Injury a major public health problem

- Leading cause of death between age 1-45 in most European countries
- 233,000 deaths
- YLLs much greater due to early deaths
- 8-11% of DALYs
- 5,700,000 hospital admissions
- 33,900,000 ED attendances
- Direct Medical Costs: €78B

Surveillance: a key component of the policy response

- EU Injury Data Base (IDB) hosted by DG SANCO
- Managed by EuroSafe/Swansea University
- Purpose: facilitate targeted injury prevention policies and programmes at EU and country level
- 22 countries participated in the Joint Action on Monitoring Injuries in Europe (JAMIE) 2011-2014
- Full Data Set
- New Minimum Data Set
- Maintenance of coding/classification manual
Key Tasks

- Quality assurance and uploading of data
- Annual training events National Data Administrators
- Calculation of incidence and burden of injury metrics
  - European Community Health indicator 29b: incidence of home and leisure injuries
  - New indicators being developed
  - DALYs, using new disability weights from Injury-VIBES study
- Cross country comparison
  - Considerable work to be done on standardisation
Some key tasks

- Expand IDB by including the remaining nine EU/EEA MSs while maintaining the current country partners, cover all injuries, i.e. including road traffic and violence and all age groups:

- Assisting in developing national samples of hospitals in new countries;

- Providing guidance and distance training to new IDB-national data administrators and facilitate national implementation;

- Monitoring the results of pilot tests and the introduction of full scale data collection efforts.
Current status 2015
- wider than EU

• 22 countries continue to collect IDB data:
  – AT, CZ, DK, DE, EE, FI, IE, IS, IT, LV, LU, LT, MT, NL, NO, PL, PT, SI, SP, SE, TR, UK

• 2 JAMIE-partners want to re-start:
  – HU, RO.

• 2 dropped out:
  – GR, PL.

• 1 collects data doesn’t participate:
  – FR

• 7 others to be invited:
More tasks

- Assist countries in producing information based on harmonised indicators assessing the burden, financial costs and disability outcomes of injuries as well as inequalities in injury risks by:
  - Introducing DALY and direct cost calculations as a routine procedure in the IDB-countries;
  - Assessing the impact of variations in health care services on injury statistics reported by countries;
  - Assisting countries in measuring injury related health inequalities.
Injury VIBES Project

Aim: To provide valid estimates of the burden of non-fatal injury using empirical data

Meta-analysis 40,000 injured participants in 6 prospective cohort studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Setting</th>
<th>Inclusion criteria</th>
<th>Participants</th>
<th>Follow-up time points</th>
<th>Outcome measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSCOT</td>
<td>USA</td>
<td>At least one AIS injury severity &gt; 2 18–84 years</td>
<td>n=5191</td>
<td>3 and 12 months</td>
<td>30/90/365 day mortality, GOS, SF-36, SF-12, SF-6D (3 and 12 months), FCI, MFA, SIP cognitive, PCLC and CESD (12 months)</td>
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<tr>
<td>VSTR</td>
<td>Australia</td>
<td>ISS &gt; 15, ICU admission or urgent surgery All ages</td>
<td>n&gt;6000</td>
<td>6, 12 and 24 months</td>
<td>GOS-E, SF-12, SF-6D, EQ-5D, PedsQL</td>
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<tr>
<td>VOTOR</td>
<td>Australia</td>
<td>Orthopaedic injury admission &gt; 24 h 15+ years</td>
<td>n&gt;10,000</td>
<td>6 and 12 months</td>
<td>GOS-E, SF-12, SF-6D, EQ-5D</td>
</tr>
<tr>
<td>DIPS</td>
<td>Netherlands</td>
<td>Presentation to ED All ages</td>
<td>n=10,612</td>
<td>2.5, 5, 9 and 24 months</td>
<td>EQ-5D</td>
</tr>
<tr>
<td>UKBOI</td>
<td>UK</td>
<td>Presentation to ED or hospital admission 5+ years</td>
<td>n=1517</td>
<td>1, 4 and 12-months</td>
<td>EQ-5D or PedsQL, HUI3</td>
</tr>
<tr>
<td>POIS</td>
<td>New Zealand</td>
<td>ACC entitlement claim 18–64 years</td>
<td>n=2856</td>
<td>3, 12 and 24 months</td>
<td>WHODAS II, EQ-5D</td>
</tr>
</tbody>
</table>
European Age Standardised Presentation Rates: all Injuries and LBFs

- Austria
- Latvia
- Netherlands
- Denmark
- Sweden
- Germany
- Estonia
- Lithuania
- Ireland
- Finland
- Iceland
- Italy
- UK
- Luxembourg
- Slovenia
- Malta

European Age Standardised Presentation Rates for All Injuries

European Age Standardised Presentation Rates for Long Bone Fractures

European Age Standardised Presentation Rates per 100,000 Population
LBF as a proportion of all injuries and EASRs for LBF

The graph shows the proportion (%) of LBF as a percentage of all injuries and the European Age Standardised Rates per 100,000 Population for various countries.

Countries included are: Austria, Latvia, Netherlands, Denmark, Sweden, Germany, Estonia, Lithuania, Ireland, Finland, Iceland, Italy, UK, Luxembourg, Slovenia, Malta.

The proportion of LBF varies significantly across these countries, with some countries having a much higher proportion than others.

The European Age Standardised Rates also vary widely, with some countries having much higher rates than others.

The graph provides a clear visual representation of the distribution of LBF and its impact across different countries.
The future

- Harmonisation of injury surveillance approaches with other conditions/activities in BRIDGE-Health

- Considerable work on harmonisation of indicators/analysis to improve comparability of data and indicators
  - Including refinement of sample based catchment areas

- Federated approach to analysis/data exchange with increase skill base in member states