

often based on assumptions supporting surgery, alternatives were not clearly specified, they did not include all possible alternatives and they failed to include some cost or outcome items.

Conclusions

Improvements in study design and quality of cost and outcome data are needed before a well-informed public health decision on the surgical treatment of obesity can be made.

1.4. Workshop: The task force on major and chronic diseases of the Directorate General Health and Consumer Protection: overcoming the incomparability of morbidity data at the European level

*Chairs: Iveta Rajnicova-Nagyova**

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One of the main aims of the Health Information and Knowledge Strand of the EU Public Health Programme 2003–08 is developing and operating the EU Health Information System. This System is to make accurate information concerning the health status of the population readily available and accessible, in order to improve the health status of European citizens. The Task Force on Major and Chronic Diseases is one of the implementing structures of the EU Public Health Programme 2003–08. It helps building the EU Health Information System for morbidity and mortality information, related to major and chronic diseases, in a comprehensive and sustainable way. The structure underlying the system can be regarded as a matrix: collecting and disseminating comparable and valid data requires different actions at different levels in national and supranational public health monitoring systems, and this needs to be done for multiple diseases and conditions. In this workshop we focus on the first axis of the matrix, presenting some of the major building blocks of the EU Health Information System on morbidity and mortality. The development of indicators and the harmonized collection of data for these by means of population surveys is a key feature of the System and will be addressed in the workshop. Moreover, recommendations for implementing population-based registries for stroke and Acute Myocardial Infarction/Acute Coronary Syndrome will be presented, as well as activities aimed at harmonizing coding practices of cancer registries. The workshop will start with an introductory presentation, providing a policy framework for the three topics mentioned above.

The need for comparable morbidity data at the European level: a policy perspective

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There is an increasing demand for health information for political decision making, not only at national level, but at European level as well. Especially in the field of major and chronic diseases, which represent a high burden of disease for the EU citizen and have a paramount impact on health care resources, the availability of high quality, comparable data is vital. It was therefore envisaged in the EU Public Health Programme 2003–08 to create a comprehensive and sustainable health monitoring and information system, aiming at the

establishment of comparable quantitative and qualitative indicators at Community level. In the former Public Health Programme, the development of indicators for different groups of diseases and conditions has received ample attention. Building on these results, under the current Programme the sustainable operation of the EU Health Information and Knowledge System is emphasized. At this usage is made of existing data sources as much as possible. Inventorying available data (such as from morbidity registers) and making these data more comparable (e.g. by harmonizing coding practices) therefore is one of DG SANCO's priorities. One of the main elements of the EU Health Information and Knowledge System is the so-called ECHI indicator shortlist, which consists of about a total of hundred indicators on demographic and socio-economic factors, health status, health determinants, health services and health promotion. Currently preparations are ongoing for the implementation of this indicator list in all EU Member States. In the future, European Health Interview and Health Examination Surveys will constitute the major source of information for the ECHI health status indicators.

Harmonizing coding practices of cancer registries: the HAEMACARE project

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Background

Haemathologic malignancies (HM) include lymphomas, leukaemias, multiple myeloma and neoplasms of the red cell line. There are considerable differences in survival for HM across European countries, with eastern European countries showing low survival also for potentially curable tumours like Hodgkin's lymphoma. Population-based survival figures are important tools for monitoring the effectiveness of health systems, however the comparison of survival for HM across countries and over time is difficult due to changes in the classification of HM.

Aims

- (1) To increase the standardization and comparability of incidence and survival data for HM.
- (2) To revise coding practices of CR for morphology, ensuring a strict adherence to International Classification of Disease for Oncology (ICD-O), and making classifications used by CR consistent with the clinical ones.
- (3) To integrate the information currently available to population CR, with that derived from clinical data bases.

Methods and results

A total of 38 European cancer registries in 20 countries provided data of patients diagnosed with HM diagnosed between 1995 and 2000, followed up to December 2003. A questionnaire investigating the classifications used for HM was circulated to all the HAEMACARE CR. Variations in coding

procedures and in the availability of data on HM morphology were found. Following this survey, a revision of HM cases with not specified (NOS) morphology was carried out on 21 CR (28 892 patients). With this revision the proportion of cases with NOS morphology overall halved, and this reduction was particularly marked in the CR with high percentages of NOS. HAEMACARE developed a proposal for grouping non Hodgkin lymphomas, based on the WHO blue book. This grouping has been validated on the EURO CARE and SEER (US CR) data sets and has been officially proposed to the European network of CR. Similar activities are planned for leukaemia and myelodysplastic syndrome.

The EUROCISS project: recommendations for myocardial infarction and stroke population-based registers implementation

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Background

Cardiovascular disease is the major cause of premature death and hospitalization and disability in nearly all countries of Europe. Rates are expected to increase over the next decades as the proportion of older people increases. The magnitude of the problem contrasts with the shortage, weak quality and comparability of data available in most European countries.

Aim

One of the main purposes of the 2nd phase of the EUROCISS Project (European Cardiovascular Indicators Surveillance Set) was to develop manuals of operations for the implementation of population-based registers of acute myocardial infarction and stroke. A population-based register includes first ever and recurrent events, both fatal and non-fatal, occurred in and out of hospital, and allows assessing attack rates and case fatality.

Methods and results

Before implementing a population-based register, it is important to identify the target population under surveillance, which should preferably cover a well-defined geographical and administrative area or region representative of the whole country, for which population data and vital statistics (mortality and hospital discharge records at minimum) are routinely collected. Moreover, record linkage between these different sources of information must be ensured. All cases among residents should be recorded even if the case occurs outside the area (completeness). Validation of a sample of fatal and non-fatal events is mandatory for monitoring trends and comparing regions/countries.

Conclusions

Cardiovascular disease is a costly disease because of the large number of premature deaths, disability in survivors, impact on

families/caregivers and on health services. It is therefore vital to have reliable information on the magnitude and distribution of the problem for adequate health planning and clinical decision making. A population-based register, based on routine data with standardized data collection, appropriate record linkage and validation methods is recommended by EUROCISS in order to build up an information system of reliable and comparable data of cardiovascular disease.

Contribution of the European Health Interview Survey to the European Health Indicators. Evaluation of the proposed instruments

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Background

Members States are invited by Eurostat to participate for 2008/2009 in a European Health Interview Survey (EHIS), covering four domains: health status, health care use, life styles and sociodemographic background variables. The shortlist of ECHI (European Community Health Indicators) was one of the criteria in selecting the instruments while developing the questionnaire. For the Working Party on Morbidity and Mortality, it is important to know how the survey contributes to obtaining standardized data for the ECHI indicators.

Methods

The proposed instruments in the EHIS are reviewed. Indicators are constructed based on the questions and response categories. These indicators are tabled against the ECHI list.

Results

The instruments allow for estimating the generic health status indicators and the composite health status measure Healthy Life Years, which is one of the EU structural indicators. For the morbidity-specific health problems, the EHIS questionnaire has a list of 21 conditions for which the lifetime prevalence (ever), 12 month prevalence and the confirmation by a medical doctor is evaluated. This list covers the morbidity-specific indicators within the ECHI shortlist (e.g. diabetes, asthma, COPD, stroke, myocardial infarction). EHIS will not be the most appropriate source/will not provide information on some of the morbidity-specific indicators such as depression and dementia/Alzheimer prevalence. EHIS further has several questions on sensorial functions restrictions, specific physical functional restrictions and limitations in Activities of Daily Living (ADL) and instrumental ADL which allows for the construction of ECHI indicators.

Conclusion

The instrument selection and the construction of the EHIS questionnaire will be able to provide the information necessary to construct most of the ECHI shortlist indicators for which surveys were identified to be main source of information.

1.5. Workshop: Research methodologies in public health: examples from communicable disease threats

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Communicable diseases differ from all other threats in which they spread. A problem is often not restricted to only one country. Different specific interventions are justified by local systems, culture, situations, but principles of outbreak response and preparedness are general. Experiences from past outbreaks and threats provide the basis on which one can draw

to develop coherent, generic approaches to outbreak control, policy evaluation and preparedness.

Aims

To increase knowledge on research methods for communicable disease threats. It will address qualitative and quantitative research methods to develop feasible international health policies, to monitor the quality of scientific guidance on outbreak control measures, to model parameters for preparedness and to assess operational capacity for major threats.