

European Occupational Diseases Statistics

FOCUS

The Eurostat EODS pilot project

The new EODS (*European occupational diseases statistics*) pilot project of the Statistical Office of the European Union, Eurostat, aims to bring national statistics together in a single database and highlight trends regarding the occupational diseases (ODs) most commonly recognized in Europe.

In the 2000s, such an experiment had been attempted already. But Eurostat had been forced to suspend its publications after six years of data collection due to the non-comparability of countries with one another.

The European Commission has always been keen to obtain statistical data to be able to assess the effectiveness of its policies in the area of occupational health and safety. Knowing the quantity, rate, frequency and trends regarding ODs is considered essential to improve working conditions and prioritize prevention actions at the Community level.

That is why Eurostat has proposed experimenting with a new, simpler and more reliable system for gathering OD statistics.

Introduction

At the end of April 2021, Eurostat posted online a section devoted to occupational diseases¹ as part of the EODS pilot project².

The statistics are based on administrative data gathered on the national level by various organizations (mostly Social Security systems) and are generally centralized by the national statistics office³.

Regulation (EC) No. 1338/2008 defines the requirements (objective, scope, issues covered, reference periods, intervals and deadlines for sending data, big data, etc.) specific to the field of data collection.

Regarding the geographic scope of the pilot project, it should be noted that Germany, Greece and Portugal are not taking part.

The current project therefore brings together 24 EU countries and Switzerland.

What occupational diseases are we speaking about at present?

To simplify the new collection of statistical data, a short list of occupational diseases has been established⁴ on the basis of the most frequent ODs in most European countries.

This list is based on the International Classification of Diseases, 10th revision (ICD-10), published by the World Health Organization (WHO).

States must also send Eurostat the total number of cases recognized.

¹ <https://ec.europa.eu/eurostat/web/experimental-statistics/european-occupational-diseases-statistics>

² in the case of accidents at work, a methodology has been available for many years now for gathering European statistics (ESAW) based on the data in EU and EFTA countries.

³ <https://ec.europa.eu/eurostat/documents/7894008/11601534/List-of-data-providers.pdf>

⁴ <https://ec.europa.eu/eurostat/documents/7894008/11601534/Short-list-diseases.pdf/a0181744-be1a-c96c-a596-1e6469d58034?t=1608201384193>

Groups of diseases selected by code and ICD-10 designation within the framework of the new EODS pilot project

Code	Designation
H83	Other diseases of inner ear (= deafness)
J45	Asthma
J92	Pleural plaques
<i>Occupational cancers</i>	
C34	Malignant tumour of the bronchi and lung
C45	Mesothelioma
<i>Pneumoconiosis</i>	
J61	Pneumoconiosis due to asbestos and other mineral fibres (incl. asbestosis)
J62	Pneumoconiosis due to dust containing silica
<i>Musculoskeletal disorders</i>	
G56	Mononeuropathies of upper limb (incl. carpal tunnel syndrome)
I73	Other peripheral vascular diseases (incl. Raynaud syndrome)
M51	Other intervertebral disc disorders
M65	Synovitis and tenosynovitis
M70	Soft tissue disorders due to excessive loading of the joints
M75	Shoulder lesions
M77	Other enthesopathies (incl. epicondylitis)
<i>Contact dermatitis</i>	
L23	Allergic contact dermatitis
L24	Irritant contact dermatitis

There are eight other variables adopted in the EODS project:

- Country (of recognition);
- Gender of the victim;
- Age of the victim (at the time of recognition);
- Employment status at the time of recognition (salaried employee, self-employed, family helper, intern/apprentice/student, pensioner, other, unknown);

- Occupation (ISCO-08⁵ classification);
- Company's sector of activity (NACE⁶ classification);
- Severity of the disorder (temporary disability, permanent disability, death);
- Causal agent.

Persistent problems of comparability

The EODS project of the 2000s had been abandoned because of this limitation, and the current project is experimental for the same reason.

This is because the national occupational disease statistics admittedly reflect the occurrence of these diseases, but also the way in which the occupational disease concept is included in national Social Security systems.

The existence of diverse legal systems and procedures for recognition of occupational diseases in Europe makes the exercise of comparison difficult, bearing in mind that a small number of occupational disease cases recognized in a given country is neither a sign of the absence of that disease, nor necessarily an obvious proof of successful prevention.

Likewise, well established detection systems and large-scale information campaigns could account for the high number of cases reported and recognized in certain countries.

Examples of the diversity of recognition systems in the EU:

- Some countries (e.g. the Netherlands) have no specific insurance system for occupational diseases, which are compensated by the health insurance organization for temporary disability and by the disability insurance organization for permanent disability. In these countries the data reported to Eurostat correspond to cases reported and recognized for the purpose of prevention and not for compensation.
- Since the lists of occupational diseases are national, their content may vary from one country to another (e.g. carpal tunnel syndrome not registered on the Austrian list); the same holds for the recognition criteria, whether they be medical or related to occupational exposure.
- In some countries (Belgium, France, Italy, etc.), a presumption of occupational origin is linked to the list of occupational diseases. Recognition is therefore easier for the diseases that are registered there, insofar as the causal link between the disease and exposure does not have to be investigated by the insurance organization.
- There is a great diversity of compensation systems, which are more or less incentivizing for reporting.

⁵ <https://www.ilo.org/public/english/bureau/stat/isco/index.htm>

⁶ <https://ec.europa.eu/eurostat/web/products-manuals-and-guidelines/-/ks-ra-07-015>

As an illustration, below are the cases recognized in 2018 for three diseases in two countries with a roughly equivalent insured population.

Example: Number of cases recognized in 2018 in France and Italy for 3 diseases		
Disease	France	Italy
Deafness (H83)	558	1,917
Pleural plaques (J92)	1,062	488
Mononeuropathies of the upper limb (chiefly carpal tunnel syndrome) (G56)	12,990	3,382

As a result, the benefit of having national statistics on the European level is more in the observation of their change over time than for purposes of comparison between countries.

The EU INDEX for measuring changes in ODs

Given the problems of comparability between countries, the new publication of occupational disease statistics is limited, consisting of an indicator called the EU INDEX (or INDICE EU) which expresses the changes in occupational diseases on the level of the EU⁷.

The Eurostat website⁸ accordingly proposes longitudinal data on recognized ODs (2013 = 100) up until 2018.

EU index of occupational diseases (2013 = 100) - Experimental statistics						
	2013	2014	2015	2016	2017	2018
EU	100	102.2	100	100	98.6	86.2

We note a trend to a decline of this EU index, a decline that was steeper in 2018, the year of the last data collection.

⁷ The methodology for calculating this index is available on <https://ec.europa.eu/eurostat/web/experimental-statistics/european-occupational-diseases-statistics> (*methodological note*)

⁸ https://ec.europa.eu/eurostat/databrowser/view/hsw_occ_ina/default/table

When studying the index disease by disease, this downward trend between 2013 and 2018 can be observed for each of them except two types of MSDs: mononeuropathies of the upper limb (G56, in other words chiefly carpal tunnel syndrome) and other enthesopathies (M77, including epicondylitis).

National profiles

The EU index is supplemented by national profiles, which show the national situation regarding the short list of occupational diseases.

Accordingly, for each Member State (except Germany, Greece and Portugal), it is possible to access the following information:

- a file called Metadata describing the quality of the statistical data reported;
- for each OD on the short list, its proportion as a percentage of total ODs over the period 2013-2018;
- the distribution of ODs on the short list recognized between 2013 and 2018, by gender and by age group;
- for each OD (on the short list), the number recognized between 2013 and 2018;
- a methodological sheet summarily describing the occupational disease insurance system, and specifying special national features which could impact the OD statistics.

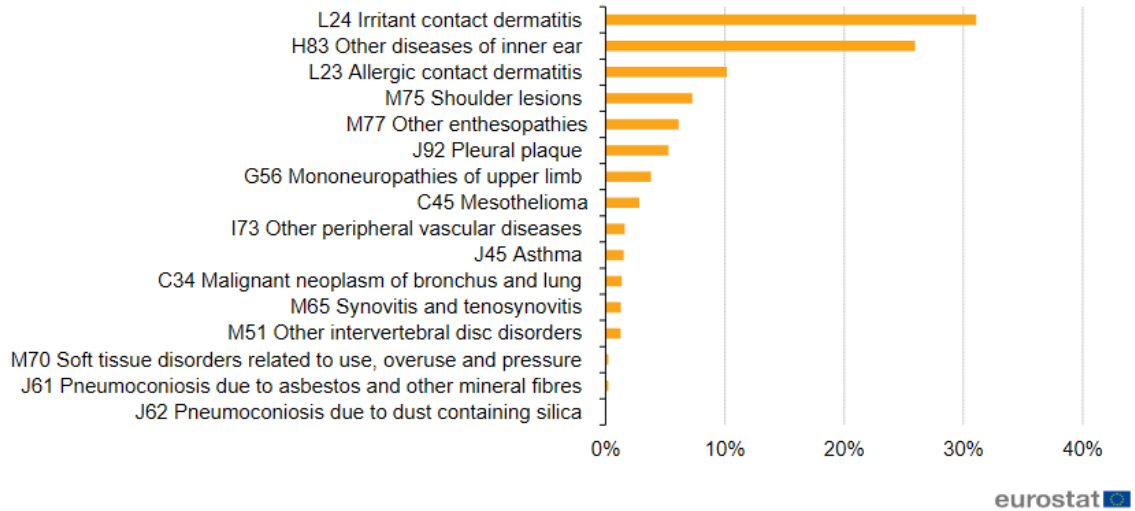
EXAMPLES OF AVAILABLE INFORMATION

Belgium						
Disease / Year	2013	2014	2015	2016	2017	2018
C34 (cancer of the bronchi/lungs)	139	104	80	86	83	61

Denmark

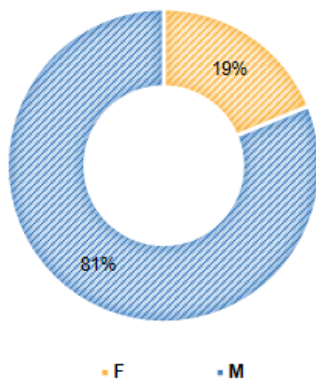
Recognized cases of occupational diseases in the short (core) list, 2013-2018.

Distribution of occupational diseases in the short list (% of recognized cases)

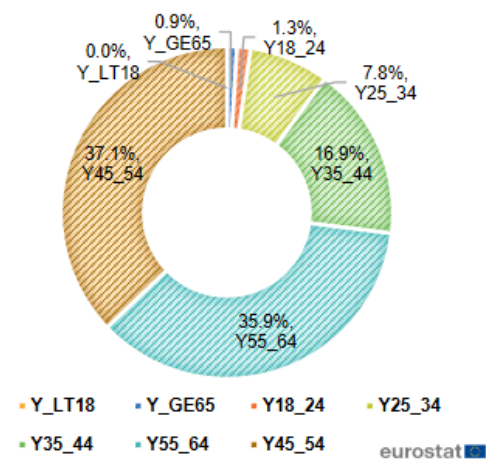


Netherlands

Distribution of occupational diseases in the short (core) list by gender, 2013-2018



Distribution of occupational diseases in the short (core) list by age groups, 2013-2018



Note that the national profiles do not indicate the figure relating to the insured population, which prevents any comparison between countries.

Outlook

It is planned that the EODS pilot project will continue at least until 2026. Eurostat's gathering of occupational disease statistics from the Member States will continue, and the methodology will be able to be refined.



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