Injuries

in the European Union

Summary 2002-2004

Working together to make Europe a safer place

EuroSafe
European Association for
Injury Prevention and Safety Promotion

IDB
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Emerg

Injuries in the European Union

Statistics summary 2002 – 2004

featuring the EU Injury Database (IDB)
https://webgate.cec.eu.int/idb/

Vienna, June 2006

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Supported by the European Commission Health and Consumer Protection (DG Sanco)

About this report

This report is an up-to-date summary of the main results of injury statistics and surveys at EU level. European injury data made publicly accessible through international data providers like Eurostat or WHO is being combined with recent hospital based data of the EU Injury Database (IDB) on home and leisure accidents in order to gain a broad picture of the injury morbidity and mortality in the EU.

By standard, data of the years 2002 until 2004 (in most cases 3 years average) of the 25 EU member states is used. Exceptions and information about the data sources used are stated in the Annex and with the respective charts and tables.Data extracted May 2006.

Please note that despite the harmonisation efforts undertaken by the respective data centres and data providers in the member states injury statistics might not always be completely comparable. There are many reasons for this, ranging from differences in the organsation of the national health care systems to cultural differences in the reporting of injury causes.[1]

More information on European injury statistics can be found at:
- Home and Leisure: https://webgate.cec.eu.int/idb/
- Work Place, Traffic, General: www.europa.eu.int/comm/eurostat/
accessible also via the EU Health Portal: http://health.europa.eu

Editorial

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[1]Quoted after “Health in Europe”, Eurostat Pocket Books, EC 2006

Preface

This first edition of "Injuries in the European Union" contributes to DG Sanco's current Public Health Programme which highlights the development and dissemination of health information and knowledge. It is an attempted "comprehensive view" on injuries in the EU that shall facilitate a public health approach to injury prevention, comprising all the traditional sectors of safety promotion as well as consumer protection.

A series of projects by the Austrian Road Safety Board (KfV) and the European Association for Injury Prevention and Safety Promotion (EuroSafe) responds to this key priority of the Public Health Programme by continuously improving the EU Injury Database (IDB) and developing it into a comprehensive information system on accidents and injuries for the EU – with the aim to provide all stakeholders with the best available information about the scope and the patterns of the accident and injury problem including risks linked to certain consumer products and services.

In close cooperation with the current national IDB administrators and DG Sanco the data collected by the members states on home and leisure accidents since many years, could now (2006) be made accessible in a public internet database. This report highlights the most significant IDB results and together with the IDB public access it is actually filling the gap in injury reporting that has existed "between" the already established surveillance for traffic (CARE) and work place (ESAW) injuries.

Other relevant data sources on injury mortality and morbidity from Eurostat and WHO are providing the necessary overall framework for the "sectoral" IDB, CARE and ESAW data, as well as the scarce statistical information on intentional injuries from violence and self-harm.

Just like injury surveillance in the EU itself this report is still fragmentary and not exhaustive. It provides a limited selection of injury statistics that, however, shall ease the interpretation of the more detailed injury data in the respective online information systems. Certainly, the extension of the IDB from "home and leisure accidents" to "all injuries" that is just starting now, and thus not yet covered in this report, will substantially contribute to the goal of comparable information for all sectors of injury prevention in future.

With disseminating EU injury figures DG Sanco is providing both added value to the national data and service for the member states in injury prevention. EuroSafe with its network of experts supports this process at EU level through its data and knowledge.

However, the utility of any information provided may only be measured by the extent to which it is effectively translated into policy and action. On behalf of EuroSafe I like to invite all stakeholders to make use of this information as much as possible in their domain of injury prevention or consumer protection. With the new Public IDB Access of DG Sanco there is now one excuse less for not doing so. Convince yourself at https://webgate.cec.eu.int/idb/ and with this accompanying report!

Rupert Kisser
Head of Division Home, Leisure and Sports of the Austrian Road Safety Board (KfV)
Chairman of the European Association for Injury Prevention and Safety Promotion (EuroSafe)

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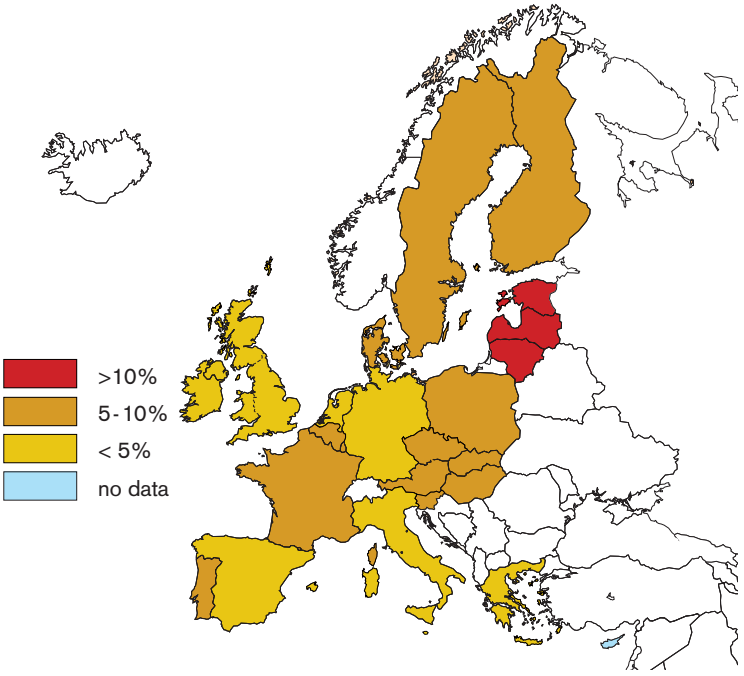
Burden of injury in the European Union – Mortality



Country	Injury deaths (SDR)	Injury deaths in % of all causes of death
AT	45	5,6%
BE	55	6,1%
CZ	62	6,5%
CY	-	-
DK	49	5,7%
EE	145	11,2%
GR	33	4,0%
ES	34	4,4%
DE	34	4,1%
FR	57	7,8%
FI	69	8,6%
HU	81	7,0%
IT	34	4,7%
IE	39	4,9%
LT	151	12,6%
LV	146	11,0%
LU	58	7,1%
MT	31	4,2%
NL	29	3,8%
PL	63	6,9%
PT	46	5,1%
SI	69	8,1%
SK	57	5,9%
SE	40	5,0%
UK	28	3,4%
EU-25	43	5,3%

Figure 1: Injury deaths in % of all causes of death

Source: EUROSTAT Causes of Death (COD) - Standardised Death Rate (SDR) per 100.000 inhabitants for External causes of injury and poisoning (V01-Y89), 3 years average of the latest available years; additionally the value for the EU-25 was derived from the WHO Health for All Database – SDR per 100.000 inhabitants for External causes of injury and poisoning (V00-V99, W00-W99, X00-X99, Y00-Y99), 3 years average of the latest available years / Injury deaths in % of all deaths: EUROSTAT Causes of Death (COD) - Absolute numbers of Injury deaths (V01-Y89) in % of All causes of death (A00-Y89); EU25 excl. Cyprus, 3 years average of the latest available years.

Accidents and injuries rank high on the list of health burdens to society and individuals, globally and also in the EU. Main contributing factor to that record is the high toll of premature deaths due to injuries. Injuries account for about 15% of all deaths before the age of sixty, and for alarming two thirds of all deaths in the 15 to 24 years (Figure 2). There are huge disparities amongst EU member states regarding the number of injuries and accidents: the relative injury mortality in all age groups ranges from 3% (UK) to 13 % (LT) - (Figure1).

These differences indicate that injuries are widely preventable. Reducing the injury mortality rate in all EU member states to the rate of the best performing countries would save almost 60.000 lives a year in the EU. Solely reducing the injury mortality rate in the new EU member states to EU15 average would save more than 20.000 lives a year in these countries.

EU-25	All ages	< 1 year*	1 - 4 years*	5 - 14 years*	15 - 24 years	25 - 60 years	60 + years
Fatal injuries in % of all causes of death	5%	3%	27%	37%	66%	17%	3%
Minimum value	3% (UK)	1% (SE)	18% (IT)	26% (UK)	49% (MT)	12% (MT & NL)	2% (GR)
Maximum value	13% (LT)	11% (EE)	52% (LV)	60% (LV)	79% (LT)	35% (LT)	5% (FR)

Figure 2: Injury deaths in % of all causes of death by age group in the European Union

*Source: EUROSTAT Causes of Death (COD) - Absolute Numbers, External causes of injury and poisoning (V01-Y89) in comparison with All causes of death (A00-Y89), EU-25; excl. Cyprus, 3 years average of the latest available years *Rate for MT and LU is excluded as the data is only available for the age groups '0-14 years'.*

Rank	All ages	< 1 year*	1 - 4 years*	5 - 14 years*	15 - 24 years	25 - 60 years	60 + years
1	33 Diseases of the circulatory system (I00-I99) **1.836.514**	51 Certain conditions originating in the perinatal period (P00-P96) **11.489**	**58 External causes of injury and poisoning (V01-Y89) 1.283**	**58 External causes of injury and poisoning (V01-Y89) 2716**	**58 External causes of injury and poisoning (V01-Y89) 20.813**	06 Neoplasms (C00-D48) **209.036**	33 Diseases of the circulatory system (I00-I99) **1.705.148**
2	06 Neoplasms (C00-D48) **1.166.248**	52 Congenital malformations and chromosomal abnormalities (Q00-Q99) **6.223**	52 Congenital malformations and chromosomal abnormalities (Q00-Q99) **740**	06 Neoplasms (C00-D48) **1658**	06 Neoplasms (C00-D48) **2.890**	33 Diseases of the circulatory system (I00-I99) **128.865**	06 Neoplasms (C00-D48) **951.769**
3	37 Diseases of the respiratory system (J000J99) **344.352**	55 Symptoms, signs, abnormal findings, ill-defined causes (R00-R99) **2.045**	06 Neoplasms (C00-D48) **694**	31 Diseases of the nervous system and the sense organs (G00-H95) **748**	33 Diseases of the circulatory system (I00-I99) **1.561**	**58 External causes of injury and poisoning (V01-Y89) 98.592**	37 Diseases of the respiratory system (J00-J99) **324.031**
4	**58 External causes of injury and poisoning (V01-Y89) 235.486**	31 Diseases of the nervous system and the sense organs (G00-H95) **627**	31 Diseases of the nervous system and the sense organs (G00-H95) **500**	52 Congenital malformations and chromosomal abnormalities (Q00-Q99) **526**	55 Symptoms, signs, abnormal findings, ill-defined causes (R00-R99) **1.464**	42 Diseases of the digestive system (K00-K93) **46.956**	42 Diseases of the digestive system (K00-K93) **156.471**
5	42 Diseases of the digestive system (K00-K93) **204.053**	**58 External causes of injury and poisoning (V01-Y89) 613**	01 Infectious and parasitic diseases (A00-B99) **287**	33 Diseases of the circulatory system (I00-I99) **408**	31 Diseases of the nervous system and the sense organs (G00-H95) **1323**	55 Symptoms, signs, abnormal findings, ill-defined causes (R00-R99) **24.331**	55 Symptoms, signs, abnormal findings, ill-defined causes (R00-R99) **122.675**
6	55 Symptoms, signs, abnormal findings, ill-defined causes (R00-R99) **151.038**	37 Diseases of the respiratory system (J00-J99) **445**	55 Symptoms, signs, abnormal findings, ill-defined causes (R00-R99) **277**	37 Diseases of the respiratory system (J00-J99) **297**	28 Mental and behavioural disorders (F00-F99) 637	37 Diseases of the respiratory system (J00-J99) **18.698**	**58 External causes of injury and poisoning (V01-Y89) 111.452**
7	26 Endocrine, nutritional and metabolic diseases (E00-E90) **120.463**	01 Infectious and parasitic diseases (A00-B99) **428**	37 Diseases of the respiratory system (J00-J99) **263**	26 Endocrine, nutritional and metabolic diseases (E00-E90) **268**	37 Diseases of the respiratory system (J00-J99) **617**	31 Diseases of the nervous system and the sense organs (G00-H95) **13.196**	26 Endocrine, nutritional and metabolic diseases (E00-E90) **109.249**

Figure 3: Leading causes of death in the European Union by age group

Source: Ranking is based on the "European shortlist" of causes of death (65 causes) provided by EUROSTAT Causes of Death (COD) - Absolute Numbers, considering the main chapters of ICD10 (A00-Y89), EU-25; excl. Cyprus, 3 years average of the latest available years.
**Number of cases of MT and Lux are excluded as the data is only available for the age groups '0-14 years'.*

More than 235.000 Europeans die each year from injuries. This equals to more than 600 injury fatalities per day in the EU. Injury is, after cardiovascular disease, cancer and respiratory disease, the fourth most common cause of death. In children, adolescents and young adults accidents and injuries are even the leading cause of death (Figure 3).

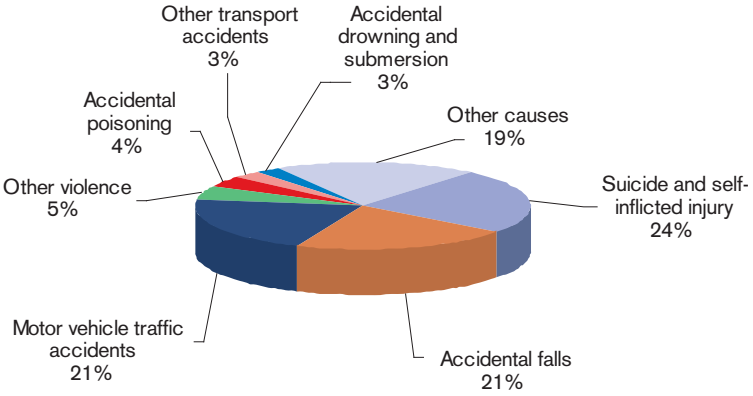


Figure 4: Causes of death of fatal injuries – All ages

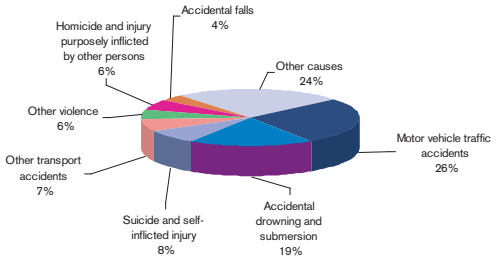


Figure 5: Causes of death of fatal injuries – 1 – 4 years

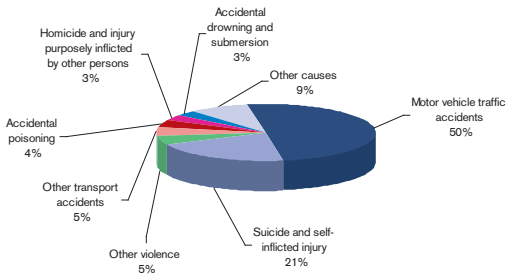


Figure 6: Causes of death of fatal injuries – 15 – 24 years

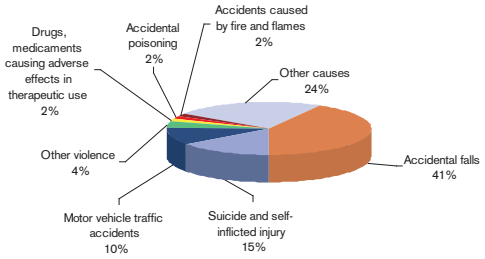


Figure 7: Causes of death of fatal injuries – 65+years

Main causes of injury mortality in the EU are suicides (about 55.000 per year according to the most recent three years average), falls (50.000) and traffic accidents (approx. 50.000). These three causes are accounting for two thirds all injury fatalities (Figure 4). In small children "drowning" is the most frequent age specific cause of fatal injuries (Figure 5). In adolescents it is "traffic accidents" (Figure 6), and in the elderly it is "accidental falls" (Figure 7).

Source: WHO – Mortality Database Causes of Death – Absolute numbers of Accidents and adverse effects (V01-X59, Y40-Y86, Y88) and subgroups; Suicide and self- inflicted injury (X60-X84); Homicide and injury purposely inflicted by other persons (X85-Y09); Other external causes (Y10-Y36, Y87, Y89); EU-25 excl. Cyprus, 3 years average of the latest available years – in most cases 2000 - 2002.; (Fig. 4: n=237.216); (Fig5: n = 1.373); (Fig. 6: n=22.189); (Fig 7: n=97.540).

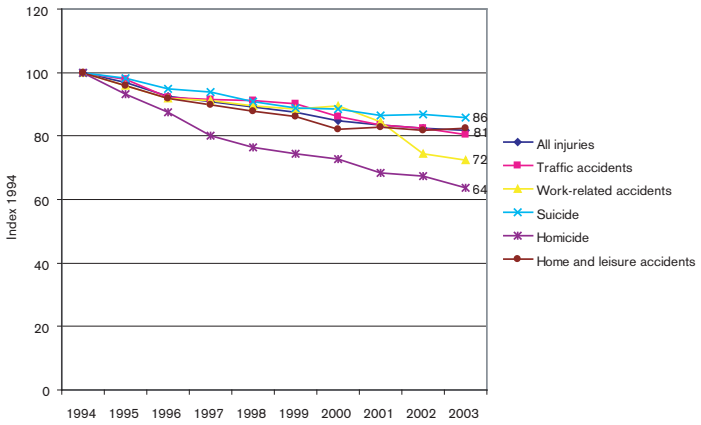


Figure 8: Selected causes of total injuries (1994-2003)

Source: WHO Health for All Database - Standardised Death Rate (SDR), external causes of injury and poisoning (V00-V99, W00-W99, X00-X99, Y00-Y99), SDR, motor vehicle traffic accidents, Death rate due to work-related accidents, SDR, suicide and self-inflicted injury, SDR, homicide and intentional injury, all ages per 100.000, EU 25, 1994 – 2004 (index 1994).

Fortunately, fatal injuries in the EU-25 are declining. Between 1994 and 2003 the Standardised Death Rate for all injuries has decreased for about 19%, from 53 to 43 deaths per 100.000 residents. The least reduction is observed in suicides (-14%), the most in homicides and work-related accidents (Figure 8).

This reduction may only partly be due to primary injury prevention. The general decline across all sectors, from traffic accidents to suicides, indicates a significant contribution of improved emergency health care services to that development. However, the "above-average" reduction of work-related accidents correlates well with the increasing efforts in occupational safety over the last years showing that injury prevention can make a difference.

Significant gender differences exist in injury mortality: 65% of victims are male. Half of the injury fatalities to males occur in the age group 20 to 54 years. Females are especially vulnerable to injuries in the later years, almost two thirds of injury deaths of females are in the age group 65+ (Figure 9).

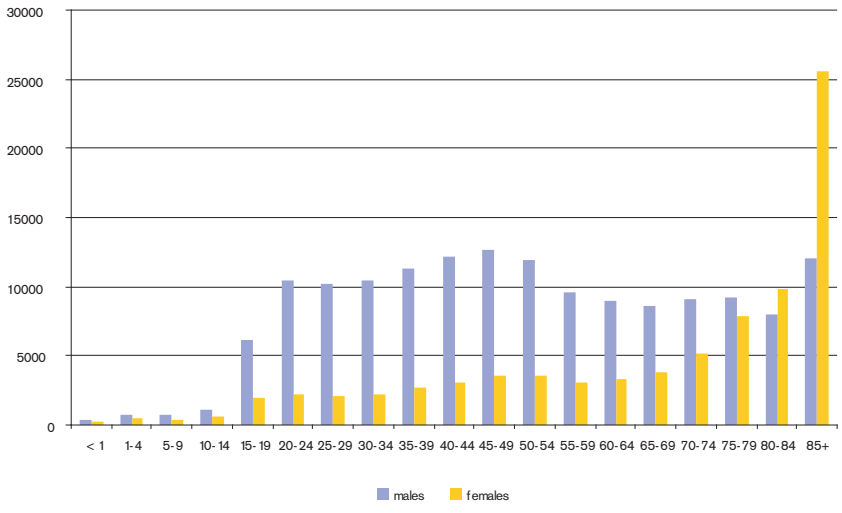


Figure 9: Injury deaths by sex and age

Source: EUROSTAT Causes of Death (COD) - Absolute Numbers, External causes of injury and poisoning (V01-Y89), EU-25 excl. Cyprus, 3 years average of the latest available years.

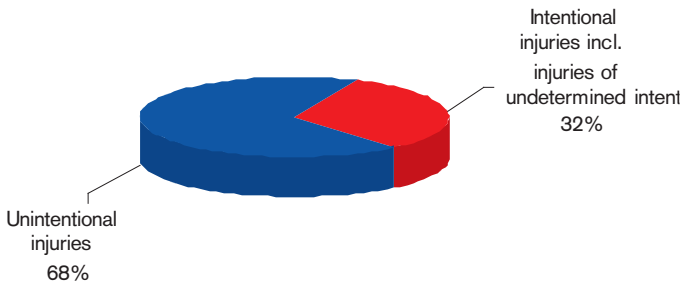


Figure 10: Unintentional and intentional fatal injuries

Source: EUROSTAT Causes of Death (COD) – Absolute Numbers, External causes of injury and poisoning (V01-Y89), EU-25 excl. Cyprus, 3 years average of the latest available years, ICD10 Categories: Unintentional injuries (V01-X59, Y40-Y86, Y88) – Intentional injuries incl. Injuries of undetermined intent (X60-X84, X85 - Y09, Y10 - Y36, Y86, Y89); (n=237.216).

WHO / ICD (International Classification of Diseases) based mortality statistics apply a classification of injury deaths by intent (unintentional or intentional) and certain causes (motor vehicles, falls, fire, firearms etc.). In addition, in most EU countries there are separate injury surveillance systems in place that also cover fatalities, in particular for the sectors of road safety and work place safety (see Annex for details).

Distinguished by intent, two thirds of the injury fatalities in the EU are unintentional injuries, the remainder is intentional or of undetermined intent (Figure 10). The main causes of death within these categories of intent are shown in Figures 4 to 7.

Within unintentional fatal injuries (or accidents, as defined by WHO / ICD) work place accidents account for 4% of cases, traffic accidents for 30%, and the remainder two thirds of fatalities is attributed to the "residual category" of home and leisure accidents. This categorisation is not completely clear-cut (see caption of Figure 11) but provides a useful orientation for a cross-sector injury prevention approach. The main causes of death within these categories of intent are shown in Figure 4 to 7, the development over last ten years in Figure 8.

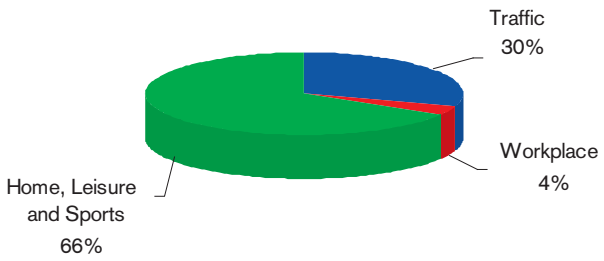
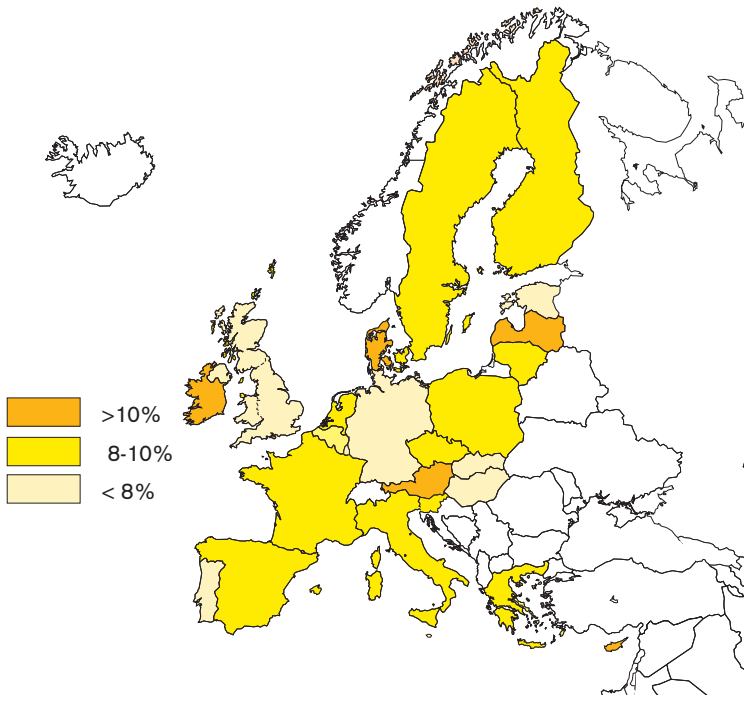


Figure 11: Unintentional injuries by injury sector

Source: Traffic Area: IRTAD Road Fatalities – Absolute numbers; EU-25 - no data of CY, EE, LT, LV and MT; 3 years average of the latest available years Data of CY, EE, LT, LV and MT is added from the CARE database - Road Fatalities – Absolute numbers; 3 years average of the latest available years / Work place Area: ESAW Fatal accidents at work Absolute numbers; EU15; 3 years average of the latest available years) Data of the New EU member states is added from the WHO Health for All Database - Deaths due to work-related accidents; Absolute numbers CY, CZ, EE, HU, LT, LV, MT, PL, SI, SK; 3 year average of the latest available years / Home, Leisure and Sports: EUROSTAT Causes of Death (COD) - Absolute Numbers, Remainder of external causes of injury and poisoning (V01-Y89), EU-25 excl. Cyprus, 3 years average of the latest available years ; (n=156.639).

Burden of disease in the European Union – Morbidity



Country	Hospital discharges due to injury	In % of all hospital discharges
AT	237.904	10,1%
BE	168.093	10,0%
CY	7.427	15,4%
CZ	183.305	8,2%
DE	844.439	5,3%
DK	99.920	10,7%
EE	17.483	6,6%
ES	358.441	8,0%
FI	113.192	8,3%
FR	1.236.194	8,1%
GR	151.071	9,3%
HU	145.895	5,9%
IE	51.649	10,6%
IT	819.462	9,0%
LT	76.609	9,1%
LU	7.585	7,9%
LV	52.075	10,5%
MT	2.162	5,4%
NL	120.689	8,1%
PL	416.627	8,1%
PT	73.573	7,6%
SE	138.573	9,6%
SI	30.819	9,7%
SK	78.700	7,4%
UK	865.509	7,0%
EU-25	6.900.000	7,6%

Figure 12: Map of hospital discharges due to all injuries in % of all hospital discharges

Sources: EUROSTAT - Hospital discharges due to injury, poisoning and certain other consequences of external causes (S00-T98) in comparison with all hospital discharges, Absolute Numbers, EU25, 3 years average of the latest available years / value of EU-25 was derived from the WHO Health for All Database - Hospital discharges, injury and poisoning, 3 years average of the latest available years.

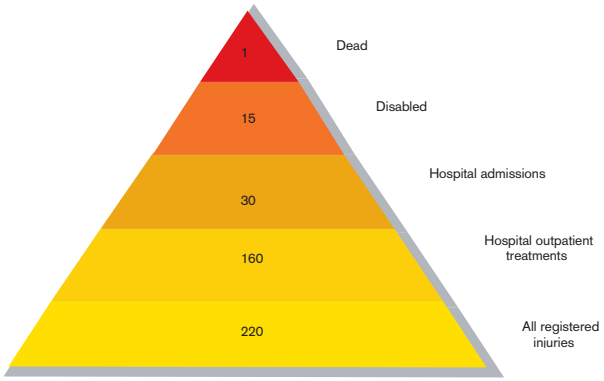
The burden of injury in the EU is not only high due to its share in premature mortality but also in terms of health care costs for the treatment of the more severe injuries, particularly in the elderly. Common indicators for the so-called direct medical costs are hospital admissions and the duration of the treatment:
The average rate of hospital admissions due to injuries (or rather discharges) in the EU-25 is about 1.500 per 100.000 residents. There is a wide range of this indicator between member states - from 450 in Malta to 3.090 in Austria – which reflects also differences in the organisation and accessibility of the national health care systems (Figure 12). For a mid year population of 458 million of the EU-25 this translates into almost seven million admitted injury cases per year.
The average length of stay of an injury patient is 8,8 hospital days, yielding a total of about 60 million hospital days due to injuries in the EU. Less variation shows the share of hospital admissions due to injuries of all hospital admissions: The EU average of this relative indicator is about 8%; and it ranges from 5% in Germany to 15% in Cyprus (Figure 13). Only little demographic and accident related information is available for hospital discharge data at EU level, basically only selected diagnosis. The most frequent diagnosis for discharged injury patients is fracture (39%).

EU-25	Hospital discharges, injury and poisoning per 100.000	Hospital discharges due to injuries in % of all hospital discharges	Hospital days due to injuries in % of all hospital days	Average length of stay due to injuries
All ages	1.540	7,6%	9%	8,8 days
Min	450 (MT)	5 % (GE)	6% (GR, SK)	5,2 days (GR)
Max	3.090 (AT)	15 % (CY)	14 % (CY)	10 days (DE)

Figure 13: Hospital discharges due to injuries

Source: EUROSTAT - Hospital discharges, hospital days and average length of stay due to injury, poisoning and certain other consequences of external causes (S00-T98) in comparison with all hospital discharges, all hospital days and average length of stay, Absolute Numbers, EU25; Data of FR and HU of hospital days missing, 3 years average of the latest available years; 2 years average of CZ, PL in regard to hospital days/ Hospital discharges, injury and poisoning per 100.000 from WHO Health for All Database, 3 years average of the latest available years.

Comprehensive View on Injuries by sector



Outcome / Treatment	% of EU-25 Population	Fatality Ratio (Injury Pyramid	Estimated Cases (1.000)
All registered injuries	11%	220	51.000
Thereof:			
Hospital outpatient episodes	8,4%	160	38.000
Hospital admissions	1,5%	30	6.900
Disablements	0,66%	15	3.000
Fatalities	0,04%	1	235

Figure 14: EU Injury pyramid

Sources: Dead: EUROSTAT (Causes of Death, Absolute Numbers, External causes of injury and poisoning (V01-Y89) EU-25; excl. Cyprus, 3 years average of the latest years available) / Disabled: Prevalence of disability and long-standing health problems (Unintentional injuries only, popuation aged 15 to 64; Eurostat, Labour Force Survey 2002) / Hospitalised: WHO – Health For All Database (Absolute numbers of Hospital discharges, injury and poisoning - Chapter XVII of ICD-9 and chapter XIX of ICD-10; EU-25; 3 years average of the latest years available / Hospital outpatient treatments: Including also those after discharge, and all registered injuries. Estimation based on "Comprehensive View on European Injury Data" (CVI) - Final Report. DG Sanco Public Health / Institute Sicher Leben, Vienna 2003. Layers are not exclusive.

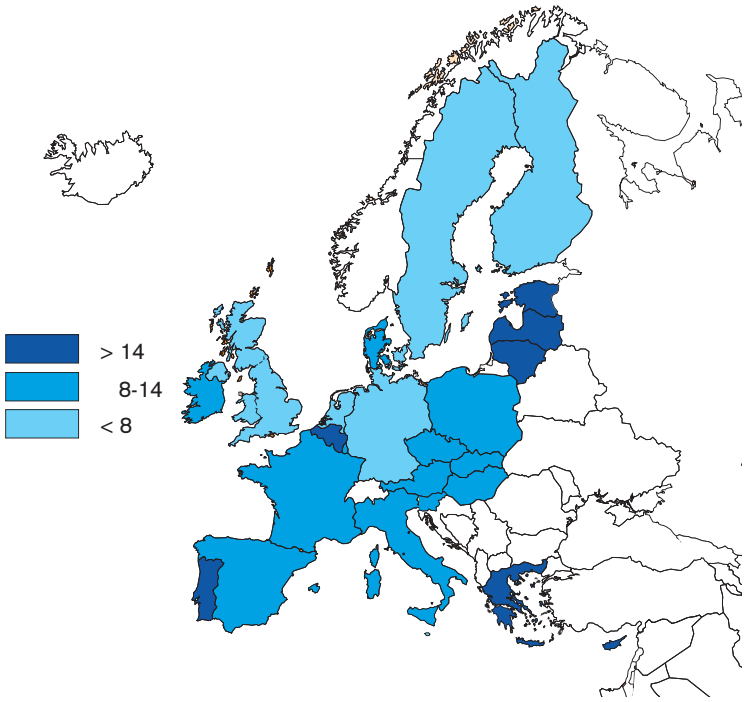
Recent EU-25 level data indicates that statistically each injury fatality corresponds to a prevalence of at least 13 disabled people after accidents, and to 30 hospital admissions. With data from a prior study on accidents in the EU-15 an "injury pyramid" for the EU-25 can be estimated (Figure 14).
Data provided, this pyramid can be drawn also for the different sectors of injury surveillance and prevention yielding a "Comprehensive View on Injuries" (Figure 15).

	Traffic	Work Place	Home, Leisure and Sports	Total of unintentional injuries (accidents)	Homicide, assault	Suicide, Suicide attempt	Total of intentional injuries	Total of all injuries
Fatalities	46.795 (A) 10,2 (SDR)	5.978 (A) 1,3 (R)	103.865 (A) 18 (R)	156.639 (A) 29,8 (SDR)	5.408 (A) 1,3 (SDR)	54.411 (A) 11,9 (SDR)	76 229 (A) 16,72 (R)	235.487 (A) 43 (SDR)
	20%	3%	44%	67%	2%	23%	32%	100%
Disabled (prevalence)	30%	4%	66%	3.000.000 (A) 66 (R)				
Hospital Discharges	14%	14%	59%	90%	9%*	1%*	10%	6.900.000 (A) 1.500 (R)
Hospital Outpatient Episodes	6%	13%	67%	90%			10%	38.000.000 (A) 8.400 (R)
All registered injuries	1.873.000 (A) 421 (R)	4.763.000 (A) 1.031 (R)	28.000.000** (A) 6.100 (R)	47.030.000(A) 10.000 (R)	4.041.000 (A) 900 (R)	380.000 (A) 80 (R)	4.421.000 (A) 1.000 (R)	51.000.000 (A) 11.000 (R)
	4%	9%	55%	91%	8%	1%	9%	100%
External Causes	CARE	ESAW	Current IDB	EUROSTAT	criminal justice datasets	DAPHNE	EUROSTAT	EUROSTAT
	"All Injury" IDB							

Figure 15: Comprehensive View on Injuries

*Sources: see Figure 14 and Annex. Additional sources used: *IDB Latvia 2005 (intentional injuries), ** estimation based on the EU Injury Database (see Figure 20) / Please note: Rows are not exclusive and due to the use of different datasets wihtin some of the rows gaps and overlaps may occur. All rounded figures are estimates. A: Absolute Numbers, SDR: Standardised Death Rate per 100.000, R: Rate per 100.000.*

Traffic



Country	Fatal traffic accidents	Non-fatal traffic accidents	Fatal: Rate per 100.000 (SDR)	Non-fatal: Rate per 100.000
AT	922	57.396	10	711
BE	1.436	67.518	14	455
CY	103	3.585	14	505
CZ	1.420	36.114	11	352
DE	6.432	466.002	7	588
DK	423	8.671	8	167
EE	186	2.812	18	207
ES	5.162	150.474	13	374
FI	390	9.068	7	172
FR	6.414	126.900	12	240
GR	1.619	24.737	15	225
HU	1.350	26.916	13	265
IE	384	9.604	9	246
IT	6.143	341.050	12	578
LT	719	7.970	21	230
LU	55	1.102	12	263
LV	522	6.408	21	272
MT	15	1.244	4	314
NL	940	41.492	5	257
PL	5.727	69.175	14	188
PT	1.505	57.726	17	556
SE	514	26.656	6	283
SI	262	17.046	13	737
SK	617	11.016	12	212
UK	3.536	301.933	5	509
EU-25	46.795	1.872.613	10	421

Figure 16: Fatal and non-fatal road accidents by country

Sources: Fatal: IRTAD Road Fatalities – Absolute numbers; no data of CY, EE, LT, LV and MT; 3 years average of the latest available years
Data of CY, EE, LT, LV and MT is added with the help of CARE database - Road Fatalities – Absolute numbers; 3 years average of the latest available years / Non-fatal: WHO – Health For All Database - Absolute numbers of persons killed or injured in road traffic accidents; 3 years average of the latest years available /SDR: WHO Health for All Database - Standardised Death Rate - Motor vehicle traffic accidents per 100.000 inhabitants; 3 years average of the latest available years / Non-fatal rate: WHO Health for All Database - Persons killed or injured in road traffic accidents per 100.000; 3 years average of the latest available years.

According to police based records road fatalities in the EU range from 4 per 100.000 inhabitants in Malta to 21 in Latvia, whereas the rate of non-fatal road accidents is lowest in Denmark and highest in Slovenia (Figure. 16). Detailed information about the circumstances of road accidents for identification and quantification of road safety problems throughout the European roads can be obtained from the CARE and IRTAD databases. As an example Figure 17 shows road fatalities by type of road user.

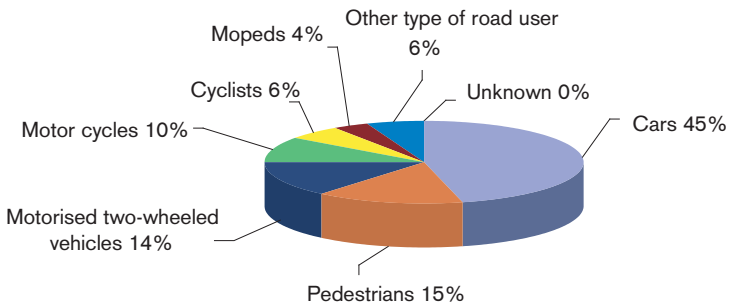
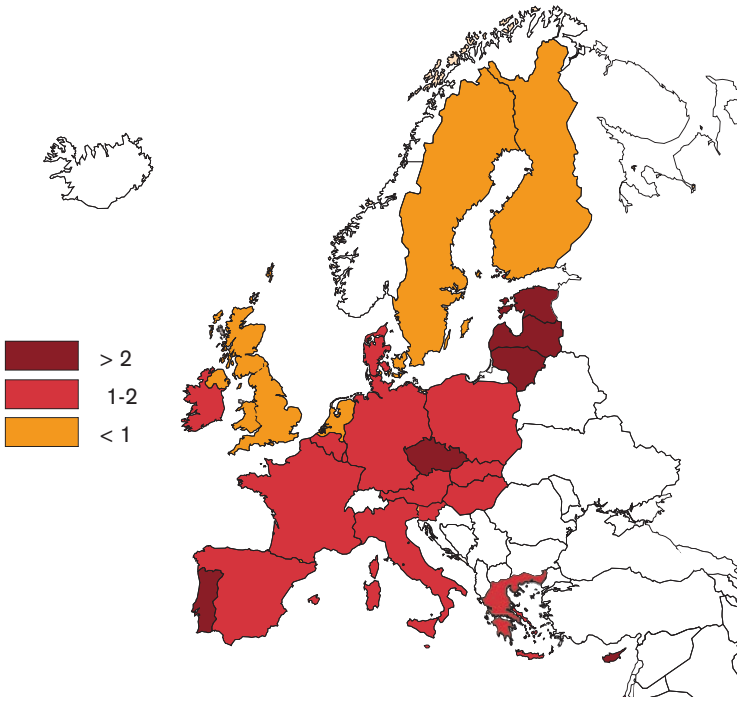


Figure 17: Road fatalities by type of road user

Source: IRTAD - Absolute numbers; Road fatalities by type of road users; EU25 (data missing of CY, EE, LT, LV, MT); 3 years average of the latest available years (n=52.269).

Work Place



Country	Fatal work place accidents	Non-fatal work place accidents	*Fatal: Rate per 100.000*	*Non-fatal: Rate per 100.000*
AT	222	134.499	1,5	1.657
BE	102	170.269	1,0	1.642
CY	13	1.976	1,8	273
CZ	197	85.191	1,9	835
DE	943	1.281.713	1,3	1.555
DK	53	47.167	1,2	884
EE	33	3.224	2,5	238
ES	755	895.310	1,8	2.133
FI	51	57.437	0,8	1.104
FR	812	740.261	1,2	1.241
GR	63	16.529	0,9	151
HU	156	25.606	1,5	253
IE	55	24.433	1,5	625
IT	1.008	586.595	1,6	1.019
LT	97	2.657	2,8	77
LU	10	27.052	1,3	6.015
LV	51	1.354	2,2	58
MT	9	4.585	2,3	1.151
NL	93	89.667	0,5	556
PL	507	79.561	1,3	208
PT	346	230.112	3,2	2.249
SE	57	37.955	0,7	427
SI	31	41.401	1,6	2.074
SK	87	16.733	1,6	310
UK	225	162.139	0,3	273
EU-25	5.978	4.763.427	1,3	1.031

Figure 18: Fatal and non-fatal work place accidents by country

Source: Fatal: ESAW - Fatal accidents at work, absolute numbers; EU15; 3 years average of the latest available years); Data of the New EU member states is added with the help of the WHO Health for All Database - Deaths due to work-related accidents, absolute numbers CY, CZ, EE, HU, LT, LV, MT, PL, SI, SK; 3 year average of the latest available years / Non-fatal: WHO – Health For All Database, Absolute numbers of Persons injured due to work-related accidents; 3 years average of the latest available years / Death rate: WHO Health for All Database - Death rate due to work-related accidents per 100.000 inhabitants; 3 years average of the latest available years / Non-fatal rate: WHO Health for All Database - Persons injured due to work-related accidents per 100.000; 3 years average of the latest available years.

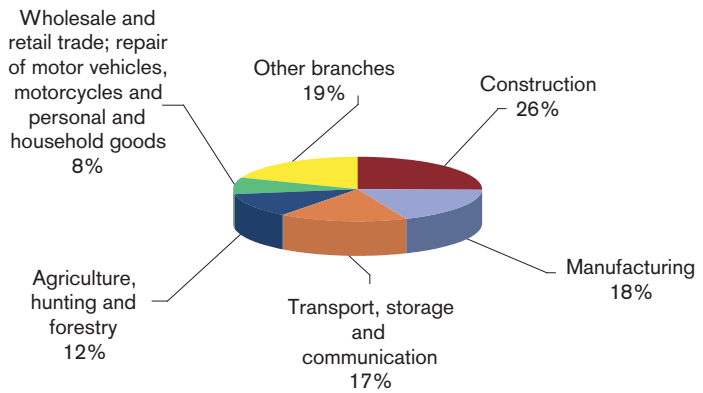


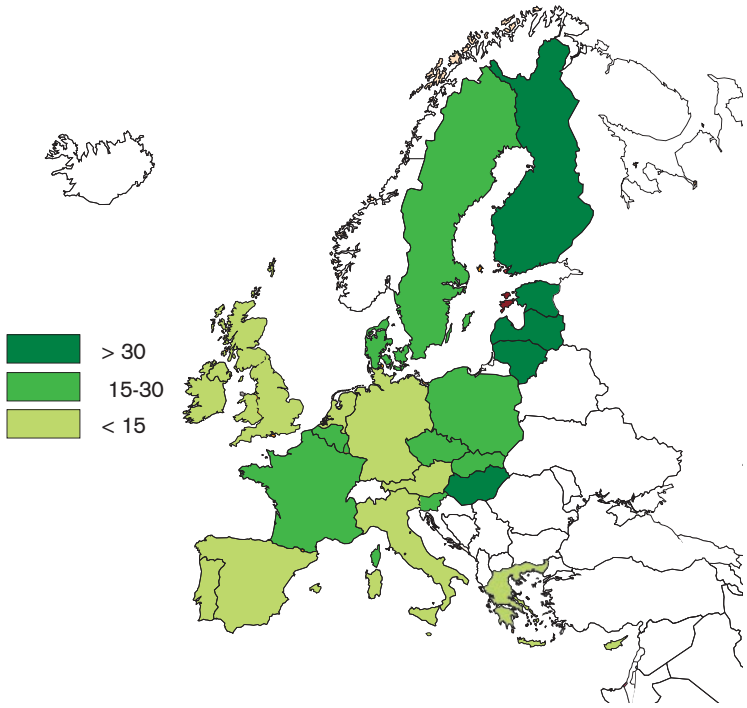
Figure 19: Work place fatalities by economic activity (according to NACE branches)

Source: ESAW – Absolute numbers; Work place fatalities by economic activity; EU15; 3 years average of 2001 – 2003. (n=4.792).

According to national records aggregated by ESAW and WHO work place fatalities in the EU range from 0,3 per 100.000 inhabitants in United Kingdom to 3,2 in Portugal. The rate of non-fatal work place accidents shows a significant variation between member states that mostly reflects differences in national definitions and registration (Figure. 18).

Detailed information about the circumstances of work place accidents can be found within the ESAW and WHO HFA databases. As an example Figure 19 shows work place fatalities by economic activity.

Home and Leisure Accidents



Country	Fatal home and leisure accidents	Non fatal home and leisure accidents	Fatal: Rate per 100.000	Non fatal: Rate per 100.000
AT	1.325	575.000	15	7.200
BE	2.268	-	16	-
CY	-	-	-	-
CZ	3.263	-	30	-
DE	12.418	2.251.200	11	2.700
DK	1.800	476.000	22	8.800
EE	1.186	-	78	-
ES	6.036	1.870.000	10	4.600
FI	2.381	-	35	-
FR	21.377	4.750.000	24	7.900
GR	1.649	-	14	-
HU	4.637	-	36	-
IE	451	-	13	-
IT	13.861	-	13	-
LT	2.282	-	66	-
LU	121	-	27	-
LV	1.809	-	74	-
MT	73	-	16	-
NL	2.330	646.000	12	4.000
PL	9.574	-	25	-
PT	1.922	603.000	11	5.800
SE	2.327	522.000	16	5.800
SI	505	-	22	-
SK	1.355	-	25	-
UK	9.030	5.569.000	11	9.400
EU-25	104.000	28.000.000*	18	6.100*

Figure 20: Fatal and non-fatal home and leisure accidents by country

*Source: Fatal: Difference between absolute numbers of deaths due to unintentional accidents (EUROSTAT Causes of Death (COD) – Absolute Numbers; Accidents (V01-X59), 3 years average of the latest available years) and absolute numbers of death due to traffic and work place accidents (see Figures 16 and 18) / Non-fatal: IDB – Hospital episodes after Home and leisure accidents (AT, DK, FR, IT, IE, NL, PT, SE: 2002 – 2004; UK: 2002. DE: 2002 and ES: 2003 from household survey) / Death rate: Difference between the Standardised Death Rate (SDR) due to unintentional accidents (EUROSTAT Causes of Death (COD) – SDR, Accidents (V01-X59), 3 years average of the latest available years) and Standardised Death Rate (SDR) due to traffic and work place accidents (see Figures 16 and 18) / Non-fatal rate: IDB – Hospital episodes after Home and leisure accidents (AT, DK, FR, IT, IE, NL, PT, SE: 2002 – 2004; UK: 2002. DE: 2002 and ES: 2003 from household survey). * Average of available countries.*

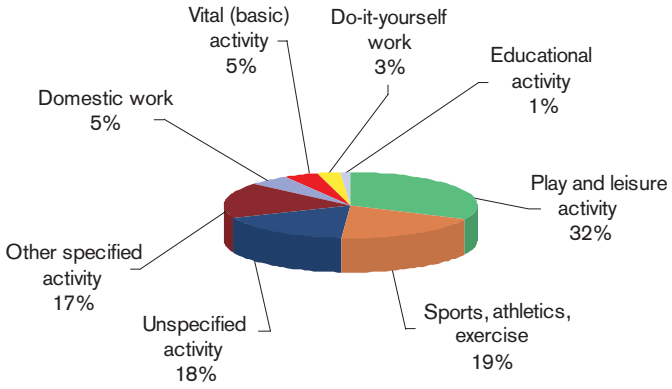


Figure 21: Activity at the time of injury

Source: IDB Hospital treated patients – Absolute numbers; Activity at the time of injury; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004; (n=983.146) .

Home and leisure accidents do not represent a category of their own in ICD mortality statistics. Their scope can be estimated by considering all unintentional fatalities that are neither traffic nor work place accidents. The mean rate of fatal home and leisure accidents defined like that is 18 per 100.000 and ranges from 10 in Spain to 78 in Estonia (Figure 20).

Besides a wealth of information about external causes of non-fatal home and leisure accidents, for a number of EU-15 member states also population based incidence rates can be obtained from the EU Injury Database.
https://webgate.eu.cec.int/idb/

The rate for hospital treated home and leisure accidents ranges from 400 per 100.00 inhabitants (Netherlands) to 940 (United Kingdom). “Home and leisure accidents” also comprise sport injuries that account for about 20% of this injury sector (Figure 21).

Home and Leisure Accidents – selected IDB results

Activity at the time of injury

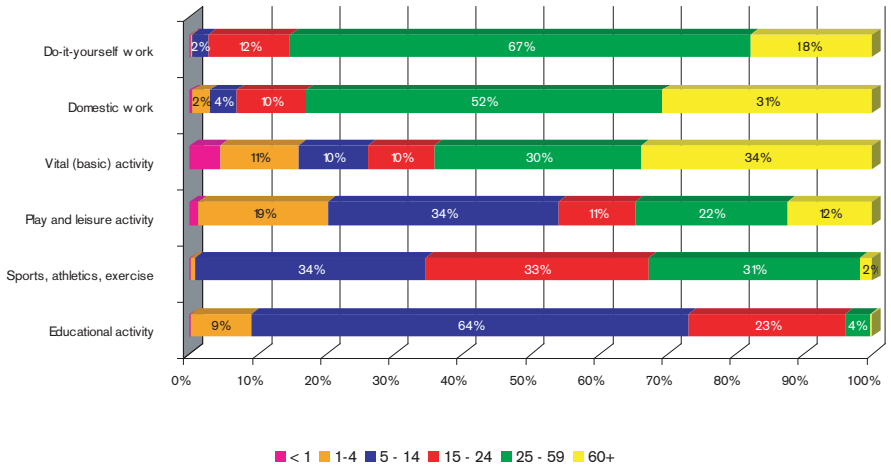


Figure 22: Activity at the time of injury by age

Source: IDB Hospital treated patients – Absolute numbers; Activity at the time of injury by age group; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 - 2004; (n=983.146).

The EU Injury Database (IDB) was developed as a tool for the analysis of external causes of home and leisure accidents, in particular those with product involvement. Besides the injury diagnosis, injured body part and treatment, the IDB provides details of place of occurrence, activity at the time of the injury, mechanism of injury of the accident and the involved products. The IDB item "activity at the time injury" by age group (Figure 22) and sex (Figure 23) allows for the identification of groups at risk in areas like domestic work (63% females), do-it-yourself (85% males), or sports (32% males, 34% aged between 5 and 14 years).

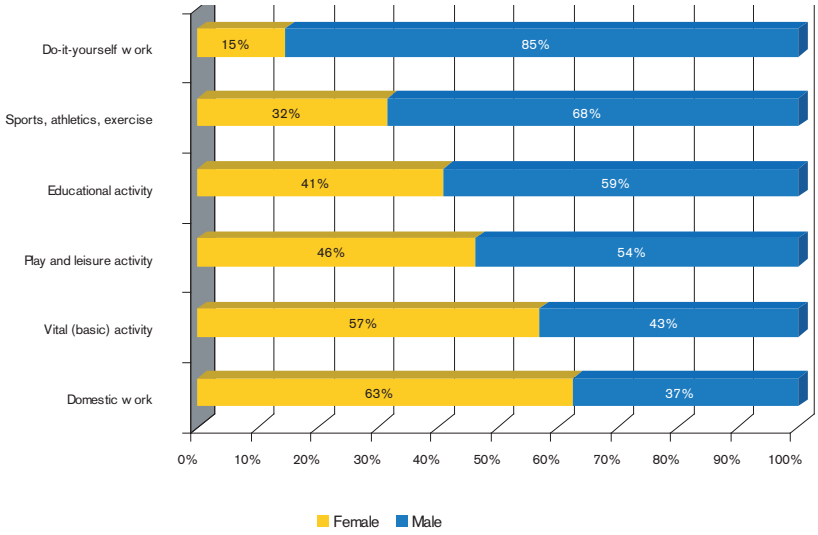


Figure 23: Activity at the time of injury by sex

Source: IDB Hospital treated patients – Absolute numbers; Activity at the time of injury by sex; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 - 2004; (n=983.800).

Play and Leisure

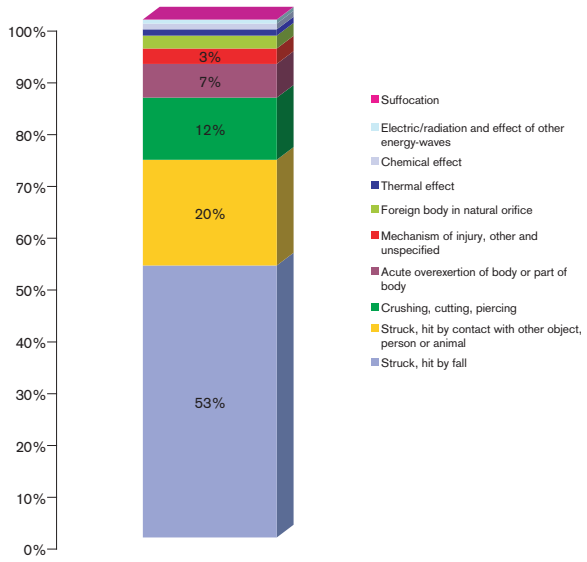


Figure 24: Play and Leisure activity and injury mechanism

Source: IDB Hospital treated patients – Absolute numbers; Play and Leisure Activity at the time of injury; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 - 2004; (n=317.062).

Activity items like "play and leisure" can be cross-tabled with injury mechanism, and products frequently involved in "play and leisure" accidents can be identified at a quite specific level.
The most frequent accident mechanisms during play and leisure are falls (53%), collisions (20%) and "crushing, cutting, piercing" (12%; Figure 24).

The IDB product definition comprises also persons, animals and stationary objects. Figure 25 lists the top ten "consumer products" involved in play and leisure accidents (due to the detailed coding level the percentage for the listed product from all accidents is already low). Bicycles and roller skates account for 4% of "play and leisure" accidents.

1	Bicycle (child)	2%
2	Roller skates	2%
3	Swing	1%
4	Chair, bench, unspecified	1%
5	Bicycle (adult)	1%
6	Bed, unspecified	1%
7	Door, other specified	1%
8	Skateboard	1%
9	Chute, slide, play	1%
10	Climbing frame	1%

Figure 25: Play and Leisure activity and products involved in the accident – Top 10 products

Source: IDB Hospital treated patients – Absolute numbers; Play and Leisure Activity at the time of injury and product involved in the injury; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004 / Only cases where a product was involved in the injury (82%) are included; (n=115547).

Domestic Work

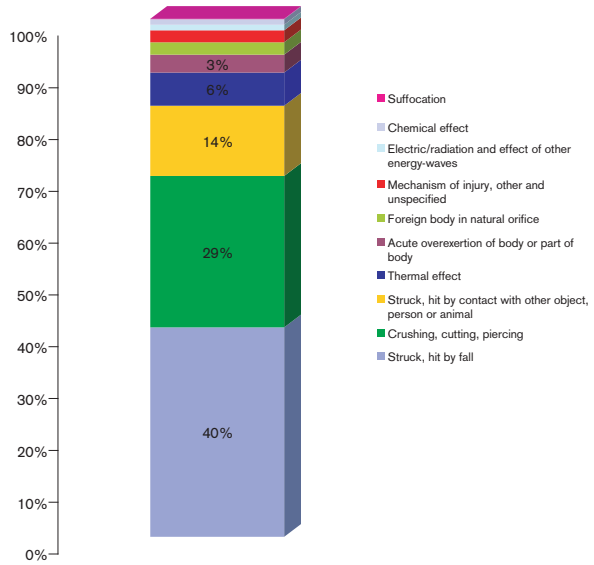


Figure 26: Domestic work and injury mechanism

Source: IDB Hospital treated patients – Absolute numbers; Domestic work and injury mechanism at the time of injury; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004; (n=50082)

The most frequent accident mechanisms during domestic work are falls (40%), "crushing, cutting, piercing" (29%) and collisions (14%; Figure 26).

Figure 27 lists the top ten "consumer products" involved in domestic work accidents (due to the detailed coding level the percentage for the listed product from all accidents is already low). Knives and ladders are the most "dangerous" utensils during domestic work.

1	Kitchen knife, unspecified	7%
2	Ladder/household ladder	2%
3	Drinking glass	2%
4	Lawn mower, powered	2%
5	Branch, stick, unspecified	2%
6	Wheeled shopping bag	1%
7	Chair (not folding)	1%
8	Slicing machine, bread slicer, electric	1%
9	Fats and oils, other	1%
10	Tins, unspecified	1%

Figure 27: Domestic work and products involved in the accident

Source: IDB Hospital treated patients – Absolute numbers; Domestic Work and product involved in the injury; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004 Only cases where a product was involved in the injury (35%) are included; (n=17583).

Do-it-yourself work

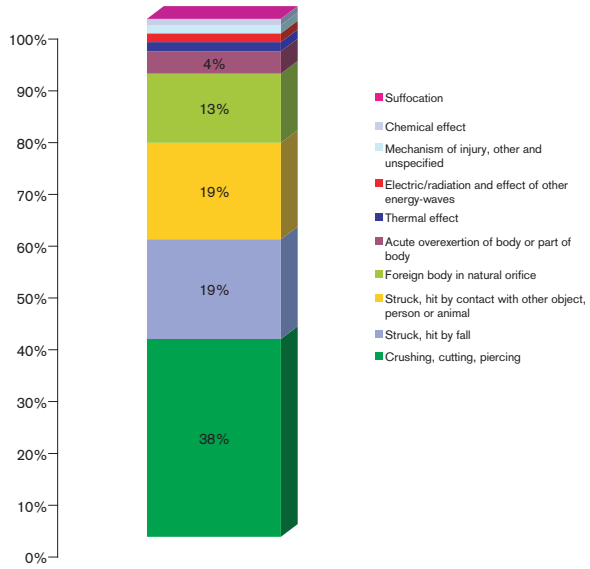


Figure 28: Do-it-yourself work and injury mechanism

Source: IDB Hospital treated patients – Absolute numbers; Do-it-yourself work and injury mechanism; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004; (n=10504).

The most frequent accident mechanism during do-it-yourself work is "crushing, cutting, piercing" (38%), after falls and collisions (19% both; Figure 28).

Figure 29 lists the top ten "consumer products" involved in do-it-yourself accidents (due to the detailed coding level the percentage for the listed product from all accidents is already low). Ladders and angle grinder are the most "dangerous" utensils and appliances during do-it-yourself work (Figure 29).

1	Ladder/household ladder	6%
2	Angle grinder	4%
3	Plank, piece of a wood plank	3%
4	Trestle ladder	2%
5	Circular saw	2%
6	Hammer	2%
7	Ladder, scaffold, unspecified	2%
8	Chain saw, unspecified	1%
9	Axe/chopper	1%
10	Wood-splitting machine	1%

Figure 29: Do-it-yourself work and products involved in the accident

Source: IDB Hospital treated patients – Absolute numbers; Do-it-yourself work and injury mechanism; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004 / Only cases where a product was involved in the injury (44%) are included. (n=27200).

Sports

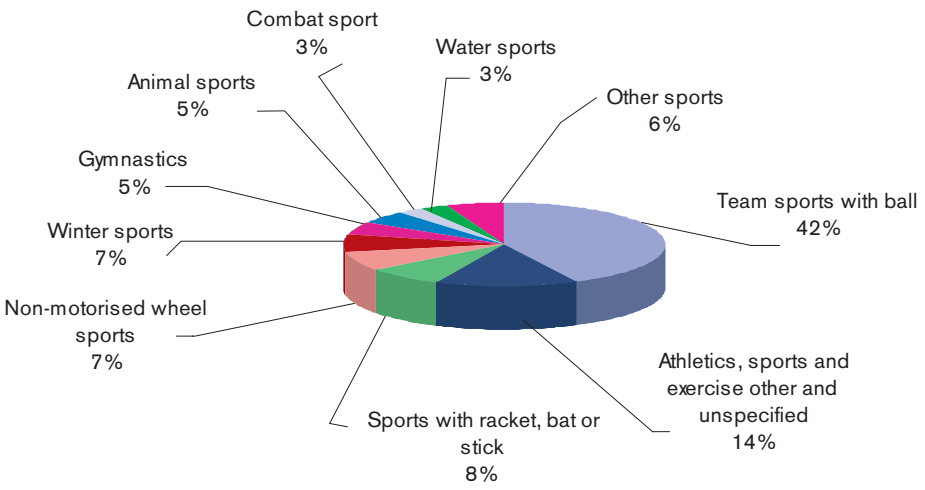


Figure 30: Sports practised at the time of injury

Source: IDB Hospital treated patients – Absolute numbers; Type of sports practised at the time of injury; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004; (n=190.624).

Sports activities account for about 20% of all "home and leisure accidents". The following charts provide cross-tabulations of broad "type of sports" categories by age, sex and body part injured.

"Team sports with ball" (e. g. football; detailed categories are available in the database), "sports with racket" (e. g. tennis), and "non-motorized wheel sports" (e. g. bicycling) account for almost 60% of all sports related accidents (Figure 30).

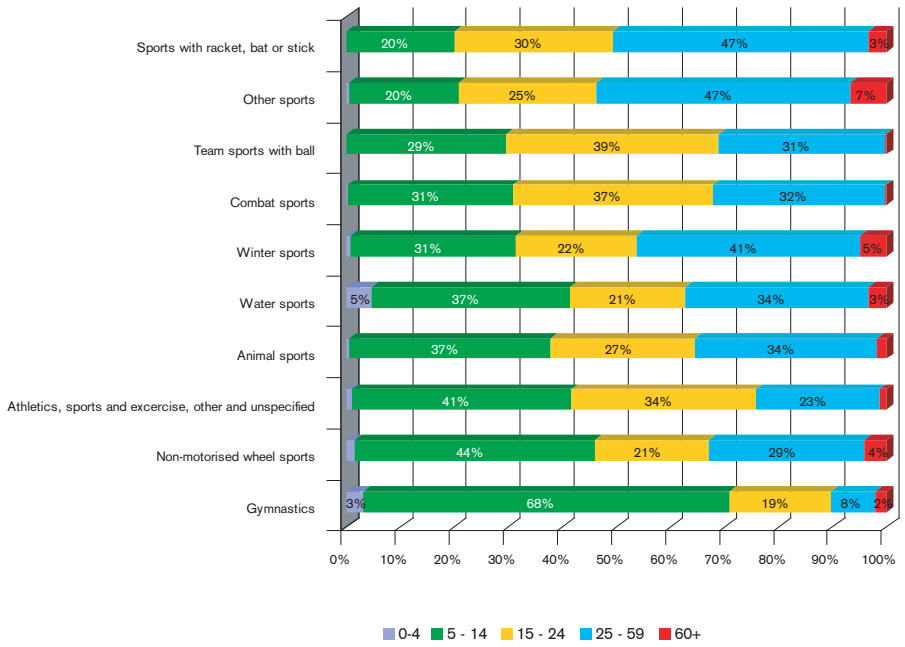


Figure 31: Sports practised at the time of injury by age structure

Source: IDB Hospital treated patients – Absolute numbers; Type of sports practised at the time of injury and age structure; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004 (n=190.624).

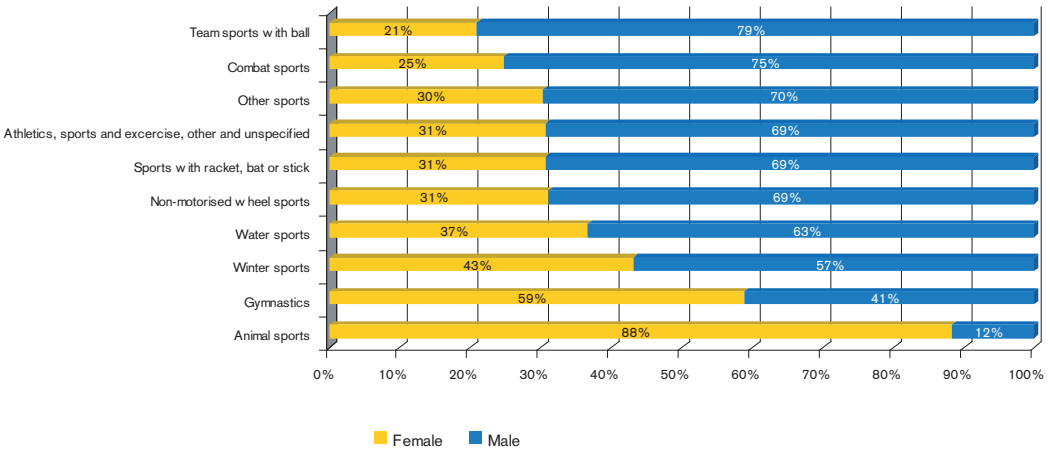


Figure 32: Sports practised at the time of injury and sex

Source: IDB Hospital treated patients – Absolute numbers; Type of sports practised at the time of injury and sex; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004 (n=190672).

Accidents in "team sports with ball", namely football, are mostly affecting males (79%), and the age group "5 to 24 years" (40%). Whereas accidents in "animal sports", namely riding, are mostly affecting females (88%) and the age group "5 to 14 years" (Figures 31 and 32).
"Water sports", e.g. also diving from height into water, account for the highest share of head injures among all type of sports (Figure 33).

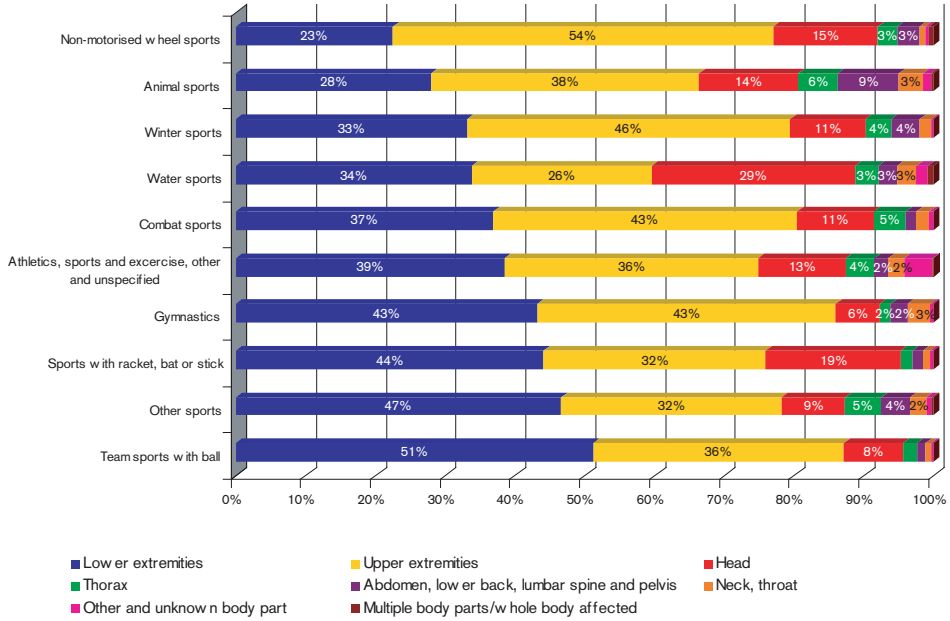


Figure 33: Sports practised at the time of injury and injured body part

Source: IDB Hospital treated patients – Absolute numbers; Type of sports practised at the time of injury and injured body part; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004 (n=190678).

Place of occurrence

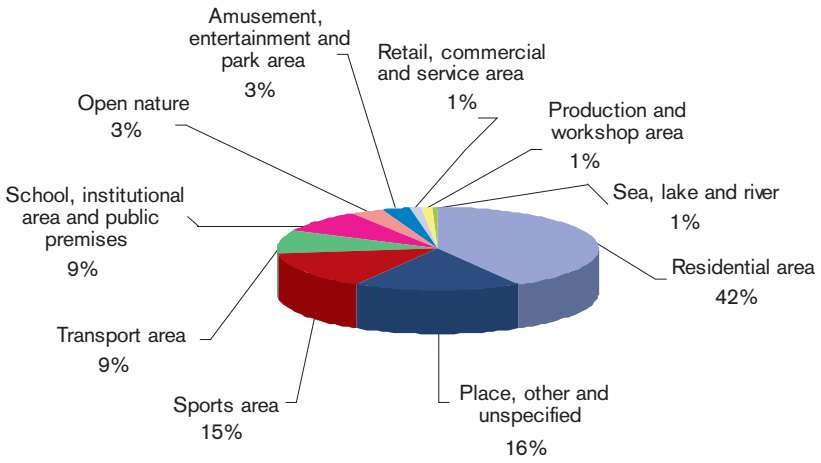


Figure 34: Place of occurrence at the time of injury

Source: IDB Hospital treated patients – Absolute numbers; Place of occurrence at the time of injury; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004; (n=983800).

The IDB item "place of occurrence" allows for the identification of "risk settings" by categories like residential area or transport areas (road, sidewalk, … detailed categories are available in the database).
More than 40% of all home and leisure accidents occur "at home" (residential area), and almost 10% "on the streets" (transport areas; Figure 34). Accidents in "shopping areas" for example are affecting children and elderly in high proportion (Figure 35).

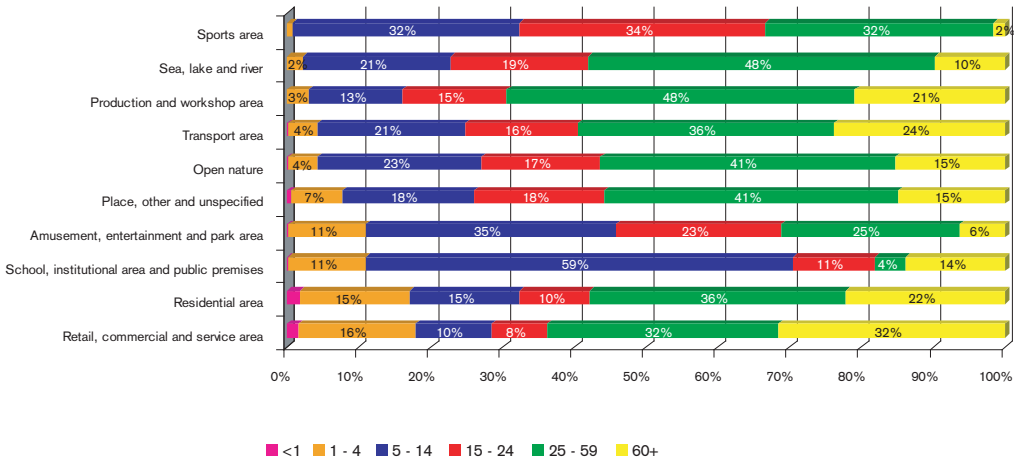


Figure 35: Place of occurrence at the time of injury and age

Source: IDB Hospital treated patients – Absolute numbers; Place of occurrence at the time of injury and age structure; AT, DK, FR, IT, IE, NL, PT, SE, UK; 2002 – 2004; (n=983146).

Annex

Data providers and data sources

This report aims to provide basic characteristics of injuries in the European Union (25 member states, mostly for the period 2002 – 2004). The data sources described below in alphabetical order were used in order to compile a "Comprehensive View on Injuries" for all relevant levels of injury outcomes, from minor to fatal, as summarized in Figure 19.

Injury Sector / Injury Outcome	Traffic	Work place	Home, Leisure and Sports	Total of unintentional injuries	Homicide, assault	Suicide, Suicide attempt	Total of intentional injuries	Total of all injuries
Deaths	available (e.g. EUROSTAT, WHO, IRTAD, CARE) (A) IRTAD & CARE (SDR) WHO -HFA	available (e.g. ESAW, WHO) (A) ESAW & WHO -HFA (R) WHO -HFA	available (e.g. EUROSTAT) (A) EUROSTAT	available (e.g. EUROSTAT, WHO) (A) EUROSTAT (SDR) EUROSTAT	available (e.g. EUROSTAT, WHO) (A) EUROSTAT (SDR) EUROSTAT	available (e.g. EUROSTAT, WHO) (A) EUROSTAT (SDR) EUROSTAT	available (e.g. EUROSTAT, WHO) (A) WHO Mortality Database	available (e.g. EUROSTAT, WHO) (A) EUROSTAT (SDR) WHO -HFA
Disabled	EUROSTAT Labour Force Survey (prevalence)	EUROSTAT Labour Force Survey (prevalence)	EUROSTAT Labour Force Survey (prevalence)	EUROSTAT Labour Force Survey (prevalence)	National sources if any	National sources if any	National sources	National sources
Hospital Discharges: Cases	available (e.g. IRTAD, CARE)	National sources	available for participating countries (current IDB)	National sources	National sources	National sources	National sources	available (e.g. EUROSTAT, WHO) (A) WHO -HFA (R) WHO -HFA
Hospital Outpatient Treatments	National sources	National sources	available for participating countries (current IDB)	National sources	National sources	National sources	National sources	National sources
All registered injuries	available (e.g. IRTAD, WHO) (A) IRTAD & WHO - HFA (R) WHO -HFA	available (e.g. WHO, ESAW) (A) WHO -HFA (R) WHO -HFA	National sources	National sources	National sources	National sources	National sources	National sources

Figure 36: Overview of injury data sources in the EU by injury sector and injury outcome

Data sources used in this report are marked in red

CARE (Community Road Accident Database) - http://ec.europa.eu/transport/care/index_en.htm
CARE is a Community database on road accidents resulting in death or injury (no statistics on damage - only accidents). The major difference between CARE and most other existing international databases is the high level of disaggregation, i.e. CARE comprises detailed data on individual accidents as collected by the member states.

ESAW (European Statistics on Accidents at Work) - http://epp.eurostat.ec.europa.eu/
The harmonised data on accidents at work are collected in the framework of the European Statistics on Accidents at Work (ESAW), on the basis of a methodology developed from 1990. The data refer to accidents at work resulting in more than 3 days' absence from work (serious accidents) and fatal accidents.
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. For accidents at work data are available for all old EU-member states (EU-15) and Norway. The methodology is being implemented in the new member states and in the Candidate Countries with first data to deal with the reference year 2004.

EU Injury Database (IDB) - https://webgate.cec.eu.int/idb/

The IDB is the successor to the former EHLASS (European Home and Leisure Accidents Surveillance System) at DG Sanco (European Commission) within the current EU Public Health Programme. The IDB is a EU injury surveillance system based on Accident & Emergency department data from selected member state hospitals. (e.g. through face to face interviews with hospital patients or accompanying persons). This data is aggregated at the EU level in a standardised way and made accessible in a central database. IDB data covers detailed information on the where (Place of occurrence), what (Activity at the time of the injury), how (Mechanism of injury) of the accident and on the involved product, as well basic medical information about the injury (e. g. diagnosis and body part injured). The IDB of the year 2006 consists of seven quite consolidated implementations in Austria, Denmark, France, Greece, The Netherlands, Portugal and Sweden, and pilot implementations in thirteen more member states, mostly in the enlarged EU. From 2007 onwards most IDB countries will extend data collection from "Home and Leisure Accidents" to "All Injuries". Data limitations and biases when comparing different IDB data sets may be given due to different sampling methods and differences in heath care consumption and hospitalisation practices across member states. Biases and comparability between IDB data sets can be assessed and/or improved through using indicators (e.g. certain types of fractures) and additional data sources (e.g. hospital discharge data) for cross-checks.

EUROSTAT (Statistical information service of the European Union) - http://epp.eurostat.cec.eu.int/

Data on causes of death (COD) provide information on mortality patterns and form a major element of public health information. COD data are derived from death certificates. The medical certification of death is an obligation in all member states. Countries code the information of the death certificate into ICD codes. The causes of death are classified by the 65 causes of the "European shortlist" of causes of death. This shortlist is based on the International Statistical Classification of Diseases and Related Health Problems (ICD). Data are available for EU-25 and mostly until the year 2004. The quality of the data is subject to the way in which the information on causes of death is reported and classified in each country (certification and coding procedures). Procedures for the collection of COD data are relatively homogenous between European countries (death certificate, use of ICD). However, important quality and comparability issues remain (e.g. common coding practices of certain external causes like long term consequences and fatalities of non-residents like tourists). **Data on Hospital discharges** by diagnosis and average length of stay from Eurostat was available by country, sex and selected ICD codes up to year 2002. **Labour Force Survey Data** (LFS): The Labour Force Survey is a regularly conducted sample survey (legal basis: Council Regulations No 577/1998 and No 1575/2000) provides a unique source of information for comparable European data on the labour market. The LFS records demographic, social and economic variables for the employed, unemployed and inactive population.

IRTAD (International Road Traffic Accident Database) - http://irtad.bast.de/

The International Road Traffic Accident Database provides detailed and comprehensive data on road accidents in order to provide internationally comparable up-to-date statistics and consistent time series for the assessment of national developments in the area of traffic safety. IRTAD is now overseen by the Joint OECD/ECMT Transport Research Committee. IRTAD membership is open to all countries, including non OECD (Organization for Economic Co-operation and Development) or ECMT (European Conference of Ministers of Transport) countries.

WHO – Health For All Database - http://www.euro.who.int/hfadb

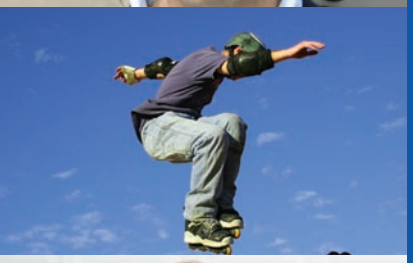
The European "health for all" database (HFA) provides easy and rapid access to a wide range of basic health statistics for the 52 member states of the WHO European Region. It was developed by the WHO Regional Office for Europe (WHO/Europe) in the mid-1980s to support the monitoring of health trends in the Region. The database is a helpful tool for international comparison and for assessing the health situation and trends in any European country in an international context. HFA-DB occupational injuries include deaths, personal injuries and diseases resulting from work accidents. Work accidents are accidents occurring at or in the course of work which may result in death, personal injury or disease (ILO Yearbook of Labour Statistics). All industries are included. Commuting accidents on the way to or from work are excluded. It is understood that national definitions and registration practices vary significantly.

WHO – Mortality Database (part of the WHO Statistical Information System) - http://www.who.int/whosis/mort/en/

The data available in the WHO Mortality Database allows a more detailed analysis of the different causes of death due to injuries per country, sex and age. Data is available for the EU-25 except Cyprus. In most cases the last available year is 2002.

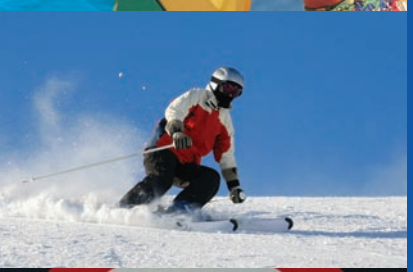
Injury data used in this Report to compile a Comprehensive View on Injuries by country:

		EUROSTAT				WHO Mortality Database	WHO Health for All Database (HFA)							CARE	IRTAD		ESAW
		Causes of death - Absolute numbers	Standardised death rates per 100.00 inhabitants	Hospital discharge data - Absolute Numbers and Rates	Hospital days and In-patient average length of stay (in days) of Hospital days due to injury (S00-T98)	Causes of death - Absolute numbers	Standardised death rates (All injuries, Road traffic accidents)	Deaths due to work-related accidents per 100.000	Fatal accidents at work - Absolute numbers	Persons injured due to work-related accidents – Absolute numbers	Persons killed or injured in road traffic accidents per 100.000	Road Fatalities – Absolute numbers	Hospital discharges, injury and poisoning per 100.000	Road fatalities – Absolute numbers	Road fatalities – Absolute numbers	All traffic injuries – Absolute numbers	Fatal accidents at work – Absolute numbers
Austria	AT	2002 - 2004	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2002 - 2004	2002 - 2004		2002 - 2004	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
Belgium	BE	1995 - 1997	1995 - 1997	1996 - 1998	1996 - 1998	1995 - 1997	1995 - 1997	2002 - 2004		2002 - 2004	1999 - 2001				2000 - 2002	2000 - 2002	2001 - 2003
Cyprus	CY			2000 - 2002	2000 - 2002			2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003	2001 - 2003		2002 - 2004			
Czech Republic	CZ	2002 -- 2004	2001 - 2003	1999 - 2001	2000 - 2001	1995 - 1997	2002 - 2004	2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003				2002 - 2004	2002 - 2004	
Denmark	DK	1999 - 2001	1999 - 2001	1998 - 2000	1998 - 2000	1997 - 1999	1999 - 2001	1999 - 2001		1999 - 2001	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
Estonia	EE	2001 - 2003	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2001 - 2003	2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003	2001 - 2003		2002 - 2004			
Finland	FI	2002 -2004	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2002 - 2004	2001 - 2003		2001 - 2003	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
France	FR	2000 - 2002	2000 - 2002	1998 - 2000	2000 - 2002	1998 - 2000	2000 - 2002	2001 - 2003		2001 - 2003	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
Germany	DE	2001 - 2003	2001 - 2003	1997 - 1999	1997- 1999	1999 - 2001	2002 - 2004	2001 - 2003		2001 - 2003	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
Greece	GR	2001 - 2003	2001 - 2003	1997 - 1999	1997- 1999	1999 - 2001	2001 - 2003	2000 - 2002		2000 - 2002	2001 - 2003	2001 - 2003		2002 - 2004			2001 - 2003
Hungary	HU	2002 - 2004	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2001 - 2003	2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003				2002 - 2004	2001 - 2003	
Ireland	IE	2002 - 2004	2001 - 2003	2000 - 2002	2000 - 2002	1999 - 2001	2000 - 2002	2002 - 2004		2002 - 2004	2001 - 2003				2001 - 2003	2001 - 2003	2001 - 2003
Italy	IT	2000 - 2002	2000 - 2002	2000 - 2002	2000 - 2002	1999 - 2001	1999 - 2001	2002 - 2004		2002 - 2004	2000 - 2002				2002 - 2004	2001 - 2003	2001 - 2003
Latvia	LV	2001 - 2003	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2002 - 2004	2002 - 2004	2002 - 2004	2002 - 2004	2000 - 2002	2001 - 2003		2002 - 2004			
Lithuania	LT	2002 - 2004	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2002 - 2004	2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003	2001 - 2003		2002 - 2004			
Luxembourg	LU	2002 - 2004	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2002 - 2004	2002 - 2004		2002 - 2004	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
Malta	MT	2002 - 2004	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2002 - 2004	2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003	2001 - 2003		2002 - 2004			
Netherlands	NL	2002 - 2004	2001 - 2003	2000 - 2002	2000 - 2002	2001 - 2003	2002 - 2004	2002 - 2004		2001 - 2003	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
Poland	PL	2001 - 2003	2001 - 2003	1997 - 1999	1996, 1999	2000 - 2002	2001 - 2003	2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003				2002 - 2004	2002 - 2004	
Portugal	PT	2001 - 2003	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2001 - 2003	1999 - 2001		1999 - 2001	2001 - 2003				2002 - 2004	2002 - 2004	2000 - 2002
Slovakia	SK	1999 - 2001	1999 - 2001	2000 - 2002	2000 - 2002	1998 - 2000	2000 - 2002	2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003				2000 - 2002	2000 - 2002	
Slovenia	SI	2002 - 2004	2001 - 2003	2000 - 2002	2000 - 2002	2000 - 2002	2001 - 2003	2002 - 2004	2002 - 2004	2002 - 2004	2001 - 2003				2002 - 2004	2002 - 2004	
Spain	ES	2002 -2004	2001 - 2003	1999 - 2001	1999 - 2001	1999 - 2001	2001 - 2003	2002 - 2004		2002 - 2004	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
Sweden	SE	2001 - 2003	2001 - 2003	2000 - 2002	2000 - 2002	1999 - 2001	2000 - 2002	2000 - 2002		2000 - 2002	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
United Kingdom	UK	2002 -2004	1998 - 2000	2000 - 2002	2000 - 2002	2000 - 2002	2001 - 2003	2001 - 2003		2002 - 2004	2001 - 2003				2002 - 2004	2002 - 2004	2001 - 2003
European Union	EU -25		1999 - 2001				2002 – 2004 (All injuries)	2002 – 2004			2001 - 2003		2002 - 2004				








This report is the first edition of a series of annual summaries of key figures on injuries in the European Union. It combines all available data on mortality and morbidity and those provide health policy makers, researchers and safety practitioners with a comprehensive view about this important public health problem.