CONTINUOUS MORBIDITY REGISTRATION SENTINEL STATIONS

ANNUAL REPORT 1971

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FOREWORD

It is with great pleasure that we are now able to submit the second annual report of the Sentinel Stations Project. It has become clear from the reactions to the first annual report that the project has attracted the attention of many at home and abroad.
The second year, like the first, is characterized by the collection of data and by reporting on the information contained in the weekly returns. Not until after the third year are data to be expected on longitudinal registration; the latter cannot be properly processed until data are available over a long period.
Our thanks again go to the spotter physicians with whom the collaboration is so excellent and with whom an ever-firmer bond is developing.
We regret to announce the sad fact that one of them, our colleague J. Balten, from Lelystad, lost his life in an accident.
We hope that the data collected in the Sentinel Stations Project will be useful to a large number of interested parties and that this will be further proof of the value of the project.

Professor J. C. van Es,
Chairman of the Programme Committee
for Sentinel Stations

CONTINUOUS MORBIDITY REGISTRATION BY SENTINEL STATIONS
annual report 1971

INTRODUCTION

The reporting that commenced in 1970 with respect to a number of illnesses and other information by spotter physicians was continued in 1971. Major problems did not occur. For the set-up and procedure of the sentinel stations reference may be made to the annual report for 1970. In 1971 the Foundation for the Promotion of General Practice was renamed the Foundation of the Netherlands Institute for General Practice as the result of a reorganization.
A number of changes have occurred in the programme committee:
Dr. H. J. Dokter, medical coordinator, was replaced by T. E. Halbertsma, M. D., and the financial expert G. A. Schipper, M.D., by M. H. B. Thissen. [1]) On 1 August, 1971, C. P. Bruins, M.D., was added to the programme committee upon his appointment as Director of the Netherlands Institute for General Practice.
As in 1970, the Prevention Fund undertook the subsidization of the general practitioners participating in the project.
The programme committee met six times.
The sentinel station project is attracting international interest. In its Weekly Epidemiological Record of 5 November, 1971, the World Health Organization devoted considerable attention to the 1970 annual report of the Continuous Morbidity Registration by sentinel stations.
Partly as a result of this, various countries have asked to be sent this annual report.

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C. P. Bruins, M.D. [a]
W. M. J. van Duyne, M.D. [b]
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Distribution of the sentinel stations over the Netherlands (Fig. 1)

With effect from 1 January, 1971, three spotter physicians — in Bunschoten, Helmond and Noordwijk — withdrew from the sentinel station project for personal reasons. They were replaced by two new sentinel stations in Broek in Waterland and Linschoten. The sentinel station practice in Amersfoort is now being carried on by two physicians, so that the number of group practices participating in this project in 1971 increased to three. The number of general physicians taking part — 53 — has remained constant in comparison with 1970.

Appendix 1 gives a survey of the general practitioners who participated in the sentinel station project in 1971.

The following table gives a distribution of the number of spotter physicians per province group and urbanization group:

Province group	**Number of participating physicians**
A. Groningen, Friesland and Drenthe	7 *)
B. Overijssel, Gelderland and the Southern IJsselmeer Polders	10 *)
C. Utrecht, North Holland and South Holland	23 *)
D. Zeeland, North Brabant and Limburg	13
Netherlands	53

Urbanization group [1])	**Number of participating physicians**
1. Rural municipalities	12 *)
2. Municipalities with urban characteristics together with urbanized rural municipalities	26 *)
3. Municipalities with a population of 100,000 or more	15
Netherlands	53

*) *An asterisk indicates that two doctors together have a group practice.*

[1]) *Typology of the Netherlands municipalities by degree of urbanization, 31 May, 1960 (Central Bureau for Statistics).*

The practice populations

The practices of all sentinel stations were again subjected to a census in 1971. A comparison of the practice populations with those in 1970 has shown that in general only minor shifts have ocurred. A comparative calculation over a short period has shown that the few differences in (age-specific) frequencies are negligible. This applies both to the national frequencies and to those for the province and urbanization groups. The programme committee thereupon decided not to have an overall census of the practice populations of the sentinel stations performed in 1972. A census will, however, be made of practices of new sentinel stations and of those sentinel stations with regard to which the physicians have reported major shifts in the practice.

Illnesses and other information to be reported

The weekly return (Appendix 2)

The questions on the weekly return for 1971 were chosen as follows by the programme committee:

1. new cases of influenza(-like illnesses) [1])
2. new cases of rubella(-like illnesses)
3. new cases of otitis media acuta (with and without tonsillectomy and/or adenotomy in the history)
4. new cases of accidents
5. number of cases in which tonsillectomy and/or adenotomy were performed
6. consultations for family planning (first consultations only)
7. requests for abortion
8. abortus provocatus (lege artis or (suspicion of) non lege artis)
9. attempted suicide (successful, unsuccessful).

As in 1970, the basis in principle was weekly reporting, the "week" consisting of the period from Monday to Friday inclusive. The exceptions to this are "requests for abortion, abortus provocatus and attempted suicide", which are also reported on Saturdays and Sundays.

The reporting of individual cases of illness

On 1 September, 1970, a start was made with the reporting of patients with anginose disorders (old and new patients) and with a heartinfarct (new patients).
On 15 September, 1971, the reporting of patients with anginose disorders was stopped, since the number of patients reported (981) was considered enough.

[1]) *See for the criteria regarding the diagnosis of influenza-like illnesses the footnote on p. 27 of the 1970 report.*

Up to 1 January, 1972, a total of 410 new patients with a heartinfarct had been reported; the reporting is continuing.
On 15 September, 1971, a start was made with the reporting of patients with an acute cerebrovascular disease; by 1 January, 1972, 52 patients had been reported.
The notification of these illnesses is followed up by surveys at later dates. On the 8th day after reporting (this point in time was fixed arbitrarily: in the first week the principal data on the patient have usually become known) a form with additional questions on the patient is completed. With regard to patients with anginose disorders or with a heartinfarct the spotter physician is asked to supply further data on the patient's condition three months, one year and two years after reporting. In the case of patients with an acute cerebrovascular disease an additional follow-up "report" also takes place six weeks. This form includes questions of a socio-medical nature.
It is being endeavoured to engage in the course of 1972 a tempory assistant to process the data of these longitudinal investigations.
Finally, in 1972 a start will be made with the reporting of patients with an epileptiform syndrome. After that no further new illnesses will be added to this longitudinal research project, since otherwise the spotter physicians will become overburdened. Moreover, insight must first be obtained into the extent to which the method followed has proved satisfactory.

Processing of the data on the weekly return

This report contains the computerized results of the weekly return for 1971.

Three tables are produced on a routine basis:

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

Tables 1, 2 and 3 are produced per quarter on behalf of the reporting, moreover, Table 1 is also produced per sentinel station for the convenience of the participating physicians.
Tables 1, 2 and 3 are also produced on a weekly basis on behalf of surveillance, with special reference to the influenza-like illnesses. With the exception of the information furnished per sentinel station, the data are expressed in rates (per 10,000 of the practice population) (frequency). The frequencies are given in round figures. In case of a frequency of under 0.5 per 10,000 inhabitants the figure is rounded off to "0". When no cases 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), rubella(-like illnesses), otitis media acuta and accidents 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 tonsillectomies and/or adenotomies, family planning, abortion and attempted suicide remain uncorrected. Not all cases of influenza(-like illness), patients who have met with an accident etc., come to the knowledge of their general practitioner, nor can all cases which may be known to him, be reported. This last phenomenon is due to the fact that the general practitioner may have seen his patient during the weekend. Therefore it should be noted that the calculated frequencies do not give the true number of cases, but an approximation of this figure. (but must be interpreted as a mirror thereof.)
The quarterly returns are built up from the (corrected) weekly figures, the frequencies being calculated on the average populations present in the quarter.

SOME RESULTS WITH REGARD TO THE WEEKLY REPORTING FOR 1971 [1])

This annual report will not attempt to give a complete analysis of the material. The following quarterly tables are included here:
Tables 1a, 1b, 1c and 1d: the number of patients per 10,000 of the age group;
Tables 2a, 2b, 2c and 2d: the number of patients per 10,000 of the province group;
Tables 3a, 3b, 3c and 3d: the number of patients per 10,000 of the urbanization group.
In the discussion of the tables the following abbreviations or codes are used:
— influenza for influenza(-like illnesses)
— rubella for rubella(-like illnesses)
— A for Groningen, Friesland and Drenthe province group
— B for Overijssel, Gelderland and the Southern IJsselmeer Polders province group
— C for Utrecht, North Holland and South Holland province group
— D for Zeeland, North Brabant and Limburg province group
— 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]) *The tables indicated by letters are to be found in the text. The tables designated by Arabic numerals appear together with the appendices and the figures after the text.*

Influenza (-like illness)

Table 4 and Figs. 2a to 2c incl. give the number of new cases of influenza per 10,000 inhabitants per week, per province group and per urbanization group. Apart from a small peak in the 11th week of 1971 (47 patients), there was no question of a big influenza epidemic in the 1970/71 "season".
Although the A2/Hongkong strain was already identified in the Netherlands at the end of October 1971, the epidemic outbreak of influenza did not occur until the 49th week. The incidence reached a "peak" in the 51st week with 58 cases per 10,000 inhabitants. In the 52nd week the incidence fell somewhat (55 cases per 10,000 inhabitants). This may perhaps be ascribed to the lesser inclination of patients to consult their family doctor during the holidays. The actual peak of the epidemic was reached in the first week of 1972 with 64 cases per 10,000 inhabitants.
The influenza increased simultaneously in province groups B, C and D (Fig. 2b). In the southern provinces forming group D the highest incidences were observed in the last week of 1971 and the first week of 1972; 107 and 108 cases per 10,000 inhabitants respectively. Then a clear fall in the incidences occurs. In province group C the peak was reached in the 51st week of 1971 with 58 cases per 10,000 inhabitants. Thereafter the incidences per week gradually decline. In province group B the peak was not reached until the third week of January: 69 cases per 10,000 inhabitants. In the subsequent weeks the influenza epidemic in this province group declined quickly.
In the three northern provinces (group A) an epidemic outbreak of the influenza-like illnesses was not noted at first. However, in the first week of January the incidence in this province group too increased, reaching its peak, as in group B, in the third week: 93 cases per 10,000 inhabitants. In the fourth and fifth week 74 and 92 cases per 10,000 inhabitants respectively were still found in this province group. Not until after the sixth week did a clear drop in the incidence occur.
The incidences in the three urbanization groups do not differ much from each other in general (Fig. 2c). In urbanization group 2 the peak was reached in the 51st week of 1971 and remained at the same level in the last week of December and the first week of January (62 - 64 cases per 10,000 inhabitants), then displaying an obvious decline in the second week. In urbanization group 3 the peak was reached in the first week of 1972 with 71 cases per 10,000 inhabitants. Thereafter the incidence steadily declines per week. In urbanization group 1 the peak falls with 65 cases per 10,000 inhabitants in the second week of January. In the third to fifth week the incidence is maintained at about the same level (55 - 64 cases per 10,000 inhabitants), However, from the sixth week onwards it falls quickly.

In the three southern provinces (group D) the highest incidence was noted for the whole of the year. For the first to the fourth quarter inclusive this is 392, 233, 154 and 456 per 10,000 inhabitants respectively. In the other three

province groups these frequencies are lower; in the first three quarters they do not differ much from one another. However, in the fourth quarter the frequencies per quarter display great differences. In province groups A to D incl. the quarterly incidences are 149, 230, 319 and 456 cases per 10,000 inhabitants respectively.

The incidence of influenza is in general clearly higher in the rural municipalities than in the other urbanization groups. In the first to the third quarter incl. it is 364, 286 and 171 per 10,000 inhabitants respectively. In the first quarter the frequencies in urbanization groups 2 and 3 do not differ much (278 and 296 respectively), while in the second (122 and 163 respectively) and third (71 and 114 respectively) quarters influenza would seem to occur more in municipalities with a population of 100,000 or more than in the municipalities belonging to group 2. In the fourth quarter the frequencies for urbanization groups 1 - 3 are practically identical: 313, 323 and 313 respectively.

Age and sex distribution (Fig. 3)

It is noticeable that the number of male patients with influenza predominates to some extent (Tables 1a to 1d incl.).

The highest incidences are usually found in the younger age groups. In the age group younger than 1 year the frequencies for the first to the third quarter incl. are 523, 390 and 248 per 10,000 inhabitants respectively. In the age of 1 - 4 years these respective frequencies are 471, 319 and 251.

The lowest incidences per quarter are to be found in the oldest age groups. Thus for the age group of 65 years and older the frequencies over the three quarters are 211, 103 and 55 respectively.

The influenza epidemic that began in the 49th week of 1971 is probably the reason why the age distribution of the patients in the fourth quarter has acquired a somewhat different aspect. True, the highest incidences are still found in the age groups younger dan 1 year and 1 - 4 years (444 and 515 cases per 10,000 inhabitants respectively), but the frequency in the older age groups has increased more compared with the other quarters (on average over 300 cases per 10,000 inhabitants). The lowest incidences are found in the age groups 55 - 64 years and 65 years and older: 245 and 199 patients per 10,000 inhabitants respectively.

Investigation of the aetiology of the influenza-like illnesses

In the 49th week of 1971 an investigation started of the aetiology of influenza-like illnesses reported by spotter physicians. This investigation was performed by the mobile unit of the National Influenza Centre, Rotterdam. Eight sentinel

stations participated, four in municipalities with a population of more than 100,000 (Groningen, Nijmegen, Eindhoven and Utrecht) and four in rural municipalities ('t Zandt, Zelhem, Oirschot and Linschoten).

Each sentinel station was visited on the same day of the week, it being endeavoured to take material for virological and serological examination from the patients who had not been ill longer than 24 hours. If possible the patients were revisited two weeks later to have a second blood sample taken. The investigation was directed towards influenza in the first instance, but the material will later be examined for other pathogens, such as mycoplasma pneumoniae and respiratory syncytial virus.

From the sentinel station data, which of course always become available some time later, there was admittedly a very slight increase in the number of influenza-like illnesses to be observed at the time that this investigation commenced, but there was no question of a rapid increase at the time when it was decided to use the mobile unit.

However, it has been found that the moment when the mobile unit was brought in coincided with the rapid increase in the number of reported cases of influenza.

This investigation by the National Influenza Centre was confined to the epidemic phase. It has still to be decided whether to extend the investigation to an inter-epidemic phase; the experience gained during this epidemic will play an important part in this decision.

The National Influenza Centre will in due course report the results of the investigation in detail in a separate article .

Rubella(-like illness)

Table 5 gives the number of new cases of rubella per 10,000 inhabitants per week, per province group and per urbanization group. This table likewise gives the incidences per 10,000 inhabitants per week, these being based on the legally notified cases of rubella in the Netherlands.

The incidences calculated on the strength of the cases of rubella(-like illnesses) reported by the sentinel stations lie much higher than those of the nationally notified cases of rubella: (0) 1 - 3 and 0.004 - 0.16 per 10,000 inhabitants per week respectively. It becomes evident that on the basis of the incidences that were calculated on the number of nationally notified cases an obvious rubella epidemic occurred in the Netherlands in the period from the 5th to the 27th week incl. The highest incidences per week are attained in the 16th and the 19th week: 0.16 and 0.14 patients per 10,000 inhabitants respectively.

The trend of the incidences that are based on sentinel station data give in general only a faint reflection of the rubella epidemic going on in that period. In the first half of the second quarter the frequencies per week fluctuate between 2 and 3 as against 1 and 2 before and after that period. However, the rubella epidemic stands out more clearly with some province and urbanization groups. In province groups A, C and D peaks are reached in the 28th, 14th and 19th weeks respectively (incidences of 11, 5 and 5 patients per 10,000 inhabitants respectively). This is also the case in urbanization groups 1 and 3, where peaks of 7 and 5 patients per 10,000 inhabitants occurred respectively in the 14th and 20th weeks. In urbanization group 2 the incidences in the epidemic phase are somewhat higher than before and after the epidemic, but there is no question here of obvious peaks. In the fourth quarter an increase in rubella(-like illnesses) may again be noted in province group D and in urbanization group 1. In the former group the peak is observed in the 48th week (5 patients per 10,000 inhabitants), in the latter group in the 50th week (6 patients per 10,000 inhabitants).

The above findings lead to the following observations.

1. The much higher frequencies that are observed along the whole line in the sentinel station practices could point to considerable under-reporting with respect to rubella. If the national data were drawn from the same base material as that on which the sentinel station data are founded, only at most 1 - 5% of the cases of rubella observed by the physician would be notified. However, the spotter physicians report on rubella **and** rubella-like illnesses, while obligatory notification relates solely to rubella. However, it should be remarked that the diagnosis rubella is difficult, if not impossible, to make without virological and/or serological examination.

2. It follows from the above that allowance must also be made for the possibility that spotter physicians also report rashes of unknown aetiology as rubella-like illnesses.
   This is implied by the great similarity between the age and sex distribution of the cases of rashes of unknown aetiology reported in 1970 and that of the rubella(-like illnesses) reported in the first quarter of 1971. This is particularly the case if in this connection the 4th quarter of 1970 (1970 annual report) is compared with the first quarter of 1971.
   If this supposition is correct, it means that a rubella epidemic is less easily noticed in this way, since it is masked to a considerable extent by a much larger and much more constant group of rashes with a different aetiology from that of rubella.

The lowest frequencies in province group B are found in the first and second quarters: 8 and 19 patients per 10,000 inhabitants respectively (Fig. 4). In the third quarter no great differences may be observed between the frequencies in the four province groups. In the fourth quarter the frequencies in province groups A - C, compared with the third quarter, prove to be practically un-

changed. In province group D the frequency compared with the third quarter has, however, clearly increased: 32 and 19 cases per 10,000 inhabitants respectively.

As regards the urbanization groups (Fig. 4) it is noticeable that in the first quarter the highest incidence (23) is seen in group 2, followed by group 3 with 18 and group 1 with 9 patients per 10,000 inhabitants.

In the second quarter a different ranking is observed. Group 1 heads the list with a frequency of 42, followed by groups 3 and 2 with respective frequencies of 31 and 22. In the third quarter the frequencies differ little if at all (16 - 18). In the fourth quarter group 1 proves to have the highest incidence (35), followed by groups 3 and 2, with respective frequencies of 17 and 12 per 10,000 inhabitants.

Age and sex distribution (Fig. 5)

In the first, second and fourth quarters the number of female patients predominates while in the third quarter there is no question of a sex difference.

Most patients are found at a very early age (in the groups younger than one year and from 1 to 4 years). Girls are found in particular (except in the third quarter among the 1 - 4 year-olds, in which as many boys are counted).

Otitis media acuta (with and without tonsillectomy and/or adenotomy in the history)

In all quarters of 1971 the number of patients with otitis media acuta without tonsillectomy and/or adenotomy in their history proves to be about twice the size of the group of patients on whom this surgery was performed. After a slight drop in these frequencies in the second and third quarters, they increase again in the fourth quarter.
For the first, second, third and fourth quarters these frequencies are 47 and 24, 37 and 16, 34 and 14, and 42 and 17 patients per 10,000 inhabitants respectively.
As no data are known from the practice populations on the number of persons with and without tonsillectomy and/or adenotomy in their history, it may not, however, be automatically concluded from the differences between the frequencies of these two groups that otitis media acuta occurs less among persons who have undergone a tonsillectomy and/or adenotomy.
The frequencies for all quarters prove to be the highest in province group D. In 1971 56, 57, 64 and 100 patients were reported with otitis media acuta and a tonsillectomy and/or adenotomy in their history per 10,000 inhabitants in province groups A, B, C and D respectively (Fig. 6). These frequencies are

110, 151, 152 and 210 respectively for otitis media acuta without tonsillectomy and/or adenotomy in the history.

As regards the urbanization groups it is striking that the highest frequencies are found (Fig. 6) in the first and second quarters in the rural municipalities (group 1). In urbanization group 1, 2 and 3 these frequencies for 1971 are 76, 68 and 73 respectively for the cases with, and 199, 169 and 119 respectively for the cases without tonsillectomy and/or adenotomy in the history. The number of patients with otitis media acuta without tonsillectomy and/or adenotomy in their history clearly decreases with the degree of urbanization.

Age and sex distribution

Otitis media acuta is observed in most cases in the age groups younger than one year, 1 - 4 and 5 - 9 years, infants displaying the highest frequency. It is striking that per quarter 20 - 30 infants with otitis media acuta per 10,000 inhabitants are still seen in that age group on whom a tonsillectomy and/or adenotomy has already been performed.

Otitis media acuta is regularly observed among adults, although the frequencies usually lie at much lower levels (less than 10 per 10,000 inhabitants) than among young people.

Tonsillectomy and/or adenotomy

The number of tonsillectomies and/or adenotomies varies little per quarter. In the first, second, third, and fourth quarters 26, 28, 24 and 27 instances of this surgery respectively were reported per 10,000 inhabitants. The frequencies per quarter in the various province groups vary from 13 to 37 per 10,000 inhabitants (Fig. 7). In province group A fewer tonsillectomies and/or adenotomies were performed in 1971 than in group B, C or D; 76, 114, 114 and 96 per 10,000 inhabitants respectively.
As regards the urbanization groups, it proves that in the first and second quarters the highest frequency of this surgery is found in group 1 (Fig. 7). In the third and fourth quarters the frequencies differ little. As the degree of urbanization increases, the number of cases of this surgery decreases: in 1971 120, 103 and 98 patients per 10,000 inhabitants underwent a tonsillectomy and/or adenotomy in groups 1, 2 and 3 respectively.

Age and sex distribution

In general there is no question of a clear sex distribution. Most tonsillectomies and/or adenotomies are performed in the age group of 1 - 4 years, followed by the age group of 5 - 9 years. In accordance with what has been stated under "otitis media acuta" is the finding that the performance of this surgery is fairly frequent among infants.

Accidents

In 1970 the programme committee was requested from various quarters to use the sentinel stations for the collection of data on accidents. A complete investigation of accidents means not only the nature but also the place and circumstances of the accident. However, so extensive a list of questions would mean too great a load on the sentinel stations, while the weekly return is not suitable for this. Nevertheless, it was considered important to gain at least some impression of the number of accident cases seen in the first instance by the general practitioner. For this purpose the accidents were arbitrarily classified in three categories (see footnote, Appendix 2):

1. slight: the patient is fully ambulant and entirely able-bodied after the first treatment;
2. moderately serious: the patient is ordered to stay in bed or in his home for a maximum of one week after the first treatment, or is not entirely able-bodied (e.g. broken collar-bone) while he is still fully ambulant;
3. serious: the patient is ordered to stay in bed or in his home for longer than one week and/or has been admitted to hospital.

This related to the first aid given by the general practitioner. Patients who had already been treated elsewhere by a **physician** (specialist, hospital casualty ward, industrial medical offices, and so on) were not reported (nor were check-ups or after-treatment).

It was also agreed that the accident cases seen and attended to by the doctor's assistant **would** be noted on the weekly return.

It will be clear from the above that the registration of accidents by the sentinel stations gives only a picture of the call on the general practitioner for assistance in accidents and not of the actual incidence of accidents, which also applies mutatis mutandis to the other categories of illnesses and disorders. Thus in the cities slight accidents will be treated more often than in rural regions by others than the general practitioner (Municipal Health Service, hospital casualty departments, etc.). The first aid of patients who have met with a serious accident, particularly in the case of traffic accidents, will most probably be carried out much more frequently by another physician, than by the patients general practitioner, particularly if we compare these with the first aid of patients with slight or moderately severe accidents. Nevertheless, the data on the accidents can supply useful information, so that a repetition of these questions must be seriously considered in a few years' time for that reason.

Tables a and b give the frequencies per 10,000 inhabitants per province group and per urbanization group respectively (cf. Figs. 8 - 10).

Table a. Number of accidents per province group and per quarter, per 10,000 inhabitants, 1971

Province group *	1st quarter			2nd quarter			3rd quarter			4th quarter		
	Sl.	M.	Se.**)	Sl.	M.	Se.	Sl.	M.	Se.	Sl.	M.	Se.
A	99	27	8	183	37	7	151	52	16	151	37	11
B	111	37	8	142	56	8	150	61	14	125	49	17
C	80	43	4	113	40	6	114	36	12	96	36	7
D	127	32	8	149	38	11	169	55	9	143	39	4
Total	99	37	6	135	42	8	137	46	12	120	39	9

Table b. Number of accidents per urbanization group and per quarter, per 10,000 inhabitants, 1971

Urbanization group*	1st quarter			2nd quarter			3rd quarter			4th quarter		
	Sl.	M.	Se.	Sl.	M.	Se.	Sl.	M.	Se.	Sl.	M.	Se.
1	144	35	7	192	51	16	173	58	22	127	40	22
2	92	34	6	126	37	7	143	50	13	131	38	7
3	83	44	5	115	45	4	105	33	4	94	41	3
Total	99	37	6	135	42	8	137	46	12	120	39	9

**) For an explanation of province groups A-D and of urbanization groups 1-3, see the footnote to Table 4.*

***) Sl. M. Se. = slight, moderately serious, serious.*

The number of slight accidents is, of course, greater than the number of accidents of a moderately serious and serious kind. In the second quarter a pronounced increase in the number of accidents is noticeable, especially by a growth in the number of slight accidents. This increase continues to a lesser extent in the third quarter, falling again in the fourth quarter.

The frequency of the slight accidents in province group C consistently lies below that of the other province groups in all quarters. The same applies to urbanization group 3.

For the moderately serious and serious accidents the ranking of frequencies per quarter fluctuates fairly considerably for the various province groups.

The smallest number of serious accidents per 10,000 inhabitants and per quarter is found in urbanization group 3. This may perhaps be ascribed to the fact that in these large municipalities first aid is given not by the general practitioner himself but by others to a presumably greater extent than in the other municipalities.

Age and sex distribution (Figs. 11 - 13)

In the slight accidents the younger age groups predominate. In the more serious accidents this difference disappears as the severity of the accident increases. More men than women are the victims of accidents. As age increases this sex difference declines, disappears or reverses.

Consultations for family planning (first consultations)

Family planning is considered of such importance that the programme committee felt that the question regarding the first consultation for family planning that appeared in the 1970 weekly return had to be maintained in the weekly return for 1971 **and** for 1972 as well. The consultations for prescribing the I.U.D. (1970 report) have no longer been reported separately but under the heading „other consultations".

A request for the „pill" after a „quiet" period (e.g. pregnancy) is regarded as a first consultation.

The number of first consultations for family planning remains fairly constant during all quarters of 1971. This applies both to the prescribing of the „pill" (87 - 100 consultations per 10,000 inhabitants) and to the other consultations (19 - 20 consultations per 10,000 inhabitants).

Compared with 1970 (1970 annual report), in which 84 - 91 first consultations on the „pill" per 10,000 women per quarter were given, these frequencies have increased somewhat in 1971.

It is noticeable that in some province groups and urbanization groups these frequencies display a less constant pattern in the course of the year (Fig. 14).

Age distribution

Table c (cf. Fig. 15) gives the age-specific frequencies regarding first consultations on the „pill" per 10,000 women per quarter for 1970 and 1971.

Table c.

	Age groups					
	10—14		15—19		20—24	
	1970	1971	1970	1971	1970	1971
1st quarter	—	2	144	198	331	358
2nd quarter	2	—	168	187	276	349
3rd quarter	2	—	126	224	312	350
4th quarter	2	5	147	175	329	345

Age groups

	25—34		35—44		45—54	
	1970	1971	1970	1971	1970	1971
1st quarter	235	222	71	93	21	26
2nd quarter	190	212	86	83	37	20
3rd quarter	203	176	81	84	11	14
4th quarter	187	184	73	68	24	11

As in 1970, the highest frequencies are found in the 20 - 24 age group, while the following places are occupied by the 25 - 34, 15 - 19, 35 - 44 and 45 - 54 age groups respectively. It is noticeable that in the 15 - 19 age group, compared to 1970, a considerable increase has occurred in the number of first consultations. The frequencies in this age group come close to those in the 25 - 34 age group and on one occasion exceed them.

The age-specific frequencies with regard to the first consultations that are classified as „other consultations", per 10,000 inhabitants and per quarter, are as follows for 1970 and 1971 (table d.):

Table d.

	15—19						20—24						25—34					
	1970			1971			1970			1971			1970			1971		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
1st quarter	—	22	11	5	26	15	11	55	34	10	91	54	8	62	35	18	79	48
2nd quarter	5	21	13	5	39	22	6	58	33	22	75	51	8	66	37	6	81	43
3rd quarter	4	13	9	14	59	37	5	57	33	21	74	50	10	63	36	10	72	41
4th quarter	2	13	7	13	36	24	8	55	33	12	89	53	15	77	46	19	59	39

	35—44						45—54					
	1970			1971			1970			1971		
	M	F	T	M	F	T	M	F	T	M	F	T
1st quarter	1	35	19	27	47	37	—	7	3	8	9	8
2nd quarter	8	29	19	21	47	34	4	11	7	10	13	12
3rd quarter	2	35	18	16	52	34	2	5	3	5	16	10
4th quarter	7	44	26	52	52	52	8	13	10	5	15	10

In the age groups of 25 years and older an increase in the frequencies of the „other consultations" may already be noted in the 4th quarter of 1970.

This increase clearly continued in the first quarter of 1971, with the exception of the 25 - 34 and 45 - 54 age groups.

With the exception of the 15 - 19 age group, in which these frequencies still

increased in the first three quarters of 1971, and that applies to both sexes, the frequencies are not subject to great fluctuations, apart from a few exceptions.

Requests for abortion

The number of requests for abortion per 10,000 women and per quarter, listed per province group and per urbanization group respectively, is summarized in Tables 6 and 7 (cf. Fig. 16).

Despite the fact that the number of requests for abortion in 1971 (per quarter 9 - 12 per 10,000 women) has increased compared with 1970 (6 - 8 per 10,000 women), it is striking that, although abortion has increasingly become a subject of public interest, in the course of 1971 no increase in this number may be seen (in the second half of 1971, however, the number of cases of abortus provocatus does prove to have increased). In this connection one of the spotter physicians suggested that the group of sentinel stations might be more actively concerned than the average general practitioner in family planning by means of prescribing the „pill" and other methods. Abortus provocatus would as a result be of relatively less frequent occurrence in the practices of the spotter physicians.

With the exception of the second quarter, in which the number of requests for abortion in the various province groups does not differ much (8 - 10 per 10,000 women), the highest frequencies are in general found in province group D (8 - 20 per 10,000 women). By urbanization group the highest frequencies fall into group 3 (12 - 19 per 10,000 women), followed by group 2 (8 - 14 per 10,000 women) and group 1, in which the lowest frequencies (3 - 9 per 10,000 women) are found.

Age distribution

The age-specific frequencies per 10,000 women with regard to the number of requests for abortion per quarter over 1970 and 1971 are given in Table e. (cf. Fig. 17).

Table e.

	Age group					
	10—14		15—19		20—24	
	1970	1971	1970	1971	1970	1971
1st quarter	—	3	16	30	16	35
2nd quarter	—	2	16	29	16	29
3rd quarter	—	2	27	22	15	21
4th quarter	2	3	21	21	21	23
Total	2	10	80	102	68	108

	Age group					
	25—34		35—44		45—54	
	1970	1971	1970	1971	1970	1971
1st quarter	17	28	11	15	1	1
2nd quarter	14	15	10	8	1	3
3rd quarter	15	29	17	23	2	6
4th quarter	20	25	8	16	—	1
Total	66	97	46	62	4	11

Compared with 1970 it is striking that now 2 - 3 girls (per 10,000) per quarter in the age group of 10 - 14 regularly come to the doctor with the request to be aborted.

The number of requests for abortion per 10,000 women per quarter in the 15 - 19 (22 - 30), 20 - 24 (21 - 35) and 25 - 34 (15 - 29) age groups do not differ much. The 35 - 44 age group follows on close behind with 8 - 23 requests for abortion per 10,000 women per quarter.

Abortus provocatus (lege artis and non lege artis)

The frequencies per 10,000 women per province group and per urbanization group respectively are laid down in Tables 6 and 7 belonging to the section on „requests for abortion" (cf. Fig. 18). The number of cases of abortus provocatus per quarter increases somewhat in the third and fourth quarters. Whilst in the first and second quarters lege artis abortus was induced in the case of 4 - 5 women per 10,000 women, in the third and fourth quarters this frequency rose to 6 and 7 cases of abortus provocatus per 10,000 women respectively.

However, the frequencies in the province groups and urbanization groups display great fluctuations. During 1971 the highest frequencies were always found in urbanization group 3 (7 - 14 cases per 10,000 women) and the lowest frequencies in urbanization group 1 (1 - 6 cases per 10,000 women).

Age distribution (Fig. 19)

The age-specific frequencies per 10,000 women with regard to the number of cases of abortus provocatus „lege artis" or (suspicion of) non „lege artis" are given per quarter in Table f. (cf. Fig. 19).

Table f.

	Age group					
	10—14		15—19		20—24	
	Lege artis	Non lege artis	Lege artis	Non lege artis	Lege artis	Non lege artis
1st quarter	—	—	13	—	5	1
2nd quarter	2	—	12	2	9	3
3rd quarter	—	—	12	—	15	—
4th quarter	2	—	13	—	14	—
Total	4	—	50	2	43	4

	Age group					
	25—34		35—44		45—54	
	Lege artis	Non lege artis	Lege artis	Non lege artis	Lege artis	Non lege artis
1st quarter	16	1	9	1	—	—
2nd quarter	9	2	4	1	1	—
3rd quarter	8	1	17	—	2	—
4th quarter	19	2	12	—	2	—
Total	52	6	42	2	5	—

Highly fluctuating frequencies are observed per age group. In the 15 - 44 age groups the frequencies per quarter for abortus provocatus induced lege artis vary from 4 to 19 per 10,000 women and for abortus provocatus induced non lege artis from none to 3 cases per 10,000 women.

Attempted suicide (successful and unsuccessful)

Tables g. and h. give the frequencies per 10,000 inhabitants per province and urbanization group respectively (cf. Fig. 20).

Table g. Number of cases of attempted suicide, successful and unsuccessful, per province group and per quarter, per 10,000 inhabitants, 1971.

	1st quarter		2nd quarter	
	Successful	Unsuccessful	Successful	Unsuccessful
Province group *)				
A	1	1	1	1
B	–	1	–	2
C	0	3	0	2
D	1	3	–	3
Total	0	2	0	2

	3rd quarter		4th quarter	
	Successful	Unsuccessful	Successful	Unsuccessful
A	–	1	1	1
B	–	1	0	1
C	0	3	1	3
D	0	2	–	1
Total	0	2	0	2

** For an explanation of province groups A-D see the footnote to Table 4.*

Table h. Number of cases of attempted suicide, successful and unsuccessful, per urbanization group and quarter, per 10,000 inhabitants, 1971.

	1st quarter		2nd quarter	
	Successful	Unsuccessful	Successful	Unsuccessful
Urbanization group *)				
1	0	1	0	2
2	1	2	0	1
3	–	4	0	3
Total	0	2	0	2

	3rd quarter		4th quarter	
	Successful	Unsuccessful	Successful	Unsuccessful
1	–	1	–	1
2	0	2	1	1
3	–	3	0	4
Total	0	2	0	2

** For an explanation of urbanization groups 1-3, see the footnote to Table 4.*

The frequency of the number of successful and unsuccessful suicide attempts is constant in the four quarters of 1971 and, as in 1970, is 0 and 2 cases per 10,000 inhabitants respectively. [1])

In province groups C and D relatively more cases of unsuccessful suicide attempts are reported in comparison with the other two province groups, 1 - 3 and 1 - 2 cases per 10,000 inhabitants respectively. Considered per urbanization group the frequency of unsuccessful suicide attempts increases with the degree of urbanization. A survey (Table i) follows of the absolute number of suicide attempts — successful and unsuccessful — over the years 1970 and 1971.

[1]) *The meaning of "0" and "—" has been explained in the paragraph on "processing of the data on the weekly return".*

Table i.
Number of cases of attempted suicide, successful and unsuccessful, 1970 and 1971, absolute

successful		unsuccessful	
1970	1971	1970	1971
11 *)	17	98 *)	118

* *In the annual report for 1970 9 successful and 95 unsuccessfull suicide attempts were wrongly given.*

On the strength of the cause-of-death statistics of the Central Bureau of Statistics, in 1970 1050 cases of suicide were noted in the Netherlands in 1970, as against 949 cases in 1969. The number of cases reported within the sample of the sentinel station network in 1970 (11), proved not to differ significantly from the national total of 1050 suicide cases. The number of cases of suicide in the Netherlands in 1971 is not yet known, although on the basis of the sentinel station data compared with 1970 an increase in the number of cases of suicide may be expected.

Age and sex distribution

The frequency of unsuccessful suicide attempts is in general higher among women than among men. This sex difference is particularly striking in the frequencies per age group.

General remarks

1. The questions on the weekly return for 1972 have been compiled as follows by the programme committee:
   a. new cases of influenza (-like illness)
   b. tranquillizers prescribed
   c. consultations for family planning (first consultations only)
   d. male sterilization (consultation and operation)
   e. morning-after pill prescribed
   f. request for abortion
   g. abortus provocatus (lege artis or (suspicion of) non lege artis)
   h. attempted suicide (successful, unsuccessful)
   i. consultation on the use of drugs.
2. Suggestions relating to the questions on the weekly returns will be gladly received by the programme committee and evaluated insofar as they relate to their application in this project.

Dr. H. Bijkerk (project leader)

Explanatory notes pertaining to:

Bijlage 1

Bijlage	- Appendix
Deelnemende artsen	- Participating general practitioners
Naam	- Name
Plaats	- Residence
Provincie	- Province

Bijlage 2

Bijlage	- Appendix
Weekstaat t.b.v. centrale registratie	- Weekly return for central registration
Continue morbiditeitsregistratie peilstations 1971	- Continuous morbidity registration sentinel stations 1971
Proj.no.	- Project number
Verslagjaar	- Year under review
Week no.	- Number of the week
Code peilstations	- Code number sentinel stations
Rapport dagen	- Number of days over which reporting took place
Regel no.	- Line number
Leeftijdsgroep	- Age group
Influenza(-achtig ziektebeeld)	- Influenza(-like illness)
Rubella(-achtig ziektebeeld)	- Rubella(-like illness)
Adenotomie en/of tonsillectomie in anamnese	- Adenotomy and/or tonsillectomy in the history
Adenotomie en/of tonsillectomie niet in anamnese	- No adenotomy and/or tonsillectomy in the history
Ongevallen	- Accidents
Licht	- Slight
Matig	- Moderately serious
Ernstig	- Serious
Adviezen geboorteregeling	- Consultations for family planning
Voor de eerste maal	- First consultation
Ovulatieremmer voorgeschreven	- Prescription of the "pill"
Overige adviezen	- Other consultations
Verzoek tot abortus	- Request for abortion

(Vermoeden op) niet lege artis	- (Suspicion of) non lege artis
Zelfmoordpoging	- Attempted suicide
Geslaagd	- Successful
Niet geslaagd	- Unsuccessful
M	- Male
V	- Female
Weeknummer	- Number of the week
Aantal dagen gerapporteerd	- Number of days over which reporting took place
Opgemaakt dd.	- Completed on
(Zie voetnoot nr.1)	- (See footnote number 1)
1. De kolommen hebben merendeels 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.	- The columns largely 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.
2. Ongevallen: Het gaat hierbij om de primaire ongevalsbehandeling door de huisarts. Patiënten, die reeds elders door een arts (specialist, ongevals polikliniek ziekenhuis, bedrijfsarts etc.) werden behandeld dienen niet te worden gemeld (Ook niet bij nacontrole of nabehandeling).	- Accidents: this relates to the first aid by the general practitioner. Patients who have already been treated elsewhere by a physician (specialist, hospital casualty department, industrial medical officer, and so on) should not be reported (Nor in the case of a check-up or after-treatment).
Licht: na behandeling: patiënt volledig ambulant en volledig valide	- Slight: after treatment: patient fully ambulant and entirely able bodied
Matig: na behandeling: patiënt heeft bedrust c.q. "huisarrest" tot maximaal 1 week of patiënt is volledig ambulant, maar niet volledig valide (b.v. claviculafractuur).	- Moderately serious: after treatment: patient has to stay in bed or in his home for a maximum of a week, or patient is fully ambulant but not entirely ablebodied (e.g. broken collar-bone).
Ernstig: na behandeling: patiënt heeft bedrust c.q. "huisarrest" langer dan een week en/of ziekenhuisopname, onafhankelijk van duur van de opname.	- Serious: after treatment: patients has to stay in bed or in his home for longer than a week and/or hospital admission, independent of length of admission.
N.B.: Voor de bepaling van de ernst van het ongeval is de indruk van de arts op het moment dat het 1e onderzoek plaatsvindt, bepalend.	- N.B.: For determination of the severity of the accident the impression of the doctor at the moment of the first examination is decisive.

Tables 1 - 3

Continue morbiditeitsregistratie peilstations	- Continuous morbidity registration sentinel stations
Kwartaal	- Quarter
Gestandaardiseerd per 10 000	- Standardized per 10,000 population
Leeftijdsgroepen	- Age groups
Influenza(-achtig ziektebeeld)	- Influenza(-like illness)
Rubella(-achtig ziektebeeld)	- Rubella(-like illness)
Adenotomie en/of tonsillectomie in anamnese	- Adenotomy and/or tonsillectomy in the history
Adenotomie en/of tonsillectomie niet in anamnese	- No adenotomy and/or tonsillectomy in the history
Ongevallen	- Accidents
Licht	- Slight
Matig	- Moderately serious
Ernstig	- Serious
Adviezen geboorteregeling	- Consultations for family planning
Voor de eerste maal	- First consultation
Ovulatieremmer voorgeschreven	- Prescription of the "pill"
Overige adviezen	- Other consultations
Verzoek tot abortus	- Request for abortion
(Vermoeden op) niet lege artis	- (Suspicion of) non lege artis
Zelfmoordpoging	- Attempted suicide
Geslaagd	- Successful
Niet geslaagd	- Unsuccessful
Populatie	- Population
M	- Male
V	- Female
Aantal weekstaten	- Number of weekly returns
Waarvan gecorrigeerd	- Of which have been corrected
Met	- With
Rapporteringsdagen	- Days over which reporting took place
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	- Urbanization groups

$A_1 - A_4$	- Rural municipalities
$B_1 - B_3 - C_4$	- Municipalities with urban characteristics and urbanized municipalities
C_5	- Municipalities with a population of 100,000 or more

Table 4

Aantal patiënten met influenza (-achtig ziektebeeld), per week en per 10 000 inwoners, 1971 en 1972 (eerste kwartaal)	- Number of patients with influenza (-like illness) per week, incidence per 10,000 population, 1971 and 1972 (first quarter)
Week nr.	- Number of the week
Aantal patiënten	- Number of patients
Per provinciegroep	- Per province group
Per urbanisatiegroep	- Per urbanization group
Plattelandsgemeenten	- Rural municipalities
Gemeenten met stedelijk karakter tezamen met verstedelijkte plattelandsgemeenten	- Municipalities with urban characteristics and urbanized rural municipalities
Gemeenten met 100 000 of meer inwoners	- Municipalities with a population of 100,000 or more
(vervolg)	- (continued)

Table 5

Aantal patiënten met rubella (-achtig ziektebeeld), per week en per 10 000 inwoners, 1971	- Number of patients with rubella (-like illness) per week, incidence per 10,000 population, 1971
Week nr.	- Number of the week
Aantal patiënten	- Number of patients
Per provinciegroep	- Per province group
Per urbanisatiegroep	- Per urbanization group
Aantal in Nederland aangegeven gevallen	- Number of notified cases in the Netherlands
Abs.	- Absolute
Per 10 000 inwoners	- Per 10,000 population
1) Voor verklaring van de provinciegroepen A - D en de urbanisatiegroepen 1 - 3, zie voetnoot tabel 4	- For an explanation of province groups A - D and of urbanization groups 1 - 3 see footnote table 4
2) Aangifte op grond van artikel 2 van de Besmettelijke Ziektenwet	- Notification under article 2 of the Communicable Diseases Act.

Table 6

Aantal gevallen van abortus provocatus en verzoeken om abortus, per provinciegroep en kwartaal, per 10 000 vrouwen, 1971	- Number of cases of abortus provocatus and requests for abortion, per province group and quarter, per 10,000 women, 1971
Provinciegroep	- Province group
1e, 2e, 3e en 4e kwartaal	- First, second, third and fourth quarter
Verzoek om abortus	- Request for abortion
Niet lege artis	- Non lege artis

Table 7

Aantal gevallen van abortus provocatus en verzoeken om abortus, per urbanisatiegroep en kwartaal, per 10 000 vrouwen, 1971	- Number of cases of abortus provocatus and requests for abortion, per province group and quarter, per 10,000 women, 1971
Urbanisatiegroep	- Urbanization group
1e, 2e, 3e en 4e kwartaal	- First, second, third and fourth quarter
Verzoek om abortus	- Request for abortion
Niet lege artis	- Non lege artis
1) Voor verklaring van de provinciegroepen A - D en de urbanisatiegroepen 1 - 3, zie voetnoot tabel 4	- For an explanation of province groups A - D of urbanization groups 1 - 3 see footnote table 4

Figure 1

Peilstations continue morbiditeitsregistratie	- Sentinel stations continuous morbidity registration

Figure 2a

Aantal patiënten met influenza-(-achtig ziektebeeld), per week en per 10 000 inwoners, 1971 en 1972 (1e kwartaal)	- Number of patients with influenza (-like illness) per week and per 10,000 population, 1971 and 1972 (first quarter)
Nederland	- The Netherlands
Totaal	- Total

Figure 2b

Aantal patiënten met influenza-(-achtig ziektebeeld), per week en per 10 000 inwoners, 1971 en 1972 (1e kwartaal)	- Number of patients with influenza (-like illness) per week and per 10,000 population, 1971 and 1972 (first quarter)

Provinciegroepen	- Province groups

Figure 2c

Aantal patiënten met influenza (-achtig ziektebeeld), per week en per 10 000 inwoners, 1971 en 1972 (1e kwartaal)	- Number of patients with influenza (-like illness) per week and per 10,000 population, 1971 and 1972 (first quarter)
Urbanisatiegroepen	- Urbanization groups
Plattelandsgemeenten	- Rural municipalities
Gemeenten met stedelijk karakter tezamen met verstedelijkte plattelandsgemeenten	- Municipalities with urban characteristics and urbanized rural municipalities
Gemeenten met 100 000 of meer inwoners	- Municipalities with a population of 100,000 or more

Figure 3

Aantal patiënten met influenza (-achtig ziektebeeld), per 10 000 inwoners, per kwartaal, naar leeftijdsgroep en geslacht, 1971	- Number of patients with influenza (-like illness), per 10,000 population, per quarter and by age group and sex, 1971
Leeftijdsgroep	- Age group
Kwartaal	- Quarter
Aantal mannen	- Number of men
Aantal vrouwen	- Number of women

Figure 4

Aantal patiënten met rubella (-achtig ziektebeeld), per 10 000 inwoners, per kwartaal, provincie- en urbanisatiegroep, 1971	- Number of patients with rubella (-like illness) per 10,000 population, per quarter, province- and urbanization group, 1971
Aantal patiënten	- Number of patients
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Kwartaal	- Quarter

Figure 5

Aantal patiënten met rubella (-achtig ziektebeeld), per 10 000 inwoners, per kwartaal, naar leeftijdsgroep en geslacht, 1971	- Number of patients with rubella (-like illness), per 10,000 population, per quarter, by age group and sex, 1971
Leeftijdsgroep	- Age group

Kwartaal	- Quarter
Aantal mannen	- Number of men
Aantal vrouwen	- Number of women

Figure 6

Otitis media acuta, per 10 000 inwoners, per kwartaal, provincie- en urbanisatiegroep, 1971	- Otitis media, per 10,000 population, per quarter, province- and urbanization group, 1971
Aantal patiënten	- Number of patients
Met tonsillectomie en/of adenotomie in anamnese	- With tonsillectomy and/or adenotomy in the history
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Zonder tonsillectomie en/of adenotomie in anamnese	- Without tonsillectomy and/or adenotomy in the history

Figure 7

Aantal tonsillectomiën c.q. adenotomiën per 10 000 inwoners, per kwartaal, provincie- en urbanisatiegroep	- Number of tonsillectomies c.q. adenotomies per 10,000 population, per quarter, province- and urbanization group
Aantal patiënten	- Number of patients
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Kwartaal	- Quarter

Figure 8

Aantal ongevallen per 10 000 inwoners, per kwartaal, provincie- en urbanisatiegroep, 1971	- Number of accidents per 10,000 population, per quarter, province- and urbanization group, 1971
Aantal ongevallen	- Number of accidents
Lichte	- Slight
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Kwartaal	- Quarter

Figure 9

Aantal ongevallen per 10 000 inwoners, per kwartaal, provincie- en urbanisatiegroep, 1971	- Number of accidents per 10,000 population, per quarter, province and urbanization group, 1971
Aantal ongevallen	- Number of accidents
"Matig ernstige"	- Moderately serious
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Kwartaal	- Quarter

Figure 10

Aantal ongevallen per 10 000 inwoners, per kwartaal, provincie- en urbanisatiegroep, 1971	- Number of accidents per 10,000 population, per quarter, per province- and urbanization group, 1971
Ernstig	- Serious
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Kwartaal	- Quarter

Figure 11

Aantal ongevallen per 10 000 inwoners, per kwartaal, naar leeftijdsgroep en geslacht, 1971	- Number of accidents per 10,000 poputation, per quarter, by age group and sex, 1971
Licht	- Slight
Leeftijdsgroep	- Age group
Kwartaal	- Quarter
Mannen	- Men
Vrouwen	- Women

Figure 12

Aantal ongevallen per 10 000 inwoners, per kwartaal, naar leeftijdsgroep en geslacht, 1971	- Number of accidents per 10,000 population, per quarter, by age group and sex, 1971
"Matig ernstige"	- Moderately serious
Leeftijdsgroep	- Age group
Kwartaal	- Quarter
Mannen	- Men
Vrouwen	- Women

Figure 13

Aantal ongevallen per 10 000 inwoners, per kwartaal, naar leeftijdsgroep en geslacht, 1971	- Number of accidents per 10,000 population, per quarter, by age group and sex, 1971
Ernstig	- Serious
Leeftijdsgroep	- Age group
Kwartaal	- Quarter
Mannen	- Men
Vrouwen	- Women

Figure 14

Aantal adviezen inzake geboorteregeling, per 10 000 vrouwen (ovulatieremmer voorgeschreven) c.q. per 10 000 mannen en vrouwen (overige adviezen), per kwartaal, provincie- en urbanisatiegroep, 1971	- Number of consultations for family planning per 10,000 women (prescription of the "pill") c.q. per 10,000 men and women (other consultations), per quarter, province, and urbanization group, 1971
Aantal adviezen	- Number of consultations
Ovulatieremmer voor de eerste maal voorgeschreven	- Prescription of the "pill" for the first time
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Kwartaal	- Quarter
Overige voor de eerste maal gegeven adviezen	- Other primary consultations

Figure 15

Aantal primaire consulten inzake geboorteregeling (ovulatieremmer voorgeschreven) per 10 000 vrouwen, per kwartaal en naar leeftijdsgroep, 1971	- Number of primary consultations for family planning (prescription of the "pill") per 10,000 women, per quarter and by age group, 1971
Leeftijdsgroep	- Age group
Kwartaal	- Quarter

Figure 16

Aantal verzoeken om abortus per 10 000 vrouwen, per kwartaal, provincie- en urbanisatiegroep, 1971	- Number of requests for abortion per 10,000 women, per quarter, province- and urbanization group, 1971

Aantal verzoeken	- Number of requests
Kwartaal	- Quarter

Figure 17

Aantal verzoeken om abortus per 10 000 vrouwen, per kwartaal en naar leeftijdsgroep, 1971	- Number of requests for abortion, per 10,000 women, per quarter and by age group
Aantal verzoeken	- Number of requests
Kwartaal	- Quarter

Figure 18

Abortus provocatus, "lege"-/"niet-lege artis", per 10 000 vrouwen, per kwartaal, provincie- en urbanisatiegroep, 1971	- Abortus provocatus, "lege"/"non lege artis", per 10,000 women, per quarter, province- and urbanization group, 1971
Aantal gevallen	- Number of cases
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Niet lege artis	- Non lege artis

Figure 19

Abortus provocatus "lege"/"niet-lege artis", per 10 000 vrouwen, per kwartaal en naar leeftijdsgroep, 1971	- Abortus provocatus "lege"/"non lege artis", per 10,000 women, per quarter and by age group, 1971
Aantal gevallen	- Number of cases
Leeftijdsgroepen	- Age groups
Kwartaal	- Quarter
Niet lege artis	- Non lege artis

Figure 20

Aantal zelfmoordpogingen, per 10 000 inwoners, per kwartaal, provincie- en urbanisatiegroep, 1971	- Number of attempted suicide, per 10,000 population, per quarter, province- and urbanization group, 1971
Aantal gevallen	- Number of cases
"Geslaagd"	- "Successful"
Provinciegroep	- Province group
Urbanisatiegroep	- Urbanization group
Kwartaal	- Quarter
"Niet geslaagd"	- "Unsuccessful"

Bijlage 1

CONTINUE MORBIDITEITS REGISTRATIE PEILSTATIONS
1971

Deelnemende artsen

Naam :	Plaats :	Provincie :
F. G. H. de Noord	't Zandt	Groningen
F. H. Mulder	Groningen	Groningen
J. Vennema	Franeker	Friesland
Chr. Schotanus	Oostermeer	Friesland
F. A. Bol	Schoonoord	Drente
W. Frankenberg/H. W. Reinking (comb. praktijk)	Assen	Drente
Dr. W. Vasbinder	Gramsbergen	Overijssel
R. C. Veldhuyzen van Zanten	Enter	Overijssel
H. K. Muller	Kampen	Overijssel
J. Balten	Lelystad	Overijssel
Dr. P. G. Bekkering	Rheden	Gelderland
Dr. H. Mulder	Heerde	Gelderland
J. H. de Boer/J. van Noort (comb. praktijk)	Zelhem	Gelderland
J. P. van Dam	Nijmegen	Gelderland
J. E. Bekkering	Nijmegen	Gelderland
G. E. v. d. Burger	Linschoten	Utrecht
J. Hartog/F. K. A. Fokkema (comb. praktijk)	Amersfoort	Utrecht
Dr. J. A. Stoop (tot 1-7-'71)	Utrecht	Utrecht
H. J. de Bruyn (vanaf 1-7-'71)	Utrecht	Utrecht
H. J. v. d. Leen	Hilversum	Noord-Holland
H. O. Sigling	Amstelveen	Noord-Holland
A. A. M. E. Janssen	Heiloo	Noord-Holland
J. Busquet	Alkmaar	Noord-Holland
Mej. P. J. Visser	Amsterdam	Noord-Holland
Dr. P. A. Roorda	Haarlem	Noord-Holland
G. J. Schiethart	Amsterdam	Noord-Holland
C. den Hartoog	Broek in Waterland	Noord-Holland
Dr. B. J. M. Aulbers	Delft	Zuid-Holland
J. B. Hugenholtz	Oegstgeest	Zuid-Holland
G. van Gangelen	Sliedrecht	Zuid-Holland

Bijlage 1 (vervolg)

Dr. A. P. Oliemans	Den Haag	Zuid-Holland
B. J. van Vianen	Den Haag	Zuid-Holland
H. L. van Amerongen	Rotterdam	Zuid-Holland
A. G. Stam	Dordrecht	Zuid-Holland
Th. J. van Stockum Jr.	Den Haag	Zuid-Holland
G. Dorrenboom	Rotterdam	Zuid-Holland
Dr. A. W. Bots	Voorhout	Zuid-Holland
J. Beunk	Maassluis	Zuid-Holland
M. Reyerse	Middelburg	Zeeland
R. J. P. Bauwens	Terneuzen	Zeeland
Dr. H. A. M. Hoevenaars	Uden	Noord-Brabant
K. E. W. Ebeling-Koning	Eindhoven	Noord-Brabant
J. W. G. A. van Rens	Oirschot	Noord-Brabant
IJ. Velzeboer	Eindhoven	Noord-Brabant
V. C. L. Tielens	Eindhoven	Noord-Brabant
A. Sluyters	Ravenstein	Noord-Brabant
J. P. C. Moors	Rosmalen	Noord-Brabant
S. H. H. M. v. d. Meer	Rosmalen	Noord-Brabant
R. J. F. M. Leijgraaf	Etten	Noord-Brabant
J. M. M. Hermans	Weert	Limburg
N. G. M. Courtens	Maastricht	Limburg

bijlage 2

Weekstaat t.b.v. centrale registratie

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS 1971

Proj. no.	Verslag jaar	Week no.	Code peilstations	Rapport dagen
M P	7 1			
1-4	5-6	7-8	9-12	13

5-daagse rapportering — week rapportering

Regel no.	Leeftijdsgroep	Influenza (-achtig ziektebeeld)		Rubella (-achtig ziektebeeld)		Otitis media acuta				Ongevallen[2]						Tonsillectomie c.q. adenotomie		Adviezen geboorte-regeling			Verzoek tot abortus	Abortus provocatus		Zelfmoordpoging			
						Adenotomie en/of tonsillectomie in anamnese		Adenotomie en/of tonsillectomie niet in anamnese		licht		matig		ernstig				Voor de eerste maal				Lege artis	(Vermoeden op) onjuiste artis	geslaagd		niet geslaagd	
																		Ovulatie-remmer voorgeschreven	Overige adviezen								
		M	V	M	V	M	V	M	V	M	V	M	V	M	V	M	V	V	M	V	V	V	V	M	V	M	V
01	< 1																										
02	1-4																										
03	5-9																										
04	10-14																										
05	15-19																										
06	20-24																										
07	25-34																										
08	35-44																										
09	45-54																										
10	55-64																										
11	>65																										
3-4		14-16	17-19	20-21	22-23	24-25	26-27	28-29	30-31	32-33	34-35	36-37	38-39	40-41	42-43	44	45	46-47	48-49	50-51	52	53	54	55	56	57	58

Weeknummer: .....

Opgemaakt d.d.: .....

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

N.B. 1. De kolommen hebben merendeels betrekking op een 5-daagse rapportering.(maandag tot en met vrijdag) Door vacantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over minder dan 5 dagen kunnen uitstrekken.

2. Ongevallen: Het gaat hierbij om de primaire ongevalsbehandeling door de huisarts. Patiënten, die reeds elders door een arts (specialist, ongevals polikliniek ziekenhuis, bedrijfsarts etc.) werden behandeld dienen niet te worden gemeld. (Ook niet bij nacontrôle of nabehandeling)

licht : na behandeling: patiënt volledig ambulant en volledig valide.
matig : na behandeling: patiënt heeft bedrust c.q. „huisarrest" tot maximaal 1 week of patiënt is volledig ambulant, maar niet volledig valide.(bv. claviculafractuur)
ernstig : na behandeling: patiënt heeft bedrust c.q. „huisarrest" langer dan een week en/of ziekenhuisopname, onafhankelijk van duur van de opname.

N.B.: Voor de bepaling van de ernst van het ongeval is de indruk van de arts op het moment dat het 1e onderzoek plaatsvindt, bepalend.

Tabel 1a

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

LEEFTIJDS GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. NIET IN ANAMN.			ONGEVALLEN LICHT			ONGEVALLEN MATIG			ONGEVALLEN ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
1 JR	582	460	523	67	163	113	27	28	28	382	488	433	54	57	55	-	-	-	7	-	3
1- 4 JR	454	490	471	90	137	113	145	108	127	274	314	293	140	112	126	33	40	36	8	8	8
5- 9 JR	369	418	393	57	58	57	94	73	84	87	93	90	160	105	133	45	32	39	8	3	5
10-14 JR	560	413	488	13	17	15	37	37	37	37	16	27	195	157	177	53	43	49	9	2	5
15-19 JR	300	315	307	5	6	6	8	8	8	16	19	18	237	129	183	69	53	61	10	-	5
20-24 JR	290	254	270	-	8	4	6	4	4	8	17	13	198	73	131	82	37	57	14	1	7
25-34 JR	242	214	228	2	5	4	4	5	4	7	12	9	109	49	79	49	22	36	7	2	4
35-44 JR	250	250	250	-	1	1	1	7	4	7	12	9	101	42	71	34	25	30	5	1	3
45-54 JR	268	236	252	1	1	1	-	3	1	1	5	3	76	50	63	40	26	33	8	6	7
55-64 JR	179	216	198	-	-	-	2	1	1	5	4	4	40	47	44	23	23	23	5	14	10
65 JR	218	205	211	-	-	-	1	-	1	1	-	1	41	43	42	19	24	22	7	8	8
TOTAAL	310	290	300	16	22	19	27	21	24	45	48	47	125	74	99	44	30	37	8	4	6

AANTAL WEEKSTATEN 609 WAARVAN GECORRIGEERD 28 MET 101 RAPPORTERINGDAGEN

Tabel 1a

CONTINUE MORBIDITEITSREGISIRATIE PEILSTATIONS

1E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

LEEFTIJDS GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. OVUL.REMM.	1E MAAL			VERZ.TOT ABORTUS	ABORT.PROV.		ZELFMOORDPOGING						POPULATIE		
					OVERIGE		ADV.		LEGE ART.	NIET L.A.	GESLAAGD			NIET GESLAAGD					
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
1 JR	13	21	17	-	-	-	-	-	-	-	-	-	-	-	-	-	1494	1414	2908
1- 4 JR	181	187	184	-	-	-	-	-	-	-	-	-	-	-	-	-	6350	5994	12344
5- 9 JR	70	71	70	-	-	-	-	-	-	-	-	-	-	-	-	-	7745	7440	15185
10-14 JR	13	12	13	2	-	3	2	3	-	-	-	-	-	1	-	1	6756	6438	13194
15-19 JR	6	14	10	198	5	26	15	30	13	-	-	-	-	-	5	2	6210	6258	12468
20-24 JR	10	20	15	358	10	91	54	35	5	1	-	-	-	1	6	4	7205	8474	15679
25-34 JR	9	6	7	222	18	79	48	28	16	2	-	-	-	1	6	4	12871	12642	25513
35-44 JR	8	3	6	93	27	47	37	15	9	1	-	2	1	4	5	5	9646	9543	19189
45-54 JR	1	3	2	26	8	9	8	1	-	-	-	-	-	1	3	2	7679	7975	15654
55-64 JR	-	-	-	-	-	-	-	-	-	-	5	1	3	3	4	4	6463	7040	13503
65 JR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6762	8432	15214
TOTAAL	27	26	26	100	8	30	19	12	5	0	0	0	0	1	3	2	79201	81650	160851

Tabel 2a

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

IE KWARTAAL 1971 GESTANDAARDISEERD PER 10000

PROVINCIE GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			NIET IN ANAMN.			ONGEVALLEN LICHT			MATIG			ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	268	206	237	12	21	16	19	17	18	38	47	43	132	66	99	30	24	27	12	4	8
OV+GLD+ZYP	259	224	241	6	10	8	30	18	24	40	50	45	151	71	111	49	25	37	10	6	8
UTR+NH+ZH	292	288	290	19	22	20	24	20	22	38	41	40	92	69	80	47	39	43	4	3	4
ZLD+NB+LIM	400	384	392	21	31	26	33	27	30	66	62	64	163	91	127	43	21	32	11	5	8
TOTAAL	310	290	300	16	22	19	27	21	24	45	46	47	125	74	99	44	30	37	8	4	6

AANTAL WEEKSTATEN 609 WAARVAN GECORRIGEERD 28 MET 101 RAPPORTERINGDAGEN

Tabel 2a

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

IE KWARTAAL 1971 GESTANDAARDISEERD PER 10000

PROVINCIE GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. IE MAAL OVUL.REMM.				VERZ. TOT ABORTUS	ABORT.PROV. LEGE ART.	ABORT.PROV. NIET L.A.	ZELFMOORDPOGING GESLAAGD			ZELFMOORDPOGING NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	OVERIGE V	ADV. T	V	V	V	M	V	T	M	V	T	M	V	T
GR+FR+DR	10	16	13	49	-	9	5	12	7	1	1	-	1	1	1	1	9377	9649	19026
OV+GLD+ZIJP	23	24	24	81	6	33	19	7	4	-	-	-	-	1	1	1	14533	14492	29025
UTR+NH+ZH	28	30	29	115	8	27	17	11	3	1	-	0	0	1	4	3	35565	37754	73319
ZLD+NB+LIMB	34	26	30	110	15	45	30	20	9	1	1	1	1	2	4	3	19729	19759	39488
TOTAAL	27	26	26	100	8	30	19	12	5	0	0	0	0	1	3	2	79204	81654	160858

Tabel 3a

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

IE KWARTAAL 1971 GESTANDAARDISEERD PER 10000

URBANISATIE GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			NIET IN ANAMN.			ONGEVALLEN LICHT			MATIG			ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	388	340	364	7	12	9	33	23	28	60	72	66	191	97	144	45	24	35	10	3	7
B1-B3C1-C4	285	271	278	22	25	23	23	21	22	48	46	47	119	66	92	42	25	34	9	4	6
C5	301	292	296	12	23	18	29	20	24	31	37	34	92	75	83	46	43	44	5	5	5
TOTAAL	310	290	300	16	22	19	27	21	24	45	48	47	125	74	99	44	30	37	8	4	6

AANTAL WEEKSTATEN 609 WAARVAN GECORRIGEERD 28 MET 101 RAPPORTERINGDAGEN

Tabel 3a

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

IE KWARTAAL 1971 GESTANDAARDISEERD PER 10000

URBANISATIE GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. IE MAAL OVUL.REMM.				VERZ.TOT ABORTUS	ABORT.PROV. LEGE ART.	ABORT.PROV. NIET L.A.	ZELFMOORDPOGING GESLAAGD			NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	V	ADV. T	V	V	V	M	V	T	M	V	T	M	V	T
A1-A4	30	35	33	68	9	31	20	4	1	-	1	-	0	1	2	1	15633	15244	30877
B1-B3+C1-C4	26	28	27	98	10	30	20	14	5	1	0	1	1	1	2	2	40551	41674	82225
C5	25	18	21	124	5	30	18	16	7	0	-	-	-	2	6	4	23021	24736	47757
TOTAAL	27	26	26	100	8	30	19	12	5	0	0	0	0	1	3	2	79205	81654	160859

Tabel 1b

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

LEEFTIJDS GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			OTITIS MEDIA ACUTA NIET IN ANAMN.			ONGEVALLEN LICHT			ONGEVALLEN MATIG			ONGEVALLEN ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
1 JR	440	337	390	121	157	139	28	37	33	298	285	292	121	82	102	21	7	15	-	-	-
1- 4 JR	306	332	319	152	198	174	94	95	94	277	232	255	237	170	204	48	41	45	7	14	10
5- 9 JR	254	220	237	96	100	98	55	63	59	63	70	66	232	143	188	44	40	42	16	9	13
10-14 JR	180	153	167	11	26	19	13	15	14	22	25	23	294	205	245	94	41	63	14	3	9
15-19 JR	172	188	180	3	12	8	10	7	9	9	8	9	387	183	285	119	44	82	22	3	13
20-24 JR	177	125	150	1	5	3	1	4	3	3	9	6	259	76	160	93	31	55	12	8	9
25-34 JR	134	123	128	2	3	3	5	2	3	5	7	6	143	53	98	57	18	38	9	3	6
35-44 JR	167	125	146	-	9	4	-	2	1	8	6	7	99	70	84	46	20	33	3	2	3
45-54 JR	150	150	150	-	-	-	1	-	1	4	4	4	82	64	73	45	28	37	10	3	6
55-64 JR	88	77	82	-	2	1	-	-	-	5	8	6	50	56	53	25	20	22	10	9	9
65 JR	109	98	103	-	-	-	-	-	-	2	5	3	31	73	54	14	29	22	8	6	7
TOTAAL	176	155	165	26	32	29	16	16	16	40	35	37	172	100	135	55	29	42	10	6	8

AANTAL WEEKSTATEN 578 WAARVAN GECORRIGEERD 188 MET 742 RAPPORTERINGDAGEN

Tabel 1b

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

LEEFTIJDS GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. IE MAAL				VERZ. TOT ABORTUS	ABORT.PROV.		ZELFMOORDPOGING						POPULATIE		
				OVUL. REMM.	OVERIGE		ADV.		LEGE ART.	NIET L.A.	GESLAAGD			NIET GESLAAGD					
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
1 JR	28	37	33	-	-	-	-	-	-	-	-	-	-	-	-	-	1408	1335	2743
1- 4 JR	180	186	183	-	-	-	-	-	-	-	-	-	-	-	-	-	5986	5658	11644
5- 9 JR	82	79	80	-	-	-	-	-	-	-	-	-	-	-	-	-	7283	7006	14299
10-14 JR	11	26	19	-	-	-	-	2	2	-	-	-	-	-	-	-	6335	6062	12397
15-19 JR	10	19	14	187	5	39	22	29	12	2	-	-	-	-	-	-	5865	5895	11761
20-24 JR	9	23	16	349	22	75	51	29	9	3	1	-	1	3	5	4	6768	7988	14756
25-34 JR	7	10	8	212	6	81	43	15	9	2	-	-	-	2	3	2	12205	11977	24182
35-44 JR	3	-	2	83	21	47	34	8	4	1	-	-	-	3	4	4	9102	9012	18114
45-54 JR	4	-	2	20	10	13	12	3	1	-	1	-	1	-	3	1	7201	7481	14682
55-64 JR	-	2	1	-	-	-	-	-	-	-	-	-	-	-	6	3	6043	6599	12643
65 JR	-	-	-	-	-	-	-	-	-	-	-	1	1	-	3	1	6414	7960	14374
TOTAAL	27	29	28	95	7	30	19	9	4	1	0	0	0	1	3	2	74514	76977	151591

Tabel 2b

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

PROVINCIE GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			OTITIS MEDIA ACUTA NIET IN ANAMN.			ONGEVALLEN LICHT			ONGEVALLEN MATIG			ONGEVALLEN ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	173	129	151	19	33	26	19	17	18	32	20	26	241	127	183	55	19	37	11	3	7
OV+GLD+ZYP	148	126	137	15	23	19	14	8	11	30	37	33	176	109	142	74	37	56	13	4	8
UTR+NH+ZH	144	147	146	32	34	33	13	16	14	40	31	36	141	86	113	49	31	40	7	6	6
ZLD+NB+LIM	259	207	233	25	32	28	24	21	23	30	49	49	192	107	149	52	25	38	15	7	11
TOTAAL	176	155	155	26	32	29	16	16	16	40	35	37	172	100	135	55	29	42	10	6	8

AANTAL WEEKSTATEN 578 WAARVAN GECORRIGEERD 188 MET 742 RAPPORTERINGDAGEN

Tabel 2b

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

PROVINCIE GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. IE MAAL OVULATIE-REMM.	OVERIGE ADV.			VERZ. TOT ABORTUS	ABORT.PROV. LEGE ART.	ABORT.PROV. NIET L.A.	ZELFMOORDPOGING GESLAAGD			ZELFMOORDPOGING NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
GR+FR+DR	25	25	25	46	4	14	9	8	-	2	1	-	1	-	1	1	9059	9303	18363
OV+GLD+ZIJP	37	37	37	69	1	32	16	9	8	-	-	-	-	3	1	2	14221	14182	28404
UTR+NH+ZH	27	31	29	117	7	20	14	10	4	1	0	0	0	0	4	2	33629	35734	69364
ZLD+NB+LIMB	21	20	21	98	13	57	35	8	3	1	-	-	-	1	4	3	17702	17756	35459
TOTAAL	27	29	28	95	7	30	19	9	4	1	0	0	0	1	3	2	74614	76977	151591

Tabel 3b

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

URBANISATIE GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			OTITIS MEDIA ACUTA NIET IN ANAMN.			ONGEVALLEN LICHT			ONGEVALLEN MATIG			ONGEVALLEN ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	305	268	286	48	36	42	23	24	24	60	43	52	243	139	192	69	32	51	16	15	16
B1-B3C1-C4	136	108	122	17	28	22	13	15	14	40	36	38	161	92	126	53	22	37	11	4	7
C5	160	166	163	26	36	31	18	13	16	24	28	26	143	90	115	50	40	45	5	3	4
TOTAAL	176	185	165	26	32	29	16	16	16	40	35	37	172	100	135	55	29	42	10	6	8

AANTAL WEEKSTATEN 576 WAARVAN GECORRIGEERD 188 MET 742 RAPPORTERINGDAGEN

Tabel 3b

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

URBANISATIE GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV. GEB. REG. IE MAAL OVUL. REMM.	ADV. GEB. REG. IE MAAL OVERIGE			VERZ. TOT ABORTUS	ABORT. PROV. LEGE ART.	ABORT. PROV. NIET L.A.	ZELFMOORDPOGING GESLAAGD			ZELFMOORDPOGING NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
A1-A4	36	31	34	63	4	26	15	3	2	1	1	-	0	2	1	2	14614	14299	28913
B1-B3+C1-C4	25	30	27	99	8	30	19	9	3	0	-	0	0	1	2	1	38765	39913	78678
C5	26	26	26	109	6	33	20	12	7	1	0	-	0	0	6	3	21234	22764	43999
TOTAAL	27	29	28	95	7	30	19	9	4	1	0	0	0	1	3	2	74614	76977	151591

Tabel 1c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

LEEFTIJDS GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			OTITIS MEDIA ACUTA NIET IN ANAMN.			ONGEVALLEN LICHT		ONGEVALLEN MATIG			ONGEVALLEN ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
1 JR	268	223	246	126	241	182	25	18	22	226	304	264	34	89	61	25	9	17	-	-	-
1- 4 JR	275	225	251	119	120	119	55	55	55	206	190	198	267	185	227	49	40	45	38	38	38
5- 9 JR	119	112	115	34	34	34	46	54	50	85	70	77	220	171	196	72	44	58	16	12	14
10-14 JR	93	112	102	4	2	3	13	26	19	24	24	24	233	190	212	60	39	50	9	10	10
15-19 JR	88	115	102	-	4	2	6	8	7	12	12	12	346	198	272	98	50	74	21	12	16
20-24 JR	120	86	102	2	1	2	2	7	5	3	4	4	232	64	141	136	31	79	14	24	19
25-34 JR	105	85	95	-	1	0	4	5	4	5	7	6	159	56	108	52	9	31	13	2	7
35-44 JR	116	68	92	1	-	1	7	4	5	8	11	9	126	73	100	54	25	40	9	3	6
45-54 JR	71	74	73	-	2	1	5	2	3	10	8	9	97	76	86	61	29	44	10	3	6
55-64 JR	86	70	77	-	-	-	2	-	1	-	5	3	53	70	62	53	29	40	12	5	8
65 JR	53	56	55	-	-	-	-	-	-	4	3	3	48	71	60	22	27	24	7	10	9
TOTAAL	114	97	106	16	17	16	13	14	14	35	33	34	170	105	137	64	30	46	14	10	12

AANTAL WEEKSTATEN 483 WAARVAN GECORRIGEERD 15 MET 54 RAPPORTERINGDAGEN

Tabel 1c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

LEEFTIJDS GROEP	TONSILLECTOMIE C.A. ADENOTOMIE			ADV.GEB.REG. IE MAAL				VERZ. TOT ABORTUS	ABORT.PROV.		ZELFMOORDPOGING						POPULATIE		
				OVUL. REMM.	OVERIGE		ADV.		LEGE ART.	NIET L.A.	GESLAAGD			NIET GESLAAGD					
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
1 JR	17	18	17	-	-	-	-	-	-	-	-	-	-	-	-	-	1193	1119	2313
1- 4 JR	170	139	155	-	-	-	-	-	-	-	-	-	-	-	-	-	5056	4748	9804
5- 9 JR	62	58	60	-	-	-	-	-	-	-	-	-	-	-	-	-	6147	5896	12043
10-14 JR	15	22	18	-	-	-	-	2	-	-	-	-	-	-	2	1	5361	5097	10458
15-19 JR	12	22	17	224	14	59	37	22	12	-	-	-	-	4	-	2	4878	4954	9832
20-24 JR	16	10	13	350	21	74	50	21	15	-	-	-	-	-	3	2	5737	6723	12460
25-34 JR	10	5	7	176	10	72	41	29	8	1	-	1	0	1	2	1	10179	10032	20211
35-44 JR	4	1	3	84	16	52	34	23	17	-	-	-	-	4	8	6	7614	7520	15135
45-54 JR	2	2	2	14	5	16	10	6	2	-	-	-	-	5	5	5	6086	6313	12399
55-64 JR	-	2	1	-	-	-	-	-	-	-	2	2	2	4	2	3	5120	5593	10714
65 JR	2	-	1	-	-	-	-	-	-	-	-	0	0	-	-	-	5470	6784	12255
TOTAAL	26	21	24	92	7	31	19	12	6	0	0	0	0	2	2	2	62846	64784	127630

Tabel 2c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

PROVINCIE GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			NIET IN ANAMN.			ONGEVALLEN LICHT			MATIG			ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	123	60	91	16	22	19	9	11	10	16	13	15	203	101	151	71	33	52	23	10	16
OV+GLD+ZYP	107	100	103	18	17	17	12	6	9	42	34	38	189	111	150	82	39	61	17	11	14
UTR+NH+ZH	91	82	87	14	15	14	11	15	13	33	31	32	133	95	113	48	24	35	11	13	12
ZLD+NB+LIM	160	147	154	18	20	19	22	19	20	46	46	46	213	126	169	76	34	55	12	6	9
TOTAAL	114	97	106	16	17	16	13	14	14	35	33	34	170	105	137	64	30	46	14	10	12

AANTAL WEEKSTATEN 483 WAARVAN GECORRIGEERD 15 MET 54 RAPPORTERINGDAGEN

Tabel 2c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

PROVINCIE GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. IE MAAL OVUL. REMM.				VERZ. TOT ABORTUS	ABORT.PROV. LEGE ART.	ABORT.PROV. NIET L.A.	ZELFMOORDPOGING GESLAAGD			ZELFMOORDPOGING NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
GR+FR+DR	18	13	15	40	5	15	10	6	6	-	-	-	-	1	1	1	7975	8155	16130
OV+GLD+ZUF	27	23	25	68	4	32	18	7	3	-	-	0	0	-	2	1	10953	10823	21776
UTR+NH+ZH	28	24	26	97	7	26	17	13	6	-	0	0	0	2	3	3	29086	31002	60089
ZLD+NB+LIMB	25	20	22	126	11	49	30	15	7	1	-	1	0	3	1	2	14831	14802	29634
TOTAAL	26	21	24	92	7	31	19	12	6	0	0	0	0	2	2	2	62846	64784	127630

Tabel 3c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

URBANISATIE GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			NIET IN ANAMN.			ONGEVALLEN LICHT			MATIG			ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	186	156	171	18	18	18	9	16	12	36	33	35	218	128	173	78	39	58	30	14	22
B1-B3C1-C4	79	64	71	13	19	16	12	13	13	41	38	40	179	108	143	68	33	50	15	12	13
C5	118	110	114	19	14	16	18	15	16	26	23	25	123	87	104	46	19	32	2	6	4
TOTAAL	114	97	106	16	17	16	13	14	14	35	33	34	170	105	137	64	30	46	14	10	12

AANTAL WEEKSTATEN 483 WAARVAN GECORRIGEERD 15 MET 54 RAPPORTERINGDAGEN

Tabel 3c

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

URBANISATIE GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. IE MAAL OVUL. REMM.	OVERIGE		ADV.	VERZ. TOT ABORTUS	ABORT.PROV. LEGE ART.	NIET L.A.	ZELFMOORDPOGING GESLAAGD			NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
A1-A4	25	26	25	56	5	28	16	8	4	-	-	-	-	2	1	13635	13241	26876	
B1-B3+C1-C4	27	21	24	100	8	31	20	9	4	-	0	1	0	2	2	2	30202	30936	61139
C5	26	20	23	102	6	33	20	18	10	0	-	-	-	2	3	3	19008	20605	39613
TOTAAL	26	21	24	92	7	31	19	12	6	0	0	0	0	2	2	2	62846	64784	127630

Tabel 1d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

LEEFTIJDS GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			NIET IN ANAMN.			ONGEVALLEN LICHT		MATIG			ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
1 JR	486	400	444	90	98	94	30	24	27	299	334	316	90	90	90	15	16	16	7	-	4
1- 4 JR	521	509	515	116	162	139	102	85	94	296	282	284	202	126	165	37	27	32	6	10	8
5- 9 JR	349	334	342	43	52	48	72	58	65	93	85	89	159	100	130	40	26	33	18	25	21
10-14 JR	283	294	288	3	15	9	35	15	25	15	29	22	214	119	167	54	41	48	15	5	10
15-19 JR	305	295	300	-	6	3	3	5	4	11	8	10	329	178	254	107	44	76	8	5	6
20-24 JR	335	324	329	4	1	3	4	1	3	10	6	8	221	86	149	106	25	63	7	1	4
25-34 JR	330	297	314	2	2	2	2	2	2	6	9	7	147	54	101	54	16	35	14	5	9
35-44 JR	396	290	343	2	-	1	2	-	1	8	13	11	105	66	85	58	22	40	5	3	4
45-54 JR	330	280	305	-	-	-	-	1	1	4	5	4	101	72	86	32	22	27	12	5	8
55-64 JR	246	243	245	-	1	1	-	1	1	6	4	5	65	52	59	27	23	25	6	1	4
65 JR	167	225	199	1	-	1	1	1	1	-	1	1	44	64	56	27	21	24	10	13	12
TOTAAL	331	305	318	16	20	18	20	14	17	43	41	42	154	86	120	54	25	39	10	7	9

AANTAL WEEKSTATEN 596 WAARVAN GECORRIGEERD 36 MET 139 RAPPORTERINGDAGEN

Tabel 1d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

LEEFTIJDS GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. IE MAAL OVUL.REMM.				VERZ. TOT ABORTUS	ABORT.PROV. LEGE ART.	ABORT.PROV. NIET L.A.	ZELFMOORDPOGING GESLAAGD			ZELFMOORDPOGING NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
1 JR	52	33	43	-	-	-	-	-	-	-	-	-	-	-	-	-	1338	1226	2565
1- 4 JR	192	171	182	-	-	-	-	-	-	-	-	-	-	-	-	-	6197	5855	12053
5- 9 JR	66	78	82	-	-	-	-	-	-	-	-	-	-	-	-	-	7673	7274	14947
10-14 JR	15	26	20	5	-	-	-	3	2	-	-	-	-	-	-	-	6822	6559	13382
15-19 JR	5	19	12	175	13	36	24	21	13	-	-	-	-	-	-	-	6257	6175	12432
20-24 JR	8	5	6	345	12	89	53	23	14	-	-	-	-	1	8	5	7273	7282	15556
25-34 JR	8	2	5	184	19	59	39	25	19	2	-	-	-	-	6	3	12353	12340	24693
35-44 JR	3	2	3	68	52	52	52	16	12	-	-	-	-	1	4	3	9458	9438	18896
45-54 JR	-	-	-	11	5	15	10	1	2	-	-	4	2	1	1	1	7813	8036	15849
55-64 JR	2	-	1	-	-	1	1	1	1	-	-	1	1	-	1	1	6290	6870	13160
65 JR	-	-	-	-	-	-	-	-	-	-	3	-	1	-	5	3	6753	3374	15127
TOTAAL	29	25	27	87	12	29	20	10	7	0	0	0	0	0	3	2	78231	80435	158667

Tabel 2d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

PROVINCIE GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			NIET IN ANAMN.			ONGEVALLEN LICHT			MATIG			ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	183	116	149	14	19	16	16	4	10	30	23	26	211	93	151	51	24	37	14	8	11
OV+GLD+ZYP	237	222	230	10	24	17	16	10	13	33	37	35	157	93	125	70	27	49	17	17	17
UTR+NH+ZH	321	317	319	9	14	12	14	16	15	44	43	44	113	79	96	46	27	36	9	5	7
ZLD+NB+LIM	483	430	456	35	30	32	35	19	27	54	47	51	194	92	143	55	23	39	6	2	4
TOTAAL	331	305	318	16	20	18	20	14	17	43	41	42	154	86	120	54	25	39	10	7	9

AANTAL WEEKSTATEN 596 WAARVAN GECORRIGEERD 36 MET 139 RAPPORTERINGDAGEN

Tabel 2d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

PROVINCIE GROEP	TONSILLECTOMIE C.Q. ADENOTOMIE			ADV.GEB.REG. IE MAAL OVUL. REMM.	OVERIGE		ADV.	VERZ. TOT ABORTUS	ABORT.PROV. LEGE ART.	NIET L.A.	ZELFMOORDPOGING GESLAAGD			NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
GR+FR+DR	26	20	23	51	3	6	5	5	6	-	-	1	1	-	2	1	9350	9690	19041
OV+GLD+ZIJP	23	32	28	76	5	32	19	12	11	-	1	-	0	-	1	1	14113	13968	28082
UTR+NH+ZH	31	28	30	88	7	26	17	11	7	0	0	1	1	1	5	3	34490	36329	70820
ZLD+NE+LIMB	30	16	23	109	29	42	36	10	6	0	-	-	-	0	1	1	20276	20447	40724
TOTAAL	29	25	27	87	12	29	20	10	7	0	0	0	0	0	3	2	78231	80435	158667

Tabel 3d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

URBANISATIE GROEPEN	INFLUENZA (ACHTIG ZIEKTEBEELD)			RUBELLA (ACHTIG ZIEKTEBEELD)			OTITIS MEDIA ACUTA ADENOTOMIE EN/OF TONSILLECTOM. IN ANAMNESE			OTITIS MEDIA ACUTA NIET IN ANAMN.			ONGEVALLEN LICHT			ONGEVALLEN MATIG			ONGEVALLEN ERNSTIG		
	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	333	293	313	35	35	35	15	9	12	50	41	46	161	91	127	59	21	40	24	19	22
B1-B3C1-C4	336	310	323	11	14	12	24	15	19	46	42	44	171	92	131	54	24	38	9	5	7
C5	322	305	313	13	21	17	18	17	17	31	37	34	117	73	94	49	32	41	3	3	3
TOTAAL	331	305	318	16	20	18	20	14	17	43	41	42	154	86	120	54	25	39	10	7	9

AANTAL WEEKSTATEN 596 WAARVAN GECORRIGEERD 36 MET 139 RAPPORTERINGDAGEN

Tabel 3d

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1971 GESTANDAARDISEERD PER 10000

URBANISATIE GROEP	TONSILLECTOMIE C.Q. ADENOCTOMIE			ADV.GEB.REG. IE MAAL OVUL.REMM.				VERZ. TOT ABORTUS	ABORT.PROV. LEGE ART.	ABORT.PROV. NIET L.A.	ZELFMOORDPOGING GESLAAGD			ZELFMOORDPOGING NIET GESLAAGD			POPULATIE		
	M	V	T	V	M	V	T	V	V	V	M	V	T	M	V	T	M	V	T
A1-A4	29	27	28	59	5	18	12	9	6	-	-	-	-	-	1	1	16419	15921	32340
B1-B3+C1-C4	27	24	25	99	17	34	26	8	4	0	1	1	1	1	1	1	39774	41209	80983
C5	32	24	28	83	7	27	17	15	14	0	-	0	0	0	7	4	22037	23305	45343
TOTAAL	29	25	27	87	12	29	20	10	7	0	0	0	0	0	3	2	78231	80435	158667

Tabel 4

Aantal patiënten met influenza (-achtig ziektebeeld), per week en per 10 000 inwoners, 1971 en 1972[1e kwartaal]

Week nr. 1971	Aantal patiënten							
	Per provinciegroep				Per urbanisatiegroep			Totaal
	A	B	C	D	1	2	3	
1	9	27	18	33	32	18	23	22
2	11	34	13	20	30	15	18	19
3	8	24	15	22	23	17	16	17
4	9	17	14	26	22	14	18	17
5	15	17	12	24	23	14	15	16
6	13	13	12	22	27	11	16	15
7	25	12	13	14	22	10	17	14
8	21	7	17	18	18	13	21	16
9	10	12	19	29	24	16	23	19
10	23	17	28	42	31	27	31	29
11	32	20	60	53	34	58	37	47
12	28	17	36	47	34	33	36	34
13	34	23	35	41	46	34	29	34
1 - 13	237	241	290	392	364	278	296	300
14	29	25	31	36	49	27	26	31
15	27	24	20	22	45	14	19	22
16	19	14	17	21	29	12	19	18
17	12	12	8	21	25	7	12	12
18	12	9	11	19	20	10	11	13
19	14	5	9	13	18	7	10	10
20	7	8	7	16	21	5	10	10
21	9	7	9	7	10	7	9	8
22	3	5	7	11	11	5	9	7
23	9	7	6	13	11	7	9	8
24	3	5	7	14	9	7	9	8
25	3	5	7	21	19	7	7	10
26	1	9	8	13	10	7	9	8
14 - 26	151	137	146	233	286	122	163	165
27	3	5	6	8	11	2	8	6
28	3	4	5	2	3	3	6	4
29	5	9	4	10	13	4	6	7
30	6	3	5	9	13	2	5	6
31	3	3	4	6	2	5	5	6
32	4	6	6	9	13	4	7	6
33	2	5	5	18	18	4	5	7
34	17	6	6	12	10	6	12	9
35	11	12	6	13	16	7	9	10
36	14	15	8	14	16	9	10	11
37	6	12	6	17	13	8	9	10
38	4	12	11	15	14	9	13	11
39	6	11	9	14	18	5	14	11
27 - 39	91	103	87	154	171	71	114	106
40	5	11	8	22	24	7	12	12
41	8	9	13	14	10	10	16	12
42	7	10	11	18	15	11	14	13
43	2	7	9	22	18	11	9	12
44	13	12	8	21	18	11	13	13
45	16	11	9	22	19	13	12	14
46	13	18	13	21	18	15	17	16
47	13	12	15	20	16	16	15	16
48	11	15	20	19	16	18	19	18
49	17	22	42	45	29	38	35	36
50	10	31	49	57	32	47	46	43
51	18	39	58	97	52	64	54	58
52	9	37	50	107	45	62	48	55
40 - 52	149	230	319	456	313	323	313	318

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

Urbanisatiegroep
1. Plattelandsgemeenten
2. Gemeenten met stedelijk karakter tezamen met verstedelijkte plattelandsgemeenten
3. Gemeenten met 100 000 of meer inwoners

Tabel 4 (vervolg)

Week nr. 1972	Aantal patienten							
	Per provinciegroep				Per urbanisatiegroep			Totaal
	A	B	C	D	1	2	3	
1	38	65	47	108	53	64	71	64
2	61	62	46	73	65	52	61	58
3	93	69	40	65	64	56	56	57
4	74	60	36	47	55	42	49	47
5	92	46	27	49	60	40	40	44
6	74	37	21	31	42	33	28	33
7	23	18	12	39	37	18	17	22
8	13	15	10	37	27	18	14	19
9	13	11	9	15	15	9	13	11
10	9	14	6	21	21	9	11	12
11	6	5	5	9	4	6	8	6
12	2	6	2	7	1	4	7	4
13	5	4	5	6	2	5	7	5

Tabel 5

Aantal patiënten met rubella (-achtig ziektebeeld), per week en per 10 000 inwoners, 1971

Week	Aantal patiënten								Aantal in Nederland aangegeven gevallen[2]	
	Per provinciegroep[1]				Per urbanisatiegroep[1]			Totaal	Abs.	Per 10 000 inw.
	A	B	C	D	1	2	3			
1	0	0	1	2	1	1	0	1	13	0,009
2	1	1	1	2	2	1	2	2	25	0,01
3	1	-	0	2	1	1	0	1	24	0,01
4	1	-	1	2	0	2	1	1	25	0,01
5	0	1	1	1	0	1	2	1	47	0,03
6	1	1	2	2	1	2	1	2	57	0,04
7	1	-	2	1	1	1	1	1	70	0,05
8	1	0	2	2	1	1	2	1	77	0.05
9	2	1	3	3	1	3	2	2	93	0,07
10	2	1	2	3	-	2	3	2	129	0,09
11	3	1	2	3	0	3	2	2	140	0,10
12	2	1	1	2	0	2	1	1	145	0,11
13	2	1	2	3	2	3	1	2	110	0,08
1 - 13	16	8	20	26	9	23	18	19	955	0,72
14	1	2	5	2	7	2	3	3	128	0,09
15	1	2	3	1	4	2	2	2	143	0,10
16	-	2	3	4	4	2	2	3	222	0,16
17	2	2	2	2	4	2	2	2	133	0,10
18	3	1	3	3	3	2	3	3	166	0,12
19	1	-	4	5	6	2	4	3	192	0,14
20	7	1	3	3	2	2	5	3	162	0,12
21	2	1	2	1	2	1	3	2	119	0,09
22	2	1	2	1	1	2	1	2	103	0,07
23	0	2	2	1	1	1	1	1	81	0,06
24	1	2	1	1	3	1	1	1	75	0,05
25	5	1	2	2	4	1	2	2	94	0,07
26	-	0	2	1	-	1	3	1	103	0,07
14 - 26	26	19	33	28	42	22	31	29	1721	1,30
27	6	2	2	2	4	2	2	3	78	0,05
28	11	0	1	0	3	1	1	1	14	0,01
29	-	1	-	-	1	0	-	0	40	0,03
30	3	1	0	1	2	1	0	1	32	0,02
31	2	-	1	3	1	1	2	1	24	0,01
32	-	2	1	3	3	1	1	2	13	0,009
33	0	0	2	2	1	1	2	2	20	0,01
34	0	1	1	1	-	1	2	1	21	0,01
35	2	1	1	1	2	1	1	1	15	0,01
36	-	1	2	1	1	1	2	1	16	0,01
37	1	2	1	1	1	1	0	1	11	0,008
38	1	-	1	2	0	1	1	1	6	0,004
39	-	4	1	1	1	2	1	1	11	0,008
27 - 39	19	17	14	19	18	16	16	16	301	0,22
40	1	0	1	2	2	1	1	1	18	0,01
41	-	1	1	1	-	1	2	1	15	0,01
42	1	2	0	1	1	1	2	1	6	0,004
43	-	4	1	2	2	1	3	2	6	0,004
44	3	2	1	1	2	1	1	1	19	0,01
45	2	1	1	4	4	1	2	2	12	0,009
46	3	1	0	1	3	1	1	1	12	0,009
47	-	1	2	2	2	2	1	1	10	0,007
48	-	0	1	5	6	0	1	2	13	0,009
49	0	1	1	3	3	1	2	1	12	0,009
50	2	1	0	4	6	0	1	2	17	0,01
51	-	1	1	3	2	1	1	1	12	0,009
52	3	1	0	2	1	1	1	1	11	0,008
40 - 52	16	17	12	32	35	12	17	18	163	0,12

1) Voor verklaring van de provinciegroepen A - D en van de urbanisatiegroepen 1 - 3, zie voetnoot tabel 4.

2) Aangifte op grond van artikel 2 van de Besmettelijke Ziektenwet.

Tabel 6

Aantal gevallen van abortus provocatus en verzoeken om abortus, per provinciegroep en kwartaal, per 10 000 vrouwen, 1971

Provinciegroep[1]	1e kwartaal			2e kwartaal			3e kwartaal			4e kwartaal		
	Verzoek om abortus	Abortus provocatus		Verzoek om abortus	Abortus provocatus		Verzoek om abortus	Abortus provocatus		Verzoek om abortus	Abortus provocatus	
		Lege artis	Niet lege artis		Lege artis	Niet lege artis		Lege artis	Niet lege artis		Lege artis	Niet lege artis
A	12	7	1	8	-	2	6	6	-	5	6	-
B	7	4	-	9	8	-	7	3	-	12	11	-
C	11	3	1	10	4	1	13	6	-	11	7	0
D	20	9	1	8	3	1	15	7	1	10	6	0
Totaal	12	5	0	9	4	1	12	6	0	10	7	0

Tabel 7

Aantal gevallen van abortus provocatus en verzoeken om abortus, per urbanisatiegroep en kwartaal, per 10 000 vrouwen, 1971

Urbanisatiegroep[1]	1e kwartaal			2e kwartaal			3e kwartaal			4e kwartaal		
	Verzoek om abortus	Abortus provocatus		Verzoek om abortus	Abortus provocatus		Verzoek om abortus	Abortus provocatus		Verzoek om abortus	Abortus provocatus	
		Lege artis	Niet lege artis		Lege artis	Niet lege artis		Lege artis	Niet lege artis		Lege artis	Niet lege artis
1	4	1	-	3	2	1	8	4	-	9	6	-
2	14	5	1	9	3	0	9	4	-	8	4	0
3	16	7	0	12	7	1	19	10	0	15	14	0
Totaal	12	5	0	9	4	1	12	6	0	10	7	0

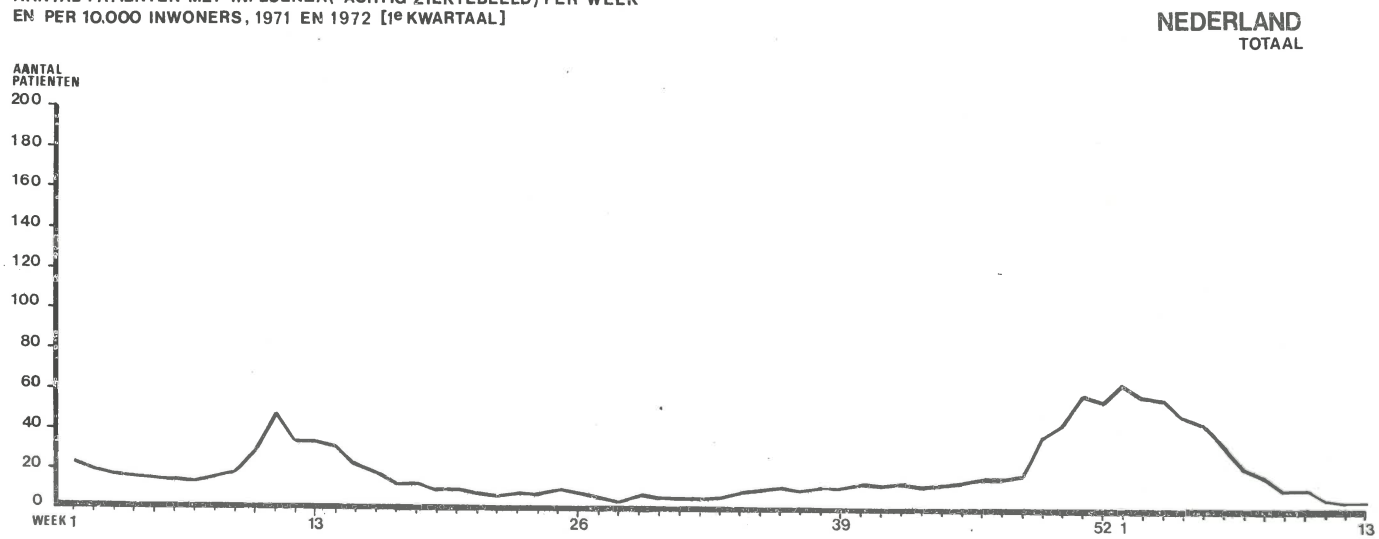
1) Voor verklaring van de provinciegroepen A - D en van de urbanisatiegroepen 1 - 3, zie voetnoot tabel 4.

figuur 1

PEILSTATIONS
continue morbiditeits registratie
1971

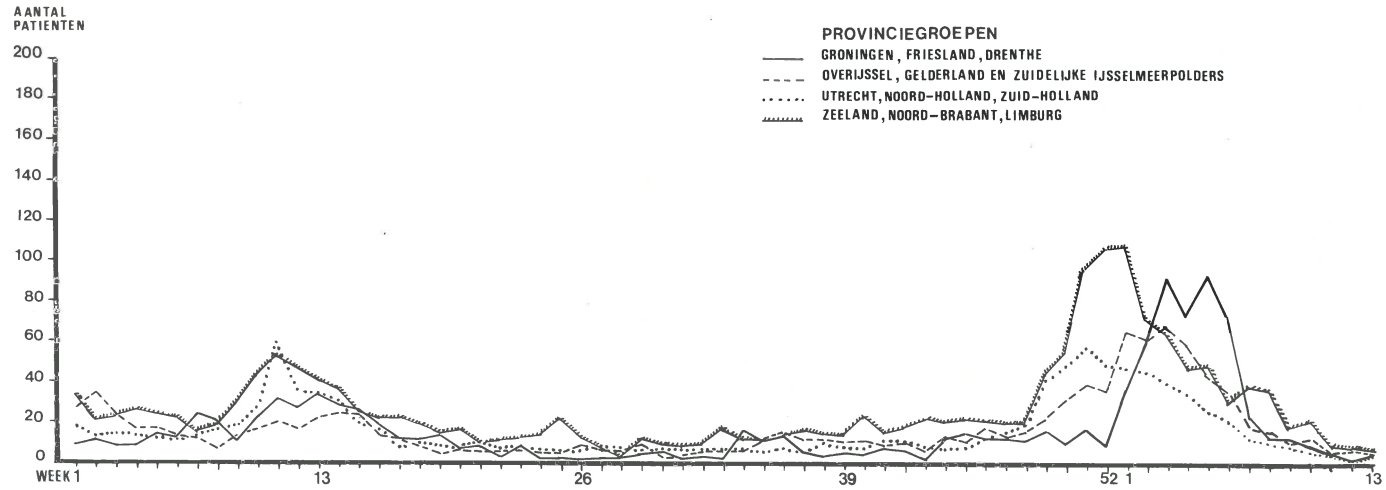
figuur 2a

AANTAL PATIENTEN MET INFLUENZA(-ACHTIG ZIEKTEBEELD) PER WEEK EN PER 10.000 INWONERS, 1971 EN 1972 [1e KWARTAAL]



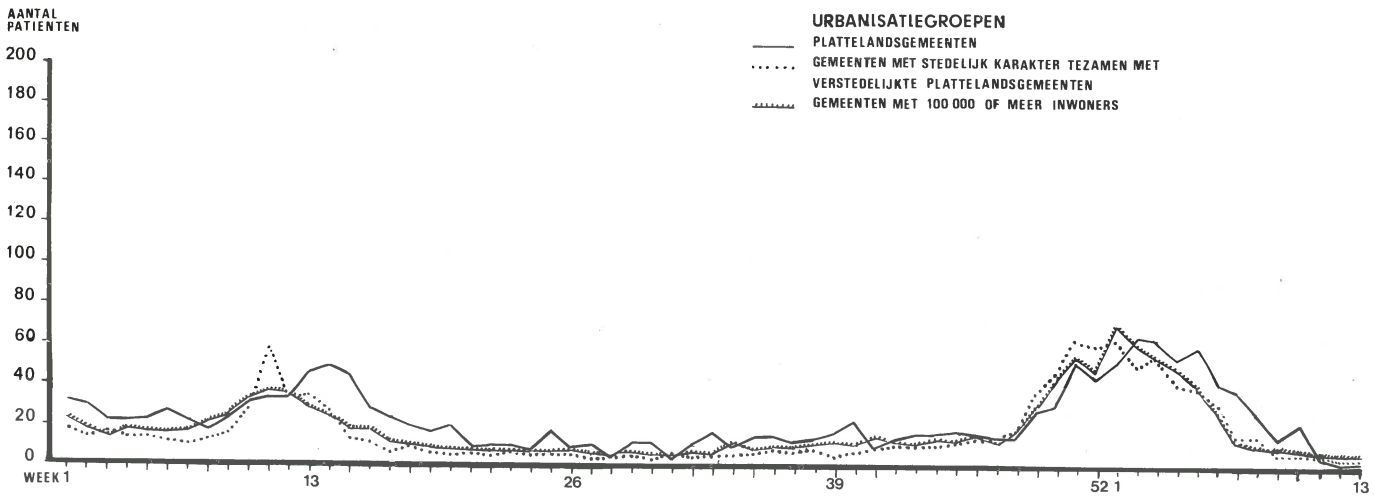
figuur 2b

AANTAL PATIENTEN MET INFLUENZA(-ACHTIG ZIEKTEBEELD) PER WEEK EN PER 10.000 INWONERS, 1971 EN 1972 [1e KWARTAAL]



figuur 2c

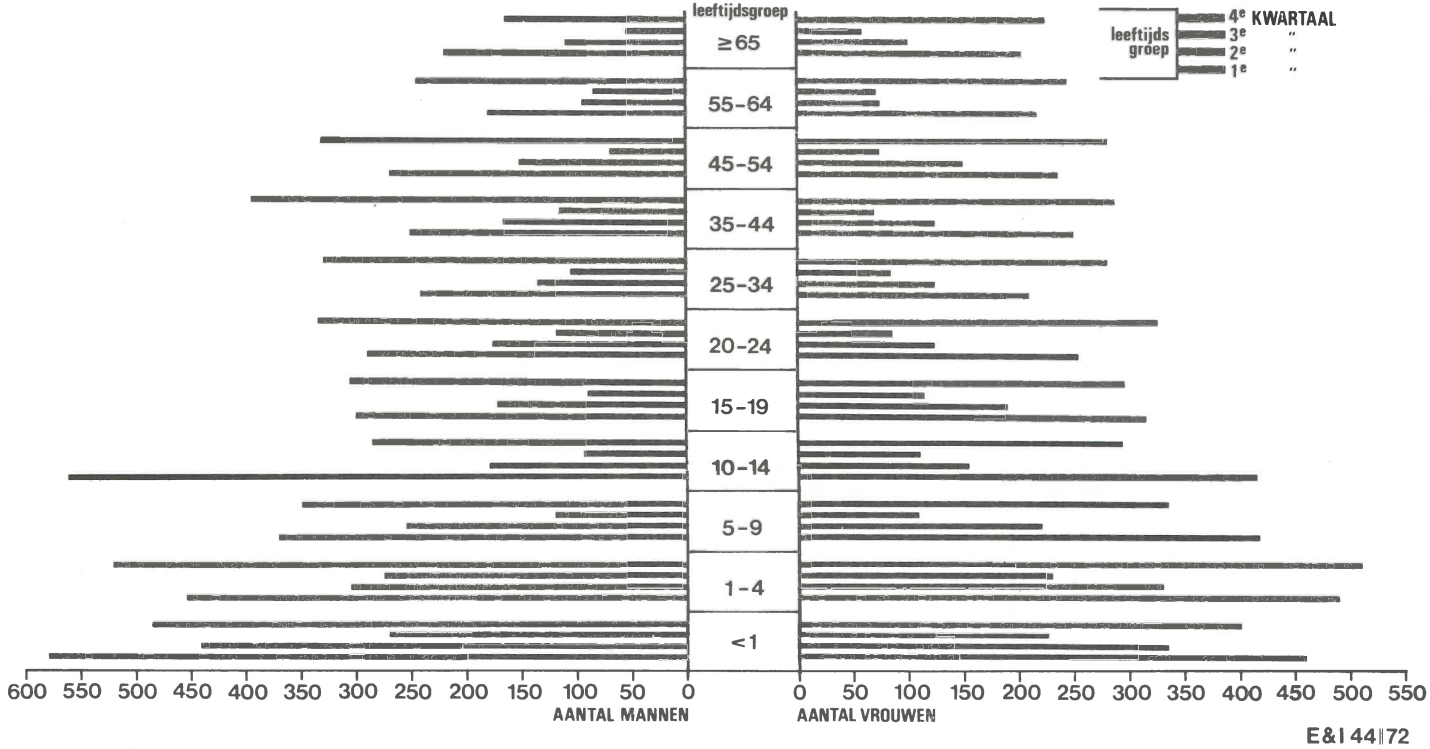
AANTAL PATIENTEN MET INFLUENZA (-ACHTIG ZIEKTEBEELD) PER WEEK EN PER 10 000 INWONERS, 1971 EN 1972 [1e KWARTAAL]



figuur 3

AANTAL PATIENTEN met influenza-achtig ziektebeeld,

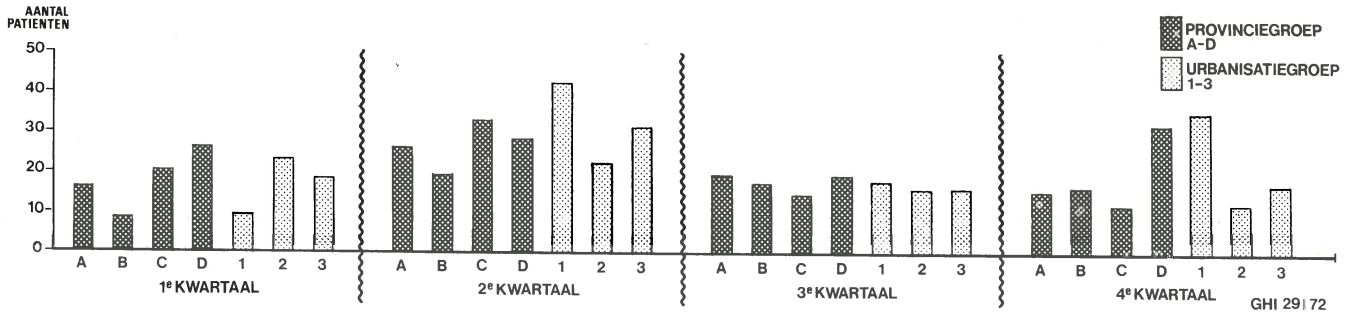
PER 10.000 INWONERS, PER KWARTAAL, NAAR LEEFTIJDSGROEP EN GESLACHT 1971



E&I 44||72

figuur 4

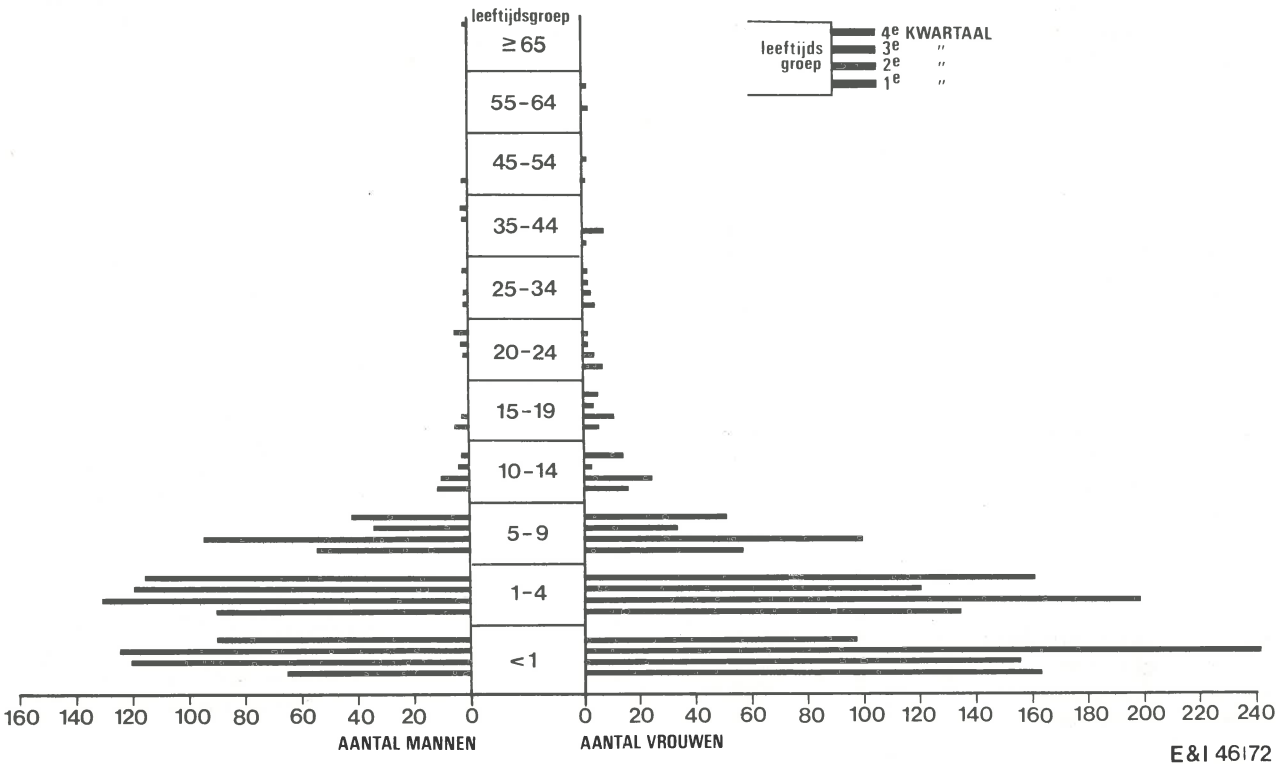
AANTAL PATIENTEN MET RUBELLA-ACHTIG ZIEKTEBEELD PER 10.000 INWONERS, PER KWARTAAL, PROVINCIE- EN URBANISATIE-GROEP, 1971



figuur 5

AANTAL PATIENTEN met rubella-achtig ziektebeeld,

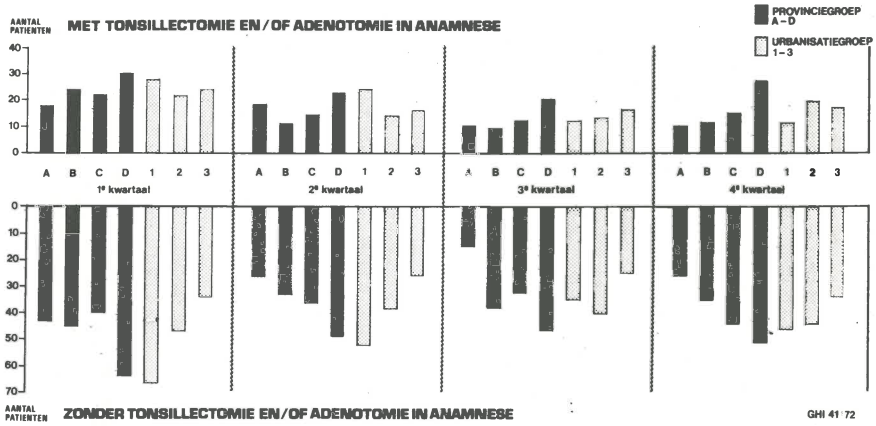
PER 10 000 INWONERS, PER KWARTAAL, NAAR LEEFTIJDSGROEP EN GESLACHT 1971



E&I 46172

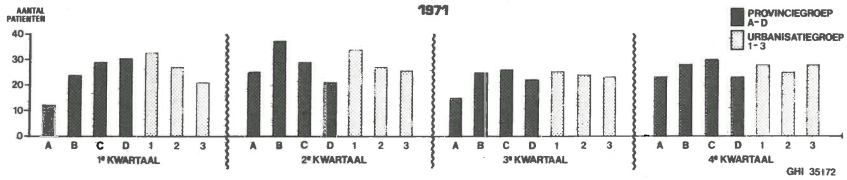
figuur 6

OTITIS MEDIA ACUTA, PER 10.000 INWONERS, PER KWARTAAL, PROVINCIE- EN URBANISATIEGROEP, 1971



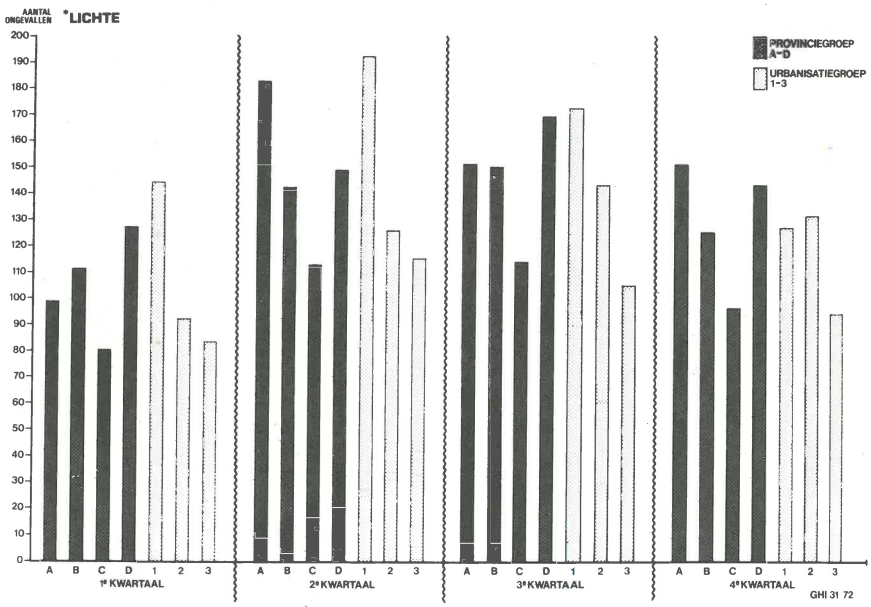
figuur 7

AANTAL TONSILLECTOMIEEN c.q. ADENOTOMIEEN PER 10 000 INWONERS, PER KWARTAAL, PROVINCIE- EN URBANISATIEGROEP 1971



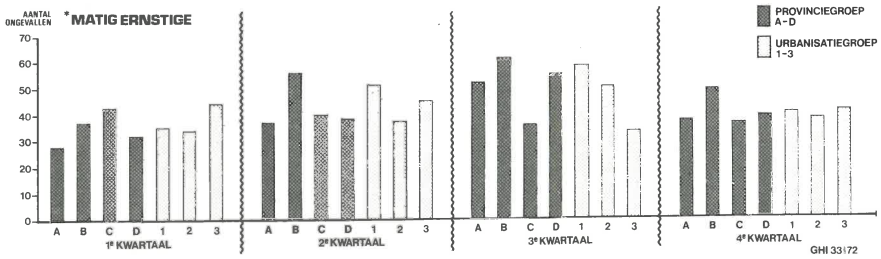
figuur 8

AANTAL ONGEVALLEN PER 10 000 INWONERS, PER KWARTAAL, PROVINCIE- EN URBANISATIEGROEP, 1971



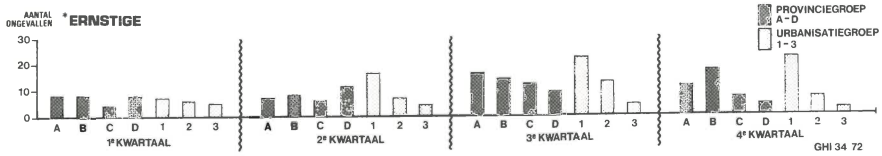
figuur 9

AANTAL ONGEVALLEN PER 10 000 INWONERS, PER KWARTAAL, PROVINCIE- EN URBANISATIEGROEP, 1971



figuur 10

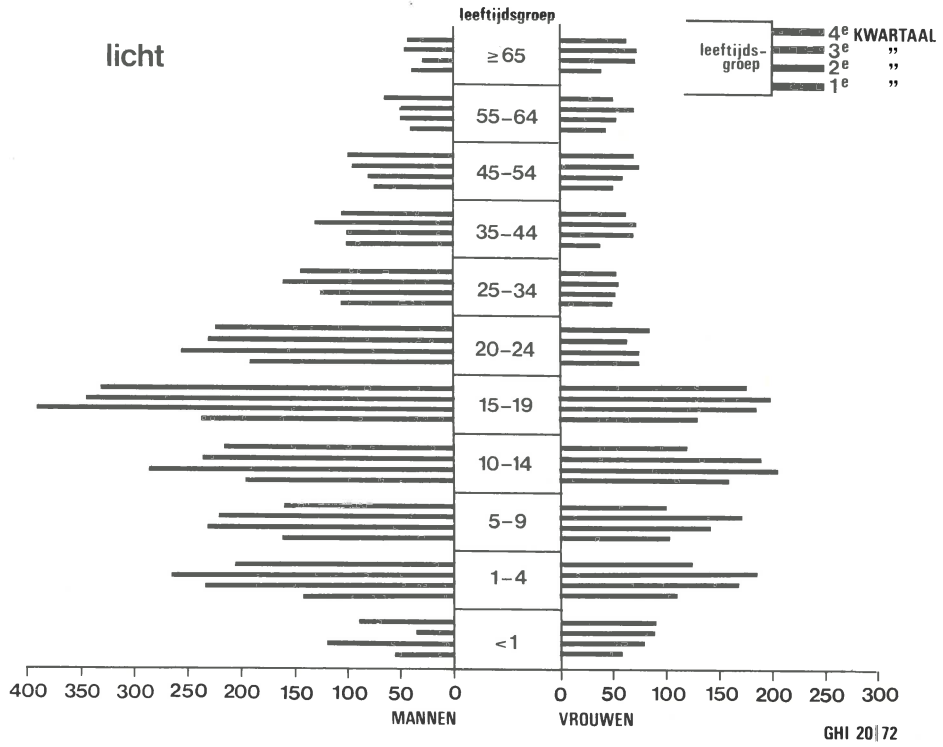
AANTAL ONGEVALLEN PER 10 000 INWONERS, PER KWARTAAL, PROVINCIE- EN URBANISATIEGROEP, 1971



figuur 11

AANTAL ONGEVALLEN

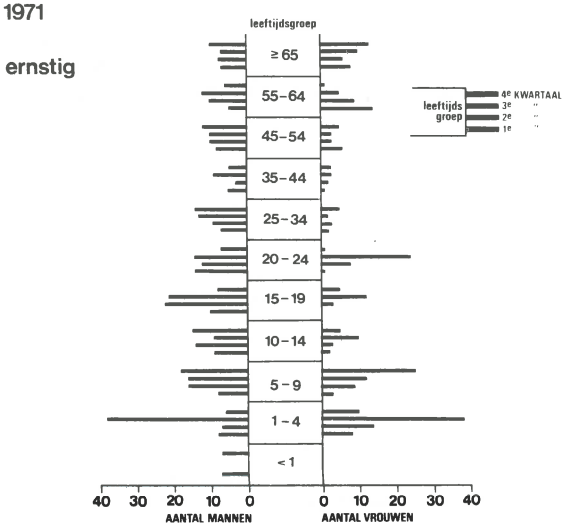
PER 10.000 INWONERS, PER KWARTAAL, NAAR LEEFTIJDSGROEP EN GESLACHT, 1971



figuur 12

AANTAL ONGEVALLEN

PER 10.000 INWONERS, PER KWARTAAL, NAAR LEEFTIJDSGROEP EN GESLACHT, 1971

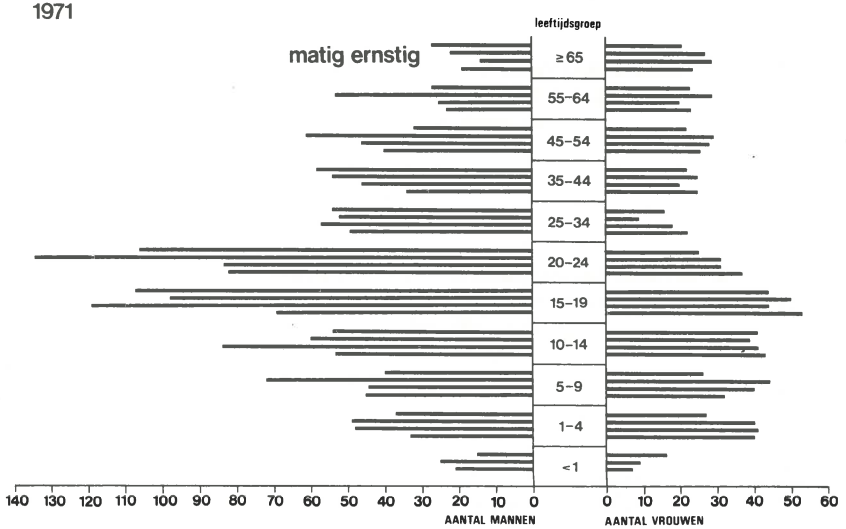


ghi 20 ‖ 72

figuur 13

AANTAL ONGEVALLEN

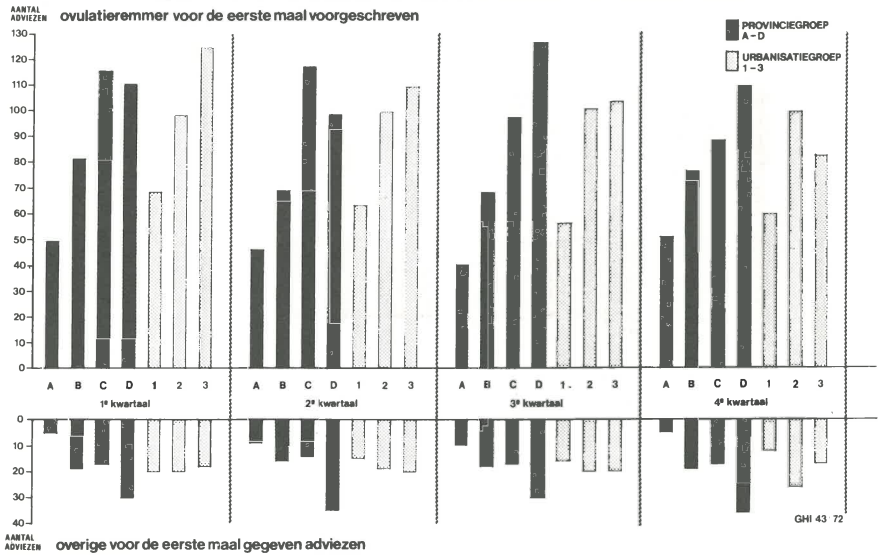
PER 10.000 INWONERS, PER KWARTAAL, NAAR LEEFTIJDSGROEP EN GESLACHT, 1971



ghi 20 ‖ 72

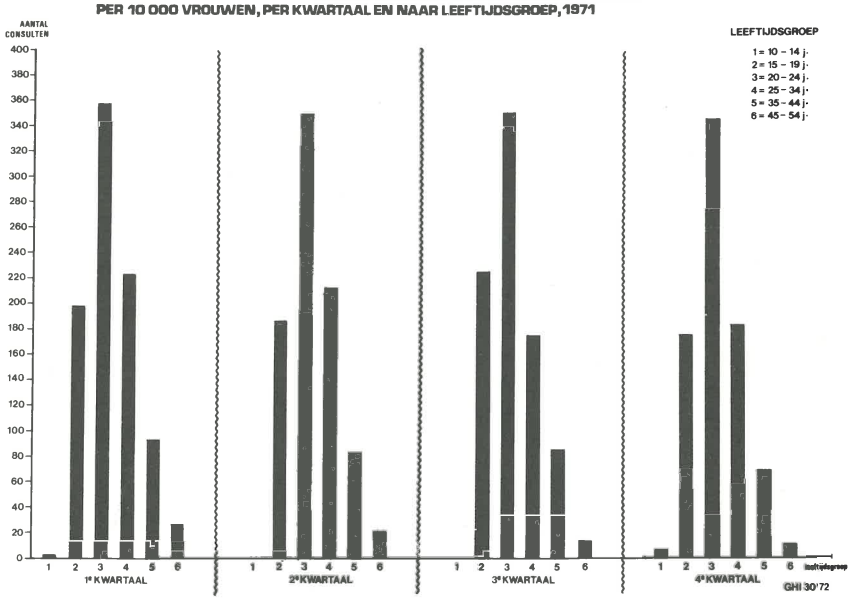
figuur 14

AANTAL ADVIEZEN INZAKE GEBOORTEREGELING, PER 10.000 VROUWEN (OVULATIEREMMER VOORGESCHREVEN) C.Q. PER 10.000 MANNEN en VROUWEN (OVERIGE ADVIEZEN), PER KWARTAAL, PROVINCIE - EN URBANISATIEGROEP, 1971.



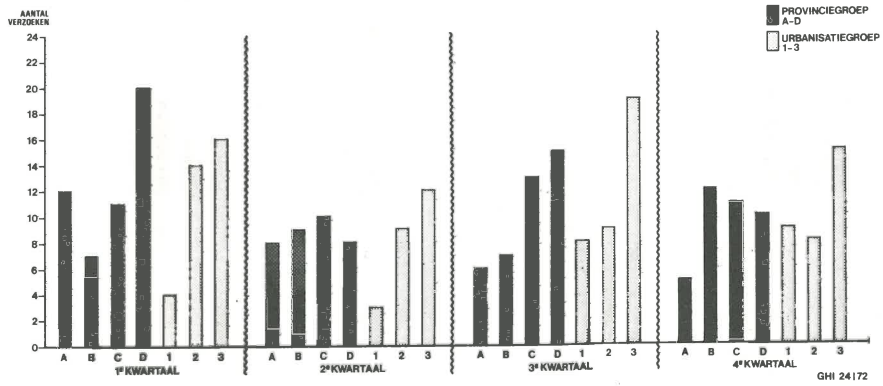
figuur 15

AANTAL PRIMAIRE CONSULTEN INZAKE GEBOORTEREGELING (OVULATIEREMMER VOORGESCHREVEN) PER 10 000 VROUWEN, PER KWARTAAL EN NAAR LEEFTIJDSGROEP, 1971



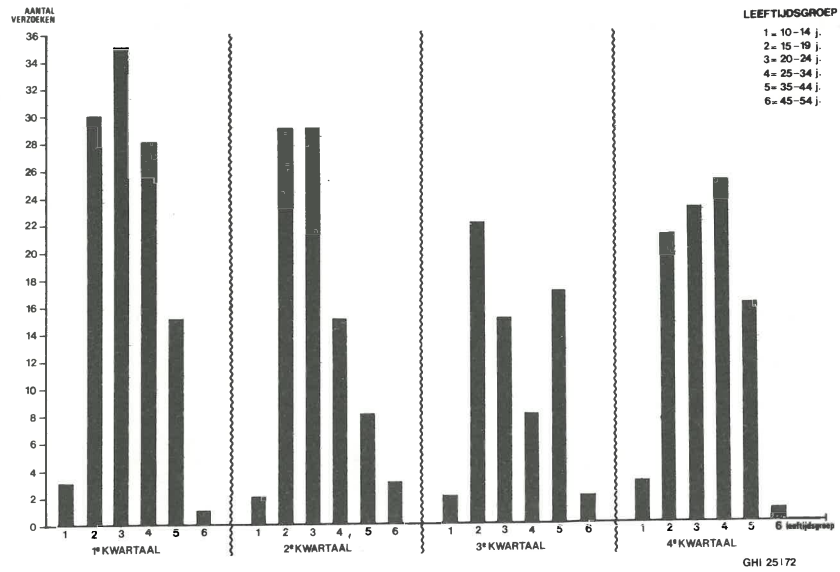
figuur 16

AANTAL VERZOEKEN OM ABORTUS PER 10.000 VROUWEN, PER KWARTAAL, PROVINCIE- EN URBANISATIEGROEP, 1971

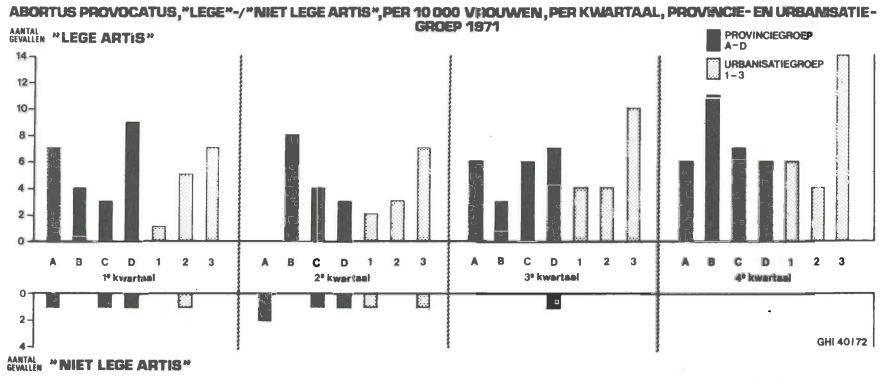


figuur 17

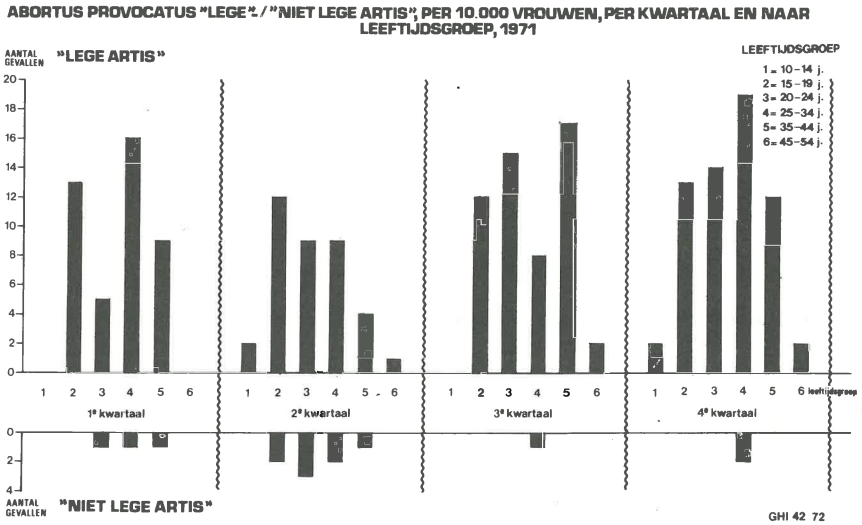
AANTAL VERZOEKEN OM ABORTUS PER 10.000 VROUWEN, PER KWARTAAL EN NAAR LEEFTIJDSGROEP, 1971



figuur 18



figuur 19



figuur 20