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Table of Contents

List of tables and charts 5
Symbols and abbreviations 8
Introduction 9

1. Demographic indicators and Healthy Life Years Expectancy

Demographic indicators 12
Healthy Life Years Expectancy 17

2. Health Status

Self-perceived health 25
Longstanding health problems 28
Cancer 33
HIV and AIDS 35
Tuberculosis 38
Occupational diseases 40

3. Life Styles and other Risk Factors

Body mass index 45
Tobacco consumption 49
Alcohol consumption 52
Accidents at work 54
Commuting accidents 59

4. Mortality

Major causes of death in EU-25 63
Standardised death rates 65

5. Health Care

Total current health expenditure 80
Doctors and dentists 82
Consultation of a doctor or dentist 84
Hospital beds 86
Hospital discharges 88
Hospitalisation 90

6. Special Highlights

Cancers 95
Diseases of the circulatory system..... 98
Accidents..... 101

Glossary 106

List of tables and charts

Population totals by sex at 1 January 2003 (in 1,000) 13

Population structure indicators: share percentages and age dependency ratio - 2003 14

Crude birth and death rates (number per 1,000 inhabitants) – fertility rate, 2003 15

Life expectancy – 2002 16

Healthy life years expectancy at birth – in years 18

Healthy life years expectancy at 65 – in years 19

Healthy life years expectancy – men 20

Healthy life years expectancy – women 21

Percentage of population who feel that their health is … – 2003 .. 26

Prevalence (%) of any and very severe longstanding health problems/disability – Population aged 16-64 years, EU-25, 2002 .. 29

Prevalence (%) of very severe longstanding health problems/ disability – Population aged 16-64 years, 2002 30

Distribution of cause of longstanding health problems/disability – Population aged 16-64 years, EU-25, 2002 31

Distribution of type of longstanding health problems/disability (all severities) – Population aged 16-64 years, EU-25, 2002 32

Cancer incidence: age-standardised rate – per 100,000 population 34

HIV and AIDS 36

Tuberculosis cases notified absolute numbers and rate per 100,000 population 39

Ten most common occupational diseases recognised – EU-15, 2002 41

Prevalence of overweight and obesity as % of the population, 2003 46

Prevalence of smoking as % of the population, 2003 50

Percentage of people who drank any alcohol (beer, wine, spirits, …) in the past 12 months – 2003 53

Incidence rates of non-fatal accidents at work per main branch of activity per 100,000 workers, EU-15, 2002 55

Accidents at work: index of the number of non-fatal accidents per 100,000 persons in employment (1998=100) 56

Incidence rates of non-fatal accidents at work per 100,000 workers, by year 57

Incidence rates of fatal accidents at work per 100,000 workers, by year 57

Incidence rates of non-fatal accidents at work per 100,000 workers, by age 58

Incidence rates of fatal accidents at work per 100,000 workers, by age 58

Incidence rates of non-fatal commuting accidents per main branch of activity per 100,000 workers, EU-15, 2002 60

Major causes of death by age-group – EU-25, 2002 64

Diseases of the circulatory system: standardised death rate – all ages, per 100,000 persons, 2002 66

Diseases of the circulatory system: standardised death rate – aged under 65, per 100,000 persons, 2002 68

Malignant neoplasms: standardised death rate – all ages, per 100,000 persons, 2002 70

Malignant neoplasms: standardised death rate – aged under 65, per 100,000 persons, 2002 72

External causes of injury and poisoning: standardised death rate – all ages, per 100,000 persons, 2002 74

External causes of injury and poisoning: standardised death rate – aged under 65, per 100,000 persons, 2002 76

Total current health expenditure as % of GDP – 2002 81

Practising doctors and dentists per 100,000 population 83

Consultation in the last 12 months as % of population, 2003 85

Hospital beds – per 100,000 population 87

Hospital discharges – per 100,000 inhabitants 89

Hospitalisation – as % of population, 2003 91

Cancers: discharges, SDR and screening on breast and cervical cancer – numbers, rate per 100,000 inhabitants, screening percentages, 2002 96

Cancers – women: discharges, SDR and screening on breast and cervical cancer numbers, rate per 100,000 inhabitants, screening percentages, 2002 97

Diseases of the circulatory system – per 100,000 inhabitants, 2002 99

People injured in accidents: prevalence of disability and long-standing health problems – as % of population (aged 16-64), 2002 101

People injured in accidents: road traffic – numbers, 2002 102

Deaths due to accidents – numbers, 2002 103

Symbols and abbreviations

:	data not available
e	estimated value
p	provisional value
b	break in series
u	unreliable

EU-25	European Union (25 member countries)
EU-15	European Union (15 member countries)
BE	Belgium
CZ	Czech Republic
DK	Denmark
DE	Germany
EE	Estonia
EL	Greece
ES	Spain
FR	France
IE	Ireland
IT	Italy
CY	Cyprus
LV	Latvia
LT	Lithuania
LU	Luxembourg
HU	Hungary
MT	Malta
NL	Netherlands
AT	Austria
PL	Poland
PT	Portugal
SI	Slovenia
SK	Slovak Republic
FI	Finland
SE	Sweden
UK	United Kingdom
BG	Bulgaria
RO	Croatia
TR	Romania
IS	Iceland
NO	Norway
CH	Switzerland

For each table or graph, the source refers to the appropriate data collection available on Eurostat's web site **http://europa.eu.in/comm/eurostat.**

Introduction

This third edition of the **Pocketbook on Health** contributes to the aim of the current programme of Community action in the field of public health (2003-08, adopted by the European Parliament and the Council in 2002) which highlights the importance of development and dissemination of health information and knowledge.

Within the context of the Community Statistical Program (2002-2007) Eurostat responds to this key priority of the public health programme by continuously improving its databases. Through intensive cooperation with the different statistical authorities in the Member States (National Statistical Institutes, Ministries of Health,…) and within the context of the Partnership Health, more data are now available directly from Eurostat.

Eurostat also cooperates closely with the Commission's Directorate-General "Health and Consumer Protection" and a number of the "ECHI - European Community Health Indicators" [1] are based on data collected by Eurostat.

Other relevant data sources such as WHO and OECD were also used; the particular source of each indicator is therefore specified for each table or graph.

The data focus is on the 25 European Union Members and the Candidate Countries. In order to allow international comparisons, data for Iceland, Norway and Switzerland are also included.

This Pocketbook provides a limited selection of figures on health and health determinants; it is by no means an exhaustive collection. A more complete overview of health indicators may be found in the Eurostat publication ***Key Data on Health 2002*** or on our web site[2]. The present selection focuses on core indicators concerning health status, risk factors and health care provision.

Please note that despite the harmonisation efforts undertaken by Eurostat together with the Member States health statistics might not always be completely comparable. There are many reasons for this, ranging from differences in the organisation of national health care systems to cultural differences in the reporting of medical conditions.

Data extracted June 2005

[1] http://europa.eu.int/comm/health/ph_information/dissemination/echi/echi_en.htm.
[2] http://europa.eu.in/comm/eurostat.

DEMOGRAPHIC INDICATORS AND HEALTHY LIFE YEARS EXPECTANCY

1. DEMOGRAPHIC INDICATORS AND HEALTHY LIFE YEARS EXPECTANCY

Demographic indicators

The first table provides **population totals** by sex.

The second table presents the population structure by specifying 2 **age cohorts**, the share of people younger than 15 and those aged 65 and over, and the **old age dependency ratio**. This is the ratio of the number of elderly persons (aged 60 and over, an age when they are generally economically inactive) to the number of persons of working age (from 20 to 59).

The **crude birth rate** is the ratio of the number of live births during the year to the average population in that year. The value is expressed per 1,000 inhabitants.

The **crude death rate** is the ratio of the number of deaths during the year to the average population in that year. The value is expressed per 1,000 inhabitants.

The **total fertility rate** can be understood as the mean number of children that will be born alive to a woman during her lifetime. The total fertility rate is also used to indicate the replacement level fertility; in more developed countries, a rate of 2.1 is considered to be the replacement level.

The **life expectancy** (LE) at a certain age gives the mean number of years still to be lived by a person who has reached that age, if subjected throughout the rest of his or her life to the current mortality conditions (age-specific probabilities of dying).

All demographic indicators show an ageing population which has considerable implications for all areas of health policy.

Population totals by sex at 1 January 2003 (in 1,000)

	total	men	women
EU-25	**454,580**	**221,503**	**233,078**
EU-15	**380,379**	**185,761**	**194,618**
BE	10,356	5,067	5,289
CZ	10,203	4,967	5,237
DK	5,384	2,662	2,721
DE	82,537	40,345	42,192
EE	1,356	625	731
EL	11,006	5,449	5,558
ES	41,551	20,387	21,164
FR	59,635	28,977	30,658
IE	3,964	1,970	1,994
IT	57,321	27,766	29,555
CY	715	351	365
LV	2,332	1,073	1,258
LT	3,463	1,617	1,845
LU	448	221	227
HU	10,142	4,819	5,324
MT	397	197	201
NL	16,193	8,016	8,177
AT	8,102	3,929	4,173
PL	38,219	18,507	19,712
PT	10,408	5,030	5,377
SI	1,995	976	1,019
SK	5,379	2,6110	2,768
FI	5,206	2,545	2,661
SE	8,941	4,427	4,514
UK	59,329	28,970	30,359
BG	7,846	3,816	4,030
HR	4,442	2,138	2,304
RO	21,773	10,628	11,145
IS	289	144	144
NO	4,552	2,256	2,296
CH	7,314	3,575	3,739

Source: Eurostat - demography statistics.

Population structure indicators: share percentages and age dependency ratio – 2003

	% younger then 15	% 65 and over	old age dependency ratio
EU-25	**16.5**	**16.3**	**38.8**
EU-15	**16.4**	**16.9**	**40.2**
BE	17.4	17.0	39.5
CZ	15.6	13.9	32.1
DK	18.8	14.8	36.1
DE	15.0	17.5	44.3
EE	16.6	15.9	40.5
EL	14.6	17.5	40.4
ES	14.5	16.9	37.0
FR	18.6	16.3	38.1
IE	21.0	11.1	27.0
IT	14.2	19.0	44.9
CY	20.9	11.8	29.8
LV	16.0	15.9	40.9
LT	18.3	14.7	37.3
LU	18.8	14.0	32.8
HU	16.1	15.4	36.7
MT	18.7	12.8	29.8
NL	18.6	13.7	32.4
AT	16.5	15.5	38.6
PL	17.8	12.8	29.9
PT	15.8	16.7	38.8
SI	15.0	14.8	34.3
SK	18.1	11.5	27.0
FI	17.8	15.3	36.9
SE	18.0	17.2	42.0
UK	17.8	15.3	36.9
BG	14.6	17.0	40.1
HR	16.6	16.3	40.1
RO	17.0	14.2	34.3
IS	22.9	11.7	28.0
NO	20.0	14.8	35.0
CH	16.7	15.6	36.5

Source: Eurostat - demography statistics.

Crude birth and death rates (number per 1,000 inhabitants) – fertility rate, 2003

	birth rate	death rate	fertility rate
EU-25	**10.4**	**9.9**	**1.5 e**
EU-15	**10.6**	**9.8**	**1.5 e**
BE	10.8	10.3	1.6 e
CZ	9.2	10.9	1.2
DK	12.0	10.7	1.8
DE	8.6	10.3	1.3 e
EE	9.8	13.4	1.4 e
EL	9.5	9.6	1.3 p
ES	10.5	9.1	1.3 e
FR	12.7	9.2	1.9 e
IE	15.4	7.2	2.0
IT	9.4	9.9	1.3 e
CY	11.2	7.2	1.5 e
LV	9.0	13.9	1.3 p
LT	8.9	11.9	1.3 p
LU	11.8	9.1	1.6
HU	9.3	13.4	1.3 p
MT	9.8	7.8	1.4 e
NL	12.3	8.7	1.8 p
AT	9.5	9.5	1.4 p
PL	9.2	9.6	1.2 e
PT	10.8	10.4	1.4 e
SI	8.7	9.8	1.2 e
SK	9.6	9.7	1.2 e
FI	10.9	9.4	1.8
SE	11.1	10.4	1.7
UK	11.7	10.3	1.7 e
BG	8.6	14.3	1.2
HR	:	:	:
RO	9.8	12.3	1.3
IS	14.2	6.2	2.0 p
NO	12.4	9.3	1.8
CH	9.8	8.6	1.4 e

Source: Eurostat - demography statistics.

Life expectancy – 2002

	at birth		at 65	
	men	women	men	women
EU-25	**74.8 e**	**81.1 e**	**16.0**	**19.6**
EU-15	**75.8 e**	**81.6 e**	**16.3**	**19.9**
BE	75.1	81.1	15.8	19.7
CZ	72.1	78.7	14.0	17.4
DK	74.8	79.5	15.4	18.3
DE	75.4 p	81.2 p	:	:
EE	65.3	77.1	12.7	17.3
EL	75.4 p	80.7 p	:	:
ES	75.8 e	83.5 e	:	:
FR	75.8 p	83.0 p	:	:
IE	75.2	80.3	15.3	18.6
IT	76.8 e	82.9 e	:	:
CY	:	:	:	:
LV	64.8	76.0	12.5	16.9
LT	66.3	77.5	13.3	17.7
LU	74.9	81.5	15.9	19.9
HU	68.4	76.7	13.1	17.0
MT	75.9	81.0	14.9	19.0
NL	76.0	80.7	15.6	19.3
AT	75.8	81.7	16.3	19.7
PL	70.4	78.7	14.0	17.9
PT	73.8	80.5	15.6	19.0
SI	72.7	80.5	14.6	18.9
SK	69.9	77.8	13.3	17.0
FI	74.9	81.5	15.8	19.6
SE	77.7	82.1	16.9	20.0
UK	75.9	80.5	:	:
BG	68.9	75.6	13.0	15.7
HR	71.2	78.3	:	:
RO	67.5	74.8	13.1	15.8
IS	78.5	82.3	:	:
NO	76.4	81.5	16.2	19.7
CH	77.8	83.0	17.4	21.0

Source: Eurostat - demography statistics.

Healthy Life Years Expectancy

We know people are living longer. However, do we live longer and better or do we only gain years of life in poor health?

Health expectancies are the kind of indicators which can help us to answer this type of question. Health expectancies extend the concept of life expectancy to morbidity and disability in order to assess the quality of years lived. It is a composite indicator that combines mortality data with data referring to a health indicator, such as disability.

The **Healthy Life Years Expectancy** (HLYE) measures the number of remaining years that a person of a specific age is still expected to live in a healthy condition. A healthy condition is defined by the absence of limitations in functioning / disability. Therefore, the indicator is also called disability-free life expectancy (DFLE).

The HLYE indicator is calculated at birth and at 65.

In general, women have a higher HLYE than men. The difference is however smaller than the difference in life expectancy between men and women.

The evolution in time (1998 over to 2003) shows an increasing HLYE.

Healthy life years expectancy at birth – in years

	men		women	
	1998	2003	1998	2003
BE	63.3	67.4 e	65.4 e	69.2 e
CZ	:	62.8 p [1]	:	63.3 p [1]
DK	62.4	63.0 e	61.3 e	60.9 e
DE	62.1 e	65.0 e	64.3 e	64.7 e
EE	:	:	:	:
EL	66.5	66.7 e	68.3	68.4 e
ES	65.2	66.8 e	68.2	70.2 e
FR	59.2	60.6 e	62.8	63.9 e
IE	64.0	63.4 e	67.6 [2]	65.4 e
IT	67.9	70.9 e	71.3	74.4 e
CY	:	68.4	:	69.6
LV	:	:	:	:
LT	:	:	:	:
LU	:	:	:	:
HU	:	53.5 p	:	57.8 p
MT	:	65.1 p [1]	:	65.7 p [1]
NL	61.9	61.7 e	61.1 e	58.8 e
AT	63.4	66.2 e	:	69.6 e
PL	:	62.5 [1]	:	68.9 [1]
PT	59.1	59.8 e	61.1	61.8 e
SI	:	:	:	:
SK	:	:	:	:
FI	55.9	57.3 e	58.3	56.5 e
SE	61.7	62.5 e	61.3 e	62.2 e
UK	60.8 e	61.5 e	62.2 e	60.9 e

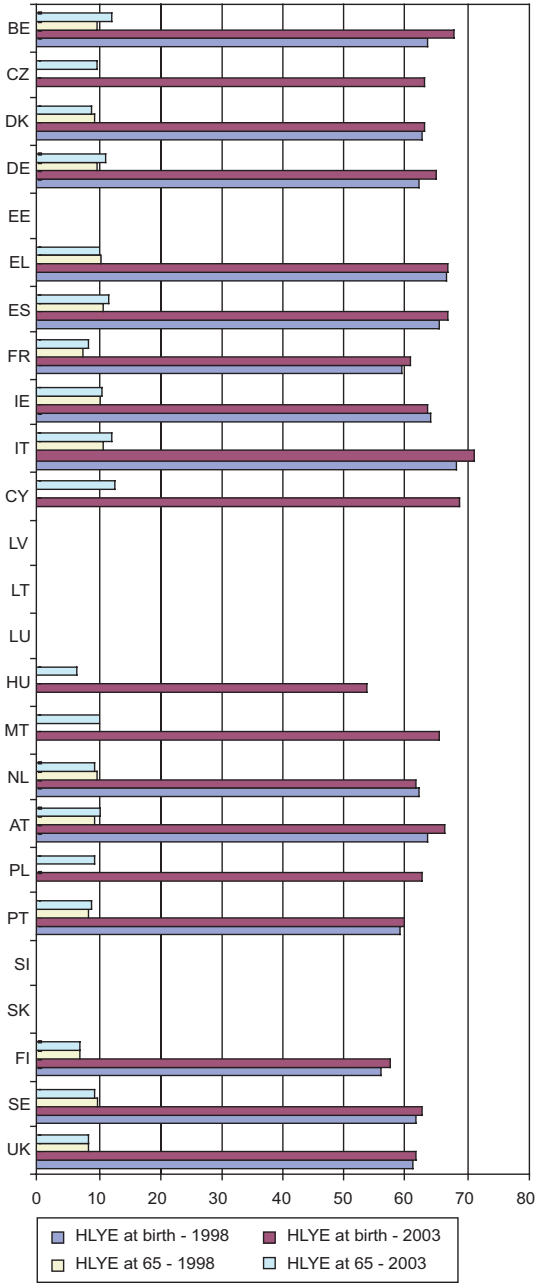
[1] : data for 2002.
[2] : data for 1999.
Source: Eurostat - health indicators.

Healthy life years expectancy at 65 – in years

	men		women	
	1998	2003	1998	2003
BE	9.4	11.7 e	10.8 e	12.6 e
CZ	:	9.5 p [1]	:	10.0 p [1]
DK	9.0	8.4 e	9.8 e	9.9 e
DE	9.4 e	10.8 e	9.7 e	9.2 e
EE	:	:	:	:
EL	10.1	9.9 e	11.0	10.5 e
ES	10.5	11.3 e	11.4	12.5 e
FR	7.2	8.2 e	8.9	8.9 e
IE	9.9	10.1 e	11.0 [2]	10.4 e
IT	10.6	11.9 e	12.7	14.4 e
CY	:	12.6	:	11.5
LV	:	:	:	:
LT	:	:	:	:
LU	:	:	:	:
HU	:	6.1 p	:	7.2 p
MT	:	9.9 p [1]	:	10.3 p [1]
NL	9.4	9.2 e	10.2 e	9.5 e
AT	9.1	10.2 e	:	12.2 e
PL	:	9.2 [1]	:	11.4 [1]
PT	8.2	8.4 e	8.2	7.7 e
SI	:	:	:	:
SK	:	:	:	:
FI	6.5	6.5 e	7.3	7.1 e
SE	9.6	8.9 e	10.1 e	10.4 e
UK	8.3 e	8.2 e	9.8 e	9.6 e

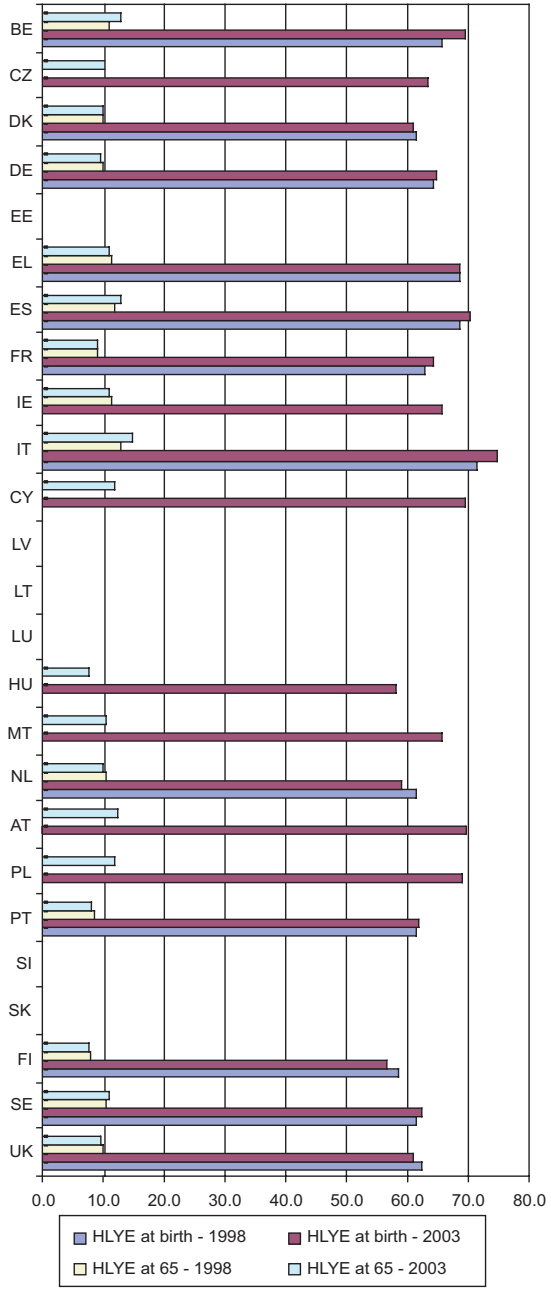
[1] : data for 2002.
[2] : data for 1999.
Source: Eurostat - health indicators.

Healthy life years expectancy – men



Source: Eurostat - health indicators.

Healthy life years expectancy – women



Source: Eurostat - health indicators.

HEALTH STATUS

2. HEALTH STATUS

Self-perceived health

The statistical data on self-perceived health refer to the auto-evaluation of the general health status by respondents using a scale from “very good” to “very bad”. This auto-evaluation is not necessarily based on the number of diseases the respondents may suffer from, but rather on their general disposition. The data are available from national Health Interview Surveys (HIS) or other population surveys carried out between 1996 and 2003 or from the European Community Household Panel (ECHP) carried out in 2001 in EU-15 countries.

More than half of the European population rate their own health as good or very good. Men are more likely than women to declare being in good or very good health (except Ireland, Finland and Iceland where the situation is reversed, although the percentages by gender are very close). In EU-15, almost 65% of men report good or very good health, comparing to 57.4% of women. However, considerable differences are observed between countries. It should be noted that cultural factors may partly explain these differences. Residents of Germany, Hungary, Poland and Portugal tend to be more pessimistic about their health than those in the rest of the countries.

Percentage of population who feel that their health is … – 2003

	very good or good		fair
	men	women	men
EU-15	**64.6**	**57.4**	**26.0**
BE	79.6	75.0	16.9
CZ	67.1	58.9	25.9
DK	79.2	71.6	15.5
DE	50.3	43.7	33.9
EE	44.8	39.2	46.2
EL	77.2	68.8	14.6
ES	73.0	63.2	20.3
FR	61.2	55.2	32.2
IE	86.4	87.7	11.5
IT	66.2	56.0	28.2
CY	83.7	78.1	12.0
LV	42.4	31.9	47.1
LT	49.6	43.3	41.4
LU	:	:	:
HU	50.3	40.5	35.5
MT	72.7	66.1	23.9
NL	80.8	74.6	14.8
AT	77.3	72.3	16.9
PL	48.4	40.3	32.1
PT	52.2	43.1	31.3
SI	32.5	21.5	57.3
SK	70.6	65.0	19.1
FI	58.4	59.2	29.4
SE	77.7	70.7	16.5
UK	71.6	65.3	20.8
BG	59.9	50.6	28.1
HR	:	:	:
RO	72.1	62.5	19.7
IS	79.2	80.5	17.9
NO	82.8	77.0	12.3
CH	87.8	84.0	9.1

EU-15, DK, DE, FR, AT, PT, UK: 2001 ECHP data.
Other: HIS data 1996-2003 depending on the countries.
Source: Eurostat - public health - health status.

Percentage of population who feel that their health is … – 2003

fair	very bad or bad		
women	men	women	
29.3	**9.4**	**13.2**	**EU-15**
20.8	3.4	4.2	**BE**
30.4	7.1	10.8	**CZ**
21.4	5.3	7.1	**DK**
34.6	15.9	21.7	**DE**
48.4	9.0	12.4	**EE**
20.9	8.3	10.2	**EL**
26.0	6.7	10.8	**ES**
35.5	6.7	9.2	**FR**
10.6	2.2	1.7	**IE**
35.0	5.6	9.0	**IT**
15.9	4.4	6.0	**CY**
50.8	10.5	17.3	**LV**
48.0	9.0	8.7	**LT**
:	:	:	**LU**
37.9	14.1	21.6	**HU**
30.3	3.4	3.6	**MT**
21.0	4.4	4.4	**NL**
19.5	5.8	8.2	**AT**
36.1	19.5	23.5	**PL**
34.7	16.5	22.2	**PT**
63.6	10.2	14.9	**SI**
23.6	10.2	11.3	**SK**
30.7	12.2	10.1	**FI**
21.5	5.8	7.8	**SE**
23.5	7.6	11.1	**UK**
34.2	12.0	15.2	**BG**
:	:	:	**HR**
25.1	8.2	12.4	**RO**
14.7	3.0	4.7	**IS**
14.8	4.9	8.1	**NO**
12.3	3.1	3.7	**CH**

EU-15, DK, DE, FR, AT, PT, UK: 2001 ECHP data.
Other: HIS data 1996-2003 depending on the countries.
Source: Eurostat - public health - health status.

Longstanding health problems

The ad hoc module of the 2002 Labour Force Survey included questions addressing disability and employment. About 16% of Europeans aged 16-64 years stated that they had a longstanding health problem or disability, and 3.4% had a very severe problem (i.e. it restricted the type of work that could be done, the amount of work that could be done and the mobility to/from work).

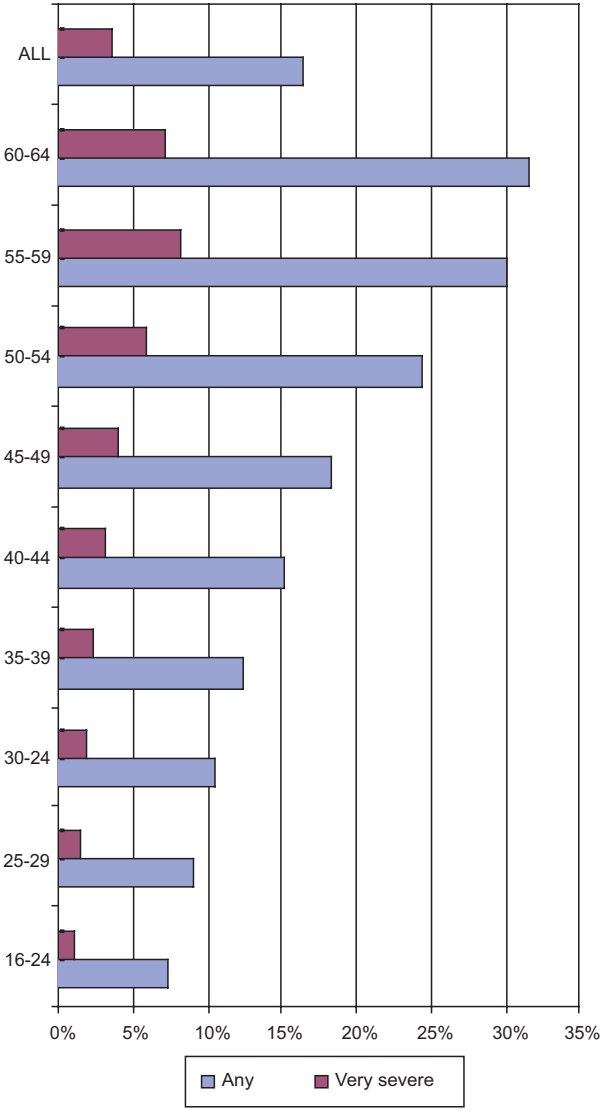
The prevalence of disability increased significantly with age.

The prevalence of very severe health problems/disability varied between the countries (from about 1% to about 9%).

Although standardised translations of the questionnaire were used, it is likely that linguistic or cultural differences influenced the way the respondents report a longstanding health problem or disability and the way they report the types of restrictions caused by this problem. Therefore the differences in the prevalence of disability represent true differences in the occurrence of longstanding health problems and also differences in how people report such problems in surveys.

About one half of longstanding health problems or disabilities were due to a **disease** (excluding work-related diseases) and in about 15% the person reported that he/she had been **born with the health problem. Work-related, traffic or home and leisure accidents** accounted for about 12% of such health problems and 13% were due to a work-related disease. The most common types of longstanding health problems or disability were musculoskeletal problems with back, neck, arms/hands or legs/feet (about 37%), followed by problems of the heart or blood circulation (13%), chest or breathing problems (9%) and mental, nervous or emotional problems (9%).

Prevalence (%) of any and very severe longstanding health problems/disability – Population aged 16-64 years, EU-25, 2002



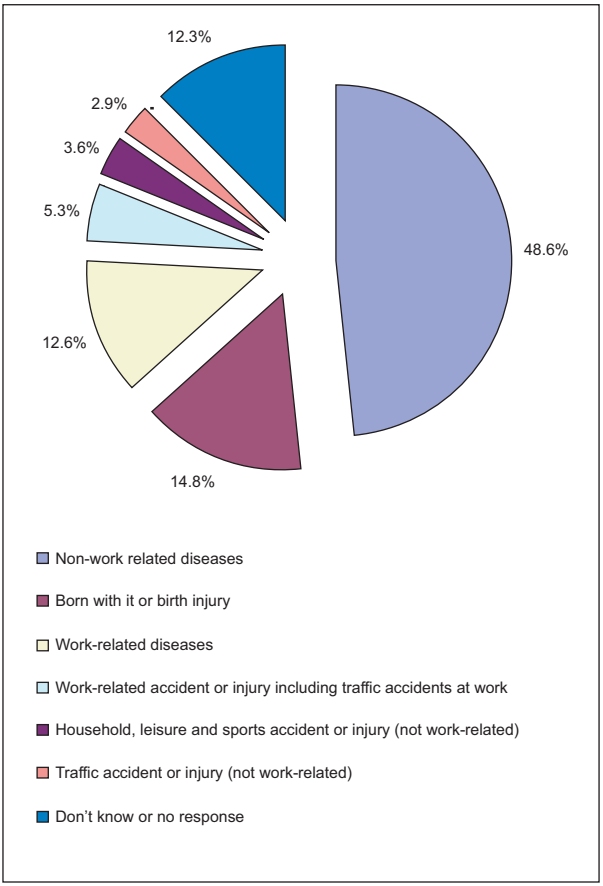
Source: Eurostat - public health - health status.

Prevalence (%) of very severe longstanding health problems/disability – Population aged 16-64 years, 2002

EU-25	**3.4**
EU-15	**4.0**
BE	2.4
CZ	4.5
DK	3.9
DE	:
EE	4.7
EL	2.6
ES	3.5
FR	4.2
IE	0.9
IT	2.5
CY	2.6
LV	:
LT	4.8
LU	2.1
HU	9.4
MT	2.8
NL	3.2
AT	2.5
PL	:
PT	7.6
SI	7.9
SK	5.1
FI	8.1
SE	1.7
UK	6.1
BG	:
HR	:
RO	3.4
IS	:
NO	14.5
CH	:

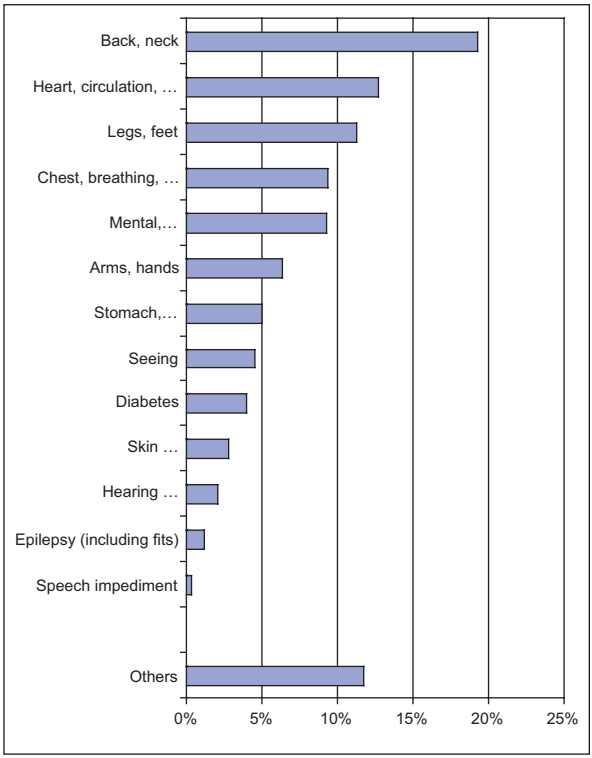
Source: Eurostat - public health - health status.

Distribution of cause of longstanding health problems/disability – Population aged 16-64 years, EU-25, 2002



Source: Eurostat - public health - health status.

Distribution of type of longstanding health problems/disability (all severities) – Population aged 16-64 years, EU-25, 2002



Heart, circulation, …	Heart, blood pressure or circulation problems
Chest, breathing, …	Chest or breathing problems, includes asthma and bronchitis
Mental, …	Mental, nervous or emotional problems
Stomach, …	Stomach, liver, kidney or digestive problems
Seeing	Difficulty in seeing (with glasses or contact lenses if worn)
Skin …	Skin conditions, including severe disfigurement, allergies
Hearing …	Difficulties in hearing (with hearing aids or grommets, if used)

Source: Eurostat - public health - health status.

Cancer

Cancer, the colloquial term for malignant neoplasms, is characterised by the uncontrolled growth of abnormal cells. Cancers are the second most frequent cause of death in the EU and cancer treatment is an important part of the use of health care resources.

Age-standardised incidence rates (per 100,000 persons) are available from the International Agency for Research on Cancer (IARC). Incidence is the number of new cases arising in a given period and therefore provides an approximation of the average risk of developing cancer. In 2002, 311 new cases of cancer were reported for 100,000 men and 232 new cases for 100,000 women in the EU-25.

The highest incidence for men was found in Hungary with a rate of 387 and the lowest in Cyprus (200) in 2002. Cancer occurs more commonly for men than women in almost all countries. The gender differences vary significantly between countries. In Spain women have a 41% lower cancer incidence rate than men, whereas in Iceland the difference is only 1.4%. The cancer incidence rate has risen across EU-25 both for men and women. The rise in the EU-25 from 1995 to 2002 was 12.1% for men and 13.7% for women.

Cancer incidence: age-standardised rate – per 100,000 population

	1995		2002		
	men	women	men	women	sex ratio
EU-25	**277.7**	**204.4**	**311.2**	**232.4**	**1.3**
EU-15	**277.3**	**206.7**	**310.4**	**235.0**	**1.3**
BE	296.4	222.8	347.4	245.0	1.4
CZ	309.7	222.2	330.9	247.6	1.3
DK	283.0	271.8	277.2	285.5	1.0
DE	282.8	219.0	317.7	248.9	1.3
EE	272.8	177.6	298.0	208.7	1.4
EL	200.8	144.3	234.9	171.1	1.4
ES	250.9	160.7	307.6	179.1	1.7
FR	312.2	183.8	341.8	237.2	1.4
IE	255.9	234.2	273.6	234.9	1.2
IT	575.6	194.7	321.3	231.7	1.4
CY	200.8	144.3	199.7	186.4	1.1
LV	235.4	155.9	237.5	174.6	1.4
LT	232.1	159.9	261.4	183.8	1.4
LU	302.5	229.1	339.2	254.2	1.3
HU	299.0	202.1	386.8	250.7	1.5
MT	221.6	207.9	241.7	231.3	1.0
NL	296.0	234.1	314.6	251.4	1.3
AT	297.3	234.1	312.9	238.1	1.3
PL	264.5	184.4	301.8	210.3	1.4
PT	209.8	166.9	284.6	191.1	1.5
SI	272.7	187.4	285.9	220.5	1.3
SK	310.2	193.1	319.0	206.9	1.5
FI	257.9	217.1	264.1	227.9	1.2
SE	252.8	240.6	277.5	251.8	1.1
UK	274.7	241.9	286.6	260.6	1.1
BG	210.3	153.6	206.5	167.6	1.2
HR	274.5	177.5	335.1	239.0	1.4
RO	209.0	164.9	216.4	163.4	1.3
IS	281.0	250.6	288.4	284.5	1.0
NO	267.2	228.6	311.5	260.5	1.2
CH	294.5	216.1	329.1	240.1	1.4

Source: IARC.
Data refer to all sites except non-melanoma skin (ICD-10 codes C00-C96/C44).

HIV and AIDS

An upwards trend can be observed in the **number of newly reported HIV infections** [1], according to data made available by EuroHIV [2]. At the same time the **number of newly diagnosed AIDS cases** [3] continues to decrease in the EU.

For the 17 EU countries with data available for 1996 and 2003 for both HIV infections and AIDS cases, the number of newly reported HIV infections increased by almost 75% from 1996 (7,641 new infections reported) to 2003 (13,257 infections), with the most drastic increases in the number of new HIV diagnoses observed in the Baltic countries (Estonia, Latvia, Lithuania). In the same period the number of newly diagnosed AIDS cases fell by over 55% (1996: 4,085 cases, 2003: 1,772 cases). This reduction in AIDS cases is to a large extent explained by highly active antiretroviral treatment (HAART).

According to EuroHIV the cumulative number of all diagnosed HIV infections reported by the end of 2003 in the EU is almost 180,000 - a figure, however, which considerably underestimates the real number of infections which have occurred. Reporting on HIV infections is still incomplete: some of the countries do not yet have a national reporting system, and even where a reporting system exists, not all prevalent HIV infections have been diagnosed and reported. Furthermore, countries implemented HIV reporting at different dates and retrospective reporting is not systematically included. Existing data on HIV reporting still considerably underestimate the real situation. Any figures on HIV infections should therefore be interpreted with caution.

[1] A case of HIV infection is defined as an individual with HIV infection confirmed by laboratory according to country definitions and requirements, diagnosed at any clinical stage including AIDS, and not yet previously reported in that country.

[2] EuroHIV: the European HIV/AIDS surveillance network covering the 52 countries of the World Health Organisation (WHO) European Region. EuroHIV is also a WHO and UNAIDS collaborating center.

[3] AIDS: Acquired immunodeficiency syndrome: the EuroHIV countries use a uniform AIDS case definition. This European definition of AIDS does not include CD4+ T lymphocyte count criteria and differs thus from the definition used in the USA.

HIV and AIDS

	year HIV reporting started	number of newly diagnosed HIV infections by year of report	
		1996	2003
BE	1986	719	1,032
CZ	1985	50	61
DK	1990	269	241
DE	1993	1,967	1,823
EE	1988	8	541
EL	1999	449 [1]	431
ES	1999	: [2]	: [2]
FR	2003	:	1,714 [3]
IE	1985	98	399
IT	1985	: [2]	: [2]
CY	:	:	:
LV	1987	32	403
LT	1988	12	110
LU	1999	25 [1]	47
HU	1985	62	63
MT	:	:	:
NL	2002	:	834
AT	1998	:	423
PL	1985	551	610
PT	1983	:	2,298
SI	1986	9	14
SK	1985	4	13
FI	1986	69	134
SE	1985	224	382
UK	1984	3,093	6,953

[1] : Retrospective reporting.
[2] : HIV reporting exists only for some regions; data not shown.
[3] : Data from March to December 2004.
Source: EuroHIV.

HIV and AIDS

number of newly diagnosed AIDS cases [4]		HIV/AIDS ratio		
1996	2003	1996	2003	
209	87	3.4	11.9	**BE**
19	9	2.6	6.8	**CZ**
159	41	1.7	5.9	**DK**
1,618	353	1.2	5.2	**DE**
7	10	1.1	54.1	**EE**
234	72	1.9	6.0	**EL**
6,628	1,363	:	:	**ES**
4,018	686	:	:	**FR**
55	8	1.8	49.9	**IE**
5,047	1,759	:	:	**IT**
:	:	:	:	**CY**
5	58	6.4	6.9	**LV**
5	9	2.4	12.2	**LT**
13	8	1.9	5.9	**LU**
46	26	1.3	2.4	**HU**
:	:	:	:	**MT**
458	44 [5]	:	:	**NL**
138	43	:	9.8	**AT**
112	167	4.9	3.7	**PL**
968	818	:	2.8	**PT**
8	6	1.1	2.3	**SI**
0	2	:	6.5	**SK**
24	26	2.9	5.2	**FI**
135	52	1.7	7.3	**SE**
1,436	838	2.2	8.3	**UK**

[4] : by year of diagnosis, adjusted for reporting delays.
[5] : NL: 2001.
Source: EuroHIV.

Tuberculosis

Tuberculosis is a contagious, potentially fatal infection if not treated adequately. It is easily spread in overcrowded and unsanitary conditions. Therefore the exchange of information may provide early warning of threats to public health. Tuberculosis is covered by Commission Decision 2002/253/EC of 19 March 2002 which lays down case definitions for the reporting to the Community network [1] .

The **overall notification rate of tuberculosis cases** for EU-25 is 14.4 per 100,000. In Europe the incidence is now declining with 14% less cases of tuberculosis in 2002 than 1998. However, in some countries rates are increasing. In Romania, tuberculosis incidence increased from 1998 to 2002 by 33% to a high level of 156 infections per 100,000 inhabitants. The notified cases rates vary significantly between countries, from 3 cases per 100,000 inhabitants in Cyprus to 156 in Romania. 10 EU Member States have rates lower than 10 per 100,000 inhabitants: Denmark, Germany, Greece, Italy, Cyprus, Luxembourg, Malta, Netherlands, Finland and Sweden. The rates are also low in Iceland, Norway and Switzerland.

[1] Tuberculosis data are collected by EuroTB. The programme on surveillance of tuberculosis in Europe (EuroTB) started in 1996 with the objective to improve the contribution of epidemiological surveillance to tuberculosis control in Europe and the standardisation of tuberculosis surveillance methods. The core activity of the project is the yearly collection, validation, analysis and publication of standardised data on tuberculosis notifications and, since 1998, on anti-tuberculosis drug resistance.

Tuberculosis cases notified
absolute numbers and rate per 100,000 population

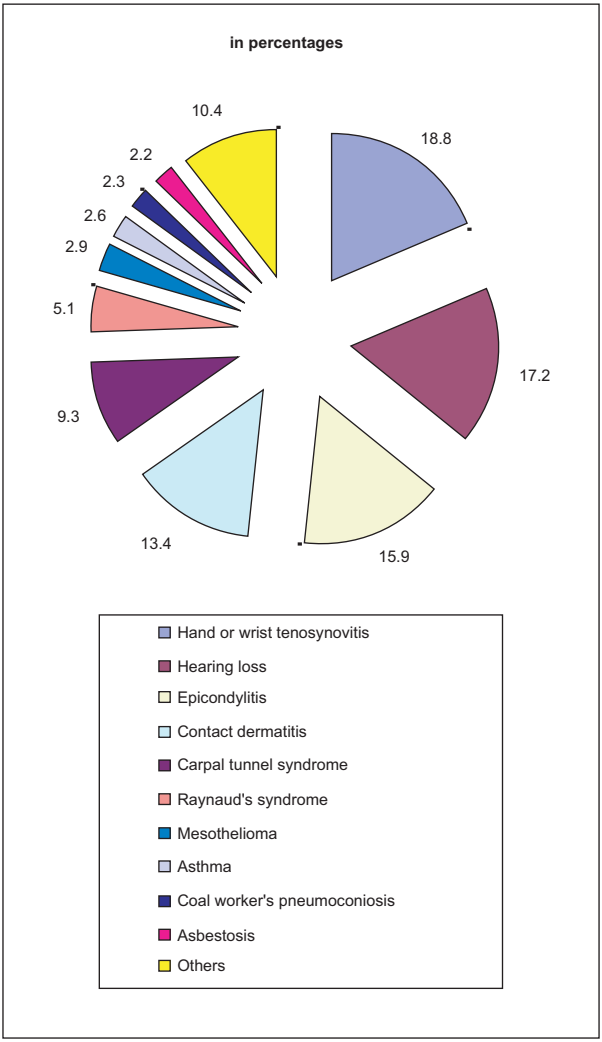
	numbers		rates	
	1998	2002	1998	2002
EU-25	**76,360**	**65,438**	**17.0**	**14.4**
EU-15	**49,508**	**43,897**	**13.2**	**11.6**
BE	1,203	1,211	11.8	11.7
CZ	1,739	1,200	16.9	11.8
DK	529	429	10.0	8.0
DE	10,440	7,697	12.7	9.3
EE	818	713	56.3	53.3
EL	1,152	582	11.0	5.3
ES	9,111	7,626	23.2	18.7
FR	6,651	6,322	11.3	10.7
IE	424	406	11.5	10.4
IT	4,795	4,212	8.3	7.3
CY	45	20	6.7	2.8
LV	2,182	1,855	88.8	79.6
LT	3,016	2,844	81.4	81.8
LU	44	32	10.4	7.2
HU	3,999	3,007	39.5	29.6
MT	16	24	4.2	6.1
NL	1,341	1,401	8.6	8.7
AT	1,311	1,067	16.2	13.3
PL	13,302	10,475	34.4	27.1
PT	5,260	4,591	52.8	44.4
SI	449	350	22.6	17.6
SK	1,282	1,053	23.8	19.6
FI	629	473	12.2	9.1
SE	446	412	5.0	4.6
UK	6,176	7,376	10.5	12.3
BG	4,117	3,335	49.7	42.3
HR	2,118	1,470	46.2	33.1
RO	25,758	34,143	114.3	156.4
IS	17	8	6.2	2.8
NO	244	256	5.5	5.7
CH	749	658	10.6	9.1

Source: Eurostat - public health - health status and EuroTB.

Occupational diseases

European Occupational Diseases Statistics (EODS) have been collected since 2001. The 2002 data are available for 11 of the EU-15 Member States (missing for Germany, France, Greece and Ireland). The data include new (incident) cases recognised by the national authorities in 2002. Of the 50,049 cases of occupational disease, "**hand or wrist tenosynovitis**" accounted for about 19%, followed by "**noise-induced hearing loss**" (17%) and "**epicondylitis**" (also called "tennis elbow", 16%). Two problems are inherent to occupational disease statistics: they include only diseases considered as an occupational disease in the national legislation (excluding other types of work-related diseases) and not all cases are reported to the authorities. This also means that differences in national compensation schemes do not allow comparison between countries.

Ten most common occupational diseases recognised – EU-15, 2002



Source: Eurostat - public health - health status.

LIFE STYLES AND OTHER RISK FACTORS

3. LIFE STYLES AND OTHER RISK FACTORS

Body mass index

The **body mass index (BMI)**, also called "Quetelet" index, is a measure of a person's weight relative to his/her height that correlates fairly well with body fat content in adults. It is an anthropometric measure calculated as the ratio between the weight measured in kilograms, and the square of the height measured in meters. The BMI can show if a person is overweight or underweight.

A person with a BMI between 25 and 30 is considered to be **overweight** and a person with a BMI of 30 or more is considered as **obese**. Overweight and obesity are serious public health problems because they increase the risk of premature death and disability. They are associated with bad dietary habits and a lack of physical activity.

Considerable differences exist within the European countries as regards the proportion of overweight and obese people [1]. For men of 25-34 years old, the highest levels of overweight are in Iceland (45.8%), Slovak Republic (44.9%) and Greece (44.7%), while the lowest ones are in Estonia (25.5%), France and Norway (29.2%). In case of women of the same age group, again Iceland has the highest level: 30.7%. In Italy, only 9.9% of young women are overweight.

Malta, for young men and UK, for young women are the countries with the highest levels of obesity: respectively 22.5% and 20.7%. The lowest levels are in Italy (3.8%) and Estonia (4.2) for young men and in Italy (2.3%) and Portugal (2.8%) for young women.

The Norwegians of 65-74 years old are less overweight or obese than any of the citizens of the same age group from other European countries. Thus, 33.7% of the Norwegian men of this age group are overweight, 4.9% are obese. For women, the proportions are respectively 25.0% and 8.8%. Greece is the country where the proportion of overweight men and women of 65-74 is the highest (almost 60% for men and more than 53% for women). In Hungary, almost one third of the men of 65-74 are obese. A similar proportion is found in German women of 65-74 years old.

Overall, at the age of 25-34 years old for all European countries, a larger proportion of men than women are overweight, while at the age of 65-74 years old, a larger proportion of women than men are obese (excepting France, Hungary, Portugal, Sweden and Switzerland).

[1] Data from Germany and UK are based on measured height and weight, while in other countries the height and weight were self-reported.

Prevalence of overweight and obesity as % of the population, 2003

	men			
	age group 25-34		age group 65-74	
	25≤BMI<30	BMI≥30	25≤BMI<30	BMI≥30
BE	34.8	5.6	49.4	15.1
CZ	42.9	6.7	49.0	21.6
DK	35.7	6.7	44.6	12.9
DE	41.3	11.5	57.2	22.5
EE	25.5	4.2	39.6	12.9
EL	44.7	6.7	59.2	13.7
ES	39.5	8.4	52.0	22.0
FR	29.2	5.5	47.8	19.4
IE	37.2	11.6	43.7	14.4
IT	32.4	3.8	48.8	14.1
CY	41.3	8.7	50.1	17.8
LV	30.6	6.9	49.4	16.4
LT	32.2	9.6	:	:
LU	:	:	:	:
HU	36.7	15.7	41.7	32.4
MT	41.6	22.5	40.4	21.7
NL	35.0	5.7	48.9	9.5
AT [1]	30.6	6.6	48.3	20.6
PL	37.4	6.6	45.3	13.8
PT [1]	39.0	4.3	47.8	16.8
SI	33.3	8.0	52.8	17.0
SK	44.9	9.5	u	u
FI	41.1	9.9	49.6	17.2
SE	36.0	10.5	48.3	14.4
UK [2]	41.6	17.9	52.3	26.4
BG	34.2	8.1	41.4	13.4
HR	:	:	:	:
RO	33.9	5.7	43.5	9.7
IS	45.8	8.0	56.8	17.3
NO	29.2	7.3	33.7	4.9
CH	32.3	4.5	46.7	11.9

HIS Data 1996-2003 depending on the countries.
[1]: AT, PT: 2001 ECHP data.
[2]: UK: only England.
Source: Eurostat - public health - health status.

Prevalence of overweight and obesity as % of the population, 2003

women				
age group 25-34		age group 65-74		
25≤BMI<30	BMI≥30	25≤BMI<30	BMI≥30	
18.8	7.2	41.6	17.9	**BE**
15.6	5.5	43.0	28.9	**CZ**
17.3	9.2	35.6	13.0	**DK**
21.3	10.8	43.9	33.1	**DE**
19.9	6.7	39.4	26.0	**EE**
18.0	3.0	52.7	19.2	**EL**
16.6	6.6	45.0	23.9	**ES**
13.7	8.2	35.5	15.0	**FR**
20.2	10.3	30.8	15.2	**IE**
9.9	2.3	38.4	15.8	**IT**
14.3	4.3	44.9	29.7	**CY**
19.7	6.6	41.7	30.8	**LV**
13.4	4.7	:	:	**LT**
:	:	:	:	**LU**
17.0	9.8	41.0	27.1	**HU**
22.1	10.3	40.2	30.9	**MT**
22.0	7.3	40.7	15.7	**NL**
15.4	6.1	46.4	22.2	**AT** [1]
16.7	4.0	36.4	23.2	**PL**
18.4	2.8	37.9	15.4	**PT** [1]
12.5	10.2	38.2	19.1	**SI**
16.2	5.2	u	u	**SK**
18.5	8.3	41.9	22.9	**FI**
19.3	7.3	39.5	13.9	**SE**
26.5	20.7	38.5	28.3	**UK** [2]
15.8	7.4	41.7	17.6	**BG**
:	:	:	:	**HR**
20.7	5.3	37.5	11.2	**RO**
30.7	5.2	38.4	37.6	**IS**
14.5	5.6	25.0	8.8	**NO**
14.9	4.2	36.8	11.7	**CH**

HIS Data 1996-2003 depending on the countries.
[1]: AT, PT: 2001 ECHP data.
[2]: UK: only England.
Source: Eurostat - public health - health status.

Tobacco consumption

Smoking and alcohol consumption are two of the main determinants of major health problems. Smoking is the main cause of pulmonary cancer, ischaemic heart disease, chronic bronchitis and emphysema. Exposure to cigarette smoke also increases the risk of pulmonary cancer and other respiratory diseases for non-smoking people.

Among men **the percentage of smokers** is high in some of the new Member States: Latvia (50.6%), Estonia, (49.8%) Slovenia (47.1%). On the other hand, for Swedish and Finnish men daily smoking is not so widespread: respectively 16.5% and 21.6%. But Sweden has the highest proportion of occasional smokers (12.2%) and is the only country where the proportion of women smoking daily is above that for men. In general, differences in smoking prevalence between men and women are the highest in the new Member States (in some cases more than 30 points). These differences are less visible in Iceland, Ireland, Norway, Sweden and United Kingdom. Austrian and Danish women have the highest daily smoking rate within the European countries, respectively 32.2% and 31.9%.

Prevalence of smoking as % of the population, 2003

	men		
	do not smoke	smoke occasionally	smoke daily
BE	66.3	5.4	28.3
CZ	61.8	6.6	31.6
DK	60.6	3.1	36.3
DE	62.7	6.4	30.9
EE	48.8	1.4	49.8
EL	50.5	8.7	40.8
ES	62.4	3.4	34.2
FR	68.4	:	31.6
IE	72.3	3.8	23.9
IT	68.1	:	31.9
CY	56.9	5.0	38.1
LV	43.6	5.8	50.6
LT	45.1	10.9	44.0
LU	:	:	:
HU	59.3	3.7	37.0
MT	67.5	2.6	29.9
NL	61.4	7.0	31.6
AT	50.1	9.2	40.7
PL	52.2	6.4	41.3
PT	69.6	3.2	27.1
SI	43.9	9.0	47.1
SK	64.9	7.3	27.8
FI	74.0	4.4	21.6
SE	71.3	12.2	16.5
UK	72.3	:	27.7
BG	48.7	8.7	42.6
HR	:	:	:
RO	55.8	11.9	32.3
IS	65.3	8.2	26.5
NO	60.2	11.0	28.8
CH	64.0	2.1	33.9

All countries: HIS data 1996-2003 depending on the countries.
Source: Eurostat - public health - health status.

Prevalence of smoking as % of the population, 2003

women			
do not smoke	smoke occasionally	smoke daily	
76.4	3.5	20.1	**BE**
75.7	5.6	18.7	**CZ**
65.4	2.8	31.9	**DK**
72.1	5.9	22.0	**DE**
79.8	1.6	18.6	**EE**
78.8	5.6	15.6	**EL**
75.3	2.3	22.4	**ES**
78.8	:	21.2	**FR**
74.8	4.7	20.5	**IE**
82.4	:	17.6	**IT**
86.8	2.8	10.5	**CY**
77.4	5.6	17.0	**LV**
74.5	12.2	13.3	**LT**
:	:	:	**LU**
72.1	3.2	24.7	**HU**
79.3	3.1	17.6	**MT**
70.5	4.6	24.9	**NL**
59.3	8.5	32.2	**AT**
75.4	5.1	19.5	**PL**
91.8	1.4	6.8	**PT**
65.6	10.6	23.8	**SI**
78.8	9.5	11.7	**SK**
80.3	4.6	15.1	**FI**
72.8	8.7	18.5	**SE**
74.3	:	25.7	**UK**
70.3	7.0	22.7	**BG**
:	:	:	**HR**
82.5	7.4	10.1	**RO**
64.6	9.8	25.7	**IS**
63.4	9.8	26.7	**NO**
74.5	2.3	23.1	**CH**

All countries: HIS data 1996-2003 depending on the countries.
Source: Eurostat - public health - health status.

Alcohol consumption

Alcohol is also another important health determinant. An excessive consumption of alcohol may lead to diseases such as liver cirrhosis, some forms of cancer and hypertension, or to accidents and violence.

In all the Member States, more men than women declare having drunk any alcohol (beer, wine, spirits, etc.) in the past 12 months. Romania is the country with the smallest percentage of alcohol drinkers (62.8% of men and 34.2% of women) and Lithuania has the highest proportion of persons declaring to have had an alcoholic drink of any kind in the past 12 months (94.3% of men and 92.4% of women). Lithuania is also the country with the smallest difference between men and women (1.9 points), followed by Ireland (4.0 points).

Percentage of people who drank any alcohol (beer, wine, spirits, …) in the past 12 months – 2003

	men		women	
	did	did not	did	did not
BE	88.5	11.5	74.3	25.7
CZ	89.4	10.6	72.8	27.2
DK	:	:	:	:
DE	90.1	9.9	77.6	22.4
EE	83.7	16.3	62.7	37.3
EL	:	:	:	:
ES	68.7	31.3	44.1	55.9
FR	:	:	:	:
IE	86.6	13.4	82.6	17.4
IT	89.1	10.9	66.5	33.5
CY	77.0	23.0	42.4	57.6
LV	83.5	16.5	72.6	27.4
LT	94.3	5.7	92.4	7.6
LU	:	:	:	:
HU	71.5	28.5	37.7	62.3
MT	78.3	21.7	56.2	43.8
NL	91.0	9.0	78.3	21.7
AT	:	:	:	:
PL	81.6	18.4	59.5	40.5
PT	76.7	23.3	40.8	59.2
SI	92.3	7.7	83.4	16.6
SK	91.0	9.0	81.4	18.6
FI	83.0	17.0	73.4	26.6
SE	90.6	9.4	83.8	16.2
UK	90.6	9.4	85.0	15.0
BG	78.2	21.8	49.2	50.8
HR	:	:	:	:
RO	68.2	31.8	34.2	65.8
IS	91.0	9.0	84.3	15.7
NO	89.7	10.3	81.4	18.6
CH	85.4	14.6	69.0	31.0

All countries: HIS data 1996-2003 depending on the countries.
Source: Eurostat - public health - health status.

Accidents at work

According to the European Statistics on Accidents at Work (ESAW), about 4.4 million accidents at work resulting in more than 3 days of absence from work occurred in the EU-15 in 2002. This means that about 3.5% of the working population experienced such an accident during the year (3,540 accidents per 100,000 workers).

The rate of accidents at work was highest in construction and in agriculture. In each branch of economic activity, men clearly had a higher rate of accidents than women, partly because the tasks performed by men differ from those of women. In 2002 there were about 4,800 fatal accidents at work.

These data on accidents are statistically adjusted for under-reporting. And because the frequency of work accidents is higher in some branches of activity (high-risk sectors), a second adjustment is also performed to get more standardised incidence rates.

The index of the number of accidents at work shows the development over time. The base year for this index is 1998, meaning that the index value of 1998 equals 100. For most countries this incidence rate is decreasing. At EU-25 level the number of non-fatal accidents has fallen with 12% in 5 years time. However, for this index, the effect of under-reporting can not yet be determined for the 10 new member states.

The rates of non-fatal and fatal accidents show different age patterns. For non-fatal accidents the rate per 100,000 workers decreases from about 5,000 in those aged 18-24 to about 3,000 in those aged 55-64. For fatal accidents at work the rate more than doubles between the categories 18-24 and 55-64. Over the period 1994-2002, the incidence rate of fatal accidents at work has decreased by 33% and the incidence rate of non-fatal accidents by 22%.

Incidence rates of non-fatal accidents at work per main branch of activity per 100,000 workers, EU-15, 2002

NACE	total	men	women
Agriculture, hunting and forestry	5,208	6,108	3,618
Manufacturing	3,911	4,875	1,986
Electricity, gas and water supply	1,768	2,143	552
Construction	6,913	7,703	1,479
Wholesale and retail trade, repair of motor vehicles motorcycles and personal and household goods.	2,469	3,515	1,592
Hotels and restaurants	3,280	3,942	2,981
Transport, storage and communication	4,056	5,003	2,120
Financial intermediation, real estate,. rending and business activities	1,749	2,404	1,212
All NACE branches covered	3,536	4,627	1,808

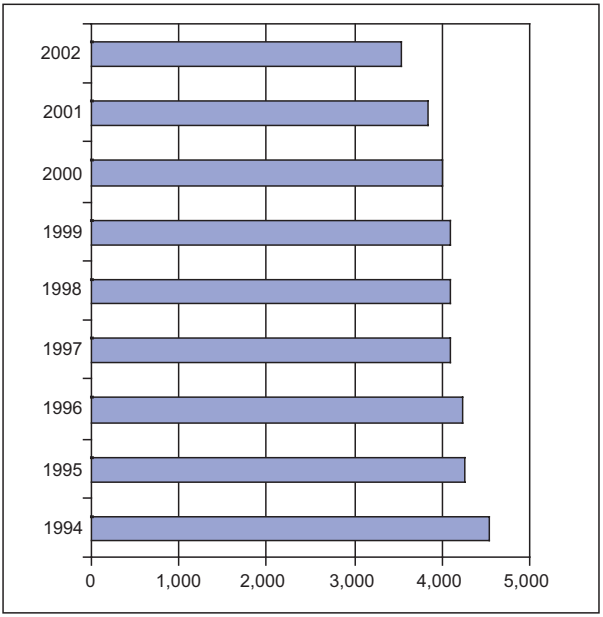
Source: Eurostat - health and safety at work - accidents at work.

Accidents at work: index of the number of non-fatal accidents per 100,000 persons in employment (1998=100)

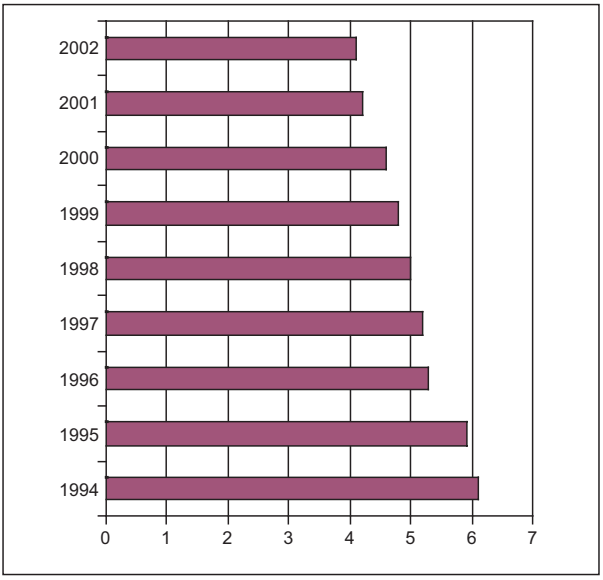
	1999	2000	2001	2002
EU-25	**100**	**99**	**95**	**88 p**
EU-15	**100**	**98**	**94**	**86 p**
BE	96	82 b	83	72
CZ	93	91	91	89
DK	95	89	90	82
DE	99	96	88	82
EE	106	105	132	125
EL	93	88	86	83
ES	107	108	106	103
FR	101	102	98	99
IE	: [1]	: [1]	: [1]	: [1]
IT	99	99	92	83
CY	100	112	112	92
LV	75	66	116	108
LT	97	94	85	86
LU	105	104	97	109
HU	93	94	86	84
MT	113	77	94	91
NL	108 b	105	92	100 b
AT	99	92	83	84
PL	78	85	78	76
PT	92	88	91	:
SI	102	98	94	94
SK	92	88	84	77
FI	91	89	87 b	85
SE	107	111	113	101
UK	106	106	110	105
BG	84	100 b	90	84
HR	:	:	:	:
RO	100	106	113	104
IS	:	:	:	:
NO	91	94	82	74
CH	:	:	:	:

[1] : for Ireland: data are not comparable over the years.
Source: Eurostat - health and safety at work - accidents at work.

Incidence rates of non-fatal accidents at work per 100,000 workers, by year

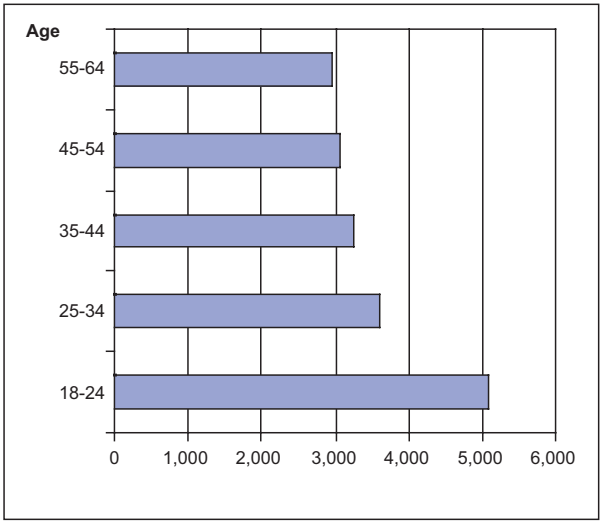


Incidence rates of fatal accidents at work per 100,000 workers, by year

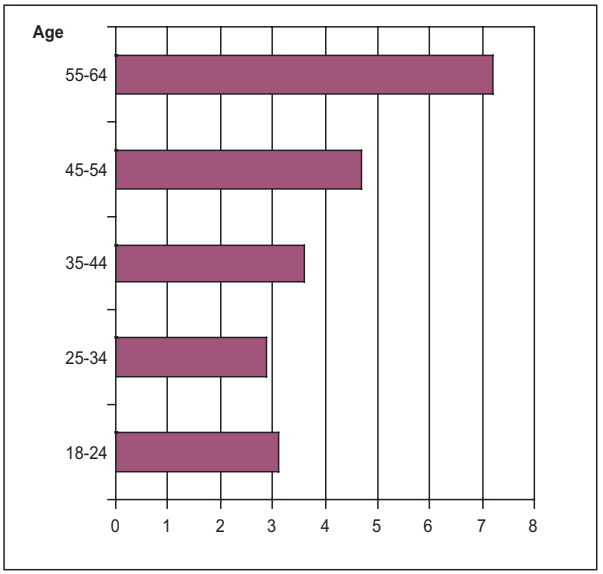


Source: Eurostat - health and safety at work - accidents at work.

Incidence rates of non-fatal accidents at work per 100,000 workers, by age



Incidence rates of fatal accidents at work per 100,000 workers, by age



Source: Eurostat - health and safety at work - accidents at work.

Commuting accidents

In addition to accidents at work, the ESAW data collection includes a separate module on commuting accidents (accidents on the way from home to work or vice versa). The data are available only for 10 Member States. If extrapolated to EU-15 there were about 3,200 fatal commuting accidents and about 650,000 commuting accidents resulting in more than 3 days of absence from work in 2002. The incidence rate of non-fatal commuting accidents was about 440 per 100,000 workers.

Incidence rates of non-fatal commuting accidents per main branch of activity per 100,000 workers, EU-15, 2002

NACE	total
Agriculture, hunting and forestry	171
Manufacturing	435
Electricity, gas and water supply	234
Construction	448
Wholesale and retail trade, repair of motor vehicles motorcycles and personal and household goods.	434
Hotels and restaurants	545
Transport, storage and communication	499
Financial intermediation, real estate,. rending and business activities	512
All NACE branches covered	444

EU-15 estimated from 10 Member States with data.
Source: Eurostat - health and safety at work - commuting accidents.

MORTALITY

4. MORTALITY

Causes of death (COD) statistics provide information on mortality patterns and form a major element of public health information. Comparing COD between European countries can be used as a starting point to investigate the differences in the level of mortality, in the health prevention policies and in the quality of health care.

Major causes of death in EU-25

In general, mortality is higher among men than women in all age groups. Although there are signs that the mortality gap is narrowing in some Member States, the difference nevertheless warrants looking at women and men separately.

For both men and women in EU-25, **circulatory diseases** were the major cause of death in 2002, accounting for 38% of deaths for men and 46% for women, or 42% of all deaths in EU-25 in 2002.

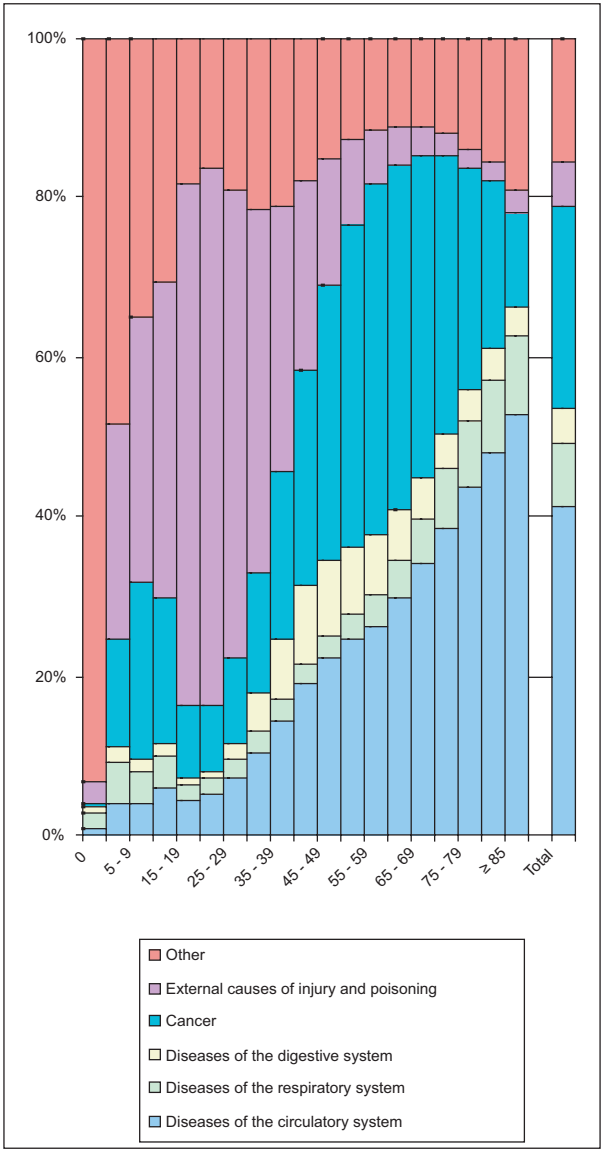
The second most frequent cause of death is **cancer** responsible for a quarter of all deaths in 2002 (29% of deaths for men and 22% of women). Amongst the cancers, malignant neoplasm of larynx and trachea/bronchus/lung are the most common cause of death for men (29% of all deaths due to cancer) while for women it is breast cancer (17% of all deaths due to cancer).

Considering all ages, **diseases of the respiratory system** (excluding cancers) are the 3rd most frequent cause of death (7.5% of all deaths). However, as illustrated by the chart, **diseases of the digestive system** are far more frequent in the middle age groups.

Almost 155,000 men died through **external causes of injury and poisoning** in 2002; that is 7% of all deaths. This cause of death is particularly prominent for younger men (15-39) where more than half of deaths are due to external causes. With less than 4% of all deaths, external causes play a less prominent role for women.

Progress in medical research and care has led to a considerable decrease in the **infant mortality rate** which has fallen for EU-25 from 23.9 deaths of children under one year of age per 1,000 live births in 1970 to 4.8 deaths per 1,000 live births in 2002.

Major causes of death by age-group – EU-25, 2002



Notes: BE: 1997; DK, FR, SK, SE: 2001.
Source: Eurostat - public health - causes of death.

Standardised death rates

Both total numbers and crude death rates are influenced by the population structure: in a relatively “old” population, there will be more deaths than in a “young” one because mortality is higher in higher age groups. Standardised Death Rates (SDRs) take into account differences in population structure by using a European standard population. SDRs therefore allow direct comparisons between countries. The following tables show SDRs separately for men and women for major causes of death: diseases of the circulatory system, cancer, and external causes. SDRs are provided for the total population and for the population aged less than 65 (“premature mortality”).

Diseases of the circulatory system: standardised death rate – all ages, per 100,000 persons, 2002

	men		
	all diseases of the circulatory system	thereof	
		Ischaemic heart diseases	Cerebro-vascular diseases
EU-25	**339.5**	**151.7**	**75.7**
EU-15	**302.5**	**136.1**	**66.8**
BE	309.4	120.6	66.1
CZ	560.3	242.4	144.7
DK	321.6	154.9	67.7
DE	348.7	165.8	61.7
EE	753.3	459.6	174.5
EL	358.2	122.0	110.0
ES	236.9	93.5	61.7
FR	219.1	73.0	46.6
IE	349.4	199.9	59.8
IT	274.0	102.5	67.6
CY	:	:	:
LV	814.1	436.3	251.0
LT	702.4	459.2	137.1
LU	313.5	112.1	78.8
HU	638.6	292.7	168.8
MT	334.0	203.6	71.0
NL	283.1	109.2	59.8
AT	353.3	175.6	70.6
PL	526.1	180.7	112.8
PT	309.6	88.2	137.7
SI	373.4	130.4	98.9
SK	678.0	370.7	107.9
FI	360.9	234.0	67.0
SE	318.6	170.6	61.4
UK	313.9	190.9	60.6
BG	873.4	253.7	230.8
HR	622.3	237.6	182.0
RO	739.9	269.3	230.0
IS	:	:	:
NO	301.5	154.6	60.7
CH	240.9	114.5	38.8

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

Diseases of the circulatory system: standardised death rate – all ages, per 100,000 persons, 2002

women			
all diseases of the circulatory system	thereof		
	Ischaemic heart diseases	Cerebro-vascular diseases	
218.8	**75.5**	**61.1**	**EU-25**
194.5	**66.0**	**54.2**	**EU-15**
196.1	52.5	54.4	**BE**
379.4	133.8	119.5	**CZ**
195.2	79.5	53.8	**DK**
236.5	89.3	49.9	**DE**
434.6	240.4	137.5	**EE**
280.3	53.7	110.0	**EL**
159.2	40.1	50.2	**ES**
128.3	30.0	33.6	**FR**
211.3	100.5	50.6	**IE**
179.3	49.8	53.1	**IT**
:	:	:	**CY**
462.1	207.4	189.4	**LV**
416.4	249.4	111.9	**LT**
199.7	50.9	65.8	**LU**
408.1	171.3	112.8	**HU**
247.4	125.2	64.7	**MT**
173.1	50.5	50.4	**NL**
242.8	99.3	57.0	**AT**
330.9	85.3	87.4	**PL**
222.9	44.1	109.6	**PT**
235.4	62.1	68.6	**SI**
448.2	232.8	74.3	**SK**
209.2	115.4	57.0	**FI**
193.9	82.1	51.2	**SE**
194.1	90.4	57.3	**UK**
601.8	150.4	173.8	**BG**
447.7	143.9	141.6	**HR**
494.7	156.3	172.3	**RO**
:	:	:	**IS**
178.7	71.3	49.4	**NO**
155.7	59.6	31.1	**CH**

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

Diseases of the circulatory system: standardised death rate – aged under 65, per 100,000 persons, 2002

	men		
	all diseases of the circulatory system	thereof	
		Ischaemic heart diseases	Cerebro-vascular diseases
EU-25	**81.9**	**43.5**	**13.6**
EU-15	**66.7**	**36.2**	**10.3**
BE	69.4	36.3	11.3
CZ	123.0	64.7	20.3
DK	62.5	29.7	12.0
DE	70.3	36.1	9.1
EE	252.5	136.0	45.5
EL	87.0	51.8	16.9
ES	55.7	28.4	10.2
FR	49.2	20.3	8.6
IE	76.4	50.5	8.0
IT	52.2	24.4	8.2
CY	:	:	:
LV	287.3	161.3	61.9
LT	212.1	126.5	32.8
LU	64.1	34.6	12.8
HU	188.0	94.2	44.7
MT	68.6	46.4	12.7
NL	58.4	26.8	8.9
AT	63.3	38.1	9.0
PL	149.8	65.3	30.0
PT	67.7	29.4	22.0
SI	81.8	35.1	17.8
SK	173.9	88.3	21.7
FI	86.8	52.5	13.8
SE	58.1	35.6	8.3
UK	78.2	53.4	10.2
BG	254.3	83.6	59.6
HR	136.7	62.5	36.5
RO	216.8	96.5	64.9
IS	:	:	:
NO	52.4	32.4	7.3
CH	42.7	22.8	4.5

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

Diseases of the circulatory system: standardised death rate – aged under 65, per 100,000 persons, 2002

women			
all diseases of the circulatory system	thereof		
	Ischaemic heart diseases	Cerebro-vascular diseases	
28.5	**10.1**	**7.9**	**EU-25**
23.4	**8.1**	**6.4**	**EU-15**
25.8	8.7	7.7	**BE**
42.0	16.3	10.1	**CZ**
24.1	8.8	7.4	**DK**
25.2	8.7	5.6	**DE**
69.1	28.2	19.4	**EE**
26.3	9.7	8.5	**EL**
16.7	5.0	5.1	**ES**
16.2	3.7	4.8	**FR**
24.4	10.4	5.7	**IE**
18.8	5.0	5.3	**IT**
:	:	:	**CY**
86.9	33.0	31.0	**LV**
60.0	24.7	19.0	**LT**
31.7	10.0	11.8	**LU**
65.3	27.7	19.5	**HU**
24.2	14.7	4.0	**MT**
26.4	8.5	7.8	**NL**
23.0	10.0	6.4	**AT**
45.6	13.3	15.1	**PL**
27.1	7.3	11.2	**PT**
25.6	6.4	9.4	**SI**
56.5	21.8	9.8	**SK**
23.5	9.2	8.4	**FI**
21.4	9.3	5.7	**SE**
30.7	14.0	8.1	**UK**
98.2	24.1	28.1	**BG**
52.1	17.0	18.2	**HR**
93.3	32.1	36.4	**RO**
:	:	:	**IS**
17.8	7.5	5.1	**NO**
14.2	5.1	3.2	**CH**

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

Malignant neoplasms: standardised death rate – all ages, per 100,000 persons, 2002

	men		
		thereof	
	all malignant neoplasms	Malignant neoplasm of larynx and trachea/bronchus/lung	Malignant neoplasm of prostate
EU-25	**252.6**	**74.0**	**24.7**
EU-15	**242.1**	**68.9**	**24.6**
BE	288.3	107.0	34.3
CZ	321.5	88.7	30.5
DK	253.1	67.1	35.4
DE	228.8	61.7	24.3
EE	303.3	97.4	30.7
EL	221.4	77.7	17.2
ES	252.6	77.1	22.5
FR	270.0	71.6	26.1
IE	236.3	57.2	32.5
IT	239.6	73.2	17.8
CY	:	:	:
LV	289.8	88.5	28.5
LT	290.4	87.1	29.1
LU	226.1	71.6	18.8
HU	370.6	122.6	25.9
MT	217.2	65.3	17.0
NL	250.5	78.5	29.2
AT	227.0	59.2	26.4
PL	305.6	109.5	22.8
PT	223.5	48.7	27.2
SI	294.9	77.1	32.7
SK	328.8	92.7	24.9
FI	192.8	49.6	30.4
SE	185.3	32.1	37.0
UK	222.0	60.9	24.6
BG	202.1	63.1	15.7
HR	322.6	102.8	24.7
RO	229.2	72.9	13.7
IS	:	:	:
NO	217.1	50.2	37.8
CH	199.9	49.1	28.5

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

Malignant neoplasms: standardised death rate – all ages, per 100,000 persons, 2002

women			
all malignant neoplasms	thereof		
	Malignant neoplasm of larynx and trachea/bronchus/lung	Malignant neoplasm of breast	
141.4	**16.7**	**26.9**	**EU-25**
137.1	**16.2**	**27.2**	**EU-15**
149.3	16.0	34.9	**BE**
174.0	18.4	27.5	**CZ**
197.3	41.8	36.1	**DK**
140.1	16.6	27.6	**DE**
144.1	11.4	25.6	**EE**
114.8	11.6	21.9	**EL**
110.8	6.9	20.7	**ES**
124.3	10.9	27.0	**FR**
157.6	26.1	29.6	**IE**
129.1	13.6	24.9	**IT**
:	:	:	**CY**
138.6	9.2	25.6	**LV**
140.9	7.4	24.7	**LT**
132.8	12.4	26.4	**LU**
188.5	32.7	30.6	**HU**
122.6	8.7	30.6	**MT**
157.1	26.3	33.3	**NL**
134.2	17.9	25.9	**AT**
156.8	20.4	21.4	**PL**
115.8	8.1	22.0	**PT**
147.5	17.4	30.8	**SI**
154.6	11.1	26.8	**SK**
117.9	12.1	21.0	**FI**
140.5	21.1	22.1	**SE**
159.2	29.8	30.5	**UK**
116.9	9.6	20.2	**BG**
154.4	16.3	28.1	**HR**
127.3	11.4	22.3	**RO**
:	:	:	**IS**
147.8	23.5	23.4	**NO**
121.0	15.8	25.3	**CH**

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

Malignant neoplasms: standardised death rate – aged under 65, per 100,000 persons, 2002

	men		
		thereof	
	all malignant neoplasms	Malignant neoplasm of larynx and trachea/bronchus/lung	Malignant neoplasm of prostate
EU-25	**97.5**	**32.2**	**2.6**
EU-15	**89.8**	**28.6**	**2.5**
BE	101.6	42.0	2.6
CZ	126.5	41.5	3.2
DK	82.1	22.0	4.2
DE	85.8	26.1	2.8
EE	125.2	43.3	2.2
EL	84.8	35.5	1.5
ES	101.5	36.4	2.2
FR	114.2	37.4	2.4
IE	76.0	20.2	2.8
IT	83.3	26.7	1.6
CY	:	:	:
LV	136.3	46.4	5.5
LT	134.4	43.4	4.6
LU	81.0	24.7	1.7
HU	189.2	72.9	3.6
MT	61.9	20.5	0.7
NL	78.5	24.4	2.6
AT	84.0	26.9	2.5
PL	132.7	53.3	2.8
PT	92.9	25.7	2.5
SI	111.7	34.6	3.4
SK	151.3	46.6	3.1
FI	60.0	15.3	3.3
SE	55.7	11.3	3.3
UK	74.7	19.8	2.6
BG	113.6	43.1	3.1
HR	132.4	48.8	2.2
RO	131.4	47.7	2.2
IS	:	:	:
NO	67.5	17.7	3.8
CH	66.8	18.6	2.4

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

Malignant neoplasms: standardised death rate – aged under 65, per 100,000 persons, 2002

women			
all malignant neoplasms	thereof		
	Malignant neoplasm of larynx and trachea/bronchus/lung	Malignant neoplasm of breast	
65.6	**8.5**	**16.6**	**EU-25**
62.4	**8.0**	**16.8**	**EU-15**
69.4	8.8	22.1	**BE**
74.9	9.0	13.2	**CZ**
87.3	18.3	21.1	**DK**
62.3	9.2	16.2	**DE**
72.2	5.1	16.5	**EE**
50.2	5.4	12.8	**EL**
51.5	4.2	13.5	**ES**
59.2	6.7	16.6	**FR**
65.7	9.0	17.0	**IE**
57.2	6.3	15.0	**IT**
:	:	:	**CY**
74.2	4.0	17.7	**LV**
76.5	3.2	18.0	**LT**
57.1	7.1	16.2	**LU**
98.5	21.2	18.6	**HU**
55.3	3.4	14.6	**MT**
74.3	15.0	20.4	**NL**
58.2	10.0	14.1	**AT**
79.9	12.3	14.0	**PL**
56.7	4.4	14.4	**PT**
64.0	9.8	17.2	**SI**
76.1	5.4	16.1	**SK**
51.5	5.6	13.1	**FI**
60.2	10.7	13.7	**SE**
71.2	11.6	18.7	**UK**
68.1	5.6	13.8	**BG**
67.9	8.1	15.4	**HR**
78.3	7.1	15.4	**RO**
:	:	:	**IS**
67.5	11.8	14.2	**NO**
54.8	8.9	14.3	**CH**

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

External causes of injury and poisoning: standardised death rate – all ages, per 100,000 persons, 2002

	men		
		thereof	
	all external causes of injury and poisoning	Transport accidents	Suicide and intentional selfharm
EU-25	**66.0**	**17.5**	**18.6**
EU-15	**56.5**	**15.7**	**16.0**
BE	77.6	21.5	29.5
CZ	91.3	20.7	23.3
DK	63.4	12.8	17.8
DE	49.3	12.4	18.2
EE	253.0	30.2	47.2
EL	59.2	3.2	0.4
ES	53.3	22.0	11.0
FR	81.4	19.8	25.6
IE	51.5	13.5	17.6
IT	49.8	19.3	9.8
CY	:	:	:
LV	249.7	41.7	47.9
LT	259.6	37.8	81.7
LU	92.0	31.9	28.0
HU	122.4	25.8	43.7
MT	43.3	7.4	11.7
NL	38.4	9.9	12.6
AT	71.3	17.0	28.5
PL	102.7	26.2	25.9
PT	77.7	32.4	17.1
SI	106.2	22.1	41.6
SK	97.1	24.8	22.7
FI	104.5	15.1	30.9
SE	58.5	10.4	17.4
UK	38.9	8.6	10.7
BG	78.1	18.0	23.2
HR	97.1	26.4	32.2
RO	104.5	24.1	23.5
IS	:	:	:
NO	57.9	13.4	15.6
CH	57.0	10.2	25.4

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

External causes of injury and poisoning: standardised death rate – all ages, per 100,000 persons, 2002

women

all external causes of injury and poisoning	thereof: Transport accidents	thereof: Suicide and intentional selfharm	
24.1	**5.1**	**5.3**	**EU-25**
22.2	**4.7**	**5.0**	**EU-15**
32.7	7.1	10.7	**BE**
32.8	7.0	5.3	**CZ**
29.5	4.2	6.9	**DK**
19.8	4.3	5.7	**DE**
54.3	7.7	8.6	**EE**
17.4	0.8	0.1	**EL**
16.1	6.1	3.1	**ES**
35.1	6.6	8.4	**FR**
16.5	4.0	3.5	**IE**
19.3	4.7	2.6	**IT**
:	:	:	**CY**
65.5	10.7	10.1	**LV**
55.8	10.0	11.5	**LT**
32.1	5.4	9.8	**LU**
46.1	7.4	10.1	**HU**
19.9	1.9	2.8	**MT**
19.1	3.0	5.7	**NL**
23.9	5.5	7.3	**AT**
28.2	6.9	4.7	**PL**
21.9	8.0	4.2	**PT**
31.7	5.9	9.1	**SI**
20.8	6.0	3.9	**SK**
34.7	4.4	9.6	**FI**
23.7	3.3	7.2	**SE**
16.1	2.5	3.0	**UK**
22.1	5.5	6.5	**BG**
30.4	5.5	8.4	**HR**
27.4	7.0	4.3	**RO**
:	:	:	**IS**
23.8	3.2	5.7	**NO**
25.2	3.2	10.5	**CH**

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

External causes of injury and poisoning: standardised death rate – aged under 65, per 100,000 persons, 2002

	men		
		thereof	
	all external causes of injury and poisoning	Transport accidents	Suicide and intentional selfharm
EU-25	**54.3**	**16.8**	**16.5**
EU-15	**45.1**	**15.1**	**13.8**
BE	64.5	20.7	26.4
CZ	70.6	19.7	20.1
DK	46.6	11.9	15.4
DE	39.1	12.3	15.2
EE	236.0	29.8	44.2
EL	53.5	2.8	0.4
ES	45.8	21.2	8.7
FR	62.0	19.5	22.1
IE	44.2	12.7	18.0
IT	36.9	18.4	8.1
CY	:	:	:
LV	240.8	43.2	46.9
LT	250.9	38.1	81.5
LU	76.4	31.8	20.6
HU	94.2	24.5	37.4
MT	30.0	6.4	10.0
NL	28.5	8.7	11.8
AT	55.2	15.7	22.3
PL	90.5	24.5	25.1
PT	65.0	30.5	12.9
SI	84.3	20.2	36.3
SK	87.5	23.6	20.5
FI	84.3	12.5	29.2
SE	45.6	10.0	15.3
UK	33.9	8.5	10.6
BG	67.6	17.5	17.4
HR	72.9	24.4	24.8
RO	97.9	22.3	22.4
IS	:	:	:
NO	42.6	12.6	14.8
CH	42.1	9.7	21.3

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

External causes of injury and poisoning: standardised death rate – aged under 65, per 100,000 persons, 2002

women

all external causes of injury and poisoning	thereof: Transport accidents	thereof: Suicide and intentional selfharm	
15.4	**4.6**	**4.7**	**EU-25**
14.0	**4.3**	**4.5**	**EU-15**
24.4	6.6	10.2	**BE**
18.3	6.6	4.4	**CZ**
15.8	3.7	5.5	**DK**
12.8	4.0	4.7	**DE**
49.8	8.2	7.7	**EE**
13.7	0.7	0.1	**EL**
11.5	5.5	2.5	**ES**
20.8	6.2	7.6	**FR**
10.3	3.8	3.7	**IE**
9.5	4.3	2.2	**IT**
:	:	:	**CY**
55.5	10.1	9.2	**LV**
47.4	9.0	9.5	**LT**
20.2	5.0	8.5	**LU**
24.2	6.8	8.7	**HU**
10.2	1.7	2.2	**MT**
11.2	2.5	5.3	**NL**
15.8	4.7	6.0	**AT**
18.0	6.0	4.3	**PL**
15.3	7.0	3.6	**PT**
20.3	5.2	8.0	**SI**
17.1	5.1	3.5	**SK**
23.9	3.9	9.6	**FI**
16.0	3.0	6.8	**SE**
11.0	2.2	3.0	**UK**
17.9	5.2	4.8	**BG**
16.7	4.8	6.1	**HR**
24.2	6.3	3.9	**RO**
:	:	:	**IS**
13.8	3.0	5.7	**NO**
16.0	2.9	9.1	**CH**

Data 1997-2002 depending on the countries.
Source: Eurostat - public health - causes of death.

HEALTH CARE

5. HEALTH CARE

Total current health expenditure

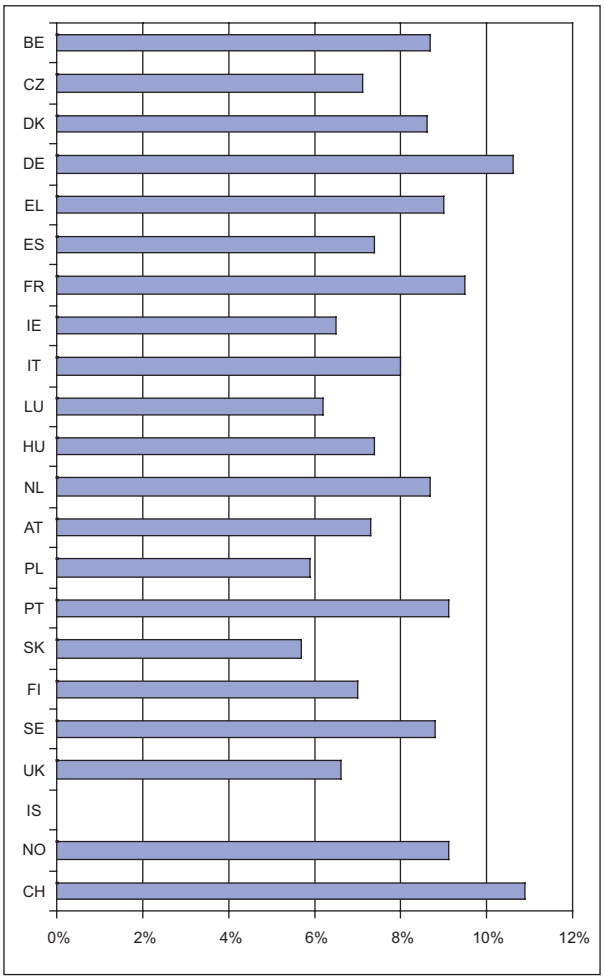
Total current health expenditure encompasses expenditure on personal and collective health care (respectively expenditure which can and cannot be attributed to individual patients) and expenditure on preventive care, as well as on health administration and some other health-related functions, but not including investment.

The total current health expenditure is based on a definition of the System of Health Accounts - SHA (OECD). The aim of the SHA is to improve the quality of international comparisons of data on health expenditure. However, the degree of Member States' reporting of health expenditure in line with the SHA definitions still varies. The data are believed to be fairly comparable but the most important limitations for comparability are the different estimation practices with regards to expenditure on long-term nursing care.

With 10.6% of the GDP [1], Germany has the highest health expenditure in the EU-25. Only Poland and Slovakia report health expenditure less than 6% of their GDP. However, these differences might partly be due to different practices of measuring social care.

[1] GDP: Gross Domestic Product: final result of the production activity of resident producer units. It corresponds to the economy's total output of goods and services, less intermediate consumption.

Total current health expenditure as % of GDP – 2002



UK: 1996.
Source: OECD.

Doctors and dentists

All physicians seeing patients either in a hospital, a practice or elsewhere are recorded as “practising” doctors. While still not all Member States apply exactly the definition for “practising”, Eurostat continuously works towards improving the consistency of the data. Density rates are used to describe the availability of these resources or the frequency of services rendered, expressed per 100,000 inhabitants. However, a direct comparison of density rates between countries implies a similarity of functions performed, which may not always be the case.

The density of practising doctors varies from less than 200 doctors per 100,000 inhabitants in Romania and Switzerland to almost 400 in Lithuania in 2002. However, differences in the health care systems might explain a part of this substantial range. In most of the countries the numbers of practising doctors increased from 1998 to 2002.

Dentists diagnose, prevent and treat teeth and tissue problems, and also perform surgery. The numbers of practising dentists show a large variation in the EU-25 from some 28 dentists per 100,000 inhabitants in Poland up to 92 in Cyprus in 2002.

Practising doctors and dentists per 100,000 population

	practising doctors		practising dentists	
	1998	2002	1998	2002
BE	:	:	:	:
CZ	355	388	62	66
DK	314	365	:	:
DE	317	334	72	75
EE	320	314	73	79
EL	426	454	114	117
ES	304	331	:	:
FR	:	:	:	:
IE	:	:	:	:
IT	:	:	:	:
CY	231	264	79	92
LV	269	275	41	54
LT	411	399	61	66
LU	228	239	58	68
HU	312	319	44	48
MT	261	312	36	40
NL	189	192	:	:
AT	302	332	45	49
PL	233	228	45	28
PT	259	274	: [1]	: [1]
SI	218	228	59	60
SK	296	333	40	44
FI	:	:	:	:
SE	282	298	87	87
UK	186	206	41	44
BG	344	351	58	78
HR	225	239	65	68
RO	183	190	24	22
IS	334	359	100	101
NO	274	280	82	81
CH	188	198	49	44

2002: for EL, MT, IS: 2001; SE: 2000; NL, NO: 1999.
1998: for PL: 1999.
[1]: no figures because dentists working only in private heath establishments are not included in the collection.
Source: Eurostat - public health - health care.

Consultation of a doctor or dentist

Health interview surveys can be used to provide an insight into the use of medical services (consultation of health care professionals and the hospitalisation in the last 12 months). This can be considered as a proxy or (indirect measurement) of the health status.

Primary care involves consultation with health care professionals, especially general practitioners. Consultations of a doctor measures contacts with a doctor – either general practitioner or specialist, regardless of his speciality – due to a disease, complaint or a check-up, whether self-initiated, whether in case of a care agreement consisting of several contacts.

According to the data available, there are major discrepancies between the European countries as regards the proportion of population who consulted a doctor in the last 12 months. On the one side, there is a group of south-eastern countries (Bulgaria, Cyprus, Greece and Romania) with a lower proportion (it varies from 39.9% to 67.6%) and at the other extreme there is a group of central European countries (Austria, Belgium, Czech Republic, Germany and Hungary) where the highest percentages are found (they range from 86.3% to 92.1%).

The percentage of persons who visited a dentist is highest in Sweden (79.6%), the Netherlands (77.7%) and Germany (75.5%) and lowest in Romania (15.0%) and Greece (25.4%).

Consultation in the last 12 months as % of population, 2003

	of a doctor	of a dentist
BE	88.4	49.0
CZ	92.1	58.4
DK	:	:
DE	89.7	75.5
EE	72.8	46.7
EL	63.7	25.4
ES	82.5	35.1
FR	:	:
IE	:	:
IT	:	:
CY	66.1	41.6
LV	68.0	50.5
LT	76.2	65.1
LU	:	:
HU	86.3	38.0
MT	80.5	40.2
NL	80.4	77.7
AT	87.2	61.7
PL	:	:
PT	:	34.5
SI	70.6	32.1
SK	80.5	68.0
FI	82.7	57.2
SE	:	79.6
UK	:	:
BG	67.6	42.2
HR	:	:
RO	39.9	15.0
IS	74.7	59.6
NO	77.8	:
CH	76.9	62.5

All countries: HIS data 1996-2003 depending on the countries.
Source: Eurostat - public health - health care.

Hospital beds

The definition of hospitals is based on a classification of health care providers, used in the System of Health Accounts (SHA). Following the recommendations of the OECD it seems suitable to focus on the number of available beds (occupied or unoccupied) which are immediately available to be used by an admitted patient if required. That means fully staffed and equipped beds excluding provisional beds and beds for accompanying persons. However, data on the number of beds reported to Eurostat are normally given as an annual average of beds in use during the year of reporting or according to concepts of registration or budgetary or planned approval. The comparability is still weak and therefore, data on hospital beds must be treated with caution due to the different concepts of “hospital” and “hospital beds” in the EU countries.

The Czech Republic with 1,107 hospital beds per 100,000 inhabitants reports the highest density in the EU-25 in 2002, while Spain, Portugal and Sweden show figures lower than 400.

The number of hospital beds has been decreasing in most of the countries for many years. From 1992 to 2002 the number of beds fell by more than 15% in the EU-25. It is likely that a considerable share of this reduction is due to the shorter average length of hospital stays. An increasing demand for health care for elderly people, most often suffering from chronic disability or illness which can be met by a transfer of hospitals beds into beds in nursing and residential care facilities, might also provide an explanation for the reduction of hospital beds.

Hospital beds – per 100,000 population

	1988	1992	1998	2002
EU-25	**844**	**765**	**677**	**639**
EU-15	**815**	**730**	**649**	**611**
BE	841	777	722	692
CZ	1,372	1,261	1,114	1,107
DK	603	513	449	423
DE	1,077	993	929	888
EE	1,204	950	723	606
EL	415	500	499	488
ES	440	415	381	358
FR	1,008	944	871	810
IE	1,063	590	972	994
IT	750	686	549	445
CY	513	476	413	438
LV	1,416	1,273	922	773
LT	1,287	1,190	962	893
LU	1,255	1,136	1,055	644
HU	1,002	978	831	806
MT	921	:	563	687
NL	:	573	517	463
AT	805	770	724	846
PL	867	838	744	710
PT	404	400	388	365
SI	615	592	559	509
SK	:	:	805	757
FI	1,350	854	779	737
SE	1,332	764	380	359
UK	:	:	421	400
BG	957	1,014	838	647
HR	746	658	596	568
RO	896	785	730	745
IS	:	981	:	:
NO	530	430	398	381
CH	790	774	1,884	1,773

2002 - DK, ES, HU, UK: 2001; BE, EL, SE, NO: 2000.
Source: Eurostat - public health - health care.

Hospital discharges

The number of hospital discharges is the most commonly used measure of the utilisation of hospital services. Hospital discharges, rather than admissions, are used because for in-patient care information is gathered at the time of discharge. Discharge statistics are based on counts of hospital discharges, which are counts of events, not patients. For example, a patient admitted and discharged three times during the reporting year would be counted as three discharges, even if it is for the same health problem.

The frequency of discharges ranges from 30,273 per 100,000 inhabitants in Austria to 6,856 in Cyprus. Eight of the EU-25 countries have more than 20,000 discharges per 100,000 inhabitants: Czech Republic, France, Latvia, Lithuania, Hungary, Austria, Finland and the United Kingdom. Four countries report less than 10,000 discharges: Cyprus, Malta, The Netherlands and Portugal. These differences may partly reflect the differences in the organisation of health care services.

Eurostat data show that **diseases of the circulatory system** were the main cause of hospitalisation in 2002 in most of the countries for which data are available.

Hospital discharges – per 100,000 inhabitants

	1989	1992	1998	2002
BE	:	15,746	15,584	15,449
CZ	:	17,378	21,142	22,363
DK	:	:	18,219	17,585
DE	:	:	19,424	19,745
EE	:	:	20,143	18,695
EL	12,620	13,704	15,420	15,944
ES	9,532	10,103	11,213	10,947
FR	:	23,370	24,651	27,827
IE	:	:	11,716	12,389
IT	15,980	15,198	17,240	15,574
CY	5,950	5,876	6,160	6,856
LV	:	19,378	21,554	20,108
LT	20,654	19,389	25,210	23,670
LU	:	:	:	:
HU	:	:	23,739	24,046
MT	:	:	:	9,862
NL	10,357	10,258	9,862	9,414
AT	22,241	23,010	27,583	30,273
PL	11,768	12,497	13,138	14,546
PT	:	7,374	9,126	8,519
SI	:	:	:	:
SK	16,004	16,216	20,503	19,258
FI	22,591	23,573	26,844	26,178
SE	18,024	18,108	17,005	16,037
UK	14,494	15,899	20,432	20,801
BG	:	:	:	15,922
HR	:	:	:	12,531
RO	18,392	16,076	17,802	22,290
IS	:	:	15,261	16,155
NO	14,317	14,288	15,450	16,263
CH	:	:	:	15,414

2002: BE, DE, ES, FR: 2001.
1998: PL: 1999.
1992: BE, LV, FR: 1993.
1989: HU: 1990.
Source: OECD, Eurostat - public health - health care.

Hospitalisation

The variation across Member States as regards the proportion of people hospitalised in the last 12 months may be explained by the differences in the organisation of health care services. Thus, this proportion ranges from 6.2% in the Netherlands to 17.1% in Slovenia. With few exceptions (Estonia, Greece and Slovenia), women have higher hospitalisation rates than men. For women, the highest rates are found in Hungary (18.0%) and Slovenia (16.0%), while for men, the highest rate is found in Slovenia (18.4%).

Hospitalisation – as % of population, 2003

	total	men	women
BE	14.4	13.3	15.4
CZ	12.6	10.2	14.9
DK	:	:	:
DE	12.6	10.5	14.5
EE	10.9	11.3	10.6
EL	7.3	7.4	7.2
ES	9.9	9.2	10.5
FR	:	:	:
IE	:	:	:
IT	:	:	:
CY	8.9	8.1	9.7
LV	11.4	10.9	11.8
LT	:	:	:
LU	:	:	:
HU	15.4	12.5	18.0
MT	10.4	10.0	10.7
NL	6.2	5.0	7.3
AT	13.3	13.1	13.4
PL	10.7	8.8	12.4
PT	:	:	:
SI	17.1	18.4	16.0
SK	:	:	:
FI	:	:	:
SE	:	:	:
UK	8.5	7.8	9.2
BG	8.9	8.4	9.3
HR	:	:	:
RO	6.8	5.5	8.1
IS	11.5	7.9	15.0
NO	12.3	10.5	14.1
CH	11.8	10.6	13.0

All countries: HIS data 1996-2003 depending on the countries.
Source: Eurostat - public health - health care.

SPECIAL HIGHLIGHTS

6. SPECIAL HIGHLIGHTS

This chapter presents together various indicators, such as preventive care, hospitalisation (discharges), injuries, disability and deaths, for three selected topics: cancers, diseases of the circulatory system and accidents.

Cancers

The highest standardised deaths rates (SDR) for all cancers are found in the Czech Republic (234 per 100,000 inhabitants) and Hungary (262), while the highest level for discharges are found in Austria (3,298 per 100,000) and United Kingdom (2,032). However, the effects of the differences between national health systems also play a role in the number of discharges.

For two specific types of women cancers, breast and cervix uteri cancers, standard screening programs are implemented for prevention purposes. The screening data is obtained via surveys (screening done in the last 12 months at the time of the interview) and the absence of data for some Member States is in general due to the absence of related questions in the surveys available and does not mean that screening programs are not implemented in these countries. The data are presented for “all ages” and for the age group during which the cancer screening is mainly done, and are compared with the SDR (standardized death rate) for all ages in each country (and also discharges for breast cancers). It is however difficult to find general links between the levels of screening and the SDR, probably due to the differences in national systems and comparability issues in national surveys.

Cancers: discharges, SDR and screening on breast and cervical cancer – numbers, rate per 100,000 inhabitants, screening percentages, 2002

	total (men and women)		breast (women)	
	discharges	SDR	screening	
			all	55-64
EU-25	**1,204.7**	**187.5**	**:**	**:**
EU-15	**1,194.0**	**180.8**	**:**	**:**
BE	904.2	205.3	53.3	81.8
CZ	1,543.1	233.7	17.8	24.9
DK	1,559.2	222.2	34.9	52.7
DE	1,814.5	175.8	:	:
EE	1,198.3	200.6	12.4	15.3
EL	1,120.8	163.2	:	:
ES	680.0	173.0	54.9	88.2
FR	1,223.8	187.8	57.4	90.9
IE	687.9	190.3	:	:
IT	993.6	181.8	36.6	60.0
CY	313.4	:	:	:
LV	1,275.1	193.3	28.5	31.2
LT	1,124.4	196.0	71.0	75.7
LU	:	171.0	:	:
HU	1,897.5	262.3	50.4	79.0
MT	:	162.1	27.9	27.9
NL	784.3	193.9	44.9	90.4
AT	3,297.5	170.8	:	:
PL	1,043.3	216.5	11.1	13.9
PT	593.4	161.6	:	:
SI	:	205.1	:	:
SK	1,291.1	225.6	:	:
FI	1,914.6	145.9	:	:
SE	1,295.6	157.9	:	:
UK	2,032.0	185.0	:	:
BG	1,227.6	154.8	16.1	15.8
HR	:	222.3	:	:
RO	1,243.2	171.4	:	:
IS	1,039.2	:	84.5	99.1
NO	1,439.5	175.0	70.6	99.1
CH	884.9	121.0	32.6	65.0

Data 1997-2003 depending on the countries.
Source: Eurostat - public health - health care.

Cancers – women: discharges, SDR and screening on breast and cervical cancer – numbers, rate per 100,000 inhabitants, screening percentages, 2002

breast (women)		cervix uteri (women)			
		screening			
discharges	SDR	all	25-34	SDR	
:	**15.1**	**:**	**:**	**1.8**	**EU-25**
:	**15.1**	**:**	**:**	**1.3**	**EU-15**
:	19.3	80.6	78.8	1.8	**BE**
:	16.2	37.0	47.9	3.4	**CZ**
:	19.9	94.3	93.9	2.2	**DK**
244.8	15.6	:	:	1.6	**DE**
:	15.7	26.3	19.6	3.9	**EE**
:	11.8	:	:	0.8	**EL**
125.8	11.8	70.7	63.8	1.2	**ES**
:	15.0	:	:	1.1	**FR**
150.8	16.0	:	:	2.1	**IE**
179.4	13.8	42.1	51.6	0.5	**IT**
52.0	:	80.9	72.6	:	**CY**
:	15.5	96.2	95.6	3.5	**LV**
:	14.6	95.1	92.1	7.3	**LT**
:	14.6	:	:	1.2	**LU**
:	18.2	84.8	88.5	4.4	**HU**
:	17.0	32.3	32.1	1.2	**MT**
170.2	18.3	67.7	54.6	1.0	**NL**
458.0	15.0	:	:	1.8	**AT**
238.9	12.3	:	:	4.6	**PL**
112.5	12.4	:	:	1.8	**PT**
:	17.9	:	:	2.0	**SI**
211.7	15.7	:	:	3.8	**SK**
454.9	11.7	:	:	0.7	**FI**
262.2	11.9	:	:	1.3	**SE**
461.0	16.6	:	:	1.7	**UK**
:	11.2	32.9	27.9	3.9	**BG**
:	16.7	:	:	1.8	**HR**
481.2	12.4	:	:	8.0	**RO**
237.6	:	98.0	96.4	:	**IS**
:	12.7	57.2	75.8	1.8	**NO**
221.8	25.3	84.2	80.8	1.7	**CH**

Data 1997-2003 depending on the countries.
Source: Eurostat - public health - health care.

Diseases of the circulatory system

The highest standardised deaths rates (SDR) for diseases of the circulatory system are found in Latvia (598 per 100,000 inhabitants) and in Romania (596). The highest level for discharges is found in Lithuania (4,223 per 100,000), followed by Hungary (4,019) and Austria (4,007) - the same remarks on differences between national health systems apply -.

For **ischaemic diseases** the highest SDR is found in Lithuania (330) followed by Estonia (323), while for cerebrovascular diseases the SDR are higher in Latvia (213), Bulgaria (199) and Romania (196).

Diseases of the circulatory system – per 100,000 inhabitants, 2002

	discharges Total	Standardised Death Rate (SDR)		
		total	ischaemic	cerebrovascular
EU-25	**2,101.8**	**272.0**	**108.6**	**67.7**
EU-15	**2,048.7**	**242.2**	**96.4**	**59.8**
BE	2,337.6	244.5	81.4	59.5
CZ	3,630.2	455.8	179.1	130.5
DK	2,640.2	241.8	108.0	58.6
DE	3,369.4	285.7	121.3	55.1
EE	3,167.6	560.4	323.0	154.1
EL	2,271.5	318.4	85.9	110.8
ES	1,395.1	194.9	63.6	55.7
FR	2,385.5	167.2	48.4	39.2
IE	1,441.6	274.1	145.8	55.0
IT	2,520.9	219.9	72.4	59.1
CY	805.6	:	:	:
LV	3,165.6	598.3	294.7	213.4
LT	4,222.7	528.7	330.1	122.3
LU	:	245.7	77.2	69.6
HU	4,019.3	503.9	221.7	135.6
MT	:	287.9	160.5	68.7
NL	1,420.2	220.1	75.3	54.7
AT	4,007.4	289.0	130.8	62.3
PL	2,423.9	414.1	125.8	98.6
PT	1,217.5	261.8	63.7	122.2
SI	:	291.1	89.6	80.6
SK	2,882.6	544.7	290.0	87.8
FI	3,821.5	275.0	165.2	62.1
SE	2,697.1	248.7	120.7	56.0
UK	1,873.6	249.3	135.5	59.8
BG	2,440.6	724.1	196.7	199.4
HR	:	521.9	183.5	158.8
RO	2,960.2	596.2	204.5	195.7
IS	1,802.7	:	:	:
NO	2,256.4	232.0	107.2	54.4
CH	1,714.9	192.7	83.1	34.4

Data 1997-2003 depending on the countries.
Source: Eurostat - public health - health care.

Accidents

Data on disabilities and long-standing health problems [1] caused by accidents are presented broken down for three types of accident.

For **household, leisure and sports accidents or injuries**, the prevalence in percent of the population is higher than 1% in Estonia, France and Finland.

For **traffic accidents or injuries outside of work**, the prevalence is higher than 1% in the Netherlands.

Work-related accidents or injuries including traffic accidents at work show at EU level the highest prevalence of the three groups, about 1%.

However, cultural differences may influence the self-declaration of a “disability or long-standing health problems” in a survey, so that any comparisons must be made with caution.

Concerning **road traffic**, about 1.7 million of EU-15 citizens were injured and 50,000 killed in EU-25 due to such an accident in 2002. Among the nearly 39,000 deaths in EU-15 in 2002, about 4,000 occurred either **commuting to work or on the road in the course of work** [2] (commuting accidents also include any other kind of accident on the way to work and back but the majority of fatalities are road traffic and transport accidents).

In total about 157,000 people died due to some kind of accident in EU-25 in 2002.

[1] source: Labour Force Survey 2002.

[2] driver, passenger or pedestrian and persons using other means of transport.

People injured in accidents: prevalence of disability and long-standing health problems – as % of population (aged 16-64), 2002

	caused by		
	household, leisure and sports accident or injury	traffic accident or injury (outside of work)	work-related accident or injury incl. traffic accidents at work
EU-25	**0.6**	**0.5**	**0.9**
EU-15	**0.6**	**0.5**	**1.0**
BE	0.9	0.6	1.5
CZ	0.9	0.4	0.6
DK	0.9	0.8	1.4
DE	:	:	:
EE	1.4	: u	: u
EL	0.1	0.2	0.2
ES	0.3	0.2	0.6
FR	1.1	0.6	1.6
IE	0.2	0.5	0.5
IT	0.1	0.2	0.3
CY	: u	0.5	0.4
LV	:	:	:
LT	: u	0.4	: u
LU	: u	: u	1.2
HU	0.1	0.2	0.3
MT	: u	: u	: u
NL	0.8	1.1	0.5
AT	0.7	0.6	0.8
PL	:	:	:
PT	0.4	0.8	1.1
SI	1.0	0.7	1.7
SK	0.4	0.3	0.3
FI	1.3	0.4	1.0
SE	0.9	0.6	2.0
UK	1.0	0.8	1.5
BG	:	:	:
HR	:	:	:
RO	0.1	0.1	0.1
IS	:	:	:
NO	0.7	0.7	1.0
CH	:	:	:

Sources: see page 105

People injured in accidents: road traffic – numbers, 2002

people injured in a road traffic accident	road traffic fatalities (incl. work-related)	work-related fatalities		
		commu-ting [2]	at work [1]	
:	**49,721**	:	:	**EU-25**
1,696,206	**38,607**	**2,262**	**1,794**	**EU-15**
64,989	1,315	79	48	**BE**
:	1,431	:	:	**CZ**
8,785	463	:	10	**DK**
476,413	6,842	651	321	**DE**
	223	:	:	**EE**
22,459	1,654	33	16	**EL**
146,917	5,347	386	299	**ES**
137,426	7,655	623	420	**FR**
9,376	376	:	6	**IE**
337,878	6,739	385	508	**IT**
:	94	:	:	**CY**
:	518	:	:	**LV**
:	697	:	:	**LT**
1,100	62	8	5	**LU**
:	1,429	:	:	**HU**
:	16	:	:	**MT**
40,682	987	:	12	**NL**
50,099	956	68	58	**AT**
:	5,827	:	:	**PL**
56,241	1,655	:	32	**PT**
:	269	:	:	**SI**
:	610	:	:	**SK**
8,156	415	29	9	**FI**
24,747	560	:	28	**SE**
310,938	3,581	:	22	**UK**
:	:	:	:	**BG**
:	:	:	:	**HR**
:	:	:	:	**RO**
:	:	:	:	**IS**
:	:	:	5	**NO**
:	:	:	:	**CH**

Sources and footnotes: see page 105

Deaths due to accidents – numbers, 2002

	road traffic and transport accidents	other accidents and injuries [3]
EU-25	**53,599**	**103,326**
EU-15	**40,483**	**78,622**
BE	1,513	2,237
CZ	1,490	3,331
DK	477	1,527
DE	7,029	12,739
EE	247	1,138
EL	1,865	1,721
ES	5,920	5,604
FR	7,965	21,067
IE	358	536
IT	7,305	13,933
CY	:	:
LV	601	1,849
LT	828	2,320
LU	87	112
HU	1,748	4,462
MT	17	74
NL	1,055	2,309
AT	938	1,445
PL	6,500	9,488
PT	2,220	1,782
SI	297	473
SK	830	1,166
FI	531	2,153
SE	637	2,224
UK	3,440	8,587
BG	976	1,520
HR	639	1,086
RO	3,479	6,904
IS	:	:
NO	384	1,331
CH	500	1,569

Sources and footnote: see page 105.

Footnotes for pages 103-104:

[1] : This comprises the whole transport sector (NACE I) and the road traffic accidents during work in the other sectors.

[2] : Any fatal accident on the way and back to work; EU-15 for commuting accidents is estimated from the Member States having provided data.

[3] : Including suicides

Death due to accidents (total and other): EU-25, EU-15, DK, FR, SK and SE: 2001; BE: 1997.

Sources for pages 102-104:

- Work-related fatalities: Eurostat - public health - health and safety at work
- People injured in a road traffic accidents and road traffic fatalities: CE-DG Transport - CARE database (EU15) (http://europa.eu.int/comm/transport/care) and national data (New Member States)
- Deaths due to accidents: Eurostat - public health - causes of deaths

Glossary

ECHP: the European Community Household Panel is a longitudinal panel survey (1994-2001) of private households, conducted by face-to-face interviews based on a standardised questionnaire. Its target population in each country consists of all persons living in private households.

EODS: the European Occupational Diseases Statistics are based on a harmonised methodology developed with EU-Member States. The national EODS sources are the recognitions of occupational diseases, either by the public (Social Security) or private specific insurance for occupational diseases (all except the Netherlands) or declarations to other relevant national authority (the Netherlands).

ESAW: the harmonised data on accidents at work are collected in the framework of the European Statistics on Accidents at Work (ESAW). The national ESAW sources are the declarations of accidents at work, either to the public (Social Security) or private specific insurance for accidents at work, or to other relevant national authority (Labour Inspection, etc.) for countries having a "universal" Social Security system. The data relating to persons in employment are provided by the Labour Force Survey (LFS).

EU-25, EU-15: these aggregates are calculated or esti-mated for respectively 25 or 15 Member States or less.

HIS: Health Interview Survey: a data collection method in which questionnaires are used to gather information regarding health status and other related issues from interviewed people. They are administered face-to-face, over the phone or via mail. The resulting data are useful in describing, comparing, and sometimes explaining different phenomena.

IARC: The International Agency for Research on Cancer is part of the World Health Organization. Its mission is to coordinate and conduct research on the causes of human cancer and the mechanisms of carcinogenesis, and to develop scientific strategies for cancer control.

Incidence rate: Incident cases of a disease or accidents are those which first occur in a defined period of time, and the incidence (or the incidence rate) is this number of cases as a proportion of the reference population in that period.

Age-standardised incidence rate: a summary measure of a rate that a population would have if it had a standard age structure. Age standardization is necessary when comparing several populations that differ with respect to age because age has such an important influence on mortality and morbidity indicators. The most frequently used standard populations are the World and the European standard populations as defined by the WHO. Eurostat uses the European standard population.

LFS: the Labour Force Survey is a survey carried out on the basis of a set of concepts designed to guarantee an improved degree of comparability between the Member States and also, as far as possible, with other countries. It is a survey covering households, designed to obtain information on the labour market and related issues by means of personal interviews. As it would clearly involve considerable expense to include all households (as in population censuses), labour force surveys are usually confined to a sample of households, the actual size of which depends primarily on the level of detail required in the survey estimates.

NACE: Nomenclature statistique des activités économi-ques dans la Communauté européenne (Economic Activities in the European Community): NACE Rev.1 is a 4-digit activity classification which was implemented in 1993. It is a revision of the «General Industrial Classification of Economic Activities within the European Communities», known by the acro-nym NACE and originally published by Eurostat in 1970.

Main branches (used in ESAW):

A: Agriculture, hunting and forestry (for HU, SK: including fishing)

D: Manufacturing

E: Electricity, gas and water supply

F: Construction

G: Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods

H: Hotels and restaurants

I: Transport, storage and communication

J: Financial intermediation

K: Real estate, renting and business activities

OECD: Organization of Economic Co-operation and Development

Prevalence rate: the number of cases of a disease or disability in a population at one point in time expressed as a proportion of the total population.

SDR: standardised death rate: the death rate of a population of a standard age distribution. As most causes of death vary significantly with people's age and sex, the use of standard death rates improves comparability over time and between countries, as they aim at measuring death rates independently of different age structures of populations.

SHA: System of Health Accounts: this standard established by the OECD – with significant participation of the Eurostat task force on health care data - defines a conceptual basis of statistical reporting rules that are compatible with other economic and social statistics. The SHA provides basic concepts and definitions underlying the annual data collection of health data as well as a standard set of tables for reporting on health resource flows.

WHO: World Health Organisation: the United Nations specialized agency for health.