

Information topic	Details
Indicator name	Occupational lead absorption notifications in New Zealand
Domain and topic	Hazardous Substances domain: Occupational lead absorption notifications
Indicator definition and units	The number and rate of occupational lead absorption notifications entered into the HSDIRT in New Zealand, where the blood lead level is greater than or equal to 0.48 µmol/l before 09/04/2021 and greater than or equal to 0.24 µmol/l from 09/04/2021 onwards.
Data sources	<ul style="list-style-type: none"> • The Hazardous Substances Disease and Injury Reporting Tool (HSDIRT); 2014–23. • Populations web tool (Health New Zealand–Te Whatu Ora)
Numerator	Number of occupational lead absorption notifications.
Denominator	<ul style="list-style-type: none"> • Notification rate: Statistics New Zealand estimated resident population, and population projections (for ethnicity data from 2019 onwards) in the working age population (15+ years). We have used the ‘best available’ population from the Health New Zealand Populations web tool, as per their recommendations. • Notification rate by NZDep: NZDep2018 Index of Deprivation (Atkinson et al 2021).
Methodology	<p>Due to the health effects associated with lead exposure, lead absorption is a notifiable condition if the blood levels are greater than or equal to 0.24µmol/l as of 09/04/2021.</p> <p>GPs or local Public Health Services notify cases of lead absorption to the HSDIRT, which is administered by Environmental Health Intelligence NZ.</p> <p>Public Health Services will assign a case status based on their investigation. Cases are not included in the analysis if they are assigned as ‘not a case’.</p> <p>The date of lead notifications is approximated using the lab lead results date. In the event this is not available, the date of assessment recorded by the PHS is used for analysis. If both dates are not available, then the created date of the HSDIRT notification is used.</p> <p>Lead notifications are classified as occupational if “Exposure Place” is recorded as WORKPLACE” or if the “Exposure Lead Source” is recorded as “OCCUPATIONAL”.</p> <p>Lead notifications classified as unknown have not been classified as either occupational or non-occupational.</p> <p>Occupations have been grouped into 20 separate career groups which can be</p>

	<p>found in Appendix 1.</p> <p>Where a person has had a repeat blood lead level taken within 366 days of the original test, the repeat blood test is not included as a second notification unless further investigation or public health action has resulted. NHI number is used to identify individuals with repeat tests.</p> <p>A lead level must be provided for the case to be included in the analysis.</p> <p>Prioritised ethnic group has been used, in the following prioritisation order: Māori, Pacific peoples, Asian, European/Other.</p> <p>Suppression Crude rates are suppressed for counts less than 5 or populations less than 30, due to unreliability of the estimate with small numbers.</p> <p>Age-standardised rates are suppressed for overall counts less than 20, or if any age-band of the calculation has a population less than 30, due to unreliability of the estimate with small numbers (Ahmad et al 2001).</p> <p>Confidence intervals 95% confidence intervals were calculated based on the methodology outlined in APHO (2008). Confidence intervals are presented as vertical bars on graphs.</p> <p>Data matching (for all HSDIRT data): In August 2023, missing demographic information; age (7 missing), sex (46 missing), ethnicity (561 missing) and address (257 missing) were collected from HSDIRT along with the linked NHI number. NHI's were sent to Te Whatu Ora for matching through the IDI. Quality control checks were done on returned information including: <ul style="list-style-type: none"> - assessment of repeat NHI's to ensure information was the same - allocation of addresses to the correct PHU and district - ensuring that information sent and received was accurate Once checks were complete, data was merged with the raw HSDIRT data for analysis.</p>
<p>Time period and time scale</p>	<p>The HSDIRT was rolled out progressively to all districts throughout 2013; therefore 2013 data were not complete. Consequently, notifications are reported from 2014.</p>
<p>Population coverage</p>	<p>The working age population in New Zealand aged 15+ years.</p>
<p>Spatial Coverage</p>	<p>Nationally, with regional results available by district (formerly District Health Board (DHB) areas).</p>
<p>Measures of frequency</p>	<p>Results are presented by year, sex, age group, lead source, ethnicity, NZDep18 and district (formerly District Health Board areas).</p>
<p>Limitations of indicator</p>	<p>Lead absorption is challenging to detect based on symptoms alone as many cases are asymptomatic and will, therefore, not be seen by a doctor and/or have a blood</p>

	lead test. In some instances, a blood lead test will occur because of awareness of the person’s occupation.
Limitations of data source	This data source only includes cases that were notified and will be underestimating the total burden of diseases or injuries that were caused by hazardous substances exposures. Also, a case will not be included in the analysis if the GP is unaware of the tool and does not use it to notify cases to the Public Health Service or if the laboratory does not directly notify the blood lead result to EpiSurv.
Related indicators	Hazardous substances-related deaths reported to the coroner in New Zealand Hazardous substances-related deaths registered in New Zealand Unintentional hazardous substances-related hospitalisations Unintentional hazardous substances exposures in children (0–14 years)
For more information	HSDIRT notification tool. https://www.ehinz.ac.nz/indicators/hazardous-substances/resources-for-health-professionals/
References	Ahmad OB, Boschi-Pinto, Lopez. et al. 2001. <i>Age Standardization of Rates: A New WHO Standard (Technical Report)</i> . GPE Discussion Paper Series: No. 31. Geneva: World Health Organization. Atkinson J, Salmond C, Crampton P. 2021. NZDep2018 analysis of Census 2018 variables. Wellington: Department of Public Health, University of Otago, Wellington. URL: https://www.otago.ac.nz/wellington/departments/publichealth/otago830998.html APHO. 2008. <i>Technical Briefing 3: Commonly used public health statistics and their confidence intervals</i> . York, UK: Association of Public Health Observatories.

Appendix 1: Occupational groupings

Category	Description
Painting	Any individual classified as a painter
Sandblasting	While some of these individuals may work in construction or as painters, it has not been specified in the occupation field.
Construction (non-painter)	Any workers in the construction sector that are not painters (builder, bricklayer, carpenter, plumber, etc).
Smelting/Metal working	Anything that isn’t metal recycling (extrusion, foundry, smelting, welding, etc).
Metal recycling	Specify metal recycling, scrap metal industries
Battery manufacturing/recycling	Small category but specifically individuals working in the manufacturing or recycling of batteries
Automotive and radiator repair	Mechanics, radiator repairers, panel beaters, diesel mechanics, etc.
Engineer/technician (non-automotive)	Specified as an engineer in a field other than automotive.
Factory worker (other/unspecified)	Specified as a factory worker (eg, forklift operator or labourer in a factory).

Metadata

Lead-light/window/stained glass worker	Specified as a leadlight worker, glass fitter or glazier.
Firearms User	Specified as working with firearms, armoury, police, military, large pest control, etc.
Sinker/figurine manufacturing	Very small category. Individuals make figurines, sinkers and diving weights.
Artist (non-painter)	Classified as an artist other than painters (ceramicists, pottery, drawing with lead based pencils, etc). Includes printing and picture framing work.
Mining/oil and gas	Specified as working in the mining sector or working directly with oil or gas (petrol stations, oil refineries, gas bottle servicing, etc)
Office Worker	Careers that don't fall into other categories would be considered office jobs (accountant, IT, HR, radio presenter, dispatch operator, etc).
Health sector	All healthcare workers (GPs, pharmacists, nurses, psychologists, dentists, etc).
Hospitality	Individuals working in the food sector (chefs, fast food, catering, baristas, etc).
Other	These are specified careers in an industry that don't fall into any of the above categories.
Insufficient detail	These positions are too vague to know which industry or sector they work in (consultant, self-employed, technician, researcher, sales, manager, scientist, etc). These could be investigated further and then re-classified.
Unknown	These either aren't jobs (unemployed, retired, beneficiary, homemaker, student) or are just not recorded (unknown, not stated, etc).
Shouldn't be included (child)	Under "Occupation", these have been listed as children (infant, child under X, primary school student, etc). "Student" should be classified as "Unknown" as they may be old enough to be working. These cases should not be classified as "Occupational exposures".