

Time trends for asbestosis, silicosis, and coal workers' pneumoconiosis in BC

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Methods

- **Case Identification:**

- Workers' compensation data

- *accepted claims*

- Hospital discharge records

- *any diagnosis*

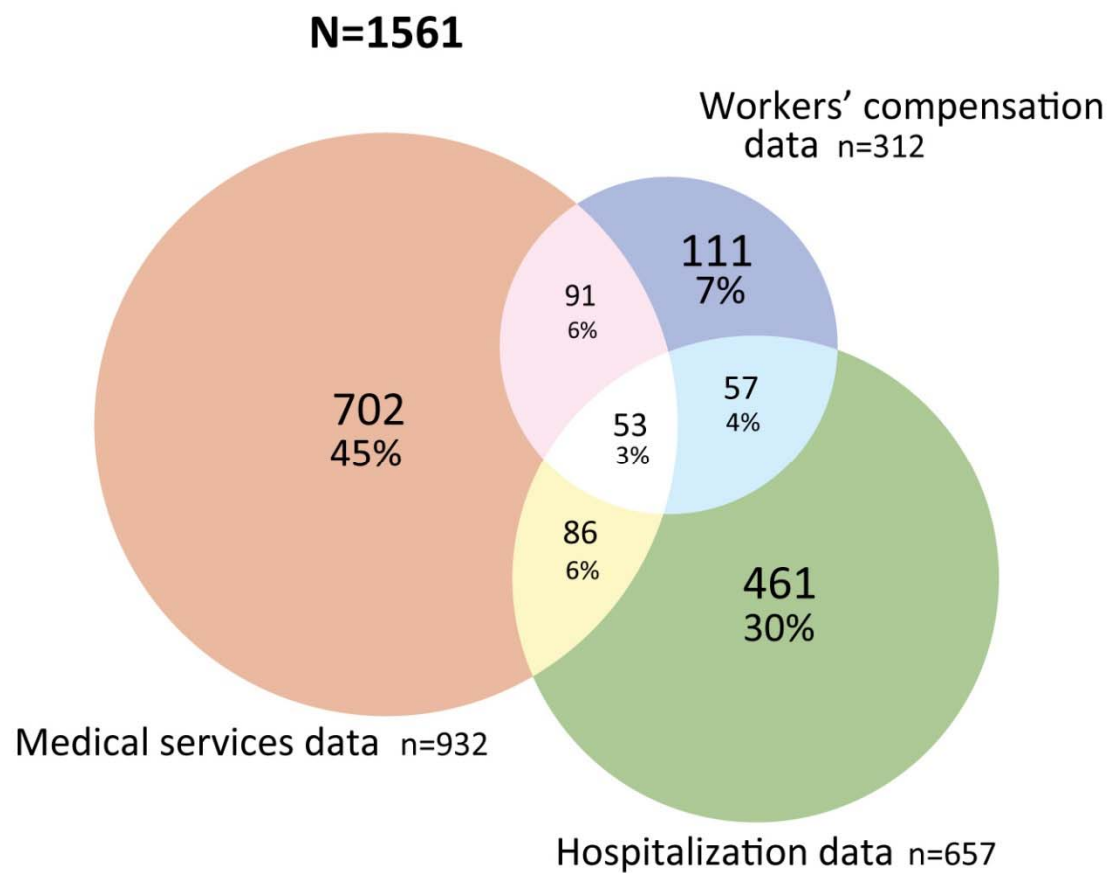
- Medical services data

- *at least 2 outpatient visits*

- **Trends assessed for men and women between 1992-2006**

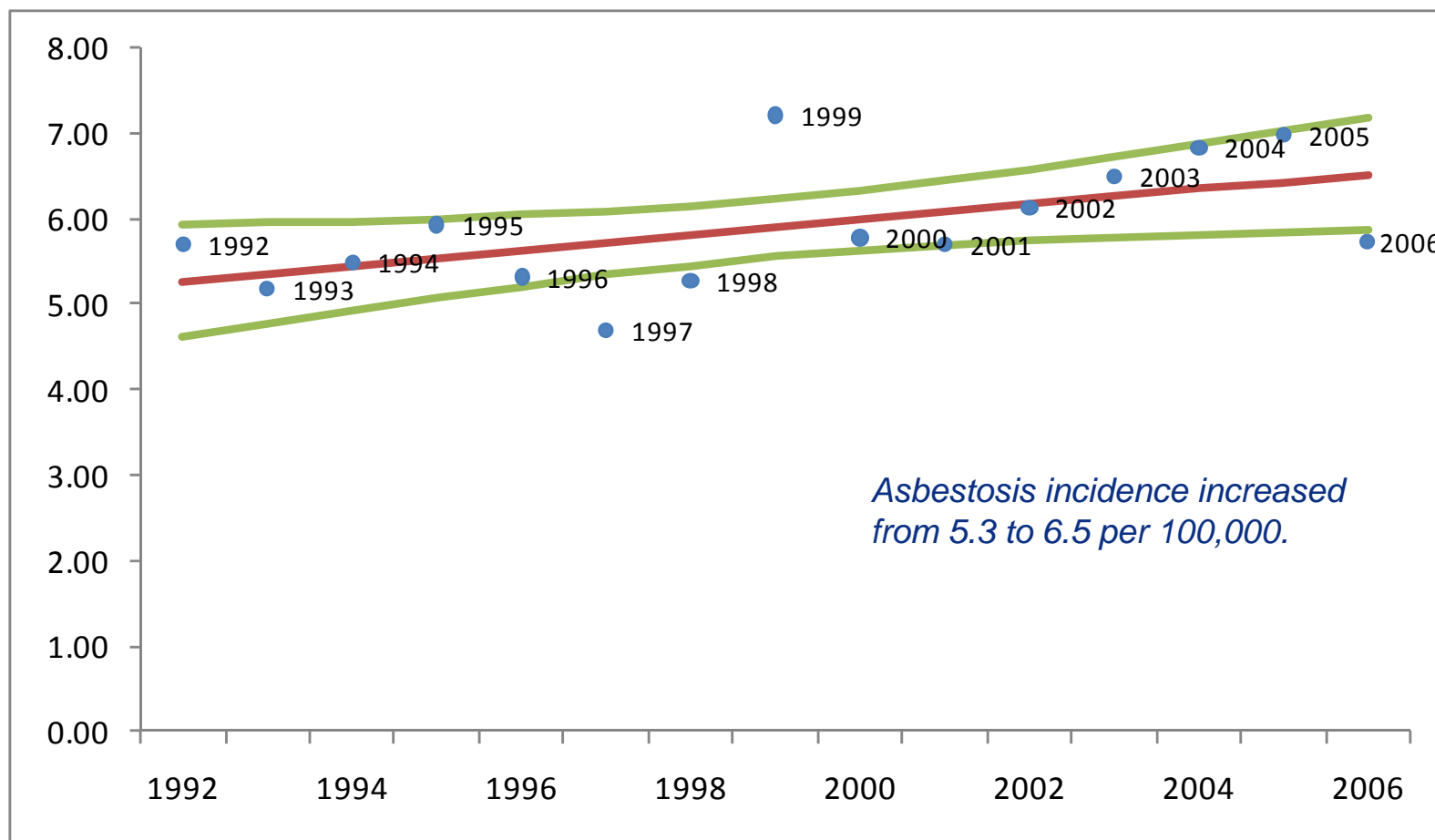
Asbestosis

1992-2007



Asbestosis Incidence

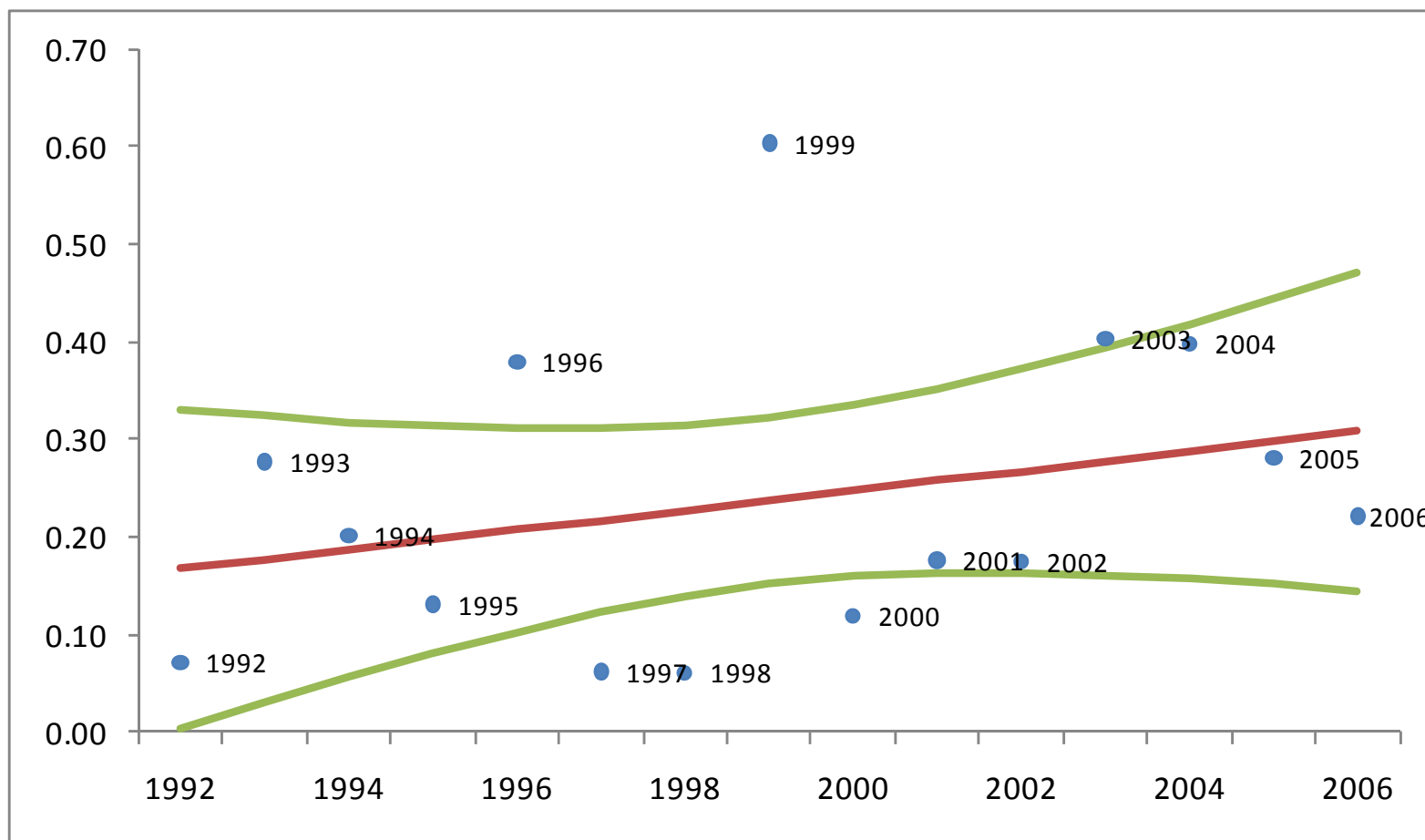
Men, 1992-2006



— Trend — 95% Confidence Interval

Asbestosis Incidence

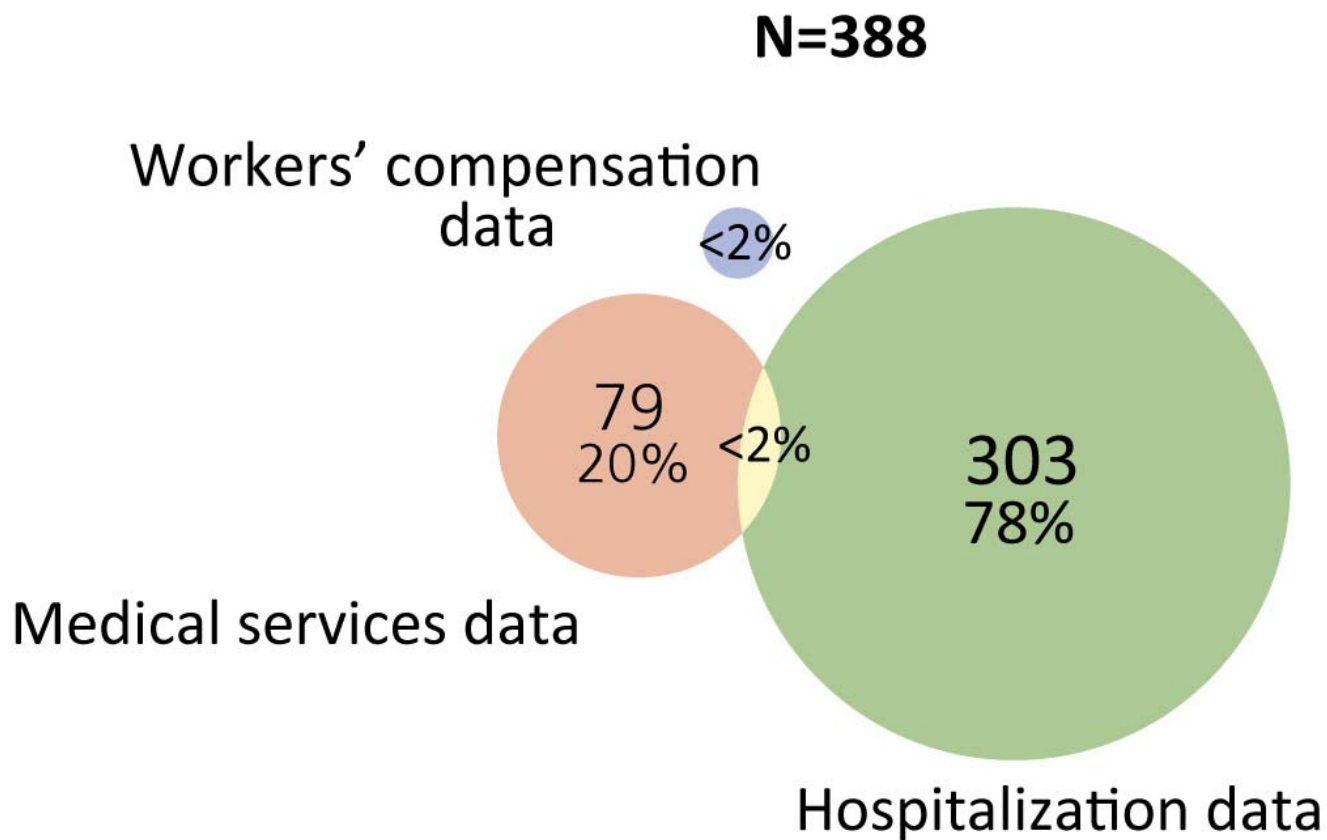
Women, 1992-2006



— Trend — 95% Confidence Interval

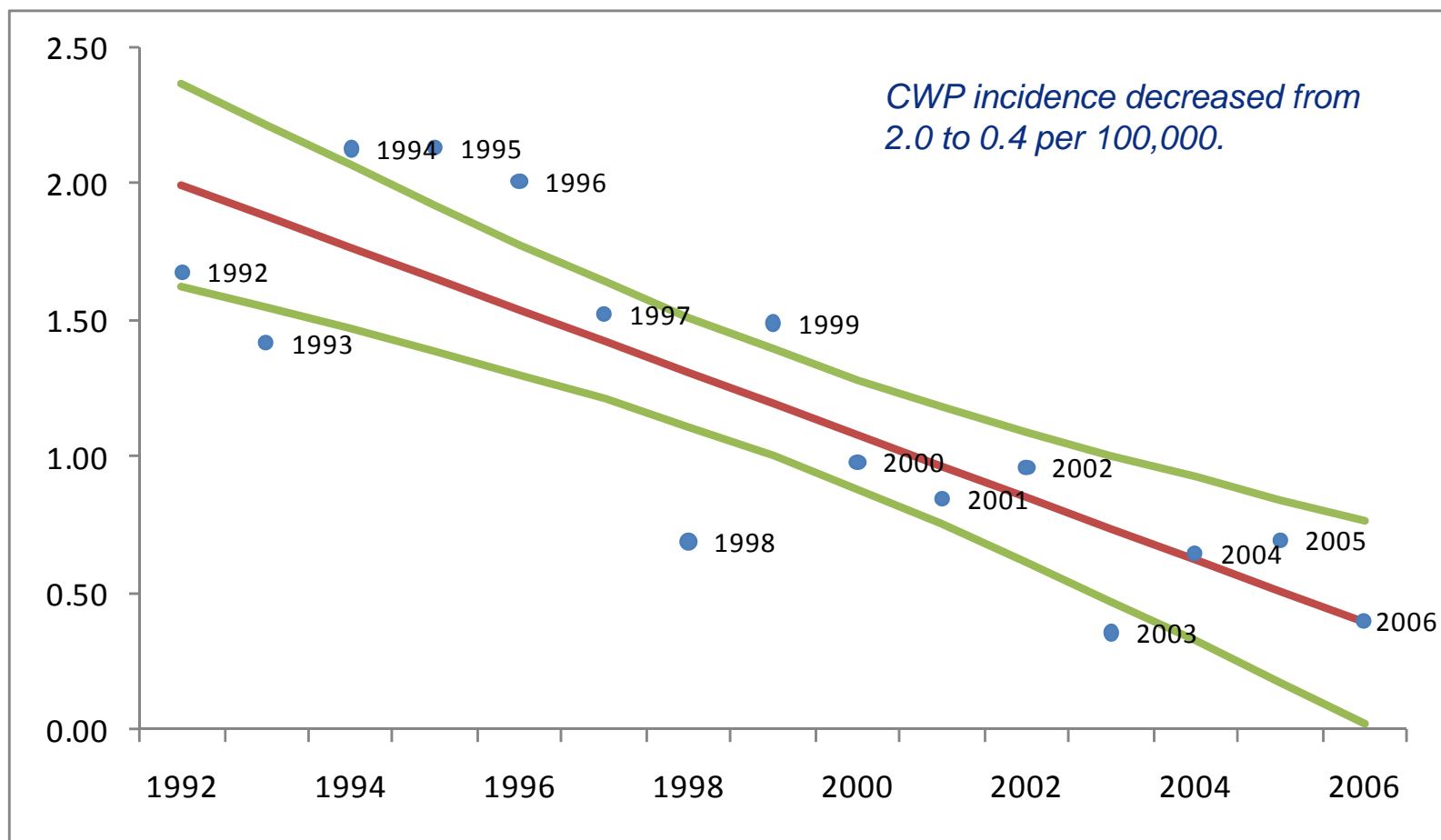
Coal Workers'

1992-2007



Coal Workers' Incidence

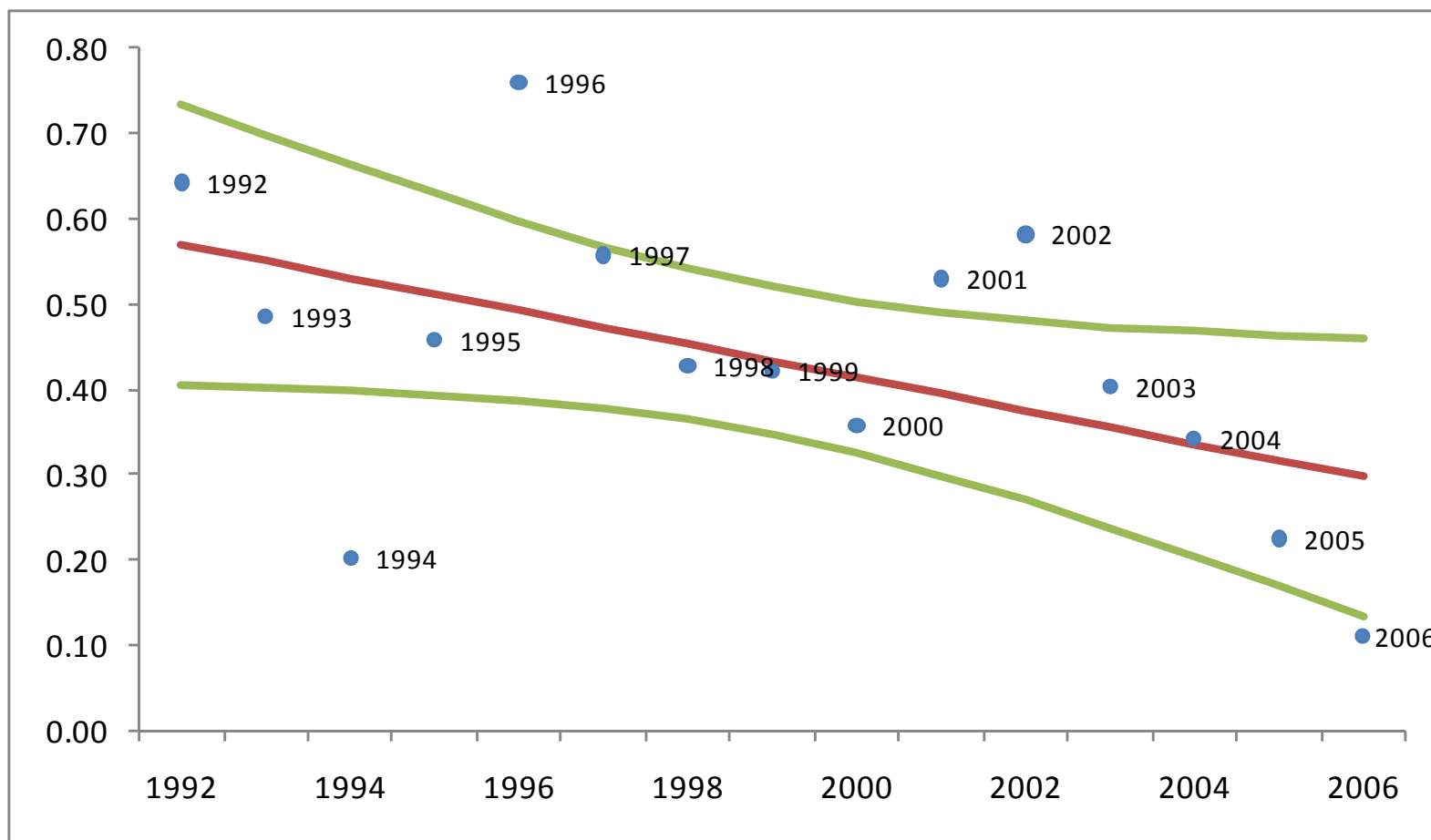
Men, 1992-2006



— Trend — 95% Confidence Interval

Coal Workers' Incidence

Women, 1992-2006

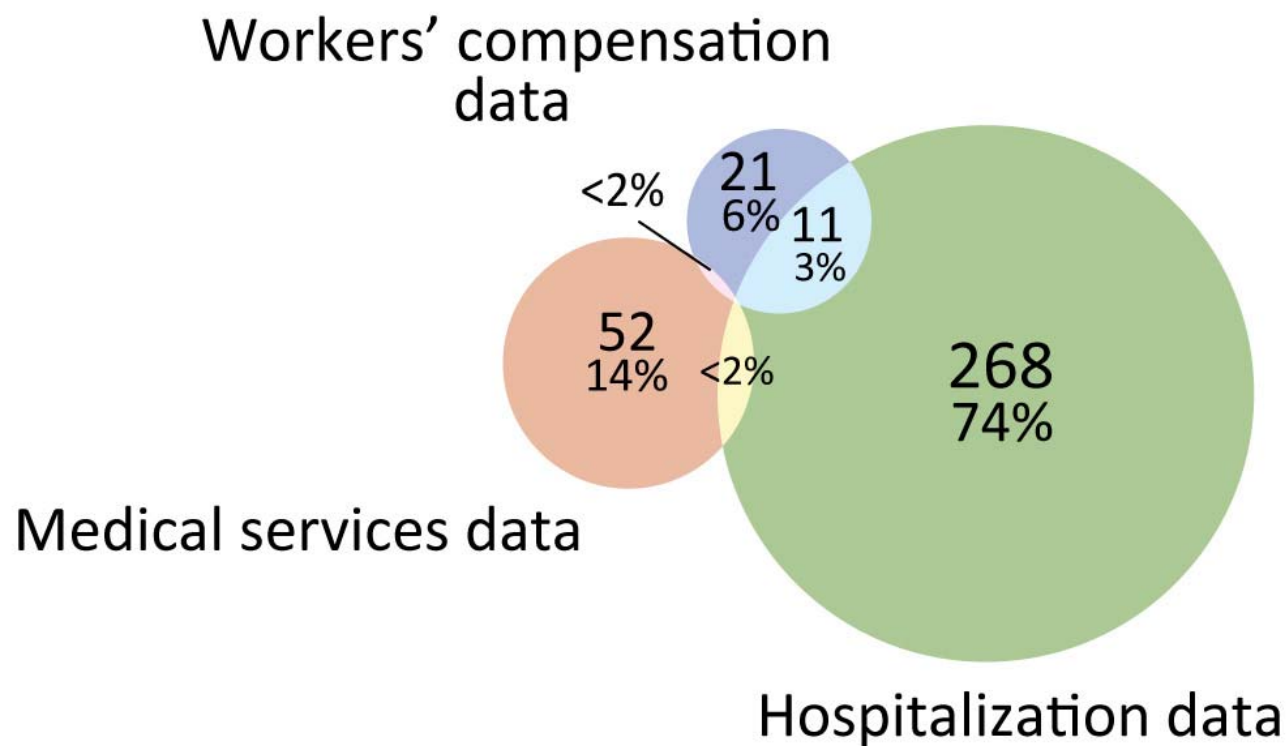


— Trend — 95% Confidence Interval

Silicosis

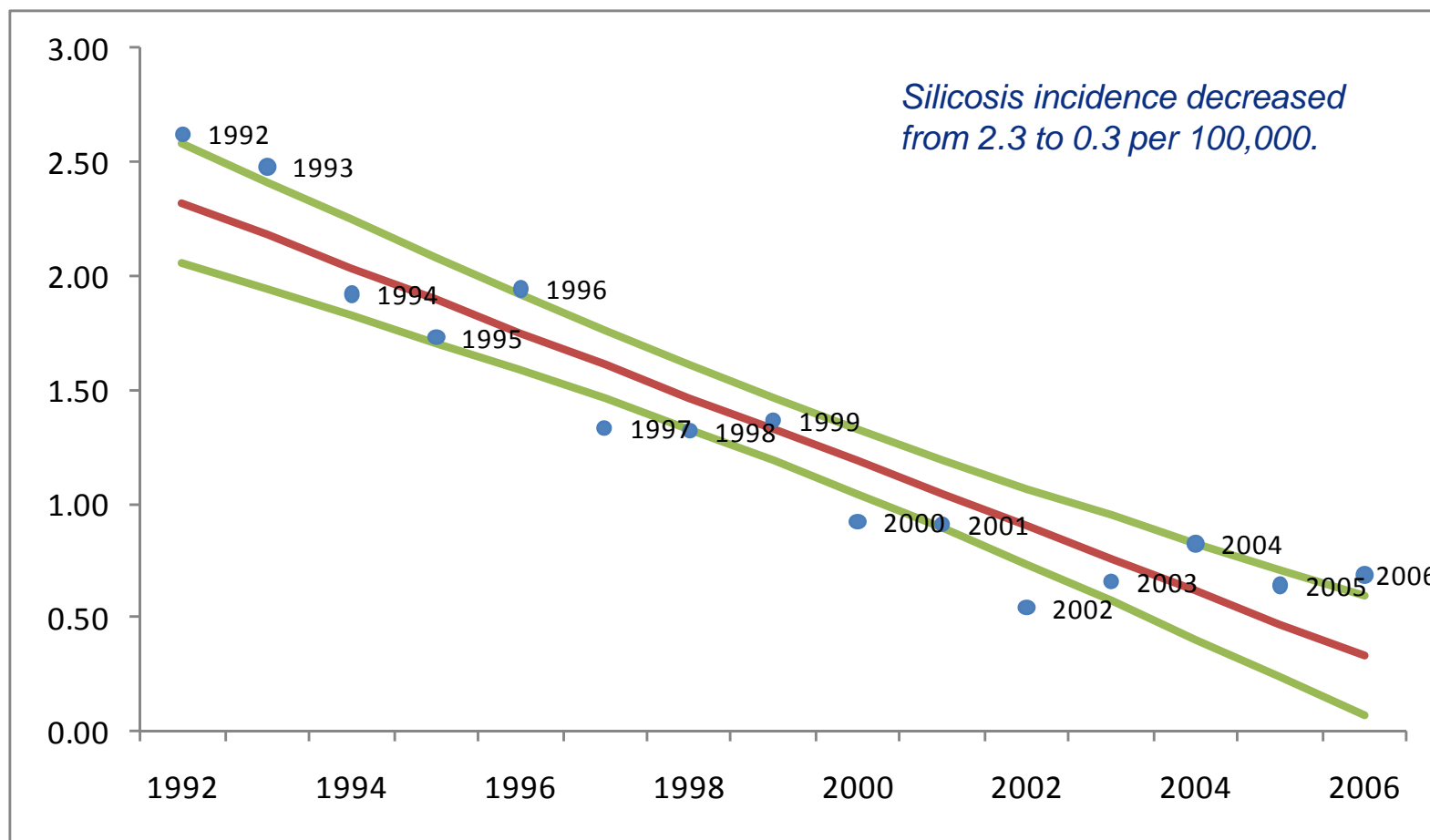
1992-2007

N=363



Silicosis Incidence

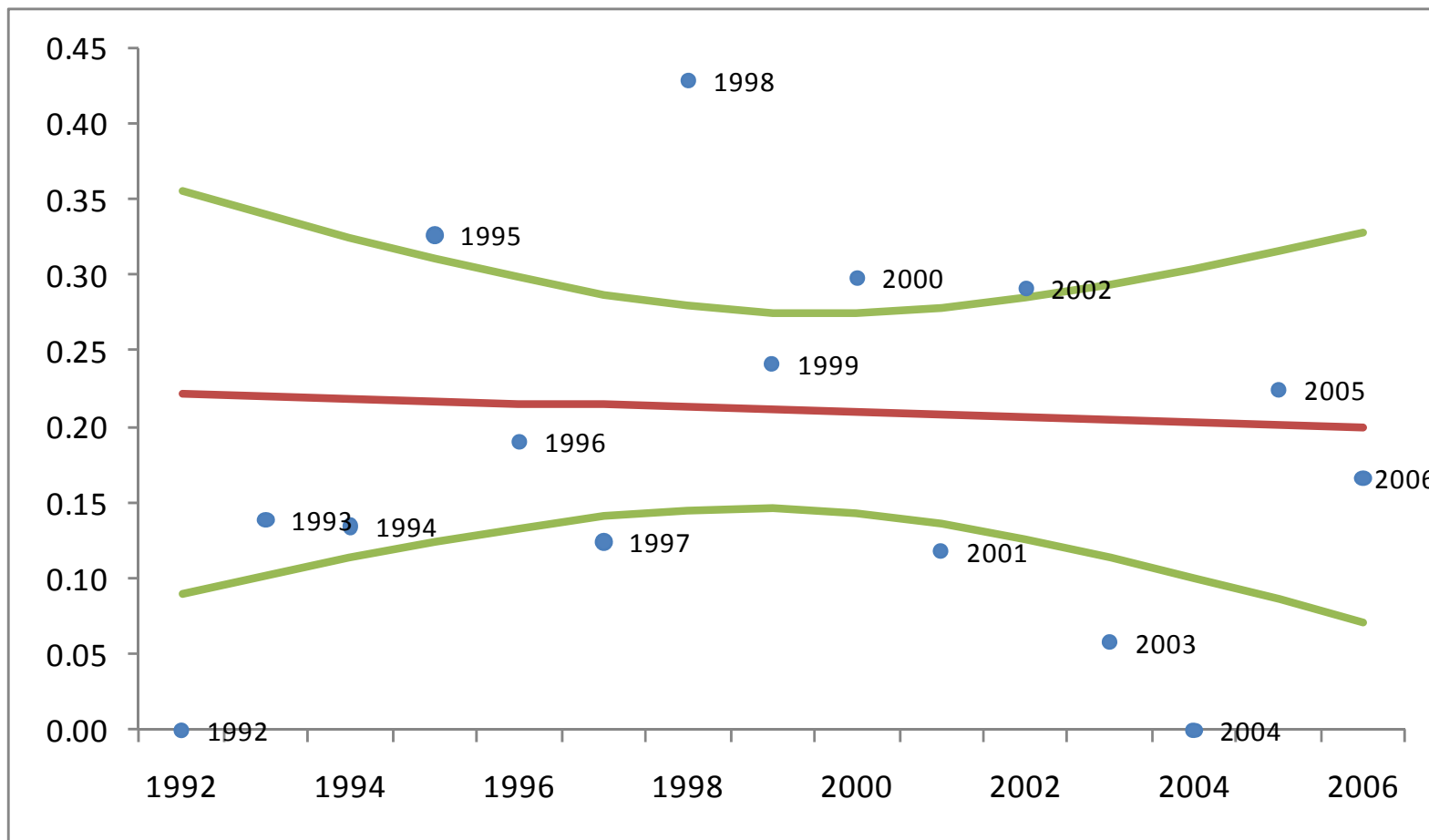
Men, 1995-2006



— Trend — 95% Confidence Interval

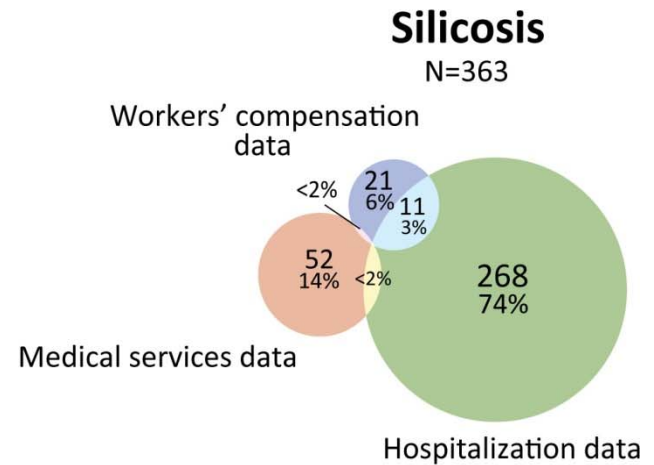
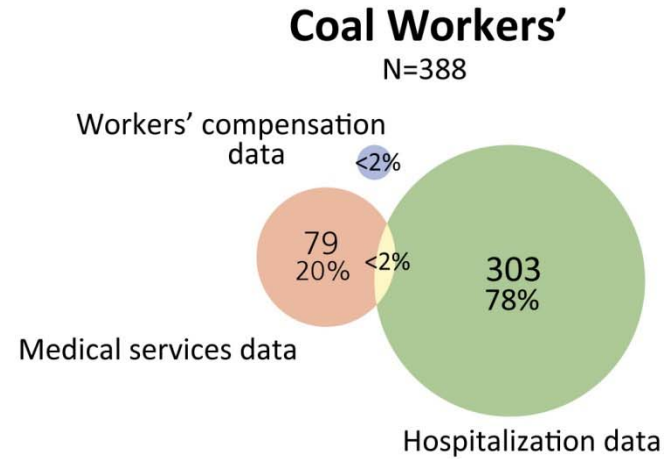
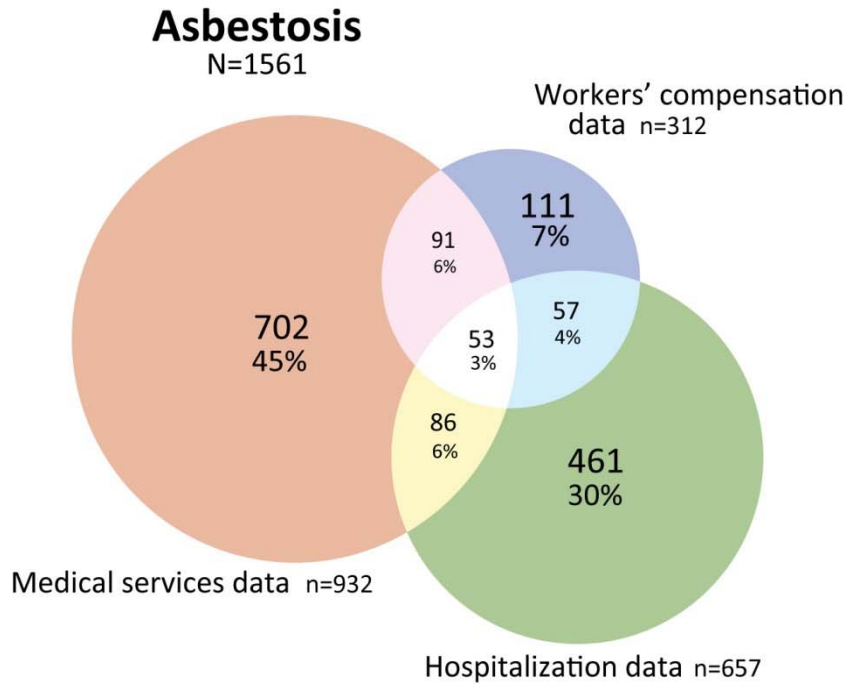
Silicosis Incidence

Women, 1995-2006

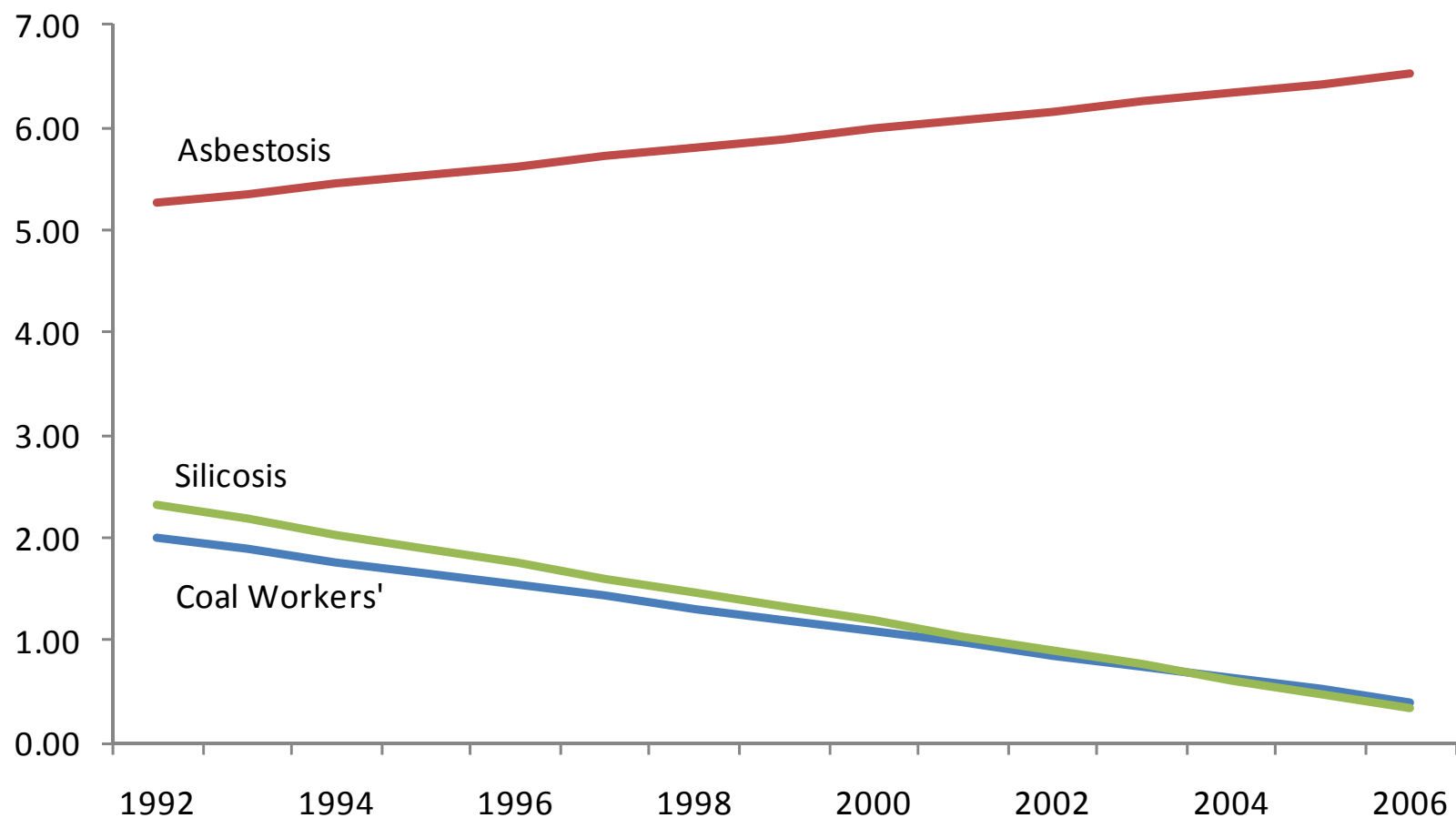


— Trend — 95% Confidence Interval

Burden of Pneumoconioses in BC 1992-2007

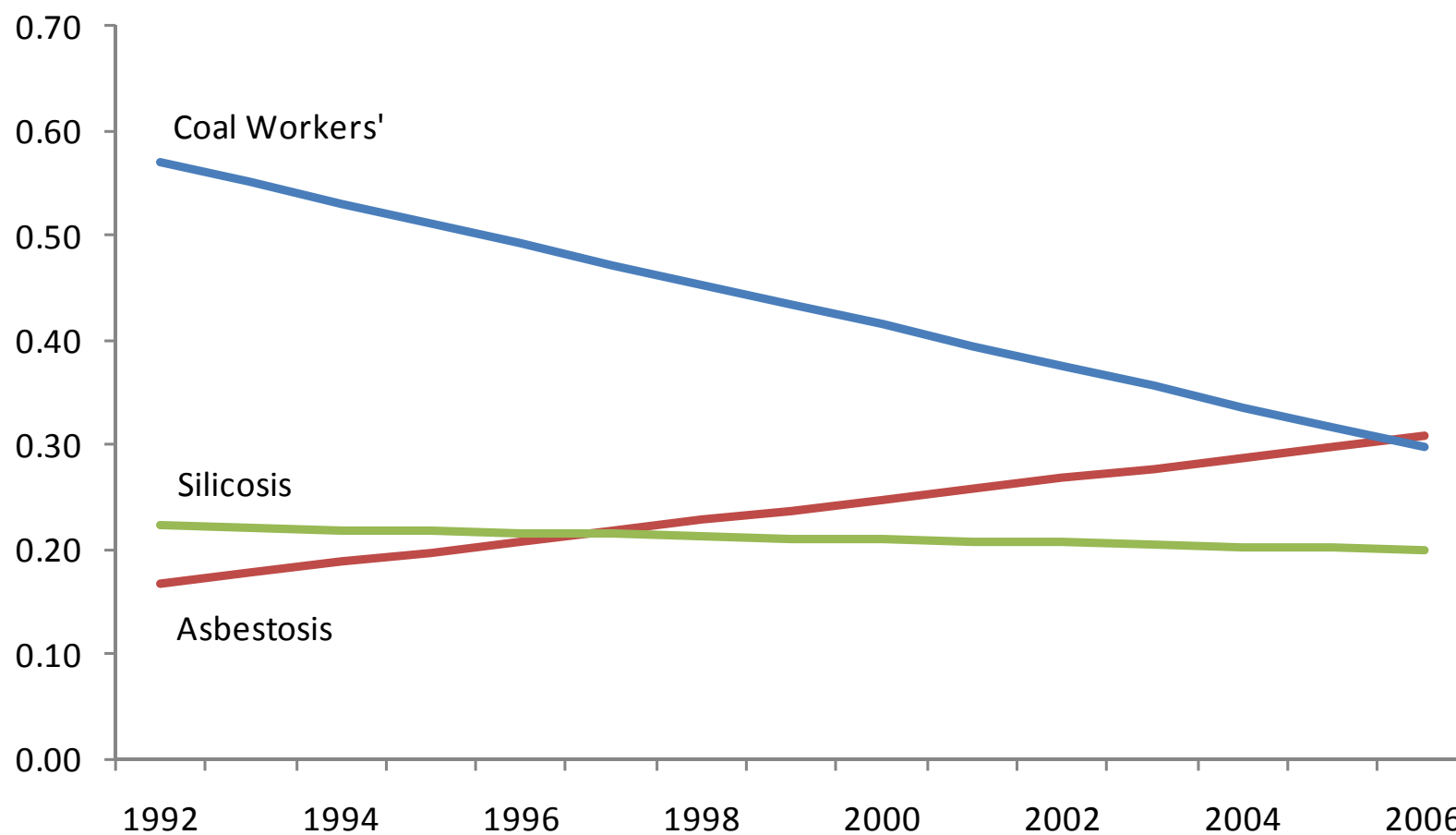


Incidence of Asbestos, CWP, and Silicosis Men, 1992-2006



*predicted rate; per 100,000

Incidence of Asbestos, CWP, and Silicosis Women, 1992-2006



*predicted rate; per 100,000

Conclusions

- The decreasing rates of silicosis and CWP are consistent with the decreasing prevalence of high exposures over time;
- The increasing rates of asbestosis are compatible with mesothelioma rates, but asbestosis is thought to have different dose-response relationship with asbestos;
- Using data from a combination of administrative sources is useful for surveillance of work-related diseases.