

**Briefing Notes:
The Scotland and European Health for All (HfA) Database 2012**

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Introduction

In the mid-1980s, the World Health Organization Regional Office for Europe (WHO/Europe) developed a European Health for All (HfA) database. This provides easy and rapid access to a wide range of health statistics for the Member States of the WHO European Region, including the UK but not Scotland. There are currently 53 such Member States. The database is available on the web at <http://www.euro.who.int/hfadb> and is a helpful tool for international comparisons and for assessing the health situation and trends in any European country in an international context.

In 2003, in *Understanding the health of Scotland's population in an international context*, Leon et al¹ stated that there was an “immediate need... to make it easier for those working in Scotland to be able to see their position in European terms, perhaps by supplementing existing data sets such as the WHO Health for All database with specific Scottish data”. In 2004, Stewart Maxwell, Member of the Scottish Parliament, requested in a parliamentary question² that comparable data for Scotland be added to the WHO database.

In 2006, the Scottish Public Health Observatory (ScotPHO) compiled the Scotland and European Health for All (HfA) Database 2006. This involved collating and adding Scottish data directly to a download of the January 2006 release of the WHO HfA database. The database was published on the ScotPHO website <http://www.scotpho.org.uk/> (under Comparative Health – International Comparisons), and attracted considerable interest.

Updates have been published in 2007, 2009 and now 2012. The Scotland and European HfA Database 2012 is based on the January 2012 release of the WHO HfA database

Please note that since the WHO HfA database is updated twice yearly in January and June, it is inevitable that the Scotland and European HfA Database will sometimes contain less recent data (or provisional data awaiting revision) for countries other than Scotland.

Acknowledgements

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- General Pharmaceutical Council
- Health and Safety Executive (HSE)
- Health Protection Scotland
- Information Services Division (ISD) of NHS National Services Scotland
- National Records of Scotland
- NHS Education for Scotland
- NHS Health Scotland
- Office for National Statistics
- Royal Pharmaceutical Society
- School of Pharmacy and Life Sciences for Robert Gordon University
- Scottish Government
- Strathclyde Institute of Pharmacy and Biomedical Sciences for University of Strathclyde
- UK Government - Department for Work and Pensions (DWP).

We would also like to acknowledge the many individuals from these organisations who offered helpful advice and comments on this briefing paper.

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Note on data quality

Whilst efforts have been made to ensure comparability in the database, there will inevitably be some differences between countries in methodology, data accuracy and completeness, time periods and definitions. Where there are particular difficulties, attention may be drawn to them in the notes for Scotland in the **Definitions** in the database, and/or in this paper. For further details, particularly issues for some countries in central and Eastern Europe, please see the **Help** text in the database – **Notes on data availability and quality**.

In general, any comparison between countries should be made with caution, and interpreted bearing in mind all the qualifying notes supplied.

Please also note that for some indicators, data are not included for Scotland. This may be because:

- no source has been identified; or
- the available data are not comparable with other countries. For example for *First admissions to drug treatment centres*, whilst Scotland's SMR24/SMR25a recording scheme collects first contact with drug services within a financial year or after a 6 month gap, it does not collect data on the first treatment in the client's life as in the HfA definition.

Summary

The Scotland and European HfA Database 2012 comprises:

- 600 health and health-related indicators, with Scottish data available for 501 (84%)
- time trends based on annual data, from 1970 to 2010 where available
- data for Scotland and the 53 Member States currently in the WHO European Region, including the UK, plus averages such as the European Union (27 Member States).

Findings

The indicators are summarised in a table in Appendix 2, which shows for each indicator:

- whether Scottish data are presented
- the Scottish time trend
- how Scotland compares with a selection of European countries: Denmark, France, Germany, Ireland, Portugal, UK, and the average of the 27 European Union countries (EU).

Some indicators for Scotland show important changes over time and/or differences from the other selected countries. These indicators can be grouped into eight broad categories, which are shown below with examples:

1. Scotland is improving over time, and has a favourable position relative to the selected countries:

- *Standardised death rates (SDRs) for transport accidents* and the subset *motor vehicle traffic accidents* [\(Link to the detail\)](#)
- *Rates of persons injured due to work-related accidents* [\(Link to the detail\)](#)

2. Scotland has mainly steady rates over time, but a favourable position relative to the selected countries:

- *Incidence rates for measles and rubella* [\(Link to the detail\)](#)
- *Rates of deaths due to work-related accidents* [\(Link to the detail\)](#)

3. Scotland has improved over time, but still compares unfavourably with the selected countries:

- *Life expectancy at birth, age 1, 15, 45 and 65 years* [\(Link to the detail\)](#)
- *SDRs for all causes, and for diseases of the circulatory system such as ischaemic heart disease and cerebrovascular diseases (eg strokes)* [\(Link to the detail\)](#)
- *% of regular daily smokers in the population, age 15+ years* [\(Link to the detail\)](#)
- *% of all live births to mothers aged under 20 years* [\(Link to the detail\)](#)

4. Scotland has improved over time, but comparisons with the selected countries are limited due to insufficient or inconsistently defined data:

- *Rates of road traffic accidents involving alcohol* [\(Link to the detail\)](#).
- *Perinatal deaths (stillbirths plus deaths at 0-6 days) per 1000 total births (for birthweights of 1000g or more)* [\(Link to the detail\)](#)

5. Scotland has worsened over time, but is broadly in line with the selected countries:

- *HIV incidence per 100,000 population* [\(Link to the detail\)](#)
- *Cancer incidence (rate of new cases) per 100,000 population (crude rate)* [\(Link to the detail\)](#)
- *Rate of abortions per 1000 live births (for all ages of mother, and under 20 years)* [\(Link to the detail\)](#)

6. Scotland has worsened over time (although recently improving), and is currently worse than the selected countries:

- *SDRs for diseases of the digestive system, in particular chronic liver disease and cirrhosis* [\(Link to the detail\)](#)

7. Scotland tends to be worse than the selected countries, and exhibits a gender difference related to different historical lifestyle behaviour:

- *SDRs for malignant neoplasms (all cancers) (for 65+ years)* [\(Link to the detail\)](#)
- *SDRs for trachea/bronchus/lung cancer (for all ages and 65+ years)* [\(Link to the detail\)](#)
- *Trachea, bronchus and lung cancer incidence per 100,000 (for all ages)* [\(Link to the detail\)](#)

8. Scotland demonstrates poor health, but comparisons with some of the selected countries (eg the UK as a whole) are limited due to insufficient or inconsistently defined data:

- *Cancer prevalence, in % (based on the number of people living with cancer, who were diagnosed within the last 20 years)* [\(Link to the detail\)](#)
- *Diabetes prevalence, in %* [\(Link to the detail\)](#)
- *SDRs for homicide and intentional injury* [\(Link to the detail\)](#)

Note that this summary has tended to focus on the more robust indicators for comparison, for example mortality and some morbidity and lifestyle indicators. However the database includes many other indicators, including those for hospital discharges, the environment, health care resources, and health care utilisation and expenditure.

Detailed findings

In the notes that follow, the following convention is used:

“the other selected countries” refers to Denmark, France, Germany, Ireland, Portugal, UK, and the average of the 27 European Union countries (EU).

These countries were chosen as a selection of mainly near neighbours of Scotland in Western Europe, and a small enough number of countries to enable trends to be compared in graphs. The EU average was also included as being of interest as a comparator.

These detailed notes select from Appendix 2 particular indicators for Scotland which demonstrate interesting emergent or long-standing trends, and/or a favourable/unfavourable comparison with the other selected countries. These indicators are discussed below, under the relevant indicator group headings. Attention is focused on the more robust and epidemiologically important indicators for comparison, for example mortality and some morbidity and lifestyle indicators.

Demographic and socioeconomic indicators

In Scotland, as in the UK, rates of *live births per 1,000 population* have risen since 2002, although Scotland has had lower rates than the UK since 1983.

[\(Link back to Summary\)](#)

The *crude death rate per 1000 population*, for all persons and for males and females, is high in Scotland compared to the other countries selected for comparison, but there has been a falling trend over recent years. It should be noted that this indicator does not take account of differences in the age structure of the populations being compared, and therefore the standardised death rate (SDR) for all causes, discussed below, is a more appropriate measure.

Mortality-based indicators

Life expectancy etc

Among the life expectancy-related indicators, *life expectancy at birth, age 1, 15, 45 and 65 years* are low in Scotland compared to the other selected countries, although there has been a rising trend (improvement) over recent years. Figures 1 and 2 show life expectancy at birth for the selected countries, for males and females respectively, over the period 1980 to 2010.

Figure 1

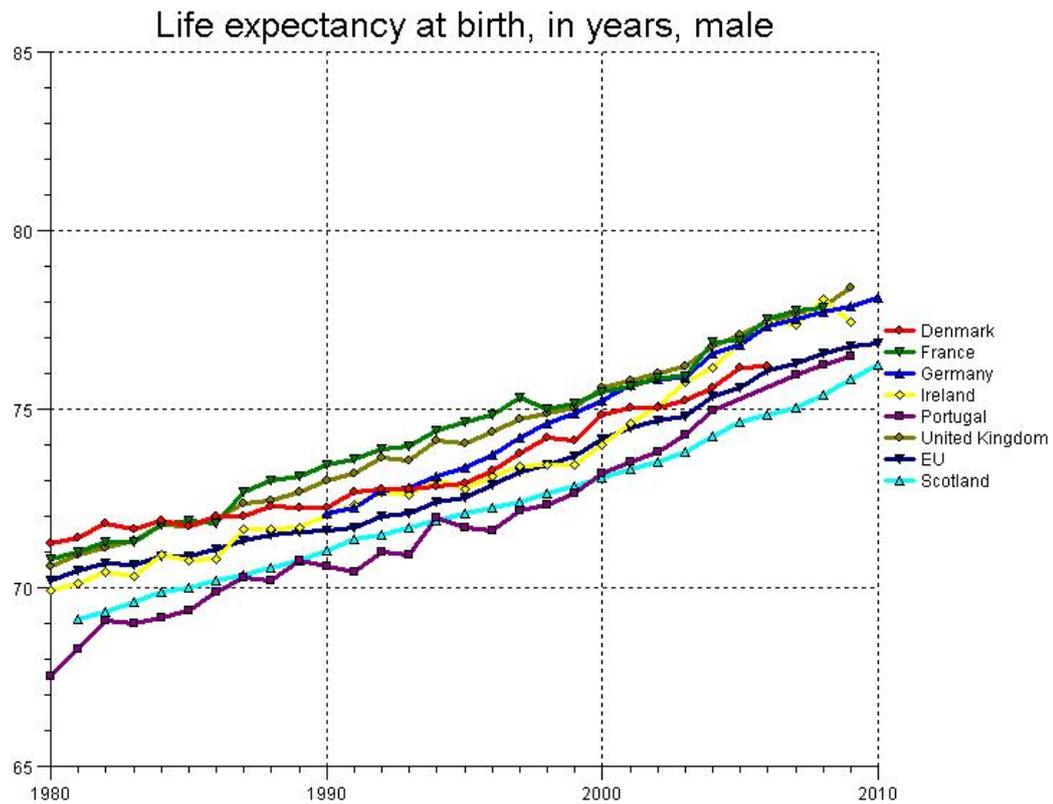
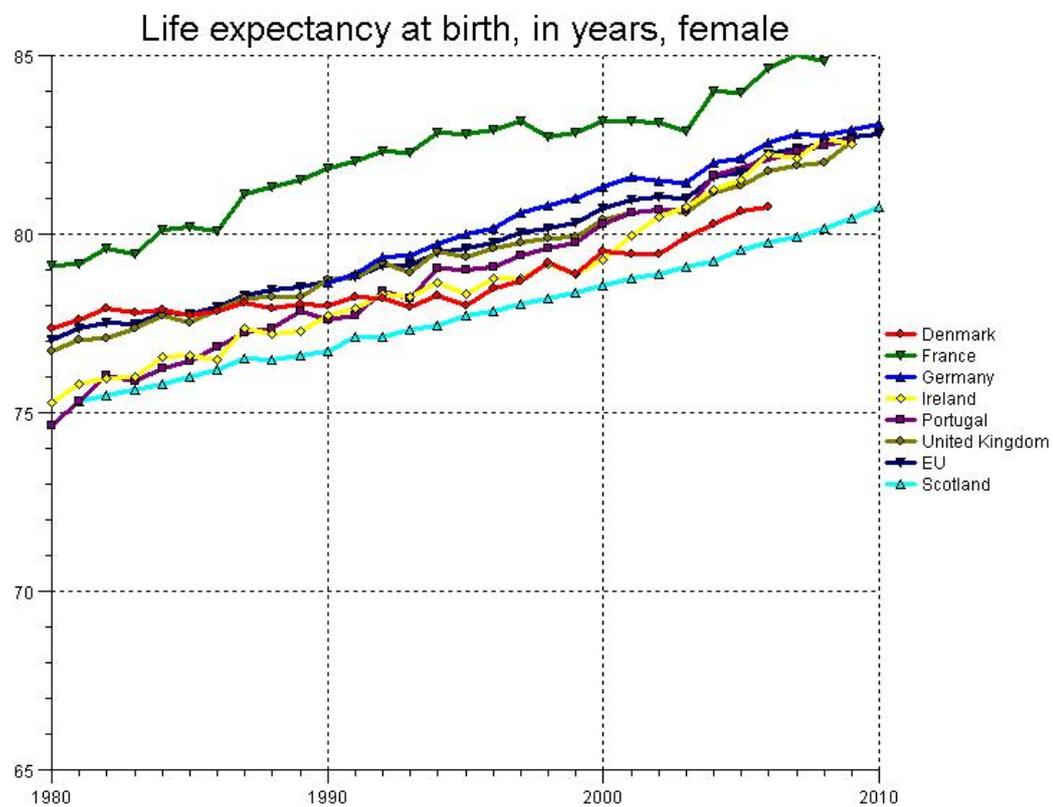


Figure 2



Please note that when looking at life expectancy data, the figures shown for ages beyond birth (i.e. 1, 15, 45 and 65 years) estimate future years of life rather than overall life expectancy. For example, a 15-year-old boy in Scotland in 2006 might be estimated to live a further 60 years, rather than he is likely to live to age 60.

[\(Link back to Summary\)](#)

As would be expected, *reduction of life expectancy through death before 65 years* is also high in Scotland compared to many of the selected countries, but there has been a falling trend (improvement) over recent years.

Infant and maternal deaths

Among the basket of indicators for stillbirths and infant mortality (deaths up to a year), Scotland is generally in line with the other countries selected. There is an impression that in recent years (2000 or later) the Scottish rates tend to be high/moderately high relative to the other countries for *late neonatal deaths (7-27 days) per 1000 live births* and *postneonatal deaths (28 days up to a year) per 1000 live births*. However, the differences are small and there is a degree of year-to-year variation due to the relatively small number of such deaths in Scotland (e.g. in 2010, 32 late neonatal deaths and 68 postneonatal deaths).

Rates of *perinatal deaths (stillbirths plus deaths at 0-6 days) per 1000 total births (for birthweights of 1000+g)* have fallen over time and appear slightly low in Scotland compared with most of the other selected countries. However, the Scottish data are based on birthweights of 1000+g whereas data for the UK as a whole are based on all birthweights (which gives a higher rate). Clearly this indicator should use a consistent definition to enable fair comparisons to be drawn. [\(Link back to Summary\)](#)

The rate of *maternal deaths per 100,000 live births* tends to be higher in Scotland than the other selected countries. However, the rates are based on very small numbers in Scotland (fewer than 9 deaths per annum in the period 1999-2010). Note also that in Scotland (and Northern Ireland, but not in England and Wales) the death certificate has an extra box to identify a woman who was pregnant, or had given birth in the past year, at the time of her death. This is likely to increase the recording of maternal deaths in Scotland (and NI) relative to other countries. None of the specific causes of maternal deaths examined had high rates for Scotland.

SDRs (Standardised Death Rates, expressed per 100,000 population)

SDRs are used to compare death rates both between populations which have different age structures, and within a population over time. The SDRs are all directly age-standardised to the European standard population (but in the case of rates for persons, not also standardised for sex). Further details are given in the database under **Help - Technical notes**.

There are 201 SDR indicators in this section. The following SDR indicators are particularly worthy of comment:

SDRs – Circulatory system

For *SDR, diseases of circulatory system* and *SDR, ischaemic heart disease* (persons, males and females; 0-64 years, all ages, and 65+ years) the death rates tend to be relatively high for Scotland compared to the other selected countries (particularly for 0-64 years). All rates have, however, fallen over time, and the rates for diseases of the circulatory system for all ages and 65+ years have dropped back into line with the other selected countries.

Similarly, for *SDR, cerebrovascular diseases (eg strokes)* the rates tend to be relatively high for Scotland (usually highest of the selected countries other than Portugal) but have fallen with time.

SDRs – Cancer

For all cancers, *SDR, malignant neoplasms* tends to be high for most age/gender groups compared to many of the other selected countries. While most of these rates for Scotland have fallen with time, the rate for females aged 65+ years tended to increase steadily between 1979 and 1993, and only after 2000 started to decrease slightly. The UK had a similar pattern, but peaking earlier. [\(Link back to Summary\)](#)

A similar male/female difference is seen for *SDR, trachea/bronchus/lung cancer*. For males, the rate tends to be high compared to the other selected countries but to have decreased over time. In the case of males aged 0-64 the rate has fallen so much that Scotland is now around the average of the other selected countries. For females, the rates for Scotland tend to be high compared to the other countries, and whilst the rate has tended to decrease over the period for those aged 0-64, for all ages and 65+ the rates have increased and may still be increasing. This is undoubtedly related to two aspects of historic smoking patterns. First, there was an earlier uptake of smoking in the UK (and Scotland) than in most other European countries, so the “epidemic of smoking-related diseases took off earlier...among both men and women than in almost any other country in the world”.¹ Second, because in Scotland and the UK, smoking prevalence increased later among women than men, and started to fall later, female death rates from smoking-related diseases are peaking later. [\(Link back to Summary\)](#)

In line with many of the selected countries, *SDR, cancer of the cervix (0-64, all ages and 65+)* has tended to fall substantially over time in Scotland.

SDR, malignant neoplasm female breast is interesting in that the patterns for the age groups are broadly similar to UK, Ireland and Denmark, but considerably higher than for Germany, EU, France and particularly Portugal.

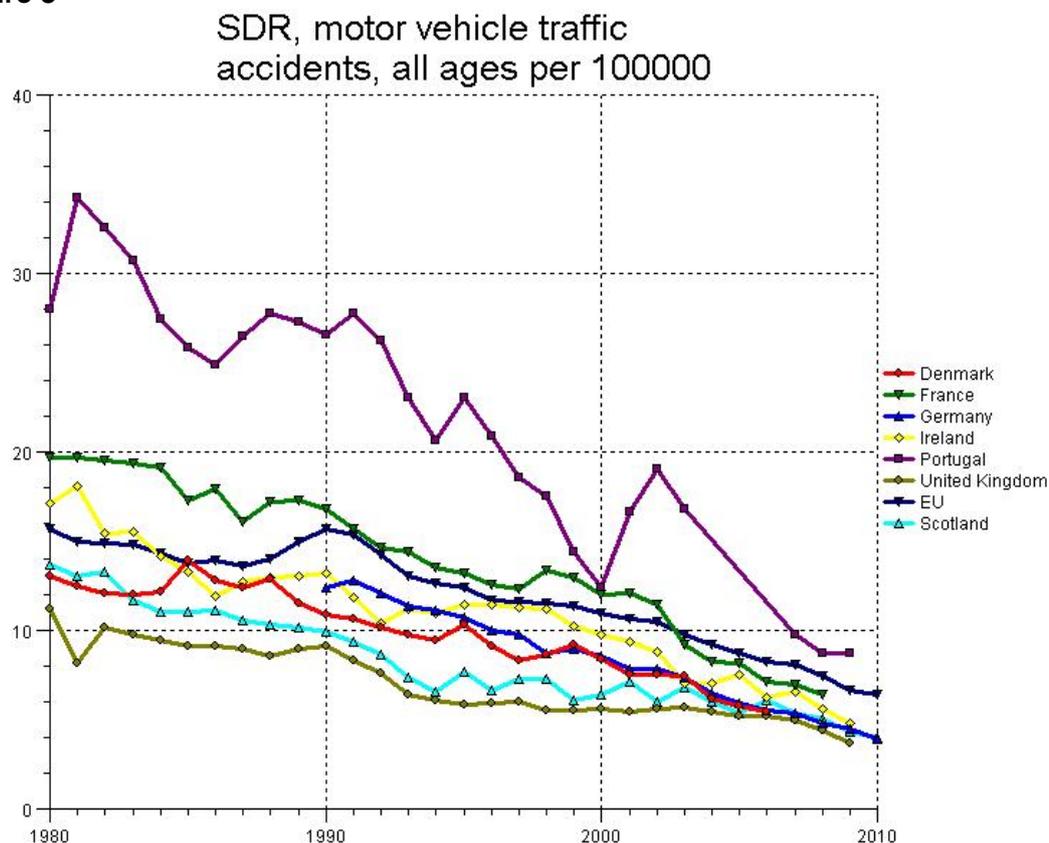
SDRs – External causes

Note that deaths of non-residents of Scotland which occurred in Scotland are included in the SDR data, and the Lockerbie bombing in December 1988 (where a total of 270 people were killed) will therefore considerably inflate the data for 1988 and 1989 for homicide and intentional injury (and larger cause of death groups which include these causes). The figures for two years are affected because the statistics are based on when the deaths were registered rather than when they occurred. Also, the 1996 Dunblane massacre of 16 children and a teacher has increased the Scottish homicide data for 1996 (and is particularly evident for females aged 0-64).

The overall broad group *SDR, external causes of injury and poisoning* (including accidents, suicide, homicide and undetermined intent) has generally fallen over time in Scotland. Within this broad group:

- *SDR, transport accidents* and the subset *SDR, motor vehicle traffic accidents (MVTAs)* have fallen over time and are moderately low compared with the other selected countries (Figure 3).

Figure 3



[\(Link back to Summary\)](#)

- For *SDR, suicide and self-inflicted injury*, there are encouraging signs that the rates for males aged 0-64 have started to decline after initially increasing from the late 1970s up to the year 2000.
- After disregarding the impact of the Lockerbie disaster in 1988 and 1989, the Scottish rates for *SDR, homicide and intentional injury* for males of all ages and 0-64 years have increased over time, although levelling out/falling slightly in more recent years. There would appear to be some noticeably high rates compared to the other selected countries, including the UK. **It must be noted, however, that the UK rates are underestimates, and therefore comparisons with the Scottish rates are not valid.** This is because the UK data exclude many of the deaths in England and Wales which will eventually be classified as homicide³ (particularly from 2001 onwards). Such deaths are initially assigned a temporary cause of death code of undetermined intent * which is not included in the homicide codes specified by WHO for this database. **The validity of comparisons between Scotland and the other selected countries may also be questioned. It is not known exactly what coding procedures are followed in these countries, but it has been previously recognised that “the quality and completeness of deaths registered as homicide may vary considerably between countries”.**³

* ICD9 E988.8 between 1978 and 2000; ICD10 Y33.9 between 2001 and 2006: and ICD10 U50.9 from 2007 onwards^{3,4,5}

[\(Link back to Summary\)](#)

SDRs – All causes

The patterns for *SDR, all causes* are consistent across age groups and genders – a falling trend over time but relatively high rates compared to the selected countries.

[\(Link back to Summary\)](#)

SDRs – Infectious/parasitic

Although data for Scotland are only presented from 2000 onwards, there would appear to have been some upward trends for *SDR, infectious and parasitic disease* until around 2007. The rates are moderately high compared to many of the selected countries for females aged 65+.

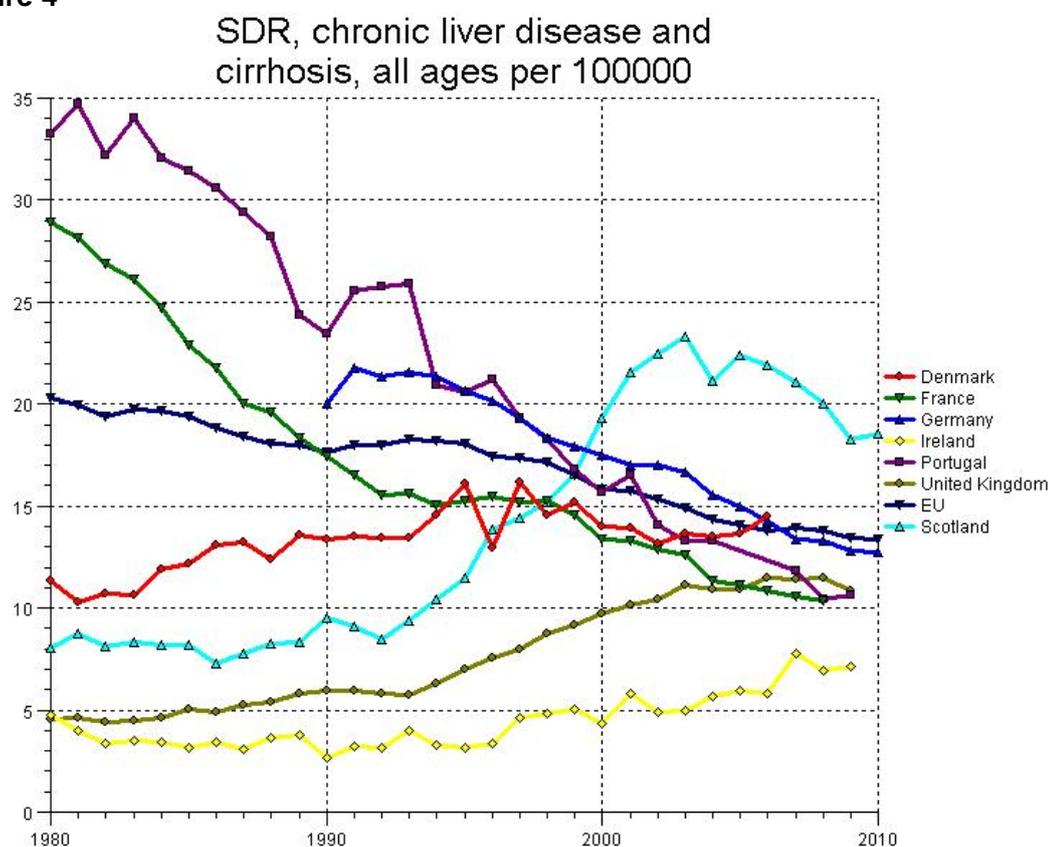
SDRs – Respiratory

There is a tendency for *SDR, diseases of the respiratory system* to fall over time, but the rates are high relative to many of the selected countries (particularly for 0-64 years). Within this disease category, the subset *SDR, bronchitis/emphysema/asthma* is only presented for Scotland from 2000 onwards (using ICD10 cause of death coding), as there would appear to be discrepancies between the ICD9 and ICD10 codes specified. Assuming comparisons with other countries from 2000 onwards are valid, Scotland has relatively high rates, but they have tended to fall over the period 2000-2010.

SDRs – Digestive

The overall category *SDR, diseases of the digestive system* shows broadly similar patterns to the subset *SDR, chronic liver disease and cirrhosis*. The rates for the latter, for all ages, are shown in Figure 4.

Figure 4



It can be seen that in Scotland the death rate increased markedly between the late 1980s and 2003, in contrast to many of the other selected countries which were experiencing a fall. Since 2003, the Scottish rate has started to fall, but the rate is still much higher than in all the other selected countries. The pattern for liver cirrhosis is well-known,⁶ raising concern about levels of problematic drinking and alcohol-related harm in Scotland. [\(Link back to Summary\)](#)

SDR – Endocrine etc

The *SDR, diabetes* rates for all ages in Scotland show a fairly level time trend in recent years. They are relatively low compared to the other selected countries, although higher than the UK in recent years. Comparisons should be made with caution as diabetes is well known to be under-recorded on death certificates.

SDRs – Mental disorders, nervous system etc

The indicator *SDR, mental disorders and diseases of the nervous system and sense organs* shows a strong upward trend, and for all age/gender groups is high compared to the other selected countries in recent years. This is at least partly due to two effects. First, there is a known upward trend in deaths from the sub-categories of mental and behavioural disorders due to the use of alcohol and drugs. Second, the mental disorders category includes increasing numbers of deaths in Scotland coded to (senile) dementia. It is possible that in some other countries a greater proportion of similar deaths are coded to senility in a different category: *SDR, symptoms, signs and ill-defined conditions*.

SDRs – Genitourinary

Whilst *SDR, diseases of the genitourinary system* has generally fallen with time, the rate for females all ages appears to have risen recently and is a little high compared to the other selected countries.

SDRs – Behaviour-related

The indicator *SDR, selected alcohol-related causes* includes cancers of the oesophagus and larynx (but not liver); alcohol dependence syndrome (but not alcoholic psychoses); chronic liver disease and cirrhosis; and all external causes (including accidents, suicide, homicide and undetermined intent). All deaths from these causes are included; there is no attempt to estimate the proportion of each disease that is attributable to alcohol. For this indicator, the trend in Scotland goes against that for the other selected countries. Unlike their pattern of a steady fall in rates, Scotland's rates increased between the mid-1990s and about 2002, before starting to fall again. A similar, and indeed more marked, pattern for the sub-category *SDR, chronic liver disease and cirrhosis* has been discussed above (under the heading SDRs – Digestive).

The indicator *SDR, selected smoking-related causes* includes cancers of the mouth and pharynx, larynx, lung and oesophagus; ischaemic heart disease; cerebrovascular disease (eg stroke); and chronic obstructive pulmonary disease (eg chronic bronchitis, emphysema and asthma). All deaths from these causes are included; there is no attempt to estimate the proportion of each disease that is attributable to smoking. The rates for this indicator, although falling over time, are consistently higher for Scotland than any of the other selected countries. This is not necessarily solely an indication of historically higher smoking rates in Scotland; ischaemic heart disease and stroke are affected by an adverse pattern of other non-smoking risk factors in Scotland.

Morbidity, disability and hospital discharges

Infectious diseases

The recorded *syphilis incidence per 100,000* increased markedly in Scotland between 2001 and 2008 but then fell, in a similar pattern to the UK. *Gonococcal infection incidence per 100,000* has increased in Scotland since 1999.

The *incidence rates per 100,000 for measles* and for *rubella* tend to be low compared with the other selected countries, and include zero rates for some years.

[\(Link back to Summary\)](#)

Mumps incidence per 100,000 increased markedly in Scotland and the UK in 2004/2005, due to an outbreak in adolescents and young adults who had not been vaccinated. The rates have subsequently fallen.

The rate of *new HIV infections reported per 100,000* increased in both the UK and Scotland between 1999 and 2005/2007. The rise in Scotland reflected both an increase in imported infections following the influx of asylum seekers; and increased HIV testing among attendees at antenatal and genito-urinary medicine (GUM) clinics following the introduction of two new testing policies. The rates for Scotland and the UK have since started to fall, and the Scottish rate is well below the UK rate.

[\(Link back to Summary\)](#)

For *Haemophilus influenzae type b invasive disease (Hib) incidence per 100,000*, the Scottish rate broadly mirrors the UK rate, and rose steeply in 2002, when it was higher than many of the other selected countries. However, this may be due to more comprehensive surveillance in the UK and Scotland. In 2003, a catch-up immunisation campaign was carried out for all young children in the UK, and since then the rates have fallen.

Cancer

As in the other selected countries, in Scotland *the cancer incidence (rate of new cases) per 100,000*, continues to increase over time. This is a crude rate (one which does not take account of the age structure of the population) and this rise is therefore partly a result of the ageing Scottish population. Similar patterns are observed for males and females. The *cancer prevalence, in %* (based on the number of people living with cancer, who were diagnosed within the last 20 years) has also increased, with no indication of a plateau for males or females. Again this trend is likely to reflect the ageing population. While there are only limited data for comparison, and not all countries use a 20-year prevalence, Scotland does not appear to be out of line with the other selected countries. [\(Link back to Summary\)](#)

In relation to specific cancers, Scotland has high rates for *trachea, bronchus and lung cancer incidence per 100,000*, for all persons and for males and females. This is a well-known issue in Scotland, and whereas the rates for males have decreased over time (Figure 5), the rates for females have increased (Figure 6).

Figure 5

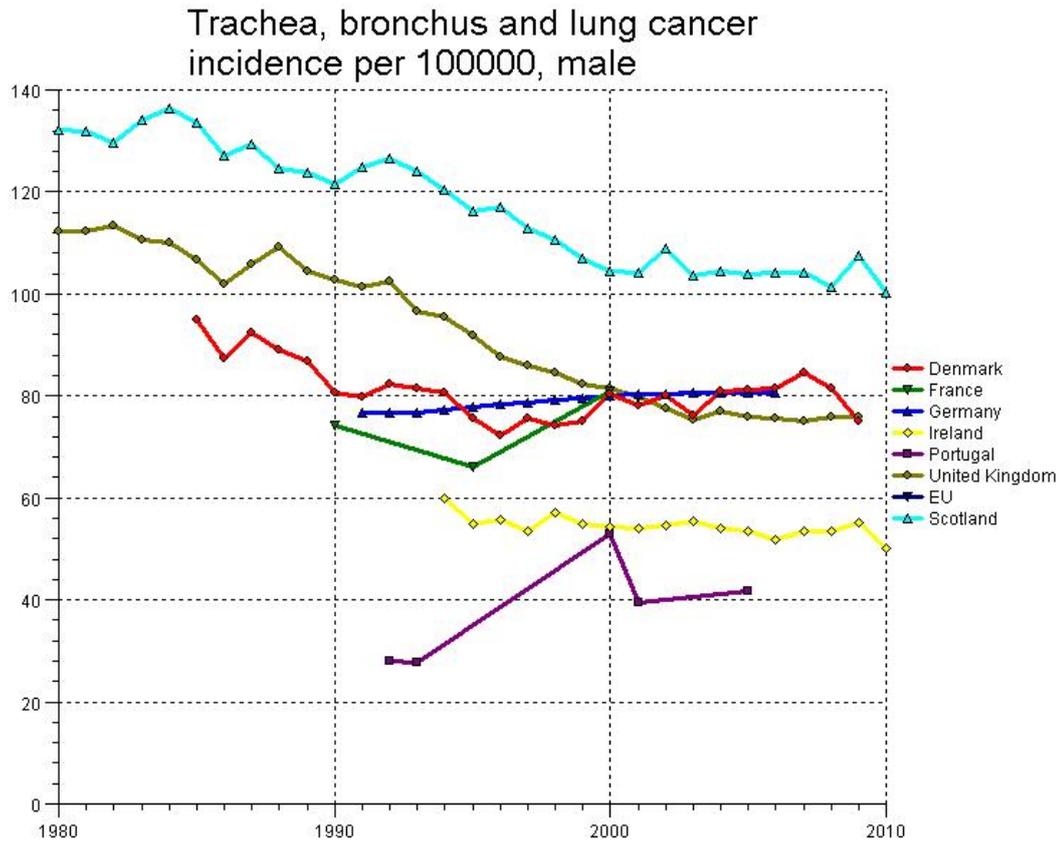
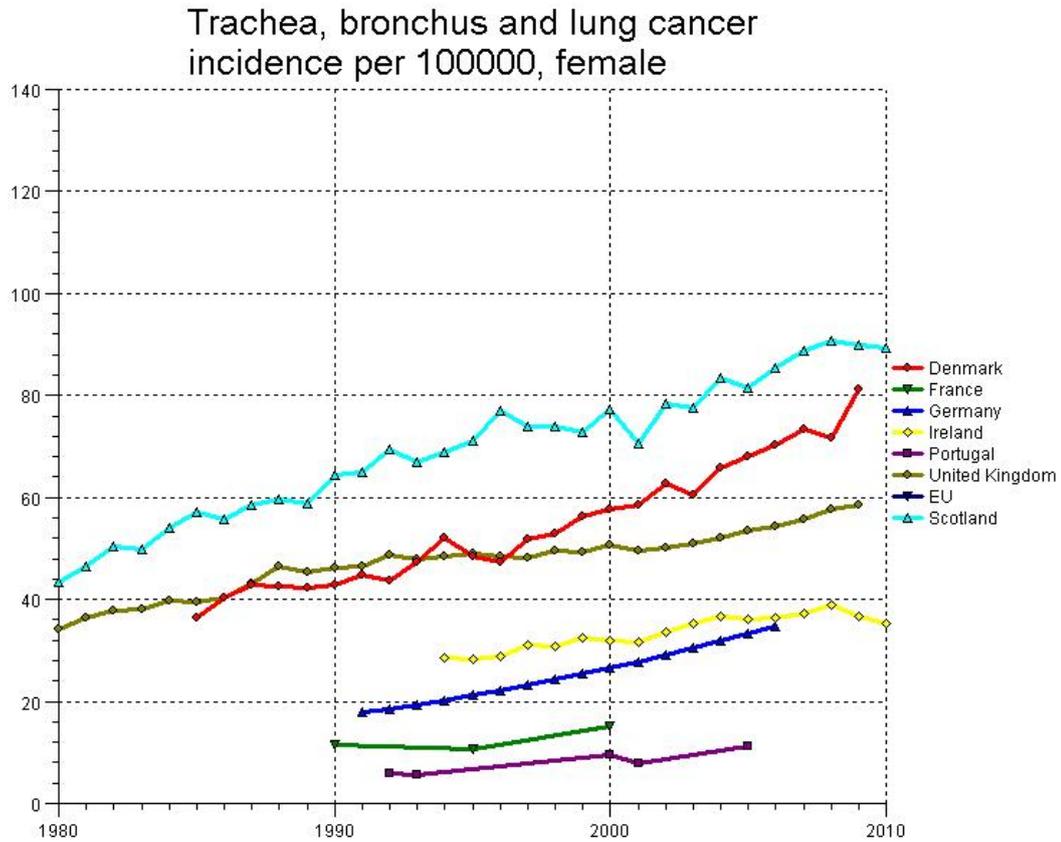


Figure 6



Note that rates for the EU are not presented, due to incompleteness of data for some countries.

Scotland's high death rates from lung cancer, and their link with historic smoking patterns for males and females, were discussed above in the Mortality section (SDRs – Cancer). [\(Link back to Summary\)](#)

Female breast cancer incidence per 100,000 has also increased in Scotland (and in the other selected countries). The Scottish rate appears to be slightly high. Part of the apparent increase is likely to be due to the increased detection of tumours by breast screening programmes.

After falling between 1990 and 2003, *cervix uteri cancer incidence per 100,000* has been increasing in Scotland. The UK and Republic of Ireland also show a recent increase.

Diabetes

The pattern of an increase in *diabetes prevalence, in %*, is likely to be due to the ageing population, improved data capture and rising diabetes incidence. Diabetes register data in Scotland are of high quality and completeness, and unlike some other countries, diabetes prevalence estimates in Scotland are based on data from both primary and secondary care. This will tend to increase the recorded prevalence of diabetes in Scotland compared to other countries. It is worth bearing in mind that the data include only people with diagnosed diabetes, although there are large numbers of individuals with undiagnosed type 2 diabetes. [\(Link back to Summary\)](#)

Hospital discharges etc

Note that hospital usage is affected by changes over time in demography (such as the ageing population in Scotland), and in how different illnesses and conditions are managed. Comparisons across countries are complicated by different ways of recording episodes of care. Therefore, a high hospital discharge rate may not necessarily indicate a poor health profile, and conversely a low rate may not indicate a favourable profile.

For psychiatric hospitals in Scotland, *hospital discharges, mental and behavioural disorders per 100,000* has tended to rise until 2000, but then to fall, and it lies within the range covered by the selected comparator countries.

For acute hospital discharges, the various indicators for specific diagnoses all fall within the range of the other selected countries. Increases over time can be seen for *hospital discharges, musculoskeletal system and connective tissue diseases per 100,000*.

Self-assessed health

Care needs to be taken with *% population self-assessing health as good*, as there are only a few data points and different surveys will be used in different countries, but the trend for Scotland appears to be slightly downwards, compared to a rising UK trend.

Lifestyles

The *% of regular daily smokers in the population, age 15+*, for all persons and for males and females, has declined markedly over time in Scotland (like the UK) but may have levelled out in recent years. Rates for females in particular have tended to be moderately high in Scotland compared to the other selected countries. However, the quality and comparability of these data are dependant on survey methodology, sample size and representativeness, response rates and bias, and therefore apparent differences in smoking prevalence between countries should be treated with caution. [\(Link back to Summary\)](#)

Alcohol retail sales data are used to estimate population levels of alcohol consumption in Scotland, and care is needed when comparing with other countries. For example, the Scottish estimates are not directly comparable with the UK estimates which are based on the volume of alcohol cleared for sale (i.e. taxation data); see the relevant **Definitions** for more details. With that proviso, it would appear that total pure alcohol consumption in litres per capita for age 15+ has increased over time in Scotland, while

consumption of wine appears to be lower than most of the other selected countries and consumption of spirits considerably higher.

In Scotland, *rates of road traffic accidents involving alcohol* are estimates of injury road accidents involving illegal alcohol levels (i.e. above the current limit of 80 mg alcohol per 100 ml blood). The rates have fallen in Scotland between 1993 and 2009, and although there may be differences in the definition for different countries, the rates appear low compared to the other selected countries up to 2004. Comparisons are not possible after 2004, as no data are presented for the other countries. ([Link back to Summary](#))

The *number of deaths from overdose of illicit drugs* increased in Scotland between 1996 and 2008, but then started to fall. As the database does not include data after 1995 for the other selected countries, and there is no indicator for the death rate, it is not possible to make comparisons.

Environment

Only two indicators appear slightly high for Scotland relative to the selected countries. The first is *microbiological foodborne diseases per 100,000*. However, the rates are close to those for the UK (where data are shown up until 2004 only) and Denmark. The Scottish data comprise notifications of food poisoning (“any disease of an infectious or toxic nature caused by, or thought to be caused by, the consumption of food or water”) rather than the sub-set “cases of microbiological foodborne diseases”, which some other countries may have used. Also, as the Scottish notifications are based on clinical suspicion, they will include cases that are not truly food poisoning. A further point worth bearing in mind is that food poisoning is under-reported in most countries.

The second indicator is *New cases of occupational diseases per 100,000*, where there is a striking increase recorded for Scotland in 2010 (due to a backlog of claims for osteoarthritis of the knee for miners after this condition became eligible for Industrial Injuries Disablement Benefit), but no data are shown for the other selected countries in 2010 for comparison.

For both the *rates of persons injured due to work-related accidents* and the *rates of deaths due to work-related accidents*, Scotland and the UK are low compared to the other selected countries (although UK data are shown until 2005 only). The rates for persons injured have tended to fall over time, as have the death rates since 2004. ([Link back to Summary](#))

Health care resources

Hospital and care home beds

In Scotland, as in the other selected countries, the rates of hospital beds per 100,000 population have tended to fall over time. The rates appear low for three groupings of acute care hospital beds: *medical specialties*; *surgical specialties*; and *obstetric & gynaecological specialties*. However, different definitions and sub-specialty groupings may have been used in different countries, and therefore comparisons should be made with care.

Health professionals

Most health professional groups examined had a rising rate of staff per 100,000 population in Scotland, but the rate has decreased for midwives. Nevertheless, *midwives (PP) (Physical Persons) per 100,000* appears high in Scotland relative to the other selected countries shown. Again, there may be definitional inconsistencies.

Health care utilisation and expenditure

SDRs (Standardised death rates, expressed per 100,000 population)

Among the SDRs presented in this section, only *SDR, adverse effects of therapeutic agents (eg drugs)* shows a tendency to be a little high compared to the other selected countries (apart from France). This indicator is strongly influenced by the completeness of reporting of adverse effects, which varies widely between countries.

Maternal and child health

The rates of *abortions per 1000 live births* (all ages of mother, and under 20 years) have both increased over time in Scotland, but the rates for mothers aged under 20 and 35+ years are both moderately low compared to the other selected countries, including the UK as a whole. [\(Link back to Summary\)](#)

Whilst the % of *all live births to mothers aged under 20 years* tends to be high compared to the other selected countries including the UK, it has fallen over time. The % of *all live births to mothers aged 35+ years* has increased markedly since 1980, both in Scotland and the other selected countries, but there are signs of a recent levelling off.

The rate of *caesarean sections per 1000 live births* has risen steadily in Scotland between 1975 and 2010, as in most of the other selected countries.

[\(Link back to Summary\)](#)

The % of *live births weighing 2500g or more* (i.e. those which are not considered to be 'low') showed a slight downward trend until 2003 in Scotland. Since then the % has risen (to 93.5% in 2010) and is in line with the other selected countries.

Births with Down's syndrome per 100,000 live births appear to be high in Scotland, but the Scottish data include abortions, and the data for the other selected countries may not. Scotland has an active screening programme for Down's syndrome. Most of the fetuses that are screened and found to be positive will be aborted and hence counted, whereas if there had been no screening, a proportion of these fetuses would have miscarried and not been counted. Also, the Scottish monitoring system for such congenital anomalies is recognised as being more comprehensive than that in place in many other countries.

Following adverse publicity about the MMR vaccination, and despite evidence pointing to an excellent safety profile, the %s of *children vaccinated against measles and mumps and rubella* tended to fall between 1995 and 2003 in Scotland, as in the UK. However, Scotland generally has higher rates than the UK, and the rates improved from 2004.

Conclusion

The Scotland and European HfA database provides a quick and easy-to-use tool to examine (via graphs and tables) patterns in a range of health indicators, both over time and comparing Scotland to other countries within the WHO European Region.

This briefing note has highlighted Scottish trends and comparisons with a selected group of EU countries, including the UK, focusing mainly on the more robust and epidemiologically important indicators. The summary categorises the indicators into eight groups, ranging from a favourable to an unfavourable situation for Scotland in terms of both time trends and comparisons with the other selected countries, and provides examples of indicators for each.

We hope that the database will be a useful resource for monitoring long-term trends in a wide range of health and health-related indicators, and comparing Scotland's position within Europe. Any feedback on the 2012 version of the database will be very welcome, via scotpho@nhs.net.

References

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2. [Scottish Parliament question S2W-10305](#) – Mr Stewart Maxwell (West of Scotland) (SNP) (Date lodged 7 September 2004): To ask the Scottish Executive whether it will submit a separate return for Scotland each year to the World Health Organization's European health for all database to allow adequate analysis of the health problems facing Scotland.
3. Rooney C, Griffiths, C. Trends in homicides in England and Wales: comparison of death registration and police report data. WHO family of international classifications network meeting, Reykjavik, Iceland, October 2004.
4. Rooney C, Devis, T. [Recent trends in deaths from homicide in England and Wales.](#) *Health Statistics Quarterly* 03 1999: 5-13.
5. [Mortality statistics: Deaths registered in 2007.](#) Review of the National Statistician on deaths in England and Wales, 2007.
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Appendix 1: Metadata

Metadata indicator	Description
Publication title	The Scotland and European Health for All (HfA) Database 2012 Update of trends to 2010
Description	Update of the Scotland and European Health for All (HfA) Database, providing time trends and international comparisons for 501 health and health-related indicators for Scotland and 53 Member States of the WHO European Region, including the UK
Theme	Health and Social Care
Topic	Health of the Population
Format	ScotPHO web page hosting an online and offline version of the database and briefing paper
Data source(s)	<p>The database is based on the January 2012 release of the World Health Organization's HfA database, with additional data for Scotland provided by:</p> <ul style="list-style-type: none"> General Pharmaceutical Council Health and Safety Executive (HSE) Health Protection Scotland Information Services Division (ISD) of NHS National Services Scotland National Records of Scotland NHS Education for Scotland NHS Health Scotland Office for National Statistics Royal Pharmaceutical Society School of Pharmacy and Life Sciences for Robert Gordon University Scottish Government Strathclyde Institute of Pharmacy and Biomedical Sciences for University of Strathclyde UK Government - Department for Work and Pensions (DWP). <p>For each indicator provided for Scotland, the source organisation and any further details of the data collection/analysis are detailed under the Definition available on the database.</p>
Date that data is acquired	New data acquired summer 2012
Release date	20 November 2012
Frequency	Every few years (depending on resources)
Timeframe of data and timeliness	Time trends start in 1970 and extend up to 2010 where possible.
Continuity of data	Any major discontinuities for an indicator are mentioned in the Definition in the database
Revisions Statement	None.
Revisions relevant to this publication	None.

Concepts and definitions	For each indicator provided for Scotland, details are given under the Definition available on the database.
Relevance and key uses of the statistics	The database provides a quick and easy-to-use tool to examine (via graphs and tables) patterns in a wide range of indicators, both over time and comparing Scotland's position within Europe. Accompanying briefing notes provide a summary of the findings and some interpretation. Users of the database include the Scottish Government and the Scottish Parliament Information Centre (SPICe) for policy development.
Accuracy	The information is taken from a wide range of data sources and publications, and there may be some accuracy issues for some countries where data collection/analysis is less comprehensive. See also notes on Comparability below.
Completeness	Data include time trends for 600 health and health-related indicators with Scottish health indicators available for 501, starting in 1970 in some cases, and extending up to 2010 where possible. For some indicators, data are not included for Scotland. This may be because: <ul style="list-style-type: none"> • no source has been identified; or • the available data are not comparable to data for other countries. For example for <i>First admissions to drug treatment centres</i>, whilst Scotland's SMR24/SMR25a recording scheme collects first contact with drug services within a financial year or after a 6 month gap, it does not collect data on the first treatment in the client's life as in the HfA definition.
Comparability	Whilst effort has been made to ensure comparability in the database, there will inevitably be some differences between countries in methodology, data accuracy and completeness, time periods and definitions. Where there are particular difficulties, attention may be drawn to them in the notes for Scotland in the Definitions in the database, and/or in this paper. For further details, particularly issues for some countries in central and Eastern Europe, please see the Help text in the database – Notes on data availability and quality . In general, any comparison between countries should be made with caution, and interpreted bearing in mind all the qualifying notes supplied.
Accessibility	See ScotPHO accessibility statement .
Coherence and clarity	Guidance notes are provided on the web page to assist the database user, and the database includes a Help facility. Briefing notes are provided to aid interpretation of the Scottish data.
Value type and unit of measure	The HFA data are annual numbers or crude or directly standardised rates.
Disclosure	The ISD protocol on statistical disclosure control is followed.
Official Statistics designation	Not official statistics

UK Statistics Authority Assessment	Not planned. Data for countries other than Scotland are not collated by ScotPHO.
Last published	27 October 2009
Next published	Probably 2015
Date of first publication	7 November 2006
Help email	Alison.Burlison@nhs.net Stephen.Simmons@nhs.net
Date form completed	08 November 2012

Indicator (with codes used in database)	Scottish data presented? (Y = yes; N = no)	For years with Scotland data (maximum 1970-2010):	
		Scotland time trend (R = rising; F = falling; ~ = level or insufficient data)	Scotland compared to other countries (see key at end)

DEMOGRAPHIC AND SOCIOECONOMIC INDICATORS

0010 999999 Mid-year population	Y	F then R	
0011 999999 Mid-year male population	Y	F then R	
0012 999999 Mid-year female population	Y	F then R	
0020 999901 % of population aged 0-14 years	Y	F	~
0021 999901 % of population aged 0-14 years, male	Y	F	~
0022 999901 % of population aged 0-14 years, female	Y	F	~
0030 999902 % of population aged 65 years	Y	R	~
0031 999902 % of population aged 65+ years, male	Y	R	~
0032 999902 % of population aged 65+ years, female	Y	R	~
0060 998004 Live births per 1000 population	Y	F then R then ~	~
0061 998004 Live births per 1000 population, male	Y	F then R then ~	~
0062 998004 Live births per 1000 population, female	Y	F then R then ~	~
0063 999998 Number of live births	Y	F then R then ~	
0064 999998 Number of live births, male	Y	F then R then ~	
0065 999998 Number of live births, female	Y	F then R then ~	
0070 998005 Crude death rate per 1000 population	Y	F	H
0071 998005 Crude death rate per 1000 population, male	Y	F	H
0072 998005 Crude death rate per 1000 population, female	Y	F	H
0080 998006 Total fertility rate	Y	F then R	~
0150 998003 % of urban population	Y	R (data from 2004)	h
0160 998002 Average population density per square km	Y	~	l
0161 998001 Area in square kilometres	Y	~	
0200 020501 Unemployment rate in %	Y	F then R	~
0210 998007 Labour force as % of population	Y	R	h
0220 990003 Annual average rate of inflation in %	N		
0250 990000 Gross national income, US\$ per capita	N		
0260 990001 Gross domestic product, US\$ per capita	Y	R	~
0270 990002 Real gross domestic product, PPP\$ per capita	Y	R	~
0300 340201 Total government expenditure as % of GDP	Y	R	~
0400 150201 Literacy rate (%) in population aged 15+	N		
0401 150201 Literacy rate (%) in male population aged 15+	N		
0402 150201 Literacy rate (%) in female population, 15+	N		
0410 150506 % of pop.(25+) with postsecondary education	Y	R	H
0411 150504 % of pop.(25+) with primary education only	N		
0412 150505 % of pop.(25+) with secondary education only	Y	~	~
0500 998008 UNDP Human Development Index (HDI)	N		

MORTALITY-BASED INDICATORS

Life expectancy etc

1010 060101 Life expectancy at birth, in years	Y	R	L
1011 060101 Life expectancy at birth, in years, male	Y	R	L
1012 060101 Life expectancy at birth, in years, female	Y	R	L
1020 060201 Life expectancy at age 1, in years	Y	R	L
1021 060201 Life expectancy at age 1, in years, male	Y	R	L
1022 060201 Life expectancy at age 1, in years, female	Y	R	L
1030 060202 Life expectancy at age 15, in years	Y	R	L
1031 060202 Life expectancy at age 15, in years, male	Y	R	L
1032 060202 Life expectancy at age 15, in years, female	Y	R	L
1040 060203 Life expectancy at age 45, in years	Y	R	L
1041 060203 Life expectancy at age 45, in years, male	Y	R	L
1042 060203 Life expectancy at age 45, in years, female	Y	R	L
1050 060204 Life expectancy at age 65, in years	Y	R	L
1051 060204 Life expectancy at age 65, in years, male	Y	R	L
1052 060204 Life expectancy at age 65, in years, female	Y	R	L
1060 060301 Reduction of life expectancy through death before 65 years	Y	F	H
1061 060301 Reduction of life expectancy through death before 65 years, male	Y	F	H
1062 060301 Reduction of life expectancy through death before 65 years, female	Y	F	H
1070 060401 Probability of dying before age 5 years per 1000 live births	Y	F	~
1071 060401 Probability of dying before age 5 years per 1000 live births, male	Y	F	~
1072 060401 Probability of dying before age 5 years per 1000 live births, female	Y	F	~
1073 060410 Estimated probability of dying before age 5 per 1000 live births (World Health Report)	N		
1074 060410 Estimated probability of dying before age 5 per 1000 live births (World Health Report), male	N		
1075 060410 Estimated probability of dying before age 5 per 1000 live births, (World Health Report), female	N		
1080 040501 Disability-adjusted life expectancy, (World Health Report)	N		
1081 040501 Disability-adjusted life expectancy, (World Health Report) , male	N		
1082 040501 Disability-adjusted life expectancy, (World Health Report) , female	N		
1090 060501 Estimated life expectancy, (World Health Report)	N		
1091 060501 Estimated life expectancy, (World Health Report), male	N		
1092 060501 Estimated life expectancy, (World Health Report), female	N		

Indicator (with codes used in database)	Scottish data presented? (Y = yes; N = no)	For years with Scotland data (maximum 1970-2010):	
		Scotland time trend (R = rising; F = falling; ~ = level or insufficient data)	Scotland compared to other countries (see key at end)
Infant and maternal deaths			
1100 070110 Estimated infant mortality per 1000 live births (WHO & UNICEF estimate)	N		
1110 070100 Infant deaths per 1000 live births	Y	F	~
1111 070100 Infant deaths per 1000 live births, male	Y	F	~
1112 070100 Infant deaths per 1000 live birth, female	Y	F	~
1120 070101 Neonatal deaths per 1000 live births	Y	F	~
1130 070102 Early neonatal deaths per 1000 live births	Y	F	~
1131 075102 Number of early neonatal deaths	Y	F	
1140 070103 Late neonatal deaths per 1000 live births	Y	~	h
1150 070104 Postneonatal deaths per 1000 live births	Y	F	~
1160 070402 Fetal deaths per 1000 births	Y	F	h
1161 075402 Number of dead-born fetuses	Y	F	
1170 070403 Perinatal deaths per 1000 births	Y	F	l
1171 075001 Number of dead-born fetuses with a birth weight of 1000 g or more	Y	F then ~	
1172 075002 Number of early neonatal deaths with a birth weight of 1000 g or more	Y	F	
1173 075003 Number of live births with a birth weight of 1000 g or more	Y	F then R	
1210 080100 Maternal deaths per 100,000 live births	Y	~	h
1211 080101 Maternal deaths, abortion per 100,000 live births	Y	~ (often zero)	~
1212 080102 Maternal deaths, haemorrhage per 100,000 live births	Y	~ (often zero)	~
1213 080103 Maternal deaths, gestational(pregnancy-induced) hypertension & hyperemesis /100000 live births	Y	~ (often zero)	~
1214 080104 Maternal deaths, puerperium per 100,000 live births	Y	~ (often zero)	~
1220 080120 Estimated maternal mortality per 100,000 live births (WHO/UNICEFF/UNFPA estimates)	N		
SDRs – Circulatory system			
1310 090101 SDR, diseases of circulatory system, 0-64 per 100,000	Y	F	H
1311 090101 SDR, diseases of circulatory system, 0-64 per 100,000, male	Y	F	h
1312 090101 SDR, diseases of circulatory system, 0-64 per 100,000, female	Y	F	H
1320 090102 SDR, diseases of circulatory system, all ages per 100,000	Y	F	~
1321 090102 SDR, diseases of circulatory system, all ages per 100,000, male	Y	F	~
1322 090102 SDR, diseases of circulatory system, all ages per 100,000, female	Y	F	~
1323 090103 SDR, diseases of circulatory system, 65+ per 100,000	Y	F	~
1324 090103 SDR, diseases of circulatory system, 65+ per 100,000, male	Y	F	~
1325 090103 SDR, diseases of circulatory system, 65+ per 100,000, female	Y	F	~
1330 090201 SDR, ischaemic heart disease, 0-64 per 100,000	Y	F	H
1331 090201 SDR, ischaemic heart disease, 0-64 per 100,000, male	Y	F	H
1332 090201 SDR, ischaemic heart disease, 0-64 per 100,000, female	Y	F	H
1340 090202 SDR, ischaemic heart disease, all ages per 100,000	Y	F	H
1341 090202 SDR, ischaemic heart disease, all ages per 100,000, male	Y	F	H
1342 090202 SDR, ischaemic heart disease, all ages per 100,000, female	Y	F	H
1343 090203 SDR, ischaemic heart disease, 65+ per 100,000	Y	F	h
1344 090203 SDR, ischaemic heart disease, 65+ per 100,000, male	Y	F	h
1345 090203 SDR, ischaemic heart disease, 65+ per 100,000, female	Y	F	h
1350 090301 SDR, cerebrovascular diseases, 0-64 per 100,000	Y	F	~
1351 090301 SDR, cerebrovascular diseases, 0-64 per 100,000, male	Y	F	~
1352 090301 SDR, cerebrovascular diseases, 0-64 per 100,000, female	Y	F	h
1360 090302 SDR, cerebrovascular diseases, all ages per 100,000	Y	F	h
1361 090302 SDR, cerebrovascular diseases, all ages per 100,000, male	Y	F	h
1362 090302 SDR, cerebrovascular diseases, all ages per 100,000, female	Y	F	h
1363 090303 SDR, cerebrovascular diseases, 65+ per 100,000	Y	F	h
1364 090303 SDR, cerebrovascular diseases, 65+ per 100,000, male	Y	F	h
1365 090303 SDR, cerebrovascular diseases, 65+ per 100,000, female	Y	F	h
SDRs – Cancer			
1510 100101 SDR, malignant neoplasms, 0-64, per 100,000	Y	F	h
1511 100101 SDR, malignant neoplasms, 0-64, per 100,000, male	Y	F	~
1512 100101 SDR, malignant neoplasms, 0-64, per 100,000, female	Y	F	h
1520 100102 SDR, malignant neoplasms, all ages per 100,000	Y	F	H
1521 100102 SDR, malignant neoplasms, all ages per 100,000, male	Y	F	H
1522 100102 SDR, malignant neoplasms, all ages per 100,000, female	Y	F	h
1523 100103 SDR, malignant neoplasms, 65+ per 100,000	Y	R then F	H
1524 100103 SDR, malignant neoplasms, 65+ per 100,000, male	Y	F	H
1525 100103 SDR, malignant neoplasms, 65+ per 100,000, female	Y	R then F	H
1530 100201 SDR, trachea/bronchus/lung cancer, 0-64 per 100,000	Y	F	h
1531 100201 SDR, trachea/bronchus/lung cancer, 0-64 per 100,000, male	Y	F	~
1532 100201 SDR, trachea/bronchus/lung cancer, 0-64 per 100,000, female	Y	F then ~	H
1540 100202 SDR, trachea/bronchus/lung cancer, all ages per 100,000	Y	F	H
1541 100202 SDR, trachea/bronchus/lung cancer, all ages per 100,000, male	Y	F	H
1542 100202 SDR, trachea/bronchus/lung cancer, all ages per 100,000, female	Y	R then ~	H
1543 100203 SDR, trachea/bronchus/lung cancer, 65+ per 100,000	Y	R then F	H
1544 100203 SDR, trachea/bronchus/lung cancer, 65+ per 100,000, male	Y	F	H
1545 100203 SDR, trachea/bronchus/lung cancer, 65+ per 100,000, female	Y	R	H
1550 100301 SDR, cancer of the cervix, 0-64, per 100,000	Y	F	~
1560 100302 SDR, cancer of the cervix, all ages, per 100,000	Y	F	~
1561 100303 SDR, cancer of the cervix, 65+ per 100,000	Y	F	~
1580 100501 SDR, malignant neoplasm female breast, 0-64 per 100,000	Y	F	h
1590 100502 SDR, malignant neoplasm female breast, all ages per 100,000	Y	~ then F	~
1591 100503 SDR, malignant neoplasm female breast, 65+ per 100,000	Y	R then F	~

Indicator (with codes used in database)	Scottish data presented? (Y = yes; N = no)	For years with Scotland data (maximum 1970-2010):	
		Scotland time trend (R = rising; F = falling; ~ = level or insufficient data)	Scotland compared to other countries (see key at end)
SDRs – External causes			
1710 110101 SDR, external causes of injury and poisoning, 0-64 per 100,000	Y	F	~
1711 110101 SDR, external causes of injury and poisoning, 0-64 per 100,000, male	Y	F	~
1712 110101 SDR, external causes of injury and poisoning, 0-64 per 100,000, female	Y	F	h
1713 110104 SDR, external causes of injury and poisoning, age 0-4 years	Y	F	L
1714 110104 SDR, external causes of injury and poisoning, age 0-4 years, male	Y	F	L
1715 110104 SDR, external causes of injury and poisoning, age 0-4 years, female	Y	F	L
1716 110105 SDR, external causes of injury and poisoning, age 5-19 years	Y	F	h
1717 110105 SDR, external causes of injury and poisoning, age 5-19 years, male	Y	F	h
1718 110105 SDR, external causes of injury and poisoning, age 5-19 years, female	Y	F	h
1720 110102 SDR, external causes of injury and poisoning, all ages per 100,000	Y	F	~
1721 110102 SDR, external causes of injury and poisoning, all ages per 100,000, male	Y	F	~
1722 110102 SDR, external causes of injury and poisoning, all ages per 100,000, female	Y	F	~
1723 110103 SDR, external causes of injury and poisoning, 65+ per 100,000	Y	F	~
1724 110103 SDR, external causes of injury and poisoning, 65+ per 100,000, male	Y	F	l
1725 110103 SDR, external causes of injury and poisoning, 65+ per 100,000, female	Y	F	~
1730 110201 SDR, motor vehicle traffic accidents, 0-64 per 100,000	Y	F	l
1731 110201 SDR, motor vehicle traffic accidents, 0-64 per 100,000, male	Y	F	l
1732 110201 SDR, motor vehicle traffic accidents, 0-64 per 100,000, female	Y	F	l
1740 110202 SDR, motor vehicle traffic accidents, all ages per 100,000	Y	F	l
1741 110202 SDR, motor vehicle traffic accidents, all ages per 100,000, male	Y	F	l
1742 110202 SDR, motor vehicle traffic accidents, all ages per 100,000, female	Y	F	l
1743 110203 SDR, motor vehicle traffic accidents, 65+ per 100,000	Y	F	l
1744 110203 SDR, motor vehicle traffic accidents, 65+ per 100,000, male	Y	F	l
1745 110203 SDR, motor vehicle traffic accidents, 65+ per 100,000, female	Y	F	l
1770 120101 SDR, suicide and self-inflicted injury, 0-64 per 100,000	Y	R then F	h
1771 120101 SDR, suicide and self-inflicted injury, 0-64 per 100,000, male	Y	R then F	h
1772 120101 SDR, suicide and self-inflicted injury, 0-64 per 100,000, female	Y	~	h
1780 120102 SDR, suicide and self-inflicted injury, all ages per 100,000	Y	R then F then ~	~
1781 120102 SDR, suicide and self-inflicted injury, all ages per 100,000, male	Y	R then F then ~	~
1782 120102 SDR, suicide and self-inflicted injury, all ages per 100,000, female	Y	F then ~	~
1783 120103 SDR, suicide and self-inflicted injury, 65+ per 100,000	Y	F	l
1784 120103 SDR, suicide and self-inflicted injury, 65+ per 100,000, male	Y	F	l
1785 120103 SDR, suicide and self-inflicted injury, 65+ per 100,000, female	Y	F	l
1790 170401 SDR, homicide and intentional injury, 0-64 per 100,000	Y	R then ~	H
1791 170401 SDR, homicide and intentional injury, 0-64 per 100,000, male	Y	R then ~	H
1792 170401 SDR, homicide and intentional injury, 0-64 per 100,000, female	Y	~	H
1793 170402 SDR, homicide and intentional injury, all ages per 100,000	Y	R then ~	H
1794 170402 SDR, homicide and intentional injury, all ages per 100,000, male	Y	R then ~	H
1795 170402 SDR, homicide and intentional injury, all ages per 100,000, female	Y	R then F	H
1796 170403 SDR, homicide and intentional injury, 65+ per 100,000	Y	~	~
1797 170403 SDR, homicide and intentional injury, 65+ per 100,000, male	Y	~	~
1798 170403 SDR, homicide and intentional injury, 65+ per 100,000, female	Y	~	~
1800 110212 SDR, transport accidents, all ages per 100,000	Y	F	l
1801 110212 SDR, transport accidents, all ages per 100,000, male	Y	F	l
1802 110212 SDR, transport accidents, all ages per 100,000, female	Y	F	l
SDRs – All causes			
1810 990102 SDR all causes, all ages, per 100,000	Y	F	H
1811 990102 SDR all causes, all ages, per 100,000, male	Y	F	H
1812 990102 SDR all causes, all ages, per 100,000, female	Y	F	H
1813 990100 SDR all causes, 0-64, per 100,000	Y	F	H
1814 990100 SDR all causes, 0-64, per 100,000, male	Y	F	h
1815 990100 SDR all causes, 0-64, per 100,000, female	Y	F	H
1816 990103 SDR all causes, 65+, per 100,000	Y	F	H
1817 990103 SDR all causes, 65+, per 100,000, male	Y	F	h
1818 990103 SDR all causes, 65+, per 100,000, female	Y	F	H
SDRs – Infectious/parasitic			
1820 993002 SDR, infectious and parasitic disease, all ages per 100,000	Y	R (data from 2000)	~
1821 993002 SDR, infectious and parasitic disease, all ages per 100,000, male	Y	R (data from 2000)	~
1822 993002 SDR, infectious and parasitic disease, all ages per 100,000, female	Y	R (data from 2000)	h
1823 993001 SDR, infectious and parasitic disease, 0-64 per 100,000	Y	~ (data from 2000)	~
1824 993001 SDR, infectious and parasitic disease, 0-64 per 100,000, male	Y	~ (data from 2000)	~
1825 993001 SDR, infectious and parasitic disease, 0-64 per 100,000, female	Y	R (data from 2000)	h
1826 993003 SDR, infectious and parasitic disease, 65+ per 100,000	Y	R then F (data from 2000)	h
1827 993003 SDR, infectious and parasitic disease, 65+ per 100,000, male	Y	R then F (data from 2000)	~
1828 993003 SDR, infectious and parasitic disease, 65+ per 100,000, female	Y	R then F (data from 2000)	h
SDRs – Respiratory			
1830 993202 SDR, diseases of the respiratory system, all ages per 100,000	Y	F	H
1831 993202 SDR, diseases of the respiratory system, all ages per 100,000, male	Y	F	H
1832 993202 SDR, diseases of the respiratory system, all ages per 100,000, female	Y	F	H
1833 993201 SDR, diseases of the respiratory system, 0-64 per 100,000	Y	F	H
1834 993201 SDR, diseases of the respiratory system, 0-64 per 100,000, male	Y	F	H
1835 993201 SDR, diseases of the respiratory system, 0-64 per 100,000, female	Y	F then ~	H
1836 993203 SDR, diseases of the respiratory system, 65+ per 100,000	Y	F	H
1837 993203 SDR, diseases of the respiratory system, 65+ per 100,000, male	Y	F	H
1838 993203 SDR, diseases of the respiratory system, 65+ per 100,000, female	Y	~ then F	H
1840 990201 SDR, bronchitis/emphysema/asthma, all ages per 100,000	Y	F (data from 2000)	H
1841 990201 SDR, bronchitis/emphysema/asthma, all ages per 100,000, male	Y	F (data from 2000)	H
1842 990201 SDR, bronchitis/emphysema/asthma, all ages per 100,000, female	Y	~ (data from 2000)	h
1843 990202 SDR, bronchitis/emphysema/asthma, 0-64 per 100,000	Y	F (data from 2000)	H
1844 990202 SDR, bronchitis/emphysema/asthma, 0-64 per 100,000, male	Y	F (data from 2000)	H
1845 990202 SDR, bronchitis/emphysema/asthma, 0-64 per 100,000, female	Y	~ (data from 2000)	h

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SDRs – Digestive			
1850 993402 SDR, diseases of the digestive system, all ages per 100,000	Y	F then R then F	H
1851 993402 SDR, diseases of the digestive system, all ages per 100,000, male	Y	F then R then F	H
1852 993402 SDR, diseases of the digestive system, all ages per 100,000, female	Y	F then R then F	H
1853 993401 SDR, diseases of the digestive system, 0-64 per 100,000	Y	F then R then F	H
1854 993401 SDR, diseases of the digestive system, 0-64 per 100,000, male	Y	F then R then F	H
1855 993401 SDR, diseases of the digestive system, 0-64 per 100,000, female	Y	F then R then F	H
1856 993403 SDR, diseases of the digestive system, 65+ per 100,000	Y	F then R then F	H
1857 993403 SDR, diseases of the digestive system, 65+ per 100,000, male	Y	F then R then F	h
1858 993403 SDR, diseases of the digestive system, 65+ per 100,000, female	Y	F then R then F	H
1860 991705 SDR, chronic liver disease and cirrhosis, all ages per 100,000	Y	R then F	H
1861 991705 SDR, chronic liver disease and cirrhosis, all ages per 100,000, male	Y	R then F	H
1862 991705 SDR, chronic liver disease and cirrhosis, all ages per 100,000, female	Y	R then F	H
1863 991706 SDR, chronic liver disease and cirrhosis, 0-64 per 100,000	Y	R then F	H
1864 991706 SDR, chronic liver disease and cirrhosis, 0-64 per 100,000, male	Y	R then F	H
1865 991706 SDR, chronic liver disease and cirrhosis, 0-64 per 100,000, female	Y	R then F	H
SDRs – Endocrine etc			
1870 993502 SDR,endocrine/nutrition/metabolicdisorder immune mechanism, all ages/100,000	Y	~ (data from 2000)	I
1871 993502 SDR,endocrine/nutrition/metabolic disorder immune mechanism, all ages/100,000, male	Y	~ (data from 2000)	I
1872 993502 SDR,endocrine/nutrition/metabolic disorder immune mechanism, all ages/100,000, female	Y	~ (data from 2000)	I
1873 993501 SDR,endocrine/nutrition/metabolic disorder immune mechanism, 0-64/100,000	Y	~ (data from 2000)	~
1874 993501 SDR,endocrine/nutrition/metabolic disorder immune mechanism, 0-64/100,000, male	Y	~ (data from 2000)	~
1875 993501 SDR,endocrine/nutrition/metabolic disorder immune mechanism, 0-64/100,000, female	Y	R (data from 2000)	~
1880 993504 SDR, diabetes, all ages, per 100,000	Y	F then R then ~	I
1881 993504 SDR, diabetes, all ages, per 100,000, male	Y	~	I
1882 993504 SDR, diabetes, all ages, per 100,000, female	Y	F then ~	I
1883 993503 SDR, diabetes, 0-64 per 100,000	Y	F then ~	~
1884 993503 SDR, diabetes, 0-64 per 100,000, male	Y	~	~
1885 993503 SDR, diabetes, 0-64 per 100,000, female	Y	F then ~	~
SDRs – Blood etc			
1890 993602 SDR, disease of blood and blood-forming organs, all ages per 100,000	Y	F	I
1891 993602 SDR, disease of blood and blood-forming organs, all ages per 100,000, male	Y	F	I
1892 993602 SDR, disease of blood and blood-forming organs, all ages per 100,000, female	Y	F	I
1893 993601 SDR, disease of blood and blood-forming organs,0-64 per 100,000	Y	F	~
1894 993601 SDR, disease of blood and blood-forming organs,0-64 per 100,000, male	Y	F	~
1895 993601 SDR, disease of blood and blood-forming organs,0-64 per 100,000, female	Y	F	~
SDRs – Mental disorders, nervous system etc			
1900 993702 SDR, mental disorder & disease of nervous system/sense organ, all ages/100,000	Y	R	H
1901 993702 SDR, mental disorder & disease of nervous system/sense organ, all ages/100,000, male	Y	R	H
1902 993702 SDR, mental disorder & disease of nervous system/sense organ, all ages/100,000, female	Y	R	H
1903 993701 SDR, mental disorder & disease of the nervous system/sense organ, 0-64/100,000	Y	R	H
1904 993701 SDR, mental disorder & disease of the nervous system/sense organ, 0-64/100,000, male	Y	R	H
1905 993701 SDR, mental disorder & disease of the nervous system/sense organ, 0-64/100,000, female	Y	R	H
1906 993703 SDR, mental disorder & disease of the nervous system/sense organ, 65+/100,000	Y	R	H
1907 993703 SDR, mental disorder & disease of the nervous system/sense organ, 65+/100,000, male	Y	R	H
1908 993703 SDR, mental disorder & disease of the nervous system/sense organ, 65+/100,000, female	Y	R	H
SDRs – Genitourinary			
1910 993802 SDR, disease of the genitourinary system, all ages per 100,000	Y	F then R	h
1911 993802 SDR, disease of the genitourinary system, all ages per 100,000, male	Y	F then ~	~
1912 993802 SDR, disease of the genitourinary system, all ages per 100,000, female	Y	F then R	h
1913 993801 SDR, disease of the genitourinary system, 0-64 per 100,000	Y	F then ~	h
1914 993801 SDR, disease of the genitourinary system, 0-64 per 100,000, male	Y	F then ~	h
1915 993801 SDR, disease of the genitourinary system, 0-64 per 100,000, female	Y	F then ~	h
SDRs – Symptoms			
1920 993902 SDR, symptoms, signs and ill-defined conditions, all ages per 100,000	Y	F	I
1921 993902 SDR, symptoms, signs and ill-defined conditions, all ages per 100,000, male	Y	F	I
1922 993902 SDR, symptoms, signs and ill-defined conditions, all ages per 100,000, female	Y	F	I
1923 993901 SDR, symptoms, signs and ill-defined conditions, 0-64 per 100,000	Y	F then ~	I
1924 993901 SDR, symptoms, signs and ill-defined conditions, 0-64 per 100,000, male	Y	F then ~	I
1925 993901 SDR, symptoms, signs and ill-defined conditions, 0-64 per 100,000, female	Y	F then ~	I
1926 993903 SDR, symptoms, signs and ill-defined conditions, 65+ per 100,000	Y	R then F then ~	I
1927 993903 SDR, symptoms, signs and ill-defined conditions, 65+ per 100,000, male	Y	R then F then ~	I
1928 993903 SDR, symptoms, signs and ill-defined conditions, 65+ per 100,000, female	Y	R then F then ~	I
SDRs – TB			
1930 993012 SDR, tuberculosis, all ages per 100,000	Y	F	~
1931 993012 SDR, tuberculosis, all ages per 100,000, male	Y	F	~
1932 993012 SDR, tuberculosis, all ages per 100,000, female	Y	F	~
SDRs – Under 5s			
1940 993024 SDR, diarrhoeal diseases, under 5 years per 100,000	Y	F (then mainly zero)	I
1941 993024 SDR, diarrhoeal diseases, under 5 years per 100,000, male	Y	F (then mainly zero)	I
1942 993024 SDR, diarrhoeal diseases, under 5 years per 100,000, female	Y	F (then zero)	I
1960 993214 SDR, acute respiratory infections, pneumonia & flu in children under 5 years, per 100,000	Y	F	~
1961 993214 SDR, acute respiratory infections, pneumonia & flu in children under 5 years, per 100,000, male	Y	F	~
1962 993214 SDR, acute respiratory infections, pneumonia & flu in children under 5 years, per 100,000, female	Y	F	~
SDR – Behaviour-related			
1970 991712 SDR, selected alcohol related causes, per 100,000	Y	F then R then F	I then H
1971 991712 SDR, selected alcohol related causes, per 100,000, male	Y	F then R then F	I then H
1972 991712 SDR, selected alcohol related causes, per 100,000, female	Y	F then R then F	I then H
1980 991722 SDR, selected smoking related causes, per 100,000	Y	F	H
1981 991722 SDR, selected smoking related causes, per 100,000, male	Y	F	H
1982 991722 SDR, selected smoking related causes, per 100,000, female	Y	F	H

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MORBIDITY, DISABILITY AND HOSPITAL DISCHARGES
Infectious diseases

2010 040301 Tuberculosis incidence per 100,000	Y	~	~
2011 045301 Number of new tuberculosis cases	Y	~	
2012 040302 Estimated incidence of tuberculosis per 100,000	N		
2013 040303 Estimated prevalence of tuberculosis per 100,000	N		
2014 040304 Estimated mortality of tuberculosis per 100,000	Y	(2008,2009 data only)	~
2015 040305 Proportion (%) of tuberculosis cases detected under DOTS	Y	(2009,2010 data only)	~
2016 040306 Proportion (%) of tuberculosis cases cured under DOTS	N		
2020 040310 Viral hepatitis incidence per 100,000	N		
2021 045310 Number of new viral hepatitis cases	N		
2022 045314 Number of new hepatitis C cases	Y	F then R (data from 1999)	
2023 040314 Hepatitis C incidence per 100,000	Y	F then R (data from 1999)	H
2030 040311 Viral hepatitis A incidence per 100,000	Y	F	I
2031 045311 Number of new hepatitis A cases	Y	~	
2040 040312 Viral hepatitis B incidence per 100,000	Y	F then R (data from 1999)	H
2041 045312 Number of new hepatitis B cases	Y	F then R (data from 1999)	
2050 040321 Syphilis incidence per 100,000	Y	R then F	h
2051 045321 Number of new syphilis cases	Y	R then F	
2060 040322 Gonococcal infection incidence per 100,000	Y	R	h
2061 045322 Number of new gonococcal infection cases	Y	R	
2070 040331 Pertussis incidence per 100,000	Y	F then R (data from 1999)	~
2071 045331 Number of new pertussis cases	Y	F then R (data from 1999)	
2080 050111 Measles incidence per 100,000	Y	~	~
2081 050101 Number of new measles cases	Y	~ then R	
2090 050112 Malaria incidence per 100,000	Y	~	I
2091 050102 Number of new malaria cases	Y	~	
2092 050142 Number of deaths from malaria	Y	~ (often zero)	
2100 050113 Diphtheria incidence per 100,000	Y	~ (zero)	I
2101 050103 Number of new diphtheria cases	Y	~ (zero)	
2110 050114 Tetanus incidence per 100,000	Y	~ (often zero)	~
2111 050104 Number of new tetanus cases	Y	~ (often zero)	
2120 050115 Acute poliomyelitis incidence per 100,000	Y	~ (zero)	~
2121 050105 Number of new poliomyelitis cases	Y	~ (zero)	
2130 050116 Congenital syphilis incidence per 100,000	N		
2131 050106 Number of new congenital syphilis cases	N		
2140 050117 Congenital rubella incidence per 100,000	Y	~ (mainly zero)	~
2141 050107 Number of new congenital rubella cases	Y	~ (mainly zero)	
2150 050118 Neonatal tetanus incidence per 100,000	Y	~ (zero)	~
2151 050108 Number of new neonatal tetanus cases	Y	~ (zero)	
2160 050130 Rubella incidence per 100,000	Y	F	I
2161 050120 Number of new rubella cases	Y	F	
2170 050131 Mumps incidence per 100,000	Y	R then F	h
2171 050121 Number of new mumps cases	Y	R then F	
2180 050312 AIDS incidence per 100,000	Y	~	~
2182 050302 Number of new AIDS cases	Y	~	
2190 050303 HIV incidence per 100,000	Y	R then ~	~
2191 055303 Number of new HIV infections	Y	R then ~	
2200 040316 Haemophilus influenza type b invasive disease incidence per 100,000	Y	R then F	h
2201 045316 Number of new Haemophilus influenza type b invasive disease cases	Y	R then F	
2300 992921 Hospital discharges, infectious and parasitic diseases per 100,000	Y	R	~
2301 992971 Hospital discharges, infectious and parasitic diseases	Y	R	

Cancer

2310 992922 Hospital discharges, all neoplasms per 100,000	Y	F	~
2311 992972 Hospital discharges, all neoplasms	Y	F	
2320 991001 Cancer incidence per 100,000	Y	R	~
2321 991051 Number of new cases of cancer	Y	R	
2322 991051 Number of new cases of cancer, male	Y	R	
2323 991051 Number of new cases of cancer, female	Y	R	
2324 991001 Cancer incidence per 100,000, male	Y	R	~
2325 991001 Cancer incidence per 100,000,female	Y	R	~
2330 040601 Cancer prevalence, in %	Y	R	~
2331 045601 Number of all cases of cancer at year's end	Y	R	
2332 045601 Number of all cases cancer at year's end, male	Y	R	
2333 045601 Number of all cases cancer at year's end, female	Y	R	
2334 040601 Cancer prevalence, in %, male	Y	R	~
2335 040601 Cancer prevalence, in %, female	Y	R	~
2340 991002 Trachea, bronchus and lung cancer incidence per 100,000	Y	R	H
2341 991052 Number of new cases of trachea, bronchus and lung cancer	Y	R	
2342 991052 Number of new cases of trachea, bronchus and lung cancer, male	Y	F	
2343 991052 Number of new cases of trachea, bronchus and lung cancer, female	Y	R	
2344 991002 Trachea, bronchus and lung cancer incidence per 100,000, male	Y	F	H
2345 991002 Trachea, bronchus and lung cancer incidence per 100,000, female	Y	R	H
2350 100601 Female breast cancer incidence per 100,000	Y	R	h
2351 105601 Number of new cases of female breast cancer	Y	R	
2360 100401 Cervix uteri cancer incidence per 100,000	Y	R then F then R	~
2361 105401 Number of new cases of cervix uteri cancer	Y	R then F then R	

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Diabetes			
2370 040606 Diabetes prevalence, in %	Y	R	~
2371 045606 Number of all cases of diabetes mellitus at year's end	Y	R	
2372 045608 Number of new cases, diabetes mellitus	N		
2373 040608 New cases, diabetes mellitus per 100,000	N		
Hospital discharges etc			
2380 120311 Number of mental patients staying in hospitals 365+ days per 100,000	Y	F	
2381 120301 Number of mental patients staying in hospitals 365+ days	Y	F	
2382 992979 Number of hospital discharges, mental & behavioural disorders	Y	R then F	
2383 992929 Hospital discharges, mental & behavioural disorders per 100,000	Y	R then F	~
2390 991201 Mental disorders incidence per 100,000	N		
2391 991251 Number of new cases of mental disorders	N		
2400 991202 Alcoholic psychosis incidence per 100,000	N		
2401 991252 Number of new cases of alcoholic psychosis	N		
2410 040602 Mental disorders, prevalence in %	N		
2411 045602 All cases of mental disorders at year's end	N		
2450 992923 Hospital discharges, circulatory system disease per 100,000	Y	F	l
2451 992973 Hospital discharges, circulatory system disease	Y	F	
2460 990901 Hospital discharges, ischaemic heart disease per 100,000	Y	F	~
2461 990951 Hospital discharges, ischaemic heart disease	Y	F	
2470 090401 Incidence, ischaemic heart disease per 100,000	N		
2480 990902 Hospital discharges, cerebrovascular diseases per 100,000	Y	F	l
2481 990952 Hospital discharges, cerebrovascular diseases	Y	F	
2490 090501 Incidence, cerebrovascular diseases per 100,000	N		
2500 992924 Hospital discharges, respiratory system diseases per 100,000	Y	R then F (data from 2000)	h
2501 992974 Hospital discharges, respiratory system diseases	Y	R then F (data from 2000)	
2510 040605 Chronic obstructive pulmonary diseases prevalence, in %	N		
2511 045605 Number of chronic obstructive pulmonary diseases	N		
2520 992925 Hospital discharges, digestive system diseases per 100,000	Y	~	~
2521 992975 Hospital discharges, digestive system diseases	Y	~	
2530 992926 Hospital discharges, musculoskeletal system and connective tissue diseases per 100,000	Y	R	~
2531 992976 Hospital discharges, musculoskeletal system and connective tissue diseases	Y	R	
2540 992928 Hospital discharges, injury and poisoning per 100,000	Y	F then ~	~
2541 992978 Hospital discharges, injury and poisoning	Y	F then ~	
Other			
2700 040102 Absenteeism from work due to illness, days per employee per year	N		
2710 990401 New invalidity/disability cases per 100,000	N		
2711 990451 Number of newly recognized invalidity/disability cases	N		
2720 990402 Persons receiving social/disability benefits per 100,000	N		
2721 990452 Number of persons receiving social/disability benefits	N		
2730 030201 % of disabled persons of working age engaged in regular occupational activity	Y	R	
2800 020201 % population self-assessing health as good	Y	F	h
2801 020201 % male population self-assessing health as good	Y	F	h
2802 020201 % female population self-assessing health as good	Y	F	h
2810 040701 Decayed, missing or filled teeth at age 12 (DMFT-12 index)	Y	F	h

LIFESTYLES

3010 171010 % of regular daily smokers in the population, age 15+	Y	F then ~	h
3011 171010 % of regular daily smokers in the population, age 15+, male	Y	F then ~	~
3012 171010 % of regular daily smokers in the population, age 15+, female	Y	F then ~	h
3020 170902 Number cigarettes consumed per person per year	N		
3021 175902 Total number of cigarettes consumed (in million pieces), per year	N		
3050 170101 Pure alcohol consumption, litres per capita, age 15+	Y	R	h
3051 991701 Spirits consumed in pure alcohol, litres per capita, age 15+	Y	~	H
3052 991732 Wine consumed in pure alcohol, litres per capita, age 15+	Y	R	l
3053 991733 Beer consumed in pure alcohol, litres per capita, age 15+	Y	F	~
3054 991704 Pure alcohol consumed, litres per capita	N		
3060 170701 Road traffic accidents involving alcohol per 100,000	Y	F	L
3061 175701 Number of road traffic accidents involving alcohol	Y	F	
3080 170816 First admissions to drug treatment centres per 100,000	N		
3081 170806 Number of first admissions to drug treatment centres	N		
3082 170805 Number of deaths from overdose of illicit drugs	Y	R	
3150 110301 Road traffic accidents with injury per 100,000	Y	F	~
3151 115301 Number of road traffic accidents with injury	Y	F	
3160 110302 Persons killed or injured in road traffic accidents per 100,000	Y	F	~
3161 115302 Number of persons killed or injured in road traffic accidents	Y	F	
3200 160300 Average number of calories available per person per day (kcal)	N		
3210 160306 % of total energy available from fat	N		
3211 165306 Fat available per person per day (in g)	N		
3220 160307 % of total energy available from protein	N		
3221 165307 Protein available per person per day (in g)	N		
3230 165308 Average amount of cereal available per person per year (in kg)	N		
3240 165309 Average amount of fruits and vegetables available per person per year (in kg)	N		

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ENVIRONMENT

4010 220200 Microbiological foodborne diseases, number of outbreaks	Y	F	
4020 220203 Microbiological foodborne diseases per 100,000	Y	F then R	H
4021 225203 Number of cases of microbiological foodborne diseases	Y	F then R	
4030 220204 Salmonellosis cases per 100,000	Y	F	~
4031 225204 Number of salmonellosis cases	Y	F	
4040 250201 New cases of occupational diseases per 100,000	Y	F then R	H
4041 255201 Number of new cases of occupational diseases	Y	F then R	
4060 110502 Persons injured due to work-related accidents per 100,000	Y	F	I
4061 115502 Number of persons injured due to work-related accidents	Y	F	
4070 110503 Deaths due to work-related accidents per 100,000	Y	~	I
4071 115503 Number of deaths due to work-related accidents	Y	~	
4150 992102 Sulphur dioxide emissions, kg per capita per year	Y	F	
4160 992103 Average annual concentration of sulphur dioxide (SO2) in the capital city, microgram/m3	Y	F then ~	~
4170 992104 Average annual concentration of particulate matter (PM10) in the capital city, microgram/m3	Y	F	I
4180 992105 Average annual concentration of nitrogen dioxide (NO2) in the capital city, microgram/m3	Y	F then ~	~
4190 992106 Average annual concentration of ozone (O3) in the capital city, microgram/m3	Y	R then F	L
4300 992001 % population whose homes are connected to water supply system	N		
4301 992002 % population whose homes are connected to water supply system, urban	N		
4302 992003 % population whose homes are connected to water supply system, rural	N		
4310 200107 % population with access sewage system, septic tank or other hygienic means of disposal	N		
4311 200108 % population with access sewage system, septic tank or other hygienic means of disposal, urban	N		
4312 200109 % population with access sewage system, septic tank or other hygienic means of disposal, rural	N		
4350 240501 Average number of person per room in occupied housing unit	N		

HEALTH CARE RESOURCES

Hospital and care home beds

5010 270210 Hospitals per 100,000	N		
5011 275210 Number of hospitals	N		
5020 992710 Acute (short-stay) hospitals per 100,000	N		
5021 992760 Number of acute (short-stay) hospitals	N		
5030 270206 Primary health care units per 100,000	N		
5031 275206 Number of primary health care units	N		
5050 270205 Hospital beds per 100,000	Y	F	~
5051 275205 Total number of hospital beds	Y	F	
5060 992713 Acute care hospital beds per 100,000	Y	F	~
5061 992763 Number of acute care hospital beds	Y	F	
5062 992765 Acute care hospital beds, medical group of specialties	Y	~	
5063 992715 Acute care hospital beds, medical group of specialties, per 100,000	Y	~	L
5064 992766 Acute care hospital beds, surgical group of specialties	Y	F	
5065 992716 Acute care hospital beds, surgical group of specialties, per 100,000	Y	F	L
5066 992767 Acute care hospital beds, obstetric & gynaecological group of specialties	Y	F	
5067 992717 Acute care hospital beds, obstetric & gynaecological group of specialties, per 100,000	Y	F	L
5068 992768 Acute care hospital beds, paediatric group of specialties	N		
5069 992718 Acute care hospital beds, paediatric group of specialties, per 100,000	N		
5070 992711 Psychiatric hospital beds per 100,000	Y	F	H
5071 992761 Number of psychiatric hospital beds	Y	F	
5100 992712 Nursing and elderly home beds per 100,000	Y	~	h
5101 992762 Number of nursing and elderly home beds	Y	~	
5150 992714 Private in-patient hospital beds as % of all beds	N		
5151 992764 Number of private in-patient hospital beds	N		

Health professionals

5250 270201 Physicians per 100,000	Y	R then ~	~
5251 275201 Number of physicians, physical persons (PP)	Y	R then ~	
5252 992721 Physicians, full-time equivalent (FTE) per 100,000	Y	R then ~	~
5253 992771 Number of physicians, full-time equivalent (FTE)	Y	R then ~	
5260 992735 Physicians, medical group of specialties (PP), per 100,000	Y	R then ~	~
5261 992785 Number of physicians, medical group of specialties (PP)	Y	R then ~	
5262 992786 Number of physicians, surgical group of specialties (PP)	Y	R	
5263 992736 Physicians, surgical group of specialties (PP), per 100,000	Y	R	~
5264 992787 Number of physicians, obstetric & gynaecological group of specialties (PP)	Y	R	
5265 992737 Physicians, obstetric & gynaecological group of specialties (PP), per 100,000	Y	R	~
5266 992788 Number of physicians, paediatric specialties (PP)	Y	R	
5267 992738 Physicians, paediatric group of specialties (PP), per 100,000	Y	R	~
5270 270321 % of physicians working in hospitals	Y	R	h
5290 992733 General practitioners (PP) per 100,000	Y	R	~
5291 992783 Number of general practitioners (PP)	Y	R	
5300 270203 Dentists (PP) per 100,000	Y	R	~
5301 275203 Number of dentists (PP)	Y	R	
5302 992723 Dentists (FTE) per 100,000	Y	R	~
5303 992773 Number of dentists (FTE)	Y	R	
5310 270204 Pharmacists (PP) per 100,000	Y	R then ~	~
5311 275204 Number of pharmacists (PP)	Y	R then ~	

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5320 270202 Nurses (PP) per 100,000	Y	R	~
5321 275202 Number of nurses (PP)	Y	R	
5322 992722 Nurses (FTE) per 100,000	Y	R	h
5323 992772 Number of nurses (FTE)	Y	F then R then ~	
5330 270322 % of nurses working in hospitals	Y	F then R then ~	h
5350 270209 Midwives (PP) per 100,000	Y	F	H
5351 275209 Number of midwives (PP)	Y	F	
5352 992729 Midwives (FTE) per 100,000	Y	F	H
5353 992779 Number of midwives (FTE)	Y	F	
5400 360301 Physicians graduated per 100,000	Y	F	H
5401 365301 Number physicians graduated in given year	Y	F	
5410 360302 Nurses graduated per 100,000	Y	R then ~	~
5411 365302 Number nurses graduated in given year	Y	R	
5420 360305 Midwives graduated per 100,000	Y	F	~
5421 365305 Number midwives graduated in given year	Y	F	
5430 360304 Pharmacists graduated per 100,000	Y	~	H
5431 365304 Number pharmacists graduated in given year	Y	~	
5440 360303 Dentists graduated per 100,000	Y	~	~
5441 365303 Number dentists graduated in given year	Y	~	

HEALTH CARE UTILISATION AND EXPENDITURE

Hospital utilisation etc

6010 992902 In-patient care admissions per 100	Y	~	~
6011 992952 Number of all hospital admissions	Y	~	
6020 992912 Acute care hospital admissions per 100	Y	~	~
6021 992962 Number of acute care hospital admissions	Y	~	
6030 992932 Inpatient surgical procedures per year, per 100,000	Y	R then F	~
6031 992982 Total number of inpatient surgical procedures per year	Y	R then F	
6100 992901 Average length of stay, all hospitals	Y	F	~
6110 992911 Average length of stay, acute care hospitals only	Y	F	~
6210 992913 Bed occupancy rate in %, acute care hospitals only	Y	R	~
6300 992801 Outpatient contacts per person per year	N		
6400 310703 Autopsy rate in %, for hospital deaths	Y	F	~
6410 310704 Autopsy rate in %, for all deaths	Y	F	~
6420 310701 Surgical wound infection rate, in %, all operations	Y	~	l

SDRs

6440 310301 SDR, appendicitis, 0-64 per 100,000	Y	F	~
6441 310301 SDR, appendicitis, 0-64 per 100,000, male	Y	F	~
6442 310301 SDR, appendicitis, 0-64 per 100,000, female	Y	~	~
6450 310304 SDR, appendicitis, all ages per 100,000	Y	F	l
6451 310304 SDR, appendicitis, all ages per 100,000, male	Y	F	l
6452 310304 SDR, appendicitis, all ages per 100,000, female	Y	F	l
6460 310302 SDR, hernia and intestinal obstruction, 0-64 per 100,000	Y	~	~
6461 310302 SDR, hernia and intestinal obstruction, 0-64 per 100,000, male	Y	~	~
6462 310302 SDR, hernia and intestinal obstruction, 0-64 per 100,000, female	Y	~	~
6470 310305 SDR, hernia and intestinal obstruction, all ages per 100,000	Y	~	~
6471 310305 SDR, hernia and intestinal obstruction, all ages per 100,000, male	Y	~	~
6472 310305 SDR, hernia and intestinal obstruction, all ages per 100,000, female	Y	~	~
6480 310303 SDR, adverse effects of therapeutic agents, 0-64 per 100,000	Y	~	h
6481 310303 SDR, adverse effects of therapeutic agents, 0-64 per 100,000, male	Y	R	~
6482 310303 SDR, adverse effects of therapeutic agents, 0-64 per 100,000, female	Y	F	h
6490 310306 SDR, adverse effects of therapeutic agents, all ages per 100,000	Y	R then F	~
6491 310306 SDR, adverse effects of therapeutic agents, all ages per 100,000, male	Y	R then ~	~
6492 310306 SDR, adverse effects of therapeutic agents, all ages per 100,000, female	Y	~ then F	~

Expenditure

6710 340103 Total health expenditure as % of gross domestic product (GDP), WHO estimates	N		
6711 340102 Total health expenditure as % of gross domestic product (GDP)	N		
6712 340203 Public sector expenditure on health as % of GDP, WHO estimates	N		
6713 340302 Private sector expenditure on health as % of GDP, WHO estimates	N		
6720 992702 Total health expenditure, PPP\$ per capita, WHO estimates	N		
6721 992701 Total health expenditure, PPP\$ per capita	N		
6722 340204 Public sector expenditure on health, PPP\$ per capita, WHO estimates	N		
6730 992751 Public sector health expenditure as % of total health expenditure, WHO estimates	N		
6731 992703 Public sector health expenditure as % of total health expenditure	N		
6732 340301 Private sector expenditure on health as % of total health expenditure, WHO estimates	N		
6740 270102 Total inpatient expenditure as % of total health expenditure	N		
6750 992704 Expenditure on inpatient care, PPP\$ per capita	N		
6760 992706 Public inpatient expenditure as % of total inpatient expenditure	N		
6770 992708 Total pharmaceutical expenditure as % of total health expenditure	N		
6780 992707 Pharmaceutical expenditure, PPP\$ per capita	N		
6790 992709 Public pharmaceutical expenditure as % of total pharmaceutical expenditure	N		
6800 992741 Total capital investment expenditures on medical facilities as % of total health expenditure	N		
6810 992742 Salaries as % of total public health expenditure	N		
6850 340202 Public sector expenditure on health as % of total government expenditure, WHO estimates	N		
6860 340402 Private households' out-of-pocket payment on health as % of total health expenditure	N		
6861 340401 Private households' out-of-pocket payment on health as % of private sector health expenditure	N		

Indicator (with codes used in database)	Scottish data presented? (Y = yes; N = no)	For years with Scotland data (maximum 1970-2010):	
		Scotland time trend (R = rising; F = falling; ~ = level or insufficient data)	Scotland compared to other countries (see key at end)

MATERNAL AND CHILD HEALTH

7010 280500 Abortions per 1000 live births	Y	R then F	~
7011 285500 Number of abortions, all ages	Y	R then F	
7020 280501 Abortions/1000 live births, age under 20 years	Y	R then F	I
7021 285501 Number of abortions, age under 20 years	Y	R then F	
7030 280502 Abortions/1000 live births, age 35+ years	Y	F	L
7031 285502 Number of abortions, age 35+ years	Y	R then ~	
7040 280601 % of all live births to mothers aged under 20 years	Y	F	H
7041 285601 Number all live births to mothers aged under 20 years	Y	F	
7050 280602 % of all live births to mothers aged 35+ years	Y	R then ~	~
7051 285602 Number of all live births to mothers aged 35+ years	Y	R	
7060 080401 Caesarean sections per 1000 live births	Y	R	~
7061 085401 Number of caesarean sections	Y	R	
7070 080130 Proportion (%) of births attended by skilled health personnel	N		
7080 080140 Contraceptive use among currently married women aged 15-49 (%), any method	N		
7100 160401 % of live births weighing 2500 g or more	Y	F then R	~
7110 040800 Congenital anomalies per 100,000 live births	N		
7111 045800 Number of births with congenital anomalies	N		
7120 040803 Births with Down's syndrome per 100,000 live births	Y	~	H
7121 045803 Number of births with Down's syndrome	Y	~	
7150 280106 % of infants vaccinated against tuberculosis	N		
7160 280101 % of infants vaccinated against diphtheria	Y	~	~
7170 280102 % of infants vaccinated against tetanus	Y	~	~
7180 280103 % of infants vaccinated against pertussis	Y	R	~
7190 280104 % of children vaccinated against measles	Y	F then R	~
7200 280105 % of infants vaccinated against poliomyelitis	Y	R	~
7210 280107 % infants vaccinated against invasive disease due to Haemophilus influenzae type b	Y	~	h
7220 280108 % of infants vaccinated against hepatitis B	N		
7230 280109 % of infants vaccinated against mumps	Y	F then R	~
7240 280110 % of infants vaccinated against rubella	Y	F then R	~
7250 160601 % of infants breastfed at 3 months of age	Y	no data from 2004	
7260 160602 % of infants breastfed at 6 months of age	Y	no data from 2004	

Key

In the last column of the table, the following 7 countries are selected for comparison with Scotland:

Denmark, France, Germany, Ireland, Portugal, UK, and "EU" (the average of the 27 European Union countries).

Scotland is compared with the overall pattern for these, and judged to be in one of 5 categories in the following scale:

H(igh); **h** (moderately high); ~ (neither high nor low); **I** (moderately low); **L**(ow).

 indicates not available/not applicable

FTE = full time equivalent

PP = physical persons

PPP = purchasing power parities expressed in US\$

SDR = standardised death rate (directly age-standardised to the European population)