

SURVEILLANCE OF ASBESTOSIS DEATHS IN THE UNITED STATES USING MULTIPLE CAUSE OF DEATH DATA, 1968-1988

R.B. ALTHOUSE, T.B. RICHARDS, S.R. GAME, R.M. CASTELLAN

Rochelle B. ALTHOUSE, Thomas B. RICHARDS, Steven R. GAME, Robert M. CASTELLAN: Division of Respiratory Disease Studies, NIOSH, 944 Chestnut Ridge Road, Morgantown, WV 26505

Asbestosis is an occupational lung disease targeted by the Public Health Service Year 2000 National Health Promotion and Disease Prevention Objectives. Trends in asbestosis mortality provide one criterion for evaluating progress toward preventing asbestosis. Most occupational mortality studies have been based on underlying cause of death only. Data tapes listing both underlying and contributing causes of death for all deaths in the United States are prepared annually by the National Cancer for Health Statistics (NCHS). These data are especially attractive for the analysis of chronic conditions such as asbestosis, which may often be listed as contributing rather than underlying cause of death.

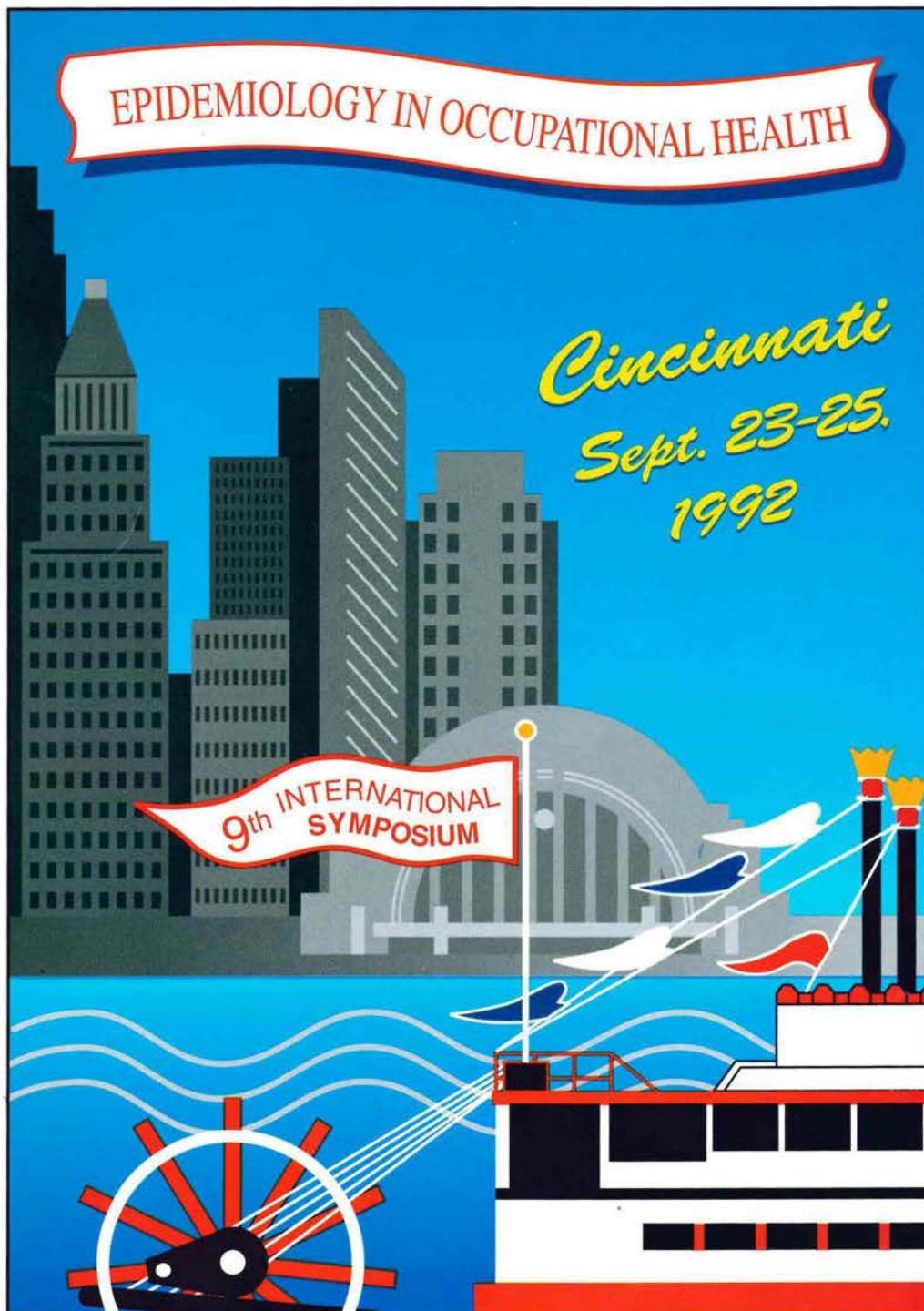
For years 1968-1988, we analyzed temporal trends, geographic patterns at state and county levels, and years working life lost (i.e., prior to age 65) in decedents with any death certificate mention of asbestosis. Deaths with asbestosis were identified by International Classification of Diseases (ICD) Version 8 code 515.2 from 1968-1978 and by ICD Version 9 code 501 from 1979-1988. Sex- and race-specific rates were calculated. State-specific rates were developed for the 1968-1978 and 1979-1988 periods. Data on usual industry and occupation of decedents, available from NCHS since 1985 for selected states, were also analyzed.

From 1968 to 1988, the national annual age-standardized rates for deaths with asbestosis increased from 1 per million to 6 per million in white males. The proportion of deaths with asbestosis occurring in white males over 65 years increased from 50% in 1968-1978 to 76% in 1979-1988. Despite the increased proportion of asbestosis deaths over age 65, years working life lost generally increased from 1968-1988. By state, New Jersey and Washington had the highest rates in both the 1968-1978 and the 1979-1988 periods. County level mapping identified more detailed geographic patterns of deaths with asbestosis within these states. Construction was the most frequently listed industry, and plumbing, pipefitting, and steamfitting were the most frequently listed occupations among decedents with coded industry and occupation.

Although the use of asbestos has declined in the United States, continued exposure to asbestos indicates the need for an occupational mortality surveillance system for asbestosis. The NCHS multiple cause of death tapes provide data for such a system.

Scientific Committee on Epidemiology
in Occupational Health (ICOH)

NIOSH



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control

National Institute for Occupational Safety and Health

CDC
CENTERS FOR DISEASE CONTROL

UNIVERSITY OF CINCINNATI

Department of Environmental Health, Office of Continuing Education

9th International Symposium

Epidemiology In Occupational Health

BOOK OF ABSTRACTS