SCOPE AND PATTERNS OF TOURIST ACCIDENTS IN THE EUROPEAN UNION

Final Report

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(Austrian Institute for Safety and Prevention)

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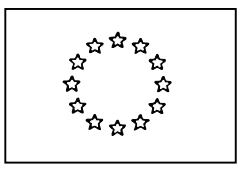

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I. EXECUTIVE SUMMARY

EU Tourism. In 2000 five EU countries were among the ten leading tourist destinations in the world, and in 1999 the EU accounted for 43% of arrivals and 40% of receipts in non-domestic world tourism. In addition to it's resident population of 375 million, the current 15 EU Members States temporarily host a total of almost 300 million tourists, 70% of which are EU citizens. The non-domestic tourist population (in 2001) ranges from 20% (Germany) to 200% (Austria) of the respective resident population.

No one wants to have to worry about safety while on holiday and tourist health and safety issues are considered as the prime selection criteria when tourists decide to which destination point they would prefer to go. However, accidents and disasters do occur and are quickly reported by the media.

Level of monitoring	Tourist Injuries Risk per 100.000 person-years [1]	Resident Injuries Risk per 100.000 person-years [1]
Hospital admissions	3.300	2.300
A&E treatments [1]	12.600	6.000
Mortality		
- All injuries	170	37
- Road traffic	132	14
- Drowning	15	1
- Mountains	70	0,2

Figure 1: Tourists' and residents' risk of injuries in the EU-15. Mortality risk from injuries is highly increased in non-domestic tourists. [1] Non-domestic tourist and respective resident population in selected EU-15 Member States (AT, FR, GR, NL). [1] based on ratio of tourist injuries to resident injuries and A&E[1] treatment EU-15 estimate (CVI, 2003).

Scope and risk of tourist injuries. With the local knowledge of the project partners we were able to set "spot lights" on tourist mortality in Austria, France and Greece (covering around 30% EU-15 tourism) and on tourist morbidity in Austria, France, Germany, Greece, Italy and The Netherlands (covering around 50% EU-15 tourism). It should be mentioned that data on injuries of tourists were sought from practically all Member States, but this was in most cases unsuccessful. Thus, the data in the following tables are far from comprehensive, but still give a first and intuitively reasonable guesstimate of the scope of tourist injuries in the EU-15 **(Figure 1**).

Overall injury mortality of non-domestic tourists was found to range between 130 and 200 fatalities per 100.000 person-years of exposure. The average tourist injury mortality risk of 170 translates into an estimate of 3.800 non-domestic tourists fatalities per year in the EU-15

[1] Hospital's accident and emergency department

(ranging from 2.800 to 4.400; rounded to the nearest 100). Main causes are traffic accidents, drowning and physical activities in the mountains (**Figure 2**).

Level of monitoring	Tourist injuries (estimated cases)	Min.	Max.
Hospital admissions	83.000	45.000	158.000
A&E treatments [1]	280.000	200.000	650.000
Mortality:			
- All injuries	3.800	2.800	4.400
- Road traffic	2.900	1.400	4.200
- Drowning	340	220	640
- Mountain	280	120	-

Figure 2: Estimated number of tourist injuries in the EU-15. The death toll from injuries among non-domestic tourists in the EU-15 is estimated to range between 2.800 and 4.400 per year. Main causes are traffic accidents, drowning and sports and leisure activities in the mountains. [1] based on ratio of Tourist Injuries to Resident Injuries and EU-15 A&E treatment estimate (DG SANCO, 2003). Estimates based on samples from AT, FR, GR, IT, NL (actual cases: 1.031 fatalities, 25.000 hospital admissions and 14.000 A&E treatments).

The share of tourist injuries to resident injuries in the participating Member States was found to range between 0,5 (FR) to 5% (AT) for hospital admissions, between 1% (NL) and 3% (AT) in A&E treatments and between 4% (GR) and 11% (AT) in overall injury mortality (**Figure 3**).

Level of monitoring	Ratio of tourist injuries to resident injuries (%)	Min.	Max.
Hospital admissions	1%	0,5%	5%
A&E treatments	1%	1%	3%
Mortality:			
- All injuries	7%	4%	11%
- Road traffic	7%	3%	19%
- Drowning	7%	5%	10%
- Mountain	77%	-	-
- Media reports	16%	6%	28%

Figure 3: Ratio to Tourist Injuries to resident injuries. Tourist injuries in the EU-15 account for an average of 1% of hospital treatments and 7% of injury fatalities of the resident population. Ratios may be dramatically increased in destinations with specific risks, like the Alps and the sea (various sources of selected EU-15 Member States: AT, FR, GR, IT, NL. „Mortality: Mountain“ is based on Austrian data only).

The maxima of the indicated ratios reflect regions with a high level of exposure to (known) risky activities, like skiing (AT), swimming and diving in the sea (FR, GR) and going by car (AT, including transit).

Additional findings on the scope of tourist injuries indicate that injuries, i. e. external causes, account for 20% (range 8% to 30%) of overall non-domestic tourist mortality in the EU-15, of which unintentional injuries account for over 90% of cases.

Patterns of EU tourism. Rate, length and preferred destinations of vacations differ a lot among European holidaymakers. The following general trends explain for some of the observed results on the epidemiology of tourist injuries:

- Destinations are extremely divers, but the EU-15 still heads the list for European Union holidaymakers: 43% (GR), 54% (A), 55% (I) to 66% (D), 74% (NL) and 80% (L, IRL).
- The majority of European Union holidaymakers are aged between 25 and 44, followed by the 45-64 age bracket.
- Private or hired vehicles are the most frequently used mode of transport.
- Average length of stay is 3,4 nights: Total nights spent are over 800 million or 2,2 million person-years of exposure.
- Intra EU-15 tourism flow accounts for about 70% of all nights by non-residents in hotels and similar establishments.
- Of intra EU-15 tourism four EU-15 countries provided 70% of EU-15 inbound tourism: Germany 36%, United Kingdom 23%, The Netherlands and France 7% each.
- Tourist arrivals in % of resident population is 80% on average, ranging from 20% (Germany) to over 200% (Austria). For the main tourist destinations this share is 130% (France and Spain) and 70% (Italy).

Tourism in the participating Member States of this study (France, Greece, Italy, the Netherlands and Austria) is somewhat above EU-15 average. This might lead to a slight overrating of tourist risks when extrapolated to the EU-15 area.

Activity	Male	Female	Total	Total %
Transport	168	72	240	55%
Sports, physical activity (incl. drowning)	127	25	152	35%
Others (vital and leisure)	27	4	31	7%
Intentional Injuries (Murder, Suicide)	7	6	13	3%
Occupational	3	0	3	1%
Total	**332**	**107**	**439**	**100%**
	76%	24%	100%	

Figure 4: Tourist injury fatalities by activity: Two types of activities account for 90% of fatal injuries among non-domestic tourists in the EU-15 Member States: Traffic and physical activities, incl. Drowning. Data from Austria and Greece.

Patterns of tourist injuries in selected EU-15 Member States. For lack of specific tourism data it was not possible to provide population based regional injury figures. Tourist injuries were compared to the respective injuries of the resident population of the destination country:

- **Sex.** Men account for more than 60% of tourist injuries treated at the hospital (10 percentage points more than in the respective resident population) and almost 80% of tourist fatalities (same as in the resident population of the destination country).

- **Age.** Adults in the age groups between 25 and 64 account above average (of the resident population) for tourist injuries at all levels of monitoring (hospital admissions, A&E treatments, and especially fatalities; Figure 5).

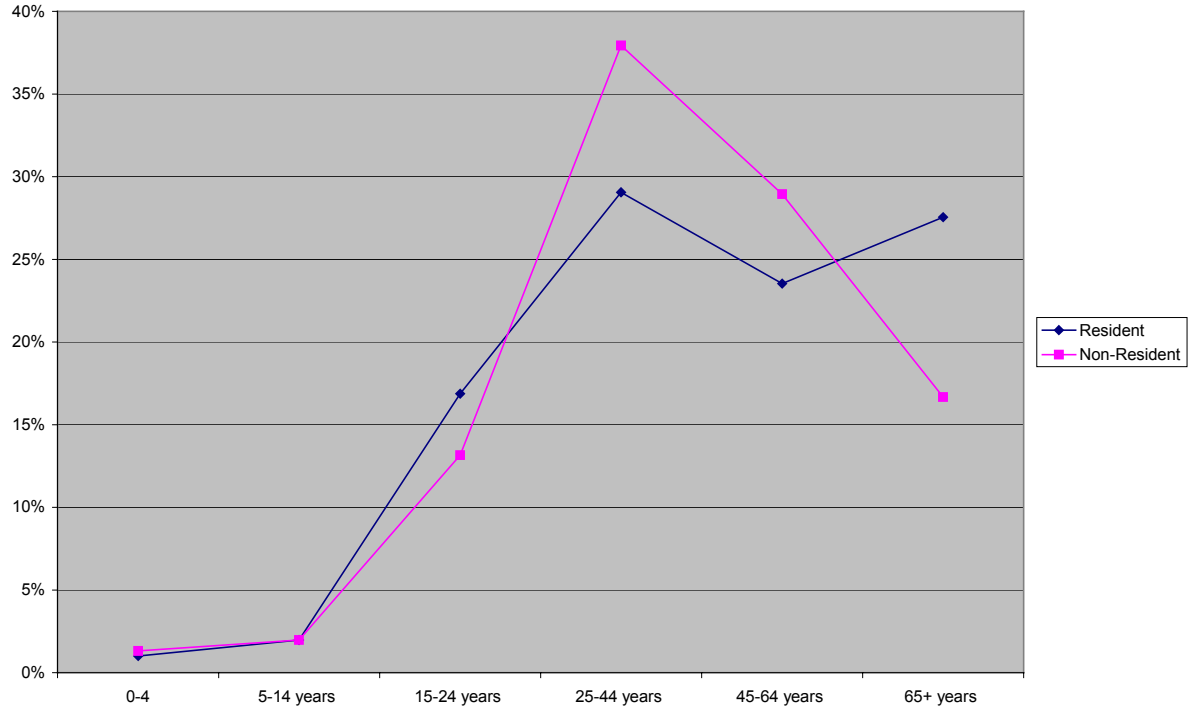

Figure 5: Tourist injury fatalities by age: The relative age distribution indicates that tourists between 25 and 44 years of age and between 45 and 64 years of age – both predominantly male - are specifically prone to suffer from fatal injuries during vacation. The latter group mainly from overexertion during physical activity (swimming, skiing, mountain hiking), the former mainly from traffic accidents (based on 456 cases of tourist fatalities from Austria, France and Greece).

- **Age.** Children (0-14) and the Elderly (64 +) tended to have a lower share of injuries in the non-domestic tourist population than their peers in the resident population.
- **EU-citizens.** On average, 80% of non-domestic hospital admissions of tourists affected EU-15 residents (50% of A&E treatments and 60% of fatalities).
- **Country of origin.** 40% of hospital treated tourist injuries affected Germans (34% arrivals), 20% United Kingdom residents (25% arrivals), and 11% Dutch and Italians (9% and 8% arrivals).
- **Setting.** Transport related tourist injuries account for 20% of hospital admissions, 30% of A&E treatments and over 50% of fatalities (**Figure 4**). "Home, leisure and sports" injuries account for 66% of hospital admissions, 54% of A&E treatments and 36% fatalities (mainly sports and drowning).

- **Place of occurrence.** A&E treated tourist injuries occurred – with big variation among data sources - at a more or less equal share in Service Areas (23%), "at home" and outdoor (18%), on streets (15%) and in Sports areas (15%).

In a pointed conclusion and with the focus on the prevention of fatalities, the epidemiological analysis of tourists injuries identifies **male tourists aged between 25-64 from Germany, United Kingdom, The Netherlands and Italy as main target groups for tourism risk management**. Main target settings are traffic safety (male tourists aged between 25-44) and "sports" (age group 44-64), namely swimming, skiing, mountain hiking.

What about prevention? In an additional tourist injury survey that was conducted in Austrian hospitals between January 2002 and March 2003,

- the majority of non-domestic injury victims – mostly from skiing - blamed own lack of attention or safety attitude for the accident.
- 80% declared that their injury could have happened also in their home land, and was thus not caused by specific circumstances in the destination country.
- Only a small proportion indicated that better information or training (about rental equipment), protective equipment or a product innovation could have prevented the accident or the injury.

This nonchalance of the victims is in contrast to the often severe consequences of an skiing accident, as described by the victims also:

- 30 % of the injured tourists were transported to hospital by a rescue service, 20% even by helicopter.
- More than 50% of the patients said they would need a follow-up treatment at home.

These findings, a very professional and well organised medical care sector, and hardly any considerations about preventability or liability on the side of the injury victims, confirm the notion of predominance of injury treatment over injury prevention.

"Keeping Safe" strategies for tourists and tourist destination. While numerous programs and internet-services provide information about the health aspects of travel, only a few examples of dedicated tourist safety programs with a focus on injury prevention were found.

Most national, regional or institutional initiatives in injury prevention in potential tourist domains (examples are given for skiing safety in Austria) do not effectively address non-domestic tourists. This may be due to the lack of respective evidence (no monitoring) or due

to marketing priorities. The National Visitor Program in Queensland, Australia, is quoted as a rare example of an evidence-based approach towards tourist safety, targeting both individual tourists and tourists operators. Based on the tourist hospital admissions for injury a multi-lingual booklet and video cover most of the areas where visitors are likely to experience problems in this destination.

On the international level the World Tourism Organisation (WTO) has recently updated it's guidelines for the development of partnerships between governments and industry related to risk management and sustainable tourism, and actual implementation of the Safety and Security in Tourism Manual could be taken forward within the WTO Safety and Security Network (www.world-tourism.org/quality/E/safety.htm).

It is recommended that on the EU legislation level, the WTO Network should link with both the Enterprise Directorate-General (europa.eu.int/comm/enterprise), ensuring the interests of the tourism sector, and the Health and Consumer Protection Directorate-General (DG SANCO., europa.eu.int/comm/health), responsible for the physical safety of tourists.

The most important role for DG SANCO to play in the implementation of international and national Measures for Tourism Safety at this initial phase, could be in international surveillance of tourist injuries in the EU. The first recommended steps, that would go along with the general efforts in harmonising EU health monitoring, are:

- Inclusion of Country of Residence as a standard information in the national death certificates, and subsequently in the international aggregation of national ICD and traffic mortality data (WHO, EUROSTAT, EUPHIN[2], CARE, OECD).
- Standardisation of inclusion and exclusion criteria for tourist fatalities in national mortality statistics within the EU Member States.
- Inclusion of Country of Residence in the international aggregation of national hospital discharge registries (WHO, EUROSTAT, EUPHIN, OECD).
- Inclusion of Country of Residence as a standard information in the national data set for DG SANCO's Injury Database (IDB[3]; a dedicated hospital based injury data collection as part of EUPHIN).

The suggested amendments to the existing EU health and injury monitoring would enable the Commission and the Member States to examine personal risks to travellers in any detail at the

[2] European Union Public Health Information Network
[3] former ISS (injury Surveillance System) and EHLASS (European Home and Leisure Surveillance System)

various levels of monitoring (fatalities, hospital admissions and A&E treatments) and thus to enhance evidence-based action in the field of tourist safety. This in turn, will help to maintain Europe's, leading position in the world in international tourism.

The current findings of a significant number of non-domestic tourist injury fatalities and hospital admissions in the EU-15 Member States and the challenges for tourism in the era of expansion of the European Union are two good reasons to tackle the problem of "Tourism and Accidents" now.

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III. PROBLEM UNDER STUDY

No one wants to have to worry about safety while on holiday – safety considerations are an important aspect of the overall quality of a tourist facility or destination, and tourist health and safety issues are considered as the prime selection criteria when tourists decide to which destination point they would prefer to go. The terrorist attacks of 11 September 2001 in the United States and the SARS[4] epidemic in Hong Kong and Toronto, made many travellers world wide more concerned about their personal safety. Judging from the fact that the European Union (EU) maintains a leading position in world tourism, the 15 Members States must be a very safe destination for non-domestic EU and international visitors.

However, accidents and disasters do occur and are quickly reported by the media. Recent examples in the EU include the blaze in a train carrying skiers to a glacier resort in Austria on 11 November 2000, causing the deaths of 155 resident and foreign skiers, the deaths of 69 passengers, mostly children, in a mid-air collision between two aeroplanes over southern Germany on 2 July 2002 (www.cnn.com) and the murder of a young Italian tourist in Copenhagen on 14 August 2003 (www.euroaudio.dk). High profile fatalities like these, however, are the exception rather than the rule in the EU. According to the World Tourism Organisation (2002), there are four source areas of risks to the safety and security of tourists:

1. Human and institutional environment outside the tourism sector (common delinquency, violence, organised crime, terrorism, war and general lack of public and institutional protection services),
2. the tourism sector and related commercial sectors (poor safety standards in tourism establishments, e.g. fire),
3. the individual traveller (personal risk through practising dangerous sports and leisure activities or travelling in poor health), and
4. physical or environmental risk (also largely personal risks through unawareness of the natural characteristics of the destinations, but not caused deliberately, rather through ignorance or disregard)

Among these four broad areas of risk to which both the public sector and tourism industry must respond, the current study deals with those risks resulting in tourist accidents and injuries. The main focus was to identify and quantify areas of injury risks, in order to have appropriate targets for risk management. Benchmarking of activities in tourism risk

[4] severe acute respiratory syndrome

management is dealt with only peripherally by means of a literature review of regional, national and international tourist safety initiatives.

Around 375 million people are residents of the current 15 Members States of the European Union (EU 15). About 10% of the population get injured and 130.000 people die as a result of an accident, i.e. an unintentional injury, per year. The activities causing these injuries are diverse, the majority, however, is associated with home and leisure activities, including sports (about 70% of non-fatal and 50% of fatal injuries)[5]. According to this recent statistical review about unintentional injuries road traffic accidents account for approx. 5% of all non-fatal and 40% of fatal unintentional injuries in the EU-15. The respective estimates for Workplace accidents are 14% of non-fatal and 5% of fatal injuries (for School: 13% of non-fatal and less than 0,5% of fatal injuries).

In addition to it's resident population, all 15 EU Members States temporarily host a considerable number non-domestic tourists that ranges from 20% (Germany) to 200% (Austria) of the respective resident population. In the year 2002 arrivals of non-domestic tourists in each of the 15 EU Members States added up to almost 300 million per year, and many tourists came for recreational activities and sports during their winter and summer holidays abroad.

Despite growing consumer demands on the quality and safety of travelling and of destinations, accidents and injuries amongst tourists remain to be "essentially an invisible problem". [6]

So far, the transport sector is the only service sector where specific legislation on safety requirements has been introduced under Article 71(1)(c) of the Treaty establishing the European Community (TCE).

Many safety concerns are covered by general consumer legislation e.g. on the safety of gas appliances or the safety of products used or made available to consumers by hotels, and the safety of transborder services is subject of recent research of DG SANCO.[7] But there is currently no general EU legal framework to address the injury related safety risks of consumer or tourist services.

[5] Comprehensive View on European (HLA) Injury Data
http://europa.eu.int/comm/health/ph_projects/2000/injury/injury_project_2000_full_en.htm#16
[6] David Ball, 2000.
[7] Report on the Safety of Services for Consumers
http://europa.eu.int/comm/consumers/cons_safe/serv_safe/index_en.htm

It is therefore not surprising that very little is known about the accompanying risks of tourist activities, especially those that result in accidents and injuries. The current data on home and leisure accidents that is being aggregated on EU-level (EUPHIN/ISS[8]), has its focus on injuries of the "domestic population" of the Member State, not their "tourist population". And even if certain EU-15 countries do have records about tourist accidents in their injury monitoring systems, based on the additional classification of the injured person's nationality (e.g. Austria and Greece), no estimate about the scope of tourist accidents in EU-15 and no comparative analysis of injury risks and consequences in different EU Member States is available.

[8] European Union Public Health Information Network, Health Information and Exchange Monitoring System

IV. OBJECTIVES

The main purpose of this project was to unveil and quantify the "essentially invisible problem" of tourist accidents and injuries, in order to provide a more concrete target for both public health (injury prevention) and consumer safety (safety of services) action. Unveiling the issue should

- highlight unintentional accidents and injuries amongst tourists in the EU as a relevant cause of travel-related ill-health and mortality, and thus as a **relevant public health problem**
- highlight unintentional accidents and injuries amongst tourists in the EU as a dominant cause of service-related mortality as a result of cross-border activities, and thus as a **relevant consumer safety problem**
- show the current **problems in the surveillance** of accidents and injuries amongst tourists in EU (that of course are closely linked to the problems in the monitoring of leisure accidents in the EU general)

More particularly, we proposed

- to give an inventory of relevant **data and reports about tourist accidents and injuries** in the EU-15 (to be obtained form the project partners and other national and international sources).
- to indicate **amendments for existing injury monitoring systems**, the EUPHIN/ISS in particular, and other data sources, in order for DG SANCO (or EUROSTAT) to establish an "international" surveillance for accidents and injuries amongst tourists.
- to provide an **estimate about the scope and the risk of both fatal and non-fatal tourist** injuries in the EU 15, based on the statistical analysis of available injury and tourism data.
- to show **regional characteristics of tourist injuries** and to relate these injuries to injuries of the resident population
- to describe **patterns of tourist injuries**, that would be relevant for the development of respective tourist safety initiatives in the EU, both form the analyses of the available and newly generated data, as well as from an international review of "good practice" in tourist injury prevention ("`Keeping Safe` strategies for tourists and tourist destinations in the EU).

- to conduct a **supplementary "Tourist Injuries" survey** (questionnaire) within the national injury monitoring systems of the partnering Member States (because of the anticipated difficulties in obtaining sufficient standard data).

V. METHODS and DATA

International, national or regional data sources which register injuries by "country of residence" were sought for this study from **three levels of monitoring**:

- Mortality data
- Hospital Discharge Register (HDR)
- Data of national injury registration systems (A&E data)

Tourist injuries were defined by "country of residence" of the injury victim. Thus, **non-domestic tourists**, originating from another country than the one the injury took place in, were considered only.

In most cases non-domestic tourist injuries (**tourist injuries** for short) were compared to the injuries of the resident population of the destination country ("country of injury") which are reported as "**resident injuries**" in this study.

Six partner countries (Austria, France, Germany, Greece, Italy and The Netherlands) collected information on tourist injuries by delivering information according to defined Work Packages (see Appendix):

- The first Work Package included information on the implementation of a complementary questionnaire to the national European Home and Leisure Accident Surveillance Systems (EHLASS).
- The second Work Package was focussed on national routine statistics of the partner Member States/regions. The purpose of this Work Package was to complete a national data inventory form for tourist injury mortality and morbidity data and to provide a national report on tourist injuries (or respective data).
- Aim of the third Work Package was to get a tourism report on national level containing information on the tourist population, description of typical tourist activities and main tourist groups by country. If possible it should also include national best practice measures. Furthermore a national newspaper research to get more information on mortality data was conducted for Austria, Germany and Italy.

The following tables summarises the actual contributions of the partner countries to those work packages (Figure 6 and Figure 7).

Work Package	Data sources	Member States/regions
Inventory and analysis of existing data	➢ EU and national tourist statistics	All
	➢ EHLASS like data	AT, FR, GR, IT, NL
	➢ Hospital discharge register (HDR)	AT, FR, GR, NL
	➢ Mortality data	AT, FR, GR
Specific media research	➢ Newspaper research on fatal injuries	AT, GE, IT, NL
Specific reports	➢ E.g. on drowning, accidents in mountains, traffic injuries	FR, GR
Supplementary survey	➢ EHLASS Tourist survey	AT

Figure 6: Contributions of partner countries to specific work packages

	AT	FR	GE	GR	IT	NL
Morbidity Hospital admissions	Spitalsdiagnosenstatistik, Statistik Austria - All hospitals - Year: 2000 - Austria	Base PMSI, Hospital Discharge Register - Tous le séjours hospitaliers, - Year: 2000 - France	-	Hospital Discharge Register, National Statistical Board of Greece - All hospitals - Year: 1996 - Greece	-	Dutch Information System on Hospital Care and Nursing (LMR), Prismant, Utrecht - All hospitals - Period: 1999-2000 - Netherlands
Morbidity A&E treatments	EHLASS Austria, Institut "Sicher Leben, Vienna - Seven hospitals - Year: 2002 - Austria	EHLASS - Hospital Bordeaux - Period: 01-08/2002 - Bordeaux	-	Emergency Department Injury Surveillance System (EDISS) - Selected hospitals - Year: 2000 - Greece	All A&E visits - four major hospitals: Cesena, Rimini, Ravenna, Forli - Period: 05/00 to 09/00 - Romagna Region	Dutch Injury Surveillance System (LIS), Consumer Safety Institute, Amsterdam - Emergency Department (ED) of fifteen hospitals (in total about 140.000 cases a year) - Period: 1998-2000 - Netherlands
	Additional questionnaires „tourists“ to EHLASS - 385 cases in seven hosptals - Period: 01/2002-03/2003 Austria	EHLASS - Hospital Annecy - Period: 01-04/2002 - Annecy			All A&E visits - 20 hospitals - Period: 09/2001 to 08/2002 - Veneto Region	

	AT	FR	GE	GR	IT	NL
Mortality	Alpinunfallstatistik, OEAV/BMI - Alpine accidents - Year: 2000 - Austria	Sécurité routière - Road traffic accidents - Year: 1999 - France	Newspaper research, Institut „Sicher Leben“, Vienna - Four media sources - Period: 97-02 - Germany	Injury Mortality Data, , Information from National Statistical Board of Greece - All deaths - Years: 1986-1995 - Greece	-	Mortality Statistics, Statistics Netherlands, Voorburg - All deceased persons, no seclection on tourists can be made (country of origin not available) - Year: - - Netherlands
	Newpaper search, Institut „Sicher Leben“, Vienna - Nine media sources - Period: 97-02 - Austria				Newspaper research, Institut „Sicher Leben“, Vienna - Six media sources - Period: 97-02 - Italy	
Morbidity & Mortality And other sources	Road accident statistics, KfV, Vienna - Year: 2000 - Austria	Report: Drowning and quasi-drowning involving foreign tourists, Institut de Veille Sanitaire, Psytel - 2.620 cases - Year: 2002 - France	Analysis: German skiing injuries - 4.603 cases, German skiing tourists - Years: 1999, 2000, 2001 Germany	Report: traffic injuries in Island of Kerkyra, CEREPRI, 1999		Newspaper Clippings, Consumer Safety Institute, Amsterdam - All home and leissure accidents - Period: 97-recent - Netherlands
	-	Report: Mountain accidents, Medecins de Montagne, Psytel - estimated 130.000 accidents - Period: 2000/2001 - France	-	-		-

Figure 7: Data sources by partner countries

VI. RESULTS

VI.1. Data about tourist accidents and injuries

Whereas there is an international monitoring of technical and natural disasters (e.g. disaster database)[9] that often also affect tourists, tourists' individual accidents remain to be an "essentially invisible problem"[10]. In fact, newspaper clippings seem to be the most appropriate source of information for "regular" tourists accidents, though this information is usually not representative and hard to aggregate on the international level (see Appendix for a feasibility report of an international newspaper search).

Unfortunately, this is true also for many "official" statistical sources. And although we did find some data on tourist accidents at the various levels of monitoring that we investigated, non of the respective data source are harmonised and aggregated for international surveillance:

1. Mortality: In most Member States "country of residence", as a potential tourist identifier, is not routinely recorded in the cause of death register. In fact, a number of non-resident (tourist) fatalities in EU Member States may not be statistically evident at all[11].
2. Hospital inpatient admission: For financial reasons "country of residence" is routinely recorded in the national hospital discharge register(s) (HDR) for all admitted patients in most Member States. However, this information is not available anymore in the international aggregation of the national registers, e.g. at OECD or WHO. Furthermore, HDRs do hardly give any information about the cause of the injury[12].
3. Outpatient treatment (at the A&E – Accident and Emergency hospital units): "Country of residence" is also routinely recorded for each A&E patient. However, only few national and no EU-level aggregations of these hospital records exist. Like HDRs, existing A&E data often lack the necessary specificity in order to analyse the cause and circumstances of the injury.
4. Injury Monitoring Systems: The European Injury Surveillance Systems (ISS, formerly EHLASS) provides a sample of both inpatient and outpatient injury treatments from a range of Member States. Unfortunately, the standard ISS data set does not contain any

[9] International Disaster Database (http://www.cred.be/emdat/)
[10] BALL, 2000
[11] BALL, 2000
[12] Codes for external causes of an injury (E-Codes) are provided within the ICD, but hardly ever used in HDR.

potential tourist identifier. However, a number of Member States do record the patient's country of residence in their national data sets (e.g. AT, FR, GR, IT).

Taking into account the lack of comprehensiveness and the problems of comparability that exit already for "resident"-injury data, the lack of respective data on tourist injuries is not surprising.

Data sources. The kind of data sources about tourist injuries that can be expected on the national and regional level of the Eu-15 Member States is exemplified in Figure 8. The obvious problems with this kind of data for international analysis are lack of harmonisation and difficult maintenance and reproducibility. Potentially, an extension of this inventory to more Member States and regions would add to the validity of the currently derived estimates about the scope of tourist injuries, however, maintenance would become even more difficult and costly (see Figure 6 for a detailed description of these data sources).

Member State	**Levels of injury monitoring**	**Represen-tativity**	**"Spot lights" (regional or thematic constraints)**
AT	Mortality	National	Alpine area, road traffic, newspaper
	Hospital admissions	National	None
	A&E treatments	National	None
	Other	National	Road traffic casualties
GE	Other	National	Skiing casualties abroad
GR	Mortality	National	None
	Hospital admissions	National	None
	A&E treatments	Regional	
FR	Mortality	National	Drowning, road traffic
	Hospital admissions	National	-
	A&E treatments	Regional	Bordeaux, Annecy
IT	A&E treatments	Regional	Veneto Region, Emiglia Romagna
NL	Mortality	National	Newspaper clippings
	Hospital admissions	National	-

Figure 8: Selected "spot lights" on tourist accidents in the EU

Reports: Statistical data was complemented by studies and reports about tourist accidents and tourist injury prevention. Whereas a number of references for “tourism and injuries” was found from overseas, hardly any studies were obtained for the European region (see References).

VI.2. Tourism in the European Union

Tourist demography, frequency and duration of travel, mode of travel, type of vacation and current health status are main determinants of health while travelling and on vacation. For lack of these data for the injured tourists under study, the "tourist injury population" was compared to the "resident injury population" of the destination country as far as possible.

As a general background information and for an attempted risk calculation also general tourism statistics and reports were compiled.

The European Union has a leading position in world tourism as a main source and a main destination of international tourist flows. In 2000 five EU countries were among the 10 leading tourist destinations in the world, and in 1999 the EU accounted for 43% of arrivals and 40% of receipts in non-domestic world tourism. The importance of tourism is also shown by the amounts of expenditure and receipts that are transferred among the EU countries and among each EU country with the rest of the world.[13]

According to forecasts by the World Tourism Organisation (WTO), the number of tourists in Europe is expected to double over the next 25 years. In addition, we shall see significant changes, according to experts, in the type of tourism that people choose and the destinations they visit.

With its rich abundance of different landscapes, climates, cultural traditions and languages, Europe stands to benefit greatly from the predicted steady growth of the tourism industry. Opening up borders and enlarging the European Union in 2004 and beyond will produce whole new possibilities in terms of destinations and markets for tourism (European Commission, Directorate-General Enterprise).

Around 280 million tourists travel in the entire EU-15 each year. In 2001 the most arrivals of foreign tourists were registered in France, Spain and Italy. Over 75 million tourists arrive in France, 50 million in Spain and 40 million in Italy each year (together more than half of the total EU 15 tourist arrivals Figure 9).

Austria is, followed by Ireland, France, Spain and Greece on the first place of tourist arrivals related to the resident population. The yearly tourist population in Austria is more than double the size (230 %) of the resident population. Ireland has almost 150 % tourist arrivals and France, Spain and Greece 130 % tourist arrivals each year in relation to resident population (Figure 10).

[13] http://europa.eu.int/comm/enterprise/services/tourism/tourismeu.htm#factsandfigures

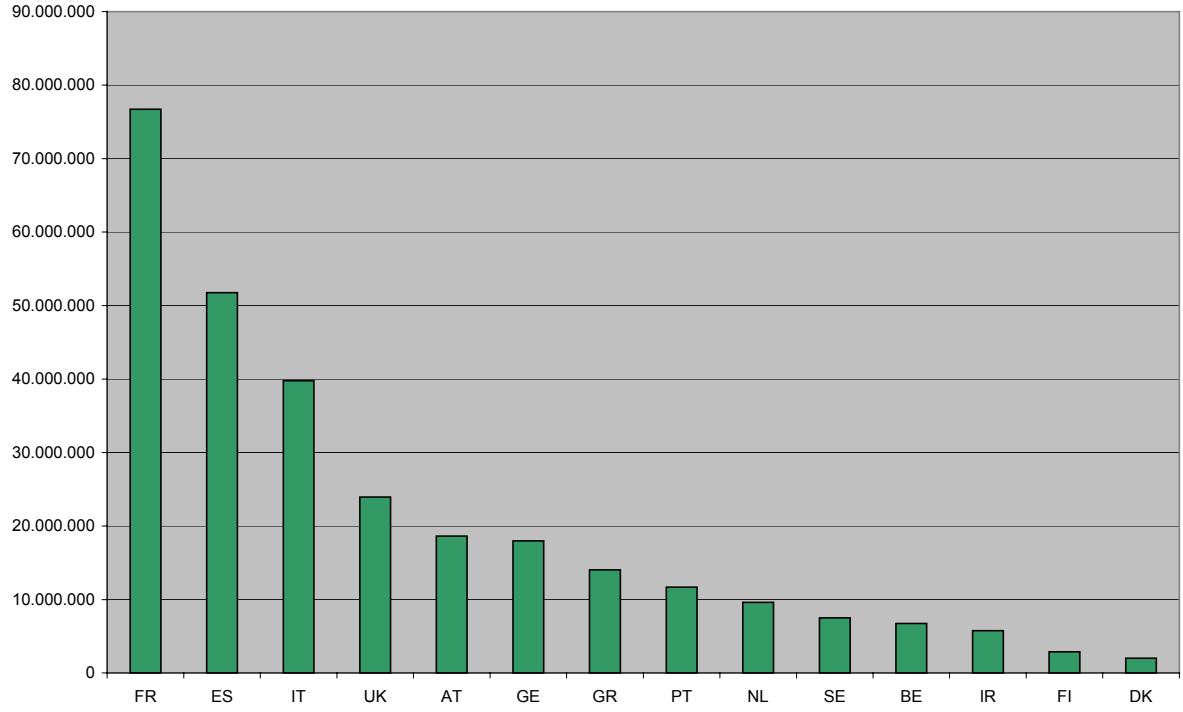

Figure 9: Arrivals of non-domestic tourists by country of the EU-15 (WTO 2002)

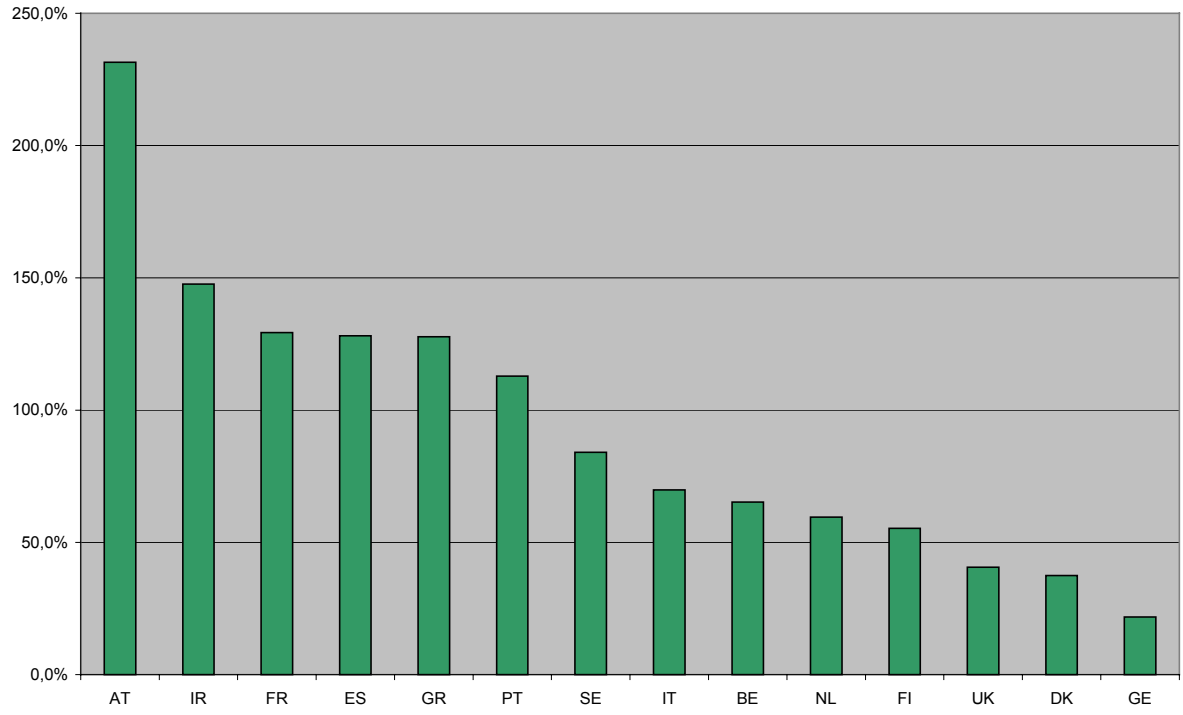

Figure 10: Arrivals of non-domestic tourists (%) compared to no of residents of the destination country (WTO 2002)

	AT	FR	GR	NL	Median
GE	70,1%	26,4%	26,0%	41,6%	34,0%
UK	4,5%	20,7%	30,1%	30,4%	25,4%
NL	8,6%	20,2%	7,1%	-	8,6%
IT	6,7%	11,1%	8,9%	5,4%	7,8%
BE	2,5%	16,1%	3,6%	9,8%	6,7%
FR	2,7%	-	6,5%	7,1%	6,5%
AT	-	-	5,2%	-	5,2%
SE	1,1%	-	5,3%	-	3,2%
ES	1,3%	5,6%	1,3%	4,1%	2,7%
DK	1,4%		3,7%	1,6%	1,6%
FI	0,4%	-	1,7%	-	1,0%
GR	0,4%	-	-	-	0,4%
IR	0,2%	-	0,6%	-	0,4%
PT	0,2%	-	0,1%	-	0,1%
LU	-	-	-	-	-
EU-15 Total	100,0%	100,0%	100,0%	100,0%	

Figure 11: Non-domestic tourist arrivals (%) in the participating countries of this study by country of origin (EU-15 only; WTO 2002)

Austria, France, Greece and The Netherlands contributed most of the tourist injury data for this study. It is therefore interesting to have a tourist profile specifically for these countries: Germans (34 %), Englishman (25 %), Dutch (9 %) and Italians (8 %) accounted for 75 % of all arrivals in those destinations (Figure 11).

Patterns of EU tourism. Rate, length and preferred destinations of vacations differ a lot among European holidaymakers. If any, the following general major trends could be observed lately (EUROSTAT and WTO 2000 data):

- The percentage of holidaymaking varies considerably between Member States: Portugal 31%, the Netherlands 67% and Germany 77%.
- Greece, Spain, Italy, Portugal, Finland, Sweden and United Kingdom recorded more domestic trips (holiday in country of origin) than outbound trips.
- Belgium, Denmark, Germany, Ireland, Luxembourg, the Netherlands and Austria recorded more outbound trips (holiday abroad) than domestic trips.

- Destinations are extremely divers, but the EU-15 still heads the list: between for European Union holidaymakers: 43% (GR), 54% (A), 55% (I) to 66% (D), 74% (NL) and 80% (L, IRL).
- July and August are the months in which holidays are most highly concentrated. Departure rates – in- and outbound - ranging from 30% (Germany) to 60% (Greece).
- The majority of European Union holidaymakers are aged between 25 and 44, followed by the 45-64 age bracket.
- Private or hired vehicles are the most frequently used mode of transport.

These findings are also reflected in the regular tourism statistics of the EU-15 Member States (EUROSTAT 2000 data):

- Almost 300 million tourist arrivals in the EU-15 Member States, almost 60% of the arrivals are in France, Spain and Italy.
- Intra EU-15 tourism flow accounts for about 70% of all nights by non-residents in hotels and similar establishments: Of intra EU-15 tourism four EU-15 Countries provided 70% of EU-15 inbound tourism: Germany 36%, United Kingdom 23%, The Netherlands and France 7% each.
- Tourist arrivals in % of resident population is 80% on average, ranging from 20% (Germany) to over 200% (Austria). For the main tourist destinations this share is 130% (France and Spain) and 70% (Italy).
- Average length of stay is 3,4 nights: Total nights spent are over 800 million or 2,2 million person-years of exposure.

In addition, the main tourism characteristics and coverage of the five participating Member States in this study (France, Greece, Italy, the Netherlands and Austria) are:

- France, Greece, Italy, the Netherlands and Austria cover 55% of arrivals and 48% of total nights spent by non-domestic EU-15 tourists.
- Tourist arrivals in % of resident population is 105% on average, ranging from 60% (the Netherlands) to over 200% (Austria).
- Intra EU-15 tourism flow provided about 75% of all non-resident arrivals in those Member States; of those arrivals four countries accounted for 75%: Germany 34%, United Kingdom 25%, The Netherlands 9% and Italians 8%.

Tourism intensity in our sample is somewhat above EU-15 average. This might lead to a slight overrating of tourist risks when extrapolated to the EU-15 area. Also, very specific aspects and possible risks of holidaymaking in EU-15 Countries outside this sample, e.g. left-hand drive in the UK or hunting and fishing in the Nordic Countries, could not be accounted for. With this caveats in mind, it may be concluded that the sample of Member States participating in the current analysis is sufficiently representative for EU-15 tourism and an overall assessment of tourist risks (see also Figure 12).

VI.3. Tourist injuries in the European Union

This chapter summarises the main result of the tourist injury analysis of the national and regional data as provided by the project partners. In general, EU-level results represent the weighed average of all available national and regional data sources Basically, results are given as a comparison of injuries of residents and non-domestic tourists (non-residents) by

- the percentage of tourist injuries of injuries of the resident population (Figure 12)
- Tourist injury risk per 100.000 person-years (Figure 13)
- sex and age (Figure 14, Figure 15, Figure 16)
- countries of origin (Figure 17)
- activity and place of occurrence. (Figure 20)

Main findings are highlighted and discussed at the end of this chapter.

Share of Tourist injuries

Tourism	AT	BE	DK	ES	FI	FR	GE	GR	IR	IT	LU	NL	PT	SE	UK	Sum / Mean	Min	Max
International Tourist Arrivals (million)	19	7	2	52	3	77	18	14	6	40	-	10	12	7	24	**289**	2	77
% Tourist Arrivals of Resident population	232%	65%	37%	128%	55%	129%	22%	128%	148%	70%	-	60%	113%	84%	41%	**77%**	22%	232%
% Tourist injuries of resident injuries (100 %)																		
Hospital admissions	5,1%	-	-	-	-	0,5%	-	2,2%	-	-	-	0,9%	-	-	-	**1,1%**	0,5%	5%
A&E treatments	3,0%	-	-	-	-	0,9%	-	2,1%	-	2,2%	-	1,2%	-	-	-	**1,3%**	1%	3%
Mortality: All injuries	11,1%	-	-	-	-	7,4%	-	3,7%	-	-	-	-	-	-	-	**6,9%**	4%	11%
Mortality: Road traffic	19,0%	-	-	-	-	7,5%	-	3,2%	-	-	-	-	-	-	-	**7,4%**	3%	19%
Mortality: Drowning	-	-	-	-	-	5,3%	-	9,9%	-	-	-	-	-	-	-	**7,2%**	5%	10%
Mortality: Mountain	77,4%															**77,4%**	77%	77%
Other sources (Media)	28%	-	-	-	-	-	6%	-	-	8%	-	-	-	-	-	**16,3%**	6%	28%

Figure 12: Tourism key figures and non-domestic tourist injuries compared to resident injuries by level of monitoring and EU 15 Member States (selected regions, see Figure 7; WTO and DG Enterprise, 2000 and 2001).

Tourist injury risk

Tourism	AT	BE	DK	ES	FI	FR	GE	GR	IR	IT	LU	NL	PT	SE	UK	Sum / Mean	Min	Max
Resident population (million)	8,0	10,3	5,4	40,4	5,2	59,3	82,4	11,0	3,9	57,0	-	16,1	10,3	8,9	58,9	**377**	4	82
International Tourist Arrivals (million)	19	7	2	52	3	77	18	14	6	40	-	10	12	7	24	**289**	2	77
International Tourist Nights (million)	64,5	15,5	10,0	233,9	4,0	109,7	42,4	47,4	33,1	140,3	-	27,2	25,8	8,6	53,7	**816,1**	4,0	233,9
Tourist Risk per 100.000 person-years [1]																		
Hospital admissions	7.087					2.751		2.350				2.002				**3.717**	2.002	7.087
A&E treatments [3]	-					-						-				**12.627**	9.127	28.971
Mortality: All injuries	158					197		124								**170**	124	197
Mortality: Road traffic	88					187		63								**132**	63	187
Mortality: Drowning						10		28								**15**	10	28
Mortality: Mountain	70															**70**	-	-
Resident Risk per 100.000 person-years [2]																		
Hospital admissions	3.032					2.986		1.255				1.080				**2.464**	1.080	3.032
A&E treatments [4]																**6.000**	-	-
Mortality: All injuries	33							40								**37**	33	40
Mortality: Road traffic	10					13		23								**14**	10	23
Mortality: Drowning						1		3								**1**	1	3
Mortality: Mountain	2															**0,2**	-	-

Figure 13: Tourist injury risk calculation based tourism key figures by level of monitoring and EU 15 Member States: [1] non-domestic tourist in selected EU-15 MS. [2] resident population of selected EU-15 MS (selected regions, see Figure 7; WTO and DG Enterprise, 2000 and 2001). Overall injury mortality of non-domestic tourists was found to range between 130 and 200 fatalities per 100.000 person-years of exposure, with a mid-point estimate of 170. Calculation of mortality risk for non-domestic tourists is based on the total of nights spent as a measure of the volume of travel (person-nights, as given above; person-nights are expressed as 100.000 person years, as this unit is widely used in reporting mortality risks. This probability of mortality may be expressed as risk per million person-nights by the following conversion: risk per million person-nights = risk per 100.000 person-years/36.5). [3] Based on Figure 12. [4] DG SANCO (2003).

Tourist injuries by sex (females)

Share of Females (%)	AT	FR	GR	IT-Region Veneto	IT-Region Romagna	NL	Mean
Resident injuries:							
Hospital admissions	45%	47%				50%	**47%**
A&E treatments	45%	41%	39%		64%	41%	**46%**
Mortality	13%		25%				**19%**
Tourist injuries:							
Hospital admissions	44%	38%				31%	**38%**
A&E treatments	36%	39%	42%		65%	34%	**43%**
Mortality	16%		26%				**21%**

Figure 14: Injuries of female residents and tourists (%) by level of monitoring and Member States (selected regions, Figure 7).

.

Tourist injuries by age: Children (0-14)

Share of Children (0-14) in %	AT	FR	FR-Drowning	GR	IT Region Veneto	IT Region Romagna	NL	Total
Resident injuries:								
Hospital admissions	11%	12%					11%	**11%**
A&E treatments	22%	41%					23%	**29%**
Mortality	10%			3%				**7%**
Tourist injuries:								
Hospital admissions	12%	15%					13%	**13%**
A&E treatments	11%	18%					16%	**15%**
Mortality	2%		14%	1%				**6%**

Figure 15: Injuries of children (0-14) (%) of residents and tourists by level of monitoring and Member States (selected regions, Figure 7).

Tourist injuries by age: Seniors (65+)

Share of Seniors (65+) in %	AT	FR	FR-Drowning	GR	IT-Region Veneto	IT-Region Romagna	NL	Total
Resident injuries:								
Hospital admissions	28%	33%					37%	**33%**
A&E treatments	17%	10%		11%		19%	10%	**13%**
Mortality	21%			29%				**25%**
Tourist injuries:								
Hospital admissions	12%	11%					13%	**12%**
A&E treatments	8%	4%		5%	16%	11%	6%	**8%**
Mortality	18%		24%	12%				**18%**

Figure 16: Injuries of seniors (%) of residents and tourists by level of monitoring and Member States (selected regions, Figure 7).

Tourist injuries by share of EU-15 tourists

Share of EU-15 Tourists (%)	AT	AT-Tourist survey	FR	FR-Drowning	FR-Mountain	GR	IT-Region Veneto	IT-Region Romagna	NL	Total
% of EU-15 tourist arrivals	80%	-	77%	-	-	70%			67%	**74%**
% of total Tourist injuries:										
Hospital admissions	84%		91%						64%	**80%**
A&E treatments	69%		44%			86%	22%	34%		**51%**
Other sources		88%		23%	79%					**63%**

Figure 17: Injuries of EU 15 tourists (%) by level of monitoring and Member States (selected regions, Figure 7).

Tourist injuries by country of origin – EU-15

Share of Tourist injuries (%)	AT A&E	AT HDR	FR A&E	FR HDR	FR A&E Annecy (Jan-Jul 02)	FR A&E Bordeaux (Jan-Oct 02)	GR A&E	IT A&E Region Veneto	IT A&E Region Romagna	NL A&E	NL HDR	Mean
GE	63%	71%	22%	14%	21%	21%	25%	65%	54%	-	45%	**40%**
UK	9%	5%	28%	25%	33%	29%	32%	5%	-	-	12%	**21%**
BE	1%	3%	25%	16%	17%	11%	2%	12%	14%	-	34%	**11%**
IT	12%	6%	-	14%	7%	-	15%	-	-	-	1%	**11%**
NL	10%	10%	8%	13%	22%	11%	7%	8%	7%	-	-	**11%**
ES	-	0%	17%	6%	-	18%	0%	2%	7%	-	2%	**7%**
FR	2%	1%	-	-	-	-	6%	5%	11%	-	3%	**5%**
PT	-	0%	-	3%	-	11%	0%	-	-	-	0%	**3%**
IR	0%	0%	-	1%	-	-	2%	-	7%	-	1%	**2%**
SE	1%	1%	-	2%	-	-	3%	2%	-	-	1%	**2%**
AT	-	-	-	1%	-	-	3%	-	-	-	1%	**2%**
DK	1%	2%	-	2%	-	-	1%	-	-	-	1%	**1%**
LU	-	0%	-	3%	-	-	0%	-	-	-	0%	**1%**
GR	-	0%	-	1%	-	-	3%	1%	-	-	0%	**1%**
FI	-	0%	-	0%	-	-	0%	-	-	-	0%	**0%**
EU-15 Total	100%	100,0%	100%	100,0%	100%	100%	100%	100%	100%	-	100,0%	

Figure 18: Injuries of tourists from the EU-15 (%) by country of origin and data source. HDR: Hospital discharge register. A&E: Accident and Emergency Dept. (selected regions, Figure 7).

Tourist injuries by country of origin – non EU-15

Share of Tourist injuries (%)	AT HLA	AT HDR	FR HLA	FR-Annecy (Jan-Jul 02)	FR-Bordeaux (Jan-Oct 02)	GR HLA	IT-Region Veneto	IT-Region Romagna	NL HLA	NL HDR	Mean
CH	15%	17%	100%	100%	-	6%	23%	20%	-	2%	**40%**
Other Countries	13%	35%								59%	**35%**
RO	-	-	-	-	-		44%	13%	-	-	**28%**
Albania	-	-	-	-	-	-	-	15%	-	-	**15%**
San Marino	-	-	-	-	-	-	-	13%	-	-	**13%**
SI	-	-	-	-	-		13%	-	-	-	**13%**
HU	-	11%								-	**11%**
FL	15%	4%	-	-	-	-	-	-	-	-	**10%**
CZ	-	11%	-	-	-	16%	-	2%	-	-	**10%**
PL	5%	12%	-	-	-	10%	13%	2%	-	-	**8%**
Marocco								7%			**7%**
USA	4%	6%				15%		2%			**7%**
Canada		1%				11%					**6%**
NO	-	1%	-	-	-	15%	6%	2%	-	1%	**6%**
YU	-	1%	-	-	-	10%	-	4%	-	-	**5%**
Non-EU-15 Total	100%	100%	100%	100%	0%	100%	100%	100%	0%	100%	

Figure 19: Injuries of tourists from outside EU-15 (%) by top 15 countries of origin and data source. HDR: Hospital discharge register. A&E: Accident and Emergency Dept. (selected regions, Figure 7).

Tourist injuries by activity ("Home, Leisure and Sports" and Transport

Share of Home, Leisure and Sports Injuries (%)	AT	FR	GE-Media	GR	IT-Region Veneto	IT-Region Romagna	NL	Mean
% of total Tourist injuries:								
Hospital admissions	80%						52%	**66%**
A&E treatments				58%	42%		64%	**54%**
Mortality	41%			30%				**36%**

Figure 20: Home, leisure and sports injuries of tourists (%) of total tourist injuries by level of monitoring and Member States (selected regions, Figure 7).

Share of Transport Injuries (%)	AT	FR	GE-Media	GR	IT-Region Veneto	IT-Media	NL	Mean
% of total Tourist injuries:								
Hospital admissions	10%						27%	**18%**
A&E treatments				25%	52%		15%	**31%**
Mortality	56%			51%				**53%**

Figure 21: Transport injuries of tourists (%) of total injuries by level of monitoring and Member States (selected regions, Figure 7).

Tourist injuries by place of occurrence

Share of Tourist injuries (%)	AT	FR	GE-Media	GR	IT-Region Veneto	IT-Media	NL	Mean
"Home and outdoor" (exc. sports injuries):								
Hospital admissions							13%	
A&E treatments	31%			22%	12%		10%	**19%**
Sports area:								
Hospital admissions							10%	
A&E treatments	51%			0%	1%		8%	**15%**
Street and other public road:								
Hospital admissions							3%	
A&E treatments	8%			1%	43%		21%	**18%**
Service area								
Hospital admissions							3%	
A&E treatments	6%			49%	34%		3%	**23%**

Figure 22: Injuries of tourists (%) by place of occurrence and Member States (selected regions, Figure 7).

VI.4. Main Findings EU-15

Despite mayor difficulties in obtaining relevant data, we were able with the local knowledge of the projects partners, to set "spot lights" on tourist mortality in Austria, France and Greece (covering around 30% EU-15 tourism) and on tourist morbidity in Austria, France, Germany, Greece, Italy and The Netherlands (covering around 50% EU-15 tourism). Thus, the data in the preceding tables are far from comprehensive, but still give a first and intuitively reasonable guesstimate of the scope of tourist injuries in the EU-15.

Main findings for the EU-15, derived from the preceding tables and selected Member State results are:

Unintentional Injuries are a mayor source of ill health on vacation (see references)

- A recent study on the "health of vacation" stated that 10 % of all travellers fall sick during their vacation (BNI, 2003).
- Injuries, i. e. external causes, account for 20% (range 8% to 30%) of overall non-domestic tourists mortality in the EU-15 (Ball, 2000). For the EU-15 resident population relative injury mortality is between 6% and 7% (DG SANCO, 2003).
- Within injuries, unintentional injuries are the main cause of overall tourists injury mortality in the EU-15 (accounting for over 95% of all tourists injury fatalities). Previous studies indicated a share of 80% (range: 70% to 84%; BALL, 2000). For the resident EU-15 population, unintentional injuries account for approx. 70% all injury fatalities (DG SANCO, 2003).

Activity	Male	Female	Total	Total %
Transport	168	72	240	55%
Sports, physical activity (incl. drowning)	127	25	152	35%
Others (vital and leisure)	27	4	31	7%
Intentional Injuries (Murder, Suicide	7	6	13	3%
Occupational	3	0	3	1%
Total	**332**	**107**	**439**	**100%**
	76%	24%	100%	

Figure 23: Tourist injury fatalities by activity: Two types of activities account for 90% of fatal injuries among non-domestic tourists in the EU-15 Member States: Traffic and physical activities, incl. Drowning. Data from Austria and Greece.

Injuries risk is highly increased in non-domestic tourists (Figure 13)

- Mortality risk from injuries was found to be highly increased in non-domestic tourists as compared to the resident population of the respective EU-15 destination: 4-fold in fatalities, 2-fold in A&E treatments, 1,4-fold in hospital admissions.
- Overall injury mortality of non-domestic tourists was found to range between 130 and 200 fatalities per 100.000 person-years of exposure, with a mid-point estimate of 170 (risk in resident population: 37).
- Overall risk of injury hospital admission of non-domestic tourists was found to be 3.300 admissions per 100.000 person-years of exposure (risk in resident population: 2.300)
- Overall risk of injury A&E visits of non-domestic tourists was found to be 12.600 visits per 100.000 person-years of exposure (risk in resident population: 6.000).

Level of monitoring	Tourist Injuries Risk per 100.000 person-years [1]	Resident Injuries Risk per 100.000 person-years [1]
Hospital admissions	3.300	2.300
A&E treatments [1]	12.600	6.000
Mortality: All injuries	170	37
Mortality: Road traffic	132	14
Mortality: Drowning	15	1
Mortality: Mountain	70	0,2

Figure 24: Tourists' and residents' Risk of injuries in the EU-15. [1] Non-domestic tourist and respective resident population in selected EU-15 Member States (AT, FR, GR, NL). [1] based on ratio of Tourist Injuries to Resident Injuries and A&E treatment EU-15 estimate (Dg SANCO, 2003).

3.800 non-domestic tourist injury fatalities per year in the EU-15: Road Traffic, Mountains and Water pose the predominant injuries risks (Figure 13)

- The death toll from injuries among non-domestic tourists in the EU-15 is estimated to range between 2.800 and 4.400 per year. Main causes are traffic accidents (1.400 to 4.200 fatalities per year), drowning (220 to 640 fatalities per year) and sports and leisure activities in the mountains (280 fatalities per year).

Level of monitoring	Tourist injuries (estimated cases)	Min.	Max.
Hospital admissions	73.000	45.000	158.000
A&E treatments [1]	280.000	200.000	650.000
Mortality:			
- All injuries	3.800	2.800	4.400
- Road traffic	2.900	1.400	4.200
- Drowning	340	220	640
- Mountain	280	120	-

Figure 25: Non-domestic tourists fatalities in the EU-15. [1] based on ratio of Tourist Injuries to Resident Injuries and A&E treatment EU-15 estimate (CVI, 2003). Estimates based on samples from AT, FR, GR, NL (actual cases from these countries: 1.031 fatalities, 25.000 hospital admissions and 14.000 A&E treatments).

Comment: The few previous studies on this subject gave an estimate of 800 to 2.000 tourist fatalities in the EU-15 per annum (Ball, 2000). It seems unlikely, based on the European data which we actually obtained through this study (1.031 tourist fatalities from three Member States: AT, FR and GR), that the true figure for the EU could, in fact, be as low as 800 per annum and it is suggested that the current estimate of 2.800 is a more plausible lower bound. The most likely range would thus be from 2.800 to 4.400 with a midpoint estimate of 3.800.

Risk factors: Male, 25 to 44 years old, German, Dutch or English (Figure 14 and following)

- "75 % males and 40 % in the age group of 45 to 64 years", such read most of the statistical descriptions of tourist fatality data in this study.
- Men account for 75% of tourist fatalities (same as in the resident population of the destination country) and more than 60% of tourist injuries treated at the hospital (10 percentage points more than in the respective resident population).
- 75% of tourist injuries at all levels of monitoring (hospital admissions, A&E treatments, fatalities) affect adolescents and adults in the age groups between 16 and 64 years. This compares to an average of 55%-60% in hospital treatments and 72% in fatalities in the resident population of the destination countries.
- 40% of hospital treated tourist injuries affected Germans (34% arrivals), 20% United Kingdom residents (25% arrivals), and 11% Dutch and Italians (9% and 8% arrivals).

Non-domestic tourist injuries in the EU-15 account for about 1 % of injury related health care resources (Figure 12)

- Expressing the scope of tourist injuries by the ratio of tourists‘ to residents‘ injuries (the latter taken as 100%) involves less assumptions on exposure than the population based risk estimates given above: Overall injury mortality in the participating Member States was found to range between 0,5 (FR) to 5% (AT) for hospital admissions, between 1% (NL) and 3% (AT) in A&E treatments and between 4% (GR) and 11% (AT) in overall injury mortality.
- 30 % of the injured tourists were transported to hospital by a rescue service, 20% even by helicopter. More than 50% of the patients said they would need a follow-up treatment at home (see “Main findings Austria”).

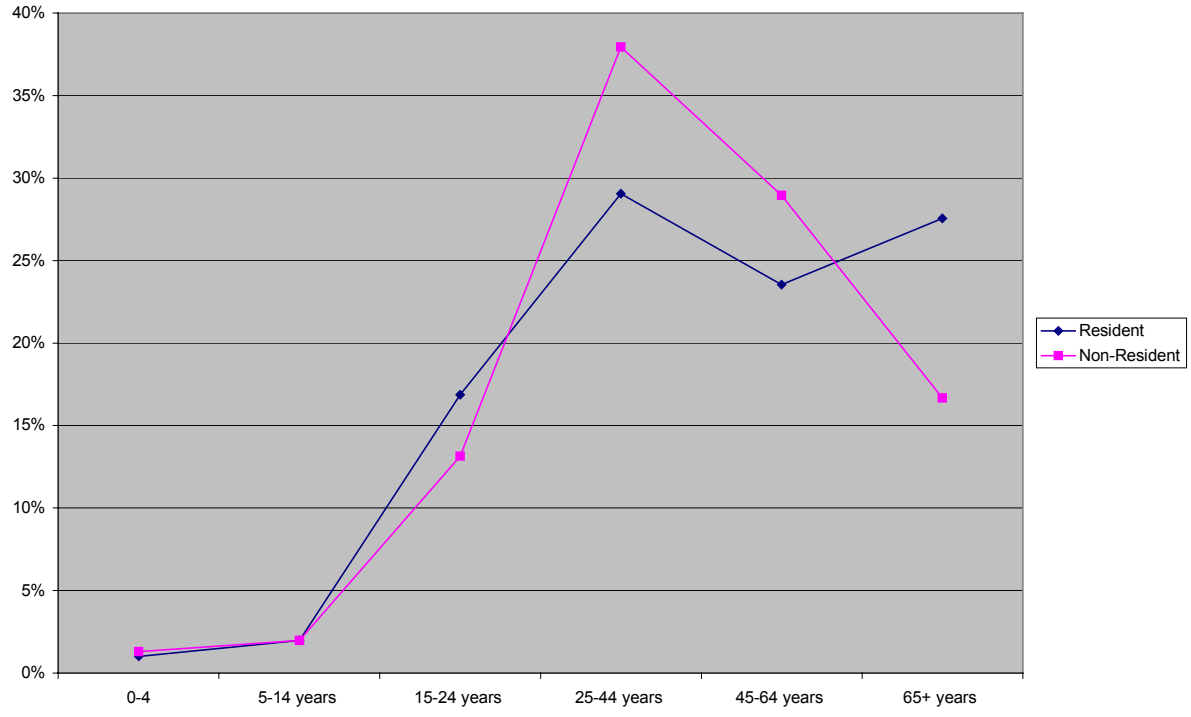

Figure 26: Tourist injury fatalities by age: The relative age distribution indicates that tourists between 25 and 44 years of age and between 45 and 64 years of age – both predominantly male - are specifically prone to suffer from fatal injuries during vacation. The latter group mainly from overexertion during physical activity (swimming, skiing, mountain hiking), the former mainly from traffic accidents (based on 456 cases of tourist fatalities from Austria, France and Greece).

Level of monitoring	Ratio of Tourist Injuries to Resident Injuries: (%)	Min.	Max.
Hospital admissions	1%	0,5%	5%
A&E treatments	1%	1%	3%
Mortality:			
- All injuries	7%	4%	11%
- Road traffic and Road traffic	7%	3%	19%
- Drowning	7%	5%	10%
- Mountain	77%	-	-
- Media reports	16%	6%	28%

Figure 27: Tourist injuries in the EU-15 account for an average of 1% of hospital treatments and 7% of injury fatalities of the resident population. Ratios may be dramatically increased in destinations with specific risks, like the Alps and the sea (various sources of selected EU-15 Member States: AT, FR, GR, IT, NL. „Mortality: Mountain“ is based on Austrian data only).

Comment: The maxima of the indicated ratios reflect a high level of exposure to (known) risky activities, like skiing, hiking and mountaineering in the Alps (AT), or swimming and diving in the sea (GR). Estimates of tourist road fatalities may be inflated by including fatalities happening on transit, and not while actually on vacation in that particular Member State (as it is the case for Austria). Another source of inflation is the inclusion of non-traumatic casualties, e.g. heart failure in high altitudes or during while swimming. In terms of tourist risk management, however, these casualties belong to the same target group and settings as „regular“ tourist injuries. It thus seems justified to include those cases in the quantitative risk assessment of tourist injuries.

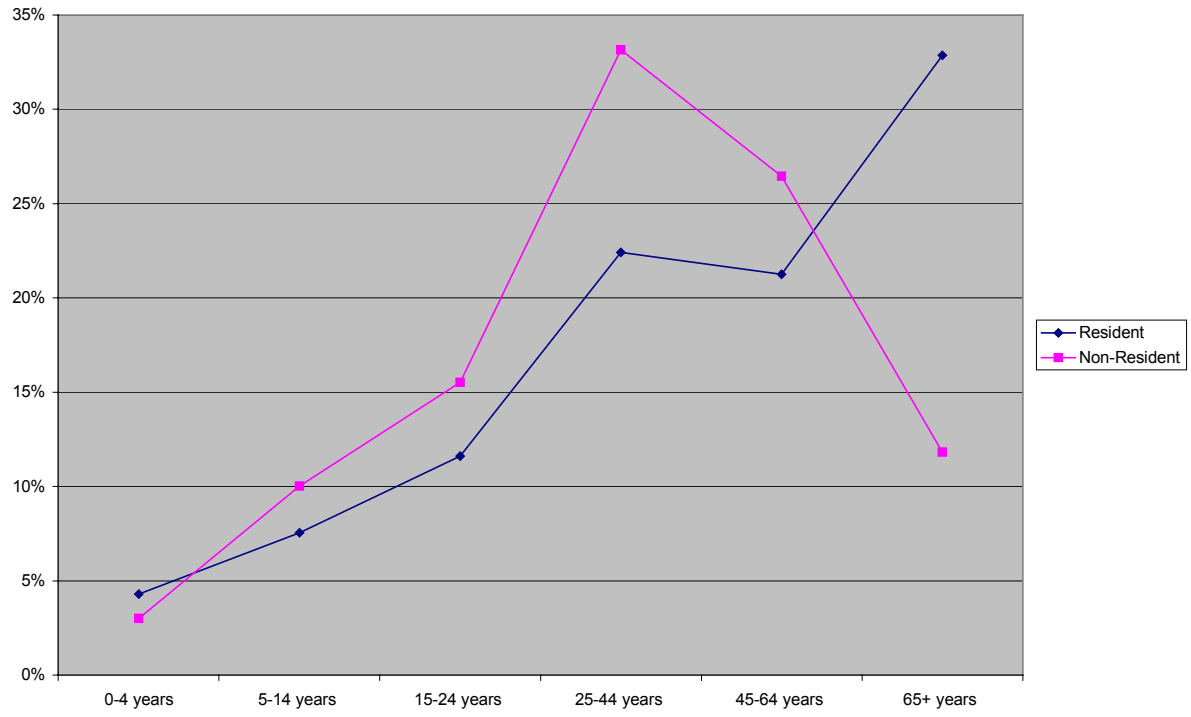

Figure 28: **Tourist injury hospital admissions by age.** The relative age distribution indicates that especially tourists between 25 and 44 years of age (and between 45 and 64 years of age) are an important target group in tourist injury prevention (based data from Austria, France and The Netherlands).

Further findings (Figure 12 and following)

- **Age.** Tourist children (0-14 years) were found to have a lower share in A&E treatments (15%) than children in the resident population of the destination country (27%). No differences were found in hospital admissions and fatalities.
- As tourists, only 12% of total hospital admissions, 8% of A&E treatments and 20% fatalities concerned seniors over 65 of age, as compared to 33% (A&E), 14% (admission) and 25% (fatalities) in the resident population of the destination country.
- **Country of origin**. On average 80 % of hospital admissions of tourists affect residents of the EU-15 (50% of A&E treatments and 60% of fatalities). This compares to 75% of tourist arrivals.
- **Activity and place of occurrence .** "Home, leisure and sports" injuries account for 66% of hospital admissions, 54% of A&E treatments and 36% fatalities (mainly sports and drowning). The latter would roughly compare to a share of 54% of "Home, leisure and sports" in EU-15 domestic injury mortality (unintentional injuries only; CVI, 2003). However, sports account for only 1% in EU-15 domestic injury mortality.
- Transport related tourist injuries account for 20% of hospital admissions, 30% of A&E treatments and 53% of fatalities. The latter would roughly compare to a share 40% of traffic in EU-15 injury mortality (unintentional injuries only; CVI, 2003).
- By place of occurrence or setting, 23% of A&E treated tourist injuries occurred in Service Areas (trade and service area, public building) 19% "at home" and outdoor (residential institution, nature), 18% in streets and other public roads and 15% in Sports areas. Naturally, these findings show big variation among data sources due to different patterns of regional tourism (see chapters on national findings), but also due to different definitions and coding practices that could not be accounted for by harmonisation of data.

Some additional findings from the Tourist injury survey in Austria (see Main findings Austria for details)

- 72% of the interviewed injury patients were tourists in Austria, 28% were Austrian tourists that had been injured abroad (and came for after-care).
- 50% of the patients received first aid by paramedics (usually the staff of the ski lift operator); 30 % were transported to hospital by a rescue service, 20% even by helicopter.
- More than 50% of the patients said they would need a follow up treatment at home.

- Almost 90% of the patients would travel home privately, as planned; 7% would need a special transport service.
- More than 50% of injured tourists had special insurance for health care
- 40% the injured tourists foresaw a limitation in everyday live (of 47 days on average).

VI.5. Tourism and tourist injuries in selected Member states/regions

Chapter	Type of data	Figures:	Available for Member State/region:
Tourism	National tourist data	- Overview	- AT, FR, GE, GR, IT, NL
Tourist activities	National tourist data		
Tourist injuries		- Overview	- AT, FR, GE, GR, IT, NL
	Morbidity data	- Residents and tourists by sex in % (A&E data) - Residents and tourists by age in % (A&E data) - Tourist injuries by sex and activity (A&E data) - Tourist injuries by sex and activity (HDR data) - Tourist injuries by sex and place of occurrence (A&E data) - Tourist injuries by sex and place of occurrence (HDR data) - Tourist injuries by sex and sport activities (A&E data) - Transport injuries by sex (Road accident statistics) - Transport injuries by age (Road accident statistics)	- AT, FR, GR, IT-Romagna, NL - AT, FR, GR, IT-Romagna, NL - AT, GR, IT-Veneto, NL - AT, IT-Veneto, NL - AT, GR, IT-Veneto, NL, - NL - AT, NL - AT, GR - AT, GR
	Mortality data	- Overview about sources (Mortality Statistics, Alpine Statistics, Road accident statistics Newspapers) - Fatal injuries Residents and Tourists by sex in % (Alpine statistics) - Fatal injuries of Residents and Tourists by age in % (Alpine statistics)	- AT, - AT - AT
	Other Sources		

Figure 29: Guide to the figures in the Member State chapters by type of data.

VI.5.1 AUSTRIA

Tourism in Austria

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
International Tourist Arrivals (million)	19	77	18	14	40	10	289
% of Tourist Arrivals of Resident population	232%	129%	22%	128%	70%	60%	77%

Figure 30: Tourist arrivals compared to resident population by selected Member States (see Figure 11)

In the year 2001 18,2 million arrivals of foreign tourists were registered in Austria. Visitors from Germany accounted for 10,1 million arrivals in Austria in the year 2001, visitors from The Netherlands for 1,2 million. The foreign (non-domestic) guests spent 84 million nights in Austria;[14] Austrian and foreign guests stayed for an average of 4,3 nights per stay.[15]

Tourist activities

The profile of the Austrian guest in winter.[16] In winter 2000/01 and summer 2001 10.000 Austrian guests were interviewed in a representative survey. From 5.322 interviewed tourists of the winter season 53 % were from Germany, 24 % from Austria and 9 % from the Netherlands. 46 % of the interviewed persons were employees or civil servants, 16 % freelancer or farmer and 15 % pensioners. 80 percent of the guests arrive with their private car, 8 percent by train, 5 percent by bus. 63 % of the interviewed Austrian guests were males and 37 % females, the average age was 43 years. 45 % were staying with a partner, 31 % with family members and 20 % were staying on their own.

[14] http:\\tourmis.wu-wien.ac.at
[15] Bericht über die Lage der Tourismus und Freizeitwirtschaft in Österreich 2001, Bundesministerium für Wirtschaft und Arbeit, Sektion Tourismus und historische Objekte, Juli 2002, S. 9
[16] Gästebefragung Österreich, Österreichbericht Winter 2000/01, Info Research International, Wien 2001

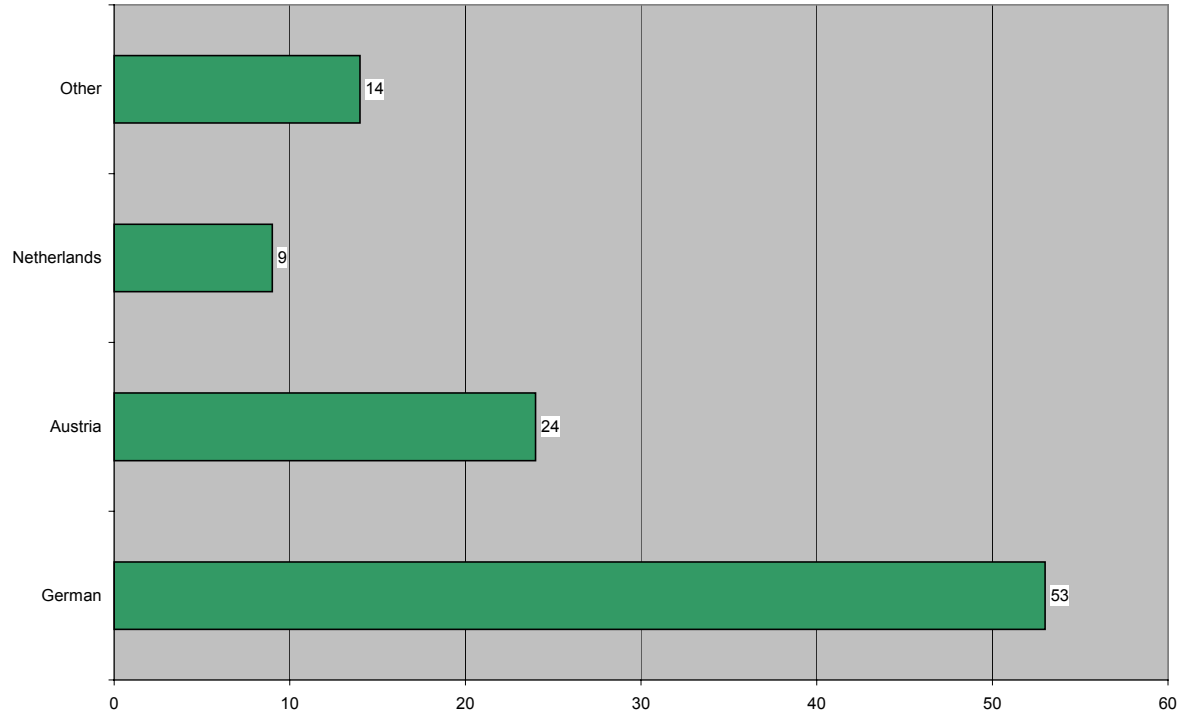

Figure 31: Austrian tourists by country of origin in winter (%) (Info Research International 2001)

The profile of the Austrian guest in summer.[17] 7.055 interviews were made in the representative survey in summer 2000. As in the winter survey, most tourists were from Germany (48 %), 32 % from Austria and 5 % from the Netherlands. Like in winter, most of the Austrian guests in summer were employees or civil servants (42 %), 22 % pensioners and 14 % freelancer or farmers. 67 % of all the interviewed tourists went by car, 9 % by train, 5 % by caravan or plane. The majority of the interviewed persons were males (58 percent) and the average age was 47 years. 47 % were staying with a partner, 34 % were family members and 16 % were staying on their own.

[17] Gästebefragung Österreich, Österreichbericht Sommer 2000, Info Research International, Wien 2000

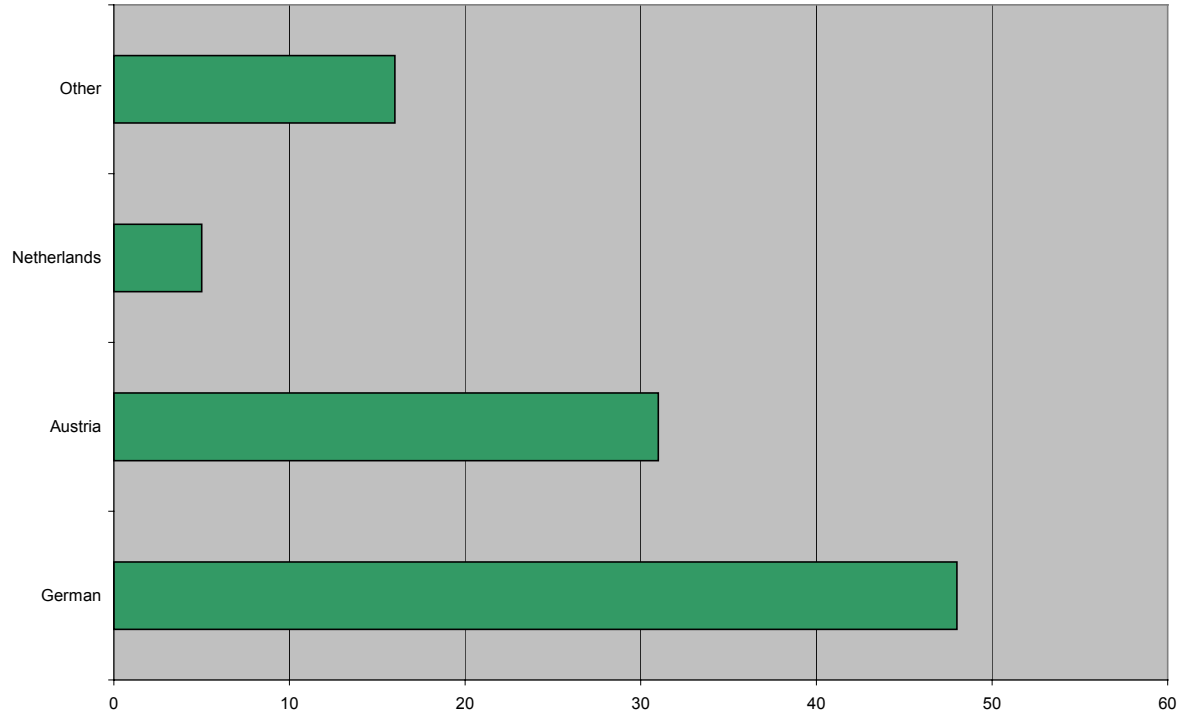

Figure 32: Austrian tourists by country of origin in summer (%) (Info Research International 2000)

Survey of typical tourist activities in winter and summer. In winter Austrian tourists mainly engage in sports and recreational activities. In the winter of the year 2000/01 61 % of the interviewed persons described their holiday in Austria as a sport trip and 49 % as a recreational trip. 68 % of them often or sometimes go skiing in their holiday, 28 % sledging, 24 % carving and 21 % snowboarding. Further activities of the Austrian guests in winter were relaxing (84 %), taking a walk (82 %), going shopping (69 %), going to a pool or sauna (58 %) and hiking (43 %). In the evening tourists liked to go to the discos (69 %) and to go out for dinner (72 %).

65 % of the interviewed persons in summer came to Austria for relaxing activities, 34 percent, especially in the west of Austria, answered that they want to hike. 19 % of the guests came to Austria because of a bathing trip and 15 % of all interviewed persons described their holiday as a cultural trip. Their main activities in summer were to take a walk (92 %), to relax (86 %), go out for dinner (80 %), to wander (77 %), to go shopping (74 %) and to go swimming (73 %).

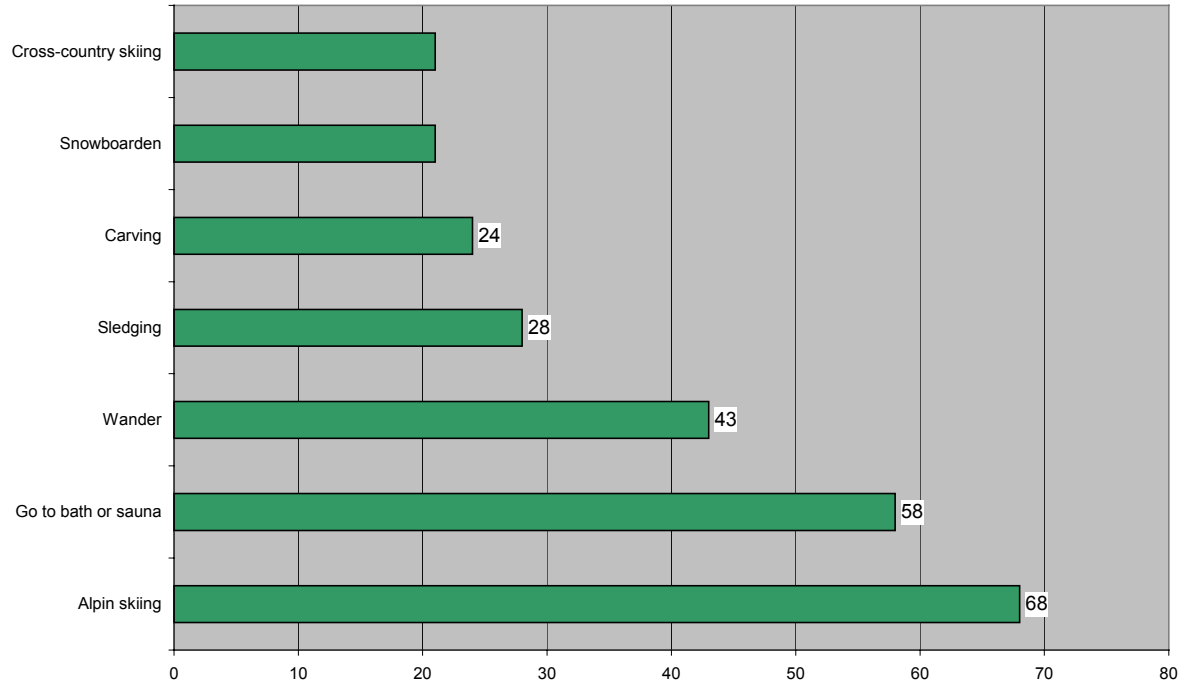

Figure 33: Sport activities of Austrian tourists in winter (Info Research International 2001)

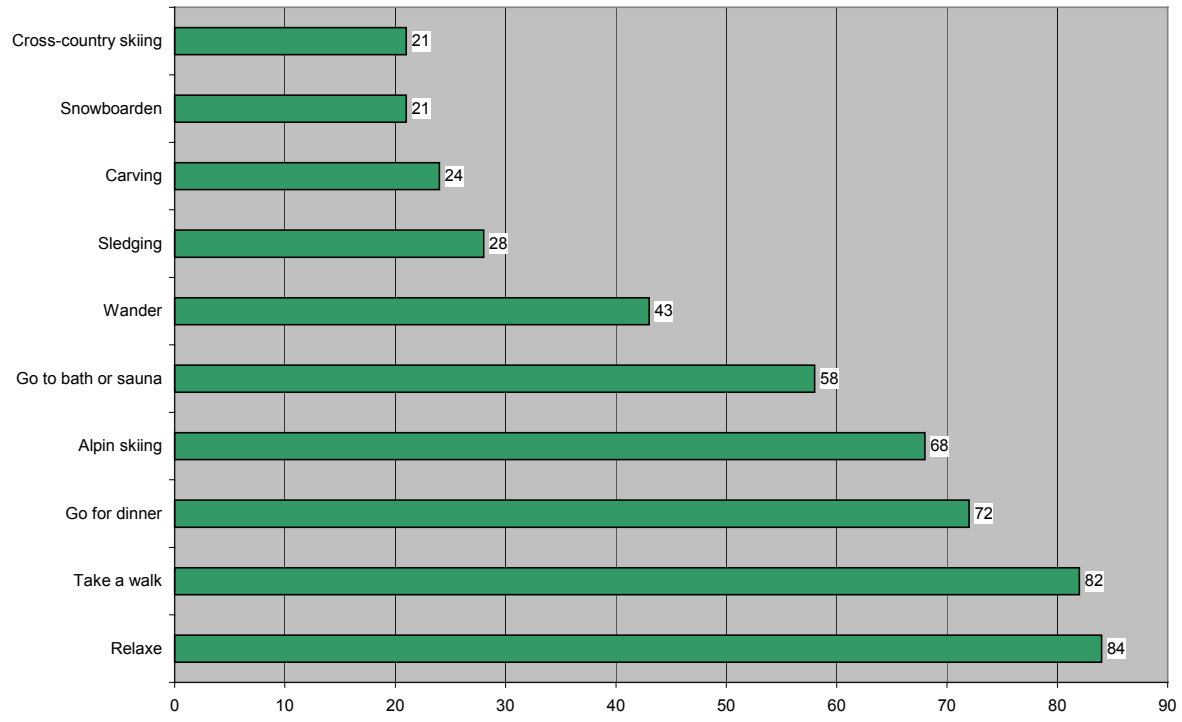

Figure 34: Activities of Austrian tourists in winter (%) (Info Research International 2001)

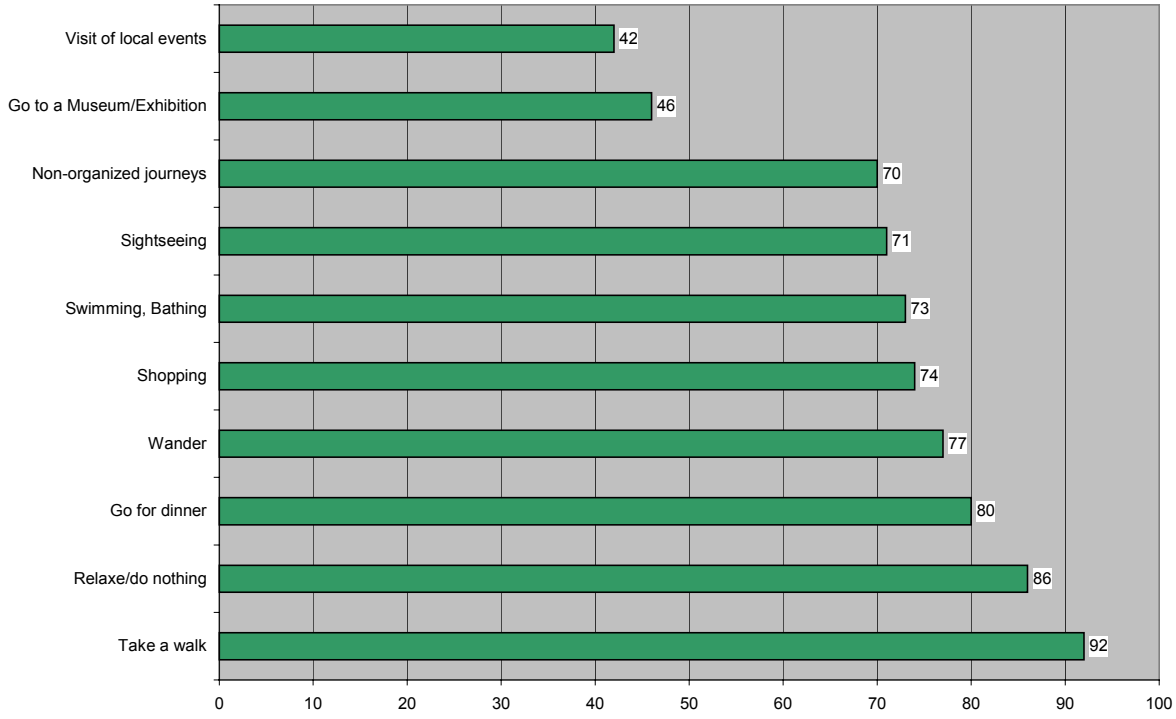

Figure 35: Activities of Austrian tourists in summer (%) (Info Research International 2000)

Injuries in Austria

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
% of Tourist injuries:							
Hospital admissions	5,1%	0,5%		2,2%		0,9%	2,2%
A&E treatments	3,0%	1,8%		2,1%	2,2%	1,2%	2,1%
Mortality	11,1%			3,7%			7,4%
Mortality: Road traffic	19,0%	7,5%					13,3%
Other sources (Media)	28%		6%		8%		14,2%

Figure 36: Tourist injuries compared to resident injuries by selected Member States/regions (see Figure 11).

Morbidity data

Activities/causes. The most comprehensive overview about tourist injuries, although in little detail, is obtained by the "**National Hospital Discharge Register**", as it covers all admitted cases in Austrian hospitals (see Figure 6).

Sports accounted for 50 % (almost 6.000 cases) of all injury admissions of tourists, "Home and leisure" for 35% and Transport accident for 11% (Figure 37). The share of tourist admissions caused by sports injuries in Austria is 20% (Bauer, 2002).

55 % of tourists affected by sports injuries were male. The "male share" in traffic/ transport injuries was 61 %, and 51 % in "home and leisure" injuries.

Violence and self-mutilation accounted for approx. 1 % of all admitted tourists injuries (90 % and 70 % male).

EHLASS Austria contains detailed records on A&E treated and/or admitted "home, leisure and sport" injuries from a sample of seven hospitals all over Austria (see Figure 6).

Sports accounted for 70 % of all hospital treated injuries of tourists within the "home, leisure and sport" segment; 60 % affected males (also among the resident population in Austria more men than women got injured by sport activities). In "home and leisure" activities 55 % of affected tourists were male (Figure 38).

Tourists in Austria were primarily affected by sport injuries. Looking into the different types of sports, skiing proved (by far) the leading cause for tourist sport injuries. Slightly more men than women got injured in skiing. Playing outdoor soccer was the second cause for having a sport injury in Austria. Injuries caused by outdoor soccer affected especially men (Figure 39).

As expected, main place of occurrence of tourist injuries as listed by EHLASS Austria data were "sport areas". Public areas, such as "streets and other public roads", trade and service areas, "amusement parks, playgrounds" and public buildings, together account for 30 % of tourist injuries in the "home, leisure and sport" segment (Figure 40).

Sex and age are main determinants for having an injury. As already shown, men got more frequently injured than women, both as residents and tourists (Figure 41). In Austria tourists between 25 and 65 years of age were affected at a slightly higher share of total injuries than their peers in the resident population (of Austria). Injuries of tourist children or seniors that had to be treated in hospitals were less frequent than injuries of residents in the same age groups (Figure 42).

Austrian road traffic injury statistics. As already shown, after sports and home and leisure accidents, transport injuries are on third place of tourist injuries admitted to hospitals in Austria. According to the Austrian road traffic statistics 2001 55 % of total transport injuries of residents affected men, in tourists the male share was even 62 % (Figure 43).

About 45 % of tourist transport injuries victims were between 25 and 44 years of age, as compared to 35 % in the resident population of Austria. The noticeable trend of less injuries of tourists within the age groups under 14 years and over 65 years of age could not be observed in transport injuries (Figure 45 and Figure 44).

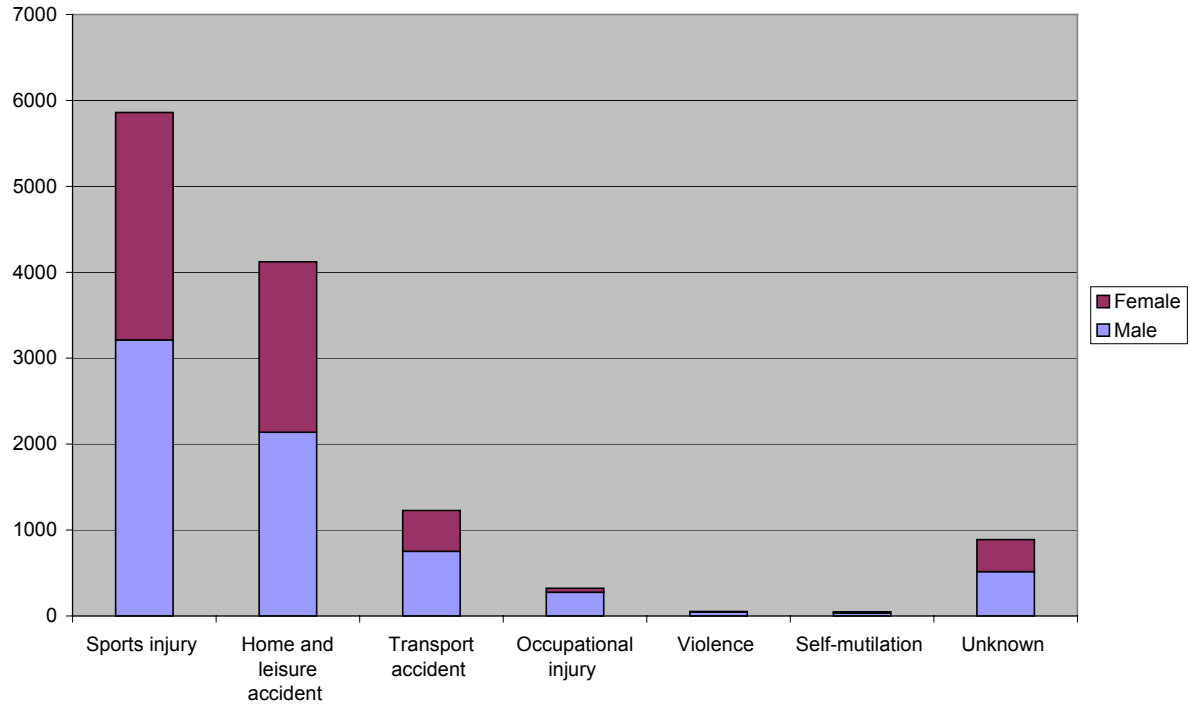

Figure 37: Tourist injuries admitted to hospital in by sex and activity (%) (HDR Austria 2000)

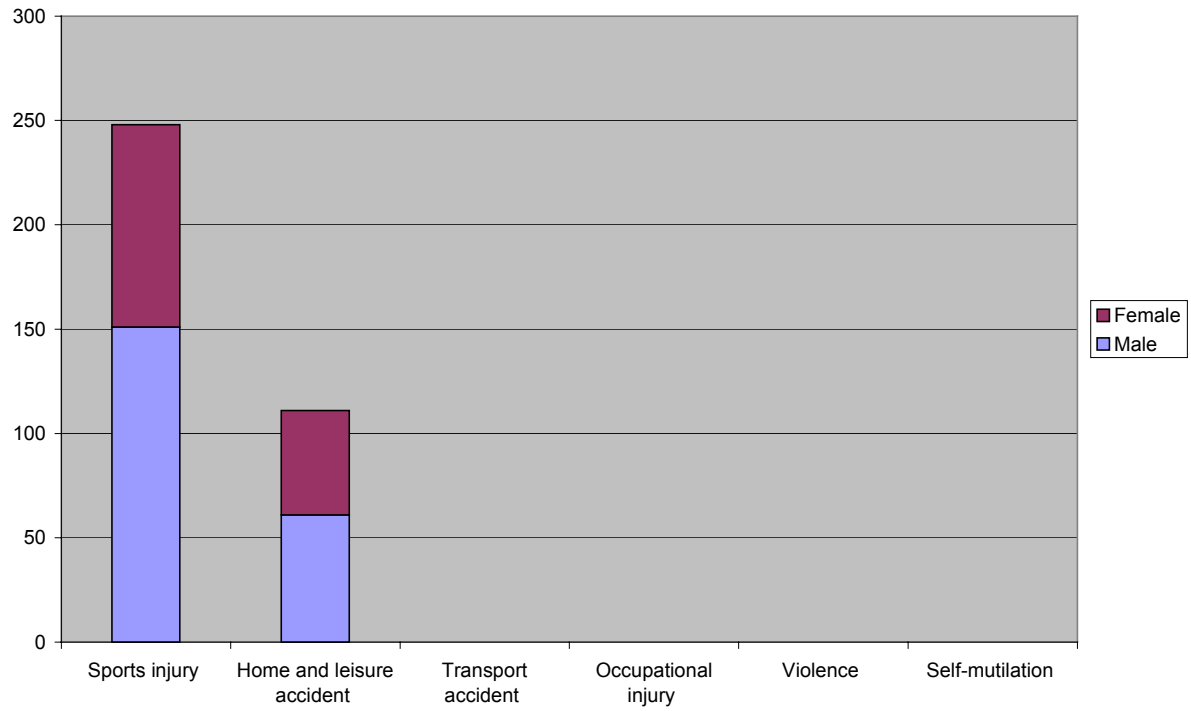

Figure 38: Tourist injuries in “home, leisure and sport” by sex and activity (%) (EHLASS Austria 2002)

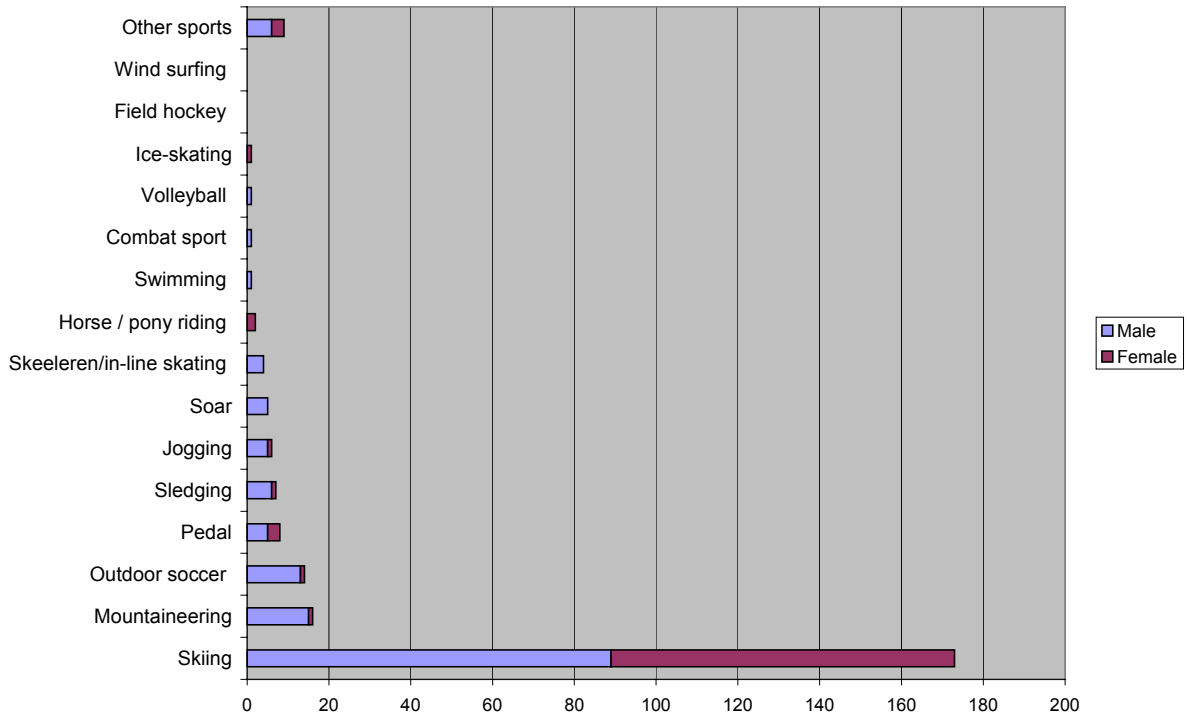

Figure 39: Tourist injuries in “home, leisure and sport” by sex and sport activities (EHLASS Austria 2002)

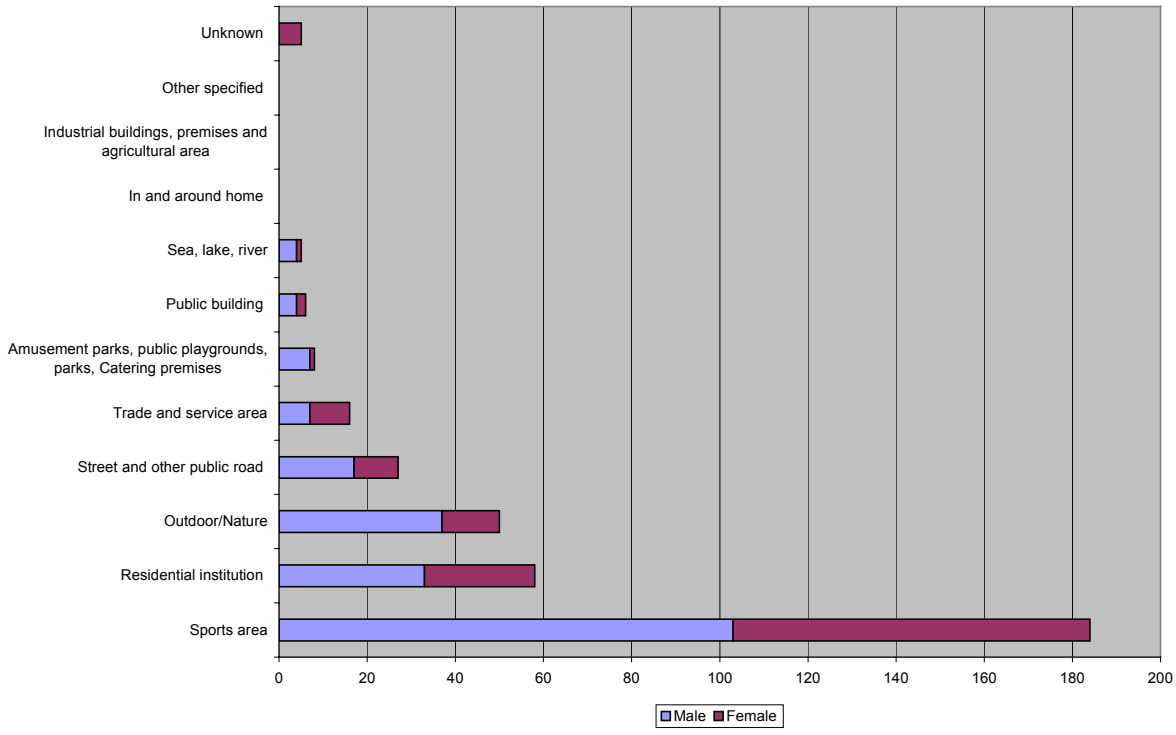

Figure 40: Tourist injuries in “home, leisure and sport” by sex and place of occurrence (%) (Ehlass Austria 2002)

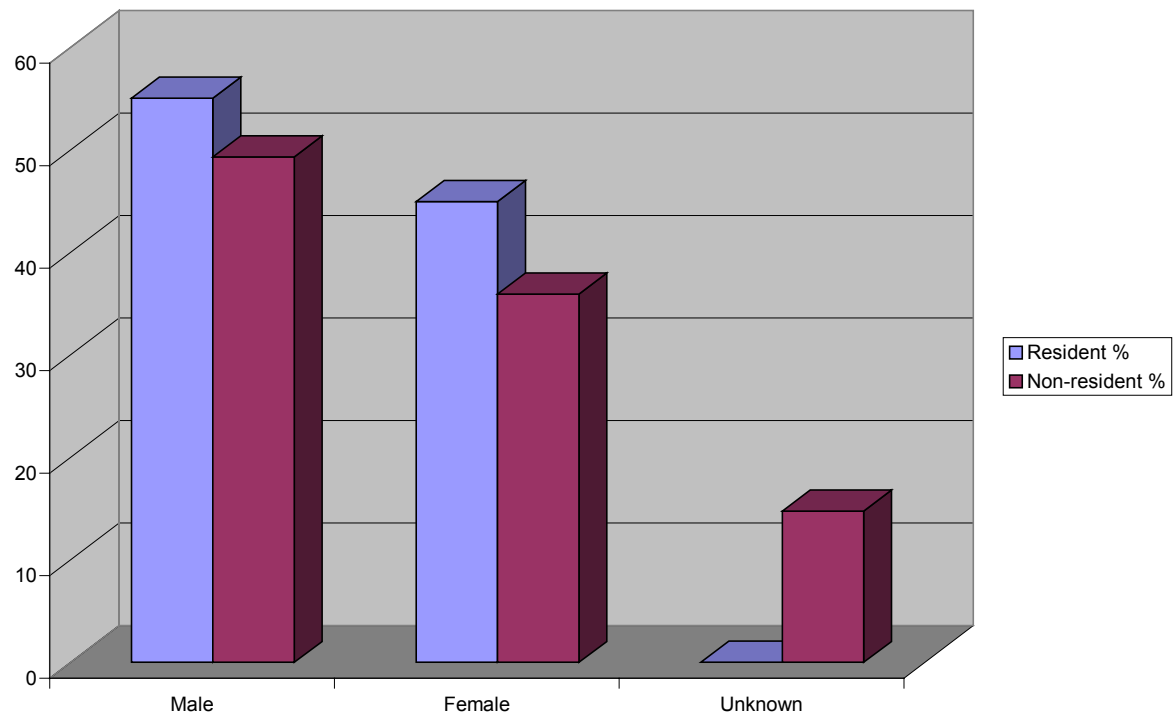

Figure 41: Injuries of residents and tourist in “home, leisure and sport” by sex (%) (EHLASS Austria 2002)

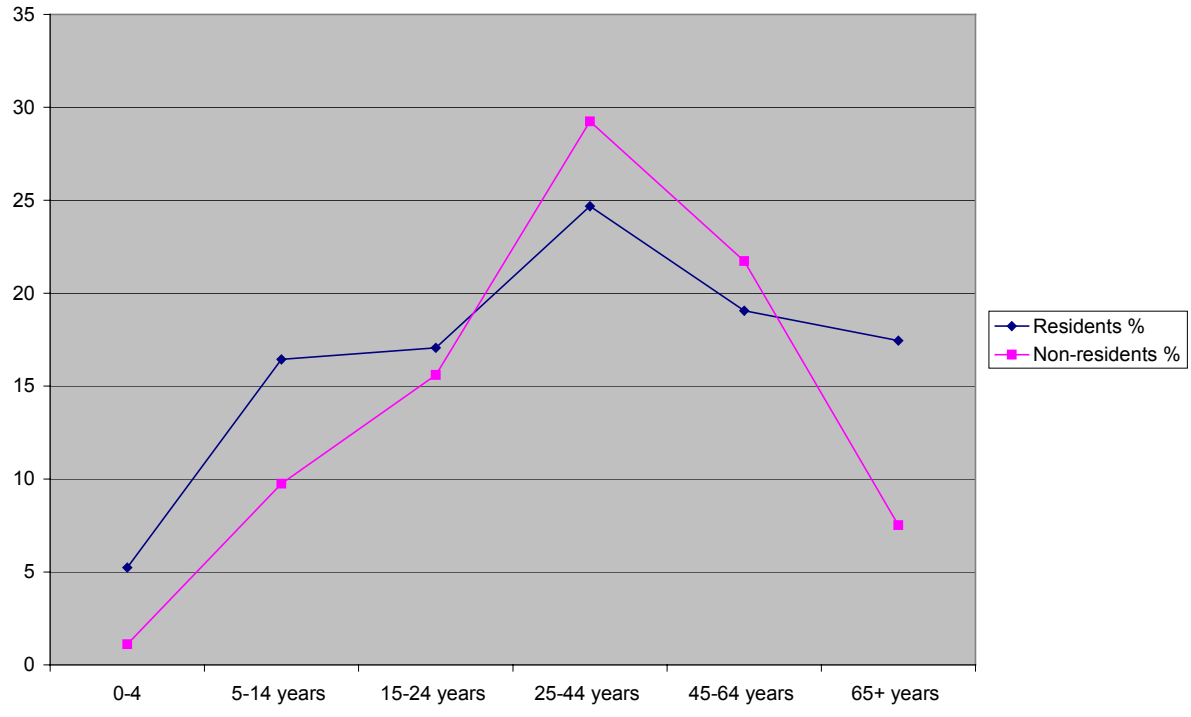

Figure 42: Injuries of in “home, leisure and sport” by age (%) (EHLASS Austria 2002)

Sex	Resident	Resident %	Non-resident	Non-resident %	Total
Male	27078	55	4507	62	31585
Female	21868	45	2812	38	24680
Total	48946	100	7319	100	56265

Figure 43: Transport injuries of residents and tourists by sex (KfV 2001)

Age	Residents	Residents %	Non-residents	Non-residents %	Total
0-4 years	528	1	151	2	679
5-14 years	2694	6	591	8	3285
15-24 years	15748	32	1652	23	17400
25-44 years	16960	35	3195	44	20155
45-64 years	8834	18	1420	19	10254
65+ years	4161	9	307	4	4468
Unknown	21	0	3	0	24
Total	48946	100	7319	100	56265

Figure 44: Transport injuries of residents and tourists by age (KfV 2001)

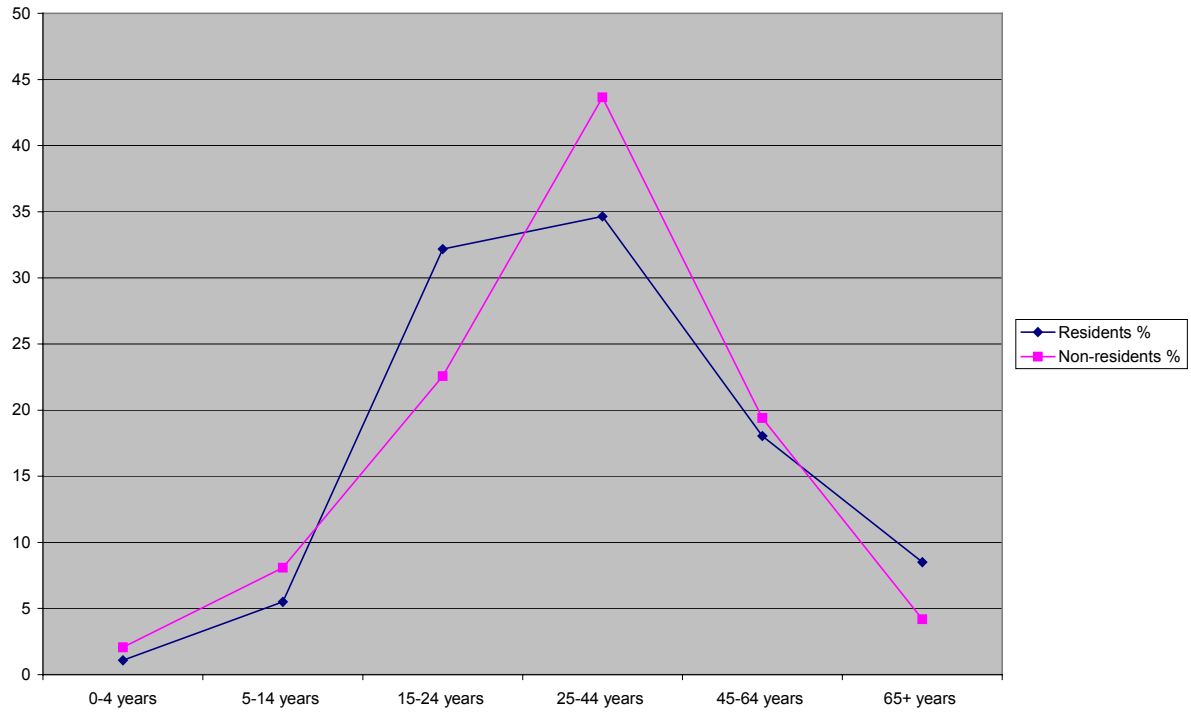

Figure 45: Transport injuries of residents and tourists by age (%) (KfV 2001)

EHLASS tourist survey

The Austrian EHLASS survey took 15 months, from 1st January 2002 to 31st March 2003 and reported 385 cases of injuries involving tourists in Austria as well as Austrians as tourists abroad. The survey was conducted by using a questionnaire with 15 tourist specific questions additional to the standard questionnaire used within EHLASS in Austria (see appendix).

Two types of tourists. 276 of 385 total cases concerned injuries of tourists in Austria and 109 cases affected Austrian tourists abroad. In Austria male tourists were injured more often than female tourists. Austrian women abroad got slightly more often injured than men abroad (Figure 46).

Sex	Austrian abroad	Austrian abroad %	Tourist in Austria	Tourist in Austria %	Total
Male	52	48	161	58	213
Female	57	52	115	42	172
Total	109	100	276	100	385

Figure 46: Injuries of tourists in Austria and Austrians abroad
(Austrian survey 2002-2003)

Age. The "peak" age group of tourists who got injured in Austria was 45 to 64 years, for Austrian tourists abroad "peak" age group 25 to 44 years (Figure 47).

Age	Austrian abroad	Austrian abroad %	Tourist in Austria	Tourist in Austria %	Total
0-4 years	2	1	0	0	2
5-14 years	32	12	9	8	41
15-24 years	36	13	19	17	55
25-44 years	107	**39**	22	20	129
45-64 years	74	27	38	**35**	112
65+ years	24	9	21	19	45
Unknown	0	0	1	1	1
Total	275	100	110	100	385

Figure 47: Injuries of tourists in Austria and Austrians abroad by age
(Austrian survey 2002-2003)

Activities. Most of the injuries occurred during sports activities, males got more frequent injured than women because. Home and leisure accidents affected slightly more frequently females than males (Figure 48).

Activity	Male	Female	Total
Sports injury	174	125	299
Home and leisure accident	39	47	86
Total	213	172	385

Figure 48: Injuries of tourists in Austria and Austrians abroad by activity (Austrian survey 2002-2003)

Analysing the Austrian survey data by **place of occurrence**, most injuries occurred in sport areas, followed by "outdoor/ nature" and public areas, such as "street and other public road", trade and service areas, amusement parks and public buildings put together (Figure 49).

Place of occurrence	Male	Female	Total
Sports area	142	107	249
Outdoor/ Nature	29	13	42
Street and other public road	13	17	30
In and around home	13	9	22
Trade and service area	3	10	13
Residential institution	3	9	12
Sea, lake, river	6	4	10
Amusement parks, public playgrounds, parks, Catering premises	4	2	6
Public building	-	1	1
Industrial buildings, premises and agricultural area	-	-	-
Total	213	172	385

Figure 49: Injuries of tourists in Austria and Austrians abroad by place of occurrence (Austrian survey 2002-2003)

Type of vacation? Item three of the survey questionnaire concerned the type of vacation of tourists in Austria. In the analysed sample 231 injured persons, about 90 % visited Austria because of sports and action activities. Around 7 % for a recreation and health vacation (Figure 50).

Type of vacations	Cases
Cultural activities/ sightseeing	2
Sports/ Action	233
Recreation/ health	17
Visitation of relatives	1
Total	253

Figure 50: Injuries of tourists in Austria and Austrians abroad by type of vacations (Austrian survey 2002-2003)

Use of rental equipment? 26 % of the tourists in Austria and 4 % of the Austrian tourists abroad were using rental equipment at the time of the injury (Figure 51).

Using rental equipment	Cases
As tourist in Austria	
Yes	72
No	204
Total	276
As Austrian resident in foreign countries	
Yes	4
No	105
Total	109
Total total	385

Figure 51: Injuries of tourists in Austria and Austrians abroad by using rental equipment (Austrian survey 2002-2003)

Rental equipment were most frequently skies (or carvers). In five cases sledges were involved in the accident of tourists in Austria. The four injured Austrians abroad were renting a horse, skies and a sailing boat at the time of their accident (Figure 52).

Type of rental equipment	Cases
As Tourist in Austria	
Ski (often Carver)	57
Sledge	5
Paraglide	3
Bicycle	2
Snowboard	2
Deck chair	1
Miniature golf club	1
Unspecified	1
Total	72
As Austrian resident in foreign countries	
Horse	1
Ski (often Carver)	1
Sailing boat	1
Unspecified	1
Total	4

Figure 52: Injuries of tourists in Austria and Austrians abroad by type of rental equipment (Austrian survey 2002-2003)

Information or training about rental equipment? The injured persons were also asked whether they received information or training regarding the rental equipment. More than 50% (40) of the tourists injured in Austria said that they were provided information or training about the rental equipment, hardly 10% (3) of those said it was insufficient. 40% (28) claimed that they would not need any (Figure 53).

Information or training regarding the rental equipment	Cases
Tourists in Austria	
Not necessary	28
No	4
Yes, but insufficient	3
Yes, a training course	18
Yes, a good one	19
Total	72
Austrians in foreign countries	
Not necessary	4
No	-
Yes, but insufficient	-
Yes, a training course	-
Yes, a good one	-
Total	4
Total total	76

Figure 53: Injuries of tourists in Austria and Austrians abroad by Information or training about rental equipment (Austrian survey 2002-2003)

First Aid? About 50 % of the tourists in Austria received first aid by an official rescue service or by a private person. Austrians abroad got first aid in most of the cases (47 %) by a privet person. In 32 of 108 cases first aid was not necessary and in 20 % of all cases a rescue service provided first aid (Figure 54).

First Aid	Cases
Tourist in Austria	
Rescue service	134
Privet person	133
Not necessary	5
Skiing trainer	3
Physician	1
Total	276
Austrian abroad	
Privet person	50
Not necessary	32
Rescue service	22
Physician	3
Hospital	1
Unknown	1
Total	108
Total	385

Figure 54: Injuries of tourists in Austria and Austrians abroad by first aid
(Austrian survey 2002-2003)

Transport to the hospital? The transport to the hospital was carried out by a privet arrangement in 185 of the 385 cases, these are 48 % of the total injuries. In 30 % an emergency medical service conducted the transport and in 80 cases, 21 % of the tourist injuries even a helicopter was needed in order to fly the patient to the hospital (Figure 55).

Transport to hospital	Cases
Privet	185
Emergency medical service	112
Helicopter	80
Chauffeur of the hotel	2
Aeroplane and emergency physician	1
Others (not specified)	3
Unknown	2
Total	385

Figure 55: Injuries of tourists in Austria and Austrians abroad by transport to hospital
(Austrian survey 2002-2003)

Injury consequences? The interviewed persons were also asked if the treatment of their injuries needed a follow up treatment in their home countries. More than 50 % (206) of the patients were expecting to have a further A&E treatment at home, around 20 % to have to visit to their a physician, and 15 % to be re-admitted to hospital in their home countries (Figure 56).

Follow up treatment at home	Cases
Ambulant	206
Physician	80
Re-admission	58
No follow up	34
Do not know	3
Unknown	4
Total	385

Figure 56: Injuries of tourists in Austria and Austrians abroad by follow up treatment at home (Austrian survey 2002-2003)

Means of travelling home? Almost 90 % of the injured tourists travelled home privately as planned, but 7 % had to use a special return transport for their homeward journey (Figure 57).

Homeward journey	Cases
Private as planned	341
Special return transport	26
Others unspecified	1
Unknown	17
Total	385

Figure 57: Injuries of tourists in Austria and Austrians abroad by type of homeward journey (Austrian survey 2002-2003)

Insurance? More than 50 % of the injured tourists had an extra health insurance (Figure 58).

Special insurance for injuries	Cases
Yes	197
No	165
Do not know	21
Unknown	2
Total	385

Figure 58: Injuries of tourists in Austria and Austrians abroad by specific insurance (Austrian survey 2002-2003)

Limitation in everyday life? 50 % (209) of the 385 tourists injured abroad or in Austria said they would have a limitation in everyday life because of this injury, 54 of which (14 % of all) were actually expecting a permanent limitation (Figure 59).

Limitation in everyday life	Cases
Yes	155
No	119
Do not know	56
Yes, permanent	54
Unknown	1
Total	385

Figure 59: Injuries of tourists in Austria and Austrians abroad by limitation in everyday life (Austrian **survey 2002-2003)**

Duration of limitation? The injured tourists were also asked to estimate the amount of days they think the limitation would last. 50 % (75) expected a limitation in everyday life of between 10 to 49 days (Figure 60).

Duration of limitation in work and everyday life	Cases
0-9 days	3
10-49 days	75
50-99 days	46
100-200 days	11
> 200 days	1
Days on average per person	47

Figure 60: Injuries of tourists in Austria and Austrians abroad by duration of limitation (Austrian survey 2002-2003)

Country specific injury? 82 % (336 of 385) of tourists declared that this injury had could have happened also in their home country, 10 % answered that this injury had not been possible at home (Figure 61).

Injury also possible in home country	Cases
Yes	336
No	39
Comparison not possible	7
Do not know	1
Unknown	2
Total	385

Figure 61: Injuries of tourists in Austria and Austrians abroad by possibilities of injury at home (Austrian survey 2002-2003)

Safety recommendations? The last question of the questionnaire was aiming possible safety recommendations for preventing this type of accidents in future, but the advice of the victims themselves didn't prove very helpful. In addition to high non-response rate, nearly 50% of respondents could not think of any recommendations, 40% meant that raised attention or changed attitude of themselves could have prevented their accident. Only 8% named protective equipment or product innovation as a safety advice (Figure 62).

Safety recommendation	Cases
No	60
Raise attention	25
Attitude change	23
Not preventable	9
Product innovation	8
Protective equipment	3
Unknown	257
Total	385

Figure 62: Injuries of tourists in Austria and Austrians abroad by safety recommendations (Austrian survey 2002-2003)

Mortality data

Figure 63 summarises the available sources and data on fatal injuries of tourists in Austria. Statistics Austria (STAT.AT) provides number of fatal injuries (here: unintentional) in the resident population of Austria within the ICD mortality statistics. OEAV (Oesterreichischer Alpenverein and the Alpine Gendarmerie) provides detailed data about injuries in the mountain areas. KfV, the Austrian traffic safety board, provides the national traffic accident statistics.

Sources	Resident	Resident %	Non-resident	Non-resident %	Non-resident / resident %	Total
STAT.AT, 2000	2.673	100	-	-	11 [1]	2.673
OEAV, 2000 ("mountains")	159	56	123	44	77	282
KfV, 2000 ("traffic")	820	84	156	16	19	976

Figure 63: Fatal unintentional injuries of residents and tourists in Austria by sources. [1] Only traffic and mountain fatalities.

Another source of fatal injuries of tourists are the newspapers. During a newspaper search in the time period of 1997 to 2002 278 cases concerning injuries could be found in Austrian newspapers. 217 of the 278 cases (around 80 %) reported about fatal injuries of Austrian residents and 61 cases (20 %) about fatal tourist injuries and (Figure 64). The main causes of these tourist injuries were transport and sports injuries (Figure 65; see Appendix for a detailed description of cases).

Fatal Injuries	Cases
Resident	217
Resident %	78
Non-resident	61
Non-resident %	22
Total	278

Figure 64: Fatal injuries of residents and tourists (Austrian newspapers 1997-2002)

Activity	Cases
Transport accident	40
Sports injury	20
Violence	1
Total	61

Figure 65: Fatal injuries of residents and tourists by activity (Austrian newspapers 1997-2002)

Transport injuries. 958 persons died because of a transport (road traffic) injury in 2001 in Austria. 147 (15 %) of these injuries affected non-residents, i. e. tourists but also professional drivers and people on transit. In both residents (73 %) and tourists (75 %) pre-dominantly males were affected (Figure 66).

The "peak" age groups of residents who died because of a transport injury was 25-44 years (32 %), and 45-64 years for tourists (41 %; Figure 67).

Sex	Resident	Resident %	Non-resident	Non-resident %	Total
Male	596	73	111	76	707
Female	215	27	36	24	251
Total	811	100	147	100	958

Figure 66: Fatal transport injuries of residents and tourists (KfV 2001)

Age	Residents	Residents %	Non-residents	Non-residents %	Total
0-4 years	5	1	2	1	7
5-14 years	14	2	5	3	19
15-24 years	200	25	20	14	220
25-44 years	261	**32**	61	**41**	322
45-64 years	166	20	38	26	204
65+ years	165	20	21	14	186
Unknown	0	0	0	0	0
Total	811	100	147	100	958

Figure 67: Fatal transport injuries of residents and tourists by age (KfV 2001)

Alpine (sports) injuries. Sports injuries are the main cause of alpine mortality in Austria. Fatality causes do not only comprise traumatic injuries, e.g. falling from a cliff or hitting an object in skiing, but also non-traumatic deaths by heart attack (facilitated by high altitude and over-exertion) or suffocation in an avalanche.115 of 123 tourist fatalities in 2000 were related to sport activities (Figure 68).

Mountain Hiking in summer and Alpine Skiing (and related sports) in winter account for the majority of lethal injuries in the mountains (Figure 69). Over 80 % of deaths affected males in both tourists and residents (Figure 71). Also, no noticeable differences was found in the proportion of age groups between fatally injured residents and tourists: both had their peak (41 %) in the age group of 45-64 (Figure 72).

The newspapers search about fatal tourist injuries in Austria indicated Germany, Italy, UK and The Netherlands as main countries of origin of the injury victims (Figure 70).

Causes	Male	Female	Total
Sports injury	93	18	111
Self-mutilation	1	2	3
Occupational injury	3	-	3
Transport accident	5	-	5
Unknown	1	-	1
Total	103	20	123

Figure 68: Fatal injuries of non-residents (mostly tourists) by sex and causes (OEAV 2000)

Sports	Male	Female	Total
Mountain Hiking	37	11	48
Alpine Skiing	33	4	37
Snowboarding	7	1	8
Mountaineering	6	-	6
Paragliding	5	1	6
Ski touring	3	-	3
Canyoning	1	-	1
Sledging	0	1	1
Motorless flying	1	-	1
Total	93	18	111

Figure 69: Fatal injuries of non-residents (mostly tourists) by sex and type of sports (OEAV 2000)

Austrian newspaper clippings	
Countries	Cases
GE	7
IT	5
UK	4
NL	2
GR	1

Figure 70: Fatal injuries of residents and tourists (Austrian newspapers 1997-2002)

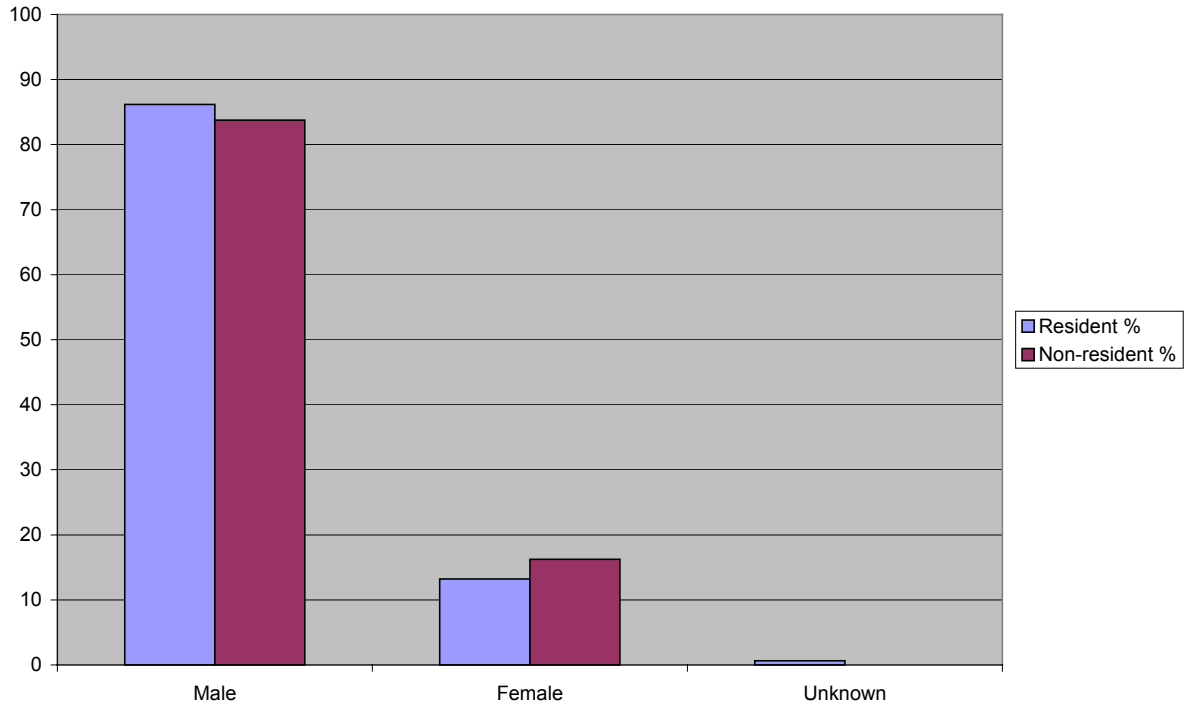

Figure 71: Fatal injuries of residents and tourists by sex (%) (OEAV 2000)

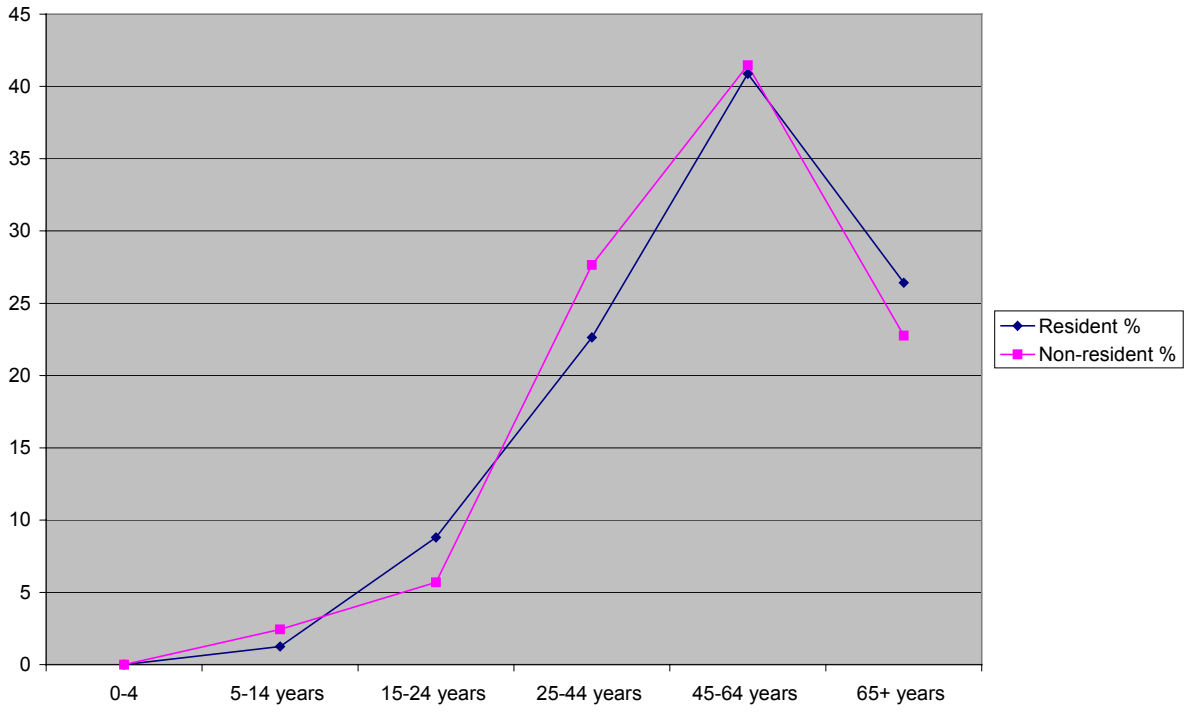

Figure 72: Fatal injuries of residents and tourists by age (%) (OEAV 2000)

Main findings Austria

Tourism

- Austria is a highly tourist country: 19 million non-domestic tourists, more than 230 % compared to the total resident population, are travelling to Austria each year.
- Main incoming tourist nations are Germany and the Netherlands.
- Winter activities of most tourists in Austria include alpine skiing.
- Summer activities of most tourists include hiking (in the mountains).
- Most tourists arrive by car.

Injuries

- 5 % of admitted injuries, 3 % of the A&E treated injuries and 11 % of fatal injuries affected tourists.
- In fatal traffic injuries even 19 % affected tourists: 75 % males and 40 % in the age group 45-64 years.
- In fatal mountain (alpine) injuries even 77 % affected tourists, mainly through Mountain Hiking in summer and Alpine Skiing (and related sports) in winter: 80 % males and 40 % in the age group of 45-64.
- 40 % of fatal mountain (alpine) injuries were related to the winter season; 57 % to the summer season .
- Sports accounted for 50 % of all injury admissions of tourists to hospitals (tourist accounted for 20% of sports injuries): pre-dominantly caused by skiing injuries, 55 % males, and a high share of victims at the age of 25 to 44 and 45 to 64.
- Almost 75 % of A&E treated tourists injury were related to the winter season, 20 % to the summer season.
- Male tourists in the age group of 25 to 44 are at higher risk of (non-fatal) transport injuries than their peers in the resident population.

The Austrian tourist injury survey

- Besides tourists injured in Austria a high share (28%) of Austrians injured abroad were registered by the survey (against the trend, females there got slightly more often injured than males).
- 90 % of the injured tourists visited Austria because of "sports and action".
- Over 25 % of interviewed tourists in Austria were using a rental equipment, most frequently skies.
- 50% of the tourists injured in Austria said that they were provided information or training about the rental equipment, 10% of those said it was insufficient. 40% claimed that they would not need any.
- 50% of the patients received first aid by paramedics (usually the staff of the ski lift operator); 30 % were transported to hospital by a rescue service, 20% even by helicopter.
- More than 50% of the patients said they would need a follow up treatment at home.
- Almost 90% of the patients would travel home privately, as planned; 7% would need a special transport service.
- More than 50% of injured tourists had special insurance for health care
- 40% the injured tourists foresaw a limitation in everyday live (of 47 days on average).
- the majority of non-domestic injury victims – mostly from skiing - blamed own lack of attention or safety attitude for the accident.
- 80% declared that their injury could have happened also in their home land, and was thus not caused by specific circumstances in the destination country. Only a small proportion indicated that better information or training (about rental equipment), protective equipment or a product innovation could have prevented the accident or the injury.

VI.5.2 THE NETHERLANDS

Tourism in Netherlands

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
International Tourist Arrivals (million)	19	77	18	14	40	10	289
% of Tourist Arrivals of Resident population	232%	129%	22%	128%	70%	60%	77%

Figure 73: Tourist arrivals compared to resident population by selected Member States (see Figure 11).

The overview shows that around 10 million tourists travel to the Netherlands each year, these are 60 % of the total resident population (Figure 73).

Tourist activities

The following tables are based on a sample of guests who spend one or more nights in an accommodation in the Netherlands with at least 5 beds in a hotel or pension, or at least 20 beds/ places in camping areas, bungalow parks or other group accommodations (Statistics Netherlands). This information is then extrapolated to the total of accommodations in the Netherlands.

Visitors with a permanent stand on a camping area or who rented a bungalow for more than two months, are also excluded from this research. Asylum seekers are excluded, even when their stay in an accommodation does not exceed two months. Every month the guests who check out are registered, regardless of the month of arrival. It is possible that one person is counted as visitor two or more times in a month in the same or different accommodations.

There is no specific information available about the activities of the tourists; however, there is information about the region where the tourists stay, and this also gives some information about what tourists are likely to do during their stay. These regions are:

- Coastal area (Wadden-islands and seaside resorts)
- Water sport areas (Ijsselmeer coast, the Delta area in Zeeland and Zuid-Holland, the lakes in Friesland, Groningen and Noordwest-Overijssel and the Hollands-Utrechtse lakes).

- Forest and heath land in the central part of Holland (Utrechtse Heuvelrug and the Gooi, Gelders river area, Veluwe and the Achterhoek).
- Forest and heath land in the north-east part of Holland (Twente, Salland en Vechtstreek, and the Groningse, Friese en Drentse sand ground areas).
- Forest and heath land in the south part of Holland (West- and Mid-Brabant, East-Brabant, North- and Mid-Limburg and Rijk van Nijmegen and South-Limburg).

Empty cells: no information available

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Nether-lands	765	796	1.042	1.201	1.748	1.739	1.697	2.039	1.406	1.325	1.057	873	15.686
Foreign	512	521	647	991	894	955	1.070	1.165	820	799	640	484	9.500
Total	1.277	1.316	1.689	2.192	2.642	2.694	2.767	3.204	2.226	2.123	1.697	1.357	25.186

Figure 74: Number of tourists (in 1.000) who stay at least one night, by month and country of origin (Statistics Netherlands 2001)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Netherlands	133	138	201	214	346	338	334	427	271	243	186	149	2.980
Foreign	51	41	55	163	134	171	206	211	125	139	57	38	1.389
Total	184	179	256	378	480	509	540	638	396	382	243	186	4.370

Figure 75: Coastal area: number of tourists (in 1.000) who stay at least one night, by month and country of origin (Statistics Netherlands2001)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Netherlands	45	44	62	76	149	154	194	208	115	83	64	55	1.249
Foreign	27	25	32	69	73	80	109	125	62	49	37	34	723
Total	72	70	94	146	222	234	303	333	177	132	100	89	1.972

Figure 76: Water sport areas: number of tourists (in 1.000) who stay at least one night, by month and country of origin (Source: Statistics Netherlands2001)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Netherlands	120	131	171	181	268	297	268	340	243	243	180	137	2.577
Foreign	20	19	23	45	45	42	48	53	37	30	26	15	401
Total	140	150	193	225	312	339	316	393	280	273	206	152	2.979

Figure 77: Forest and heath land in the central part of Holland: number of tourists (in 1.000) who stay at least one night, by month and country of origin (Source: Statistics Netherlands 2001)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Netherlands	97	108	142	178	310	290	293	358	223	200	132	108	2.,437
Foreign	14	16	17	50	28	33	37	35	30	34	21	12	327
Total	111	124	159	227	338	324	330	393	253	234	152	119	2.764

Figure 78: Forest and heath land in the north-east part of Holland: number of tourists (in 1.000) who stay at least one night, by month and country of origin (Source: Statistics Netherlands2001)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Total
Netherlands	227	234	294	375	485	459	418	504	367	368	318	269	4.318
Foreign	84	89	102	161	118	125	110	130	102	110	93	71	1.295
Total	311	324	396	536	603	584	528	634	469	478	411	340	5.612

Figure 79: Forest and heath land in the south part of Holland: number of tourists (in 1.000) who stay at least one night, by month and country of origin (Source: Statistics Netherlands 2001)

Injuries in Netherlands

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
% of Tourist injuries:							
Hospital admissions	5,1%	0,5%		2,2%		0,9%	2,2%
A&E treatments	3,0%	1,8%		2,1%	2,2%	1,2%	2,1%
Mortality	11,1%			3,7%			7,4%
Mortality: Road traffic	19,0%	7,5%					13,3%
Other sources (Media)	28%		6%		8%		14,2%

Figure 80: Tourist injuries compared to resident injuries by selected Member States/regions (see Figure 11).

Morbidity data

Around 1 % of hospital admissions and of A&E treatments caused by injuries concerned tourist (Figure 80).

According to the Hospital Discharge Register in the Netherlands around 50 % of the injuries of tourists happend during “home and leisure” activities and more than 25 % got injured by a transport injury (Figure 81).

The Dutch Injury Surveillance System (LIS) shows a similar picture, though in a more detailed way: 50 % of the tourists got injured during “home and leisure activities”, 15 % got injured by a transport accident, 13% by a sports accident (Figure 82).

Most frequent places of occurrence of tourists injuries were “streets and other public roads” (more than 50 %), 8 % happened in “sports areas” and eight “amusement parks and public playgrounds” (Figure 83).

Frequent types of sports injuries of tourists in Netherlands were outdoor soccer and swimming (together more than 50 %; Figure 84).

As tourists, males got injured even more often (66 %) than within the resident population of the destination (59 %; Figure 85).

The age groups under 14 and over 64 years of tourists have less injuries than the same age groups within the resident population; the injury peak in the age group “25 and 44”, however, is higher in tourists (40 %) than in residents (33 %; Figure 86).

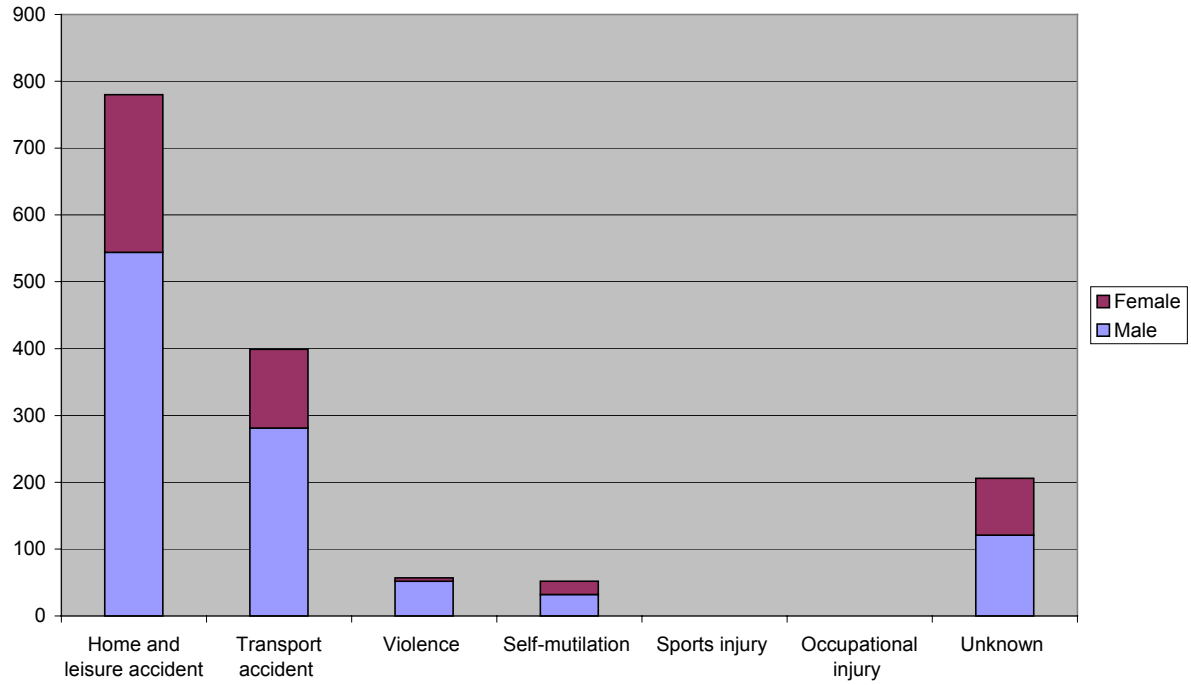

Figure 81: Tourist injuries by sex and activity (Dutch Information System on Hospital Care and Nursing (LMR) 1999-2000)

Figure 82: Tourist injuries by sex and activity (Dutch Injury Surveillance System (LIS) 1998-2000)

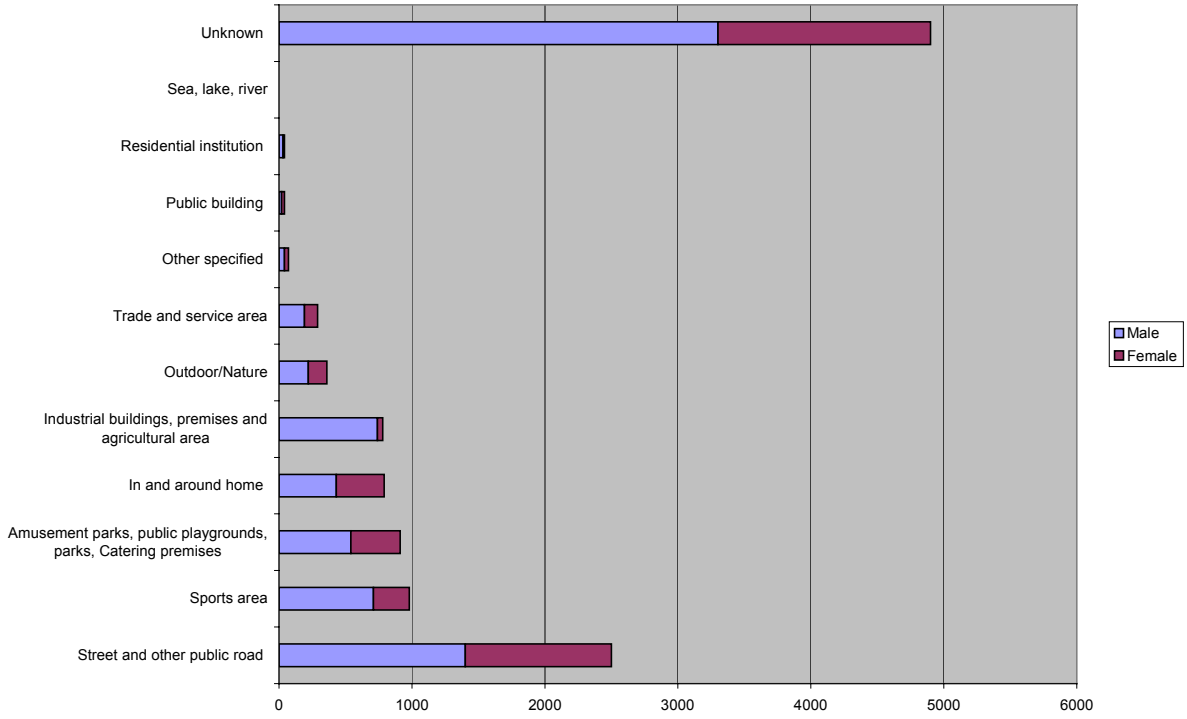

Figure 83: Tourist injuries by sex and place of occurrence (Dutch Injury Surveillance System (LIS) 1998-2000)

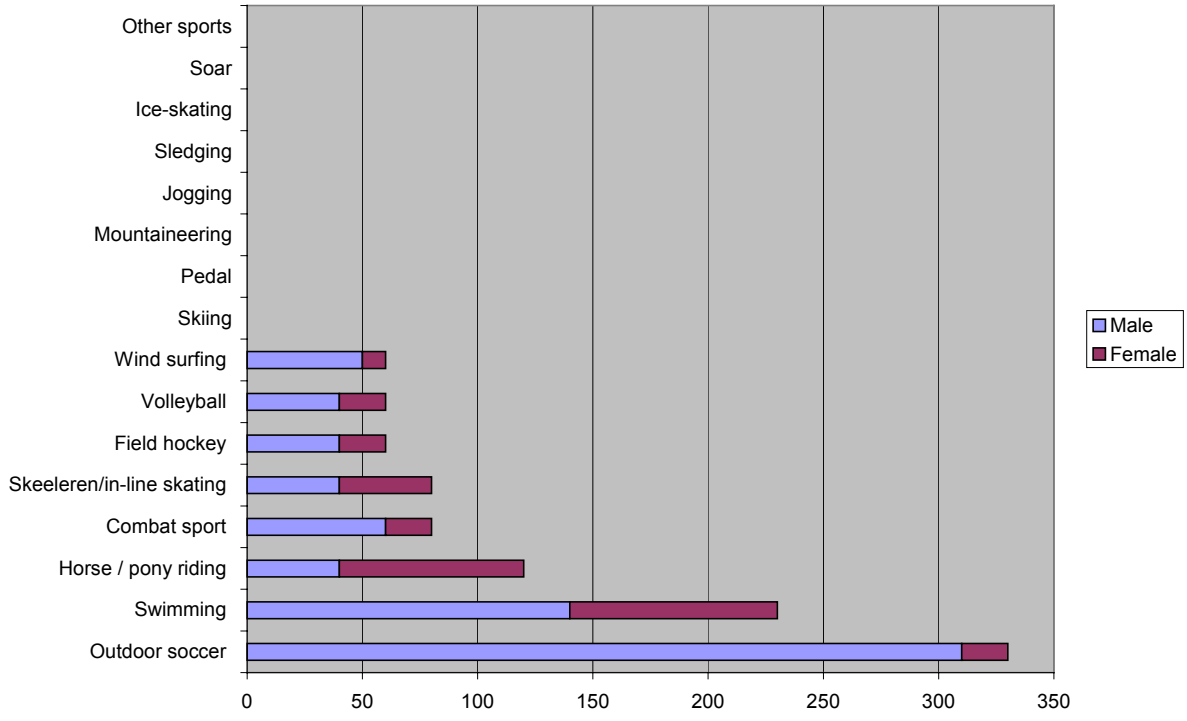

Figure 84: Tourist injuries by sex and type of sports (Dutch Injury Surveillance System (LIS) 1998-2000)

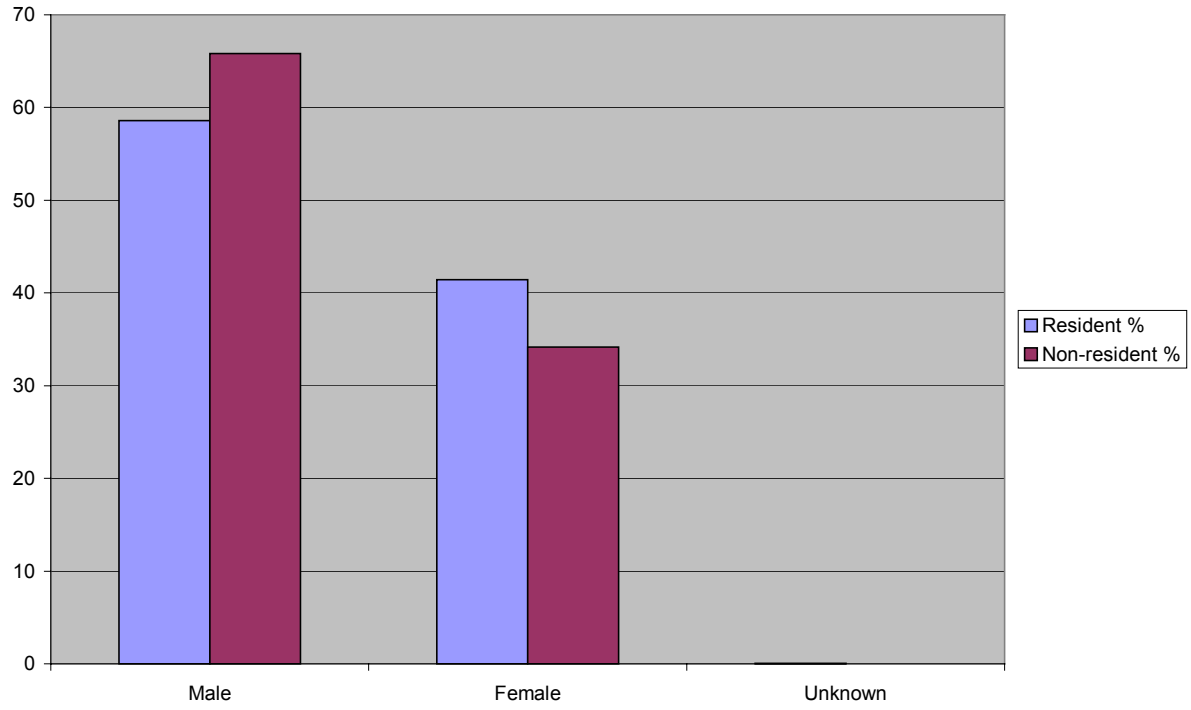

Figure 85: Residents and tourists by sex (%) (Dutch Injury Surveillance System (LIS) 1998-2000)

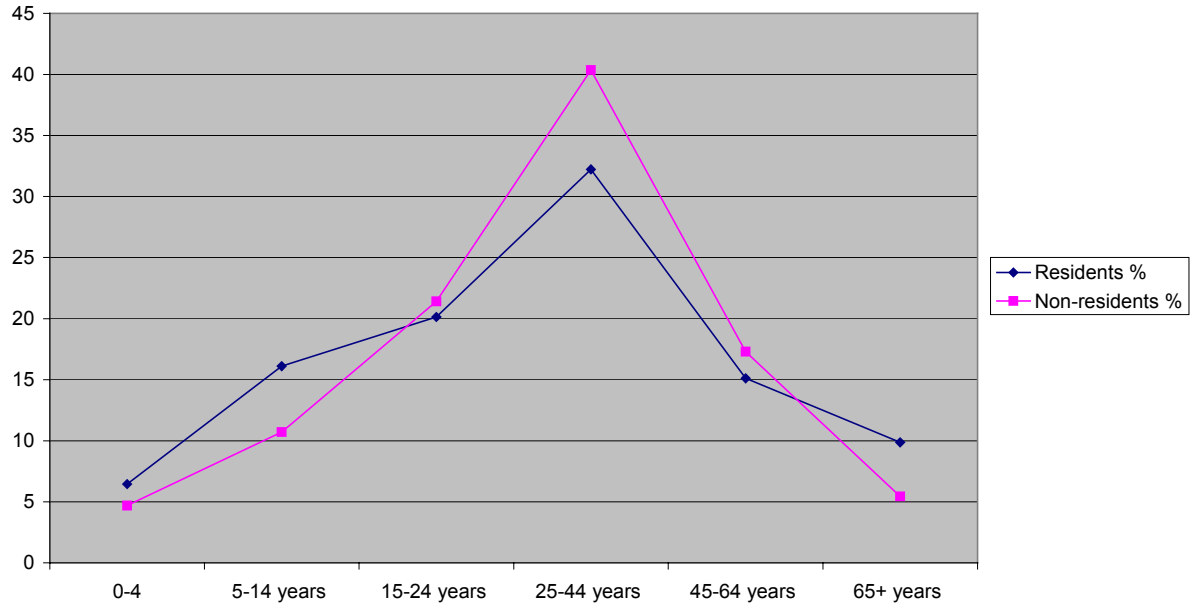

Figure 86: Residents and tourists by age (%) (Dutch Injury Surveillance System (LIS) 1998-2000)

Mortality Data

Information about the country of origin of the victims is available neither in the Dutch Mortality Statistics nor the and Non-natural Death Statistics.

The Mortality Statistics by Statistics Netherlands registers information about all deceased persons who were living in the Netherlands. The external causes of injuries and poisoning are coded following the ICD10 (International Classification of Diseases, 10th revision) coding.

Data in the Non-natural Death (NND) Statistics by Statistics Netherlands of is based on information about population and deaths statistics, and on research by courts. In this statistics, all Dutch residents are registered, including those who die in another country. The cause of death is clustered by type of injury (traffic, sport, occupational, home and leisure, self mutilation and violence) and wherever possible, the mechanism of the injury is coded (fall, crushing, burns, drowning, suffocation, other).

Registration of Dutch Newspaper Clippings. In the registration of Dutch Newspaper Clippings we record all home and leisure accidents mentioned in national and regional newspapers in the Netherlands. Home and leisure accidents that are published in papers are often more serious accidents. For this reason, the Newspaper Clippings can not be used as quantitative data on injuries. However, this registration contains a lot of qualitative background information on the recorded injuries.

We have selected newspaper clippings concerning tourists/ foreigners who died because of an accident in the Netherlands, in the period 1997 – recent.

Examples for keyword: Tourist

- A tourist has died after he fell from a roof gutter from a hotel, which he reached by climbing through a window.
- A 31-year old foreign tourist has died yesterday, after he fell from a roof from a hotel. The man made a fall of at least 15 meters and died on the spot. A witness saw the man hanging from the roof gutter and heard him scream for help. It is not clear how the hotel guest could end up on the roof.
- Yesterday, a 26-year old foreign tourist died from the injuries he sustained Saturday morning after he had fallen from a balcony of his hotel. According to the police, the man had arrived very drunken in the hotel. At a certain moment he opened a door to a balcony. For unknown reasons, he fell down from it.

Examples for keyword: Foreign.

- Yesterday, a 3-year old foreign boy has died in the hospital after he had fallen into the water. In the afternoon, the toddler fell into a little lake. Divers pulled him out of the water after twenty minutes. The boy was strongly supercooled when he was transported to hospital; and he died there at the beginning of the evening. According to the police the father has lost site of his son and called for help. He already suspected that his child had fallen into the water.
- Last night a 1-year old boy has died in the hospital after falling from a watchtower Saturday afternoon. The toddler climbed the tower together with his parents while half way up, he fell through the railing. Subsequently he fell from a height of almost 5 meters onto a granite floor and sustained severe head trauma. The distance between the railing was only 10 to 20 centimetres, but the toddler had managed to squeeze through them anyway.
- Sunday afternoon two foreign sport divers have died in a river. The men died of the consequences of a pneumothorax, caused by rising to the water surface to quickly. This were the outcomes of a technical research of the diving equipment. The two men (30 and 31 years old) were staying with their diving club on an nearby camping. The two men were attached to each other by means of a buddy-line. This is a rule in the diving sport. Attempts to resuscitate the two men failed. According to the police the men were experienced divers. The spot is very popular with divers from inside and outside the country, because on some places one can dive down to 50 meters of depth.

Main findings Netherlands

Tourism

- Netherlands has almost ten million tourists each year (around 60 % as compared with the total resident population).
- Most of the non-domestic tourists in Netherlands stay in the coastal area (1,4 million), almost 1,3 million in the forest and heath land in the southern part of Holland.

Morbidity data

- Around 1 % of hospital admissions and of A&E treatments caused by injuries concerned tourist .
- 50 % of the tourists got injured during “home and leisure activities”, 15 % got injured by a transport accident, 13% by a sports accident.
- Most frequent places of occurrence of tourists injuries were “streets and other public roads” (more than 50 %), 8 % happened in “sports areas” and eight “amusement parks and public playgrounds”.
- Frequent types of sports injuries of tourists in Netherlands were outdoor soccer and swimming (together more than 50 %).
- As tourists, males got injured even more often (66 %) than within the resident population of the destination (59 %).
- The age groups under 14 and over 64 years of tourists have less injuries than the same age groups within the resident population;
- the injury peak in the age group 25 and 44, however, is higher in tourists (40 %) than in residents (33 %).
- No selection on tourists can be made in the Mortality Statistics and Non-natural Death Statistics as the information about the country of origin is not available in these sources.
- Newspaper clippings about accidents of tourists are available and yield valuable qualitative information (can not be used as quantitative source, however).

VI.5.3 FRANCE

Tourism in France

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
International Tourist Arrivals (million)	19	77	18	14	40	10	289
% of Tourist Arrivals of Resident population	232%	129%	22%	128%	70%	60%	77%

Figure 87: Tourist arrivals compared to resident population by selected Member States (see Figure 11).

With 76,5 millions arrivals of foreign tourists in 2001, France represents the world's first tourist destination, before Spain (49,5 millions), the United States (44,5 millions), Italy (39,1 millions) and China (33,2 millions) (Figure 87).

With a little less than 220 million adults, the citizens of this six European countries represent 256 million stays of holidays. The French destination represents about 15 million stays (Figure 88 and Figure 89).

- The Germans and the English constitute numerically the biggest number of holiday-makers in France. France welcomes on average 6 % of the whole tourist stays of the six European clienteles.
- Great disparities are noticed: 25 % of holidays taken by the Belgians take place in France against 2 % for the Spaniards.
- France stays for many tourists a country of transit on the road of Spain and Italy what means short stays. The average duration of stay does not stop decreasing: 8 days in 1994 , 7 days in 1996, less than 5 days in 2000.

Country	%
Germany	20,4
UK + Ireland	16,0
The Netherlands	15,6
Belgium	12,5
Italy	8,6
Spain	4,3
Switzerland	5,0
USA	4,3
North countries	1,6
Japan	0,9

Figure 88: Arrivals in France by country in 2000 (Enquête SOFRES).

	Bel-gium	Nether-lands	Ger-many	UK	Italy	Spain	Total
Population > 15 years	8,4	12,9	68,7	47,8	47,5	33,3	218,6
Rate of departure (> 2 overnight stays)	62%	80%	69%	74%	53%	52%	64%
Holiday-makers (in millions)	5,2	10,3	47,4	35,4	25,2	17,3	140,9
Frequency of departs	1,69	2,05	2,19	1,59	1,56	1,50	1,81
% Holidays abroad	83%	59%	62%	68%	26%	13%	53%
Holidays in France (millions)	2,2	2,6	5,2	3,4	1,5	0,3	15,2
% Holidays in France	25%	12%	5%	6%	4%	2%	6%

Figure 89: Stays of holidays in France by country (Enquête SOFRES).

Tourist activities

Typology of the European holiday-makers in France (Enquête SOFRES):

Germany. In spite of a rate of departure abroad more raised than average (62 %), France is only in fourth position of destinations abroad far behind Spain. These tourists of social category and income " average - raised", are older than the average of the other considered countries (37 % only have less than 35 years). For these tourists " City breaks " arrive in front of the sun and the beach. These tourists spend on average five times less during a stay than Switzerland, Japanese or Americans.

UK. In spite of a raised rate of departure abroad (68 %), France arrives in second position of destinations out of the borders after Spain. Among these tourists a lot of 35-45 years (45 %) is noted making a lot of short stays of enjoyment (40 %). For these tourists " City breaks " arrive

in front of the sun and the beach. The concentration is decreasing during the summer. Their average level of depenses is a little upper than that from German's one.

Netherlands. There is a rate of departure abroad in the average (59 %). France is first destination out of border in front of Spain. These tourists of social category and income " average - raised ", are rather old (32 % only have less than 35 years). They camp very frequently (44 % against 15 % on average in the considered countries). They have a strong interest for the nature. The campaign and the sea are places privileged to stay, with a strong concentration over the summer period. These tourists spend few money in France.

Belgium. There is a very strong rate of departure abroad (83 %). France is first destination abroad (25 %), far in front of Spain (18 %). The Belgian tourists of social category and weak income are rather young (47 % have less than 35 years). More than a third of stays are spent on the seashore, while "city breaks" are less numerous (8 %).

Italy. There is a weak rate of departure abroad (26 %). France is first destination abroad in front of Spain. The Italian tourists of social category and income "average - lower" are rather young (47 % have less than 35 years). They have a specific interest for the history and the culture. There is a net ascendancy of the stays at the hotel (63 %).

Spain. There is a very weak rate of departure abroad (13 %). However, France is the first destination in front of Portugal. The Spanish tourists of social category and income "average - lower" are the youngest of European tourists (55 % have less than 35 years). They have a specific interest for entertainment. The destination "city" is as far as considered, the most represented. There is a net ascendancy of the stays at the hotel (66 %).

These typologies are not without consequence on accident campaigns of prevention. So if one wants to concern the Dutch tourists, it is rather necessary to make campaigns of prevention for families in campsites during the summer, while to concern the Spanish tourists, strategy will be different: young people in entertainment places in big cities.

Injuries in France

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
% of Tourist injuries:							
Hospital admissions	5,1%	0,5%		2,2%		0,9%	2,2%
A&E treatments	3,0%	1,8%		2,1%	2,2%	1,2%	2,1%
Mortality	11,1%			3,7%			7,4%
Mortality: Road traffic	19,0%	7,5%					13,3%
Other sources (Media)	28%		6%		8%		14,2%

Figure 90: Tourist injuries compared to resident injuries by selected Member States/regions (see Figure 11).

0,5 % of the injuries that had to be admitted to hospital and almost 2 % of the total A&E treatments affected tourists. More than 7 % of the fatal transport injuries concerned tourists in France (Figure 90).

Morbidity data

In hospital admissions of injuries male tourists have a higher share (62 %) as compared to the residents population (53 %; Figure 14); also tourists in the age groups of 25 to 45 have a significantly higher share of injuries (32 %) than residents in the same age groups (22 %; see also Appendix: Hospitalisations in France for injuries: Comparison between the French and European Tourists in France).

In A&E recorded injuries males have a higher percentage of injuries than women, both as residents and tourists (Figure 99).

In the age groups of under 15 and over 65 the percentage of injuries of residents is higher compared to the percentage of tourists in the same age groups (and vice versa in the age groups over 15 and under 65; Figure 100).

Activity/causes. 2.620 cases of drowning injuries were reported in France in 2002. 424, around 16 %, affected tourists (Figure 93). Almost 60 % of the tourists injuries affected men (Figure 94). Looking at the age of the injured tourists, the peak (almost 40%) of drowning injuries was between 15 to 24 years of age (Figure 95 and Figure 96).

Mountain accidents in France in 2000 and 2001 were analysed and presented in the report "Mountains accidents involving foreign tourists". It was can estimated that around 130.000 injuries happened during this period, 22 % of total mountain injuries affected tourists (Figure 97). More than 9.000 persons were tourists from the United Kingdom, more than 5.000 were from Belgium and more than 4.000 from Netherlands (Figure 98).

Mortality data

For France, fatal injuries of tourists could be obtained by our partners from two sources: fatal road injuries in «Security routiere» and fatal drowning injuries in «Drowning report of France» (see Appendix).

More than 8000 injured persons of total transport injuries in France died within six days after the accident. Among the killed, over 7 % were foreign tourists (Figure 91; see Appendix).

50% of fatal drowning injuries affect tourists over 45 years of age (Figure 92).

Physical accidents	Deaths (before 6 days)	Severe wounded (> 6 days hosp.)	Light wounded (Care or < 7 days hosp.)	Total wounded
124.524	8.029	31.851	135.721	167.572

Figure 91: Total road accidents by injury severity; 7 % of deaths affected tourists (Sécurité routière 1999).

Age	Cases
0-4	3
5-14 years	1
15-24 years	4
25-44 years	3
45-64 years	7
65+ years	7
Unknown	4
Total	29

Figure 92: Fatal drowning injuries of tourists by age (Drowning report 2002).

Resident	Resident %	Non-resident	Non-resident %	Total
2.196	84	424	16	2.620

Figure 93: Drowning injuries of residents and tourists (Drowning report 2002).

Sex	Non-resident	%
Male	248	58
Female	126	30
Unknown	50	12
Total	424	100

Figure 94: Drowning injuries of tourists by sex (Drowning report 2002).

Age	Non-residents	Non-residents %
0-4 years	6	1
5-14 years	72	17
15-24 years	159	38
25-44 years	85	20
45-64 years	61	14
65+ years	16	4
Unknown	25	6
Total	424	100

Figure 95: Drowning injuries of tourists by age (Drowning report 2002).

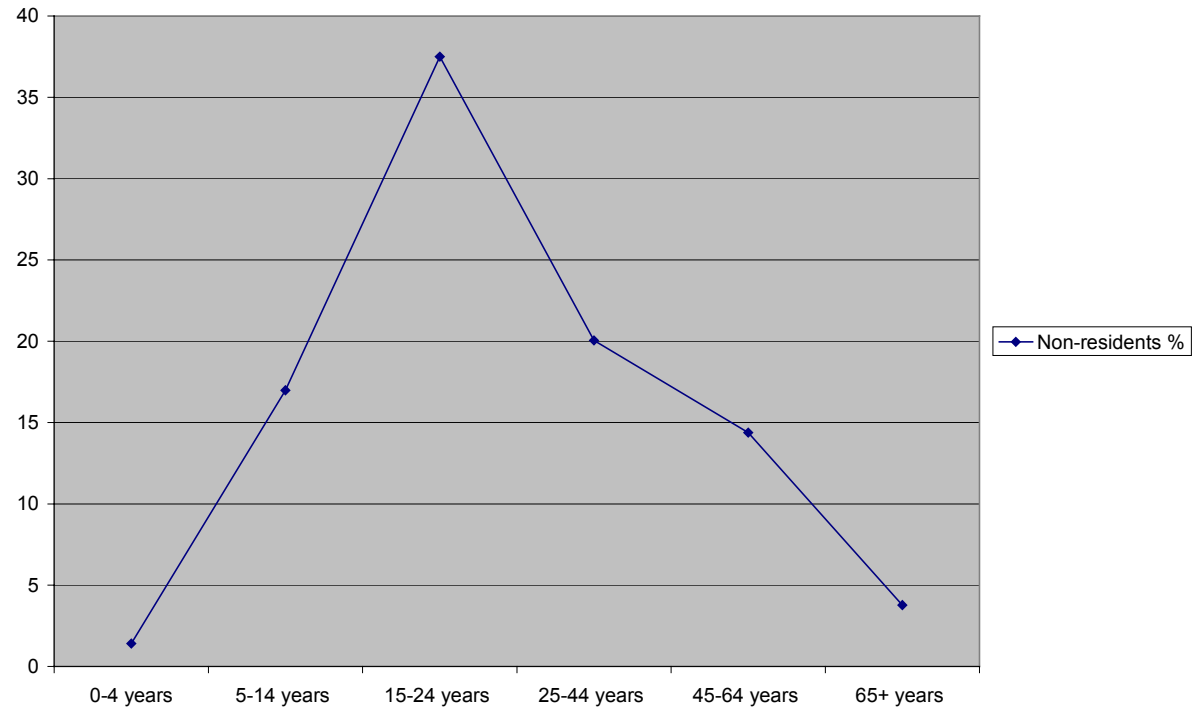

Figure 96: Drowning injuries of tourists by age (%) (Drowning report 2002).

Resident	Resident %	Non-resident	Non-resident %	Total
101.400	78	28.600	22	130.000

Figure 97: Mountain injuries by residents and tourists
(Mountain accidents report 2000/01).

Country	Tourists
UK	9.490
BE	5.460
NL	4.550
DK	1.560
ES	1.430
Other Countries	6.110
Total	28.600

Figure 98: Mountain injuries of tourists by country of origin
(Mountain accidents report 2000/01).

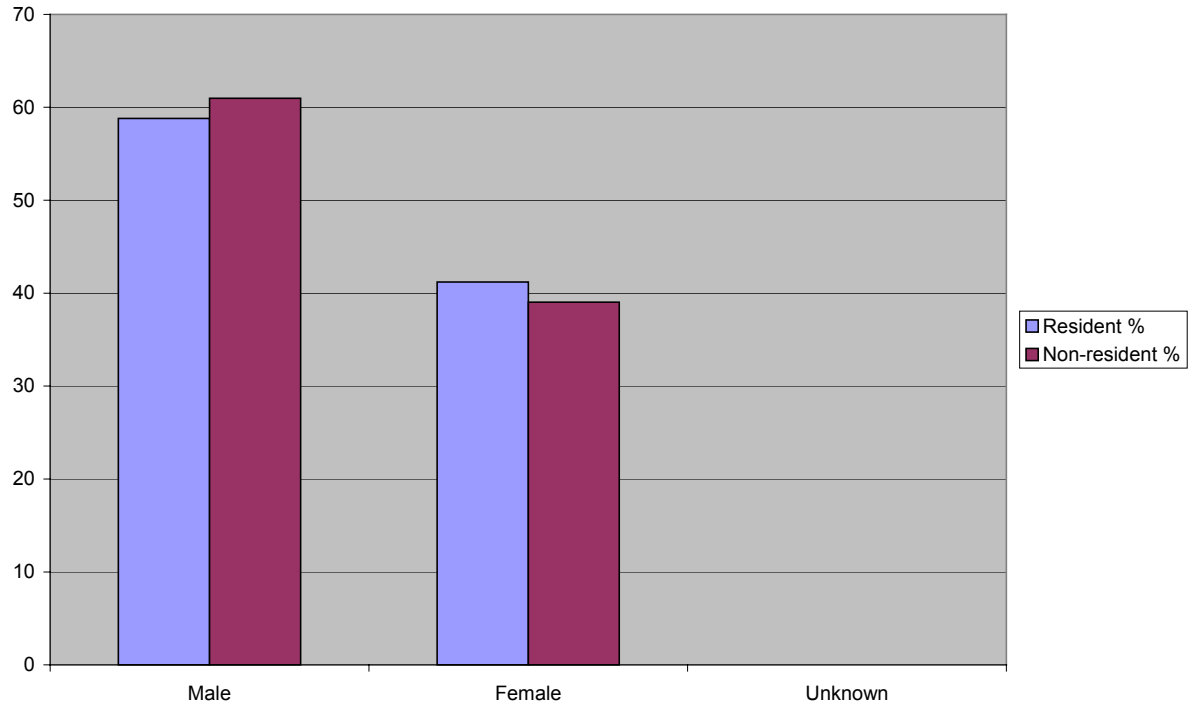

Figure 99: Residents and tourists by sex (%)
(EHLASS –Bordeaux 01-08/2002 ; Annecy 01-04/2002)

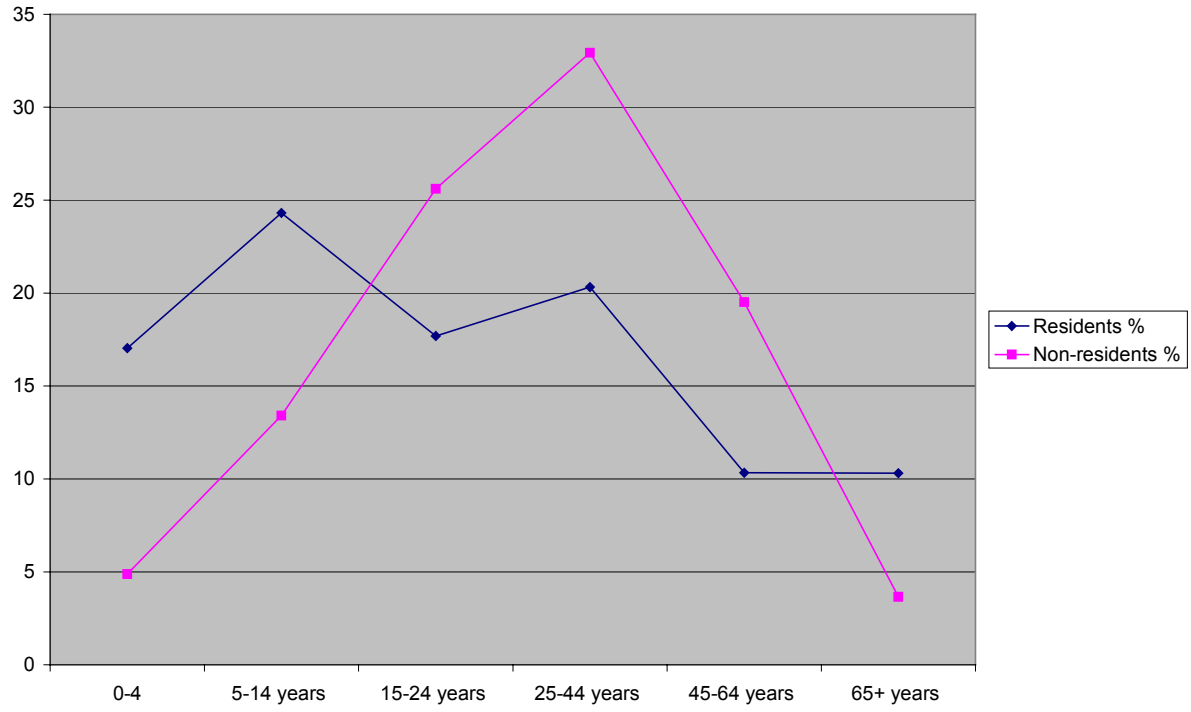

Figure 100: Residents and tourists by age (%)
(EHLASS –Bordeaux 01-08/2002; Annecy 01-04/2002)

Main findings France

Tourism

- France represents the first tourist destination world-wide: 76,5 millions arrivals of foreign tourists were registered in 2001
- The main incoming tourist nations were Germany (20 %), United Kingdom, Ireland and Netherlands.
- Tourist typologies are available and could be used for customising accident prevention campaigns for special tourist target groups and settings: e.g. Dutch tourists prefer vacation with the family in campsites during the summer, while the Spanish tourists are mainly young people travelling the big cities for entertainment.

Injuries

- 0,5 % of the injuries that had to be admitted to hospital and almost 2 % of the total A&E treatments affected tourists.
- In hospital admissions of injuries male tourists and tourists in the age groups of 25 to 45 years have a significantly higher share as compared to the respective residents population.
- In A&E recorded injuries males have a higher percentage of injuries than women, both as residents and tourists. In the age groups of under 15 and over 65 the percentage of injuries of residents is higher compared to the percentage of tourists in the same age groups (and vice versa in the age groups over 15 and under 65).
- of drowning injuries, 16 % affected tourists; almost 60 % men and almost 40% between 15 to 24 years of age;
- of fatal drowning injuries, 50% affect tourists over 45 years of age.
- of mountain accidents, 22 % affected tourists, mainly from the United Kingdom, Belgium and the Netherlands
- More than 7 % of the fatal transport injuries in France concerned tourists.

VI.5.4 GREECE

Tourism in Greece

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
International Tourist Arrivals (million)	19	77	18	14	40	10	289
% of Tourist Arrivals of Resident population	232%	129%	22%	128%	70%	60%	77%

Figure 101: Tourist arrivals compared to resident population by selected Member States (see Figure 11).

Greece is on the 15th place in the world classification of tourist destinations, receiving 14 million tourists in 2001 (National Statistical Service of Greece, provisional data). 92 % are originating from Europe, 70 % from the EU-15. 80 % of foreign tourists came by plane. The total number of nights spent in hotel accommodations by foreign and domestic tourists in 2001 was 62 million. Tourism contribution to the GDP is estimated up to 8%. The tourism receipts in 2001 were 9.121 millions USD (or 10.248 million Euro). Employment in the tourism sector is estimated to reach 10% (6,1% direct employment and 3,9% indirect) of the total employment in Greece (Figure 102)

COUNTRIES	BY AIR SHARE	BY RAIL SHARE	BY SEA SHARE	BY ROAD SHARE	TOTAL ARRIVALS	SHARE
TOTAL E.U.	92,0%	0,1%	6,9%	1,1%	9.219.271	100,0%
TOTAL EUROPE	80,3%	0,5%	6,0%	13,2%	12.214.964	100,0%
TOTAL AFRICA	72,5%	0,6%	25,6%	1,3%	60.955	100,0%
TOTAL AMERICA	85,8%	0,4%	8,3%	5,5%	300.213	100,0%
TOTAL OCEANIA	76,3%	0,5%	9,3%	13,9%	67.597	100,0%
TOTAL	79,8%	0,5%	6,4%	13,3%	13.095.545	100,0%
CRUISES	-	-	-	-	471.908	-
GRAND TOTAL	-	-	-	-	13.567.453	-

Figure 102: Arrivals of tourists by means of transport and by citizenship (National Statistical Service of Greece, provisional data 2000).

If you need latest data you can visit the internet site www.eot.gr/2/01/eb10001.html and find information for the year 2002

Injuries in Greece

Overview

	AT	FR	GE	GR	IT	NL	MEAN
% of Tourist injuries:							
Hospital admissions	5,1%	0,5%		2,2%		0,9%	2,2%
A&E treatments	3,0%	1,8%		2,1%	2,2%	1,2%	2,1%
Mortality	11,1%			3,7%			7,4%
Mortality: Road traffic	19,0%	7,5%					13,3%
Other sources (Media)	28%		6%		8%		14,2%

Figure 103: Tourist injuries compared to resident injuries by selected Member States/regions (see Figure 11).

As the overview shows, more than 2 % of the total injuries that had to be admitted to hospitals, and around 2 % of the A&E treatments concerned tourists. More than 3,5 % of the fatal injuries in Greece affected tourists (Figure 103).

Morbidity data

Activity/causes. Main tourist injury activities in Greece are “home and leisure” (around 60 % of the total injuries), followed by 25 % of “transport” (Figure 107).

Most tourist injuries happened in transport area (47 %), “open nature” (9 %) and “in and around home” (8 %; Figure 108).

Sex, Age. Males got injured more often than females, in residents as well as tourists (Figure 109). Compared to residents, tourists got injured more frequently between 15 and 64 years of age (Figure 110).

EDISS, the Greek Emergency Department Injury Surveillance System, at the island of Kerkyra reported 11.892 injuries in the years 96 to 97.[18] The catchment population of this hospital is almost the total population of the island. 10 % of the total injuries at Kerkyra affected tourists, 60 % of which were men and 75 % were between 15 and 44 years of age, as compared to 50 % of residents (Figure 111 and Figure 112).

[18] Petridou (1999)

17 % of the total injuries at Kerkyra were transport accidents, 40 % affected tourists. 29 injuries of the total injuries were fatal injuries, 5 (or 17 %) affected tourists (Figure 113).

Mortality data

In the year 1995 the National Statistical Board of Greece reported that 4.388 residents and 161 foreigners, almost 4 % of total fatal injuries, died because of an injury in Greece. About 75 % of the victims in both residents and tourists were males.
Compared to residents, tourists got fatally injured more frequently between 25 and 44 years of age, and less frequently in the age group 65+.

Two types of mechanisms account for over 70% of fatal injuries among non-domestic tourists: Transport (mainly road traffic) and drowning (Figure 105).

Sex	Resident	Resident %	Non-resident	Non-resident %
Male	3288	75	119	74
Female	1100	25	42	26
Total	4388	100	161	100

Figure 104: Fatal injuries of residents and tourists by sex (National Statistical Board of Greece 1995)

Mechanism (ICD-9)	Male	Female	Total	Total %
Transport (traffic)	55	27	82	51%
Drowning	30	7	37	23%
Poisoning (drugs, medication)	8	1	9	6%
Falls	8	1	9	6%
Suffocation	8	1	9	6%
Murder	5	3	8	5%
Fire	1	1	2	1%
Suicide	1	1	2	1%
Machines	1	-	1	1%
Electricity	1	-	1	1%
Total	118	42	160	100%

Figure 105: Fatal tourist injuries by sex and mechanism (National Statistical Board of Greece 1995)

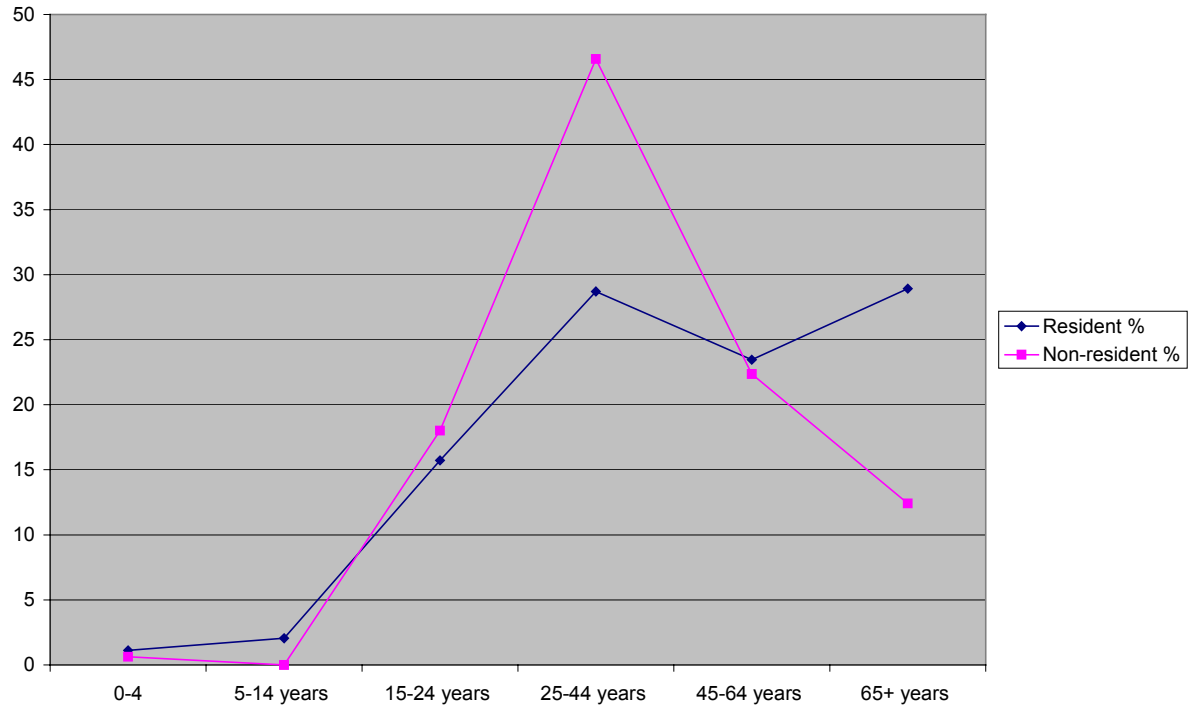

Figure 106: Fatal injuries of residents and tourists by age (%) (National Statistical Board of Greece 1995)

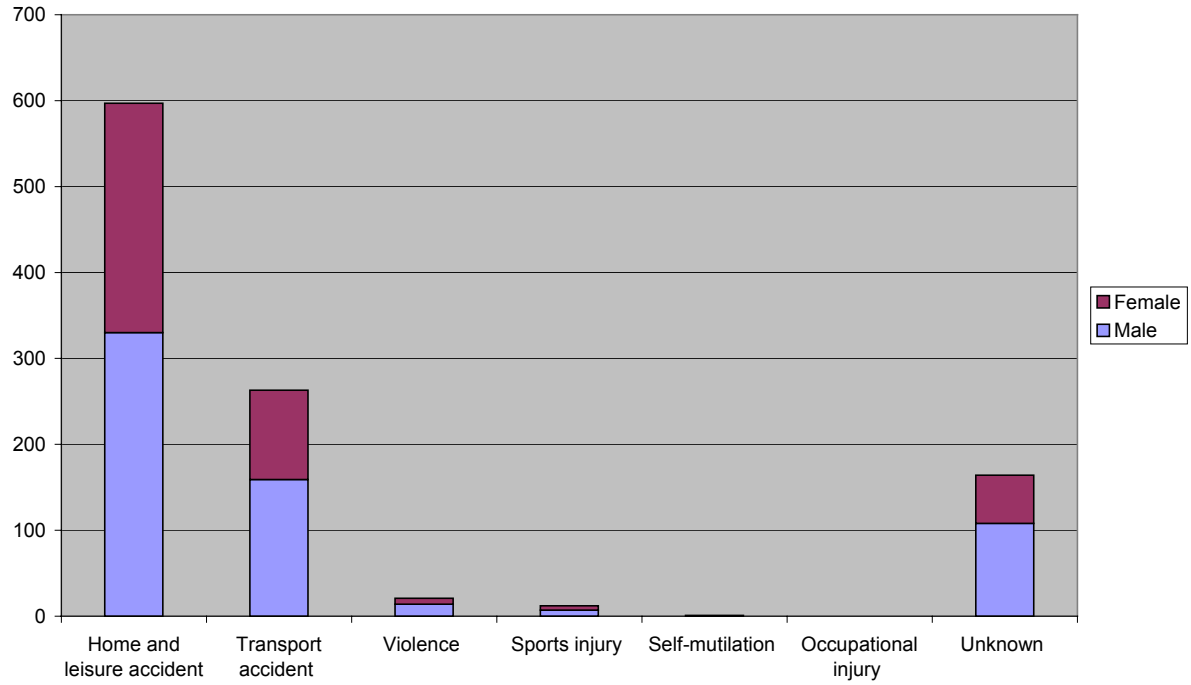

Figure 107: Tourist injuries by sex and activity (EDISS Emergency Department Injury Surveillance System 2000)

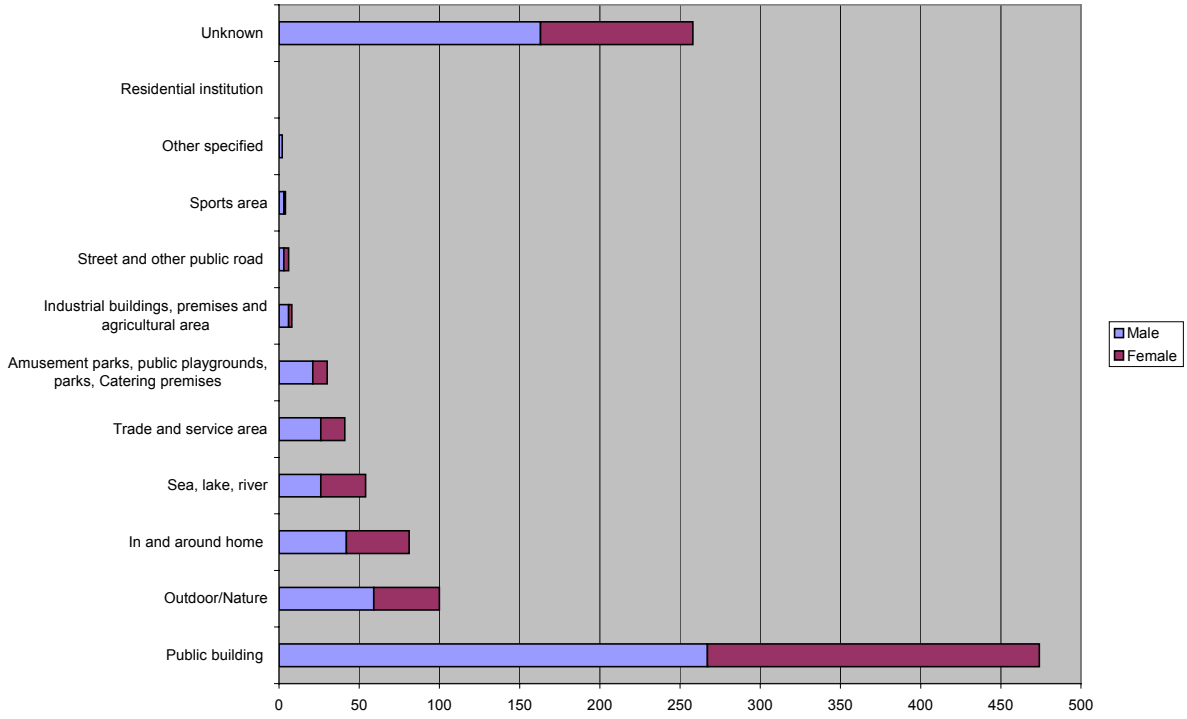

Figure 108: Tourist injuries by sex and place of occurrence (EDISS Emergency Department Injury Surveillance System 2000)

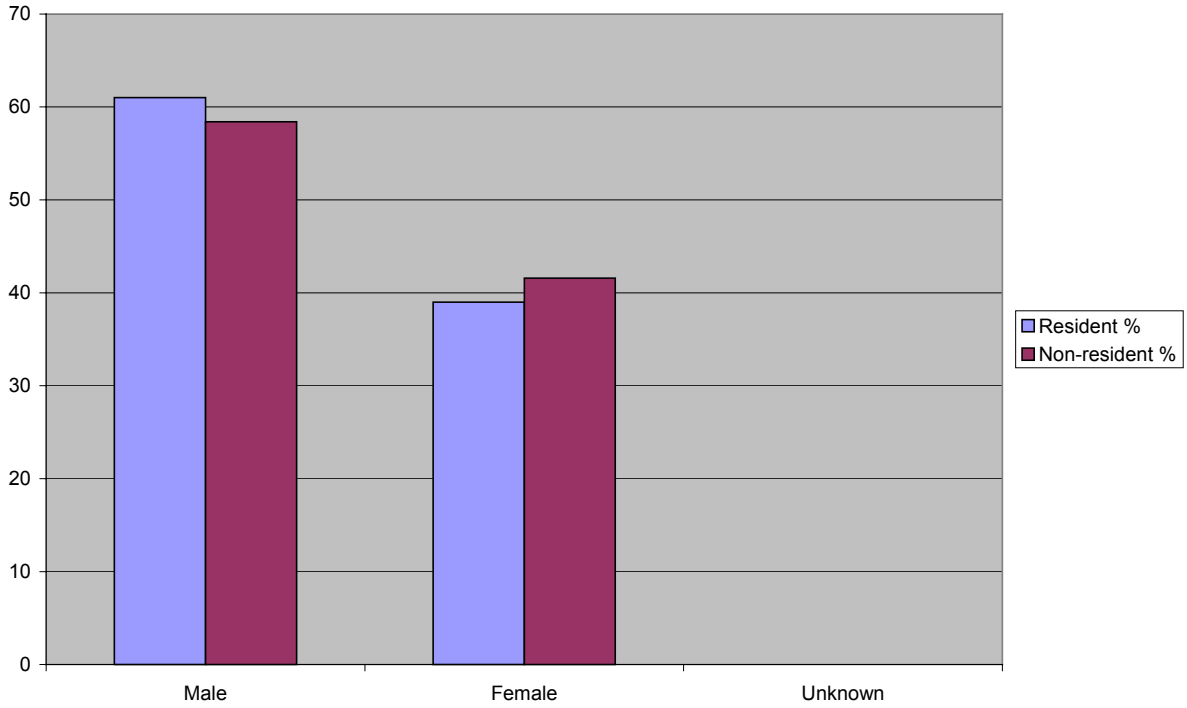

Figure 109: Residents and tourists injuries by sex (%) (EDISS Emergency Department Injury Surveillance System 2000).

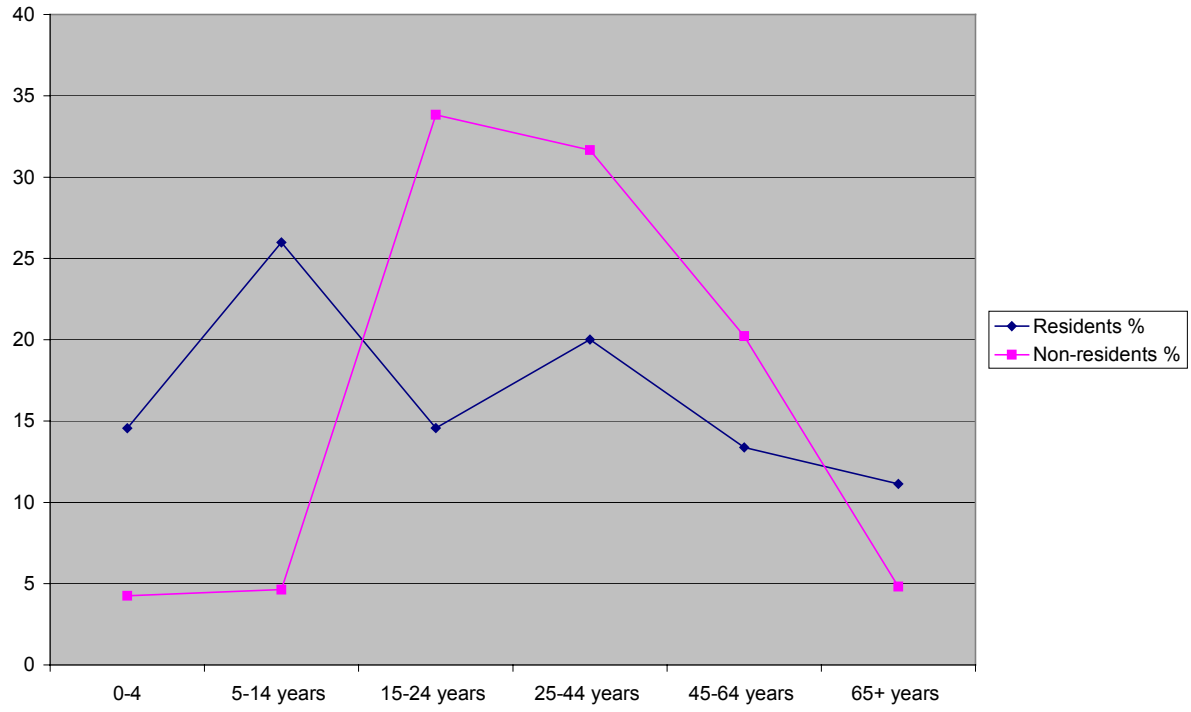

Figure 110: Residents and tourists by age (%) (EDISS Emergency Department Injury Surveillance System 2000).

Sex	Resident	Resident %	Non-resident	Non-resident %	Total
Male	10835	62	1057	61	11892
Female	6746	38	682	39	7428
Total	17581	100	1739	100	19320

Figure 111: Residents and tourists injuries by sex (EDISS, Kerkyra 96-97)

Age	Residents	Residents %	Non-residents	Non-residents %	Total
0-14 years	3676	21	147	8	3823
15-24 years	3719	21	646	37	4365
25-44 years	4880	28	644	37	5524
45-64 years	3055	17	246	14	3301
65+ years	2251	13	56	3	2307
Unknown	0	0	0	0	0
Total	17581	100	1739	100	19320

Figure 112: Residents and tourists injuries by age (EDISS, Kerkyra 96-97)

	Residents	Resident %	Non-residents	Non-resident %	Total
Total	2.574	79	703	21	3.277
Fatalities	24	83	5	17	29

Figure 113: Transport injuries of residents and tourists (EDISS, Kerkyra 96-97)

Main findings Greece

Tourism

- Greece is on the 15th place in the world classification of tourist destinations, receiving 14 million tourists in 2001, 92 % are originating from Europe, 70 % from the EU-15.
- 80 % of foreign tourists came by plane

Injuries

- 2 % of the total injuries treated at hospitals concerned tourists
- Main tourist injury activities in Greece are “home and leisure” (60 %), followed by 25 % of “transport”.
- Most tourist injuries happened in transport area (47 %), “open nature” (9 %) and “in and around home” (8%)
- Compared to residents, tourists got injured more frequently between 15 and 64 years of age. Males got injured more often than females, in residents as well as tourists.
- 3,5 % of the fatal injuries in Greece affected tourists.
- Two types of mechanisms accounted for over 70% of fatal injuries among non-domestic tourists: Transport (mainly road traffic) and drowning.
- Compared to residents, tourists got fatally injured more frequently between 25 and 44 years of age, and less frequently in the age group 65+.

VI.5.5 ITALY

Tourism in Italy

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
International Tourist Arrivals (million)	19	77	18	14	40	10	289
% of Tourist Arrivals of Resident population	232%	129%	22%	128%	70%	60%	77%

Figure 114: Tourist arrivals compared to resident population by selected Member States (see Figure 11).

40 million tourists travel to Italy each year. This is as much as 70 % of the total resident population of Italy. No description of tourism could be obtained for the two regions that provided for tourist injury data for Italy (Veneto Region, Romagna Region; see Figure 6).

Injuries in Italy

Overview

	AT	FR	GE	GR	IT	NL	MEAN
% of Tourist injuries:							
Hospital admissions	5,1%	0,5%		2,2%		0,9%	2,2%
A&E treatments	3,0%	1,8%		2,1%	2,2%	1,2%	2,1%
Mortality	11,1%			3,7%			7,4%
Mortality: Road traffic	19,0%	7,5%					13,3%
Other sources (Media)	28%		6%		8%		14,2%

Figure 115: Tourist injuries compared to resident injuries by selected Member States/regions (see Figure 11).

Morbidity data

More than 2 % of the total injuries that had to be treated at hospitals in the partner regions of this study (Veneto Region, Romagna Region) affected tourists.

More than 50 % of the reported injuries in the Veneto Region were transport injuries. Almost 40 % of the injuries happened during home and leisure activities (Figure 117).

Accordingly, the main place of occurrence was "streets and other public roads" (more than 40 %), followed by "public buildings" (more than 30 %) and "in and around home" (12 %, Figure 118).

In the Roaming Region – in contrast to most of the other findings in this study - more than 60 % of the injuries affect females, both among residents and tourists (Figure 119). Compared to residents, tourist had a higher share of injuries in all age groups from 5 to 44. (Figure 120).

Mortality data

No official mortality data including tourist injuries was available for these regions or for Italy for this study. A piece of information about tourist fatalities could be obtained by a newspaper search only, that was conducted for Austria, German and Italy (see Appendix): 11 cases (8 %) of the total fatal injuries that could be found concerned tourists, all from transport injuries.

Fatal injuries	Cases
Resident	133
Resident %	92
Non-resident	11
Non-resident %	8
Total	144

Figure 116: Fatal injuries by Residents and Tourists (Italian newspapers 2001/2002)

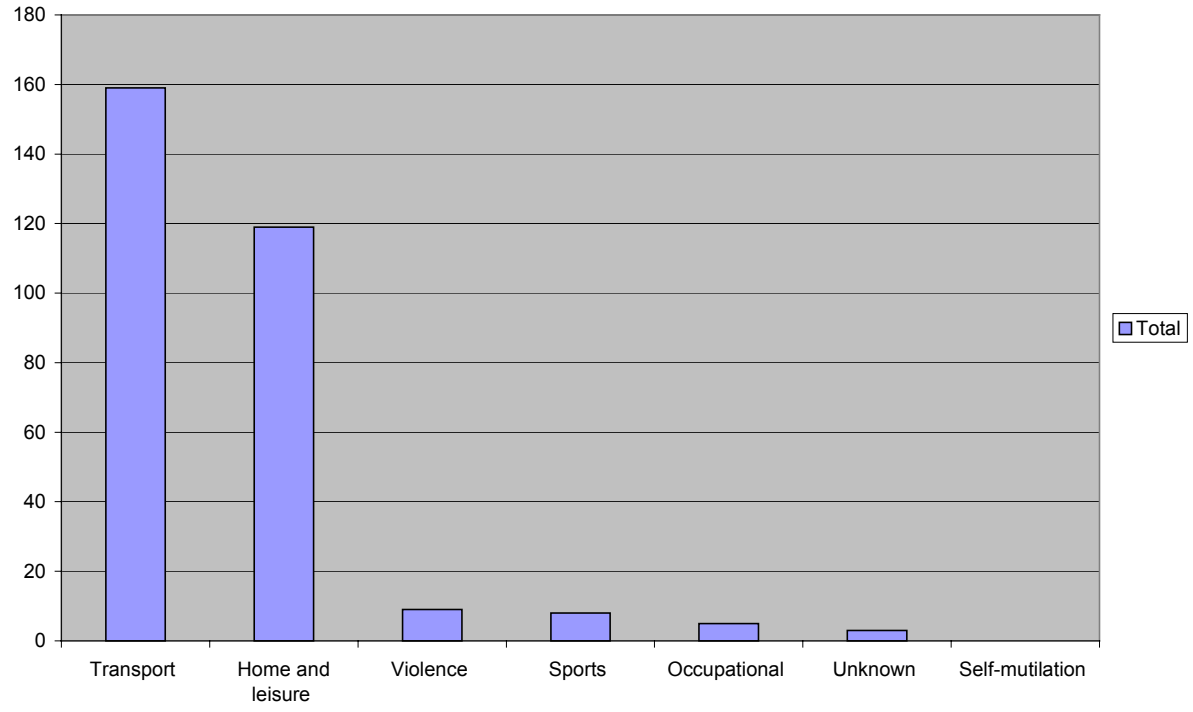

Figure 117: Tourist injuries by activity (Veneto Region 2001/02)

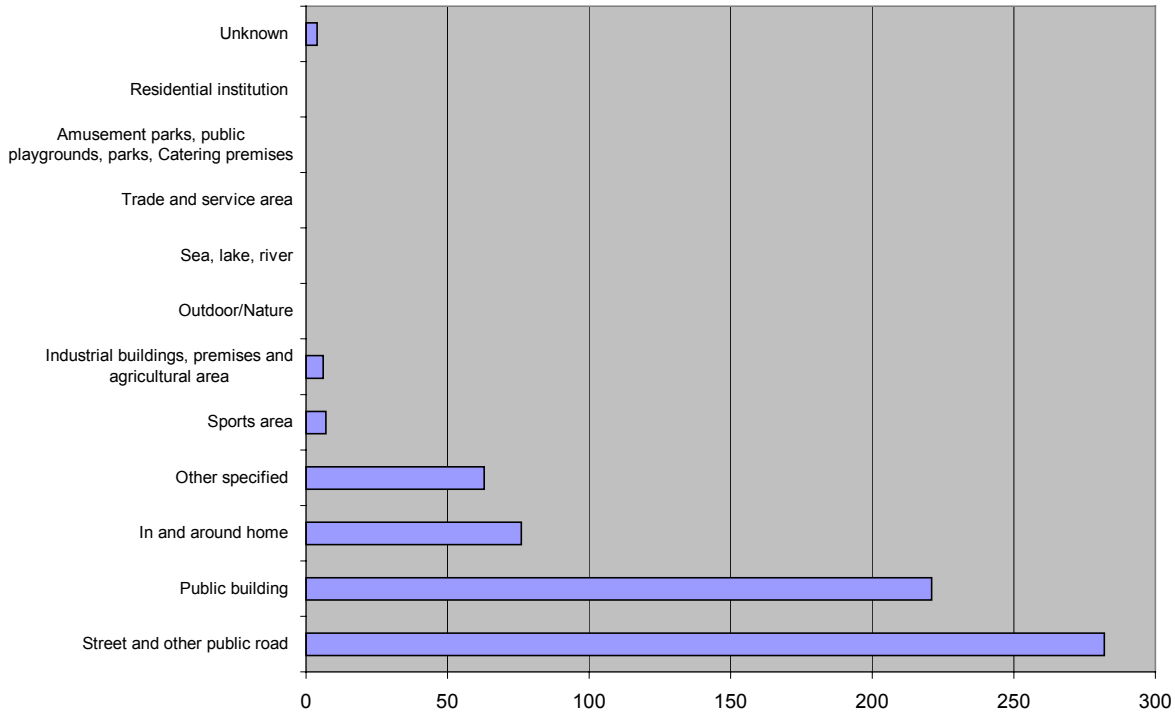

Figure 118: Tourist injuries by place of occurrence (Veneto Region 2001/02)

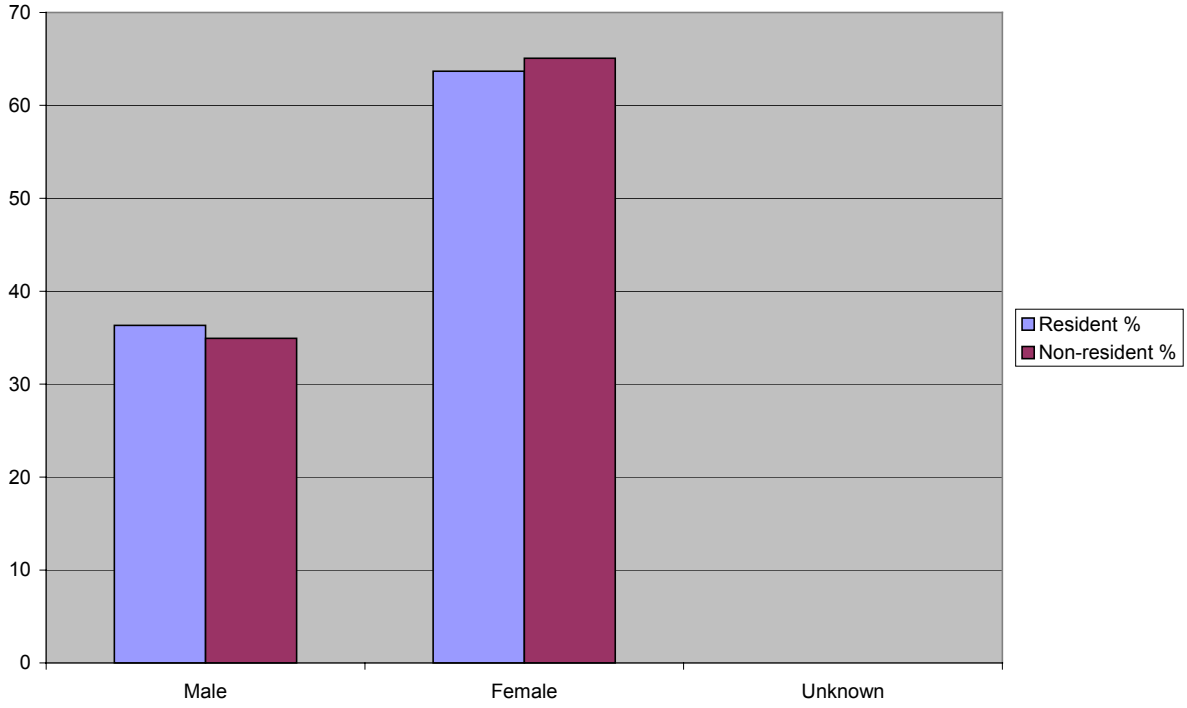

Figure 119: Residents and tourists by sex (%) (Romagna Region 2000)

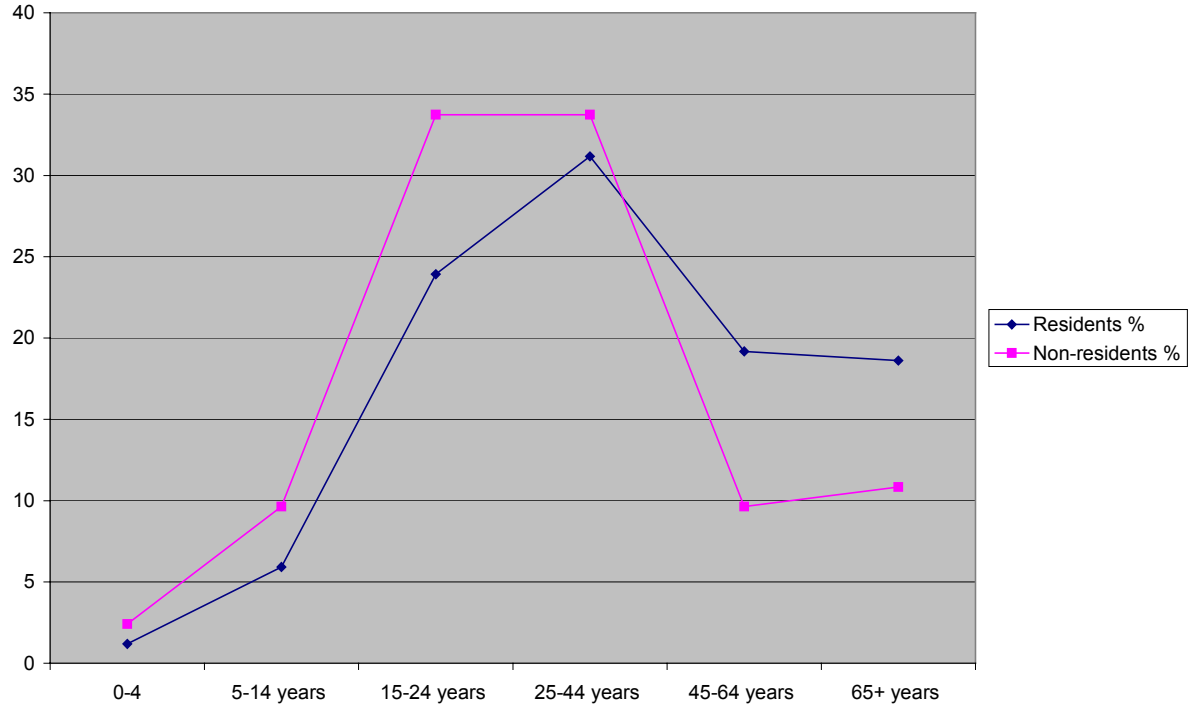

Figure 120:Residents and tourists by age (%) (Romagna Region 2000 (five Hospitals)

Main findings Italy

The main findings for Italy are based the two regions only, Veneto and Emiglia Romagna:

Tourism

- 40 million tourists travel to Italy each year.

Tourist Injuries

- 2 % of the injuries that had to be treated at hospitals in these regions affected tourists
- More than 50 % of the injuries in Veneto Region were transport injuries and almost 40 % home and leisure accidents
- 40 % of the injuries happened in the at streets and other public roads, 30 % in public buildings and 12 % in and around home
- Compared to residents, tourist had a higher share of injuries in all age groups from 5 to 44.
- In the Romagna Region – in contrast to most of the other findings in this study - more than 60 % of the injuries affect females, both among residents and tourists 60 %
- 8 % of the fatal injuries (as found in newspaper clippings) affected tourists; all cases were transport injuries.

VI.5.6 GERMANY

Tourism in Germany

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
International Tourist Arrivals (million)	19	77	18	14	40	10	289
% of Tourist Arrivals of Resident population	232%	129%	22%	128%	70%	60%	77%

Figure 121: Tourist arrivals compared to resident population by selected Member States (see Figure 11).

Germany has around 18 million tourists each year. This is as much as 22 % of the total resident population. As tourist injury data for Germany could be obtained only for a special segment, skiing accidents in private insurance records; see Figure 7), no further description of tourism in Germany is given here.

Injuries in Germany

Overview

	AT	FR	GE	GR	IT	NL	TOTAL EU 15
% of Tourist injuries:							
Hospital admissions	5,1%	0,5%		2,2%		0,9%	2,2%
A&E treatments	3,0%	1,8%		2,1%	2,2%	1,2%	2,1%
Mortality	11,1%			3,7%			7,4%
Mortality: Road traffic	19,0%	7,5%					13,3%
Other sources (Media)	28%		6%		8%		14,2%

Figure 122: Tourist injuries compared to resident injuries by selected Member States/regions (see Figure 11).

Morbidity data

From 1999 to 2001, 4.655 cases of skiing injuries of Germans at home and abroad were reported in a special survey on skiing injuries (see Figure 7).

More than 60 % of the injured were males (Figure 124); 40 % were over 50 years old (Figure 125).

Almost 60 % got injured by skiing activities in Austria, 15 % in Switzerland and 11 % in Germany (Figure 126).

Looking at the type of skiing injuries, ski alpine ranks with 75 % on first place, followed by cross-country skiing and snowboard (Figure 127).

Mortality data

No official mortality data including tourist injuries was available for Germany for this study. A piece of information about tourist fatalities could be obtained by a newspaper search only, that was conducted for Austria, German and Italy (see Appendix): Of the 156 clippings of fatal injuries found, 147 cases concerned residents and 9 cases (6 %) tourists. 7 of the fatal tourist injuries were transport accidents (Figure 123).

Fatal injuries	Cases
Resident	147
Resident %	94
Non-resident	9
Non-resident %	6
Total	156

Figure 123: Fatal injuries of Residents and Tourists (German newspapers 2001)

Sex	Resident	Resident %
Male	2837	61
Female	1818	39
Total	4655	100

Figure 124: Skiing injuries of Germans by sex (German skiing injuries 1999-2001)

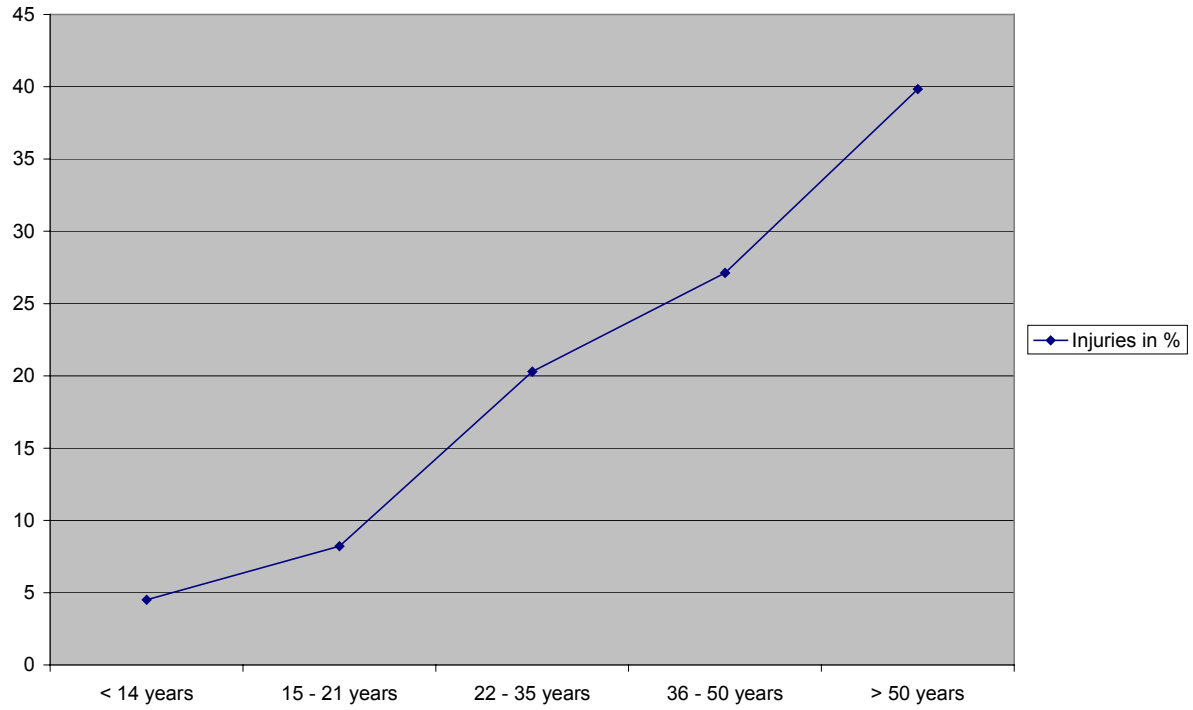

Figure 125: Skiing injuries of Germans by age (German skiing injuries 1999-2001)

Countries	Injuries	Injuries in %
AT	2697	58
CH	707	15
GE	500	11
IT	453	10
FR	211	5
other European Countries	19	0
Overseas	69	1
Total	4656	100

Figure 126: Skiing injuries of Germans by country of injury
(German skiing injuries 1999-2001)

Type of skies	Injuries	Injuries in %
Ski alpine	4443	75
Cross-country skiing	973	16
Snowboard	418	7
Monoski	19	0
Others	53	1
Total injuries	5906	100

Figure 127: Skiing injuries of Germans by type of skies
(German skiing injuries 1999-2001)

VII. "Keeping Safe" strategies for tourists and tourist destinations

The main purpose of this study was to unveil and quantify the "essentially invisible problem" of tourist accidents and injuries, in order to provide a more concrete target for both public health (injury prevention) and consumer safety (safety of services) action.

Patterns of tourist injuries that would be relevant for the development of specific prevention measures should be complemented by international examples of "good practice" in tourist injury prevention, in order facilitate the development of "Keeping Safe" strategies for tourists and tourist destinations in the EU. However, only few examples could be retrieved by the respective international literature and internet review. Selected results are quoted for the following categories:

1. Travel information and consulting services: Information providers about the general health aspects of travelling, including injury prevention. Numerous programs and internet-service providers exist.
2. International, National, regional or institutional initiatives in injury prevention in potentially tourist domains (examples are given for EU traffic safety and skiing safety in Austria): Most of them do not effectively address non-domestic tourists. This may be due the lack of respective evidence (no monitoring) or due to marketing priorities.
3. Dedicated national or regional programs on tourist safety with a focus on injury prevention: The National Visitor Program in Queensland, Australia, is quoted as a rare example of an evidence-based approach towards tourist safety, targeting both individual tourists and tourists operators.
4. International strategies: The World Tourism Organisation (WTO) has recently updated it's guidelines for the development of partnerships between governments and industry related to risk management and sustainable tourism, and actual implementation of the Safety and Security in Tourism Manual could be taken forward within the WTO Safety and Security Network (www.world-tourism.org/quality/E/safety.htm).

VII.1. Travel information and consulting services

VII.1.1 Reisemedizinisches Zentrum - Bernhard Nocht Institute for Tropical Medicine, Hamburg

This internet-service provides information about the health aspects of travel:

http://www.gesundes-reisen.de

The scope of this information is non-standard and adapted to personal requirements and is free from the marketing of medical products. Quality, protection of personal data, scientific evidence and verifiable information are our priorities. Internal quality is assured by following stringent criteria. The required information provided helps to estimate all the personal health aspects of a global journey and is designed to prepare one for discussions with a personal physician. The range of information is determined by differentiated target group requirements and includes all aspects of health and travel (e.g. cultural, psychological, environmental and general health characteristics). We are aware of the important role played by the traveller himself to ensure his well being in complex and ever-changing situations. Our aim is to strengthen his or her ability to find and make adequate choices, enabling healthy behaviour abroad. Creating fear is avoided and compliance is less important than the reinforcement of understanding and empowerment. Enabling customers to make choices in the health care system consciously may save costs (both for the customers and for the insurance companies).

Target groups:

- Tourists and vocational travellers in German speaking countries
- the travel industry, tour operators, health insurance companies
- enterprises and institutions with frequently travelling personnel or clientele

The services:

- Call Centre
- Internet-Activities,
- direct personal consultation,
- training and consulting.

Planned activities:

- consultation with foreign travellers in German-speaking countries.
- translation of internet-services into other languages.
- 24-hour medical advice to travellers abroad.

INHALT DER BROSCHÜRE

REISEN MACHT SPAß - UND IST GESUND!
Last-Minute Reisen
Impfungen
Unabhängig von einer Reise empfohlene Impfungen
Häufig empfohlene Reiseimpfungen
Aus besonderem Anlass empfohlene Impfungen
Malaria
Malariaerkrankung
Malariavorbeugung (Prophylaxe)
Notfallbehandlung einer Malaria
Malariamedikamente zur Prophylaxe oder zur Notfalltherapie
Denge-Fieber
Reiseapotheke
HINWEISE FÜR BESTIMMTE PERSONENGRUPPEN
Frauen
Häufige Probleme auf Reisen
Orale Empfängnisverhütung und Reisen
Infektionsrisiken bei Sexualkontakten
Kinderwunsch, Schwangerschaft, Stillperiode
Kinderwunsch und Reisen
Schwengerschaft und Reisen
Reisen mit Kindern
Als Gast und beruflich im Ausland
Berufliche Auslandsaufenthalte
Langzeitaufenthalt
Ältere Reisende
Diabetiker Auf Reisen
Übergewichtige Personen
Reisen bei eingeschränkter Immunabwehr
Herz-Kreislauf-Patienten
GESUND UNTERWEGS
Flugreisen
Zeitzonen - Anpassung
Luftqualität
Thromboserisiko
Flugangst
Ohrenschmerzen
Infektionsrisiken
Strahlenrisiken
GESUND IM GASTLAND
Sonne und Haut
Stechmücken & Co
Insektenabwehr
Informationen zu einzelnen Insekten
Unfälle
Straßenverkehr
Unfälle im Haus
Gefahren beim Baden
Unfälle mit Wildtieren
Sport und Fitness
Trekking
Bergkrankheit
Gerätetauchen
Liebe und Sexualität
Sauberes Wasser und Ernährung
Wasserqualität
Ernährung auf Reisen
Verzehr von Meerestieren
GESUNDHEITSSTÖRUNGEN
Was tun bei Empfindlichem Magen?
Was tun bei Durchfall?
Was tun bei Fieber?
Was tun bei Husten?
Was tun bei Kopfschmerzen?
Was tun bei Hautausschlag?
Schlangen, Skorpione & Co?
SICHERHEIT
Reisekrankenversicherung
LITERATUR

Figure 128: Example of travel health and safety brochure (contents; accident prevention highlighted)

VII.2. Safety Campaigns (with a tourist safety touch)

VII.2.1 The European Road Safety Campaign 1998

Co-ordinated by motoring organisations in each EU country, national and regional media activity will roll out during '98 building campaign awareness through:

BROADCAST,
NEWSPAPER AND
MAGAZINE OPPORTUNITIES.

The campaign will be officially launched during the British presidency of the European Union at an Informal Council of Transport Ministers in Chester (UK) on 25 April.

National campaign launches to be attended by Government Ministers, road safety experts and celebrities will include:

28 APRIL	Italian Maunch in Rome, AUTOMOBILE CLUB D'ITALIA (ACI)
4 MAY	German Launch in Bonn, ALLGEMEINER DEUTSCHER AUTOMOBIL-CLUB e.V. (ADAC)
25 MAY	Austrian Launch in Vienna, ÖSTERREICHISCHER AUTOMOBIL-, MOTORRAD- UND TOURING CLUB (ÖAMTC)

More than 10 million safety leaflets and stickers will be distributed by motoring organisations as part of the campaign. Motoring organisation member magazines will help spread the campaign message to reach more than 45 million people.

All promotional activity will culminate in a European Road Safety Week in October. Themed activity and media events will take place throughout Europe including an event in Vienna which will coincide with the Austrian Presidency of the EU.

THE AIT AND FIA LAUNCHES THE ROAD SAFETY CAMPAIGN:
"10 SECONDS...THAT CAN SAVE YOUR LIFE"

Imagine an airliner crash. There are survivors. Imagine another crash the following week. Again there are no survivors. And now imagine an airliner crashing every week for a year, and there are no survivors. Impossible? That could not be allowed to happen! But it is. Not in air traffic, but on the roads.

Each year in Europe, 45.000 children, women and men are killed in traffic accidents. One out of 80 citizens will die in an accident - on average 40 years earlier than the life expectancy. One out of three people will be treated in hospital at some stage during their lives for injuries they sustained on the roads.

The amount of personal suffering and misery is incalculable, but the social cost - this includes the cost of rescue services, hospitals and the loss of income for a family - is calculated at 1,000,000 ECU for each life lost. Just a few basic steps - if taken by all motorists - could drastically reduce the death toll on Europe's roads. If, for instance, every occupant of a car - whether driver, front seat passenger, or travelling in the rear of the car, would wear a seat belt at all times, 7,500 lives could be saved - each year.

The European Road Safety Campaign **"10 seconds... that can save your life"**, organised in Europe and supported by the European Commission wants to create more awareness with drivers and ultimately help to influence them to change their behaviour. "The messages are simple, the action is quick":

Ensure that children are strapped safely in a child seat in the rear of the car

Stow loose luggage in the boot - in case of an accident it could become deadly missiles.

Position the driver's seat properly and adjust the head restraint correctly to avoid whip-lash injuries.

Wear a seat belt whenever you drive.

"Over the next few months the AIT and FIA will address these road issues. We will distribute stickers with the safety messages and leaflets giving detailed safety tips. And of course our road safety experts in all our European Motoring Clubs will be pleased to answer all queries".

Brussels, the 24 April 1998

VII.2.2 Safer Snow More Fun

Safety in alpine Sports, especially winter sports is addressed by number of institutions and campaigns in Austria:

- www.sicherleben.at
- www.seilbahnen.at/themen/gefahren
- www.sicheregemeinden.at

The working group "Safer Snow More Fun" (Sicherheit im alpinen Wintersport) constitutes a concerted approach of these organisations towards an improvement of safety standards in winter sports.

Safer Snow More Fun

Zielsetzung:
Wir wollen zur Sicherheit auf Österreichs Bergen und Pisten und zum Sicherheitsgefühl der Wintersportler beitragen und die Eiegenverantwortlichkeit der Wintersportler erhöhen. Mit der Arbeitsgruppe "Safer Snow More Fun" werden zu diesem Thema Initiativen gesetzt, Informationsaustausch und Pressearbeit betrieben.

Projekte:

Minibroschüre "Safer Snow - More Fun"
In einer Auflage von 500.000 Stück wurde in Kooperation mit den Mitgliedern der Arbeitsgruppe "Safer Snow - More Fun" eine Minibroschüre mit den wichtigsten Verhaltensregeln in humorvoller Art (wie die Comic-Aufkleber) produziert. Als Anreiz zum Lesen gab es ein Gewinnspiel bei dem 15 000 Einsendungen zurückkamen und wertvolle Preise zu gewinnen waren.

Comic-Aufkleber
Humorvolle Comic-Aufkleberserie mit den wichtigsten Verhaltensempfehlungen auf der Piste und an den Anlagen.

Zeichenwettbewerb "Helm auf - gut drauf"
Im dritten Jahr der Propagierung des Kinderhelms durch Safer Snow haben 470 Volksschulen und damit 20.000 Kinder teilgenommen.

VII.2.3 Safe Skiing Area Diedamskopf

As part of an Safe Community programme (www.sicheregemeinden.at) in the Austrian district of Vorarlberg, the skiing resort “Diedamskopf” was certified as “safe skiing area” (www.diedamskopf.at).

Zum Thema Sichere Skiregion

Das Skigebiet Diedamskopf wurde als erstes Skigebiet in
Westösterreich mit dem Prädikat "Sichere Skiregion" ausgezeichnet.
Das Skigebiet wird durch Pistenwächter kontrolliert.

Unser Sicherheitstipp:
Pausen erhöhen das Skivergnügen!

Pistenrettung:
Trotz bester Pistenpräparierung und gesicherter Abfahrten
könnte sich ein Skiunfall ereignen. Eine Bergrettung bis zu einer unserer
Talstationen durch unsere Pistenrettung ist kostenpflichtig: € 75,00
(Gilt nicht für den Abtransport mit dem Hubschrauber).
Die Kosten sind meistens durch Versicherungen gedeckt!

Rettungstelefon: +43 (5515) 4110-40

Der Diedamskopf wurde wiederum mit dem Vorarlberger Pistengütesiegel
für einwandfreie Beschilderung und Präparierung der Pisten ausgezeichnet.

Some Events

Freeride Safty-Camp – Diedamskopf. Freeriding ist vor allem für die junge Generation das absolute Lebensgefühl. Abseits der Piste als Freeskier oder Snowboarder unterwegs zu sein, ist für immer mehr junge Wintersportler das Abenteuer schlechthin. In den Freeride-Safety-Camps haben Snowboarder und Freeskier die Möglichkeit, diese Faszination mit Profis zu teilen.
Tom Kuster (Snowboard-Trainer u. Freerider), Karl-Heinz Zangerl (Doppelweltmeister) und Gilbi Wäger (Freestyle-Europameister) zeigen, wie man auch abseits der Piste sicher unterwegs ist. In zwei Tagen werden in Theorie und Praxis wertvolle Tipps zum Thema Lawinensicherheit und zum richtigen Bewegen im Backcountry vermittelt.

Risk´n´fun – Diedamskopf. Eine Ausbildung zu "Alpine Professionals" - ein innovatives Projekt für Snowboarder und Freeskier im Backcountry steht auf dem Programm.

VII.3. Dedicated national or regional programs on tourist safety

VII.3.1 Queensland National Visitor Safety Program[19]

In April 2002 Queensland Tourism Minister Merri Rose launched the National Visitor Safety Program, on behalf of the national Tourism Ministers' Council. The launch consisted of a Safety Tips for Visitors video and an accompanying multi-lingual booklet – printed in English, German, French, Italian, Chinese, Japanese, Korean and Spanish. The program specifically provides advice on the four areas of Beach, Road, Bush and Outback safety.

Based on the tourist hospital admissions for injury, the booklet and video cover most of the areas where visitors are likely to experience problems in Queensland, with the obvious exception of scuba diving and snorkelling safety. Crime is also not covered. However, the initiative is very positive overall, and should be of assistance to overseas tourists if the material can be made available to them at home while they are planning their Australian vacation. The program also aims to inform tourism operators about their responsibilities to visitors regarding safety (Ministerial Press Release 2002). This aspect of the program is particularly important, given that legal and insurance factors are now the driving force in tourist health and safety world-wide (Wilks & Page 2002).

Legal and Insurance Factors

Until recently the tourism industry relied heavily on insurance as their main protection against risk. Insurance was used to Transfer risk (see Figure 1) in circumstances where risk occurred infrequently, but the consequences were severe (for example, the serious injury or death of a customer). Where risk is infrequent and not severe, operators generally Retain risk (self insure); and when risk is frequent and severe the most practical option is to Avoid risk (for example, cancel an activity).

Since the terrorist attacks on 11 September 2001, and the global insurance crisis, there has been a strong move toward the Reduction of risk through 'best practice' initiatives such as written polices and procedures, staff training, signage, visitor and customer briefings, and monitoring of industry standards (Department of Industry, Tourism & Resources 2002; Liability Insurance Taskforce 2002). Such initiatives provide a useful legal defence against negligence claims if it can be shown that the operator took all reasonable steps to protect the health and safety of the customer. Where possible, partnerships between industry groups and

[19] reproduced from WILKS, 2003 (references in the text are not provided in

government agencies (for example, park and wildlife services, workplace health and safety authorities) that provide advice and training will greatly assist operators to develop effective risk management activities and genuine 'best practice' responses. The Queensland Government's Division of Workplace Healthand Safety already advocates the use of Risk Management in its Codes of Practice, and this approach to injury prevention is now being adopted more widely across the tourism industry (Department of Industry, Tourism & Resources 2002).

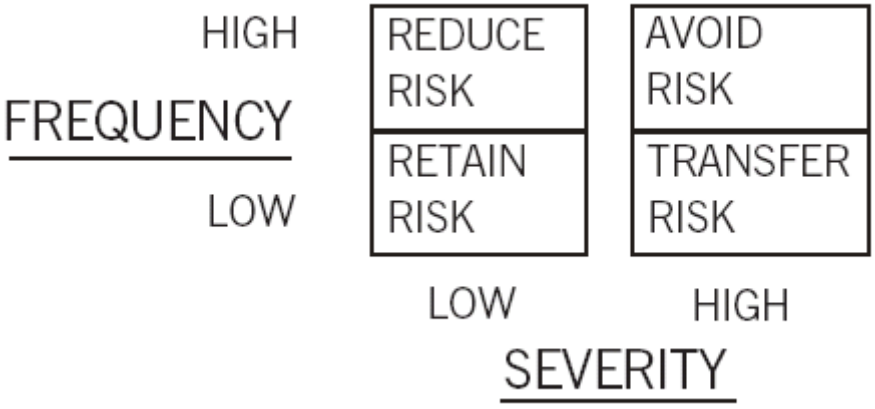

Figure 129: The Risk Evaluation Matrix (from Wilks and Davis 2000)

Evidence base

To date, Queensland is the only State to examine personal risks to travellers in any detail. For example, motor vehicle crashes and water-related injuries the main types of accident for which overseas visitors are admitted to Queensland hospitals. Having determined that motor vehicle crashes and water related injuries are the two main areas of concern, it is worth examining each in detail to see what prevention initiatives are in place and what still needs to be done to assist overseas visitors. It should be noted in passing that apart from hospital admissions, the other three areas of monitoring still need substantial development if they are to provide meaningful snap shots of visitor safety issues.

Road Safety

Motor vehicle crashes are the leading cause of hospital injury admission for overseas visitors in Queensland, and the main cause of death for visitors nationally. Driving on the opposite side of the road to that which is familiar, fatigue and not wearing seatbelts have all been identified as key factors in overseas visitor road crashes (Wilks et al.2000). Leading up to the

Sydney 2000 Olympic Games there was considerable interest in road safety for tourists and Queensland provided national leadership through hosting a parliamentary symposium and drawing together resource material for policy makers (Wilks, Watson &Hansen 1999). Since then this area of visitor safety has been relatively neglected, though it continues to pose the most difficulties for overseas visitors. Queensland research shows that tourist road crashes are largely the product of unfamiliarity with local driving conditions and disorientation. In order to address the risks in this area, educational initiatives are needed to encourage international drivers to:

- Be mindful of the effects of medication, alcohol and jet-lag when they reach their destination;
- Take a rest after a long distance flight, especially before taking charge of a motor vehicle;
- Familiarise themselves with Australian road rules and traffic signs;
- Request a full familiarisation of their rental vehicles (particularly if it is a type of vehicle they have not driven before, such as a 4 wheel drive or camper van) and a briefing on their travel route from staff of the hire company before leaving the airport or car depot;
- Always wear a seat belt (and use child restraints) both to comply with Australian law and as a safety measure;
- Drive a rental vehicle around the car park before heading onto a public road for the first time;
- Plan to drive only in daylight hours;
- Build in rest stops every two hours to counter driver fatigue.

These messages need to be reinforced or brought to the attention of travellers via brochures, Webster and in-flight videos in the language of the target audience. However, as noted by the tourism and transport experts attending the Queensland parliamentary symposium (Wilks et al.1999) the best results will be obtained if messages are communicated to tourists before they leave home.

Water Safety

Diving accidents are the second largest group of distinct hospital injury admissions for overseas visitors to Queensland (following motor vehicle crashes). Diving here refers to scuba diving, with the main treatment being related to Decompression Illness (the Bends). Reviews over the past 10 years have highlighted the prominence of scuba diving accidents in

comparison to all other injuries involving overseas visitors (see Wilks 1993; 2000). The Queensland Government's Division of Workplace Health and Safety has been extremely active in this area, providing legislative frameworks, education, guidance and training to marine tourism operators (see the report by the Diving Industry Taskforce (1999) for an overview of various pieces of legislation, regulations and codes of practice that have been in force since 1989).

The current Industry Code of Practice for Compressed Air Recreational Diving and Recreational Snorkelling (Queensland Government Workplace Health and Safety 2000) provides very detailed advice about ways to manage exposure to risks identified as typical when conducting diving and snorkelling activities, namely:

- Ensuring no persons are left behind;
- Medical fitness to dive or snorkel;
- Supervision of divers and snorkellers in open water;
- Appropriate skills and knowledge of workers, divers and snorkellers;
- Instruction and advice to non-English speaking divers and snorkellers;
- Equipment for diving and snorkelling; and
- Emergency plans.

As these are also the main areas identified as problematic for overseas visitors (Wilks, Knight & Lippmann 1993) the Division is clearly offering very relevant and focused advice to the marine tourism industry (Wilks 2000). However, the fact that overseas visitors continue to appear in Queensland hospitals for treatment of scuba diving and snorkelling related injuries means that this advice is not translating into prevention. A state-wide audit and assessment of scuba diving and snorkelling injuries by tourists is required if we are to fully understand the ongoing problems in this area.

While scuba diving is the most obvious adventure tourism activity identified in Table I, horse riding is now emerging as a substantial source of visitor injury in Queensland, just as it has in Victoria (Victorian Tourism Operators Association 2001) and in New Zealand (Bentley, Meyer, Page & Chalmers 2001). Other injuries that appear to be related to adventure activities in Queensland include near drowning (81 cases) and accidents associated with watercraft (79 cases). Tourists continue to be a group who experience difficulties in the surf. In his national review, Mackie (1999) reports that 88 tourists from 12 countries drowned in Australia during

1992-1997. Mackie's analysis shows that 61% of these tourists drowned at surfing beaches or elsewhere in the "ocean", while a further 24% drowned while scuba diving or snorkelling. Recent figures suggest that safety messages may be slowly getting through to overseas tourists, as well as interstate visitors, with Surf Life Saving Queensland being an excellent example of a community-based organisation playing a major role in tourism and injury prevention. During the 2000-2001 season, Surf Life Saving Queensland members performed 3370 rescues and 42 resuscitations, provided 14964 first aid and 9176 marine stinger treatments, and initiated 152578 preventative actions (Surf Life Saving Queensland 2001). These services were acknowledged with 2001 state and national tourism industry awards.

VII.4. International strategies

WTO Safety and Security Network

The World Tourism Organization (WTO) has recently updated it's guidelines for the development of partnerships between governments and industry related to risk management and sustainable tourism, and actual implementation of the Safety and Security in Tourism Manual could be taken forward within the WTO Safety and Security Network (www.world-tourism.org/quality/E/safety.htm

Safety and Security Network and Task Force for Tourism

The World Tourism Organization has created an international service, based on voluntary identification and the recognition of competence and expertise, to assist countries, tourism destinations, industry, tourism staff and consumers in dealing with safety and security problems in tourism activities.

The object of the Network, ***SAFETY AND SECURITY IN TOURISM***, refers to the protection of life, health and the physical, psychological and economic integrity of travellers, tourism staff and people constituting host communities, and includes the consideration of security interests of tourist sending and receiving States and their tourism entrepreneurs and establishment operators.

The aim of the network will be to provide for liaison and collaboration between institutions and experts engaged in safety and security activities with a view to generating services to the interested stakeholders in tourism development.

The Task Force, or various task forces, to result from the network will be called upon by the World Tourism Organization to provide specific public and customized services to the network beneficiaries.

The Network Scope

The Network scope of activities will be based on the comprehensive definition of tourism and tourism characteristic activities as defined by the World Tourism Organization and the United Nations Statistical Commission (see "wto-omt/statistics/concepts and definitions on tourism").

The issues under review by the Network will be those featuring in the Recommended Measures for Tourism Safety adopted by the World Tourism Organization General Assembly in 1991.

Members of the Network

As a virtual organization, the network will be constituted by designated focal points and experts from:

the World Tourism Organization (WTO/OMT) and other intergovernmental organizations having stakes in safety and security in tourism.

international tourism industry organizations

countries and local tourism destinations represented by National Tourism Administrations (NTAs), National Tourist Organizations (NTOs) and/or local Destination Marketing Organizations (DMOs) as well as by other pertinent bodies responsible for safety and security in tourism at national and local government levels

research and consultant organizations specializing in various aspects of safety and security in tourism

insurers

travel assistance companies

independent experts/consultants in the field

the media (including, in particular, the tourism media)

Inclusion in the Network and the modalities and other terms of reference of such inclusion, will be subject to agreement with WTO.

Pending agreement with the network members, their relevant particulars will be available to general public in the WTO website.

The potential Network members will be requested to identify themselves by providing the following particulars:

- Complete name of person or institution
- Position or title of person
- Status of institution (international, national, governmental, non-governmental, public, private, commercial, non-profit)
- Complete address (postal, telephone, fax, e-mail)
- Relevant own web site(s) on the internet
- Competence in tourist safety and security issues (see the Network Scope above)
- Experience in dealing with tourist safety and security issues
- References/testimonials

Those interested in becoming candidates for the Network members and requiring additional information are kindly requested to contact:

Head, Quality of Tourism Development
World Tourism Organization
Capitán Haya 42, 28020 Madrid/Spain
e-mail: quality@world-tourism.org

National Tourist Safety and Security Sheets

1. The World Tourism Organization (WTO) has opened its Safety & Security Network for Tourism. It is aimed for tourism professionals and the public at large. The Network has started with the publication of national sheets including basic facts on safety and security in tourism in countries, territories and other tourist destinations. The scope of the information covered varies from sheet to sheet and may undergo constant updates and modifications, in particular by including additional data. The number of national sheets may also vary over time.

2. Most national sheets indicate the person who has been designated by the National Tourism Administration (NTA Focal Point) to respond to queries or otherwise guide inquirers and network users on issues relating to safety and security in tourism in his or her country, territory or destination. In asking for the designation of the NTA Focal Point, the WTO Secretariat has proposed some of their tasks and duties to be as follows:

· "to keep on record basic facts on tourist safety and security in their country or territory (rules and regulations, identification of tourist risks, travel warnings, research and publications on the tourist safety and security status and incidents, relevant statistics, experts, etc.)"
· "to be familiar with facilities and institutions, both public and private, assisting international visitors and outgoing nationals in safety and security problems (police, first-aid, insurance, travel assistance, consulates, etc.)"
· "to establish and maintain a working relationship with other government departments competent in tourist safety and security matters (interior, health, consumer affairs, judiciary, foreign affairs, civil aviation, civil defence, etc.)"
· "to establish and maintain a working relationship with safety and security focal points at national tourism industry organizations"

· "to be the NTA spokesman before the media and general public on national tourist safety and security issues"

3. Information in the national sheets is provided under the responsibility of the National Tourism Administration concerned or its Focal Point. The WTO Secretariat responsibility is limited to the proper processing and presentation of this information. Its publication on the WTO website is not to be construed as an expression of opinion or endorsement by the World Tourism Organization or its Secretariat with respect to the tourist safety and security status of the countries, territories and other destinations concerned, but as a statement of objective facts with a view to achieving more transparency in this area.

National Tourist Safety and Security Sheet Austria

1. NTA FOCAL POINT

N.N.
Tourism Service Board
Ministry for Economy and Labour
Div. VII/3
Stubenring 1
A-1010 VIENNA/Austria
Tel: (43-1) 711 00-55 96/7
Fax: (43-1) 711 00-23 87
E-mail: tourism@bmwa.gv.at
Languages of communication: German, English

Scope of duties and competence:
General assistance for tourists and guests, mediation in case of tourist conflicts

2. NATIONAL EMERGENCY TELEPHONE NUMBER(S

All emergencies: 112
Police (general): 133
Health emergency: 144
Fire emergency: 122

3. REGIONAL (WITHIN THE COUNTRY) EMERGENCY TELEPHONE NUMBERS
(if different from national numbers)

All emergencies: 112
Police (general): 133
Health emergency: 144
Fire emergency: 122

5. TOURIST COMPLAINTS SERVICE
Tourist Service Board
Federal Ministry for Economy and Labour
Tourism Service Board, Div. VII/3
Stubenring 1
A-1010 VIENNA/Austria
Tel: (43-1) 71 100 - 5597/2113
Fax: (43-1) 71 100 - 2387
E-mail: tourism@bmwa.gv.at

Functions:
Mediation in case of (tourist) conflicts, general assistance for tourists and guests.

6. FIRST AID (HEALTH EMERGENCY ASSISTANCE)
Red Cross
Tel: 1774

Scope of first aid services from which international visitors may benefit:
As a member of the European Union Austria is surely bound to both social security bilateral agreements and multilateral agreements.

7. NATIONAL TOURISM ADMINISTRATION/NATIONAL TOURIST ORGANIZATION WEBSITE
www.austria-tourism.at

Date: 29.04.2002

VII.5. Main findings

While numerous programs and internet-services provide information about the health aspects of travel, only a few examples of dedicated tourist safety programs with a focus on injury prevention were found.

Most national, regional or institutional initiatives in injury prevention in potential tourist domains, however, do not effectively address non-domestic tourists. This may be due the lack of respective evidence (no monitoring) or due to marketing priorities.

The National Visitor Program in Queensland, Australia, is quoted as a rare example of an evidence-based approach towards tourist safety, targeting both individual tourists and tourists operators. Based on the tourist hospital admissions for injury a multi-lingual booklet and video cover most of the areas where visitors are likely to experience problems in this destination.

On the international level the World Tourism Organization (WTO) has recently updated it's guidelines for the development of partnerships between governments and industry related to risk management and sustainable tourism, and actual implementation of the Safety and Security in Tourism Manual could be taken forward within the WTO Safety and Security Network (www.world-tourism.org/quality/E/safety.htm)..

It is recommended that on the EU legislation level, the WTO Network should link with both the Enterprise Directorate-General (europa.eu.int/comm/enterprise), ensuring the interests of the tourism sector, and the Health and Consumer Protection Directorate-General (DG SANCO., europa.eu.int/comm/health), responsible for the physical safety of tourists.

The most important role for DG SANCO to play in the implementation of international and national Measures for Tourism Safety at this initial phase, could be in international surveillance of tourist injuries in the EU.

VIII. CONCLUSIONS AND RECOMMENDATIONS

VIII.1. Lack of data about tourist accidents

Whereas there is an international monitoring of technical and natural disasters (e.g. disaster database)[20] tourists' individual accidents remain to be an "essentially invisible problem" as far as statistics are concerned. In fact, newspapers proved to be an appropriate source of information for "regular" tourists accidents, though this information is usually not representative and hard to aggregate on the international level. Unfortunately, this is true also for many "official" statistical sources. And although we did find some data on tourist accidents at the various levels of monitoring that we investigated, non of the respective data source are harmonised and aggregated for international surveillance.

- The injury data of the A&E based Injury Surveillance System (ISS, formerly EHLASS) provided the best data on tourist injuries of the available sources. But within the ISS it is not obligatory to collect data on « country of residence » and « country of injury ». The Member States which were partner in this study itself included « country of residence » by own activity.
- Other sources, such as the national hospital discharge registers do have codes for « country of residence », but do not offer any details about the patterns of injuries.
- National mortality data do often report only cases of the resident population and the amount of tourists who had fatal injuries in the destination countries can hardly be estimated completely.

As a conclusion it can be said that an overview about injuries of tourists can not be systematically produced at the moment. The status quo of data collection at hospitals and fatal injury reporting in the mortality statistics does only seldom include tourist indicators and can hardly be used for a complete national or international overview about injuries of tourists.

Following amendments are suggested to the existing EU health and injury monitoring:

- Inclusion of Country of Residence as a standard information in the national death certificates, and subsequently in the international aggregation of national ICD and traffic mortality data (WHO, EUROSTAT, EUPHIN[21], CARE, OECD).

[20] International Disaster Database (http://www.cred.be/emdat/)
[21] European Union Public Health Information Network

- Standardisation of inclusion and exclusion criteria for tourist fatalities in national mortality statistics within the EU Member States.
- Inclusion of Country of Residence in the international aggregation of national hospital discharge registries (WHO, EUROSTAT, EUPHIN, OECD).
- Inclusion of Country of Residence as a standard information in the national data set for DG SANCO's Injury Database (IDB[22]; a dedicated hospital based injury data collection as part of EUPHIN).

The suggested amendments to the existing EU health and injury monitoring would enable the Commission and the Member States to examine personal risks to travellers in any detail at the various levels of monitoring (fatalities, hospital admissions and A&E treatments) and thus to enhance evidence-based action in the field of tourist safety. This in turn, will help to maintain Europe's, leading position in the world in inbound international tourism.

The current findings of a significant number of non-domestic tourist injury fatalities and hospital admissions in the EU-15 Member States and the challenges for tourism in the era of expansion of the European Union are two good reasons to tackle the problem now.

VIII.2. Tourist injuries

With the local knowledge of the projects partners we were able to set "spot lights" on tourist mortality in Austria, France and Greece (covering around 30% EU-15 tourism) and on tourist morbidity in Austria, France, Germany, Greece, Italy and The Netherlands (covering around 50% EU-15 tourism):

- Unintentional Injuries are a mayor source of ill health on vacation
- Injury risk is highly increased in non-domestic tourists
- 3.800 non-domestic tourist injury fatalities per year in the EU-15: Road Traffic, Mountains and Water pose the predominant injuries risks
- Risk factors: Male, 25 to 44 years old, German, Dutch or English
- Non-domestic tourist injuries in the EU-15 account for about 1 % of injury related health care resources

In a pointed conclusion and with the focus on the prevention of fatalities, the epidemiological analysis of tourists injuries identifies **male tourists aged between 25-64 from Germany,**

[22] former ISS (injury Surveillance System) ans EHLASS (European Home and Leisure Surveillance System)

United Kingdom, The Netherlands and Italy as main target groups for tourism risk management. Main target settings are traffic safety (male tourists aged between 25-44) and "sports" (age group 44-64), namely swimming, skiing, mountain hiking.

VIII.3. Tourist injury prevention

Safety attitude of injury victims. The majority of non-domestic injury victims blamed own lack of attention or safety attitude for the accident. 80% declared that their injury could have happened also in their home land, and was thus not caused by specific circumstances in the destination country. Only a small proportion indicated that better information or training (about rental equipment), protective equipment or a product innovation could have prevented the accident or the injury. This nonchalance of the victims is in contrast to the often severe consequences of the injuries.

These findings, a very professional and well organised medical care sector on one side, and hardly any considerations about preventability or liability on the side of the injury victims confirm the notion of predominance of injury treatment over injury prevention.

"Keeping Safe" strategies for tourists and tourist destination. While numerous programs and internet-services provide information about the health aspects of travel, only a few examples of dedicated tourist safety programs with a focus on injury prevention were found.

Most national, regional or institutional initiatives in injury prevention in potential tourist domains (examples are given for skiing safety in Austria) do not effectively address non-domestic tourists. This may be due the lack of respective evidence (no monitoring) or due to marketing priorities.

The National Visitor Program in Queensland, Australia, is quoted as a rare example of an evidence-based approach towards tourist safety, targeting both individual tourists and tourists operators. Based on the tourist hospital admissions for injury a multi-lingual booklet and video cover most of the areas where visitors are likely to experience problems in this destination.

On the international level the World Tourism Organization (WTO) has recently updated it's guidelines for the development of partnerships between governments and industry related to risk management and sustainable tourism, and actual implementation of the Safety and Security in Tourism Manual could be taken forward within the WTO Safety and Security Network (www.world-tourism.org/quality/E/safety.htm)..

It is recommended that on the EU level, the WTO Network should link with both the Enterprise Directorate-General (europa.eu.int/comm/enterprise), ensuring the interests of the tourism sector, and the Health and Consumer Protection Directorate-General (DG SANCO., europa.eu.int/comm/health), responsible for the physical safety of tourists.

- The most important role for DG SANCO to play in the implementation of international and national Measures for Tourism Safety at this initial phase, could be in international surveillance of tourist injuries in the EU (See above).

The suggested amendments to the existing EU health and injury monitoring would enable the Commission and the Member States to examine personal risks to travellers in any detail at the various levels of monitoring (fatalities, hospital admissions and A&E treatments) and thus to enhance evidence-based action in the field of tourist safety. This in turn, will help to maintain Europe's, leading position in the world in inbound international tourism.

The current findings of a significant number of non-domestic tourist injury fatalities and hospital admissions in the EU-15 Member States and the challenges for tourism in the era of expansion of the European Union are two good reasons to tackle the problem now.

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	Comprehensive View on European (HLA) Injury Data	EC DG SANCO, Institut „Sicher Leben“/Robert Bauer, Mathilde Sector	Vienna, 2003
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France	Foreign tourists in France	Psytel/Marc Nectoux	Paris, 2003
	Surveillance épidémiologique des Noyades	Institut de Veille Sanitaire	Saint-Maurice, 2003
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	Österreich- Tourismus im Kalenderjahr 2001	TourMis	http://www.tourmis.wu-wien.ac.at
	Die Zukunft des Sommertourismus	Österreich Werbung	www.austria-tourism.biz
	Datenblatt Tourismus	WIFO/ Statistic Austria	www.statistik.at
	Gästebefragung Österreich Sommer 2000	Info Research International	www.research-int.com
	Gästebefragung Österreich Winter 2000/01	Info Research International	www.research-int.com
France	Campagne Nationale de Prevention des Accidents de Ski et de Snowboard 2002-2003, Dossier de Presse	La Commission de la Sécurité des Consommateurs	www.cscnet.org/Commun/campagne.htm
	Campagnes de prévention	Medicins de Montagne	www.mdm.org
Germany	Tourismus , Gastgewerbe	Statistisches Bundesamt Deutschland	www.destatis.de
Greece	Tourism statistics 1996-2001 Griechenland	Greek National Tourismus Organization	www.gnto.gr
	Arrival of foreign tourists...(transport?)	NSSG (National Statistical Service of	www.statistics.gr / www.gnto.gr

		Greece)	
	Greece in figures 2002	NSSG (National Statistical Service of Greece)	www.statistics.gr / www.gnto.gr
	Tourism statistics allgemein	Greek National Tourismus Organization	www.gnto.gr
Netherlands	Tourists Arrivals	Statistics Netherlands	http://www.cbs.nl/en/
	Niederlande Tourismus allgemein	Niederländisches Büro für Tourismus /Köln	www.holland.com/de
Europe	Einwohnerzahlen für Europa	Eurostat	www.eurostat.com
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	Angebotspalette des Tourismus (Gebirgst. Badetourismus usw.)	Eurostat	www.eurostat.com
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X. APPENDIX

X.1. Tourist Survey Questionnaire (Work Package 1)

Purpose of Project

The main purpose of this project is to to create a status quo inventory and analysis of relevant data and reports (social insurance data, health statistics, results from other EU-projects on trans-border services; e.g. in road safety) and to analyze the incidence of tourist injuries in Europe. Secondly, to perform a supplementary survey (questionnaire) within the national HLA data collection systems (pilot for selected countries) in order to gain detailed information about these cases.

Purpose of Work Package

The purpose of this Work Package is to:

- provide feedback regarding the format and content of the draft tourist questionnaire for a supplementary survey
- inform us if you are able to pilot the questionnaire in your country

Tourist Questionnaire V.1

This version is to be used supplementary to a HLA V.2000 Coding form:

HLA -Record-No.:	

Persons to be interviewed are:

Case A: A foreigner who had an accident while in your country (for example: Tourist, Conference participant) *or*

Case B: National Resident, who had an accident in a foreign country

Note: If possible please use this for traffic accidents also !

Please mark the appropriate response! (❶ X)

1. Country of residence?	.....
2. In which country did the accident happen?	❶ Here [your country] (Case A) ❷ Abroad, in ..... (Case B)
3. What was the main reason for the trip ?	❶ Vacation, holidays ❷ Business trip ❸ Other .....
4. When answer to question 3 is „Vacation, holidays“: **What was the main theme of the vacation?**	❶ Cultural ❷ Sport / Action sports ❸ Recovery / Health ❸ Other .....
5. What sort of accomodation were you in ?	❶ Hotel, Pension ❷ Hotel apartment (no services) ❸ Private room ❹ Camping ❸ Other .....
6. Was the accident or the injury caused by a rental product? (skis, bike, snowmobile)	❶ No ❷ Yes, a .....
7. If answer to question 6 is yes: **Was training or information provided about the rental equipment?**	❶ No ❷ Not important ❸ Yes, but not enough ❹ Yes, a .....

8. From whom did you receive First Aid and Rescue on site?	❶ Ambulance ❷ Private person(s) ❸ No one, but needed ❹ Not needed ❺ Other .....
9. What was your transportation to the hospital?	❶ Ambulance ❷ Helicopter ❸ Privately ❹ Other .....
10. Case B: **Did you receive treatment in the foreign country?** **11.** Case A: **Will treatment be continued back home?**	❶ Yes, practictioner ❷ Yes, outpatient ❸ Yes, hospitalized ❹ No ❺ Don't know
12. What was the amount of time you had planned to spend abroad and how many days due to the accident was it actually?	❶ Days planned ..... ❷ Actual days (about) .....
13. Case A: How will you get home ? **14. Case B: How did you get home ?**	❶ By medical transportation ❷ Privately (as planned) ❸ Privately (not as planned) ❹ Other .....
15. Do you have a special insurance for rescue, treatment and transportation?	❶ Yes ❷ No ❸ Don't know ❹ Other .....
16. Will the injury affect your work, specifically absence from work?	❶ Yes for ..... days ❷ Yes, permanent ❸ Don't know ❹ Other .....
17. Could the accident have also happened in your country?	❶ No opportunity ❷ Yes ❸ Don't know ❹ No, because .....

18. What do you think could be done in terms of safety prevention in order to prevent such accidents ?

Please provide us with your comments and reference the question number for each comment:

Format:

Content:

Questions to be added:

Pilot of Questionnaire

At the January meeting we made a preliminary count of who may be able to pilot a tourist questionnaire nationally. We would like to verify which partners would like to take the opportunity to do this. Please mark your answer.

Name	**Yes, I would like to pilot the questionnaire (approx. 500 questionnaires in total, at 4 EUR per questionnaire)***	**No, unfortunately I cannot pilot the questionnaire at this time**
If **yes**:		
Name of Data Collection System		
Anticipated Time Period Winter _____ Summer _____		

*Translation costs will be provided in addition to this

Comments:

X.2. Template for Data Inventory and Data (Work Package 2)

Purpose of Work Package 2

The purpose of this Work Package is to:

A. Complete a National Data Inventory Form for tourist injury mortality and morbidity data

B. Provide a National Report on Tourist Injuries (or respective data)

A. National Data Inventory Form

Table 1. Injury Mortality Data						
	Includes Tourist Identifier [23] (Y/N)	Includes Injury Information [24] (Y/N)	Data Available for Analysis (Y/N)	Data Analysis		
				Will analyse data myself (Y/N)	or	Will provide data for the Austrian team (Y/N)
Sources:						
Death Certificate						
Other statistics Please specify:						
Other sources (i.e. newspaper clippings). Please specify:						
newspaper clippings						
...						

Table 1. Injury Morbidity Data						
	Includes Tourist Identifier [1] (Y/N)	Includes Injury Information [2] (Y/N)	Data Available for Analysis (Y/N)	Data Analysis		
				Will analyse data myself (Y/N)	or	Will provide data for the Austrian team (Y/N)
Sources:						
Hospital Discharge Register						
EHLASS Database, or similar (please specify:						
Other sources (i.e. special survey Please specify:						
Other source (i.e. newspaper clippings). Please specify:						
...						

[23] For example, address area code for a tourist. Definition of tourist: any person with a foreign residential area code.
[24] Injury information: can range from injury (yes/no) to mechanism, activity, etc.

B. National Report on Tourist Injuries

The main goal of the National Report is to estimate the share of tourist injuries compared to all injuries.

If you answered **YES** to performing data analysis by yourself, we would like to ask you to analyse your national data source(s) according to the following suggested tables.

Alternatively, if you provide us with data, these are the tables we would like to complete for each data source.

1. Minimum Table Templates for National Report

Please complete the tables for each data source - or produce your own seperate tables accordingly (see also "D. Template for Austria"):

Header Data Source 1

Country :
Data Source 1:
Definition / Scope:

Table 1. Injuries by Sex, Age

	Number of Resident Injuries	**Number of Tourist Injuries**	**Total (resident + non-resident)**
Male Female			
Age (e.g. 0-4, 5-14, 15-24, 25-44, 45-64, 65+)			

Table 2. Tourist Injuries by Resident Country and Sex

	Number of Tourist Injuries		
Country of Residence	Male	Female	Total
GE			
NL			
...			

Table 3. Tourist Injuries by Activity, etc.

	Number of Tourist Injuries		
	Male	Female	Total
Type of Activity (sports, leisure, eg. EHLASS codification)			
Additional information (for example based on EHLASS codification):			
Place of occurrence			
Mechanism			
Treatment and follow-up			
...			

Please complete the same procedure for each source:

Header Data Source 2

Country :
Data Source 2:
Definition / Scope:

. . . .

2. Published National Reports

In addition to new data analysis as specified above, we welcome any available reports which contain statistical information on tourist injuries.

X.3. Medienspiegel: tödliche Unfälle von Touristen (fatal tourist injuries in the newspapers)

Eine quantitative Auswertung österreichischer, deutscher und italienischer Tageszeitungen

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Berliner Morgenpost - Stichwort: „Unfall und tödlich und nicht tot*“ 16
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Auswahl und Test der Quellen

Es wurden österreichische, deutsche und italienische Medien hinsichtlich tödlicher Unfälle von Inländern und Touristen untersucht. Mittels Stichwörtern wurden die „Ergiebigkeit“ und Eigenschaften der Medien geprüft,

Übersicht über die Suchmaschinen

zeigt die Stichworte und ihre Trefferquote in den jeweiligen Medien.

Zeitung	Stichwort	Zeitraum	Ressort	Treffer
SN	Unfall	2001	Chronik	1642
	Unfall +Deutsch	2001	Chronik	263
	Unfall +tödlich	2001	Chronik	167
	Unfall +Urlaub	2001	Chronik	83
	Unfall-Österreicher	2001	Chronik	1550
	Unfall +Deutsch	2001	Chronik	263
	Unfall +tödlich +Deutsch	2001	Chronik	37
	Schiunfall +Deutsch	2001	Chronik	0
	Unfalltote +Deutsch	2001	Chronik	0
	Tauchunfall	2001	Chronik	5
	Bergunfall	2001	Chronik	9
	Unfall +Deutscher	2001	Chronik	52
	Unfall +Deutsche	2001	Chronik	182
	Unfall +Verletzung	2001	Chronik	370
	Skiunfall	2001	Chronik	14
	Unfall +Urlauber	2001	Chronik	35
	Unfall +Tote	2001	Chronik	175
	Unfall +Tourist	2001	Chronik	24
	Unfall und tödlich	1997-2002	alles	102
	Skiunfall	1999-2002	alles	42
	Unfall +Tote -tödlich	1997-2002	alles	119
	Bergunfall	1997-2002	alles	25
	Tauchunfall	1999-2002	alles	9
Presse	Unfall	2001		344
	Unfall + Deutsch*	2001		57
	Unfall + tödlich*	2001		28
	Unfall + Urlaub*	2001		12
	tödlich* Unfall	2001		28
	tödlich* * Unfall	2001		28
	tödlich* *unfall	2001		28
	tödlich*+*unfall	2001		28
	Unfall + Verletz*	2001		129
	Unfall + verletz*	2001		129
	Skiunfall	2001		0
Standard	Unfall	ab2001	alle	506
	Unfall und Deutsch*	ab2001	alle	144
	Unfall + tödlich*	ab2001	alle	52
	Unfall und Urlaub*	ab2001	alle	27
	Touristenunfälle			0
	Fremdenunfälle			0

Zeitung	Stichwort	Zeitraum	Ressort	Treffer
	Unfälle			0
	Verletzte			0
	Ausländer + Unfälle			0
	Touristen			1469
	Bergunfälle			1
Kurier	Unfall	2001	Chronik, Bundesl.	606
	Unfall und Deutsch	2001	Chronik, Bundesl.	71
	Unfall und tödlich	2001	Chronik, Bundesl.	0
	Unfall und Urlaub	2001	Chronik, Bundesl.	17
	Unfall Ausländer	2001	Chronik, Bundesl.	0
	Schiunfall	2001	Chronik, Bundesl.	0
	Bergunfall	2001	Chronik, Bundesl.	10
	Freizeitunfall	2001	Chronik, Bundesl.	6
	Sportunfall	2001	Chronik, Bundesl.	6
	Touristen	2001	Chronik, Bundesl.	57
	Unfalltote	2001	Chronik, Bundesl.	55
	Tunnelunfälle	2001	Chronik, Bundesl.	7
	Frontalunfälle	2001	Chronik, Bundesl.	7
	Unfall und Touristen	2001	Chronik, Bundesl.	9
	Unfall und Ausländer	2001	Chronik, Bundesl.	0
	Unfälle	2001	Chronik, Bundesl.	0
	Unfall	2001	Chronik, Bundesl.	18
	Unfall ünd Deutscher	2001	Chronik, Bundesl.	23
	Unfall und Verletzt	2001	Chronik, Bundesl.	283
	Skiunfall	2001	Chronik, Bundesl.	7
	Verletzung	2001	Chronik, Bundesl.	375
Krone	Unfall	ab 1999		6766
	Unf*	ab 1999		10940
APA	Unfall	2001	Chronik	675
	Unfall und Urlaub	2001	Chronik	15
Krone	Unfall	ab 1999	alle	6636
	Unfall und Deutscher	ab 1999	alle	0
	Skiunfall			105
	Verletzte			2169
Kleine Zeitung	Unfall	ab 2001		441
FAZ	Unfall Touristen	2001	alle Ressorts	0
	Unfall +Österreich	2001	alle Ressorts	35
	Unfall +Österreich$	2001	alle Ressorts	81
	tödlich* +Unfall +Österreich*	2001	alle Ressorts	12
	Schiunfall	2001	alle Ressorts	0
FAZ	Unfall	ab 2001	alle Ressorts	1359
	Unfall und Urlaub	ab 2001	alle Ressorts	24
	Unfall und Österreich	ab 2001	alle Ressorts	38
	Unfall und Urlauber	ab 2001	alle Ressorts	6
	Unfall und verletzt	ab 2001	alle Ressorts	362

Zeitung	Stichwort	Zeitraum	Ressort	Treffer
	Unfall und Verletzte	ab 2001	alle Ressorts	74
	Unfall und Verletzter	ab 2001	alle Ressorts	8
	Unfall und Verletzt*	ab 2001	alle Ressorts	417
	Unfall und verletzt*	ab 2001	alle Ressorts	417
	Unfall und Urlaub*	ab 2001	alle Ressorts	264
	Unfall und tödlich*	ab 2001	alle Ressorts	1199
	Unfall und Österreich*	ab 2001	alle Ressorts	526
Freie Presse	Unfall			484
	Unfall und Urlaub			0
	Unfall, Urlaub			0
die Zeit	Unfall	1999-2002		202
	Unfall und Urlaub	1999-2002		17
	Unfall und Österreich	1999-2002		0
	Unfall und tödlich	1999-2002		0
	Unfall und verletzt	1999-2002		23
	Unfall und Urlaub*			16925
	Unf			393
Süddeutsche Zeitung	Unf			393
	Bergunfälle			0
	Freizeitunfall			0
	Sportunfall			0
	Touristen			300
	Touristen Unfall			2
	Unfall	17.01.02-15.02.02	alle	54
	Unfall und Österreicher	17.01.02-15.02.02	alle	0
	Unfall und Urlauber	17.01.02-15.02.02	alle	1
	Unfall und verletzt	17.01.02-15.02.02	alle	12
	Unfall und tödlich	17.01.02-15.02.02	alle	0
	Skiunfall	17.01.02-15.02.02	alle	1
	Unfall AND Urlaub*	13.02.02-12.03.02	alle	2
	Unfall AND tödlich*	13.02.02-12.03.02	alle	13
	Unfall AND tödlich	13.02.02-12.03.02	alle	3
	Unfall AND Österreich*	13.02.02-12.03.02	alle	2
	Unfall AND verletzt*	13.02.02-12.03.02	alle	20
	Unfall AND tot*	4.03.02-5.04.02	alle	16
	Unfall AND tödlich NOT tot*	4.03.02-5.04.02	alle	14
	Unfall AND Ausländ*	15.03.02-16.04.02	alle	0
	Unfall AND tot*	15.03.02-16.04.02	alle	22
	Unfall AND tödlich NOT tot*	17.03.02-18.04.02	alle	14
die Welt	Unfall	2001		0
Berliner Morgenpost	Unfall	2001	alle	1209
	Unfall und Österreicher	2001	alle	10
	Unfall und Österreich	2001	alle	26
	Unfall und Urlaub	2001	alle	21
	Unfall und verletzt	2001	alle	494
	Unfall und Urlauber	2001	alle	0
	Unfall und Touristen	2001	alle	0
	Unfall und Urlaub*	2001	alle	36

Zeitung	Stichwort	Zeitraum	Ressort	Treffer
	Unfall und tödlich*	2001	alle	105
	Unfall und Österreich*	2001	alle	36
	Unfall und verletzt*	2001	alle	525
	Unfall und tot*	2001	alle	244
	Unfall und tödlich und nicht tot*	2001	alle	103
Bild	Unfall und Ausländer	2001	alle	12
	Unfall	2001	alle	1
	Unfall und Österreich	2001	alle	0
	Unfall und Urlaub	2001	alle	0
	Unfall und todlich	2001	alle	0
Tagblatt der Südtiroler Dolomiten	Unfall	13.-20.02.2002	alle	47
	Unfall und Urlaub	13.-20.02.2002	alle	0
	Unfall und Österreich	13.-20.02.2002	alle	0
	Skiunfall	13.-20.02.2002	alle	2
	Unfall und tödlich	13.-20.02.2002	alle	0
	Unfall und Verletzung	13.-20.02.2002	alle	0
Corriere della Sera	incidente	2001	su tutto	2758
	incidente e villeggiante	2000-2001	su tutto	0
	incidente e austriaco	2001	su tutto	24
	Incidente e austriac*	2001	su tutto	40
	incidente e sci	2001	su tutto	44
	incidente e sci and austrac*	2001	su tutto	16
	incidente ferit* and austriac*	2001	su tutto	11
	incidente mortal* and austriac*	2001	su tutto	3
	incidente, turista	2001	su tutto	25
	incidente e mortal*	2001	su tutto	195
	incidente e mort*	2001	su tutto	1298
	incidente e turist*	2001	su tutto	118
	incidente e montagna			
	incidente e monte			
	incidente e affogato			
	incidente	2001-2002		332
	incidente e turista e mortal*	2001-2002		0
	incidente e mort*	2001-2002		1
	incidente e turist*	2001-2002		0
Alto Adige: Katawebsearch	incidente		kein Archiv	13853
	incidente		Kataweb	6376
	incidente, austriaco			121
	incidente, turista			78
Corriere delle Alpi:Katawebsearch	incidente		kein Archiv	13682
Corriere di Como	incidente	2001		770
	incidente, austriaco	2001		3
	incidente, villeggiante	2001		2
	incidente, austriaco	2001		0
	incidente, sci	2001		25

Zeitung	Stichwort	Zeitraum	Ressort	Treffer
	Incidente, ferito, austriaco	2001		0
	ferito, austriaco	2001		0
	incidente, sci, austriaco	2001		1
	incidente, mortale, austriaco	2001		0
Gazzetta del Sud	incidente	2001		500
	incidente, affogato	2001		4
	incidente, austriaco	2001		29
	incidente, villeggiante	2001		37
	incidente, sci	2001		39
	Incidente, ferito, austriaco	2001		13
	incidente, austriac	2001		0
	ferito, austriaco	2001		29
	incidente, sci, austriaco	2001		10
	incidente, mortale, austriaco	2001		3
	incidente, turista	2001		192
	incidente, turista, austriaco	2001		2

Bewertung der Suchmaschinen

Gibt den Überblick über alle getesteten Suchmaschinen und bewertet sie.

Zeitung	Anmerkung	Archiv	--	Such-	--	Bewertung	down-	Web-Site 1	Web-Site
--	--	Zeitraum	Kosten	log. Ver-knüpfg.	Wild-card	--	--	--	--
SN	--	ab 03.97	gratis	ja	auto-mat.	plus	nein	.salzburg.com	--
Presse	--	ab 07.99	gratis	ja	ja	plus	Ja	.diepresse.at	--
Standard	--	ab 10.96	gratis	ja	ja	plus	nein	derstandard.at/	--
Kurier	--	ab 01.01.92	gratis	ja	teilweise	--	nein	kurier.at/suche/kurier.html	--
Krone	--	ab 99	gratis	nein	ja	--	nein	.krone.at	--
Kleine Zeitung	--	--	--	--	--	--	--	.kleine.co.at	--
Tiroler Tageszeitung	--	keines	--	--	--	--	--	--	--
apa	man braucht Username und Passwort	ab 83	pro Suche 1Euro, pro Dokument extra	ja	--	--	--	.defacto.at/	apa.at/
FAZ	--	ab 93	bei Ansicht 1,50 Euro	ja	ja	gut, aber teuer	nein	afaz.gbi.de/	afaz.gbi.de/cgi-bin/gbiwww
Süddeutsche Zeitung	--	30 Tage zurück	ältere Artikel kostenpflichtig	ja	ja	gut, aber teuer	--	.sueddeutsche.de	--
die Welt	--	ab Mai 95	--	keine Ergebnisse	--	--	--	.welt.de/finden/index.htx	--
Bayernkurier	--	nur bis 10.2001 zurück	--	--	--	--	--	.bayernkurier.de/	--
dpa	--	seit Mai 83	mit Anmeldung	--	--	--	--	.dpa.de/de/produkte/wort/basisdienst.html	--
Abendzeitung	--	keines	--	--	--	--	--	.abendzeitung.de/	--
Bayrische Rundschau	--	keines	--	--	--	--	--	portal.kulmbach.net/	--
Bayerische Staatszeitung	--	--	--	wenige Ergebnisse	--	--	--	.bayerische-staatszeitung.de/service/search/	--
Berliner Morgenpost	--	seit 96	gratis	ja	ja	plus	nein	morgenpost.berlin1.de/misc/suche/	--
Bild	--	--	gratis	ja	nein	zu wenige Ergebnisse	nein	.bdzv.de/	--
Freie Presse	--		gratis	nein	--	--	--	.freiepresse.de/cgi-bin/SUCHE/=4	--
die Woche	--	keines	--	--	--	--	--	.woche.de/index.htm	--
die Zeit	2 Suchmaschinen:eine 99 und 2000, die	ab 99	gratis	ja	ja	zeitlich ungenau (2. Suchmaschine),	nein	jobs.zeit.de:9999/services/online-search?	--

Zeitung	Anmerkung	Archiv	--	Such-maschine	--	Bewertung	down-load	Web-Site 1 (http://www)	Web-Site 2
--	--	Zeitraum	Kosten	log. Ver-knüpfg.	Wild-card	--	--	--	--
	zweite ab 99 nicht eingrenzbar					Suchmaschine undurchsichtig			
Südtiroler Zeitung = Dolomiten die Südtiroler Tageszeitung	--	nur letzte Woche	gratis	nein	automatisch	minus	--	.dolomiten.it/.	--
Corriere della Sierra	--	ab 92	gratis	ja	ja	plusplus	--	.corriere.it/	--
Alto Adige	Katawebsearch	keines	gratis	--	--	--	--	--	--
Alto Adige: Katawebsearch	--	keines	--	--	--	--	--	CnnItalia Kataweb kwNews Repubblica.it	--
Corriere del Ticino	--	--	--	--	--	--	--	.cdt.ch/	--
Corriere dell'Umbria	--	keines	--	--	--	--	--	.corr.it/	--
Corriere delle Alpi	Katawebsearch	keines	--	--	--	--	--	.corrierealpi.kataweb.it/corrierealpi	--
Corriere di Como	--		gratis	ja	nein?	umständlich	--	--	kann Artikel nicht öffnen; vielleicht Acrobatreader
messaggero-veneto	--	30 Tage zurück	gratis	nein	nein	nur ein einzelner Tag aus den letzten 30 Tagen möglich; kein Suchbegriff möglich, sondern nur ganze Rubrik:schlecht	--	.messaggeroveneto.kataweb.it/messaggeroveneto/nonquotidiano/archivio.htm	--
gazzettadel sud	--	ab 98	gratis	ja	nein	plusplus	--	.gazzettadelsud.it (Ricerca nel Sito)	--

Ergebnisse

Die Ergebnisse sind nach Ländern, Medien und untersuchten Stichworten geordnet. Es wurden nicht näher definierte Verunfallte den Inländern zugerechnet.

Österreich

Als geeignetstes Medium erwiesen sich die Salzburger Nachrichten. Untersucht wurden folgende Stichwörter (s.u. Stichwort 1 –5):

Gesamtergebnis

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
SN	Vereinigungsmenge aller ~	97-02	alles	17.03.2002	

	Verkehr	Sport	Heim und Freizeit	Arbeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	188	11	4	8	6	1	0	217
Ausländer *	40	19	0	0	1	1	0	61
A im Ausland	18	1	0	0	0	0	0	19
unbekannt	1	0	0	0	0	0	0	1
Gesamt	247	31	4	8	7	2	0	298

* Sport: 7 D, 5 I, 4 GB, 2 NL, 1GR

Stichwort 1: „Unfall und tödlich“

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
SN	Unfall und tödlich	97-02	alles	17.03.2002	102

	Verkehr	Sport	Heim und Freizeit	Arbeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	97	0	3	8	4	0	0	112
Ausländer *	15	10	0	0	1	0	0	26
A im Ausland	5	1	0	0	0	0	0	6
unbekannt	1	0	0	0	0	0	0	1
Gesamt	118	11	3	8	5	0	0	135

* Sport: 5 D, 5 I

Stichwort 2: „Unfall und Tote – tödlich“

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
SN	Unfall und Tote – tödlich	97-02	alles	18.03.2002	119

	Verkehr	Sport	Heim und Freizeit	Arbeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	91	0	1	0	2	1	0	95
Ausländer *	25	4	0	0	0	1	0	30
A im	13	0	0	0	0	0	0	13

Ausland								
Gesamt	129	4	1	0	2	2	0	138

* Sport: 4 GB

Stichwort 3: „Skiunfall“ (tödlich)

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
SN	Skiunfall	99-02	alles	18.03.2002	42

	Sport
Inländer	3
Ausländer*	4
A im Ausland	0
Gesamt	7

* Sport: 2 D, 1NL, 1GR

Stichwort 4: „Bergunfall“ (tödlich)

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
SN	Bergunfall	97-02	alles	.03.2002	26

	Sport
Inländer	7
Ausländer*	2
A im Ausland	2
Gesamt	11

*Sport: 1 D, 1 NL

Stichwort 5: „Tauchunfall“ (tödlich)

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
SN	Tauchunfall	99-02	alles	.03.2002	9

	Sport
Inländer	8
Ausländer*	2
A im Ausland	0
Gesamt	10

*Sport: 2 D

Beispiele: tödliche Touristenunfälle in Österreich (bzw. von Österreichern im Ausland)

Es wurden über mehrere Jahre hinweg (97-2002) „nur“ einige tödliche Sportunfälle registriert. Die folgenden Beispiele führen die Artikel auf, die tödliche Touristenunfälle im Sport behandeln.

Tödliche Rekordjagd

29.10.2001

Tauchen im Attersee forderte heuer bereits drei Menschenleben. Am Samstag starb ein Deutscher, der aus hundert Metern zu rasch aufstieg. Tauchen im Attersee forderte heuer bereits drei Menschenleben. Am Samstag starb ein Deutscher, der aus hundert Metern zu rasch aufstieg.
Der Versuch, den persönlichen Tauch-Rekord im Attersee auf 110 Meter auszudehnen, endete am Samstagnachmittag für einen von zwei Tauchern tödlich. Die beiden Deutschen, 33 und 39 Jahre alt, waren bereits auf 100 Meter abgetaucht. Plötzlich bekam der Jüngere der beiden Probleme und tauchte viel zu schnell auf. Er erlitt tödliche Verletzungen.
Der tragische Unfall ereignete sich in Steinbach (Bezirk Vöcklabruck) im Bereich der so genannten Schwarzen Brücke. Dort war erst im vergangenen August ebenfalls ein Taucher tödlich verunglückt. Insgesamt starben heuer im Attersee bereits drei Taucher.
Auf Grund des extremen Drucks in rund 100 Metern Tiefe dürfte der 33-jährige Deutsche organische Probleme bekommen haben. In Panik stieg er viel zu schnell auf. Dabei zog sich der Mann tödliche Verletzungen zu. Sein Kollege benötigte 45 Minuten, um ebenfalls an die Wasseroberfläche zu gelangen. Er alarmierte die Einsatzkräfte.
Der Tote konnte noch am Samstagnachmittag aus zwölf Metern Tiefe geborgen werden. Laut Auskunft der Gendarmerie war dem anderen Taucher gar nicht bewusst, welch gewagtes Spiel mit dem Tod er überlebt hatte.

Flussfahrt in den Tod

31.05.2001
Eine Rafting-Tour auf der Salzach endete im Juni 99 für vier britische Urlauber tödlich. In Salzburg standen Mittwoch der Bootsführer und dessen Chef vor Gericht.
Eine Rafting-Tour auf der Salzach endete im Juni 99 für vier britische Urlauber tödlich. In Salzburg standen Mittwoch der Bootsführer und dessen Chef vor Gericht.
Es hätte eine traumhafte Raftingtour werden sollen - geworden ist es eine Wildwasserfahrt, die einem Albtraum gleichkam und vier Menschen das Leben kostete. 7. Juni 99: Sieben Urlauber aus England buchen über ein Pinzgauer Rafting-Unternehmen eine Schlauchbootfahrt auf der Salzach. Unter der Obhut eines Bootsführers soll der Flussbereich zwischen Schwarzach und Lend "bezwungen" werden.
Auf halber Strecke gilt es kurz an Land zu gehen, um die Sohlstufe Eschenau zu umgehen - doch dazu kommt es nicht mehr. Die unerfahrene Crew schafft es nicht, an der Anlegestelle kurz vor dem Tosbecken zu landen. Das Boot kentert und wird in den Sog der reißenden Wassermassen gezogen, die wie eine Walze wirken. Drei Männer und eine Frau sterben, drei weitere werden verletzt.
Am Mittwoch mussten sich der 30-jährige Bootsführer - selbst knapp dem Tod entronnen - sowie der 46-jährige britische Geschäftsführer des Rafting-Unternehmens vor der Salzburger Einzelrichterin Gabriele Staindl verantworten. Die Anklage lautet auf fahrlässige Tö-tung und Körperverletzung unter besonders gefährlichen Verhältnissen. Laut Staatsanwalt Thomas Wegleiter habe der Bootsführer "trotz mangelnder Eignung und unzureichender Absicherung der Anlegestelle ein Anlanden" versucht. Dem Rafting-Unternehmer lastet der Ankläger an, die "für unerfahrene Raftinggäste nicht geeignete Anlegestelle ausgewählt" zu haben.
Die Verteidiger, RA Peter Hauser und Friedrich Harrer, versuchten gleich zum Auftakt, die Vorwürfe zu entkräften: "Die Anlegestelle wurde von der Behörde vogeschlagen - der Unfall war eine Verkettung nicht absehbarer Umstände." - "Ich bin ein geprüfter, guter Rafting-Guide; ich habe alles versucht, um ein Unglück zu verhindern", so der 30-Jährige, der sich für nicht schuldig hält. Den Hergang schildert er so: "Das Boot hat sich zu langsam der Anlegestelle genähert, worauf ich mehrmals lautstark den Befehl gegeben habe, schneller zu paddeln. Doch aus völlig unverständlichen Gründen blickten mich die meisten verdutzt an und hörten stattdessen damit auf. Das Boot ist so am rettenden Kehrwasser vorbeigefahren." Das weitere, dramatische Geschehen: Der Guide des zweiten, bereits angelegten Bootes erfasst die Situation und wirft ein Seil. Zwei Passagiere greifen danach, keiner erwischt es. Dann wirft der Bootsführer - als letzte Rettung - kurz vor der Sohlstufe ein Seil über die quer über den Fluss gespannte Sicherungsleine. "Sekunden später sehe ich plötzlich, wie ein Mann über Bord ist. Und just nachdem ich diesen gerettet habe, reißt zu allem Überdruss das über den Fluss gespannte Seil. Dann konnte ich einfach nichts mehr tun", so der Angeklagte.

Als "äußerst problematisch" stuft Staatsanwalt Wegleiter ein, "dass ein Unternehmen bedenkenlos Fahrten mit unerfahrenen Leuten durchführt. Die vorhandenen Risiken seien nicht nur auf Grund dieser Tragödie wohlbekannt." Pikant in diesem Zusammenhang die Aussage des Bootsführers, dass Raftinggäste bei der Einschulung nie über einzelne Gefahrenstellen auf der Strecke oder Rettungsmaß-nahmen informiert werden. "Da würde man sie nur unnötig ver-ängstigen."
Auch der mitangeklagte Geschäftsführer sah im Verhalten seines Guides keinen Fehler: "Man ist auf die Mannschaft angewiesen, ohne deren Hilfe geht es nicht." Mit dem Szenario, wonach das Gros der Crew ausfällt, sei auch in den ständig abgehaltenen Rettungsübungen nie gerechnet worden. Der Prozess wurde vertagt.

Bei einer Bergtour

in Tirol kam am Freitag ein 64-jähriger Münchner ums Leben. Er dürfte beim Abstieg von der Guffertspitze (25 Meter) im Rofangebirge (Bezirk Schwaz) auf einer gefrorenen Stelle ausgerutscht und 400 Meter über steiles Gelände abgestürzt sein. Seine Leiche wurde von Suchmannschaften erst am Samstag entdeckt.

15-jährige Schülerin aus London starb bei Rodelunfall
21.02.2001
Jugendliche verlor Kontrolle über ihren Schlitten, stürzte über Böschung und prallte gegen Baum.
FUSCH (SN-höd). Die Schulskiwoche der Londoner "Ursuline High School" in den Salzburger Alpen wird von einem tragischen Zwischenfall überschattet: Die 15-jährige Nasreen Jamalzadeh aus London wurde am Montagabend bei einem Rodelunfall tödlich verletzt.
Rund 80 Mädchen der Londoner Schule verbringen derzeit in Piesendorf eine Schulskiwoche. Am Montagabend nahmen die Schülerinnen und ihre Lehrer an einem Rodelprogramm in Fusch teil. Zu dem Unfall kam es auf einem steilen Abschnitt eines privaten Güterweges. Jamalzadeh und ihre Beifahrerin verloren 150 Meter nach dem Start die Kontrolle über ihren Schlitten und rutschten in einer Kurve über den Rand der Bahn hinaus. Jamalzadeh stürzte fünf Meter über eine Böschung, prallte mit dem Kopf gegen einen Baum und blieb bewusstlos liegen. Ihre Beifahrerin kam mit dem Schrecken davon.
Nach der Erstversorgung durch den Notarzt wurde Jamalzadeh in das Krankenhaus Zell am See eingeliefert und noch in der Nacht in die Neurochirurgie der Christian-Doppler-Klinik nach Salzburg überstellt.
Pächter des Güterweges und Veranstalter des Rodelprogramms für die Schülerinnen ist der britische Rafting-Unternehmer Trevor Hamer aus Taxenbach. Hamer war schon im Juni 99 in die Schlagzeilen geraten, als drei Iren und ein Brite bei einer Raftingfahrt in der Salzach ertranken.

Skitag endete schrecklich

17.02.2001
Rasend schnell und ungebremst krachte ein Wintersportler in eine Pistenraupe und starb. Der Deutsche hatte vermutlich ein Blackout.
WAGRAIN (SN). Ein Betriebsausflug in strahlender Sonne und bei verlockend guten Pistenverhältnissen endete Freitag Vormittag für einen 24-jährigen Deutschen mit einem schrecklichen Unfall. Bernd Seppel überlebte ihn nicht.
Der Industriemeister aus Pommersfelden bei Bamberg war kurz nach 11.00 Uhr gemeinsam mit Arbeitskollegen von der Bergstation der Flying-Mozart-Einseil-Kabinenumlaufbahn in Wagrain abgefahren. "Unser Pistenfahrer fuhr im Bereich des Almstadls im oberen Drittel der Abfahrt bergwärts. Er wollten einen verletzten Skifahrer bergen", sagte Rupert Baumann, Vorstand der Bergbahnen AG Wagrain. Die Piste ist an dieser Stelle 50 Meter breit. Mit sechs Metern Abstand zum talseitigen Pistenrand schob sich das schwere Gerät vorwärts, mittels Drehleuchte und Licht gut erkennbar. Plötzlich sah der 39-jährige Lenker aus Wagrain einen Big-Foot-Fahrer auf sich zukommen. "In diesem Bereich ist die Piste gut einsehbar. Er hat ihn gesehen, als er rund 60 bis 70 Meter entfernt war. Der Mann machte keine Anstalten zu bremsen oder auszuweichen." Der Pistenfahrer hupte ununterbrochen. Doch vergebens. Bernd Seppel raste frontal und mit hoher Geschwindigkeit in die rechte Seite des Schubschildes, mit dem Schnee geräumt wird. Eine Ärztin hatte alles beobachtet und versuchteden Mann wieder zu beleben. Ein Arzt der Bergbahnen kam ihr zu Hilfe. Doch der Deutsche erlag an der Unfallstelle seinen schweren inneren Verletzungen.
"Unser Mann hat an diesem Tag extra die breite Piste genommen, damit die Leute ihn sehen, und nicht den kürzeren Weg, wo er ihnen entgegengekommen wäre. Wir mussten ihn nach Hause schicken. Er ist völlig geschockt", stellte Rupert Baumann fest. Die Gendarmerie geht davon aus, dass Bernd Seppel ein "Blackout" gehabt haben musste oder unaufmerksam war.
Im Jänner 99 war auf dem Grieskareck in Wagrain ein furchtbarer Unfall mit einer Pistenraupe passiert: der Fahrer hatte einen epileptischen Anfall erlitten und mit seiner Maschine ein Gruppe von Skifahrern erfasst. Eine

Frau starb. Wenige Tage zuvor war im Skigebiet Gosau-Zwieselalm eine 17-Jährige in eine Fräse geraten und tödlich verletzt worden.

Tödlich verunglückt

ist ein 67-jähriger Deutscher beim Aufstieg zu einer Almhütte in Thiersee in Tirol am Donnerstag. Der Münchner glitt vermutlich auf dem rutschigen Steig aus und stürzte, über zum Teil steiniges Gelände, etwa 120 Meter in die Tiefe.

Tödlicher Unfall eines Paragleiters

05.08.99
ZELL AM SEE (SN). Ein Paragleiter aus Deutschland verunglückte Mittwoch am Nachmittag im Gemeindegebiet von Zell am See tödlich. Der 57jährige Klaus Bielfeldt aus Villingen in der BRD war mit seinem Gleitschirm in der Nähe der Bergstation Schmittenhöhe gestartet. Nach kurzem Flug, gleich nach dem Start, kam der Mann mit seinem Schirm aus unbekannter Ursache ins Trudeln. Er stürzte aus etwa 15 Metern Höhe auf den Waldboden. Für ihn kam jede Hilfe zu spät. Der Notarzt des Rettungshubschraubers Christophorus IV konnte nur noch den Tod des Sportlers feststellen.

Tod am Matterhorn

25.08.2001
Ein Alpinist aus Niederösterreich verunglückte Donnerstag Nachmittag in der Ostwand des Matterhorns beim Abstieg im Bereich "Bohrlöcher" in rund 3.700 Metern Höhe tödlich. Das Opfer, das von einem Landsmann begleitet wurde, war laut Kantonspolizei nicht angeseilt.

Tod nach Skiunfall

22.01.2001
Zwei Tage nach einem Skiunfall erlag in der Innsbrucker Universitätsklinik eine 27 Jahre alte Deutsche ihren Verletzungen, die sie am Samstag bei einem Sturz in Hopfgarten erlitten hatte. Die Skifahrerin hatte verkantet und war in ein gerodetes Waldstück gestürzt.
Tödlicher Skiunfall

Tödliche Verletzungen

erlitt Sonntag in Serfaus in Tirol ein deutscher Skifahrer. Der 42-Jährige war gestürzt und gegen eine Hinweistafel geprallt.

Herzinfarkt: 41-Jähriger starb auf Skipiste

22.01.2001
Am Samstag war der 41-jährige Willem J. mit seinem Schwager auf der Mooskopfabfahrt in Kleinarl unterwegs. Die beiden Männer machten gegen 15 Uhr kurz Pause, als der Niederländer plötzlich zur Seite kippte und liegen blieb. Ein anwesender Mediziner kämpfte vergeblich um das Leben des Urlaubers. Willem K. war einem Herzinfarkt erlegen.

Wieder forderte der Wintersport ein Todesopfer in Salzburg.

Am Mittwoch erlag Thomas Hessenberger aus Wien seinen schweren Kopfverletzungen, die er in der vergangenen Woche beim Snowboarden in Flachau erlitten hatte. Der 31jährige Urlauber war auf der Piste des Almliftes schwer gestürzt. Der Wiener hatte dabei nach Angaben der Gendarmerie mit dem Hinterkopf auf der Piste aufgeschlagen. Per Hubschrauber war der Verletzte ins UKH Schwarzach eingeliefert worden. Erst am Dienstag hatte sich bei einem Skiunfall im Skigebiet Steinplatte in Waidring ein 42jähriger Grieche vor den Augen seiner Frau tödliche Verletzungen zugezogen.

Beim Klettern tödlich verunglückt

02.10.2000
MITTERSILL (SN). Tödlicher Bergunfall am Sonntag in Mittersill: Ein 59-jähriger Kletterer aus Deutschland kam bei einem 60-Meter-Absturz auf der Pehapperspitze ums Leben. Seine Begleiter schlugen sofort Alarm. Doch der Mann erlag seinen Verletzungen an der Unglücksstelle.

Fünf Tote in den Bergen

29.07.97
CHAMONIX (SN, dpa). Innerhalb von 24 Stunden sind vier Menschen im Mont-Blanc-Massiv tödlich verunglückt. Ein Polizist der Hochgebirgsgendarmerie wurde am Montag bei einer Übung von Schneemassen in den Tod gerissen. Das Unglück geschah an der Aiguille Verte. Bereits am Sonntag abend sind drei italienische Bergsteiger im Mont-Blanc-Massiv tödlich verunglückt. - Im Gemeindegebiet von Bad Gastein kam am Montag der 52jährige Angestellte Cornelius Baten aus Eindhoven bei einem Bergunfall ums Leben. Der Mann war auf einem leichten Wanderweg in einer Seehöhe von 2400 Metern plötzlich zusammengebrochen und 35 Meter abgestürzt.

Bei Bergtour in Italien in den Tod gestürzt

02.09.99
SALZBURG-STADT (SN). Wie erst jetzt bekannt wurde, kam am Wochenende Erich Schwarzinger (59) aus der Stadt Salzburg bei einem tragischen Bergunfall in Cortina d'Ampezzo ums Leben. Der ehemalige Gesellschafter der Schwarzinger Hannak Baustoffhandel GesmbH war am Samstag mit seiner Tochter und seinem Schwiegersohn Klettern, als sich in einer Felswand ein Haltegriff gelöst haben dürfte. Beim Sturz ins Seil zog sich Schwarzinger tödliche Verletzungen zu. Für den begeisterten Tennisspieler und langjährigen STC-Funktionär kam jede Hilfe zu spät. Die Leiche musste mittels Hubschrauber geborgen werden. Das Begräbnis findet Montag nachmittags statt.

59jähriger Kapruner starb bei Tour auf den Hochgall in Südtirol
08.08.98
BRUNECK/KAPRUN (SN). Bei einem tragischen Bergunfall in der Südtiroler Rieserferner-Gruppe kam Freitag vormittag ein 59jähriger Kapruner Bergsteiger ums Leben, drei Kameraden wurden verletzt.
Walter V. war laut Angaben der Antholzer Bergrettung gemeinsam mit drei Pinzgauer Freunden, dem 62jährigen Herbert Sch. aus Kaprun, dem 61jährigen Siegfried D. aus Niedernsill und dem 64jährigen Johann W. aus Bruck an der Glocknerstraße von der auf Osttiroler Seite gelegenen Barmerhütte zu einer Tour auf den 3.436 Meter hohen Hochgall aufgebrochen. Beim Abstieg vom Hochgall muß eine bereits berüchtigte etwa 300 bis 400 Meter lange Eisrinne bewältigt werden. "In der Mitte der Eisrinne dürfte Walter V., der Anführer der Viererseilschaft war, gestürzt sein", schildert einer der Bergretter. Er riß die anderen mit sich in die Tiefe. Die Männer stürzten die Rinne hinunter. Einer der Verletzten konnte sich noch ein Stück weiter ins Tal schleppen, um andere Bergsteiger zu informieren. Sie riefen über eine in der Mulde unter der Rinne befestigte Notrufsäule die Rettung. Für Walter V. kam jede Hilfe zu spät. Seine Kameraden wurden mit unbestimmten Verletzungen ins Krankenhaus Bruneck geflogen.
Die Hochgall-Eisrinne mit einer Steigung von etwa 50 Prozent ist bei den Südtiroler Bergrettern bereits berüchtigt. Vor genau fünf Jahren sind dort 12 Kärntner Bergsteiger verunglückt, acht von ihnen waren schwer verletzt, vier konnten mit leichten Verletzungen geborgen werden. Durch die vielen Unfälle wurde eine Notrufsäule aufgestellt - die einzige in Südtirol.
Die vier Pinzgauer dürften erfahrene Bergsteiger gewesen sein. Auch ihre Ausrüstung sei gut gewesen, so die Bergretter. Der genaue Unfallhergang ist noch nicht geklärt. Walter V. könnte von einem Stein getroffen worden sein oder sich mit den Steigeisen verhängt haben. Seine Kameraden hörten angeblich einen Schrei, bevor er in die Tiefe stürzte.

Tauchunfall - Vier Menschen an einem Tag ertrunken

18.08.2001
GRAZ, KLAGENFURT, EISENSTADT (SN). Beim Baden und Tauchen ertranken am Donnerstag in Österreich vier Männer. Ein tödlicher Tauchunfall ereignete sich im obersteirischen Grundlsee. Der 35-jährige Gastwirt Heimo J. aus Bad Aussee bekam in rund 20 Metern Tiefe Probleme mit seinem Pressluft-Atemgerät. Er deutete seinem Tauchpartner aus Wien, dass er keine Luft mehr bekomme. Sein Kollege versuchte ihm zu helfen, bot ihm sein Atemgerät an und versuchte Heimo J. an die Wasseroberfläche zu ziehen. Dabei verließen den Wiener die Kräfte. Der Steirer konnte nur noch tot aus dem Grundlsee geborgen werden. Kim M. aus Wien wurde durch den raschen Notaufstieg ebenfalls verletzt und musste in die Druckkammer des LKH Graz eingeliefert werden.
In Kärnten ertranken zwei deutsche Urlauber. In der Veldener Wörtherseebucht wurde ein 69-jähriger Urlauber aus Wuppertal tot im Wasser treibend aufgefunden, in der Marktgemeinde Reisach (Bezirk Hermagor), starb ein 72-jähriger Pensionist im öffentlichen Schwimmbad. Beide dürften Herzversagen erlitten haben. Ein 79-jähriger Pensionist aus Wien kam bei Podersdorf am See im Neusiedler See um. Ein Arzt diagnostizierte Sekundenherztod, so die Sicherheitsdirektion am Freitag.

Deutschland

Die FAZ ist leider kostenpflichtig, daher wurden die Süddeutsche Zeitung (1 Monat kostenfrei) und die Berliner Morgenpost (im Jahr 2001) untersucht.

Gesamtergebnis

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
	Vereinigungsmenge aller ~	97-02	alles	17.03.2002	

	Verkehr	Sport	Heim und Freizeit	Arbeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	102	1	20	10	13	1	0	147
Ausländer *	7	1	0	0	1	0	0	9
A im Ausland	0	2	0	0	0	0	0	2
unbekannt	0	0	0	0	0	0	0	0
Gesamt	109	4	20	10	14	1	0	158

* Sport: 5 D, 5 I

Süddeutsche Zeitung – Stichwort 1: „Unfall AND tot*“

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
Süddeutsche	Unfall AND tot*	4.03.-5.04.2002	alles	05.04.2002	16

	Verkehr	Sport	Heim und Freizeit	Arbeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	4	0	2	0	0	0	0	6
Ausländer	3	0	0	0	0	0	0	3
D im Ausland	0	0	0	0	0	0	0	0
Gesamt	7	0	2	0	0	0	0	9

Süddeutsche Zeitung – Stichwort 2: „Unfall AND tödlich NOT tot*“

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
Süddeutsche Zeitung	Unfall AND tödlich NOT tot*	4.03.-5.04.2002	alles	05.04.2002	14

	Verkehr	Sport	Heim und Freizeit	Arbeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	4	1	0	0	0	1	0	6
Ausländer	0	0	0	0	0	0	0	0
D im Ausland	0	0	0	0	0	0	0	0
Gesamt	4	1	0	0	0	1	0	6

Berliner Morgenpost: Stichwort 1: „Unfall und tot*“

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
Berliner Morgenpost	Unfall und tot*	2001	alles	09.04.2002	244

	Verkehr	Sport	Heim und Freizeit	Arbeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	67	0	12	6	11	0	0	96
Ausländer	4	1*	0	0	0	0	0	5
D im Ausland	0	0	0	0	0	0	0	0
Gesamt	71	0	12	6	11	0	0	101

1* RUS

Berliner Morgenpost – Stichwort 2: „Unfall und tödlich und nicht tot*“

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
Berliner Morgenpost	Unfall und tödlich und nicht tot*	2001	alles	13.04.2002	103

	Verkehr	Sport	Heim und Freizeit	Arbeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	27	0	6	4	2	0	0	39
Ausländer	0	0	0	0	1	0	0	1
D im Ausland	0	2	0	0	0	0	0	2
Gesamt	27	2	6	4	3	0	0	42

Beispiele: tödliche Touristenunfälle in Deutschland (bzw. von Deutschen im Ausland)

Die Auswertung bringt bei der Süddeutschen Zeitung keinen einzigen Treffer (allerdings bei einer geringen Zahl von Artikeln) und bei der Berliner Morgenpost unter über 300 Artikeln nur einen tödlichen Sportunfall.

Polizeibericht

... ein 56-jähriger Mann im Kiesteich an der Straße Am Kiesteich ertrunken. Der Tote stammt aus Russland und war alkoholisiert. Einer Frau, die ein Sonnenbad nahm ... aber immer noch nicht zurück war. Sie rief die Feuerwehr, die den Mann nur noch tot bergen konnte.

150 Meter in die Tiefe gestürzt: Berliner Junge (12) starb in den Alpen

Montag, 24. Dezember 2001
Tragisch endeten für eine Berliner Familie jäh die Weihnachtsferien in der Schweiz. Beim Spielen auf einer steilen, hart gefrorenen Wiese rutschte der zwölfjährige Sohn am Sonnabend aus und stürzte 150 Meter über steiles, felsiges Gelände in die Tiefe. Dort blieb er regungslos liegen. Obwohl die Hilfsmannschaften schnell zur Stelle waren, erlag er noch am Unfallort seinen schweren Verletzungen.
Erst ein Helikopter konnte den Verunglückten im schwer zugänglichen Gelände bergen und abtransportieren. Wie die für die Region Furner Hinterberg - dort verbrachte der Junge seine Ferien - zuständige Kantonspolizei Graubünden mitteilte, hatte der Zwölfjährige zusammen mit anderen Ferienkindern auf der laubbedeckten Wiese gespielt. Schnee habe dort kaum gelegen, hieß es. Die Kinder seien zunächst auf dem Hosenboden einen Hang hinunter gerutscht. Auf dem Heimweg seien sie dann an der steilen Hangwiese vorbeigekommen. Bei dem Versuch, diesen Hang zu erklimmen, sei der Junge ausgerutscht und abgestürzt.
Ein Kantonspolizist sagte der Morgenpost, dass es nichts Besonderes sei, wenn Kinder auf dieser Wiese herumtollen. Dass der Berliner Junge dabei abgestürzt sei, wäre ein tragischer Unfall gewesen.
Auch in den vergangenen Jahren waren derartige Unfälle zu beklagen. So stürzte beispielsweise im Juni 2001 ein 70-jähriger Berliner in den Tiroler Alpen in den Tod. Der Hobby-Botaniker war während des Filmens ausgerutscht und 100 Meter in die Tiefe gefallen. Ein Wanderer fand die Leiche des Rentners in 1780 Meter Höhe. Im September 2000 war gar der Tod von zwei Berliner Bergsteigern zu beklagen.
Beide Unfälle passierten am Südrand der Alpen. Bergsteiger Michael Hahne kam ums Leben, als er sich von der Sicherungsleine abkoppelte, an der er zusammen mit zwei Freunden befestigt war. Der Mann stürzte 300 Meter in die Tiefe, prallte dabei gegen eine Felswand und zog sich tödliche Verletzungen zu. Den Tod fand auch Bergsteiger Frank Wille Loitsch. Er war allein unterwegs, als er beim Abstieg einer Felswand auf einer Höhe von mehr als 2200 Metern abstürzte. Der Mann hatte sich zunächst zwar an einem Felsen festhalten können, als seine Kräfte nachließen, stürzte er in die Tiefe und erlag seinen schweren Verletzung.

Italien:

Der Corriere della sera wurde unter den italienischen Medien als Untersuchungsobjekt ausgewählt und hinsichtlich des Stichwortes „incidente“ ausgewertet.

Gesamtergebnis (Stichwort: „incidente“)

Zeitung	Suchbegriff	Zeitraum	Ressort	Datum der Suche	Artikel
Corriere della Sera	incidente	2001/2002	alles	24.04.2002	340

	Verkehr	Sport	Arbeit	Heim und Freizeit	Gewalt	Profisport	Sonstiges	Gesamt
Inländer	107	11	1	4	10	0	0	133
Ausländer	11	0	0	0	0	0	0	11
I im Ausland	6	3	0	0	0	0	6*	9
?	3	0	0	0	0	0	0	3
Gesamt	127	14	1	4	10	0	0	156

6* UNO-Einsatz

Beispiele: tödliche Unfälle von Italienern im Ausland

Im Zeitraum 2001/2002 wurden ausländische Todesfälle nur bei Verkehrsunfällen gemeldet, nie bei Sport- oder Freizeitunfällen. Folgende Artikel führen die tödlichen Unfällen von Italienern im Ausland an.

La tragedia sotto gli occhi del fratello, che da anni vive in Francia

Nizza, italiana annega nel fiume
Katia Cappellacci, 26 anni, è caduta in acqua mentre si metteva in posa per una foto. Morto l'amico che ha tentato di salvarla
NIZZA - Una ragazza italiana è caduta e annegata in un fiume della Costa Azzurra. Si chiamava Katia Cappellacci, aveva 26 anni e viveva a Spoltore, in provincia di Pescara, dove faceva la sarta. Con lei è morto un francese di 36 anni, Thierry Vinel, che si è buttato nell'Esteron cercando di salvarla.
L'INCIDENTE - La disgrazia è avvenuta domenica sera e ieri pomeriggio una squadra di pompieri sommozzatori ha recuperato il cadavere di Katia vicino al ponte della Cerise, a nord di Nizza. A quanto si è saputo dalla gendarmeria francese, l'italiana - da una decina di giorni in vacanza a Nizza - stava facendo una passeggiata ed è caduta in acqua mentre si metteva in posa per la macchina fotografica del fratello più giovane, Fernando, che vive da sei anni nel capoluogo della Costa Azzurra. La fortissima corrente l'ha subito travolta e trascinata via. Il corpo di Vinel è stato individuato da un elicottero della Sicurezza Civile e ripescato poco dopo la tragedia.

La sciagura sulla cima del Piz Palu, nel cantone dei Grigioni

Valanga in Svizzera, muoiono due italiani
21 maggio 2001
Sono due alpinisti altoatesini di 26 e 42 anni. Erano in Svizzera per un periodo di vacanza
GINEVRA - Due alpinisti italiani sono stati travolti da una valanga di neve e ghiaccio sulla cima del Piz Palu (3700 m.) nel cantone svizzero dei Grigioni. La sciagura è avvenuta sabato mattina ma soltanto oggi è stato ritrovato il corpo di una delle due vittime, un giovane di 26 anni. Il suo compagno di scalata, di 42 anni, non è ancora stato localizzato.

Le vittime dell'incidente sono due altoatesini: Georg Felderer della Val Sarentino, e Christian Stampfer, 42 anni del Renon. I due stavano trascorrendo un periodo di vacanza in Svizzera. Domenica sera, non vedendoli tornare al loro albergo, i titolari avevano dato l'allarme.

Tragedia in Argentina: era diretto in Patagonia per una cerimonia

Incidente aereo, muore il presidente di Techint
28 aprile 2001 IN RETE
Agostino Rocca, responsabile del colosso dell'impiantistica e della siderurgia è deceduto insieme ad altre 9 persone
BUENOS AIRES (ARGENTINA) - Il presidente del gruppo Techint Agostino Rocca, 56 anni, è morto oggi in un incidente aereo avvenuto a circa 50 chilometri da Buenos Aires insieme ad altre nove persone.
LA DINAMICA DELL'INCIDENTE - Il velivolo, un Cessna Caravan turboelica, era decollato dall'aeroporto di San Fernando diretto alla città di Trelew, nella provincia di Chubut, in Patagonia, a circa 1.500 chilometri al sud di Buenos Aires. Appena un quarto d'ora dopo la partenza ha perso il contatto con la torre di controllo e, apparentemente per un problema al motore, è precipitato da un'altezza di 3.000 metri in un terreno inondato nei pressi della località rurale di Roque Perez.

L'incidente è avvenuto a Metz, in Francia

Francia, tir italiano contro un pullman: 8 morti
Una cinquantina i feriti, tre in gravi condizioni. Il camion ha scavalcato lo spartitraffico centrando in pieno il pullman
Un momento dei soccorsi
METZ - Otto i morti e circa 50 feriti in un incidente stradale avvenuto alle 3 di notte sull'autostrada francese A31 presso Metz. Un Tir italiano ha sfondato lo spartitraffico e si è scontrato con un pullman olandese che proveniva in senso opposto. Tra le vittime i due autisti del Tir, uno dei due guidatori del pullman e altri cinque passeggeri (in tutto a bordo c'erano 61 persone). Gli olandesi erano di ritorno da una vacanza sulla neve a Valmorel (Savoia), mentre il mezzo pesante viaggava sulla corsia sud dell'autostrada che collega Lussemburgo a Nancy. Secondo le prime riscostruzioni del disastro, il Tir, che trasportava cassette di plastica vuote, avrebbe scavalcato per cause da accertarsi lo spartitraffico tra le due corsie andando a tamponare violentemente dal corriera, la quale è poi finita in un fossato. Tre feriti sono in gravi condizioni.
18 marzo 2002 DALL'ARCHIVIO DI CORRIERE.IT

Incidente aliscafo, grave turista ferita

Altri tre (due donne e un uomo) ancora in ospedale
21 agosto 2001
È in sala di rianimazione. Per altri due nelle prossime ore potrebbe essere disposto un intervento chirurgico
NAPOLI - Restano gravi le condizioni di Maruja Llambias, 72 anni, la turista di Gibilterra ricoverata in sala di rianimazione a Napoli dopo essere rimasta ferita lunedì pomeriggio nella collisione avvenuta al largo di Punta Campanella tra l'aliscafo «Europa Jet» dell'Alilauro e uno yacht diretto alle Eolie.
TRE FERITI ANCORA IN SETTIMANA - Dei dieci feriti, tre sono ancorain ospedale a Sorrento: due donne (una seconda di Gibilterra e una belga) e il marito della turista belga. L'uomo ha riportato la frattura della mascella e nelle prossime ore potrebbe essere deciso il suo trasferimento a Napoli per un intervento specialistico. Gli altri sei feriti (tra cui due torinesi) sono stati medicati e dimessi.
Delle due donne in ospedale a Sorrento, le maggiori preoccupazioni sono per Magdalena Torrilla Cora, 67 anni. Ha riportato fratture costali che hanno provocato uno pneumotorace, e potrebbe essere sottoposta a intervento chirurgico per liberare l'aria dalla pleura ed evitare un collasso del polmone. Sta un po' meglio invece la belga Annie Flore Cotteau De Gryse, 46 anni. Anche per lei fratture in diverse parti del corpo e una situazione respiratoria da tenere sotto controllo.

Valanga in val Formazza: tre dispersi

Le condizioni meteo rendono difficili le ricerche
La massa di neve ha investito una comitiva di sette sciatori francesi. Sul posto squadre di soccorso ed elicotteri
DOMODOSSOLA (Verbania) - Una valanga ha investito una comitiva di sciatori francesi in Val Formazza,al confine con la Svizzera. Secondo le prime informazioni, sarebbero sette le persone coinvolte e tre risultato al momento dispersi.

Sul posto stanno operando le squadre di soccorso alpino a piedi e gli elicotteri del «118» partiti da Torino. La comitiva sarebbe partita dalla località «Sotto Prua», nei pressi delle «Cascate del Toce», in Alta Val Vigezzo, quasi al confine con il territorio svizzero. Sul luogo dove è avvenuto l'incidente c'è una situazione meteorologica caratterizzata da vento e tormenta, che rende più difficili le operazioni di soccorso.

Turista muore colpito da ombrellone

Fatale il trama cranico

11 agosto 2001
E' successo vicino a Manfredonia, in Puglia. L'uomo è un milanese di 55 anni, era in vacanza con la famiglia
MANFREDONIA (FOGGIA) - Un turista milanese in vancanza in Puglia è morto dopo essere stato colpito alla testa da un ombrellone sradicato dal forte vento di maestrale che da stamattina imperversa nel basso Adriatico.
CON LA FAMIGLIA - L'uomo, Giuseppe Bruno, di 55 anni, è morto per trauma cranico subito dopo il ricovero nell'ospedale di Manfredonia (Foggia). L'incidente è avvenuto sotto gli occhi della moglie e dei figli della vittima, che stava trascorrendo la giornata in uno stabilimento balneare di Siponto, a pochi chilometri da Manfredonia.

Vergleich und Zusammenfassung der Quellen

Die Auswahl brauchbarer Medien gestaltete sich besonders in Deutschland schwierig. Die am besten geeigneten Quellen sind mit Unkosten verbunden.
Auffallend ist, dass ein Suchlauf oft nicht reproduzierbar ist, das heißt an verschiedenen Tagen ergibt die Suche nach gleichen Begriffen im gleichen Zeitraum verschieden hohe Trefferquoten.
Die besten Suchergebnisse brachte Österreich. Die Salzburger Nachrichten bringen auch bei speziellen Suchbegriffen wie Skiunfall einige Treffer.
In deutschen und italienischen Medien wird oft nicht bekannt gegeben, ob es sich bei den Unfallopfern um Inländer oder Ausländer handelt. Unter den Verkehrstoten befinden sich in den untersuchten Ländern einige Ausländer. Bei Freizeit- und Sportunfällen konnte in den italienischen Medien kein ausländischer Toter gefunden werden, in den deutschen Medien fast keiner.
Zusammenfassend kann gesagt werden, dass sich die Suche nach ausländischen Unfalltoten im Bereich Sport und Heim- und Freizeit äußerst schwierig gestaltet.

X.4. Hospitalisations for injuries: Comparison between the French and European tourists

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A comparison of hospitalisations following an injury in France of French citizens and European tourists was able to be carried out from data obtained through the PMSI (*Programme de Médicalisation des Systèmes d'Information*). The PMSI is a comprehensive database of patients hospitalised in France. With each hospitalisation, the collection of the following socio-demographic data takes place: sex, age, zip code (postal code) of place of residence, etc. Data pertaining to the patient's hospitalization is also collected: date and mode of entry, diagnoses, main actions taken, length of stay, etc.

The PMSI was constructed with medical-economic goals in mind, in order to be able to compare the activities of hospitals amongst themselves and to help with budget allocations. However, its use for descriptive epidemiological ends is possible in certain cases. From the comprehensive PMSI database for hospitalisations in France in 2000, a selection of records was made. All hospitalisations with a diagnosis (main, associated, or linked diagnoses) referring to any of the following codes from the International Classification of Diseases, 10th revision, were retained:

- all codes from chapter XIX of ICD10 « Injury, poisoning and certain other consequences of external causes » : (codes S00 to T98) were maintained.
- Some other codes were maintained, because they correspond to injuries:
- codes H05, H16, H26, H27, H40 from chapter VII («Diseases of the eye and adnexa »)
- code H72 from chapter VIII (« Diseases o the ear and mastoid process »)
- codes J68, J69, J70 from chapter X (« Diseases of the respiratory system »)
- codes L55, L56, L57, L58, L59 from chapter XII (« Diseases of the skin and subcutaneous tissue »)

Thus we obtained a total of 1 802 635 records corresponding to each of the hospitalisation probably related to an injury.

Two selections according to place of residence were made from this database:

- On one hand, records corresponding to patients residing in a European country (European Union or Europe outside the EU) were selected. We thus obtained 12 507 hospitalisations

most probably corresponding to, in most cases, European tourists hospitalised in France for an ailment related to an injury.

- On the other hand, hospitalizations of French residents (including overseas departments and territories) were selected. We thus obtained 1 771 859 hospitalisations most probably corresponding to, in most cases, French citizens residing in France hospitalised for an ailment related to an injury.

Dealing with these two groups has ceded descriptive results allowing for the comparison of basic characteristics (age, sex) of the two populations hospitalised due to an injury: European residents outside of France (assimilated to the European tourists in France) and residents of France.

The limits of this work are the following:

- Reliability, homogeneity, and exhaustivity of the diagnosis codes in hospitals.
- Applying PMSI rules to select different diagnoses.
- Lack of discrimination in the ICD10 regarding injuries.
- Assimilation of the status of foreign tourists due to the fact that residency is in a foreign country, not taking into account nationality.
- Lack of exhaustivity of foreign country place-of-residence codes.
- Absence of information on the types of activities in relation to the injury leading to the hospitalisation.

Hospitalisation for injury Patients residing in France vs patients residing in Europe outside of France

		Patients residing in Europe outside of France	Patients residing in France
Sex	n	8 264	1 771 853
	Male	62,0%	53,1%
	Female	38,0%	46,9%
Age group	n	8 264	1 771 859
	0 to 4 years	4,1%	4,4%
	5 to 14 years	10,6%	7,6%
	15 to 24 years	16,3%	11,6%
	25 to 44 years	32,4%	22,2%
	45 to 64 years	25,1%	21,0%
	65 years and older	11,4%	33,2%
Length of stay	Mean (standard deviation)	4,6 j (9,5)	5,9 j (10,8)
	Median (extreme values)	2 j (0 ; 234)	2 j (0 ; 999)
Length of stay	N	8 260	1 758 716
	0 days	13,2%	18,2%
	1 d	30,0%	22,5%
	2 d	14,6%	13,7%
	[illegible]	8,8%	7,0%
	76,6%	6,6%	5,2%
	[illegible]	5,3%	4,0%
	6 d	4,0%	3,1%
	7 d	2,8%	2,8%
	8 to 10 d	5,2%	6,3%
	11 to 30 d	7,8%	14,3%
	More than 30 d	1,8%	2,8%

Country of residence

	Frequency	Percent
Denmark	125	1,5
Sweden	129	1,6
Finland	20	,2
Germany	1021	12,4
Austria	59	,7
Greece	41	,5
Italy	1020	12,3
Belgium	1225	14,8
United Kingdom	1875	22,7
Spain	445	5,4
The Netherlands	985	11,9
Ireland	89	1,1
Luxemburg	261	3,2
Portugal	195	2,4
Other European countries	774	9,4
Total	8264	100,0

			Sex		
			Male	Female	Total
Country of residence	Denmark	Number	88	37	125
		% in country of residence	70,4%	29,6%	100,0%
		% of total	1,1%	,4%	1,5%
	Sweden	Number	76	53	129
		% in country of residence	58,9%	41,1%	100,0%
		% of total	,9%	,6%	1,6%
	Finland	Number	13	7	20
		% in country of residence	65,0%	35,0%	100,0%
		% of total	,2%	,1%	,2%
	Germany	Number	632	389	1021
		% in country of residence	61,9%	38,1%	100,0%
		% of total	7,6%	4,7%	12,4%
	Austria	Number	40	19	59
		% in country of residence	67,8%	32,2%	100,0%
		% of total	,5%	,2%	,7%
	Greece	Number	34	7	41
		% in country of residence	82,9%	17,1%	100,0%
		% of total	,4%	,1%	,5%
	Italy	Number	662	358	1020
		% in country of residence	64,9%	35,1%	100,0%
		% of total	8,0%	4,3%	12,3%
	Belgium	Number	741	484	1225
		% in country of residence	60,5%	39,5%	100,0%
		% of total	9,0%	5,9%	14,8%
	United Kingdom	Number	1154	721	1875
		% in country of residence	61,5%	38,5%	100,0%
		% of total	14,0%	8,7%	22,7%
	Spain	Number	307	138	445
		% in country of residence	69,0%	31,0%	100,0%
		% of total	3,7%	1,7%	5,4%
	The Netherlands	Number	561	424	985
		% in country of residence	57,0%	43,0%	100,0%
		% of total	6,8%	5,1%	11,9%
	Ireland	Number	51	38	89
		% in country of residence	57,3%	42,7%	100,0%
		% of total	,6%	,5%	1,1%
	Luxemburg	Number	179	82	261
		% in country of residence	68,6%	31,4%	100,0%
		% of total	2,2%	1,0%	3,2%
	Portugal	Number	120	75	195
		% in country of residence	61,5%	38,5%	100,0%
		% of total	1,5%	,9%	2,4%
	Other European countries	Number	469	305	774
		% in country of residence	60,6%	39,4%	100,0%
		% of total	5,7%	3,7%	9,4%
Total		Number	5127	3137	8264
		% in country of residence	62,0%	38,0%	100,0%
		% of total	62,0%	38,0%	100,0%

Collected within EHLASS France system –

Hospital of Annecy

Marc Nectoux/10/03/2003

1- Data :

The ZIP codes have been collected in the EHLASS system during 2001. Here we analyze the data collected by the Hospital of Annecy (Alpes). For the moment we have data from January to July 2002 : 8195 cases.

2- **Data analysis :**

We have selected in the data final the cases with a ZIP code > 99000 (foreign countries).

For Annecy, we have 148 tourist accidents (1,8%).

We give in the following boards :

- description of each case
- cross tabulations Age x Other variables
- average of the duration of hospitalization
- cross tabulation by nationality

3- Accidents characteristics :

- There are 50 men (60,8 %) for 58 women.
- The accidents involving 65 years and + are rare (8 / 148).
- The main mechanisms : falls (93), physical strain/overexertion (18).
- Entertainment and recreational area are the place the most frequent (53).
- Play and other activities are the activities the most frequent (89)
- Main types of injury : contusion (64) and fracture (49).
- 25% are hospitalised. This is higher than for residents (around 12%)
- The average of the duration of hospitalisation is : 4 days
- The products involved in the accident the most frequent are : ski, snow, sledge, bicycle, roller, parachute/parapente, horse.

4- Short free text analysis :

- Fall at ski (17),

- Sledge on head (1), accident at sledge (2)
- Collision with another skier (1)
- Fall on the ice (2),
- Trauma by pressure (1)

- Fall in stairs (4), fall in the shop (1), fall in a street (5), fall at home (4)
- Fall in a playground (4)
- Fall from a ladder (1)
- Closing the garage door (1)
- Fall in the bath (1),
- Fall coming on the ambulance (1)
- Burn with soup (1), burn with the shoes (1)
- Accident with a knife (2)
- Fingers wedged in a door (3)
- Bite of insect (5), snail (1)
- Hook in the hand (1)

- Fall at bicycle (5)
- Accident at football (3)
- Accident at basket (1)
- Accident at judo (1)
- Accident at surf (3)
- Accident with parachute/parapente (12)
- Accident at rugby (1)
- Accident at rollers (3)
- Accident with horses (3)
- Accident in camping (4)
- Accident during a footing (2)
- Water sport accidents (4)

- Intoxication with a sandwich (1)
- Allergy with oysters (1), with a melon (1)

Main findings France

Annecy

- Tourist accidents are rare, but severe if we take into account the rate of hospitalizations.
- Besides usual accidents (fall in stairs, fingers wedged, etc.), we notice that there is a frequency upper of accidents :
  - during sports activities : ski, parachute, surf, sledge, but also football, bicycle and horse.
  - implying a change of context of life and environment. We think that the way of life in camping, for example, produce problem with the objects of the daily life : bottles of gas, kitchen knives, burns by warm liquid, etc.

= > The implied victims are less often young children and old persons that in the usual. HLA prevention must concern essentially the young adults during sports practices (ex : ski, parachute) and in specific places of leisure activities (ex : camping, swimming pools, playgrounds, etc.).

By nationality :

	Nb	%
Germany	**19**	**12,8**
Italy	**6**	**4,1**
Belgium	**15**	**10,1**
UK	**29**	**19,6**
Netherlands	**20**	**13,5**
Switzerland	**8**	**5,4**
Other	**51**	**34,5**
Total	**148**	**100,0**

Bourdeaux

- Tourist accidents are rare, but severe if we take into account the rate of hospitalizations.

- Besides usual accidents (fall in stairs, fall in street, fingers wedged, etc.), we notice that there is a frequency upper of accidents :

- during sports activities : football, bicycle, horse, etc.

- implying a change of context of life and environment. We think that the way of life in camping, for example, produce problem with the objects of the daily life : bottles of gas, kitchen knives, burns by warm liquid, barbecue, etc.

= > The implied victims are less often young children and old persons that in the usual. HLA prevention must concern essentially the young adults during sports practices (ex : rollers, football; bicycle, etc.) and in specific places of leisure activities (ex : camping, swimming pools, playgrounds, etc.).

X.5. Drowning and quasi-drowning accidents involving foreign tourists - France 2002

PSYTEL
(Marc Nectoux 24/04/2003)

April 2003

Drowning and quasi-drowning accidents involving foreign tourists

France - 2002

1-Presentation

- The data collection about drowning on 2002, managed by the "Institut de Veille Sanitaire" (InVS) and the "Ministère de l'Intérieur", had been launched in front of the importance of this risk factor. Drowning is responsible for 140 000 deaths at the world level and about 600 deaths in France, where it represents the third cause of death among children.

- Many studies showed, in France as abroad, that many deaths by drowning or many after-effects of almost drowning accident could be avoided. Recommendations or prevention advices were formulated in different ways and in numerous countries in order to try to avoid the arisen of these drama, or to minimize its consequences. And so were underlined :

-The development of a culture of safety in aquatic environment : motivation and education of the public, carefulness of the adults, learning of the swimming practice, supervising of the places of bathing, training in the alert and in the cardiopulmonary basic resuscitation.

-The importance of the placing of effective safety devices for the private swimming pools.

-In case of drowning, implementation of an effective resuscitation as prematurely as possible.

- The methodology of the survey is in joined documents. In summary, it was a transverse survey, limited in the time (between June 1-st and September 30, 2002), realized on voluntary base, without longitudinal follow-up.

- Any drowning accident had to be included, whatever its gravity, provided it was the object of an intervention of organized helps. So, all the organizations providing help for the drowned people were susceptible to participate (Protection civile, Service départemental incendie secours, SAMU-SMUR, CRS, Croix Rouge Française, or other structures).. It is indeed those organizations - that organized first aids with the drowned person -, which were sought to fill the questionnaire.

2-Main results

Almost 2620 cases were collected during this period. 424 usual residents abroad were victims of drowning or quasi drowning accidents during this period, what means 16,2 % of the total.

The statistical joined tables show that :

- 95 % of the drowning accidents of the foreign tourists arise in sea
- 42,5 % concern young people between 6 and 19 years
- One raises 29 deaths 14 of which concern 45 years and +
- The men are victims of these drowning accidents (2/3) more frequently
- German constitute 44,6 % of the victims usually residents abroad, followed by British (12,5 %) and Dutch (11,6 %).
- The most frequent circumstances of drowning accidents in sea are the following ones :
    - 329 "current"
    - 32 "exhaustion"
    - 27 " speechless bathing "
    - 18 " nautical accident "
    - 12 " bodyboard "
    - 12 "panic"
    - 11 "agitated sea"
    - 11 " does not know how to swim "
    - 10 "uneasiness"
    - 8 " swallowed some water "
    - 7 "rising tide"
    - 7 " pneumatic boat "

Among the 424 victims of drowning accidents 29 died, 43 were hospitalized and 41 received care in the first aid local. 235 returned to their activities after the intervention of the helps and 39 were not hospitalized, or did not die. 38 have an unknown immediate future.

3-Immediate measure of prevention

= > We have to notice that an important work of prevention has to be launched on the French seashore to prevent drowning accidents in sea, especially concerning the danger of currents (posters + warning leaflets in German and in English). Almost thirty deaths are avoidable during summer months.

X.6. Mountains accidents involving foreign tourists – France, season 2000/2001

PSYTEL

(Marc Nectoux 24/04/2003)

April 2003

Mountains accidents involving foreign tourists

France – season 2000/2001

Source : data from the web site "Médecins de Montagne" : http://www.mdem.org

1- Presentation of the Association "Médecins de Montagne"

The network of the risk with ski of "Médecins de Montagne" analyzed since its creation 145 535 traumatized, including 110 619 wounded persons on tracks of ski. Since 1992, 76 general practitioners are member of the medical network of the risk observation with ski. The GP are distributed in 52 winter sports resorts on the whole territory. The distribution of these stations respects geographic distributions according to the mountains, and the departments, but also according to the height and the importance of stations in number of "day-ski" by season. This sample can be considered as representative.

In 1995, 7.6 Millions skiers frequented winter sports resorts in France. In order to look after this population of winter sports followers, 400 GP cover all the French skiable domain. More than 200 are members of the association "Médecins de Montagne"

Beyond this essential mission, "Médecins de Montagne" totally invest itself about accident prevention. The GP always wondered about the number of accident they treated. Since 1992, the association set up a computerized network which allows the discount of the traumatism of the followers in every speciality.

Other statistical sources exist, including those of the pisteurs - first-aid workers who, season after season, collected together each kind of wounded persons that they took care of. The insurers, from their part, try to approach the risk of winter sports through accident claims.
- However, the figures of "Médecins de Montagne" seem the most reliable and the most complete. They reflect all the pathologies directly collected on the ground. A very active

participation in the look-out post of the sports of mountain of “Haute-Savoie” as well as a collaboration with the regional look-out post of the “Rhône-Alpes” allowed to enrich the data base.

- Other international series exist, we compare our results with these. Risk with ski in France gets closer to that measured in studies concerning other countries, especially that of Johnson and Johnson in the United States. At the moment, there are 2,5 wounded persons for 1000 days of ski. Stable for 15 years, this figure strongly decreased for the 1960's. For France, the annual evaluation of the number of ski accidents is 130 000.

2-Main results

- The sprains of the knee are the most frequent hurts in “Alpine skiing” with a net ascendancy at the woman. It is the main characteristic of the modern ski. The association is involved in the revision of the standards of fixations regulation.

- The novice surfer collects all the risk factors. 1,3 accident of surf for 1 accident of Alpine skiing. The characteristic hurt of the surfer is the fracture of the wrist.

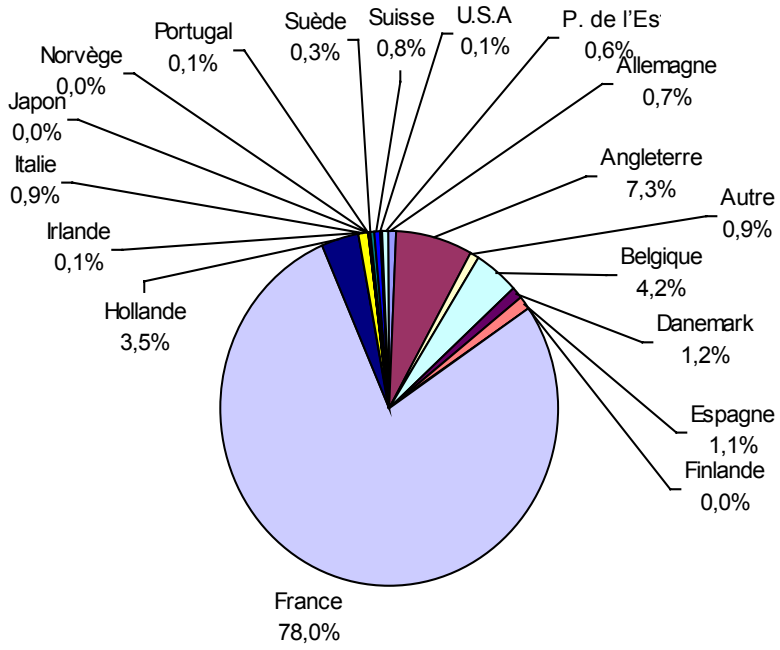
- Child : the obsession of the cranial traumatism. The campaign of prevention for the helmet bearing was successful.

- The risk of collision is more important for the young skier's.

- Potentially dangerous hurts stay the fact of the adults in Alpine skiing as in surf.

- The criteria of fixations regulation should absolutely take into account the sex of the skier, that is not case at present in France.

Distribution of the wounded persons by country



During winter 2000-2001, 22 % of the wounded persons in climbing accidents were foreign tourists. We can observe the following distribution by country of origin and if we report it to the 130 000 estimated annual accidents :

Country	**%**	**Nb of accidents**
England	7,3%	9 490
Belgium	4,2%	5 460
Holland	3,5%	4 550
Denmark	1,2%	1 560
Spain	1,1%	1 430
Other countries	4,7%	6 110
France	78,0%	101 400
TOTAL	**100%**	**130 000**

-For this group of accidents, the types of hurt are the following ones :

Hurt	**%**
Sprain	40,0
Break	21,1
Bruise	14,3
Wound	8,5
Others	16,1
TOTAL	**100%**

-For this group of accidents, the follow-up is the following one :

Follow-up	**%**
Vital forecast in game	0,05
Immediate hospitalization	3,85
Secondary hospitalization	2,40
No hospitalization	93,17
Unknown	0,53
TOTAL	**100%**

So the rate of hospitalization is 6,25 %

In view of the previous results and of those appearing in Appendix :

= > The effort of prevention must especially concern the English-speaking adults tourists, practising Alpine skiing.

X.7. Are traffic injuries more common among tourists in Greece? (Abstract)

Are traffic injuries disproportionally more common among tourists in Greece? Struggling with incomplete data

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Abstract

Data concerning injury hazards among tourists are difficult to obtain because estimates of person–time denominators are rarely available. Existing sources are limited to enumeration of injured or killed persons by nationality and type of injury and the analysis can only rely on proportional indicators. Since 1995, the Regional Hospital in the tourist island of Kerkyra (Corfu) has been covering all types of accidents including road traffic injuries, in the context of the Emergency Department Injury Surveillance System (EDISS). The catchment area of this hospital practically coincides with the island population. About 15% of all accidents are traffic-related among either permanent residents or Greek tourists, but they represent 40% among tourists of foreign nationalities. This is suggestive, but far from conclusive evidence, that traffic injuries may be more common among foreign tourists. There are indications that accidents among foreign tourists overall are slightly more serious. Among Greek tourists, the ratio between peak and non-peak period is similar for non-traffic injuries (7.4) and traffic injuries (6.8), whereas among foreign tourists the corresponding ratio is 9.2 for non traffic injuries and 15.0 for traffic injuries. This pattern is difficult to explain in terms other than an excess risk of traffic injuries among foreign tourists.

X.8. WTO Recommended Measures for Tourism Safety

Recommended Measures for Tourism Safety

Approved by resolution A/RES/284(IX) of the General Assembly of the World Tourism Organization at its ninth session (Buenos Aires, Argentina, 30 September - 4 October 1991)

I. Scope

1. The Recommended Measures for Tourism Safety, hereinafter referred to as "Recommended Measures" are designed to ensure safety in particular of international tourists and excursionists (same-day visitors), although it is understood that such measures equally benefit national tourists and other users of tourist facilities.
2. For the purpose of these Recommended Measures the term "international tourist", hereinafter referred to as "tourist", shall mean a person:

(a) who travels to a country other than that in which he or she has his or her usual residence;

(b) whose main purpose of travel is a tourist visit or stay not exceeding one year;

(c) who does not engage in remunerated activity in the country visited; and

(d) who, at the end of said tourist visit or stay, leaves the country visited, either to return to the country where he or she has his or her usual place of residence or to travel to another country.

3. The term "tourist" does not include persons who, after entering the country for a tourist visit or stay seek to prolong their length of visit or stay, so as to establish residence and/or to engage in a remunerated activity there.
4. The Recommended Measures should not be interpreted to benefit persons who abuse their tourist status, particularly by committing serious criminal offences, such as attempts against the physical security of other persons, participation in organized crime, terrorist activities, drug trafficking or theft of cultural property.
5. Nothing in the Recommended Measures should be interpreted as putting at a disadvantage or restricting the interests and rights to security and protection of internal tourists, the suppliers of tourism services or the host communities of tourists.
6. No provision of the Recommended Measures should be interpreted in a manner that limits or invalidates national legislation and international agreements regarding the rights, privileges and duties of foreigners, the prevention of crime and the treatment of offenders, including tourists accused of crime or imprisoned in foreign countries.

II. Preventative Measures

1. Every State should access and monitor the scope and degree of threat to the life and health, property and economic interests of tourists within its territory and should develop a national policy on tourism safety commensurate with the prevention of tourist risks.
2. Every State should undertake necessary measures to :

(a) identify potential tourist risks in specific types of travel, specific tourism receiving sectors and specific tourism sites;

(b) adopt safety standards and practices in tourism facilities and sites, and ensure that they are observed by operators, with particular reference to:

(i) fire protection,
(ii) food safety,
(iii) sanitary and health requirements,
(iv) environmental safeguards;

(c) establish guidelines for use by operators of tourism facilities in the event of unlawful interference in the operation of such facilities;

(d) ensure adequate protection by law enforcement bodies of tourism sites and facilities so as to detect and prevent offences directed against tourists;

(e) provide to the public, both going on trips abroad and arriving in the country, as well as staying in tourism facilities, appropriate documentation and information on tourism safety, so that such information could address, among other matters:

(i) basic regulations regarding tourism safety,
(ii) good security practices at tourist transport points (airports, train and bus stations, other transport terminals),
(iii) warnings with respect to possible threats at tourism sites and facilities,
(iv) possible health hazards and means of self-protection,
(v) services available to tourists when assistance is required;

(f) protect tourists from illicit drug trafficking and protect the means of tourist transport from being used for carrying and smuggling illicit drugs;

(g) ensure that the staff of tourism establishments and tourism-oriented services is adequately trained in matters of tourism safety;

(h) foster the development of travel assistance insurance as well as information which facilitates access to, and selection of, such insurance by tourists;

(i) foster the development of liability rules in tourism establishments and ensure that information on such rules is readily available to tourists and their representatives;

(j) develop national policies and services with regard to tourist health, including reporting systems on health problems of tourists.

III. Facilitative Assistance to Tourists

1. Criminal proceedings against the perpetrators of offences against the person or belongings of a tourist

States should facilitate the possibility of participation by a tourist in such proceedings - particularly in the case of the most serious offences, such as acts of a violent nature; a tourist should enjoy a treatment equal to that of citizens of the State where the offence has been committed.

2. Consumer protection and non-judicial settlement of disputes arising between tourists and the suppliers of tourism services

(a) States should undertake to establish rules for the consumer protection of tourists, taking into consideration the distinct consumer situation of:

(i) independent tourists, i.e. those entering into direct contractual relations with the suppliers of single tourism services,
(ii) tourists who buy packages of tourism services prepared by one organizer.

(b) For independent tourists, States should undertake to establish clear-cut procedures for the expeditious settlement of consumer disputes, and to designate bodies to which tourists should have easy access to submit their consumer complaints.

(c) States should equally undertake to determine clearly the liability of organizers, retailers or direct suppliers for failures to provide contracted services to tourists buying packages of tourism services and products.

3. Emergency medical assistance to tourists

States should undertake to designate or indicate appropriate public or private health services for tourists and make information about such services available to tourists and their representatives.

4. Access of tourists to their countries' diplomatic and consular representatives and to external public communications

States should undertake appropriate measures to:
(a) facilitate such access if a tourist seeks assistance and advice from his or her home country as a result of an emergency situation;

(b) notify the diplomatic or consular representatives of the tourist's country or his or her family directly when a tourist is a victim of a natural disaster, major accident or serious offence against his or her person or who suffers a serious health problem, and as a consequence is unable to make such contacts.

5. Repatriation of tourists

States should undertake appropriate measures to:

(a) facilitate repatriation to a tourist's State of origin of a tourist who is a victim of a natural disaster, an accident, an offence or a health problem and who, because of his or her impaired condition, cannot continue his or her tourist travel or stay, nor can undertake to return to his or her home country;

(b) facilitate the tourist's State of origin or its specialized services to repatriate the body of a tourist who has deceased during his or her trip.

IV. International Cooperation

1. Areas of cooperation

Having due regard to national legislation and international agreements and arrangements pertaining to safety, crime prevention, and the treatment of offenders and to the general procedures established in countries to deal with emergencies, States should undertake to cooperate, on a bilateral and multilateral basis, and, if possible, within the already existing legal framework, in the areas of:

(a) exchange of information on tourism safety;

(b) international compatibility of safety standards and practices in tourism facilities and sites;

(c) training of staff for tourism safety;

(d) travel assistance, tourist insurance and civil liabilities;

(e) consumer protection of tourists;

(f) assistance to tourists in emergencies;

(g) tourist health;

(h) suppression of illicit drug abuse and trafficking relating to tourism.

2. Cooperation in the event of unlawful acts against the safety of tourism facilities

States should undertake to cooperate in ensuring that a tourist who is a victim of an unlawful act against the safety of tourism facilities, including any means of tourist transport, receives all the necessary assistance and compensation for damages which such acts may entail. This recommended measure takes due account of the fact that a number of States are already a party to relevant international instruments providing for such assistance, as those adopted under the auspices of the International Civil Aviation Organization (ICAO) and the International Maritime Organization (IMO).

The WTO General Assembly resolution adopting the "Recommended Measures"

1. Drawing inspiration from the Manila Declaration on World Tourism (1980), the Acapulco Document (1982), the Tourism Bill of Rights and Tourist Code (Sofia, 1985), and The Hague Declaration on Tourism (1989);

2. Aware that safety is a basic need in all spheres of human activity, including tourism;

3. Considering that ensuring tourism safety arises from the traditional notion of hospitality, which is shared by all peoples;

4. Solemnly affirming that safe tourism for all contributes to accomplishing the social and cultural objectives of tourism, and serves international understanding, confidence, peace and universal respect for, and observance of, all human rights and freedoms;

5. Convinced that safety of tourism should be enhanced in tourism planning and promotion;

6. Further convinced that contemporary mass tourism requires the definition of a set of basic measures which should be commonly followed so as to make tourism development more stable and harmonious in the interest of all those who travel, those who supply tourism services and the populations of the host communities;

7. Agreeing that tourists are particularly vulnerable to hazards on their trips abroad and that common measures for tourism safety are mutually beneficial to all countries, both tourism receiving and generating ones;

8. Desirous that such measures generate international cooperation and solidarity with a view, in particular, to assisting less developed countries in attaining adequate tourism safety standards;

9. Noting the need for periodical review of such measures;

10. Adopts the Recommended Measures for Tourism Safety set forth in the Annex to this resolution and invites the States to apply them in accordance with the procedures prescribed in the legislation and regulations of their own countries.