Analysis of injury related mortality in Europe
« Analyse de la mortalité par traumatismes en Europe »

The ANAMORT project
Final implementation report
Grant agreement # 2004113
Covering the period from October 1st, 2005 to April 1st, 2008
Table of contents

Introduction ............................................................................................................................ 3

Specific objectives................................................................................................................. 3

Means: Manpower for the execution of the activities ............................................................ 3
  ➢ Duration ............................................................................................................................. 3
  ➢ Project team ...................................................................................................................... 3
  ➢ Steering committee (associate partners) ....................................................................... 4
  ➢ Other participants, beneficiaries and countries involved .............................................. 4

Detailed description of all activities conducted .................................................................. 5

Situation regarding output indicators mentioned in the grant agreement ................. 12

Situation regarding timetable mentioned in the grant agreement ............................... 13

Appendices ........................................................................................................................... 14
  Appendix I: list of persons participating in the Anamort project
  Appendix II: Pubmed © search equation
  Appendix III: List of references
  Appendix IV: final version of the questionnaire
  Appendix V: final results of the questionnaire on death statistics production process in Europe (not to be disseminated)
  Appendix VI: summary results of the questionnaire on death statistics production process in Europe
  Appendix VII: Technical note on death statistics plan of analysis
  Appendix VIII: monographs
  Appendix IX: recommendations
  Appendix X: List of publications
**Introduction**

The **ANAMORT** project (Analysis of injury related mortality in countries of the European Union) aims to produce relevant indicators which can be used throughout Europe to account for injury mortality. The project is a part of the 2004 work plan adopted by the European Commission (February 25th 2004) and corresponds to the general objective: “To improve information and knowledge for the development of public health”. A grant agreement 2004113 (790689) has been signed on August 23rd 2005 between the Institut de veille sanitaire (InVS) and Health and consumer directorate of the European Commission (DG SANCO).

The general objectives are:
- to evaluate the quality and the comparability of injury mortality statistics in Europe.
- to produce validated results on the causes of death by injury in Europe, allowing comparisons among countries.

**Specific objectives**

The specific objectives of the project were defined as following:
- To construct a bibliographic database on mortality data.
- To develop tools, methods and indicators to conduct an analysis of injury mortality in Europe, including comparisons among European states.
- To extend to injuries and to all Member States the mortality analysis done in 2001 by the CépiDCa in the “Comparability and quality improvement of European causes of deaths statistics (CQI) project”. This work undertaken by the CépiDC and a multidisciplinary European team was financed by the DGSANCO (project n° EDC DGV/F3 SOC 98 20108). It dealt with causes of death data collection in pre-enlarged Europe (15 countries plus Iceland and Norway), with certification and coding differences among countries and with recommendations to harmonise and to improve data collection, and to analyse mortality for certain causes of death groups.
- To produce comparative results on mortality at the European level in the field of injuries with the help of the sub-groups on Eurostat Short List and detailed sub-groups established in the course of the project. The analysis will allow the attribution of observed differences in mortality rates either to differences in certification and/or coding, or to real differences in mortality conditions.

**Means: Manpower for the execution of the activities**

- **Duration**
  The project started on October 1st 2005 for the duration of 30 months (until 31st March 2008).

- **Project team**
  The team in charge of the project was located at the Institut de veille sanitaire (Saint Maurice, France) and had three main members (appendix I).
  - The project leader is a medical epidemiologist who worked full time on the project between October 1st 2005 and September 1st 2007. After an agreement with the European commission, he worked at 90% of a full time equivalent between September 1st 2007 and March 31st 2008.

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* French epidemiological centre on the causes of death
The secretary/assistant worked part time (50%) on the project between October 26th 2005 and March 31st 2007. Due to a maternity leave, and after an agreement with the European Commission, the secretary/assistant was replaced from September 18th, 2006 to January 15th, 2007.

The research assistant worked full time between February 22nd 2006 and October 21st 2007. After an agreement with the commission, his contract was extended and he worked full time between October 22nd 2007 and March 31st 2008.

The project team was supported by administrative assistants and information technology specialists.

- **Steering committee (associate partners)**

The steering committee ([appendix I](#)) consisted of 10 injury and/or mortality specialists in Europe. They represented all associate partners and included 2 scientific directors. The role of the steering committee was to orient the project, to help the implementation of the project (contact with participants) and to validate all materials produced within the project. Throughout the period, each of them contributed to around 30 days (see financial report for details for each steering committee members) of work including participation and preparation of the 6 meetings held during the project.

- **Other participants, beneficiaries and countries involved**

118 Mortality and injury specialists from 36 European participant countries (figure 1) were involved in the different phases of the project ([appendix I](#)). They have in particular, contributed to the project by contributing to answer a large questionnaire and/or have actively participated in 2 general meetings.

This project was conducted in close collaboration with representatives of the European Commission (DG Sanco and Eurostat). Eurostat and DG Sanco representatives participated to the project by giving technical advice on the development of the project. Eurostat participated in 2 steering committee meetings, and provided the project with detailed mortality data.

**Figure 1 : Countries participating in the Anamort project (2005-2008)**
Detailed description of all activities conducted

Activities developed between October 2005 and March 2008 are described according to the work packages mentioned in the Grant agreement 2004113.

- Work package 1 - Coordination

Partners networking

In order to develop the network of partners, the project team has sent regularly information regarding scientific, logistic and administrative issues. This was done by email exchanges, by phone calls and by post. A collaborative platform (a web site with restricted access allowing to view the latest information and to download updated documents) was established at the beginning of the project. The low usage of this platform led to its closure in January 2007.

Secretariat, administration and organisation

The project team has prepared all administrative documents for the members of the steering committee and has managed logistics and administrative matters for:
- 4 steering committee meetings held with steering committee members in :
  a. France (October 27th-28th 2005),
  b. Malta (March 1st-2nd 2006),
  c. Italy (March 29th-30th 2007),
  d. Hungary (September 27th-28th, 2007).
- 2 general meetings held with all participants in France
  a. Saint Maurice (April 21st 2006)
  b. Saint Maurice (December 13th 14th 2007)
- 5 missions for the presentation of the project in:
  a. Montreux, Switzerland (14th European conference on public health, November 16th-18th 2006; 1 person).
  b. Luxembourg (Eurostat Technical Group on Causes of Death ; May 18th, 19th 2006 ; 1 person)
  c. Vienna, Austria (1st European Conference on Injury Prevention and Safety Promotion ; June 25th – 27th 2006; 1 person)
  d. Luxembourg (Working party on morbidity and mortality, task force on major and chronic disease, European Commission, June 19th 2007 ; 1 person)
  e. Helsinki, Finland (European Public Health Association conference ; October 10th – 13th 2007; 2 persons)
  f. Merida, Mexico (9th World Conference On Injury Prevention And Safety Promotion, March 15th-18th, 2008; 2 persons)

The project team wrote and published 6 meeting reports and 2 interim reports. These reports can be downloaded from the ANAMORT website:

To facilitate the identification of the project materials by partners, a logo and a graphical chart was created at the beginning of the project.

b http://www.invs.sante.fr/surveillance/anamort
Work package 2 and 3 - Global and detailed comparative injury related mortality analysis

Bibliographic review
A bibliographic review has been implemented and a bibliographic database developed. Starting with the list of scientific articles published in the CQI project report, a bibliographic database has been set up using Reference Manager 11 © (http://www.apache.org/). This database has been upgraded by scientific articles referenced in Pubmed© (http://www.pubmed.gov) for articles published after 1998 and focused on Injury related mortality©. The search query (appendix II) was submitted weekly to Pubmed© in order to update the database with new articles referenced.

For literature not referenced in Pubmed© but published either on the web or by national institutions, the search was not systematic but when found, such references were also entered on Reference Manager 11 ©.

A list of these 1625 references (appendix III) can be downloaded from the ANAMORT website© in word processor format (.rtf). References are sorted according to year of publication and first author’s name. The database of references is also available in Reference Manager 11 © and Excel format©. When available the link to the website where the document can be downloaded was integrated in the database.

The selected publications were used to identify biases in the production of death statistics and to find solutions to limit the consequences of these biases. In addition, it was used to insert references in the publications of the project.

Questionnaire on death certification
The questionnaire on death certification practices has been set up in order to update and complete information on certification practices for injury related deaths in each country. This questionnaire was based on previous experiences acquired by INSERM-CépiDe (Comparability and quality improvement of death certificate project) and ISTAT© (death certification training package), as well as constant efforts of the Eurostat to improve the quality of death statistics. This questionnaire (appendix IV) was developed by the project team and the steering committee during the 1st steering committee meeting©.

The 36 targeted countries have answered the questionnaire (3 questionnaires were required to cover the different organisations of mortality statistics in the United Kingdom).
Following the first answers of each countries complementary questions have been formulated in order to clarify some answers. All answers were published in an internal project document which allowed to better understand inter-country differences (appendix V, not to be disseminated). A summary of these results was compiled (appendix VI) and the extensive results might be downloaded from the Communication & Information Resource Centre Administrator (CIRCA)© website which is a service offered by the Eurostat for specialists of cause of death statistics.

These results have been presented to the ANAMORT steering committee members during the 3rd steering committee meeting (Rome, Italy) and to the country specialists by email. In general, the organisation of the production of death statistics has been shown to be largely uniform but clear discrepancies were also described. This could affect death certification (i.e.

© In a first phase selection has been limited to review articles
© Istituto Nazionale di Statistica, Italy
© http://forum.europa.eu.int:80/Members/irc/dsis/Home/main
cultural under declaration of suicides), codification (i.e. differential application of underlying causes of death selection) or statistics production (i.e. inclusion or not of residents dying abroad, definition of falls or poisoning...).

**Analysis of European mortality data**

A plan of analysis of mortality data has been established and approved by the steering committee in order to explore existing data. It is described in a technical note ([appendix VII](#)). All available data concerning injury related death are downloaded from Eurostat Website. Various graphs and maps are drawn in order to identify inter-country or inter-region discrepancies. Discrepancies are then contrasted with information included in the questionnaire, in the mortality forum (a discussion forum for mortality specialists⁴) and in the literature.

This plan of analysis has been applied for the following groups of CoD issued from Eurostat short list (Table 1) in order to be able to produce a clear description of the situation and to draw up operational recommendations (see the 2 following chapters of this report).

### Table 1: Correspondence table between international classification of diseases (ICD) versions for groups of causes of death existing in the Eurostat Short List (ESL)

<table>
<thead>
<tr>
<th>ESSL</th>
<th>Groups of causes of death</th>
<th>ICD10</th>
<th>ICD9</th>
<th>ICD8</th>
</tr>
</thead>
<tbody>
<tr>
<td>58</td>
<td>External causes of injury and poisoning</td>
<td>V01-Y89</td>
<td>E800-E999</td>
<td>E800-E999</td>
</tr>
<tr>
<td>59</td>
<td>Accidents</td>
<td>V01-X59</td>
<td>E800-E929</td>
<td>E800-E929, E940-E942</td>
</tr>
<tr>
<td>60</td>
<td>of which Transport accidents</td>
<td>V01-V99</td>
<td>E800-E848</td>
<td>E800-E845</td>
</tr>
<tr>
<td>61</td>
<td>of which Accidental falls</td>
<td>W00-W19</td>
<td>E880-E888</td>
<td>E880-E887</td>
</tr>
<tr>
<td>62</td>
<td>of which Accidental poisoning</td>
<td>X40-X49</td>
<td>E850-E869</td>
<td>E850-E877</td>
</tr>
<tr>
<td>63</td>
<td>Suicide and intentional self-harm</td>
<td>X60-X84</td>
<td>E950-E959</td>
<td>E950-E959</td>
</tr>
<tr>
<td>64</td>
<td>Homicide, assault</td>
<td>X85-Y09</td>
<td>E960-E969</td>
<td>E960-E969</td>
</tr>
<tr>
<td>65</td>
<td>Events of undetermined intent</td>
<td>Y10-Y34</td>
<td>E980-E989</td>
<td>E980-E989</td>
</tr>
</tbody>
</table>

In addition, data was specifically requested of Eurostat in order to produce a similar analysis for other groups of interest to complete the study of injury related deaths (table 2). These groups were defined after a review of injury related causes of deaths used by Eurostat, Istat, InVS and the Center for Disease Control (Atlanta). They were defined in respect of the following general principles:

1. explore groups of public health interest (general measures should be found to decrease impact of this group of injury or should be under the responsibility of the same authority).
2. avoid the use of the 4th digit in the definition of these groups. Land Motor vehicle accidents therefore can not be explored without the use of the 4t digit in ICD10 and can not be explored in other classifications.
3. avoid the use of late effects of injury (because comparison between different ICD revisions is complicated, but quantify these late effects in order to convey their impact).

⁴ [http://www.nordclass.uu.se/index_e.htm](http://www.nordclass.uu.se/index_e.htm)
Table 2: Correspondence table between international classification of diseases (ICD) versions for groups of causes of death not included in the Eurostat Short List (ESL)

<table>
<thead>
<tr>
<th>Groups of causes of death</th>
<th>ICD10</th>
<th>ICD9</th>
<th>ICD8</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Sequelae/late effect of external causes of morbidity and mortality (Legal intervention and war excluded)</td>
<td>Y85-Y89</td>
<td>E929, E959, E969, E989</td>
<td>E989, E969, E959, E940-949 E929</td>
</tr>
<tr>
<td>- Complication of medical and surgical care (sequelae excluded)</td>
<td>Y40-Y84</td>
<td>E870-E879, E930-E949</td>
<td>E930-E936</td>
</tr>
<tr>
<td>- Legal intervention and war (include sequelae)</td>
<td>Y35-Y36</td>
<td>E970-E978 E990-E999</td>
<td>E970-E978 E980-E988</td>
</tr>
<tr>
<td>- other suicide</td>
<td>X76-X77 X79 X81-84</td>
<td>E958</td>
<td>E958</td>
</tr>
<tr>
<td>- Suicide by fall</td>
<td>X80</td>
<td>E957</td>
<td>E957</td>
</tr>
<tr>
<td>- Suicide by Cut and pierce</td>
<td>X78</td>
<td>E956</td>
<td>E956</td>
</tr>
<tr>
<td>- Suicide by Firearm++</td>
<td>X72-X75</td>
<td>E955</td>
<td>E955</td>
</tr>
<tr>
<td>- Suicide by drowning</td>
<td>X71</td>
<td>E954</td>
<td>E954</td>
</tr>
<tr>
<td>- Suicide by suffocation++</td>
<td>X70</td>
<td>E953</td>
<td>E953</td>
</tr>
<tr>
<td>- Suicide by Poisoning</td>
<td>X60-X69</td>
<td>E950-E952</td>
<td>E950-E952</td>
</tr>
<tr>
<td>- other accident and Accidental exposure to other and unspecified factors</td>
<td>W20-W64 W85-W99 X10-X39 X50-X59</td>
<td>E900-E909 E914-E928</td>
<td>E900-E909 E914-E929 E929</td>
</tr>
<tr>
<td>- Exposure to smoke, fire and flames</td>
<td>X00-X09</td>
<td>E980-E999</td>
<td>E980-E999</td>
</tr>
<tr>
<td>- Suffocation and other respiratory accidents</td>
<td>W75-W84</td>
<td>E911-E913</td>
<td>E911-E913</td>
</tr>
<tr>
<td>- Unintentional Drowning and accidental immersions</td>
<td>W65-W74</td>
<td>E910</td>
<td>E910</td>
</tr>
<tr>
<td>- Water, air and space, and other and unspecified transport accidents (&quot;= transport accidents others than Land Transport for InVS)</td>
<td>V90-V99</td>
<td>E830-E848</td>
<td>E830-E845</td>
</tr>
<tr>
<td>- Land transport accident</td>
<td>V01-V89</td>
<td>E800-E829</td>
<td>E800-E827</td>
</tr>
<tr>
<td>- All drowning</td>
<td>W65-W74 X71,X92,Y21</td>
<td>E830 E832 E910 E954 E964 E984</td>
<td>E830 E832 E910 E954 E964 E984</td>
</tr>
<tr>
<td>- All Transport accidents</td>
<td>V01-V99 X82 Y03 Y32 Y85</td>
<td>E800-E848 E929.0-E929.1</td>
<td>E800-E845 E940-E941</td>
</tr>
<tr>
<td>- All Falls</td>
<td>W00-W19 X80 Y01 Y30</td>
<td>E880-E888 E929.3 E957 E968.1 E987</td>
<td>E880-E887 E943 E957 E967 E987</td>
</tr>
<tr>
<td>- Alcohol</td>
<td>Y90-91, X45 +/- F10</td>
<td>E860?</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 (continued): Correspondence table between international classification of diseases (ICD) versions for groups of causes of death not included in the Eurostat Short List (ESL)

<table>
<thead>
<tr>
<th>Groups of causes of death</th>
<th>ICD10</th>
<th>ICD9</th>
<th>ICD8</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Arms, Firearm (except legal authority missile explosion)</td>
<td>W32-W34 X72-X74, X93-X95, Y22-Y24, E922, E955, E922, E955, E965, E985, E965, E985,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Intimate partner and family violence</td>
<td>Y06-Y07, T74, Z63, E904,0, E967, E904, E968,4, E901,0, E901,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Excessive natural cold</td>
<td>X31, E901,0, E901,</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Production of monographs

For a selection of major groups of external causes of death, a monograph was written (appendix VIII), in order to:

- present the best description possible of the problem at European level
- show up discrepancies
- inform of limitations in interpreting these results
- define specific recommendations for better interpretation of historical data and for improvement of future data collection.

These monographs were produced for the following groups of CoD:

- Transport accidents
- Falls
- Accidental poisoning
- Suicide and intentional self-harm
- Homicide, assault
- Events of undetermined intent

$^g$ Injuries in the European union statistics summary 2002-2004
Recommendations for the improvement of the comparability of injury related death statistics in Europe

Recommendations to be promoted were identified by combining different investigation:

- the review of the ANAMORT questionnaire result
- Analysis of European mortality data
- the review of literature,
- the review of the mortality forum together with the ICD revision and updates

A list of 200 recommendations was identified. These recommendations covered various aspects of death statistics production:

- Certification
  - Collecting information on death
  - Complementary investigations
  - Death certificate form
  - Death certification process
  - Information on the certifier
  - Training materials to develop

- Codification
  - General coding rules
  - Other coding rules
  - Queries of the certifier by coders

- Indicator production, coverage and quality indicators
  - Collected/accessible data
  - Coverage
  - New groups of causes of death
  - Proposed methods of statistical analyses
  - Use of individual death certificates

The recommendations have been elaborated in collaboration with the steering committee and classified according to:

- stage of data production (see above),
- data concerned (historical data or future data)
- theme (general or specific : all external causes, falls, home and leisure injuries, transport accidents, drowning, accidental poisonings, suffocations, intentional injuries, suicides, homicides, undetermined intent, unintentional injuries)
- institutional body in charge of implementation (national authorities, Eurostat, WHO mortality forum and WHO/ICD-11 forum)
- importance describing the impact on indicators (‘I’, quoted from 3 for high impact to 1 for low impact or ‘-‘ if no consensus found)
- feasibility (‘F’, quoted from 3-easy to 1-difficult or ‘-‘ if no consensus found)
- time of implementation (immediately, short term, mid term or long term)
This classification was initiated during the last general meeting with all participating countries and was finalised by the steering committee members and the project team. At the end of this process, the 200 recommendations have been grouped in (appendix IX):

- 41 recommendation considered on a consensus basis as very important (I=3) and feasible (F=3)
- 86 recommendations considered on a consensus basis as less important (I<3) and/or less feasible (F<3)
- 47 recommendations where no consensus could be reached
- 26 recommendation which were suppressed because redundant, not useful or not properly defined

In order to improve their use, these recommendations were included in a database (The Anamort recommendations explorer: ARE software, which can be downloaded from the project website\(^h\) and include only the 127 validated recommendations). This will ease the identification of recommendations according to different topics of interest. The recommendation that reached consensus will be proposed to Eurostat and WHO for final validation and implementation at country level. Recommendations that did not reached a consensus (which mainly concerned codification issues) will be transmitted to WHO Mortality Forum, WHO Mortality reference group and ICD11 revision forum for further discussions.

- **Working package 4-Results dissemination**

**Project meeting report**

Reports of meetings (4 steering committee meetings and 2 general meetings) were compiled by the project team, completed and validated by the participants (mainly steering committee members) and published on the **ANAMORT website**\(^h\).

**Scientific communication**

Communication of the results were made regularly in scientific conferences or journals (see list in appendix X)

Results of the project were presented to different operational groups:

- European Monitoring Centre for Drugs and Drug Addiction (EMCCDA) annual expert meeting, presented by Gleb Denissov, November 2007
- 5\(^{th}\) meeting of the task force on major chronic diseases, working party on morbidity and mortality, DG Sanco, Luxembourg, presented by François Belanger, June 19\(^{th}\) 2007.
- Technical group on causes of death, Eurostat, Luxembourg, May 18-19\(^{th}\) 2006, presented by François Belanger and Silvia Bruzzone.
- Workshop on certification for new member states, PHARE project, Bled, Slovenia, presented by Kathleen England, June 12-14\(^{th}\) 2006.

The **ANAMORT** project presentation was also published in “Prévalence”, the Institutional bulletin of InVS in French\(^i\).

\(^h\) http://www.invs.sante.fr/surveillance/anamort
\(^i\) http://www.invs.sante.fr/publications/prevalence/prevalence_14.pdf
### Situation regarding output indicators mentioned in the grant agreement

Results achieved by the project, regarding output indicators proposed in the grant agreement, are presented in table below.

<table>
<thead>
<tr>
<th>Label</th>
<th>Target</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes of 2 general meetings and 4 steering committee meetings</td>
<td>Report on Internet</td>
<td>Done</td>
</tr>
<tr>
<td>1-Dissemination of the bibliographic database on mortality data;</td>
<td>Intermediate reports (2) on Internet</td>
<td>1-Done</td>
</tr>
<tr>
<td>2-Dissemination of the synthesis on death certification and coding practices;</td>
<td></td>
<td>2 Done</td>
</tr>
<tr>
<td>3-Dissemination of access modes to mortality data</td>
<td></td>
<td>3-Done (free access was organised through the Eurostat website)</td>
</tr>
<tr>
<td>1+2+3</td>
<td>Scientific publication</td>
<td>- See appendix X : list of publications accepted or submitted</td>
</tr>
<tr>
<td>4-Dissemination of injury related mortality statistics using Eurostat Short-list</td>
<td>2\textsuperscript{nd} intermediary report on internet</td>
<td>Done in this report</td>
</tr>
<tr>
<td>5-Dissemination of detailed sub classification for injury related mortality in Europe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 + 2 + 3 + 4 + 5 + dissemination of detailed analysis of injury related mortality in Europe</td>
<td>Final report on internet</td>
<td>Done</td>
</tr>
<tr>
<td>1 + 2 + 3 + 4 + 5</td>
<td>Scientific publication and communication</td>
<td>See appendix X : list of scientific publications accepted or submitted</td>
</tr>
</tbody>
</table>

### Situation regarding timetable mentioned in the grant agreement

The period covering this report is mentioned in grey on the timetable presented below as it was done in the grant agreement:

<table>
<thead>
<tr>
<th>Months</th>
<th>1-Coordination</th>
<th>2-Global comparative injury related mortality analysis</th>
<th>3-Detailed comparative injury related mortality analysis</th>
<th>4-Results dissemination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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Appendices

Appendix I: list of persons participating in the Anamort project
Appendix II: Pubmed © search equation
Appendix III: List of references
Appendix IV: final version of the questionnaire
Appendix V: final results of the questionnaire on death statistics production process in Europe (not to be disseminated)
Appendix VI: summary results of the questionnaire on death statistics production process in Europe
Appendix VII: Technical note on death statistics plan of analysis
Appendix VIII: monographs
Appendix IX: recommendations
Appendix X: List of publications
## Appendix I: list of persons participating in the Anamort project

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*ANAMORT* final report March 2008
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Appendix III: List of references

(may be downloaded from http://www.invs.sante.fr/surveillance/anamort in various formats)
Appendix IV: final version of the questionnaire

*(may be downloaded from* http://www.invs.sante.fr/surveillance/anamort)*
Appendix V: final results of the questionnaire on death statistics production process in Europe (not to be disseminated)
Appendix VI: summary results of the questionnaire on death statistics production process in Europe

(may be downloaded from http://www.invs.sante.fr/surveillance/anamort)
Appendix VII: Technical note on death statistics plan of analysis

(may be downloaded from http://www.invs.sante.fr/surveillance/anamort)
Appendix VIII: monographs

(may be downloaded from http://www.invs.sante.fr/surveillance/anamort)

- VIII-1: Transport accidents
- VIII-2: Falls
- VIII-3: Accidental poisoning
- VIII-4: Suicide and intentional self-harm
- VIII-5: Homicide, assault
- VIII-6: Events of undetermined intent
Appendix IX: recommendations

*(may be downloaded from [http://www.invs.sante.fr/surveillance/anamort](http://www.invs.sante.fr/surveillance/anamort))*. 
## Appendix X: List of publications

<table>
<thead>
<tr>
<th>Title</th>
<th>Journal/Conference</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Risk of death by home and leisure injuries in Europe: variations according to age and countries.</td>
<td>9th World Conference On Injury Prevention And Safety Promotion ; 15-18 March 2008; Merida, Mexico</td>
<td>abstract/oral presentation</td>
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<tr>
<td>o How to compare European countries and trends regarding deaths from accidental falls: results from the Anamort project.</td>
<td>15th European conference on public health, 11-13 October 2007, Helsinki, Finland</td>
<td>abstract/oral presentation</td>
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<tr>
<td>o Non-transmission of death certificates of non-residents to their country of residence: an important bias for comparing injury related deaths between European countries (results from the ANAMORT project).</td>
<td>15th European conference on public health, 11-13 October 2007, Helsinki, Finland</td>
<td>abstract/oral presentation</td>
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<tr>
<td>o Les décès par chute en Europe : situation en 2003 et perspectives apportées par le projet ANAMORT</td>
<td>Bulletin épidémiologique hebdomadaire 37-38; 2 octobre 2007</td>
<td>Article</td>
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<tr>
<td>o Comparative analysis of injury related mortality in Europe : the Anamort project 2005-2008</td>
<td>8th World Conference On Injury Prevention And Safety Promotion ; 2-5 April 2006; Durban, South Africa</td>
<td>Abstract/oral presentation</td>
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<tr>
<td>o Anamort project presentation</td>
<td>Prévalence N° 14, January 2006 (institutional journal of InVS)</td>
<td>Short article</td>
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<tr>
<td>o Anamort project presentation</td>
<td>Sikkert n°1 May 2007: The Norwegian Safety Forum (Norwegian bulletin of injury prevention)</td>
<td>Short article</td>
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