**Country update on Injury Surveillance: Hungary**

*Introduction*

As in most other countries in Europe, in Hungary a great variety of sources are providing only a very fragmented spectrum of information on injuries. For instance, hospital discharge data are providing information on severe injuries, but this information is still deficient as to the causes and circumstances of the injury event.

This was the reasons why the National Institute of Health Development (NIHD), before the National Centre for Health Care Audit and Inspection, decided to start a pilot testing the possible implementation of an injury data surveillance system in Hungary.

In 2009, a workgroup has been established in cooperation with the Ministry of Health-Department of Noncommunicable Diseases and Department of Informatics in order to collect and process injury records in accordance with the principles of the EU-Injury Data Base (IDB).

Among the members of the workgroup were a public health doctor, a medical IT expert and three IT staff members. The coordinator of the group was the head of the Department of Noncommunicable Diseases. The IDB-coding manual was translated into Hungarian language and a web form for the data collection has been developed.

*Pilot results*

The pilot data collection in Hungary has been conducted in the Southern Transdanubian Region, which counts a population of one million (total population of Hungary: 10 million). A total of 8 hospitals participated, most of them were smaller hospitals. The data collection took place from February 2010 to the end of May 2010. A total number of seventeen persons was actively involved in collecting the data, most of them nurses and administrators. They worked under the supervision of a medical doctor who was responsible for primary data control. Secondary data control was made by informatics.

During the pilot project a total of 12 654 cases were collected. The gender distribution favours males (7143) to females (5409). In 102 cases the gender remained unknown. In age groups from 15 to 39 the proportion of males among the injured persons is about the double as that of the females. The large difference in gender at ages 75 and up is due to the relatively higher number of elderly women (2:1) than men in the population. About 93% of the cases were reported as unintentional injury. The remaining cases are assaults (4%) and intentional self-harm (1%). In the 2% of the cases the intent was not indicated.

Almost half of the cases were identified as home and leisure accidents, the second largest group is related to sport, and these two categories compose more than two third of the total number of injuries. The highest proportion of the injuries was suffered during household activities. The largest difference between genders is in injuries related to sport and exercise, while females show a tendency to sustain injuries during vital activity.

*Use of data*

All types of injuries were analysed separately. Especially the police services were interested to use this data related to road traffic injuries. But also the huge number of sports and leisure related injuries attracted the interest of the medical professions and of policy makers in government.

The results were also presented at the Ministry of Health, in January 2010. Based on the outcome of this meeting, the Hungarian Ministry of Health signed a partnership agreement with EuroSafe for the Joint Action JAMIE.

*Next steps*

Based on the outcome of the pilot project the Hungarian Ministry of Health signed a partnership agreement with Eurosafe for the Joint Action of Monitoring Injuries in Europe (JAMIE). The National Institute for Health Development developed a data collection system and coordinated the IDB data collection for JAMIE. Between March 2013 and February 2014 3,681 cases were collected in FDS in one reference hospital whose trauma unit serves a catchment area of 577,000 residents for all type of injuries except burn and child care.

Because of the outcomes of the IDB data collection projects injury prevention got highlighted by policy-makers and professionals, so injury prevention became a solid part of all public health programmes and plans in Hungary. With the help of the IDB collected data stakeholders got more information on unintentional injuries (e.g. falls) beside traffic injuries and therefore their prevention came into view in the field of public health.

The future plan related to IDB data collection is to finish the formerly started legislative procedure, the aim of which is to make injury data collection on MDS mandatory in all trauma units. It is planned not be a new data collection system, only a rearrangement of the one that is in operation nowadays, with some new aspects. By implementing a new data collection system nurses and doctors will not have as much administrative work as they had in the pilots.

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*IDB-related publications:*

<https://www.ksh.hu/elef/archiv/2009/kal_benyi2.html>

<http://www.oszmk.hu/dokumentum/NEJ/nej2008_2.pdf>