CONTINUOUS MORBIDITY REGISTRATION
SENTINEL STATIONS

THE NETHERLANDS
1977

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FOREWORD

In 1977 the sentinel station project has been in existence for eight years; it is gradually becoming more widely known at home and abroad. Various foreign guests visit the Netherlands Institute for General Practitioners to gain more information on the project. The great advantage of the Dutch health system is that the general practitioners has a more or less fixed defined population so that the data can be extrapolated on the whole population. Elsewhere this is not usually the case. The practice population has then to be calculated on the basis of contact frequency. In recent epidemiological literature various solutions are suggested for this denominator problem, so that it is expected that networks of sentinel stations will also come into being elsewhere. International comparisons will then become interesting.

From within the Netherlands more and more applications are being made for registration on the weekly return; in brief, the project is flourishing, mainly through the good offices of the project leader, Mrs Dr H.J.A. Collette, who has worked hard during the last two years on the reliability of the project, You can find a few examples of this in this report.

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Chairman, Sentinel Stations Programme Committee

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The participating general practitioners, the spotter physicians, submit a form every week on which certain illnesses and occurrences are reported, the weekly return. This weekly return comprises a distribution by age where necessary a distribution by sex (see p. 61).

Every two years a count takes place of the practices concerned. In this way the population to which the collected data must be related is known. On the whole frequencies are calculated according to age group per 10 000 men or women (see p. 19).

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1. it must be possible to formulate strict criteria,
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When considering the subjects which have been included during the years on the weekly return (see p. 17) the conclusion is reached that the name of the project, Continuous Morbidity Registration, does not really cover the entire work. After all, in part these are not diseases which are registered but occurrences. The name sentinel stations is better; a watch is kept, sometimes for one year, sometimes longer or even continuously.

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Programme committee:	*C.P. Bruins, M.D. (Chairman)* [1]	
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In the morning Mr W.M.J. van Duyne, Head of the Epidemiology and Information Science Staff Division, opened the meeting with the introduction "The Ministry of Public Health and the family doctor". After this, Mr C.P. Bruins, Chairman of the Sentinel Station Programme Committee, talked about the "Aims and set-up of the Continuous Morbidity Registration of the Sentinel Stations". The morning was brought to a close by Dr H.L. Walg, Head of the computer department of the Epidemiology and Information Science Staff Division, with and explanation of "Processing of enquiry data at the Ministry of Public Health". After lunch there was a guided tour and demonstration in the Computer Department of the Ministry of Public Health and Environment Hygiene. Although the number of participants was not exceptionally large (14), the day can still be considered a success. From the discussions it was apparent that the physicians' assistants present attached great importance to the Continuous Morbidity Registration, Sentinel Stations project.
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DISTRIBUTION OF THE SPOTTER PHYSICIANS OVER THE NETHERLANDS (fig. 1, page 84)

The sentinel station in Dordrecht had been closed down temporarely. This sentinel station is not included in the table given below. The number of sentinel stations is now 44. In the remaining sentinel stations a few small changes occurred (talking over a practice, forming a group practice).
The number of general practitioners taking part -59- has decreased in comparison with 1976 by one.
Appendix 1 gives a survey of the general practitioners who took part in the sentinel stations project during 1977. In 14 sentinel stations there is cooperation between two or more general practitioners.

The following table gives a distribution of the number of spotter physicians and sentinel stations per province group and urbanization group in the years 1975-1977:

Province group	1975 Number of		1976 Number of		1977 Number of	
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D. Zeeland, North Brabant and Limburg	14	12	14	11	13	11
The Netherlands	59	47	60	45	59	44

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The Netherlands	59	47	60	45	59	44

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

The total number of general practitioners and sentinel stations from the beginning of the project is as follows:

	Number of General Practitioners	*Number of Sentinel Stations*
1970	53	51
1971	53	49
1972	51	48
1973	56	48
1974	58	48
1975	59	47
1976	60	45
1977	59	44

THE PRACTICE POPULATIONS

A complete census of the practice populations took place in 1977; these details will be used for processing with effect from 1-1-1978.
When the project was set up the aim was to take a sample of 1% of the Dutch population. A geographical distribution (the above mentioned province groups) was taken into account, as also a distribution of regions with various degrees of urbanization (urbanization groups).
An enquiry was made as to whether this aim still being met. This proved to be so.

SCOPE AND CONTINUITY OF THE REPORTING

As was the case for 1975 and 1976, the number of days reported annually per sentinel station and the number of all sentinel stations together per week were examined and processed in 1977. In this an effort was made to follow the scope and continuity of the reporting. In general the spotter physicians state –or have someone state– whenever they cannot report (vacation, illness, personal circumstances). In the case of a weekly return not being submitted on time, telephone contact is made.

The results of the processing are repeated in Tables 1 and 2 and in Fig. 2[1]). It proves that compared with 1975 and 1976 there are fewer sentinel stations which did not report on 50 or more days. The maximum number of days which can be reported was

11.960 (52 weeks x 5 days x 46 sentinel stations) for 1975,
11.925 (53 x 5 x 45) for 1976,
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The actual number of reporting days was:

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The increase in the percentage of reporting days is mainly a result of an increase in the number of weeks when a full report (= 5 days) is made; the percentages for this are for 1975, 1976 and 1977 89.0%, 90.9% and 93.1% respectively (8455/9505, 9175/10095 and 9460/10163).

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Table 1: Frequency distribution of the number of days not reported on per sentinel station.

Number of days not reported on	*Number of sentinel stations*		
	1975	*1976*	*1977*
0	*1*	*0*	*0*
1 – 9	*2*	*5*	*11*
10 – 19	*3*	*6*	*7*
20 – 29	*5*	*3*	*3*
30 – 39	*10*	*16*	*9*
40 – 49	*8*	*6*	*10*
50 – 59	*7*	*2*	*2*
60 – 69	*3*	*3*	*0*
70 – 79	*1*	*0*	*1*
80 – 89	*2*	*1*	*0*
90 – 99	*0*	*1*	*0*
⩾ 99	*4*	*2*	*1*
	46)*	*45*	*44*

**) In 1975 one physician terminated his sentinel station activities at the beginning of the year; this has not been taken into consideration in this processing*

Table 2: Distribution of the weeks according to completeness of reporting.

Number of days per week reported on	*Number of weeks*			*Number of days reported on*			*Number of days not reported on*		
	1975	*1976*	*1977*	*1975*	*1976*	*1977*	*1975*	*1976*	*1977*
5	*1691*	*1835*	*1892*	*8455*	*9175*	*9460*	*0*	*0*	*0*
4	*187*	*204*	*152*	*748*	*816*	*608*	*187*	*204*	*152*
3	*87*	*26*	*24*	*261*	*78*	*72*	*174*	*52*	*48*
2	*17*	*11*	*10*	*34*	*22*	*20*	*51*	*33*	*30*
1	*7*	*4*	*3*	*7*	*4*	*3*	*28*	*16*	*12*
0	*403*	*305*	*207*	*0*	*0*	*0*	*2015*	*1525*	*1035*
	2392	*2385*	*2288*	*9505*	*10095*	*10163*	*2455*	*1830*	*1277*

THE WEEKLY RETURN (Appendix 2, p. 61)

The questions on the weekly return for 1977 have been compiled as follows by the programme committee:

1. New cases of influenza(like illness)*)
2. New cases of measles
3. Psoriasis
4. Mononucleosis infectiosa
5. Prescription of medicine for infection of the urinary tract
6. Cervical smear
7. Sterilization of the man performed
8. Sterilization of the woman performed
9. Prescription of morning-after pill
10. Abortus provocatus
11. Skull traumas in traffic

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 and skull traumas in traffic 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 reporters of influenza by telephone.

A survey of the questions included on the weekly return in the years 1970–1977 is given below; the questions of the current year, 1978, are also given.

Subjects in the weekly returns 1970 – 1978

Subject	1970	1971	1972	1973	1974	1975	1976	1977 – 1978
Influenza(-like illness) -	x	x	x	x	x	x	x	x
Exanthema e causa ignota	x							
Acute diarrhoea e causa ignota	x							
Consultations for family planning	x	x	x	x	x	x	x	
Request for abortion	x	x	x	x	x	x		
Attempted suicide	x	x	x					
Rubella(-like illness)		x						
Otitis media acuta		x						
Abortus provocatus		x	x	x	x	x	x	x
Accidents		x						
Tonsillectomy or adenotomy		x						
Prescription of morning-after pill			x	x	x	x	x	x
Sterilization of the man performed			x	x	x	x	x	x
Prescription of tranquillizers			x	x	x			
Consultation for drug-use			x	x				
(Suspicion of) battered child syndrome				x	x			
Sterilization of the woman performed					x	x	x	x
Consultation with regard to addiction to smoking					x			
Measles						x	x	x
Alcoholism						x		
Ulcus ventriculi/duodeni						x		
Skulltraumas in traffic						x	x	x

Subjects in the weekly returns 1970 - 1978 (continuation)

Subject	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977*	*– 1978*
Certificate for another dwelling issued						x			
Psoriasis							x	x	
Prescription of anti-hypertensivum or diuretic							x		
Cervical smear							x	x	x
Mononucleosis infectiosa								x	x
Prescription of medicine for infection of the urinary tract								x	
Hayfever									x
Myocardial infarct									x

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20 – 29	*5*	*3*	*3*
30 – 39	*10*	*16*	*9*
40 – 49	*8*	*6*	*10*
50 – 59	*7*	*2*	*2*
60 – 69	*3*	*3*	*0*
70 – 79	*1*	*0*	*1*
80 – 89	*2*	*1*	*0*
90 – 99	*0*	*1*	*0*
⩾ 99	*4*	*2*	*1*
	46)*	*45*	*44*

**) In 1975 one physician terminated his sentinel station activities at the beginning of the year; this has not been taken into consideration in this processing*

Table 2: Distribution of the weeks according to completeness of reporting.

Number of days per week reported on	*Number of weeks*			*Number of days reported on*			*Number of days not reported on*		
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1	*7*	*4*	*3*	*7*	*4*	*3*	*28*	*16*	*12*
0	*403*	*305*	*207*	*0*	*0*	*0*	*2015*	*1525*	*1035*
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THE WEEKLY RETURN (Appendix 2, p. 61)

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7. Sterilization of the man performed
8. Sterilization of the woman performed
9. Prescription of morning-after pill
10. Abortus provocatus
11. Skull traumas in traffic

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 and skull traumas in traffic 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 reporters of influenza by telephone.

A survey of the questions included on the weekly return in the years 1970 – 1977 is given below; the questions of the current year, 1978, are also given.

Subjects in the weekly returns 1970 – 1978

Subject	1970	1971	1972	1973	1974	1975	1976	1977 – 1978
Influenza(-like illness) -	x	x	x	x	x	x	x	x
Exanthema e causa ignota	x							
Acute diarrhoea e causa ignota	x							
Consultations for family planning	x	x	x	x	x	x	x	
Request for abortion	x	x	x	x	x	x		
Attempted suicide	x	x	x					
Rubella(-like illness)		x						
Otitis media acuta		x						
Abortus provocatus		x	x	x	x	x	x	x
Accidents		x						
Tonsillectomy or adenotomy		x						
Prescription of morning-after pill			x	x	x	x	x	x
Sterilization of the man performed			x	x	x	x	x	x
Prescription of tranquillizers			x	x	x			
Consultation for drug-use			x	x				
(Suspicion of) battered child syndrome				x	x			
Sterilization of the woman performed					x	x	x	x
Consultation with regard to addiction to smoking					x			
Measles						x	x	x
Alcoholism						x		
Ulcus ventriculi/duodeni						x		
Skulltraumas in traffic						x	x	x

Subjects in the weekly returns 1970 - 1978 (continuation)

Subject	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977 – 1978*
Certificate for another dwelling issued						x		
Psoriasis							x	x
Prescription of anti-hypertensivum or diuretic							x	
Cervical smear							x	x
Mononucleosis infectiosa								x
Prescription of medicine for infection of the urinary tract								x
Hayfever								
Myocardial infarct								

PROCESSING OF THE DATA ON THE WEEKLY RETURN

This report contains the results of the weekly return for 1977. The data were processed on the computer of the Staff Division of Epidemiology and Informatics 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 week on behalf of the surveillance and per quarter and per year on behalf of the reporting. Moreover table 1 is also produced every quarter per sentinel station for the convenience of the participating physicians.

With the exception of the information furnished per sentinel station, the data are expressed per 10 000 of the total practice population (relative frequencies). 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 frequencies. 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 prescription of medicine for urinary tract infection 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 returns are built up from the (corrected) weekly figures, the frequencies being calculated on the average population present in the quarter.

SOME RESULTS OF THE WEEKLY REPORTING FOR 1977 [1])

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

The following quarterly and annual tables are included here:

Tables 1a, 1b, 1c, 1d and 1e: the number of patients per 10 000 of the age group [2]).

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

Tables 3a, 3b, 3c, 3d and 3e: 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 illness)
- 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 groups
- D for the Zeeland, North Brabant and Limburg (southern provinces) province groups.
- 1 for the $A_1 - A_4$ urbanization group (rural municipalities)
- 2 for the $B_1 - B_3$, $C_1 - C_4$ urbanization group (municipalities with urban characteristics together with urbanized rural municipalities)
- 3 for the C_5 urbanization group (municipalities with a population of 100 000 or more)

1) *See footnote on page 14*

2) *In this tables and the tables in the text derived from them age-specific frequencies are given in all cases, unless stated otherwise.*

INFLUENZA(-like illness) [1])

Table 4a and Fig. 3 (page 82 and 86) give the number of new cases of influenza per 10 000 inhabitants per week, per province group and per urbanization group[2]).

The 1976/1977 influenza epidemic was already described in the 1976 report.

Influenza epidemic 1977/1978

After the influenza epidemic in the 1976/1977 season, which was of limited extent, the national incidence per week has dropped back to an average of nearly 5 cases per 10 000 inhabitants.
At the end of 1977 the weekly incidence gradually increased. The peak was 107 per 10 000 inhabitants in the 6th week of 1978. The highest frequencies occurred in the southern provincies, the lowest in the western. There were no differences of any importance between the urbanization groups.

The most significant cause of this epidemic was the virus of the A/Texas/1/77 (H3N2) strain, which must be considered as an antigenic drift with respect to A/Victoria/3/75. In a few cases a virus related to the "Russian" virus of the A/USSR/77 (H1N1) strain was isolated (Dr H. Bijkerk, Chief Medical Office of Health).

If one compares the annual figures from 1970 to 1977 (i.e. not just the figures

[1]) *This 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.

[2]) *Here and elsewhere in the text incidence or frequency means the frequency per 10 000 inhabitants (either men or woman)*

during an epidemic), then the expectation voiced in last year's annual report is verified: the year 1977 can be placed lowest in this series with 575 cases per 10 000 inhabitants (Table 3).

Table 3: Number of patients with influenza(-like illness) per 10 000 inhabitants, 1970 - 1977

Year	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977*
Total per calender year	*904*	*889*	*779*	*699*	*885*	*695*	*717*	*575*
Total per "season"[1])	*782*	*879*	*785*	*813*	*651*	*701*	*557*	
Highest weekly incidence per season	*47*	*64*	*115*	*78*	*90*	*68*	*44*	*99*

[1]) *For these totals a limit of 30 June - 1 July, adhered to, gives a more realistic picture of the size of the epidemic.*

In addition to the yeartotal the highest weekincidence of that year is given in this table. It is evident there is no clear correlation between the yeartotal and the incidence in the week with most reports, this has been caused by the different kind of epidemics, being explosive or not.

The highest and lowest frequency of every week from 1970 - 1976 is set into a diagram in figure 4. Most of the highest frequencies can be found near to the turn of the year; the peak at the 12th - 14th week has been caused by the epidemic of 1976.
The weekfrequencies of 1977 and a part of 1978 are marked in this figure too. It is clear that 1977 has been "a good influenza year". The top of the epidemic in 1978 is going to make an apart peak in this figure next year.

Age and sex distribution

During the period of registration, no difference was ever found in the frequency of influenza between man and woman, so a division is no longer included in the weekly return for this category.

The age distribution (Tables 1a - 1e) shows that somewhat more cases are reported for younger ages, i.e. younger than 15 years.

This topic is to be maintained in the weekly return.

MEASLES

The measles epidemic which started in 1976 continued for some time in 1977. In 1976 a total of 63 per 10 000 inhabitants was reported as opposed to 48 in 1977. The quarterly figures clearly show the course of the epidemic (Table 4).

Table 4: Number of patients with measles per quarter per 10 000 inhabitants, 1975 - 1977

	1st quarter	*2nd quarter*	*3rd quarter*	*4th quarter*
1975	*2*	*2*	*2*	*2*
1976	*8*	*22*	*9*	*25*
1977	*27*	*14*	*5*	*0*

The dip in the third quarter of 1976 was caused by the fact that during that period the epidemic had already reached its peak in the northern provinces, whilst it was still graving in the other provinces. The measles epidemic was not only earlier in the northern provinces, the size of the epidemic was also greater there (Fig. 5, Tables 2a - 2d).

As in 1976, the sentinel stations data were compared with the cases of measles notified under the Infectious Diseases and Control of Causes of Illness Act. It proves that there is still a very great degree of underreporting; only 3% of the number of measles cases observed in 1977 by the general practitioners was notified. This figure was also 3% in 1976 (Dr H. Bijkerk, Chief Medical Office of Health). Of the total notified for the Netherlands (1812 cases), more than 7% is accounted for by the sentinel stations. However, the spotter physicians also officially notify less cases than they report on the weekly return, the ratio is about 1 to 5 (= 20%) but that is significantly more than the above 3%.

Age distribution, sex distribution, vaccinated - non-vaccinated

Table 5 gives a survey of the age distribution (cf. Fig. 6).

Table 5: Number of patients with measles by age group per 10 000, 1975 - 1977

	Age group						
	< 1	*1 – 4*	*5 – 9*	*10 – 14*	*15 – 19*	*⩾ 20*	*Total*
1975	*17*	*53*	*20*	*7*	*–*	*1*	*8*
1976	*192*	*565*	*272*	*11*	*3*	*0*	*63*
1977	*243*	*346*	*232*	*13*	*2*	*1*	*48*

The highest incidence occurs in the 1 - 4 age group. In the age group of 20 years and over a number of measles cases were also still observed in 1977 by the sentinel stations: 6 in the 20 - 24 age group, and 3 in the 25 - 34 age group.

Since no difference was observed between the sexes in the frequency of measles which was also not expected this subdivision has been left out of the weekly return in 1977 and replaced by the classification vaccinated - non-vaccinated. However, this division will only gain real significance when the vaccination programme for dealing with arrears has been completed and it is possible to make an estimate of the percentage of vaccinated children.

The number of non-vaccinated children with measles is 7 times as great as the number of vaccinated ones, 42 and 6 respectively per 10 000 inhabitants. In Tables 4 and 5 these are in all cases taken together.

This topic is to be maintained in the weekly return.

PSORIASIS

The skin complaint psoriasis was included in the weekly return in 1976 and 1977[1]). In the first year it was requested that both new and old patients be reported; in the second year the category of old patients which was intended to give an insight into the prevalence of psoriasis was omitted, since the sentinel stations procedure proved inadequate for providing reliable data on this (see 1976 annual report, p. 22 - 24).

However, the prevalence, when it concerns a chronic, i.e. non-healing illness, can be derived from the incidence, use being made of age-specified details. Data from both years are used for the calculation, because a relatively low frequency of new cases is concerned. The average relative frequency is calculated by age group. Accumulation of this age-specific frequency - with due regard for the number of years of each age group - gives the prevalence at a certain age. This can be seen in Fig. 7 and Table 6.

Table 6: Number of new psoriasis patients by age group per 10 000 men or women, averaged for 1976 and 1977 (incidence), by age group and the prevalence by age

Incidence

	Age group									
	< 5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾ 65*
Men	*7.5*	*10*	*12.5*	*13.5*	*16.5*	*23*	*23*	*23*	*31*	*28*
Woman	*3*	*8.5*	*11.5*	*15*	*14.5*	*25*	*20*	*20*	*21*	*19.5*

Prevalence

	Age									
	5	*10*	*15*	*20*	*25*	*35*	*45*	*55*	*65*	*75*
Men	*38*	*88*	*150*	*218*	*300*	*530*	*760*	*990*	*1300*	*1580*
Woman	*15*	*58*	*115*	*190*	*263*	*513*	*713*	*913*	*1123*	*1318*

[1]) *The complaint is defined as follows: psoriasis is a skin complaint which is characterized by sharply circumscribed erythematous patches with mother-of-pearl-like scales (plaques), which are to be found on the extensible side of the extremities, the hirsute head and the sacral region*

It appears that total frequency ,prevalence, is somewhat higher in men than in women; there is already a difference at a young age, and during the course of the years this becomes greater after the 30th year.

In the fourth report of the Zoetermeer Epidemiological Periodical Survey (EPOZ), mention is made of an investigation into psoriasis where the diagnosis is made by one dermatologist. The men and women who were suspected of psoriasis during the investigation were called up again. At a response of 76% a prevalence of 1.5% for men and women together was arrived at. Extrapolation of the sentinel stations data shows a prevalence of ca. 6%, providing no great changes in incidence have occurred in the last decades. An explanation for this difference could be sought in the fact that the milder forms of this complaint are not visible during remissions. For North-West Europe the prevalence is estimated at 2 - 4%[1])

In Table 7 the numbers of new cases of psoriasis (incidence) per 10 000 men and women per province and urbanization group are given (see also Fig. 8).

Table 7: Number of new psoriasis patients per province and urbanization group, per 10 000 of all men or women, 1976 and 1977

	Province group								*Urbanization group*						*Nether-lands*	
	A		*B*		*C*		*D*		*1*		*2*		*3*			
	M	*V*	*M*	*V*	*M*	*V*	*M*	*V*	*M*	*V*	*M*	*V*	*M*	*V*	*M*	*V*
1976	*31*	*24*	*38*	*18*	*13*	*10*	*18*	*21*	*26*	*24*	*18*	*14*	*19*	*12*	*20*	*16*
1977	*15*	*23*	*33*	*29*	*14*	*15*	*20*	*16*	*13*	*19*	*17*	*16*	*26*	*22*	*19*	*18*

Incidence is lowest in the western provinces, and highest in the eastern provinces. No clear difference can be observed between town and country. There do not appear to be any quarterly influences (Tables 1a - 1d).

This topic has been removed from the 1978 weekly return.

[1]) *Dr J. Overbeke: Mensen met psoriasis. Published by Bohn, Scheltema and Holkema; edited by J. de Korte; 1977*

MONONUCLEOSIS INFECTIOSA

Mononucleosis infectiosa (Pfeiffer's disease, glandular fever) is caused by the Epstein-Barr virus, which is conveyed by oral contact with exchange of saliva or a drop infection.
Owing to the first method of dissemination, the disease is also sometimes called the kissing disease. It has a rather long reconvalescence period. Presumably a life-long immunity develops.

During recent times there have been warnings that the frequency was on the increase. In Rotterdam registration has been going on since 1965 by the Rotterdam Sentinel Stations (for the Municipal Health Service , Infectious Diseases and Quarantine Department).
Extension of the epidemiological knowledge of this illness, particularly in rural areas and in other parts of the Netherlands, is, however, desirable. An increase in frequency, together with the long reconvalescence period, can have serious consequences. Epidemiological knowledge is essential, even if a vaccine were to be developed.

Confirmation of the clinical diagnosis of mononucleosis infectiosa, is
either a positive Paul-Bunnell reaction,
or a positive monosticon reaction,
or a characteristic blood picture.

In Table 8 the incidence per 10 000 men and women per province and per urbanization group are stated (see also Fig. 9).

Table 8: Number of cases of mononucleosis infectiosa per province and per urbanization group, per 10 000 men and women, 1977

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
Men	*8*	*32*	*15*	*7*	*14*	*15*	*16*	*15*
Woman	*12*	*48*	*16*	*11*	*25*	*16*	*20*	*19*
Total	*10*	*40*	*16*	*9*	*20*	*15*	*18*	*17*

Incidence is by far the highest in the eastern provinces (40 per 10 000 against 17 for the entire Netherlands). This difference occurs in all quarters (Tables 1a - 1d). In the distribution by urbanization group, no difference occurs in men, but the frequency in women varies from 16 to 25 per 10 000.

Age distribution

The age-specific figures clearly show differences, which was to be expected for a disease which gives immunity (Table 9 and Fig. 10).

Table 9: Number of cases of mononucleosis infectiosa by age group, per 10 000 men and women, 1977

	Age group										
	<5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*≥65*	*Total*
Men	9	15	25	33	41	12	7	4	4	–	15
Woman	9	20	14	101	32	11	7	6	2	5	19
Total	9	18	19	69	36	11	7	5	3	3	17

The peak is in the 15 - 19 and 20 - 24 age groups, earlier and higher among girls than among boys; this was 101 per 10 000 for girls in the 15 - 19 age group, and 41 per 10 000 for boys in the 20 - 24 age group. If one thinks of the nickname and the method of spreading this disease, it is not difficult to draw conclusions from this.

Ih the intermittent morbidity investigation (IMO), Oliemans[1]) finds an incidence of 5.1 and 4.2 per 10 000 men or women; that is clearly lower than the figures mentioned here, 15 and 19 respectively.

Reporting on mononucleosis infectiosa will be continued for a number of years so that any emerging trend can be observed.

[1]) *A.P. Oliemans, Morbidity in General Practice, 1969.*

PRESCRIPTION OF MEDICINE FOR INFECTIONS OF THE URINARY TRACT

At the request of the chronic patients working party of the Netherlands Institute for General Practitioners, attention was devoted in 1977 to infections of the urinary tract. It is of importance to public health care to know how frequently this complaint occurs, both symptomatically and asymptomatically. For the latter a population investigation (in the form of a survey) would be necessary; for the former, the occurence of infections of the urinary tract with complaints, Continuous Morbidity Registration can collect data insofar as cases are concerned where the patient approaches his or her family doctor. The cases where the patient approaches a specialist directly are not taken into consideration here.

However, before a topic may be placed on the weekly return, strict criteria have to be drawn up. In this the programme committee encountered problems, not only as far as the time-consuming aspect of diagnosing an infection of the urinary tract was concerned but also in drawing a borderline. In order to avoid these problems it was decided to adopt another approach to the question, namely the prescribing of medicine. The spotter physicians were asked to report when they prescribed medicine for infection of the urinary tract.

The category is divided for new and old patients and by sex. By "old patients" patients are meant who are known to have suffered, or who themselves state that they have previously suffered, an infection of the urinary tract; this concerns a once-only reporting of the same patient.

Table 10 gives the results per province and per urbanization group (cf. Fig. 11)

There proves to be a fairly large difference between the province groups, with regard to the number of both new and old cases. In the northern and eastern provinces, the incidence, the number of new cases, is 1.5 to 2 times greater than in the southern and western provinces.

Subdivision by urbanization group shows the incidence in rural municipalities (urbanization group 1) to be the highest, but the differences here are somewhat smaller.

Table 10: Number of patients for whom, for the first time or in a repetition of the complaint, medicine was prescribed for an infection of the urinary tract, per province and per urbanization group, per 10 000 men or women, 1977

		Province group				*Urbanization group*			*Nether-lands*
		A	*B*	*C*	*D*	*1*	*2*	*3*	
New patients	*M*	*99*	*85*	*60*	*55*	*86*	*63*	*61*	*68*
	F	*387*	*431*	*264*	*230*	*373*	*282*	*259*	*297*
	Total	*245*	*259*	*166*	*144*	*230*	*175*	*164*	*186*
Old patients	*M*	*57*	*46*	*26*	*33*	*34*	*33*	*39*	*35*
	F	*275*	*357*	*161*	*156*	*238*	*187*	*207*	*204*
	Total	*168*	*202*	*96*	*96*	*137*	*112*	*126*	*122*

There is a great difference between the sexes; in women an infection of the urinary tract occurs about 4 times as often, irrespective of the province or urbanization group (297 and 68 per 10 000 respectively for all groups together).

There are also differences among "old patients". Between the province groups these are of the same nature, but the difference between the urbanization groups has more or less disappeared. On the other hand the difference between the sexes is even greater; a repetition of an infection of the urinary tract occurs 5 - 7 times more often in women (204 and 35 per 10 000 respectively for all groups together).

If one compares per subgroup the relation between new patients and old patients, then it proves that about half the men with infection of the urinary tract suffer this complaint more than once in their life; for women this percentage is about 70. These ratios apply for all province and urbanization groups.

In the age distribution (Table 11 and Fig. 12) very great differences emerge. Incidence among men increases steadily after the 20th year; among women incidence is lowest under the year and at the age of 10 - 14, and the highest between the ages of 20 and 24 years. The frequency of the number of "old patients" increases among both sexes, which was to be expected. In view of the

differences in the occurrence of infections of the urinary tract in the various age groups, it is understandable that the ratio between the sexes varies a great deal in the course of life; 2 - 15 times for incidence and 3 - 30 times for a repetition of the complaint.

Table 11: Number of patients for whom for the first time or upon repetition of the complaint medicine for an infection of the urinary tract was prescribed, by age group, per 10 000 men or women, 1977

		Age group											
		< 1	*1-4*	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*	*Totaal*
New	*M*	*–*	*37*	*14*	*20*	*18*	*54*	*63*	*96*	*103*	*117*	*161*	*68*
patients	*F*	*51*	*165*	*138*	*91*	*264*	*426*	*361*	*330*	*375*	*375*	*340*	*297*
Total		*25*	*100*	*75*	*55*	*144*	*252*	*213*	*213*	*242*	*252*	*263*	*186*
Old	*M*	*–*	*4*	*11*	*8*	*3*	*15*	*19*	*31*	*51*	*73*	*153*	*35*
patients	*F*	*–*	*36*	*58*	*31*	*104*	*192*	*190*	*280*	*299*	*359*	*400*	*204*
Total		*–*	*20*	*34*	*19*	*55*	*109*	*105*	*155*	*177*	*222*	*294*	*122*

The quarterly figures show no differences.

Based on a literature survey, Haag[1]) states that every year 2.6 - 5.9% of adult women and 0.2% of adult men suffer a symptomatic infection of the urinary tract. If these figures are compared with those of the Continuous Morbidity Registration, the percentage for women agree well; for men, on the other hand, higher numbers are found by the sentinel stations. In the EPOZ mentioned above (p. 26) the question is asked whether those examined have already had an infection of the urinary tract. These data are in themselves not comparable; but it is possible to compare the ratio of the percentages stated between the sexes. This is about 5, which agrees well with the sentinel stations data: among the new patients there are 4 times as many women, and 5 - 7 times among the old ones.

[1]) *Ineke Haag; Een prospectief onderzoek naar het verloop van asymptomatische bacteriurie bij kinderen. Thesis, Rotterdam, 1977*

Extrapolation of the sentinel stations data for the Dutch population shows that per year medicine for an infection of the urinary tract is prescribed for 47 000 men and 206 000 women for the first time in their life, and for 24 000 men and 142 000 women who are known to have previously suffered an infection of the urinary tract.

This topic has been removed from the 1978 weekly return.

CERVICAL SMEAR

Taking of a cervical smear was placed on the weekly return for the first time in 1976. The aim was to obtain insight into the extent of this work outside the mass survey on cervical cancer. However, it must be well realized that the spotter physicians are not an aselect group of general practitioners, which, as opposed to most of the other topics, can be of influence here.

The question is subdivided by the indication for taking a cervical smear, i.e. following complaints and/or symptoms, on "preventive" grounds at the initiative of the general practitioner or the woman, and a separate column in the case of a repeat smear (after 1-1-1976), irrespective of the indication for taking the previous smear.

In processing the data a division has been made into two groups, i.e. sentinel stations with and without a mass survey in the place where the practice is located.

Table 12 gives a survey of the number of first smears by age group per 10 000 women for this subdivision and for the total (cf. Fig. 13 and 14).

Table 12: Number of (first) smears taken by age group, per 10 000 women, for places where there was or was not a mass survey on cervical cancer and for the total, 1976 - 1977

		Age group								
		10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*	*Total*
No mass survey	*1976*	–	*20*	*252*	*961*	*1425*	*865*	*236*	*56*	*464*
	1977	–	*39*	*343*	*981*	*1189*	*861*	*191*	*86*	*459*
Mass survey										
	1976	*6*	*87*	*351*	*964*	*1330*	*924*	*271*	*72*	*490*
	1977	–	*58*	*351*	*966*	*1342*	*895*	*296*	*55*	*473*
Total	*1976*	*2*	*41*	*288*	*962*	*1397*	*884*	*248*	*62*	*472*
	1977	–	*50*	*347*	*974*	*1276*	*880*	*248*	*70*	*466*

At first sight there is hardly any difference between the two groups (459 and 473 per 10 000 women). The difference observed in 1976 in the young age groups has disappeared. In the group where a mass survey had taken place, the numbers among the 35 - 44 and 55 - 64 age groups are somewhat higher than in the group where no mass survey took place (1342 and 296 per 10 000 women and 1189 and 191 per 10 000 women respectively); this is contrary to the expectation that the general practitioner's activities in this respect would decrease with a mass survey. However, when considering these figures, it must be borne in mind that the mass survey is a 3-year plan which in most places only started in 1976, so that the first round is not yet completed.

As in 1976, no difference is observed between the number of repeat smears per group; this is 56 and 53 per 10 000 women for no mass survey and mass survey respectively. As a result of the fact that the period after 1-1-1976 is maintained as criterion for a repeat examination, these figures are 1.5 - 2 times as high as in 1976 (29 and 35 per 10 000 women respectively).

When looking at the indication for taking a smear, it proves that a (small) difference does exist between the groups. For the indication following complaint and/or symptoms, on preventive grounds on the initiative of the general practitioner or the woman, the figures for the group where no mass survey took place and where a mass survey did take place are 113, 248 and 98 per 10 000 women and 64, 285 and 124 per 10 000 women respectively. It would be fine if the difference of almost a factor of 2 for the subgroup complaints and/or symptoms (113 and 64) were to be maintained or even enlarged in the future through constant vigilance of the general practitioner. For in this subgroup there is more cervical cancer in a more advanced stage of development than in the subgroup where a smear is made for preventive considerations.[1])

In Table 13 the numbers of smears taken per province and per urbanization group per 10 000 women are stated, with a subdivision for the indication for taking the smear. Repeat smears are again not taken into consideration (cf. Figs. 15 and 16).

[1]) *Vroege diagnostiek cervixcarcinoom. Cyt-U-Universitair 1970 - 1973. p. 62 et seq, Utrecht, 1974*

Table 13: Number of (first) cervical smears taken per province group and urbanization group, per 10 000 women of all age groups, by indication for taking a smear and for the total, 1976 - 1977.

		Province group				*Urbanization group*			*Netherlands*
		A	*B*	*C*	*D*	*1*	*2*	*3*	
Complaints and/or symptoms	*1976*	*85*	*102*	*100*	*52*	*62*	*91*	*103*	*87*
	1977	*65*	*95*	*109*	*48*	*64*	*96*	*88*	*86*
"Preventive", general practitioners's initiative	*1976*	*139*	*218*	*302*	*360*	*228*	*322*	*257*	*282*
	1977	*112*	*234*	*327*	*260*	*214*	*308*	*240*	*268*
"Preventive", woman's initiative	*1976*	*112*	*95*	*114*	*79*	*66*	*134*	*79*	*103*
	1977	*88*	*79*	*151*	*68*	*80*	*146*	*77*	*112*
Total	*1976*	*336*	*415*	*516*	*491*	*356*	*547*	*439*	*472*
	1977	*265*	*408*	*587*	*376*	*358*	*550*	*405*	*466*

As in 1976 relative frequency is lowest in the northern provinces, and highest in the western provinces and the centre of the country, 265 and 587 per 10 000 women respectively. In rural municipalities (group 1), smears are still taken relatively least often; in the small towns and dormitories (group 2), the relative frequency is highest, 358 and 550 per 10 000 women respectively. For all groups it is again true to say that the number of smears taken from sheer "preventive" considerations on the initiative of the general practitioners is by far the highest, this being 268 per 10 000 women for the total against 112 per 10 000 on the initiative of the woman and 86 per 10 000 following complaints and/or symptoms.

All in all there proves to be no difference of any significance between 1976 and 1977 in the application of this method of early diagnosis by the spotter physicians. Whether this is also the case among the other physicians in the Netherlands is a question which cannot be answered here.

The question is maintained in the 1978 weekly return.

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 is given in Table 14 (cf. Fig. 17)

Table 14: Number of sterilizations of the man performed, per province group and urbanization group per 10 000 of all men, 1972 - 1977

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1972	*15*	*19*	*22*	*33*	*9*	*25*	*30*	*24*
1973	*11*	*26*	*41*	*61*	*22*	*38*	*59*	*40*
1974	*14*	*40*	*38*	*77*	*34*	*41*	*62*	*46*
1975	*18*	*38*	*44*	*69*	*58*	*44*	*37*	*46*
1976	*33*	*59*	*53*	*80*	*45*	*66*	*52*	*57*
1977	*50*	*50*	*48*	*65*	*43*	*59*	*50*	*53*

The number of sterilizations of the man performed has not increased further. In the northern provinces an increase still occurred, in the remaining provinces there was a decrease. The northern provinces now display a frequency equal to that of the eastern and western provinces. The southern provinces still have the highest frequency.
Distribution by urbanization group shows a slight drop in all groups.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 men is given in Table 15 (cf. Fig. 19).

Table 15: Number of sterilizations of the man performed, by age group, per 10 000 men, 1972 - 1977

	Age group					
	15-19	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*
1972	–	*3*	*42*	*105*	*35*	–
1973	–	*16*	*79*	*179*	*40*	*4*
1974	–	*9*	*110*	*186*	*39*	*4*
1975	–	*3*	*95*	*196*	*53*	*2*
1976	–	*15*	*149*	*207*	*48*	–
1977	–	*10*	*117*	*208*	*52*	*7*

As in previous years, the highest frequency is found in the 35 - 44 age group: 208 sterilizations performed per 10 000 men. The increase in the 25 - 34 age group has not continued; the number has decreased again (117 per 10 000 men in 1977 against 149 in 1976)

The question is maintained in the 1978 weekly return.

STERILIZATION OF THE WOMAN

The number of sterilizations of the woman performed per 10 000 of all women per province group and urbanization group is given in Table 16 (cf. Fig. 18).

Table 16: Number of sterilizations of the woman performed, per province group and urbanization group, per 10 000 of all women, 1974 - 1977

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1974	*37*	*37*	*30*	*40*	*37*	*28*	*44*	*35*
1975	*58*	*50*	*41*	*53*	*55*	*47*	*39*	*46*
1976	*76*	*58*	*61*	*74*	*66*	*71*	*55*	*66*
1977	*61*	*54*	*67*	*68*	*52*	*68*	*67*	*64*

The national frequency with regard to the number of sterilizations of the woman performed, as was observed for the man, has not increased further. Frequency (64) is more or less equal to that of 1976 (66).
There are a few differences between the province and urbanization groups, but no trend can be observed in this.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 women is given in Table 17 (cf. Fig. 20).

Table 17: Number of sterilizations of the woman performed, by age group per 10 000 women, 1974 - 1977

	Age group				
	15-19	*20-24*	*25-34*	*35-44*	*45-54*
1974	*3*	*8*	*92*	*147*	*7*
1975	*–*	*14*	*132*	*177*	*25*
1976	*2*	*13*	*160*	*293*	*37*
1977	*–*	*25*	*174*	*246*	*40*

Under the age of 35 a slight increase is observed compared with 1976; on the other hand the 35 - 44 age group shows a drop (246 per 10 000 women in 1977 against 293 in 1976).
One sterilization was reported in the 10 - 14 age group; this concerned a feeble-minded girl of 12 years.

It seems that the number of sterilizations, both of the men and of the women, is beginning to stabilize. However, frequency among women still remains higher, 64 per 10 000 women against 53 per 10 000 men .

This question is maintained in the 1978 weekly return.

PRESCRIPTION OF THE MORNING-AFTER PILL

Table 18 gives the frequency with regard to the prescription of the morning-after pill, per province and urbanization group (cf. Fig. 21).

Table 18: Number of women for whom the morning-after pill was prescribed, per province group and urbanization group per 10 000 of all women, 1972 - 1977

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1972	*34*	*42*	*55*	*68*	*45*	*41*	*81*	*53*
1973	*29*	*69*	*57*	*67*	*62*	*47*	*79*	*59*
1974	*59*	*86*	*55*	*85*	*76*	*51*	*94*	*68*
1975	*54*	*77*	*55*	*61*	*76*	*54*	*57*	*60*
1976	*88*	*64*	*54*	*52*	*56*	*61*	*61*	*60*
1977	*59*	*57*	*44*	*50*	*42*	*55*	*44*	*49*

The national frequency with regard to the prescription of the morning-after pill has dropped compared with 1976 (49 per 10 000 women in 1977, as against 60 in 1976). This decrease occurred in all province and urbanization groups.

Age distribution

Table 19 gives the age distribution of the prescription of the morning-after pill (cf. Fig. 22).

Table 19: Number of women for whom the morning-after pill was prescribed, by age group, per 10 000 women, 1972 - 1977

	Age group					
	10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*
1972	*2*	*148*	*150*	*117*	*67*	*7*
1973	*7*	*190*	*196*	*94*	*66*	*18*
1974	*2*	*266*	*171*	*104*	*78*	*34*
1975	*5*	*194*	*176*	*105*	*62*	*24*
1976	*10*	*204*	*129*	*102*	*87*	*21*
1977	*6*	*147*	*140*	*87*	*54*	*22*

A slight increase has occurred in the 20 - 24 age group; in the other age groups there was a slight to substantial drop. The decrease is greatest in the 15 - 19 age group (147 per 10 000 women in 1977, as against 204 in 1976).

Because a 5-year classification for the younger age is too broad a distribution, it was requested that reports on those under the age of 20 show the exact age. These were as follows:

13 years once
14 years 4 times
15 years 12 times
16 years 18 times
17 years 23 times
18 years 17 times
19 years 19 times

This question is maintained in the 1978 weekly return.

ABORTUS PROVOCATUS

The number of cases of abortus provocatus per province group and urbanization group per 10 000 of all women is given in Table 20 (cf. Fig. 23).

Table 20: Number of cases of abortus provocatus, per province group and urbanization group, per 10 000 of all women, 1971 - 1977

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1971	*19*	*26*	*20*	*25*	*13*	*16*	*38*	*22*
1972	*21*	*21*	*37*	*28*	*16*	*20*	*57*	*30*
1973	*21*	*25*	*34*	*33*	*19*	*20*	*57*	*31*
1974	*25*	*20*	*20*	*25*	*19*	*16*	*36*	*22*
1975	*14*	*18*	*19*	*16*	*24*	*10*	*23*	*17*
1976	*30*	*27*	*17*	*18*	*23*	*16*	*26*	*20*
1977	*19*	*16*	*20*	*14*	*23*	*15*	*19*	*18*

Small fluctuations prove to occur in which no trend can be discovered. Here too, just as with sterilization and morning-after pill, a stabilization seems to be taking place.

Age distribution

The age-specific distribution of the number of cases of abortus provocatus per 10 000 women is summarized in Table 21 (cf. Fig. 24).

Table 21: Number of cases of abortus provocatus by age group, per 10 000 women, 1971 - 1977

	Age group					
	10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*
1971	*4*	*50*	*43*	*52*	*42*	*5*
1972	*2*	*69*	*68*	*70*	*49*	*11*
1973	*–*	*86*	*91*	*56*	*48*	*4*
1974	*2*	*54*	*36*	*56*	*40*	*2*
1975	*2*	*23*	*22*	*50*	*39*	*2*
1976	*2*	*60*	*37*	*42*	*36*	*4*
1977	*–*	*42*	*38*	*36*	*35*	*8*

The increase observed in 1976 in the 15 - 19 age group has not continued; again here was a decrease. The exact ages in this group were:

15 years twice
16 years 6 times
17 years 5 times
18 years 7 times
19 years 5 times

This question is maintained in the 1978 weekly return.

SKULL TRAUMA IN TRAFFIC

The number of patients with a skull trauma resulting from a road accident for whom clinical or non-clinical treatment was deemed necessary, per province group and urbanization group, is given in Table 22 (cf. Fig. 25).

Table 22: Number of patients with skull trauma as a result of a road accident, clinical and non-clinical cases separately and together, per province group and urbanization group, per 10 000 inhabitants, 1975 - 1977

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
Clinical								
1975	*13*	*18*	*7*	*11*	*20*	*10*	*5*	*11*
1976	*12*	*10*	*6*	*12*	*19*	*6*	*6*	*9*
1977	*11*	*11*	*7*	*12*	*16*	*8*	*8*	*10*
Non-clinical								
1975	*17*	*20*	*11*	*18*	*21*	*11*	*13*	*14*
1976	*25*	*10*	*8*	*18*	*18*	*10*	*14*	*13*
1977	*12*	*9*	*6*	*14*	*11*	*8*	*11*	*9*
Total								
1975	*30*	*38*	*18*	*29*	*41*	*21*	*18*	*25*
1976	*37*	*20*	*14*	*30*	*37*	*16*	*20*	*22*
1977	*23*	*20*	*13*	*26*	*27*	*16*	*19*	*19*

The total number of skull trauma as a result of a road accident has decreased to a slight degree, from 22 to 19 per 10 000 inhabitants. This is due to a decrease in the number of non-clinical cases, where a drop occurred in all subgroups, whether the distribution is by province group or by urbanization group.

The quarterly figures (Tables 1a to 1d) show no seasonal influences.

Age distribution

In Table 23 a survey is given of the age-specific frequencies (cf. Fig. 26).

Table 23: Number of patients with a skull trauma as a result of a road accident, clinical and non-clinical cases by age group, per 10 000 inhabitants, 1975 - 1977

	Age group										
	< 1	1-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	⩾ 65
Clinical											
1975	*6*	*12*	*18*	*15*	*22*	*13*	*6*	*9*	*3*	*6*	*9*
1976	*–*	*6*	*14*	*9*	*14*	*16*	*8*	*7*	*7*	*4*	*7*
1977	*–*	*8*	*12*	*8*	*20*	*22*	*7*	*9*	*3*	*9*	*4*
Non-clinical											
1975	*11*	*16*	*38*	*13*	*29*	*19*	*11*	*9*	*5*	*3*	*3*
1976	*–*	*13*	*23*	*19*	*29*	*17*	*10*	*4*	*9*	*8*	*8*
1977	*–*	*10*	*15*	*16*	*22*	*19*	*4*	*5*	*5*	*2*	*4*
Total											
1975	*17*	*28*	*56*	*28*	*51*	*32*	*17*	*18*	*8*	*9*	*12*
1976	*–*	*19*	*37*	*28*	*43*	*33*	*18*	*11*	*16*	*12*	*15*
1977	*–*	*18*	*27*	*24*	*42*	*41*	*11*	*14*	*8*	*11*	*8*

The decrease observed in 1976 in the young age groups has been maintained or continued in the groups younger than 15 years. However, in the 15 - 19 age group there was an increase in the number of clinical cases. In the 20 - 24 age group an increase occurred for both categories. No trend can be observed in the other age groups.

The Central Statistical Office[1]) reports an increase of more than 20% in deaths from road accidents for the 15 - 24 age group. In 1977 more than 30% of the victims fell into this group, as against nearly 27% in 1976.

This question has been removed from the 1978 weekly return.

[1]) *Central Statistical Office, Statistisch Bulletin, Vol. 34, No. 33, 21 April 1978.*

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.

As was remarked in the previous annual reports, it must be borne in mind when studying the following table, that although the population of the sentinel stations is a reasonably good representation (see also p. 13), the spotter physicians are a selected group. Consequently it cannot be automatically established to what extent the results differ from the actual situation, the differences can vary depending on the nature of the question.

		Frequency[1])			*Netherlands*[2])		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*
Influenza	*1975*			*695*			*945000*
	1976			*717*			*987000*
	1977			*575*			*796000*
Measles	*1975*			*8*			*11000*
	1976			*63*			*87000*
	1977	*vaccinated*		*6*			*8000*
		unvaccinated		*42*			*58000*
Psoriasis							
- incidence	*1976*	*20*	*16*		*14000*	*11000*	*25000*
	1977	*19*	*18*		*13000*	*13000*	*26000*
- prevalence	*1976*				*416000*	*401000*	*817000*
	1977						
Mononucleosis							
infectiosa	*1977*	*15*	*19*		*10000*	*13000*	*23000*

continuation

Category	Year	Frequency[1])			Netherlands[2])		
		M	F	Total	M	F	Total
Prescription of medicine for urinary tract infection –new patients	1977	68	297		47000	206000	253000
–old patients	1977	35	204		24000	142000	166000
Cervical smear –with complaints and/or symptoms	1976		87			60000	
	1977		86			60000	
–without complaints and/or symptoms	1976		385			265000	
	1977		380			264000	
Sterilisation of the man or the woman performed	1972	24			16000		
	1973	40			27000		
	1974	46	35		31000	24000	55000
	1975	46	46		31000	31000	62000
	1976	57	66		39000	45000	84000
	1977	53	64		37000	44000	81000
Morning-after pill prescribed	1972		53			35000	
	1973		59			40000	
	1974		68			46000	
	1975		60			41000	
	1976		60			41000	
	1977		49			34000	

continuation

		Frequence[1])			Netherlands[2])		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*
Abortus provocatus	*1971*		*22*			*14000*	
	1972		*30*			*20000*	
	1973		*31*			*21000*	
	1974		*22*			*15000*	
	1975		*17*			*12000*	
	1976		*20*			*14000*	
	1977		*18*			*13000*	
Skull trauma in traffic							
- clinical cases	*1975*			*11*			*15000*
	1976			*9*			*12000*
	1977			*10*			*14000*
- non clinical cases	*1975*			*14*			*19000*
	1976			*13*			*18000*
	1977			*9*			*12000*

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

[2]) *Extrapolation of the frequencies to the Dutch population (as at 1-7-1977), in round thousands*

INCIDENTAL INVESTIGATIONS

As in 1976, the spotter physicians were asked some questions on infrequent diseases or occurrences in 1977, the incidental investigations. These related to the disease multiple sclerosis and the request for application of active euthanasia.

Multiple Sclerosis

In 1976 attention was devoted for the first time to multiple sclerosis. A once-only gauging is not very reliable for a relatively infrequent disease, and therefore the programme committee decided to continue this investigation. It was divided into two parts[1]):

a. questions were asked with regard to the patients reported in 1976 (this return was an approach to prevalence)

b. reporting of new patients (incidence)

Re a. A copy of the 1976 report was sent to the spotter physicians with the request to investigate whether

1. the patient(s) still came under the practice
2. change in the care/nursing had occurred
3. patient(s) used a wheelchair outside the home

By means of the last questions an impression can be gained of the degree of disablement.

In this way it was possible to see immediately whether last year's report had been complete (and correct). It cannot be expected of a project such as continuous morbidity registration that reporting is complete, and this was never the intention. It is a gauging, to give an impression of the size of the problem and to observe any trend in a number of cases. However, it is important where possible to investigate the extent to which reporting is complete.

And in fact there were a few spontaneous reactions to the 1976 reports; it proved that:

2 patients had not been reported, both men, 48 and 55 years,

[1]) *In consultation with Dr H. Dassel, Netherlands Foundation for Multiple Sclerosis.*

once the sex had been stated incorrectly; this concerned a man instead of a woman, 60 years,
once the data could not be traced (a 65-year-old woman)

Of the patients with multiple sclerosis, 6 patients proved no longer to come under the practice:

3 on account of living in an old people's home/nursing home (2 women and 1 man, 47, 60 and 70 years respectively)
2 on account of changing general practitioner (1 man and 1 woman, 40 and 51 years respectively)
1 on account of death (a man of 68 years)

Admission to an old people's home/nursing home was reported twice (1 woman and 1 man, 42 and 70 years respectively).
The use of a wheelchair outside the home can be found in Table 24. The patients on whom no information was obtainable have been left out of consideration.

Table 24: Number of patients with multiple sclerosis by age group and sex, stating the use of a wheelchair outside the home, 31.12.1976

	Age group					
	25-34	*35-44*	*45-54*	*55-64*	*⩾65*	*Total*
Men						
- absolute	*5*	*2*	*8*	*7*	*3*	*25*
- use of wheelchair	*1*	*–*	*4*	*2*	*–*	*7*
Women						
- absolute	*3*	*6*	*16*	*7*	*3*	*35*
- use of wheelchair	*–*	*2*	*4*	*5*	*1*	*12*

19 of the 60 patients make use of a wheelchair outside the home; this could be a criterion of the degree of disablement. This twice concerned two patients who were living in an old people's home/nursing home (1 man and 1 woman, 45 and 74 years respectively) and a patient who was admitted to an old people's home/nursing home in 1977 (a man of 70 years). Two women patients deemed the use of a wheelchair desirable, but they were (still) ashamed of it (48 and 53 years).

Re b. In 1977 the diagnosis of multiple sclerosis was reported 9 times for a new patient (see Table 25).

Table 25: Number of patients diagnosed as having multiple sclerosis in 1977, by age group and sex

	Age group						
	20-24	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*	*Total*
Men	–	*1*	*1*	–	–	–	*2*
Women	*1*	*1*	*3*	*1*	–	*1*	*7*
Total	*1*	*2*	*4*	*1*	–	*1*	*9*

The numbers are too small to calculate the relative frequency per age group; for all ages together it is 0.24 per 10 000 men and 0.82 per 10 000 women. In all cases the diagnosis was made by the neurologist, twice by the ophthalmic surgeon as well. One patient (65 years) lived in an old people's home/nursing home, and she was also the only one who made use of a wheelchair.

The number of women with multiple sclerosis is as was reported in 1976 higher than the number of men. However, the numbers are so small that no conclusions can be drawn from them. Pronouncements on the incidence are, for the same reason, likewise premature. The investigation will therefore have to be continued next year.
At the World Conference on Multiple Sclerosis[1]), held in Amsterdam in September 1977, it was assumed that every year in the Netherlands at least 260 patients would fall ill through multiple sclerosis, that is 0.19 per 10 000 inhabitants; this assumption therefore differs greatly from the sentinel station reports.

In the return of new patients with multiple sclerosis, reports were made 3 times of a patient who came into the practice in 1977 with a previously diagnosed multiple sclerosis (2 men and 1 woman, 26, 38 and 50 years respectively). They all lived at home, one of them used a wheelchair (a 38-year old man). This figure agrees with departure from the practice without there being mention of admission to an old people's home/nursing home, which in the majority of cases goes together with a change of doctor.

[1]) *Maatschappelijke Gezondheidszorg, Vol. 5, 10 October 1977, pp. 35 - 36.*

Euthanasia

The second incidental investigation concerns the subject of euthanasia. Attention was devoted to this for the first time in 1976. Considerable reaction was received to this investigation when the 1976 annual report was published. There prove to be few data collected on this subject. Many conjectures exist about the number of requests for euthanasia, but these are both higher and lower than the number reported by the sentinel stations.

In view of the fact that this is an occurrence making a request which relatively speaking occurs rather infrequently, a once-only gauging has only limited reliability[1]). The programme committee had therefore decided immediately to repeat this investigation for 1977.

The form of the investigation is retrospective. This had the disadvantage that the doctor may have forgotten that this question was put but has the advantage that only the "serious" requests will be reported.

A form was sent to all spotter physicians at the end of 1977 with the request that they report whether the question was asked of them by a patient himself or herself for the application of active euthanasia and, if so, what the motive for this was. In addition, information was sought on the age, sex, current disease and place of care or nursing.

The results can be found in the attached table. This table does not require much explanation. (see page 54).

The number of requests (9) is lower than in 1976 (15), but it is located in the above reliability interval.

The number of patients with a carcinoma is, relatively speaking, again large, i.e. 5 out of the 9 (in 1976 8 out of the 15).

The request was made 6 times by a man (in 1976 5 times). The distribution by province group and urbanization group is given in Table 26.

[1]) *Of the number reported in 1976, the 95% reliability interval is 7-23.*

Table 26: Number of requests to the general practitioner made by the patient himself or herself for the application of active euthanasia, per province group and urbanization group, 1976 and 1977

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1976	*1*	*2*	*11*	*1*	*4*	*7*	*4*	*15*
1977	*1*	*2*	*5*	*1*	*3*	*2*	*4*	*9*

Only twice was a request for indirect euthanasia made (amyotrophic lateral sclerosis and pleuritis carcinomatosa). In the other cases the request was for application of direct euthanasia (see footnote on page 53).

"Active euthanasia manifests itself in the deliberate application of life-shortening or life-terminating treatment. Active euthanasia can be further divided into:

- *Indirect euthanasia; this is the deliberate application of treatment to alleviate suffering, without the intention of shortening or terminating life but with the recognition and acceptance of the risk that shortening or terminating of live can occur.*

- *Direct euthanasia; this is the deliberate application of a treatment to alleviate suffering in such a way that reasonably speaking a considerable shortening or termination of life may be expected."*

Medisch Contact: 1977, 32 p. 1058

Presumably the investigation will be repeated for 1978.

Request made by the patient for active euthanasia

Age	*Sex*	*Disease*	*Motive for the request*	*Nursed*
12	*F*	*Little's disease, microcephalism*	*Imminent ileus, incipient decubitus*	*At home*
47	*M*	*Carcinoma of the stomach*	*Lenght of the illness*	*At home*
56	*F*	*Carcinoma of the breast*	*Pain, increasing disablement*	*At home*
59	*M*	*Carcinoma of the lung*	*Pain*	*At home*
63	*M*	*Amyotrophic lateral sclerosis*	*Distress*	*At home*
68	*M*	*Amyotropihic lateral sclerosis*	*Fear of fatal distress*	*At home*
73	*M*	*Vital depression*	*The feeling of having gone to pieces, never getting better*	*At home*
78	*F*	*Carcinoma of the breast*	*Fear of pain and suffering*	*At home*
83	*M*	*Pleuritis carcinomatosa*	*Pain*	*At home*

GENERAL REMARKS

1. The questions on the weekly return for 1978 have been compiled as follows by the programme committee:

   a. Influenza(-like illness)
   b. Measles
   c. Mononucleosis infectiosa
   d. Cervical smear
   e. Sterilization of the man performed
   f. Sterilization of the woman performed
   g. Abortus provocatus
   h. Prescription of morning-after pill
   i. Hayfever
   j. Myocardial infarction - clinical/non-clinical

2. No definite decision has yet been taken about incidental investigations for 1978.

3. 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.

4. Data from this report may be reproduced with acknowledgment of "Continuous Morbidity Registration, Sentinel Stations".

Mrs dr H.J.A. Collette

Bijlage 1

Continue Morbiditeits Registratie, Peilstations

Deelnemende artsen 1977

Naam:	Plaats:	Provincie:
A.A.E.E. Brockmöller*)	't Zand	Groningen
J.Th. Ubbink	Groningen	Groningen
J. Vennema	Franeker	Friesland
S. Vriesinga	Oostermeer	Friesland
H.E. Mailette de Buy Wenniger	Schoonoord	Drenthe
H.W. Reinking/F.M. van Soest/ R.F. Sparenburg (comb. praktijk)	Assen	Drenthe
Th.J. van Dam/J.B.M. Stolte (comb. praktijk)	Swifterbant	Zuidelijke IJsselmeer-polders
H. Nap	Gramsbergen	Overijssel
F.C.M. Ummels	Velp	Gelderland
J.H. de Boer/Dr J. van Noort (comb. praktijk)*)	Zelhem	Gelderland
J.P. van Dam/Mw. M.A.E. Hoelen-Lem (comb. praktijk vanaf 1-3-1977)	Nijmegen	Gelderland
S.W.A. Holla	Nijmegen	Gelderland
Dr H. Mulder	Heerde	Gelderland
W.J. van Bodegom*)	Linschoten	Utrecht
Mw. I.K.I. de Jongh-Kilian/ F.K.A. Fokkema (comb. praktijk)	Amersfoort	Utrecht
P.J. Kromeich/J.J. Dijkstra (comb. praktijk)	Utrecht	Utrecht
J. Busquet/M.M. Spoor (comb. praktijk)	Alkmaar	Noord-Holland
C. den Hartoog*)	Broek in Waterland	Noord-Holland

Bijlage 1 (vervolg)

Deelnemende artsen

Naam:	Plaats:	Provincie:
A.A.M.E. Janssen/P.G. Tromp-Beelen (comb. praktijk)	Heiloo	Noord-Holland
H.J. van der Leen	Hilversum	Noord-Holland
Dr P.A. Roorda	Haarlem	Noord-Holland
Mw. A.J. Arbouw/J.Th. Koop (comb. praktijk)	Amstelveen	Noord-Holland
Mw. P.J. Ypenburg-Visser	Amsterdam	Noord-Holland
H.L. van Amerongen/Mw. dr H.J. Haag (comb. praktijk tot 1-10-1977)		
F.L. Reynders (vanaf 1-10-1977)	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
Th.J. van Stockum jr.	Den Haag	Zuid-Holland
B.J. van Vianen	Den Haag	Zuid-Holland
P.R.L. Vercauteren/H.J.W.A. Meijerink (comb. praktijk)	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. van der Meer*)	Rosmalen	Noord-Brabant
Dr J.P.C. Moors*)	Rosmalen	Noord-Brabant

Bijlage 1 (vervolg)

Deelnemende artsen

Naam:	Plaats:	Provincie:
Dr J.W.G.A. van Rens	Oirschot	Noord-Brabant
A. Sluyters	Ravenstein	Noord-Brabant
Dr J.L.M. Raupp	Eindhoven	Noord-Brabant
R.A.M. de Jong	Maastricht	Limburg

*) Apotheek-houdend

Bijlage 2

Weekstaat t.b.v. centrale registratie

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS 1977

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

5-daagse rapportering[1] — weekrapportering[1]

Regel no.	Leeftijdsgroep	Influenza (-achtig ziektebeeld)[2]	Mazelen[2] Gevacc.	Mazelen[2] Niet gevacc.	Psoriasis[3]		Mononucleosis infectiosa[3]		Geneesmiddel wegens urineweginfectie voorgeschreven[4] Nieuwe patiënten[4]		Geneesmiddel wegens urineweginfectie voorgeschreven[4] Oude patiënten[4]		Cervixuitstrijk Na 1-1-1976 voor eerste maal afgenomen op grond van[5] Klachten/ symptomen	Louter preventieve overwegingen Initiatief huisarts[6]	Louter preventieve overwegingen Verzoek van de vrouw	Herhalingsonderzoek[7]	Sterilisatie verricht[8]		Morning-after-pill voorgeschreven[9]	Abortus provocatus[10]	Schedeltrauma in verkeer[11] Klinisch[12]	Schedeltrauma in verkeer[11] Niet klinisch[12]	Leeftijdsgroep
		M+V	M+V	M+V	M	V	M	V	M	V	M	V	V	V	V	V	M	V	V	V	M+V	M+V	
01	< 1																						< 1
02	1-4																						1-4
03	5-9																						5-9
04	10-14																						10-14
05	15-19																						15-19
06	20-24																						20-24
07	25-34																						25-34
08	35-44																						35-44
09	45-54																						45-54
10	55-64																						55-64
11	⩾ 65																						⩾ 65
4-5		15-17	21-23	24-26	27-29	30-32	33-35	36-38	39-41	42-44	45-47	48-50	51-53	54-56	57-59	60-62	65	66	67	68	69	70	

Weeknummer: .....

Opgemaakt d.d.: .....

Aantal dagen gerapporteerd (zie voetnoot 1) 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

N.B. 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.

2) Betreft uitsluitend nieuwe patienten.

3) Betreft uitsluitend nieuwe patiënten. De klinische diagnose dient te zijn bevestigd door:
- *hetzij een positieve reactie van Paul-Bunnell*
- *hetzij een positieve monosticonreactie*
- *hetzij een karakteristiek bloedbeeld.*

4) Nieuwe patiënten : voor de eerste maal een geneesmiddel voorgeschreven wegens een urineweginfectie.
*Oude patiënten : **eenmalige** rapportage van patiënten, aan wie reeds eerder een geneesmiddel wegens een urineweginfectie is voorgeschreven.*

*5) Betreft rapportering van vrouwen bij wie na 1-1-1976 **om welke reden ook** een cervixuitstrijk heeft plaatsgevonden. Indien bij een vrouw na 1-1-1976 **opnieuw** een cervixuitstrijk wordt gedaan dient dit altijd onder de subrubriek "herhalingsonderzoek" geboekt te worden (zie ook voetnoot 7).*

6) Bijvoorbeeld in het kader van pilcontrole.

7) Bijvoorbeeld wegens verdacht preparaat of wegens technische onvolkomenheden bij onderzoek vorig preparaat.

8) Indien het een patiënt(e) betreft uit een van de leeftijdsgroepen, waarvan het vak gerasterd is, dan tevens de exacte leeftijd hierachter vermelden. Leeftijd:

*9) Uitsluitend indien er een directe indicatie is. Indien een recept voor de morning-after-pill wordt afgegeven omdat de betrokkene bijvoorbeeld met vakantie naar het buitenland gaat, dient dit **niet** te worden gerapporteerd. (zie ook voetnoot 8).*

10) Lege artis of niet lege artis verricht. (zie ook voetnoot 8).

*11) Onder schedeltrauma wordt verstaan enig letsel van de schedel (uitgezonderd die van de hoofdhuid) en/of de schedelinhoud (inclusief commotio cerebri) dat volgens de arts mogelijk een gevolg kan zijn van een verkeersongeval. Dergelijke traumata dienen slechts **éénmaal** gemeld te worden.*

12) 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 projectleider op de hoogte wordt gesteld.

TABEL 1A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1977 PER 10.000

LEEFTYDS-GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	851	810	1661	283	18	108	-	-	-	-	-	-	-	25	12	-	-	-
1 - 4 JR	4746	4658	9405	363	22	182	2	-	1	2	6	4	15	49	32	-	9	4
5 - 9 JR	6896	6607	13504	444	16	121	6	-	3	4	5	4	3	47	24	6	29	17
10 - 14 JR	6787	6752	13539	355	-	7	7	6	7	6	3	4	4	22	13	3	12	7
15 - 19 JR	6262	6497	12759	278	-	1	6	6	6	16	18	17	5	45	25	2	22	12
20 - 24 JR	6302	7197	13500	242	-	1	6	1	4	3	7	5	14	93	56	-	51	27
25 - 34 JR	12653	12753	25406	226	-	0	6	7	6	6	3	4	19	100	60	6	47	27
35 - 44 JR	8953	8942	17894	293	-	-	13	10	12	4	2	3	19	105	62	9	57	33
45 - 54 JR	7815	8098	15914	256	-	-	9	6	8	3	1	2	31	102	67	17	74	46
55 - 64 JR	5732	6273	12005	272	-	-	9	5	7	-	-	-	33	110	73	23	69	47
=> 65 JR	6239	8333	14572	191	-	-	6	2	4	-	2	1	37	82	62	42	94	71
TOTAAL	73237	76921	150158	284	3	24	7	5	6	5	4	4	18	79	49	10	49	30

N.B. Als gevolg van het afronden bij het berekenen van de populatie kunnen kleine verschillen in de totalen zijn ontstaan.

TABEL 1A (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1977 PER 10.000

LEEFTYDS-GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
< 1 JR	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	-	1
5 - 9 JR	-	-	-	-	-	-	-	-	-	1	3
10 - 14 JR	-	-	-	-	-	1	1	1	-	1	1
15 - 19 JR	6	9	2	2	-	-	-	28	11	5	8
20 - 24 JR	31	43	21	4	3	13	8	36	8	6	3
25 - 34 JR	45	140	58	22	38	40	39	22	15	2	2
35 - 44 JR	45	190	67	36	47	48	48	9	8	2	1
45 - 54 JR	31	125	51	36	13	4	8	7	1	1	1
55 - 64 JR	19	35	13	10	-	-	-	-	-	2	-
=> 65 JR	6	12	1	1	-	-	-	-	-	1	3
TOTAAL	22	67	26	13	14	14	14	11	5	2	2

TABEL 18 CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1977 PER 10.000

LEEFTYDS-GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	813	780	1593	126	6	57	-	-	-	-	-	-	-	13	6	-	-	-
1 - 4 JR	4566	4474	9040	136	13	89	-	-	-	2	-	1	7	54	30	2	2	2
5 - 9 JR	6601	6319	12920	156	10	61	-	-	-	6	8	7	8	25	16	2	5	3
10 - 14 JR	6454	6414	12868	117	1	2	6	2	4	11	6	9	6	25	16	2	5	3
15 - 19 JR	5936	6193	12128	102	-	1	2	8	5	8	31	20	5	65	35	2	37	20
20 - 24 JR	6060	6919	12979	99	-	2	2	6	4	17	6	11	13	100	59	2	25	14
25 - 34 JR	12118	12225	24344	109	-	1	13	5	9	2	2	2	15	71	43	4	52	28
35 - 44 JR	8533	8484	17017	125	-	-	4	4	4	2	1	2	34	66	50	11	72	41
45 - 54 JR	7397	7666	15063	113	-	-	-	4	2	-	4	2	23	89	56	14	64	39
55 - 64 JR	5407	5896	11304	144	-	-	6	2	4	-	-	-	22	102	64	20	90	57
=> 65 JR	5874	7818	13692	109	-	-	10	8	9	-	1	1	49	93	75	39	93	70
TOTAAL	69760	73187	142947	119	2	12	5	4	4	4	5	5	18	70	45	9	47	29

TABEL 18 (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1977 PER 10.000

LEEFTYDS-GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT M	STERILISATIE V	STERILISATIE T	MORN AFTER PIL V	ABOR TUS PROV V	SCHEDELTRAUMA IN KLIN M/V	SCHEDELTRAUMA VERKEER NKLIN M/V
	V	V	V	V	M	V	T	V	V	M/V	M/V
< 1 JR	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	-	6
5 - 9 JR	-	-	-	-	-	-	-	-	-	5	5
10 - 14 JR	-	-	-	-	-	-	-	2	-	4	4
15 - 19 JR	2	5	-	-	-	-	-	47	6	7	3
20 - 24 JR	26	40	14	1	3	4	4	29	6	6	4
25 - 34 JR	46	137	57	14	25	41	33	23	8	2	1
35 - 44 JR	53	186	75	45	59	48	53	11	7	2	2
45 - 54 JR	48	129	68	38	18	14	16	8	4	-	-
55 - 64 JR	14	34	24	12	2	-	1	-	-	3	1
=> 65 JR	6	8	4	1	-	-	-	-	-	1	-
TOTAAL	23	66	29	13	14	14	14	13	4	3	2

TABEL 1C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1977 PER 10.000

LEEFTYDS-GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	788	753	1541	45	-	45	-	-	-	-	-	-	-	13	6	-	-	-
1 - 4 JR	4365	4310	8675	48	8	22	-	-	-	7	2	5	5	42	23	2	14	8
5 - 9 JR	6332	6088	12420	39	1	18	3	2	2	3	3	3	-	23	11	3	13	8
10 - 14 JR	6210	6186	12396	26	-	2	3	2	2	8	-	4	2	19	10	3	6	5
15 - 19 JR	5723	5974	11697	47	-	1	3	5	4	7	23	15	3	84	44	-	32	16
20 - 24 JR	5762	6559	12322	56	-	2	7	5	6	10	12	11	17	116	70	2	69	37
25 - 34 JR	11497	11623	23119	45	-	-	6	8	7	3	2	2	14	95	55	3	48	26
35 - 44 JR	8135	8108	16243	53	-	-	2	-	1	-	4	2	25	76	50	6	72	39
45 - 54 JR	7097	7342	14440	48	-	-	4	5	5	1	-	1	25	102	64	11	91	52
55 - 64 JR	5182	5659	10841	46	-	-	2	5	4	2	2	2	33	94	65	19	101	62
=> 65 JR	5646	7435	13082	34	-	-	-	8	5	-	-	-	50	87	71	50	112	85
TOTAAL	66738	70038	136776	44	1	4	3	4	4	4	4	4	17	77	48	9	58	34

TABEL 1C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1977 PER 10.000

LEEFTYDS-GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA IN VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
< 1 JR	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	6	2
5 - 9 JR	-	-	-	-	-	-	-	-	-	3	5
10 - 14 JR	-	-	-	-	-	-	-	2	-	1	5
15 - 19 JR	3	3	-	-	-	-	-	40	17	3	5
20 - 24 JR	15	44	17	6	2	3	2	23	14	5	6
25 - 34 JR	48	142	47	25	26	43	35	24	9	1	0
35 - 44 JR	47	205	76	43	44	60	52	19	14	2	1
45 - 54 JR	27	119	69	37	8	7	8	4	-	1	1
55 - 64 JR	19	28	14	5	2	-	1	-	-	4	-
=> 65 JR	8	9	4	1	-	-	-	-	-	1	1
TOTAAL	20	67	27	14	11	15	13	12	6	2	2

TABEL 1D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1977 PER 10.000

LEEFTYDS-GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	829	796	1625	123	-	6	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	4616	4551	9167	135	-	4	-	-	-	-	2	1	11	20	15	-	11	5
5 - 9 JR	6715	6444	13159	91	-	1	-	5	2	1	5	3	3	42	22	-	11	5
10 - 14 JR	6587	6549	13136	87	-	-	-	-	-	-	5	2	8	24	16	-	8	4
15 - 19 JR	6063	6332	12395	115	-	-	3	3	3	3	28	16	5	73	40	-	14	7
20 - 24 JR	6146	7018	13165	126	-	-	3	6	5	11	7	9	10	118	68	11	48	31
25 - 34 JR	12244	12364	24608	118	-	-	2	7	5	2	4	3	16	95	55	6	43	24
35 - 44 JR	8677	8658	17336	138	-	-	2	7	5	-	-	-	18	81	50	6	80	43
45 - 54 JR	7538	7806	15344	133	-	-	4	9	7	-	1	1	24	82	53	9	70	40
55 - 64 JR	5517	6035	11552	126	-	-	9	8	9	2	-	1	29	70	50	11	101	58
=> 65 JR	6021	7989	14010	87	-	-	5	4	4	-	1	1	27	78	56	23	103	69
TOTAAL	70954	74542	145496	116	-	0	3	5	4	2	5	4	15	72	44	6	51	29

TABEL 1D (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1977 PER 10.000

LEEFTYDS-GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA IN VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
< 1 JR	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	2	1
5 - 9 JR	-	-	-	-	-	-	-	-	-	3	2
10 - 14 JR	-	-	-	-	-	-	-	2	-	2	6
15 - 19 JR	5	8	6	-	-	-	-	33	8	5	6
20 - 24 JR	17	60	17	6	2	4	3	51	10	6	7
25 - 34 JR	49	151	52	19	28	50	39	19	4	2	1
35 - 44 JR	59	185	88	55	58	89	73	16	7	3	1
45 - 54 JR	32	111	70	38	13	15	14	3	3	1	2
55 - 64 JR	7	25	17	5	4	-	3	-	-	1	1
=> 65 JR	1	8	3	3	-	-	-	-	-	1	1
TOTAAL	21	67	30	15	14	21	17	13	3	2	2

TABEL 1E

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1977 TOTAAL PER 10.000

LEEFTYDS-GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	820	785	1605	586	25	218	-	-	-	-	-	-	-	51	25	-	-	-
1 - 4 JR	4573	4498	9071	695	44	302	2	-	1	11	11	11	37	165	100	4	36	20
5 - 9 JR	6636	6365	13001	745	27	205	9	6	8	15	20	18	14	138	75	11	58	34
10 - 14 JR	6510	6475	12985	598	1	12	17	9	13	25	14	19	20	91	55	8	31	19
15 - 19 JR	5996	6249	12245	553	-	2	15	22	19	35	101	69	18	264	144	3	104	55
20 - 24 JR	6068	6924	12991	532	-	5	18	17	18	41	32	36	54	426	252	15	192	109
25 - 34 JR	12128	12241	24369	508	-	1	27	27	27	12	11	11	63	361	213	19	190	105
35 - 44 JR	8574	8548	17123	620	-	-	22	21	22	7	7	7	96	330	213	31	280	155
45 - 54 JR	7462	7728	15190	560	-	-	17	25	21	4	6	5	103	375	242	51	299	177
55 - 64 JR	5460	5966	11425	600	-	-	26	20	23	4	2	3	117	375	252	73	359	222
=> 65 JR	5945	7894	13839	429	-	-	22	22	22	-	5	3	161	340	263	153	400	294
TOTAAL	70172	73672	143844	575	6	42	19	18	18	15	19	17	68	297	186	35	204	122

TABEL 1E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1977 TOTAAL PER 10.000

LEEFTYDS-GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT M	STERILISATIE V	STERILISATIE T	MORN AFTER PIL V	ABOR TUS PROV V	SCHEDELTRAUMA IN VERKEER KLIN M/V	SCHEDELTRAUMA NKLIN M/V
	V	V	V	V	M	V	T	V	V	M/V	M/V
< 1 JR	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	8	10
5 - 9 JR	-	-	-	-	-	-	-	-	-	12	15
10 - 14 JR	-	-	-	-	-	2	1	6	-	8	16
15 - 19 JR	16	26	8	2	-	-	-	147	42	20	22
20 - 24 JR	90	188	69	17	10	25	18	140	38	22	19
25 - 34 JR	189	570	215	80	117	174	146	87	36	7	4
35 - 44 JR	204	765	307	179	208	246	227	54	35	9	5
45 - 54 JR	138	484	258	149	52	40	46	22	8	3	5
55 - 64 JR	59	122	67	32	7	-	4	-	-	9	2
=> 65 JR	22	37	11	6	-	-	-	-	-	4	4
TOTAAL	86	268	112	55	53	64	59	49	18	10	9

TABEL 2A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1977 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	10155	10502	20657	327	0	41	5	10	8	2	3	2	35	87	61	27	58	43
OV+GLD+ZYP	10510	10665	21175	462	2	12	13	6	9	10	9	10	22	114	68	11	67	39
UTR+NH+ZH	35265	37828	73093	162	3	23	7	4	5	4	3	3	13	68	42	5	42	24
ZLD+NB+LIM	17307	17926	35233	404	4	24	6	3	5	4	6	5	14	76	46	10	46	28
TOTAAL	73237	76921	150158	284	3	24	7	5	6	5	4	4	18	79	49	10	49	30

TABEL 2A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1977 PER 10.000

PROVINCIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
GR+FR+DR	11	18	12	10	9	11	10	13	5	2	3
OV+GLD+ZYP	20	53	19	8	18	11	15	18	3	1	1
UTR+NH+ZH	31	81	35	18	14	15	14	9	7	2	2
ZLD+NB+LIM	8	75	18	7	15	16	15	12	4	3	4
TOTAAL	22	67	26	13	14	14	14	11	5	2	2

TABEL 2B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1977 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	9734	9993	19727	144	2	10	3	1	2	2	4	3	24	95	60	11	71	42
OV+GLD+ZYP	10639	10768	21408	166	2	22	8	7	7	9	16	13	18	106	62	13	76	45
UTR+NH+ZH	32338	34751	67089	105	2	11	3	4	4	5	4	5	17	64	41	8	35	22
ZLD+NB+LIM	17048	17675	34723	105	3	10	8	3	5	1	2	1	18	45	32	7	41	24
TOTAAL	69760	73187	142947	119	2	12	5	4	4	4	5	5	18	70	45	9	47	29

TABEL 2B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1977 PER 10.000

PROVINCIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA IN VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
GR+FR+DR	12	19	19	7	16	11	14	14	7	2	4
OV+GLD+ZYP	23	59	26	14	13	13	13	13	3	3	1
UTR+NH+ZH	35	84	39	13	11	18	14	11	3	2	2
ZLD+NB+LIM	7	60	17	14	19	10	14	16	3	4	3
TOTAAL	23	66	29	13	14	14	14	13	4	3	2

TABEL 2C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1977 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	8973	9177	18150	50	2	7	3	8	6	3	2	3	12	95	54	18	72	45
OV+GLD+ZYP	10288	10425	20713	83	0	10	7	9	8	10	10	10	26	107	67	10	107	59
UTR+NH+ZH	31345	33738	65083	29	1	2	2	2	2	4	5	4	18	68	44	7	48	28
ZLD+NB+LIM	16132	16697	32830	47	-	3	4	4	4	1	2	1	12	64	39	8	38	23
TOTAAL	66738	70038	136776	44	1	4	3	4	4	4	4	4	17	77	48	9	58	34

TABEL 2C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1977 PER 10.000

PROVINCIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			HORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA IN VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
GR+FR+DR	20	33	25	5	14	11	13	14	7	3	4
OV+GLD+ZYP	25	59	16	15	8	13	11	13	8	3	1
UTR+NH+ZH	23	78	38	17	9	17	13	14	6	2	2
ZLD+NB+LIM	13	70	14	13	15	14	15	7	4	3	3
TOTAAL	20	67	27	14	11	15	13	12	6	2	2

TABEL 2D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1977 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	10303	10623	20926	154	-	-	4	4	4	1	3	2	26	110	69	2	74	39
OV+GLD+ZYP	11156	11304	22460	202	-	1	4	8	6	3	13	8	20	104	62	12	106	59
UTR+NH+ZH	32527	35031	67558	86	-	0	2	5	3	2	4	3	12	64	39	6	36	21
ZLD+NB+LIM	16968	17584	34552	95	-	1	2	6	4	1	2	2	10	45	28	8	31	19
TOTAAL	70954	74542	145496	116	-	0	3	5	4	2	5	4	15	72	44	6	51	29

TABEL 2D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1977 PER 10.000

PROVINCIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA VERKEER IN KLIN	SCHEDELTRAUMA VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
GR+FR+DR	22	42	32	6	11	26	19	17	1	4	1
OV+GLD+ZYP	27	62	18	19	11	16	13	12	3	3	5
UTR+NH+ZH	20	83	39	17	14	17	16	11	5	1	1
ZLD+NB+LIM	20	55	19	13	17	27	22	14	3	3	4
TOTAAL	21	67	30	15	14	21	17	13	3	2	2

TABEL 2E

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1977 TOTAAL PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	9791	10074	19865	692	4	58	15	23	19	8	12	10	99	387	245	57	275	168
OV+GLD+ZYP	10648	10791	21439	915	4	45	33	29	31	32	48	40	85	431	259	46	357	202
UTR+NH+ZH	32869	35337	68206	390	6	38	14	15	15	15	16	16	60	264	166	26	161	96
ZLD+NB+LIM	16864	17471	34334	661	8	38	20	16	18	7	11	9	55	230	144	33	156	96
TOTAAL	70172	73672	143844	573	6	42	19	18	18	15	19	17	68	297	186	35	204	122

TABEL 2E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1977 TOTAAL PER 10.000

PROVINCIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA VERKEER IN KLIN	SCHEDELTRAUMA VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
GR+FR+DR	65	112	88	29	50	61	55	59	19	11	12
OV+GLD+ZYP	95	234	79	57	50	54	52	57	16	11	9
UTR+NH+ZH	109	327	151	65	48	67	58	44	20	7	6
ZLD+NB+LIM	48	260	68	48	65	68	66	50	14	12	14
TOTAAL	86	268	112	55	53	64	59	49	18	10	9

TABEL 3A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1977 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT HEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	17078	17302	34380	371	3	27	4	5	4	5	5	5	19	105	62	8	46	27
B1-B3+C1-C4	36899	38877	75776	236	3	27	8	4	6	4	3	4	18	74	47	12	46	30
C5	19261	20742	40002	299	3	17	10	7	8	5	7	6	16	68	43	8	56	33
TOTAAL	73237	76921	150158	284	3	24	7	5	6	5	4	4	18	79	49	10	49	30

TABEL 3A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1977 PER 10.000

URBANISATIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA IN VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
A1-A4	14	49	16	5	17	10	14	16	6	3	2
B1-B3+C1-C4	28	79	34	15	14	16	15	9	4	2	2
C5	17	61	20	16	11	12	12	12	7	2	3
TOTAAL	22	67	26	13	14	14	14	11	5	2	2

TABEL 3B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1977 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
A1=A4	16662	16802	33464	147	1	21	7	4	5	4	7	5	26	83	54	7	59	33
B1=B3+C1=C4	34926	36834	71760	111	3	11	4	3	4	5	4	4	16	64	41	9	46	28
C5	18171	19552	37723	111	1	7	4	6	5	4	8	6	17	69	44	12	40	27
TOTAAL	69760	73187	142947	119	2	12	5	4	4	4	5	5	18	70	45	9	47	29

TABEL 3B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1977 PER 10.000

URBANISATIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	INIT HSARTS	VERZ VROUW	HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA IN VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
A1=A4	19	54	19	3	13	11	12	8	7	5	2
B1=B3+C1=C4	26	77	40	15	14	14	14	17	3	2	3
C5	21	56	16	17	13	18	16	9	2	2	2
TOTAAL	23	66	29	13	14	14	14	13	4	3	2

TABEL 3C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1977 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT NEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
A1=A4	17784	18042	35826	53	0	8	2	6	4	5	8	7	20	95	58	11	73	42
B1=B3+C1=C4	33322	35081	68403	33	1	3	3	5	4	2	3	3	16	69	43	8	48	28
C5	15632	16915	32547	58	0	2	7	2	5	6	2	4	17	73	46	10	62	37
TOTAAL	66738	70038	136776	44	1	4	3	4	4	4	4	4	17	77	48	9	58	34

TABEL 3C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1977 PER 10.000

URBANISATIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN KLIN VERKEER	SCHEDELTRAUMA NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
A1=A4	14	52	19	3	6	14	10	9	8	4	3
B1=B3+C1=C4	19	77	37	16	14	15	14	14	6	1	2
C5	30	64	15	23	11	16	14	12	4	3	2
TOTAAL	20	67	27	14	11	15	13	12	6	2	2

TABEL 3D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1977 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	17502	17701	35204	109	-	1	1	5	3	1	5	3	22	91	57	8	60	34
B1-B3+C1-C4	35145	36997	72142	103	-	-	3	4	4	3	6	5	13	75	45	4	47	26
C5	18306	19844	38150	147	-	1	4	7	6	1	3	2	11	50	31	9	50	30
TOTAAL	70954	74542	145496	116	-	0	3	5	4	2	5	4	15	72	44	6	51	29

TABEL 3D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1977 PER 10.000

URBANISATIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA IN VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
A1-A4	18	60	25	6	7	16	12	10	2	5	3
B1-B3+C1-C4	23	75	35	16	17	23	20	15	3	2	2
C5	21	59	25	20	14	21	18	12	6	1	4
TOTAAL	21	67	30	15	14	21	17	13	3	2	2

TABEL 3E

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1977 TOTAAL PER 10.000

URBANISATIE GROEP	POPULATIE			INFLUENZA ZIEKTE BEELD	MAZELEN VACC	MAZELEN N-VACC	PSORIASIS			MONONUCLEOSIS INFECTIOSA			MEDICAMENT WEGENS URINEWEG-INFECTIE VOORGESCHREVEN NIEUWE PATIENTEN			OUDE PATIENTEN		
	M	V	T	M/V	M/V	M/V	M	V	T	M	V	T	M	V	T	M	V	T
A1=A4	17256	17462	34718	674	4	56	13	19	16	14	25	20	86	373	230	34	238	137
B1=B3+C1=C4	35073	36947	72020	494	7	42	17	16	17	15	16	15	63	282	175	33	187	112
C5	17843	19263	37105	637	4	29	26	22	24	16	20	18	61	259	164	39	207	126
TOTAAL	70172	73672	143844	575	6	42	19	18	18	15	19	17	68	297	186	35	204	122

TABEL 3E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1977 TOTAAL PER 10.000

URBANISATIE GROEP	CERVIXUITSTRIJK KLACHT SYMP	CERVIXUITSTRIJK INIT HSARTS	CERVIXUITSTRIJK VERZ VROUW	CERVIXUITSTRIJK HERH ONDERZ	STERILISATIE VERRICHT			MORN AFTER PIL	ABOR TUS PROV	SCHEDELTRAUMA IN VERKEER KLIN	SCHEDELTRAUMA IN VERKEER NKLIN
	V	V	V	V	M	V	T	V	V	M/V	M/V
A1=A4	64	214	80	17	43	52	48	42	23	16	11
B1=B3+C1=C4	96	308	146	62	59	68	64	55	15	8	8
C5	88	240	77	75	50	67	59	44	19	8	11
TOTAAL	86	268	112	55	53	64	59	49	18	10	9

Tabel 4a

Continue morbiditeits registratie, peilstations
Aantal patiënten met influenza(-achtig ziektebeeld), per week en per 10.000 inwoners, 1977-1978 (t/m 13e week)

Week nr. 1977	Aantal patienten							
	Provinciegroep				Urbanisatiegroep			Totaal
	A	B	C	D	1	2	3	
1	3	6	8	18	7	11	7	9
2	9	5	6	10	8	6	8	7
3	8	6	4	13	7	7	6	7
4	19	18	7	11	15	9	12	11
5	9	17	9	17	17	9	20	13
6	19	20	12	20	22	12	19	16
7	26	23	15	25	25	17	22	20
8	23	19	15	46	29	21	25	24
9	39	50	20	83	58	35	46	43
10	55	89	21	63	43	42	48	44
11	37	92	19	43	66	29	32	38
12	37	59	17	33	37	24	33	29
13	37	59	10	21	39	18	21	24
14	16	37	19	29	34	25	13	24
15	16	25	19	19	16	22	18	19
16	18	30	15	16	16	17	21	18
17	40	12	12	11	24	12	15	15
18	11	12	10	10	12	9	11	10
19	10	6	7	5	7	5	9	7
20	8	12	4	3	7	5	6	6
21	12	7	4	2	10	3	5	5
22	3	3	3	3	3	3	2	3
23	-	5	2	1	3	2	2	2
24	2	4	3	1	2	3	2	3
25	2	4	3	0	2	2	3	2
26	1	6	3	1	2	3	3	3
27	7	3	1	2	5	2	1	3
28	1	2	1	1	0	1	2	1
29	4	5	2	2	1	3	4	3
30	4	3	2	1	2	1	3	2
31	-	3	2	1	2	1	3	2
32	-	4	2	1	2	1	2	2
33	-	5	1	2	3	1	1	1
34	1	9	2	7	6	2	3	4
35	1	11	2	3	5	3	1	3
36	6	10	3	8	5	5	7	5
37	9	12	5	5	10	5	6	7
38	12	8	6	5	7	4	13	7
39	1	11	4	7	7	3	7	5
40	12	15	4	9	7	8	10	8
41	5	16	5	6	7	6	7	7
42	7	16	3	6	9	4	8	6
43	22	9	5	4	4	5	16	8
44	10	19	6	6	5	9	9	8
45	15	15	4	4	8	5	11	7
46	13	12	7	4	6	7	12	8
47	5	13	7	10	9	7	11	8
48	11	15	6	10	8	9	11	9
49	17	20	7	6	11	9	12	10
50	19	20	8	7	13	11	12	12
51	7	21	13	12	9	15	14	13
52	13	6	12	12	12	9	18	12
1978								
1	11	7	14	12	10	10	18	12
2	11	27	13	20	22	15	19	17
3	13	30	26	23	27	22	29	24
4	56	38	48	42	30	46	54	46
5	130	80	62	76	84	72	83	76
6	129	127	68	158	86	111	110	107
7	131	123	58	154	116	96	99	100
8	87	59	37	73	59	47	73	56
9	45	30	24	24	29	25	33	28
10	22	13	10	13	12	13	12	13
11	12	13	7	11	11	9	12	10
12	8	8	7	9	9	8	7	8
13	11	7	6	8	8	5	13	7

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

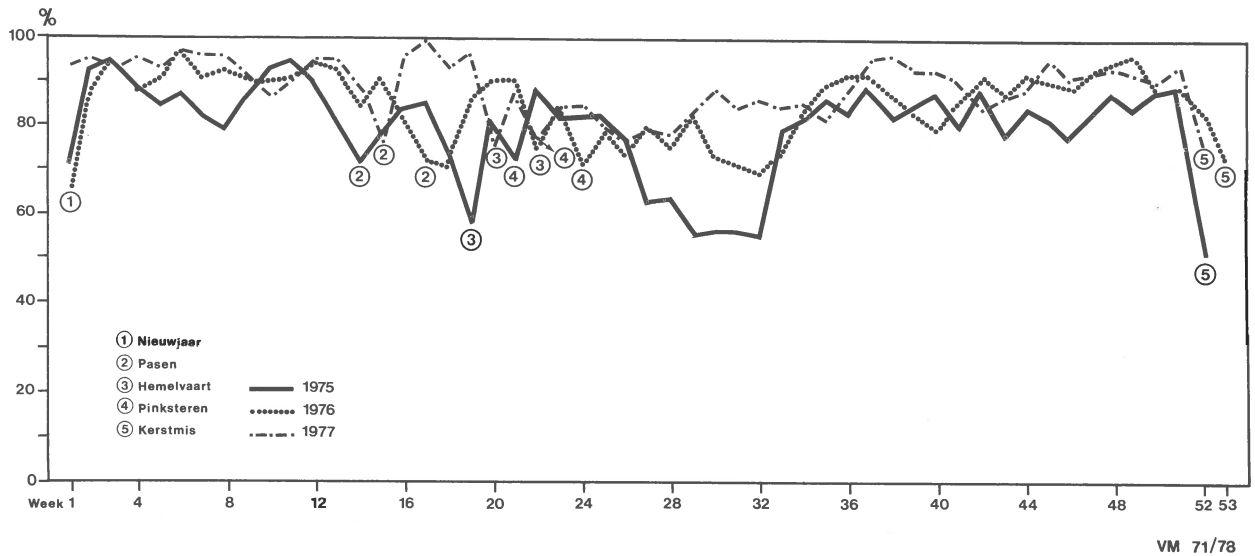
Urbanisatiegroep
1. Plattelandsgemeenten
2. Gemeenten met stedelijk karakter tezamen met verstedelijkte plattelandsgemeenten
3. Gemeenten met 100.000 of meer inwoners

FIGUUR 1

PEILSTATIONS
CONTINUE MORBIDITEITSREGISTRATIE
1977

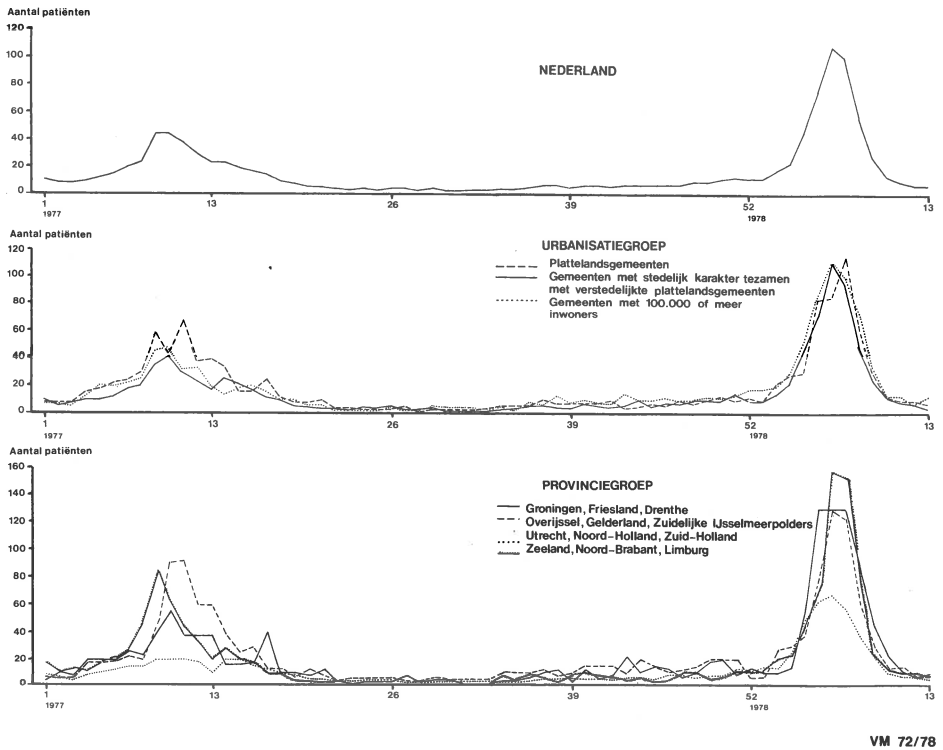
Figuur 2

Het percentage dagen, dat per week is gerapporteerd, 1975 - 1977.



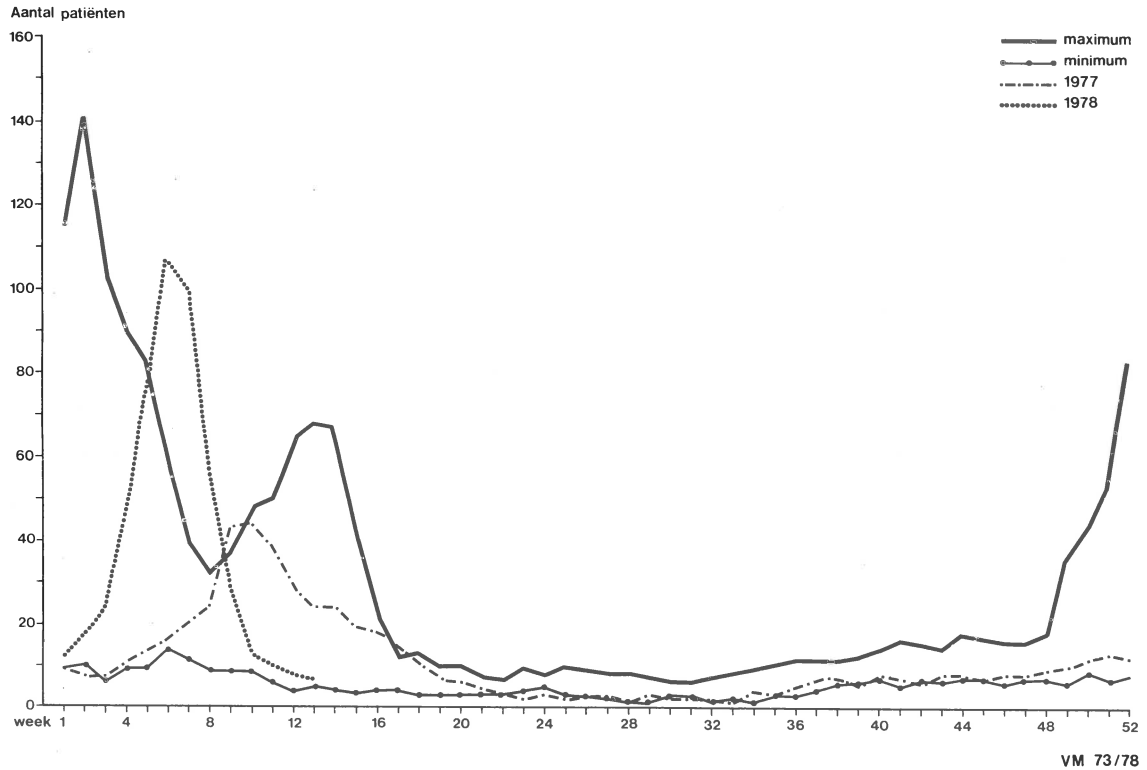
Figuur 3

Aantal patiënten met influenza(-achtig ziektebeeld) per week en per 10.000 inwoners, 1977 - 1978 (t/m 13e week)



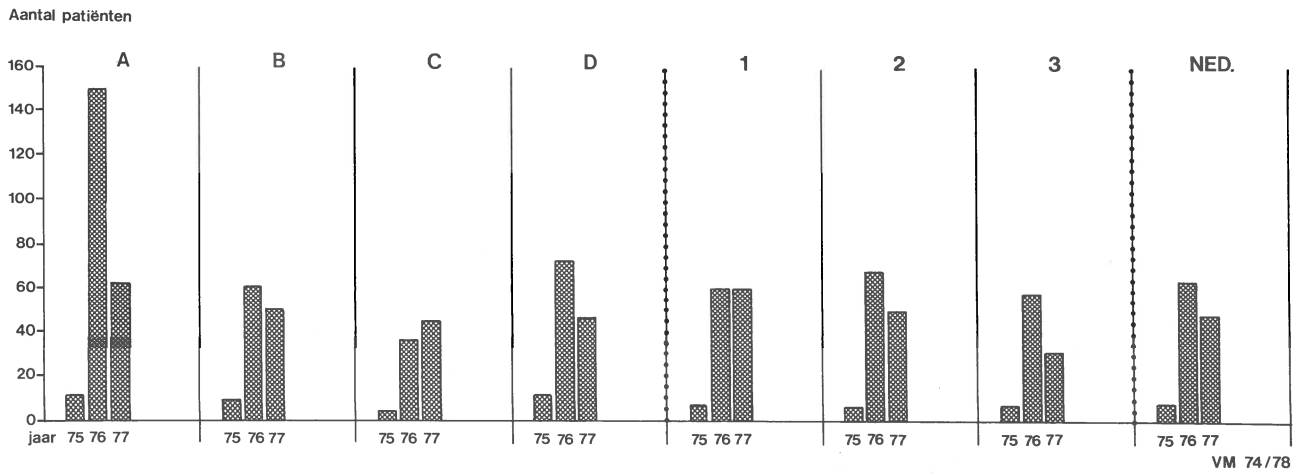
Figuur 4

Hoogste en laagste weekincidenties van influenza(-achtig ziektebeeld) voor de jaren 1970 - 1976 en weekincidenties van 1977 en 1978 (t/m 13e week).



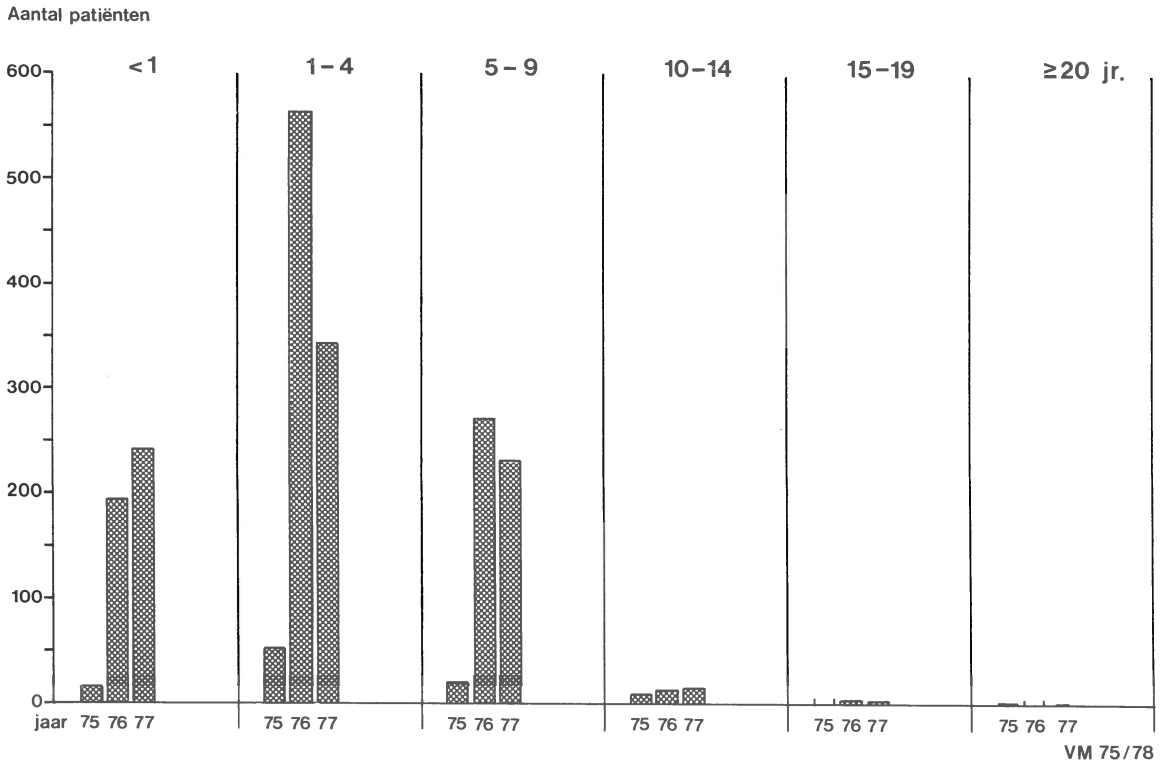
Figuur 5

Aantal patiënten met mazelen, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1975 - 1977.



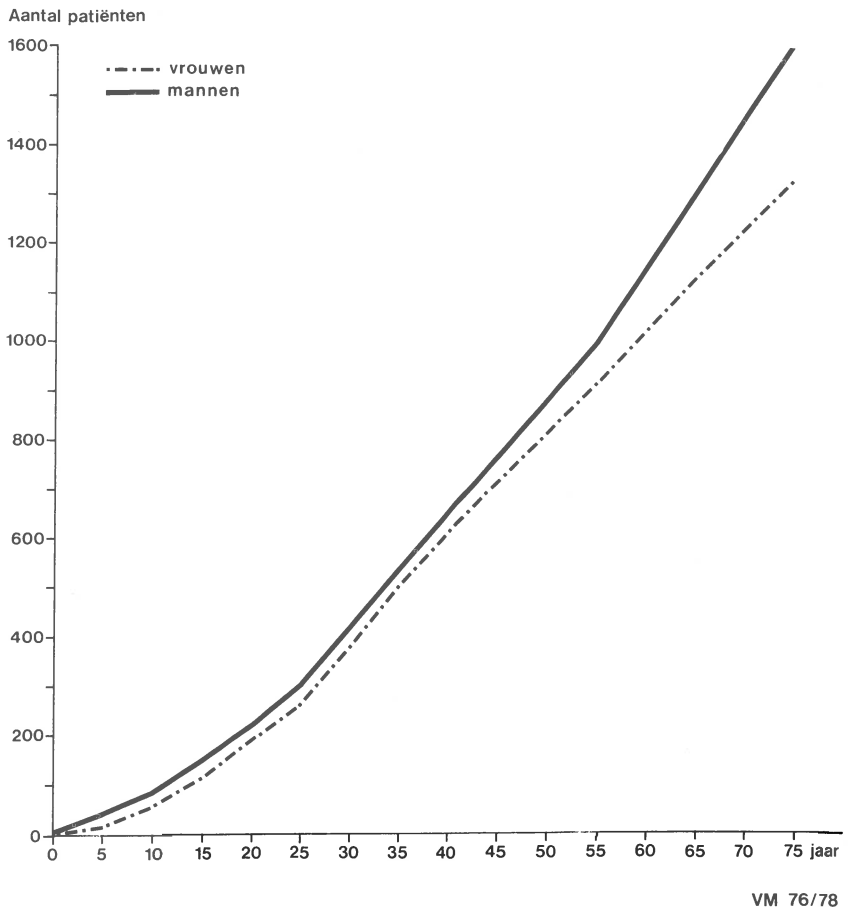
Figuur 6

Aantal patiënten met mazelen naar leeftijdsgroep, per 10.000 inwoners, 1975 - 1977.



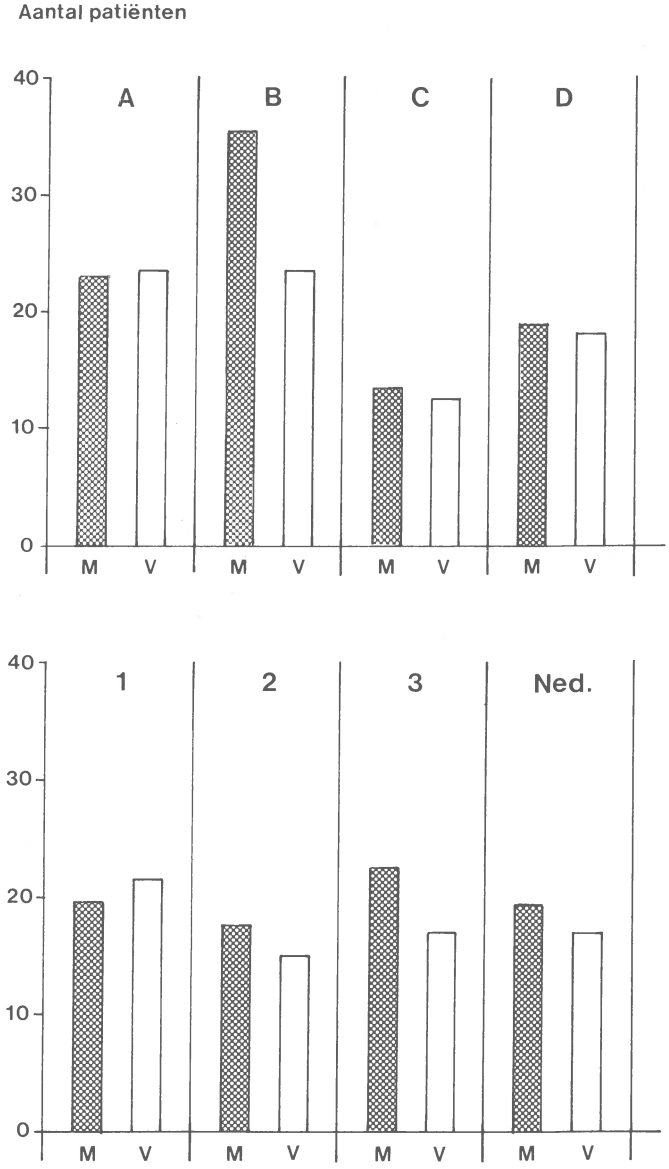
Figuur 7

Psoriasis, prevalentie naar leeftijdsgroep, per 10.000 mannen c.q. vrouwen, 1976 - 1977.



Figuur 8

Aantal nieuwe gevallen van psoriasis, per provincie- en urbanisatiegroep, per 10.000 mannen c.q. vrouwen, gemiddeld voor 1976 en 1977.



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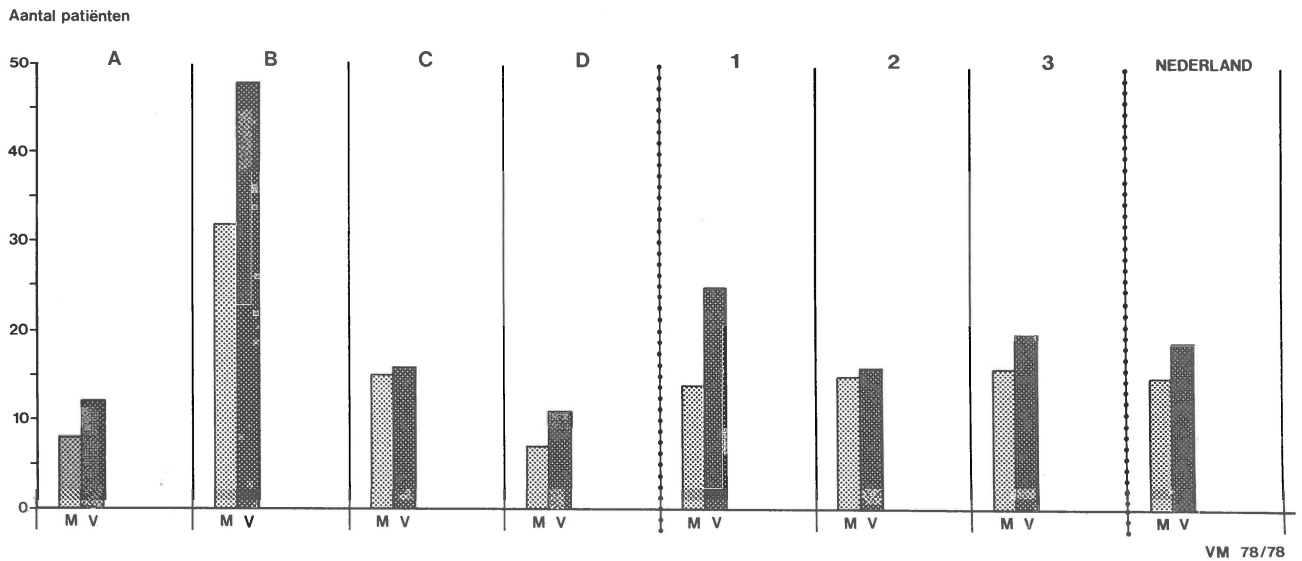
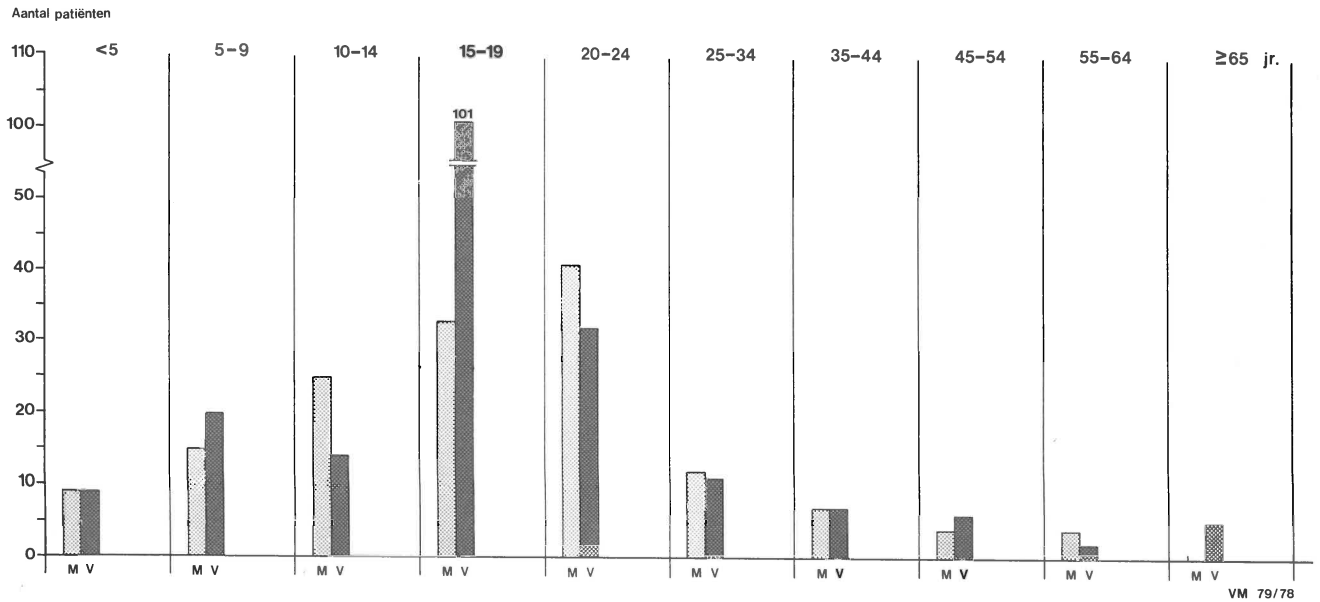
Figuur 9
Aantal patiënten met mononucleosis infectiosa, per provincie- en urbanisatiegroep, per 10.000 mannen c.q. vrouwen, 1977.



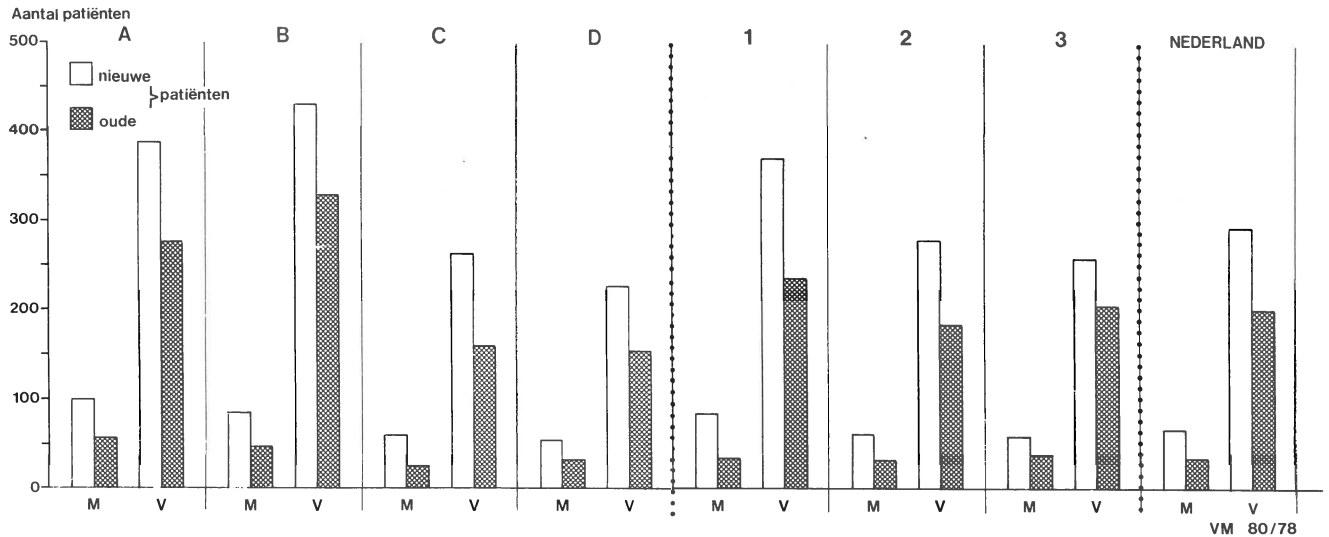
Figuur 10

Aantal patiënten met mononucleosis infectiosa naar leeftijdsgroep, per 10.000 mannen c.q. vrouwen, 1977.



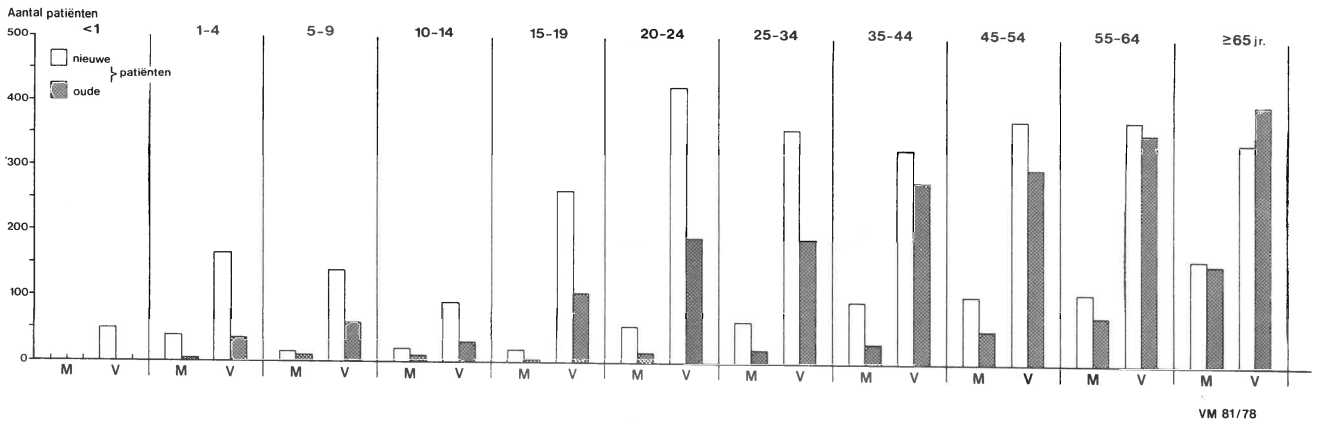
Figuur 11

Aantal patiënten aan wie voor de eerste maal of bij een herhaling van de verschijnselen een geneesmiddel wegens een urineweginfectie is voorgeschreven, per provincie- en urbanisatiegroep, per 10.000 mannen c.q. vrouwen, 1977.



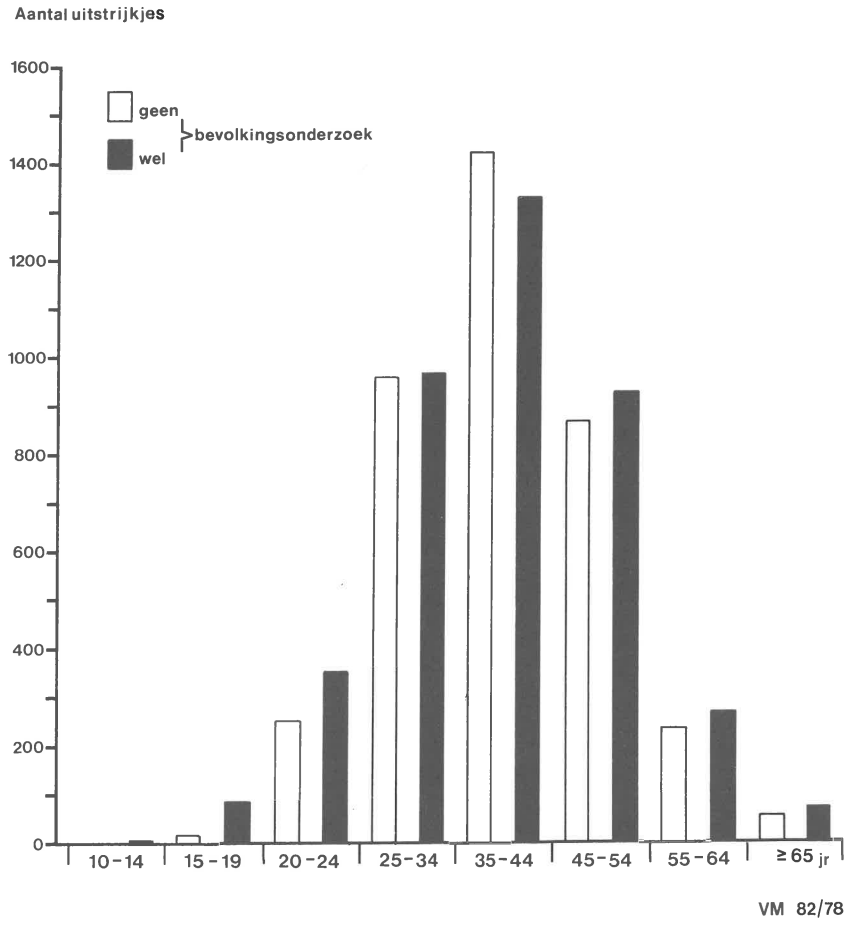
Figuur 12

Aantal patiënten aan wie voor de eerste maal of bij een herhaling van de verschijnselen een geneesmiddel wegens een urineweginfectie is voorgeschreven naar leeftijdsgroep, per 10.000 mannen c.q. vrouwen, 1977.



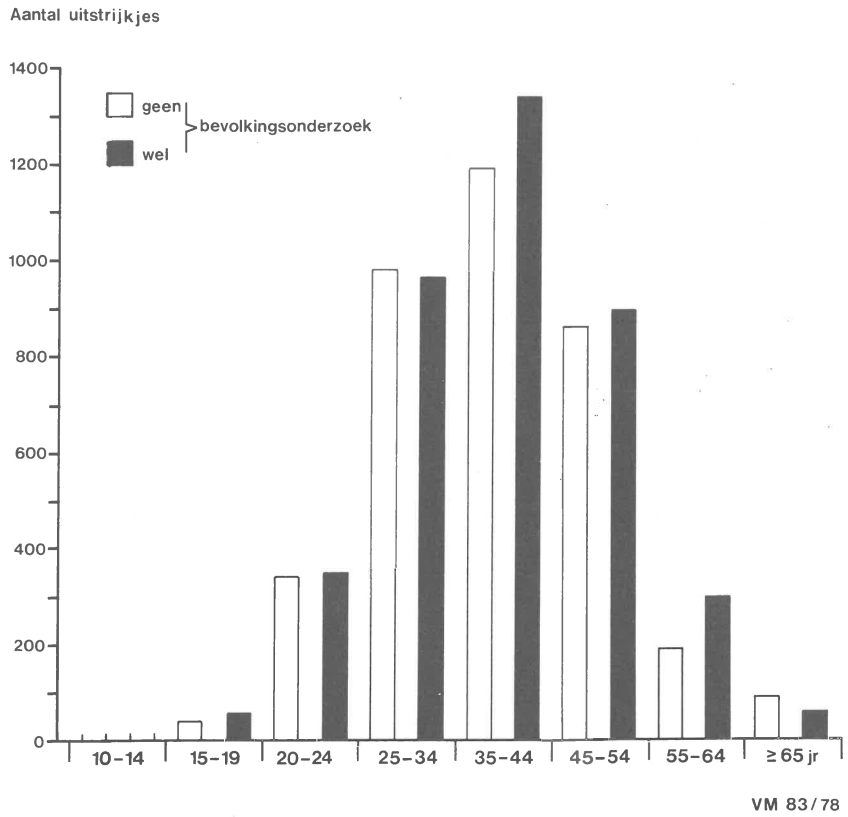
Figuur 13

Aantal uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep, per 10.000 vrouwen, voor plaatsen waar geen en wel een bevolkingsonderzoek heeft plaats gevonden, 1976.



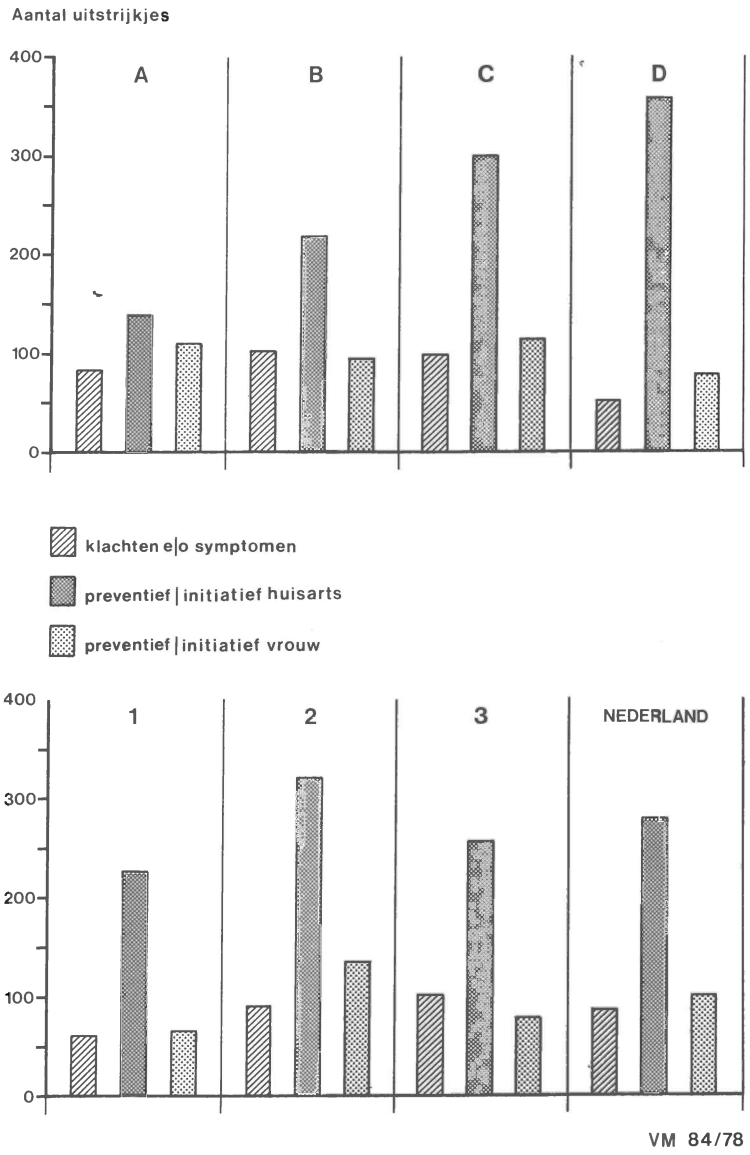
Figuur 14

Aantal uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep, per 10.000 vrouwen, voor plaatsen waar geen en wel een bevolkingsonderzoek heeft plaats gevonden, 1977.



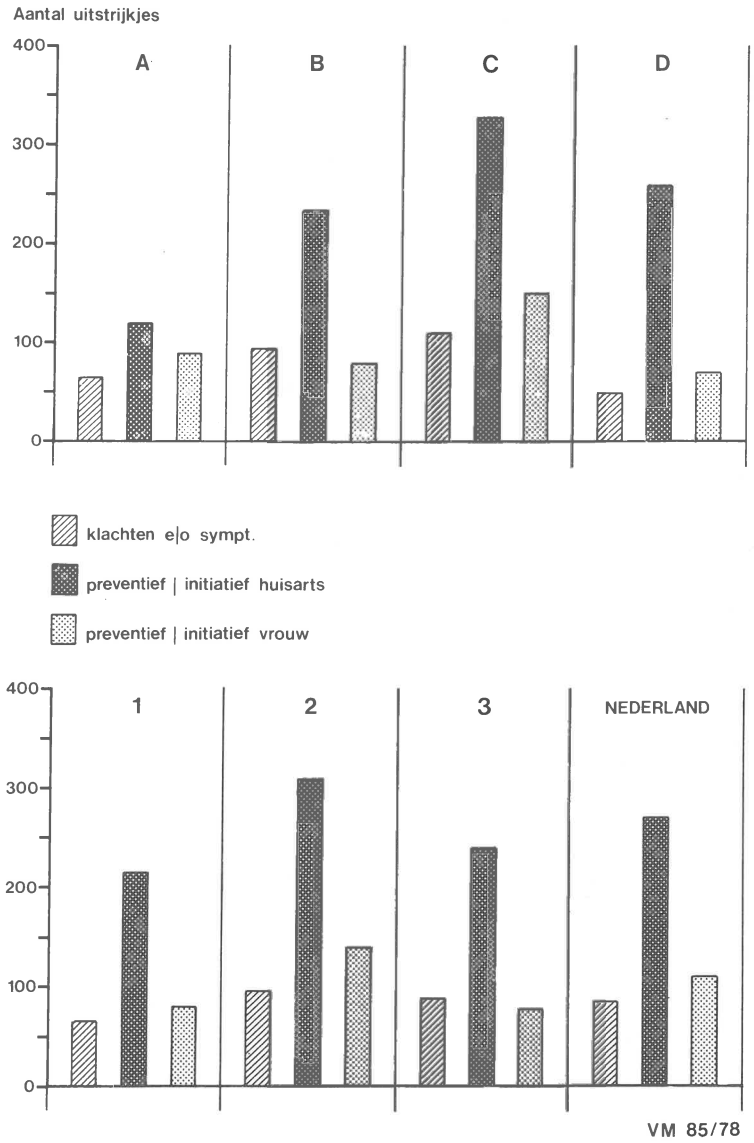
Figuur 15

Aantal uitstrijkjes gemaakt van de cervix uteri, per provincie- en urbanisatiegroep, per 10.000 vrouwen van alle leeftijdsgroepen samen, naar indicatie tot het maken van een uitstrijkje, 1976.



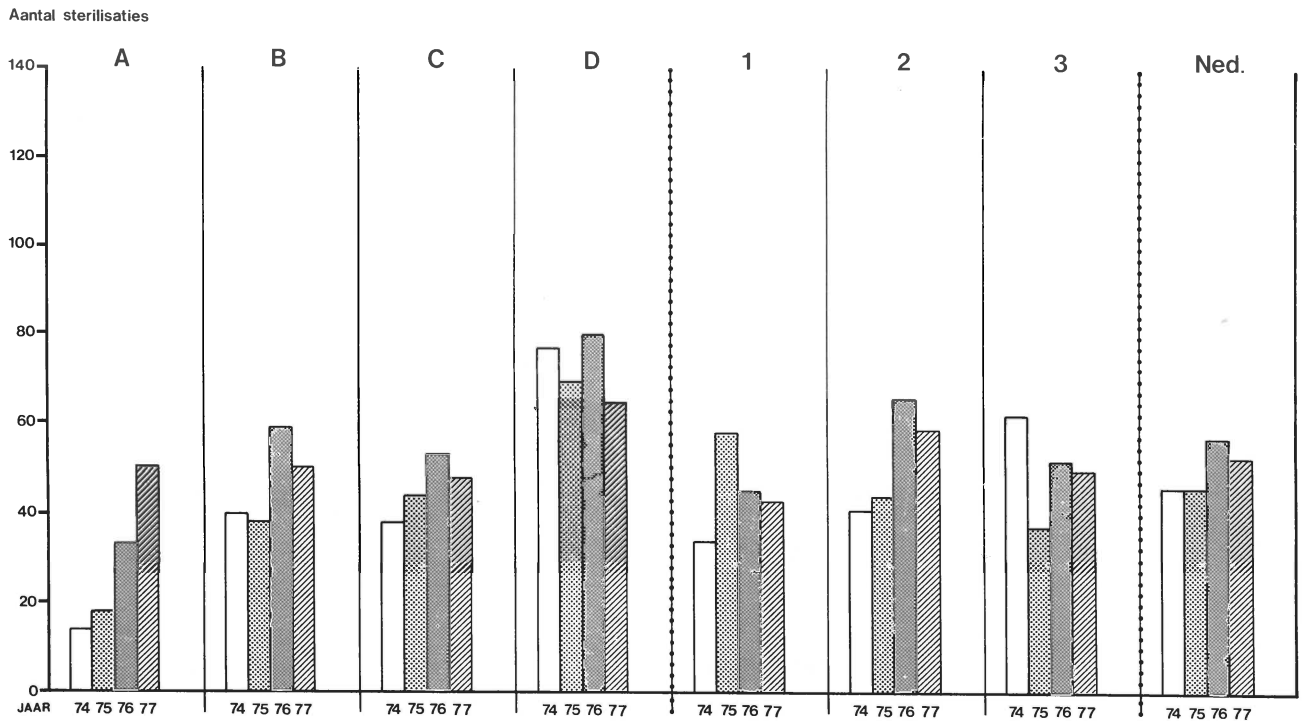
Figuur 16

Aantal uitstrijkjes gemaakt van de cervix uteri, per provincie- en urbanisatiegroep, per 10.000 vrouwen van alle leeftijdsgroepen samen, naar indicatie tot het maken van een uitstrijkje, 1977.



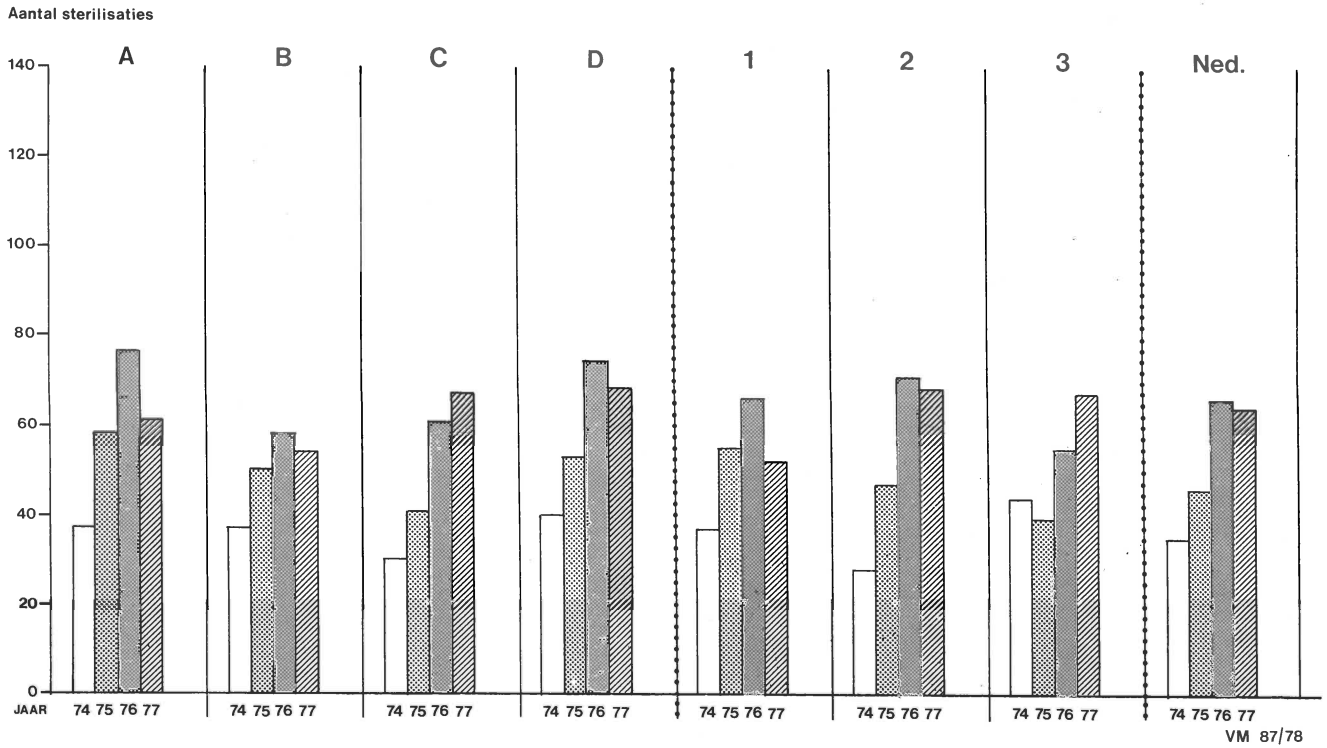
Figuur 17

Aantal bij de man verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 mannen, 1974 - 1977.



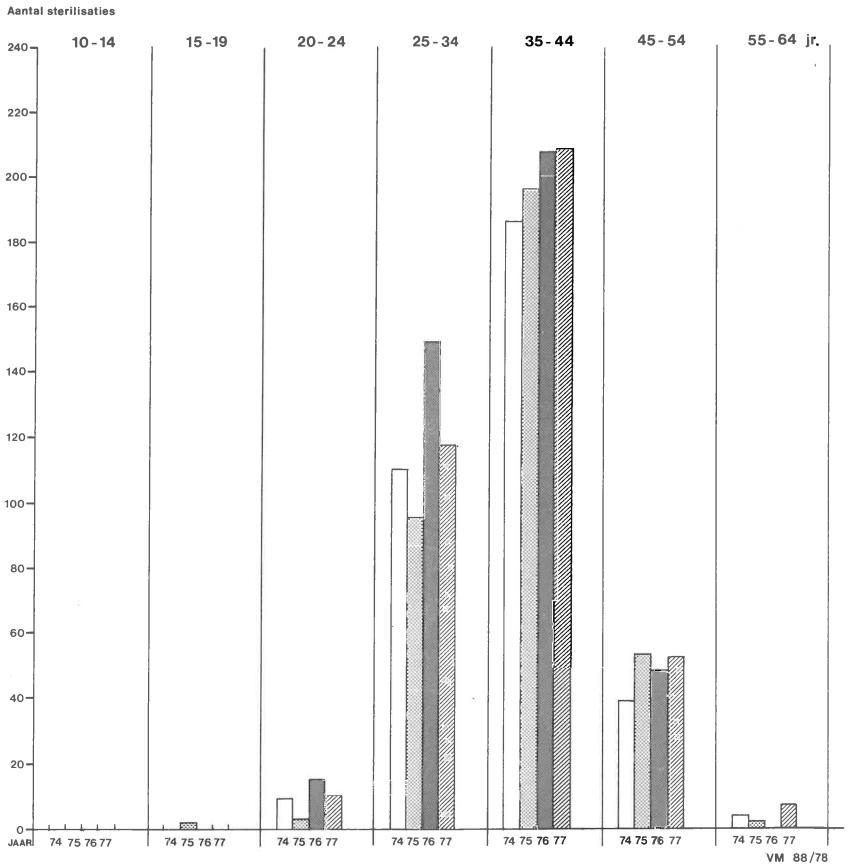
Figuur 18

Aantal bij de vrouw verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1974 - 1977.



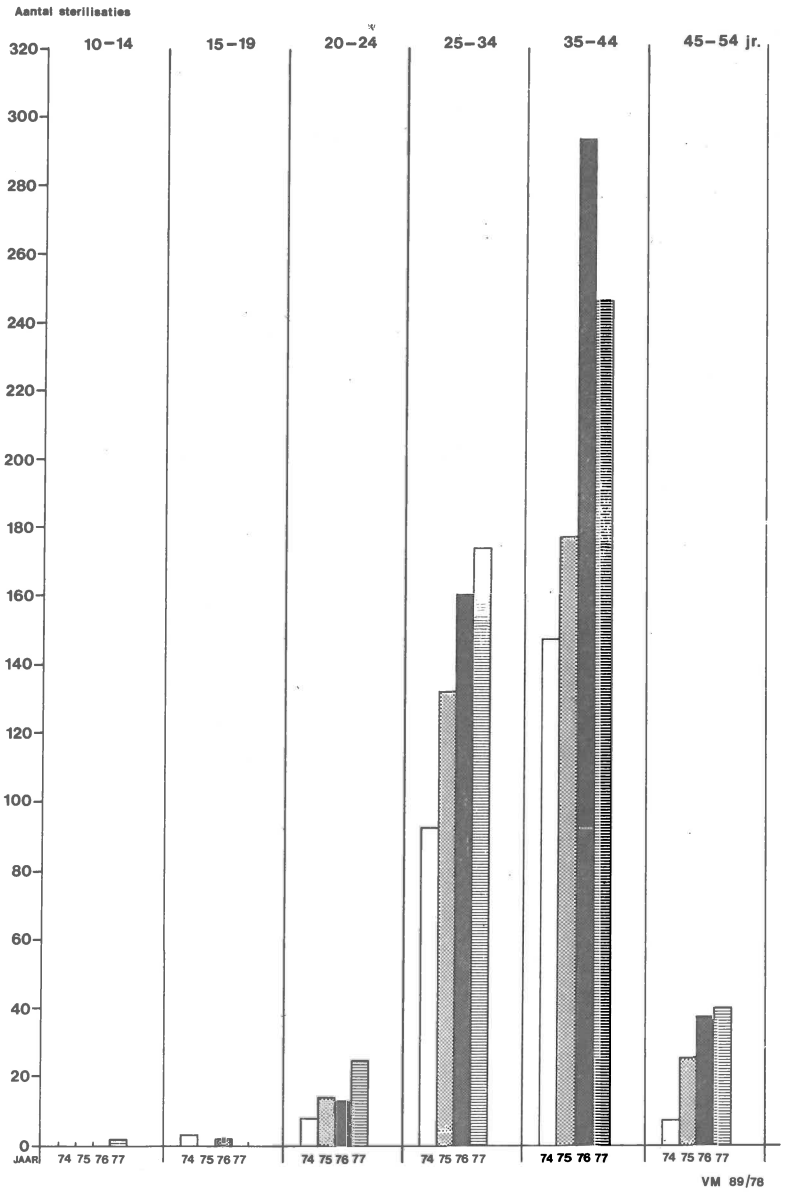
Figuur 19

Aantal bij de man verrichte sterilisaties naar leeftijdsgroep, per 10.000 mannen, 1974 - 1977.



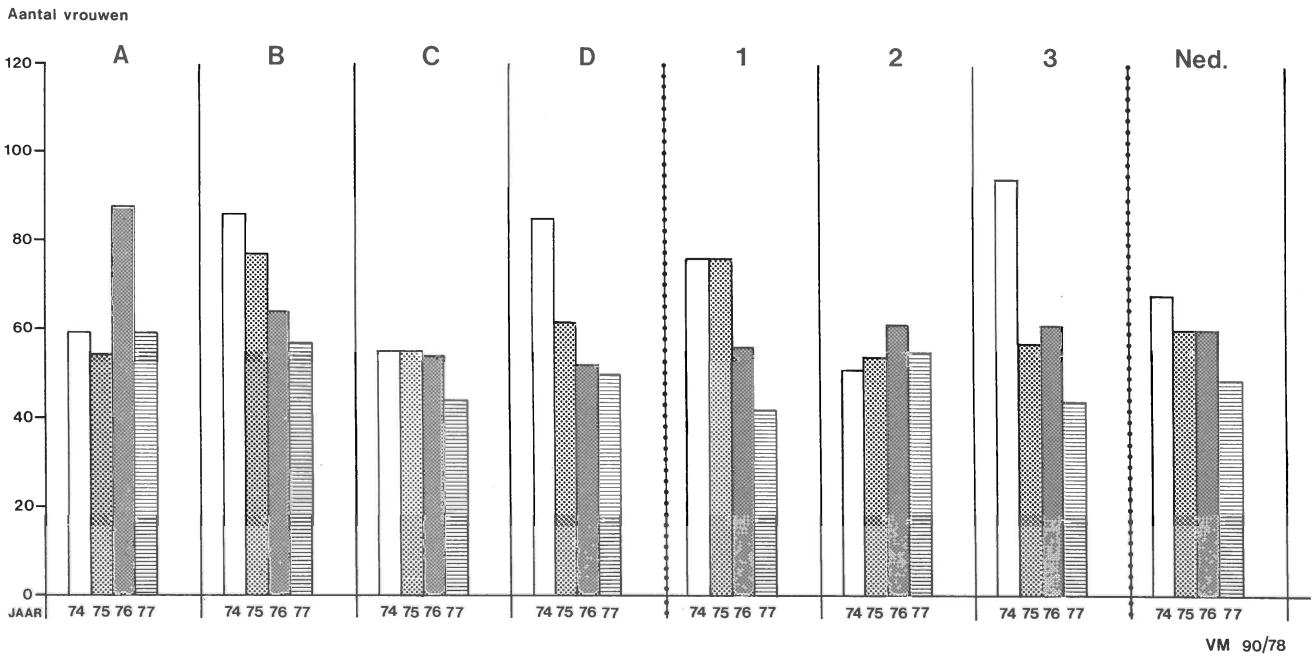
Figuur 20

Aantal bij de vrouw verrichte sterilisaties naar leeftijdsgroep, per 10.000 vrouwen, 1974 - 1977.



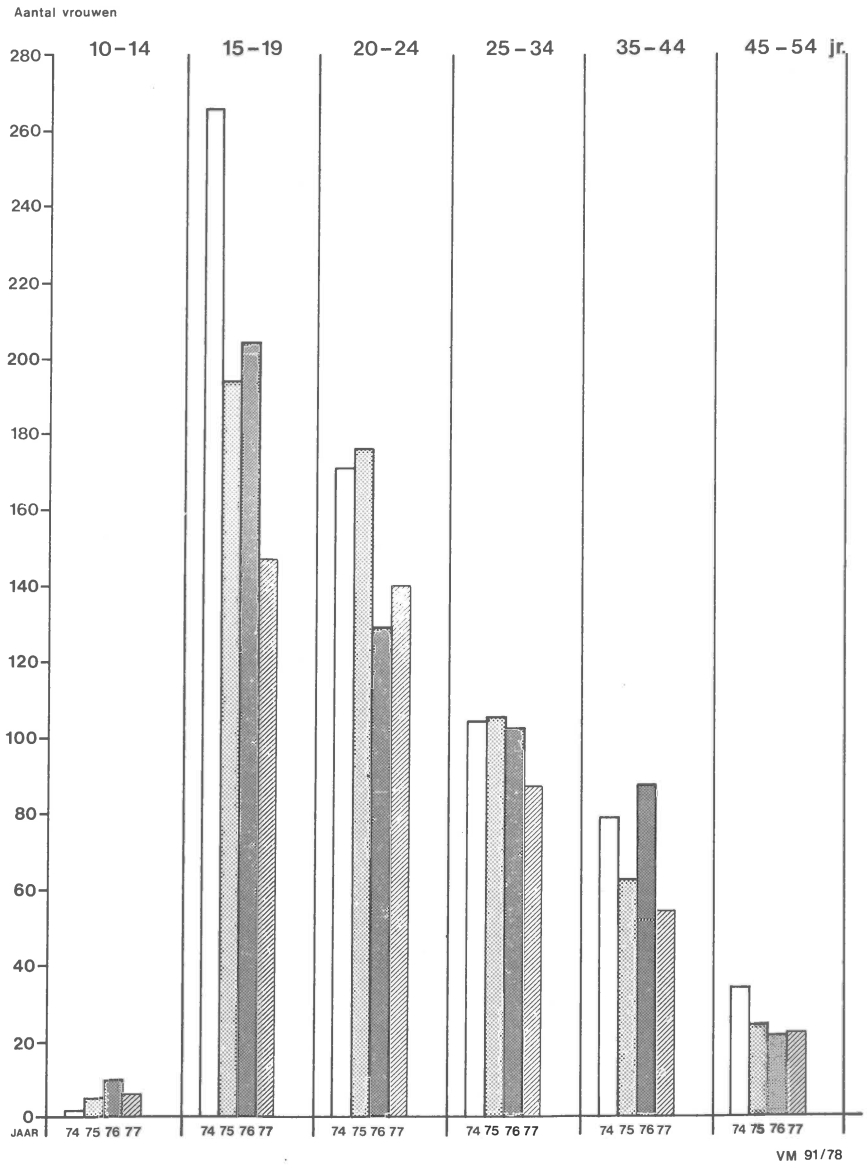
Figuur 21

Aantal vrouwen aan wie de morning-after-pill is voorgeschreven, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1974 - 1977.



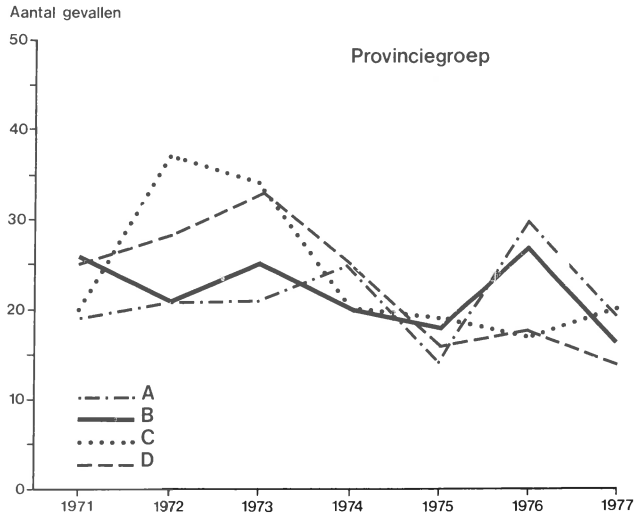
Figuur 22

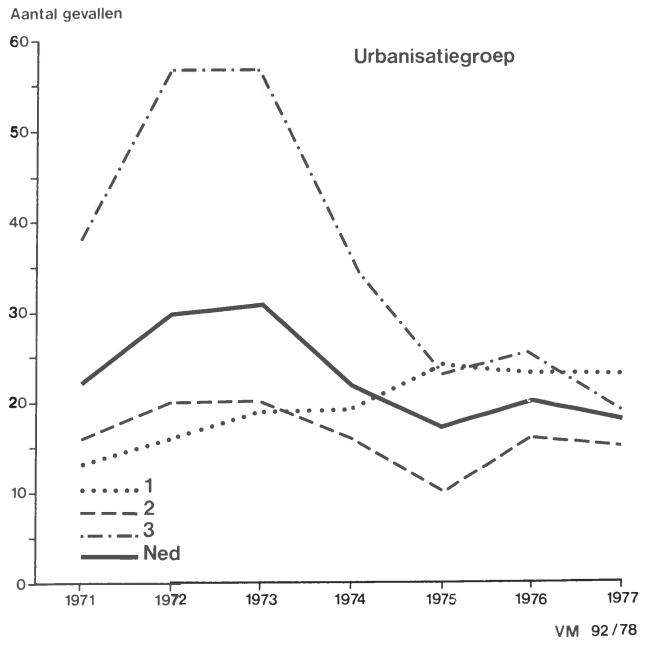
Aantal vrouwen aan wie de morning-after-pill is voorgeschreven naar leeftijdsgroep, per 10.000 vrouwen, 1974 - 1977.



Figuur 23

Aantal gevallen van abortus provocatus, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1971 - 1977.





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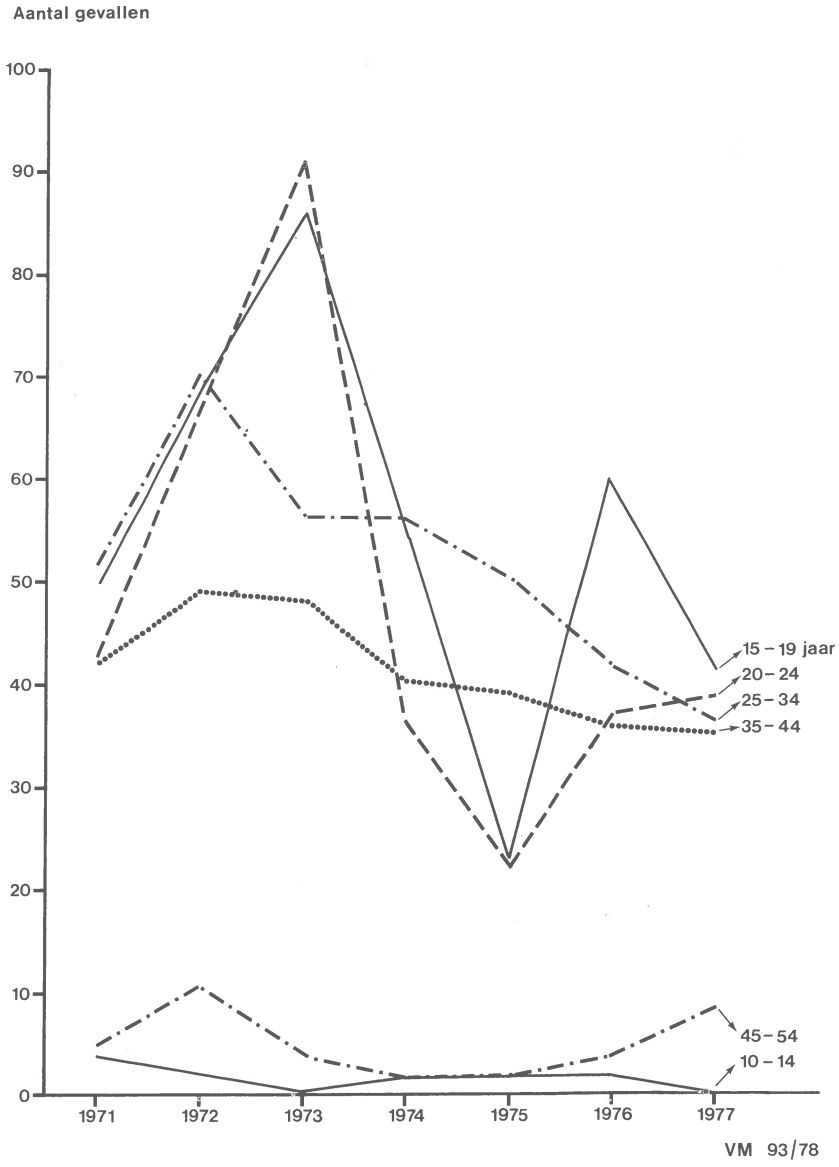
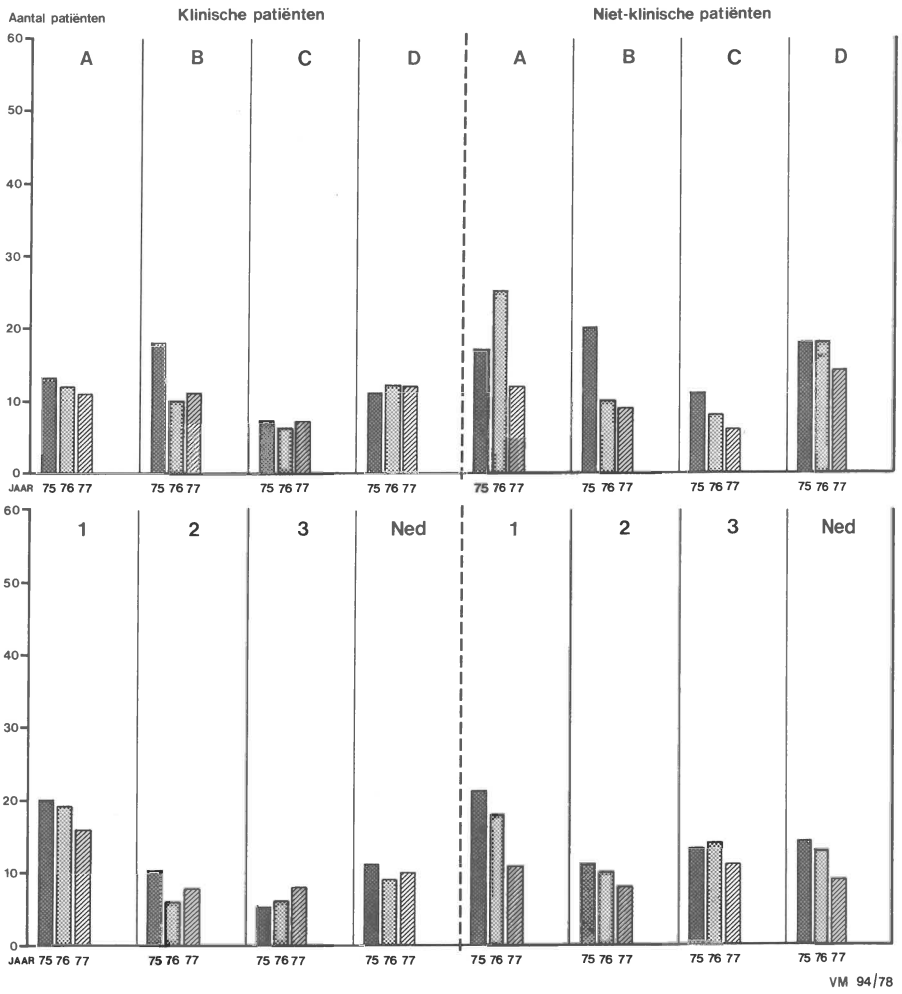
Figuur 24

Aantal gevallen van abortus provocatus naar leeftijdsgroep, per 10.000 vrouwen, 1971 - 1977.



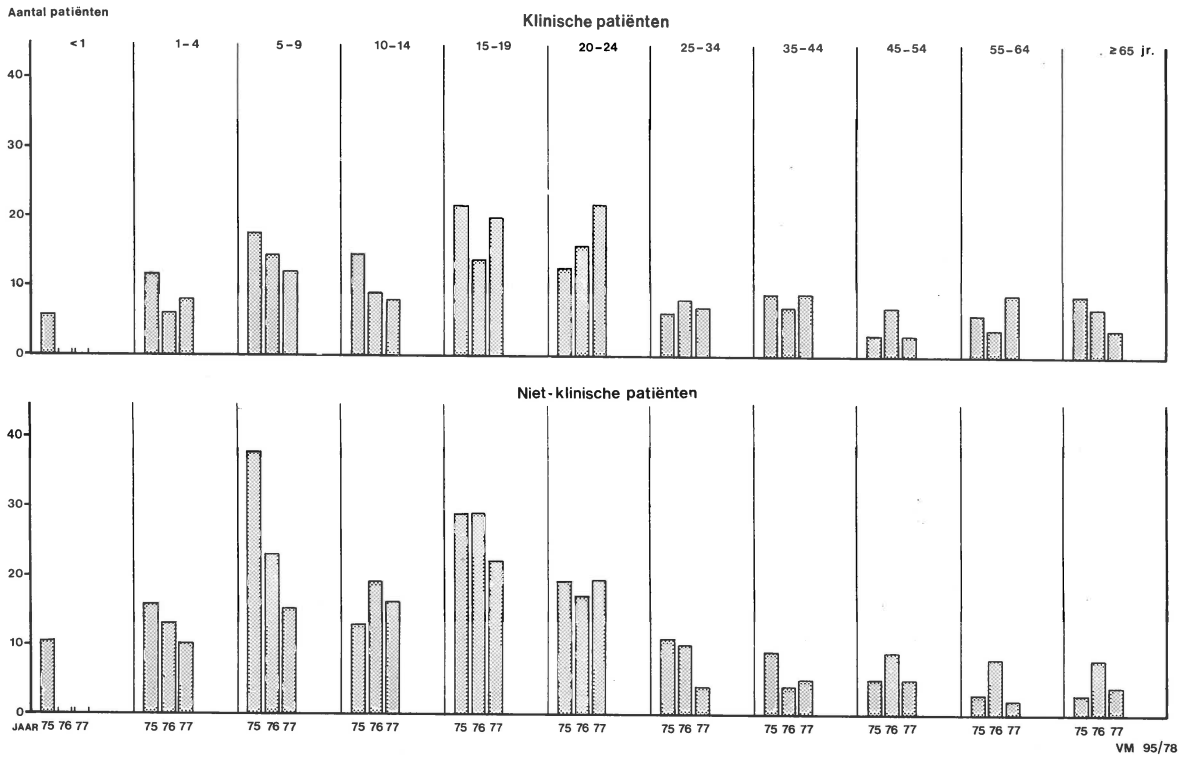
Figuur 25

Aantal patiënten met een schedeltrauma ten gevolge van een verkeersongeval, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1975 - 1977.



Figuur 26

Aantal patiënten met een schedeltrauma ten gevolge van een verkeersongeval naar leeftijdsgroep, per 10.000 inwoners, 1975 - 1977.



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 wich reporting took place
5-daagse rapportering	– Five-day reporting
Weekrapportering	– Weekly reporting
Regel no.	– Line number
Leeftijdsgroep	– Age group
Influenza(-achtig ziektebeeld) gevaccineerd	– Influenza(-like illness) vaccinated
Mazelen niet gevaccineerd	– Measles unvaccinated
Geneesmiddel wegens urineweg-infectie voorgeschreven	– Prescription of medicine for urinary tract infection
Cervixuitstrijk	– Cervical smear
Na 1-1-1976 voor eerste maal afgenomen op grond van	– Taken for the first time after 1-1-1976 on the grounds of
Klachten/symptomen	– Complaints/symptoms

Louter preventieve overwegingen	– Sheer preventive considerations
Initiatief huisarts	– General practitioner's initiative
Verzoek van de vrouw	– Woman's request
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
Schedeltrauma in verkeer	– Skull traumas in traffic
Klinisch/niet klinisch	– Clinical/non-clinical
M	– Man
V	– 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 tijdens het weekeinde waargenomen patiënten te rapporteren.
2. Betreft uitsluitend nieuwe patiënten
3. Betreft uitsluitend nieuwe patiënten. De klinische diagnose dient te zijn bevestigd door:
   - hetzij een positieve reactie van Paul-Bunnell
   - hetzij een positieve monosticonreactie
   - hetzij een karakteristiek bloedbeeld.

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. Relates solely to new patients.
3. Relates solely to new patients. Clinical diagnosis should be confirmed by either
   - a positive Paul-Bunnell reaction or
   - a positive monosticon reaction or
   - a characteristic blood picture.

4. Nieuwe patiënten: voor de eerste maal een geneesmiddel voorgeschreven wegens urinewegfektie.
   Oude patiënten **éénmalige** rapportage van patiënten, aan wie reeds eerder een geneesmiddel wegens een urineweginfektie is voorgeschreven.
5. Betreft een **éénmalige** rapportering van vrouwen bij wie na 1-1-1976 **om welke reden ook** een cervixuitstrijk heeft plaats gevonden. Indien bij een vrouw na 1-1-1976 een 2e cervixuitstrijk wordt gedaan dient dit altijd onder de subrubriek "herhalingsonderzoek" geboekt te worden (zie ook voetnoot 7).
6. Bijvoorbeeld in het kader van pilcontrole.
7. Bijvoorbeeld wegens verdacht preparaat of wegens technische onvolkomenheden bij onderzoek vorig preparaat.
8. Indien het een patiënt(e) betreft uit een van de leeftijdsgroepen, waarvan het vak gerasterd is, dan tevens de exacte leeftijd hierachter vermelden.
   Leeftijd: .....
9. Uitsluitend indien er een directe indicatie is. Indien een recept voor de morning-after-pill wordt afgegeven omdat de betrokkene bijvoorbeeld met vakantie naar het buitenland gaat, dient dit **niet** te worden gerapporteerd.
   (zie ook voetnoot 8).

4. New patients: medicine prescribed for the first time for infection of the urinary tract.

   Old patients: **once-only** reporting of patients for whom medicine has already been prescribed earlier for infection of the urinary tract.

5. Concerns **once-only** reporting of women on whom a cervical smear was taken after 1-1-1976 for **whatsoever reason.** If a cervical smear was taken **again** of a woman after 1-1-1976 this should always be entered under the subheading "repeat examination" (see also footnote 7).

6. For example as part of check-up for the pill.
7. For example on account of suspect preparation or technical imperfections in the examination of the preparation.
8. If a patient is concerned in one of the age groups whose box is filled in, also give the exact age here.
   Age: .....
9. 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 **not** be reported.
   (See also footnote 8).

10. Lege artis of niet lege artis verricht.
(Zie ook voetnoot 8).

11. Onder schedeltrauma wordt verstaan enig letsel van de schedel (uitgezonderd die van de hoofdhuid) en/of de schedelinhoud (inclusief commotio cerebri) dat volgens de arts mogelijk een gevolg kan zijn van een verkeersongeval. Dergelijke traumata dienen slechts **éénmalig** gemeld te worden.

12. Onder een niet-klinische patiënt wordt in dit verband verstaan een patiënt voor wie klinische behandeling volgens de huisarts (of specialist). 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 projectleider op de hoogte wordt gesteld.

10. Performed lege artis or non lege artis.
(See also footnote 8).

11. 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.
Such traumata should be reported only **once**.

12. 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.

Tables 1a – 3e

Continue morbiditeitsregistratie peilstations	– Continuous morbidity registration sentinel stations
Kwartaal	– Quarter
Leeftijdsgroep	– Age group
Influenza(-achtig ziektebeeld)	– Influenza(-like illness)
gevaccineerd	vaccinated
Mazelen	– Measles
niet gevaccineerd	unvaccinated
Cervixuitstrijk	– Cervical smear
Klacht/symptoom	– Complaint/symptom
Initiatief huisarts	– General preactitioner's initiative
Verzoek vrouw	– Woman's request
Herhaling onderzoek	– Repeated smear
Sterilisatie verricht	– Sterilization performed
Abortus provocatus	– Abortus provocatus
Schedeltrauma in verkeer	– Skull trauma in traffic
M	– Man
V	– Female
Aantal weekstaten	– Number of weekly returns
Provinciegroepen	– Province groups
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	– Urbanizations 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 4a

Aantal patiënten met influenza (-achtig) ziektebeeld, per week en per 10 000 inwoners, 1977 en 1978 (t/m 13e week)	– Number of patients with influenza (-like illness) per 10 000, 1977 and 1978 (up to and including the 13th 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
Grenslijn provinciegroep	– Boundary of province group

Figure 2

Het percentage dagen dat in 1975-1977 is gerapporteerd	– Percentage of days reported in 1975-1977
1 = Nieuwjaarsdag	– 1 = New Year's day
2 = Pasen	2 = Easter
3 = Hemelvaartsdag	3 = Ascension Day
4 = Pinksteren	4 = Whitsun
5 = Kerstmis	5 = Christmas

Figure 3

Aantal patiënten met influenza (-achtig ziektebeeld) per week, per 10 000, 1977-1978 (t/m 13e week)	– Number of patients with influenza (-like illness) per week, per 10 000, 1977-1978 (up to and including the 13th week)
Provinciegroep	– Province group
Urbanisatiegroep	– Urbanization group
Naar leeftijdsgroep en geslacht	– By age group and sex

Figure 4

Hoogste en laagste week incidenties van influenza(-achtig ziektebeeld) voor de jaren 1970 – 1976 en weekincidenties van 1977 en 1978 (t/m 13e week)	– Highest and lowest weekly incidences of influenza(-like illness) for 1970 – 1976 and weekly incidences for 1977 and 1978 (until the 13th week)

Figures 5 and 6

Aantal patiënten met mazelen	– Number of patients with measles

Figures 7 and 8

Psoriasis, prevalentie naar leeftijdsgroep, per 10 000 mannen c.q. vrouwen, 1976 – 1977	– Psoriasis, prevalence by age-group per 10 000 men or woman, 1976 – 1977

Figures 9 and 10

Aantal patiënten met mononucleosis infectiosa, per provincie- en urbanisatiegroep, per 10 000 mannen c.q. vrouwen, 1977	– Number of patients with mononucleosis infectiosa, per province and urbanization group, per 10 000 men or woman, 1977
Naar leeftijdsgroep	– By age group

Figures 11 and 12

Aantal patienten aan wie voor de eerste maal of bij een herhaling van de verschijnselen een geneesmiddel wegens een urineweginfectie is voorgeschreven	– Number of patients for whom for the first time or upon recurrence of the symptoms a medicine was prescribed for infection of the urinary tract
Per provincie- en urbanisatiegroep	– Per province and urbanization group
Naar leeftijdsgroep	– By age group
Per 10 000 mannen c.q. vrouwen	– Per 10 000 men or women

Figures 13 – 16

Aantal cervixuitstrijkjes	– Number of cervical smears
Plaatsen waar geen en wel een bevolkingsonderzoek heeft plaats gevonden	– Places where a mass survey has and has not taken place
Indicatie tot het maken van een uitstrijkje	– Indication for making a smear
Klachten en/of symptomen	– Complaints and/or symptoms
Preventief	– Preventive
Initiatief huisarts	– On initiative of general practitioner
Initiatief vrouw	– On initiative of woman

Figures 17 and 19

Aantal bij de man verrichte sterilisaties	– Number of sterilizations performed on men

Figures 18 and 20

Aantal bij de vrouw verrichte sterilisaties	– Number of sterilizations performed on women

Figures 21 and 22

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

Figures 23 and 24

Aantal gevallen van abortus provocatus	– Number of cases of abortus provocatus
Geografische verdeling	– Geographic distribution
Leeftijdsgroep	– Age group

Figures 25 and 26

Aantal patiënten met schedeltrauma	– Number of patients with skull trauma
Mannen en vrouwen samen	– Men and women together
Ten gevollge van een verkeers-ongeval	– Caused by a road accident
Klinische patiënten	– Clinical cases
Niet klinische patiënten	– Non-clinical cases