

2002 EDITION



# Health statistics

## Key data on health 2002

Data 1970-2001

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Also according to the **ECHP**, the average number of nights for EU-15 decreased from 1.5 in 1996 to 1.3 in 1998, with women spending 0.2 nights more than men overall among the EU population **(6.2.13)**. However, men spent slightly more nights in hospital than women in Portugal, Greece and Luxembourg. The variation across Member States is much more prominent than that between the sexes. The highest values were recorded in Germany and Austria (2.0 days in 1998), the lowest in the Netherlands and Portugal (0.8 days) and Greece (0.7).

In the EU, the total length of stay for hospitalised people, over the total of hospitalised persons, measured by the **ECHP** fell from 14.1 nights in 1996 to 13.0 nights in 1998, with men spending slightly more nights than women overall. As these data refer to the total number of nights a person has spent in hospitals in a year, they may exceed the length of stay recorded per case in other sources (discharges). The total number of nights was the greatest in Germany — at 16.8 in 1998 this was nearly twice that spent in the United Kingdom (9.2). Looking at the breakdown by age and sex for this hospitalised group, on average men spent more nights than women between the ages of 16 and 44, and between the ages of 65 and 74 **(6.2.14)**. The number of nights decreases between the ages of 16 and 34 for both sexes and then steadily increases.

### 6.2.5. Hospital discharges and average length of stay

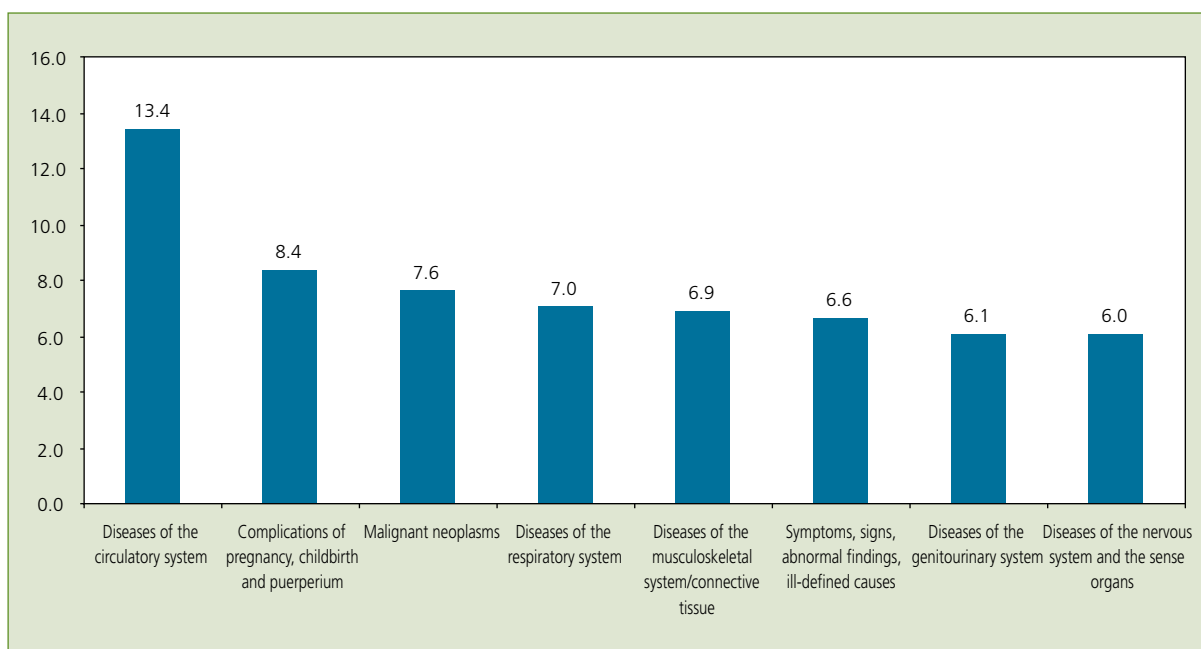
Hospitalisation statistics give a broad picture of the general health and health care treatment of the population. As health care is moving more towards managed care, prevention, and cost control, patient care is also moving more to out-patient, home care and alternative care settings. While the proportion of care provided in inpatient settings has declined, it still provides a picture of health at the extreme end of care and shows how care is shifting from a fee-for-service to a managed care environment. The data on hospital discharges of in-patients by diagnosis and average length of stay (ALOS) are regularly collected and used for different purposes, such as monitoring disease-specific health status and health care delivery.

The breakdown by diagnosis applied by **Eurostat** is based on the various different national diagnosis classifications (relating to ICD-9-CM or ICD-10) in use. 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 hospital abstracts for inpatient care are based on information gathered at the

time of discharge. Good data at EU level for readmission diagnoses are lacking. 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. Other problems in hospital discharge statistics are studied (ref. Smedby 2002) in the context of the **HDP project** (see below). Most European countries use ICD but, due to the long implementation period of the 10th revision of the ICD (ICD-10), there was — and still is — a simultaneous use of ICD-9-CM and ICD-10 during the 1990s. Accounting remains a problem in the sense that if a patient is transferred from a department of internal medicine to the surgery department of the same hospital, the main diagnosis for the patient may be the same for both department spells or it may change. If it changes, some rules for the reporting of the main diagnosis for the whole hospital spell have to be followed. It is difficult to assess the impact of this reporting difference for specific diagnoses without more detailed studies. Most hospital inpatient statistics are based on the application of the 'main condition' concept. This means that, for each discharged patient, a main condition is chosen to represent the patient in statistical tables, even if there were other diagnoses registered as well. In addition to discrepancies in the registration of main and secondary diagnoses referred to above, there are other problems with an impact on the comparability of discharge statistics. These are simple errors in the assignment of diagnoses as well as coding errors of correct diagnoses. The HDP project and Eurostat are oriented to the proposal of a shortlist for hospital morbidity primarily based on ICD-10, given the intention to use it for many years ahead. The European countries presently using ICD-9-CM will probably change to ICD-10 in the near future.

For EU-15 as a whole, **Eurostat** data show that diseases of the circulatory system were the main cause of hospitalisation in 1999 (as well as in previous years) accounting for 8.4 million hospitalisations (13.4 % of the total) **(6.2.15)**. Other leading causes of hospitalisation were: diseases of the digestive system (6.2 million, 9.8 % of the total), complications of pregnancy, childbirth and puerperium (5.3 million and 8.4 % of the total), malignant neoplasms (4.8 million, 7.6 % of the total) and diseases of the respiratory system (4.4 million, 7.0 % of the total). In 1999, these leading causes of hospitalisation accounted for 46.4 % of all resident discharges. There are many serious and expensive causes of hospitalisation that are not included in the leading causes.

## 6.2.15 Most frequent hospital discharges per ICD-10 diagnosis, EU-15, 1999



Source: Eurostat, New Cronos Database (Health and Safety)

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Looking at diagnoses by Member State, Eurostat data show that the main causes of discharge from hospitals in 1999 were the following: diseases of the circulatory system in Denmark, Germany, Italy, the Netherlands, Austria and Finland; diseases of the digestive system in France and Ireland; complications of pregnancy, childbirth and puerperium in Portugal; and all categories not elsewhere classified in England (6.2.16). Austria (28 093), Finland (26 755), France (25 699) and England (24 594) had the most discharges per 100 000 people, while Portugal had the least by far (8 728) along with the Netherlands (9 618).

Looking at average length of stay by main diagnosis, the highest number of days were spent in hospital for mental and behavioural disorders in all Member States except: Belgium, where it was for diseases of the blood(-forming organs) and immunological disorders; Denmark, England, France and Norway where it was for certain conditions originating in the perinatal period (6.2.17). The longest stay for a particular disease in one Member State tended to be two to three times that of the shortest stay for the same disease in another Member State. However, for mental and behavioural disorders it was fifteenfold, for diseases of the skin and subcutaneous tissue it was six-fold, and for congenital malformations and chromosomal abnormalities it was fourfold.

One-day cases are defined as patients admitted to and discharged from inpatient treatment the same calendar day, i.e. they are never an element of a

‘midnight’ patient set. The future improvement of the hospital data collections will give major relevance to the percentage and weight of one-day cases over the total number of hospital days. Eurostat data are only available for four Member States. In the Netherlands, one-day cases represented 6.4 % of the total number of hospital days in 1999. Values are very different in other countries: Finland (3.8 %), Italy (1.8 %) and Germany (0.8 %).

For Eurostat hospital discharge statistics, diagnoses and procedures associated with hospitalisations are classified in accordance with the ninth revision of the **International classification of diseases (ICD-9)**. Its original use was to classify causes of mortality (see Chapter 5). Later, it was extended to include diagnoses in morbidity. The **clinical modification** of the ICD is used in categorising hospital diagnoses. Diagnostic chapters (using principal diagnosis) have been defined according to the international classification of diseases, ninth revision, clinical modification (ICD-9-CM). In practice, the ICD has become the international standard diagnostic classification for all general epidemiological, as well as health management, purposes. The diagnostic categories used are based on the principal diagnosis, which is submitted as the first of several possible diagnoses coded on the discharge record. The principal diagnosis represents the condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care. Discharge is the formal release of an inpatient, by an inpatient or acute care institution. The discharge rates

are expressed by the number per 100 000 population. Most Member States will adopt or are adopting the tenth ICD classification.

**Average length of stay** is computed by dividing the number of days stayed (from the date of admission in an in-patient institution) by the number of separations (discharges plus deaths) during the year.

**A bed-day** is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital. Day cases (patients admitted for a medical procedure or surgery in the morning and released before the evening) are excluded.

The '**Hospital data project**' (HDP) under the coordination of the **Department of Health and Children** (Ireland), started in 2000 under the EC Health Monitoring Programme, with the primary aim of developing a common data set (CDS) for hospital patients, based on an examination of the contents of hospital data currently collected in each EU Member State. The initial focus of the project is to achieve comparability for a limited number of core data items, but it is hoped that the data set will be improved, refined and possibly expanded over time. A key issue is the coverage of the data set (i.e. types of patients and hospitals), in order to ensure comparability between Member States in terms of the area of activity included. Some draft proposals on coverage have been developed, using the function and provider dimensions of the OECD **System of Health Accounts (SHA)** framework and maintaining consistency with OECD and Eurostat health accounts and related work such as the EUCOMP project.

Other projects for health care data are being developed by the **Standing Committee of the Hospitals of the European Union**. Its acronym is **HOPE** (Hospitals for EurOPE). The committee includes national hospital associations or representatives of the national health systems of the 15 Member States of the European Union, plus Bulgaria, Cyprus, Hungary, Malta, Romania, Slovakia and Switzerland as observer members. One of the projects on quality care (ref. HOPE web site) aims to provide information on the general principles of quality, quality management and quality challenges in health care. The challenge of quality is founded on the basic principle of reducing the number of errors. Latest research demonstrates that almost every 10th patient suffers from preventable harm and adverse effects related to their care and that variation among health care providers is large and cannot be explained by patient characteristics.

### 6.2.6. High-tech medical facilities

The introduction of a technological component into medical practice is one of the most important

elements in the process of capitalisation of the health sector, and has reinforced the creation of large hospital complexes. The introduction of high-tech medical facilities has resulted in the predominance of hospitals in the health systems and has increased the number of high-tech specialised personnel. In accordance with their purpose, high-tech medical facilities are classified into five groups: diagnosis, prevention, therapy or rehabilitation, organisation and administration, and support (ref. Puig 1993).

According to **OECD 'Health data 2002'**, Table **6.2.18** shows the number of high-tech facilities per million inhabitants between 1980 and 2000. Although the number of these facilities has gradually increased, there are wide variations between Member States. Where data were comparable, Austria had the greatest number of computed tomography (CT) scanners and magnetic resonance imaging (MRI) units in 2000 for all Member States with 25.8 and 10.8. Finland had the most radiotherapy equipment among Member States, and Iceland had the most among EEA countries, with 14.3 and 14.4 in 1999, respectively. Germany had the most lithotriptors among Member States and Iceland had the most among EEA countries (3.0 and 3.7, respectively, in 1998), while Italy had the most haemodialysis stations in 1999 with 194.1. Mammographs have only been added recently, and the data are too incomplete for a meaningful comparison.

The database created by the Organisation for Economic Co-operation and Development, **OECD 'Health data 2002'**, is a comprehensive source of statistics on health and health systems across OECD countries. It covers over 1 200 indicators and offers some sophisticated query modules. The OECD health files are classified into nine parts: health status, health care resources, health care utilisation, expenditure on health, financing and remuneration, social protection, pharmaceutical market, non-medical determinants of health, demographic references, economic references. The statistics contained in OECD 'Health data 2002' reflect the situation at the time of release; they have been refined and improved year after year. For further information, see the OECD web site (<http://www.oecd.org>).

### 6.2.7. Ambulatory care: consultations with health professionals

Primary care involves consultation with health professionals, especially general practitioners (GPs). The GP is gaining in status as the gatekeeper of the overall health care systems. About half of the countries give their GP gatekeeper status (see An-

nex III). The method of paying primary care doctors in the public sector is also indicated in Annex III. Doctors can be faced with changing incentives by altering the method of payment. In six countries, they are paid on a capitation basis. This is a fixed payment for each listed or registered person served for a period of time. Payments will vary according to the number of patients registered, but not to the number of services supplied per patient. In five countries, mainly those with a national health service, GPs are paid salaries. This payment does not vary either with the number of individuals served or with the number of services rendered. In eight countries, a fee is paid for each service rendered.

The 1998 **European Community Household Panel (ECHP)** asked participants how often they visited general practitioners, medical specialists and dentists, subsequently referred to as health professionals (**6.2.19**). According to the 1998 results of the **ECHP**, the percentage of persons having consulted a doctor, a dentist or an optician during the past 12 months was 92.9 % on average for EU-15, 89.6 % of men and 95.8 % of women. Women made more visits than men in each Member State. The average number of visits to general practitioners in the previous 12 months ranged from two in Greece, to four by men and six by women in Belgium. The average number of visits to dentists was less than two in each Member State, with less than one made in Greece, Ireland, Portugal and Spain. The average number of visits made to medical specialists was less than three in each Member State, with people in Ireland making the least and those in Austria making the most. Looking at the proportion who consulted any of these health professionals, we can see in Table **6.2.20** that more women than men made 'three or more visits', and more men than women made 'no visits', 'one visit' or 'two visits'. The widest variations between Member States are for 'no visits' (from 6 % in the Netherlands and Austria to 33 % in Greece), and for 'three or more' (from 46 % in Greece to 78 % in Austria).

### 6.2.8. Home care

All EU countries are faced with an increase in demand for home care; the main reasons are the ageing population, smaller family size and increased female participation in the labour market. Another reason for substitution of hospital care by home care is an attempt to control health care expenditures. There are differences among the countries in the definition of home care. According to **NIVEL (Netherlands Institute of Primary Health Care)** whose data (see *Annex II*) are used in this publication, home care is restricted to the care provided at home by professional home-nursing organisations and home-help services. Services included in home

help and home nursing are described in the annex. There are large differences between EU countries in the development of home-care services. In countries such as Belgium, Denmark, Ireland, the Netherlands, Finland, Sweden and United Kingdom, home-nursing and home-help services are fairly developed compared with Greece, Spain, Italy and Austria. There are also large differences among the countries regarding the level of coordination of home-nursing and home-help services. A major problem in many countries is the separation between health and social services. Whereas home-nursing services are mostly financed by general taxation or social insurance, home-help services are usually administrated and financed by local government or by voluntary organisations. In general, there are also large differences between the countries on the financing of home care.

### 6.2.9. Consumption of pharmaceuticals

Member States have implemented a series of measures, both controls and incentives, to influence the supply of, and demand for, pharmaceuticals. Some countries have given greater emphasis to supply, and others to demand. The supply-side controls are aimed at limiting the cost of reimbursed medicines to the authorities, by controlling their price and/or reimbursement and by limiting their availability through the use of positive and negative lists (see Annex III). Authorities are aware of the possibility that if the range of reimbursed treatments is too narrow, or the cost to the patient is too high, there will be public health repercussions and cost implications as more patients seek admission to hospitals. Physicians are encouraged in several ways to prescribe effective and (cost-) efficient medicinal products (e.g. the Netherlands and the United Kingdom). Prescribing guidelines and treatment protocols, with a focus on indications, are published by competent authorities and medical associations/royal colleges of physicians. The aims of prescribing guidelines are to encourage doctors to prescribe rationally and consistently, according to the medicine's indications and the therapeutic needs of their patients. The main outcomes should be greater consistency in the drugs and length of treatment prescribed for each condition, and a reduction in the volume of drugs prescribed as redundant or duplicate ones are eliminated. Rational prescribing also means that the cheapest drugs are favoured from among those that are medically interchangeable for a given condition. When guidelines are first applied, savings may be noticed. Thereafter, sales volumes will depend on the changing morbidity of the population and variations in the guidelines (ref. Kanavos).

According to the 'Drug Monitor' of **IMS Health**, the equivalent of USD 54.0 billion was spent on

## 6.2.16 Discharges from hospitals per 100 000 inhabitants by ICD-10 diagnosis, 1999

	B (*)	DK	D	EL (*)	E (*)	F	IRL	I
Total hospital discharges by main ICD diagnosis	15 584	17 611	19 529	13 507	11 276	25 699	12 491	16 106
Infectious and parasitic diseases	389	478	365	374	186	425	376	311
Neoplasms	:	2 054	2 317	:	861	1 960	:	1 422
Malignant neoplasms	976	1 611	1 815	1 229	625	1 147	657	1 043
Diseases of the blood(-forming organs), immunological disorders	115	214	125	334	79	183	121	133
Endocrine, nutritional and metabolic diseases	410	468	567	240	196	610	196	350
Mental and behavioural disorders	:	257	1 037	330	262	509	100	463
Neurotic disorders and other non-psychotic mental disorders	:	190	617	:	39	273	:	226
Diseases of the nervous system and the sense organs	852	764	1 209	796	594	1 993	538	1 176
Disorders of the central and peripheral nervous system	:	457	487	:	146	769	:	341
Disorders of the eye and adnexa	:	177	513	:	372	913	:	669
Diseases of the ear and mastoid process	:	131	209	:	77	312	:	166
Diseases of the circulatory system	2 351	2 590	3 369	1 952	1 292	2 244	1 413	2 592
Hypertensive disease	:	91	228	:	46	86	:	193
Ischaemic heart diseases	:	808	1 036	:	104	480	460	588
Diseases of the respiratory system	1 440	1 622	1 266	1 073	1 036	1 393	1 497	1 239
Influenza and pneumonia	:	449	633	:	202	205	277	244
Acute respiratory infections and other diseases	:	366	311	:	344	566	:	526
Diseases of the digestive system	1 728	1 640	1 912	1 480	1 281	2 835	1 278	1 809
Appendicitis	:	446	227	:	117	230	147	165
Hernia of abdominal cavity	:	237	332	:	335	406	:	359
Diseases of the skin and subcutaneous tissue	172	266	292	1 162	137	398	245	253
Diseases of the musculoskeletal system/connective tissue	1 349	1 025	1 450	1 214	630	1 507	521	942
Arthropathies and related disorders	:	454	725	:	284	741	:	390
Dorsopathies	:	320	396	:	98	351	:	261
Rheumatism, excluding the back	:	174	171	:	90	280	:	149
Diseases of the genitourinary system	1 045	1 021	1 283	231	732	1 416	799	1 112
Nephritis and other diseases of urinary system	:	438	517	:	53	564	:	488
Diseases of male genital organs	:	179	178	:	156	317	:	200
Diseases of breast and female organs	:	394	588	:	283	526	:	424
Complications of pregnancy, childbirth and puerperium	1 349	1 747	1 290	571	1 248	2 062	2 145	1 378
Certain conditions originating in the perinatal period	60	172	132	117	135	246	146	267
Congenital malformations and chromosomal abnormalities	115	189	136	165	87	200	120	156
Symptoms, signs, abnormal findings, ill-defined causes	629	1 214	784	967	707	1 496	1 373	883
Injury, poisoning and certain other consequences of external causes	:	1 878	1 995	:	850	2 108	:	1 624
Fractures	:	778	879	:	398	752	:	685
External causes of injury and poisoning	1 678	1 874	1 995	1 273	849	:	1 130	1 622

(\*) Belgium, Spain, Luxembourg, Sweden: 1998, Greece: 1997

(\*\*)England: Finish consultant episodes

Source: Eurostat, New Cronos Database (Health and Safety)

L (*)	NL	A	P	FIN	S (*)	England (**)	N	
20 845	9 618	28 093	8 728	26 755	16 650	24 594	15 677	Total hospital discharges by main ICD diagnosis
347	118	359	200	741	458	290	378	Infectious and parasitic diseases
:	900	3 482	:	2 393	:	2 719	:	Neoplasms
1 485	791	2 871	507	1 838	1 441	2 147	1 449	Malignant neoplasms
19	89	206	58	202	125	297	104	Diseases of the blood(-forming organs), immunological disorders
313	179	1 007	173	554	372	327	224	Endocrine, nutritional and metabolic diseases
1 102	138	1 507	112	1 778	1 051	467	194	Mental and behavioural disorders
:	:	773	:	496	:	147	:	Neurotic disorders and other non-psychotic mental disorders
753	404	2 032	392	2 191	740	1 389	477	Diseases of the nervous system and the sense organs
:	146	744	:	959	:	465	:	Disorders of the central and peripheral nervous system
:	193	921	:	907	:	734	:	Disorders of the eye and adnexa
:	66	367	:	325	:	185	:	Diseases of the ear and mastoid process
2 447	1 474	3 970	1 046	3 983	2 983	2 138	2 396	Diseases of the circulatory system
:	:	331	:	132	:	44	:	Hypertensive disease
:	552	899	:	1 136	:	736	898	Ischaemic heart diseases
2 135	673	2 099	718	2 430	1 193	1 500	1 380	Diseases of the respiratory system
:	299	432	:	559	:	218	:	Influenza and pneumonia
:	125	989	:	1 177	:	455	:	Acute respiratory infections and other diseases
1 905	839	2 294	924	1 837	1 330	2 623	1 166	Diseases of the digestive system
:	96	229	:	143	:	77	:	Appendicitis
:	172	376	:	336	:	317	:	Hernia of abdominal cavity
216	96	430	133	336	125	438	160	Diseases of the skin and subcutaneous tissue
527	681	2 739	259	2 270	895	2 144	1 004	Diseases of the musculoskeletal system/connective tissue
:	306	1 040	:	1 155	:	654	:	Arthropathies and related disorders
:	171	982	:	495	:	297	:	Dorsopathies
:	98	354	:	394	:	248	:	Rheumatism, excluding the back
:	489	1 753	487	1 422	833	1 349	793	Diseases of the genitourinary system
:	184	666	:	643	:	669	:	Nephritis and other diseases of urinary system
:	88	301	:	217	:	239	:	Diseases of male genital organs
:	217	786	:	562	:	699	:	Diseases of breast and female organs
31	848	1 505	1 216	1 693	1 279	1 985	1 607	Complications of pregnancy, childbirth and puerperium
134	415	153	26	152	151	315	205	Certain conditions originating in the perinatal period
107	86	195	77	230	145	167	225	Congenital malformations and chromosomal abnormalities
671	689	886	121	1 722	1 598	2 786	1 088	Symptoms, signs, abnormal findings, ill-defined causes
:	762	2 960	:	2 156	:	:	:	Injury, poisoning and certain other consequences of external causes
:	336	724	:	933	:	562	:	Fractures
1 752	762	:	696	2 139	1 631	1 534	1 680	External causes of injury and poisoning



## 6.2.17 Average length of stay by main ICD-10 diagnosis, 1999

	DK	D	EL (*)	E (*)	F	IRL	I	L (*)
I Infectious and parasitic diseases	8.3	5.3	9.3	7.0	9.5	6.7	4.4	8.0
II Neoplasms	:	:	10.4	:	10.8	:	:	10.3
III Malignant neoplasms	12.5	7.4	:	9.8	13.0	10.2	7.6	11.7
IV Diseases of the blood(-forming organs), immunological disorders	15.1	5.5	9.7	8.8	9.1	7.1	4.4	9.0
V Endocrine, nutritional and metabolic diseases	9.5	6.8	10.8	3.4	10.7	7.5	4.9	7.8
VI Mental and behavioural disorders	7.5	6.1	26.9	95.7	62.1	6.8	8.5	12.9
VII Diseases of the nervous system and the sense organs	7.4	5.5	8.0	10.2	5.9	4.3	4.1	4.8
VIII Diseases of the circulatory system	9.9	7.4	11.3	9.7	10.2	7.7	8.2	8.3
IX Diseases of the respiratory system	9.2	5.5	9.0	6.1	8.1	6.8	6.0	7.5
X Diseases of the digestive system	7.0	5.0	6.5	8.0	7.2	5.8	3.7	7.1
XI Diseases of the skin and subcutaneous tissue	12.0	6.2	12.1	6.7	7.8	6.3	3.4	6.8
XII Diseases of the musculoskeletal system/connective tissue	12.0	7.6	12.4	4.8	8.0	7.2	5.6	7.0
XIII Diseases of the genitourinary system	6.1	4.1	8.2	7.7	6.2	5.2	3.6	5.8
XIV Complications of pregnancy, childbirth and puerperium	5.6	3.4	12.2	11.5	3.9	5.5	3.6	4.4
XV Certain conditions originating in the perinatal period	10.9	10.8	14.7	9.2	9.8	10.0	9.9	7.8
XVI Congenital malformations and chromosomal abnormalities	6.0	4.2	14.7	8.3	7.1	5.5	4.1	5.9
XVII Symptoms, signs, abnormal findings, ill-defined causes	5.4	3.5	10.1	5.3	7.1	5.0	3.1	5.8
XVIII Injury, poisoning and other consequences of external causes	:	:	13.4	:	17.5	:	:	5.9
XIX External causes of injury and poisoning	9.4	6.1	:	7.2	:	6.0	4.7	5.9
Special admissions (including live births in hospitals)	:	:	10.8	:	:	:	:	4.7
All categories not elsewhere classified	:	:	:	:	:	4.7	:	:
No diagnosis	:	:	10.8	:	:	:	:	8.2
<b>Total</b>	<b>8.6</b>	<b>5.4</b>	<b>10.5</b>	<b>9.8</b>	<b>9.1</b>	<b>6.2</b>	<b>4.8</b>	<b>7.1</b>

(\*) Belgium, Spain, Luxembourg, Sweden: 1998, Greece: 1997

Source: Eurostat, New Cronos Database (Health and Safety)

## By days

L (*)	NL	A	P	FIN	S (*)	England (**)	N	
4.9	11.1	9.6	11.4	6.9	5.2	:	6.2	I Infectious and parasitic diseases
:	10.8	6.9	:	7.0	:	:	:	II Neoplasms
8.7	11.2	7.1	13.3	7.7	8.1	8.1	8.8	III Malignant neoplasms
4.4	8.4	6.7	8.6	6.2	5.6	8.4	5.6	IV Diseases of the blood(-forming organs), immunological disorders
8.9	11.7	10.4	9.4	10.1	6.9	8.6	6.2	V Endocrine, nutritional and metabolic diseases
12.7	29.5	17.1	16.6	39.5	21.6	6.2	5.1	VI Mental and behavioural disorders
8.3	7.1	7.1	4.9	9.0	5.6	:	5.1	VII Diseases of the nervous system and the sense organs
8.4	10.5	14.1	8.5	15.6	7.0	14.8	6.6	VIII Diseases of the circulatory system
5.0	9.1	8.9	8.4	11.3	5.4	10.6	6.2	IX Diseases of the respiratory system
5.9	8.2	7.9	6.8	5.2	4.9	8.1	5.6	X Diseases of the digestive system
6.7	11.0	7.6	6.8	6.7	7.3	1.9	7.7	XI Diseases of the skin and subcutaneous tissue
6.0	9.2	11.2	8.8	6.0	7.1	7.6	7.2	XII Diseases of the musculoskeletal system/connective tissue
:	7.0	6.0	6.0	5.0	4.5	6.5	4.8	XIII Diseases of the genitourinary system
5.6	4.5	5.6	3.6	3.6	3.4	5.1	4.4	XIV Complications of pregnancy, childbirth and puerperium
9.5	7.5	10.9	7.9	9.4	10.4	15.4	11.5	XV Certain conditions originating in the perinatal period
3.5	7.7	7.0	6.0	5.1	4.8	7.2	5.6	XVI Congenital malformations and chromosomal abnormalities
4.5	6.9	7.3	5.3	5.1	2.9	5.1	2.9	XVII Symptoms, signs, abnormal findings, ill-defined causes
:	10.6	8.0	:	9.6	:	:	:	XVIII Injury, poisoning and other consequences of external causes
7.0	:	:	9.5	9.7	6.3	8.4	5.4	XIX External causes of injury and poisoning
:	4.6	5.3	:	4.8	:	:	:	Special admissions (including live births in hospitals)
:	:	:	4.2	:	7.0	6.9	:	All categories not elsewhere classified
:	:	:	:	14.6	:	:	:	No diagnosis
6.4	8.7	9.3	7.0	10.6	6.7	8.4	6.1	<b>Total</b>