



# Bridge Health: Injury Surveillance Platform

EUPHA workshop  
October 2015

Ronan A Lyons [r.a.lyons@swansea.ac.uk](mailto:r.a.lyons@swansea.ac.uk)  
[www.bridge-health.eu](http://www.bridge-health.eu)



This project is funded by  
the Health Programme of  
the European Union

# 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

Source: Injuries in the European Union, Issue 4, 2013

# 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:
  - BE, BG, CR, ME, MK, SR, SK .

## 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

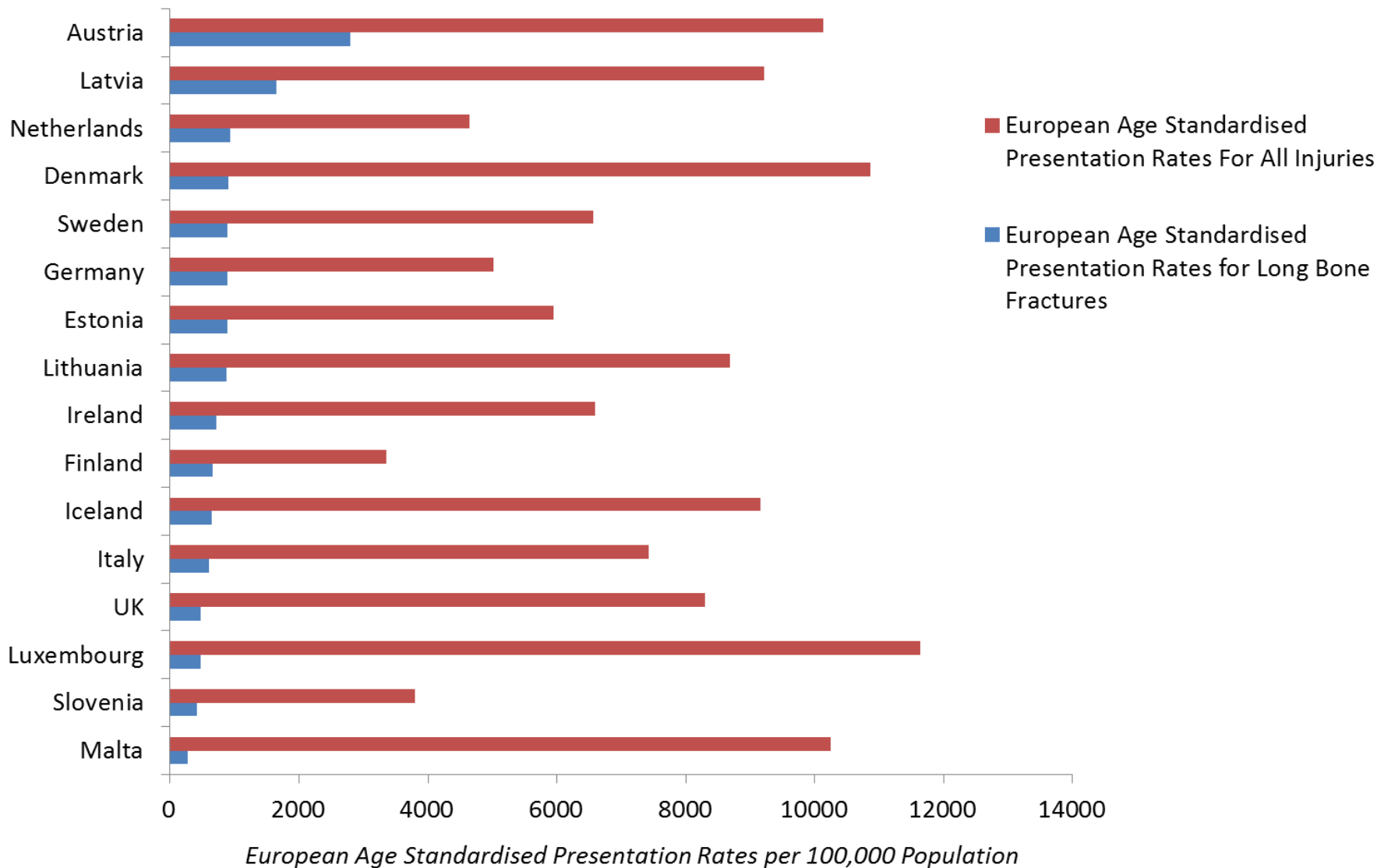
Meta-analysis 40 000 injured participants in 6 prospective cohort studies

Table 1 Summary of participating cohort studies

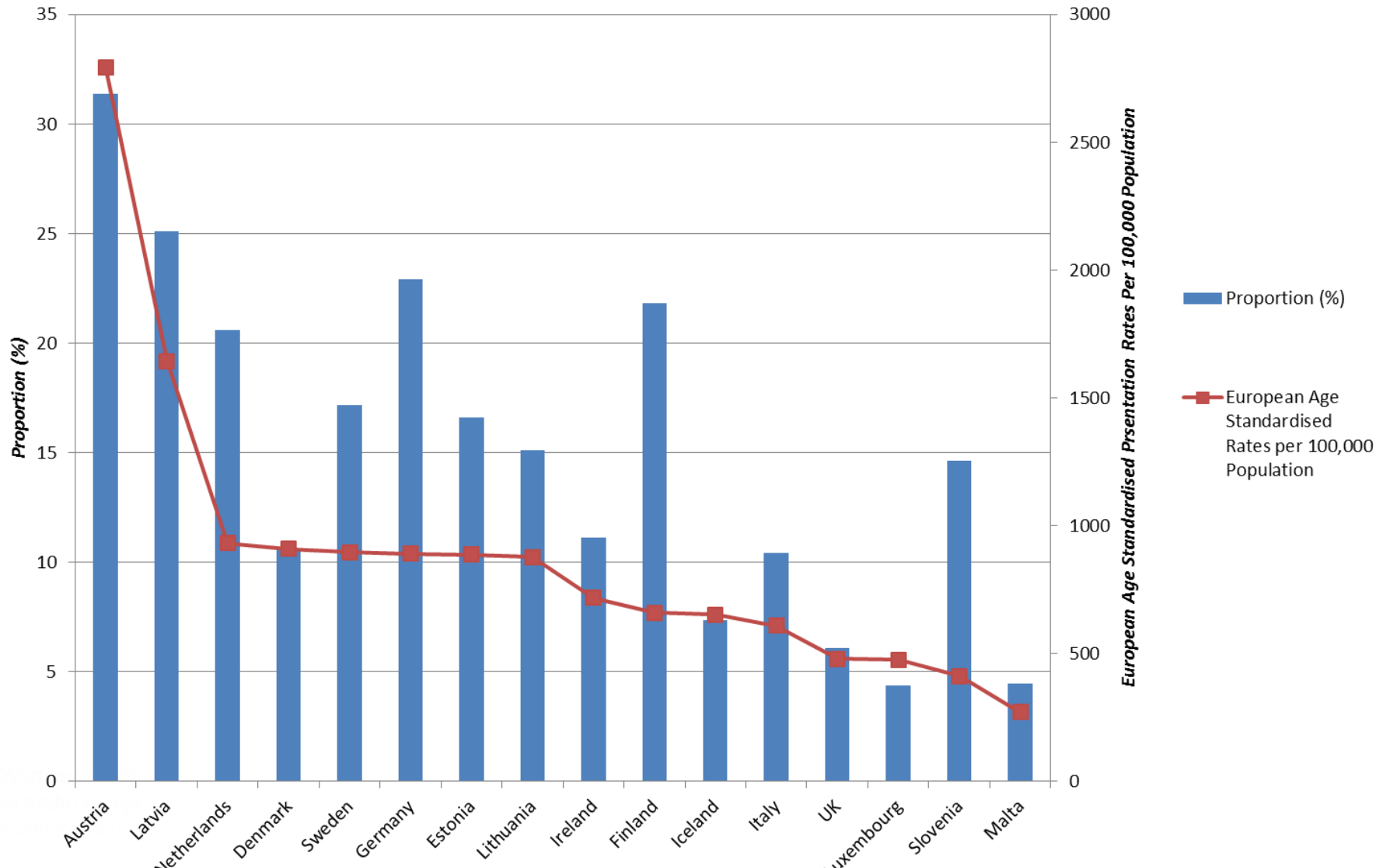
Study	Setting	Inclusion criteria	Participants	Follow-up time points	Outcome measures
NSCOT	USA	At least one AIS injury severity >2 18–84 years	n=5191	3 and 12 months	30/90/365 day mortality GOS, SF-36, SF-12, SF-6D (3 and 12 months) FCI, MFA, SIP cognitive, PCLC and CESD (12 months)
VSTR	Australia	ISS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



# European Age Standardised Presentation Rates: all Injuries and LBFs



# LBF as a proportion of all injuries and EASRs for LBF



## 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



[www.bridge-health.eu](http://www.bridge-health.eu)

Contact: [bridge.coordination@wiv-isp.be](mailto:bridge.coordination@wiv-isp.be)



This project is funded by  
the Health Programme of  
the European Union