

Analysis of UK Absences Due to Sickness

Data Source: UK Office of National Statistics (ONS)

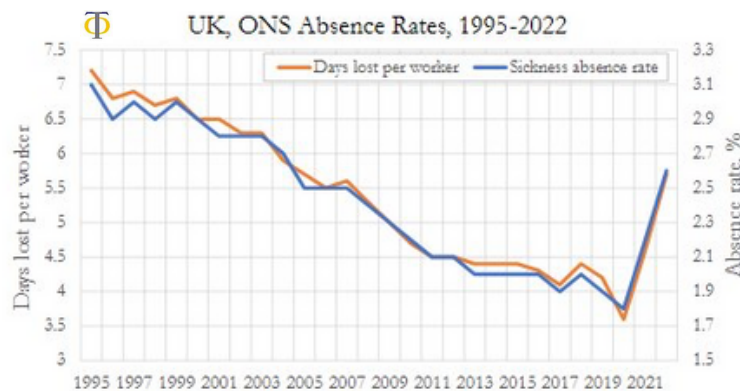
This Project Brief provides a detailed explanation of the changes in absence rates and lost work time rates that occurred in the United Kingdom from 1995 through 2022. See The Humanity Project web site for [the full analysis](#).

Information regarding sickness absence statistics:

- A working day is defined as 7 hours and 30 minutes.
- Sickness absence rate is proportional to the total hours lost because of sickness or injury divided by total hours multiplied by 100.
- Total hours is the sum of total actual hours for those with no sickness and the total usual hours for those with sickness absence.
- Sickness absence rates are presented as percentages throughout these analyses.

Absence Rates and Lost Worktime Rates

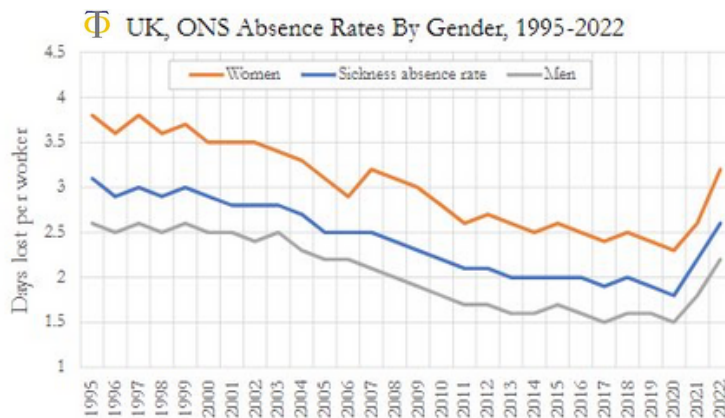
Lost Workdays and Sickness Absence Rates



Summary:

- Very similar trends for both Days Lost per Worker and Sickness Absence Rate.
- Declining trend in absence rates from 1995 to 2020.
- Large increase in absence rates in 2021 and 2022.
- Reversal of health improvement by nearly 20 years, back to 2004-2005 levels.

Absence Rates by Gender



Summary:

- Similar trends for both men and women.
- Declining trend in absence rates from 1995 to 2020.
- Large increase in 2021 and 2022.
- Women experienced slightly larger absolute increase in absence rates than men (0.9% vs 0.7%, but men experienced a larger relative increase (46% vs 40%).
- Reversal of health improvements all the way back to 2004 to 2005.

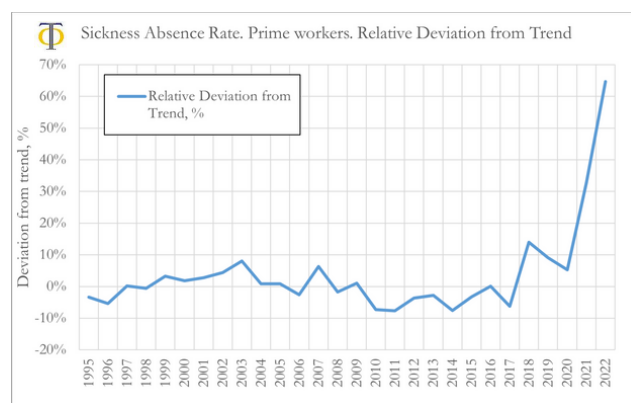
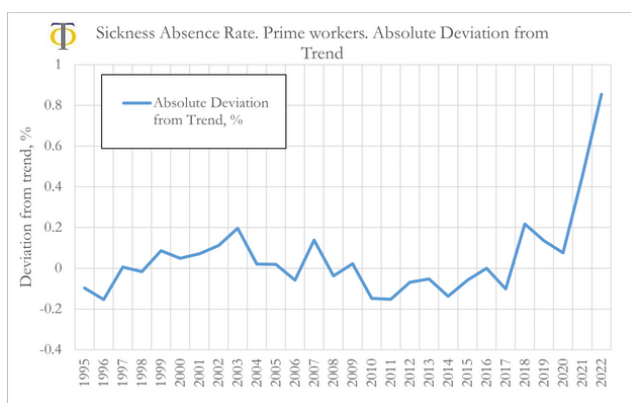
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Deviation from 1995 to 2019 Trend for Prime Workers (Ages 25 – 49)

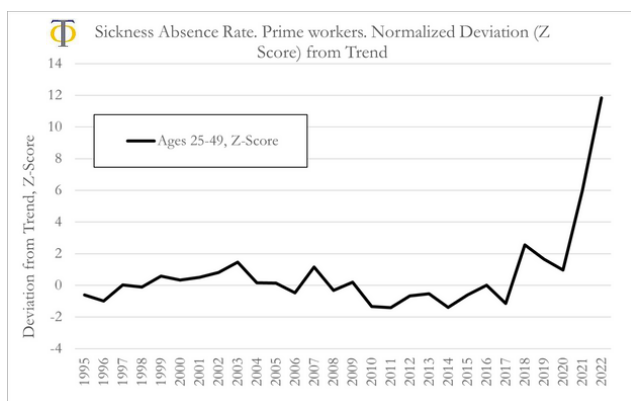
Sick Absence Rates for Prime Workers – Deviation from Trend, Absolute and Relative

Summary:

- Absolute deviation from 1995 to 2019 trend in absence rate ranged between -20% to 20% from 1995 to 2019 for prime age workers. From 2021 we see an increased deviation from trend in each consecutive year.
- In 2022, the deviation from trend was over 85% in absolute terms.
- In relative terms, the deviation from trend in 2022, for the total full-time workers was about 65%.



Sick Absence Rates for Prime Workers – Normalized Deviation from Trend, Z-Score



Summary:

- The normalized (Z-Score) deviation from 1995 to 2019 trend in absence rates ranged between -2 to +2 from 1995 to 2020.

For the total full-time workers:

- In 2021 the Z-Score was around 6.
- In 2022 the Z-Score was about 12.
- Absence rates have been growing more and more out of the previous 1995 to 2019 behavior.
- Absence rates in 2021 and 2022 represent extreme increases.

Conclusions

- Sickness Absence rates considerably increased in 2021 and 2022, reversing improvements in workers’ health and sending the metrics back to ~2005.
- The largest rise in absence rates was in 2022 vs. 2021, highlighting the acceleration of the problems.
- The increases were similar for the most part for both men and women, as well as workers in various age groups.
- Minor illnesses, COVID-19, and respiratory conditions were the main drivers of the increase in sick absences.
- Similar findings for lost worktime rates.
- The findings are mostly similar to those we found in the [US absence rates analysis](#), except that 2020 absence rates in the UK were lower than 2019, whereas in the US they increased.

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Observations

- We observe that the rise in absence and lost worktime rates in the UK follow a very similar pattern as for [the US](#). When framing the results above in the context of the V-Damage project for the US, we come to the conclusion that the most likely cause for the rise in absence levels was the impact of the mass Covid-19 vaccinations. Not only did the Covid-19 vaccines cause a degradation of individuals' immune systems that led to higher rates of illness and injury, as did the rise in disabilities in the US since early 2021, which we've shown to be related to the mass vaccination campaign ([here](#) and [here](#)) lead to higher absence rates. We are currently performing an equivalent analysis of the rise in disabilities post-2021 for the UK, which should further corroborate these conclusions.
- By finding very similar rises in absence rates in the US and the UK makes us believe that there are common factors at play that are independent of cultural or geographical differences between the countries. For instance the rise in fentanyl use in the US is not affecting the UK population as much, and therefore is not a likely explanation for the rise in absence rates.
- Our current analysis is based upon yearly data and therefore we cannot ascertain if the rise in absence rates follows a seasonal pattern, related to influenza, colds, Covid-19, and other respiratory illnesses with higher incidence in the winter months. We have made a request to the ONS to have access to quarterly data which would allow us to have more detail in the analysis.
- Even though we believe that the Covid-19 inoculations play a major role, we must also consider that other factors might be leading to the rise in absence rates, namely, Covid-19, the impact of the pandemic lockdowns, the low unemployment rates in 2021 and 2022 that place extra pressure on currently employed individuals, and other factors.