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**CONTINUOUS MORBIDITY
REGISTRATION SENTINEL
STATIONS
ANNUAL REPORT 1975**



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FOREWORD

The sixth annual report on Continuous Morbidity Registration by means of sentinel stations lies before you.

Clear substance has now been given to the concept "continuous". Our thanks go to all spotter physicians who for years have co-operated so faithfully in the project.

These thanks also go to the project leader, Dr H. Bijkerk, M.D., who in the past six years has worked so precisely, perseveringly and encouragingly for the project. He has made the project what it is today. We are glad that he is continuing as adviser to the programme committee. From 1 January 1976 the project leadership will be taken over by Mrs H.J.A. Collette, M.D., senior scientific officer of the Institute of Social Medicine, Epidemiology Division, headed by Prof. Dr F. de Waard, Utrecht. I should like to extend a cordial welcome to her here and I have every confidence that the project leadership continues in good hands.

Moreover, the continuity is ensured by the Government, which has undertaken the whole of the financing for 1976. We thank the Prevention Fund for making it possible for us to establish a firm basis for the project by means of its contribution over the last six years.

The annual report contains many interesting items of information. A number of these could be very broadly grouped around the concepts "contraception" (which I already discussed at somewhat greater length in the foreword to the previous annual report) and "stress", such as "alcoholism", "certificate for another dwelling issued". In previous years the following have been registered under the heading "stress": "attempted suicide", "Prescription of tranquilizers", "(suspicion of) battered child syndrome" and "consultation with regard to addiction to smoking".

I should like to quote you a couple of figures concerning "alcoholism". By extrapolation to the total Dutch population the sentinel station project finds 19 000 male and 6 000 female "alcoholics".

I hope in this way to have aroused interest in the project's results.

C.P. Bruins, M.D.

Chairman of the Sentinel Stations Programme Committee

CONTINUOUS MORBIDITY REGISTRATION SENTINEL STATIONS
Annual Report 1975

INTRODUCTION

It is gratifying that, through a national network of sentinel stations, Continuous Morbidity Registration has now acquired a permanent character and that this sentinel station project is to be fully subsidized by the Ministry of Public Health and Environment with effect from 1 January 1976.

The compiler of this annual report has from the very beginning led this sentinel station project with great interest, in close cooperation with the programme committee. With effect from 1 January 1976 he is succeeded by Mrs H.J.A. Collette, M.D., of the Institute of Social Medicine, Utrecht.

The programme committee¹⁾ met four times in 1975.

This annual report contains a survey of all categories that have been reported on weekly for one or more years since the start of the project in 1970 (p. 13)

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- Coordinators* : R. Drion, M.D.^{b)} (till 1 June 1975)
Dr F.A. Vorst^{b)} (from 1 June 1975)
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- Advisers* : Professor Dr J.C. van Es^{c)}
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c) *Institute of General Practice of Utrecht State University*

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e) *Netherlands Institute for Preventive Medicine at Leiden*

Distribution of the spotter physicians over the Netherlands (Fig.1)

With effect from 1 July 1975 the sentinel station in Kampen was closed down. This sentinel station is not included in the table given below. In the remaining sentinel stations a few small changes occurred (taking over a practice, forming a group practice).

The number of general practitioners taking part - 59 - has increased in comparison with 1974 by one.

Appendix 1 gives a survey of the general practitioners who took part in the sentinel stations project during 1975.

The following table gives a distribution of the number of spotter physicians and sentinel stations per province group and urbanization group in the years 1974 - 1975:

Province group	1974		1975	
	Number of GPS	Number of Sentinel stations	Number of GPS	Number of Sentinel stations
A. Groningen, Friesland and Drenthe	8	6	8	6
B. Overijssel, Gelderland and the Southern IJsselmeer Polders	10	9	9	8
C. Utrecht, North Holland and South Holland	27	21	28	21
D. Zeeland, North Brabant and Limburg	13	12	14	12
Netherlands	58	48	59	47

Urbanization group ^{*)}	1974		1975	
	Number of GPS	Number of Sentinel stations	Number of GPS	Number of Sentinel stations
1. Rural municipalities	12	11	13	11
2. Municipalities with urban characteristics together with urbanized rural municipalities	30	23	30	22
3. Municipalities with a population of 100,000 or more	16	14	16	14
Netherlands	58	48	59	47

The practice populations

An overall census of the practice populations took place in 1975.

^{*)} *Typology of the Dutch municipalities by degree of urbanization, 31 May 1960 (Central Bureau for Statistics)*

Illnesses and other information to be reported

The weekly return (Appendix 2)

The questions on the weekly return for 1975 have been compiled as follows by the programme committee:

1. new cases of influenza (-like illnesses) ^{*)}
2. new cases of measles
3. consultations for family planning (first consultations only)
4. sterilization of the man performed
5. sterilization of the woman performed
6. prescription of morning-after pill
7. request for abortion
8. abortus provocatus
9. alcoholism
10. ulcus ventriculi/duodeni
11. skull traumas in traffic
12. certificate for another dwelling issued

Just as in previous years, the basis in principle was weekly reporting, the "week" consisting of the period from Monday to Friday inclusive. The exceptions to this are: sterilization of the man or of the woman performed, reporting of prescriptions of the morning-after pill, request for abortion, abortus provocatus, alcoholism,

^{*)} *These must satisfy the following criteria (Pel, 1965):*

- a. *An acute beginning, i.e. at most a prodromal stage of three to four days (including preexistent infections of the respiratory organs at a non-pathogenic level)*
- b. *The infection must be accompanied by a rise in rectal temperature to at least 38°.*
- c. *At least one of the following symptoms must be present: cough, coryza, sore throat, frontal headache, retrosternal pain, myalgia.*

Pel, J.Z.S. (1965) Proefonderzoek naar de frequentie en de aetiologie van griepachtige ziekten in de winter 1963 - 1964 (Experimental investigation of the frequency and aetiology of influenza-like illness in the winter 1963-1964). Huisarts en Wetenschap 8, 321.

skull traumas in traffic and certificate for another dwelling issued when reports were also made on Saturdays and Sundays. Diagnoses made or advice given by telephone are not entered in the weekly return in principle. An exception is formed by reports of influenza by telephone.

Processing of the data on the weekly return

This report contains the results of the weekly return for 1975. The data were processed by the Staff Division of Epidemiology and In-formatics of the Ministry of Public Health and Environment.

Three tables are produced on a routine basis:

1. The number of patients by sex and age group
2. The number of patients by sex and province group
3. The number of patients by sex and urbanization group

Tables 1, 2 and 3 are produced per quarter on behalf of the report-ing. Moreover, Table 1 is also produced per sentinel station for the convenience of the participating physicians.

Tables 1, 2 and 3 are also produced on a weekly basis on behalf of surveillance, with special reference to the influenza-like ill-nesses. With the exception of the information furnished per sen-tinel station, the data are expressed per 10,000 of the practice population (frequency). The frequencies are given in round figures. In the case of a frequency of under 0.5 per 10,000 inhabitants, the figure is rounded off to "0". When no cases at all have been reported, this is indicated by "-". In principle a sentinel station reports over a five-day week. However, in practice it proves that in some weeks fewer days are reported on, or none at all (sickness, vacation, etc.). The data from the physicians who have reported on 0, 1 or 2 days of the week are not processed, while the populations of these practices are not included in the calculation of the fre-quencies.

The data from the practices that have reported on 3, 4 or 5 days

of the week are processed, however, the numbers relating to influenza (-like illnesses), measles and consultations for family planning being corrected by a factor of 1.67, 1.25 or 1 respectively, so that a theoretically complete "weekly" reporting is attained.

The data on the other categories remain uncorrected.

The quarterly returns are built up from the (corrected) weekly figures, the frequencies being calculated on the average population present in the quarter.

Subjects in the weekly returns, 1970 - 1975

Since the start of this continuous morbidity registration the spotter physicians have reported on a variety of subjects every week. A number of categories were considered to be of such importance that they have been maintained in the weekly return every year up to the present. A survey of the categories in 1970 - 1975 follows.

Subjects in the weekly returns, 1970 - 1975

<i>Subject</i>	1970	1971	1972	1973	1974	1975
<i>Influenza(-like illness)</i>	X	X	X	X	X	X
<i>Exanthema e causa ignota</i>	X					
<i>Acute diarrhoea e causa ignota</i>	X					
<i>Rubella(-like illness)</i>		X				
<i>Otitis media acuta</i>		X				
<i>Measles</i>						X
<i>Consultations for family planning</i>	X	X	X	X	X	X
<i>Prescription of morning-after pill</i>			X	X	X	X
<i>Request for abortus</i>	X	X	X	X	X	X
<i>Abortus provocatus</i>		X	X	X	X	X
<i>Sterilization of the man performed</i>			X	X	X	X
<i>Sterilization of the woman performed</i>					X	X
<i>Attempted suicide</i>	X	X	X			
<i>Accidents</i>		X				
<i>Tonsillectomy or adenotomy</i>		X				
<i>Prescription of tranquillizers</i>			X	X	X	
<i>Consultation for drug-use</i>			X	X		
<i>(Suspicion of) battered child syndrome</i>				X	X	
<i>Consultation with regard to addiction to smoking</i>					X	
<i>Alcoholism</i>						X
<i>Ulcus ventriculi/duodeni</i>						X
<i>Skull traumas in traffic</i>						X
<i>Certificate for another dwelling issued</i>						X

SOME RESULTS OF THE WEEKLY REPORTING FOR 1975¹⁾

This annual report will not attempt to give a complete analysis of the material.

The following quarterly tables are included here:

Tables 1a, 1b, 1c and 1d: the number of patients per 10 000 of the age group²⁾.

Tables 2a, 2b, 2c and 2d: the number of patients per 10 000 of the province group.

Tables 3a, 3b, 3c and 3d: the number of patients per 10 000 of the urbanization group.

In the discussion of the tables the following abbreviations or codes are used:

- influenza for influenza(-like illnesses)
- A for the Groningen, Friesland and Drenthe (northern provinces) province group
- B for the Overijssel, Gelderland and Southern IJsselmeer Polders (eastern provinces) province group
- C for the Utrecht, North Holland and South Holland (western and central provinces) province group
- D for the Zeeland, North Brabant and Limburg (southern provinces) province group.
- 1 for the A₁ - A₄ urbanization group (rural municipalities)
- 2 for the B₁ - B₃, C₁ - C₄ urbanization group (municipalities with urban characteristics together with urbanized rural municipalities)
- 3 for the C₅ urbanization group (municipalities with a population of 100 000 or more)

1) The tables indicated by letters exclusively are to be found in the text. The tables designated by figures appear together with the appendices and the figures after the text

2) In these tables and the tables in the text derived from them age-specific frequencies are given in all cases

Influenza (-like illness)

Table 4 and Fig. 2 give the number of new cases of influenza per 10 000 inhabitants per week, per province group and per urbanization group¹⁾.

The 1974/1975 influenza epidemic was already described in the 1974 report.

1976 influenza epidemic

After the influenza epidemic in the 1974/1975 season, the national incidence per week fell to an average of 5 cases per 10 000 inhabitants.

From the 6th week of 1976 the weekly incidence gradually increases. The peak of the epidemic, which occurs later than usual, falls in the 13th week with an incidence of 68 patients per 10 000 inhabitants. In the 17th week, with an incidence of 8 patients per 10 000 inhabitants, the situation before the epidemic is reached again. In the south of the country the peak falls in the 12th week (64), and in the centre and west of the country in the 13th week (71). In the east and north of the country the peaks - 75 and 165 patients per 10 000 inhabitants respectively - fall in the 14th week. The highest incidences for practically the whole duration of the epidemic are found in the northern provinces.

In contrast to previous years, with the highest weekly incidences in the rural municipalities, the highest weekly incidences are now observed in the municipalities with 100 000 or more inhabitants. This season influenza virus has been repeatedly isolated from material originating from patients (for the first time from a 2-year-old girl who fell ill on 7 January 1976).

1) *Here and elsewhere in the text incidence or frequency means the frequency per 10 000 inhabitants (either men or women)*

A few isolated strains proved to be closely related to the A/England/864/75 strain. However, the majority of the strains was closely related to the A/Victoria/3/75 strain. An occasional variant B/Johannesburg/9/75 was isolated.

Age and sex distribution

Tables 1a - 1d show that men and women were equally affected by the influenza.

Age distribution is given in Table a. The basis for this was the period in which the weekly incidences were clearly higher: the 6th to the end of the 16th week of 1976.

Table a

Number of patients with influenza (-like illness) by age group, per week and per 10 000, 6th - 16th week of 1976

Week number	Age group										Netherlands
	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	≥ 65	
6	26	18	8	11	18	9	17	20	13	16	15
7	38	19	11	19	20	17	24	19	15	23	20
8	42	30	22	33	32	25	36	31	37	39	32
9	40	32	29	48	41	30	37	40	42	41	37
10	40	37	32	26	33	39	57	38	31	43	38
11	51	57	42	57	55	49	47	50	44	49	50
12	69	81	56	53	72	60	69	58	67	61	64
13	88	91	62	56	55	63	69	66	72	68	68
14	82	65	53	65	62	68	71	57	83	70	67
15	39	47	32	31	32	42	48	39	43	47	40
16	16	27	14	22	17	20	27	15	31	23	21
Total	531	504	361	421	437	422	502	433	478	480	452

During the 1974/1975 influenza epidemic the highest total frequencies were observed in the 35 - 44 and 45 - 54 age groups. However,

in 1976 the highest total frequency falls in the 1 - 4 age group (531 patients per 10 000 inhabitants of that section of the population). The total frequencies in the 5 - 9 and 35 - 44 age groups do not differ (504 and 502 respectively). The lowest frequency falls in the 10 - 14 age group (361).

Although in general higher weekly incidences were reached in 1974/1975 at the height of the epidemic than in 1976, it proves that the total morbidity in 1976 does not essentially differ from that in 1974/1975: the total frequency for the whole country in 1974/1975 and in 1976 is 459 and 452 per 10 000 inhabitants respectively.

Measles

The reporting of cases of measles relates solely to patients with regard to whom the diagnosis of measles on clinical grounds is beyond any doubt.

The quarterly figures concerning measles (Tables 1a to 3d) show that in 1975 8 cases per 10 000 inhabitants were reported by the sentinel stations. Extrapolated to the total Dutch population this would amount to only some 11 000 measles patients in 1975, which may indicate that we are now in an interepidemic phase with respect to morbilli. This is entirely in agreement with the data of the sentinel stations operated by the Rotterdam Municipal Health Service. In the Epidemiological Bulletin published by the Head of the Infectious Diseases and Quarantine Division of that Health Service it is remarked in this connection in the survey of May and June 1975 (Vol. 11, No. 3) that in 1976 an epidemic increase in measles must be expected. This possible epidemic increase was one of the reasons for maintaining measles in the weekly return for 1976 too. A second argument for maintaining measles in the weekly return is the possibility of analysing the underreporting of measles by means of the sentinel station data (compulsory notification of measles has been introduced with effect from 1 January 1976).

Age and sex distribution

Table b gives a survey of the age and sex distribution.

Table b

Number of patients with measles by age group and sex per 10 000, 1975

	<i>Age group</i>						<i>Total</i>
	<i>< 1</i>	<i>1 - 4</i>	<i>5 - 9</i>	<i>10 - 14</i>	<i>15 - 19</i>	<i>≥ 20</i>	
<i>Men</i>	-	59	21	9	-	1	8
<i>Women</i>	34	49	20	5	-	0	7
<i>Total</i>	17	53	20	7	-	1	8

Entirely according to expectations, there is no question of a significant difference by sex. The highest incidence falls in the 1 - 4 age group. In the 20 and older age group a number of cases of measles were also observed by the sentinel stations in 1975: in the 20 - 24, 25 - 34 and 35 - 44 age groups 1, 2 and 3 cases respectively (four men and two women).

Consultations for family planning (first consultations)

The category "consultations for family planning" divides into two parts: "first prescription of the 'pill'"¹⁾ and "other consultations"

First prescription of the "pill"

In Table c the total frequencies per 10 000 of all women per province group and urbanization group for the years 1974 and 1975 are summarized (cf. Fig.3).

¹⁾ *It is more correct to speak of hormonal contraceptive*

Table c

Number of first consultations with regard to the "pill" per province group and urbanization group, per 10 000 of all women, 1974 - 1975

	<i>Province group</i>				<i>Urbanization group</i>			<i>Netherlands</i>
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>1</i>	<i>2</i>	<i>3</i>	
1974	373	434	458	427	365	480	421	435
1975	272	325	346	360	305	379	292	337

It was remarked in the 1974 annual report that in 1973 an end had come to the increase in the annual frequency and that in 1974 the frequency had fallen somewhat.

In 1975 the drop in the annual frequency proves to have continued to such an extent that the 1970 level has been reached again (337 and 345 consultations per 10 000 women respectively).

The drop is noticeable in all groups. It is the most pronounced in the north and east of the country and in urbanization group 3. The stabilization of the frequencies in the various groups around the national frequency has maintained itself.

The frequency of urbanization group 3 (292) is now less than that in the other two urbanization groups.

Age distribution

Table d (cf. Fig. 4) gives the age-specific frequencies with regard to the first consultations for the "pill" per 10 000 women for 1974 and 1975.

Table d

Number of first consultations with regard to the "pill" by age group, per 10 000 women, 1974 - 1975

	<i>Age group</i>					
	<i>10 - 14</i>	<i>15 - 19</i>	<i>20 - 24</i>	<i>25 - 34</i>	<i>35 - 44</i>	<i>45 - 54</i>
1974	24	1408	1317	785	409	155
1975	24	1232	1067	562	263	83

Whereas in 1974 an increase in the frequency in the 10 - 14 and 15 - 19 age groups was still noted, the frequencies in 1975 prove to have fallen in all age groups with the exception of the 10 - 14 one. This drop is relatively the highest in the age groups above 24 years. Among the 10 - 14 age group the frequency has remained the same as in 1974 (24).

Other first consultations for family planning

Table e gives the total frequencies per 10 000 of all men or women for 1974 and 1975 with regard to the other first consultations for family planning, per province group and urbanization group (cf. also fig. 5).

Table e

Number of other first consultations with regard to family planning per province group and urbanization group, per 10 000 of all men or women, 1974 - 1975

	<i>Province group</i>								<i>Urbanization group</i>						<i>Netherlands</i>	
	<i>A</i>		<i>B</i>		<i>C</i>		<i>D</i>		<i>1</i>		<i>2</i>		<i>3</i>		<i>M</i>	<i>F</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>		
1974	14	88	30	124	15	65	55	195	35	116	21	111	31	102	27	110
1975	28	122	30	94	17	68	42	193	44	118	23	128	16	62	26	107

The drop in the frequencies noted for the first consultations with regard to the "pill" proves not to have occurred with respect to the frequencies relating to the other first consultations with regard to family planning. The national frequencies in 1975, as compared with 1974, remained practically constant.

In the northern provinces the frequency proves to have clearly increased for both men and women. In the other provinces the frequencies have remained practically the same or have fallen. There is a striking drop with regard to the frequency of the number of consultations by women in the eastern province group (1974: 124 and 1975: 94).

With regard to the urbanization groups the pronounced decrease of the frequencies in urbanization group 3 is striking.

Age and sex distribution

Table f gives a survey of the age-specific frequencies in 1974 and 1975 (cf. Fig. 6).

Table f

Number of other consultations with regard to family planning by age group per 10 000 men or women, 1974 - 1975

	<i>Age group</i>									
	<i>15 - 19</i>		<i>20 - 24</i>		<i>25 - 34</i>		<i>35 - 44</i>		<i>45 - 54</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
<i>1974</i>	30	196	36	204	59	260	79	207	24	64
<i>1975</i>	22	158	58	247	44	238	74	198	25	74

The frequencies in the 15 - 19, 25 - 34 and 35 - 44 age groups prove to have fallen in comparison with those in 1974 and to have increased in the 20 - 24 age group.

Prescription of morning-after pill

Table g gives the frequencies with regard to the prescription of the morning-after pill 1974 - 1975, per province group and urbanization group (cf. also Fig. 7).

Tabel g

Number of women for whom the morning-after pill was prescribed, per province group and urbanization group, per 10 000 of all women, 1974 - 1975

	<i>Province group</i>				<i>Urbanization group</i>			<i>Netherlands</i>
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>1</i>	<i>2</i>	<i>3</i>	
1974	59	86	55	85	76	51	94	68
1975	54	77	55	61	76	54	57	60

The national frequency with regard to prescribing of the morning-after pill has decreased compared to 1974 and has returned to the same level as in 1973 (59).

The drop took place mainly in the eastern and southern provinces. The pronounced drop in urbanization group 3 is striking.

Age distribution

Table h gives the age distribution of the total frequencies with regard to prescription of the morning-after pill for 1974 - 1975 (cf. Fig. 7).

Table h

Number of women for whom the morning-after pill was prescribed by age group, per 10 000 women, 1974 - 1975

	<i>Age group</i>					
	<i>10 - 14</i>	<i>15 - 19</i>	<i>20 - 24</i>	<i>25 - 34</i>	<i>35 - 44</i>	<i>45 - 54</i>
1974	2	266	171	104	78	34
1975	5	194	176	105	62	24

The above-mentioned drop already noted in the national frequency with regard to prescribing of the morning-after pill must be ascribed mainly to the decrease in the frequency in the 15 - 19 age group.

Request for abortion

The number of requests for abortion per 10 000 of all women, per province group and urbanization group respectively, in 1974 - 1975, is summarized in Table i (cf. Fig. 8).

Table i

Number of requests for abortion per province group and urbanization group, per 10 000 of all women, 1974 - 1975

	<i>Province group</i>				<i>Urbanization group</i>			<i>Netherlands</i>
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>1</i>	<i>2</i>	<i>3</i>	
1974	30	32	27	30	32	20	42	28
1975	22	27	27	26	40	16	32	26

In 1975 too the drop in the frequency with regard to requests for abortion already noted in 1972 continued (1971 - 1973: 43, 41 and 36 respectively). An exception to this is formed by the provinces in the centre and west of the country, where the frequency has remained the same as in 1974.

It is noticeable that the frequency has further increased in urbanization group 1 (rural municipalities).

Age distribution

The age-specific frequencies per 10 000 women with regard to the number of request for abortion, 1974 - 1975, are given in Table j (cf. Fig. 8).

Table j

Number of requests for abortion by age group, per 10 000 women, 1974 - 1975

	<i>Age group</i>					
	<i>10 - 14</i>	<i>15 - 19</i>	<i>20 - 24</i>	<i>25 - 34</i>	<i>35 - 44</i>	<i>45 - 54</i>
<i>1974</i>	<i>2</i>	<i>62</i>	<i>74</i>	<i>64</i>	<i>47</i>	<i>9</i>
<i>1975</i>	<i>9</i>	<i>50</i>	<i>56</i>	<i>51</i>	<i>58</i>	<i>3</i>

The fall in the number of requests for abortion has manifested itself in almost all age groups. Exceptions are the 10 - 14 and 35 - 44 age groups, where an increase in this frequency may be noted.

Abortus provocatus

The number of cases of abortus provocatus per 10 000 of all women and per province group and per urbanization group in 1974 - 1975 is given in Table k (cf. Fig. 9).

Table k

Number of cases of abortus provocatus, per province group and urbanization group, per 10 000 of all women, 1974 - 1975

	<i>Province group</i>				<i>Urbanization group</i>			<i>Netherlands</i>
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>1</i>	<i>2</i>	<i>3</i>	
1974	25	20	20	25	19	16	36	22
1975	14	18	19	16	24	10	23	17

The drop already established in 1974 in the number of cases of abortus provocatus per 10 000 women continued in 1975. This has brought the frequency (17) below that of 1971 (22), the year in which reporting under this heading began.

The greatest decrease is found in the northern and southern province groups and in urbanization groups 2 and 3.

In urbanization group 1, on the other hand, the frequency proves to have increased compared with that of 1974, as with requests for abortion.

Age distribution

The age specific distribution of the number of cases of abortus provocatus per 10 000 women in 1974 and 1975 is summarized in table l (cf. Fig. 9).

Table l

Number of cases of abortus provocatus by age group, per 10 000 women, 1974 - 1975

	<i>Age group</i>					
	<i>10 - 14</i>	<i>15 - 19</i>	<i>20 - 24</i>	<i>25 - 34</i>	<i>35 - 44</i>	<i>45 - 54</i>
1974	2	54	36	56	40	2
1975	2	23	22	50	39	2

The fall in the number of cases of abortus provocatus is largely ascribable to the drop in the frequency in the 15 - 19 and 20 - 24 age groups.

Abortus provocatus versus requests for abortion (Fig. 10)

From 1971 onwards the age-specific frequencies relating to the number of cases of abortus provocatus have been expressed as percentages of the number of requests for abortion (cf. Table m and Fig. 10).

Table m

Number of requests for abortion (A) and the number of abortus provocatus (B) by age group, per 10 000 women, 1971 - 1975^{†)}

	<i>Age group</i>											
	<i>15 - 19</i>			<i>20 - 24</i>			<i>25 - 34</i>			<i>35 - 44</i>		
	<i>A</i>	<i>B</i>	<i>%</i>	<i>A</i>	<i>B</i>	<i>%</i>	<i>A</i>	<i>B</i>	<i>%</i>	<i>A</i>	<i>B</i>	<i>%</i>
1971	102	50	49	108	43	40	97	52	54	62	42	68
1972	122	69	57	84	68	81	87	70	80	72	49	68
1973	87	86	99	100	91	91	68	56	82	59	48	81
1974	62	54	87	74	36	49	64	56	88	47	40	85
1975	50	23	46	56	22	39	51	50	98	58	39	57

†)

The frequencies relating to the number of cases of abortus provocatus are also expressed as percentages of the number of requests for abortion.

Initially the percentages proved clearly to increase annually per age group. This applies in particular to the 15 - 19 and 20 - 24 age groups. In 1974 this came to a halt. The relevant percentages did increase somewhat in comparison with 1973 in the 25 - 34 and 35 - 44 age groups, but in the 15 - 19 and 20 - 24 age groups a drop in the percentages proved to have occurred.

Now it is striking that in 1975 the percentages in the 15 - 19 and 20 - 24 age groups have fallen still further and that now a lower percentage is also seen in the 35 - 44 age group. An exception to

this is formed by the 25 - 34 age group, where the percentage has increased to almost 100.

If the 25 - 34 age group is left out of consideration, an interesting agreement between the relevant percentages in 1971 and 1975 catches the eye. Can it be that this must be regarded as an indication that the wish to be aborted is met less frequently than in recent years, or that women are less prepared than before to inform their doctors about the abortion?

This may be one of the reasons for the fall in the number of cases of abortus provocatus, at least insofar as that can be derived from the data of this registration.

Sterilization of the man

The number of sterilizations of the man performed per 10 000 of all men and per province group and urbanization group in 1974 - 1975 is given in Table n (cf. Fig. 11).

Table n

Number of sterilizations of the man performed, per province group and urbanization group per 10 000 of all men, 1974 - 1975

	<i>Province group</i>				<i>Urbanization group</i>			<i>Netherlands</i>
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>1</i>	<i>2</i>	<i>3</i>	
1974	14	40	38	77	34	41	62	46
1975	18	38	44	69	58	44	37	46

The number of sterilizations of the man performed proves to have remained the same as in 1974.

In the north, centre and west of the country the frequencies have increased somewhat. In the southern provinces a clear drop in the frequencies may be noted.

A remarkable phenomenon occurs with respect to the frequencies in

the urbanization groups. In the 1972 - 1974 period the frequencies proved to undergo an obvious increase with the degree of urbanization. In 1975 there was a complete reversal of this trend: the highest frequency is found in group 1 (rural municipalities) and the lowest in group 3. The frequencies found for 1975 with regard to the number of sterilizations of the woman performed are entirely in agreement with this (Table p).

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 men is given in Table o (cf. Fig. 11).

Table o

Number of sterilizations of the man performed, by age group, per 10 000 men, 1974 - 1975

	<i>Age group</i>					
	<i>15 - 19</i>	<i>20 - 24</i>	<i>25 - 34</i>	<i>35 - 44</i>	<i>45 - 54</i>	<i>55 - 64</i>
<i>1974</i>	-	9	110	186	39	4
<i>1975</i>	-	3	95	196	53	2

As in past years, the highest frequency is found in the 35 - 44 age group: 196 (as against 186 in 1974) sterilizations performed per 10 000 men. The 25 - 34 and 45 - 54 age groups follow, with respective frequencies of 95 and 53.

Sterilization of the woman

The number of sterilizations of the woman performed per 10 000 of all women per province group and urbanization group, in 1974 and 1975 is given in table p (cf. Fig. 12).

Table p

Number of sterilizations of the woman performed, per province group and urbanization group, per 10 000 of all women, 1974 - 1975

	<i>Province group</i>				<i>Urbanization group</i>			<i>Netherlands</i>
	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>1</i>	<i>2</i>	<i>3</i>	
1974	37	37	30	40	37	28	44	35
1975	58	50	41	53	55	47	39	46

The national frequency with regard to the number of sterilizations of the woman performed, has clearly increased in comparison with 1974 and is equal to that relating to the number of sterilizations of the man performed in 1975 (46).

All province groups prove to have been involved in this increase. The highest frequency falls in the northern provinces (in the case of men in the southern provinces).

Incidentally, it is noticeable that the frequencies in the various province groups differ to less of an extent (41 - 58) than those relating to sterilization of the man (18 - 69).

In the discussion of the frequencies relating to sterilizations of the man performed it was already remarked that in 1975, unlike previous years, the highest frequency was now observed in urbanization group 1 and the lowest in urbanization group 3. The same may be noted about the relevant frequencies with regard to sterilizations of the woman performed.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 women is given in Table q (cf. Fig. 12).

Table q

Number of sterilizations of the woman performed, by age group, per 10 000 women, 1974 - 1975

	<i>Age group</i>				
	<i>15 - 19</i>	<i>20 - 24</i>	<i>25 - 34</i>	<i>35 - 44</i>	<i>45 - 54</i>
1974	3	8	92	147	7
1975	-	14	132	177	25

In all age groups from 15 to 54 years a higher frequency than in 1974 is observed. The highest frequency (177) falls in the 35 - 44 age group, followed by the 25 - 34 age group, with 132 sterilizations per 10 000 women of that age group. Much lower frequencies are found in the other age groups.

Alcoholism

This heading relates to new patients whose alcoholism is presented as a problem by themselves or their environment. Patients who are identified as such solely by the physician himself have not been included in this category.

The number of alcoholics per 10 000 of all men or women and per province and urbanization group in 1975 is given in Table r (cf. Fig. 13).

Table r

Number of alcoholics per province group and urbanization group per 10 000 of all men or per 10 000 of all women, 1975

	<i>Province group</i>								<i>Urbanization group</i>						<i>Netherlands</i>	
	<i>A</i>		<i>B</i>		<i>C</i>		<i>D</i>		<i>1</i>		<i>2</i>		<i>3</i>		<i>M</i>	<i>F</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>		
1975	44	12	33	3	24	10	20	8	28	7	13	9	31	19	28	9

The frequency with regard to the number of alcoholics is three times as high among men as among women, being 28 and 9 respectively. The highest frequencies are found both for men and for women in the northern provinces: 44 and 12 respectively.

In the eastern province group, the centre and west of the country respectively and then the southern provinces gradually lower frequencies are observed for men. With respect to the urbanization groups the highest frequencies for both men and women are found in urbanization group 3: 31 and 19 respectively. For men urbanization group 1 follows immediately, with 28 alcoholics per 10 000 men.

Age and sex distribution

In table s a survey is given of the age-specific frequencies (cf. Fig. 14).

Table s

Number of alcoholics by age group and sex, per 10 000, 1975

	<i>Age group</i>													
	15.- 19		20 - 24		25 - 34		35 - 44		45 - 54		55 - 64		≥ 65	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1975	4	-	22	7	33	11	66	23	58	16	40	19	26	5

Among both men and women the highest frequency is found in the 35 - 44 age group: 66 and 23 respectively. For the men the 45 - 54 (58), 55 - 64 (40), 25 - 34 (33), ≥65 (26), 20 - 24 (22) and 15 - 19 (4) age groups follow. For women the second to sixth places are occupied by the 55 - 64 (19), 45 - 54 (16), 25 - 34 (11), 20 - 24 (7) and ≥65 (5) age groups.

Ulcus ventriculi/duodeni

This heading relates to new patients for whom the diagnosis was confirmed for the first time roentgenologically or gastroscopically (relapses do not fall into this category).

The number of patients with ulcus ventriculi/duodeni per 10 000 of all men or women and per province group and urbanization group in 1975 is given in Table t (cf. Fig. 15).

Table t

Number of patients with ulcus ventriculi/duodeni per province group and urbanization group per 10 000 of all men or per 10 000 of all women, 1975

	<i>Province group</i>								<i>Urbanization group</i>						<i>Netherlands</i>	
	<i>A</i>		<i>B</i>		<i>C</i>		<i>D</i>		<i>1</i>		<i>2</i>		<i>3</i>		<i>M</i>	<i>F</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>		
1975	66	3	23	14	23	11	15	8	39	9	17	8	29	14	27	11

The men display a frequency (27) which is nearly 2½ times that of women (11). In the various province groups and urbanization groups the ratio between the number of men and women with ulcus ventriculi/duodeni fluctuates around 2 : 1. Obvious anomalies may be seen in this respect in the northern provinces and the rural municipalities, where respective ratios of 22 : 1 and 4.3 : 1 are found. The highest frequencies (among men) are also found in this province group and urbanization group.

Age and sex distribution

In table u a survey is given of the age-specific frequencies, (cf. Fig. 16).

Table u

Number of patients with ulcus ventriculi/duodeni by age group and sex, per 10 000, 1975

	Age group													
	< 20		20 - 24		25 - 34		35 - 44		45 - 54		55 - 64		≥ 65	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1975	1	1	26	7	39	12	56	19	43	17	32	13	40	17

With regard to the male and female patients the highest frequencies are observed in the 35 - 44 age group: 56 and 19 respectively. For the men the 45 - 54, ≥65, 25 - 34, 55 - 64 and 20 - 24 age groups follow, with respective frequencies of 43, 40, 39, 32 and 26. With regard to the female patients the second to sixth places are occupied by the 45 - 54, ≥65, 55 - 64, 25 - 34 and 20 - 24 age groups, with respective frequencies of 17, 17, 13, 12 and 7.

Skull trauma in traffic

In this context skull trauma means any injury to the skull (except to the scalp) and/or to the skull's contents (including commotio cerebri) which according to the spotter physician may possibly have been caused by a road accident.

The patients were then subdivided into clinical and non-clinical cases. In this context a non-clinical patient is one for whom clinical treatment was not deemed necessary by the general practitioner (or specialist).

There was insufficient space in the weekly return to allow of subdividing this category of patients by sex as well.

The number of patients with a skull trauma resulting from a road accident for whom clinical or non-clinical treatment was deemed necessary, per 10 000 of all men and women and per province group and urbanization group, is given in Table v (cf. Fig. 17).

Table v

Number of patients with skull trauma (men and women together) as a result of a road accident, clinical and non-clinical cases, per province group and urbanization group, per 10 000 of all men and women, 1975

	<i>Province group</i>								<i>Urbanization group</i>						<i>Netherlands</i>	
	<i>A</i>		<i>B</i>		<i>C</i>		<i>D</i>		<i>1</i>		<i>2</i>		<i>3</i>		<i>1</i>	<i>2</i>
	<i>1*</i>	<i>2*</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>2</i>		
1975	25	35	36	39	15	21	23	36	39	43	19	23	10	26	22	27

*) 1: *clinical cases*

2: *non-clinical cases*

The frequency that relates to the clinical cases differs little from that with regard to the non-clinical cases (22 and 27 respectively).

With respect to the clinical cases the highest frequency is seen in the eastern provinces (36) and the lowest frequency in the centre and west of the country (15).

Classified by urbanization group, the highest frequency falls in the rural municipalities (39) and the lowest in urbanization group 3 (10).

The frequencies with regard to the non-clinical cases in the various province groups usually differ little from one another (35 - 39).

An exception is formed by the centre and west of the Netherlands where, as in the clinical cases, the lowest frequency (21) is observed.

In accordance with what is seen in the clinical cases, the frequency in the rural municipalities is the highest (43), followed at a considerable distance by urbanization group 2 and 3 (23 and 26 respectively).

Age distribution

Table w presents a survey of the age-specific frequencies (cf. Fig. 18).

Table w

Number of patients with skull trauma (men and women together) caused by a road accident, clinical and non-clinical cases, by age group, per 10 000, 1975

	<i>Age group</i>																					
	<1	1 - 4		5 - 9		10-14	15-19		20-24		25-34		35-44		45-54		55-64		>65			
	1 ¹)	2 ²)	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2		
1975	12	23	23	33	35	77	30	26	43	58	27	38	11	22	18	19	6	10	12	6	18	6

¹) 1: *clinical cases*

2: *non-clinical cases*

With regard to the clinical cases, the first and second places are occupied by the 15 - 19 and 5 - 9 age groups, with respective frequencies of 43 and 35.

In the non-clinical cases the highest frequencies are likewise found in these two age groups, though the order has changed and the first and second places are now occupied by the 5 - 9 and 15 - 19 age groups respectively (77 and 58).

Certificate for another dwelling issued

This category relates to medical certificates issued (not those requested) for another dwelling (including old people's homes). It should be added that:

1. If in one year more than one medical certificate for a dwelling was issued to a family, this was reported on each occasion in the weekly return;
2. in establishing this information the basis taken has been the person who requested the certificate. The reason for the issue of this certificate consequently does not emerge from this reporting.

The number of clients who received a certificate for another dwelling per 10 000 and per province and urbanization group is given in Table x (cf. Fig. 19).

Table x

Number of clients who received a certificate for another dwelling, per province group and urbanization group, per 10 000, 1975

	<i>Province group</i>								<i>Urbanization group</i>						<i>Netherlands</i>	
	<i>A</i>		<i>B</i>		<i>C</i>		<i>D</i>		<i>1</i>		<i>2</i>		<i>3</i>		<i>M</i>	<i>F</i>
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>		
1975	56	38	23	25	29	43	6	9	22	22	13	16	51	67	26	33

In general the certificate is issued somewhat more often to women than to men. A clear exception to this is formed by the northern provinces, where the frequency with regard to the number of certificates issued to men is considerably higher.

The highest frequencies are found in the northern provinces and in urbanization group 3. The low frequencies in the southern provinces are striking.

Age and sex distribution

Table y gives a survey of the age-specific frequencies (cf. Fig.20).

Table y

Number of clients who received a certificate for another dwelling by age group and sex, per 10 000, 1975

	<i>Age group</i>													
	15 - 19		20 - 24		25 - 34		35 - 44		45 - 54		55 - 64		≥ 65	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
1975	2	4	14	18	25	23	28	52	31	36	52	65	112	99

The frequency increases with age. However, among the women a dip is seen in the 45 - 54 age group.

EXTRAPOLATION OF SOME FREQUENCIES FOUND TO THE DUTCH POPULATION

The following survey gives an approximate impression of the number of patients, consultations and so on in the Netherlands, on the basis of the frequencies calculated from the results of the continuous morbidity registration by sentinel stations with regard to family planning, morning-after pill, abortus provocatus, sterilization of the man or the woman, alcoholism, ulcus ventriculi/duodeni, skull traumas in traffic and certificate for another dwelling issued.

As was remarked in the 1972 - 1974 annual reports, it must be borne in mind that the spotter physicians are a selected group. Consequently, it cannot be automatically established to what extent the results differ from the actual situation.

Category	Period	Frequency ¹⁾			Netherlands ²⁾		
		M	F	Total	M	F	Total
<i>First consultations concerning the pill</i>	1970		345			225000	
	1971		374			246000	
	1972		454			302000	
	1973		457			307000	
	1974		435			294000	
	1975		337			229000	
	<i>Other consultations concerning family planning</i>	1970	14	91		9000	59000
1971		34	120		22000	79000	
1972		30	123		20000	82000	
1973		33	117		22000	79000	
1974		27	110		18000	74000	
1975		26	107		18000	73000	
<i>Morning-after pill prescribed</i>		1972		53			35000
	1973		59			40000	
	1974		68			46000	
	1975		60			41000	
<i>Number of requests for abortion</i>	1970		29			19000	
	1971		43			28000	
	1972		41			27000	
	1973		36			24000	
	1974		28			19000	
	1975		26			18000	

(continued)

Category	Period	Frequency ¹⁾			Netherlands ²⁾		
		M	F	Total	M	F	Total
<i>abortus provocatus</i>	1971		22			14000	
	1972		30			20000	
	1973		31			21000	
	1974		22			15000	
	1975		17			12000	
<i>Sterilization of the man or the woman performed</i>	1972	24			16000		
	1973	40			27000		
	1974	46	35		31000	24000	
	1975	46	46		31000	31000	
<i>Alcoholism</i>	1975	28	9		19000	6000	
<i>Ulcus ventriculi/duodeni</i>	1975	27	11		18000	7000	
<i>Skull traumas in traffic</i>							
- clinical cases	1975			22			30000
- non-clinical cases	1975			27			37000
<i>Certificate for another dwelling issued</i>	1975	26	33		18000	22000	

1) Number of patients, consultations etc. per 10 000 men and/or women (sentinel station data)

2) Extrapolation of the frequencies to the Dutch population, in round thousands

GENERAL REMARKS

1. The questions on the weekly return for 1976 have been compiled as follows by the programme committee:
 - a. influenza (-like illnesses)
 - b. measles
 - c. psoriasis
 - d. prescription of antihypertensivum or diuretic
 - e. cervix smear
 - f. consultations for family planning (first consultations only)
 - g. sterilization of the man performed
 - h. sterilization of the woman performed
 - i. prescription of morning-after pill
 - j. abortus provocatus
 - k. skull traumas in traffic

2. Suggestions relating to the questions on the weekly returns will be gladly received by the programme committee and evaluated insofar as they relate to their application to this project.

Dr H. Bijkerk

Mrs H.J.A. Collette, M.D.

Bijlage 1

Continue Morbiditeits Registratie Peilstations
1975

Deelnemende artsen

Naam:	Plaats:	Provincie:
A.A.E.E. Brockmöller ^{†)}	't Zandt	Groningen
F.H. Mulder (tot 1-12-'75)	Groningen	Groningen
J.Th. Ubbink (vanaf 1-12-'75)	Groningen	Groningen
J. Vennema	Franeker	Friesland
S. Vriesinga ^{†)}	Oostermeer	Friesland
W.G. Bliek ^{†)}	Schoonoord	Drenthe
H.W. Reinking/F.M. van Soest/ R.F. Sparenburg (comb.praktijk)	Assen	Drenthe
K.H.G. Bakker (van 1-4-'75 tot 1-7-'75)	Kampen	Overijssel
Th.J. van Dam	Swifterbant	Overijssel
Dr H.K. Muller (tot 1-4-'75)	Kampen	Overijssel
H. Nap	Gramsbergen	Overijssel
R.C. Veldhuijzen van Zanten ^{†)}	Enter	Overijssel
J.E. Bekkering (tot 1-2-'75)	Nijmegen	Gelderland
Th.M.G. van Berkestijn	Velp	Gelderland
J.H. de Boer/Dr J.van Noort (comb. praktijk) ^{†)}	Zelhem	Gelderland
J.P. van Dam	Nijmegen	Gelderland
S.W.A. Holla (vanaf 1-2-'75)	Nijmegen	Gelderland
Dr H. Mulder ^{†)}	Heerde	Gelderland
G.E. van de Burger ^{†)}	Linschoten	Utrecht

Bijlage 1 (vervolg)

Deelnemende artsen

Naam:	Plaats:	Provincie:
J. Hartog ¹⁾ /F.K.A. Fokkema (comb. praktijk)	Amersfoort	Utrecht
P.J. Kromeich/J.A.J. van Poppel (comb. praktijk)	Utrecht	Utrecht
J. Busquet/M.M. Spoor (comb. praktijk)	Alkmaar	Noord-Holland
C. den Hartoog ^{*)}	Broek in Waterland	Noord-Holland
A.A.M.E. Janssen	Heiloo	Noord-Holland
H.J. v.d. Leen	Hilversum	Noord-Holland
Dr P.A. Roorda	Haarlem	Noord-Holland
H.O. Sigling/Mw. A.J. Arbouw (comb. praktijk)	Amstelveen	Noord-Holland
Mw. P.J. Ypenburg-Visser	Amsterdam	Noord-Holland
H.L. van Amerongen/Mw. H.J. Haag (comb. praktijk)	Rotterdam	Zuid-Holland
Dr B.J.M. Aulbers/J.E.G. Nieuwkamer (comb. praktijk)	Delft	Zuid-Holland
J. Beunk	Maassluis	Zuid-Holland
Dr A.W. Bots ^{*)}	Voorhout	Zuid-Holland
G. Dorrenboom	Rotterdam	Zuid-Holland
G. van Gangelen	Sliedrecht	Zuid-Holland
J.B. Hugenholtz/J.W. de Haan (comb. praktijk)	Oegstgeest	Zuid-Holland
Dr A.P. Oliemans	Den Haag	Zuid-Holland
A.G. Stam	Dordrecht	Zuid-Holland
Th.J. van Stockum Jr.	Den Haag	Zuid-Holland
B.J. van Vianen	Den Haag	Zuid-Holland

1) tot 1-4-'75 en vanaf die datum opgevolgd door I.K.I. de Jong-Kilian

Bijlage 1 (vervolg)

Deelnemende artsen

Naam:	Plaats:	Provincie:
R.J.P. Bauwens	Terneuzen	Zeeland
M. Reyerse	Middelburg	Zeeland
K.E.W. Ebeling-Koning	Eindhoven	Noord-Brabant
Dr H.A.M. Hoevenaars ^{‡)}	Uden	Noord-Brabant
R.J.F.M. Leijgraaf/ A.F.A. van de Reepe (comb. praktijk) ^{‡)}	Etten	Noord-Brabant
S.H.H.M. v.d. Meer ^{‡)}	Rosmalen	Noord-Brabant
Dr J.P.C. Moors ^{‡)}	Rosmalen	Noord-Brabant
J.W.G.A. van Rens	Oirschot	Noord-Brabant
A. Sluyters/H.v.Herwaarden (comb. praktijk)	Ravenstein	Noord-Brabant
Dr J.L.M. Raupp	Eindhoven	Noord-Brabant
N.G.M. Courtens (tot 1-2-'75)	Maastricht	Limburg
J.M.M. Hermans	Weert	Limburg
R.A.M. de Jong (vanaf 1-2-'75)	Maastricht	Limburg

^{‡)} Apotheek-houdend

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS 1975

Proj. no.	Regel no.	Verzlag jaar	Week no.	Code peilstations	Rapport dagen
4 0 0	7 5	7 5			
1-3	4-5	6-7	8-9	10-13	14

Regel no.	Leeftijdsgroep	5-daagse rapportering ¹⁾						weekrapportering ¹⁾										
		Influenza (achtig ziektebeelden ²⁾)		Mezelen ²⁾		Adviezen gebouwen voor de eerste maal		Sterilisatie van de man verricht	Sterilisatie van de vrouw verricht	Morging- after-pil voorgeschreven ⁴⁾	Verzoek om abortus	Abortus provocatus ⁵⁾	Alcoholisme ⁶⁾	Ultraschot/ diagnost. ⁷⁾	Schedeltrauma in verkeer ⁸⁾		Afgelopen verandering voor andere woning ⁹⁾	
		Gewaccineerd ³⁾	Niet gewaccineerd	M	V	M	V								Ovulteringsmer voorgeschreven	Overige adviezen		Klinisch ⁹⁾
01	< 1																	
02	1-4																	
03	5-9																	
04	10-14																	
05	15-19																	
06	20-24																	
07	25-34																	
08	35-44																	
09	45-54																	
10	55-64																	
11	≥ 65																	

Weeknummer: Aantal dagen gerapporteerd: 0 1 2 3 4 5 (als veertorst 1)

N.B. 1) De toelommen hebben deels betrekking op een 5-daagse rapportering (maandag tot en met vrijdag). Door vakantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over andere dagen uitstreken. Het is mogelijk dat de overige velden niet het gewenste aantal dagen omvatten. Het is mogelijk, ook de lijsten het weekend voor gemiddelde patiënten te rapporteren.

2) Betreft uitsluitend nieuwe patiënten.

3) Tenminste 1 maand en een hoogste 1 jaar geleden heeft plaats gevonden.

4) Uitsluitend indien er een directe indicatie is. Indien een recept voor de morging-after-pil wordt niet te worden gerapporteerd.

5) Lage arts of niet lage arts verricht.

6) Het betreft alleen wienes alcoholisme door hunzelf of hun omgeving als probleem wordt gerapporteerd. Patiënten die uitsluitend door de arts zelf als zodanig worden onderkend, vallen niet in deze categorie.

7) Betreft nieuwe patiënten bij wie diagnose voor het eerst röntgenologisch of gastroscopisch werd bevestigd (recidie-trauma wordt verslaan enig tselal in deze categorie).

8) Onder schedeltrauma wordt verslaan enig tselal van de schedel (uitgezonderd die van de hoofd- en nekgebied). Het is mogelijk dat de arts mogelijk een gevolg kan zijn van een verkeersongeval. Dergelijke trauma's dienen slechts te worden gerapporteerd.

9) Onder een niet-klinische patiënt wordt in dit verband verslaan een patiënt voor wie klinische behandeling volgens de huisarts (of specialist) niet noodzakelijk wordt (werd) geacht. Indien later een klinische behandeling wordt gegeven, zal het op hoge prijs gesteld worden indien daarvan de projectleider op de hoogte wordt gesteld.

10) Het betreft hier om afgevoerd (niet de gevraagde) medische verklaringen voor een andere woning (inclusief verzorgingsgebied).

TABEL Ia

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
1E KWARTAAL 1975 PER 10.000

LEEFTYDS- GROEP	POPULATIE		INFLUENZA(-ACHTTIG ZIEKTEBEELD NIET GEVACCINEERDD)						MAZELEN			ADV.+GEB.+REG. 1E MAAL OVUL.			STERILISATIE' VERRICHT		
	M	V	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	1047	991	2038	10	-	5	287	232	260	-	-	-	-	-	-	-	-
1 - 4 JR	5315	5244	10559	11	17	14	531	452	492	13	17	15	-	-	-	-	-
5 - 9 JR	6936	6598	13534	4	11	7	467	427	448	4	5	4	-	-	-	-	-
10 - 14 JR	6533	6418	12951	6	9	8	444	396	420	-	-	-	5	2	3	2	-
15 - 19 JR	6060	6115	12175	12	10	11	416	474	445	-	-	-	263	2	41	21	-
20 - 24 JR	6240	7334	13574	8	22	15	478	410	441	2	-	1	277	10	68	41	-
25 - 34 JR	11622	11983	23605	19	11	15	511	465	488	-	-	-	133	14	53	34	28
35 - 44 JR	8598	8832	17430	27	34	30	562	554	558	2	-	1	67	20	68	44	54
45 - 54 JR	7537	7571	15108	48	36	42	545	437	491	-	-	-	20	8	17	13	7
55 - 64 JR	5703	6020	11723	47	35	41	428	405	416	-	-	-	-	2	-	1	2
=> 65 JR	5937	7600	13537	54	79	68	283	371	332	-	-	-	-	-	-	-	-
TOTAAL	71528	74706	146234	23	26	25	472	440	456	2	2	2	80	7	29	18	12

TABELL 1a(vervolg)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
1E KWARTAAL 1975 PER 10.000

LEEFTYDS- GROEP	MORN. VERZ. AFTER ABOR PIL TUS		ABOR TUS PROV		ALCOHOLISME		ULCUS VENTRICULI- DUOBENI		SCHEDELTRAU- AFGEGEVEN KL N.KL		VERKLE- RING VOOR ANDERE WONING		
	V	V	V	V	M	T	M	T	M/V	M/V	M	V	T
< 1 JR	-	-	-	-	-	-	-	-	-	10	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	6	6	-	-	-
5 - 9 JR	-	-	-	-	-	-	-	-	11	15	-	-	-
10 - 14 JR	3	5	-	-	-	-	2	-	1	6	3	-	-
15 - 19 JR	51	11	7	2	-	1	-	-	-	8	5	-	2
20 - 24 JR	41	11	4	2	3	2	10	-	4	3	12	2	4
25 - 34 JR	35	11	12	5	2	3	12	2	7	-	4	8	8
35 - 44 JR	18	14	11	16	5	10	15	3	9	3	5	5	10
45 - 54 JR	7	-	-	20	1	11	13	8	11	-	1	7	5
55 - 64 JR	-	-	-	9	2	5	7	-	3	3	2	9	7
=> 65 JR	-	-	-	8	4	6	12	3	7	4	-	20	14
TOTAAL	17	6	4	7	2	4	8	2	5	4	5	5	6

AANTAL WEEKSTATEN 637 WAARVAN GECORRIGERD 154 MET 0229 RAPPORTERINGS-DAGEN.

TABEL 1b

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1975 PER 10.000

LEEFTYDS- GROEP	POPULATIE			INFLUENZA (-ACHTIG ZIEKTEBEELD GEVACCINEERD			MAZELEN			ADV.GEB.-REG. 1E MAAL OVUL.			STERILISATIE' VERRICHT			
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	
< 1 JR	966	929	1895	10	22	16	62	11	37	-	22	11	-	-	-	-
1 - 4 JR	4928	4888	9816	6	14	10	85	65	75	16	6	12	-	-	-	-
5 - 9 JR	6517	6148	12665	5	2	3	61	52	57	5	8	6	-	-	-	-
10 - 14 JR	6143	6103	12246	5	-	2	46	29	38	-	-	-	3	-	2	1
15 - 19 JR	5662	5759	11421	2	3	3	39	49	44	-	-	-	361	9	31	20
20 - 24 JR	5822	6801	12623	7	3	5	65	35	49	-	-	-	298	9	59	36
25 - 34 JR	10697	11137	21834	6	2	4	53	40	47	-	1	0	145	9	66	38
35 - 44 JR	8055	8354	16409	6	2	4	71	63	67	1	-	1	65	20	43	32
45 - 54 JR	7009	7078	14087	11	8	10	88	54	71	-	-	-	25	4	14	9
55 - 64 JR	5299	5590	10889	8	-	4	53	54	53	-	-	-	-	-	-	-
=> 65 JR	5492	7108	12600	16	8	12	42	39	40	-	-	-	-	-	-	-
TOTAAL	66590	69895	136485	7	4	6	61	47	54	2	2	2	93	6	25	16

CONTINUE MORRIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1975 PER 10.000

LEEFYDS- GROEP	MORN- AFTER		ABOR- TUS		ABOR- TUS		ALCOHOLISME		ULCUS		VENTRICULI- DUODENI		SCHEDELTRAU- MA IN VERKEER		AFGESEVEN		VERKLARING		
	V	V	V	V	M	M	V	T	M	V	M/V	M/V	M	V	M	V	M	T	
< 1 JR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	-	10	10	-	-	-	-	-	-	-
5 - 9 JR	-	-	-	-	-	-	-	-	-	-	8	16	-	-	-	-	-	-	-
10 - 14 JR	2	2	-	-	-	-	-	-	-	-	8	11	-	-	-	-	-	-	-
15 - 19 JR	66	12	7	2	-	1	-	-	-	-	5	19	-	-	-	-	-	-	-
20 - 24 JR	53	22	7	7	1	4	3	1	2	7	9	5	4	5	-	-	-	-	-
25 - 34 JR	24	15	17	10	2	6	8	4	6	4	6	3	4	4	-	-	-	-	-
35 - 44 JR	16	18	8	15	7	11	15	8	12	4	2	9	14	12	-	-	-	-	-
45 - 54 JR	7	-	-	19	7	13	17	1	9	1	3	4	8	6	-	-	-	-	-
55 - 64 JR	-	-	-	11	4	7	9	4	6	-	2	17	20	18	-	-	-	-	-
=> 65 JR	-	-	-	9	-	4	15	4	9	3	1	22	32	28	-	-	-	-	-
TOTAAL	17	8	5	8	2	5	7	3	5	5	7	6	9	7	-	-	-	-	-

AANTAL WEEKSTATEN 635 WAARVAN GECORRIGEERD 269 MET 0515 RAPPORTERINGS-DAGEN.

Tabel 1c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1975 PER 10.000

LEEFTYDS- GROEP	POPULATIE			INFLUENZA(-ACHTIG ZIEKTEBEELD GEVACCINEERD NIET GEVACCINEERDD						MAZELEN			ADV.GEB.-REG. 1E MAAL OVUL.			STERILISATIE' VERRICHT		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	834	801	1635	-	-	-	144	12	80	-	12	6	-	-	-	-	-	-
1 - 4 JR	4233	4189	8422	14	14	14	76	50	63	19	12	15	-	-	-	-	-	-
5 - 9 JR	5629	5287	10916	4	-	2	66	61	63	4	4	4	-	-	-	-	-	-
10 - 14 JR	5260	5202	10462	4	4	4	42	38	40	6	2	4	6	-	-	-	-	-
15 - 19 JR	4881	4906	9787	4	2	3	45	61	53	-	-	-	351	6	45	26	-	-
20 - 24 JR	4967	5762	10729	2	3	3	77	35	54	-	-	-	292	10	68	41	-	2
25 - 34 JR	9167	9556	18723	8	5	6	75	52	64	-	1	1	150	11	68	40	26	28
35 - 44 JR	6896	7142	14038	10	4	7	88	48	68	-	-	-	67	13	39	26	38	49
45 - 54 JR	6042	6050	12092	2	5	3	53	36	45	-	-	-	10	5	21	13	8	3
55 - 64 JR	4552	4768	9320	4	2	3	48	71	60	-	-	-	-	-	-	-	-	-
=> 65 JR	4713	6046	10759	15	2	7	36	28	32	-	-	-	-	-	-	-	-	-
TOTAAL	57174	59709	116883	6	4	5	64	47	55	2	2	2	90	5	28	17	10	11

Tabel 1c(vervolg)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
3E KWARTAAL 1975 PER 10,000

LEEFTYDS- GROEP	MORN. VERZ. AFTER ABOR PIL TUS		ABOR TUS PROV		ALCOHOLISME		ULCUS VENTRICULI- DUOBENI		SCHEDELTRAU- MA IN VERKEER RING VOOR KL N-KL		AFGEGEVEN VERKLARING ANDERE MONING		
	V	V	V	V	T	M	V	T	M/V	M/V	M	V	T
< 1 JR	-	-	-	-	-	-	-	-	12	-	-	-	-
1 - 4 JR	-	-	-	-	-	5	2	5	12	-	-	-	-
5 - 9 JR	-	-	-	-	-	-	-	8	23	-	-	-	-
10 - 14 JR	-	-	2	-	-	-	-	10	4	-	-	-	-
15 - 19 JR	53	16	4	-	-	-	2	1	12	10	-	-	-
20 - 24 JR	42	14	7	6	3	5	10	2	6	10	5	4	9
25 - 34 JR	21	18	12	9	4	6	10	4	7	3	7	9	7
35 - 44 JR	15	18	10	17	7	12	16	3	9	3	7	10	14
45 - 54 JR	3	-	2	8	5	7	8	3	6	-	5	13	12
55 - 64 JR	-	-	-	9	10	10	7	-	3	2	2	11	17
=> 65 JR	-	-	-	6	-	3	11	2	6	5	-	34	23
TOTAAL	14	8	4	4	6	3	5	7	2	4	6	7	8

AANTAL WEEKSTATEN 618 WAARVAN GECORRIGEERD 206 MET 0082 RAPPORTERINGS-DAGEN.

Tabel 1d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
4E KWARTAAL 1975 PER 10,000

LEEFTYDS- GROEP	POPULATIE			INFLUENZA(-ACHTIG ZIEKTEBEELD NIET GEVACCINEERD)						MAZELEN (GEVACCINEERD)						ADV.GEB.REG. 1E MAAL OVUL.			STERILISATIE' VERRICHT		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	786	776	1562	-	-	-	115	129	122	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	4391	4311	8702	5	-	2	98	90	94	9	14	11	-	-	-	-	-	-	-	-	-
5 - 9 JR	6402	6156	12558	5	2	3	72	71	72	8	3	6	-	-	-	-	-	-	-	-	-
10 - 14 JR	6363	6275	12638	3	2	2	66	43	55	3	3	3	-	-	-	-	-	-	-	-	-
15 - 19 JR	5906	6145	12051	-	2	1	63	62	62	-	-	-	-	-	-	5	41	23	-	-	-
20 - 24 JR	5773	6690	12463	5	1	3	126	93	108	-	-	-	-	-	200	29	52	42	3	9	6
25 - 34 JR	11575	11696	23271	4	6	5	78	86	82	-	-	-	-	-	134	10	51	31	21	34	28
35 - 44 JR	8278	8315	16593	11	8	10	124	125	125	-	-	-	-	-	64	21	48	34	51	55	53
45 - 54 JR	7317	7568	14885	3	8	5	124	107	116	-	-	-	-	-	28	8	22	15	15	8	11
55 - 64 JR	5368	5764	11132	6	5	5	112	82	96	-	-	-	-	-	-	-	-	-	-	-	-
=> 65 JR	5852	7712	13564	14	16	15	62	69	66	-	-	-	-	-	-	-	-	-	-	-	-
TOTAAL	68011	71408	139419	5	5	5	93	85	89	2	1	2	74	8	25	17	12	14	14	13	13

LEEF- TIDSGR- GROEP	MORN. VERZ. AFTER ABOR PIL TUS		ABOR PRIV		ALCOHOLISME			ULCUS VENTRICULI- DUODENI			SCHEDELTRAU- MA IN VERKEER RING VOOP KL N.KL			VERKLARING ANDERE WONING		
	V	V	V	V	M	T	M	V	M	V	T	M	V	M	V	T
< 1 JR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	-	-	13	-	-	-	-
5 - 9 JR	-	-	-	-	-	-	-	-	-	-	-	2	5	-	-	-
10 - 14 JR	-	-	-	-	-	-	-	-	-	2	1	8	23	-	-	-
15 - 19 JR	24	11	5	-	-	-	-	-	-	2	-	1	6	8	-	-
20 - 24 JR	40	9	4	7	-	-	-	-	-	2	-	1	18	24	2	2
25 - 34 JR	25	7	9	9	3	6	9	2	5	4	7	12	3	1	2	-
35 - 44 JR	13	8	10	18	4	11	10	5	7	8	5	4	5	4	14	9
45 - 54 JR	7	3	-	11	3	7	5	5	5	1	7	11	9	-	-	-
55 - 64 JR	2	-	-	11	3	7	9	9	9	7	-	15	21	18	-	-
=> 65 JR	-	-	-	3	1	2	2	8	5	6	5	36	30	32	-	-
TOTAAL	12	4	4	7	2	4	5	4	4	4	7	8	7	9	8	-

AANTAL WEEKSTATEN 610 WAARVAN SECORRISEERD 162.MET 0214 RAPPORTERINGSDAGEN.

TABEL 2a

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1975 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLUENZA(-)ACHTIG ZIEKTEBEEELD GEVACCINEERD NIET BEVACCINEERDD			MAZELEN			ADV.GEB.+REG. 1E MAAL OVUL.			STERILISATIE/ VERRICHT						
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T				
GR+FR+DR	7055	7111	14166	50	49	49	553	467	510	9	4	6	70	9	25	17	3	10	6
OV+GLD+ZYP	13206	13581	26787	20	24	22	674	595	634	-	3	1	84	7	21	14	10	10	10
UTR+NH+ZH	35935	38174	74109	18	21	19	339	342	341	0	0	0	79	4	15	10	12	7	10
ZLD+NB+LIM	15332	15840	31172	27	31	29	578	537	557	5	3	4	85	13	68	41	19	14	16
TOTAAL	71528	74706	146234	23	26	25	472	440	456	2	2	2	80	7	29	18	12	9	11

TABEL 2a(vervolg)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1975 PER 10.000

PROVINCIE GROEP	MOKN. VERZ. AFTER ABOR PIL TUS			ALCOHOLISME			ULCUS VENTRICULI- DUODENI			SCHEDELTRAU- AFGEGEVEN			MA IN VERKEER KL N.KL			VERKLARING ANDERE MONING			
	V	V	T	M	V	T	M	V	T	M/V	M	V	T	M	V	T	M	V	T
GR+FR+DR	13	3	11	1	6	20	-	10	6	6	9	6	7	-	-	-	-	-	-
OV+GLD+ZYP	21	7	4	11	6	7	4	5	4	6	6	2	4	-	-	-	-	-	-
UTR+NH+ZH	15	6	4	5	2	3	5	2	4	4	5	6	9	-	-	-	-	-	-
ZLD+NB+LIM	20	7	6	5	2	3	8	-	4	3	6	1	1	-	-	-	-	-	-
TOTAAL	17	6	4	7	2	4	8	2	5	4	5	5	6	5	-	-	-	-	-

TABEL 2b
CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
2E KWARTAAL 1975 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLUENZA-ACHTIG ZIEKTEBEELD GEVACCINEERD NIET GEVACCINEERD			MAZELEN			ADV.GEB.REG. 1E MAAL OVUL.			STERILISATIE VERRICHT						
	M	V	T	M	V	T	M	V	T	V	M	T	M	V	T				
GR+FR+DR	6541	6591	13132	11	6	8	49	29	39	3	-	2	58	11	32	21	5	21	13
OV+GLD+ZYP	12198	12607	24805	16	9	12	112	83	98	-	2	1	80	7	26	17	13	14	14
UTR+NH+ZH	32453	34629	67082	5	3	4	40	31	35	2	2	2	100	3	14	9	12	10	11
ZLD+NB+LIM	15398	16068	31466	3	3	3	73	62	67	4	2	3	101	8	46	28	14	14	14
TOTAAL	66590	69895	136485	7	4	6	61	47	54	2	2	2	93	6	25	16	12	12	12

TABEL 2b(vervolg)
CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
2E KWARTAAL 1975 PER 10.000

PROVINCIE GROEP	MORN. VERZ. AFTER ABOR PIL TUS		ABOR TUS PROV		ALCOHOLISME		ULCUS VENTRICULI- DOUBENI		SCHEDELTRAU- MA IN VEKKEER RING KL N.KL		AFGEGEVEN VERKLARING ANDERE WONING								
	V	V	M	V	T	M	V	T	M/V	M/V	M	V	T						
GR+FR+DR	12	11	3	14	3	8	11	-	5	6	14	11	6	8	-	-	-	-	-
OV+GLD+ZYP	26	6	3	11	1	6	7	4	5	6	6	6	10	8	-	-	-	-	-
UTR+NH+ZH	14	9	7	7	3	5	8	3	6	3	5	7	12	9	-	-	-	-	-
ZLD+NB+LIM	19	7	4	5	2	4	4	1	3	6	12	-	2	1	-	-	-	-	-
TOTAAL	17	8	5	8	2	5	7	3	5	5	7	6	9	7	-	-	-	-	-

AANTAL WEEKSTATEN 635 WAARVAN GEORRIGEREED 269 MET 0515 RAPPORTERINGS-DAGEN.

Tabel 2c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1975 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLUENZA(-)ACHTIG ZIEKTEBEELD GEVACCINEERD NIET GEVACCINEERDD						ADV.GEB.REG. 1E MAAL OVUL.			STERILISATIE/ VERRICHT						
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T				
GR+FR+DR	6279	6249	12528	22	13	18	83	69	76	2	2	2	90	2	34	18	5	10	7
OV+GLD+ZYP	9280	9493	18773	6	3	5	156	113	134	4	5	5	88	6	27	17	3	15	9
UTR+NH+ZH	27977	29740	57717	4	4	4	29	26	27	1	1	1	89	5	21	13	10	9	10
ZLD+NB+LIM	13638	14227	27865	5	1	3	63	39	51	4	1	2	96	7	40	24	17	12	14
TOTAAL	57174	59709	116883	6	4	5	64	47	55	2	2	2	90	5	28	17	10	11	10

Tabel 2c (vervolg)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1975 PER 10.000

PROVINCIE GROEP	MORN. VERZ. AFTER ABOR PIL TUS			ALCOHOLISME			ULCUS VENTRICULI- BUIDENI			SCHEDELTRAU- AFGEGEVEN			VERKLARING MA IN VERKEER RING VOOR ANDERE WONING				
	V	V	T	M	V	T	M	V	T	M/V	M/V	M	V	T	M	V	T
GR+FR+DR	14	2	3	6	5	6	21	2	11	6	8	19	11	15	-	-	-
OV+GLD+ZYP	15	9	4	5	1	3	6	3	5	12	12	4	5	5	-	-	-
UTR+NH+ZH	14	8	4	7	4	6	6	1	3	3	6	9	11	10	-	-	-
ZLD+NB+LIM	12	8	5	4	2	3	1	4	3	6	7	4	5	4	-	-	-
TOTAAL	14	8	4	6	3	5	7	2	4	6	7	8	9	8	-	-	-

Tabel 2d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1975 PER 10.000

PROVINCIE GROEP	POPULATIE		INFLUENZA(-)ACHTIG ZIEKTEBEELD GEVACCINEERD NIET GEVACCINEERDD				ADV.-GEB.-REG. 1E MAAL OVUL.				STERILISATIE' VERRICHT								
	M	V	T.	M	V	T	M	V	T	M	V	T	M	V	T				
GR+FR+DR	8401	8659	17060	4	3	4	71	61	66	1	-	1	54	6	31	19	5	17	11
OV+GLD+ZYP	10607	10738	21345	7	7	7	168	148	158	1	4	2	73	10	20	15	12	11	12
UTR+NH+ZH	33005	35395	68400	4	5	5	51	45	48	1	1	1	78	5	18	12	10	15	12
ZLD+NB+LIM	15998	16616	32614	8	6	7	138	138	138	4	1	2	78	14	39	27	19	13	16
TOTAAL	68011	71408	139419	5	5	5	93	85	89	2	1	2	74	8	25	17	12	14	13

Tabel 2d(vervolg)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1975 PER 10.000

PROVINCIE GROEP	MORB. VERZ. AFTER ABOR PIL TUS		ABOR TUS PROV		ALCOHOLISME		ULCUS VENTRICULI- DUODENI		SCHEDELTRAU- MA IN VERKEER RING VOOR KL N+KL		AFGEGEVEN VERKLARING ANDERE MONGING								
	V	V	M	V	T	M	V	T	M/V	M/V	M	V	T						
GR+FR+DR	15	6	5	13	3	8	14	1	8	7	7	17	15	16	-	-	-	-	-
OV+GLD+ZYP	15	5	7	6	-	3	3	3	3	14	15	7	8	8	-	-	-	-	-
UTR+NH+ZH	12	4	4	5	1	3	4	5	4	5	5	7	11	9	-	-	-	-	-
ZLD+NB+LIM	10	4	1	6	2	4	2	3	2	8	11	1	1	1	-	-	-	-	-
TOTAAL	12	4	4	7	2	4	4	5	4	4	7	8	7	9	8	-	-	-	-

AANTAL WEEKSTATEN 610 WAARVAN SECORRIGEERD 162 MET 0214 RAPPORTERINGS-DAGEN.

TABEL 3a

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1975 PER 10.000

URBANISATIE GROEP	POPULATIE		INFLUENZA(-ACHTIG ZIEKTEBEELD NIET GEVACCINEERDD				ADV.-GEB.-REG. 1E MAAL OVUL.				STERILISATIE/ VERRICHT							
	M	V	M	T	M	V	T	M	V	T	M	V	T	M	V			
A1-A4	16135	16010	23	17	20	698	588	643	1	2	2	68	7	28	17	15	7	11
B1-B3+C1-C4	35657	37808	19	21	20	446	424	435	3	1	2	95	8	35	22	12	11	12
C5	19736	20888	32	43	38	337	359	349	1	2	1	64	4	17	11	10	8	9
TOTAAL	71528	74706	23	26	25	472	440	456	2	2	2	80	7	29	18	12	9	11

TABEL 3a(vervolg)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1975 PER 10.000

URBANISATIE GROEP	MORN. VERZ. AFTER ABOR PIL TUS		ABOR TUS PROV		ALCOHOLISME		ULCUS VENTRICULI- DUODENI		SCHEDELTRAU- AFGESEVEN		VERKLARING ANDERE WONING						
	V	V	M	V	M	V	T	M/V	M/V	M	V	T					
A1-A4	17	9	6	8	1	5	9	2	6	8	3	1	2	-	-	-	-
B1-B3+C1-C4	17	3	2	4	1	3	7	2	4	3	2	2	3	2	-	-	-
C5	16	9	6	10	3	6	7	2	4	1	8	13	14	13	-	-	-
TOTAAL	17	6	4	7	2	4	8	2	5	4	5	6	6	5	-	-	-

55

AANTAL WEEKSTATEN 637 MAARVAN GECORRIGEERD 154 MET 0229 RAPPORTERINGSDAGEN.

TABELL 3b
CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
2E KWARTAAL 1975 PER 10.000

URBANISATIE GROEP	POPULATIE		INFLUENZA(-)ACHTIG ZIEKTEBEELD GEVACCINEERD				MAZELEN NIET GEVACCINEERDD				ADV.-GEB.-REG. 1E MAAL OVUL.				STERILISATIE' VERRICHT				
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V		
A1-A4	15831	15749	31579	7	5	6	71	48	60	1	3	2	85	12	33	22	15	17	16
B1-B3+C1-C4	31046	33089	64136	7	5	6	56	44	50	2	1	2	102	5	30	18	11	12	11
C5	19713	21057	40770	7	2	4	63	52	57	3	1	2	83	3	13	8	11	10	11
TOTAAL	66590	69895	136485	7	4	6	61	47	54	2	2	2	93	6	25	16	12	12	12

TABELL 3b(vervolg)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
2E KWARTAAL 1975 PER 10.000

URBANISATIE GROEP	MOHN.-VERZ. AFTER ABOR PIL TUS		ABOK PROV		ALCOHOLISME		ULCUS VENTRICULI- DUODENI		SCHEDELTRAU- HA IN VERKEER RING VOOR KL N.KL		VERKLARING ANDERE WONING								
	V	V	M	V	T	M	V	T	M/V	M/V	M	T							
A1-A4	27	13	8	11	1	6	12	1	7	10	15	5	8	7	-	-	-	-	-
B1-B3+C1-C4	13	4	3	4	2	3	5	2	4	5	8	2	4	3	-	-	-	-	-
C5	16	10	6	11	4	7	7	4	5	1	2	12	17	14	-	-	-	-	-
TOTAAL	17	8	5	8	2	5	7	3	5	5	7	6	9	7	-	-	-	-	-

AANTAL WEEKSTATEN 635 WAARVAN GECORRIGEERD 269 MET 0515 RAPPORTERINGS-DAGEN.

Tabel 3c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1975 PER 10.000

URBANISATIE GROEP	POPULATIE		INFLUENZA(-ACHTTIG ZIEKTEBEELD GEVACCINEERD			MAZELEN NIET GEVACCINEERDD			ADV.-GEB.-RES. 1E MAAL OVUL.			STERILISATIE' VERRICHT						
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T			
A1-A4	14270	14156	28426	11	8	10	112	85	99	3	4	3	85	8	33	20	13	13
B1-B3+C1-C4	26369	27959	54328	5	3	4	46	31	38	3	1	2	103	5	31	19	10	9
C5	16535	17594	34129	4	3	4	51	42	46	1	1	1	74	4	19	11	7	11
TOTAAL	57174	59709	116883	6	4	5	64	47	55	2	2	2	90	5	28	17	10	11

Tabel 3c (vervolg)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1975 PER 10.000

URBANISATIE GROEP	MORN. VERZ. AFTER ABOR PIL TUS		ABOR TUS PROV		ALCOHOLISME			ULCUS VENTRICULI- DUODENI			SCHEDELTRAU- MA IN VERKEER RING VOOR KL N.KL			VERKLARING ANDERE WONING		
	V	V	M	V	T	M	V	T	M/V	M/V	H	V	T	M	V	T
A1-A4	18	10	5	8	1	5	9	4	6	8	9	7	6	6	-	-
B1-B3+C1-C4	11	6	4	4	3	3	3	2	3	6	6	5	4	5	-	-
C5	15	8	5	7	6	6	10	1	6	2	7	14	18	16	-	-
TOTAAL	14	8	4	6	3	5	7	2	4	6	7	8	9	8	-	-

Tabel 3d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
4E KWARTAAL 1975 PER 10.000

URBANISATIE GROEP	POPULATIE		INFLUENZA(-ACHTIG ZIEKTEBEELD GEVACCINEERD				MAZELLEN NIET GEVACCINEERD)				ADV.GEB.REG. 1E MAAL OVUL.				STERILISATIE' VERRICHT			
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	
A1-A4	16703	16868	33571	7	7	153	122	137	2	-	1	67	17	24	21	15	18	16
B1-B3+C1-C4	32810	34571	67381	4	4	78	77	77	2	1	1	79	5	32	19	11	15	13
C5	18498	19969	38467	5	6	63	66	64	2	4	3	71	5	13	9	9	10	9
TOTAAL	68011	71408	139419	5	5	93	85	89	2	1	2	74	8	25	17	12	14	13

Tabel 3d(vervolg)

URBANISATIE GROEP	MORN. VERZ. AFTER ABOR PIL TUS		ABOR TUS PROV		ALCOHOLISME				ULCUS VENTRICULI- DUODENI				SCHEDELTRAU- MA IN VERKEER RING KL N.KL				VERKLARING ANDERE WONING			
	V	V	M	V	T	M	V	T	M/V	M/V	M	V	T	M	V	T	M	V	T	
A1-A4	14	8	5	7	1	4	9	2	6	13	11	7	7	7	7	-	-	-	-	
B1-B3+C1-C4	13	3	1	5	1	3	2	2	2	5	7	4	5	4	-	-	-	-	-	
C5	10	5	6	10	3	6	5	7	6	6	9	12	18	15	-	-	-	-	-	
TOTAAL	12	4	4	7	2	4	5	4	4	7	8	7	9	8	-	-	-	-	-	

AANTAL WEEKSTATEN 610 WAARVAN GECORRIGEERD 162 MET 0214 RAPPORTERINGS-DAGEN.

Tabel 4

Continue morbiditeitsregistratie peilstations

Aantal patiënten met influenza (-achtig ziektebeeld), per week en per 10 000, 1975 - 1976 (tot en met 17e week)

Week nr. 1975	Aantal patiënten							Totaal
	Provinciegroep				Urbanisatiegroep			
	A	B	C	D	1	2	3	
1	24	50	28	33	34	28	36	31
2	18	78	45	37	53	49	43	48
3	59	95	64	62	90	63	65	69
4	123	152	64	68	149	79	56	90
5	151	137	50	89	142	70	54	83
6	85	29	32	67	58	43	36	44
7	37	24	18	78	34	34	33	33
8	23	18	18	80	32	35	24	31
9	10	14	12	41	17	22	14	19
10	3	11	7	25	11	10	14	12
11	1	11	5	18	9	9	8	9
12	1	7	5	10	7	7	6	6
13	2	4	4	9	5	5	5	5
14	3	5	5	11	4	8	6	5
15	5	6	2	8	6	5	3	5
16	5	8	2	7	6	4	4	5
17	4	7	4	3	5	4	3	4
18	3	5	2	5	4	3	3	3
19	3	11	3	2	3	4	4	5
20	4	4	3	2	2	3	9	4
21	4	8	3	4	5	5	3*	4
22	2	10	4	6	6	6	4	5
23	4	10	3	11	7	4	9	6
24	2	15	4	4	9	3	6	6
25	8	6	2	2	6	2	3	3
26	1	7	2	3	3	3	4	3
27	2	9	3	3	6	2	6	5
28	1	10	2	1	7	1	3	3
29	5	5	0	0	4	0	2	1
30	2	12	1	0	0	4	2	3
31	19	4	0	1	7	1	1	3
32	7	11	1	2	8	1	2	4
33	12	8	3	8	12	4	4	6
34	11	14	4	2	10	4	5	6
35	4	5	2	4	4	3	3	3
36	4	12	4	8	6	4	9	6
37	12	9	1	3	8	3	2	4
38	12	18	4	8	18	5	6	8
39	4	21	2	6	13	4	4	6
40	4	17	5	8	12	6	4	7
41	5	16	2	9	11	5	3	6
42	4	19	4	12	14	6	6	8
43	6	9	4	6	8	3	7	6
44	6	18	3	9	15	5	6	7
45	5	15	4	11	14	7	5	7
46	1	17	2	10	9	5	5	6
47	6	14	3	15	9	7	7	7
48	4	11	2	14	14	9	4	7
49	6	7	4	11	6	4	6	6
50	9	8	6	18	12	9	7	9
51	5	8	5	10	8	7	6	7
52	9	4	6	12	12	7	6	8
Week nr								
1976								
1	10	8	9	10	14	6	11	9
2	11	5	8	17	9	12	10	10
3	6	9	5	8	7	6	7	6
4	7	13	7	11	11	8	7	9
5	18	12	5	13	8	7	14	9
6	29	20	10	13	13	10	26	15
7	61	14	14	12	16	12	38	20
8	78	24	25	23	29	20	57	32
9	100	26	28	25	20	24	76	37
10	82	30	37	21	21	25	79	38
11	28	49	59	44	29	42	85	50
12	75	65	54	64	47	56	92	64
13	89	70	71	47	60	63	83	68
14	165	75	41	45	97	46	78	67
15	87	60	28	25	61	30	38	40
16	22	40	19	13	28	20	17	21
17	9	11	5	10	10	7	8	8

Provinciegroep

- A. Groningen, Friesland, Drenthe
 B. Overijssel, Gelderland, Zuidelijke IJsselmeerpolders
 C. Utrecht, Noord-Holland, Zuid-Holland
 D. Zeeland, Noord-Brabant, Limburg

Urbanisatiegroep

1. Plattelandsgemeenten
 2. Gemeenten met stedelijk karakter tezamen met verstedelijkte plattelandsgemeenten
 3. Gemeenten met 100.000 of meer inwoners

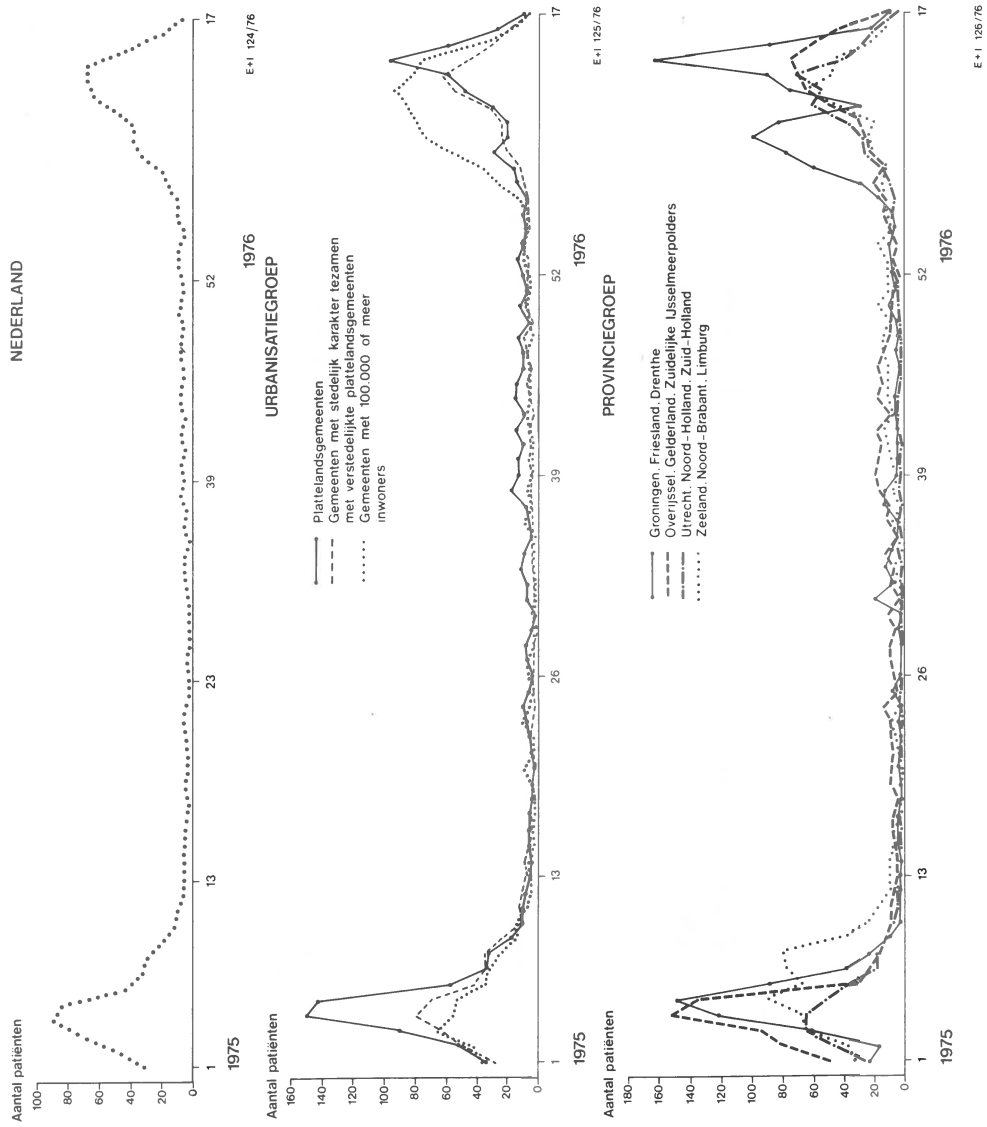
Figuur 1

**PEILSTATIONS
CONTINUE MORBIDITEITSREGISTRATIE
1975**



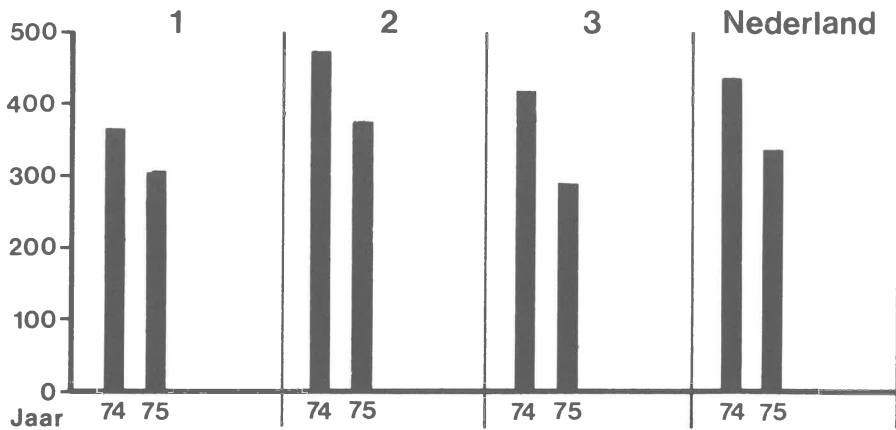
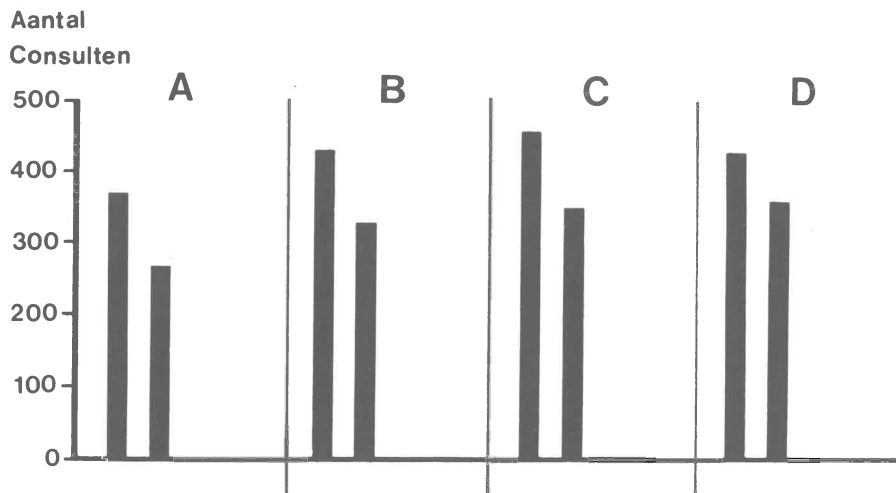
Figuur 2

Aantal patiënten met influenza (-achtig ziektebeeld) per week en per 10.000, 1975-1976 (t/m 17^e week)



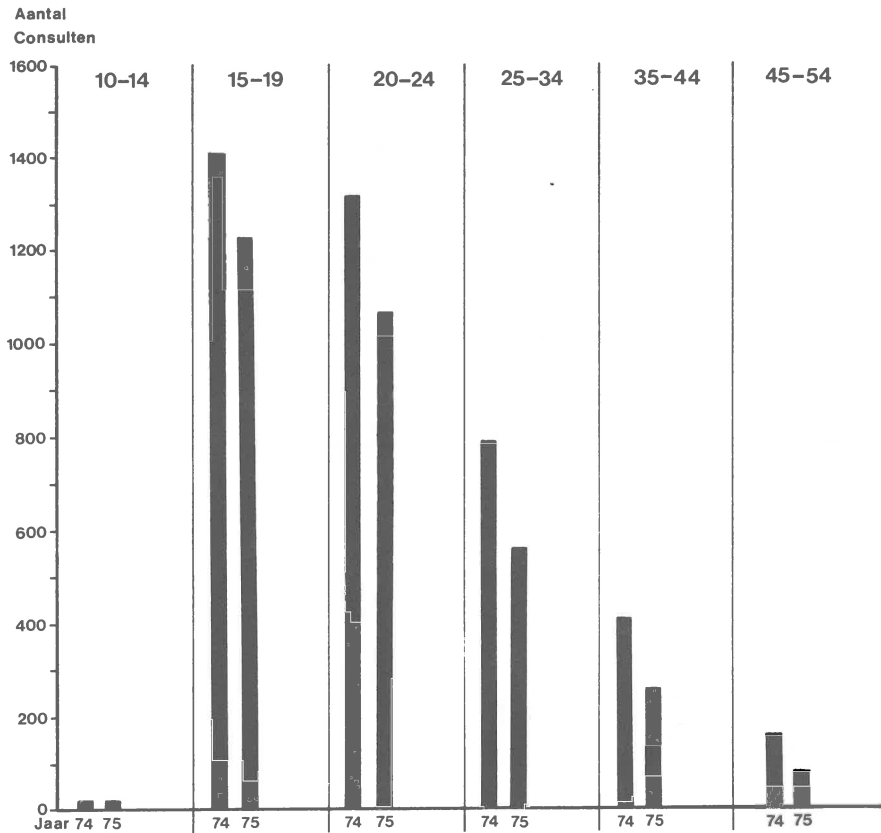
Figuur 3

Aantal primaire consulten inzake ovulatierep, per provincie- en urbanisatiegroep, per 10 000 vrouwen, 1974-1975.



E+I 47/76

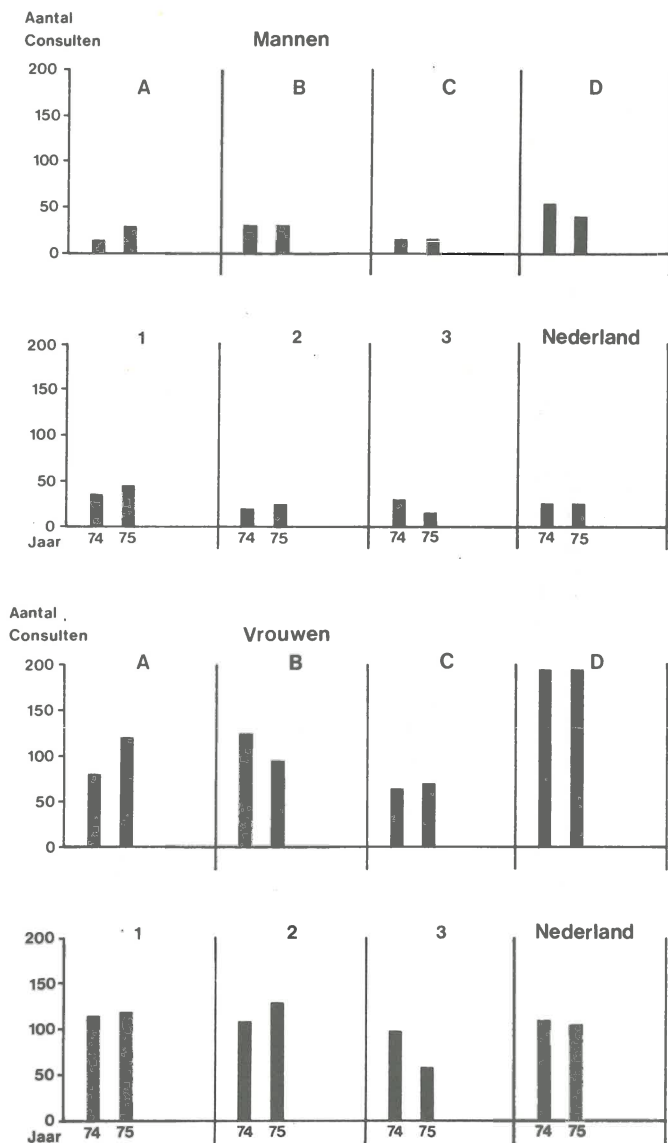
Figuur 4
Aantal primaire consulten inzake ovulatie­remmer, naar leeftijdsgroep,
per 10 000 vrouwen, 1974-1975.



E+1 25/76

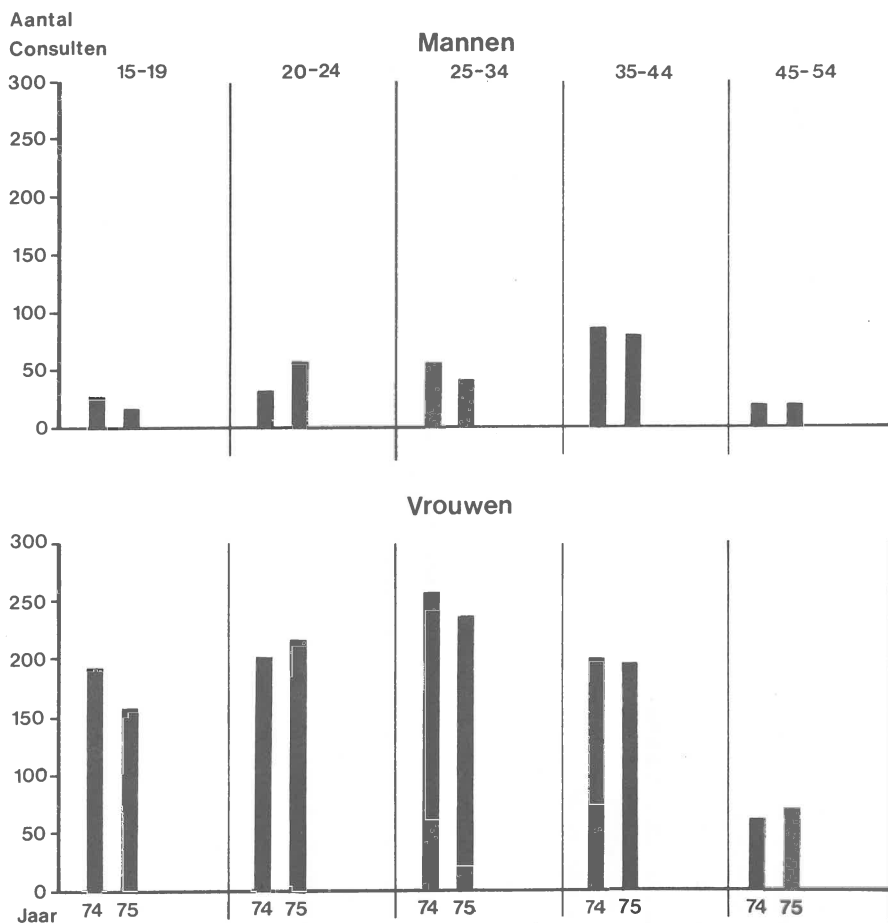
Figuur 5

Aantal overige primaire consulten inzake geboortenregeling, per provincie- en urbanisatiegroep, per 10 000 mannen c.q. vrouwen, 1974-1975.



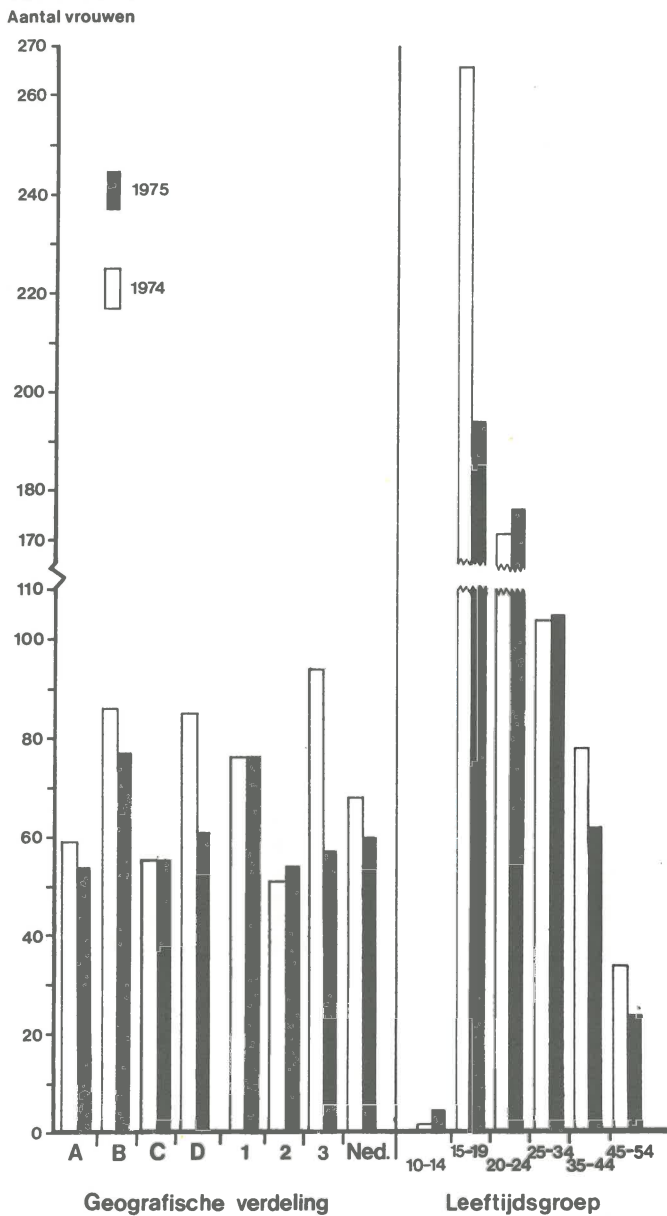
E+I 24/76

Figuur 6
 Aantal overige primaire consulten inzake geboortenregeling, naar leeftijdsgroep, per 10 000 mannen c.q. vrouwen, 1974-1975.



E+l 26/76

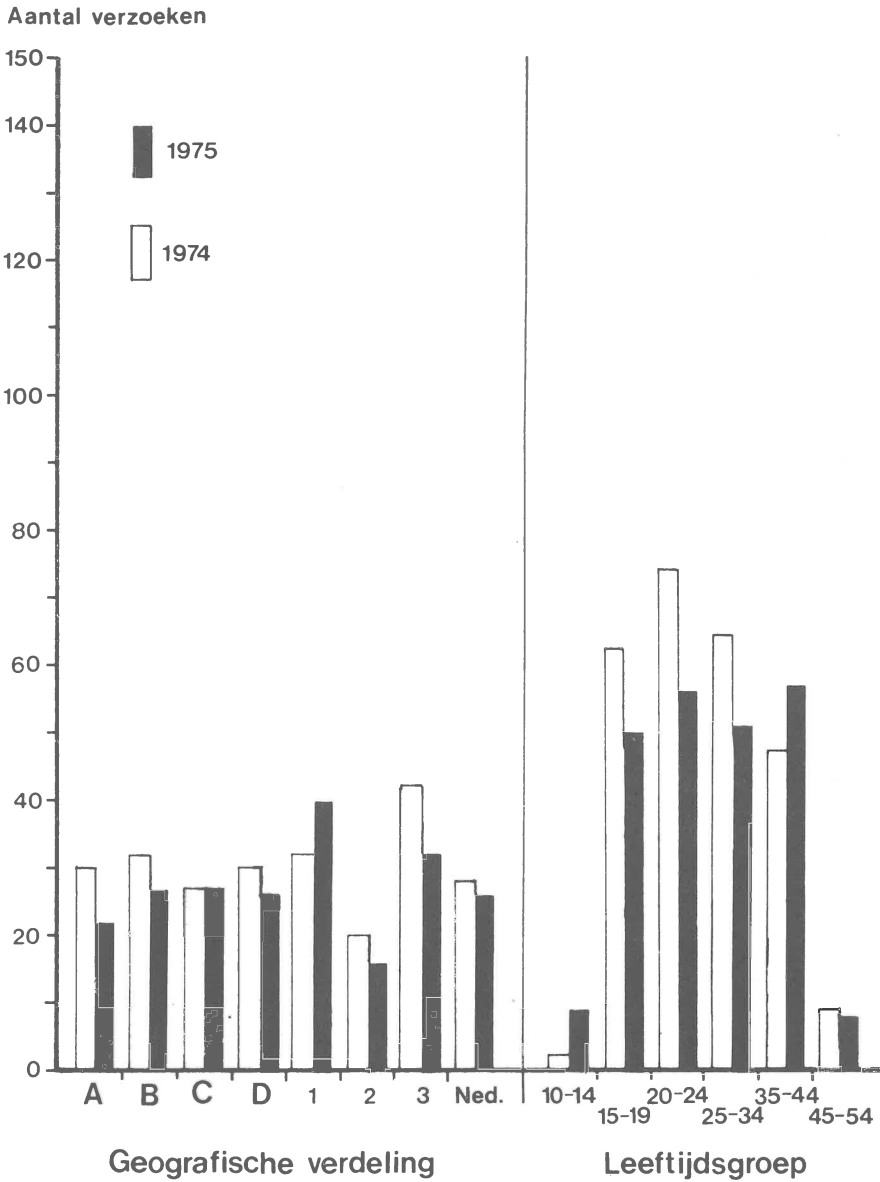
Figuur 7
 Aantal vrouwen aan wie de morning-after-pill werd voorgeschreven, per
 leeftijds-, provincie- en urbanisatiegroep, per 10 000 vrouwen,
 1974-1975.



E+I 27/76

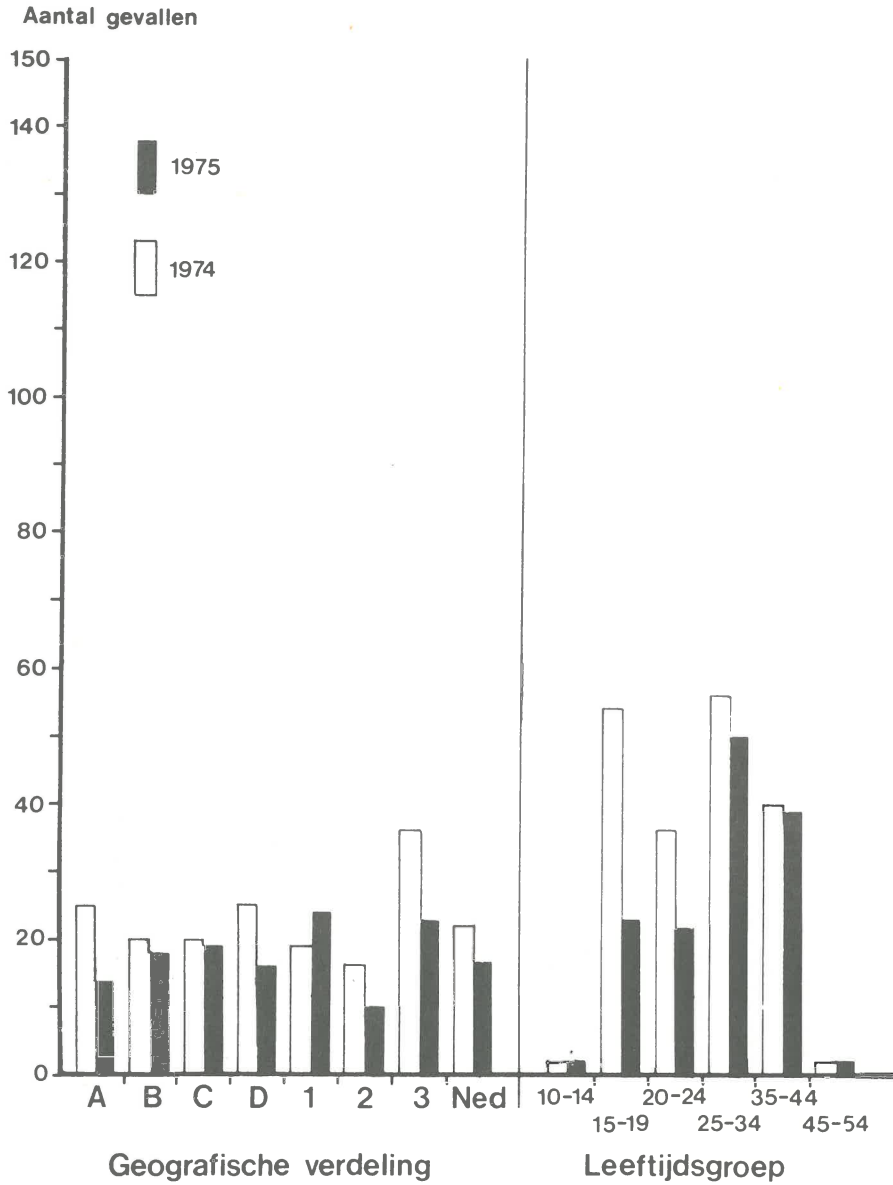
Figuur 8

Aantal verzoeken om abortus, per leeftijds-, provincie- en urbanisatiegroep, per 10 000 vrouwen, 1974-1975.



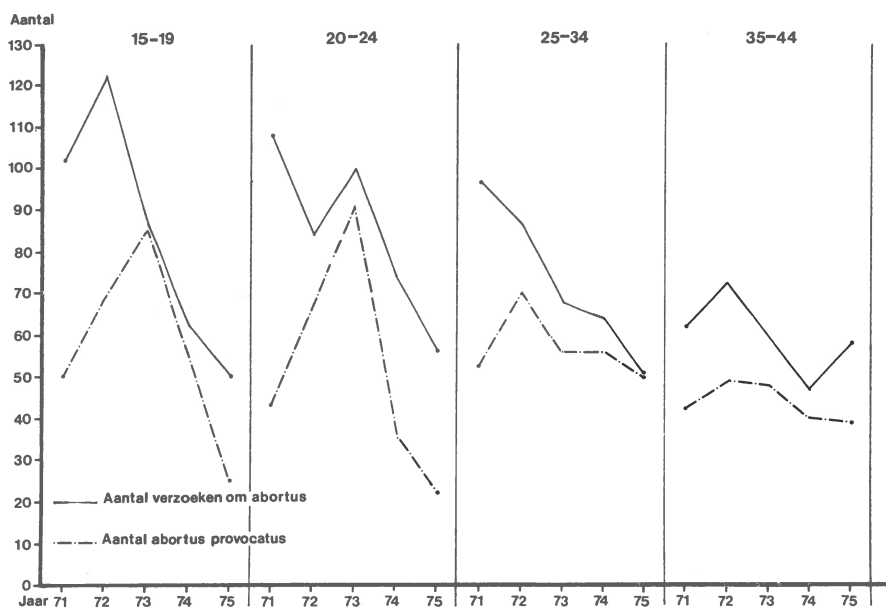
Figuur 9

Aantal gevallen van abortus provocatus, per leeftijds-, provincie- en urbanisatiegroep, per 10 000 vrouwen, 1974-1975.



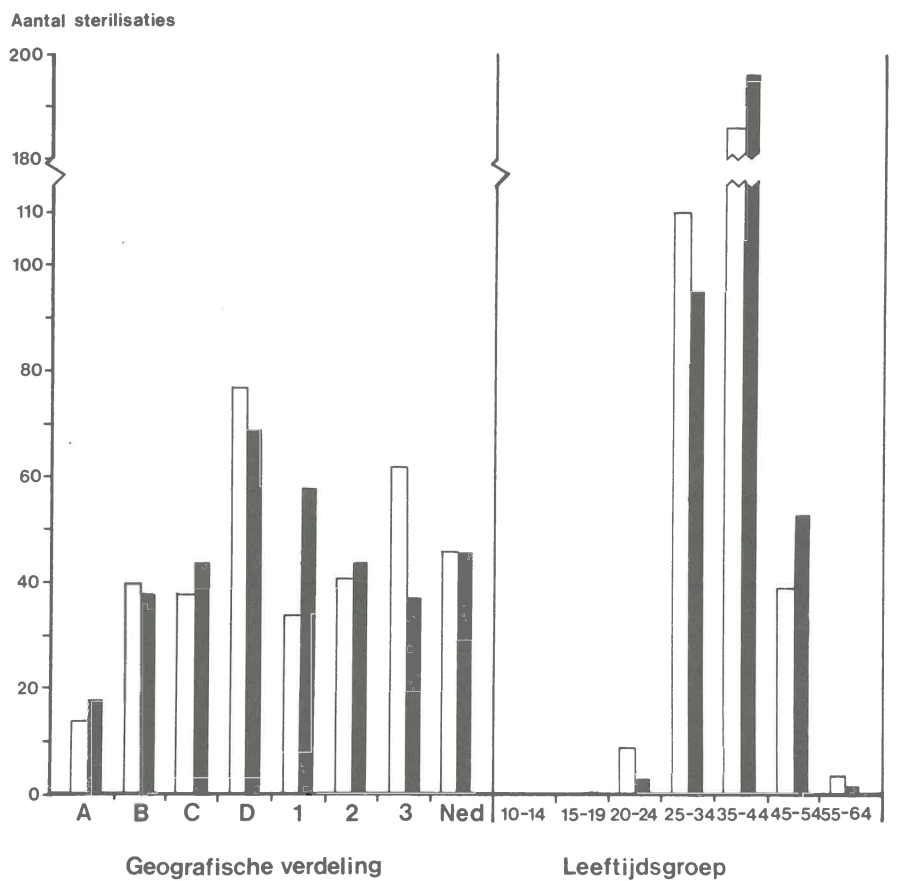
Figuur 10

Aantal verzoeken om abortus en aantal gevallen van abortus provocatus naar leeftijdsgroep, per 10 000 vrouwen, 1974-1975.



E+I 30/76

Figuur 11
 Aantal verrichte sterilisaties bij de man, per leeftijds-, provincie- en urbanisatiegroep, per 10 000 mannen, 1974-1975.

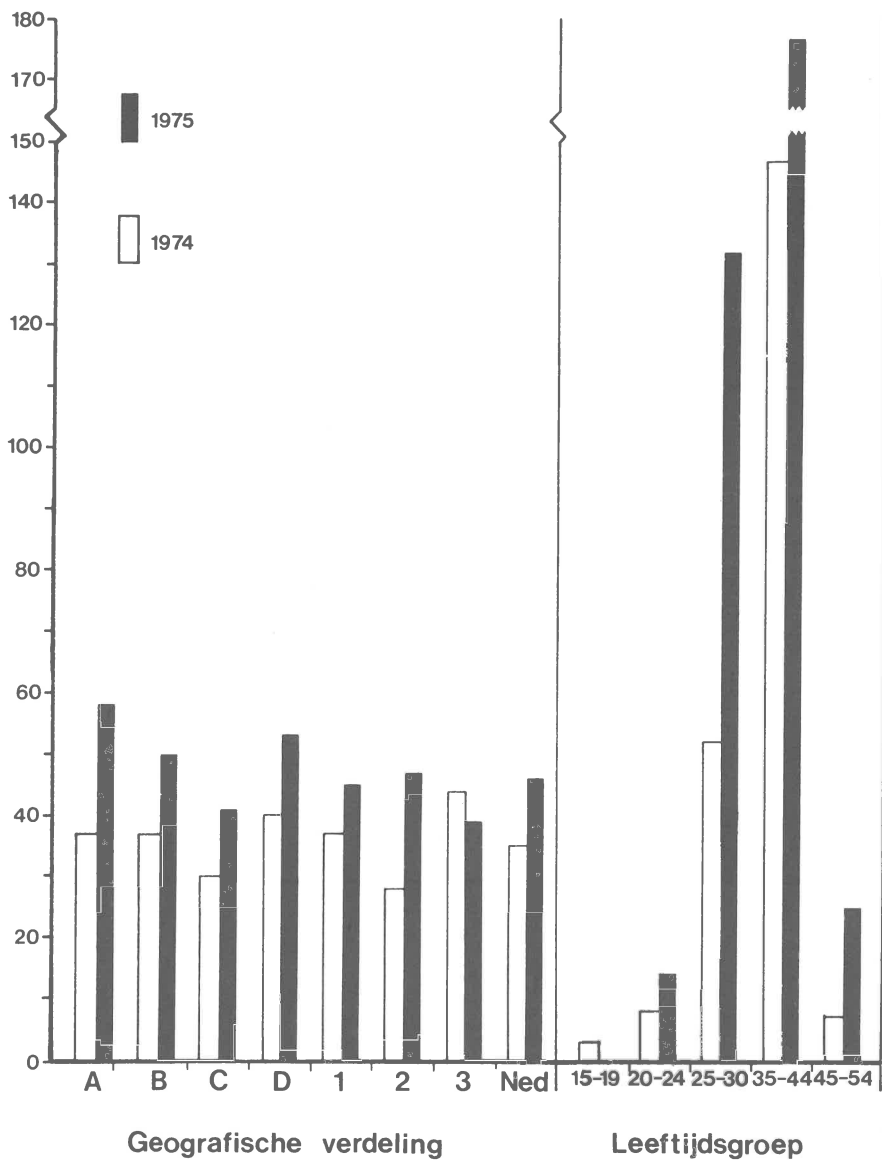


E+I 31/76

Figuur 12

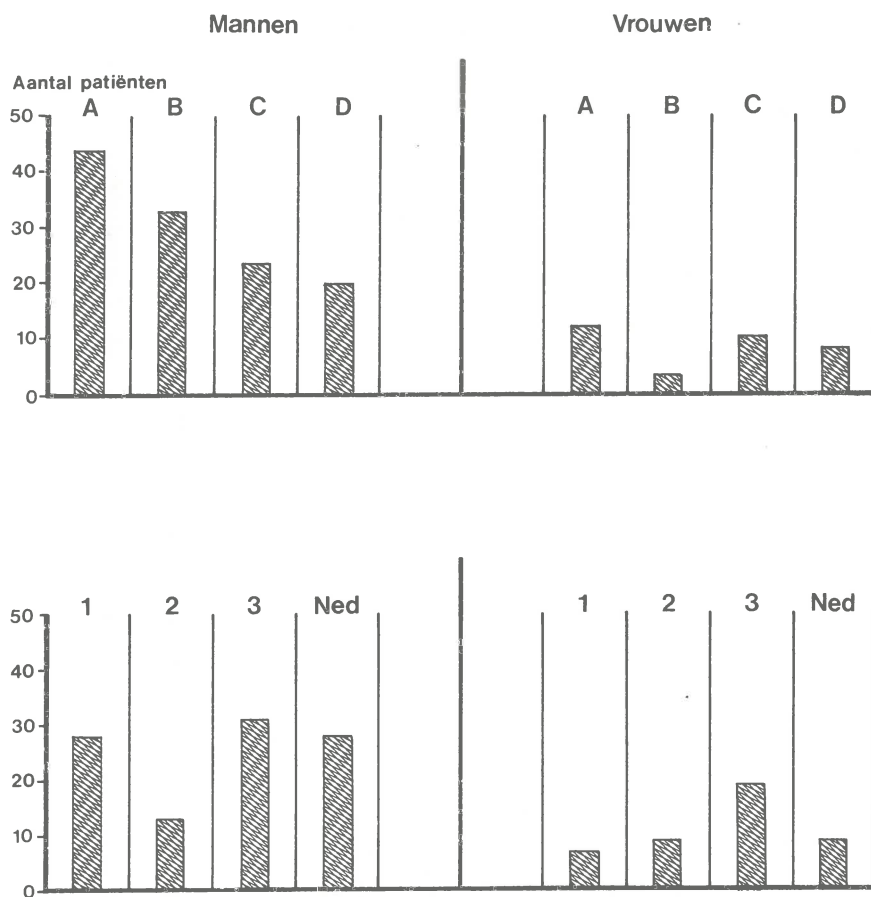
Aantal verrichte sterilisaties bij de vrouw, per leeftijds-, provincie- en urbanisatiegroep, per 10 000 vrouwen, 1974-1975.

Aantal sterilisaties



Figuur 13

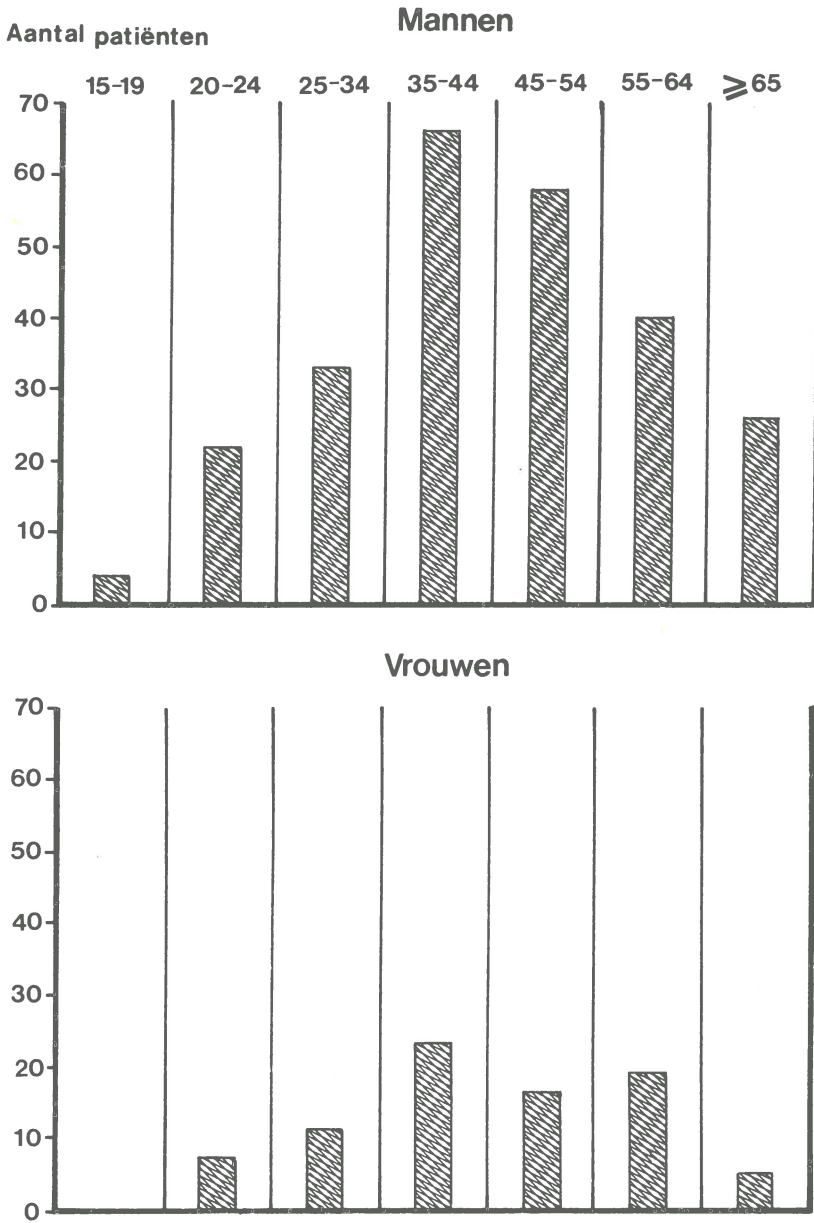
Aantal alcoholisten, per provincie- en urbanisatiegroep, per 10 000 mannen c.q. vrouwen, 1975.



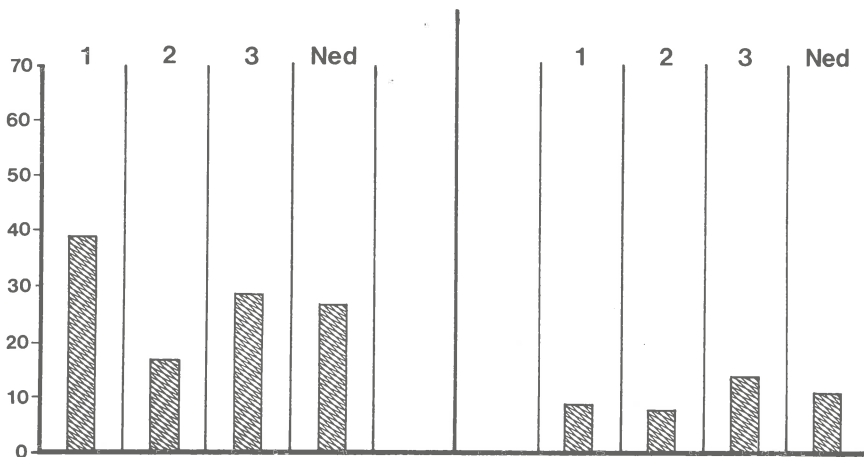
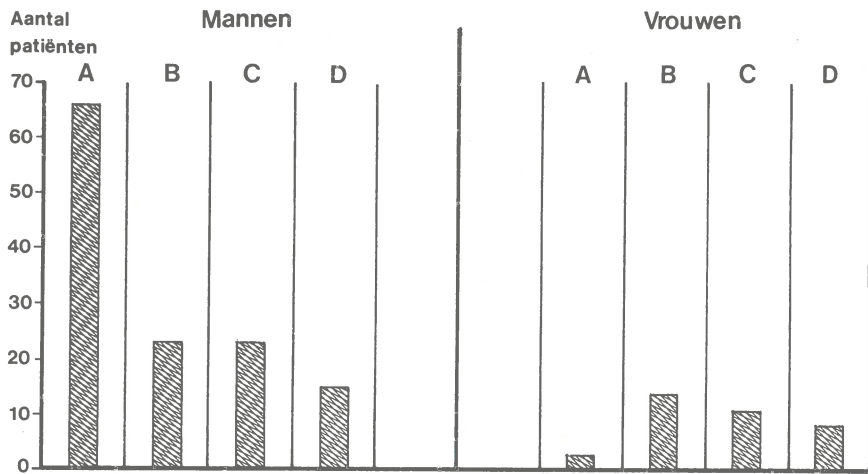
E+I 33/76

Figuur 14

Aantal alcoholisten naar leeftijdsgroep, per 10 000 mannen c.q. vrouwen, 1975.



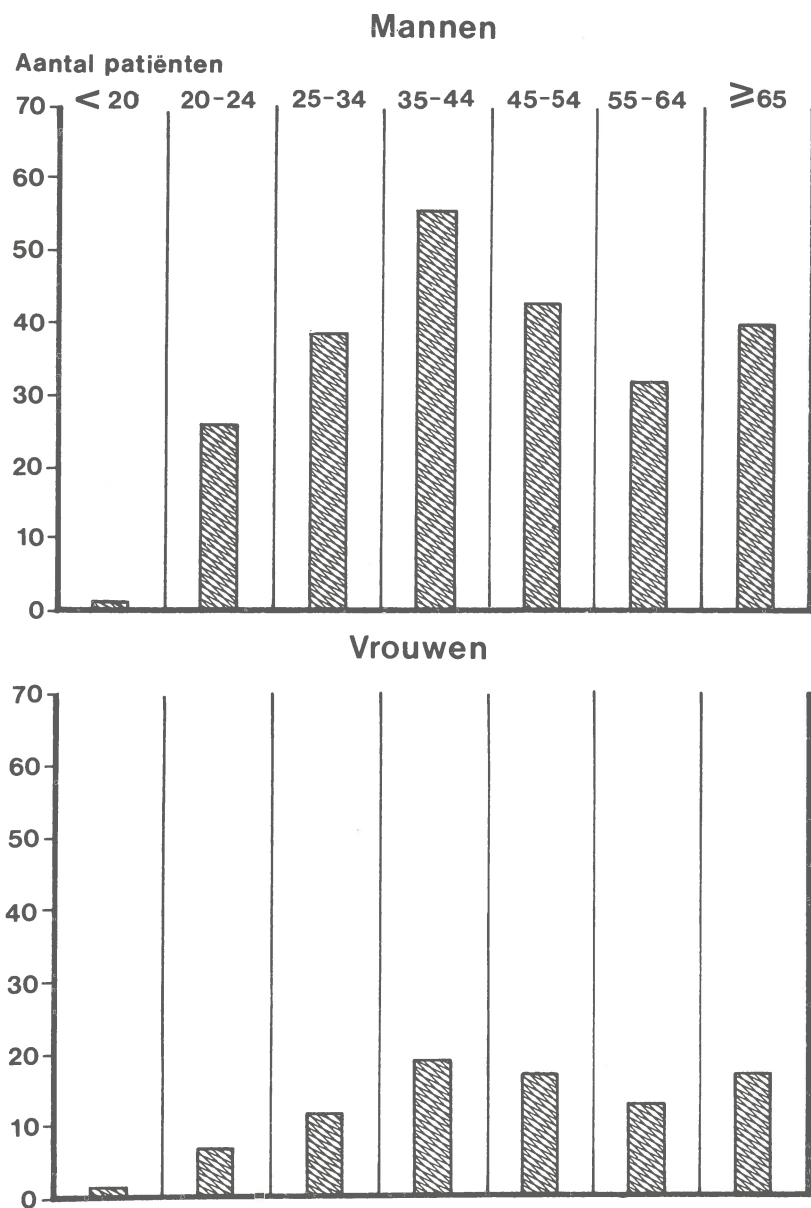
Figuur 15
 Aantal patiënten met ulcus ventriculi/duodeni, per provincie- en
 urbanisatiegroep, per 10 000 mannen c.q. vrouwen, 1975.



E+I 35/76

Figuur 16

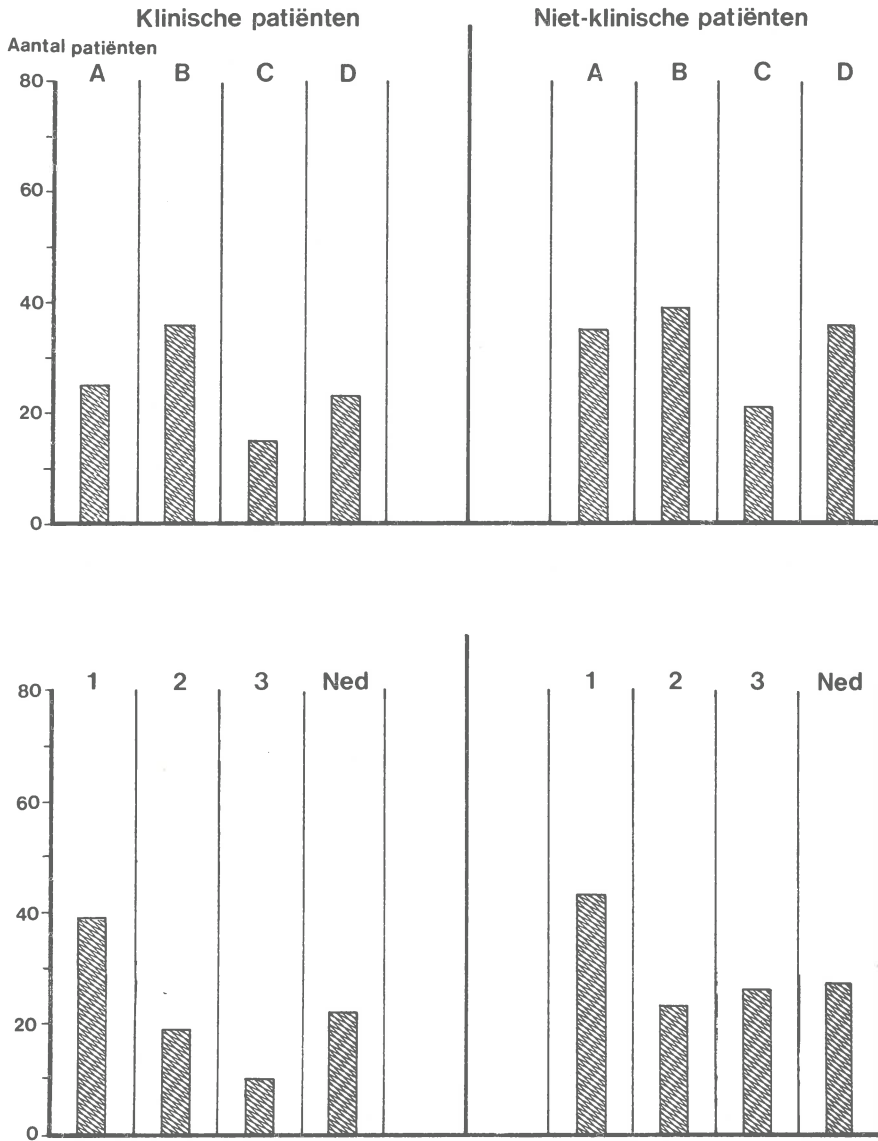
Aantal patiënten met ulcus ventriculi/duodeni naar leeftijdsgroep, per 10 000 mannen c.q. vrouwen, 1975.



E+I 36/76

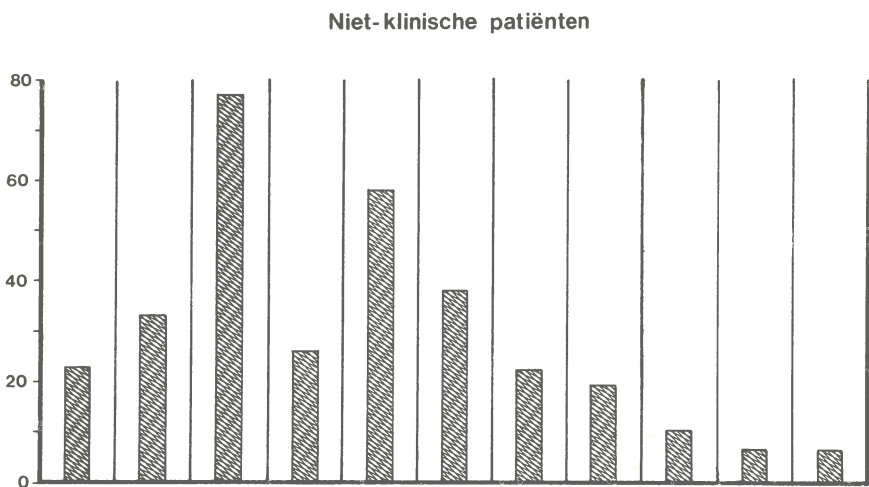
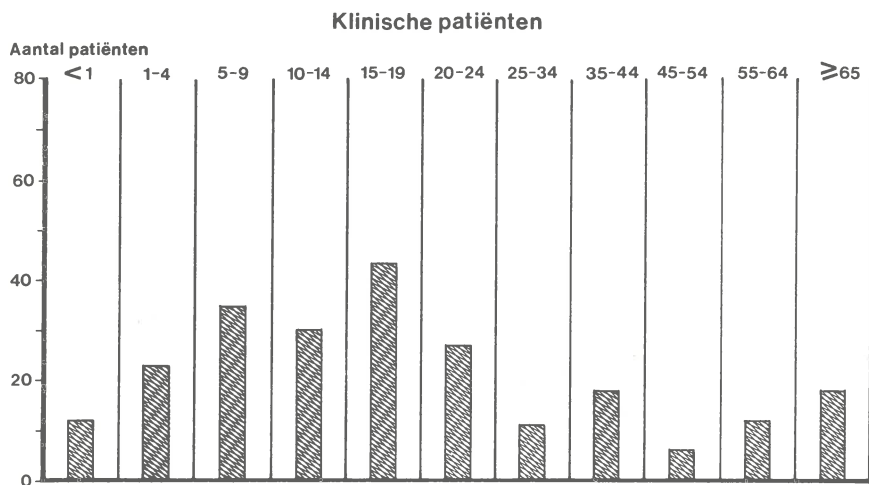
Figuur 17

Aantal patiënten met schedeltrauma, (mannen en vrouwen samen) ten gevolge van verkeersongeval, per provincie- en urbanisatiegroep, per 10 000 mannen en vrouwen, 1975.



Figuur 18

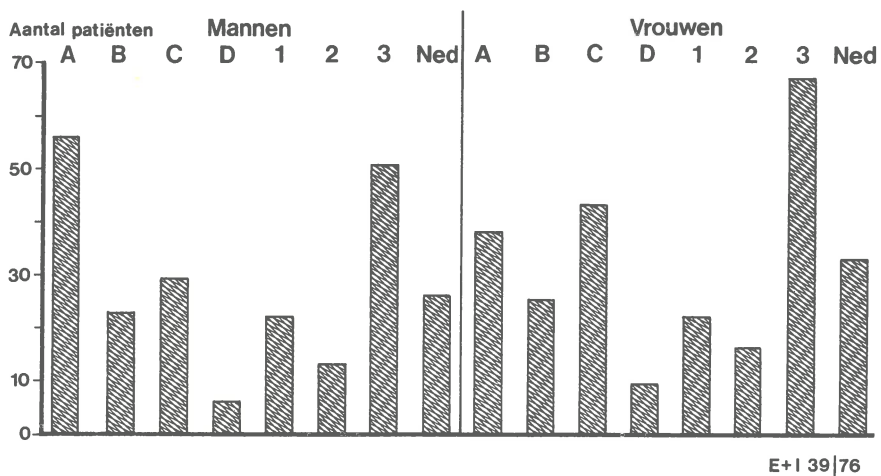
Aantal patiënten met schedeltrauma (mannen en vrouwen samen) ten gevolge van verkeersongeval naar leeftijdsgroep, per 10 000 mannen en vrouwen, 1975.



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Figuur 19

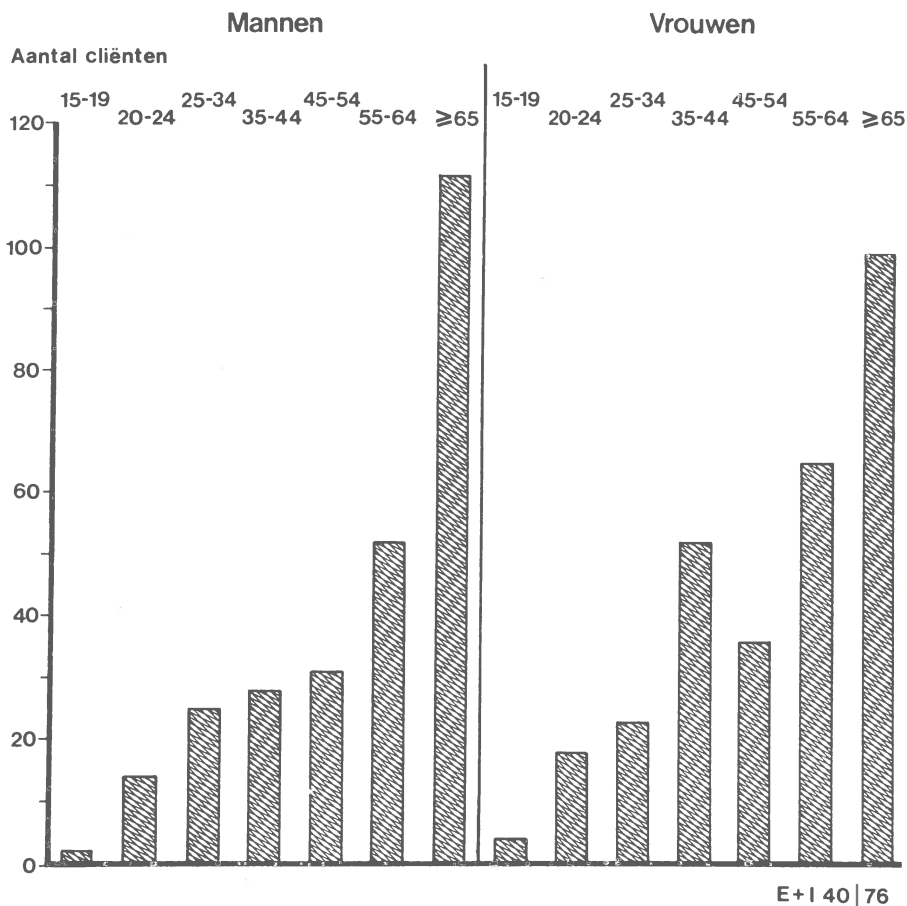
Aantal cliënten dat verklaring voor andere woning heeft ontvangen, per provincie- en urbanisatiegroep, per 10 000 mannen c.q. vrouwen, 1975.



E+I 39|76

Figuur 20

Aantal cliënten dat verklaring voor andere woning heeft ontvangen naar leeftijdsgroep, per 10 000 mannen c.q. vrouwen, 1975.



Explanatory notes pertaining to:

Bijlage 1

Bijlage	- Appendix
Deelnemende artsen	- Participating general practitioners
Naam	- Name
Plaats	- Residence
Provincie	- Province
Comb. praktijk	- Group practice
Apotheek houdend	- With dispensary

Bijlage 2

Bijlage	- Appendix
Weekstaat t.b.v. centrale registratie	- Weekly return for central registration
Continue morbiditeitsregistratie peilstations	- Continuous morbidity registration sentinel stations
Proj. no.	- Project number
Verslagjaar	- Year under review
Week no.	- Number of the week
Code peilstations	- Code number, sentinel stations
Rapport. dagen	- Number of days over which reporting took place
5-daagse rapportering	- Five-day reporting
Weekrapportering	- Weekly reporting
Regel no.	- Line number
Leeftijdsgroep	- Age group
Influenza (-achtig ziektebeeld)	- Influenza (-like illness)
Gevaccineerd/niet gevaccineerd	- Vaccinated/not vaccinated
Mazelen	- Measles
Adv.geb.reg. 1e maal	- First consultations for family planning

Voor de eerste maal	-	First consultation
Ovulatierepmer voorgeschreven	-	Prescription of the "pill"
Overige adviezen	-	Other consultations
Sterilisatie van de man verricht	-	Sterilization of the man performed
Sterilisatie van de vrouw verricht	-	Sterilization of the woman performed
Morning-after pill voorgeschreven	-	Prescription of morning-after pill
Verzoek om abortus	-	Request for abortion
Schedeltrauma in verkeer	-	Skull traumas in traffic
Klinisch/niet klinisch	-	Clinical/non-clinical
Afgegeven verklaring voor andere woning	-	Certificate for another dwelling issued
M	-	Man
F	-	Female
Weeknummer	-	Number of the week
Opgemaakt d.d.	-	Completed on
Aantal dagen gerapporteerd	-	Number of days over which reporting took place
(Zie voetnoot 1)	-	(See footnote number 1)

1. De kolommen hebben deels betrekking op een 5-daagse rapportering (maandag tot en met vrijdag). Door vakantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over minder dan 5 dagen kunnen uitstrekken. Ten aanzien van de overige vragen wordt het van belang geacht om, zo mogelijk, ook de tijdens het weekeinde waargenomen patiënten te rapporteren.
1. The columns partly relate to 5-day reporting (Monday to Friday incl.). However, as a result of vacation, sickness and other causes this reporting may extend over fewer than 5 days. With respect to the other questions it is considered to be of importance to report, if possible, patients observed during the weekend as well.
2. Betreft uitsluitend nieuwe patiënten.
2. Relates solely to new patients.

- | | |
|--|---|
| <p>3. Een patiënt wordt als ge-
vaccineerd beschouwd in-
dien laatste vaccinatie
tegen influenza ten minste
1 maand en ten hoogste 1 jaar
geleden heeft plaatsgevonden.</p> | <p>3. A patient is regarded as
vaccinated if the last vaccin-
ation against influenza took
place not less than 1 month and
not more than 1 year ago.</p> |
| <p>4. Uitsluitend indien er een
directe indicatie is.
Indien een recept voor de
morning-after pill wordt
afgegeven omdat betrokkene
bijvoorbeeld met vakantie
naar het buitenland gaat,
dient dit niet te worden
gerapporteerd.</p> | <p>4. Solely if there is a direct
indication.
If a prescription for the
morning-after pill is issued
because the patient is for
instance going on holiday
abroad, this should <u>not</u> be
reported.</p> |
| <p>5. Lege artis of niet lege
artis verricht.</p> | <p>5. Performed lege artis or non
lege artis.</p> |
| <p>6. Betreft nieuwe patiënten
wiens alcoholisme door hun-
zelf of hun omgeving als
probleem wordt gepresenteerd.
Patiënten die uitsluitend
door de arts zelf als zo-
danig worden onderkend,
vallen niet in deze cate-
gorie.</p> | <p>6. Relates to new patients whose
alcoholism is presented as a
problem by themselves or their
environment. Patients who are
identified as such <u>solely</u> by
the physician <u>himself</u> do <u>not</u>
come in this category.</p> |
| <p>7. Betreft nieuwe patiënten
bij wie diagnose voor het
eerst röntgenologisch of
gastroscopisch werd beves-
tigd (recidieven vallen
niet in deze categorie).</p> | <p>7. Relates to new patients for
whom the diagnosis was confirmed
for the first time roentgeno-
logically or gastroscopically
(relapses do <u>not</u> fall into this
category).</p> |
| <p>8. Onder schedeltrauma wordt
verstaan enig letsel van de
schedel (uitgezonderd die
van de hoofdhuid) en/of de
schedelinhoud (inclusief
commotio cerebri) dat vol-
gens de arts mogelijk een
gevolg kan zijn van een
verkeersongeval. Dergelijke
traumata dienen slechts
éénmaal gemeld te worden.</p> | <p>8. Skull trauma means any injury
to the skull (except to the
scalp) and/or to the skull's
contents (including commotio
cerebri) which according to the
spotter physician may possibly
have been caused by a road ac-
cident. Such traumata should be
reported only once.</p> |

9. Onder een niet-klinische patiënt wordt in dit verband verstaan een patiënt voor wie klinische behandeling volgens de huisarts (of specialist) niet noodzakelijk wordt (werd) geacht. Indien later evenwel mocht blijken dat toch klinische behandeling van een niet-klinische patiënt nodig is dan zal het op hoge prijs gesteld worden indien daarvan de project-leider op de hoogte wordt gesteld.
9. In this context a non-clinical patient is one for whom clinical treatment is (was) not deemed necessary by the general practitioner (or specialist). If, however, it should later prove that clinical treatment of a non-clinical patient is necessary, it will be highly appreciated if the project leader is informed of this.
10. Het gaat hier om afgegeven (niet de gevraagde) medische verklaringen voor een andere woning (inclusief verzorgingstehuis).
10. This category relates to medical certificates issued (not those requested) for another dwelling (including old people's homes).

Tables 1 - 3

Continue morbiditeitsregistratie peilstations	- Continuous morbidity registration sentinel stations
Kwartaal	- Quarter
Leeftijdsgroep	- Age group
Influenza (-achtig ziektebeeld)	- Influenza (-like illness)
Gevaccineerd/niet gevaccineerd	- Vaccinated/not vaccinated
Mazelen	- Measles
Adv.geb.reg. 1e maal	- First consultations for family planning
Ovul.remm.	- Prescription of the "pill"
Overige adviezen	- Other consultations
Sterilisatie verricht	- Sterilization performed
Verz. abortus	- Request for abortion
Schedeltrauma in verkeer	- Skull trauma in traffic
Afgegeven verklaring voor andere woning	- Certificate for another dwelling issued

M	- Male
F	- Female
Aantal weekstaten	- Number of weekly returns
Waarvan gecorrigeerd	- Of which corrected
Met	- With
Rapporteringdagen	- Days over which reporting took place
Provinciegroepen	- Province group
Gr + Fr + Dr	- Groningen, Friesland, Drenthe
Ov + Gld + Z IJ P	- Overijssel, Gelderland, Southern IJsselmeer Polders
Utr + NH + ZH	- Utrecht, North Holland, South Holland
Zld + NB + Lim	- Zeeland, North Brabant, Limburg
Urbanisatiegroepen	- Urbanization groups
A ₁ - A ₄	- Rural municipalities
B ₁ - B ₃ + C ₁ - C ₄	- Municipalities with urban characteristics and urbanized municipalities
C ₅	- Municipalities with a population of 100 000 or more

Table 4

Aantal patiënten met influenza (-achtig ziektebeeld), per week en per 10 000 inwoners, 1975 en 1976 (t/m 17e week)	- Number of patients with influenza (-like illness) per 10 000, 1975 and 1976 (up to and including the 17th week)
Week nr.	- Number of the week
Aantal patiënten	- Number of patients
Provinciegroep	- Province group. See for explanation A, B, C and D under tables 1 - 3

Figure 1

- Peilstations - Sentinel stations
- Continue morbiditeitsregistratie - Continuous morbidity registration

Figure 2

- Aantal patiënten met influenza (-achtig ziektebeeld) per week, per 10 000, 1975 - 1976 (t/m 17e week) - Number of patients with influenza (-like illness) per week, per 10 000, 1975 - 1976 (up to and including the 17th week)
- Provinciegroep - Province group
- Urbanisatiegroep - Urbanization group
- Naar leeftijdsgroep en geslacht - By age group and sex

Figures 3 and 4

- Aantal primaire consulten inzake ovulatiemmer - Number of first consultations with regard to the "pill".

Figures 5 and 6

- Aantal overige primaire consulten inzake geboortenregeling - Number of other first consultations with regard to family planning

Figure 7

- Aantal vrouwen aan wie de morning-after pill werd voorgeschreven - Number of prescriptions of the morning-after pill
- Geografische verdeling - Geographic distribution
- Leeftijdsgroep - Age group

Figure 8

- Aantal verzoeken om abortus - Number of requests for abortion

Figure 9

Aantal gevallen van abortus provocatus	- Number of cases of abortus provocatus
Geografische verdeling	- Geographic distribution
Leeftijdsverdeling	- Age group

Figure 10

Aantal verzoeken om abortus en aantal gevallen van abortus provocatus	- Number of request for abortion and number of cases of abortus provocatus
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Figures 11 and 12

Aantal verrichte sterilisaties bij de man	- Number of sterilizations performed on men
Geografische verdeling	- Geographic distribution
Leeftijdsverdeling	- Age group

Figures 13 and 14

Aantal alcoholisten	- Number of alcoholics
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Figures 15 and 16

Aantal patiënten met ulcus ventriculi/duodeni	- Number of patients with ulcus ventriculi/duodeni
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Figures 17 and 18

Aantal patiënten met schedeltrauma	- Number of patients with skull traumas
Mannen en vrouwen samen	- Men and women together
Ten gevolge van verkeersongeval	- Caused by road accident
Klinische patiënten	- Clinical cases
Niet klinische patiënten	- Non-clinical cases

Figures 19 and 20

Aantal cliënten dat verklaring - Number of clients who received
om andere woning heeft ontvangen certificate for another dwelling