Queensland Health

Notifiable Dust Lung Disease Register annual report

2024–25

Queensland Government

Notifiable Dust Lung Disease Register annual report 2024–25

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Annual reports

The Notifiable Dust Lung Disease Register annual reports are available at:

www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register/annual-report

Disclaimer

Acknowledgement of Country

The Department of Health acknowledges the traditional custodians of the lands, waters and seas across the State of Queensland, and pay our respects to the Elders past, present, and recognise the role of current and emerging leaders in shaping a better health system. We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander people have contributed to our communities, and recognise our collective responsibility as government, communities, and individuals to ensure equality, recognition and advancement of Aboriginal and Torres Strait Islander Queenslanders in every aspect of our society.

Contents

At a glance

This report is the sixth annual report of the Queensland Health Notifiable Dust Lung Disease Register (NDLD Register), which commenced operations on 1 July 2019. The report is for the financial year 1 July 2024 to 30 June 2025 (2024–25) and has been prepared to meet requirements under section 279AJ of the *Public Health Act 2005*.

Confirmed new notifiable dust lung diseases recorded in the Register during 2024–25

Notifications and reports

295 confirmed

During 2024–25, the NDLD Register recorded 295 confirmed notifications and reports of workers with new notifiable dust lung disease.

Workers

6 of the 295 notifications/reports concerned 3 workers, each with 2 separate notifications/reports for different notifiable dust lung diseases, totalling 292 workers recorded in the NDLD Register during 2024-25.

292 workers with new notifiable dust lung disease were recorded in the NDLD Register.

283 (97%) were male

6 (2%) were deceased
at the time of the notification or report.

7 (2%) of these workers were known to the register
having been previously notified with other diseases.

183 (63%) were aged 60-79 years
at the time of the notification or report.

Primary occupational exposure history

Asbestos (106, 36 %), followed by mixed dust (48, 16%) and coal (41, 14%) were the **top 3** reported **primary dust** of occupational exposure for the 292 workers with new notifiable dust lung disease during 2024–25[i].

Primary Dust	
Asbestos	106 (36%)
Mixed	48 (16%)
Coal	41 (14%)

i The type of primary occupational dust exposure was derived for 190 (65%) of the 292 workers.

All 292 workers were occupationally exposed in Queensland, however for 17 (6%) workers, their **primary place** of occupational exposure occurred outside of Queensland.

Primary Place of exposure	
Queensland	275 (94%)
Outside Queensland	17 (6%)

Mining, resources and quarrying (126, 43%), followed by construction (79, 27%) and manufacturing (38, 13%), were the **top 3** reported **primary industry** of occupational exposure for the 292 workers with new notifiable dust lung disease for 2024–25[ii].

Primary Industry	
Mining, resources and quarrying	126 (43%)
Construction	79 (27%)
Manufacturing	38 (13%)

Diseases

Of the 292 workers, 275 were diagnosed with one disease, 16 were diagnosed with 2 diseases and one was diagnosed with 3 diseases, totalling 310 new confirmed notifiable dust lung diseases recorded in the NDLD Register during 2024–25.

Cancer – mesothelioma (75, 24%), followed by COPD – other (67, 22%) and COPD - chronic bronchitis/emphysema (54, 17%), were the most frequently reported types of new notifiable dust lung diseases recorded in the NDLD Register during 2024–25. There were also 41 confirmed notifications and reports of workers with silicosis.

Type of notifiable dust lung disease	New confirmed notifiable dust lung diseases recorded in the Register during 2024–25[iii]
Cancer - mesothelioma	75 (24%)
Cancer - other[iv]	21 (7%)
COPD - chronic bronchitis/emphysema	54 (17%)
COPD - other[v]	67 (22%)
Pneumoconiosis - coal workers'	10 (3%)
Pneumoconiosis - mixed-dust	3 (1%)
Pneumoconiosis - silicosis	41 (13%)
Pneumoconiosis - asbestosis	29 (9%)
Pneumoconiosis - other[vi]	10 (3%)
Total	**310 (100%)[vii]**

ii The primary industry of occupational exposure was derived for 98 (34%) of the 292 workers.

iii A worker may be diagnosed with more than one notifiable dust lung disease.

iv 'Cancer - other' includes 'Malignant neoplasms and carcinomas of the respiratory system (other than mesothelioma)' (16 of 21), 'Lung cancer – subtype not reported' (4 of 21) and 'Metastatic lung cancer' (1 of 21).

v 'COPD - other' includes 'COPD - subtype not reported' (67 of 67).

vi 'Pneumoconiosis - other' includes 'Pulmonary fibrosis/Dust related diffuse fibrosis' (5 of 10), 'Pneumoconiosis – subtype not reported/not confirmed' (4 of 10), and 'Rheumatoid arthritis interstitial lung disease' (1 of 10).

vii Percentages may not add up to 100% due to rounding.

1 About this report

This is the sixth annual report of the Queensland Health Notifiable Dust Lung Disease Register (NDLD Register). Previous NDLD Register annual reports are available at:

www.health.qld.gov.au/public-health/industry-environment/dust-lung-disease-register/annual-report

The NDLD Register annual reports have been prepared to meet the requirements of section 279AJ of the *Public Health Act 2005.*

This annual report is for the financial year 1 July 2024 to 30 June 2025 (2024–25) and includes:

- the number of notifications and reports given to the NDLD Register during 2024–25
- a description of the types of notifiable dust lung diseases recorded in the NDLD Register during 2024–25.

The report focuses on new confirmed cases of notifiable dust lung diseases received and recorded in the NDLD Register during 2024–25. It also provides a spotlight on silicosis, due to the recent re-emergence and national focus on this occupational dust lung disease.[1,2]

Cases diagnosed during the financial year but given to the NDLD Register after 30 June 2025 are not included in this annual report.

To understand the total number and type of notifiable dust lung diseases in Queensland, information about confirmed cases of notifiable dust lung disease recorded in the NDLD Register to date, by date of diagnosis, has also been included in this report.

Specifically, the annual report incorporates all confirmed notifications and reports given to the NDLD Register from commencement of the Register on 1 July 2019 to 30 June 2025, including legacy cases (those diagnosed before the establishment of the NDLD Register), by date of diagnosis. This year's annual report includes 5 years of annual data, by date of diagnosis. Caution is required when interpreting the legacy information as these historical records may be incomplete.

The report concludes with information about other actions the department has taken to implement the purposes of the NDLD Register during this financial year, as well as plans for the Register for the following (2025–26) financial year.

Of particular note, the report outlines proposed legislative amendments, and expectations for the NDLD Register and notifications of these diseases now that a National Occupational Respiratory Disease Registry (NORDR) (National Registry) is fully operational.

2 About the Notifiable Dust Lung Disease Register

The NDLD Register commenced on 1 July 2019 in response to the re-identification and emergence of occupational dust lung diseases[3], including coal workers' pneumoconiosis and silicosis. The main purposes of establishing and keeping the NDLD Register are to:

- monitor and analyse the incidence of notifiable dust lung diseases
- enable information about notifiable dust lung diseases to be exchanged with an entity of the State or corresponding entity.

Entities of the State include Resources Safety and Health Queensland (RSHQ) and the Office of Industrial Relations (OIR).

The NDLD Register is managed by the Health Protection and Regulation Branch, Population Health Division (previously the Public Health and Scientific Services Division), Department of Health, on behalf of the chief executive (Director-General, Queensland Health). An Advisory Panel consisting of a small group of respiratory medicine specialists from Queensland Hospital and Health Services, has been established to provide expert advice and guidance to the NDLD Register.

While the NDLD Register allows Queensland Health to monitor and analyse the incidence of notifiable dust lung diseases in Queensland, the NDLD Register does not provide clinical advice or practical support to people who have been diagnosed with an occupational dust lung disease, work in dusty environments or are concerned about their health.

As prevention and early screening programs can stop occupational dust lung disease from developing or progressing further, these workers participate in industry respiratory surveillance programs where available, such as those in place for current and former Queensland mine and quarry workers[viii], or otherwise discuss health concerns with their general practitioner. The surveillance program or general practitioner can arrange for further testing and may also arrange referral to an occupational or respiratory specialist. If this specialist makes a diagnosis of a notifiable dust lung disease caused by occupational exposure to inorganic dust, they are required to make a notification to the NDLD Register.

In Queensland, RSHQ and OIR are responsible for the prevention, control and early detection of occupational dust lung diseases.

Both RSHQ and OIR hold records of workers who have been diagnosed with a notifiable dust lung disease. RSHQ has health records of workers from coal mining industries who have undergone a health assessment and who have been diagnosed with a notifiable dust lung disease and OIR collects information on workers across all industries who have lodged a claim for workers' compensation for a work-related injury.

The NDLD Register periodically requests relevant information about cases of notifiable dust lung disease from both RSHQ and OIR. This information is in addition to notifications given to the NDLD Register by specialists and helps ensure the numbers and type of these diseases in the NDLD Register is complete. The confidentiality of this information is protected by legislation.

On 22 May 2024, the National Registry was launched, and new legislation was put in place, changing the way the NDLD Register is able to receive notifications and reports about dust lung diseases.

Further information about the legislative framework and notification requirements to the NDLD Register, for specialists and state entities, including proposed changes to this legislative framework, is detailed in the next section of this report.

For further information about the NDLD Register, including assistance and support services available to patients and/or workers concerned about occupational dust lung disease, visit the NDLD Register website.

viii See for example the former mine and quarry worker screening program How the retired and former worker assessment works | Business Queensland

3 Legislative framework and notification requirements to the Register

The *Public Health Act 2005* and supporting regulation establishes the NDLD Register and sets out notification and reporting obligations for notifiable dust lung diseases in Queensland.

☞ The legislative provisions described in sections 3.1 to 3.6 below were current for this 2024–25 financial year. Section 3.7 outlines proposed amendments to the legislative framework and notification requirements.

3.1 Obligations of prescribed medical practitioners to notify the Register

Under the *Public Health Act 2005* (the Act), prescribed medical practitioners are required to notify the chief executive of Queensland Health when a person is diagnosed with a notifiable dust lung disease. Making a notification to the NDLD Register satisfies this requirement.

A prescribed medical practitioner is a medical practitioner from either of the following specialties:

- Occupational and environmental medicine
- Respiratory and sleep medicine.

To prevent dual notification requirements, various exemptions under the Act apply. A prescribed medical practitioner does not need to notify the NDLD Register if they:

- report a notifiable dust lung disease to the department in which the *Coal Mining Safety and Health Act 1999* is administered (i.e. RSHQ)
- notify the National Registry of the disease.

An obligation to notify or give information about a notifiable dust lung disease for a person includes an obligation to notify or give information for a deceased person.

Workers, their family members or their general practitioner are not required to notify the NDLD Register of a notifiable dust lung disease diagnosis.

3.2 Notifiable dust lung diseases

A diagnosis is made if, in the opinion of the prescribed medical practitioner, the person has a notifiable dust lung disease.

As defined in the Public Health Regulation 2018, a notifiable dust lung disease is any of the following respiratory diseases when caused by occupational exposure to inorganic dust:

- Cancer (e.g. mesothelioma)
- Chronic obstructive pulmonary disease, including chronic bronchitis and emphysema
- Pneumoconiosis, including:
  - asbestosis
  - coal workers' pneumoconiosis
  - mixed-dust pneumoconiosis
  - silicosis.

Examples of inorganic dust include (but are not limited to) silica, coal, asbestos, natural stone, tungsten, cobalt, aluminium and beryllium.

3.3 Notification method

If a prescribed medical practitioner has already made a notification about a notifiable dust lung disease to the National Registry or RSHQ, they are exempt from the requirement to notify the NDLD Register.

Where a prescribed medical practitioner is not exempt, notifications to the NDLD Register must be in the approved form and must be made within 30 days of diagnosis. Failure to submit a notification of a notifiable dust lung disease to the NDLD Register within 30 days of diagnosis without a reasonable excuse is an offence under the *Public Health Act 2005* and may incur a maximum penalty of 20 penalty units.

Notifications in the approved form are submitted to the NDLD Register by secure file transfer email, a Queensland Health email, by secure fax or by registered post.

3.4 Requests for further information about a notification

To ensure the accuracy and completeness of information recorded in the NDLD Register, a notice requesting further information about a notification may be issued, under s279AG of the *Public Health Act 2005*, to the prescribed medical practitioner who gave the notification, or another health practitioner who has the information.

The notice will include a reasonable period within which the information is due. Failure to comply with the notice and provide the further information without a reasonable excuse is an offence under the *Public Health Act 2005* and may incur a maximum penalty of 20 penalty units.

3.5 Obligation of relevant chief executive to give information to the Register

Under section 279AH of the *Public Health Act 2005*, a relevant chief executive of the department in which the *Coal Mining Safety and Health Act 1999* is administered (i.e. RSHQ) or the department in which the *Workers' Compensation and Rehabilitation Act 2003* is administered (i.e. the Department of State Development, Infrastructure and Planning, of which OIR is a part), if requested, must give information held by their organisation about a notifiable dust lung disease to the NDLD Register.

These reports are in addition to notifications given to the NDLD Register by prescribed medical practitioners/ specialists (either directly or via the National Registry) and ensures the NDLD Register has a complete record of the number and type of notifiable dust lung diseases in Queensland.

3.6 Confidentiality and disclosure of information

Under the *Public Health Act 2005*, strict confidentiality and disclosure of information obligations apply to the NDLD Register.

Only information consistent with the data fields in the approved form for notifications is recorded in the NDLD Register. Clinical reports, X-rays and CT scans as well as detailed exposure histories and names of workplaces where exposure may have taken place are not given to or recorded in the NDLD Register.

Personal information collected by the NDLD Register is handled in accordance with the *Information Privacy Act 2009* and the Department of Health Privacy Plan.[4]

All personal information is securely stored and only accessible by authorised Queensland Health staff. Personal information is not disclosed to any third parties without consent of the person to whom the information relates unless the disclosure is authorised or required by law.

3.7 Proposed amendments to legislative framework and notification requirements

The Health Legislation Amendment Bill (No. 2) 2025 was introduced to the Queensland Parliament on 22 May 2025. The Bill includes changes to the *Public Health Act 2005* and supporting regulation that would transition the notification of all diagnoses of 'notifiable dust lung diseases' from the Queensland NDLD Register to the National Registry.

The proposed Act amendments replace the term 'notifiable dust lung disease' with the term 'notifiable occupational respiratory disease.' The list of diseases required to be reported to the National Registry remains the same as those required to be reported to the NDLD Register except for the exclusion of silicosis. Silicosis is excluded from the definition of notifiable occupational respiratory diseases in the public health regulation as it is mandatory to report silicosis to the National Registry under Commonwealth law.

Under the proposed Act amendments, prescribed medical practitioners (occupational and respiratory specialists) will be required to notify the Commonwealth Chief Medical Officer when a person is diagnosed with a notifiable occupational respiratory disease. Making a notification to the National Registry in the approved form under the NORDR Act satisfies this requirement.

An obligation to notify a notifiable occupational respiratory disease for a person includes an obligation to notify information for a deceased person.

Failure to submit a notification of a notifiable occupational respiratory disease within 30 days of diagnosis without a reasonable excuse remains an offence under the *Public Health Act 2005* and may incur a maximum penalty of 20 penalty units.

Under the proposed Act amendments, a prescribed medical practitioner must still report to the National Registry, even if they have also reported the disease to the department in which the *Coal Mining Safety and Health Act 1999* is administered (i.e. RSHQ).

☞ The notification requirements outlined in sections 3.1 to 3.4 above remain unchanged until the proposed legislative amendments described in section 3.7 above come into effect. Prescribed medical practitioners and key stakeholders will continue to be updated regarding the progress of these proposed legislative amendments.

For further information visit the NDLD Register website.

4 Notifiable dust lung diseases recorded in the Register during 2024–25

4.1 Number of new notifications and reports given to the Register

As shown in Table 1, during 2024–25, the NDLD Register received 470 notifications and reports. These included 44 (9%) notifications from specialists, 112 (24%) reports from RSHQ, and 314 (67%) reports from OIR. Of the 44 notifications received from specialists, 19 were made directly to the NDLD Register and 25 notifications were provided via the National Registry.

Of the 470 notifications received, 295 (63%) were assessed as confirmed notifications and reports of workers with notifiable dust lung disease. The remaining notifications were assessed as either duplicate reports (159, 34%) or out of scope (16, 3%) (Table 1).

Table 1. Number of notifications and reports given to the Register during 2024–25, by information source and type

Information source	Information type	Confirmed	Duplicate	Out of scope[ix]	Totals
Specialists	Notification	42	1	1	44 (9%)
RSHQ	Report	100	9	3	112 (24%)
OIR	Report	153	149	12	314 (67%)
Totals		**295 (63%)**	**159 (34%)**	**16 (3%)**	**470 (100)[x]**

4.2 Number of workers with new notifiable dust lung disease

6 of the 295 confirmed notifications/reports concerned 3 workers, each with 2 separate notifications/reports for different notifiable dust lung diseases, totalling 292 workers with new confirmed notifiable dust lung diseases in the NDLD Register during 2024–25.

4.3 Number and type of new notifiable dust lung diseases

Of the 292 workers, 275 were diagnosed with one disease, 16 were diagnosed with 2 diseases and one was diagnosed with 3 diseases, totalling 310 confirmed notifiable dust lung diseases recorded in the NDLD Register during 2024–25 (Table 2).

As shown in Table 2, Cancer - mesothelioma (75, 24%), followed by COPD - other (67, 22%) and COPD - chronic bronchitis/emphysema (54, 17%), were the most frequently reported types of notifiable dust lung diseases recorded in the NDLD Register during 2024–25. There were also 41 confirmed notifications and reports of workers with silicosis.

Collectively, COPD was the most frequently reported disease (121, 39%) followed by respiratory cancers (96, 31%) and pneumoconiosis (93, 30%) (Table 2). Of the 93 workers with pneumoconiosis over a quarter (24, 26%) were reported to have progressive massive fibrosis (PMF) (i.e. conglomerate areas of scar tissue in the lungs, also known as complicated pneumoconiosis). Caution is required when interpreting information about the proportion of workers with PMF as this figure may be underreported. While specialists and RSHQ notify about PMF, OIR are unable to provide this information due to the way workers' compensation claims information is collected and reported.

ix Of the 16 notifications/reports assessed as out of scope, 15 involved a non-notifiable dust lung disease and one involved non-occupational exposure.

x Percentages may not add up to 100% due to rounding.

Table 2. Confirmed notifiable dust lung diseases recorded in the Register during 2024–25, by number and type of disease

Type of notifiable dust lung disease	New confirmed notifiable dust lung disease recorded in Register 2024–25
Cancer - mesothelioma	75 (24%)
Cancer - other[xi]	21 (7%)
COPD - chronic bronchitis/emphysema	54 (17%)
COPD - other[xii]	67 (22%)
Pneumoconiosis - coal workers'	10 (3%)
Pneumoconiosis - mixed-dust	3 (1%)
Pneumoconiosis - silicosis	41 (13%)
Pneumoconiosis - asbestosis	29 (9%)
Pneumoconiosis - other[xiii]	10 (3%)
Total	**310 (100%)[xiv]**

4.4 Demographics of workers with new notifiable dust lung disease

Workers with new notifiable dust lung disease, by gender

Of the 292 workers with notifiable dust lung disease recorded in the NDLD Register during 2024–25, the majority were male (283, 97%) and 9 (3%) were female. Male workers are more likely to be over-represented in dust-generating industries such as construction, mining, and manufacturing.

Workers with new notifiable dust lung disease, by First Nations status

The First Nations status of the 292 workers with a new notifiable dust lung disease was not well recorded. One (<1%) First Nations worker was identified in the notifications provided to the NDLD Register in 2024-25. First Nations status was not reported/unknown for 259 (89%) workers. 32 (11%) workers were reported as non-Aboriginal and Torres Strait Islander.

Workers with new notifiable dust lung disease, by age group

Age 60–79 years was the most frequently reported age group of workers at the time of diagnosis, accounting for 183 (63%) of the 292 workers with new notifiable dust lung disease (Table 3). The over-representation of older age groups may be explained by the latency of dust lung diseases (i.e. the time lag between occupational exposure to the inorganic dust and when the disease is diagnosed).

Table 3. Workers with new notifiable dust lung disease recorded in the Register during 2024–25, by age group

Age group	Workers with new notifiable dust lung disease recorded in Register 2024-25
20-39	4 (1%)
40-59	48 (16%)
60-79	183 (63%)
80 and above	57 (20%)
Total	**292** (100%)[xv]

xi 'Cancer - other' includes 'Malignant neoplasms and carcinomas of the respiratory system (other than mesothelioma)' (16 of 21), 'Lung cancer – subtype not reported' (4 of 21) and 'Metastatic lung cancer' (1 of 21).

xii 'COPD - other' includes 'COPD - subtype not reported' (67 of 67).

xiii 'Pneumoconiosis - other' includes 'Pulmonary fibrosis/Dust related diffuse fibrosis' (5 of 10), 'Pneumoconiosis - subtype not reported/not confirmed' (4 of 10), and 'Rheumatoid arthritis interstitial lung disease' (1 of 10).

xiv Percentages may not add up to 100% due to rounding.

xv Percentages may not add up to 100% due to rounding.

Workers with new notifiable dust lung disease reported as deceased

6 (2%) of the 292 workers were reported as deceased at the time the notification/report was given to the NDLD Register. Most workers (184, 63%) were reported as not deceased at the time of the notification/report. Caution is required when interpreting deceased status as information was not reported for 102 (35%) of the 292 workers. Additionally, deceased status of a worker is usually reported to the NDLD Register as part of the initial notification or report. Subsequent deaths of workers are not required to be reported to the register.

4.5 Primary occupational exposure history of workers with new notifiable dust lung disease

Primary occupational dust exposure for workers with new notifiable dust lung disease

As shown in Table 4, the most frequently reported primary dust of occupational exposure among the 292 workers with notifiable dust lung disease, were asbestos (106, 36%), followed by mixed dust (48, 16%), coal (41, 14%) and silica (36, 12%). Caution is required when interpreting dust exposure as information was not reported for 61 (21%) of the 292 workers.

Table 4. Workers with new notifiable dust lung disease recorded in the Register during 2024–25, by primary occupational dust exposure

Primary dust exposure[xvi]	Workers with new notifiable dust lung disease recorded in Register 2024-25
Asbestos	106 (36%)
Mixed	48 (16%)
Coal	41 (14%)
Silica	36 (12%)
Other[xvii]	61 (21%)
Total	**292** (100%)[xviii]

Primary industry of occupational exposure for workers with new notifiable dust lung disease

Mining, resources, and quarrying (126, 43%), followed by construction (79, 27%), and manufacturing (38, 13%) were the most frequently reported primary industry of occupational exposure for workers with notifiable dust lung disease (Table 5). A respiratory screening program is in place for all current and former mine and quarry workers in Queensland[xix].

Table 5. Workers with new notifiable dust lung disease recorded in the Register during 2024–25, by primary industry of occupational exposure

Primary industry of exposure[xx]	Workers with new notifiable dust lung disease recorded in Register 2024-25
Mining, Resources and Quarrying	126 (43%)
Construction	79 (27%)
Manufacturing	38 (13%)
Other[xxi]	49 (17%)
Total	**292** (100%)[xxii]

xvi The primary occupational dust exposure was derived for 190 (65%) of the 292 workers.

xvii Inorganic dust 'Other' included 'dust type unknown' or 'not reported' (61 of 61).

xviii Percentages may not add up to 100% due to rounding.

xix For further information visit Mining medicals | Business Queensland

xx The primary industry of occupational exposure was derived for 98 (34%) of the 292 workers.

xxi Primary industry 'Other' encompasses 'not reported' (6 of 49), plus a wide range of industries including 'Transport, Postal and Warehousing', 'Power (electricity, gas), water and waste services' and 'other services'.

xxii Percentages may not add up to 100% due to rounding.

Primary place of occupational exposure for workers with new notifiable dust lung disease

All 292 workers with notifiable dust lung disease were occupationally exposed in Queensland. However, for 17 (6%) of these workers, their primary place of occupational exposure reportedly occurred outside Queensland (Table 6).

Table 6. Workers with new notifiable dust lung disease recorded in the Register during 2024–25, by primary place of occupational exposure

Primary place of exposure	Workers with new notifiable dust lung disease recorded in Register 2024-25
Queensland	275 (94%)
New South Wales	7 (2%)
Western Australia	3 (1%)
Other Australian state or territory	4 (1%)
Other country[xxiii]	3 (1%)
Total	**292 (100%)[xxiv]**

[xxiii] Other country includes United Kingdom (1 of 3), West Africa (1 of 3) and New Zealand (1 of 3).

xxiv Percentages may not add up to 100% due to rounding.

5 Notifiable dust lung diseases recorded in the Register to date, by year of diagnosis

This section includes information about the total number of workers and confirmed notifiable dust lung diseases recorded in the NDLD Register to date (i.e. based on confirmed notifications and reports given to the NDLD Register from commencement of the NDLD Register on 1 July 2019 to 30 June 2025, including legacy cases), by year of diagnosis.

Some caution is required when interpreting the data and information in the following tables (Tables 7, 8 and 9). The 2019–20, 2020–21, 2021–22, 2022–23 and 2023–24 'Year of diagnosis' data columns are complete, the 'Legacy' column includes multiple years of data and the '2024–25' column is not yet complete. Not all cases of notifiable dust lung disease are given to the NDLD Register in the year that they are diagnosed. Additionally, the numbers presented in this report may differ slightly from those reported in previous annual reports, as new or updated information about cases of notifiable dust lung disease is received and recorded in the NDLD Register.

5.1 Total number of confirmed notifications and reports by information source

Table 7 shows the total number of confirmed notifications and reports recorded in the NDLD Register to date, by information source and year of diagnosis. A total of 1,953 confirmed notifications and reports have been recorded in the NDLD Register to date (Table 7). Overall, specialists account for 16% of notifications, while reports from RSHQ (25%) and OIR (59%) account for the remaining information sources (Table 7). Graph 1 further illustrates the number and proportion of notifications/reports received from the 3 sources (specialist, RSHQ and OIR), by year of diagnosis.

The number of annual notifications and reports recorded by 'year of diagnosis' in the NDLD Register is relatively stable over the 5 complete years (2019–20 to 2023–24) (Table 7). The proportion of annual notifications/reports received from specialists, RSHQ and OIR is also relatively stable over the period (Graph 1).

Table 7. Total confirmed notifications and reports recorded in the Register to date, by information source and year of diagnosis.

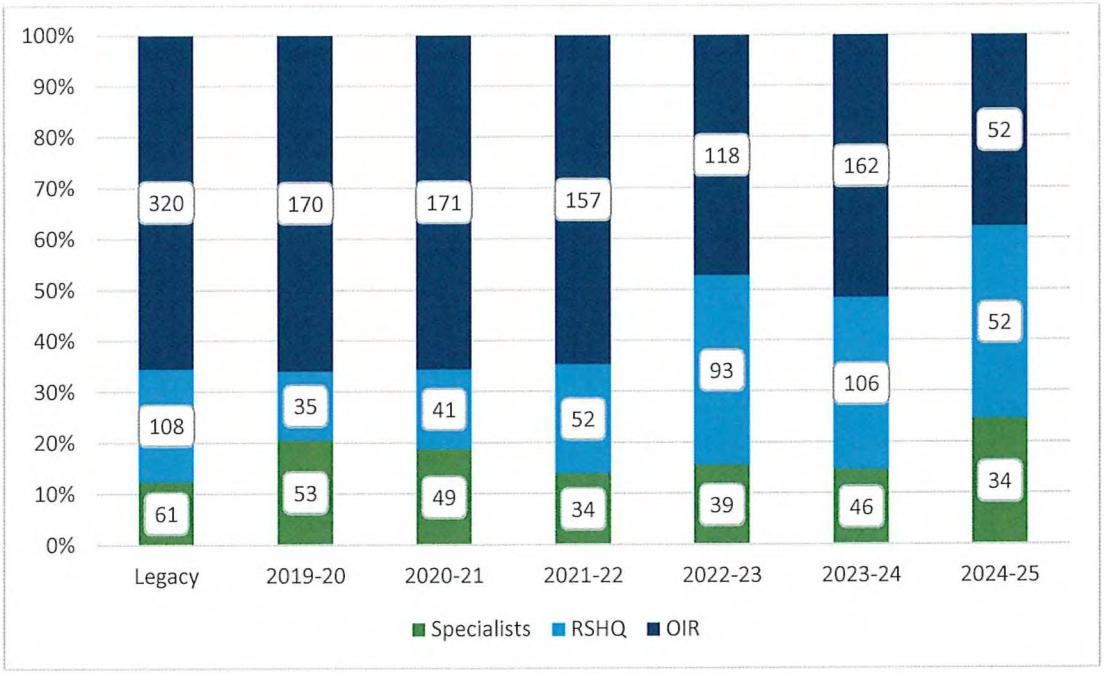
Information source (type)	Year of diagnosis[xxv]							
	Legacy *(multiple years, prior 1 July 2019)*	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25 *(Incomplete year)*	Total
Specialists (notifications)	61	53	49	34	39	46	34[xxvi]	316 (16%)
RSHQ (reports)	108	35	41	52	93	106	52	487 (25%)
OIR (reports)	320	170	171	157	118	162	52	1,150 (59%)
Totals	**489**	**258**	**261**	**243**	**250**	**314**	**138**	**1,953 (100%)[xxvii]**

xxv Date of diagnosis was derived in 1282 (66%) of the 1953 reports. See the Glossary in Appendix 3 for further information on 'date of diagnosis'.

xxvi Of the 34 confirmed 'Specialist' notifications, 10 were given to the NDLD Register directly by specialist and 24 were provided via the National Registry.

xxvii Percentages may not add up to 100% due to rounding.

Graph 1. Number and proportion of notifications and reports recorded in the Register to date, by information source and year of diagnosis.



5.2 Total number of workers recorded in the Register

48 of the 1,953 confirmed notifications/reports concerned 24 workers, each with 2 separate notifications/reports for different notifiable dust lung diseases, totalling 1,929 workers recorded in the NDLD Register (Table 8). The annual number of workers recorded by 'year of diagnosis' in the NDLD Register is relatively stable over the 5 complete years held (2019–20 to 2023–24) (Table 8).

Of the 1,929 workers recorded in the NDLD Register, 1,858 (96%) were male and 71 (4%) were female. Male workers are more likely to be over-represented in dust generating industries such as construction, mining, and manufacturing.

Table 8. Total number of workers with confirmed notifiable dust lung disease recorded in the Register to date, by year of diagnosis

Number of workers	Year of diagnosis							
	Legacy *(multiple years, prior 1 July 2019)*	2019–20	2020–21	2021–22	2022-23	2023–24	2024–25 *(Incomplete year)*	Total
Totals	**488**	**257**	**258**	**239**	**247**	**306**	**134**	**1,929**

5.3 Total number and type of diseases recorded in the Register

Table 9 shows the total number and type of confirmed notifiable dust lung diseases recorded in the NDLD Register to date, by year of diagnosis.

Of the 1,929 workers, 1,807 were diagnosed with one disease, 118 were diagnosed with 2 diseases, and 4 were diagnosed with 3 diseases totalling 2,055 confirmed notifiable dust lung diseases recorded in the NDLD Register to date (Table 9). Mesothelioma (499, 24%), closely followed by silicosis (462, 22%) are the most frequently reported types of notifiable dust lung diseases, accounting for almost half of the 2,055 confirmed notifiable dust lung diseases recorded in the NDLD Register to date (Table 9).

Table 9. Total confirmed notifiable dust lung diseases recorded in the Register to date, by year of diagnosis

Type of notifiable dust lung disease	Year of diagnosis							
	Legacy *(multiple years, prior 1 July 2019)*	2019–20	2020–21	2021–22	2022–23	2023–24	2024-25 *(Incomplete year)*	Total
Cancer - mesothelioma	115	71	69	76	62	64	42	499 (24%)
Cancer - other[xxviii]	31	15	21	16	15	22	9	129 (6%)
COPD - chronic bronchitis/emphysema	20	27	25	40	46	60	21	239 (12%)
COPD - other[xxix]	46	17	8	23	60	78	29	261 (13%)
Pneumoconiosis - coal Workers'	36	10	7	9	10	14	6	92 (4%)
Pneumoconiosis - mixed-dust	17	8	11	5	4	4	2	51 (2%)
Pneumoconiosis - silicosis	192	68	70	31	34	48	19	462 (22%)
Pneumoconiosis - asbestosis	50	48	54	46	25	32	12	267 (13%)
Pneumoconiosis - other[xxx]	6	6	10	6	13	6	8	55 (3%)
Totals	**513**	**270**	**275**	**252**	**269**	**328**	**148**	**2,055 (100%)[xxxi]**

xxviii 'Cancer – other' includes 'Malignant neoplasms and carcinomas of the respiratory system (other than mesothelioma)' (100 of 129), 'Adenocarcinoma' (1 of 129), 'Metastatic lung cancer' (1 of 139), 'Large cell neuroendocrine' (1 of 129), 'Squamous cell carcinoma' (1 of 129), and 'Cancer – subtype not reported/unconfirmed' (25 of 129).

xxix 'COPD – other' includes 'COPD – other than chronic bronchitis/emphysema' (11 of 261) and 'COPD – subtype not reported' (250 of 261).

xxx 'Pneumoconiosis – other' includes 'Pulmonary fibrosis/Dust related diffuse fibrosis' (35 of 55), 'Interstitial lung disease' (4 of 55), 'Lymph node silicosis/early silicosis' (3 of 55), 'Pleural plaques' (3 of 55), 'Arc welders/berylliosis' (1 of 55), and 'Pneumoconiosis – subtype not reported/unconfirmed' (9 of 55).

xxxi Percentages may not add up to 100% due to rounding.

6 Spotlight on silicosis information recorded in the Register

Silicosis is one of the diseases caused by inhalation of respirable crystalline silica (RCS). Exposure to silica dust is also linked to an increased risk for a number of other diseases such as lung cancer, kidney disease and some autoimmune diseases.[5]

There is no proven treatment for advanced lung silicosis other than a lung transplant. However, the majority of silicosis and silica related diseases are potentially preventable.[6]

Silicosis affects the lungs by damaging the lining of lung air sacs and small airways adjacent to, or supplying them. It is a form of fibrosis (scarring) of the lungs that may result in progressive loss of lung function. The lung tissue scarring stops oxygen being absorbed and can lead to respiratory failure, disability or death. In the early stages the person may not manifest symptoms.[5] It is possible to have silicosis and not realise. The first symptoms are often shortness of breath, a cough, occasional chest pain, loss of appetite and tiredness. As the disease progresses the shortness of breath gets worse and can become persistent and irreversible. In time the cough becomes more severe and frequent, the chest pain can worsen, weight loss can occur, and night sweats can be experienced. In severe cases, respiratory failure may cause or result in death.[5]

Simple silicosis involves formation of small spots of scar tissue (nodules). Complicated silicosis involves formation of conglomerate areas of scar tissue called progressive massive fibrosis (PMF). The 3 types of silicosis are:

- **Acute** - Acute silicosis is very rare and results from very large amounts of exposure to silica dust over a very short time (e.g. less than one year, may be weeks or months).
- **Accelerated** - Accelerated silicosis results from short term exposure to large amounts of silica dust (1 to 10 years of exposure).
- **Chronic** - Chronic silicosis results from long term exposure (10+ years) to low levels of silica dust.[5,7]

The re-emergence of silicosis has mostly been driven by the popularity of crystalline silica containing engineered stone material commonly used in kitchen, laundry and bathroom benchtops.

To address the unacceptable risk of RCS exposure to stone benchtop workers, Queensland banned the use, supply and manufacture of many engineered stone products on 1 July 2024.[8] Queensland also introduced regulations for all crystalline silica substances (CSS) processing from 1 September 2024,[9] to strengthen protections for workers at risk of exposure to RCS across all industries, including building and construction. The crystalline silica substance regulations [8,9] require all processing to be controlled and assessed to determine whether the activity is high risk. Where an activity is high risk, additional requirements in relation to risk control plans and training apply. The regulations [8,9] are intended to improve the safety of work environments and prevent the occupational occurrence of silicosis.

In Queensland, a respiratory screening program is in place for current and former mine and quarry workers to identify any new cases of silicosis and other mine dust lung diseases. Mine dust lung disease reporting obligations for coal mine, mineral mine and quarry operators were amended from 1 September 2024 to clarify disease reporting requirements to RSHQ.

A nationally co-ordinated approach to regulatory and non-regulatory changes continues to progress to ensure workers and workplaces stay healthy, safe and protected from silicosis and other occupational dust lung diseases. During 2024–25, key initiatives included new National Guidelines for working with crystalline silica substances[7] and the launch of the inaugural Silica National Strategic Plan 2024–30 (Silica Plan).[10] The Silica Plan builds on the National Silicosis Prevention Strategy 2023–2028 and associated national action plan developed by Lung Foundation Australia for the Commonwealth Department of Health, Disability and Aging.[11]

6.1 Number of workers with silicosis

During 2024–25, the NDLD Register recorded 41 workers with a new diagnosis of silicosis.

6.2 Number and type of silicosis

Table 10 shows the number and type of new silicosis cases recorded in the NDLD Register during 2024–25.

Of the 41 cases of silicosis recorded in the NDLD Register during 2024–25, 9 (22%) were reported as chronic silicosis. Chronic silicosis results from long term exposure (10+ years) to low levels of silica dust and can affect upper lung areas, sometimes with extensive scarring.[5,7] Caution is required when interpreting this data as information about the type of silicosis was not reported to the NDLD Register in 32 (78%) of the 41 new cases of silicosis. While specialists notify about the type of silicosis, reports given to the NDLD Register by RSHQ or OIR do not generally provide this information.

Of the 41 workers with newly diagnosed silicosis during 2024–25, 11 (over a quarter) were reported to have PMF (i.e. conglomerate areas of scar tissue in the lungs, also known as complicated silicosis). Caution is required when interpreting this information, as this figure may be underreported. While specialists and RSHQ notify about PMF, OIR are unable to provide this information due to the way workers' compensation claims information is collected and reported.

Table 10. Number and type of new silicosis recorded in the Register, 2024–25

Type of silicosis	New confirmed silicosis recorded in the NDLD Register during 2024–25
Silicosis (Acute)	0 (0%)
Silicosis (Accelerated)	0 (0%)
Silicosis (Chronic)	9 (22%)
Silicosis (Type not reported)	32 (78%)
Total	**41 (100%)**

6.3 Demographics of workers with new silicosis

Workers with new silicosis, by gender

All 41 workers with new silicosis were male. Men are more likely to be over-represented in dust generating industries such as construction, manufacturing and mining.

Workers with new silicosis, by age group

The age group 60–79 years followed by 40–59 years were the most frequently reported age group of workers at time of diagnosis, accounting for 23 (56%) and 12 (29%) of the 41 workers with new silicosis, respectively (Table 11).

Table 11. Workers with new silicosis recorded in the Register during 2024–25, by age group

Age group	Workers with new silicosis recorded in Register 2024–25
20–39	3 (7%)
40–59	12 (29%)
60–79	23 (56%)
80 and above	3 (7%)
Total	**41 (100%)**

Workers with new silicosis, by First Nations status

The First Nations status of workers with new silicosis was not well reported[xxxii]. First Nations status was not reported in 32 (78%) of the 41 notifications/reports of workers with new silicosis given to the NDLD Register during 2024–25. In the remaining 9 (22%) notifications/reports, where First Nations status was reported, these workers were reported as Non-Aboriginal and/or Torres Strait Islander.

Workers with new silicosis reported as deceased, at time notification/report received

No workers with new silicosis were reported as deceased at the time the notification/report was given to the NDLD Register. Caution is required when interpreting this number as deceased status was not reported in 14 (34%) of the 41 notifications/reports about silicosis given to the NDLD Register during 2024–25. Additionally, deceased status of a worker is usually reported to the NDLD Register as part of the initial notification or report. Subsequent deaths of workers are not required to be reported to the register.

6.4 Primary occupational exposure history of workers with new silicosis

Primary occupational dust exposure for workers with new silicosis

Silica (34, 83%) was the most frequently reported primary dust of occupational exposure for workers with new silicosis (Table 12). This result is to be expected as silicosis is caused by exposure to very fine silica dust (respirable crystalline silica), which is most commonly found in engineered stone material, however is also found in lower proportions in things like concrete, bricks, mortar, pavers, tiles, cement sheeting and natural stone products.[5,7]

Table 12. Workers with new silicosis recorded in the Register during 2024–25, by primary occupational dust exposure

Primary dust exposure[xxxiii]	Workers with new silicosis recorded in Register 2024–25
Silica	34 (83%)
Mixed	5 (12%)
Other[xxxiv]	2 (5%)
Total	**41 (100%)**

Primary industry of occupational exposure for workers with new silicosis

As presented in Table 13, mining, resources and quarrying (20, 49%), followed by construction (9, 22%) and manufacturing (7, 17%) were the most frequently reported primary industry of occupational exposure during 2024–25 for workers with new silicosis. The findings remain consistent with research evidence that the risk to workers of developing dust disease is not confined to the engineered stone industry and manufacturing, but spans other industrial settings including mining, sandblasting and construction.[1]

Table 13. Workers with new silicosis recorded in the Register during 2024–25, by primary industry of occupational exposure

Primary industry of exposure[xxxv]	Workers with new silicosis recorded in Register 2024–25
Mining, resources and quarrying	20 (49%)
Construction	9 (22%)
Manufacturing	7 (17%)
Other[xxxvi]	5 (12%)
Total	**41 (100%)**

xxxii While specialists report on the First Nations status of workers, reports given to the NDLD Register by RSHQ or OIR do not generally provide this information.

xxxiii The primary occupational dust exposure was derived for 28 (68%) of the 41 workers.

xxxiv Inorganic dust 'Other' includes 'Coal' (1 of 2) and 'Dust type not reported' (1 of 2).

xxxv The primary industry of occupational exposure was derived for 13 (32%) of the 41 workers.

xxxvi Primary industry 'Other' includes 'Repairs and maintenance', 'Marble and stone masonry' and 'Primary industry of exposure not reported'.

Primary place of occupational exposure for workers with new silicosis

All 41 workers with new silicosis were occupationally exposed in Queensland. However, for 5 (12%) of these workers, their primary place occupational exposure reportedly occurred outside Queensland (Table 14).

Table 14. Workers with new silicosis recorded in the Register during 2024–25, by primary place of occupational exposure

Primary place of exposure	Workers with new silicosis recorded in Register 2024–25
Queensland	36 (88%)
New South Wales	4 (10%)
Western Australia	1 (2%)
Total	**41 (100%)**

6.5 Total number and type of silicosis recorded in the Register to date, by year of diagnosis

Table 15 shows the total number and type of silicosis recorded in the NDLD Register to date (i.e. based on confirmed notifications and reports given to the NDLD Register from the commencement of the NDLD Register on 1 July 2019 to 30 June 2025, including legacy cases), by year of diagnosis.

Some caution is required when interpreting the data and information in Table 15. Where the 2019–20, 2020–21, 2021–22, 2022–23 and 2023–24 'Year of diagnosis' data columns are complete and comparable, the 'Legacy' column includes multiple years of data and the '2024–25' 'Year of diagnosis' column is not yet complete. Not all cases of notifiable dust lung disease, including silicosis, are given to the NDLD Register in the year that they are diagnosed. Additionally, the numbers presented in this report may differ slightly from those reported in previous annual reports, as new or updated information is received and recorded in the NDLD Register.

As presented in Table 15, a total of 462 cases of silicosis have been recorded in the NDLD Register to date. The most frequently reported type of silicosis is Chronic silicosis (127, 27%). Chronic silicosis results from long term exposure (10+ years) to low levels of silica dust and can affect upper lung areas, sometimes with extensive scarring.[5,7] Caution is required when interpreting this data as information about the type of silicosis was not reported in 307 (67%) of the 462 cases of silicosis. The source of many of these cases where type of silicosis is not reported were from legacy cases (135 of 307 or 44%), where historical records are incomplete, or from OIR reports which are based on workers' compensation claims data and do not provide information about the type of silicosis to the NDLD Register.

Table 15. Total number and type of confirmed silicosis recorded in the Register to date, by year of diagnosis

Type of silicosis	Year of diagnosis[xxxvii]							
	Legacy *(multiple years, prior 1 July 2019)*	2019–20	2020–21	2021–22	2022–23	2023–24	2024–25 *(Incomplete year)*	Total
Silicosis (Acute)	2	0	1	0	0	1	0	4 (1%)
Silicosis (Accelerated)	15	7	1	1	0	0	0	24 (5%)
Silicosis (Chronic)	40	19	25	15	10	11	7	127 (27%)
Silicosis (Type not reported)	135	42	43	15	24	36	12	307 (67%)
Totals	**192**	**68**	**70**	**31**	**34**	**48**	**19**	**462 (100%)**

xxxvii Date of diagnosis was derived in 258 (56%) of the 462 reports. See the Glossary in Appendix 3, for further information on 'date of diagnosis' and how 'derived'.

Total number of workers with silicosis, by gender

A total of 462 workers with silicosis were recorded in the register to date (i.e. based on confirmed notifications and reports given to the NDLD Register from the commencement of the NDLD Register on 1 July 2019 to 30 June 2025, including legacy cases).

Of these 459 (99%) are male, and 3 (1%) are female.

Total workers with silicosis, by primary industry of occupational exposure

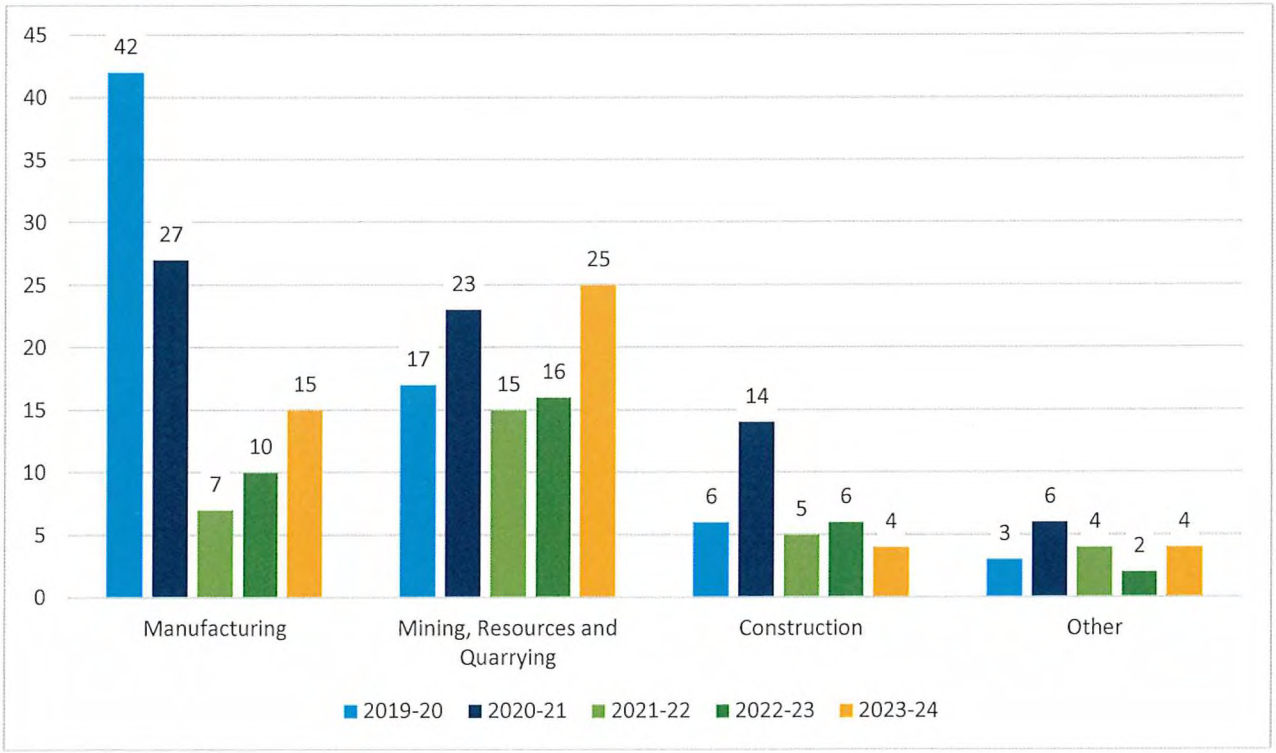
For total workers with silicosis recorded in the register to date, manufacturing (257, 56%) is the most frequently reported primary industry of occupational exposure, followed by mining, resources and quarrying (127, 27%) (Table 16).

Graph 2 provides further information about primary industry of occupational exposure for workers with silicosis, by year of diagnosis from 2019–20 to 2023–24 (i.e excludes legacy cases and includes only complete years of data by date of diagnosis).

Table 16. Total number of workers with silicosis recorded in the Register, by primary industry of occupational exposure

Primary industry of exposure[xxxviii]	Workers with silicosis recorded in Register to date
Mining, resources and quarrying	127 (27%)
Construction	55 (12%)
Manufacturing	257 (56%)
Other[xxxix]	23 (5%)
Total	**462 (100%)**

Graph 2: Confirmed silicosis recorded in the Register, by year of diagnosis 2019-20, 2020-21, 2021-22, 2022-23 and 2023-24, by primary industry of occupational exposure.



[xxxviii] The primary industry of occupational exposure was derived for 81 (18%) of the 462 workers.

[xxxix] Primary industry 'Other' includes 'Marble and Stone Mason/Stone benchtop industry' (8 of 23), 'Transport' (4 of 23) and other industries (11 of 23).

7 Requests for further information issued during 2024–25

During the 2024–25 financial year, there were no section 279AG notices (requiring further information about a notification given to the NDLD Register) issued to occupational and respiratory specialists under the *Public Health Act 2005*.

However, 2 non-statutory requests for further information were made seeking additional information/clarification about a notification or report given to the NDLD Register. This further information helps to ensure the accuracy and completeness of information recorded in the NDLD Register.

8 Information disclosures made during 2024–25

The *Public Health Act 2005* permits disclosures of information held in the NDLD Register in limited circumstances.

During 2024–25, there were no disclosures of confidential information for authorised purposes relating to public health monitoring or for an investigation of the death of a person by police or the coroner under the *Coroners Act 2003*.

In June 2022, Queensland Health and RSHQ executed an agreement that was prescribed by regulation under section 279AO of the *Public Health Act 2005* (Disclosure Agreement). Under this agreement, 12 monthly disclosure reports from the NDLD Register were provided to RSHQ during 2024–25.

9 Other actions taken to implement the purposes of the Register during 2024–25

During the financial year 2024–25, the department undertook a range of activities to further implement the purposes of the NDLD Register. These activities are summarised in the table below.

Key activity	Description
Support implementation of the National Registry	During 2024–25, Queensland Health continued to work collaboratively with the NDLD Register Advisory Panel, Commonwealth Government and Queensland state agencies, primarily RSHQ and OIR, to support the implementation plan of the *All of Governments' Response to the Final Report of the National Dust Disease Taskforce*, including implementation of a National Registry. The National Registry commenced on 22 May 2024 making it mandatory for prescribed medical practitioners across Australia to notify diagnoses of silicosis to the National Registry. Prescribed medical practitioners may also notify other occupationally caused or exacerbated respiratory diseases to the National Registry, with patient consent. Queensland medical specialists do not need to obtain patient consent to notify the National Registry of a prescribed notifiable dust lung disease. On establishment of the National Registry, Queensland Health entered into a formal agreement with the Commonwealth Department of Health, Disability and Aging, to continue to work cooperatively on the National Registry. The agreement provides a governance and accountability framework for both parties and enables the NDLD Register to access relevant (Queensland related) notifications from the National Registry via a secure online portal. This year, a total of 25 notifications were received from the National Registry and recorded in the NDLD Register (one was a duplicate notification). NDLD Register staff also participated as a member of the National Registry State and Territory Advisory Network established to support and provide advice on the operational performance and future directions of the National Registry.
Progress amendments to the *Public Health Act 2005* and regulation to avoid duplication with the National Registry	In March 2024, amendments to the *Public Health Act 2005* were passed. The changes exempt prescribed medical practitioners (occupational and respiratory specialists) from duplicate reporting of notifiable dust lung diseases to the Queensland NDLD Register if a notification has been made to the National Registry. During 2024–25 additional amendments to the *Public Health Act 2005* and supporting regulation were proposed to further reduce duplication, with the intention of fully transitioning future notification and reporting obligations to the National Registry. These proposed amendments were made under the Health Legislation Amendment Bill (No. 2) 2025, which was introduced to Parliament on 22 May 2025. These proposed amendments are further described in section 3.7 of this report.
Stakeholder engagement and communication	Communication with occupational and respiratory specialists continued during 2024–25. Messages including reminders of new and updated notification requirements following amendments to the *Public Health Act 2005* and the commencement of the National Registry. In March 2025, Queensland Health published a consultation paper relating to the proposals in the Health Legislation Amendment Bill (No. 2) 2025, including the proposal to amend the *Public Health Act 2005* and supporting regulation to transition the notification of all diagnoses of notifiable dust lung diseases from the Queensland NDLD Register to the National Registry. The direct communications and NDLD Register website continued to be updated to reflect changes to notification requirements, proposed amendments to the *Public Health Act 2005* and establishment of the National Registry.
Implement the Disclosure Agreement with RSHQ	A Disclosure Agreement was prescribed in regulation on 24 June 2022,[12] enabling Queensland Health to disclose confidential information recorded in the NDLD Register, relevant to RSHQ's functions, to RSHQ. During 2024–25, under this agreement, a total of 12 monthly disclosure reports of NDLD Register data were provided to RSHQ.

10 Future directions for the Register in 2025–26

Looking to 2025–26, significant changes are foreshadowed for the NDLD Register. A summary of key planned activities is outlined in the table below.

Key activity	Description
Continue to support the National Registry	Queensland Health will continue to work collaboratively with the Commonwealth and other stakeholders to support implementation and evaluation of the National Registry, and its vital role monitoring, reporting and enhancing the prevention of occupational respiratory diseases across Australia. Queensland Health will continue to participate as a member of the National Registry State and Territory Advisory Network established to support and provide advice on the operational performance and future directions of the National Registry. Queensland Health, as well as OIR and RSHQ, will continue to have access to notifications of patients diagnosed, occupationally exposed, or residing in Queensland, through the National Registry secure on-line portal, facilitating ongoing local monitoring of these diseases.
Finalise and implement amendments to the *Public Health Act 2005* and supporting regulation	It is anticipated that once the Health Legislation Amendment Bill (No. 2) 2025, including proposed amendments to the *Public Health Act 2005* and supporting regulation, as outlined in section 3.7 of this report, are passed, the new provisions will transition the notification of all diagnoses of 'notifiable occupational respiratory diseases' from the Queensland NDLD Register to the National Registry. When these amendments come into effect, the Queensland NDLD Register will be decommissioned, and all future annual reports of these diseases will be provided by the National Registry. It will also mean the historic Queensland NDLD Register must remain accessible for legitimate research and other lawful purposes (e.g. coronial investigations). The existing duties of confidentiality in relation to the information held on the Register will also continue after the amendments come into effect.
Ongoing stakeholder engagement and communication	Targeted communications with Queensland occupational and respiratory specialists and key stakeholders, through direct messaging and updates to the NDLD Register website, are also planned for 2025–26. This is to ensure all parties are kept informed of the anticipated changes to the *Public Health Act 2005* and supporting regulations, proposed under the Health Legislation Amendment Bill (No. 2) 2025, regarding notification requirements for notifiable occupational respiratory diseases, and as outlined in section 3.7 of this report.
Continue to implement Disclosure Agreement with RSHQ as appropriate	Queensland Health staff will continue to implement the Disclosure Agreement between Queensland Health and RSHQ, as appropriate. These disclosures are anticipated to cease in the coming year, once the proposed amendments to the *Public Health Act 2005* and supporting regulation under the Health Legislation Amendment Bill (No. 2) 2025, have passed, enabling the decommissioning of the Queensland NDLD Register and full transition to the National Registry.

11 Appendices

Appendix 1. Acknowledgements

Executive and senior staff of the Health Protection and Regulation Branch provided expert strategic advice on operations of the NDLD Register and this annual report.

Management and staff across the Population Health Division (previously the Queensland Public Health and Scientific Services Division) assisted with daily operations of the NDLD Register, data analytics, and preparing this annual report.

The valuable assistance of members of the Advisory Panel, who provided expert advice and guidance on complex notifications given to the NDLD Register and related matters is also gratefully acknowledged.

Recognition is extended to RSHQ and OIR, and to Queensland Health staff from other areas of the department, including from the First Nations Health Office and from the Corporate Services Division, Strategic Communications Branch, who have also contributed their advice and expertise in preparing this and previous NDLD Register annual reports.

Appendix 2. Acronyms

CWP	Coal workers' pneumoconiosis
COPD	Chronic obstructive pulmonary disease
PMF	Progressive massive fibrosis
NDLD	Notifiable dust lung disease
NDLD Register (the Register)	Notifiable Dust Lung Disease Register
OIR	Office of Industrial Relations
RCS	Respirable crystalline silica
RSHQ	Resources Safety and Health Queensland
NORDR (National Registry)	National Occupational and Respiratory Disease Registry

Appendix 3. Glossary

Term	Definition
Asbestosis	A preventable, dust lung disease (a pneumoconiosis) involving scarring of lung tissue caused by inhaling asbestos fibres or asbestos dust.[13] Asbestosis is a notifiable dust lung disease.
Chronic obstructive pulmonary disease (COPD)	A progressive, inflammatory lung disease which causes damage to the small airways in the lungs, resulting in limited airflow.[14] COPD is an umbrella term for a group of disorders (including chronic bronchitis and emphysema) with a range of causes, of which exposure to inorganic dust may be a contributor. COPD, when caused wholly or in part by occupational exposure to inorganic dust, is a notifiable dust lung disease.
Coal workers' pneumoconiosis (CWP)	A preventable, irreversible, and progressive dust lung disease (a pneumoconiosis) arising from the inhalation of coal dust over a period of years. Also known as black lung disease[15] Coal workers' pneumoconiosis is a notifiable dust lung disease.
Confirmed case	A notification or report about a notifiable dust lung disease given to the NDLD Register, which meets the case definition, including the following information/core data fields: • Patient's family and first name, date of birth and gender • Date of diagnosis • The type of notifiable dust lung disease, as prescribed by regulation • Occupational exposure to inorganic dust in Queensland. and is given to the NDLD Register by: • an authorised notifier i.e. a prescribed medical practitioner/specialist (either directly or via the National Registry), RSHQ or OIR. Excludes a notification or report of respiratory lung disease recorded in the NDLD Register as either a 'duplicate', 'out of scope', 'unconfirmed' or 'other' notification or report.
Date of diagnosis	Notifications from prescribed medical practitioners - refer to the date the specialist diagnosed the worker as having a notifiable dust lung disease, as recorded on the notification given to the NDLD Register. Reports from RSHQ - refer to the date of diagnosis as reported by RSHQ. Where a date of diagnosis is not provided to RSHQ, the date on which RSHQ received the report of a disease is reported and is recorded in the NDLD Register as the (derived) date of diagnosis. Reports from OIR - refer to the 'latest intimation date' as reported by OIR (i.e. the date the disease claim is entered into the insurers' system), and is recorded in the NDLD Register as the ('derived') date of diagnosis.
Derived	A proxy value deduced from contextual information. May be used where a core data field is missing, and a proxy value can be deduced from contextual information given in the report. For example, if the report states a person is diagnosed with silicosis and the type of dust the worker has been exposed to is not reported, silica can be 'derived' as the dust value, as exposure to respirable crystalline silica dust causes silicosis. Another example is the ('derived') date of diagnosis which is explained under the definition above for 'date of diagnosis'.
Duplicate (notification/report)	A notification or report about a worker with respiratory lung disease that has previously been given to the NDLD Register and does not represent new or different information about the worker or disease.
Financial year	1 July 2024 to 30 June 2025 (2024–25).
Incidence	The number of new cases (of disease) occurring during a given period.
Inorganic dust	Small solid particles consisting of inorganic matter. Inorganic dust is the type of dust prescribed by regulation. It includes (but is not limited to) silica, coal, asbestos, natural stone, tungsten, cobalt, aluminium and beryllium.

Term	Definition
Legacy case	A notification or report about a notifiable dust lung disease diagnosed prior to 1 July 2019 (i.e. date of diagnosis occurred prior to commencement of the NDLD Register), given to the NDLD Register. For reports given to the NDLD Register by RSHQ, legacy cases include all cases of notifiable dust lung disease that were reported to RSHQ prior to the commencement of the NDLD Register, with date of diagnosis dating back to 1992. For reports given to the NDLD Register by OIR, legacy cases include all cases of notifiable dust lung disease that were reported to OIR prior to the commencement of the NDLD Register, with a latest intimation date (derived date of diagnosis) dating back to 1 July 2017. The NDLD Register may not have been given information about all cases of notifiable dust lung diseases diagnosed prior to 1 July 2019 due to dispersed or incomplete historical records.
Mesothelioma	A preventable, dust lung disease (a cancer), typically related to exposure to asbestos that affects the mesothelium, a thin tissue membrane that covers internal organs of the body including the thoracic cavity (pleura), the heart sac (pericardium) and the abdominal cavity (peritoneum). Caused primarily by the inhalation of asbestos fibres into the lungs.[16] Mesothelioma is a notifiable dust lung disease.
Mixed-dust pneumoconiosis	A preventable, dust lung disease (a pneumoconiosis) resulting from chronic exposure to more than one type of mineral dust, such as coal and silica dust.[17] Mixed-dust pneumoconiosis is a notifiable dust lung disease.
New case	A confirmed notification or report about a notifiable dust lung disease given to the NDLD Register during the 2024–25 financial year (i.e. between 1 July 2024 to 30 June 2025). Includes cases diagnosed in the previous financial year (2023–24) given to the NDLD Register during the 2024–25 financial year. Does not include cases diagnosed during 2024–25 given to the NDLD Register after 30 June 2025. For reports given to the NDLD Register by RSHQ—this includes confirmed reports of notifiable dust lung diseases given to the NDLD Register during 2024–25 (i.e. reports for a 12-month period dated 1 June 2024 to 31 May 2025, received during the 2024–25 financial year). For reports given to the NDLD Register by OIR—this includes confirmed reports of notifiable dust lung diseases given to the NDLD Register during 2024–25 (i.e. reports for a 12-month period dated 1 April 2024 to 31 March 2025, received during the 2024–25 financial year).
Notifiable dust lung disease	In relation to a person, any of the following respiratory diseases, when wholly or partly caused by occupational or work-related exposure to inorganic dust, as prescribed by regulation: • Cancer • Chronic obstructive pulmonary disease, including chronic bronchitis and emphysema • Pneumoconiosis, including asbestosis, coal workers' pneumoconiosis, mixed-dust pneumoconiosis and silicosis.
Notification	Information about a person with a diagnosis of a notifiable dust lung disease given to the NDLD Register by a prescribed medical practitioner/specialist (either directly in the approved form or via the National Registry), pursuant to s279AF of the *Public Health Act 2005*. A notification may include a person diagnosed with more than one notifiable dust lung disease or include information about a deceased person.
Occupational exposure	Exposure of a person to a disease-causing agent (i.e. inorganic dust) occurring, wholly or partly, in the course of a person's work.

Term	Definition
Out of scope (notification/report)	A notification or report about a person with respiratory lung disease given to the NDLD Register that falls outside the legislative framework for notifying or reporting to the NDLD Register (i.e. falls outside of Chapter 6, Part 3A, sections 279AA–279AP of the *Public Health Act 2005* and outside of Part 8, Division 5, sections 49A–49D of the Public Health Regulation 2018). For example: • A notification or report about a person with a respiratory lung disease that is not caused by occupational exposure to inorganic dust (e.g. asbestosis caused by exposure to asbestos dust during home renovations). • A report about a person with a respiratory lung disease that contains insufficient information to categorise as a notifiable dust lung disease. • A respiratory lung disease that is notified to the NDLD Register by a non-prescribed medical practitioner, such as a general practitioner.
Other (notification/report)	A notification or report about a person with respiratory lung disease given to the NDLD Register by a prescribed medical practitioner/specialist that is not a notifiable dust lung disease as prescribed in regulation. However, it is recorded in the NDLD Register (classified as 'other') to enable future monitoring of the disease.
Prescribed medical practitioner	A medical practitioner registered under the Health Practitioner Regulation National Law (Queensland) as a specialist health practitioner in either of the following specialties or specialty fields as prescribed by regulation: • occupational and environmental medicine • respiratory and sleep medicine. Also referred to as a specialist, or an occupational and respiratory disease specialist.
Progressive massive fibrosis (PMF)	A more severe form of pneumoconiosis where small lung nodules coalesce, creating conglomerate areas of scar tissue in the lungs. Denotes progression from simple pneumoconiosis to more severe pneumoconiosis (also known as complicated pneumoconiosis).[15]
Report	Information about a person with a notifiable dust lung disease, given to the NDLD Register by either RSHQ or OIR, as requested pursuant to s279AH of the *Public Health Act 2005*. A report may include a person diagnosed with more than one notifiable dust lung disease or be about a deceased person.
Silicosis	A preventable, progressive and incurable dust lung disease (a pneumoconiosis) caused by inhalation of very fine silica dust (respirable crystalline silica). Silicosis affects the lungs by damaging the lining of lung air sacs and the small airways supplying or adjacent to them. It is a form of fibrosis (scarring) of the lungs that may result in progressive loss of lung function. The lung tissue scarring stops oxygen being absorbed and can lead to disability or death.[5] Silicosis is a notifiable dust lung disease.
Silicosis – Acute	Acute silicosis can develop after short-term and very high levels of exposure to silica dust (e.g. less than one year, may be after a few weeks or months).[5,7]
Silicosis – Accelerated	Accelerated silicosis results from short term exposure to large amounts of silica dust (1 to 10 years of exposure).[5,7]
Silicosis – Chronic	Chronic silicosis results from long term exposure (over 10 years) to low levels of silica dust.[5,7]
Specialist	A medical practitioner registered under the Health Practitioner Regulation National Law (Queensland) as a specialist health practitioner in either of the following specialties or specialty fields as prescribed by regulation: • occupational and environmental medicine • respiratory and sleep medicine. Also referred to as a prescribed medical practitioner, or occupational and respiratory specialist.

Appendix 4. Register data considerations and data quality assurance activities

The number and type of notifiable dust lung diseases recorded in the NDLD Register and reported in this annual report were received from 3 primary information sources as follows:

1. Notifications - information about notifiable dust lung diseases given to the NDLD Register by occupational and respiratory specialists, pursuant to s279AF of the *Public Health Act 2005*. For this financial year, notifications from specialists were given to the NDLD Register either directly (in the approved form) or via the National Registry.
2. Reports - information about notifiable dust lung diseases given to the NDLD Register by RSHQ, pursuant to s279AH of the *Public Health Act 2005*.
3. Reports - information about notifiable dust lung diseases given to the NDLD Register by OIR, pursuant to s279AH of the *Public Health Act 2005*.

The data reported in this annual report focuses on new confirmed cases of notifiable dust lung diseases recorded in the NDLD Register during 2024–25. It is important to note that due to a time delay between when a person is diagnosed and when the NDLD Register is given the notification or report, some new cases of notifiable dust lung disease captured in this report were diagnosed in the previous financial year (2023–24). In addition, some cases diagnosed during 2024–25 will not have been given to the NDLD Register by 30 June 2025 and therefore will not be captured in this report.

This annual report also includes information about all confirmed cases of notifiable dust lung disease recorded in the NDLD Register to date (i.e. based on confirmed notifications and reports given to the NDLD Register from commencement of the NDLD Register on 1 July 2019 to 30 June 2025, including legacy cases), by year of diagnosis.

This includes updated information given to the NDLD Register during the financial year for cases diagnosed during the previous (2023–24) financial year and updated information given to the NDLD Register about legacy cases.

Notifications of notifiable dust lung disease given to the NDLD Register by occupational and respiratory specialists in the approved form or via the National Registry provides fit for purpose data, including all core data fields.

In contrast, reports of notifiable dust lung disease given to the NDLD Register by RSHQ and OIR contain information which has been gathered by these organisations for other purposes, including monitoring coal miners' health or managing workers' compensation claims, respectively. Therefore, not all information held by RSHQ or OIR about notifiable dust lung diseases match the core data fields.

Gaps in information given to the NDLD Register by RSHQ and OIR for example include exposure history (e.g. years of exposure), disease severity (e.g. PMF) and First Nations status of workers.

For any incomplete notifications, the NDLD Register can issue a notice under s279AG of the *Public Health Act 2005*, requesting or requiring further information from the specialist who gave the notification to the Register. There are no provisions under the *Public Health Act 2005*, similar to s279AG, that would enable the NDLD Register to issue notices to RSHQ or OIR requiring or requesting them to provide further information about an incomplete report given to the Register.

Further differences include variations in the amount of reliable historical information provided by RSHQ and OIR to the NDLD Register. For example, RSHQ was able to provide the NDLD Register with information on legacy cases of notifiable dust lung disease with a date of diagnosis dating back to 1992, whereas OIR was able to provide information on legacy cases with a date of diagnosis dating back 2 years only (from 1 July 2017).

Another difference is RSHQ reports of notifiable dust lung disease are provided to the NDLD Register each month, whereas OIR reports are provided quarterly.

Consequently, the completeness and quality of the information about notifiable dust lung diseases given to the NDLD Register by the 3 sources varies. To minimise these differences, and to maximise the accuracy and completeness of the data recorded in the NDLD Register, a range of data monitoring and quality assurance measures continue to be implemented. These include:

- Frequent meetings with RSHQ and OIR to promote consistency and completeness of information given to the NDLD Register, especially for core data fields
- Regular meetings with the National Registry to ensure all relevant notifications and minimum data are received by the NDLD Register
- Ongoing development and consolidation of data entry and data derivation rules and procedures to ensure to the extent possible the consistency and completeness of information recorded in the NDLD Register
- Continuous implementation of rigorous data quality checks for all notifications and reports received by the NDLD Register
- Production of regular data quality assurance reports to review and improve the completeness of records in the NDLD Register
- Referral of complex notifications and reports to the Interim Advisory Panel for specialist medical review and advice on case interpretation and classification.

As additional information is provided to the NDLD Register, some cases may be reclassified over time resulting in revisions to the number and type of dust lung diseases recorded in the NDLD Register and reported in annual reports.

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