### Pathology Division Surveillance Report

### Demographic Data and Disease Rates for January to December 2012

Ntombizodwa Ndlovu Tony Davies Jill Murray Naseema Vorajee

PO Box 4788 Johannesburg 2000 e-mail: naseema.vorajee@ nhls.ac.za

NIOH Report 1/2013

http://www.nioh.ac.za/publications/publications\_pathaut\_reports.htm

#### ACKNOWLEDGEMENTS

We thank the following staff members of the NIOH Pathology Division for their invaluable contribution to the autopsy service:

Anna Khumalo Dan Afrika Duduzile Mditshwa Estelle Garton Goodman Rani Jim Phillips Joseph Mukhovi Juliet Buthelezi Morwesi Ntlane Nokwanda Ngcakaza Patrick Mbhontsi Palesa Mothei Peter Masilo Rosinah Soko Simon Milne Wilson Mashele

National Institute for Occupational Health, PO Box 4788, Johannesburg, 2000, South Africa

ISSN 1812-7681

#### **EXECUTIVE SUMMARY**

During 2012, 1 164 deceased cases were examined at the NIOH. Of these, 60.7% were black, 38.2% were white, 0.6% were coloured and 0.5% were submitted without information on population group. Of the cases submitted, 45.1% (n=525) cases were ex-miners, 49.5% (n=576) current miners and 5.4% (n=63) cases could not be classified.

The overall disease rates (per 1000 autopsies) for 2012 are shown in Figure 1.



FIG.1 OVERALL DISEASE RATES FOR 2012

The overall rate of pulmonary tuberculosis (PTB) in 2012 (192/1000) was lower than that in 2011 (216/1000). The rate in black gold miners remains high (352/1000 in 2012). In black platinum miners, the PTB rate decreased further from 262/1000 in 2011 to 235/1000.

The overall silicosis rate in 2012 (234/1000) was lower than that in 2011 (226/1000). The rate in black gold miners, however, increased from 362/1000 in 2011 to 396/1000 in 2012.

Fifty eight women came to autopsy in 2012, 34.5% (n=20) of whom had diseases related to asbestos exposure.

Some cases were received with incomplete exposure information. The type (commodity), duration of service and last mine worked were not provided for 19 (1.6%), 65 (5.6%) and 23 (2.0%) of the cases respectively.

Since 2010, the province or foreign country from which the organs were sent has been recorded on the PATHAUT database. Table 1 shows the distribution of cases by province or country and population group. Most cases originated from the North West (30.1%), Gauteng (26.1%) and Free State (21.8%) provinces. No cases were received from outside South Africa.

Province or	Black		White		Coloured		Unkr	nown	Total	
country	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Eastern Cape	4	0.6	3	0.7	0	-	0	-	7	0.6
Free State	200	28.3	53	11.9	0	-	1	16.7	254	21.8
Gauteng	89	12.6	212	47.6	0	-	3	50.0	304	26.1
Kwazulu-Natal	0	-	16	3.6	0	-	0	-	16	1.4
Limpopo	15	2.1	5	1.1	0	-	0	-	20	1.7
Mpumalanga	42	5.9	37	8.3	0	-	0	-	79	6.8
Northern Cape	111	15.7	12	2.7	7	100.0	0	-	130	11.2
North West	245	34.7	103	23.1	0	-	2	33.3	350	30.1
Western Cape	0	-	4	0.9	0	-	0	-	4	0.3
Lesotho	0	-	0	-	0	-	0	-	0	-
Total	706		445		7		6		1 164	

# TABLE 1 DISTIBUTION OF AUTOPSY CASES BY PROVINCE/COUNTRY ANDPOPULATION GROUP (2012)

In 2012, the Pathology Division scaled down its outreach activities (Appendix 2). Five journal articles using the autopsy data were published and research findings were presented at a number of fora (Appendix 2). One PhD thesis was completed and there are two ongoing PhD studies utilising the PATHAUT data (University of the Witwatersrand).

### TABLE OF CONTENTS

EXECUTIVE SUMMARY	i
GLOSSARY	v
SECTION 1: BACKGROUND	1
SECTION 2: DEMOGRAPHIC DATA	2
SECTION 3: ACTIVE TUBERCULOSIS	8
SECTION 4: SILICOSIS	11
SECTION 5: OTHER PNEUMOCONIOSES Massive Fibrosis Coal Workers' Pneumoconiosis Mixed Dust Pneumoconiosis Asbestosis and pleural plaques	13 13 13 13
SECTION 6: EMPHYSEMA	14
SECTION 7: MESOTHELIOMA	16
SECTION 8: PRIMARY LUNG CANCER	17
SECTION 9: CLINICAL CAUSES OF DEATH	18
SECTION 10: AUTOPSY FINDINGS IN WOMEN	19

#### LIST OF TABLES

Table 1	Distribution of autopsy cases by province/country by	
	population group (2012)	ii
Table 2.1	Distribution of autopsies by year and population group (1975-2012)	2
Table 2.2	Number and proportion of autopsies by type and population group (2012)	3
Table 2.3	Number and proportion of autopsies by age and population group (2012)	3
Table 2.4	Number and proportion of autopsies by commodity and population	
	group (2012)	5
Table 2.5	Number and proportion of autopsies by years of service and population	
	group (2012)	6
Table 2.6	Mean age by commodity and population group (2012)	7
Table 2.7	Mean duration of service by commodity and population group (2012)	7
Table 3.1	Number of cases and prevalence of active PTB by commodity and	
	population group (2012)	9
Table 3.2	Number of cases and prevalence of active PTB by age and population	
	group (2012)	10
Table 4.1	Number of cases and prevalence of silicosis by commodity and population	
	group (2012)	11
Table 4.2	Number of cases and prevalence of silicosis in the gold mining industry,	
	by age and population group (2012)	12
Table 4.3	Number of cases and prevalence of silicosis in the gold mining industry,	
	by years of service and population group (2012)	12

Table 5.1	Number of cases and prevalence of asbestosis by age and population group (2012)	13
Table 6.1	Number of cases and prevalence of emphysema by age and population group (2012)	14
Table 6.2	Number of cases and prevalence of emphysema by commodity and population group (2012)	14
Table 6.3	Number of cases and prevalence of emphysema by years of service and population group (2012)	15
Table 7.1	Number and proportion of mesothelioma cases by age and population group (2012)	16
Table 7.2	Number and proportion of mesothelioma cases by commodity and population group (2012)	16
Table 8.1	Number of cases and prevalence of primary lung cancer by age and population group (2012)	17
Table 8.2	Number of cases and prevalence of primary lung cancer by commodity and population group (2012)	17
Table 9.1	Clinical causes of death by population group (2012)	18
Table 10.1	Number and proportion of autopsies in women by age and	
Table 40.0	population group (2012)	19
Table 10.2	population group (2012)	19
Table 10.3	Number and proportion of diseases in women (2012)	20

#### LIST OF FIGURES

Figure 1	Overall disease rates for 2012	i
Figure 2.1	Distribution of autopsies by age and population group (2012)	4
Figure 2.2	Distribution of autopsies by commodity and population group (2012)	5
Figure 2.3	Distribution of autopsies by years of service and population group (2012)	6
Figure 3.1	Distribution of active TB by site (2012)	8
Figure 3.2	Active PTB rates in all black miners at autopsy (1975 to 2012)	9
Figure 9.1	Clinical cause of death as given by the clinicians who submit the organs	
-	to the NIOH (2012)	18

#### APPENDICES

Appendix 1:	Distribution of autopsies according to the last mine where the deceased worked (2012)	21
Appendix 2:	Publications and activities emanating from PATHAUT data (2012)	26

### GLOSSARY

Asbestosis	Lung fibrosis caused by asbestos fibres
Coal workers' pneumoconiosis	Lung fibrosis caused by exposure to coal dust
Emphysema	Lung disease caused by the destruction of the alveolar walls
Massive fibrosis	Lung fibrosis caused by exposure to dust and measuring more than 1 cm in diameter
Mesothelioma	A malignant tumour of the pleural cavity of the lungs
Miner	A person who has worked in a controlled mine or works
Mixed dust pneumoconiosis	Lung fibrosis caused by simultaneous exposure to multiple dust types
Prevalence	The number of cases in a defined population at a given time
Silicosis	Lung fibrosis caused by inhalation of silica dust; detected by the presence of silicotic nodules in the lung tissue
Surveillance	The ongoing and systematic collection, analysis and interpretation of data related to adverse health outcomes
Environmental asbestos exposure	Non-occupational asbestos exposure. Such cases are examined at the NIOH but are not submitted to the MBOD for compensation.

The Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973) requires that the cardiorespiratory organs of a deceased person who has worked at a controlled mine or a controlled works be examined for the presence of occupational disease, regardless of the clinical cause of death and provided that the next of kin agrees. These examinations are performed by pathologists at the National Institute for Occupational Health (NIOH). A detailed report on each case examined is sent to the Medical Bureau for Occupational Diseases (MBOD). Cases certified as having a compensable disease are then referred to the Compensation Commissioner's office, where the payment for compensation is managed.

Since 1975, the pathological findings from the autopsy examinations have been recorded on the computerised PATHAUT database. PATHAUT comprises data from autopsy examinations and clinical files which include occupational histories. The database is unique and provides an important resource for both surveillance and research. These data are the only comprehensive surveillance data on occupational lung disease in the South African mining industry.

The data presented in this report summarise the PATHAUT system surveillance results, i.e. the results of the systematic collection, collation, and analysis of the pathology findings in the cardio-respiratory organs of mine workers. Data from PATHAUT are exported into, and analysed, using SAS v9.2.

This report describes autopsy cases examined during the year 2012. Some of the earlier reports and this report can be accessed at http://www.nioh.ac.za/publications/publications\_pathaut\_reports.htm.

Throughout this report, the term 'men' and all data refers to both men and women, with the exception of Section 10 which reports findings in women only.

Many of the cases had "mixed" exposures in that they had been employed in more than one commodity. For simplicity, cases are categorised according to the commodity in which most years of service were recorded, i.e. the commodity in which the miners had worked for the longest period. In Appendix 1, however, the cases are listed according to the most recent (last) mine at which the miners worked.

All disease rates reported in this document are expressed per 1000. In all calculations, the denominators used are the total numbers of autopsies in specific commodities, age groups or population groups. Some of these rates must be viewed with caution, as the denominators are very small. This applies, for example, to those commodities where few workers are employed (such as manganese mining), and to the older age groups in some instances.

The numbers of autopsies performed annually since 1975 are presented in Table 2-1.

# TABLE 2-1DISTRIBUTION OF AUTOPSIES BY YEAR AND POPULATION GROUP<br/>(1975 - 2012)

Voor of	Blac	k	Whi	te	Colou	ured	Ind	lian	Unknown		Total
autopsv	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	Ν
1975	2 190	71	854	28	32	1					3 076
1976	2 335	68	1 072	31	27	1					3 434
1977	2 351	69	1 039	30	33	1					3 423
1978	2 245	67	1 090	32	32	1					3 367
1979	2 118	66	1 026	33	45	1					3 189
1980	2 338	64	1 274	35	46	1					3 658
1981	2 209	66	1 117	33	33	1					3 359
1982	2 312	63	1 302	36	44	1			1		3 659
1983	2 096	65	1 109	34	41	1					3 246
1984	1 966	64	1 098	36	28	1					3 092
1985	2 275	64	1 200	34	66	2					3 541
1986	2 456	68	1 125	31	45	1					3 626
1987	2 594	68	1 168	30	78	2					3 840
1988	2 518	67	1 165	31	77	2					3 760
1989	2 138	65	1 090	33	60	2					3 288
1990	2 172	64	1 155	34	51	2					3 378
1991	2 143	65	1 080	33	66	2					3 289
1992	2 144	66	1 049	32	70	2					3 263
1993	1 863	65	956	33	65	2					2 884
1994	1 737	61	1 021	36	94	3					2 852
1995	2 830	71	1 059	27	99	2			12	0.3	4 003
1996	2 154	67	960	30	56	2			69	2.1	3 239
1997	2 223	69	897	28	70	2			18	0.6	3 208
1998	1 977	69	836	29	49	2	1		17	0.6	2 880
1999	1 656	65	832	33	29	1			12	0.5	2 529
2000	1 798	69	761	29	41	2			8	0.3	2 608
2001	1 690	67	813	32	13	1			13	0.5	2 529
2002	1 677	67	763	30	50	2			28	1.1	2 518
2003	1 536	66	745	32	23	1	1		13	0.6	2 318
2004	1 428	69	596	29	22	1	1		8	0.4	2 055
2005	1 274	68	562	30	22	1			18	1.0	1 876
2006	1 165	68	535	31	11	1			9	0.5	1 720
2007	1 144	66	539	31	21	1			20	1.2	1 724
2008	1 185	69	556	32	11	1			48	2.7	1 800
2009	1 138	68	500	29	16	1			8	0.5	1 662
2010	960	64	521	35	15	1			6	0.4	1 502
2011	847	64	453	34	11	1			18	1.4	1 329
2012	706	61	445	38	7	1			6	0.5	1 164
Total	71 588	68	34 366	33	1 599	1	3		332	0.3	107 888

It is important to note that a referral bias exists: there is a low autopsy rate for black men who have left employment at the mines, whereas the majority of white retired miners come to autopsy. The numbers of miners coming to autopsy has decreased steadily over the years, probably reflecting the concomitant decrease in the number of miners. In 1994, there were around 344 000 people employed in the gold mining industry compared to approximately 130 973 in 2012.

The pathologists at the NIOH perform two types of autopsy examinations. For men dying distant from Johannesburg, the cardio-respiratory organs are removed locally, preserved in formalin and sent to the NIOH. Full autopsies are undertaken on men who die close to Johannesburg.

Table 2-2 shows the distribution of autopsies by population group for 2012. Autopsies of the cardiorespiratory organs only comprised 97.2% of all examinations.

TABLE 2-2	NUMBER AND PROPORTION OF AUTOPSIES BY TYPE AND
	POPULATION GROUP (2012)

	Black		White		Coloured		Unknown		Total	
Autopsy type	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Cardio-respiratory organs only	705	99.9	413	92.8	7	100.0	6	100.0	1131	97.2
Full autopsy	1	0.1	32	7.2	0	-	0	-	33	2.8
Total	706		445		7		6		1 164	

The age distribution of cases for 2012 is shown in Table 2-3 and Figure 2-1. The mean age at autopsy of black men was 48.4 years, similar to that in 2011 (48.8 years). The mean age of white men at autopsy was 68.0 years in 2012, higher than 65.9 years in 2011.

## TABLE 2-3NUMBER AND PROPORTION OF AUTOPSIES BY AGE AND POPULATION<br/>GROUP (2012)

Age group	Bla	nck	Wh	nite	Colo	ured	Unkr	nown	То	tal
(years)	Ν	%	Ν	%	Ν	%	Ν	%	N	%
20-29	32	4.5	3	0.7	0	-	0	-	35	3.0
30-39	124	17.6	5	1.1	0	-	0	-	129	11.1
40-49	231	32.7	30	6.7	0	-	0	-	261	22.4
50-59	222	31.4	66	14.8	1	14.3	0	-	289	24.8
60-69	60	8.5	126	28.3	1	14.3	0	-	187	16.1
70-79	22	3.1	140	31.5	3	42.9	0	-	165	14.2
80+	11	1.6	75	16.9	2	28.6	0	-	88	7.6
Unknown	4	0.6	0	-	0	-	6	100.0	10	0.9
Total	706		445		7		6		1 164	100



#### FIG 2-1 DISTRIBUTION OF AUTOPSIES BY AGE AND POPULATION GROUP (2012)

Cases were placed in categories according to the commodity in which they had worked for the longest duration (most exposure). Many men, however, worked in a number of different mining commodities during their lifetimes and had "mixed" exposures. This was not taken into account in the analysis of exposure type (commodity).

Table 2-4 and Figure 2-2 show the distributions of autopsies by commodity and population group for 2012. Of the cases received, 60.5% were from the gold mining industry, similar to that in 2011 (60.7%). The proportion of autopsies from the platinum industry has increased over the years, from 8.3% in 1999 to 17.6% in 2012. All coloured cases autopsied (n=7) had been exposed to asbestos in the mining industry.

### TABLE 2-4NUMBER AND PROPORTION OF AUTOPSIES BY COMMODITY AND<br/>POPULATION GROUP (2012)

	Black		White		Coloured		Unkr	nown	Total	
Commonity	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Gold	381	54.0	323	72.6	0	-	0	-	704	60.5
Platinum	179	25.4	26	5.8	0	-	0	-	205	17.6
Coal	29	4.1	29	6.5	0	-	0	-	58	5.0
Asbestos	70	9.9	9	2.0	7	100.0	0	-	86	7.4
Iscor	1	0.1	16	3.6	0	-	0	-	17	1.5
Diamond	3	0.4	4	0.9	0	-	0	-	7	0.6
Copper	2	0.3	7	1.6	0	-	0	-	9	0.8
Manganese	18	2.5	2	0.4	0	-	0	-	20	1.7
Industry	0	-	3	0.7	0	-	0	-	3	0.3
Other	16	2.3	20	4.5	0	-	0	-	36	3.1
Unknown	7	1.0	6	1.3	0	-	6	100.0	19	1.6
Total	706		445		7		6		1 164	

Note: this table shows only those commodities where a total of 9 or more cases were received



 Includes cement, copper, chrome, diamond, environmental asbestos, industry, iron, Iscor, lead, lime, manganese, phosphate, quarry, railways, silica, steel, vanadium as well as cases where service histories could not be obtained

## FIG 2-2 DISTRIBUTION OF AUTOPSIES BY COMMODITY AND POPULATION GROUP (2012)

Detailed information about the years in mining service by population group is presented in Table 2-5 and Figure 2-3. In 2012, the duration of service was obtained for all but 5.6% of cases. This figure is higher than that for 2011 (3.4%).

Years	Black		White		Colo	Coloured		nown	То	tal
of service	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
<1	17	2.4	1	0.2	2	28.6	0	-	20	1.7
1-5	145	20.5	25	5.6	0	-	0	-	170	14.6
6-10	117	16.6	38	8.5	2	28.6	0	-	157	13.5
11-15	75	10.6	52	11.7	0	-	0	-	127	10.9
16-20	94	13.3	51	11.5	2	28.6	0	-	147	12.6
21-25	126	17.8	63	14.2	0	-	0	-	189	16.2
26-30	65	9.2	81	18.2	1	14.3	0		147	12.6
31-35	25	3.5	68	15.3	0	-	0	-	93	8.0
36-40	5	0.7	24	5.4	0	-	0	-	29	2.5
41+	1	0.1	19	4.3	0	-	0	-	20	1.7
Unknown	36	5.1	23	5.2	0	-	6	100	65	5.6
Total	706		445		7		6		1 164	

### TABLE 2-5NUMBER AND PROPORTION OF AUTOPSIES BY YEARS OF SERVICE<br/>AND POPULATION GROUP (2012)



## FIG 2-3 DISTRIBUTION OF AUTOPSIES BY YEARS OF SERVICE AND POPULATION GROUP (2012)

The mean age and duration of service by commodity and population group for those cases for which information was available are shown in Tables 2-6 and 2-7.

		Black		White					
Commodity	N	Mean	SD*	N	Mean	SD*			
		(years)			(years)				
Gold	381	47	9	323	69	12			
Platinum	177	42	10	26	65	12			
Coal	29	52	13	29	66	15			
Asbestos	69	66	12	9	73	8			
Iscor	1	57	-	16	68	12			
Diamond	3	58	18	4	68	7			
Copper	2	61	4	7	70	7			
Manganese	18	58	10	2	64	1			
Industry	0	-	-	3	59	5			
Other	16	53	12	20	66	13			
Unknown	6	55	12	6	62	17			
Total	702	48	12	445	68	12			

TABLE 2-6 MEAN AGE BY COMMODITY AND POPULATION GROUP (2012)

\* Standard deviation

### TABLE 2-7MEAN DURATION OF SERVICE BY COMMODITY AND<br/>POPULATION GROUP (2012 )

		Black		White					
Commodity	Ν	Mean (years)	SD*	Ν	Mean (years)	SD*			
Gold	379	17	9	317	25	10			
Platinum	167	12	8	25	18	10			
Coal	28	20	11	26	19	11			
Asbestos	65	7	7	9	13	11			
Iscor	1	21	-	15	18	10			
Diamond	3	15	11	4	18	5			
Copper	2	12	7	6	18	9			
Manganese	18	22	10	2	15	10			
Industry	0	-	-	3	31	11			
Other	7	17	12	15	22	12			
Total	670	15	10	422	23	11			

\*Standard deviation

### **SECTION 3 – ACTIVE TUBERCULOSIS**

The distribution of active tuberculosis (TB) by anatomical site is presented in Figure 3-1 (n=250). Active pulmonary TB (PTB) was diagnosed in 19.2% (n=224) of all cases autopsied in 2012, compared to 16.4% (n=416) in 2000. Most of the men with PTB were black (n=204; 91.1%), 19 were white (8.5%), and for one case (0.4%) the population group was not known.



#### FIG 3-1 DISTRIBUTION OF ACTIVE TB BY SITE (2012)

The rates in subsequent tables and figures are expressed per 1000.

In 2012, the overall PTB rate was 192/1000. In black miners, PTB rates increased from the early 1990s to 2007 (368/1000) and have declined annually to 289/1000 in 2012 (Fig 3-2). The rate in white men remained lower than that in black men, 43/1000 in 2012.



#### FIG 3-2 ACTIVE PTB RATES IN BLACK MINERS AT AUTOPSY (1975 to 2012)

The distribution of active PTB cases by commodity is shown in Table 3-1. Most cases of active PTB (65.6%) were from the gold (60.5% of all autopsy cases came from that commodity) and platinum (19.2%) mining industries.

Age group	Black		White		Coloured		Unknown		Total	
(years)	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	N	Rate
Gold	134	352	13	40	0	-	0	-	147	209
Platinum	42	235	1	38	0	-	0	-	43	210
Coal	7	241	0	-	0	-	0	-	7	121
Asbestos	8	114	2	-	0	-	0	-	10	116
Diamond	2	-	0	-	0	-	0	-	2	-
Copper	2	-	2	-	0	-	0	-	4	-
Manganese	5	278	1	-	0	-	0	-	6	300
Other	2	-	0	-	0	-	0	-	2	-
Unknown	2	-	0	-	0	-	1	-	3	-
Total	204	289	19	43	0		1		224	192

TABLE 3-1	NUMBER OF CASES AND PREVALENCE OF ACTIVE PTB BY
	COMMODITY AND POPULATION GROUP (2012)

The age distribution of cases with active PTB is shown in Table 3-2. Most of the PTB cases (n=80; 35.7%) were in the age group 40-49 years, followed by those in the 50-59 year age group (n=71; 31.7%).

Age group	Black		White		Coloured		Unknown		Total	
(years)	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate
20-29	7	219	0	-	0	-	0	-	7	200
30-39	34	274	2	-	0	-	0	-	36	279
40-49	79	342	1	-	0	-	0	-	80	307
50-59	67	302	4	-	0	-	0	-	71	246
60-69	13	217	5	40	0	-	0	-	18	96
70-79	2	-	4	-	0	-	0	-	6	36
80+	2	-	3	-	0	-	0	-	5	57
Unknown	0	-	0	-	0	-	1	-	1	-
Total	204	289	19	43	0		1		224	192

## TABLE 3-2NUMBER OF CASES AND PREVALENCE OF ACTIVE PTB BY AGE AND<br/>POPULATION GROUP (2012)

Silicotic nodules were found in the lungs of 294 cases (25.3% of all autopsies), 88.1% of which came from the gold mining industry. Of all cases of silicosis, occasional silicotic nodules were found in 135 (45.9%) of cases, a few in 67 (22.8%), a moderate number in 74 (25.2%) and a large number in 18 (6.1%).

The distribution of cases with silicosis by commodity and population group is presented in Table 4-1.

# TABLE 4-1NUMBER OF CASES AND PREVALENCE OF SILICOSIS BY COMMODITY<br/>AND POPULATION GROUP (2012)

Age group	Black		White		Coloured		Unknown		Total	
(years)	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate
Gold	151	396	108	334	0	-	0	-	259	368
Platinum	9	50	8	308	0	-	0	-	17	83
Coal	2	69	0	-	0	-	0	-	2	-
Asbestos	7	100	1	-	0	-	0	-	8	93
Diamond	0	-	1	-	0	-	0	-	1	-
Copper	0	-	2	-	0	-	0	-	2	-
Other	0	-	2	-	0	-	0	-	2	-
Unknown	1	-	0	-	0	-	2	-	3	158
Total	170	241	122	274	0		2		294	253

Silicosis in gold miners is shown in the following tables. The rate of silicosis in gold miners has increased annually from 320/1000 in 2009 to 368/1000 in 2012. Although the silicosis rates increased with increasing age in both black and white men, the age distribution of cases differed between the two population groups (Table 4-2). In black men, silicosis was also diagnosed among younger men (<40 years) (Table 4-2).

TABLE 4-2	NUMBER OF CASES AND PREVALENCE OF SILICOSIS IN THE GOLD
	MINING INDUSTRY, BY AGE AND POPULATION GROUP (2012)

Age group	BI	ack	W	/hite	Colo	oured	Unki	nown	То	tal
(years)	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate
30-39	3	-	0	-	0	-	0	-	3	-
40-49	62	403	2	-	0	-	0	-	64	376
50-59	75	543	15	306	0	-	0	-	90	481
60-69	9	692	27	303	0	-	0	-	36	353
70-79	2	-	39	375	0	-	0	-	41	387
80+	0	-	25	424	0	-	0	-	25	424
Unknown	0	-	0	-	0	-	0	-	0	-
Total	151	396	108	334	0		0		259	368

Note: rates have not been calculated where numbers are small

#### TABLE 4-3 NUMBER OF CASES AND PREVALENCE OF SILICOSIS IN THE GOLD MINING INDUSTRY, BY YEARS OF SERVICE AND POPULATION GROUP (2012)

Years of	Bl	ack	W	nite	Colo	ured	Unkr	nown	То	tal
service	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate
1-5	4	-	0	-	0	-	0	-	4	-
6-10	5	111	6	261	0	-	0	-	11	162
11-15	13	250	6	171	0	-	0	-	19	218
16-20	36	537	11	324	0	-	0	-	47	465
21-25	49	538	19	404	0	-	0	-	68	493
26-30	34	680	27	397	0	-	0	-	61	517
31-35	7	700	20	328	0	-	0	-	27	380
36-40	2	-	11	550	0	-	0	-	13	565
>41	1	-	7	438	0	-	0	-	8	471
Unknown	0	-	1	-	0	-	0	-	1	-
Total	151	396	108	334	0		0		259	368

#### MASSIVE FIBROSIS

There were 20 (1.7%) cases of massive fibrosis (13 black, 7 white). Seventeen were from the gold and three were from the platinum mining industries.

#### COAL WORKERS' PNEUMOCONIOSIS

There were 6 (0.5%) cases of coal workers' pneumoconiosis. All were from the coal mining industry.

#### MIXED DUST PNEUMOCONIOSIS

There were 6 (0.5%) cases of mixed dust pneumoconiosis. Four were from the gold and two were from the manganese mining industry.

#### ASBESTOSIS AND PLEURAL PLAQUES

There were 61 cases of asbestosis. Of these, 41.0% (n=25) had slight, 34.4% (n=21) moderate and 24.6% (n=15) marked fibrosis. Fifty seven (93.4%) of these cases had worked in the asbestos mining industry at some time in their lives and none had been exposed to asbestos in the environment.

There were 35 cases with asbestos plaques and of these 18 had asbestosis. However, the parietal pleura (the site where plaque formation usually occurs) is seldom submitted with the lungs.

The distribution of asbestosis by age and population group is shown in Table 5-1.

TABLE 5-1	NUMBER OF CASES AND PREVALENCE OF ASBESTOSIS BY AGE
	AND POPULATION GROUP (2012)

Age group	Black		White		Coloured		Unknown		Total	
(years)	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate
40-49	1	-	0	-	0	-	0	-	1	-
50-59	10	45	0	-	0	-	0	-	10	35
60-69	23	383	1	-	1	-	0	-	25	134
70-79	9	409	3	-	0	-	0	-	12	73
80+	8	727	3	-	2	-	0	-	13	148
Total	51	72	7	16	3		0		61	52

There were 403 cases of emphysema, the extent of which was mild in 76.7% (n=309), moderate in 16.9% (n=68) and marked in 6.4% (n=26). The overall rate of emphysema has increased annually from 250/1000 in 2010 to 264/1000 in 2011 to 346/1000 in 2012. The distribution of emphysema by age and population group is presented in Table 6-1.

TABLE 6-1	NUMBER OF CASES AND PREVALENCE OF EMPHYSEMA BY AGE AND
	POPULATION GROUP (2012)

Age group	Black		Wh	White		oured	Unkr	nown	То	tal
(years)	N Rate		N Rate		N Rate		Ν	Rate	Ν	Rate
20-29	2	-	1	-	0	-	0	-	3	-
30-39	10	81	0	-	0	-	0	-	10	78
40-49	46	199	7	233	0	-	0	-	53	203
50-59	62	279	28	424	0	-	0	-	90	311
60-69	29	483	67	532	0	-	0	-	96	513
70-79	9	409	84	600	2	-	0	-	95	576
80+	6	545	45	600	2	-	0	-	53	602
Unknown	0	-	0	-	0	-	3	-	3	-
Total	164	232	232	521	4		3		403	346

Note: rates have not been calculated where numbers are small

Most of the black and white men with emphysema were from the gold mining industry (n=260, 64.5%) (Table 6-2).

TABLE 6-2	NUMBER OF CASES AND PREVALENCE OF EMPHYSEMA BY
	COMMODITY AND POPULATION GROUP (2012)

Age group	Bla	ck	Wh	White		ured	Unkr	nown	То	tal
(years)	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate
Gold	86	226	174	539	0	-	0	-	260	369
Platinum	24	134	13	500	0	-	0	-	37	180
Coal	12	414	15	517	0	-	0	-	27	466
Asbestos	31	443	5	556	4	-	0	-	40	465
Iscor	0	-	9	563	0	-	0	-	9	529
Diamond	0	-	3	-	0	-	0	-	3	-
Copper	1	-	4	-	0	-	0	-	5	556
Manganese	5	278	2	-	0	-	0	-	7	350
Other	3	-	6	300	0	-	0	-	9	250
Unknown	2	-	1	167	0	-	3	-	6	316
Total	164	232	232	521	4		3		403	346

## TABLE 6-3NUMBER OF CASES AND PREVALENCE OF EMPHYSEMA BY YEARS OF<br/>SERVICE AND POPULATION GROUP (2012)

Years of	Bla	ack	Wh	nite	Colo	ured	Unkr	nown	То	tal
service	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate
<1	8	471	0	-	1	-	0	-	9	450
1 - 5	23	159	11	440	0	-	0	-	34	200
6-10	16	137	14	368	1	-	0	-	31	197
11-15	19	253	30	577	0	-	0	-	49	386
16-20	29	309	27	529	1	-	0	-	57	388
21-25	29	230	34	540	0	-	0	-	63	333
26-30	18	277	44	543	1	-	0	-	63	429
31-35	10	400	37	544	0	-	0	-	47	505
36-40	1	-	17	708	0	-	0	-	18	621
41+	1	-	11	579	0	-	0	-	12	600
Unknown	10	278	7	304	0	-	3	-	20	308
Total	164	232	232	521	4		3		403	346

There were 45 of cases of mesothelioma in 2012.

Age group (years)	Black		W	White		Coloured		Unknown		tal
	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
40-49	1	3.2	0	-	0	-	0	-	1	2.2
50-59	15	48.4	2	14.3	0	-	0	-	17	37.8
60-69	7	22.6	6	42.9	0	-	0	-	13	28.9
70-79	6	19.4	5	35.7	0	-	0	-	11	24.4
80+	2	6.5	1	7.1	0	-	0	-	3	6.7
Total	31		14		0		0		45	

## TABLE 7-1NUMBER AND PROPORTION OF MESOTHELIOMA CASES BY<br/>AGE AND POPULATION GROUP (2012)

The distribution of mesothelioma by commodity and population group is presented in Table 7.2. Twenty three (51.1%) of the cases had worked in asbestos mines at some stage in their careers and

6 (13.3%) had been exposed to asbestos in the environment.

TABLE 7-2	NUMBER AND PROPORTION OF MESOTHELIOMA CASES BY
	COMMODITY AND POPULATION GROUP (2012)

Commodity	Black		Wh	White		ured	Unkr	nown	Total		
Commonly	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%	
Asbestos	16	51.6	1	7.1	0	-	0	-	17	37.8	
Gold	0	-	4	28.6	0	-	0	-	4	8.9	
Coal	0	-	1	7.1	0	-	0	-	1	2.2	
Platinum	2	6.5	0	-	0	-	0	-	2	4.4	
Iscor	1	3.2	4	28.6	0	-	0	-	5	11.1	
Manganese	4	12.9	0	-	0	-	0	-	4	8.9	
Industry	0	-	1	7.1	0	-	0	-	1	2.2	
Other	6	19.4	3	21.4	0	-	0	-	9	20.0	
Unknown	2	6.5	0	-	0	-	0	-	2	4.4	
Total	31		14		0		0		45		

### **SECTION 8 – PRIMARY LUNG CANCER**

Forty two cases of primary lung cancer were found at autopsy, 31.0% of which were in black and 69.0% were in white miners. Most of the cases had squamous cell lung carcinoma (n = 22; 52.4%) followed by small cell lung carcinoma (n = 8; 19.0%), adenocarcinoma (n = 7; 16.7%) and large cell lung carcinoma (n = 5; 11.9%).

The distribution of primary lung cancer by age and population group is presented in Table 8-1.

## TABLE 8-1NUMBER OF CASES AND PREVALENCE OF PRIMARY LUNG CANCER<br/>BY AGE AND POPULATION GROUP (2012)

Commodity	Black N Rate		White N Rate		Coloured N Rate		Unknown N Rate		Total N Rate	
40-49	3	13	0	-	0	-	0	-	3	-
50-59	2	-	3	5	0	-	0	-	5	17
60-69	7	117	10	79	0	-	0	-	17	91
70-79	0	-	12	86	0	-	0	-	12	73
80+	1	-	4	-	0	-	0	-	5	57
Total	13	18	29	65	0	-	0	-	42	36

Note: rates have not been calculated where numbers are small

The distribution of primary lung cancer by commodity and population group is presented in Table 8-2. The majority of cases came from the gold mining industry.

## TABLE 8-2NUMBER OF CASES AND PREVALENCE OF PRIMARY LUNG CANCER<br/>BY COMMODITY AND POPULATION GROUP (2011)

Age group	Bla	Black		White		Coloured		nown	Total		
(years) N		Rate	Ν	Rate	Ν	Rate	Ν	Rate	Ν	Rate	
Gold	3	8	22	68	0	-	0	-	25	36	
Platinum	1	6	1	-	0	-	0	-	2	-	
Coal	3	-	1	-	0	-	0	-	4	-	
Asbestos	6	86	1	-	0	-	0	-	7	81	
Copper	0	-	1	-	0	-	0	-	1	-	
Manganese	0	-	1	-	0	-	0	-	1	-	
Industry	0	-	1	-	0	-	0	-	1	-	
Unknown	0	-	1	-	0	-	0	-	1	-	
Total	13	18	29	65	0		0		42	36	

### **SECTION 9 – CLINICAL CAUSE OF DEATH**

Table 9-1 and Figure 9-1 show the clinical cause of death as stated in the accompanying documents submitted with the cardio-respiratory organs, by population group. Diseases of the respiratory system were the most frequent (30.8% overall). The proportion of unnatural deaths increased from 6.4% in 2011 to 8.1% in 2012. The clinical cause of death was not stated for 18.8% of the cases.

Svotom	Black		Wh	ite	Colo	ured	Unkn	own	То	tal
System	Ν	%	Ν	%	Ν	%	Ν	%	Ν	%
Respiratory	242	34.3	112	25.2	3	42.9	2	33.3	359	30.8
Cardio-vascular	30	4.2	65	14.6	0	-	0	-	95	8.2
Central Nervous System	54	7.6	17	3.8	1	14.3	0	-	72	6.2
Gastro-intestinal	29	4.1	17	3.8	0	-	0	-	46	4.0
Genito-urinary	34	4.8	10	2.2	0	-	0	-	44	3.8
Haematological	9	1.3	5	1.1	0	-	0	-	14	1.2
Unnatural	71	10.1	23	5.2	0	-	0	-	94	8.1
Miscellaneous	132	18.7	87	19.6	2	28.6	0	-	221	19.0
Not stated	105	14.9	109	24.5	1	14.3	4	66.7	219	18.8
Total	706		445		7		6		1 164	

#### TABLE 9-1 CLINICAL CAUSE OF DEATH BY POPULATION GROUP (2012)



FIGURE 9-1 CLINICAL CAUSE OF DEATH (2012)

Of the 1 164 cases examined in 2012, 58 (5.0%) were women, compared to 45 (3.4%) in 2011 and 32 (2.1%) in 2010. Of these, 49 (84.5%) were black, 6 (10.3%) were white and 3 (5.2%) were coloured. The ages of the women and men were similar (54.4 years and 56.2 years respectively).

TABLE 10.1	NUMBER AND PROPORTION OF AUTOPSIES IN WOMEN	
	BY AGE AND POPULATION GROUP (2012)	

Age group	Age group Black		White		Coloured		Total	
(years)	Ν	%	Ν	%	Ν	%	Ν	%
20-29	4	8.2	1	16.7	0	-	5	8.6
30-39	12	24.5	0	-	0	-	12	20.7
40-49	10	20.4	0	0.0	0	-	10	17.2
50-59	4	8.2	0	0.0	0	-	4	6.9
60-69	8	16.3	3	50.0	0	-	11	19.0
70-79	9	18.4	2	33.3	1	33.3	12	20.7
80+	2	4.1	0	-	2	66.7	4	6.9
Total	49		6		3		58	

Table 10.2 summarises the distribution of autopsies in women by commodity and population group. Most of the women (28 cases; 48.3%) had been exposed to asbestos, with 19 (67.9%) of these exposed on the mines and 9 (32.1%) having had environmental exposure.

<b>TABLE 10.2</b>	NUMBER AND PROPORTION OF AUTOPSIES IN WOMEN
	BY COMMODITY AND POPULATION GROUP (2012)

Common alitar	Black		White		Coloured		Total	
Commodity	Ν	%	Ν	%	N	%	Ν	%
Gold	14	28.6	0	-	0	-	14	24.1
Platinum	8	16.3	0	-	0	-	8	13.8
Coal	3	6.1	1	16.7	0	-	4	6.9
Asbestos	15	30.6	1	16.7	3	100.0	19	32.8
Iscor	0	-	1	16.7	0	-	1	1.7
Manganese	1	2.0	0	-	0	-	1	1.7
Environmental asbestos	6	12.2	3	50.0	0	-	9	15.5
Unknown	2	4.1	0	-	0	-	2	3.4
Total	49		6		3		58	

There were 20 cases of asbestos-related disease: 9 cases of asbestosis and 11 of mesothelioma (Table 10.3).

### TABLE 10.3 NUMBER AND PROPORTION OF DISEASES IN WOMEN (2012)

Disease	Ν	%
РТВ	10	17.2
Silicosis	1	1.7
Emphysema	8	13.8
Asbestosis	9	15.5
Mesothelioma	11	19.0
Lung cancer	0	-
No lung disease	19	32.8
Total	58	

#### APPENDIX 1: DISTRIBUTION OF AUTOPSIES ACCORDING TO THE LAST MINE WHERE THE DECEASED WORKED (2012)

Commodity	Last mine worked	Black	White	Coloured	Unknown	Total
Asbestos	Asbestos Mine	3				3
	Cape Blue	10		1		11
	Danielskuil Asbestos	1	2			3
	Gefco	42	3	2		47
	Koegas	2		2		4
	Pomfret Asbestos	1	2	1		4
	Wandrag Asbestos	3				3
	White Rock Asbestos		1			1
Total from asbestos mines		62	8	6	0	76
Cementation	Cementation	1	1			2
Chrome	Chrome Mine		6			6
	Dilokong Chrome Mine		1			1
	Winterveld Chrome		1			1
Total from chrome mines		0	8	0	0	8
Coal	Alpha Anthracite Colliery		1			1
	Amcoal Colliery		1			1
	Arnot Colliery	2				2
	Coal Mine	2	3			5
	Douglas Colliery		2			2
	Duiker Colliery		2			2
	Durnacol Mine		1			1
	Ermelo Coal		1			1
	Gloria Colliery		1			1
	Goedehoop Colliery	2	1			3
	Greenside Colliery		2			2
	Khutala Colliery		3			3
	Kilbarchen Colliery		1			1
	Kleinkopje Colliery	1	3			4
	Koornfontein Coal		1			1
	Kriel Colliery	2				2
	Matla Coal	17	1			18
	Middelburg Colliery	2				2

Commodity	Last mine worked	Black	White	Coloured	Unknown	Total
Coal (continued)	Natal Anthracite Coll		1			1
	New Denmark		1			1
	New Vaal Colliery		1			1
	Optimum Colliery		1			1
	Rietspruit Colliery		2			2
	Sasol Coal Mine	1	5			6
	Sigma Colliery		1			1
	Springbok Colliery		1			1
	Twistdraai		1			1
	Vierfontein Colliery	1				1
	Witbank Collieries		1			1
Total from coal mines		30	39	0	0	69
Copper	Copper Mine		1			1
	O`Kiep Copper		2			2
	Phalaborwa		2			2
	Prieska	1	1			2
Total from						-
copper mines	De Beers	1	6	0	0	1
Diamond	Consolidated	2				2
	Diamond Mine		1			1
<b>T</b> ( 17	Finch Diamond Mine		1			1
Total from diamond mines		2	2	0	0	А
Ferrochrome	Batlhako Ferrochrome		1			1
Gold	Anglo American GM		1			1
	Anglogold Ashanti GM	5	1			6
	Beatrix Gold	34	4			38
	Blyvoorguizicht		10			10
	Bracken Mines		1			1
	Buffelsfontein Gold		17			17
	Consolidated Main Reef		1			1
	Consolidated Murchison		1			1
	Daggasfontein		1			1
	Deelkraal		4			4
	Doornfontein		3			3

Commodity	Last mine worked	Black	White	Coloured	Unknown	Total
Gold (continued)	Driefontein Cons GM	21	3			24
(0011111000)	Durban Roodepoort		10			10
	Deep East Driefontain	1	11			10
	East Direiontein	1	0			12
	Elanderand	1	0			3
	Elahusianu Elahura GM		1			1
	Eisburg GM	2	2			1
	Evaluation Gold Mine	1	1			2
	Eree State Geduld	•	12			12
	Free State Saainlaas		12			12
	Gencor	5				5
	Goldfields	5	1			1
	Grootylei Prop		5			5
	Harmony	198	21			219
	Hartebeesfontein		11			14
		2	1			
	Kinross	4	2			6
	Kloof	14	10			24
	Kopanang Gold Mine	1				1
	Leeudoorn		3			3
	Leslie		2			2
	Libanon		13			13
	Loraine		3			3
	Marievale		1			1
	Masimong Gold Mine		1			1
	Modderfontein		1			1
	New Consort		1			1
	Nigel GM		1			1
	Oryx	4	1			5
	Pamodzi Mine		1			1
	President Brand	1	2			3
	President Steyn		4			4
	Rand Uranium Gold	8	1			9
	Randfontein	2	10			12
	Simmer & Jack GM	4				4
	South Deep GM		5			5

Commodity	Last mine worked	Black	White	Coloured	Unknown	Total
	South Roodepoort	2				2
	St Helena		2			2
	Stilfontein		2			2
	Sub Nigel		1			1
	Target Gold Mine		1			1
	Tautona GM	2				2
	Unisel GM		1			1
	Vaal Reefs	36	41			77
	Venterspost		4			4
	Vlakfontein		2			2
	Welkom GM	1	4			5
	West Driefontein	2	10			12
	West Rand Consolidated		8			8
	West Witwatersrand		1			1
	Western Areas		6			6
	Western Deep Levels		11			11
	Western Holdings		3			3
	Western Reef GM		1			1
	Winkelhaak		4			4
Total from gold mines		354	299	0	0	653
Iron	Sishen Iron Mine	1				1
Lime	Lime Acres	3				3
Manganese	Associated Manganese	6	1	1		8
	Hotazel Manganese Mine	8				8
	Manganese mine	1	2			3
	S A Manganese	3				3
Total from manganese mines		18	3	1	0	22
Platinum	Amadelbult Platinum (Rustenburg)	1	2			3
	Bafokeng	1				1
	Eastern Platinum Mine	30				30
	Impala Platinum	70	10			80
	Karee Platinum	19				19
	Lebowa Platinum Mine	2	1			3
	Lonmin Platinum	16	3			19

Commodity	Last mine worked	Black	White	Coloured	Unknown	Total
Platinum (continued)	Modikwa Plat Mine	2				2
	Northam Platinum	7				7
	Rustenburg Platinum	21	14			35
	Swartklip Platinum	1	1			2
	Two Rivers Platinum	2				2
	Unknown Plantinum	3	1			4
	Western Platinum	36	4			40
	Wildebeestfontein		1			1
Total from platinum mines		211	37	0	0	248
Shaft sinkers	Shaft Sinkers		2			2
	Master Drilling		1			1
Silicon	Silicon Smelters	1				1
Steel & Iron	lscor	3	17			20
Non-Miner	Chamber of Mines		2			2
	Environmental	9	4			13
	Industry		4			4
	Transnet		2			2
Total for non- miners		9	12	0	0	21
Unknown	Unknown	9	8		6	23
TOTAL		706	445	7	6	1 164

#### APPENDIX 2: PUBLICATIONS AND ACTIVITIES EMANATING FROM PATHAUT DATA OR AUTOPSY SERVICE (2012)

#### Journal articles

Sonnenberg P, Lim MSC, Dowdeswell RJ, Field N, Glynn JR, *Murray J.* Quantifying errors in the estimation of tuberculosis mortality in a population of South African miners. Int J Tuberc Lung Dis 2012; 16 (11): 1449-1454.

*Ndlovu N,* Davies T, *Milne S,* Nelson G, *Murray J.* Occupational disease rates in South African miners at autopsy: surveillance report 2010. Occup Health Southern Afr 2012; 18(2):31-33.

*Murray J,* Davies JCA, *Phillips JI.* Routinely collected laboratory data: a neglected resource, Med Tech SA 2012; 26(1), 7-10.

Lim MSC, Dowsdswell RJ, *Murray J*, Field N, Glynn JR, Sonnenberg P. The impact of HIV, an antiretroviral programme and tuberculosis on mortality in South African platinum miners, 1992-2010, Plos One 2012; 7(6):1-8.

Nelson G, Criswell S R, Zhang J, Murray J, Racette B A. Research capacity development in South African manganese mines to bridge exposure and neuropathologic outcomes. Neurotoxicology 2012; 33(4): 683-6.

#### PhD Thesis

Nelson G. Living in the shadow of a dust cloud: Occupational respiratory diseases in the South African mining industry, 1975 to 2009. PhD thesis, University of Witwatersrand, Johannesburg, 2012.

Awarded University of the Witwatersrand Faculty of Health Sciences Prestigious Postgraduate Degree Award for 2012

#### Reports

*Ndlovu N*, Davies T, *Milne S*, *Nelson G*, *Murray J*. Pathology Division Report: Demographic data and disease trends for January to December 2011. NIOH Report 1/2012. ISSN 1812-7681. National Institute for Occupational Health, National Health Laboratory Service, South Africa, 2012. (http://www.nioh.ac.za/publications/publications\_pathaut\_reports.htm).

#### Congresses

*Vorajee NI.* Pleural pathology - slide seminar: Primary effusion lymphoma. 29<sup>th</sup> International Congress of the International Academy of Pathology, 30 Sept-05 Oct 2012, Cape Town International Convention Centre, SA.

*Vorajee NI.* Non-neoplastic lung disease - slide seminar: Nocardia. 29<sup>th</sup> International Congress of the International Academy of Pathology, 30 Sept-05 Oct 2012, Cape Town International Convention Centre, SA.

*Murray J, Phillips J.* NIOH experience of mesothelioma. 29<sup>th</sup> International Congress of the International Academy of Pathology, 30 Sept-05 Oct 2012, Cape Town International Convention Centre, SA.

*Murray J.* Tuberculosis - what the autopsy can teach us, how TB is changing, and future challenges for autopsy pathology. 29<sup>th</sup> International Congress of the International Academy of Pathology, 30 Sept-05 Oct 2012, Cape Town International Convention Centre, SA.

*Murray J, Ndlovu N,* teWaterNaude J. Asbestos related-disease: clinic-pathological correlation. European Respiratory Society Annual Congress 2012, 01-05 Sept 2012, Vienna, Austria.

*Murray J, Ndlovu N.* Infectious Diseases and Health and Safety in the South African Mining Industry. 30<sup>th</sup> Congress of the International Commission on Occupational Health, 18-23 March 2012, Cancun Mexico.

*Murray* J, Lim MSC, Dowdeswell RJ, Glynn JR, Sonnenberg P. Unnatural Deaths in South African Miners, 1992-2008. 30<sup>th</sup> Congress of the International Commission on Occupational Health, 18-23 March 2012, Cancun Mexico.

*Ndlovu N, Murray J.* Clinico-pathological correlation of asbestos-related disease in exminers. 30<sup>th</sup> Congress of the International Commission on Occupational Health, 18-23 March 2012, Cancun Mexico. **Runner up prize for student poster award** 

Nelson G, *Murray J.* Silicosis at autopsy in South African platinum mine workers. 30th Congress of the International Commission on Occupational Health, 18 – 23 March 2012, Cancun, Mexico. **Runner up prize for student poster award** 

#### Degrees

Milne, Simon, PhD (registered in September 2011), School of Public Health, University of the Witwatersrand, The relation between silicosis and silica dust in the lung.

Ndlovu, Ntombizodwa, PhD (registered in September 2011), School of Public Health, University of the Witwatersrand, Evaluation of autopsy data for occupational lung disease surveillance.

#### **Outreach Programme Activities**

ACTIVITY	DATE	VENUE	PERSON
Presentation on on autopsy compensation to doctors and nurses in the Internal Medicine Department	19 April 2012	Tshepong Government Hospital, Klerksdorp	Prof J Murray Mrs N Ndlovu Mr S Milne Mr G Rani
Training 2 prosectors on safety and lung removal.	03 May 2012	Thabanchu Hospital (OFS)	Mr D Afrika
Presentation on compensation, silicosis and TB	19 June 2012	Kusasalethu mine, Carltonville	Mr D Africa Mr P Masilo
Presentation on compensation, silicosis and TB to Lafarge, PCP and two small cement companies	18 Oct 2012	Lafarge, Lichtenburg	Mr D Afrika