

Accidents and injuries statistics

Statistics Explained

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This article presents an overview of [European Union \(EU\)](#) statistics related to accidents and injuries as well as assault. It focuses on four aspects: deaths from accidents and assault, the extent of accidents, and healthcare for injuries.

Unintentional injuries result typically from transport, workplace, home and leisure time accidents. Intentional injuries result from interpersonal violence (assault) and self-harm: note that statistics on self-harm can be found in an article on [mental health](#) and are not covered here. Injuries include superficial injuries (such as abrasions, blisters, bruises, splinters and bites), open wounds, open and closed fractures, dislocations, ruptures, tears, sprains and strains, as well as injuries to nerves, the spinal cord, blood vessels, muscles, tendons and internal organs, and also crushing injuries and traumatic amputation.

This article is one of a set of statistical articles concerning health status in the EU which forms part of an online publication on [health statistics](#) .

Deaths from accidents, injuries and assault

In 2016, there were 146 000 deaths in the EU-27 resulting from accidents, equivalent to 3.2 % of all deaths. Table 1 shows that the proportion of deaths from accidents in 2017 in Slovenia, Finland, France (2016 data) and Lithuania among the EU Member States, as well as in Iceland and Norway among the [EFTA countries](#) , was equal to or over 4.3 %, while accidents accounted for less than 2.0 % of all deaths in Bulgaria, as well as in Serbia among the [candidate countries](#) .

Causes of death — accidents (including the sequelae of transport and other accidents), residents, 2017

	Number of deaths (number)	Share of all deaths			Standardised death rate (per 100 000 inhabitants)				
		Total	Males (%)	Females	Total	Males	Females	Persons aged < 65 years	Persons aged ≥ 65 years
EU-27 (*)	146 482	3.2	3.8	2.7	32.5	45.5	21.8	13.7	110.0
Belgium	4 223	3.9	4.0	3.7	37.4	46.9	29.5	12.1	141.8
Bulgaria	1 749	1.6	2.2	1.0	24.6	37.2	13.2	17.7	53.1
Czechia	3 806	3.4	4.4	2.5	40.3	59.1	25.2	18.8	129.4
Denmark	1 339	2.5	2.9	2.1	25.5	34.1	18.2	10.5	87.6
Germany	26 665	2.8	3.1	2.6	29.8	40.6	21.7	9.1	115.3
Estonia	572	3.7	6.0	1.7	43.2	75.0	17.4	36.9	69.1
Ireland	878	2.9	3.7	2.1	23.3	32.4	15.6	12.2	69.4
Greece	3 150	2.5	3.4	1.7	26.5	39.7	14.6	14.6	76.0
Spain	11 217	2.7	3.1	2.2	22.6	31.8	15.1	9.3	77.8
France (*)	27 579	4.6	5.0	4.3	38.9	53.9	27.5	14.5	139.9
Croatia	1 938	3.6	4.2	3.1	50.4	67.8	36.1	18.2	183.3
Italy	20 090	3.1	3.5	2.8	27.8	38.2	19.9	8.7	106.5
Cyprus	228	3.8	4.6	2.9	38.2	49.9	28.3	11.0	150.5
Latvia	1 035	3.6	5.3	2.1	53.3	88.0	26.7	41.8	100.6
Lithuania	1 689	4.3	6.2	2.4	59.3	99.3	28.6	44.0	122.3
Luxembourg	124	3.0	3.5	2.6	26.6	32.5	19.9	6.9	107.9
Hungary	3 796	2.9	3.7	2.1	41.2	62.3	25.4	19.3	131.7
Malta	92	2.6	3.0	2.2	22.9	31.4	16.7	9.4	78.9
Netherlands	5 933	4.0	3.9	4.1	40.2	47.4	34.2	7.0	177.0
Austria	2 574	3.1	3.8	2.6	29.7	41.4	20.5	10.2	110.2
Poland	12 613	3.1	4.2	2.0	35.8	55.0	19.2	22.6	90.5
Portugal	3 233	2.9	3.5	2.3	29.5	43.2	18.9	12.5	99.4
Romania	7 399	2.9	4.2	1.4	38.4	62.6	17.2	29.7	74.5
Slovenia	999	4.9	5.2	4.6	51.3	71.6	37.7	13.5	207.4
Slovakia	1 754	3.3	4.6	1.8	36.9	58.7	19.1	23.4	93.0
Finland	2 497	4.7	6.2	3.2	44.9	71.5	25.4	20.5	145.6
Sweden	3 251	3.6	4.4	2.8	32.7	45.9	21.7	12.3	116.9
United Kingdom	17 936	2.9	3.5	2.4	28.6	37.9	20.4	14.8	85.6
Iceland	105	4.8	6.0	3.5	38.2	48.9	26.4	19.2	116.7
Liechtenstein	9	3.7	5.7	1.7	31.4	63.0	11.6	6.9	132.7
Norway	1 873	4.6	5.3	4.0	40.1	53.5	29.8	12.7	153.1
Switzerland	2 612	3.9	4.3	3.6	31.9	41.7	24.3	8.8	127.1
Serbia	1 620	1.6	2.2	0.9	23.6	36.0	12.7	14.1	62.8
Turkey	16 041	3.9	5.2	2.3	31.3	46.1	18.6	16.0	94.2

(*) 2016.

Source: Eurostat (online data codes: hlth_cd_aro and hlth_cd_asdr2)



Table 1: Causes of death — accidents (including the sequelae of transport and other accidents), residents, 2017 Source: Eurostat (hlth_cd_aro) and (hlth_cd_asdr2)

A higher share of men (than women) in the EU-27 died from accidents in 2016 (3.8 % compared with 2.7 %). This pattern was repeated in 2017 across all of the EU Member States except for the Netherlands, where the share for women was slightly higher than that for men. The most pronounced gender differences were in the [Baltic Member States](#) where the difference between the sexes was at least 3.2 [percentage points](#) .

Men more likely than women to die from all types of accidents

The EU-27's [standardised death rate](#) for accidents was 32.5 deaths per 100 000 inhabitants in 2016. The death rate for men (45.5 per 100 000 inhabitants) was just over double that for women (21.8 per 100 000 inhabitants) — see Table 1. In all EU Member States the standardised death rate for men in 2017 was higher than that for women, most notably in the [Baltic Member States](#) where the difference was more than 50 deaths per 100 000 inhabitants.

While accidents were a more common cause of death at advanced ages, the difference between the rates for people aged less than 65 years and those aged 65 years and over was relatively narrow compared with other causes of death. The EU-27's standardised death rate from accidents for those aged 65 years and over was 8 times as high as the rate for persons aged less than 65 years; for all causes of death the standardised death rate for those aged 65 years and over was 20 times as high as for the younger generations.

A more detailed analysis of causes of death is presented in Table 2 for a selection of accidents as well as assault. Among men and women, the three leading causes of death from accidents were the miscellaneous category of other accidents (including for example burns, electrocution, crushing and overexertion), falls and transport accidents. For the causes of death shown in this table, the standardised death rates for men were higher than for women in nearly all EU Member States, the rare exceptions comprising accidental drowning

and submersion in Luxembourg (although the data for men and women are for different reference years), other accidents in Malta, and assault in Austria.

Standardised death rates — accidents and assault, 2017
(per 100 000 male/female inhabitants)

	Accidents											
	Transport accidents (*)		Falls		Accidental drowning and submersion		Accidental poisoning and exposure to noxious substances		Other accidents (†)		Assault (‡)	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
EU-27 (*)	9.7	2.7	14.8	8.7	1.9	0.5	3.3	1.1	15.9	8.8	0.9	0.5
Belgium	8.4	2.7	16.4	11.6	1.2	0.3	2.3	1.6	18.6	13.3	1.2	0.9
Bulgaria	12.6	4.1	7.7	4.3	2.7	0.7	2.1	0.5	12.2	3.6	1.6	0.8
Czechia	10.7	3.2	10.1	3.6	2.4	0.7	6.7	2.1	29.3	15.6	0.7	0.6
Denmark	5.6	1.6	13.3	8.7	1.3	0.1	5.5	2.2	8.4	5.6	1.2	0.4
Germany	6.5	2.1	21.4	13.2	0.9	0.3	2.0	0.6	9.9	5.6	0.5	0.4
Estonia	7.8	2.3	15.6	3.7	5.9	0.9	28.5	7.0	17.2	3.4	3.5	1.3
Ireland	4.8	1.5	12.1	6.7	1.8	0.3	7.1	3.1	6.7	4.0	0.6	0.1
Greece	14.1	2.4	8.5	5.6	3.2	1.1	3.9	0.9	10.0	4.6	1.2	0.4
Spain	7.2	1.9	7.9	4.5	1.5	0.3	2.6	1.1	12.6	7.4	0.8	0.5
France (‡)	7.9	2.3	14.3	8.3	2.2	0.8	3.7	1.8	25.7	14.3	0.7	0.3
Croatia	16.7	3.8	23.3	18.0	2.9	0.9	4.1	1.2	20.8	12.3	1.5	0.9
Italy	9.5	2.3	7.7	4.0	0.9	0.1	1.0	0.4	19.2	13.1	0.6	0.3
Cyprus	13.5	1.7	8.8	5.3	1.9	0.7	4.0	1.3	21.9	19.4	1.9	0.2
Latvia	13.4	4.1	14.7	6.5	9.8	2.0	16.3	4.1	33.8	10.1	5.8	2.0
Lithuania	14.0	4.2	22.6	10.4	8.5	1.9	24.2	5.6	30.0	6.6	4.3	1.4
Luxembourg (‡)	6.1	1.0	11.8	11.3	0.3	1.0	1.7	0.3	12.9	7.6	0.3	0.3
Hungary	14.5	3.8	28.4	14.5	2.8	0.6	2.1	0.7	14.5	5.9	0.9	0.7
Malta (‡)	4.9	4.0	18.0	8.4	0.9	0.6	3.7	0.4	4.0	4.3	2.7	0.5
Netherlands	7.0	2.0	26.9	22.2	0.9	0.2	2.2	0.5	10.4	9.3	1.1	0.5
Austria	8.5	2.3	14.3	7.1	0.9	0.2	0.4	0.3	17.4	10.6	0.5	0.6
Poland	14.9	4.4	19.9	10.4	3.0	0.6	5.8	1.1	11.3	2.9	1.0	0.4
Portugal	13.2	3.2	10.3	5.1	1.2	0.2	1.3	0.4	17.1	10.0	1.0	0.4
Romania	19.7	6.1	12.9	3.1	5.3	1.0	4.5	1.6	20.3	5.5	2.1	0.9
Slovenia	10.9	2.9	47.9	30.2	2.3	0.4	4.0	1.1	6.5	3.1	1.4	0.8
Slovakia	12.2	3.3	23.1	11.0	4.0	0.6	4.0	1.1	15.4	3.1	0.6	0.4
Finland	8.8	2.0	36.1	14.5	2.8	0.4	12.6	4.7	11.2	3.7	1.3	0.9
Sweden	4.6	1.2	14.1	8.1	1.4	0.3	9.5	2.7	16.3	9.4	1.7	0.5
United Kingdom	4.0	1.1	14.2	9.7	0.7	0.2	9.9	3.8	9.2	5.6	0.2	0.1
Iceland	2.9	2.6	13.3	7.4	1.3	1.1	16.9	5.2	14.5	10.3	0.6	1.1
Liechtenstein (‡)	21.1	:	25.1	11.6	:	:	11.0	:	5.7	5.2	4.4	:
Norway	4.4	1.7	20.2	12.5	1.9	0.4	7.9	3.3	19.1	12.0	0.6	0.4
Switzerland	5.7	1.7	26.1	18.2	0.7	0.2	2.5	1.1	6.7	3.1	0.4	0.4
Serbia	13.2	3.9	10.0	5.1	1.8	0.5	1.2	0.3	9.8	3.0	1.6	0.9
Turkey	16.8	5.0	15.7	9.8	1.5	0.3	3.6	0.9	8.6	2.6	2.8	0.7

(*) Including also sequelae of transport accidents.

(†) Including also sequelae of other accidents.

(‡) Including also sequelae of assault.

(*) 2016.

(†) Accidental drowning and submersion, assault (females) and accidental poisoning and exposure to noxious substances (females): 2016.

(‡) Accidental drowning and submersion (females) and accidental poisoning and exposure to noxious substances (females): 2015.

(*) Other accidents (females): 2016. Assault (males): 2014.

Source: Eurostat (online data code: hlth_cd_asdr2)

Table 2: Standardised death rates — accidents and assault, 2017(per 100 000 male/female inhabitants)Source: Eurostat (hlth_cd_asdr2)

There were some particularly high standardised death rates for some of these types of accidents. Among men, standardised death rates for falls were more than double the EU-27 average (for 2016) in Finland and Slovenia; among women, the rates were more than double the EU-27 average in Croatia and the Netherlands, rising to 3.5 times as high as the EU-27 average in Slovenia (there were also relatively high death rates for falls among women in Switzerland). For transport accidents, standardised death rates for men and women were more than double the EU-27 average in Romania, while this was also the case for men in Liechtenstein. For accidental poisoning and exposure to noxious substances, the rates for men were 7.5 times as high as the EU-27 average in Lithuania and 8.8 times as high in Estonia; among women, rates were 5.0 times as high as the EU-27 average in Lithuania and 6.3 times as high in Estonia. For accidental drowning and submersion the standardised death rates for men and for women in Latvia and Lithuania were more than 3.5 times as high as the EU-27 average.

The highest standardised death rates for assault were in the Baltic Member States

In 2016, 3 100 people died from assaults in the EU-27, equivalent to 0.07 % of the total number of deaths. In 2016, the standardised death rate for assault was 0.7 per 100 000 inhabitants for the EU-27, with the rate

for men approximately twice as high as for women (0.9 deaths per 100 000 male inhabitants compared with a ratio of 0.5 deaths per 100 000 female inhabitants).

The highest standardised death rates for assaults among the EU Member States were recorded for the Baltic Member States, each recording rates for males that were at least 3.8 times as high as the EU-27 average (for 2016) and for females that were at least 2.8 times as high as the EU-27 average (for 2016). The highest rates were in Latvia: 5.8 per 100 000 male inhabitants and 2.0 per 100 000 female inhabitants. Austria was the only EU Member State where the standardised death rate for assault for males was lower in 2017 than for females (while this was also the case in Iceland among the EFTA countries).

Age matters for death from accidents and assaults

The impact of accidents is important both for younger and older people. On the one hand, accidents and injuries may trigger a fatal deterioration in the health of older people: close to two thirds (65.9 %) of all deaths from accidents in the EU-27 in 2016 were among people aged 65 years and over. On the other hand, a relatively high proportion of people under the age of 65 years die from accidents: the proportion of the total number of deaths that were caused by accidents was 2.5 times as high for people aged less than 65 years (6.5 %) than it was for people aged 65 years and over (2.6 %).

Between the ages of 1 and 4 years and for all five-year age groups between the ages of 15 and 34 years, accidents were the single most common cause of death (when comparing with the other major categories in the [International Statistical Classification of Diseases and Related Health Problems \(ICD\)](#)). Among the five-year age groups between the ages of 1 and 34 years, accidents accounted for approximately one fifth or more of all deaths, with this share peaking at 36 % for people aged 20-24 years (see Figure 1). Looking across the age groups from youngest to oldest, there is a large jump in the number (and also the share) of deaths from accidents when moving from the age group 10-14 years to the age group 15-19 years: there were more than four times as many deaths from accidents in the older of these two age groups than in the younger one. This large jump can, in part, be attributed to deaths from transport accidents, which alone accounted for nearly one quarter (24.7 %) of all deaths among people aged 15-19 years.

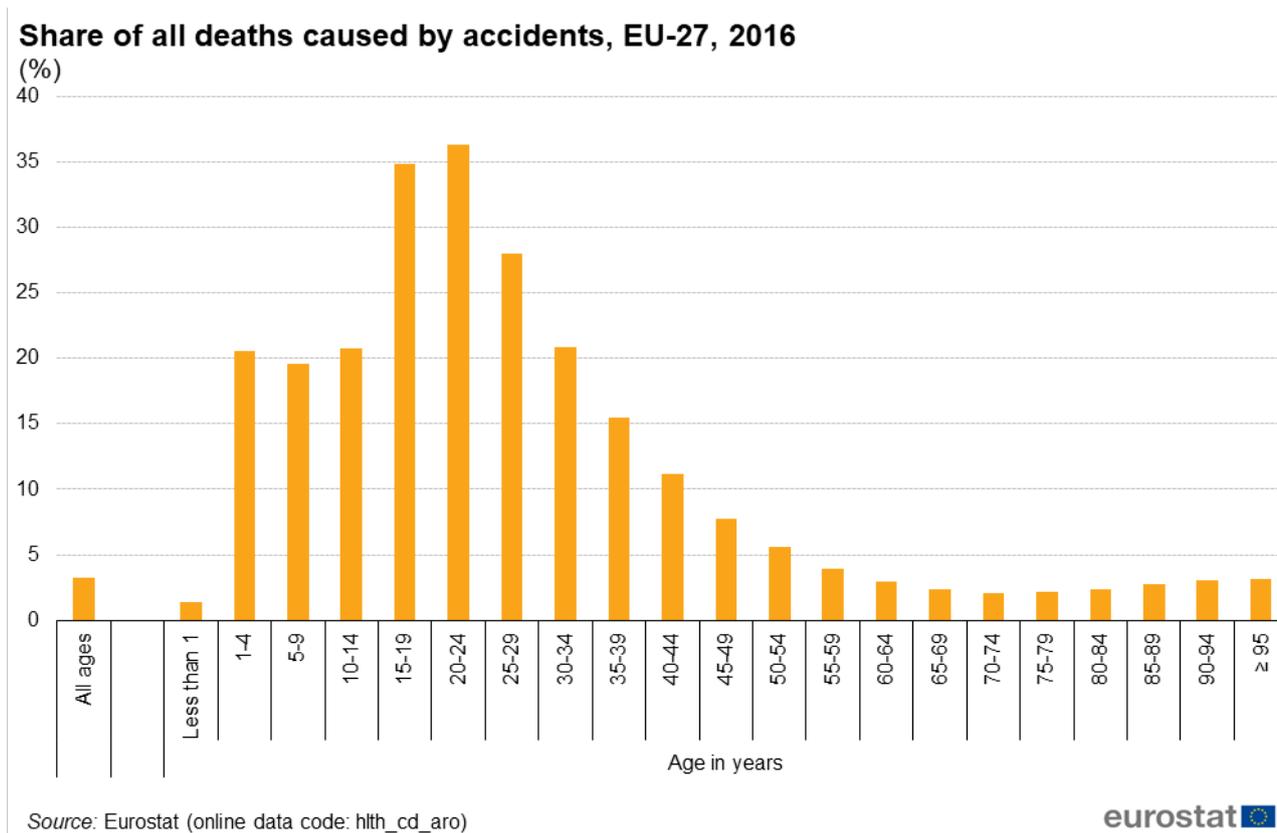


Figure 1: Share of all deaths caused by accidents, EU-27, 2016(%)Source: Eurostat (hlth_cd_aro)

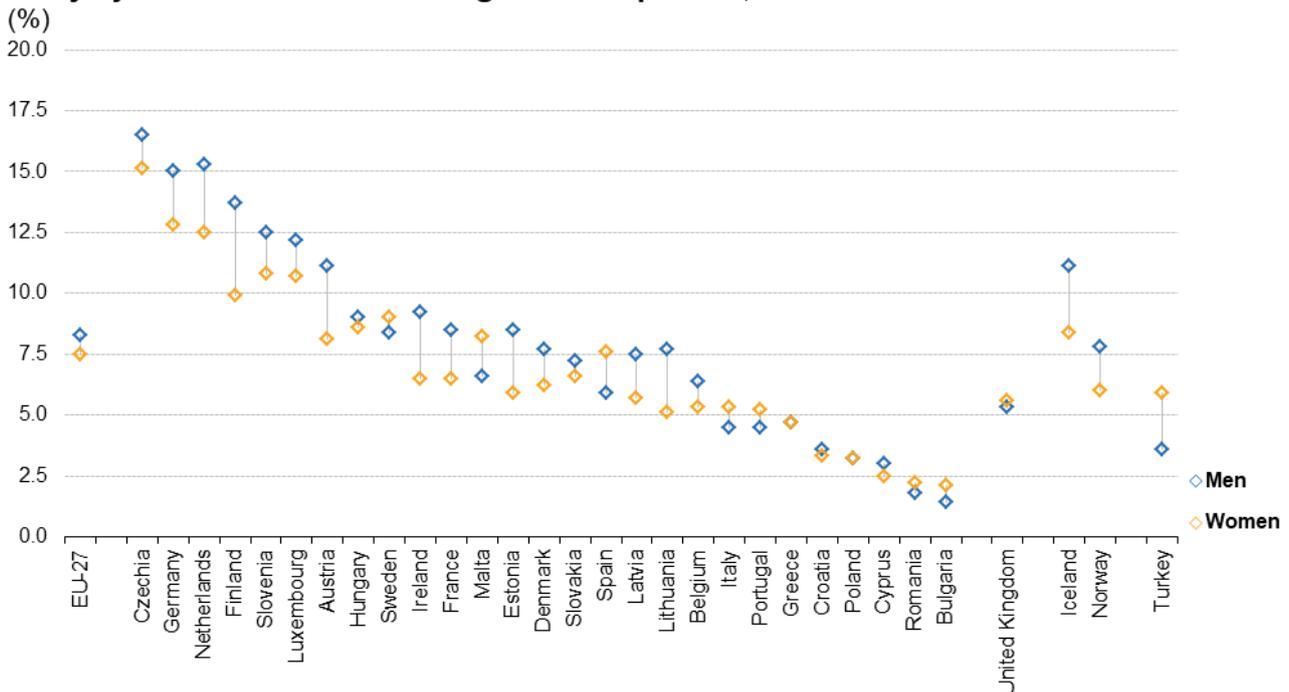
Compared with accidents, the age profile of people in the EU-27 dying from assaults was even more skewed away from older people: four fifths (80.3 %) of people killed by assaults in 2016 were aged less than 65 years. The five-year age range with the highest number of deaths from assaults was for people aged 45-49 years, some 309 deaths from assaults in 2016 (equivalent to just under one tenth of all deaths from assaults). Nevertheless, as a share of all deaths within each age group, deaths from assaults were most common in the age groups 1-4 years through to 45-49 years, peaking at 1.8 % of all deaths for those aged 25-29 years.

The extent of accidents

Figures 2 and 3 present data from the second wave of the [European health interview survey \(EHIS\)](#) which was conducted between 2013 and 2015 and which covered persons aged 15 years and over. The survey included questions asking about injuries — resulting from transport accidents or accidents at home or while undertaking leisure activities — in the previous 12 months. Data for accidents are available for all of the EU Member States, Iceland, Norway and Turkey. The next wave of the survey was conducted in 2019 and it will be run at regular five-year intervals thereafter.

The proportion of people who answered that they had been injured in an accident at home or while undertaking leisure activities was less than 3.5 % in Croatia, Poland, Cyprus and Romania, with Bulgaria reporting the lowest proportion (1.8 %). By contrast, the proportion was close to 12 % in Luxembourg, Slovenia and Finland, around 14 % in Germany and the Netherlands, and peaked in Czechia at 15.8 %.

Share of the population reporting that they had an accident resulting in injury either at home or during a leisure pursuit, 2014



Note: the figure is ranked on the share of the total population reporting that they had such an accident resulting in injury.

Source: Eurostat (online data code: hlth_ehis_ac1e)

eurostat

Figure 2: Share of the population reporting that they had an accident resulting in injury either at home or during a leisure pursuit, 2014(%)Source: Eurostat (hlth_ehis_ac1e)

In a majority (18 out of 27) of the EU Member States, a higher proportion of men (than women) reported injuries either at home or during a leisure pursuit, with the largest gender differences in the Netherlands, Austria and Finland. In Greece and Poland there was no difference between the sexes for this indicator. Among the seven EU Member States where a higher proportion of women reported injuries, the difference was greatest in Malta and Spain.

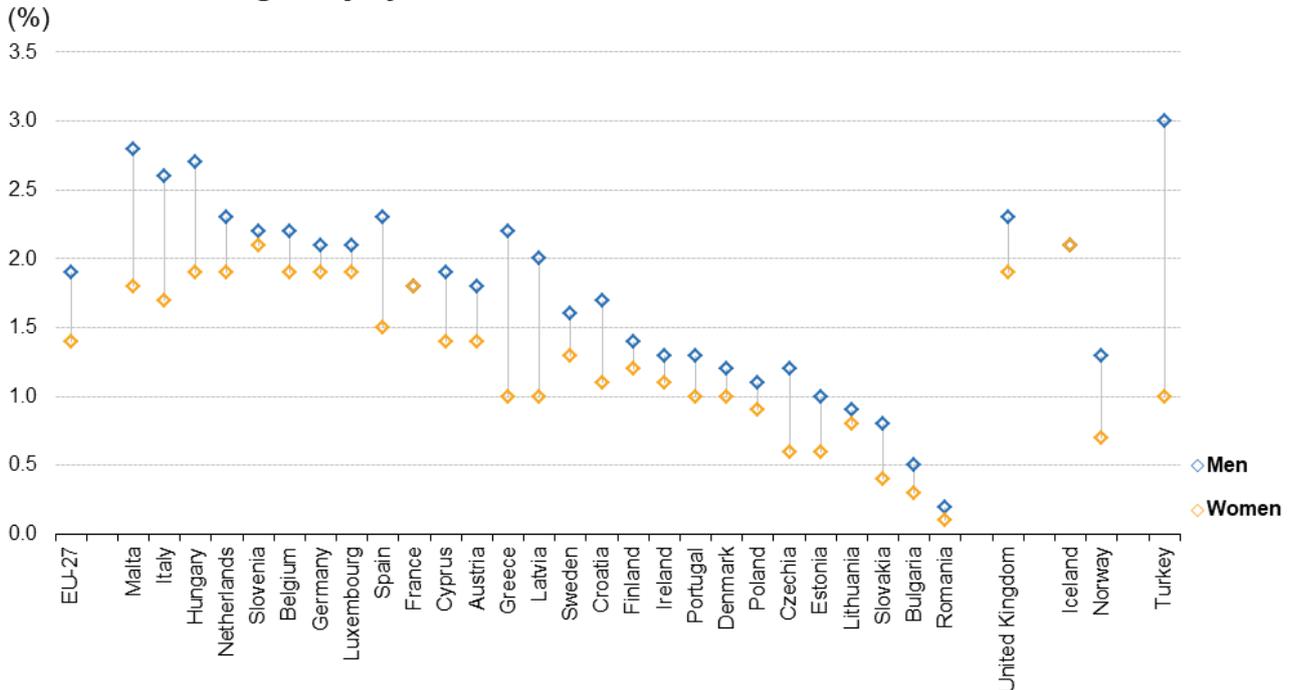
Accidents at home or while undertaking leisure activities more frequently reported by the youngest and oldest generations than by those in middle age

An analysis by 10-year age ranges shows that the proportion of people who answered that they had been injured in an accident at home or while undertaking leisure activities tended to fall as the age group studied increased from youth (15-24 years) through to middle age: the proportion was generally lowest in one of the age groups 35-44, 45-54 or 55-64 years, although in Bulgaria, Croatia, Romania, as well as the United Kingdom, the lowest proportions were recorded for those aged 25-34 years and in the Netherlands, Slovenia and Finland for those aged 65-74 years (this was also the case in Norway). From middle age onwards, the proportion of people reporting an accident that resulted in injury increased again, peaking in many EU Member States in the highest age group covered (persons aged 75 years and over).

Road traffic accidents most frequently reported by younger people

Across all EU Member States, the proportions of people reporting that they had been injured in road traffic accidents (see Figure 3) was systematically lower — for both men and women — than the proportion reporting they had been injured following accidents at home or while undertaking leisure activities. The share of people reporting a road traffic accident was lowest in Bulgaria and Romania (0.4 % and 0.2 % respectively for both sexes combined). For all of the other Member States this share was at least 0.6 %, with the highest shares recorded in Hungary, Italy (both 2.2 %) and Malta (2.3 %). There was a clear gender difference for road traffic accidents across the EU Member States, with men considerably more likely than women to report that they had an injury from a road traffic accident; the only exception was France where the proportions of men and women reporting an injury from a road traffic accident were the same.

Share of the population reporting that they had a road traffic accident resulting in injury, 2014



Note: the figure is ranked on the share of the total population reporting that they had such an accident resulting in injury.

Source: Eurostat (online data code: hlth_ehis_ac1e)

eurostat

Figure 3: Share of the population reporting that they had a road traffic accident resulting in injury, 2014(%)Source: Eurostat (hlth_ehis_ac1e)

An analysis by age for road traffic accidents shows a different pattern than for accidents at home or while undertaking leisure activities. For most EU Member States, the highest proportion of people reporting that they had been injured in a road traffic accident tended to be reported in one or other of the 10-year age groups up to the age group covering those who were 35-44, although in Latvia, Hungary and Romania the highest (or joint highest) proportions were registered in one of the older age groups. By contrast, the lowest shares tended to be reported in one or other of the 10-year age groups from 55-64 upwards, although Bulgaria, the Netherlands and Slovakia were exceptions, with their lowest (or joint lowest) proportion recorded for one or other of the younger age groups.

Healthcare for injuries, poisoning and other consequences of external causes

Austria and Germany had the highest number of in-patient discharges for patients treated for accidents and injuries (relative to population size)

There were around 6.2 million in-patients with injuries, poisoning and certain other consequences of external causes (ICD codes S00-T98; hereafter referred to as accidents and injuries) discharged from hospitals in the EU (2018 data except: 2017 data for Germany and Malta; 2016 data for Denmark and Luxembourg; 2015 data for Portugal; no recent data for Greece). In-patient discharges of those treated for accidents and injuries accounted for 10.0 % or more of the total number of in-patient hospital discharges in Cyprus and Austria (and this was also the case in Switzerland and Liechtenstein), while they accounted for just 6.0 % of the total number of in-patient discharges in Bulgaria and 4.6 % in Romania (relatively low shares were also recorded in Serbia and Turkey (2016 data)).

Relative to population size, Austria and Germany recorded the highest number of in-patient discharges for

those treated for accidents and injuries (see Figure 4 for data availability), with 2 900 and 2 500 per 100 000 inhabitants respectively, while in Portugal this ratio was around 700 per 100 000 inhabitants (see Figure 4). A relatively high rate was also observed in Switzerland and low rates in Serbia (2017 data) and Montenegro.

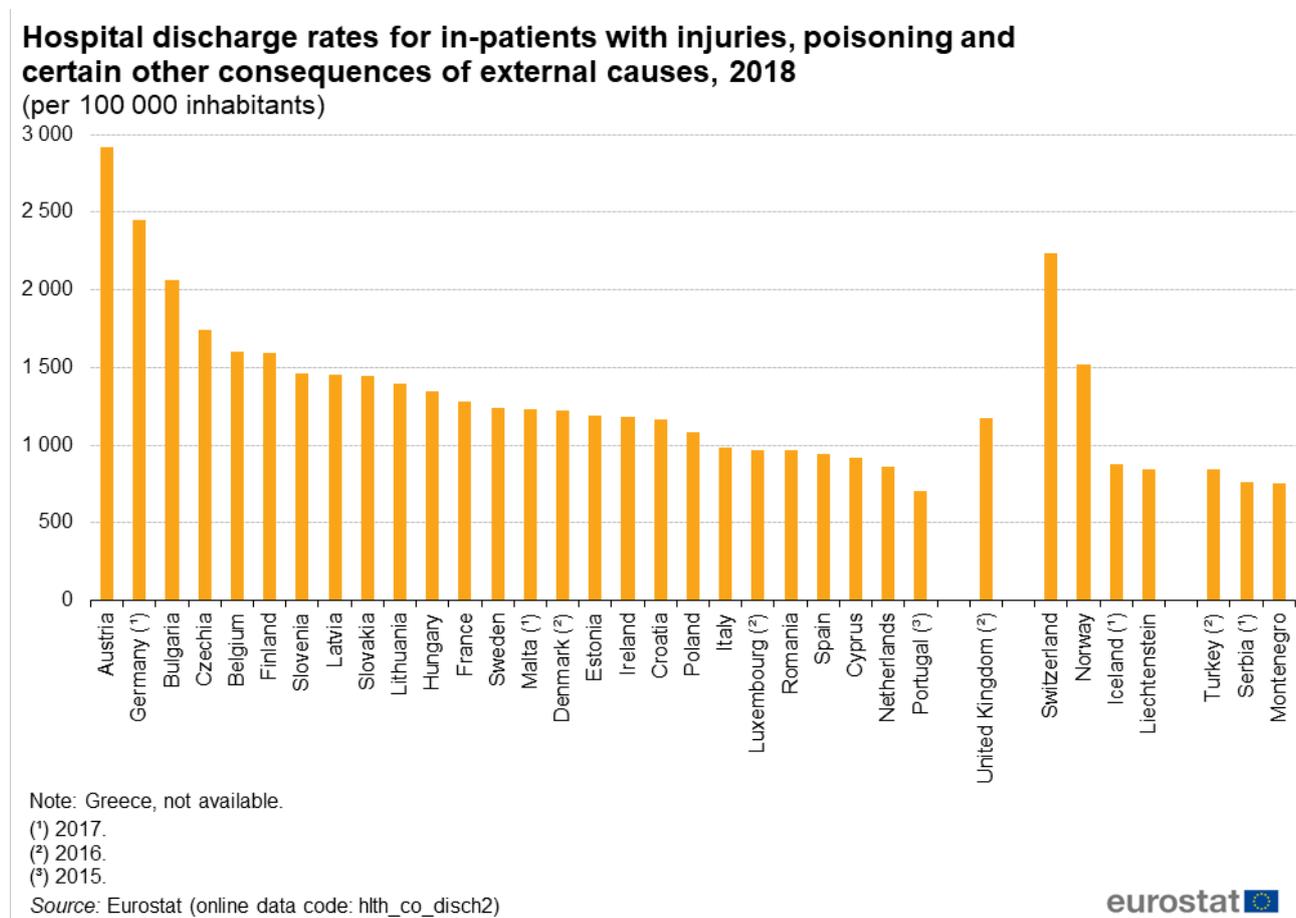


Figure 4: Hospital discharge rates for in-patients with injuries, poisoning and certain other consequences of external causes, 2018(per 100 000 inhabitants)Source: Eurostat (hlth_co_disch2)

Particularly long average length of stay for in-patients with a fracture of the femur

Across the EU, in-patients with accidents and injuries spent a total of 47 million days in hospital (2018 data except: 2017 data for Germany and Malta; 2016 data for Denmark and Luxembourg; 2015 data for Portugal; no recent data for Greece).

An analysis of the average length of hospital stays for in-patients treated for accidents and injuries shows that in 2018 (see Table 3) this average ranged from 4.4 days in Bulgaria and Denmark (2016 data) up to 9.1 days in Luxembourg (2016 data), with Italy and Czechia above this range, averaging 9.8 and 10.5 days respectively. Comparing the average length of stay in 2013 with that in 2018, most EU Member States reported increases or decreases of 0.6 days or less; Finland and Croatia recorded larger decreases, while Slovenia, Lithuania and Spain recorded larger increases.

In-patient average length of stay for injury, poisoning and certain other consequences of external causes, 2013 and 2018 (days)

	Injury, poisoning and certain other consequences of external causes		of which (selected headings):									
			Intracranial injury		Fracture of femur		Burns and corrosions		Poisonings by drugs, medicaments and biological substances and toxic effects		Complications of surgical and medical care, not elsewhere classified	
	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018	2013	2018
Belgium	8.5	8.7	6.6	7.0	19.3	19.4	9.7	10.3	4.9	5.3	8.3	8.4
Bulgaria	4.9	4.4	4.3	4.0	10.3	8.9	20.8	6.8	2.5	2.6	7.4	4.5
Czechia	9.9	10.5	5.8	6.6	28.2	29.3	10.4	11.2	3.6	3.8	13.1	11.9
Denmark (*)	4.5	4.4	4.0	4.4	8.2	7.5	9.9	9.9	1.8	1.8	6.0	5.7
Germany (*)	8.4	8.0	5.2	4.9	16.5	16.0	9.1	8.3	2.5	2.4	11.3	10.8
Estonia	7.9	7.9	7.7	7.1	.	.	10.7	9.2	3.6	4.1	.	.
Ireland	6.1	6.5	10.7	10.3	18.3	16.8	9.8	9.0	3.1	3.2	8.4	8.4
Greece	5.8	.	9.8	.	10.6	.	9.3	.	2.2	.	8.8	.
Spain	7.6	8.5	8.4	10.9	12.2	13.8	11.7	12.0	5.9	6.8	9.2	9.6
France	5.5	5.3	4.8	4.9	11.1	9.2	10.2	10.0	2.5	2.5	7.8	6.8
Croatia	8.6	7.7	9.7	8.8	15.2	13.4	14.5	13.0	3.4	4.0	11.9	10.5
Italy	9.3	9.8	8.8	9.6	13.8	13.0	12.9	14.6	4.4	5.8	8.8	8.9
Cyprus	6.3	6.2	3.5	6.0	11.9	10.9	10.5	9.2	2.0	2.2	8.2	9.0
Latvia	6.6	6.9	6.1	7.3	12.5	12.3	13.7	13.2	2.5	3.4	10.8	9.2
Lithuania	8.4	7.3	8.8	9.5	11.0	12.2	11.9	10.6	3.5	4.3	9.0	10.9
Luxembourg (*)	9.0	9.1	9.6	11.1	20.0	18.7	6.5	8.5	3.2	5.1	11.9	9.6
Hungary	8.2	8.5	9.7	10.3	22.1	25.2	13.0	12.5	1.9	1.4	10.9	9.2
Malta (*)	6.3	6.9	23.7	26.4	14.5	16.1	10.6	12.6	5.6	4.4	10.2	8.8
Netherlands	5.3	5.3	3.8	5.6	7.8	7.5	9.1	9.5	2.9	2.7	7.0	6.3
Austria	7.5	4.9	5.2	15.5	14.5	8.7	7.8	2.5	2.4	9.4	9.2	
Poland	5.6	5.6	6.4	8.2	11.8	10.4	9.6	9.6	3.1	3.2	11.1	10.7
Portugal	9.9	.	10.3	.	14.1	.	16.6	.	7.1	.	11.7	.
Romania	6.3	6.5	6.1	7.2	11.5	11.2	10.7	11.2	3.1	3.1	8.5	7.8
Slovenia	6.2	7.1	5.9	9.1	14.8	16.2	8.3	9.1	2.1	3.3	10.5	11.4
Slovakia (*)	6.1	6.3	4.6	6.3	12.3	12.5	8.8	8.9	2.5	2.3	10.3	9.6
Finland	10.0	8.4	11.4	7.8	17.6	13.4	8.3	8.5	2.4	2.7	8.5	7.2
Sweden	5.4	5.2	4.1	5.0	8.9	7.6	7.1	7.3	2.0	2.7	6.3	6.0
United Kingdom (*)	7.7	7.9	15.6	15.3	20.0	19.6	6.9	7.0	2.1	2.2	7.7	7.6
Iceland (*)	7.4	7.8	11.5	6.7	11.7	12.3	9.9	4.9	2.5	3.1	7.0	6.6
Liechtenstein (*)	5.4	4.0	2.8	2.6	4.8	6.6	.	7.3	2.6	4.8	13.4	6.3
Norway	4.4	4.3	3.0	2.7	6.2	5.9	7.2	7.3	1.8	1.8	6.5	6.0
Switzerland	7.3	7.1	5.1	5.3	14.5	14.2	8.8	8.6	2.1	1.8	9.1	7.8
Montenegro (*)	9.7	9.8	8.1	9.3	17.2	17.0	10.9	9.1	3.0	3.9	.	19.0
Serbia (*)	11.8	10.6	7.4	7.2	19.7	17.5	10.9	11.1	4.6	4.9	12.2	13.2
Turkey (*)	5.0	5.0	9.4	11.3	10.0	10.2	10.5	8.4	2.1	2.3	7.5	8.8

(*) 2016 instead of 2018.
 (*) 2017 instead of 2018.
 (*) 2014 instead of 2013.
 (*) 2015 instead of 2013.
 (*) Break in series.
 Source: Eurostat (online data code: hlth_co_inpst)

Table 3: In-patient average length of stay for injury, poisoning and certain other consequences of external causes, 2013 and 2018(days)Source: Eurostat (hlth_co_inpst)

The remainder of Table 3 provides a more detailed analysis of the average length of hospital stays for in-patients diagnosed with five different types of accidents and injuries. In-patients with a fracture of the femur (code S72) tended to spend the highest average number of days in hospital, whereas those poisoned by drugs, medicaments and biological substances or treated for toxic effects (codes T36-T65) generally spent the lowest average number of days in hospital.

Source data for tables and graphs

- [Accidents and injuries: tables and figures](#)

Data sources

Key concepts

An in-patient is a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care and stays for a minimum of one night or more than 24 hours in the hospital or other institution providing in-patient care. An in-patient or day care patient is discharged from hospital when formally released after a procedure or course of treatment (episode of care). A discharge may occur because of the finalisation of treatment, signing out against medical advice, transfer to another healthcare institution, or because of death.

The number of deaths from a particular cause of death can be expressed relative to the size of the population. A standardised (rather than crude) death rate can be compiled which is independent of the age and sex structure of a population: this is done as most causes of death vary significantly by age and according to sex and the standardisation facilitates comparisons of rates over time and between countries.

Healthcare resources and activities

Statistics on healthcare activities (such as information on hospital discharges) are documented in this [background article](#) which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

For hospital discharges and the length of stay in hospitals, the [International Shortlist for Hospital Morbidity Tabulation \(ISHMT\)](#) is used to classify data from 2000 onwards; Chapter XIX covers injury, poisoning and certain other consequences of external causes:

- Intracranial injury (1901);
- Other injuries to the head (1902);
- Fracture of forearm (1903);
- Fracture of femur (1904);
- Fracture of lower leg, including ankle (1905);
- Other injuries (1906);
- Burns and corrosions (1907);
- Poisonings by drugs, medicaments and biological substances and toxic effects of substances *chiefly non-medicinal as to source (1908);
- Complications of surgical and medical care, not elsewhere classified (1909);
- Sequelae of injuries, of poisoning and of other consequences of external causes (1910);
- Other and unspecified effects of external causes (1911).

For country specific notes on this data collection, please refer to this [background information document](#) .

Health status (extent of injuries)

Self-reported statistics covering the health status of the population for road traffic and other accidents are provided by the European health interview survey (EHIS). This source is documented in more detail in this [background article](#) which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions. The data presented in this article refer to the share of the population aged 15 years and over reporting to have been injured through transport accidents or accidents at home or while undertaking leisure activities during the 12 months prior to the survey.

Causes of death

Statistics on causes of death provide information on [mortality](#) patterns, supplying information on developments over time in the underlying causes of death. This source is documented in more detail in this [background article](#) which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

Causes of death are classified according to the [European shortlist](#) (86 causes), which is based on the [International Statistical Classification of Diseases and Related Health Problems \(ICD\)](#) . Chapter XX of the ICD covers external causes of morbidity and mortality, including:

- V01-X59 Accidents;
 - V01-V99 Transport accidents;
 - W00-X59 Other external causes of accidental injury;
 - * W00-W19 Falls;
 - * W65-W74 Accidental drowning and submersion;
 - * X40-X49 Accidental poisoning by and exposure to noxious substances;
 - * Other accidents
 - W20-W49 Exposure to inanimate mechanical forces;
 - W50-W64 Exposure to animate mechanical forces;
 - W75-W84 Other accidental threats to breathing;

- W85-W99 Exposure to electric current, radiation and extreme ambient air temperature and pressure;
 - X00-X09 Exposure to smoke, fire and flames;
 - X10-X19 Contact with heat and hot substances;
 - X20-X29 Contact with venomous animals and plants;
 - X30-X39 Exposure to forces of nature;
 - X50-X57 Overexertion, travel and privation;
 - X58-X59 Accidental exposure to other and unspecified factors;
- X85-Y09 Assault;
 - Y85-Y89 Sequelae of external causes of morbidity and mortality;
 - Y85 Sequelae of transport accidents;
 - Y86 Sequelae of other accidents;
 - Y87 Sequelae of intentional self-harm, assault and events of undetermined intent;
 - * Y87.1 Sequelae of assault.

Important note : for the statistics presented in this article, deaths from the sequelae of transport accidents are included under transport accidents, deaths from the sequelae of other accidents are included under other accidents. Equally, deaths from the sequelae of assault are included under assault. Sequelae denotes a chronic condition resulting from a certain disease or injury.

For country specific notes on this data collection, please refer to this [background information document](#) .

Symbols

Note on tables:

- a colon ':' is used to show where data are not available;
- a dash '-' is used to show where data are not applicable/relevant.

Context

The importance of action to prevent accidents and injuries can be seen from an overview of the causes of death statistics. Leading to 146 thousand deaths in 2016 (3.2 % of all deaths), accidents were the one of the most common causes of death within the EU-27.

In June 2006, the European Commission adopted a Communication on [Actions for a safer Europe](#) (COM(2006) 0328 final) emphasising prevention measures. In May 2007, a [Council Recommendation on the prevention of injury and the promotion of safety](#) was adopted, targeting seven key priority areas, namely the safety of children and adolescents, elderly citizens, and vulnerable road users, as well as the prevention of sports injuries, injuries caused by products and services, self-harm, and interpersonal violence.

One of the actions conducted as part of the EU's health programme for 2008-2013 was a [joint action on monitoring injuries in Europe \(JAMIE\)](#) . The overall objective of JAMIE was, by the end of 2013, to have a common hospital based injury surveillance system in operation in the majority of EU Member States. JAMIE aimed to refine the methodology for collecting hospital based injury data with a view to facilitate data collection and incorporate countries into the [European injury database \(IDB\)](#) monitoring system and exchange mechanism. The joint action offered assistance such as standardised training for national data administrators, twinning programmes, on-site consultations and country specific coaching for Member States which needed to start or restart a system, as well as continuous supervision and joint monitoring actions concerning the level of implementation in each Member State.

Other articles

Online publications

- [Health in the European Union — facts and figures](#)
- [Disability statistics](#)

Causes of death

- [Causes of death](#)
- [Causes of death of the elderly](#)

Healthcare activities

- [Hospital discharges and length of stay](#)
- [Surgical operations and procedures](#)

Methodology

- [Healthcare non-expenditure statistics](#)
- [European health interview survey](#)
- [Causes of death statistics](#)

General health statistics articles

- [Health statistics introduced](#)
- [Health statistics at regional level](#)
- [The EU in the world — health](#)

Main tables

- [Health \(t_hlth\)](#), see:

Health care (t_hlth_care)

Causes of death (t_hlth_cdeath)

Database

- [Health \(hlth\)](#), see:

Health status (hlth_state)

Injuries from accidents (hlth_ifa)

Persons reporting an accident resulting in injury by sex, age and educational attainment level (hlth_ehis_ac1e)

Health care (hlth_care)

Health care activities (hlth_act)

Hospital discharges and length of stay for inpatient and curative care (hlth_co_dischls)

Hospital discharges - national data (hlth_hosd)

Length of stay in hospital (hlth_hostay)

Causes of death (hlth_cdeath)

General mortality (hlth_cd_gmor)

Causes of death - deaths by country of residence and occurrence (hlth_cd_aro)

Causes of death - standardised death rate by residence (hlth_cd_asdr2)

Dedicated section

- [Health](#)

Publications

Atlas

- [Health statistics — Atlas on mortality in the European Union](#)

News releases

- [Accidental drowning in the EU: how countries compare](#)
- [Assault-related death rate falling in the EU](#)
- [Deaths by accidental drowning and submersion](#)

Methodology

- [Causes of death statistics](#) (ESMS metadata file — hlth_cdeath)
- [European health interview survey](#) (ESMS metadata file — hlth_det)
- [Healthcare activities](#) (ESMS metadata file — hlth_act)
- [Healthcare resources](#) (ESMS metadata file — hlth_res)

External links

- [European Commission Directorate-General for Health and Food Safety — Public health](#)
- [European Commission — Directorate-General for Health and Food Safety — European core health indicators \(ECHI\)](#)
- [OECD — Health policies and data](#)
- [WHO Global Health Observatory \(GHO\) — Mortality and global health estimates](#)
- [World Health Organisation \(WHO\) — Health system governance](#)