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New EODS indicators, NACE, ISCO, occupational cancers

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1. Introduction

One of the statistical areas where new developments are ongoing and progress has been achieved, in the last years, is represented by the occupational diseases statistics. The European Occupational Diseases Statistics (EODS) pilot project captures information on the number of incident cases of recognized occupational diseases at national level. The comparative exercise between countries remains difficult taking into account the various national implementations for the concept of recognized occupational disease. Nevertheless, it is very important to have a clear understanding of the existing national situations in order to build a harmonized data collection. Some important achievements have been made by streamlining the list of variables collected as part of the EODS project or the establishment of the short list of occupational diseases, which represents the minimum requirements for the EODS microdata transmission. In addition, the dissemination of some results based the EODS collection (EU INDEX indicator) – experimental are important outcomes of the EODS pilot project.

New indicators to complement, the EU INDEX of occupational diseases, will refer to global figures and will consider two dimensions: economic sector (NACE) and occupation (ISCO), the analysis on NACE and ISCO will be restricted to the short list of diseases defined for the EODS pilot project, mainly due to the microdata avaialability.

Fighting cancer is one of the priorities of the European Commission in the health domain, including occupational health. It is also proposed to look at all the occupational cancers existing in the EODS database and potentially to disseminate the existing information.

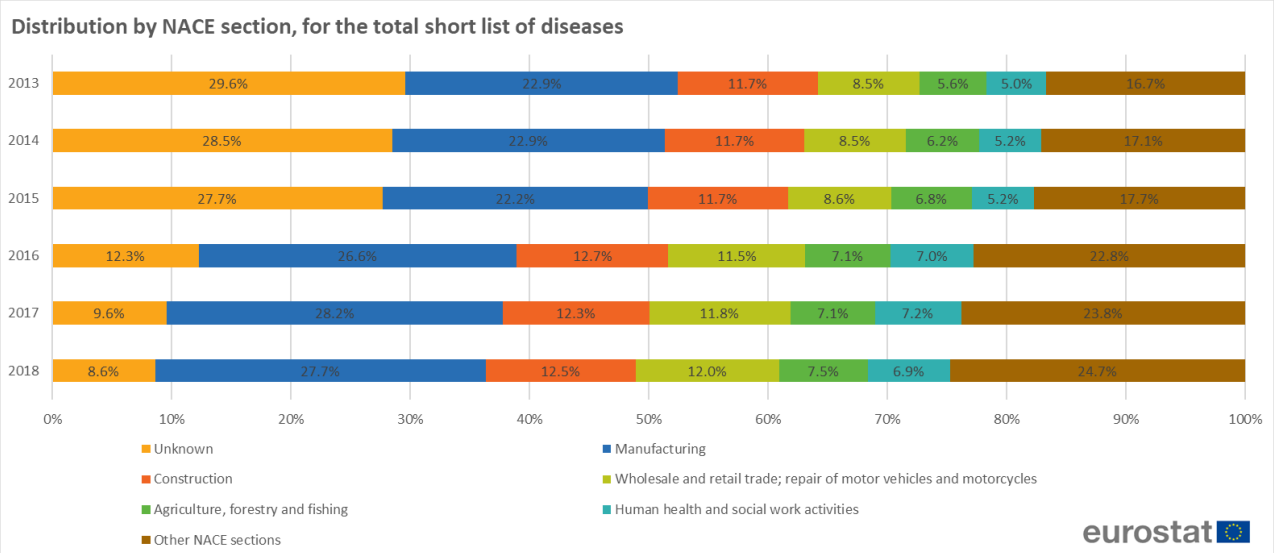
2. New indicators

2.1. NACE and ISCO

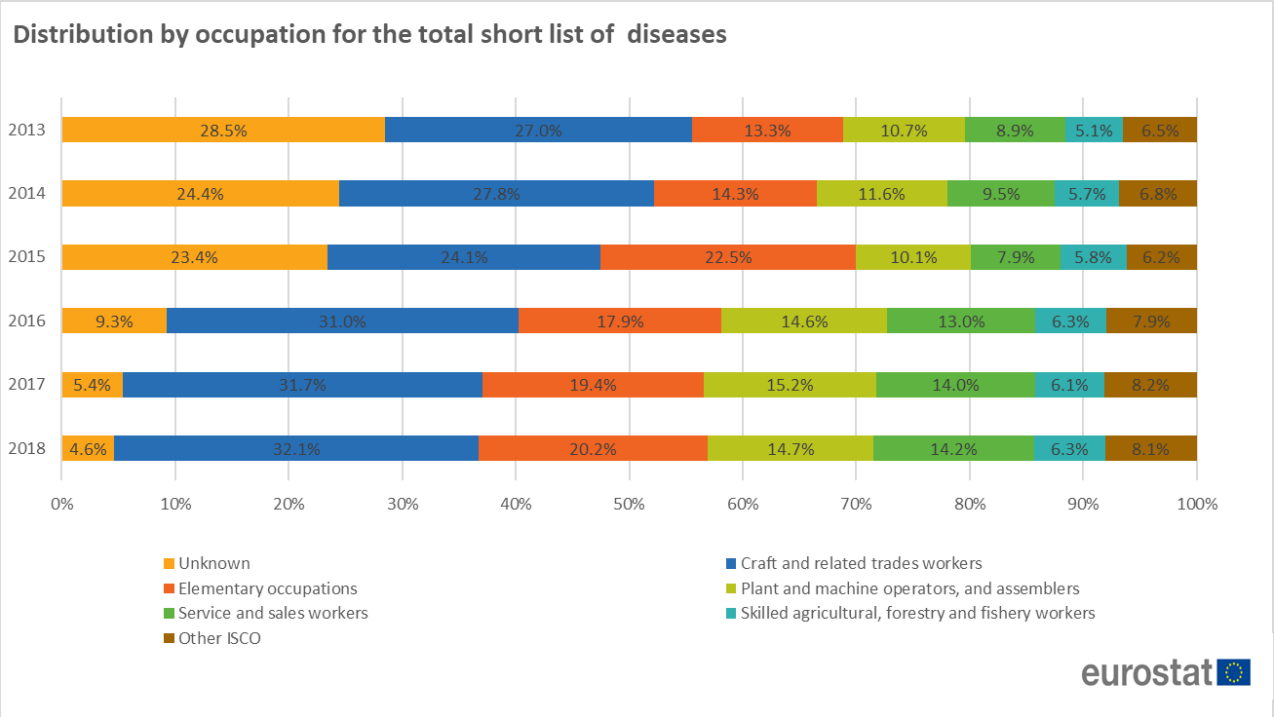
The first proposal for new indicators refers to percentages by NACE and ISCO for all the diseases in the short list and their total. Percentages: the number of recognised cases for the EU participating countries (by ICD 3-characters and TOTAL short list) with breakdowns by NACE and by ISCO expressed in percentage of the relevant total.

The variable NACE refers to the main 'economic' activity of the local unit of the enterprise where the victim performs the work and it is provided at the 2-digit level of the latest NACE classification, currently NACE Rev. 2[1]. The code 'UN' is used where there is no information on the economic activity of the employer. The graph below shows the indicator for the total short list of diseases.

[1] See https://ec.europa.eu/eurostat/documents/3859598/5902521/KS-RA-07-015-EN.PDF



The variable ISCO refers to the victim's occupation in the period of harmful exposure and it is provided for EODS database at the 2-digit level of the version 2008 of the International Standard Classification of Occupations (ISCO-08[2]). The code 'UN' appears if there is no information on the victim's occupation. With the aim of having a broad vision of the main occupations affected by occupational disease, ISCO one-digit level of classification has been used classification to reduce the occupation list to **11 items**.



[2] See https://www.ilo.org/public/english/bureau/stat/isco/docs/publication08.pdf

2.2. Recognised occupational cancers

The EODS data collection uses the ICD variable for capturing the codes of occupational diseases based on the International Classification of Diseases (ICD, version 10).

All the cases of occupational diseases, which were recognised during the reference year by the competent national authority, were reported providing a 4-characters level code of the ICD classification. For the purpose of this document, the data extracted for the ICD variable was composed of all the codes of the Chapter II Neoplasms (C00-D48). The analysis was performed at ICD 3-characters level.

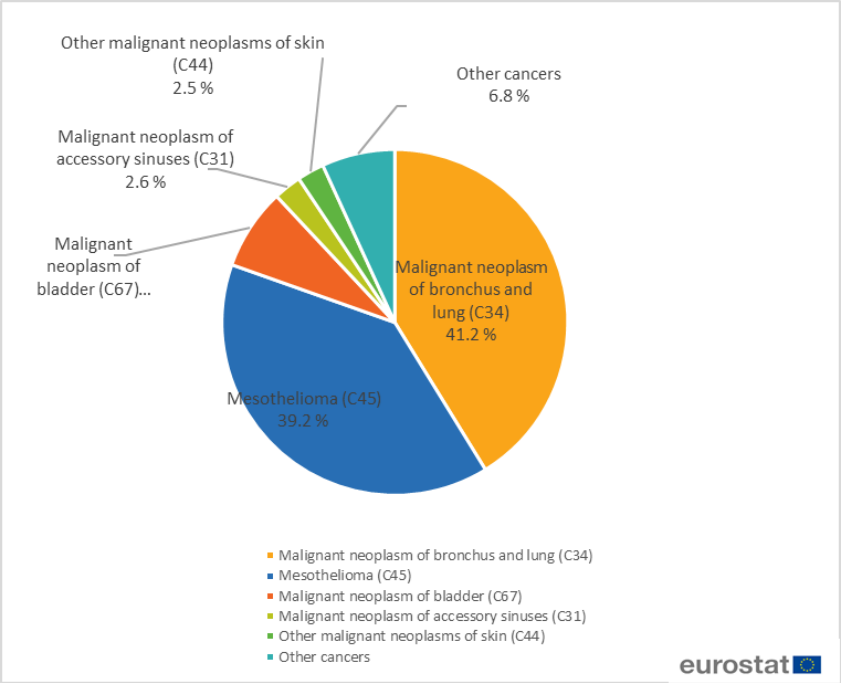
The data included in this document represent an extraction from EODS main database for the total number of cancers available, during the reference period 2013-2018. Data were treated at the EU aggregated level, as total number of cases, regardless the country of recognition.

The selected ICD data show a total number of 23728 recognized occupational disease cases of cancers and malign neoplasms for the reference period 2013 – 2018 in the selected countries. The malignant neoplasm of bronchus and lung (C34) and the mesothelioma (C45) account together for about 80% of the recognized occupational cancers in the participating countries, which fully justifies their inclusion in the EODS short list. The other recognized occupational cancer cases, which have also significant number of cases are malignant neoplasm of bladder (C67) with around 7.6% of the total number of cancer cases followed by malignant neoplasm of accessory sinuses (C31) and other malignant neoplasms of skins accounting for 2.6% and respectively 2.5% of the total number of occupational cancer cases. The other cancer cases taken together account for about 6.8% of the total number of cases. It is proposed that the numbers, at EU global level are disseminated by year.

Table 1 Recognized cases of occupational cancers 2013-2018, in the participating countries, by ICD code (numbers)

Diagnosed disease	Cases	Number of countries
Malignant neoplasm of bronchus and lung (C34)	9781	20
Mesothelioma (C45)	9300	19
Malignant neoplasm of bladder (C67)	1804	11
Malignant neoplasm of accessory sinuses (C31)	619	9
Other malignant neoplasms of skin (C44)	600	7
Other cancers	1624	20
TOTAL	**23728**	**23**

Graph 1 Recognized cases of occupational cancers 2013-2018, in the participating countries (%)



3. Conclusions

It is proposed that the new indicators are considered for dissemination, to complement in the future the experimental EODS data dissemination.

The participants are invited to comment the new indicators proposed.