

Mesothelioma statistics for Great Britain, 2022



November 2022



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Summary

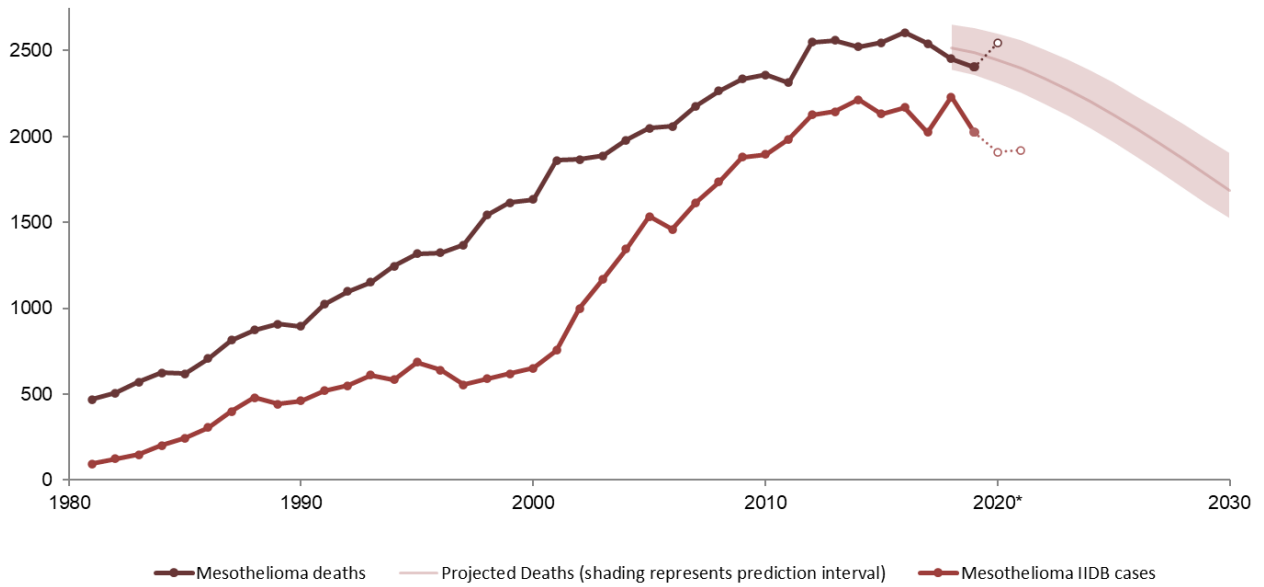
Important Note

The coronavirus (COVID-19) pandemic and the government's response has impacted recent trends in health and safety statistics published by HSE and this should be considered when comparing across time periods. More details can be found in our [reports](#) on the impact of the coronavirus pandemic on health and safety statistics.

Mesothelioma is a form of cancer that takes many years to develop following the inhalation of asbestos fibres but is usually rapidly fatal following symptom onset. Annual deaths in Britain increased steeply over the last 50 years, with many deaths attributed to past occupational asbestos exposures because of the widespread industrial use of asbestos during 1950-1980.

- There were 2,544 mesothelioma deaths in Great Britain in 2020, a rise of 6% compared with 2019, but similar to the average of 2523 deaths per year over the previous 8 years.
- There were 2,085 male deaths in 2020. Although this is a rise of 6% compared with 2019, it is consistent with projections that annual male deaths will reduce beyond year 2020.
- There were 459 female deaths in 2020, a rise of 7% compared with 2019 and higher than the average of 416 deaths per year over the previous 8 years. This is consistent with predictions that there will continue to be 400-500 female deaths per year during the 2020s.
- Figures for 2020 may have been affected to some extent by the coronavirus pandemic. A small number of individuals with mesothelioma and who developed COVID-19 may not have died in 2020 had the pandemic not occurred. Conversely, delays in the death certification system could mean that a small number of additional 2020 deaths will be identified in the future.
- Around two thirds of annual deaths for both males and females now occur in those aged over 75 years. Annual deaths in this age group continue to increase while deaths below age 65 are decreasing.
- There were 1,910 new cases of mesothelioma assessed for Industrial Injuries Disablement Benefit (IIDB) in 2020 of which 280 were female. This compares with 2,025 new cases in 2019, of which 240 were female.
- Men who worked in the building industry when asbestos was used extensively in the past continue to be most at risk of mesothelioma.

Figure 1: Mesothelioma annual deaths, IIDB cases and projected future deaths to 2030 in Great Britain



* Note. Figures for deaths occurring in 2020 may have been affected by the coronavirus pandemic: some individuals with mesothelioma who then developed COVID-19 may not have otherwise died in 2020. Delays in death certification or omission of mesothelioma recording on death certificates of those with COVID-19 could also have occurred. Assessments of new IIDB cases were substantially reduced in 2020 for most diseases and may also have been affected during 2021, though this less likely for mesothelioma due to its prioritisation for assessment.

Introduction

Malignant Mesothelioma is a form of cancer that principally affects the pleura (the external lining of the lung) and the peritoneum (the lining of the lower digestive tract). Many cases are diagnosed at an advanced stage as symptoms are typically non-specific and appear late in the development of the disease. It is almost always fatal, and often within twelve months of symptom onset.

Mesothelioma has a strong association with exposure to asbestos and current evidence suggests that around 85% of all male mesotheliomas are attributable to asbestos exposures that occurred in occupational settings. Most of the remainder of male deaths and a majority of female deaths are likely to have been caused by asbestos exposures but which were not due to the direct handling of asbestos materials. The long latency period (i.e. the time between initial exposure to asbestos and the manifestation of the disease) of typically at least 30 years means that most mesothelioma deaths occurring today are a result of past exposures that occurred because of the widespread industrial use of asbestos during 1950-1980.

Overall scale of disease including trends

Figure 2 shows annual numbers of male and female deaths from mesothelioma in Great Britain from 1968 to 2020. The substantially higher numbers of deaths among men reflects the fact that past asbestos exposures tended to occur in male dominated occupations.

Annual mesothelioma deaths in Great Britain increased year-on-year over the last 50 years, with just over 8 times as many deaths in the most recent decade, 2011-20, compared with 1971-80.

There were 2,544 deaths in the latest year, 2020. This is 6% higher than the 2404 recorded in 2019, but close to the annual average number of 2523 over the period 2012-2019.

In 2020, there were 2,085 male deaths which is similar to the annual average number of 2,107 for males over the period 2012-2019. There were 459 female deaths in 2020, a rise of 7% compared with 2019 and higher than the average of 416 deaths per year over the previous 8 years.

Figures for 2020 may have been affected to some extent by the coronavirus pandemic:

- In 2020, 63 of the 2,085 male deaths and 15 of the 459 female deaths mentioned COVID-19 on the death certificate as well as mesothelioma. The figure for 2020 may be lower had some of these deaths occurred after 2020 in the absence of the pandemic.
- Pressures on the death certification system could have resulted in a small number of 2020 deaths being registered after March 2022, or to some deaths not being identified as mesothelioma on the death certificate (and therefore not being included in these statistics).

Further information about the potential impact of the coronavirus pandemic on these statistics is given in Annex 1.

See Table MESO01 www.hse.gov.uk/statistics/tables/meso01.xlsx.

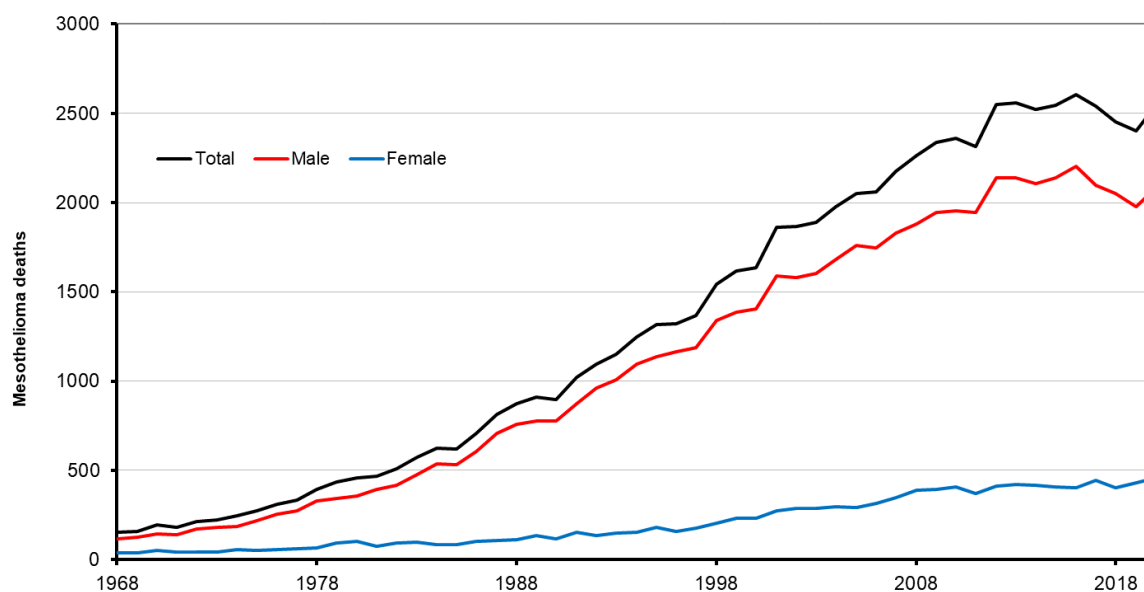


Figure 2 – Male and female mesothelioma deaths 1968-2020

Figures for 2020 are provisional.

Mesothelioma mortality by age

Table MESO02 www.hse.gov.uk/statistics/tables/meso02.xlsx shows the number of mesothelioma deaths in each year in 5-year age groups for males.

Table MESO03 www.hse.gov.uk/statistics/tables/meso03.xlsx shows the equivalent information for females.

Table MESO04 www.hse.gov.uk/statistics/tables/meso04.xlsx shows the number of mesothelioma deaths and death rates by age, sex and three-year time period from 1968-2020.

Age-specific death rates for males are shown in Figure 3(a). The pattern of these rates is a reflection of both disease latency and the timing of past asbestos exposure. Overall, rates are much higher in older age because the disease takes many years to develop following exposure. Current high death rates among males at ages 70 years and above also reflect the fact that this generation of men had the greatest potential for asbestos exposures in younger working life during the period of peak asbestos use in the 1950s, 1960s and 1970s. Mesothelioma death rates below age 65 have now been falling for some time. The most recent deaths in this younger age group are among the generation who started working life during the 1970s or later when asbestos exposures were starting to be much more tightly controlled.

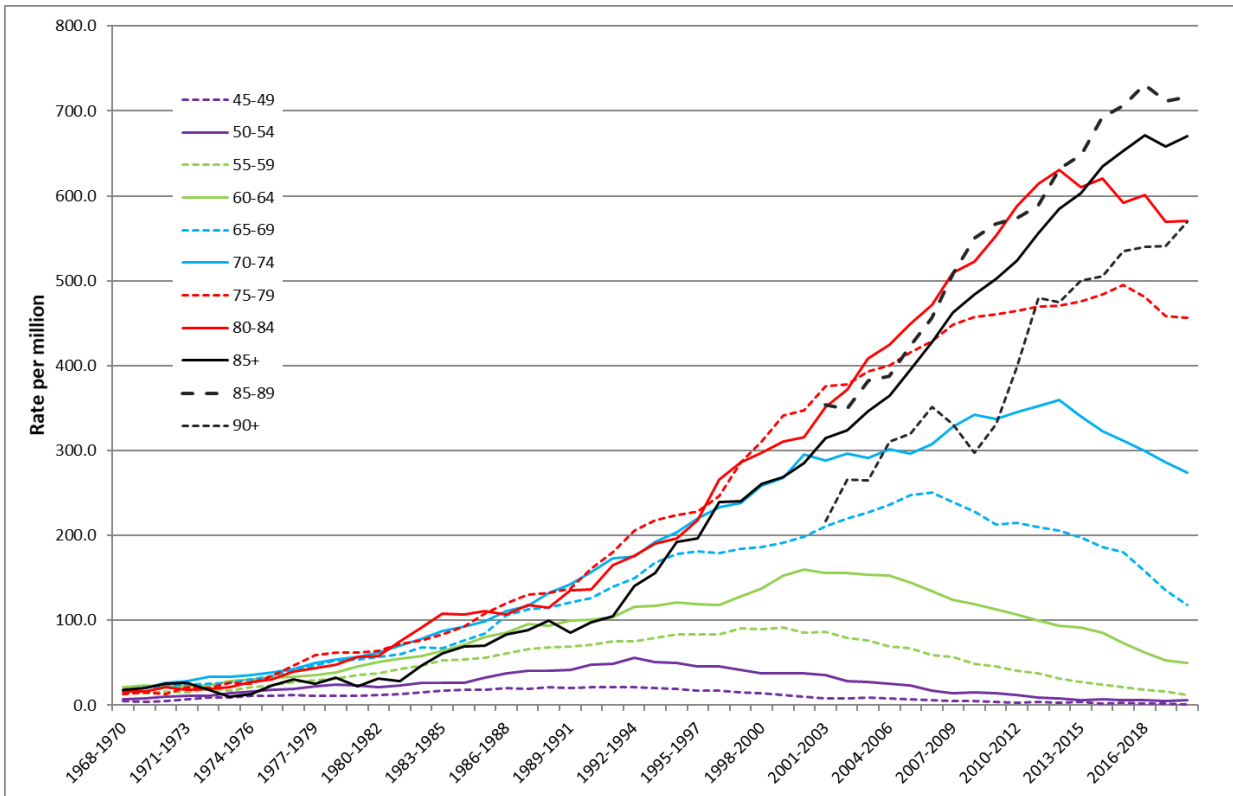


Figure 3(a) – Male mesothelioma death rates by age and time period 1968-2020

Figures for 2020 are provisional.

Age-specific death rates for females are shown in Figure 3(b). Although the age-specific rates for females are generally an order of magnitude lower than for males, similar patterns are evident, though with greater year-on-year fluctuations due to the smaller numbers of deaths.

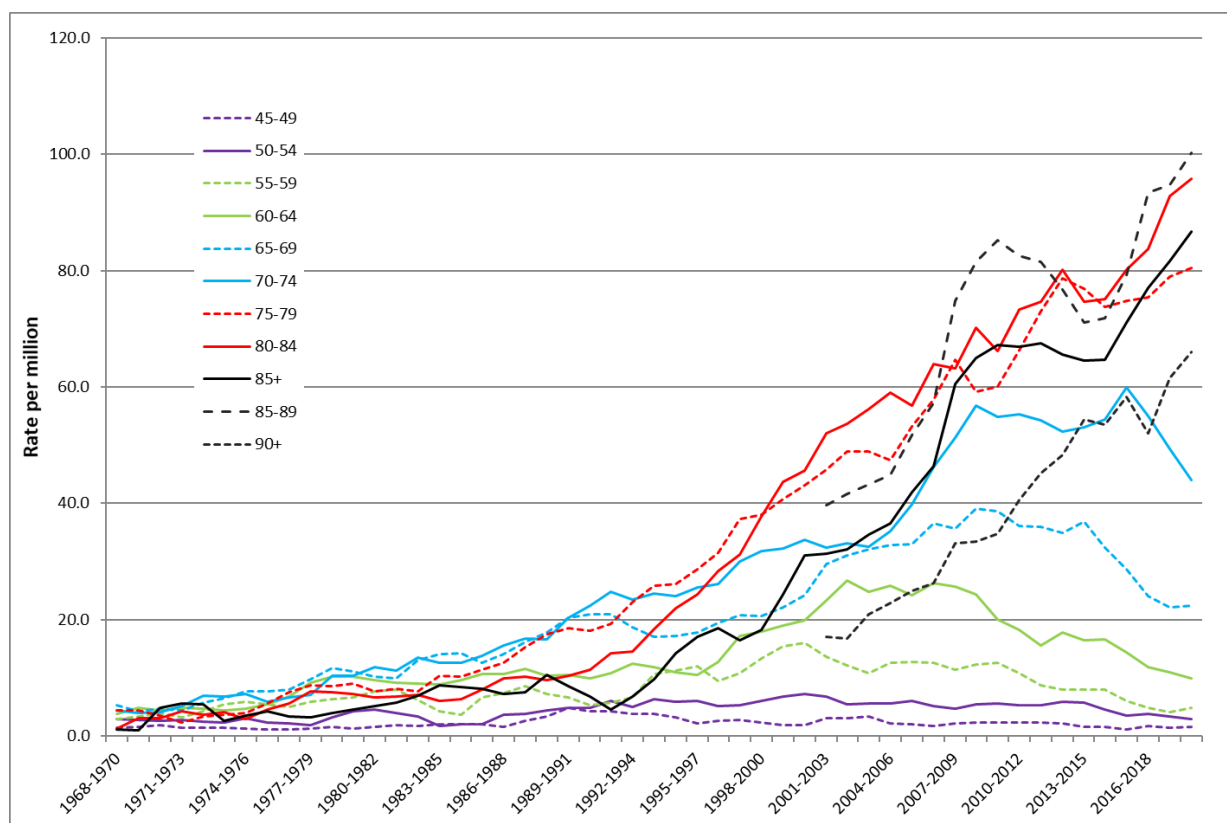


Figure 3(b) – Female mesothelioma death rates by age and time period 1968-2020(p)

Figures for 2020 are provisional.

Industrial Injuries Disablement Benefit (IIDB) cases

Mesothelioma is a prescribed disease within the Industrial Injuries Disablement Benefit (IIDB) scheme which provides no-fault state compensation to employed earners for occupational diseases.

Although the coronavirus pandemic led to a substantial reduction in the number of assessments carried out in 2020 for many prescribed diseases, figures for mesothelioma (PD D3) and asbestos-related lung cancer (PDs D8 and D8A) are less likely to have been affected due to these being prioritised within the scheme and automatically assessed at 100% disablement given the severity and poor prognosis of these conditions.

Annual new cases of mesothelioma assessed for IIDB have increased over the last few decades with over 2000 cases per year currently compared with less than 500 per year during the 1980s (Figure 1). There were 1,920 cases in 2021 of which 325 were female, compared with 1,910 in 2020, of which 280 were female. This compares with an average of around 2,100 cases per year during the ten-year period 2010-2019, of which 230 were female cases per year on average.

Annual IIDB cases are lower than annual deaths since not everyone with mesothelioma is eligible and those that are eligible may not claim, for example, due to a lack of awareness of the scheme. Annual IIDB cases increased somewhat more rapidly than deaths during the period 2000-2015 and this may be due to efforts by the Department of Work and Pensions to increase the awareness of the scheme and to fast-track the assessment of cases of disease such as mesothelioma which have a poor prognosis.

Mortality by region

Table MESO05 www.hse.gov.uk/statistics/tables/meso05.xlsx shows age standardised mesothelioma death rates per million by 3-year time period, government office region and sex.

In Great Britain mesothelioma death rates for both males and females follow an upward trend over time with a levelling-off over recent years. Male and female rates reached 63.6 and 13.1 deaths per million respectively in 2018-2020 compared with 26.3 and 3.5 per million in 1984-1986.

For males, upward trends in death rates for all regions were evident over the long-term until around year 2010. Rates have fallen slightly in more recent years in most regions. Male rates in Wales are now similar to those in Scotland, with higher rates in England as a whole.

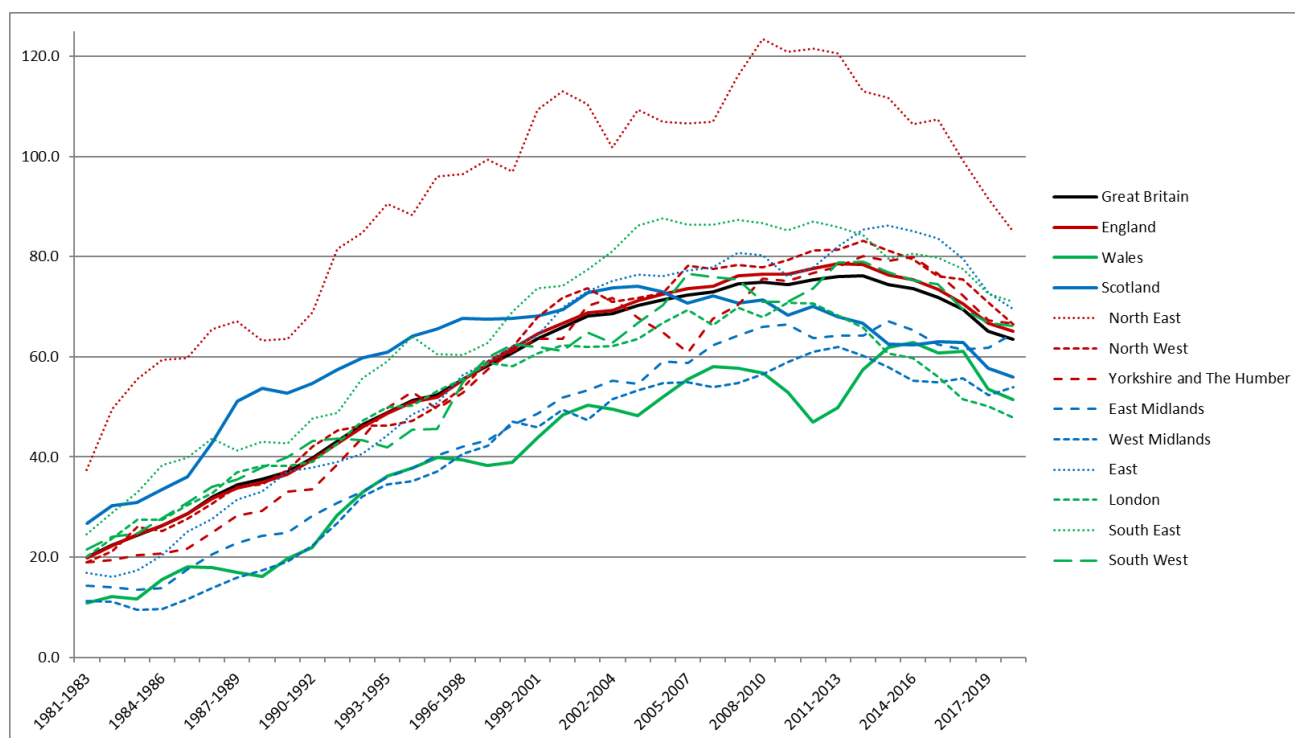


Figure 4: Male mesothelioma death rates per million by region 1968-2020

Figures for 2020 are provisional.

Rates are standardised according to the age-structure of the Great Britain population in 2018-2020 to allow comparison over time and by region.

Although the numbers of cases are much smaller for females – and so the pattern in the rates over time is more erratic – an upward trend is fairly clear in all regions, see Table MESO05 www.hse.gov.uk/statistics/tables/meso05.xlsx.

More detailed analyses of mesothelioma deaths in Great Britain by geographical area can be found under the heading Fact sheets on mesothelioma below.

Mortality by occupation

Mesothelioma death statistics for males and females and comparisons of mortality rates for different occupational groups in 2011-2020 and 2001-2010 are available in a separate document: Mesothelioma Occupation Statistics – male and female deaths aged 16-74 in Great Britain (see below).

This analysis – based on Proportional Mortality Ratios (PMRs) – shows that certain occupations are recorded much more frequently than expected on death certificates of men now dying from mesothelioma. These include jobs particularly associated with the

construction industry such as carpenters, plumbers and electricians. Other occupations (notably metal plate workers) which were often associated with the shipbuilding industry are still recorded more frequently than expected even though it is now many years since these exposures took place.

An epidemiological study of mesothelioma in Great Britain [1] confirmed the high burden of disease among former building workers. That study suggested that about 46% of the mesotheliomas among men born in the 1940s would be attributed to such exposures, with 17% attributed to carpentry work alone. A key factor in causing the higher risks now seen in these former workers appears to be the extensive use of insulation board containing brown asbestos (amosite) within buildings for fire protection purposes.

Occupational analyses of female mesothelioma deaths are more difficult to interpret because of the lower proportion caused directly by occupational exposures (i.e. exposures relating to the direct handling of asbestos at work). Occupations are recorded on death certificates as a matter of course (for deaths below age 75), and so inevitably there are various occupations that are recorded in appreciable numbers on female mesothelioma death certificates. Not all of these deaths are necessarily attributable to past asbestos exposures during the course of work in those occupations. Deaths occurring in the latest 10-year period (2011-20) still predominantly relate to the cohort of people who were younger during the period of peak asbestos use in the 1960s and 1970s when controls were less stringent than required today, and where opportunities for unwitting exposure are therefore likely to have been relatively common.

The latest occupational analyses of female mesothelioma deaths show that there is some variation in the average risk of mesothelioma among those who worked in jobs not involving the use of asbestos. For example, proportional mortality ratios are somewhat higher for teachers and administrative occupations than those for nurses, sales occupations and process operatives, and this may suggest the potential for asbestos exposure during work time was somewhat higher in these jobs during the period of peak use. However, past exposures in buildings may have contributed to the background risk seen across all of these kinds of jobs to some extent, and other sources of exposure – for example, in housing stock – are also likely to have contributed.

The results of the British mesothelioma case-control study are consistent with the occupational analyses of mesothelioma deaths. The study suggested that only a minority (around a third) of mesotheliomas in women were a result of either occupational or domestic exposures (such as the well documented risk associated with living with an asbestos-exposed worker). This, together with the overall increase in mesothelioma deaths among women, suggests there was an increase in the 'background' risk among those who did not directly handle asbestos at work but who lived through the period of peak asbestos use. This background risk – which has since reduced [2] – is likely to at least partly account for deaths with occupations not typically associated with asbestos

exposure recorded on the death certificate. The background risk will also apply to men of the same generation.

Further details about mesothelioma and occupation are available at:

www.hse.gov.uk/research/rrhtm/rr696.htm

Estimation of the future burden of mesothelioma deaths

The latest available projections suggest that total annual numbers of mesothelioma deaths would remain at about 2,500 up to around the year 2020 – see table MESO06

www.hse.gov.uk/statistics/tables/meso06.xlsx.

The projections for the total number of annual deaths are derived from separate analyses of deaths among men and women. While the overall numbers are dominated by the expected pattern in males, these separate predictions suggest that annual deaths among females will not start to decline as soon as in males. However, the female projections are more uncertain due to the smaller number of deaths.

The actual count of deaths among males in 2020 is in-line with the prediction that a decline would start to become evident at this point and continue during the 2020s. Annual female deaths are expected to continue at the current level of 400-500 deaths per year during the 2020s before starting to decline beyond that; the actual figures for 2020 are again consistent with this prediction.

The statistical projection model describes the expected future mortality as a smooth curve whereas actual numbers of deaths each year-on-year fluctuate due to random variation. Although the number of deaths increased in 2020 compared with 2019, the figure is nevertheless consistent with the statistical projection.

The statistical model used for these projections provides a reasonable basis for making relatively short-term predictions of mesothelioma mortality in Britain, in particular, when the declines in annual deaths were expected to start to be seen [3]. However, longer-term predictions comprise additional uncertainty that is not captured within the published uncertainty intervals for the future annual deaths. The long-term projections beyond 2030 are dependent on assumptions about certain model parameters which are not informed by the mortality data itself – and in particular, the extent of population asbestos exposure beyond the 1980s. Other evidence from research into average population lung burdens has confirmed that asbestos exposures continued to reduce during the 1980s and therefore that mesothelioma mortality will continue to reduce after 2030 [2]. The research shows reductions in asbestos lung burdens for people born in successive time periods during 1945 to 1965, and these correlate closely with reductions in national mesothelioma rates up to age 50 for those same periods of birth. Importantly, the burdens continued to reduce for even more recent time periods of birth for which mesothelioma data are not yet

available. This provides evidence that exposures accrued during the 1980s and 1990s were lower than those accrued in earlier decades.

The methodological basis for the projections is described in detail at:

www.hse.gov.uk/research/rrhtm/rr728.htm

An earlier project to investigate alternative models was published in 2011 and is available at:

www.hse.gov.uk/research/rrhtm/rr876.htm

Other statistics on mesothelioma

- Interactive RShiny dashboard: https://lucydarnton.shinyapps.io/meso_rshiny/
- Mesothelioma Mortality in Great Britain by Geographical area, 1981–2020 www.hse.gov.uk/statistics/causdis/mesothelioma/mesoarea.pdf results are also available as interactive maps available at: <https://arcg.is/1qO0G40>.
- Mesothelioma Occupation Statistics – male and female deaths aged 16-74 in Great Britain 2011-2020 and 2001-2010 www.hse.gov.uk/statistics/causdis/mesothelioma/mesothelioma-mortality-by-occupation.pdf
- Excel tables – male and female – 2011-2020 and 2001-2010 www.hse.gov.uk/statistics/tables/mesooccupation.xlsx.
- Mesothelioma occupation statistics for males and females aged 16-74 in Great Britain, 1980-2000 www.hse.gov.uk/statistics/pdf/occ8000.pdf

References

1. Rake C, Gilham C, Hatch J, et al. Occupational, domestic and environmental mesothelioma risks in the British population: a case control study. *British Journal of Cancer* 2009;100(7):1175-83.
2. Gilham C, Rake C, Hodgson J at al. Past and current asbestos exposure and future mesothelioma risks in Britain: The Inhaled Particles Study (TIPS). *International Journal of Epidemiology* 2018;47(6):1745-1756.
3. Hodgson J, McElvenny D, Darnton A. The expected burden of mesothelioma mortality in Great Britain from 2002 to 2050. *Br J Cancer* 2005;92(3):587-93.

Annex 1 – Impact of the coronavirus pandemic

Assessment of the impact of the coronavirus pandemic on deaths occurring in 2019 and 2020 registered during 2020-2022

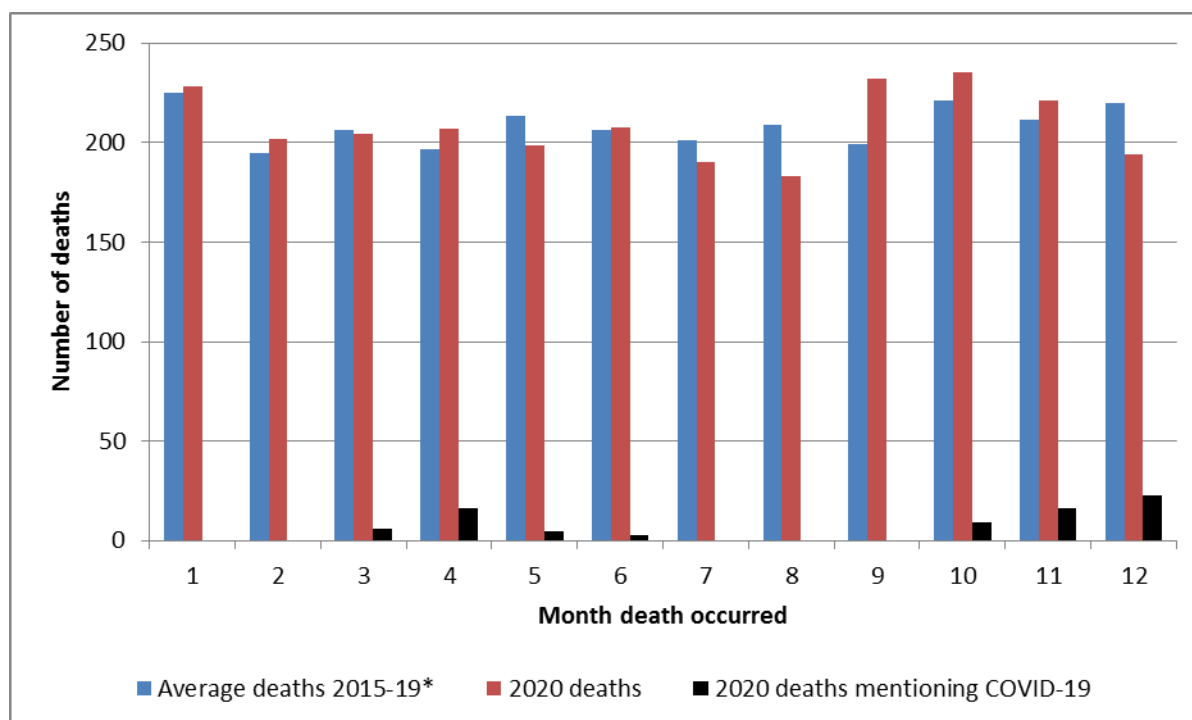
Statistics for mesothelioma deaths occurring in years 2019 and 2020 may have been affected by the coronavirus pandemic for various reasons including the following:

- Some individuals suffering from mesothelioma during 2020 may have died in that year due to also developing COVID-19, and may otherwise have died after 2020 from mesothelioma had the pandemic not occurred.
- Pressures on the death certification system may have delayed the registration of some deaths until after the cut-off for inclusion in the initial release of the statistics, or might have led to some mesothelioma deaths being missed, for example, deaths from COVID-19 in those who were developing mesothelioma but not formally diagnosed.

Deaths occurring in 2020 where death certificates mentioned both mesothelioma and COVID-19

Figure A1.1 shows the number of mesothelioma deaths occurring 2020 by each month of the year (red bars) compared with the average annual deaths occurring in each month for deaths in the period 2015-19 (blue bars). The latter figures are normalised so the total for the period equates to the total for 2020 to allow assessment of any evidence of excess deaths in 2020 during months corresponding to the first two waves of the pandemic (i.e. particularly April-June and October-December of 2020). This crude comparison does not strongly suggest any excess of deaths in certain months of 2020 that could be attributed to COVID-19.

The chart also shows the 78 deaths where the death certificate mentioned both mesothelioma and COVID-19 (black bars). These deaths occurred in months that coincided with the first two waves of the pandemic. It is possible that some of these deaths may have occurred after 2020 had the pandemic not occurred.



*Figures normalised so the total across the 12 months equates to the total for 2020

Figure A1.1: Comparison of expected and actual distribution of late mesothelioma registrations, April 2020-March 2021

Comparison of timing in death registrations for deaths occurring pre- and post-pandemic

Table A1.1 shows a breakdown of deaths occurring in the 5-year period 2014-2018 and deaths occurring in 2019 and 2020 by month the death was registered. A small number of deaths occurring in 2019 and a majority of those occurring in 2020 were registered during the pandemic when there could have been unusual pressures on the death certification system.

Based on data for deaths occurring during the five-year period 2014-18, around 76% of mesothelioma deaths were registered by the end of December of the year in which the death occurred, with 24% registered the following year, and 0.3% registered in the first three months of the year after that (up to the end of March, 15 months after the end of the year in which the death occurred). Very few deaths are usually registered after this point, which is the cut-off for inclusion in the statistics when they are first released.

An analysis of late registrations for mesothelioma deaths occurring in 2019 shows that fewer than expected were registered during April to June 2020, the period coinciding with the first wave of the coronavirus pandemic. However, in subsequent months more deaths were registered than expected so that by March 2021 (the cut-off for deaths to be included

when the 2019 figures were first published in July 2021) the cumulative number of late registrations was similar to the number expected based on 2014-18 figures. These observations led to the judgement that a disproportionate increase in the number of late registrations beyond March 2021 was not likely to have a large impact on the provisional figure for 2019 published in 2021.

Table A1.1 shows that by March 2022 there have been an additional 35 deaths in 2019 registered after March 2021, about twice the number based on 2014-18 data, but still relatively small in absolute terms from a statistical perspective.

There is no obvious suggestion in the data for deaths occurring in 2020 that fewer deaths were registered in the months corresponding to waves of the pandemic (as was the case for deaths occurring in 2019 registered during the first wave of the pandemic). The proportion of deaths occurring in 2020 that were registered in the same year (75.7%) and the year after (23.9%) were very similar to the equivalent figures for years 2014-2018. This provides some reassurance that there is unlikely to be a disproportionate number of deaths occurring in 2020 that were not registered by March 2022 due to the effects of the pandemic.

Table A1.1 Deaths occurring in 2014-18, 2019 and 2020 by month of registration

Deaths registered during:	Year death occurred					Average 2014-2018	2019	2020
	2014	2015	2016	2017	2018			
Year death occurred								
January	44	47	42	60	56	49.8	36	56
February	85	78	98	91	72	84.8	64	87
March	116	121	133	135	108	122.6	94	105
April	141	145	137	128	120	134.2	143	162
May	149	172	168	167	146	160.4	130	152
June	140	187	156	198	158	167.8	167	167
July	205	212	200	164	207	197.6	186	182
August	195	167	196	204	190	190.4	205	173
September	191	175	215	197	155	186.6	195	188
October	210	232	217	211	234	220.8	197	227
November	215	231	216	199	206	213.4	188	217
December	217	188	196	172	162	187.0	163	211
Total	1908	1955	1974	1926	1814	1915.4	1768	1927
<i>Percentage of all deaths</i>	<i>75.7</i>	<i>76.8</i>	<i>75.7</i>	<i>75.8</i>	<i>74.0</i>	<i>75.6</i>	<i>73.5</i>	<i>75.7</i>
Year of death + 1								
January	155	143	126	153	151	145.6	150	119
February	132	117	135	132	124	128.0	126	115
March	96	128	106	71	95	99.2	98	119
April	66	82	79	96	71	78.8	44	66
May	39	42	62	39	58	48.0	40	56
June	36	26	45	36	50	38.6	23	37
July	20	16	25	28	25	22.8	28	32
August	21	9	9	15	25	15.8	19	20
September	9	7	10	11	7	8.8	21	14
October	11	4	9	10	5	7.8	14	13
November	4	5	4	5	5	4.6	17	12
December	3	4	3	2	9	4.2	6	4
Total	592	583	613	598	625	602.2	586	607
<i>Percentage of all deaths</i>	<i>23.5</i>	<i>22.9</i>	<i>23.5</i>	<i>23.5</i>	<i>25.5</i>	<i>23.8</i>	<i>24.4</i>	<i>23.9</i>
Year of death + 2								
January	5	3	4		3	3.8	5	
February	4		2	3		3.0	5	5
March	6	1	2	2	6	3.4	5	5
April		1	2	1		1.3	5	
May		1	2	4		2.3	6	
June	2	1	3	3		2.3	7	
July	1	2	1	1	2	1.4	4	
August	1		2	1	1	1.3	3	
September							1	
October					1	1.0	7	
November								
December				1		1.0		
Total	19	9	18	16	13	15.0	48	10
<i>Percentage of all deaths</i>	<i>0.8</i>	<i>0.4</i>	<i>0.7</i>	<i>0.6</i>	<i>0.5</i>	<i>0.6</i>	<i>2.0</i>	<i>0.4</i>
Later than Year of death + 2								
Total	3	0	1	1	1	1.2	2	0
Grand Total	2522	2547	2606	2541	2453	2533.8	2404	2544

Annex 2 – Cancer registrations

Mesothelioma deaths and cancer registrations in England, Wales and Scotland

Figures A2.1 and A2.2 compare mesothelioma mortality with cancer registrations for mesothelioma for the period from 2001 to 2019 for England and Wales, and 2001 to 2020 for Scotland.

During the period 2001 to 2019, there were 38,275 male and 7,789 female registrations in GB where the cancer site was recorded as mesothelioma (C45), compared with 36,342 deaths among males and 6,966 among females (excluding a small number of those resident outside Great Britain).

Annual cancer registrations are typically slightly higher than the number of mesothelioma deaths occurring in each year. A number of factors potentially account for the differences between the two series, including: variation in the time between date of cancer registration and death with some individuals with mesothelioma surviving for substantially longer than is typically the case, misdiagnosis of mesothelioma, and mesothelioma not being mentioned on some deaths certificates where it should have been. However, the close association between the two series suggests that these effects are relatively small, and that mesothelioma continues to be rapidly fatal in most cases.

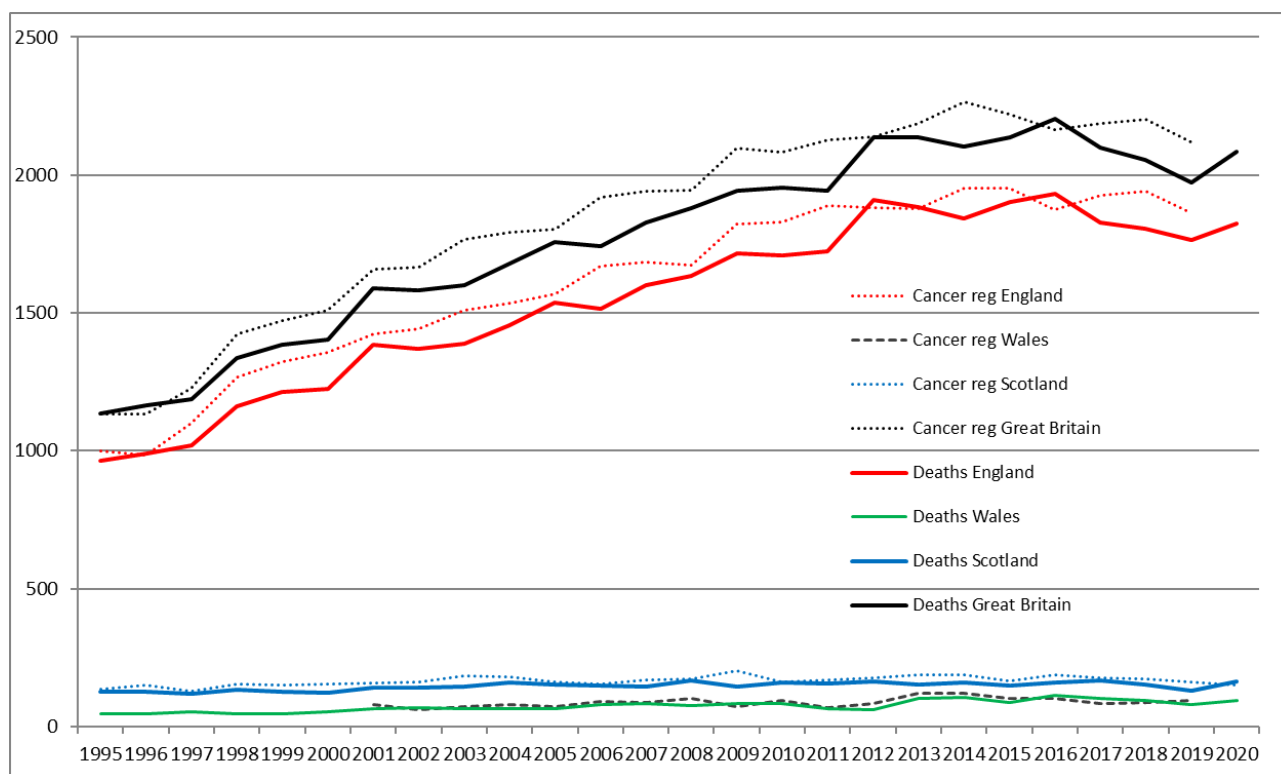


Figure A2.1 – Male mesothelioma cancer registrations and deaths for the time period 2001-2020

Sources: Public Health England, Public Health Wales, and Public Health Scotland (cancer registrations) and HSE Mesothelioma Register (deaths).

Note: cancer registration statistics for 2020 in England and Wales are not yet available; the GB cancer registrations total for 2020 is omitted.

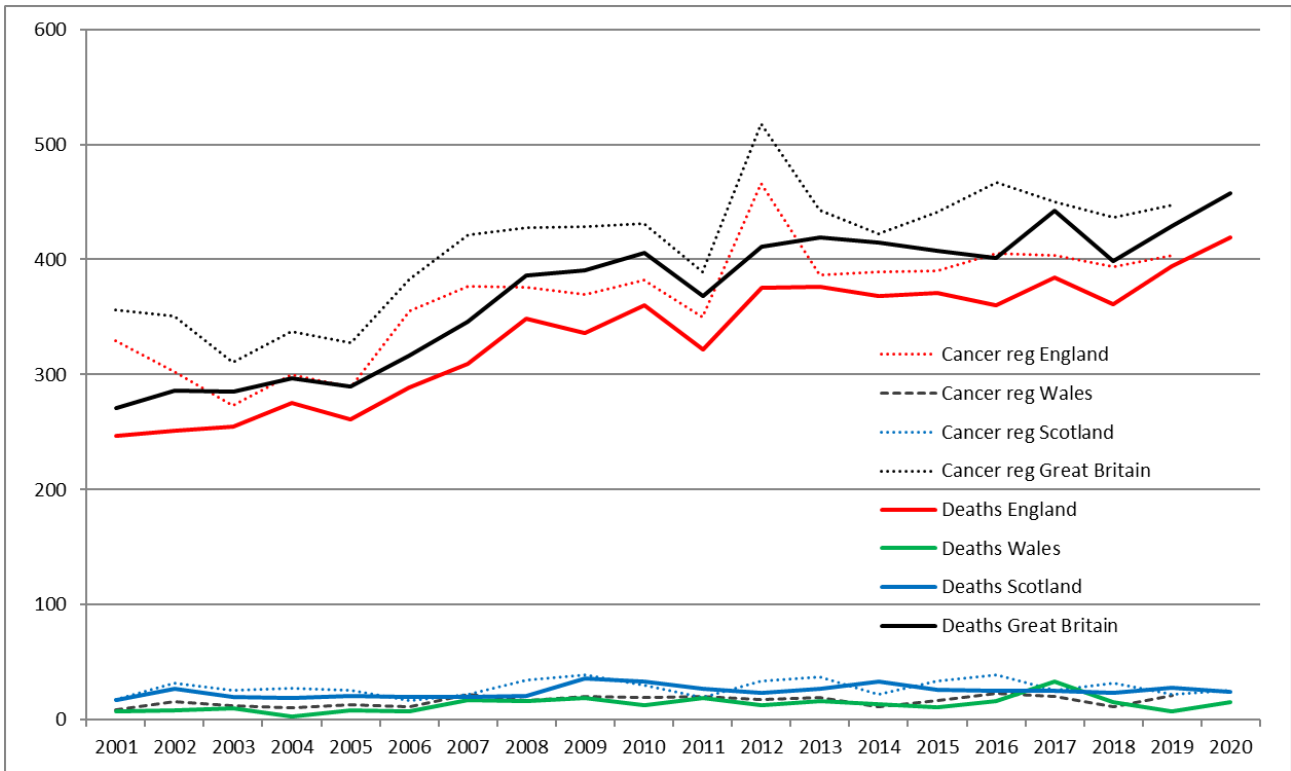


Figure A2.2 – Female mesothelioma cancer registrations and deaths for the time period 2001-2020

Sources: NHS Digital (<https://digital.nhs.uk/data-and-information/publications/statistical/cancer-registration-statistics/england-2019/content#>), Public Health Wales, and Public Health Scotland (cancer registrations) and HSE Mesothelioma Register (deaths).

National Statistics

National Statistics status means that statistics meet the highest standards of trustworthiness, quality and public value. They are produced in compliance with the Code of Practice for Statistics and awarded National Statistics status following assessment and compliance checks by the Office for Statistics Regulation (OSR). The last compliance check of these statistics was in 2013.

It is the Health and Safety Executive's responsibility to maintain compliance with the standards expected by National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the OSR promptly. National Statistics status can be removed at any point when the highest standards are not maintained and reinstated when standards are restored.

Details of OSR reviews undertaken on these statistics, quality improvements, and other information noting revisions, interpretation, user consultation and use of these statistics is available from www.hse.gov.uk/statistics/about.htm

An account of how the figures are used for statistical purposes can be found at www.hse.gov.uk/statistics/sources.htm.

For information regarding the quality guidelines used for statistics within HSE see www.hse.gov.uk/statistics/about/quality-guidelines.htm

A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/

Additional data tables can be found at www.hse.gov.uk/statistics/tables/.

General enquiries: Statistician: Lucy.Darnton@hse.gov.uk

Journalists/media enquiries only: www.hse.gov.uk/contact/contact.htm





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