereas it accounted for only 2% of cases in the earlier period. Other commonly recorded agents in both periods were “Avian proteins” and “Farming, hay, straw”.

[1] *CM Barber et al. (2015) Epidemiology of Occupational Extrinsic Allergic Alveolitis reported to SWORD 1996–2014 Abstract P52, Thorax, 2015: 70 (Suppl 3) A102*

Byssinosis

Byssinosis is an illness associated with exposure to cotton dust with both acute and, in some cases, long-term effects. It is typically characterised by asthma-like symptoms but can lead to irreversible reductions in lung function because of narrowed airways and lung scarring.

There are now relatively few workers employed within cotton processing in Britain and the number of cases assessed for IIDB has averaged 1 per year over the last decade (Table IIDB01 www.hse.gov.uk/statistics/tables/iidb01.xlsx).

The number of deaths per year with byssinosis recorded as the underlying cause of death has also been low with a total of 12 for the decade (3 male and 9 female). (Table DC01 www.hse.gov.uk/statistics/tables/dc01.xlsx).

Allergic rhinitis

Allergic rhinitis is inflammation of the mucous membrane of the nasal airways produced by an allergic reaction. When caused by plant pollen it is typically referred to as hay fever, but it may be caused by a wide range of other substances that can be present in workplaces. Often, these are substances that can also lead to occupational asthma. Allergic rhinitis is often characterised by common cold-like symptoms, but without a fever.

The annual number of cases assessed for IIDB has fallen over the last 10 years with 5 cases in 2019 compared with an average of around 20 per year over the last 10 years; around 10% were among women (Table IIDB02 www.hse.gov.uk/statistics/tables/iidb02.xlsx).

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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.

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/.

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