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**STATISTICAL OFFICE OF THE
EUROPEAN COMMUNITIES
(EUROSTAT)**

**INTERNATIONAL LABOUR
ORGANIZATION**

Topic 6

European occupational diseases statistics

Supporting paper submitted by Eurostat*

1. To supplement the European statistics on accidents at work¹ that have been collected since 1993,² Eurostat is working on the production of European occupational diseases statistics.³ These two projects are based on national administrative sources and come under the heading of article 137 (ex-article 118 A) of the Treaty establishing the European Community and the Council resolution of 27 March 1995⁴ inviting the Commission to bring to a conclusion the work of harmonizing statistics on accidents at work and improve the available data on occupational diseases.

* Summary of the statement by Didier Dupré.

2. Eurostat made a pilot collection of EODS data in collaboration with the competent authorities of the 15 member States, compiling cases reported in 1995 of 31 diseases selected from the European schedule of occupational diseases.⁵ The Finnish Institute of Occupational Health,⁶ to which the task of evaluating the data was entrusted, studied the comparability of the pilot data and suggested alterations. The pilot data covered eight variables: victim's country, age, sex and occupation, economic activity of the employer, and the European schedule number, medical diagnosis of and incapacity resulting from the occupational disease. Questionnaires were used to obtain meta-data from member States on, in particular, the coverage offered by national occupational disease compensation schemes, the criteria for inclusion of benign cases, and the coding scheme for medical diagnoses. Then the 1995 EEC Labour Force Survey was used to define the reference populations for the data collected.

3. In all, 57,414 cases of the 31 selected occupational diseases were reported in the European Union. The 10 commonest were hypoacusis caused by noise (18,419 cases), skin ailments caused by allergy provoking or irritative substances (8,767), respiratory ailments of an allergic nature (4,543), silicosis (4,381), asbestosis (3,894), paralysis of the nerves due to pressure (3,392), osteoarticular diseases of the hands and wrists caused by vibration (2,539), angioneurotic diseases caused by mechanical vibration (2,454), diseases of the periarticular sacs caused by pressure (2,305) and mesothelioma (1,446). The main factors limiting the comparability of the pilot data were (i) the definition of the reference population; (ii) differences in the criteria used for inclusion; (iii) the coding scheme for medical diagnosis; (iv) differences in how benign cases were treated. Detailed results of the evaluation of the pilot data were published by Eurostat in 1999.⁷

4. Having learnt a good view from this experiment, Eurostat is now, as part of the Community's statistical programme 1998-2002,⁸ making preparations for EODS Phase 1, making an annual collection of European statistics on occupational diseases beginning with the reference year 2001. The project is being carried out in collaboration with the European Commission's Directorate-General V - Employment, Industrial Relations and Social Affairs, FIOH and the EODS Working Group and associated technical committee, which comprise representatives of the 15 member States and Norway. The project will be finalized in the first half of 2000 and the Working Group will decide at its meeting in September 2000 on the implementation and specifications for Phase 1.

5. Subject to this reservation, work in progress has sought first to supplement the information on inclusion criteria and evaluation of the seriousness of occupational diseases in member States by means of a new questionnaire. The resulting methodological proposals are designed to yield statistics during EODS Phase 1 that display the following characteristics:

- providing figures on the incidence of definitive first registrations for the diagnosis and type of occupational disease under consideration in the reference year;
- distinguishing between three types of occupational disease: (i) temporary ailments (causing a simple interruption in work, the first interruption occurring during the reference year), the seriousness being measured by the number of

working days lost; (ii) permanent ailments (first registration of permanent incapacity for work during the year), a distinction being made between serious permanent incapacity, the seriousness being measured by a level of disability higher than a minimum threshold, and minor cases; (iii) fatal diseases (death occurring within the year). Consideration will be given to the feasibility of updating data as diseases progress;

- no coding scheme for the disease such as is used in the European schedule, diseases being identified by diagnosis and cause;
- the medical diagnosis coded in accordance with a specific list of codes taken from the WHO ICD-10⁹ (in the case of several diagnoses, the most serious);
- the cause coded in accordance with a classification scheme developed by Eurostat covering chemical, physical, biological, biomechanical, psychosocial and industrial agents and supplemented by a list of product categories.¹⁰

6. To supplement these administrative sources, Eurostat introduced an 11-variable ad hoc module, “accidents at work and occupational diseases”, into the Labour Force Survey for spring 1999.¹¹ The data, covering 12 member States, are now being analysed and the initial findings will be available in 2000. The module is concerned with accidents at work during the 12 months preceding the date of interview and specifies, for the most recent accident, the type of injury, the length of any interruption of work and change in occupational status (whether or not work and customary activities have been resumed) after the accident. It also identifies other work-related health problems (i.e. caused or aggravated by work in the view of the person questioned) over the 12 months preceding the interview and specifies, for most serious health problem, the type of problem (disease, affliction, pain, etc.) and the cumulative duration of any interruptions of work.

Notes

¹ ESAW.

² Cf. Eurostat publications, Statistics in Focus - Theme 3: Population and Social Conditions, “Accidents at work in the European Union in 1996”, due out in March 2000; “European Statistics on Accidents at Work - Methodology, 1998”, Methods and Nomenclature collection, catalogue No. CA-19-98-908-DE/EN/ES/FI/FR/IT/PT-S.

³ EODS.

⁴ Council resolution on the transposal and application of Community social legislation, No. 95/C 168/01, Official Journal C 168, 4 July 1995.

⁵ Commission Recommendation of 22 May 1990 concerning the adoption of a European schedule of occupational diseases, No. 90/326/EEC, Official Journal L 160, 26 June 1990, which invites member States to “ensure ... that all cases of occupational disease are reported” and “progressively make their statistics on occupational diseases compatible with the schedule in Annex 1”; the schedule concerned, which is currently under review, lists nearly 100 pathogenic and/or diagnostic agents.

⁶ FIOH.

⁷ Karjalainen, A. and Virtanen, S.V. (FIOH), “European Statistics on Occupational Diseases: Evaluation of the 1995 Pilot Data”, Eurostat Working Papers - Population and Social Conditions 3/1999/E/No. 2.

⁸ Council Decision No. 1999/26/CE of 22 December 1998 concerning the Community statistical programme 1998-2002, Official Journal L 42, 16 February 1999, Title VIII.

⁹ International Statistical Classification of Diseases and Related Health Problems, tenth revision (ICD-10), World Health Organization (WHO), Geneva, Switzerland, 1992.

¹⁰ Classification of agents causing occupational diseases - long and short lists - and product categories, due for publication in the Eurostat Working Papers collection in the first half of 2000; the product category identifies the kind of industrial product in use which contains the agent causing the disease.

¹¹ Commission Regulation (EC) No. 1571/98 of 20 July 1998 implementing Council Regulation No. 577/98 on the organization of a labour force sample survey in the Community, Official Journal L 205, 22 July 1998.
