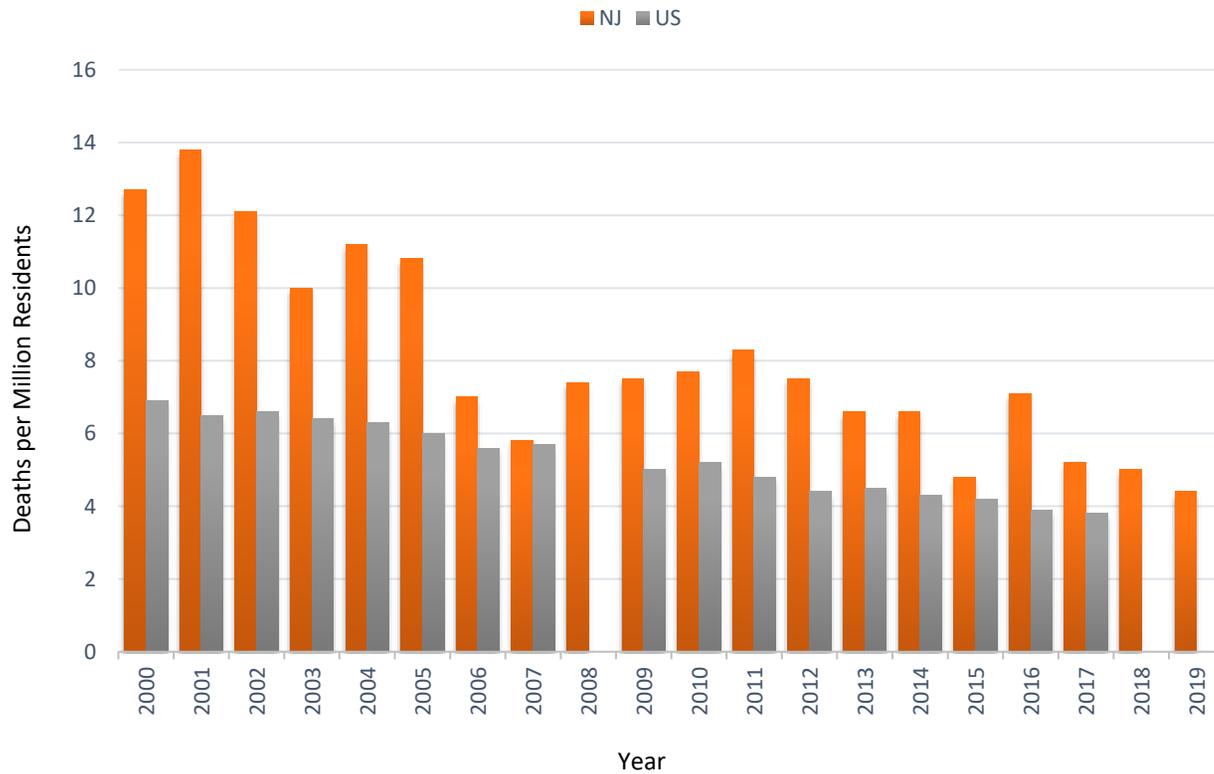


## OHI #10: Mortality from or with Pneumoconiosis

Annual Age-Standardized, Mortality Rate\* for Asbestosis Deaths, New Jersey and United States, 2000-2019



**Annual Number and Age-Standardized Rate\*  
for Asbestosis Deaths,  
New Jersey and United States, 2000-2019**

Year	Number		Rate*	
	NJ	US	NJ	US
2000	88	1,493	12.7	6.9
2001	96	1,454	13.8	6.5
2002	84	1,473	12.1	6.6
2003	72	1,471	10.0	6.4
2004	68	1,470	11.2	6.3
2005	75	1,423	10.8	6.0
2006	49	1,344	7.0	5.6
2007	46	1,401	5.8	5.7
2008	55	N/A	7.4	N/A
2009	56	1,262	7.5	5.0
2010	55	1,318	7.7	5.2
2011	67	1,243	8.3	4.8
2012	59	1,208	7.5	4.4
2013	53	1,229	6.6	4.5
2014	54	1,218	6.6	4.3
2015	42	1,188	4.8	4.2
2016	61	1,142	7.1	3.9
2017	46	1,102	5.2	3.8
2018	46	N/A	5.0	N/A
2019	38	N/A	4.4	N/A

\*Deaths per million residents

N/A: not available

Data Source: NJ Department of Health, Center for Health Statistics; US Census Bureau  
[<https://data.census.gov/cedsci/>].

**Technical Notes:**

- Includes persons age 15 years or older.
- Excludes patients with unknown age, out-of-state residents and unknown residence, and out-of-state inpatient hospitalizations.
- Pneumoconiosis with less than five deaths are too small to produce reliable estimates.
- Age-standardized rates reported in Table 10b and Figure 10 are based on the 2000 U.S. Standard Population and the Census Bureau's Population Estimates. Rates are expressed as deaths per one million residents.
  - Rates are not calculated for cells with <5 deaths.

**Limitations:**

- State vital records are subject to certain limitations:
  - Causes of death listed on the death certificate may be inaccurate.
  - The number of contributing cases of death listed on the death certificate may vary by person completing the death certificate and geographic region.
  - Death certificates identify only a small percentage of individuals who develop pneumoconiosis.
  - Decedent's state of residence may not have been the same as the state of exposure.
- Pneumoconiosis are typically chronic diseases of long latency (pre-clinical period). Furthermore, current incidence is not necessarily indicative of current exposure. Therefore, it may be many years before reductions in occupational exposures affect hospitalizations.