

## **Written statement**

At least 19.9 million unintentional injuries (caused by accidents) occur every year at home, in sports and in institutions across the European Union. This is at least 52% of all 38.0 million injuries, which are treated annually in accident and emergency departments of hospitals.

If we want to prevent accidents, we need to know how many, where and under what circumstances they occur and how serious the resulting injuries are. Therefore, access to accident and injury data is indispensable for an effective deployment of injury prevention and safety promotion policies in countries.

For road traffic injuries and work-related injuries adequate registration systems are in place, but for home and leisure injuries many countries are lacking a robust infrastructure for data collection.

Therefore, EuroSafe's injury data activities serve a vital function in helping partners in countries to set up cost-effective systems for injury data collection and to assist them in exchanging these data on accidents and injuries at EU-level.

Over the past years, the European Commission stimulated several projects facilitating EU-level exchange of injury data. Today, the "EU-IDB" provides policy makers and injury prevention practitioners, manufacturers, consumer organisations, standardizers, and researchers with best available information about frequency, main causes, circumstances and consequences of injuries that are treated in accident and emergency departments across Europe.

The European Injury Database (EU-IDB) contains standardised cross-national information on the external causes of injuries treated in emergency departments (EDs) within the EU region, including EFTA countries. This information is collected in accordance with a harmonised methodology and quality assurance programme which is in line with the quality principles as defined by the European Statistical Office. The IDB manual describes comprehensively the agreed methodology and the principles for data exchange and access to data provided to the data owners and third parties.

The IDB covers all unintentional injuries, i.e. those due to home and leisure accidents, accidents at work or in traffic, as well as intentional injuries due to violence and self-harm. IDB data are complementary to general fatal injury statistics, hospital discharge statistics and health surveys as well as to dedicated registers on road and workplace accidents.

The IDB provides users with the best available information about the magnitude of injuries and their characteristics, taking into account age groupings and gender of casualties, type and mechanism of injuries, intent and setting in which they occur (home, school, sport, leisure, work and road).

The IDB is based on national injury surveillance efforts, collecting accident and injury data from selected hospitals and their emergency departments (EDs). In some countries the basic IDB data is collected as a matter of routine in all hospitals. But in the majority of countries this is being done in a limited number of hospitals – more and more through a representative sample of hospitals - nationwide or in one of the regions or provinces.

The combined EU-level sample of injury reporting hospitals includes large as well as middle-size hospitals, urban as well as rural areas. At present, the total number of hospitals in the EU sample is sufficiently large and representative for deriving incidence rates at EU-level, even for quite specific groups of injuries as

selected by age, intent, setting, or type of injury. Around 300,000 cases a year are collected from over one hundred hospitals in the countries that currently participate in the EU-level exchange.

The IDB classification is based on the WHO International Classification for External Causes of Injuries (ICECI). Two separate Data Dictionaries have been developed for IDB data collection based on this IDB classification:

- The Minimum Data Set (MDS), a more limited set of codes,
- The Full Data Set (FDS) which is quite detailed as to the circumstances and the role of products in causing injuries and,
- How to access the data.

The MDS has been developed for public health policy purposes with the aim to produce accurate incidences and national estimates. This data is publicly accessible at the EU web gate.

The FDS has been developed in particular for consumer policy and research purposes. The FDS provides more detailed information on the circumstances and products that are involved in injury events. Access to FDS-level data is restricted to researchers, prevention professionals and authorities responsible for consumer safety.

Reports drawn from the EU-IDB are available from the [EuroSafe website](#).

We would ask the WHO to endorse the EU-IDB and help promote its value to all interested parties, ranging from senior politicians and civil servants to accident prevention professionals and private sector risk managers.