Department for Work and Pensions

# Department for Work and Pensions Social Security Administration Act 1992

## Completion of the review of the scheduled list of prescribed diseases

Report by the Industrial Injuries Advisory Council in accordance with Section 171 of the Social Security Administration Act 1992 marking the completion of the review of the scheduled list of prescribed diseases.

Cm. 7003 £5.00

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Presented to Parliament by the Secretary of State for Work and Pensions by Command of Her Majesty
January 2007

Cm. 7003

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# Industrial Injuries Advisory Council

***Secretary of State for Work and Pensions***

Dear Secretary of State,

## Completion of the Review of the Scheduled List of Prescribed Diseases

We announced our review of the scheduled list of prescribed diseases in 1997. This report marks the completion of that review and summarises the recommendations we have made in reviews published in the Command paper series ('Diseases induced by ionising and non-ionising radiation', 'Conditions due to chemical agents', 'Occupational deafness', 'Conditions due to biological agents', 'Hand-arm vibration syndrome', 'Osteoarthritis of the hip', 'Asbestos-related diseases', 'Vinyl chloride monomer-related diseases', 'Extrinsic allergic alveolitis' and 'Work-related upper limb disorders'). Certain prescribed diseases did not warrant full review and our findings in relation to those diseases are presented in this report. During the review period we considered several other occupational diseases for prescription and this report also contains a brief summary of those recommendations.

Our review of the list of prescribed diseases has been comprehensive and included literature reviews, consultations with experts, workshops and public scrutiny. The statutory requirements for the current list of prescribed diseases continue to be satisfied. The list of prescribed diseases is up-to-date with current scientific knowledge. We have identified diseases to be added, and removed, from the list and recommended amendments to the terms of prescription to clarify and modernise the descriptions. We have suggested areas to improve the speed and ease of processing claims and considered how best to keep the ratio of administrative costs to amount of benefit paid appropriate. We have also recommended changes to address the equity of benefits for claimants with terminal asbestos-related cancer.

Yours sincerely,

Professor A J Newman Taylor

*Chairman*
January 2007

# Summary

1. The Industrial Injuries Advisory Council's (IIAC) review of the list of prescribed diseases for which Industrial Injuries Disablement Benefit (IIDB) is payable first began in 1997. Each prescribed disease has now been reviewed and this report concludes the review of the schedule.

2. This report contains a summary of the key findings of the comprehensive reviews containing the Council's recommendations published as Command papers – 'Diseases induced by ionising and non-ionising radiation', 'Conditions due to chemical agents' ,'Occupational deafness', 'Conditions due to biological agents', 'Hand-arm vibration syndrome', 'Osteoarthritis of the hip', 'Asbestos-related diseases', 'Vinyl chloride monomer-related diseases', 'Extrinsic allergic alveolitis' and 'Work-related upper limb disorders'. A review of chronic bronchitis and emphysema is currently work in progress.

3. All current prescribed diseases were considered by the Council. However, some did not require comprehensive review because they were covered in full by existing provisions, or had recently been considered. These diseases were: (D1 (pneumoconiosis due to causes other than asbestos), D4 (allergic rhinitis), D5 (non-infective dermatitis); D6 (nasal carcinoma), D7 (occupational asthma), D10 (primary carcinoma of the lung) and D11 (primary carcinoma of the lung accompanied by silicosis)).

4. For three others, the results of preliminary literature searches and analysis of caseload suggested little that was new in areas of low activity (A3 (dysbarism), A9 (miners' nystagmus) and D2 (byssinosis)). The Council's recommends that the terms of prescription remain appropriate for PD A3 and D2. The conditions leading to miners' nystagmus no longer occur in today's industry. IIAC therefore recommends removing miners' nystagmus from the scheduled list of prescribed diseases.

5. During the course of the review period, the Council investigated prescription for other diseases where new research suggested an occupational association. This report summarises the main conclusions and recommendations of these other reports published as Command or position papers, such as 'Osteoarthritis of the hip' and 'Stress as a prescribed disease and Post-Traumatic Stress Disorder'.

6. The list of prescribed diseases has been thoroughly reviewed and numerous amendments have been recommended to ensure the statutory requirements continue to be satisfied and the schedule remains up-to-date in light of current scientific knowledge. The Council will continue to review the research literature for any emerging evidence relating to the prescribed diseases.

## Introduction

7. The Industrial Injuries Advisory Council (IIAC) began its review of the entire scheduled list of prescribed diseases in February 1997. The terms of reference for the review were to examine the diseases currently prescribed in the Social Security (Industrial Injuries) (Prescribed Diseases) Regulations 1985 (as amended) and in particular:

- to confirm that the statutory requirements for prescription continue to be satisfied in respect of each of the Prescribed Diseases (PD) considered;
- to identify amendments required to the wording, layout and grouping of the diseases prescribed to ensure they reflect current scientific knowledge and clearly express IIAC's intention;
- to identify measures to improve the speed and ease of processing claims for prescribed diseases and reduce the administrative cost of identifying those entitled to benefit and of assessing and paying benefit;
- to review the effectiveness of benefits, given the different circumstances of people with different prescribed diseases.

8. This report marks the end of the review of the list of prescribed diseases. It includes summaries of the recommendations of the Council from reviews already published in the Command Paper series which are highlighted in Table 1.

**Table 1 – Summary of the Command papers published during the review period.**

| Command Paper title | Command Paper number | Prescribed diseases reviewed | Publication date | Date Regulations enacted |
|---|---|---|---|---|
| Diseases induced by ionising and non-ionising radiation | Cm. 4280 | PD A1, A2 | March 1999 | July 2000 |
| Conditions due to chemical agents | Cm. 5395 | PD C1 – C30 | February 2002 | March 2003 |
| Occupational deafness | Cm. 5672 | PD A10 | November 2002 | September 2003 |
| Conditions due to biological agents | Cm. 5997 | PD B1 – B13 | November 2003 | March 2005 |
| Hand-Arm Vibration Syndrome | Cm. 6098 | PD A11 | July 2004 | Awaiting enactment |
| Osteoarthritis of the hip | Cm. 5977 | PD A13 | November 2003 | March 2005 |
| Asbestos-related diseases | Cm. 6553 | PD D1, D3, D8, D9 | July 2005 | April 2006 |
| Vinyl chloride monomer-related diseases | Cm. 6645 | PD C24b | November 2005 | April 2006 |
| Extrinsic allergic alveolitis | Cm. 6867 | B6 | July 2006 | Awaiting enactment |
| Work-related upper limb disorders | Cm. 6868 | A4-A8, A12 | July 2006 | Awaiting enactment |

9. The Council considered all the conditions on the list of prescribed diseases and decided that several did not require in-depth review. Some were already covered in full by existing provisions or had been recently considered. These were D1 (pneumoconiosis due to causes other than asbestos), D4 (allergic rhinitis), D5 (non-infective dermatitis), D6 (nasal carcinoma), D7 (occupational asthma), D10 (primary carcinoma of the lung), D11 (primary carcinoma of the lung accompanied by silicosis). In others the results of preliminary literature searches and analysis of the caseload suggested little that was new in areas of low activity. These were A3 (dysbarism), A9 (miners' nystagmus), and D2 (byssinosis). This report includes a summary of the Council's findings with respect to conditions in this last category.

10. During the period of the review of the scheduled list of prescribed diseases IIAC has also considered the case for prescription for a variety of other occupational hazards. The conclusions that IIAC has drawn on a diverse range of conditions in relation to occupation have been outlined in further publications in IIAC's Position Paper series (see Table 2).

**Table 2: List of position papers published during the review period.**

| Position paper title (and number) | Publication date |
|---|---|
| Lung Function Assessment, Industrial Injuries Disablement Benefit, Prescribed Disease D12 (Chronic Bronchitis and Emphysema in Underground Coal Miners) *(11)* | February 2000 |
| Neurobehavioural Effects of Chronic Exposure to Organic Solvents *(12)* | December 2003 |
| Stress at Work as a Prescribed Disease and Post-Traumatic Stress Disorder *(13)* | March 2004 |
| Sporting Injuries *(14)* | November 2005 |
| Silica-related Renal and Connective Tissue Diseases *(15)* | November 2005 |
| Occupational Voice Loss *(16)* | March 2006 |
| Interstitial Fibrosis in Coalworkers *(17)* | April 2006 |

11. The Council has also published a variety of other reports during the review period consisting of commissioned reviews and scientific data analyses (see Table 3), proceedings of its Public meetings, proceedings from an Expert meeting of upper limb specialists and proceedings from the 60th anniversary of the IIDB Scheme meeting. IIAC has also published annual reports and strategic plans during this period.

**Table 3: List of commissioned reviews and scientific data analyses.**

| Title | Publication date |
|---|---|
| A review of the literature relating to the chronic neurobehavioural effects of occupational exposure to organic solvents (Commissioned review by the Institute of Occupational Health, Birmingham) | September 2002 |
| Review of literature on chronic obstructive pulmonary disease and occupational exposure (Commissioned review by the Institute of Environmental Health, Leicester) | January 2005 |
| Evidence on prescription of upper limb disorders (Commissioned review by the MRC Epidemiology Unit, Southampton) | August 2005 |
| Respirable dust levels in surface colliery occupations (Commissioned scientific data analysis by the Institute of Occupational Medicine, Edinburgh) | February 2006 |
| Risk of Chronic Bronchitis and Emphysema in Cotton Workers (Commissioned scientific data analysis by North West Lung Research Centre, University of Manchester) | March 2006 |
| Silica-related Chronic Obstructive Pulmonary Disease (Commissioned review by the Institute of Environmental Health, Leicester) | January 2007 |
| International comparisons to the Industrial Injuries Disablement Benefit Scheme (Commissioned review by the Cardiff University School of Social Sciences, Cardiff) | Expected March 2007 |

## The Industrial Injuries Disablement Benefit Scheme

12. The Industrial Injuries Disablement Benefit (IIDB) Scheme provides a benefit that can be paid to an employed earner because of an occupational accident or prescribed disease. The benefit is 'no-fault', tax-free, non-contributory and administered by the Department for Work and Pensions (DWP). It is paid in addition to other incapacity and disability benefits, but is taken into account when determining the level of payment for income-related benefits.

## The Role of the Industrial Injuries Advisory Council

13. IIAC is an independent statutory body established in 1946 to advise the Secretary of State for Social Security on matters relating to the IIDB Scheme. IIAC has three roles:

- To advise on the prescription of occupational diseases.
- To advise on matters referred by the Secretary of State. Draft regulations or proposals concerning the IIDB Scheme must be referred to the Council for consideration and advice, unless they are exempted by law from such reference.
- To advise on any other matter relating to the IIDB Scheme or its administration.

IIAC is non-departmental public body and has no power or authority to become involved in individual cases or in the decision-making process.

## Accident provisions of the IIDB Scheme

14. An accident for the purposes of the IIDB Scheme has been described in case-law as any untoward event that arises out of and in the course of an employed earner's employment. These provisions cover not only the immediate and short-term disabling effects of accidents, but also long-term (chronic) effects, and effects that may not occur until some time after the accident (e.g. arthritis). Occupational accidents account for more awards for IIDB than do prescribed diseases.

## Prescribed disease provisions of the IIDB scheme

15. The Social Security Contributions and Benefits Act 1992 states that the Secretary of State may prescribe a disease where he is satisfied that the disease:

a) ought to be treated, having regard to its causes and incidence and any other relevant considerations, as a risk of the occupation and not as a risk common to all persons; and

b) is such that, in the absence of special circumstances, the attribution of particular cases to the nature of employment can be established or presumed with reasonable certainty.

16. In other words, a disease may only be prescribed if there is a recognised risk to workers in an occupation, and the link between disease and occupation can be established or reasonably presumed in individual cases. This is the framework in which IIAC must work when considering the prescription of occupational diseases.

17. Some occupational diseases are relatively simple to verify as the link with occupation is strong. For example, the disease may rarely occur outside work (e.g. mesothelioma) or have distinctive clinical features when caused by work. On the other hand, where a disease is common in the general population and has no unique clinical features in occupational cases, it is more difficult to establish a presumptive link between the occupation and the disease. An example of this type of condition would be osteoarthritis of the hip.

18. When considering a disease for prescription IIAC has to address the question of attribution, i.e. whether there is a link between the job and the disease that can be presumed with reasonable certainty. For the purposes of the scheme, IIAC interprets attribution as being 'more likely than not'. For diseases with unique clinical features attribution is straight forward. In other cases attribution depends on a probabilistic assessment. Epidemiology is the branch of medicine that deals with the frequency, distribution and determinants of diseases in human populations and IIAC applies epidemiological principles when making probabilistic assessments.

19. In epidemiological terms ‘more likely than not’ may be represented mathematically as an “attributable fraction” (i.e. the cases that are caused by an occupational exposure as a percentage of cases caused by all exposure) that is greater than 50%. If one considers there are 50 cases of a disease in a given group of unexposed workers, this represents the background risk, which is common to everyone in the population under consideration. For the disease to be considered as occupational under the terms of the scheme, there would have to be more than 50 additional cases in a similarly sized group of exposed workers, over and above the 50 ‘background’ cases that would occur as a matter of course. In these circumstances for any individual, occupational causation is more likely than not. ‘More likely than not’ can be thought as a (more than) doubling of risk – a person in a particular job being more than twice as likely to get a disease as someone not in that occupation.

20. In seeking to address the question of prescription for any particular condition, the Council first looks for a workable definition of the disease. The Council then searches for a practical way to demonstrate in the individual case that the disease can be attributed to occupational exposure with reasonable confidence as described above. For this, IIAC looks to the available research evidence. As described previously, accidental exposure at work is specifically catered for within the IIDB scheme. However, if the condition might result from occupational exposure in the absence of an identifiable accident, the Council must consider whether it should be included in the list of prescribed diseases for which benefit is payable.

21. Many of the earlier diseases prescribed were relatively simple to verify in terms of the disease definition, the diagnosis, the qualifying exposure and the ease of attribution (for example, coal workers’ pneumoconiosis). In recent years, the changing nature of the British workforce and major industries together with increased safety controls has altered the types of occupational diseases and ill health that IIAC considers. Certain of these ‘modern’ occupational diseases pose particular problems when considering the case for prescription against the criteria of paragraphs 15 and 16. For example, prescription was not possible for work-related mental illness due, among other things, to problems with verification of the disease and the exposure. Similarly, the scope for prescribing for work-related upper limb disorders was to a degree limited by problems of case definition. IIAC recognises that work-related mental illness and musculoskeletal disorders are important problems to monitor, and more generally that the barriers to prescription are much greater for some conditions than they have been historically for others. This does not reflect a deliberate decision to apply the qualifying criteria more stringently, but reflects the nature of these disorders.

## IIDB statistics

22. In 2005 there were 19,700 new claims for occupational accidents and 28,300 new claims for prescribed diseases. In that same year there were 7,100 new assessments for disablement for all prescribed diseases. The total caseload for prescribed diseases at March 2005 was 58,000. A summary of the claims and assessments† and the number receiving benefit payments for the fifteen most commonly claimed prescribed diseases can be seen in the table in the Appendix (statistics for all prescribed diseases can be found on the DWP website: www.dwp.gov.uk). The figures for the number receiving benefit payments are those who have received assessments for a single prescribed disease greater than 14% (or greater than 1% for PD D1, or greater than 20% for PD A10). They do not take into account those claimants with multiple assessments less than 14% for prescribed diseases or accidents which aggregate to a percentage assessment resulting in benefit payment.

# Conditions due to physical agents or causes – 'A' Diseases

## Conditions induced by ionising and non-ionising radiation

23. The review of the terms of prescription for PD A1 (leukaemia) and PD A2 (cataracts) were published in March 1999 in 'Conditions induced by Ionising and Non-Ionising Radiation' (Cm. 4280). Following consideration of the scientific evidence, the Council concluded that the terms of prescription should be amended to reflect current understanding of the relationship between exposure to radiation and the development of disease. The Council recommended that the diseases prescribed in relation to ionising radiation exposure should be leukaemia (other than chronic lymphatic leukaemia) and cancers of the bone, female breast, testis and thyroid where a dose of ionising radiation has been received sufficient to double a person's risk of the relevant cancer. All other adverse effects of exposure to ionising radiation should be adequately covered by the Accident Provisions of the IIDB scheme. The Council recommended that the prescription be maintained for cataracts due to frequent or prolonged exposure to rays from red-hot or white-hot material emitting infrared radiation over a period of at least five years on aggregate. The Council did not recommend prescription for skin cancer in relation to ultraviolet radiation. The recommendations were accepted and implemented in July 2000.

## Work-related upper limb disorders

24. The review of work-related upper limb disorders was published in July 2006 in the Command paper 'Work-related upper limb disorders' (Cm. 6868). This review looked at the terms of prescription for PD A4 (cramp of the hand or forearm due to repetitive movements), A5 (bursitis or subcutaneous cellulitis of

† 'Claims' in reference to the IIDB Scheme refers to those individuals who make a claim for IIDB benefit. 'Assessments' refers to the claimants who are medically assessed for IIDB benefit.

the hand; beat hand), A7 (bursitis or subcutaneous cellulitis of the elbow; beat elbow), A8 (traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths) and A12 (carpal tunnel syndrome). Beat knee (bursitis or subcutaneous cellulitis of the knee) (A6) was included as part of the review of the beat conditions. IIAC also considered prescription for lateral and medial epicondylitis, and various other disorders of the upper limb including non-specific diffuse arm pain/'repetitive strain injury' ('RSI'), shoulder tendonitis and fibromyalgia.

25. In assembling the review IIAC held an Expert Meeting in June 2004. This drew together experts in the fields of rheumatology, ergonomics, psychology, epidemiology and musculoskeletal medicine. Due to the complex nature of the topic, IIAC also commissioned a systematic literature review of the existing prescribed diseases and conditions that were raised from the expert meeting, by the MRC Epidemiology Resource Centre at the University of Southampton.

26. Regarding CTS, the commissioned review found that the current terms of prescription in users of hand-held powered vibratory tools are supported by the evidence and remain appropriate, with no strong case for revision. However, symptoms should begin in the job in which hand-held powered vibratory tools were used, and so the Council recommended that the terms of prescription should reflect this.

27. IIAC recommended extending the terms of prescription for carpal tunnel syndrome to cover work involving repeated dorsiflexion and palmar flexion of the wrist for at least 20 hours per week. Employees must have undertaken such work for at least 12 months in the 24 months preceding onset of symptoms. They would normally present to medical attention during or within six months of leaving the relevant employment. The Council also considered the risk of carpal tunnel syndrome in computer users and keyboard workers, but found there was insufficient evidence to prescribe for this activity.

28. The Council considered the current terms of prescription for the beat conditions (PD A5, A6 and A7) and found them to be appropriate. However, it recommended that the out-dated term 'beat' be removed from the terms of prescription. The Council also recommended that the description for 'cramp of the hand or forearm' (PD A4) should be updated by the term 'task-specific dystonia'.

29. IIAC's report also concluded that there was insufficient evidence of occupational causation to recommend prescription of epicondylitis, shoulder tendonitis, diffuse 'RSI' or fibromyalgia. The Council will continue to monitor the research evidence in this field.

30. The recommendations were accepted and the Regulations are awaiting enactment.

## A3 – Dysbarism

31. Dysbarism is a term used to describe disorders arising from exposure to decreased or changing barometric pressure, including decompression sickness, barotrauma and osteonecrosis. There are very few claims for dysbarism; there were a total of five claims between 1999 and 2003. In 2004, IIAC conducted a literature search and concluded there was no new evidence to warrant a full review. IIAC recommends that terms of prescription for PD A3 remain unchanged.

## A9 – Miners' nystagmus

32. Following a literature search, IIAC found no new research in relation to nystagmus in mining or other occupations. Moreover, enquiries revealed that there had been no successful claims for PD A9 for a considerable period and the conditions believed to give rise to miners' nystagmus (extremely poor lighting in mines) had not been a feature of the industry for several decades. In view of this, IIAC decided to recommend removal of miners' nystagmus from the prescription schedule.

## A10 – Occupational deafness

33. The review of PD A10 was published in the report 'Occupational Deafness' in November 2002 (Cm. 5672). The Council undertook a comprehensive review of the scientific and medical literature, consulted with experts in the field and considered responses sent to the Council following publication of a consultation paper. Numerous recommendations were proposed. The Council recommended the following amendments to the list of prescribed occupations for PD A10:

- to clarify that water-jetting operations be prescribed when undertaken at pressures above 10,000 psi for water jets or a mixture of water and abrasive material in the water jetting industry.
- to clarify that prescription of "forestry" work should not be restricted to work in the forestry industry.
- to clarify that the mechanical cleaning of bobbins be prescribed, rather than the cleaning of mechanical bobbins.
- to clarify that high speed false twisting be prescribed only when it is undertaken prior to knitting/weaving.
- to clarify the range of wood-working band-saws which should be prescribed.
- to include in the terms of prescription work as police firearms training officers and shot-blasters using abrasives carried in air.
- to revise the grouping of the prescribed occupations.

34. The current decibel hearing loss scale to assess percentage disablement should continue to be used. Assessments should routinely use pure tone audiometry, although use of evoked response audiometry can be be considered in certain cases.

35. The Council considered the current rules governing claims for occupational deafness, which state that they must be made within 5 years of leaving a noisy occupation and that the person should have worked in the qualifying occupation for at least 10 years. It concluded that these terms remained appropriate. No changes were recommended to the current methods of identifying and assessing pre-existing deafness or the rule that initial assessments should normally be final. It remains inappropriate to introduce an off-set for conductive hearing loss. Evidence is insufficient to recommend aggregation. The threshold for compensation should be maintained at 50dB bilateral sensorineural hearing loss, averaged over 1,2 and 3 kHz. IIAC did not recommend prescription for tinnitus as a stand alone condition; but recommended that it should be taken into account during assessments for benefit.

36. The Council recommended that forms to employers and notification letters to claimants should be reviewed by Jobcentre Plus to ensure they are straightforward to complete. Claimants who have hearing loss below the threshold for payment of IIDB should be informed they do not qualify for benefit under the rules of the benefit scheme and should not be given the impression that they do not suffer from impaired hearing.

37. The recommendations were accepted by the Secretary of State and the Regulations came into force in September 2003.

## A11 – Hand-Arm Vibration Syndrome (previously Vibration White Finger)

38. Hand-Arm Vibration Syndrome (HAVS) is a condition that can often include both vascular components (Vibration White Finger (VWF)) and sensorineural components as a result of exposure to hand-transmitted vibration in specific occupational groups. HAVS, including the prescription of PD A11, was reviewed by the Council in a report published in July 2004 (Cm. 6098). Formerly, only the vascular component was recognised under the terms of prescription for A11. The Council recommended that the prescription for PD A11 be widened to encompass the sensorineural, as well as the vascular, component,changing the prescription for PD A11 from VWF to HAVS. The terms of prescription for HAVS were clarified so that the onset of the symptoms of HAVS should follow exposure to hand-transmitted vibration from the scheduled list of prescribed occupations. The Council recommended that the diagnosis of the sensorineural component of HAVS should be based on a good clinical history and be supported by positive results from certain standardised tests. The Council reviewed the occupational coverage for HAVS and agreed it remained appropriate, but recommended clarification to the terms of prescription in relation to forestry.

39. The Secretary of State accepted the Council's recommendations, and the diagnosis of PD A11 has been changed accordingly. The Regulations are awaiting enactment.

### Osteoarthritis of the hip

40. The Council routinely checks for new scientific evidence on occupational diseases that might lead to prescription. This monitoring led the Council to review the case for prescription for osteoarthritis of the hip. Its review was published in the report 'Osteoarthritis of the hip' (Cm. 5977) in November 2003. The Council found robust evidence for a more than doubling of risk in long-term farmers, but less secure evidence related to other occupational groups. It recommended that osteoarthritis of the hip be prescribed for farmers employed for 10 years or more and undertook to monitor the situation for other occupations in its plan of work. The Regulations came into force in March 2005. Osteoarthritis of the knee is being considered in the current work programme.

## Conditions due to biological agents – 'B' diseases

41. The review of the biological or 'B' diseases was published in the report 'Conditions due to Biological Agents' in November 2003 (Cm 5997). The Council undertook reviews of the available scientific literature and consulted experts in the field of infectious disease. Prescription was considered for a range of conditions due to biological agents. The Council recommended that Lyme disease for workers exposed to a source of *Borrelia*, and anaphylaxis for healthcare workers exposed to natural rubber latex be added to the scheduled list (as PD B14 and B15 respectively).

42. Some of the prescribed B diseases, such as glanders, are very rare in the UK workforce. The theoretical possibility exists that they may re-emerge as occupational hazards, thus, the Council recommended that no currently prescribed 'B' disease should be removed from the schedule. However, amendments were recommended to the terms of prescription for the following 'B' diseases:

- Anthrax (PD B1). To include work involving contact with anthrax spores.
- Glanders (PD B2). To include work involving contact with equine animals or their carcasses.
- Infection by Leptospira (PD B3). To include work at dog kennels or in the care of, or handling of, dogs.
- Ankylostomiasis (PD B4). To include work involving contact with sources of ankylostomiasis.
- Viral hepatitis (PD B8). To split the prescription into work involving contact with raw sewage for infection by hepatitis A virus (PD B8a) and infection by hepatitis B or C viruses (PD B8b) for work involving contact with a) human blood products or b) a source of hepatitis B or C viruses.

43. The Council further recommended that exposure to natural rubber latex be included in the terms of prescription as a cause of allergic rhinitis (PD D4) and occupational asthma (PD D7).

44. The Secretary of State accepted the Council's recommendations and the Regulations came into force in March 2005.

### B6 – Extrinsic allergic alveolitis

45. IIAC reviewed prescription for extrinsic allergic alveolitis (EAA) (PD B6) due to mists from metalworking fluid following reports of three outbreaks in the UK reported in 2004. The Council conducted a literature search and took expert consultation before recommending that the terms of prescription for EAA (B6) be extended to cover work involving exposure to mists from metalworking fluid in the report 'Extrinsic allergic alveolitis' (Cm. 6867) published in July 2006. The Secretary of State accepted the Council's recommendations and the Regulations are awaiting enactment.

## Conditions due to chemical agents – 'C' diseases

46. Extensive amendments were recommended to the prescribed diseases due to chemical agents (the 'C' diseases) in the Council's review 'Conditions due to Chemical Agents' published in February 2002 (Cm. 5395).

47. The Council recommended the terms of prescription be reworded for 24 out of the 30 'C' diseases. It was further recommended that occupational attribution should not be assumed simply because of exposure of whatever degree. Rather, the decision-maker should seek appropriate advice on whether the individual circumstances of the case and the likely level of exposure justify attribution of the claimant's illness to the occupational exposure on the balance of probabilities. This recommendation does not apply to PD C3a (phossy jaw), C17 (chronic beryllium disease), C18 (cadmium-related emphysema), C23a, (bladder cancer due to work involving manufacture of 1-napthylamine, 2-napthylamine, benzidine, auramine, magenta and 4-aminobiphenyl), C23b (bladder cancer due to work involving manufacture of methylene-bis-orthochloroaniline), C23e (bladder cancer due to work with coal tar pitch volatiles produced during aluminium smelting involving the Soderberg process) and C24a-e (the vinyl chloride monomer related diseases: angiosarcoma of the liver, acro-osteolysis, Raynaud's phenomenon, scleroderma and liver fibrosis).

48. Six diseases were recommended for removal from the scheduled list of prescribed diseases (PD C8-11, C15 and C28) for the reasons that either there was insufficient evidence to support their inclusion, or that these diseases could be adequately covered by the Accident Provisions of the Scheme.

49. The Secretary of State accepted the Council's recommendations in full and the Regulations came into force in March 2003 (see paragraph 51 regarding C3 (Phosphorus)).

50. In the Command Paper 'Conditions due to Chemical Agents' IIAC stated that it would review separately the neuropsychological effects of occupational exposure to organic solvents (see paragraph 52). Also, it drew attention to the potential for lead to impair fertility, but found that other industrial chemicals have also been linked with reproductive disorders. Therefore IIAC has decided to cover the reproductive effects of occupational activities and exposures in a separate enquiry once the review of the schedule of prescribed diseases is complete.

## Peripheral neuropathy due to exposure to organophosphates

51. In the 2002 'C' diseases report IIAC recommended that the terms of prescription for PD C3 be amended such that the previous description (poisoning by phosphorus) be replaced by PD C3a (phossy jaw) and PD C3b (peripheral neuropathy with or without accompanying toxicity to the central nervous system). The Council recommended that for PD C3b peripheral neuropathy due to exposure to organophosphates should follow an acute episode. Evidence at that time from published research and consultation with experts showed that chronic low dose exposure to organophosphates was not associated with peripheral neuropathy. The Minister accepted the scientific strength of these recommendations but withheld implementation until research by other government departments was completed. The Council is making regular checks on the progress of this research.

## Neuropsychological effects of organic solvent exposure

52. IIAC commissioned a review of the neuropsychological effects of occupational exposure to organic solvents, which was placed on the IIAC website for a consultation period of three months. The Council evaluated the evidence and set out its recommendations in a position paper published in December 2003. It found that the neuropsychological effects of organic solvents were not specific to a well-defined clinical disease and did not recommend prescription.

## Vinyl-chloride monomer-related diseases

53. In November 2005, the Council published its Command Paper 'Vinyl chloride monomer-related diseases' (Cm. 6645) to clarify the relationship of Raynaud's phenomenon and scleroderma to osteolysis in vinyl chloride monomer exposed workers. The Council recommended that PD C24b be amended so that Raynaud's phenomenon, scleroderma and osteolysis be prescribed independently for vinyl chloride monomer exposed workers.

54. Vinyl chloride monomer-related liver tumours, other than angiosarcoma, were also considered as part of the review, but the evidence was insufficiently compelling to warrant prescription.

55. The Secretary of State accepted the Council's recommendations and Regulations came into force in April 2006.

# Conditions due to respiratory and allergic conditions not included elsewhere on the List – 'D' diseases

## Asbestos-related diseases

56. The Council has reviewed the terms of prescription for the asbestos-related diseases in the report 'Asbestos-related diseases' (Cm. 6553), published in July 2005. This reviewed PD D1 (asbestosis), D3 (mesothelioma), D8 (asbestos-related lung cancer) and D9 (diffuse pleural thickening) and considered the prescription of asymptomatic pleural plaques, payments for the asbestos-related terminally ill and the use of computed tomography (CT) scans in the diagnosis of asbestos-related diseases.

57. The Council's main recommendation was that the terms of prescription for PD D8 should be extended to recognise lung cancer in the absence of asbestosis for occupations where there has been substantial asbestos exposure. The requirement for pleural thickening in the terms of prescription for lung cancer was removed from the terms of prescription for PD D8. The Council further recommended that claimants assessed as eligible for PD D8 should be awarded 100% disablement due to the poor prognosis of asbestos-related lung cancer.

58. IIAC recommended that a diagnosis of asbestosis should be based upon clinical evidence of interstitial fibrosis and a history of substantial asbestos exposure. The presence of high counts of asbestos fibres or bodies in the lungs could support a diagnosis of asbestosis but low counts post-mortem should not be used to exclude a diagnosis.

59. As part of the review of asbestos-related diseases, IIAC considered the apparent discrepancy between the number of claims/assessments for mesothelioma (PD D3) and the number of deaths from the disease. This shortfall does not result from IIDB claimants being refused benefit, as the majority of applications are successful. Other possibilities may include exposure to non-occupational sources of asbestos, lack of awareness of the provision for compensation, or occurrence of the disease in the self-employed (who are ineligible to claim under the Scheme). IIAC recommended that the terms of prescription for the disease remained appropriate and that the provisions of the Scheme should be highlighted to all potential claimants for PD D3.

60. The diagnosis of D9 (diffuse pleural thickening), which relied on measurements of pleural thickening made on plain chest radiographs (X-rays) was becoming difficult because of the increasing use of radiographs of variable sizes. IIAC considered the terms of prescription for diffuse pleural thickening, and recommended that diagnosis should be based, instead, on the radiographic appearance of pleural thickening with obliteration of the costophrenic angles.

61. The Council recommended that CT scans should not be a requirement for diagnosis of PD D1 or PD D9 as these scans are not yet universally used by clinicians and CT scans would not be available for every claimant.

62. Pleural plaques were considered but not recommended for prescription.

63. The Council highlighted an inequity in benefits for claimants with terminal asbestos-related cancer. Whilst these claimants may receive a higher percentage award, they may receive less total benefit than a claimant with non-fatal disease receiving a lower award for a longer period. The Council recommended that lump sum payments be awarded to claimants with terminal asbestos-related cancer (both mesothelioma and lung cancer).

64. The DWP is considering IIAC's recommendation in relation to lump sum payments as part of its consultation exercise on the handling of mesothelioma claims.The Secretary of State accepted the Council's recommendations in relation to changes to the terms of prescription and the Regulations were enacted in April 2006.

## D12 – Chronic bronchitis and emphysema

65. The Council considers that the diagnostic criteria for the prescribed disease chronic bronchitis and emphysema (PD D12) remain appropriate. During the period of the review of the scheduled list of prescribed diseases IIAC published a position paper 'Lung Function Assessment, IIDB, PD D12 (Chronic bronchitis and emphysema in underground coal miners)'. IIAC re-reviewed the evidence relating to lung function assessments considered in Command paper 'Chronic bronchitis and emphysema' published in 1996 (Cm. 3240). IIAC recommended that the Cotes formula was appropriate for use in the assessment of lung function for D12. However, in its current work the Council is considering replacing use of the term chronic bronchitis and emphysema with chronic obstructive pulmonary disease (COPD).

66. IIAC is in the process of reviewing the occupational coverage for chronic bronchitis and emphysema in workers other than underground coal miners following requests from attendees at the IIAC public meeting in Sheffield in 2003. IIAC commissioned a review of chronic bronchitis and emphysema in surface coal mining and other occupations which was presented in January 2005, and placed on the IIAC website for a consultation period of three months. IIAC has also commissioned a further review of chronic bronchitis and emphysema associated with silica exposure.

67. The commissioned reviews highlighted several occupations that were candidates for prescription – namely surface coal workers, cotton textile workers, welders and grain workers. The review prompted the Council to commission two independent scientific analyses. The Institute of Occupational Medicine in Edinburgh analysed data relating to coal dust exposures experienced by surface coal workers. Experts at the University of Manchester considered scientific data regarding the risk of COPD in cotton workers. Original data were requested from other research teams and several specific meetings were held to discuss evidence with experts.

68. IIAC's report on the occupational coverage of D12 is in progress and is due for publication during 2007.

## Miscellaneous ‘D’ diseases

69. The Council has considered the prescription for the following remaining ‘D’ diseases – pneumoconiosis due to causes other than asbestosis (D1), byssinosis (D2), allergic rhinitis (D4), non-infective dermatitis (D5), nasal carcinoma (D6), occupational asthma (D7), occupational lung cancer (D10) and lung cancer accompanying silicosis (PD D11). The Council reviewed the numbers of claims and assessment for these diseases and undertook a preliminary literature review to identify whether there were sufficient grounds for conducting a full scale review into any of these prescribed diseases.

70. The Council concluded that for D1 (other than asbestosis), D2, D4, D5, D6, D7, D10 and D11 there were insufficient grounds to indicate a need to alter the terms of prescription. Amendments to the terms of prescription for pneumoconiosis due to asbestos (D1) was made as part of the full review of the asbestos-related diseases and to the terms of prescription for allergic rhinitis (D4) and occupational asthma (D7) were made as part of the review of the conditions due to biological agents.

## Stress and Post-Traumatic Stress Disorder

71. IIAC has considered extending prescription to the adverse health outcomes ascribed to work-related stress, including mental health disorders and physical diseases linked to stress. Several important obstacles to prescription were identified concerning disease definition, disease and exposure verification, and the strength and interpretation of epidemiological evidence on attribution (for full details see the Position Paper ‘Stress at Work as a Prescribed Disease and Post-Traumatic Stress Disorder’). The Council concluded that whilst work-related mental illness is an important problem for both white and blue collar workers, it could not recommend prescription based on current evidence. However, the Council recognises the necessity to monitor research in this area.

72. The Council also provided clarification about what type of incident should be classed as Post-Traumatic Stress Disorder under the Accident Provisions. The incident should be a traumatic, single event that is, or could be reasonably be perceived to be, severely life-threatening or with the potential to cause severe injury to the individual or others present at the time. It should be an event outside the realm of normal human experience.

73. The Council’s recommendations were accepted by the Secretary of State.

# Conclusions and recommendations

74. This Command Paper presents a summary of the review of the entire scheduled list of diseases for which IIDB is available which commenced in 1997, as well as several of the Council’s other key reports. This report also discusses the Council’s recommendations in relation to certain prescribed diseases which did not warrant a full review based on either low numbers of claims or no new scientific evidence. The Council has recommended that miner’s nystagmus be removed from the list of prescribed diseases as the working conditions leading to this disease no longer occur in today’s workforce.

75. During the period a wide variety of occupational diseases have been thoroughly reviewed in the context of social security benefits and several new diseases have been prescribed. The Council will continue to monitor the scientific and medical evidence to ensure that the terms of prescription for these prescribed diseases remain appropriate and will continue to investigate new opportunities for prescription.

# Appendix

## Claims, assessments and number receiving benefit payments for the fifteen most claimed prescribed diseases in 2005

| Disease | PD | New Claims | New Assessments | Number of new assessments receiving benefit payments* | Caseload as of March 2005 |
|---|---|---|---|---|---|
| Pneumoconiosis | **D1** | **5300** | **1585** | **745** | **12,300** |
| Vibration white finger (Hand-arm vibration syndrome) | **A11** | **3865** | **815** | **25** | **8,160** |
| Pleural thickening | **D9** | **2235** | **415** | **365** | **3,080** |
| Occupational deafness | **A10** | **2085** | **255** | **230** | **11,880** |
| Carpal tunnel syndrome | **A12** | **1620** | **640** | **150** | **1,960** |
| Mesothelioma | **D3** | **1550** | **1535** | **1535** | **1,010** |
| Chronic bronchitis and emphysema | **D12** | **1380** | **190** | **180** | **9,190** |
| Traumatic inflammation of the tendons of the hand or forearm | **A8** | **580** | **220** | **125** | **2,460** |
| Occupational asthma | **D7** | **500** | **230** | **180** | **4,420** |
| Lung cancer due to asbestos | **D8** | **390** | **80** | **55** | **190** |
| Bursitis or subcutaneous cellulitis of the knee (Beat knee) | **A6** | **310** | **50** | **5** | **240** |
| Cramp of the hand or forearm | **A4** | **255** | **45** | **10** | **320** |
| Non-infective dermatitis | **D5** | **225** | **160** | **30** | **1,490** |
| Allergic rhinitis | **D4** | **185** | **85** | **5** | **690** |
| Bursitis or subcutaneous cellulitis of the elbow (Beat elbow) | **A7** | **100** | **5** | **0** | **50** |

*These figures show the number of people receiving greater than 14% assessments (or greater than 1% for PD D1, or greater than 20% for PD A10) for prescribed diseases. It does not take into account those whose assessments for prescribed diseases in aggregate, but not singularly, result in benefit payments.

'Claims' in reference to the IIDB Scheme refers to those individuals who make a claim for IIDB benefit.

'Assessments' refers to the claimants who undergo a medical assessment of disability for IIDB benefit.

Numbers are based on a 100% sample, with the exception of caseload data which is based on a 10% sample, and have been rounded to protect claimant anonymity.

NB. There were also 460 unspecified claims in 2005 where claims were submitted for diseases which are not prescribed.

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