hseni

CONTROLLING RISK TOGETHER



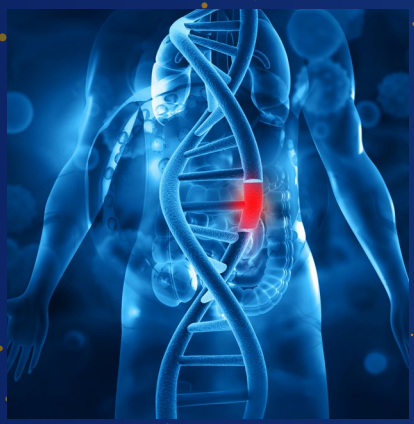




Workplace Health Statistics & Analysis for Northern Ireland 2026









Every workplace has health r!sks

Find out how to reduce them

Foreword

Welcome to the Health and Safety Executive for Northern Ireland's (HSENI) Workplace Health Statistics & Analysis for Northern Ireland **2026.**

HSENI has primary responsibility under the Health and Safety at Work (Northern Ireland) Order 1978 for the regulation of health and safety at work in Northern Ireland.

Whilst the duty and management of health remains with the employer, by working together we can achieve our aims and objectives and make work in Northern Ireland healthier for all.

Partnership has always been central to HSENI's approach and therefore we will continue to work alongside employers, employees, trade unions, regulators, and other bodies, to ensure the required standards are met and maintained.

Ill health caused or made worse by work can stay hidden for long periods and often manifests itself years later when the outcome, in many cases, is having to live with the consequences.

Some of the most significant workplace health risks arise from exposure to harmful substances, such as asbestos, silica, flour, and other dusts, along with chemicals, gases and fumes, which are present in many workplaces.

Whilst occupational cancers and respiratory diseases are all too common, there are many other work-related ill health conditions which can adversely affect quality of life, such as musculoskeletal disorders and mental ill-health.

Occupational diseases may also be complicated further by lifestyle factors including smoking, alcohol consumption, and genetics.

The combined estimated cost of workplace injuries and ill-health to Northern Ireland is around £647m each year, with work-related ill health alone estimated to cost close to £448m annually.

Given the additional pressures on the health services, the staggering individual and societal costs, a collective effort in preventing and reducing workplace ill health will yield massive benefits.

HSENI will continue our focus on those work activities that pose the highest risk and cause significant work-related ill health in Northern Ireland. HSENI will support duty holders to take the necessary, often simple, steps to effectively manage workplace health risks.

Workplace health impacts every worker, however, estimating the burden of occupational disease for Northern Ireland presents challenges due to limited information being readily available.

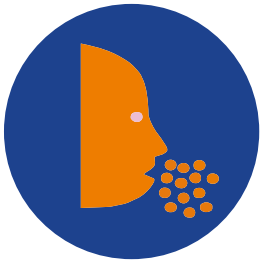
HSENI and Department for the Economy economists have sourced and analysed local data from Northern Ireland Statistics and Research Agency (NISRA), the Department of Health (DoH), Northern Ireland Chest, Heart & Stroke (NICHS), amongst others, to establish an overview of work-related illness specific to Northern Ireland.

Where there is a lack of available data for work-related illness in Northern Ireland, Great Britain (GB) data has been used to estimate figures.

Whilst the methodology applied provides approximate measurements, the estimated figures do indicate the potential scale of work-related illness in Northern Ireland. The document highlights the limitations to the quality of the data that exists at present. Some of the limitations relate to the long term latency of the conditions and diseases in question, as well as the complexity in determining the cause. The death registration may also differ from the initial condition or disease.

All estimates should be treated with caution.

Occupational Lung Disease—Key Findings



140
Chronic Obstructive Pulmonary Disease (COPD) Deaths
due to work estimated in 2024

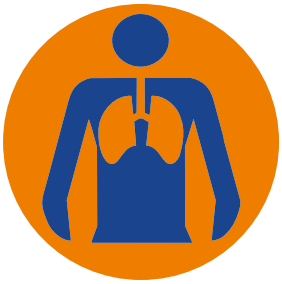


6,600
people estimated to be **suffering** from **work-related COPD**

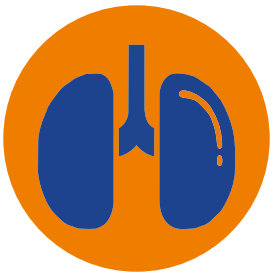


22
Asbestosis Related Deaths
registered in 2024

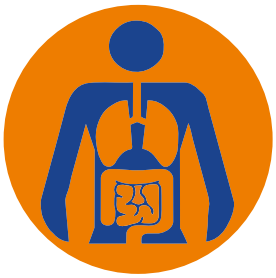
Occupational Cancer—Key Findings



92
Deaths
from **Mesothelioma + Asbestos-related Lung Cancer***
(*estimated) per year



20
Lung Cancer Deaths
estimated per year due to **Silica dust exposure** at work



90
Deaths
estimated per year from **other work-related Cancer**
(bladder, other lung & other cancers)

Other Work-Related Illness - Key Findings



19,000
people estimated to have **suffered** from **musculoskeletal disorders (MSDs)** in 2024-25



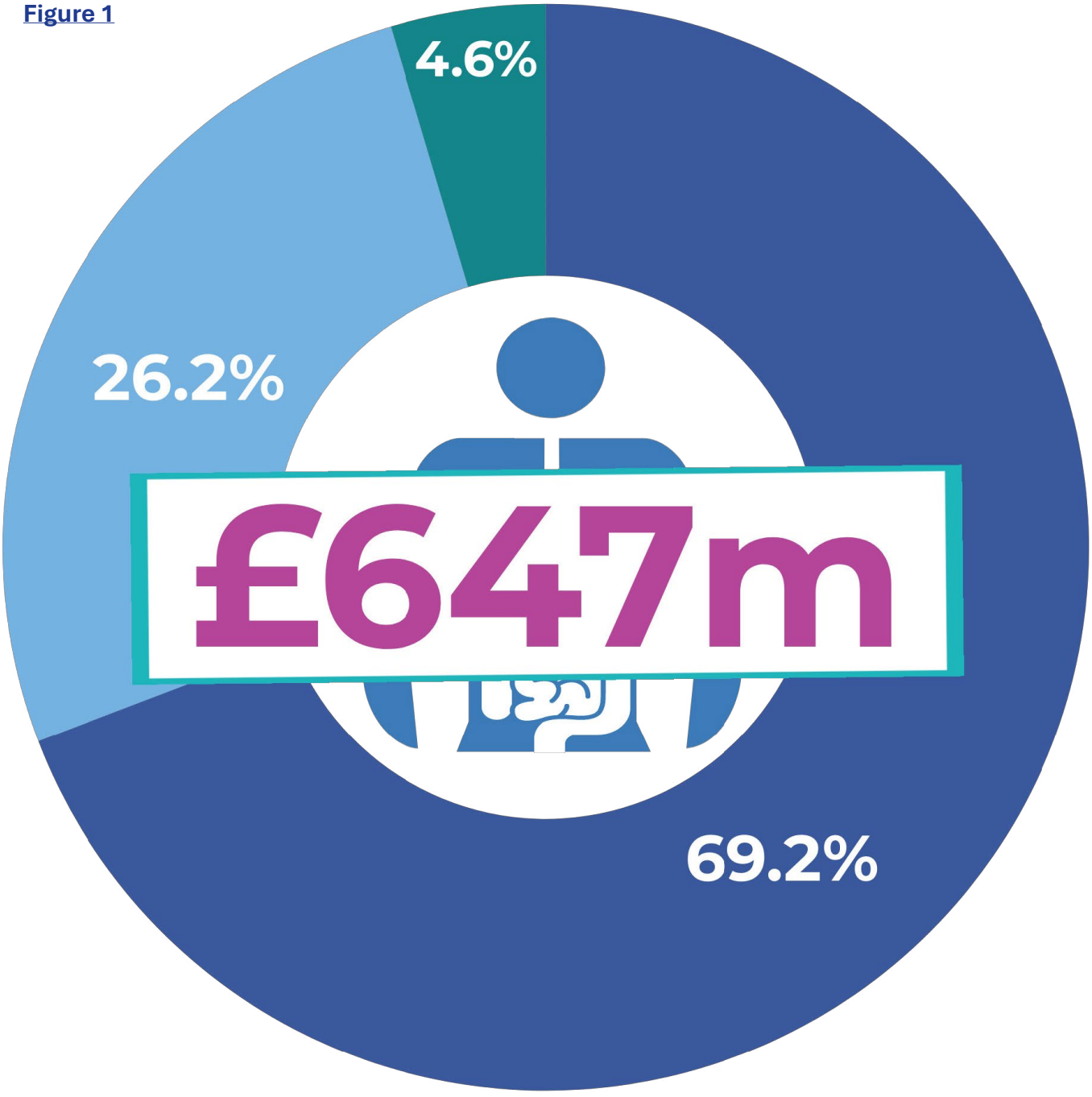
14,000
people estimated to have **suffered** from **stress, depression, or anxiety** in 2024-25



8,000
people estimated to have **suffered** from **illness other** than MSDs, stress, depression, or anxiety in 2024-25

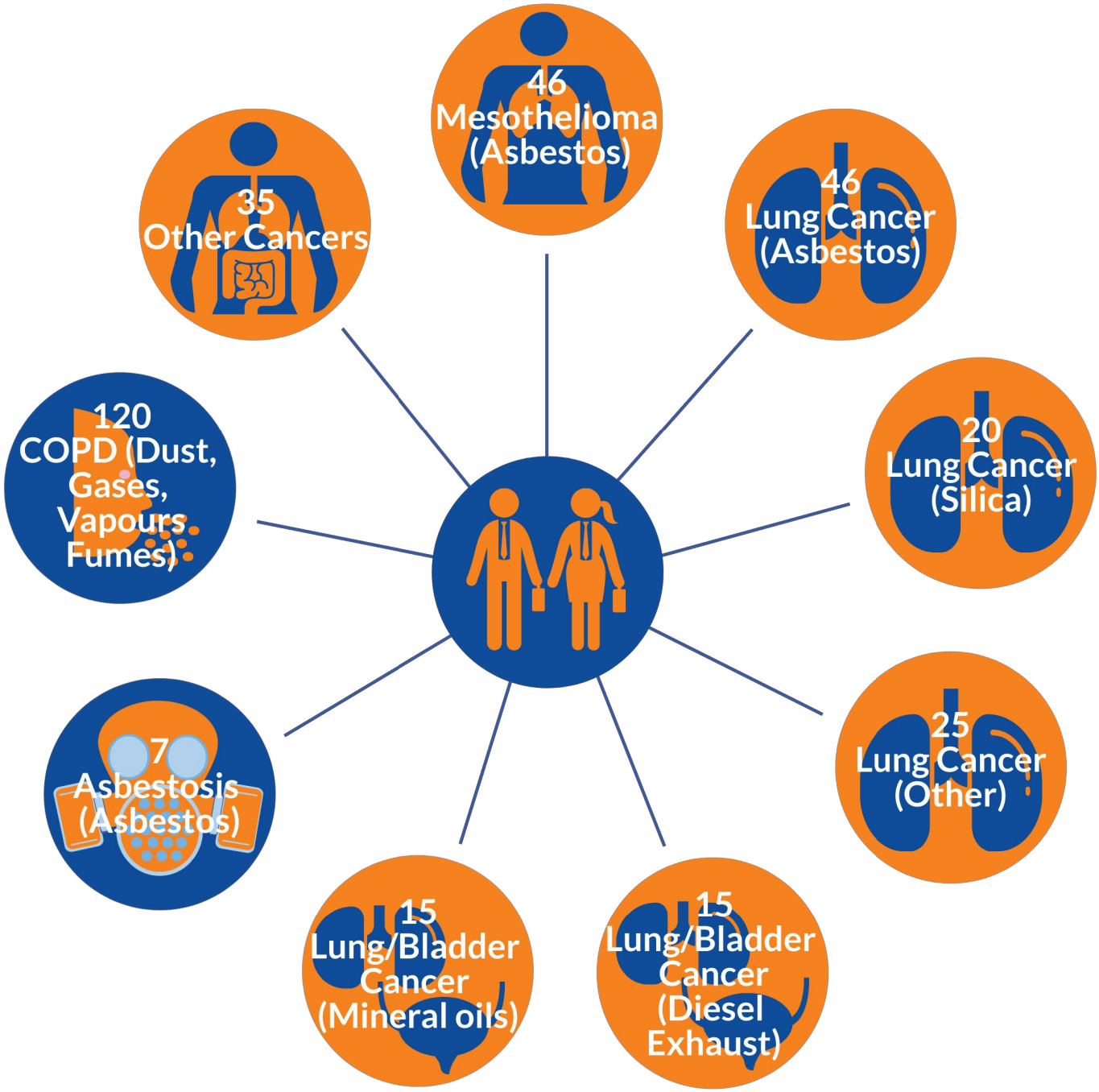
Estimated Cost to Northern Ireland of Work-Related Injuries & Ill Health, 2023-24

Figure 1



Average Work-Related Illness Deaths Per Year in Northern Ireland

Figure 2



Occupational Lung Disease in Northern Ireland

Asbestosis



Asbestosis is caused by inhaling asbestos fibres. As asbestosis is a non-malignant disease, figures are included in occupational lung disease rather than occupational cancers.

Developing asbestosis is linked to exposure levels. Similar to HSE (GB) statistics[1], the age profile of asbestosis deaths trends towards the 75 and over age groups.

Figure 3

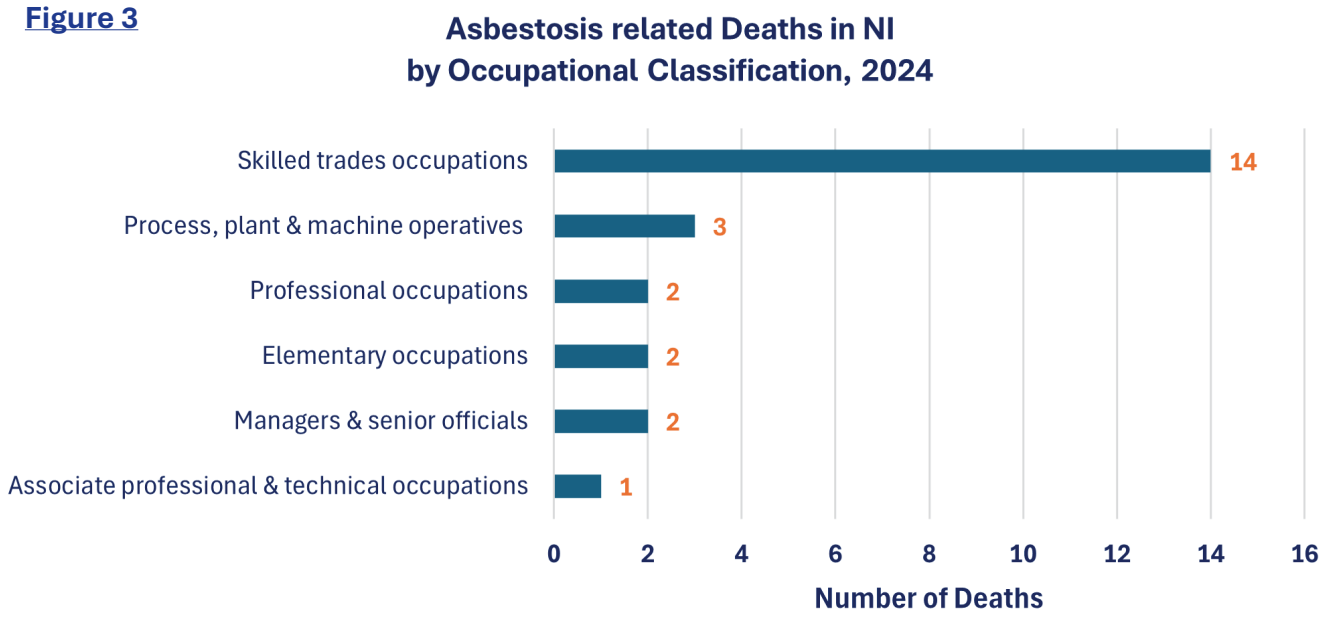
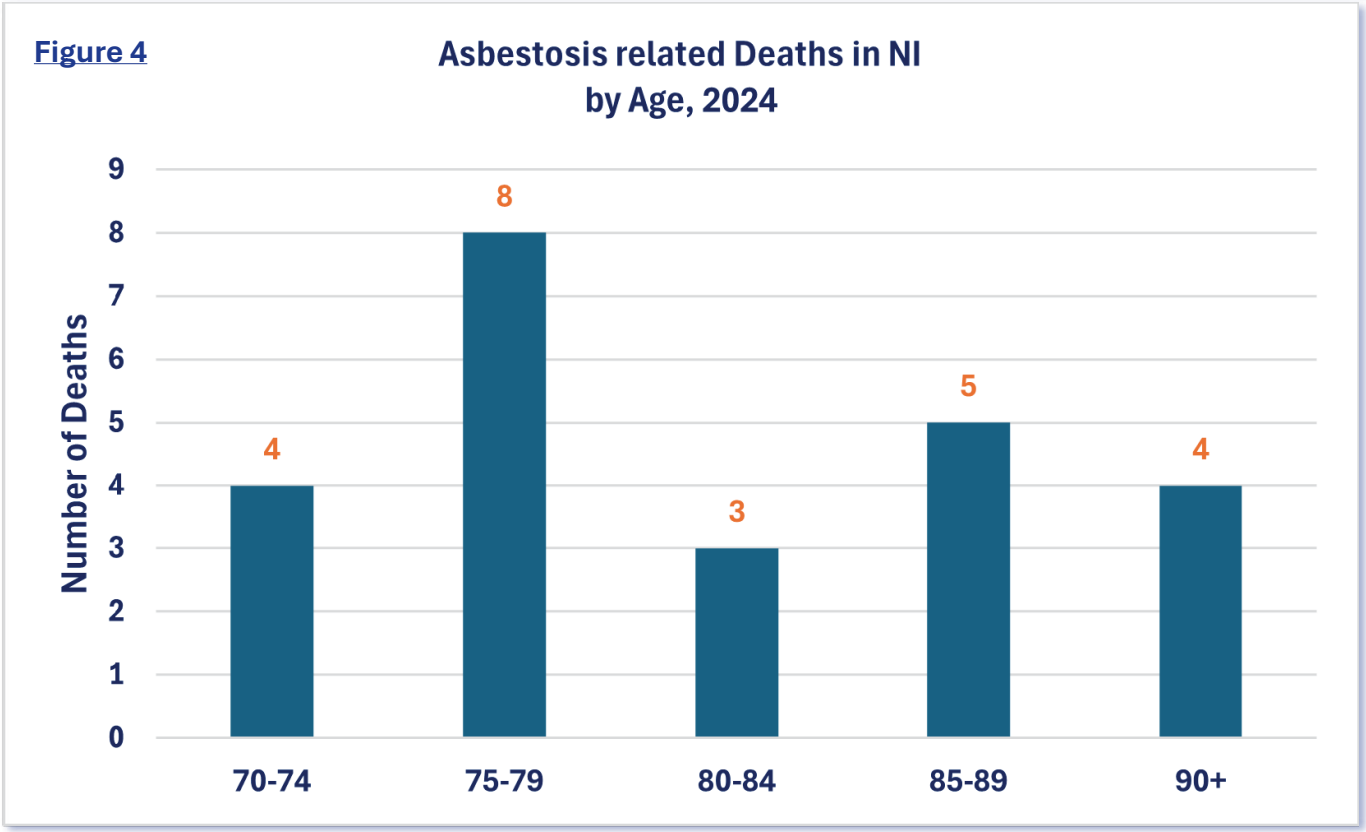


Figure 4



Chronic Obstructive Pulmonary Disease (COPD)



Chronic Obstructive Pulmonary Disease (COPD) is the name given to a group of lung conditions that cause breathing difficulties.

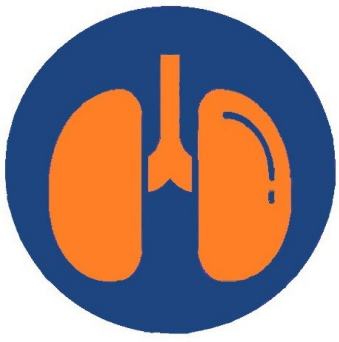
It is a progressive and irreversible lung condition which limits the airflow in the lungs and mainly affects middle-aged or older adults who smoke and/or are exposed to harmful substances, which may occur due to work.

HSE (GB)[2] estimate that 15% of cases of COPD are linked to exposure at work.

Applying this **15%** attributable fraction to the latest figures of COPD cases (44,207) as reported by the Department of Health (DoH)[3] and deaths (921) reported by Northern Ireland Statistics and Research Agency (NISRA)[4], it is estimated that there were **140 work-related COPD deaths** in 2024 and that there are around **6,600 cases of people suffering with COPD** linked to workplace exposure based on the number of patients recorded on the COPD register at 31st March 2025.



Occupational Asthma



Occupational asthma is a serious health condition that affects the lungs.

It can be caused in a workplace simply by breathing in certain dusts, gases, fumes and vapours that can damage your lungs, causing an allergic reaction.

Several studies[5] [6] have estimated that between **9 and 15% of adult asthma can be linked to previous exposures at work.**

Northern Ireland Chest, Heart and Stroke (NICHS)[7] have estimated that there could be as many as 1,300 cases of workers with asthma, with around 590 new cases in Northern Ireland in any given year.

Occupational Cancer in Northern Ireland

Cancer is a serious, life threatening condition caused by mutations in DNA (the genetic code of our cells) which results in the cells growing and reproducing uncontrollably within the body.

Cancerous cells can invade and destroy surrounding healthy tissue (including organs) which in many cases proves fatal.

Occupational cancer is caused when workers are significantly exposed to carcinogens (cancer-causing substances) and/or mutagens (genetic mutation causing agents) in their workplace.

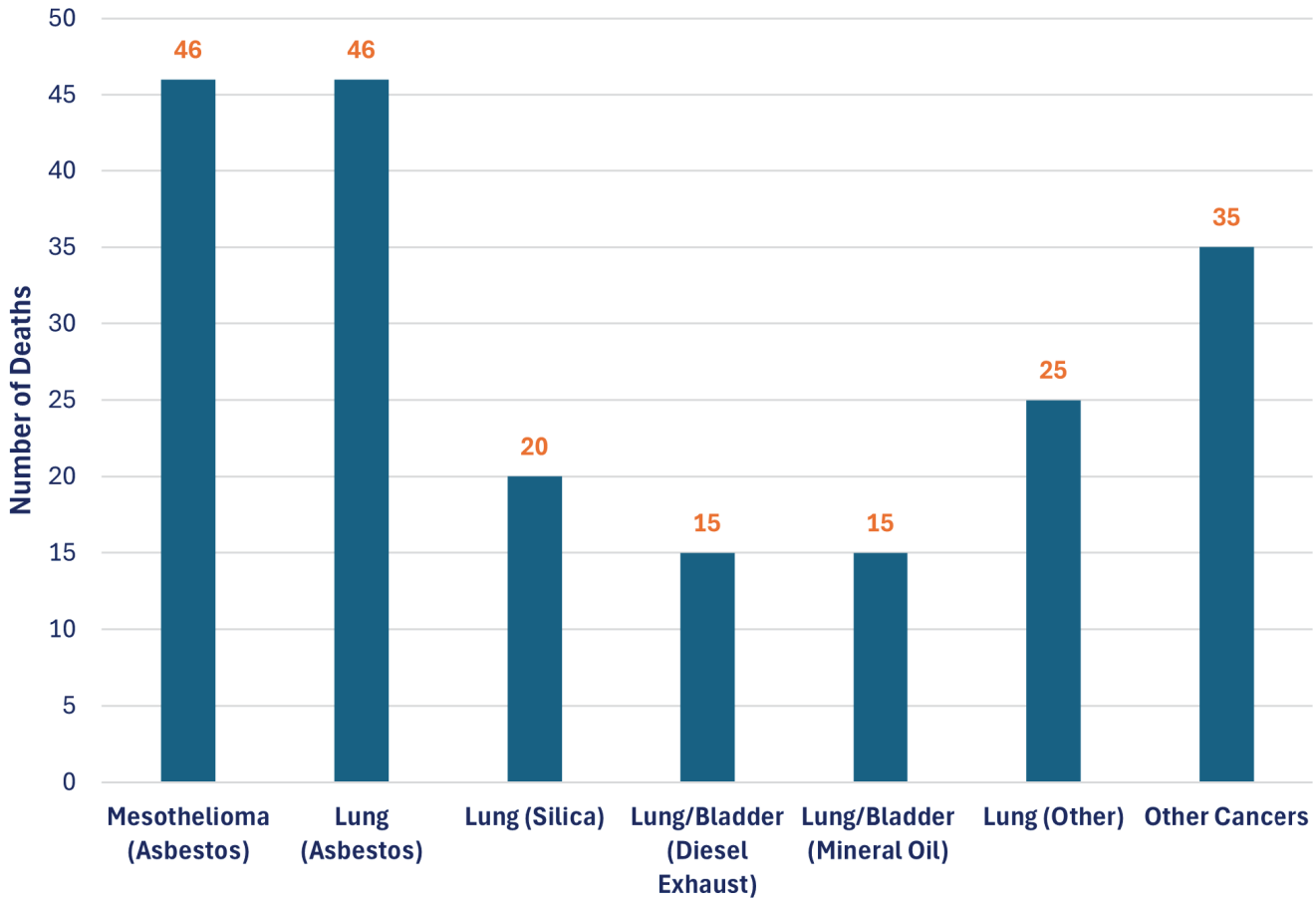
Without adequate control measures in place, workers can be exposed to cancer causing agents by breathing them in, absorbing them through the skin, or ingestion.

Based on the latest data available, it is estimated that there are around 200 work-related cancer deaths in Northern Ireland every year.

HSE (GB) estimate[8] that **5.3% of all cancer deaths** and **4% of cancer registrations (newly diagnosed cases) could be attributed to past exposure at work.**

Figure 5

Average Annual Number of Cancer Deaths in NI by Cancer Site and Occupational Carcinogen



Mesothelioma



Mesothelioma is a type of cancer usually linked to asbestos exposure. It develops in the lining that covers the outer surface of some bodily organs, although it mainly affects the lining of the lungs (pleural mesothelioma).

Based on the most recent NISRA figures[3], there were 46 cancer deaths relating to mesothelioma in Northern Ireland in 2024.

Comparing with asbestosis deaths, the age trend for mesothelioma deaths begins lower at the 60-64 years grouping.

The majority of mesothelioma deaths are in the skilled trades occupations.

Figure 6

Mesothelioma related Deaths in NI by Occupational Classification, 2024

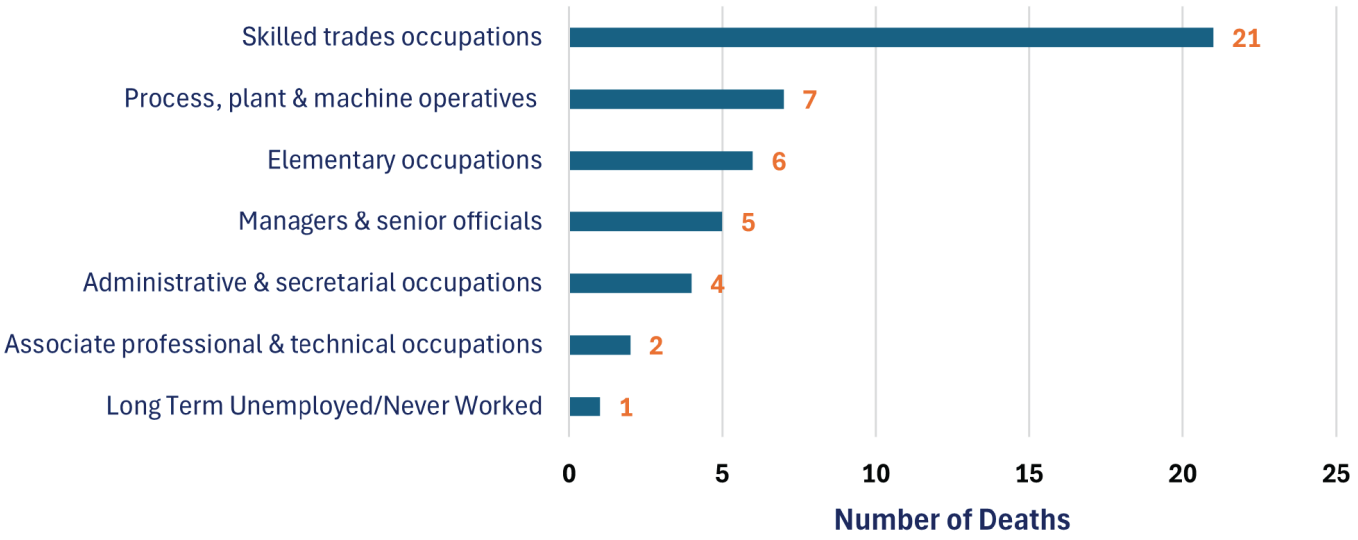
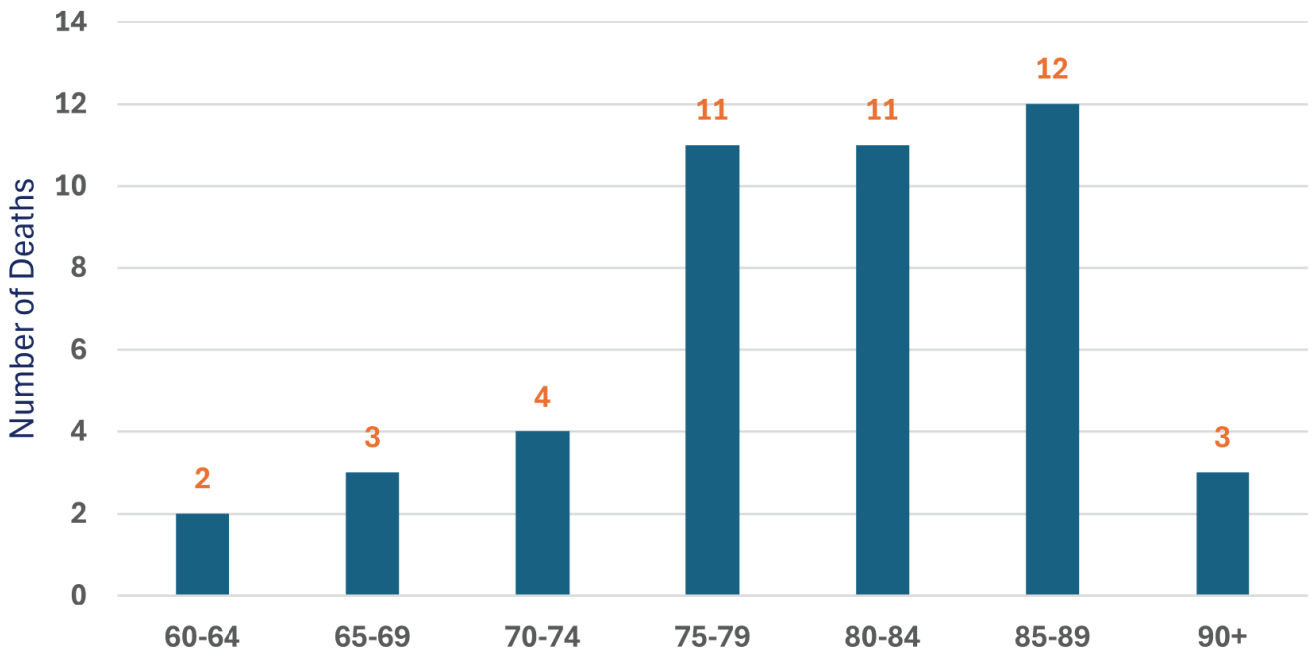


Figure 7

Mesothelioma related Deaths in NI by Age, 2024



Lung Cancer

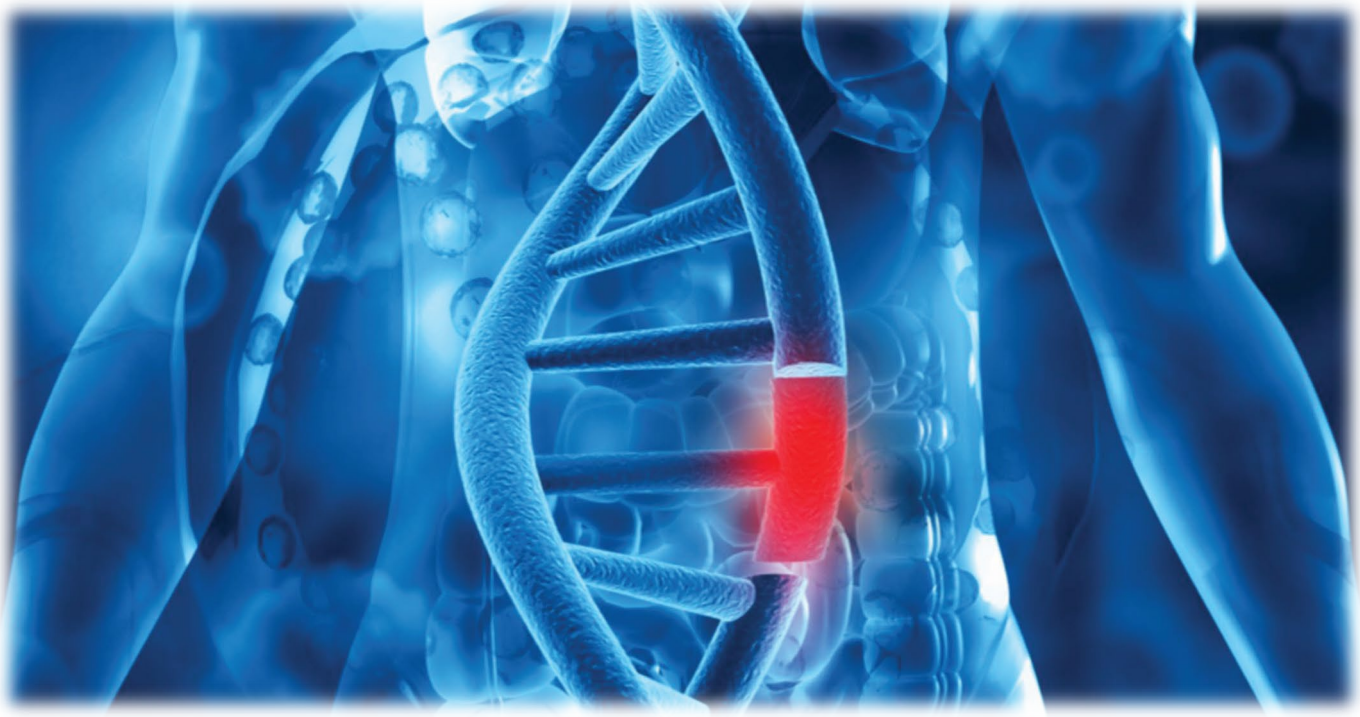


Occupational lung cancers are serious and often fatal conditions mainly caused by inhalation of harmful substances at work.

There are many substances within the work environment that can cause lung cancer including asbestos, silica dust and welding fume, to name a few.

It is assumed that there could be as many as 46 lung cancer deaths attributed to past exposure to asbestos annually.

Estimates suggest that there could also be 20 lung cancer deaths due to silica dust exposure, and 25 lung cancer deaths following exposure to other cancer-causing substances per year in Northern Ireland.



Bladder & Other Cancers



Bladder and other work-related cancers can arise following occupational exposure to cancer-causing agents within the workplace such as aromatic amines, polycyclic aromatic hydrocarbons and heavy metals.

It is estimated that in Northern Ireland, 65 cancer deaths each year could be attributed to past work-related exposure to mineral oils, diesel exhaust emissions and other cancer-causing agents collectively.



Other Work-Related Illness in Northern Ireland

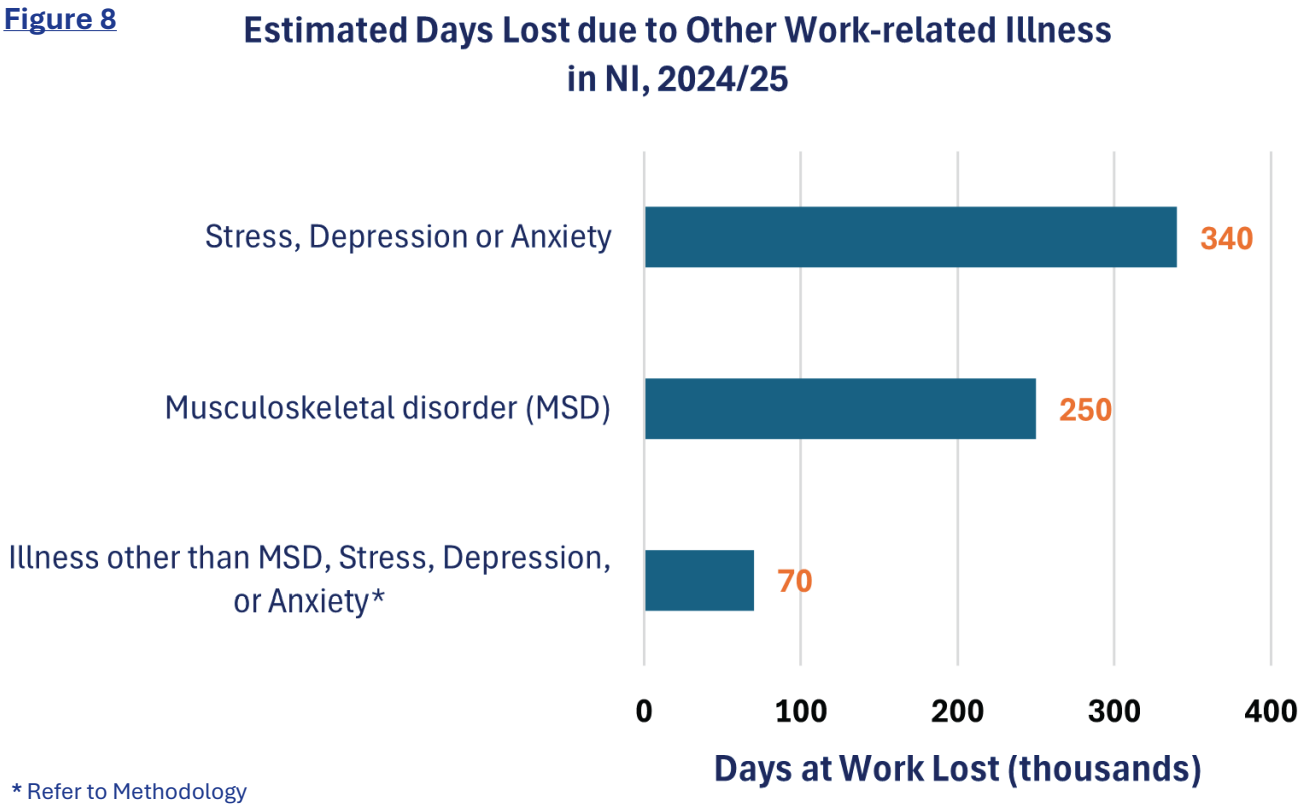
It is estimated that there were 660,000 days lost due to other work-related illness in Northern Ireland in 2024-25.

Estimates indicate that more people suffered from musculoskeletal disorder (MSD) caused or made worse by work in 2024-25, than those who suffered from stress, depression, or anxiety.

However, Figure 8 would indicate that sufferers of stress, depression, or anxiety are absent from work for longer periods than those who suffered from MSDs.



Figure 8



* Refer to Methodology

Musculoskeletal Disorder (MSD)



It is estimated that the number of cases of musculoskeletal disorder (MSD) increased to 19,000 in 2024-25, following several years of earlier decline, the reasons for which are unknown.

Note: Estimates could only be produced for sectors where GB estimates were available. As a result, the proportional shares shown in the charts sum to 100% within the subset of sectors covered by GB data, and not across the full NI economy. It should be noted that workers in any sector of the economy may be affected by work-related MSD.

Figure 9

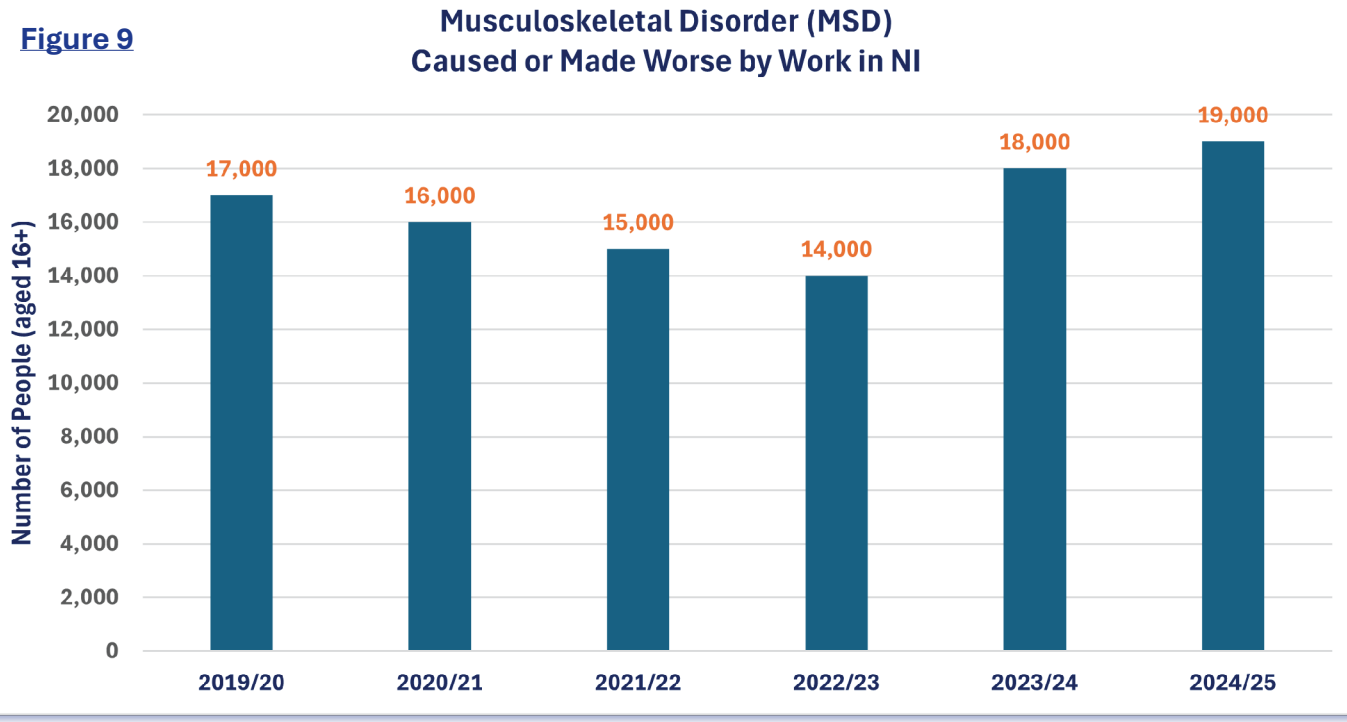
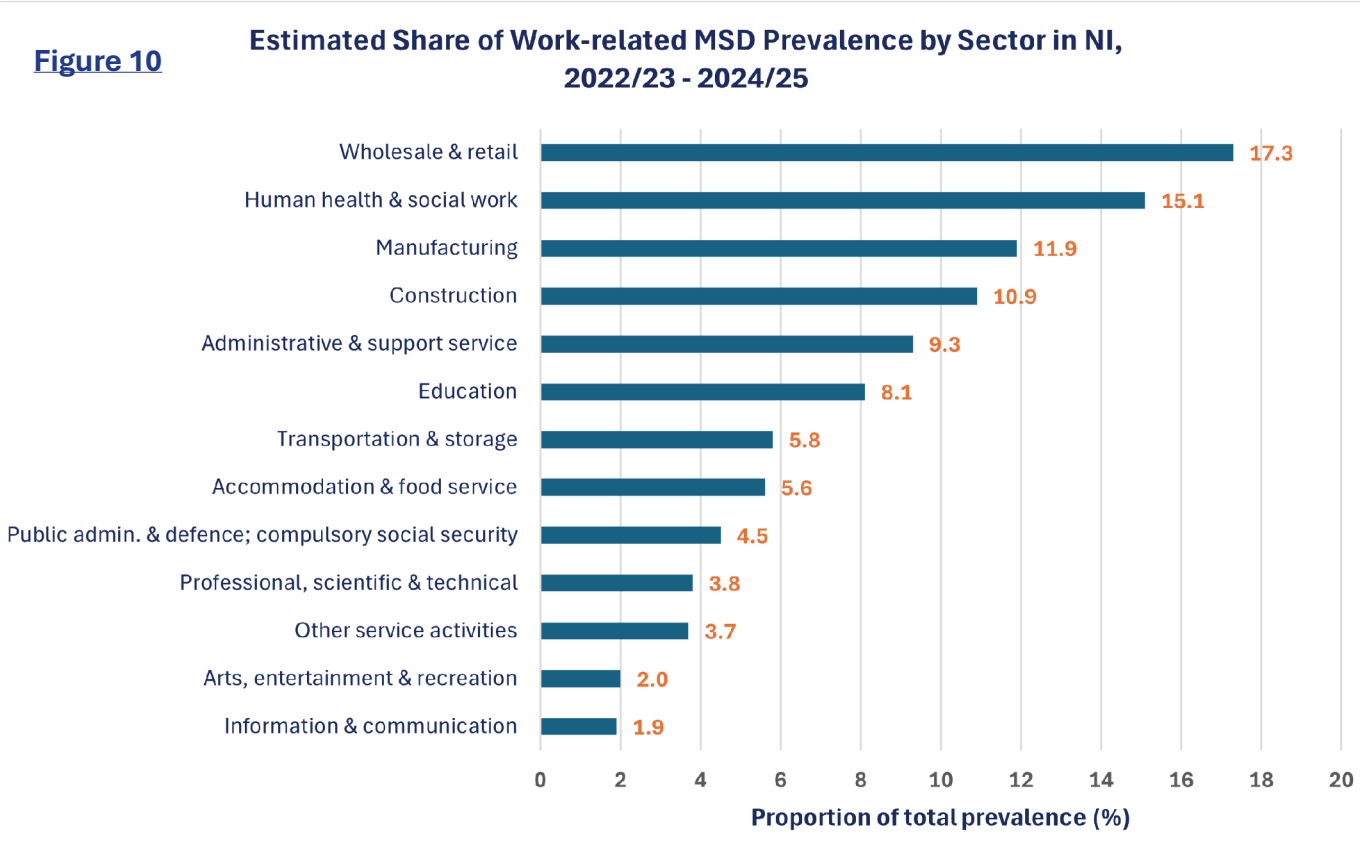


Figure 10



Stress, Depression, or Anxiety



Cases of stress, depression or anxiety were rising leading up to the COVID-19 pandemic, then fell, and have since continued to fluctuate.

Estimates indicate that around 14,000 people suffered from stress, depression or anxiety caused or made worse by work in the year 2024-25, which is slightly lower than the previous year.

Note: Estimates could only be produced for sectors where GB estimates were available. As a result, the proportional shares shown in the charts sum to 100% within the subset of sectors covered by GB data, and not across the full NI economy. It should be noted that workers in any sector of the economy may be affected by work-related stress, depression, or anxiety.

Figure 11

Estimated Share of Total Work-related Stress, Depression, or Anxiety Prevalence by Sector in NI, 2022/23 - 2024/25

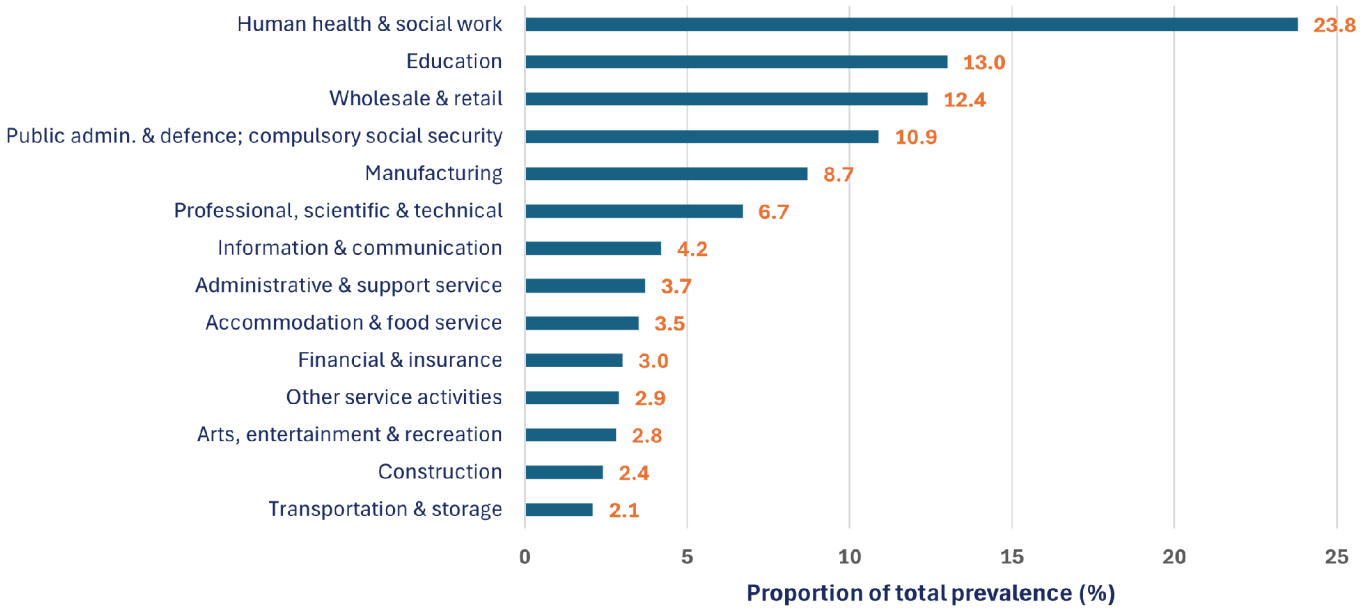
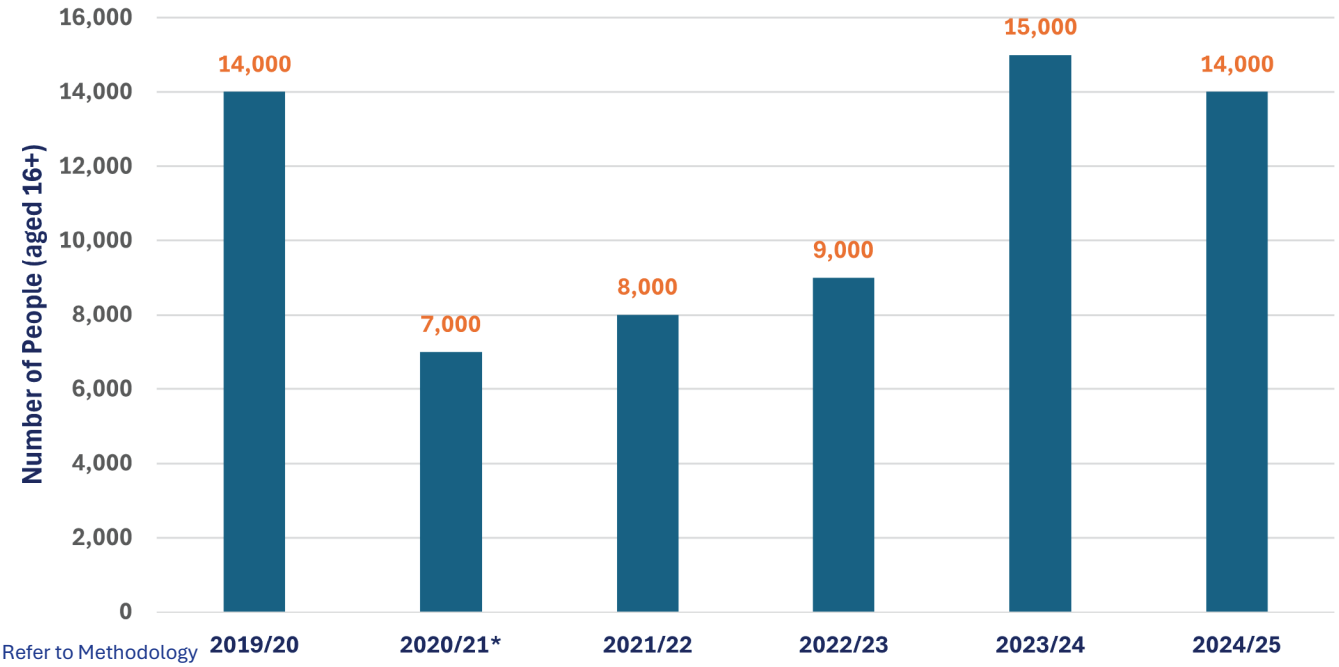


Figure 12

Stress, Depression, or Anxiety Caused or Made Worse by Work in NI



* Refer to Methodology

Illness other than MSD, Stress, Depression, or Anxiety

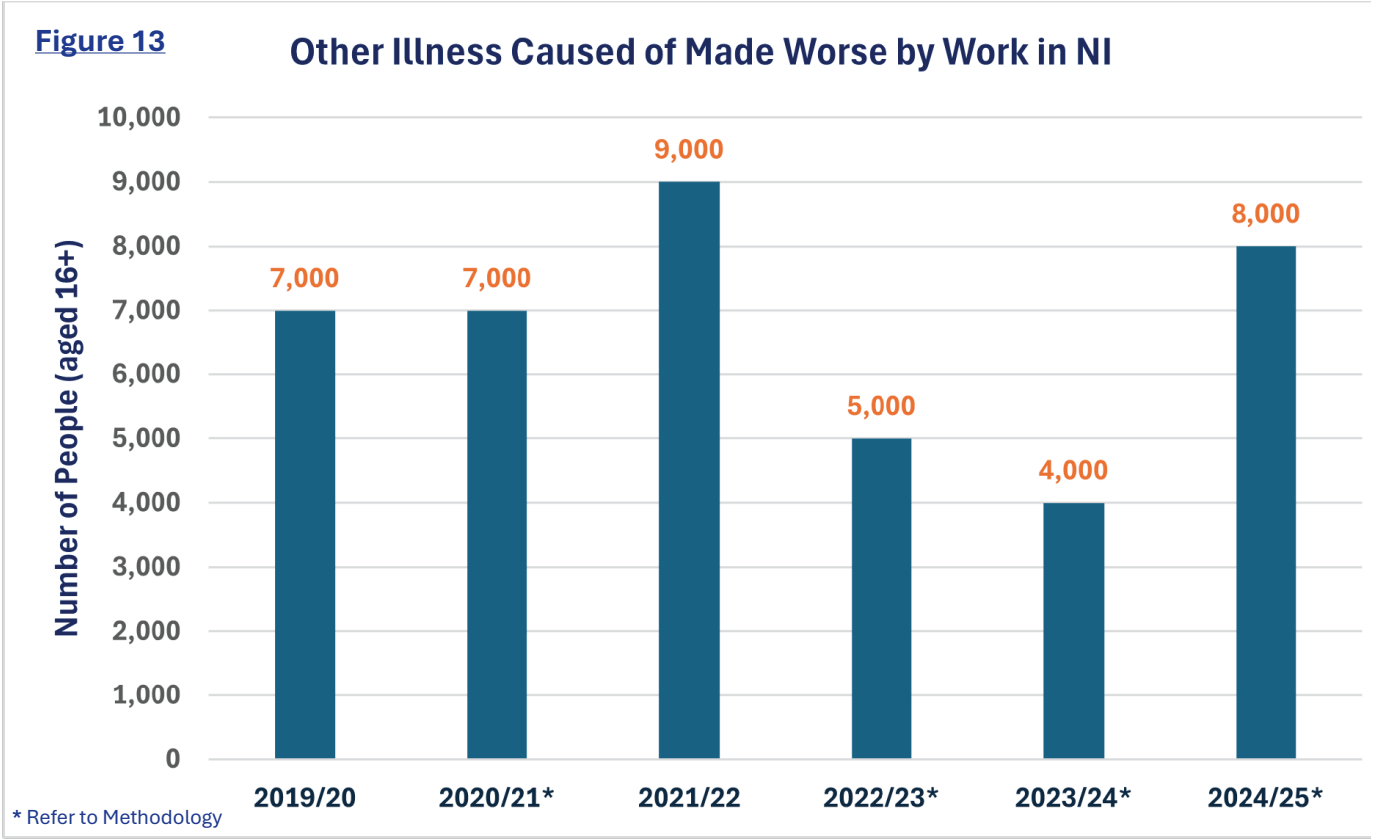


There are many work-related ill health conditions other than MSD, stress, depression, or anxiety which can adversely affect quality of life.

Current NI LFS data does not detail the types of work-related illnesses which are categorised under 'illness other than MSD, stress, depression, or anxiety'.

In GB, LFS data suggests the 'other illness' category includes conditions such as infectious disease, skin, hearing, breathing or lung issues, among others.

Figure 13



* Refer to Methodology

Reference Source Links

1. HSE (GB): Asbestos-related disease statistics, Great Britain 2025
2. HSE (GB): Work-related Chronic Obstructive Pulmonary Disease (COPD) statistics in Great Britain, 2025
3. Department of Health (DoH): 2024/25 raw disease prevalence trend data for Northern Ireland | Department of Health
4. NISRA: Registrar General Annual Report 2024 Cause of Death
5. HSE (GB): Work-related asthma statistics, 2025
6. Springer Nature Link: Population-attributable fraction for occupation and asthma | SpringerLink
7. Northern Ireland Chest Heart & Stroke (NICHS): NICHS | Statistics
8. HSE (GB): Occupational Cancer statistics in Great Britain, 2024
9. HSE (GB): Costs to Britain of workplace fatalities and self-reported injuries and ill health, 2023/24
10. HSENI: Annual Report and Accounts for the Health and Safety Executive Northern Ireland 1 April 2024 to 31 March 2025

Methodology

Estimated Cost of Work-related Injuries & Ill Health (Figure 1)

The costs to society of workplace injuries and work-related ill health include both human and financial costs. Human costs represent the impact on quality of life in affected individuals, and the loss of life in the case of fatal injuries[9]. Financial costs include productivity costs (such as loss of earnings and production disturbance), health and rehabilitation costs, administrative and legal costs, and Employer's Liability Compulsory Insurance costs.

Due to a lack of available data on the cost of workplace injuries in NI, costs were estimated using the costs to society per case in GB reported by HSE (GB)[9], with the assumption that cost profiles for workplace injuries and ill health are the same in NI as they are in GB.

To estimate the total cost to society, the costs per case in GB were applied to the annual average (2022/23 to 2024/25) number of fatal injuries in NI and to the estimated number of non-fatal injuries and cases of ill health. The number of fatal injuries in 2024/25 (14) used to calculated the annual average is provisional as reported in HSENI's Annual Report and Accounts for 2024-25 [10]

The number of non-fatal injuries and ill health in NI were estimated by applying the annual average (2022/23 to 2024/25) rates of non-fatal injuries and ill health in GB to the average number of people in employment in NI during the same time period, with the assumption that workers in NI are no more or less likely to suffer work-related non-fatal injuries and ill health than elsewhere in the UK.

Work-related Illness Deaths (Figures 2 & 5)

1. The number of deaths due to asbestosis and mesothelioma represent cases were asbestosis or mesothelioma was the primary (underlying) cause, based on NI death certificate data. Deaths due to asbestos-related lung cancer are assumed to equal the number of deaths due to mesothelioma in line with HSE (GB)'s assumption[1] that there are around as many lung cancer cases attributed to past asbestos exposure each year as there are for mesothelioma (as suggested by epidemiological studies).
2. The number of deaths due to silica-related lung cancer, lung/bladder cancer caused by diesel exhaust or mineral oils, and other cancers are based on pro rata estimates using GB and NI population data.
3. Deaths due to COPD are assumed to represent 15% of the total number of deaths per year reported in the Registrar General Annual Report (2024)[4] by NISRA, in line with HSE (GB)'s assumption[2] that 15% of COPD cases are attributable to work. The estimate is rounded to the nearest 5.
4. All figures reflect the annual average of the latest five years of available data (2020 to 2024) at time of publishing.

Deaths from Asbestosis (Figures 3 & 4) and Mesothelioma (Figures 6 & 7) by occupation or age

Figures relating to deaths due to asbestosis and mesothelioma, where separated by occupation or age, represent death certificate data for 2024. Note: There were two cases in 2024 with both diseases mentioned. Therefore the sum of both charts differs from reported death figures in the Registrar General Annual Report (2024)[4] by NISRA.

Note: The occupation recorded on the death certificate is reported by the informant and likely reflects the deceased's main lifetime occupation which may differ to their occupation at the time of death. It is also possible that, when they died, the deceased was retired, unemployed or in a different job altogether. The analysis only considers the occupation of the deceased. Occupations of other persons in the household have not been considered and could increase exposure to substances/conditions for persons in the same household.

Chronic Obstructive Pulmonary Disease (COPD) (Figure 2)

A review of epidemiological evidence, cited by the HSE (GB)[2], estimated the population attributable risk percent for the proportion of chronic obstructive pulmonary disease (COPD) due to work-related factors to be 15%. This 'attributable fraction' was applied to the overall number of COPD deaths reported in the Registrar General Annual Report (2024)[4] by NISRA to estimate the number of COPD deaths in NI which were work-related.

The 15% attributable fraction has also been applied to the number of patients recorded on the NI COPD register at 31st March 2025 as reported in the Department of Health Raw Diseases Prevalence Data for NI (2024/25)[3], to estimate the number of work-related COPD cases in NI.

Other Work-related Illness for Northern Ireland (Figures 8—13)

The estimated number of cases of work-related musculoskeletal disorder (MSD), stress, depression, or anxiety and other illnesses in NI are sourced from NISRA. The estimates are based on responses to the NI Labour Force Survey in which respondents indicated that they had suffered from an illness caused or made worse by work in the last 12 months.

For years marked with an asterisk (*), estimates may be less precise and should be treated with caution.

The number of days lost due to work-related illness in NI have been estimated using Labour Force Survey data from NI and GB. The estimated number of cases in NI was multiplied by the average days lost per case in GB, with the assumption that people in NI lose an equal number of days at work as their GB counterparts for the same types of illness. The analysis also assumes that people in NI with work-related illnesses other than MSD and stress, depression, or anxiety have the same distribution of specific illnesses as people in GB. As the estimate for the other illness category is based on a potentially less reliable estimate of NI case numbers, the resulting estimate of days lost due to other illness (and the overall total which includes this number) should also be treated with caution.

The shares of total work-related MSD and stress, depression, or anxiety prevalence by sector were estimated on a pro rata basis. Estimates of the three-year annual average (2022/23 to 2024/25) prevalence of work-related illness in GB were adjusted according to the difference in the number of jobs between GB and NI within each sector. This makes the assumption that there are no differences between NI and GB which might impact the prevalence of work-related illness other than the size of the workforce employed in different sectors.

'Working with others to help dutyholders reduce the rate of work-related ill health in Northern Ireland'



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