### Appendix A

# Spatial Assessment of the attributable burden of disease due to transportation noise in England

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## ICD-10 codes

Health outcome	ICD codes	ICD codes: Recorded underlying causes of death in England (2009-13)
Ischemic heart disease	I20-25	1209, 1249, 1251, 1255, 1258
Diabetes mellitus	E08-13	E107, E109, E110, E111, E112, E113, E114, E115, E116, E117, E119
Stroke	I60-69	1609, 1630, 1631, 1632, 1633, 1634, 1635, 1636, 1638, 1639, 1672, 1678, 1692, 1693, 1698

#### **LAD-level distribution of population exposure to noise** $\geq$ 50 dB (L<sub>night</sub> and L<sub>den</sub>)

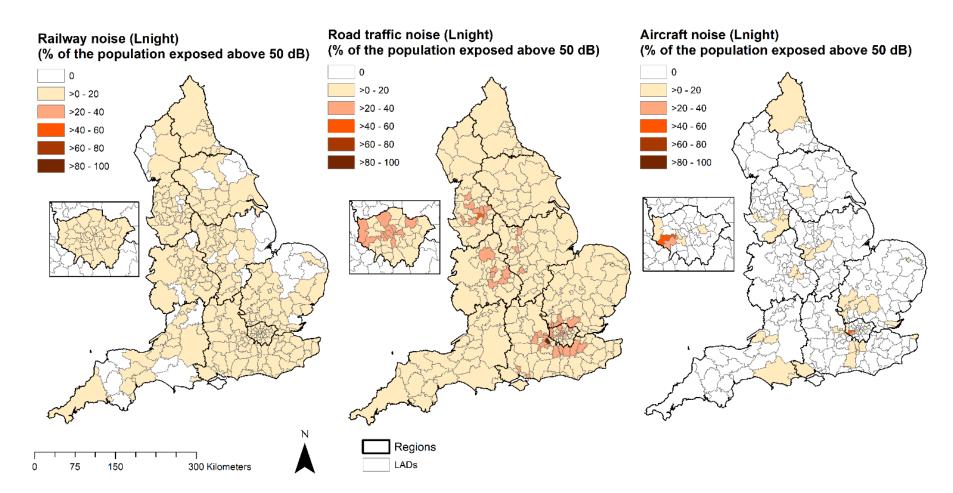


Figure A1. Spatial variation in the percentage (%) of the population exposed to road, railway, and aircraft night-time noise from major sources above 50 dB (L<sub>night</sub>) across local authorities (LADs) in England, based on strategic noise mapping.

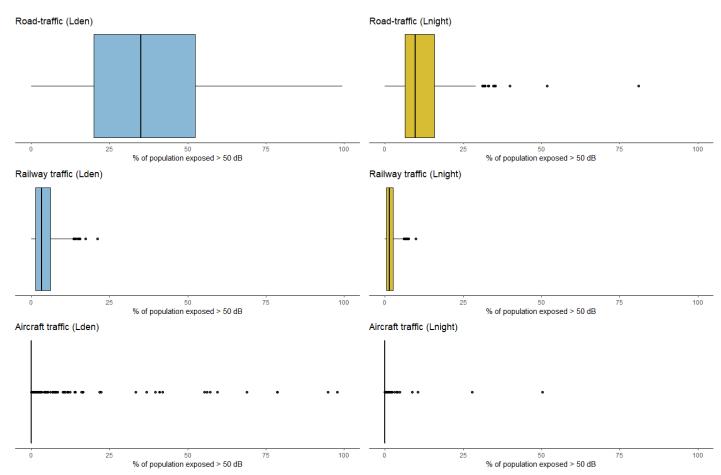
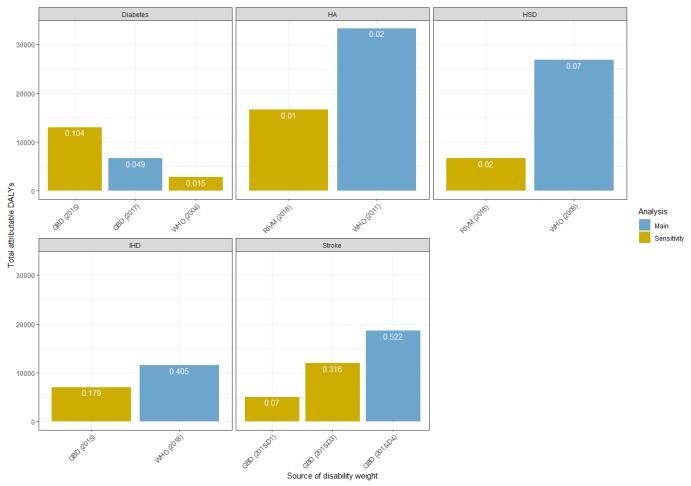


Figure A2. Distribution of the percentage of the population exposed to  $L_{den}$  and  $L_{night}$  transportation noise at or above 50 dB across Local Authority Districts (LADs) in England. The vertical line represents the median, the bounding box around the line the interquartile range (IQR) and the dotted points are outlier LADs in the distribution.

### Sensitivity analysis with alternative disability weights



**Figure A3. Sensitivity analyses comparing the total attributable DALYs due to road-traffic noise exposure above 50 dB in England using alternative disability weights.** Estimates are for the adult population (20+) in 2018. Numbers on the bar plots indicate the disability weight. Main: DW used in main analysis; Sensitivity: Alternative DW; IHD: Ischemic heart disease; HA: Highly annoyed; HSD: Highly sleep disturbed.

Health outcome	Source	Description	Disability Weight (central estimate)	Citation
Highly annoyed	WHO 2011	Highly annoyed	0.02	(WHO Regional Office for Europe 2011)
	RIVM 2018	Highly annoyed	0.01	(National Institute for Public Health and the Environment (RIVM) 2018)
Highly sleep disturbed	WHO 2009	Highly sleep disturbed	0.07	(WHO 2009)
usturbeu	RIVM 2018	Highly sleep disturbed	0.02	(National Institute for Public Health and the Environment (RIVM) 2018)
Ischemic heart disease	WHO 2018	Ischaemic Heart Disease	0.405	(WHO 2018)
	GBD 2015	Severe heart failure	0.179	(Salomon et al. 2015)
Stroke	GBD 2015-D4	Long-term consequences severe	0.552	(Salomon et al. 2015)
	GBD 2015-D3	Long-term consequences, moderate, plus cognition problems	0.316	(Salomon et al. 2015)
	GBD 2015-D1	Long-term consequences, moderate	0.07	(Salomon et al. 2015)
Diabetes mellitus	GBD 2017	Uncomplicated Diabetes Mellitus	0.049	(Global Burden of Disease Collaborators 2017)
	GBD 2015	Chronic kidney disease (stage 4)	0.104	(Salomon et al. 2015)
	WHO 2004	Diabetes Mellitus	0.015	(WHO 2004)

**Table A2. Description of disability weights and sources of information.** Bolded entries indicate disability weights used in the main analysis.

GBD: Global burden of disease study coordinated by the Institute of Health Metrics and Evaluation (University of Washington); WHO: World Health Organization: RIVM: National Institute for Public Health and the Environment.

#### Sensitivity analyses comparing alternative exposure response relationships (ERR)

## Table A3. Attributable burden of disease due to road-traffic noise exposure using alternative exposure response relationships (ERR) for ischemic heart disease.

	Ischemic heart disease						
ERR		Main E	RR	Sensitivity ERR			
ERR range	(van Kempen et al. 2018) 53 – 80 dB			(Vienneau et al. 2019) 40 – 80 dB			
Metrics	RR per 10 dB PAF Total DALYs/yr   [95% CI] (%) [95% CI]		RR per 10 dB [95% CI]	PAF (%)	Total DALYs/yr [95% CI]		
Estimate [95% CI]	1.08 [1.01-1.15]	1.5%	11,556 [1,427-21,942]	1.02 [1.0-1.04]	1.3%	10,582 [0 - 21,453]	

%: percentage; PAF: Population attributable fraction: DALY: Disability adjusted life year; RR: Relative risk; ERR: Exposure Response Relationship; CI: Confidence interval

## Table A4. Attributable burden of disease due to road-traffic noise exposure using alternative exposure response relationships (ERR) for stroke.

			St	roke			
ERR		Main	ERR	Sensitivity ERR			
	(vai	n Kempen	et al. 2018)	(Roswall et al. 2021)			
ERR range	50 – 70 dB			40-70  dB			
Metrics	RR per 10 dB [95% CI]	PAF (%)	Total DALYs/yr [95% CI]	RR per 10 dB [95% CI]	PAF (%)	Total DALYs [95% CI]	
Estimate [95% CI]	1.14 [1.03 – 1.25]	3.8%	18,592 [2,926 - 41,093]	1.06 [1.03 - 1.08]	3.9%	19,070 [6,901- 32,006]	

%: percentage; PAF: Population attributable fraction: DALY: Disability adjusted life year; RR: Relative risk; ERR: Exposure Response Relationship; CI: Confidence interval

## Table A5. Attributable burden of disease due to road-traffic noise exposure using alternative exposure response relationships (ERR) for annoyance (HA).

Source of exposure response relationship	% of the population highly annoyed	Number of people highly annoyed	Total DALYs/yr
Main ERR (Guski et al. 2017)	3.9%	1,662,157	33,243
WHO Excl. Asian and Alpine *			
Sensitivity ERR (Guski et al. 2017) WHO full dataset **	5.4%	2,311,990	46,240
Sensitivity ERR (Fenech et al. 2022) 2022 update ***	5.1%	2,195,850	43,917

%: percentage; DALY: Disability adjusted life year. Noise range was 40 – 80 dBA for all ERRs.

\*ERR developed by excluding Asian and Alpine studies from WHO database of studies (*WHO Excl. Asian and Alpine*): %HA =  $116.4304 - 4.7342 \times L_{den} + 0.0497 \times L_{den}^2$ 

\*\* ERR developed including all studies in WHO database of studies ('WHO full dataset'):

 $\%HA = 78.9270 - 3.1162 \times L_{den} + 0.0342 \times L_{den}^{2}$ 

\*\*\* ERR developed by updating the WHO ERR curve with new studies published between 2014-2022 (2022 update): %HA =  $57.256 - 2.5731 \times L_{den} + 0.0312 \times L_{den}^2$ 

Table A6. Attributable burden of disease due to conventional railway-traffic noise exposure using alternative exposure response relationships (ERR) for annovance (HA).

Source of exposure response	% of the population highly	Number of people	Total DALYs/yr
relationship	annoyed	highly annoyed	
Main ERR	0.7%	295,766	5,916
(Guski et al. 2017)			
WHO full dataset *			
Sensitivity ERR	0.8%	341,849	6,837
(Fenech et al. 2022)			
2022 update **			

%: percentage; DALY: Disability adjusted life year. Noise range was 40 – 85 dBA for all ERRs.

\* ERR in WHO commissioned systematic review (Guski et al. 2017) %HA =  $38.1596 - 2.05538 \times L_{den} + 0.0285 \times L_{den}^2$ \*\* ERR developed by updating the WHO ERR curve with new studies published between 2014-2022: %HA =  $39.216 - 2.1835 \times L_{den} + 0.0311 \times L_{den}^2$ 

## Road-traffic noise DALYs (per 100,000 people) lost – Regions

Regions	Highly annoyed	Highly sleep disturbed	Ischemic heart disease (IHD)	Stroke	Diabetes
North East	55	36	25	41	12
North West	99	79	43	63	21
Yorkshire and The Humber	69	55	29	45	15
East Midlands	55	41	20	34	12
West Midlands	78	64	29	48	19
East of England	54	37	18	30	11
London	116	101	28	39	21
South East	80	66	26	46	15
South West	53	41	20	37	11

Table shows the central DALY estimates.

### **Regional prevalence and mortality estimates**

D	M	Prevalence per 100,000 people				
Region	Measurement	Diabetes Mellitus	IHD	Stroke		
	Estimate	6,823	3,502	1,849		
East Midlands	Lower 95% CI	6,726	3,438	1,803		
	Upper 95% CI	6,921	3,567	1,897		
	Estimate	6,128	3,174	1,715		
East of England	Lower 95% CI	6,039	3,116	1,672		
	Upper 95% CI	6,218	3,233	1,759		
	Estimate	6,229	2,066	1,063		
London	Lower 95% CI	6,132	2,015	1,027		
	Upper 95% CI	6,328	2,118	1,101		
	Estimate	6,782	4,339	2,202		
North East	Lower 95% CI	6,679	4,264	2,148		
	Upper 95% CI	6,887	4,416	2,257		
	Estimate	6,739	3,800	1,938		
North West	Lower 95% CI	6,630	3,726	1,885		
	Upper 95% CI	6,850	3,876	1,993		
	Estimate	5,760	2,956	1,709		
South East	Lower 95% CI	5,665	2,895	1,662		
	Upper 95% CI	5,856	3,019	1,757		
	Estimate	6,107	3,529	2,107		
South West	Lower 95% CI	6,042	3,485	2,072		
	Upper 95% CI	6,172	3,574	2,142		
	Estimate	7,276	3,353	1,834		
West Midlands	Lower 95% CI	7,175	3,290	1,787		
	Upper 95% CI	7,378	3,418	1,883		
** 1 1	Estimate	6,606	3,804	1,951		
Yorkshire and The Humber	Lower 95% CI	6,506	3,735	1,902		
	Upper 95% CI	6,708	3,874	2,002		

Table A8. Disease prevalence per 100,000 people by English regions.

Source of prevalence data described in Section 2.7 in Methods (main paper)

Region	LAD	Total	Mortalities per 100,000			ASMR per 100,000 *		
	Count	Population	Total	Male	Female	Total	Male	Female
East Midlands	40	4,804,000	964	960	968	951	942	961
East of England	45	6,202,300	956	954	958	882	877	887
London	33	8,908,300	561	567	556	815	829	802
North East	12	2,658,700	1,084	1,076	1,093	1,046	1,037	1,056
North West	39	7,291,300	1,002	998	1,005	1,024	1,018	1,030
South East	64	9,134,600	914	901	927	851	845	858
South West	30	5,599,100	1,047	1,034	1,059	878	871	884
West Midlands	30	5,901,800	963	966	961	969	977	962
Yorkshire and The Humber	21	5,480,100	970	968	972	984	987	982

Table A9. All-cause mortality and Age-Standardised Mortality Rates (ASMR) per 100,000 people by sex and English regions in 2018.

Source of mortality data described in Section 2.7 in Methods (main paper)

\* Mortality rates standardised to national population profiles for England using 5-year age bands of mortality and population counts by sex in 2018, published by the Office for National Statistics (ONS).

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