



## NOTE TO HEALTH INFORMATION COMMITTEE

### Subject: Injury Surveillance & Injury Data Base (IDB)

#### Background:

Injury is the fourth most common cause of death in the EU. Regarding injuries, as main information needs have been identified: 1. Comparable indicators for morbidity due to (unintentional) home, leisure, and sport injuries, due to self-harm and interpersonal violence should be available for all MS. 2. Effective prevention actions, programmes and policies need information about external causes and circumstances of injuries, such as on settings, activities, or consumer products involved. This information cannot be obtained from usually available statistics (on road accidents, workplace accidents, causes of deaths, hospital discharges).

Therefore, many MS have tested compensatory information tools in the past, and these experiences have converged to hospital-based surveillance systems, focussed on detailed external causes, based on national samples of hospitals. These systems have already been harmonized to a large extent, and data are stored in the European Injury Database (IDB), hosted by DG SANCO. Today, 13 countries participate and collect annually about 350.000 data sets, although still at a varying level of implementation. The framework regulation 1338/2008 on Community statistics on public health and health and safety at work includes accidents and injuries as subjects to be covered by future statistics on health status and determinants. IDB has been considered as the most promising approach.

#### Current developments:

In 2009, in collaboration with the network of IDB data suppliers, a new strategy was developed with a view on how to achieve better compliance with the Eurostat quality criteria and a full EU geographical coverage. The new approach requires just one IDB reference hospital per MS, but the linkage of IDB data with hospital discharge figures. So sufficiently precise injury indicators can be derived and details about injury mechanisms gathered. The new approach reduces the administrative burden without lowering the usability of data, and makes the expansion to all MS realistic. Based on this outlook a call for a joint action on injury data was launched in the work plan 2010 of the Second Health Programme.

The consortium in charge of the preparation of the joint action proposal has announced that at least 20 MS will become associated partners from the beginning (probably January 2011). For most of the remaining countries future collaborators have been identified to join the undertaking in coming years. Seed money and intensive coaching support will be provided to those which need to set up or improve their data collection. Objectives are full geographical coverage and a considerable improvement of injury data quality, in particular representativeness and comparability.

#### Action for the Committee:

X	For information
	For comments
	For agreement