

Press release

Accidents and violence are a major public health problem, killing more than a quarter of a million people in the EU-27 each year and causing around 42 million injuries that need hospital treatment. Injuries are the fourth most common cause of death, after cardiovascular diseases, cancer, and respiratory diseases.

Although the magnitude of the injury issue is evident to most governments, half of the EU-member states still lack adequate injury data to guide their prevention actions

Amsterdam, 15 December 2009. -Today, EuroSafe has released the latest statistics on injuries due to accidents and violence in the EU: 'Injuries in the European Union - Statistics Summary 2005 – 2007' (1). The report reveals that each year a staggering 7 million people are admitted to hospitals and 35 million people are treated as hospital outpatients as a result of an accident or violence related injury (2).

The 2009-report "Injuries in the EU" presents data collected over the years 2005-2007. It also highlights injury data related to major risk groups and injury causes as identified in the EU-Council recommendation on injury prevention and safety promotion (3): children, adolescents, senior citizens, pedestrians/ bicyclists, sporting activities, consumer products, interpersonal violence and self-harm.

More key facts and figures from the report

Fatal injuries

- Every two minutes someone dies of a fatal injury - this adds up to a quarter of a million injury deaths each year within the EU.
- There is a huge difference in injury fatalities throughout the EU. More than 100,000 lives could be saved each year if every country in the EU-27 reduced its injury mortality rate to the same level as in the country that currently has the lowest rate of fatal injuries in the EU.

Non-fatal injuries

- Each year, a massive €15 billion is being spent on hospital and medical costs just treating the injury casualties admitted to hospital.
- Three quarters of all injuries occur at home or in leisure time.
- As to road traffic and work related injuries, the trend is fortunately levelling off over the past few years, but for home and leisure injuries the trend is still rising.

In response to the latest data presentation, the EU-Commissioners for Health and for Consumer Affairs, Mrs. Androulla Vassiliou. and Mrs. Meglena Kuneva state that "it is our firm belief that we can only successfully address the injury issue, if we possess accurate and timely delivered data on the causes of injuries in Member States. This shall enable us to monitor injury risks in the Community as well as in individual Member States with a view to allow benchmarking and comparison between Member States".

Injury data are needed from hospitals

Injury and violence-related data can be obtained from a wide range of sources, such as police and ambulance reports and national insurance schemes. Unfortunately, these sources of data are fragmented and often incomplete.

By contrast, hospitals provide unique access to information on injury victims, in particular in relation to serious injuries that are treated in accident and emergency departments at hospitals.

Therefore, thirteen EU Member States (4) are currently collecting on a routine base injury data in such accident and emergency settings. Altogether, they are able to report now on around 350.000 cases each year, with details on the place of occurrence (for instance in road traffic, at work or at home), the circumstances and products involved (for instance, consumer products such as DIY-tools, vehicles or domestic appliances that may have caused an injury). These data are being stored and made publicly available through the European Injury Data Base (IDB), hosted by the directorate general for public health of the European Commission(5). As said, the 2009-report "Injuries in the EU" presents some injury data highlights, related to major risk groups and injury causes.

EU-wide coverage required

The challenge is now to work towards a full EU-wide coverage of the IDB system. Such a system should serve the needs of public health workers, consumer safety advocates and health and safety practitioners as well as policy makers at the national and EU-levels.

"The magnitude of the problem is now better understood", says Rupert Kisser, director of EuroSafe's injury data base (IDB) programme, "but only half of the Member States are able to provide more precise information about circumstances and causes of injuries. Without such information, governments are in the dark as to prevention measures they need to take and therefore failing to meet minimum standards as to health and safety of their citizens".

Therefore EuroSafe pleads for national IDB-systems to become mandatory for all member states. The EU-wide introduction of injury surveillance systems will empower national authorities and related safety agencies to really make a difference in preventing the enormous trail of destruction that injuries leave behind. The EU-Regulation on Community statistics on public health and health and safety at work (6) provides an opportunity for such a binding system.

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About EuroSafe

EuroSafe, the European Association for Injury Prevention and Safety Promotion, represents 45 institutions around the EU that have a mission in safety promotion. EuroSafe act as a catalyst in creating synergies between the distinct sectors, disciplines and stakeholders involved in injury prevention and safety promotion. EuroSafe is:

- *A platform*: a relaying point for policy makers and injury prevention professionals for exchanging experiences and initiating collaborative actions;
- *An advocate*: a professional organisation that organises a constructive dialogue among stakeholders and influences policy agenda's at European level and in countries;
- *A resource*: a source of information and a pool of collective expertise relevant to injury prevention, generated with a view to empower members and partners.

Working together to make Europe a safer place

Notes to the journalist

1. The report, 'Injuries in the European Union - Statistics Summary 2005 – 2007' is the third edition of a series of reports. It has been compiled by the Austrian Road Safety Board (KfV) and the European Association for Injury Prevention and Safety Promotion (EuroSafe), with support and co-funding from the European Commission (Public Health Programme). In the report, European injury data made publicly accessible through international data providers such as Eurostat and WHO, is combined with recent hospital based data from the EU Injury Database (IDB) (3) in order to give a bird's eye view of injuries in Europe. It also presents data related to seven priority areas indicated in the Council Recommendation on Injury Prevention and Safety Promotion (4). This includes data on violence and self-harm prevention for the first time. This report is aimed at public health policy makers and those working in the field of injury data collection and research. It also provides a snapshot of priority areas that are of great interest for prevention practitioners and other stakeholders in public or private domain. The report can be downloaded at: <http://www.eurosafe.eu.com/>

2. An injury is usually defined by intention. The main causes of unintentional, i.e. accidental, injuries are motor vehicle accidents, poisoning, drowning, falls and burns. Intentional injuries, i.e. violence can be divided into the categories of: self-directed (as in suicide or self harm), interpersonal (child, partner, elder, acquaintance or stranger) or collective (in war and by gangs), and other intentional injuries (including deaths due to legal intervention). In addition to intention and cause, injuries can also be addressed according to their settings – such as the home, sports and leisure, workplace or road

3. In 2007, the European Council adopted a Recommendation on Injury Prevention and Safety Promotion. The Recommendation invites Member States to make better use of existing injury data and develop national injury surveillance and reporting systems; and set up national plans for injury prevention that include safety promotion in education and professional training that can be guided by national injury data. The Recommendation has identified the following seven priority areas in which injury data and specifically the IDB will support and provide critical information to address these issues: Safety of children and adolescents, Safety of elderly citizens, Safety of vulnerable road users, Prevention of sports injuries, Prevention of injuries caused by products and services, Prevention of self-harm, and the Prevention of interpersonal violence. The Recommendation is available at:

<http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I3councilrecommendation.htm>

4. These thirteen countries are today (2009): AT/ CY/ DK/ FR/ GE/ IT/ LV /MT/ NL/ PT/ SI/ SE/ NO

5. The EU Injury Database is available at: <https://webgate.ec.europa.eu/idb/>

6. The EC-regulation No 1338/2008 of 16 December 2008 on Community statistics on public health and health and safety at work establishes a common framework for the systematic production of Community statistics on public health and health and safety at work. It requires member states to supply to the Commission (Eurostat) statistics on health status and health determinants, including information on accidents and injuries.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:354:0070:0081:EN:PDF>

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