

Indicator #10: Mortality From/With Pneumoconiosis

Background and Public Health Significance

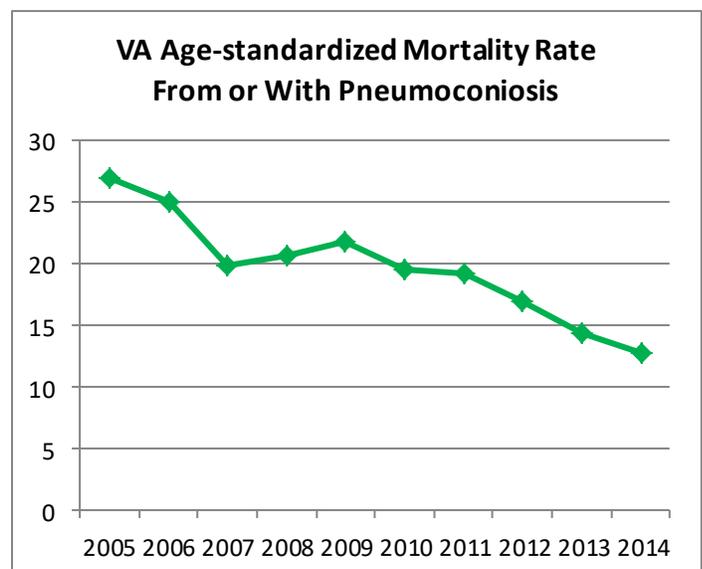
Pneumoconiosis is a class of non-malignant lung diseases caused by the inhalation of mineral dust, primarily in an occupational setting. These diseases are incurable and can result in death. The majority of pneumoconiosis cases develop after years of cumulative exposure resulting in older individuals being diagnosed long after the initial exposure occurred. Common types include asbestos, coal workers' pneumoconiosis, and silicosis. Complications of various pneumoconiosis and other conditions associated with exposure to the same dusts that cause pneumoconiosis include respiratory infections (including tuberculosis), chronic bronchitis, emphysema, lung cancer, pleuritic, progressive systematic sclerosis, renal disease, and respiratory failure.

Data source: VA Death Certificate Records from Vital Statistics Agency, State Population Estimates from the U.S. Bureau of the Census, & Year 2000 U.S. Standard Population (for age-standardization)

Rationale:

Pneumoconiosis frequency varies geographically being largely determined by local industrial activities and migration of affected individuals. Control of occupational dust exposure is the single most effective means of preventing pneumoconiosis. Tracking of pneumoconiosis is essential for measuring progress towards elimination of the disease, as well as for targeting prevention and disease management programs.

	Annual Number of Total Pneumoconiosis Death	Annual Total Pneumoconiosis Death Rate	Annual, Age-Standardized Total Pneumoconiosis Death Rate
2005	148	24.0*	27.0*
2006	138	22.0*	25.1*
2007	113	17.9*	19.9*
2008	120	18.8*	20.7*
2009	131	20.3*	21.8*
2010	120	18.5*	19.6*
2011	118	18.0*	19.2*
2012	112	16.9*	17.0*
2013	97	14.5*	14.4*
2014	86	12.7*	12.7*



* Rate per one million residents

Limitations

Because pneumoconioses are typically chronic diseases with long latencies (pre-clinical period), current incidence is not necessarily indicative of current exposures, and it may be several years before reductions in exposures affect mortality. State of residence of the decedent may not have been the state of exposure.

Causes of death listed on the death certificate and coding of those causes may be inaccurate. The number of contributing causes of death listed on the death certificate may vary by person completing the death certificate and geographic region. Death certificates identify only a small percentage of the individuals who develop pneumoconiosis. Data on race/ethnicity is not collected in some states and is incomplete and/or of questionable validity in others. The state of residence upon death may not be the state of exposure.

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	10.2 Coal Workers' Pneumoconiosis Deaths		10.3 Asbestosis Deaths		10.4 Silicosis Deaths		10.4 Other and Unspecified Pneumoconiosis Deaths	
	Cases	Incidence Rate	Cases	Incidence Rate	Cases	Incidence Rate	Cases	Incidence Rate
2005	80	13.0*	41	6.6*	0	0.0*	27	4.4*
2006	67	10.7*	39	6.2*	3	0.5*	29	4.6*
2007	58	9.2*	42	6.6*	1	0.2*	12	1.9*
2008	52	8.2*	41	6.4*	1	0.2*	26	4.1*
2009	66	10.2*	48	7.4*	1	0.2*	16	2.5*
2010	68	10.5*	44	6.8*	0	0.0*	8	1.2*
2011	53	8.1*	51	7.8*	0	0.0*	14	2.1*
2012	55	8.3*	40	6.0*	5	0.8*	12	1.8*
2013	51	7.6*	37	5.5*	2	0.3*	7	1.0*
2014	41	6.1*	34	5.0*	2	0.3*	9	1.3*

* Rate per one million residents

NOTE: Incidence Rates for this table are not age-standardized.

