

Injuries in the European Union (EU)

The report "Injuries in the European Union – Statistics summary 2003-2005" documents and draws attention to one of the biggest health threats facing Europe today. An epidemic of huge proportions that is silently raging through Europe killing hundreds of thousands and disabling millions.

The report 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 (European Public Health Programme). In this report injury data from Eurostat (Causes of death, hospital discharges), European Statistics on Accidents at Work (ESAW), Community Road Accident Database (CARE), European Injury Database (IDB), World Health Organisation – Health For All Database (WHO-HFA) and other data sources has been combined to get a comprehensive view of injuries in the following domains: transport, work place, home, leisure and sport.

The report covers four important aspects of the injury issue: size of the problem, where injuries happen, the value of injury data and the current political climate. The key facts and messages per aspect are¹:

- **Size of the problem:** Every two minutes someone dies of a fatal accident in Europe and another 228 people are injured – all together about 250,000 each year.
- **Where injuries happen:** 80% of all injuries occur where you may least expect them – namely at home, at school, during leisure-time and sporting activities.
- **The value of data:** In order to prevent injuries we need to understand what causes them and track if we are reducing them. The EU Injury Database (IDB), supported by the European Commission, provides a coordinated, cost-effective and efficient way to provide this information.
- **Current political climate:** There is increasing political will and commitment to injury prevention – the time is right to tackle the injury epidemic.

1. Size of the injury problem in the EU¹

The scale of the problem can be divided into fatal and non-fatal injuries. These figures represent a yearly average based on the injury data for the period 2003-2005:

Fatal injuries

- Every two minutes someone dies of a fatal injury in the EU-27. This adds up to a quarter of a million people each year.
- Injuries kill more children, adolescents and young adults (those aged between 1 and 44 years) than any other cause of death.
- When you combine all age groups, i.e. young through to old together, injuries represent the fourth major cause of death in the EU. Only cardiovascular diseases, cancer and diseases of the respiratory system claim more lives.
- Every year more than 100,000 elderly people (65+) in the EU die prematurely due to the crippling consequences of an injury.
- Suicides, road traffic accidents and falls are responsible for claiming more lives than any other type of injury.
- There is an enormous difference in the rate of fatal injuries throughout the EU. Based on the 2003-2005 figures for all ages Lithuania has the highest injury fatality rate in the EU as a whole. The risk of dying from an injury in Lithuania is over five times higher than in the Netherlands, the country which has the lowest injury fatality rate for this time period. It is estimated that more than 100,000 lives could be saved each year if every country in the EU27 reduced its injury mortality rate to the same level as in the Netherlands. See the table on the following page.



FACTS



EuroSafe

The IDB is part of EuroSafe's Injury Data programme and is coordinated by the Austrian Kuratorium für Verkehrssicherheit. The IDB is supported and co-funded by the European Commission.

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Lives that can be saved in the EU per year

* 3 years average of the last available years (2003-2005; figures rounded off)

** Number of avoidable injury deaths if same rate as The Netherlands (figures rounded off)

*** % of injury deaths avoidable if country had The Netherlands' rate

Source: KfV, 2008

Country	Total number of injury deaths *	Estimated number of avoidable injury deaths **	Estimated % of avoidable injury deaths ***
Austria	4.300	2.000	47%
Belgium	6.600	3.700	56%
Bulgaria	4.000	1.800	45%
Cyprus	no data	-	-
Czech Republic	6.900	4.100	59%
Germany	33.200	10.400	31%
Denmark	3.300	1.800	55%
Estonia	1.800	1.400	78%
Spain	16.900	5.000	30%
Finland	4.300	2.800	65%
France	41.000	23.700	58%
Greece	4.100	1.100	27%
Hungary	8.800	6.000	68%
Ireland	1.400	300	21%
Italy	26.500	10.400	39%
Lithuania	5.300	4.300	81%
Luxembourg	230	110	48%
Latvia	3.300	2.600	79%
Malta	130	20	15%
The Netherlands	5.300	Reference Country	
Poland	25.000	14.500	58%
Portugal	5.300	2.400	45%
Romania	13.500	7.500	56%
Sweden	4.800	2.300	48%
Slovenia	1.500	950	63%
Slovakia	3.100	1.600	52%
United Kingdom	20.500	3.900	19%
TOTAL (EU-27)	251.000	114.800	46%

Non-fatal injuries

- 60 million people in the EU receive medical treatment each year as a result of an accident or injury. This is more than the whole population of Italy.
- Out of the 60 million receiving medical treatment for an injury, more than 7 million have to be admitted to hospital each year, which is more than 19,000 people each day. The average stay in hospital is approximately eight days which adds up to an estimated total of € 15 billion alone for hospital inpatients that are treated for injuries. Additional Euros for indirect costs such as lost work time, insurance and property damage would increase this amount considerably. Further research into the costs of injuries still needs to be undertaken.
- Vulnerable groups in society such as children and the elderly are more at risk of incurring an injury.

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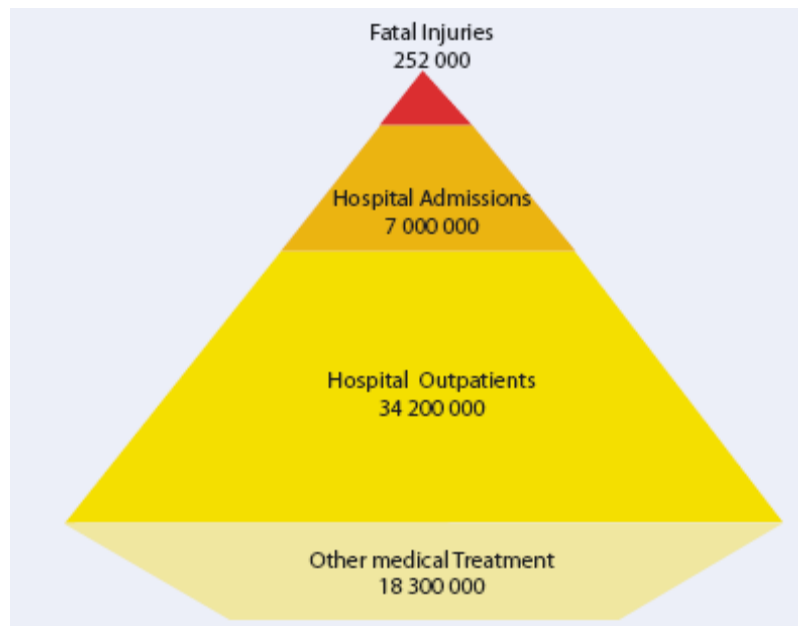


The pyramid of fatal and non-fatal injuries

Fatal injuries are just really the tip of the iceberg. Based on 2003-2005 data for every injury-related death, another 28 people are admitted to hospital and another 136 people are treated at an Accident and Emergency department in the EU.

The great impact of the injuries beyond deaths can be seen when this calculation is completed beyond the quarter of a million injury deaths in the EU.

The magnitude of the injury problem annually in the EU27



2. Where injuries happen¹

While the magnitude of the injury epidemic is alarming, the location of the vast majority of injuries may cause even more concern. The reality is that EU citizens are more at risk of being injured, both fatally and non-fatally, either at home, at school, during leisure time and sports activities than in any other location. What we consider to be safe and enjoyable locations can actually turn into potential death traps. In the report these injuries are collectively referred to as 'home and leisure' injuries. The facts are:

- Home and leisure injuries account for 80% of all injuries.
- For every life that is lost due to homicide, assault and other acts of violence 18 people are killed due to home and leisure injuries.
- Home and leisure injuries claim almost twice as many lives as road traffic injuries and more than ten times the number of workplace injuries.
- For every person being treated at an Accident and Emergency department with a road traffic injury 17 people are treated for home and leisure injuries.
- For every person that is admitted to hospital with a road traffic injury, 6 people are admitted with a home and leisure injury.

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- Nearly half of all home and leisure injuries actually occur in the home setting. Bathrooms, staircases and kitchens are some of the injury hotspots where, in particular, children and elderly people get injured as these are the places where they spend most of their time.
- Football is responsible for the most sport-related injuries treated in hospital and almost 70% of all football injuries are incurred by people under the age of 25.
- In total, during the period 2003-2005, injured people in the EU spent more than 50 million days in hospital each year, of which 75% were due to home and leisure injuries.
- Home and leisure injuries are expected to rise even more in the coming years due to the growing number of elderly people, increased desire for leisure time by all ages and enhanced promotion of physical activity for all.

Comprehensive view of injuries by sector, EU 27

The table below shows the main locations in which unintentional injuries happen and highlights the home, school, leisure and sport injuries. It also shows the division of intentional injuries. This is a comprehensive view of all injuries listing both the number of fatalities, the different forms of treatment for non-fatal injuries and the disability rate and the number of days spent in hospital.

Table 5: Comprehensive view of injuries by sector, EU27								
Injury counts and outcomes	Transport	Workplace	Home, Leisure, Sports, School	Total of unintentional injuries	Homicide, assault, other violence	Suicide (attempt)	Total of intentional injuries	Total of all injuries
Fatal Injuries	56 412	6 216	109 512	172 140	6 146	61 368	67 514	252 494*
	23%	2%	43%	68%	3%	24%	27%	100%*
Hospital Admissions	860 000	310 000	5 200 000	6 370 000	590 000	100 000	690 000	7 000 000
Hospital Outpatients	1 800 000	3 000 000	27 000 000	31 800 000	2 200 000	200 000	2 400 000	34 200 000
Other medical treatment	1 200 000	1 500 000	14 300 000	17 000 000	1 200 000	100 000	1 300 000	18 300 000
All medically treated cases	3 860 000	4 810 000	46 500 000	55 170 000	3 990 000	400 000	4 390 000	59 560 000
	6.5%	8.1%	78.1%	92.6%	6.7%	0.7%	7.4%	100%
Disabled (prevalence 16-64)	750 000	1 300 000	900 000	2 950 000	-	-	-	> 3 000 000
Hospital bed days	7 200 000	2 400 000	39 000 000	48 600 000	3 000 000	600 000	3 600 000	52 200 000

* incl. injuries of undetermined intent, not displayed

Source: WHO Mortality Database, WHO Health for all Database, Eurostat, EU Injury Database (IDB, Home and Leisure Accidents) and "Comprehensive View of European Injury Data" CVI – Final Report; 3 year average of latest available years (mostly 2003-2005). Data presentation: Kuratorium für Verkehrssicherheit (KfV), 2007

Table 5 combines hospital data (e.g. admissions and outpatients by sector) of the European Injury Database (IDB) with routine hospital discharge and cause of death data into a "comprehensive view of injuries in the EU" by different sectors of injury prevention. Projections of national surveys to EU level in this overview anticipate also the incidence information that will be available in future through the EU Health Interview Surveys for injuries treated outside the hospital ("All medically treated cases"). Also indicators of health care consumption (hospital bed days) and long term consequences (prevalence of injury disability) of injuries by sector are given.

3. The value of injury data¹

Detailed injury data makes it possible to develop prevention measures, monitor injury trends, prioritise issues, guide policies and evaluate the success of interventions designed to reduce injuries. To be able to prevent injuries effectively it is important not only to know how many fractures or head injuries have occurred, but also where, when, how, to whom and hopefully also why?

There are countless examples how injury data has guided the improvement of standards and regulations for products (e.g. toys, child care articles, sport equipment, electric home appliances, safety labels) and services (e.g. playgrounds, skiing slopes, nursing homes). Public information

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through media and targeted safety education is almost impossible without proper risk assessment based on data. The decision of the European Commission on 14 March 2007, requiring that cigarette lighters dangerous to children be no longer placed on the European marketplace, is just one of the recent success stories of how injury data can really make a difference.

The more specific and detailed the data is the more effective we can be in preventing injuries. Such data can only be provided by a systematic injury surveillance system that collects data throughout the EU. While such a system is not yet fully in place, the Accident and Emergency Department Survey of the EU Injury Database (IDB), has the most potential to deliver the required information.

EU Injury Database (IDB)

The core survey of the EU Injury Database is based on Accident and Emergency department data from selected Member State hospitals. This data is aggregated at the EU level in a standardised way and made accessible in a central database. This is available at the IDB portal: <https://webgate.ec.europa.eu/idb/>.

Currently at the end of 2007, twelve countries - Austria, Cyprus, Denmark, France, Ireland, Italy, Latvia, Netherlands, Malta, Portugal and Sweden and UK/Wales - have implemented the core survey of the IDB and their data will be made available on the web via the internet at the beginning of 2008.

Most of these countries – Austria, Cyprus, Denmark, Ireland, Latvia, Netherlands, Malta, UK/Wales and Sweden - cover all types of injuries, unintentional injuries as well as injuries due to self-harm and interpersonal violence. Information on the detailed external causes – e.g. activity, type of sports, place of occurrence, mechanism, involved products and a narrative – is provided and is comparable across all injury sectors.

The most important aspects of the EU Injury Database are as follows:

1. The Accident and Emergency Department Survey of the IDB data is the only data source in the EU that contains meaningful information on external causes and accident circumstances in relation to injury severity. This information is necessary for practical safety research and guiding specific injury prevention strategies, e.g. in the field of consumer safety. This survey complements existing data sources such as routine cause of death statistics, hospital discharge registers and data sources specific to injury areas such as road accidents and accidents at work
2. The EU Injury Database is developing into a one centralised database on injuries and will, in the coming years, provide a comprehensive view on the whole injury spectrum. It will link important data including cause of death and hospital discharge data as well as road and workplace accident data, as already done by the report "Injuries in the European Union – Statistics summary 2003-2005". The comprehensive view provides indicators which are necessary for assisting safety programmes in the public health as well as other domains like traffic, work, welfare, youth, sport, housing etc.

The IDB development is in line with the political mandates to tackle the injury epidemic in Europe and to provide the information needed for effective actions.



4. Current political climate

Both the World Health Organization (WHO) and the European Commission (EC) have taken a lead in recent years by releasing two important documents that identify injury prevention and safety promotion as a major priority to be addressed and the importance data serves to address this issue: The time is therefore right to tackle the injury epidemic.

In 2005 WHO has passed a **Regional Committee Resolution on Prevention of Injuries** in the WHO European Region. In regards to injury data the Resolution recommends²:

- better surveillance to identify the burden of injuries and the underlying risk factors;
- the development of national injury prevention plans including injury surveillance as one of the focus areas.

In 2007, the European Council released its **Recommendation on Injury Prevention and Safety Promotion** that requests Member States to³:

- make better use of existing injury data and develop national injury surveillance and reporting systems;
- set up national plans for injury prevention that include safety promotion in education and professional training that can be guided by national injury data;

and invites the Commission to:

- process and report Community-wide injury information based on national injury surveillance instruments.

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
- Prevention of interpersonal violence

Other commitments to address the injury epidemic have also been identified in recent years:

- Ministry of Health focal points for injury Member States have been established in Member States (2006)
- Regional Committee Resolution on a European strategy for child and adolescent health and development; including injury (2005)
- The United Nations General Assembly Resolution to Improve Global Road Safety (2005)
- Regional Committee Resolution on Children's Environment and Health Action Plan for Europe: priority goal 2 is to reduce injuries (2004)
- World Health Assembly and United Nations Resolution on violence and health (2003)



All in all the current political climate has never been more favourable to tackle the injury epidemic in Europe. We need to continue to build on this momentum and take real action to protect and promote the health and safety of all those living and working in, or visiting, Europe. Injury data and the IDB will contribute to this effort to assist in monitoring trends and benchmarking progress.

References

1. Report "Injuries in the European Union – a statistics summary 2003-2005"; Bauer et al.; Vienna: Kuratorium für Verkehrssicherheit; 2007.
2. Regional Committee Resolution on Prevention of injuries in the WHO European Region: Injuries in the WHO European Region: Burden, challenges and policy response (Resolution EUR/RC55/R6); Copenhagen: WHO Regional Committee for Europe; 2005
3. Council Recommendation of 31 May 2007 on the prevention of injury and the promotion of safety; Official Journal of the European Union 2007/C164/01.

Acknowledgements

This document has been produced by EuroSafe, in collaboration with the Austrian Road Safety Board, the European Commission and ULSS20 Verona. This fact sheet is one of the deliverables of the SafeStrat project that is co-funded by the European Commission under the Public Health Programme. The project aims to build a broader awareness of the burden of injuries and to advocate prevention strategies being implemented in Member States.



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