CONTINUOUS MORBIDITY REGISTRATION
SENTINEL STATIONS

THE NETHERLANDS
1980

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FOREWORD

Continuous registration by the sentinel stations in 1980 did not change in principle from that in the preceding year.
Comparison of the subjects shows that measles, mononucleosis infectiosa and abortus provocatus are no longer registered and that diabetes mellitus and Parkinson's disease have been included as new disorders.
No exact data are known on the incidence of the two diseases among the whole Dutch population; this reporting makes a contribution to that and provides better insight. Diabetes has been chosen partly at the request of the Working Group for Chronic Patients of the Netherlands Institute for General Practice, whereby a committee of experts compiled guidelines for the general practitioners' part in the treatment of diabetes and symposia were organized at which, in addition to expert physicians, other persons giving aid and diabetes patients acted as lectures with considerable success.
A gauging, to be repeated in 1981, was performed into the making of requests for reversal of sterilization in men and women. Also investigated was the readiness of physicians to participate in the registration of the use of alternative forms of treatment, insofar as known to the general practitioner.

The need is growing for more epidemiological data from primary health care on behalf of education, research and policy. With the present rapid development of microelectronics the possibility of general practitioners keeping records in their own practices with the aid of automated systems is rapidly approaching. It is not yet clear in what way the technical possibilities can be applied in general practice.
The Netherlands Institute for General Practice started in 1980 with research into the possibility of automated registration and into the classification of diseases, symptoms, disablement and medical intervention. Meanwhile the sentinel stations project is being continued on the ordinary basis. With the unique experience of this project a contribution can perhaps be made in the future to this greater need for information on primary health care.

S. van der Kooij
Chairman of the Sentinel Stations Programme Committee

INTRODUCTION

Continuous Morbidity Registration is a method of registration based on general practice. A national network of general practices, the sentinel stations, covers 1% of the Dutch population. In the composition of this network allowance has been made for a geographical spread over regions with a varying degree of urbanization.
The participating general practitioners, the spotter physicians, submit a form every week on which certain illnesses and occurrences are reported, the weekly return. This weekly return comprises a distribution by age and where necessary a distribution by sex (see p. 76).
Every two years a census takes place of the practice populations concerned. In this way the population to which the collected data must be related is known.
On the whole frequencies are calculated according to age group per 10 000 men or women (see p. 21).
Every year the topics which are to be placed on the weekly return are selected by the Programme Committee. Requests or suggestions from others are also taken into consideration. In order that an illness or occurrence may be placed on the weekly return, three conditions must be met:

1. a description of the importance of the subject is obligatory
2. it must be possible to formulate strict and clear criteria with respect to the disease or occurrence
3. application of these criteria may not be too time-consuming and it has to suit the daily practice of the general practitioner.

When a topic is included for the first time in the weekly return, some background information is given; for the "old subjects" it is necessary to consult one of the previous annual reports. When considering the subjects which have been included during the years on the weekly return (see p. 19 and 75) the conclusion is reached that the name of the project, Continuous Morbidity Registration, no longer covers the entire work. After all, in part these are not diseases which are registered but actions or occurrences. The name sentinel stations is better: a watch is kept, sometimes for one year, sometimes longer or even continuously.
In addition to the submission of weekly returns, a start was made in 1976 with incidental investigations. This entails the physicians being asked non-recurrent questions about diseases or occurrences which do not happen frequently.
The report gives neither an exhaustive (statistical) analysis of the collected material nor an extensive contemplation; the aim of the project is to collect basic details on certain subjects and to pass them on.

PROGRAMME COMMITTEE

The Programme Committee met four times in 1980.
In 1980 the committee was made up as follows:

Programme committee:	*S. van der Kooij, M.D. (Chairman)* [1])
	H.J. van der Leen, M.D. [2])
	A.A.M. Vloemans, M.D. [3])
	A. Vrij, M.D. [4])
Advisers:	*Dr H. Bijkerk, M.D.* [4])
	C.P. Bruins, M.D., till 1-10-1980
	W.M.J. van Duyne, M.D. [5])
	H.O. Sigling, M.D. [6])
Coördinator:	*Dr H.A. van Geuns, M.D.* [4])
Financial experts:	*A. Schaap* [3])
	Mr M.H.B. Thissen [1])
Projectleader:	*Dr Bertine J.A. Collette, M.D.*
Secretary:	*Mrs. M. Mijderwijk-van Valen since 1-8-1980*
	Mrs. A.C.A.M. Verweij

[1]) *Foundation of the Netherlands Institute for General Practice*
[2]) *Representing spotter physicians*
[3]) *Ministry of Public Health and Environment*
[4]) *Chief Medical Office of Health*
[5]) *Netherlands Institute of Preventive Health Care-T.N.O.*
[6]) *Institute of General Practice of Amsterdam Free University*

MEETING OF SPOTTER CO-WORKERS

On Saturday, 26 January 1980, the annual meeting of spotter co-workers was held in the Fair Building in Utrecht.
There were 41 participants in all, including several members of the Programme Committee, the speakers and other interested parties.
In the absence of the chairman of the Programme Commitee, Dr H. Bijkerk, the former project leader chaired this meeting.

Professor P. Muntendam, chairman of the Commitee for Alternative Forms of Treatment, gave a presentation aimed at established whether Continuous Morbidity Registration, Sentinel Stations, could make a contribution to the gaining of insight into the demand for and the application of alternative forms of treatment. It was decided to compile a questionnaire and to send this to all spotter physicians (see p. 70).

The medical adviser of the Dutch Diabetes Society, Dr H.F. Dankmeijer, explained the background to the placing of diabetes mellitus on the weekly return. Considerable information is already available, but this does not relate to the whole Dutch population. The figures used at present derive from insurance statistics, medical examinations etc. There is an increase in the prevalence of diabetes mellitus. This increase can be explained only partially by ageing of the population. There is a noticeable endeavour to bring about the independence of the diabetes patient. In this context it is desirable that the extent of this disease be known.

Professor R.F.W. Diekstra, Professor of Clinical Psychology at Leiden, gave a paper entitled: "Suicide and Attempted Suicide among Young People. Prevention, diagnosis and treatment". This lecture was later published in the monthly "Ouders van Nu" (April 1980).

With regard to the collection of serum from persons of all age groups it was possible to state that this was proceeding well. The National Public Health Institute is in this way acquiring the availibility of a sera reference bank.

In conclusion the subjects in the weekly return were discussed.

DISTRIBUTION OF THE SPOTTER PHYSICIANS OVER THE NETHERLANDS

(fig. 1 page 100)

The number of sentinel stations stayed the same in 1980. A few small changes occurred, such as taking over a practice or forming a group practice. The number of general practitioners taking part - 62 - was one more than in 1979. One spotter physician did register data, but they have not yet been fed into the computer (province group D, urbanization group 3) because this is a practice which is just starting up. As from 1981 it has fulfilled the conditions for inclusion.

Appendix 1 (page 72) gives a survey of the general practitioners who took part in the sentinel station project during 1980. In 14 sentinel stations there is cooperation between two or more general practitioners, viz 13 between 2 and 1 between 4 practitioners. This number is relatively large. In January 1980 the percentage of general practitioners cooperating throughout the Netherlands was 39, and among the spotter physicians 48 (30 out of the 62)[1]). There are 9 dispensing spotter physicians, 6 in urbanization group 1 and 3 in urbanization group 2, that is 15%. For the whole of the Netherlands the percentage is 25%[2]).

The following table gives a distribution of the number of spotter physicians and sentinel stations per province group and urbanization group in the years 1970-1980. As a result of adjustment of the classification by degree of urbanization as this proved to be in the latest national census, a number of sentinel stations (5) went in 1975 from group 1 to group 2.

[1]) *The structure of the professional group of general practitioners*
Netherlands Institute of General Practice, Jan. 1980, p. 11, N.H.I. Publication.

[2]) *Idem, p. 11, Table 5.*

Survey of the distribution of the spotter physicians and sentinel stations in the years 1970-1980.

Province group:	A		B		C		D	
	Groningen, Friesland and Drenthe		Overijssel, Gelderland and the Southern IJsselmeer polders		Utrecht, North and South Holland		Zeeland, North Brabant and Limburg	
	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations
1970	7	6	10	9	22	22	14	14
1971	7	6	10	9	23	22	13	13
1972	7	6	9	8	23	22	12	12
1973	8	6	10	9	25	22	13	12
1974	8	6	10	9	27	21	13	12
1975	8	6	9	8	28	21	14	12
1976	8	6	9	7	29	21	14	11
1977	8	6	10	7	28	20	13	11
1978	9	6	12	9	27	21	13	11
1979	10	6	12	9	27	21	12	10
1980	10	6	13	9	27	21	12	10

Survey (continuation)

Urbanization group[1].	1 Rural municipalities		2 Municipalities with urban characteristics together with urbanized rural municipalities		3 Municipalities with a population of 100 000 or more		Netherlands	
	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations	Number of GPs	Sentinel stations
1970	10	9	28	27	15	15	53	51
1971	12	11	26	24	15	15	53	50
1972	11	10	25	23	15	15	51	48
1973	12	11	28	23	16	15	56	49
1974	12	11	30	23	16	14	58	48
1975	13	11	30	22	16	14	59	47
1976	14	11	30	20	16	14	60	45
1977	13	11	29	19	17	14	59	44
1978	10	8	35	25	16	14	61	47
1979	11	8	35	25	15	13	61	46
1980	11	8	36	25	15	13	62	46

[1]) *Typology of the Dutch municipalities by degree of urbanization, 1-1-1971 (Central Bureau for Statistics).*

THE PRACTICE POPULATIONS

A complete census of the practice populations again took place in 1979; these details are used for processing with effect from 1-1-1980.
When the project was set up the aim was to take a sample of 1% of the Dutch population. A geographical distribution (the above-mentioned province groups) was taken into account, as also a distribution of regions with various degrees of urbanization (urbanization groups). An enquiry was made as to whether this aim is still being met. This proved to be so, as the following surveys demonstrates.

Comparison of the population of the practices of the spotter physicians with the total population of the Netherlands.

	Number of inhabitants of the Netherlands[1])	*Number of patients of sentinel stations*[2]) *(with percentages)*	
Province group[3])			
A	*1 545 496*	*20 939*	*(1.4%)*
B	*2 690 280*	*30 217*	*(1.1%)*
C	*6 248 556*	*78 404*	*(1.3%)*
D	*3 440 791*	*33 340*	*(1.0%)*
Urbanization group[3])			
1	*1 659 342*	*26 826*	*(1.6%)*
2	*8 757 070*	*99 732*	*(1.1%)*
3	*3 567 429*	*36 342*	*(1.0%)*
Sex			
Men	*6 945 442*	*79 723*	*(1.1%)*
Women	*7 040 084*	*83 177*	*(1.2%)*
Total	*13 985 526*	*162 900*	*(1.2%)*

At the last census a breakdown was adhered to for health insurance funds and non-health insurance funds. The percentage of patients who were members of a health insurance fund was 66%. The annual report of the Health Insurance Fund Council gives for the whole of the Netherlands as on 31 December 1979 69%. In this respect too, therefore, no selection has taken place.

[1]) *1-1-1971. Central Bureau for Statistics.*

[2]) *Practice censuses 1979.*

[3]) *The totals of the province and urbanization groups are a little lower. This is the result of the fact that persons on the Central Register of Persons (CPR) cannot be included in this breakdown.*

SCOPE AND CONTINUITY OF THE REPORTING

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

The maximum number of days which can be reported was:

- for 1975: 11 960 (52 weeks × 5 days × 46 sentinel stations)
- for 1976: 11 925 (53 × 5 × 45)
- for 1977: 11 440 (52 × 5 × 44)
- for 1978: 12 090 (26 × 5 × 46 + 26 × 5 × 47)
- for 1979: 11 960 (52 × 5 × 46)
- for 1980: 12 190 (53 × 5 × 46)

The actual number of reporting days was:

- for 1975: 9 505 (79.5%)
- for 1976: 10 095 (84.7%)
- for 1977: 10 163 (88.8%)
- for 1978: 10 592 (87.6%)
- for 1979: 10 518 (87.9%)
- for 1980: 10 618 (87.1%)

The percentage of reporting days has become a little lower compared to 1977.

Table 1[1]) gives the frequency distribution of the number of days not reported on per sentinel station. The average number of non-reporting days per sentinel station is 34, a little more than in the preceeding year. A subdivision into single and group practices displays a clear difference here, viz 41 and 18 days respectively. This tallies with the frequently voiced assertion that group practices enhance the continuity of reporting.

In Fig. 2 the 1980 weekly reporting can be found. This figure clearly shows the influence of public holidays. The average number of non-reporting days per week is 30 (maximum 46 × 5 = 230).

[1]) *The tables indicated only by figures are text tables. The tables indicated by a combination of a figure and a letter are included in the appendices together with the figures at the back of the text. In the discussion of the various topics the latter tables are not repeatedly cited.*

The data show that, even after correction for days not reported on, the target of collecting data from a sample of 1% of the Dutch population by means of this project is being attained.

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

Number of days not reported on	*Number of sentinel stations*					
	1975	*1976*	*1977*	*1978*	*1979*	*1980*
0	*1*	*0*	*0*	*1*	*1*	*2*
1- 9	*2*	*5*	*11*	*8*	*11*	*7*
10-19	*3*	*6*	*7*	*5*	*2*	*2*
20-29	*5*	*3*	*3*	*3*	*5*	*4*
30-39	*10*	*16*	*9*	*10*	*10*	*11*
40-49	*8*	*6*	*10*	*11*	*10*	*10*
50-59	*7*	*2*	*2*	*6*[2])	*4*	*8*
60-69	*3*	*3*	*0*	*1*	*2*	*1*
70-79	*1*	*0*	*1*	*0*	*0*	*0*
80-89	*2*	*1*	*0*	*1*	*0*	*1*
90-99	*0*	*1*	*0*	*0*	*1*	*0*
> 99	*4*	*2*	*1*	*1*[3])	*0*	*0*
	46[1])	*45*	*44*	*47*	*46*	*46*
Average	*53*	*41*	*29*	*32*	*31*	*34*
Median	*46*	*36*	*32.5*	*34*	*34.5*	*38*

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

[2]) *One sentinel station started in February 1978.*

[3]) *One sentinel station finished in August 1978.*

THE WEEKLY RETURN (Appendix 2, p. 74)

The questions on the weekly return for 1980 were selected as follows by the Programme Committee:

1. New cases of influenza (-like illness)
2. Diabetes mellitus
3. Cervical smear
4. Parkinson's disease
5. Sterilization of the man performed
6. Sterilization of the woman performed
7. Prescription of morning-after pill
8. Hay fever
9. (Attempted) suicide
10. Consultation for drug-use
11. Traumas in sport

Just as in previous years, the basis in principle was weekly reporting, the "week" consisting of the period from Monday to Friday inclusive. The exceptions to this are reporting of prescriptions of the morning-after pill, hay fever, (attempted) suicide, consultation for drug-use and traumas in sport, when reports were also made on Saturdays and Sundays. Diagnoses made or advice given by telephone are not entered in the weekly return in principle; an exception is formed by reports of influenza by telephone.

A survey of the questions included on the weekly return in the years 1970-1980 is given below; the questions of the current year, 1981, are also given. The subjects in alphabetical order can be found in Appendix 3 (p. 75) together with the years of registration.

Subjects on the weekly returns 1970 - 1981

Subject	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977*	*1978*	*1979*	*1980*	*-1981*
Influenza (-like illness)	x	x	x	x	x	x	x	x	x	x	x	x
Exanthema e causa ignota	x											
Acute diarrhoea e causa ignota	x											
Consultations for family planning	x	x	x	x	x	x	x					
Request for abortion	x	x	x	x	x	x						
(Attempted) suicide	x	x	x							x	x	x
Rubella (-like illness)		x										
Otitis media acuta		x										
Abortus provocatus		x	x	x	x	x	x	x	x	x		
Accidents		x										
Tonsillectomy or adenotomy		x										
Prescription of morning-after pill			x	x	x	x	x	x	x	x	x	x
Sterilization of the man performed			x	x	x	x	x	x	x	x	x	x
Prescription of tranquillizers			x	x	x							
Consultation for drug-use			x	x						x	x	x
(Suspicion of) battered child syndrome				x	x							
Sterilization of the woman performed					x	x	x	x	x	x	x	x
Consultation with regard to addiction to smoking					x							
Measles						x	x	x	x	x		
Alcoholism						x						
Ulcus ventriculi/ duodeni						x						
Skull traumas in traffic						x	x	x				

Subjects on the weekly returns 1970 - 1981 (continuation)

Subject	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977*	*1978*	*1979*	*1980*	*-1981*
Certificate for another dwelling issued						x						
Psoriasis							x	x				
Prescription of anti-hypertensivum or diuretic							x					
Cervical smear							x	x	x	x	x	x
Mononucleosis infectiosa								x	x	x		
Prescription of medicine for infection of the urinary tract								x				
Hay fever									x	x	x	x
(Suspicion of) myocardial infarction									x			
Traumas in sport										x	x	x
Diabetes mellitus											x	x
Parkinson's disease											x	x
Traumas in the private sector												x

PROCESSING OF THE DATA ON THE WEEKLY RETURN

This report contains the results of the weekly return for 1980. The data were processed by the Computer Centre of the Ministry of Public Health and Environment.

Three tables are produced on a routine basis:

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

Tables 1, 2 and 3 are produced per week on behalf of the surveillance and per quarter and per year on behalf of the reporting. Moreover, Table 1 is also produced every quarter per sentinel station for the convenience of the participating physicians.

With the exception of the information furnished per sentinel station, the data are expressed per 10 000 of the total practice population (relative frequencies). The frequencies are given in round figures. In the case of a frequency of under 0.5 per 10 000 inhabitants, the figure is rounded off to "0". When no cases at all have been reported, this is indicated by "-". A frequency that is based on fewer than 5 reports is put between brackets.

When the frequency of new cases of a disease in a given period is concerned, one also speaks of incidence; if, on the other hand, all existing cases of that disease in a given period or at a given moment in time are concerned, that is designated as prevalence. There is also a subdivision into absolute and relative incidence or prevalence. In this report the relative incidence or prevalence is in all cases calculated per 10 000 inhabitants or men or women. So as to be able, if desired, to calculate absolute numbers for the Netherlands, in Appendix 4 (page 76) the age structure as on 1 January 1980 is given.

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. Till 1978 a correction factor was applied to this. Consideration of the number of times that this was applied showed that the influence on the total was so small that this correction has been done away with effect

from 1-1-1978. Moreover, enquiries among the spotter physicians revealed that in the case of 1 or 2 days' absence the work was simply moved to a later date. The returns are built up from the weekly figures, the frequencies being calculated on the average population present in the quarter.

SOME RESULTS OF THE WEEKLY REPORTING FOR 1980[1])

This annual report will not attempt to give a complete analysis of the material, as already mentioned in the introduction.

The following quarterly and annual tables are included here: (page 78 - 97):

Tables 1a, 1b, 1c, 1d and 1e: the number of patients per 10 000 of the age group[2]).
Tables 2a, 2b, 2c, 2d and 2e: the number of patients per 10 000 of the province group.
Tables 3a, 3b, 3c, 3d and 3e: the number of patients per 10 000 of the urbanization group.

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

[1]) *See footnote on page 16*

[2]) *In this tables and the tables in the text derived from them frequencies are given in all cases per 10 000 men, women or inhabitants, unless stated otherwise.*

INFLUENZA (-like illness) [1])

Influenza is the only subject to have appeared on the weekly return since the start of the sentinel station project. The data on this subject are regularly distributed and used at international level. As soon as an increase in the incidence is noted, the numbers are reported weekly to the WHO in Geneva, together with virological and serological results. In this way the Netherlands participates in an influenza surveillance that extends over a large number of countries inside and outside Europe.

Table 4a and Fig. 3 (page 98 and 102) give the number of new cases of influenza per 10 000 inhabitants per week, per province group and per urbanization group[2]). The progress of influenza at the beginning of 1980 was already described in the 1979 report.

Influenza 1980/1981

For the third season in succession the distribution of influenza has been on a limited scale. The highest incidence occurred in the 5th week, with 36 cases per 10 000 (see Table 2). Considering the province groups, province group B (the east of the country) displays a relative high incidence with 61 per 10 000 (week 6). In the south of the country (province group D) the highest incidence is found with 65 cases per 10 000 per week. If the urbanization groups are compared, it is striking that in contrast to the other years it is not the towns but the rural municipalities (urbanization group 1) that have the highest incidence (63 cases per 10 000 in week 6); urbanization group 2 does not exceed 31 cases per 10 000 (week 5). The cities occupy an intermediate position (44 cases per 10 000 in week 5).

[1]) *This must satisfy the following criteria (Pel, 1965):*

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

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

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

Influenza A virus strains of the type H_1N_1 were regularly isolated. In addition type H_3N_2 and influenza B virus strains were demonstrated on a few occasions. Towards the end of the influenza season a shift occurred from type A influenza to type B (Chief Medical Office of Health, Dr H. Bijkerk).

If the annual figures for 1970 to 1980 inclusive (i.e. not just the figures during an epidemic) are compared, 1980 together with 1979 shows by far the lowest number of influenza patients, respectively 438 and 425 per 10 000 inhabitants (Table 2).

Table 2: Number of patients with influenza (-like illness), per 10 000 inhabitants, 1970 - 1981.

Year	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977*	*1978*	*1979*	*1980*	*1981*
Total per calendar year	*904*	*889*	*779*	*699*	*885*	*695*	*717*	*575*	*829*	*438*	*425*	
Total per "season"[1])	*782*	*879*	*785*	*813*	*651*	*701*	*557*	*711*	*502*	*449*		
Highest weekly incidence per season	*47*	*64*	*115*	*78*	*90*	*68*	*44*	*107*	*43*	*15*	*36*	

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

The highest and lowest frequency of every week from 1970-1979 is plotted in Fig. 4. Most of the highest frequencies can be found near to the turn of the year; the peak at the 12th-14th week was caused by the epidemic of 1975/1976, that at the 6th-7th week by the late epidemic of 1977/1978. The year 1979 did not change the highest and lowest frequencies. The weekly frequencies of 1980 and a part of 1981 are shown in this figure too. It is also clear to see from this figure that in the past winter 1980/1981 influenza was not of any importance.

Age and sex distribution

During the period of registration, no difference was ever found in the frequency of influenza between men and women, so that a division is not included in the weekly return for this category.

The age distribution (table 1a - 1e) shows the highest frequencies in the age group under 5 year and the lowest in the age groups 5 - 9 and 10 - 14 year. In the other groups the numbers are nearly identical.

This topic is to be maintained in the weekly return.

DIABETES MELLITUS

Diabetes mellitus is a disease which is the centre of interest at present. It seems as if the diagnosis is being made more and more frequently. The prevalence of diabetes varies considerably between the population. In some communities more than a third of older people have diabetes and a large percentage of the younger people in these communities will probably get the disease. In other countries, on the other hand, the prevalence is much lower. However, exact data are not available. That is therefore the reason why the Working Group for Chronic Patients of the Netherlands Institute for General Practice, which has selected diabetes mellitus as one of the diseases for study, has asked the Programme Commitee to include this topic on the weekly return of the sentinel stations. Setting a criterion proved to yield some problems, since a survey had shown that the same blood sugar level was not adhered to everywhere as the limit before commencing treatment. It was therefore decided, partly in consultation with Dr H.F. Dankmeijer, specialist in internal medicine and diabetes, medical adviser to the Netherlands Diabetes Society (D.V.N.) to ask that only those cases be reported that satisfy the following criterion[1]): a blood sugar level higher than 10 m mol/L (or 180 mg%) two hours after a meal with a high carbohydrate content, of course before commencement of treatment. This criterion related only to the new cases of diabetes mellitus, the new patients. For the "old patients" it was asked that all patients being treated for diabetes mellitus be reported. Here a subdivision was made according to the nature of the therapy: parenteral medicines (whether or not in combination with oral medicines), oral medicines and diet only.

Table 3 states the frequencies per province and urbanization group for new and old patients (see also Fig. 5).

Table 3: Number of new and old patients with diabetes mellitus per province and urbanization group, per 10 000 inhabitants, 1980.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
New patients	14	10	12	16	9	12	17	13
Old patients	164	116	124	112	111	112	174	125

[1]) *In the interim these criteria have been changed at international level (see Nederlands Tijdschrift voor Geneeskunde (1981), p. 101-103). A link-up is necessary, and therefore the registration has been changed somewhat with effect from 1 January 1981, without this affecting the value of the data already collected.*

In the various subgroups the ratio between new and old patients fluctuates around 1 to 10.
In the urbanization groups the great difference between the rural municipalities and the cities is striking for both new and old patients (9 and 111 respectively per 10 000 inhabitants, as against 17 and 174).

Age distribution

In Table 4 the frequencies per age group may be found (see also Fig. 6).

Table 4: Number of new and old patients with diabetes mellitus by age group, per 10 000 inhabitants, 1980. In the case of the old patients the therapy applied is also stated.

	Age group										
	< 5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾ 65*	*Total*
New patients	*(1)*	*(1)*	-	*(1)*	*4*	*3*	*8*	*23*	*26*	*56*	*13*
Old patients	*(2)*	*(2)*	*10*	*14*	*21*	*25*	*55*	*129*	*312*	*674*	*125*
Therapy in the case of old patients											
- parenteral medicines	*(2)*	*(2)*	*10*	*12*	*17*	*19*	*28*	*28*	*57*	*115*	*30*
- oral medicines	-	-	-	*(1)*	*(1)*	*2*	*15*	*48*	*141*	*335*	*54*
- diet only	-	-	-	*(1)*	*(3)*	*4*	*12*	*53*	*114*	*224*	*41*

In the age groups the ratio between new and old patients varies from nearly 1 to 10 to 2 to 10.
The number of new patients increases from less than 1 per 10 000 inhabitants at (very) young age to 56 in the age group older than 64 years. The subdivision by therapy in the case of old patients shows that in the case of patients younger than 20 years mainly parenteral medicines are prescribed.
Above that age oral therapy, as also treatment with diet only, acquires an increasing place. In the case of patients of 65 years and older there are three times as many patients with oral therapy as with parenteral. Treatment with diet only occupies an intermediate position.

Extrapolation of the total Netherlands population gives an incidence of 18 000 and a prevalence of 176 000 patients with diabetes mellitus. Of the latter group, 42 000 are being treated with insulin, 76 000 with exclusively oral medicines and 58 000 with diet only. The total number agrees with the number that the D.V.N. obtained in 1978 by means of a survey among a number of specialists in internal medicine (180 000). This demonstrates that the expectation that this number would be higher, in view of the fact that a number of patients and in particular the older ones, are treated by the general practitioner only, is false.

The data obtained by this registration are little less than startling. Preliminary comments are directed towards two facets.
The number of people being treated exclusively with oral medicines for lowering the blood sugar level is considerable. Having regard to the effects[1]) that may be expected from this form of treatment, an absolute number of 76 000 tablet users in the Netherlands is not a negligible figure.
Of the number of insulin-dependent diabetics, nearly 40% are older than 64 years. This number is greater than was expected on the strength of the life expectancy prognosis of these patients. However, allowance should be made for the possibility that a number of diabetics using oral medicines who probably have a better prognosis were transferred to insulin on an incorrect indication at the time of the UGDP-discussion[2]) and have now reached the 65-year limit.

To obtain more insight into the epidemiology of diabetes mellitus and the method of treatment a questionnaire is being sent to the spotter physicians for the new patients about four months after notification. Some provisional data for the first half of 1980 are as follows:

The number of women diagnosed as suffering from diabetes mellitus predominates. Two thirds of the absolute number are women. The ratio varies somewhat, depending on age.
In 69% the disease was spotted in the first instance by the family doctor, in 15% by a specialist in internal medicine and in 16% by "other" doctors.
In 58% the disease was discovered on the strength of symptoms, and in 42% in a routine examination or screening.
In 50% of the cases the therapy was instituted by the spotter physician, and in the other 50% by a specialist in internal medicine.
Over-weight patients prove to be strongly over-represented.

[1]) *Medical Bulletin, Vol. 9 nos. 19 and 20, 1975.*
[2]) *UGDP means University Group Diabetes Programme, Medical Bulletin, Vol. 13 nr. 6, 1979.*

Further processing of these data is still continuing (Dr H.F. Dankmeijer, with the assistance of C. Hingst, M.D.). The questions that arose when the material was first studied again fully justify maintenance of this topic.

For 1981 the topic has been maintained only for new patients with diabetes mellitus.

N.B. The frequencies of "old diabetes patients" as stated in the quarterly tables of the computer (p. 78 to 97) are of no value, since the spotter physicians were allowed to notify all their patients with diabetes in one week.

CERVICAL SMEAR

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

The question is subdivided by the indication for taking a cervical smear, i.e. following complaints and/or symptoms, on "preventive" grounds at the initiative of the spotter physician or the woman, and a separate column in the case of a repeat smear, irrespective of the indication for taking the previous smear. To make comparability with the investigation subsidized by the Ministry as great as possible, *3 years* has been adhered to as the period within which a second or following smear has to be reported as a repeat smear. For 1980 that therefore means that a smear is reported as a repeat smear when the spotter physicians had already taken a smear from the woman in question after 1 January 1978. This period is identical with the interval between two mass screenings.
In the processing of the data a difficulty emerged for this topic. Comparison of the subgroups yielded a number of very large, unexpected and initially inexplicable differences compared to 1979. Investigation revealed that these differences were caused by only one sentinel station. Contact with the physician in question supplied the solution. Within the practice a number of changes unknown to the project leader had occurred as the result of an association. Through a breakdown in communication the criteria for the subdivision of this topic had been interpreted differently. This was reflected principally in the number of smears that had been made on the basis of complaints and/or symptoms. It was decided to remove from this topic all the data that had been reported by this sentinel station, together with the number of women belonging to this practice. This correction has been applied only for the text tables and the figures. The computer tables (Tables 1a to 3e) could only be changed at this stage with considerable additional difficulty, so that this was not done.

In Table 5 the numbers of smears taken per province and per urbanization group per 10 000 women are stated, with a subdivision for the indication for taking the smear. Repeat smears are again not taken into consideration (cf. Figs. 7 and 8).

The total number of *first* smears has decreased compared with 1978 and 1979 from over 402 to 323 per 10 000 women. If the numbers in the province and urbanization groups are considered separately, this proves to be the result of a fall in all groups.

Table 5: Number of *first* cervical smears taken per province group and urbanization group, per 10 000 women of all age groups, by indication for taking a smear and for the total, 1976 - 1980.

		Province group				Urbanization group			Netherlands
		A	B	C	D	1	2	3	
Complaints and/or symptoms	1976	85	102	100	52	62	91	103	87
	1977	65	95	109	48	64	96	88	86
	1978	116	93	72	68	78	66	118	80
	1979	130	95	63	79	73	70	114	80
	1980	129	61	52	44	73	51	90	62
"Preventive", general practitioner's initiative	1976	139	218	302	360	228	322	257	282
	1977	112	234	327	260	214	308	240	268
	1978	170	259	230	183	325	169	269	218
	1979	170	198	214	178	248	154	280	198
	1980	121	1214	178	248	154	280	198	
	1980	121	170	207	105	186	119	306	168
"Preventive", woman's initiative	1976	112	95	114	79	66	134	79	103
	1977	88	79	151	68	80	146	77	112
	1978	110	85	130	64	94	115	89	105
	1979	141	112	142	82	119	125	126	124
	1980	110	83	104	66	67	92	120	93
Total	1976	336	415	516	491	356	547	439	472
	1977	265	408	587	376	358	550	405	466
	1978	396	437	432	315	497	350	476	403
	1979	441	405	419	339	440	349	520	402
	1980	360	314	363	215	326	262	516	323

In contrast to preceding years the number of smears taken on the strength of complaints and/or symptoms did not remain the same, but fell (from 80 to 62 per 10 000 women). From the viewpoint of public health it is important whether this fall does or does not continue in the coming years. This fall is present in all subgroups, with the exception of the rural municipalities.

The number of smears taken for preventive reasons, either on the initiative of the physician or on that of the woman, has decreased everywhere, with the exception of the cities. A link with the mass screening organized almost everywhere seems not improbable.

Table 6 gives the total number of smears taken, with a subdivision for the indication for taking the smear, including the repeat smears.

Table 6: Number of smears taken by spotter physicians, by indication for taking a smear, per 10 000 women, 1976 - 1980.

	1976	*1977*	*1978*	*1979*	*1980*
Complaints and/or symptoms	*87*	*86*	*80*	*80*	*62*
"Preventive", general practitioner's initiative	*282*	*268*	*218*	*198*	*168*
"Preventive", woman's initiative	*103*	*112*	*105*	*124*	*93*
Repeat smear	*31*	*55*	*120*	*143*	*148*
Total	*503*	*521*	*523*	*545*	*471*

Only the number of repeat smears has stayed nearly the same. However allowance must be made here for the fixed period of three years within which a smear counts as a repeat smear. As a result of this, only 1978, 1979 and 1980 are comparable years. The decrease as reported in the previous years in the number of smears made on the initiative of the general practitioner is no longer levelled out by the increase in the number of repeat smears. The total number of smears taken by the spotter physician has decreased (from 545 to 471 per 10 000 women).

Age distribution

Table 7 gives a survey of the number of first smears by age group per 10 000 women (cf. Fig. 9). In 1976, 1977 and 1978 a breakdown into two groups was made, viz sentinel stations with and without mass screening at the location of the practice. After 1978 the number of practices where mass screening was organized was so small (5 or fewer) that this breakdown was no longer regarded as justifiable.

Table 7: Number of (first) smears taken by age group, per 10 000 women, 1976 - 1980.

	Age group							
	10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
1976	*(2)*	*41*	*288*	*962*	*1397*	*884*	*248*	*62*
1977	-	*50*	*347*	*974*	*1276*	*880*	*248*	*70*
1978	-	*43*	*334*	*835*	*1028*	*742*	*280*	*43*
1979	-	*85*	*520*	*883*	*914*	*634*	*233*	*48*
1980	-	*47*	*536*	*740*	*607*	*464*	*211*	*51*

In the 20-24 age group an increase, though a slight one, can still be observed; in the other groups there is almost everywhere a fall.

Table 8 gives for 1978, 1979 and 1980 a breakdown by indication for taking a smear, including the repeat smear (see also Fig. 10). This table gives more information. The years 1976 and 1977 are not given here, as a result of the fact that the period that has been adhered to as the period within which a second smear from the same woman must be reported as a repeat smear had not yet lapsed then.

Table 8: Number of smears taken by spotter physicians by age group and by indication for taking the smear, per 10 000 women, 1978 - 1980.

		Age group						
		15-19	20-24	25-34	35-44	45-54	55-64	⩾65
Complaints and/or symptoms	1978	17	102	153	193	147	55	7
	1979	28	93	158	207	113	62	13
	1980	21	84	122	121	108	47	20
Preventive, general practitioner's initiative	1978	20	162	467	542	401	151	29
	1979	49	265	442	412	345	94	21
	1980	18	379	389	274	206	95	26
Preventive, woman's initiative	1978	(6)	70	215	293	194	74	7
	1979	8	162	283	295	176	77	14
	1980	8	73	229	212	150	69	(5)
Repeat smear	1978	(5)	50	199	367	293	70	8
	1979	(2)	63	225	470	324	99	12
	1980	6	55	224	416	385	149	17
Total	1978	48	384	1034	1395	1035	350	51
	1979	87	583	1108	1384	958	332	60
	1980	53	591	964	1023	849	360	68

The fall in the number of first smears in the 35-54 age group was for the greater part compensated for in 1979 by an increase in the number of repeat smears. In 1980 that proves no longer to be the case. In the 25-34 age group the number of repeat smears has remained the same. There too no compensation can be seen. The number of smears taken in the case of complaints and/or symptoms has decreased in practically all age groups. In the other indications many decreases occur, but also a few increases. A clear pattern cannot yet be seen in this.

The question is maintained in the weekly return.

PARKINSON'S DISEASE

Having regard to the fact that the number of cases of poliomyelitis has fallen considerably, the Princess Beatrix Fund extended its goals to include Parkinson's disease. The problem then arose that, with the present data, a complete picture of the extent of this disease could not be obtained. This information is necessary for the policy of the Fund[1]). The sentinel stations were therefore asked to include Parkinson's disease as a topic in the weekly return, but then only for new patients. Insight into the prevalence, the total number of patients, can be obtained later with the aid of the data collected on the incidence, provided that data are available on the life expectancy of patients with this disease.

The definition used is as follows:
The genuine Parkinson's disease is a disorder that begins unilaterally, usually with tremors in the hand. In the course of the years these gradually spread to the other extremities. Further typical characteristics are hypokinesis and extrapyramidal hypertonicity.

Only genuine Parkinson's disease is concerned. Disorders accompanying Parkinsonism are not registered.

When the diagnosis is made both age and sex are stated.

Table 9 states the incidence per 10 000 men and women per province and urbanization group.

Table 9: Number of cases of Parkinson's disease, per province group and urbanization group, per 10 000 men and women.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
Men	*15*	*10*	*6*	*(1)*	*11*	*6*	*5*	*7*
Women	*8*	*12*	*3*	*(1)*	*14*	*4*	*(2)*	*5*
Total	*12*	*11*	*4*	*(1)*	*12*	*5*	*3*	*6*

[1]) *Apart from giving aid, the Princess Beatrix Fund also encourages research into Parkinson's disease.*

There proves to be striking differences both between the province groups and between the urbanization groups. In the north and east of the country the incidence (12 and 11 per 10 000 inhabitants) is much higher than in the south (1 per 10 000 inhabitants). The west and centre of the country occupy an intermediate position, with an incidence of 4 per 10 000 inhabitants. Rural municipalities display a higher incidence than the other urbanization groups (12 as against 5 and 3 per 10 000 inhabitants).
The incidence among women seems to be somewhat lower than among men (5 and 7 per 10 000 respectively).

Age distribution

Table 10 gives the incidence per 10 000 men and women of Parkinson's disease.

Table 10: Number of cases of Parkinson's disease by age group, per 10 000 men and women.

	Age group					
	25-34	*35-44*	*45-54*	*55-64*	*⩾65*	*Total*
Men	-	*(1)*	*8*	*10*	*54*	*7*
Women	*(1)*	*(1)*	*(4)*	*9*	*29*	*5*
Total	*(0)*	*(1)*	*6*	*9*	*40*	*6*

As already stated, the incidence among men proves to be higher than among women. This manifests itself in particular above the age of 64 years.

The statements made here should be used *with caution*, since the number of reports of new patients with Parkinson's disease is relatively small (85 in total).

In view of the results of the first year, the topic has been maintained in the weekly return for 1981.

STERILIZATION OF THE MAN

Sterilization of the man has been on the weekly return since 1972. The data obtained on this subject, together with those on the subjects sterilization of the woman, abortus provocatus and prescription of morning-after pill, are being used inter alia for the compilation of a Dutch contribution to the Council of Europe's report: "Recent Demographic Developments".

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

Table 11: Number of sterilizations of men performed, per province group and urbanization group per 10 000 of all men, 1972 - 1980.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1972	*15*	*19*	*22*	*33*	*9*	*25*	*30*	*24*
1973	*11*	*26*	*41*	*61*	*22*	*38*	*59*	*40*
1974	*14*	*40*	*38*	*77*	*34*	*41*	*62*	*46*
1975	*18*	*38*	*44*	*69*	*58*	*44*	*37*	*46*
1976	*33*	*59*	*53*	*80*	*45*	*66*	*52*	*57*
1977	*50*	*50*	*48*	*65*	*43*	*59*	*50*	*53*
1978	*67*	*82*	*59*	*106*	*76*	*72*	*79*	*74*
1979	*86*	*101*	*85*	*139*	*97*	*106*	*82*	*99*
1980	*66*	*73*	*79*	*92*	*66*	*78*	*91*	*79*

The increase in the number of sterilizations during recent years has come to an end. The number of sterilizations of men performed has fallen fairly strongly even compared with 1979 (by 20%). This applies to six of the seven groups; only in the cities an increase can still be observed.

In Fig. 13 the number of sterilizations per 10 000 men of all subgroups together is compared with that of women. There proves to be great agreement.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 men is given in Table 12 (cf. Fig. 14).

Table 12: Number of sterilizations of men performed, by age group, per 10 000 men, 1972 - 1980.

	Age group					
	15-19	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*
1972	-	*(3)*	*42*	*105*	*35*	-
1973	-	*16*	*79*	*179*	*40*	*(4)*
1974	-	*9*	*110*	*186*	*39*	*(4)*
1975	-	*(3)*	*95*	*196*	*53*	*(2)*
1976	-	*15*	*149*	*207*	*48*	-
1977	-	*10*	*117*	*208*	*52*	*(7)*
1978	-	*8*	*148*	*309*	*89*	*10*
1979	-	*13*	*225*	*404*	*91*	*8*
1980	-	*11*	*222*	*267*	*52*	*(6)*

As in past years, the highest frequency is found in the 35-44 age group. It is striking that the frequencies among men younger than 35 years have remained the same, but on the contrary have fallen sharply among men older than 35 years. The drop observed in the total figures can be fully explained by this.
It is possible that stabilization is on its way.
In the 55-64 age group the absolute number was 4, viz at the age of 55, 57, 62 and 63 years.

Seasonal influences

Whilst in 1979 the 4th quarter was the quarter with the highest frequency (33 per 10 000 inhabitants as against 22 in the other quarters), in 1980 this applies to the 1st quarter (23 per 10 000 as against 15 to 19 in the other quarters).
If one studies the weekly figures one sees a gradual decrease, with a slight increase in the last months.
It cannot be said without further proof whether the publicity given to "unsuccessful" sterilizations and persons who regretted having undergone the operation has influenced this. Perhaps the 1981 figures will supply some information on this.

A cumulative calculation shows that in the Netherlands since 1971 56 000 sterilizations of men have been performed, that is on over 4% of the total male population.
If the number is related to the 25-59 age group, this being approximately the cohort that has entered into consideration for this operation since the start of registration, one arrives at approx. 11%.

The question is maintained in the 1981 weekly return.

STERILIZATION OF THE WOMAN

Sterilization of the woman performed was placed on the weekly return in 1974 (of men performed in 1972).
The number of sterilizations of women performed per 10 000 of all women per province group and urbanization group is given in Table 13 (cf. Fig. 12).

Table 13: Number of sterilizations of women performed, per province group and urbanization group, per 10 000 of all women, 1974 - 1980

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1974	*37*	*37*	*30*	*40*	*37*	*28*	*44*	*35*
1975	*58*	*50*	*41*	*53*	*55*	*47*	*39*	*46*
1976	*76*	*58*	*61*	*74*	*66*	*71*	*55*	*66*
1977	*61*	*54*	*67*	*68*	*52*	*68*	*67*	*64*
1978	*68*	*62*	*76*	*116*	*60*	*85*	*83*	*81*
1979	*80*	*74*	*88*	*118*	*89*	*97*	*74*	*90*
1980	*67*	*57*	*74*	*71*	*81*	*64*	*77*	*70*

The national frequency with regard to the number of sterilizations of women performed, as observed with that of men, has fallen considerably. And, as was the case with that of men, this fall is present in six out of the seven cases. Here too the cities are the exception; the number of sterilizations of women performed remained practically the same in the cities.

In Fig. 13 a comparison is given between the number of sterilizations of men and of women. The curves display a large measure of agreement.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 women is given in Table 14 (cf. Fig. 14).

In the case of women the drop is present in all age groups. Here too the question applies whether this fall is the beginning of a stabilization or whether other influences, such as negative publicity or an increase in another form of contraception, play a part.

Table 14: Number of sterilizations of women performed, by age group per 10 000 women, 1974 - 1979.

	Age group				
	15-19	*20-24*	*25-34*	*35-44*	*45-54*
1974	*(3)*	*8*	*92*	*147*	*7*
1975	-	*14*	*132*	*177*	*25*
1976	*(2)*	*13*	*160*	*293*	*37*
1977	-	*25*	*174*	*246*	*40*
1978	*(3)*	*13*	*204*	*339*	*52*
1979	-	*19*	*239*	*377*	*44*
1980	-	*13*	*191*	*283*	*32*

There was one report in the age group over 54 years; the woman was 59 years old.

Seasonal influences

The remarks made under sterilization of the man regarding seasonal influences also apply to sterilization of the woman.

A cumulative calculation shows that in the Netherlands since 1973 sterilization has been performed in total on 315 000 women, i.e. over 4% of the total female population. If the number is related to the 25-59 age group, this being approximately the cohort that has entered into consideration for this operation since the start of registration, one arrives over 10%.
In addition, one must not underestimate the influence of the number of hysterectomies on female fertility. In the last ten years this operation has increased by more than 100% (data of Foundation for Medical Registration extrapolated for the whole of the Netherlands; number of operations in which the uterus has been removed: in 1968 10 200 and in 1978 25 700).

This question is maintained in the weekly return for 1981.

PRESCRIPTION OF THE MORNING-AFTER PILL

In 1972 the spotter physicians were asked for the first time to report when they prescribed the morning-after pill.

Table 15 gives the frequency with regard to the prescription of the morning-after pill, per province and urbanization group (cf. Fig. 15).

Table 15: Number of women for whom the morning-after pill was prescribed, per province group and urbanization group per 10 000 of all women, 1972 - 1980.

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1972	*34*	*42*	*55*	*68*	*45*	*41*	*81*	*53*
1973	*29*	*69*	*57*	*67*	*62*	*47*	*79*	*59*
1974	*59*	*86*	*55*	*85*	*76*	*51*	*94*	*68*
1975	*54*	*77*	*55*	*61*	*76*	*54*	*57*	*60*
1976	*88*	*64*	*54*	*52*	*56*	*61*	*61*	*60*
1977	*59*	*57*	*44*	*50*	*42*	*55*	*44*	*49*
1978	*76*	*59*	*45*	*39*	*45*	*51*	*49*	*50*
1979	*60*	*54*	*46*	*50*	*46*	*50*	*53*	*50*
1980	*78*	*47*	*42*	*52*	*43*	*49*	*57*	*50*

The national frequency with regard to prescription of the morning-after pill has remained the same compared during recent years (50 per 10 000 women).
There are some fluctuations visible in the various groups, but no trend can be observed.

Age distribution

Table 16 gives the age distribution of the prescription of the morning-after pill (cf. Fig. 16).

Table 16: Number of women for whom the morning-after pill was prescribed, by age group, per 10 000 women, 1972 - 1980.

	Age group					
	10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*
1972	*(2)*	*148*	*150*	*117*	*67*	*7*
1973	*7*	*190*	*196*	*94*	*66*	*18*
1974	*(2)*	*266*	*171*	*104*	*78*	*34*
1975	*(5)*	*194*	*176*	*105*	*62*	*24*
1976	*10*	*204*	*129*	*102*	*87*	*21*
1977	*(6)*	*147*	*140*	*87*	*54*	*22*
1978	*(6)*	*180*	*156*	*58*	*60*	*25*
1979	*(2)*	*142*	*171*	*85*	*51*	*16*
1980	*-*	*148*	*134*	*90*	*67*	*10*

The increase in the 20 - 24 age group has not continued. On the contrary, there has been a decrease. In the other age groups some fluctuations can be seen. A trend cannot be discovered in these.

Because a 5-year age group is too broad a classification for the younger age, it is requested that reports on those under the age of 20 state the exact age, and with effect from 1980 also for patients older than 45 years. In the 55 - 64 age group the morning-after pill was prescribed once, viz for a woman of 55 years.
In the 45 - 54 age group it occurred eight times, viz 45 years twice, 46 years three times, and for the ages of 47, 50 and 53 years once. Under 20 years the ages were as follows:

	1977	*1978*	*1979*	*1980*
13 years	*1*	*-*	*-*	*-*
14 years	*4*	*4*	*2*	*-*
15 years	*12*	*11*	*12*	*8*
16 years	*18*	*20*	*18*	*20*
17 years	*23*	*36*	*19*	*32*
18 years	*17*	*21*	*29*	*23*
19 years	*19*	*26*	*14*	*17*
Total	*94*	*118*	*94*	*100*

This question is maintained in the 1981 weekly return.

HAY FEVER

Hay fever, rhinitis vasomotorica allergica, was placed on the weekly return for the first time in 1978.
In 1978 a subdivision by sex and one by "old and new" patients were adhered to. In 1979 only the new patients were registered, the breakdown by sex also being omitted.

This is the typical allergy to grass pollen, which is characterized by one or more of the following symptoms:
- tickling and/or stinging sensation in the nose and/or nasopharynx;
- tickling and/or stinging sensation in the eyes;
- violent sneezing fits;
- abundant watery secretion from the nose;
- red and watering eyes;
- swollen eyelids.

The complaints must reach a climax in the period from the end of May to mid July.
By keeping to these criteria other allergic reactions, caused for instance by domestic animals or pollen of the birch, are excluded.

Table 17 states the frequencies per province and urbanization group for the different categories (see also Fig. 17).

Table 17: Number of new patients with hay fever, per province and urbanization group, per 10 000 men or women, 1978 - 1980.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1978	*34*	*36*	*17*	*25*	*37*	*21*	*22*	*24*
1979	*41*	*46*	*24*	*33*	*37*	*32*	*29*	*32*
1980	*21*	*45*	*24*	*16*	*45*	*21*	*25*	*26*

The total frequency in 1980 approaches that in 1978. Some fluctuations have occurred in the subgroups. It is striking here that province group B (the east of the country, see also Fig. 1) and urbanization group 1 (the rural municipalities) always display the highest frequencies.

Age distribution

Table 18 contains the frequencies per age group (see also Fig. 18).

Table 18: Number of new patients with hay fever by age group, per 10 000 men or women, 1978 - 1980.

	Age group									
	< 5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾ 65*
1978	*7*	*29*	*28*	*55*	*44*	*25*	*28*	*12*	*7*	*(2)*
1979	*7*	*39*	*55*	*75*	*54*	*41*	*24*	*13*	*8*	*(2)*
1980	*(2)*	*15*	*34*	*58*	*58*	*34*	*24*	*14*	*9*	*3*

The incidences per age group display in 1980 a picture that greatly resembles that in 1978. The increase that was visible in 1979 in the younger age groups has practically disappeared.
Moreover a breakdown per urbanization or province group shows in almost all age groups a clearly higher incidence in the above-mentioned groups (province group B and urbanization group 1).

Seasonal influences

For the occurrence of hay fever the time of the year is of considerable influence. Consequently the numbers per quarter are given in Table 19[1]).

Table 19: Number of new patients with hay fever, per quarter and per 10 000 men or women, 1978 - 1980.

	1st quarter	*2nd quarter*	*3rd quarter*	*4th quarter*
1978	*3*	*17*	*4*	*0*
1979	*3*	*24*	*5*	*0*
1980	*2*	*20*	*3*	*0*

The 2nd quarter gives by far the highest frequencies every year. A week by week breakdown during the period with the highest incidences (May-July) may be found in Table 20.

[1]) *As a result of the rounding-off when calculating relative frequencies, small differences may have occurred in the totals.*

Table 20: Number of new patients with hay fever, per week and per 10 000 inhabitants, 1978 - 1980.

Week number	*16*	*17*	*18*	*19*	*20*	*21*	*22*	*23*	*24*	*25*	*26*	*27*	*28*	*29*	*30*	*31*
1978	*0*	*1*	*0*	*1*	*1*	*1*	*2*	*3*	*2*	*3*	*1*	*0*	*1*	*0*	*1*	*0*
1979	*1*	*0*	*0*	*1*	*1*	*1*	*2*	*3*	*4*	*8*	*3*	*2*	*1*	*0*	*0*	*0*
1980	*0*	*1*	*1*	*1*	*3*	*2*	*2*	*2*	*5*	*3*	*1*	*1*	*0*	*0*	*0*	*0*

Hay fever complaints prove to have begun two weeks earlier in 1980. This is explicable from a climatological point of view:
The Royal Netherlands Meteorological Institute states: "May was one of the sunniest and dryest May months of the century". From the aerobiological viewpoint this was accompanied by very large numbers of grains of pollen of the birch (see Table 21). It is not out of the question that a number of "early" patients (before week number 21) suffered from pollinosis as a result of allergy to pollen of the birch and thus not to classic hay fever. The fact that the second half of June and the first two weeks of July (from week number 25) displayed a cold, wet and dull type of weather is also to be found in Table 20.
The total number of grains of grass pollen in 1980 did not differ essentially from the observations in the two preceding years (see Table 21).

Table 21: Total number of grains of pollen of the birch (Betula) and of grass; totals of daily averages per cu. m. of air, measured at Leiden.

	Birch	*Grass*
1978	*1.092*	*5.290*
1979	*588*	*5.445*
1980	*4.743*	*5.779*

Comparisons between pollen counts, weather conditions and the occurrence of hay fever complaints, distributed over time and place, are meaningful only if observations over several seasons are available. It has therefore been decided to maintain this topic for at least five years.

(ATTEMPTED) SUICIDE

In 1970-1972 attempted suicide, successful and unsuccessful, appeared on the weekly return. In consultation with the Chief Medical Office for Mental Health the Programme Committee decided to repeat this gauging in 1979.
In other fields too (hospitals) research into suicide is being performed at present. In this way it is being attempted to get a qualitative insight. The name of the topic is the definition.
The Chief Office also requested that more data be collected on the cases reported. For this purpose a questionnaire has been compiled in co-operation with Professor R.F.W. Diekstra, M.D., clinical psychologist, Leiden. On this form the question whether the attempt was successful or not and how the attempt was made also appears. However, the essential aspect here is not whether the attempt was successful; the primary concern is the patient's intention, with the possibility that suicide is a consequence of the action.

The number of attempts per province and urbanization group may be found in Table 22.
The absolute number of *reports* (which is *not* equal to the number of patients, since recidivists are not unusual) was "only" 106 in 1979 and 98 in 1980; consequently the breakdown into subgroups is of limited value.

Table 22: Number of reports of (attempted) suicide per province and urbanization group, per 10 000 inhabitants, 1979 - 1980.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1979	*8*	*6*	*8*	*5*	*5*	*7*	*9*	*7*
1980	*9*	*4*	*8*	*5*	*4*	*7*	*9*	*7*

The data from 1980 display a great similarity to those from 1979. It seems that in the cities more cases of (attempted) suicide are reported than in rural municipalities (2 × 9 as against 5 and 4 respectively) per 10 000 inhabitants. The southern and eastern province groups have the lowest frequency compared with the other province groups.

Age distribution

Table 23 gives the frequency of (attempted) suicide per 10 000 inhabitants per age group (see also Fig. 19).

Table 23: Number of reports of (attempted) suicide by age group, per 10 000 inhabitants, 1979 - 1980.

	Age group							
	10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
1979	*(1)*	*5*	*7*	*12*	*11*	*11*	*9*	*7*
1980	*-*	*5*	*14*	*7*	*12*	*7*	*6*	*10*

Because of the relatively small numbers it is not possible to draw conclusions from these figures. The absolute numbers of reports (106 and 98) are of the same order of magnitude as in 1970 -1972, when 109, 135 and 110 cases were reported respectively, in a population of practically the same size. There is no point in making further comparisons with the earlier period of reporting and pronouncements at this stage of reporting.

The data from the above-mentioned forms have meanwhile been processed for 1979. The most important conclusions are as follows:

In all there were 110 reports that could be processed[1]). Of these, 18 related to successful and 92 to unsuccessful attempts. The 92 attempts related to 86 persons (6 persons had made more than one attempt in the period reported on). Of the 18 suicides, 11 (61%) were committed by men and 7 (39%) by women. With respect to the unsuccessful attempts the ratio, as was to be expected, was practically the opposite (31, or 34%, by men, and 61, or 66%, by women). The peak age for the unsuccessful attempts is between 25 and 34 years for both men and women.

In the case of the men practically 60% of the attempts is below 44 years; for the women that is 70%. It is striking that, although allowance has to be made for the small numbers, the peak age for successful attempts also falls between 25 and 34 years. However, the average age for suicides is higher than that for attempts.

[1]) *110 instead of 106 as a result of the fact that a number of reports were received on persons who did not belong to the practice population.*

Of the attempts, 64 cases (nearly 70%) led to referral to general hospitals. Of these hospitalization for longer than 24 hours also occurred for 73%.

The wards to which admission took place were above all those for internal medicine, psychiatry and neurology, whether or not via the intensive care ward. 42% of the men and 18% of the women were taken to hospital in a coma. Most of both the men and the women who attempted suicide had had contact with their doctor within a month prior to the attempt. In some 20% of these cases the contact related explicitly to the suicidal or depressive mood of the patient. Of those who had contact with their doctor within a month before their attempt, 30% of the men and 39% of the women used the same drug for their attempted suicide as had been prescribed during that contact. Incidentally, most attempted suicides are performed with medicines, although there is a difference between men and women in this respect (68% versus 82%). By far the majority of attempts are made at home and usually others than the person himself or herself reported the attempt. It is further striking that of the males who attempted suicide, over one quarter live on their own, as against somewhat more than 10% of women attempting suicide.

The consistency of these data and their significance are still the subject of further research at Leiden State University, clinical psychology group (Prof. R.F.W. Diekstra, M.D.). The 1980 data will be added to this.

The topic has been maintained in the weekly return for 1981.

CONSULTATION FOR DRUG-USE

In 1972 and 1973 consultation of the general practitioner on account of drug-use appeared on the weekly return. At the request of the Ministry of Public Health and Environment the Programme Committee decided to repeat this question for a number of years starting with 1979. The reporting will have to be completely identical with the former one, with the proviso that now only a first consultation by the user has to be reported. A breakdown by sex is made.

The following criterion applies: only new patients are concerned who, on their own initiative, use one of the following substances: opium or opium derivates, LSD, amphetamines and products which must probably be considered to contain psychotropic substances.

From other sources too information with regard to drug-users is being collected, as from the Foundation for Medical Registration, the General Bureau for Statistics, the Chief Medical Office of Mental Health and the Federation of Institutions for Alcohol and Drugs.

The absolute number of reports of a consultation for drug-use by the spotter physicians was only 75 in 1979 and 60 in 1980. Pronouncements on this are therefore of very little value.

Table 24 gives the frequency per province and urbanization group.

Table 24: Number of primary consultations for drug-use, per province and urbanization group, per 10 000 inhabitants, 1979 - 1980

		Province group				*Urbanization group*			*Netherlands*
		A	*B*	*C*	*D*	*1*	*2*	*3*	
M	*1979*	*(3)*	*8*	*7*	*5*	*5*	*4*	*13*	*6*
	1980	*15*	*(3)*	*9*	*(1)*	*(2)*	*4*	*19*	*7*
F	*1979*	*(3)*	*(3)*	*5*	*(3)*	*(2)*	*1*	*13*	*4*
	1980	*(1)*	*(2)*	*2*	*-*	*(2)*	*(1)*	*(2)*	*1*
Total	*1979*	*3*	*5*	*6*	*4*	*3*	*3*	*13*	*5*
	1980	*8*	*3*	*5*	*(0)*	*2*	*2*	*10*	*4*

By far the majority of consultations are reported from the cities (13 and 10 per 10 000 inhabitants). Within the province groups there is no obvious difference.
In 1972 and 1973 the frequency for men was lower (3 and 5 per 10 000 men); then too the cities gave the highest frequency.

Age distribution

In table 25 the frequency of primary consultations for drug-use appears per age group (see also Fig. 20).

Table 25: Number of primary consultations for drug-use by age group, per 10 000 men and women, 1979 - 1980.

		Age group					
		15-19	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*
M	*1979*	*21*	*34*	*7*	*(1)*	-	-
	1980	*12*	*36*	*11*	*(1)*	*(3)*	-
F	*1979*	*15*	*13*	*5*	*(3)*	*(1)*	*(2)*
	1980	*(3)*	*(4)*	*4*	*(1)*	-	-
Total	*1979*	*18*	*23*	*6*	*(2)*	*(1)*	*(1)*
	1980	*7*	*20*	*8*	*(1)*	*(1)*	-

By far the highest frequencies appear in the 20-24 age group, 23 and 20 per 10 000 inhabitants respectively. Men ask the general practitioner for a consultation more often then women do. This was also the case in 1972 and 1973. The number of consultations of the general practitioner for drug-use per 10 000 women is smaller in 1980 than in 1979. The absolute number, however, is too small to allow of conclusions being drawn.
Inquiries were made of the spotter physicians as to whether there was a centre for drug addicts in their practice area and, if so, whether this had any influence on their practice. In the case of 27 of the sentinel stations (= 60%) there proved to be a drug centre functioning in the vicinity. In the case of 19 this had an effect on what happened in the practice, either that the general practitioner tended to refer to these centres or that the patient sought the aid of the centre of his or her own volition.

There is no point in a further comparison with the consultations reported in the previous period at this stage of the reporting.

This subject has been maintained in the weekly return for 1981.

TRAUMAS IN SPORT

Traumas in sport were placed on the weekly return in 1979. The criteria were established as follows: all first contacts in connection with a sport injury, irrespective of whether this is acute or not. Thus the consequence of both a non-recurrent effect of violence and a chronic overload is concerned.
No distinction is made between the sexes nor between consultations, house calls or aid on the spot. To gain an impression of the severity of the occurrence a subdivision was made in 1979 for referral or otherwise to a specialist at the time of the first contact.
As a second subdivision membership or otherwise of a sports club was adhered to. Membership for at least one year was regarded as a criterion of "regular engagement in sport".
For 1980 the questions were changed (in consultation with Dr G.P.H. Hermans, vice-chairman of the Association of Sport Medicine). By making a distinction between indoor and field sports and in the second instance between individual sport and team sport, it is being endeavoured to gain insight into the nature of the injury. The injury mechanism is influenced by the size and nature of the area on which the sport is practised. In the case of indoor sports the area is relatively small and the flooring artificial; in the case of field sports the area is larger and usually natural.
Team sports present the possibility of (involuntary) contact with another sportsman. The definition used here was: team sports are sports that can be practised exclusively with a number of persons.
As in 1979, the fact remains that only injuries for which the general practitioner was consulted are reported. Consultations in an out-patient clinic, without the intermediary of the general practitioner, or assistance given at first aid posts are not recorded. A survey in 1979 demonstrated that the influence of a Sport Medical Advisory Centre (S.M.A.) on the number of patients approaching their family doctor with a sport injury was negligible.

Table 26 gives the frequencies per province and urbanization group in the various subgroups stated (see also Fig. 21).

Table 26: Number of traumas in sport, per province and urbanization group, per 10 000 inhabitants, 1979 - 1980.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1979	*170*	*167*	*100*	*127*	*160*	*115*	*120*	*126*
1980	*211*	*183*	*117*	*175*	*197*	*142*	*155*	*155*

In total 155 sport injuries per 10 000 inhabitants prove to have been reported in 1980, aid being sought in the first instance from the general practitioner; this is higher than in 1979 (126 per 10 000). This difference is to be found in all province groups and in all urbanization groups. A breakdown per province and urbanization group by practice of the sport, individually or in a team, indoors or in the field, displays practically the same ratio as in the totals in the table with a subdivision by age (Table 28).
In the urbanization groups the frequency in rural municipalities was the highest in both years. The explanation that in rural municipalities the general practitioner functions as a first aid post more than is the case in the cities seems highly plausible.

Age distribution

Table 27 gives the frequencies per age group (see also Fig. 22).

Table 27: Number of traumas in sport by age group, per 10 000 inhabitants, 1979 - 1980.

	Age group									
	< 5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾ 65*
1979	*(2)*	*33*	*187*	*373*	*331*	*178*	*83*	*26*	*13*	*5*
1980	*5*	*38*	*226*	*421*	*419*	*202*	*115*	*40*	*8*	*(2)*

The difference between 1979 and 1980 as mentioned above can be found in the age groups as well. The highest frequencies occur in the 15 - 19 and 20 - 24 age groups: 421 and 419 per 10 000 inhabitants (in 1979 373 and 331 per 10 000 inhabitants respectively).

Table 28 gives the frequencies per 10 000 inhabitants per age group, subdivided by way of practising sport.

Table 28: Number of traumas in sport by age group per 10 000 inhabitants, individually or in a team, practised indoors or in the field, 1980.

	Age group							
	5-9	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*Total*
Trauma in sport, incurred by practising the sport:								
Individually								
- indoor sport	*7*	*47*	*51*	*38*	*18*	*10*	*8*	*18*
-field sport	*14*	*68*	*68*	*79*	*32*	*33*	*16*	*33*
Total individually	*21*	*115*	*119*	*117*	*50*	*43*	*24*	*51*
In a team								
- indoor sport	*9*	*44*	*108*	*79*	*43*	*24*	*4*	*33*
- field sport	*8*	*67*	*194*	*223*	*109*	*4*	*12*	*71*
Total in a team	*17*	*111*	*302*	*302*	*152*	*72*	*16*	*104*
Total, indoor sport	*16*	*91*	*159*	*117*	*61*	*34*	*12*	*51*
Total, field sport	*22*	*135*	*262*	*302*	*141*	*81*	*28*	*104*

Field sport in a team causes the largest number of traumas in sport (71 per 10 000 inhabitants), and sport individually practised indoors the smallest number (18 per 10 000).

Field sport practised in a team always gives the highest frequencies above the age of 15 years. However, in order to determine the actual risk, one has to know the population-at-risk, i.e. the number of persons engaging in sport, so that frequencies can be calculated that are comparable.

Seasonal influences

Table 29 gives the frequencies per quarter.

Table 29: Number of traumas in sport, per quarter, per 10 000 inhabitants 1979-1980[1]).

	1st quarter	*2nd quarter*	*3rd quarter*	*4th quarter*
1979	*27*	*32*	*26*	*41*
1980	*44*	*40*	*33*	*39*

The difference in the frequency of traumas in sport in 1979 and 1980 does not prove to be a consequence of an increase in 1980 throughout the year; only the first to the third quarters inclusive display an increase. The difference is the greatest in the first quarter; that could be explained climatologically. The weather was then of such a nature that many sporting activities were cancelled. For the other differences no explanation is available at present. A breakdown by indoor or field sport and by individual practice of sport or playing in a team may be found in Table 30.

Table 30: Number of traumas in sport per quarter per 10 000 inhabitants, individually or in a team, practised indoors or in the field, 1980[1]).

	1st quarter	*2nd quarter*	*3rd quarter*	*4th quarter*	*Total*
Trauma in sport, incurred by practice of the sport:					
Individually					
- indoor sport	*7*	*4*	*2*	*6*	*18*
- field sport	*14*	*8*	*7*	*4*	*33*
Total individually	*21*	*12*	*9*	*10*	*51*
In a team					
- indoor sport	*11*	*6*	*4*	*12*	*33*
- field sport	*12*	*22*	*20*	*17*	*71*
Total in a team	*23*	*28*	*24*	*29*	*104*
Total indoor sport	*18*	*10*	*6*	*18*	*51*
Total field sport	*26*	*30*	*27*	*21*	*104*

[1]) *As a result of rounding-off in the calculation of relative frequencies small differences may have come about in the totals.*

Field sport practised in teams displays the most frequent traumas in the summer (2nd and 3rd quarters 22 and 20 per 10 000 inhabitants, as against 12 and 17 for the 1st and 4th quarters); indoor sport, on the contrary, in the winter (1st and 4th quarters 11 and 12 respectively per 10 000 inhabitants, as against 6 and 4 in the summer months). It is clear that there must be a relation here with specific forms of sport. Further processing of the data is continuing, in cooperation with the Association of Sport Medicine and the Netherlands Football Association.

This subject has been maintained in the weekly return for 1981, again with changed questions.

EXTRAPOLATION OF FREQUENCIES FOUND TO THE DUTCH POPULATION

The following survey gives an approximate impression of the number of patients, consultations, actions and occurrences and so on in the Netherlands, on the basis of the frequencies calculated from the results of the continuous morbidity registration by sentinel stations. As was remarked in the previous annual reports, it must be borne in mind, when studying the following table, that although the population of the sentinel stations is a reasonably good representation (see also p. 15) the spotter physicians are a selected group. Consequently it cannot be automatically established to what extent the results differ from the actual situation; the differences can vary depending on the nature of the question. Particular caution should be observed regarding those topics where there is intervention by general practitioner. As an example one may think of the "cervical smear" question; it is quite feasible that the spotter physicians differ from the typical general practitioner in this respect. With regard, too, to the registration of diseases and occurrences in itself it may be stated almost with certainty that the spotter physicians act as a select group. However, this can only be to the benefit of the project. Nevertheless, the reader is advised not only to look at the extrapolated numbers but also to consult the relevant chapters.
For a correct interpretation of the extrapolated numbers first the total Dutch population per year is given, in thousands.

Dutch population by sex in thousands, 1970 - 1980 (Central Bureau for Statistics)[1]).

Year	*Men*	*Women*	*Total*
1970	*6 507*	*6 531*	*13 038*
1971	*6 587*	*6 607*	*13 194*
1972	*6 650*	*6 679*	*13 329*
1973	*6 699*	*6 740*	*13 439*
1974	*6 747*	*6 798*	*13 545*
1975	*6 804*	*6 862*	*13 666*
1976	*6 854*	*6 920*	*13 774*
1977	*6 889*	*6 967*	*13 856*
1978	*6 907*	*6 991*	*13 898*
1979	*6 945*	*7 040*	*13 985*
1980	*6 994*	*7 097*	*14 091*

[1]) *Up to and including 1977 average numbers, thereafter the numbers as on 1 January in all cases of the year in question.*

Extrapolation of frequencies found to the Dutch population.

		Frequency[1])			*Netherlands*[2])		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*
Influenza[3])	*1970*			*904*			*1 179 000*
	1971			*889*			*1 173 000*
	1972			*779*			*1 038 000*
	1973			*699*			*939 000*
	1974			*885*			*1 199 000*
	1975			*695*			*945 000*
	1976			*717*			*987 000*
	1977			*575*			*797 000*
	1978			*829*			*1 152 000*
	1979			*438*			*613 000*
	1980			*425*			*599 000*
Diabetes mellitus							
- new patients	*1980*			*13*			*18 000*
- old patients	*1980*			*125*			*176 000*

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

[2]) *Extrapolation of the frequencies to the Dutch population, in round thousands of the year in question. As a result of the rounding-off, small differences may have occurred.*

[3]) *For influenza they are minimum numbers, since many influenza patients do not consult their family doctor.*

Extrapolation of frequencies found to the Dutch population (continuation).

		Frequency[1]			Netherlands[2]		
Category	Year	M	F	Total	M	F	Total
Cervical smear -with complaints and/or symptoms	1976		87			60 000	
	1977		86			60 000	
	1978		80			56 000	
	1979		80			56 000	
	1980		62			44 000	
-"preventive", general practitioner's initiative	1976		282			194 000	
	1977		268			186 000	
	1978		218			153 000	
	1979		198			140 000	
	1980		168			119 000	
- "preventive", woman's initiative	1976		103			71 000	
	1977		112			78 000	
	1978		105			73 000	
	1979		124			87 000	
	1980		93			66 000	
- repeat examination (within 3 years)	1976		31			21 000	
	1977		55			38 000	
	1978		120			84 000	
	1979		143			101 000	
	1980		148			105 000	
Total	1976		503			346 000	
	1977		521			362 000	
	1978		523			366 000	
	1979		545			384 000	
	1980		471			334 000	
Parkinson's disease[3]	1980	7	5				

[1] and [2] See footnotes, page 58.

[3] In view of the very small numbers, extrapolation has been omitted here.

Extrapolation of frequencies found to the Dutch population (continuation).

		Frequency[1]			Netherlands[2]		
Category	Year	M	F	Total	M	F	Total
Sterilization	1972	24			16 000		
	1973	40			27 000		
	1974	46	35		31 000	24 000	55 000
	1975	46	46		31 000	31 000	62 000
	1976	57	66		39 000	45 000	84 000
	1977	53	64		37 000	45 000	82 000
	1978	74	81		51 000	57 000	108 000
	1979	99	90		69 000	63 000	132 000
	1980	79	70		55 000	50 000	105 000
cumulative					356 000	315 000	
Morning-after pill							
prescribed	1972		53			35 000	
	1973		59			40 000	
	1974		68			46 000	
	1975		60			41 000	
	1976		60			41 000	
	1977		49			34 000	
	1978		50			35 000	
	1979		50			35 000	
	1980		50			35 000	
Hay fever							
-new patients	1978	26	22		18 000	15 000	33 000
	1979			32			45 000
	1980			26			37 000
(Attempted)							
suicide[3])	1979			7			
	1980			7			

[1]) and [2]) *See footnotes, page 58.*

[3]) *See footnote 3, page 59.*

Extrapolation of frequencies found to the Dutch population (continuation).

		Frequency[1]			Netherlands[2]		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*
Consultation for drug-use[3]	*1979*	*6*	*4*				
	1980	*7*	*1*				
Traumas in sport	*1979*			*126*			*177 000*
	1980			*155*			*217 000*
Individual sport							
- indoor sport				*18*			*25 000*
- field sport				*33*			*46 000*
Team sport							
- indoor sport				*33*			*46 000*
- field sport				*71*			*100 000*

[1]) and [2]) *See footnotes, page 58.*

[3]) *See footnote 3, page 59.*

INCIDENTAL INVESTIGATIONS

Since 1976 the incidental investigations have existed as part of the Sentinel Station Project. These are investigations into relatively uncommon diseases or occurrences. Since 1976 the disease multiple sclerosis and the request for application of active euthanasia have been the subject of investigation. In 1980 the request to reverse sterilization, "persons regretting sterilization", was added. The forms were sent to the practitioner at the end of the year.

Multiple sclerosis

In 1976 attention was devoted for the first time to multiple sclerosis. The first time the physicians were asked to investigate how many multiple sclerosis patients they had in their practice on 31-12-76 (an approximation of the prevalence). Thereafter only the reporting of new patients was concerned (the incidence). In addition to age and sex, questions were asked about living conditions, the use or otherwise of a wheelchair inside or outside the home and by whom the diagnosis was made.

In 1980 the diagnosis of multiple sclerosis was reported only 3 times for a new patient (see Table 31).

Table 31: Absolute number of patients diagnosed as having multiple sclerosis by age group and sex, 1977 -1980.

		Age group							
		<20	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*≥65*	*Total*
Men	*1977*	-	-	*1*	*1*	-	-	-	*2*
	1978	-	-	*1*	*1*	-	-	-	*2*
	1979	*1*	-	-	-	-	-	-	*1*
	1980	*1*	-	-	-	-	-	-	*1*
Women	*1977*	-	*1*	*1*	*3*	*1*	-	*1*	*7*
	1978	-	-	*1*	*1*	*1*	*1*	-	*4*
	1979	-	*1*	*2*	*1*	*1*	-	-	*5*
	1980	-	-	-	-	*1*	*1*	-	*2*
Total	*1977*	-	*1*	*2*	*4*	*1*	-	*1*	*9*
	1978	-	-	*2*	*2*	*1*	*1*	-	*6*
	1979	*1*	*1*	*2*	*1*	*1*	-	-	*6*
	1980	*1*	-	-	-	*1*	*1*	-	*3*
	1977 - 1980	*2*	*2*	*6*	*7*	*4*	*2*	*1*	*24*

The numbers are too small to calculate the relative frequency per age group; for this whole period and all ages together it is 0.38 per 10 000 inhabitants per year. This is practically the same as Koetsier[1]) states (3 per 100 000). The average age is 37.5 years (Koetsier 30 years).
In all cases the diagnosis was made by the neurologist, sometimes by the ophthalmic surgeon as well.
All patients lived at home, only two women (59 and 65 years) used a wheelchair. In view of the fact that in all cases the diagnosis was made recently, in the year before the reporting, this was to be expected.

Table 32 shows the distribution by province group and urbanization group.

Table 32: Absolute number of patients for whom the diagnosis multiple sclerosis was made per province group and urbanization group, 1977 - 1980.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1977	-	*1*	*5*	*3*	-	*6*	*3*	*9*
1978	-	*1*	*5*	-	*1*	*3*	*2*	*6*
1979	-	*1*	*5*	-	-	*5*	*1*	*6*
1980	-	*2*	*1*	-	-	*2*	*1*	*3*

When considering the absolute numbers in this table allowance must be made for the size of the different subgroups (province group C, the western provinces and the centre of the country, and urbanization group 2, the urbanized rural municipalities, are by far the largest groups). However, the calculation of relative frequencies is not yet meaningful, having regard to the small numbers.
Dassel [2]) reports that the multiple sclerosis mortality rates in the provinces of South Holland, Utrecht and Gelderland are higher than in the other provinces. If one looks at the provinces, the results do not seem to contradict this. However, the numbers are still very small.
Mention was made in 1980 of one patient new to the practice with a known multiple sclerosis, a woman of 59 years. This patient has not been included in the table.

The investigation will be repeated for 1981.

[1]) *Koetsier, J.C. Vindt hij, die zoekt? (Does he who seeks find?) Inaugural address at Amsterdam Free University, 28 november 1980.*

[2]) *Dassel, H. (1973) Acta Neuro. Scandinav. 49, 659-674.*

Euthanasia

The second incidental investigation concerns the subject of euthanasia. Attention was devoted to this for the first time in 1976.
The form of the investigation is retrospective. A form was sent to all spotter physicians at the end of 1980 with the request that they report whether the question was asked of them in 1980 by a patient himself or herself for the application of active euthanasia directly or indirectly (see p. 67) and if so, what the motive for this was. In addition, information was sought on the age, sex, current disease, place of care or nursing and the use or otherwise of a "euthanasia declaration"[1]).

The results can be found in the attached table. This table does not require much explanation (see page 66).
The number of requests was less than in 1979, but is still more than in the previous years (see Table 33).
The number of patients with a carcinoma, as in previous years, is again large, relatively speaking; more than 50% of them have a carcinoma. Mortality from cancer, on the other hand, in the Netherlands is about 25% of total mortality. The patients with a carcinoma are younger than the other patients.
One report concerned a request by the parents of a baby with Potter's disease. This report has not been included in the survey and the tables.
Taking the years together, the number of men and women is practically the same, viz 40 men and 44 women.
The distribution by province group and urbanization group is given in Table 33.

Table 33: Absolute number of requests to the general practitioner made by the patient himself or herself for the application of active euthanasia, per province group and urbanization group, 1976 - 1980.

			Province group				*Urbanization group*			*Netherlands*
	M	*F*	*A*	*B*	*C*	*D*	*1*	*2*	*3*	
1976	5	10	1	2	11	1	4	7	4	15
1977	6	3	1	2	5	1	3	2	4	9
1978	6	4	3	2	4	1	2	8	-	10
1979	13	15	5	6	15	2	4	18	6	28
1980	10	12	2	3	16	1	3	12	7	22

[1]) *An euthanasia declaration is a written request for euthanasia on certain conditions.*

When considering these absolute numbers, the differences in the size of the subpopulations should be borne in mind (see p. 63). However, it is striking that in the southern province group a low number is reported during the whole period; even when it is related to the population this remains considerably lower than in the other province groups (2 per 10 000 inhabitants as against 5 to 6 in the other groups). There is no difference between the urbanization groups (5 to 6 per 10 000 inhabitants).
Only four times was a request for indirect euthanasia made (all cancers). In the other cases the request was for application of direct euthanasia. In three cases use was made of a written euthanasia declaration. On only five occasions was the patient not nursed at home (twice in hospital, once in a nursing home, twice in an old people's home). These numbers resemble the numbers from the previous years.

Age distribution

The age distribution may be found in Table 34.

Table 34: Absolute number of patients who requested the general practitioner to apply active euthanasia, by age group, 1976 - 1980.

	< 55	*55-64*	*65-74*	*75-84*	*⩾ 85*	*Total*
1976	*2*	*4*	*3*	*3*	*3*	*15*
1977	*2*	*3*	*2*	*2*	-	*9*
1978	*3*	*2*	*3*	*2*	-	*10*
1979	*3*	*7*	*12*	*2*	*4*	*28*
1980	*2*	*5*	*5*	*7*	*3*	*22*

It is not the aim of this project to make more pronouncements on this subject.

Extrapolation of these data to the Dutch population is possible, but it should be borne closely in mind that in that case the number is being related to the total population, while this should actually be done to the number of persons in circumstances in which the possibility of the question being asked is envisaged. The latter data are not available, however. Moreover, *here* distortion may occur through the spotter physicians not being an unselected group.

Requests by the patient for active euthanasia.

Age	*Sex*	*Disease*	*Motive for the request*
45	*M*	*Mycosis fungoides*	*Pain, unbearable situation*
51	*F*	*Carcinoma of the breast with metastases in the bone and lung*	*Dyspnoea*
55	*M*	*Carcinoma of the bladder with metastases in the brain and lung*	*Dyspnoea*
56	*M*	*Carcinoma of the rectum with metastases in the liver*	*Pain*
59	*F*	*Carcinoma of the bronchus*	*Pain*
63	*F*	*Carcinoma of the rectum with metastases in the liver*	*Pain*
66	*F*	*Melanosarcoma of the eye with metastases in the liver*	*Pain, tired*
67	*F*	*Hypernephroma with continued growth in aorta and vertebrae*	*Cachexy, transverse lesion*
68	*F*	*Metastases in the bone, probably originating from carcinoma of the breast*	*Pain, loneliness, hopeless situation*
72	*M*	*Ileus accompanying Hodgkin's disease*	*Pain, vomiting*
74	*M*	*Carcinoma of the lung*	*Pain, dyspnoea*
76	*F*	*Carcinoma of the breast with metastases*	*Pain, hopeless situation*
78	*F*	*Carcinoma of the liver*	*Pain*
78	*F*	*Arteriitis temporalis*	*Fear of nursing home*
78	*M*	*Arteriosclerosis generalis with blindness*	*Deep depression, severe disablement*
81	*M*	*Emphysema of the lung*	*Anxiety, disablement*
82	*F*	*Imminent ileus accompanying carcinoma of the intestines*	*Fear of hospital*
82	*M*	*Arteriosclerosis*	*Does not want to be a burden*
86	*M*	*Depression after acute decease of wife, anorexia*	*Depressive, weak*
87	*F*	*Cerebro-vascular accident*	*Aphasia*
90	*M*	*General physical decay*	*Does not wish to go on in this way*

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

- *Indirect euthanasia; this is the deliberate application of treatment to alleviate suffering, without the intention of shortening or terminating life but with the recognition and acceptance of the risk that shortening or termination of life can occur.*
- *Direct euthanasia; this is the deliberate application of a treatment to alleviate suffering in such a way that reasonably speaking a considerable shortening or termination of life may be expected."*

Medisch Contact: 1977, 32 p. 1058

This investigation will be repeated over 1981.

PERSONS REGRETTING STERILIZATION

In recent years there has been publicity about sterilization, as regards both the effectiveness and the consequences of this method of contraception.
By far most women who have undergone sterilization are satisfied, according to Van Hall[1]). However, that does not alter the fact that a number of them are dissatisfied, get feelings of regret and come with the request to have the sterilization reversed.
In the literature very varied percentages are stated, depending in part on the method of investigation. A snapshot, i.e. a transversal survey, will yield a lower percentage of persons regretting sterilization than a longitudinal survey. Van Hall arrives at an estimate of 1 - 5, which means that of every 100 women who are sterilized about 3 would have feelings of regret. However, it is the question whether regret always leads to a request for restoration of the original situation. Van Hall estimates this at ½%, which would amount for the Netherlands to approx. 250 women per year.
However, so far no investigation has been made in the Netherlands into the actual size of this number. That was why Proffessor E.V. van Hall, M.D., professor of gynaecology and obstetrics at Leiden University, came with the request whether reliable data could be collected as part of the Sentinel Stations Project. It was decided to include the question as an incidental investigation, with the proviso that at the same time the request for restoration will be reported when it is made by men who have been sterilized.

In the first instance only the age and sex were asked about. Depending on the number reported, further investigation can be instituted. Then attention will be paid among other things to the age at the time of sterilization, to the number of children and to the reason for the request for restoration. Some investigation has already been made into this (Dielesen et al.[2]), Van Hall et al. [3]), Bergsma et al.[4]). However, the drawback of these investigations is that they have been made from a clinic, so that selection may have occurred.

[1]) *Hall van, E.V. (1978) Sterilisatie van de vrouwen. N.T.v.G. 122, No. 52.*

[2]) *Dielesen-Van Hoorn, F.Th.E., B.W. Frijling and A.A. Haspels (1979) Spijt van sterilisatie. Rapport AZU.*

[3]) *Hall van, E.V. (1980) "Spijt" na sterilisatie. N.T.v.G. 124, No. 36.*

[4]) *Bergsma, J., T. Dekkers and K. Wasser (1980) Acht jaar vrijwillige sterilisatie bij vrouwen. T. soc. Geneesk. 58, No. 6.*

The results of the investigation at the sentinel stations is as follows. In all 17 cases were reported, 9 men and 8 women. With regard to age there proves to be no difference between the sexes, as the following data show:

men: 28, 28, 31, 32, 35, 36, 38, 40, 49 years;

women: 30, 32, 33, 34, 36, 36, 37, 41 years.

The average age is 34 years 1 month and 35 years 2 months respectively.

The distribution among the province and urbanization groups may be seen in Table 35.

Table 35: Absolute number of patients who made a request for restoration of sterilization in 1980, per province and urbanization group.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
men	2	2	3	2	2	6	1	9
women	3	1	3	1	1	4	3	8

These are absolute numbers, and therefore the same conditions apply as have been made for multiple sclerosis (p 63).

However, there is the additional fact that in the comparison allowance must be made for the degree of sterilization of the groups. Nevertheless, a fleeting look yields no great differences.

If the numbers found here are compared with the expectation calculated by Van Hall, the number of women that approach the general practitioner with the request for reversal of sterilization proves to be considerably higher. Extrapolation of the sentinel station figures arrives at approx. 800 women per year in the whole of the Netherlands. However, in view of the small number extrapolation is not justified here.

The investigation will be repeated for 1981.

ALTERNATIVE FORMS OF TREATMENT

On several occasions the request has been made to include in the weekly return the topic "Alternative Forms of Treatment", inter alia by the Committee for Alternative Forms of Treatment, via the Chairman, Professor P. Muntendam, M.D.

To gain some insight into the reliability of data obtained via the spotter physicians a questionnaire was sent out.
The results were as follows:

- More than half of the spotter physicians considered it meaningful to place on the weekly return the topic "Contacts with Alternative Forms of Treatment" ("Contacts with Alternative Forms of Treatment" means contacts in which a patient, with regard to his or her own complaints and/or treatment, suggests a kind of "Alternative Forms of Treatment" or states that he or she has undergone or is undergoing this).
- Nearly three quarters of the spotter physicians considered this feasible.
- All spotter physicians stated that they had patients in their practice who utilized Alternative Forms of Treatment. An estimate of the percentage could be made by only a quarter of the physicians. This varied from 1 to 20.
- All forms as described in the book "Geneeswijzen in Nederland"[1]) prove to be used.
- There was a very great spread in the number of different varieties of Alternative Forms of Treatment.
- In the rural municipalities less use was made of alternative forms of treatment than in the cities; the smaller municipalities and the urbanized rural municipalities occupy an intermediate position; in the north of the country less than in the south and west.
- Three quarters of the spotter physicians report having sometimes referred to a practitioner of alternative forms of treatment.
- A quarter of the spotter physicians themselves sometimes apply some kind or the other of alternative treatment.

Although the application of alternative forms of treatment does not seem to pass spotter physicians by, the Programme Committee nevertheless did not consider it advisable to include this topic in the weekly return. The members endeavour to supply reliable data and unfortunately it emerged from this survey that too large a percentage of the spotter physicians were not able to provide such data.

[1]) *Dijk, van P. (1976) Geneeswijzen in Nederland.*

GENERAL REMARKS

1. The questions on the weekly return for 1981 have been compiled as follows by the Programme Committee:

   a. Influenza (-like illness)
   b. Diabetes mellitus
   c. Cervical smear
   d. Parkinson's disease
   e. Sterilization of the man performed
   f. Sterilization of the woman performed
   g. Prescription of the morning-after pill
   h. Hay fever
   i. (Attempted) suicide
   j. Consultation for drug-use
   k. Accidents in the private sector - general practitioner only
      - general practitioner and specialist
   l. Traumas in sport - handball
      - hockey
      - "korfbal"
      - football

2. No definite decision has yet been taken about incidental investigations for 1981.

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

4. Data from this report may be reproduced with acknowledgment of the source.

Dr Bertine J.A. Collette.

Appendix 1

Continue Morbiditeits Registratie, Peilstations
Deelnemende artsen 1980

Naam:	Plaats:	Provincie:
A.A.E.E. Brockmöller*)	't Zand	Groningen
J.Th. Ubbink	Groningen	Groningen
J. Vennema/IJ. Wapstra (comb. praktijk)	Franeker	Friesland
S. Vriesinga	Oostermeer	Friesland
H.E. Mailette de Buy Wenniger	Schoonoord	Drenthe
H.W. Reinking/F.M. van Soest/R.F. Sparenburg/Ch.H.C. Mayer (comb. praktijk)	Assen	Drenthe
Th.J. van Dam/J.B.M. Stolte (comb. praktijk)	Swifterbant	Zuidelijke IJsselmeerpolders
H. Nap	Gramsbergen	Overijssel
F.C.M. Ummels	Velp	Gelderland
J.H. de Boer/Dr J. van Noort (comb. praktijk)*)	Zelhem	Gelderland
J.P. van Dam/Mw. M.A.E. Hoelen-Lem (comb. praktijk) (tot 1-1-1980)	Nijmegen	Gelderland
S.W.A. Holla	Nijmegen	Gelderland
Dr H. Mulder/E.J. van Apeldoorn (comb. praktijk)	Heerde	Gelderland
Dr S. Rijpma*)	Laren	Gelderland
W. Bodegom*)	Ruurlo	Gelderland
W.J. van Bodegom*)	Linschoten	Utrecht
Mw. I.K.I. de Jongh-Kilian/F.K.A. Fokkema (comb. praktijk)	Amersfoort	Utrecht
P.J. Kromeich/J.J. Dijkstra (comb. praktijk)	Utrecht	Utrecht
M.M. Spoor	Alkmaar	Noord-Holland
C. den Hartoog*)	Broek in Waterland	Noord-Holland
C.W. Willeboordse	Heiloo	Noord-Holland
H.J. van der Leen	Hilversum	Noord-Holland
D.E. Kuenen	Haarlem	Noord-Holland
Mw. A.J. Arbouw/J.Th. Koop (comb. praktijk)	Amstelveen	Noord-Holland
Mw. P.J. Ypenburg-Visser	Amsterdam	Noord-Holland
F.L. Reynders	Rotterdam	Zuid-Holland

Appendix 1 (continuation)

Deelnemende artsen 1980

Dr B.J.M. Aulbers/J.E.G. Nieuwkamer (comb. praktijk)	Delft	Zuid-Holland
D. Pasman*)	Maassluis	Zuid-Holland
J. Hoornweg/E. Hoornweg-Sleeboom*) (comb. praktijk)	Voorhout	Zuid-Holland
G. Dorrenboom	Rotterdam	Zuid-Holland
G. van Gangelen	Sliedrecht	Zuid-Holland
J.B. Hugenholtz/J.W. de Haan (comb. praktijk)	Oegstgeest	Zuid-Holland
Dr A.P. Oliemans	Den Haag	Zuid-Holland
Th.J. van Stockum jr.	Den Haag	Zuid-Holland
J.C.B.M. Rensing	Den Haag	Zuid-Holland
A. Lagendijk	Dordrecht	Zuid-Holland
P.R.L. Vercauteren/H.J.W.A. Meijerink (comb. praktijk).	Terneuzen	Zeeland
M. Reyerse	Middelburg	Zeeland
Dr H.A.M. Hoevenaars*)	Uden	Noord-Brabant
R.J.F.M. Leijgraaf/A.F.A. van de Reepe (comb. praktijk)	Etten	Noord-Brabant
S.H.H.M. van der Meer	Rosmalen	Noord-Brabant
Dr J.P.C. Moors	Rosmalen	Noord-Brabant
A.M.P. Linsen	Oirschot	Noord-Brabant
A.M.H.J.G. Sluijters	Ravenstein	Noord-Brabant
S.P.F. van Rijn	Eindhoven	Noord-Brabant
R.A.M. de Jong	Maastricht	Limburg

*) Apotheek-houdend

Weekstaat t.b.v. centrale registratie

CONTINUE MORBIDITEITSREGISTRATIE, PEILSTATIONS, 1980

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

5-daagse rapportering [1] ← → weekrapportering [1]

Regel no.	Leeftijdsgroep	Influenza (-achtig ziektebeeld) [1]	Diabetes mellitus: Nieuwe patiënten [3]	Diabetes mellitus: Oude patiënten [4]: Parenterale therapie [5]	Diabetes mellitus: Oude patiënten [4]: Orale therapie	Diabetes mellitus: Oude patiënten [4]: Alleen dieet	Cervixuitstrijkje: Na 1-1-1978 voor eerste maal afgenomen op grond van [6]: Klachten/symptomen	Cervixuitstrijkje: Louter preventieve overwegingen: Initiatief huisarts [7]	Cervixuitstrijkje: Louter preventieve overwegingen: Verzoek van de vrouw	Herhalingsonderzoek [8]	Ziekte van Parkinson [9]		Sterilisatie verricht [10]		Morning-after-pill voorgeschreven [11]	Hooikoorts [12]	Suïcide (poging) [13]	Consult druggebruik [14]		Sportongevallen [15]: Zaalsport [16]: Individueel	Sportongevallen [15]: Zaalsport [16]: Team	Sportongevallen [15]: Veldsport: Individueel	Sportongevallen [15]: Veldsport: Team	Leeftijdsgroep	Regel no.
		M+V	M+V	M+V	M+V	M+V	V	V	V	V	M	V	M	V	V	M+V	M+V	M	V	M+V	M+V	M+V	M+V		
01	< 1																							< 1	01
02	1-4																							1-4	02
03	5-9																							5-9	03
04	10-14																							10-14	04
05	15-19																							15-19	05
06	20-24																							20-24	06
07	25-34																							25-34	07
08	35-44																							35-44	08
09	45-54																							45-54	09
10	55-64																							55-64	10
11	⩾ 65																							⩾ 65	11
4-5		15-17	18-20	21-23	24-26	27-29	30-32	33-35	36-38	39-41	42-44	45-47	48-50	51-53	54-56	57-59	60-62	63-65	66-68	69-71	72-74	75-77	78-80		

Weeknummer: _____

Opgemaakt d.d.: _____

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

*1) De kolommen hebben deels betrekking op een 5-daagse rapportering (maandag tot en met vrijdag). Door vakantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over minder dan vijf dagen kunnen uitstrekken. Ten aanzien van de overige vragen wordt het van belang geacht om, zo mogelijk, **ook tijdens het weekeinde** waargenomen patiënten te rapporteren.*

*2) Betreft uitsluitend **nieuwe** patiënten.*

3) > 10 mmol/L(> 180 mg%) glucose na een koolhydraatrijke maaltijd of belasting.
Code voor follow-up formulier: .....

*4) Betreft **eenmalige** rapportage van oude patiënten.*

5) Bij combinaties overheerst de parenterale therapie.

*6) Betreft rapportering van vrouwen bij wie **na 1-1-1978 om welke reden ook** een cervixuitstrijkje is afgenomen.*
*Indien bij een vrouw na 1-1-1978 **opnieuw** een cervixuitstrijkje wordt gemaakt dient dit **altijd** onder de subrubriek "herhalingsonderzoek" geboekt te worden (zie ook voetnoot 8).*

7) Bijvoorbeeld in het kader van de pilcontrole.

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

*9) Betreft alleen **nieuwe** patiënten met de **echte** ziekte van Parkinson (zie ook de toelichting).*

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

*11) Uitsluitend indien er een directe indicatie is. Indien een recept voor de morning-after-pill wordt afgegeven omdat de betrokkene bijvoorbeeld met vakantie naar het buitenland gaat, dient dit **niet** te worden gerapporteerd (zie ook voetnoot 10).*

12) Betreft uitsluitend nieuwe patiënten met de typische graspollenallergie (zie de toelichting op de weekstaat).

13) Voor de aanvullende gegevens s.v.p. een apart formuliertje invullen en bij de weekstaat voegen.

14) Betreft uitsluitend nieuwe patiënten, die op eigen initiatief een van de volgende stoffen gebruiken: opium of opiumderivaten, LSD, wekaminen en producten, waarvan het waarschijnlijk moet worden geacht dat zij psychotrope stoffen bevatten.

15) Zie de toelichting op de weekstaat.

16) Ook indien de sport door omstandigheden wel in de openlucht wérd beoefend, dient het ongeval als zaalsport te worden gerapporteerd.

Appendix 3

Subjects on the weekly returns in alphabetical order 1970 - 1981

Subject	
Abortion (request)	*1970 - 1975*
Abortus provocatus	*1971 - 1979*
Accidents	*1971*
Accidents in the private sector	*1981*
Alcoholism	*1975*
Anti-hypertensivum or diuretic (prescription)	*1976*
Battered child syndrome (suspicion of)	*1973 - 1974*
Cervical smear	*1976 - 1981*
Diabetes mellitus	*1980 - 1981*
Diarrhoea e causa ignota (acute)	*1970*
Drug-use (consultation)	*1972 - 1973 and 1979 - 1981*
Exanthema e causa ignota	*1970*
Dwelling (certificate for another)	*1975*
Hay fever	*1978 - 1981*
Family planning (consultations)	*1970 - 1976*
Influenza (-like illness)	*1970 - 1981*
Measles	*1975 - 1979*
Mononucleosis infectiosa	*1977 - 1979*
Morning-after pill (prescription)	*1972 - 1981*
Myocardial infarction (suspicion of)	*1978*
Otitis media acuta	*1971*
Parkinson's disease	*1980 - 1981*
Psoriasis	*1976 - 1977*
Rubella (-like illness)	*1971*
Skull traumas in traffic	*1975 - 1977*
Smoking (consultation with regard to addiction)	*1974*
Sport (trauma)	*1979 - 1981*
Sterilization of the man performed	*1972 - 1981*
Sterilization of the woman performed	*1974 - 1981*
Suicide (attempted)	*1970 - 1972 and 1979 - 1981*
Tonsillectomy or adenotomy	*1971*
Tranquillizer (prescription)	*1972 - 1974*
Ulcus ventriculi/duodeni	*1975*
Urinary tract (prescription of medicine injection)	*1977*

Appendix 4

Age structure of the population of the Netherlands by sex, in thousands, 1 January 1980 (C.B.S.)

Age	*Men*	*Women*	*Total*
0 - 4	*452*	*430*	*882*
5 - 9	*552*	*528*	*1 080*
10 - 14	*626*	*597*	*1 223*
15 - 19	*638*	*610*	*1 248*
20 - 24	*606*	*585*	*1 191*
25 - 34	*1 201*	*1 133*	*2 334*
35 - 44	*890*	*831*	*1 721*
45 - 54	*745*	*750*	*1 495*
55 - 64	*618*	*684*	*1 302*
⩾ 65	*666*	*949*	*1 615*
Total	*6 944*	*7 097*	*14 091*

TABEL 1A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1980 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT		OUDE PATIENTEN		CERVIXUITSTRIJKJE KLACHT	INIT	VERZ	HERH	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
							ORAL	DIEET	SYMP	ARTS	VROUW	ONDZ						
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
< 1 JR	861	802	1663	186	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3660	3759	7419	159	-	3	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	6241	6063	12305	119	-	1	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6806	6615	13421	112	-	4	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19 JR	6972	6950	13921	136	1	6	1	-	3	6	1	-	-	-	-	-	-	-
20 - 24 JR	6746	7328	14075	171	1	4	-	1	26	93	18	12	-	-	-	3	3	3
25 - 34 JR	13004	12964	25968	150	-	8	2	3	43	98	62	65	-	-	-	68	56	62
35 - 44 JR	9137	9100	18237	184	1	14	8	4	37	71	64	110	-	-	-	81	90	86
45 - 54 JR	8067	8280	16347	167	9	12	26	27	34	68	48	75	4	-	2	21	14	18
55 - 64 JR	6422	6820	13242	149	5	23	64	52	13	31	18	25	2	3	2	-	-	-
> 64 JR	6629	9121	15750	146	11	51	170	92	2	1	1	-	20	10	14	-	-	-
TOTAAL	74545	77803	152348	151	3	13	27	18	19	44	26	35	2	1	2	24	22	23

Opm.: Voor gegevens m.b.t. het maken van een cervix uitstrijkje wordt verwezen naar de tekst op pagina 31.

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

TABEL 1A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1980 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT		VELDSPORT	
										INDV	TEAM	INDV	TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	861	802	1663	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3660	3759	7419	-	-	-	-	-	-	-	-	4	-
5 - 9 JR	6241	6063	12305	-	1	-	-	-	-	2	2	10	-
10 - 14 JR	6806	6615	13421	-	3	-	-	-	-	18	17	36	16
15 - 19 JR	6972	6950	13921	39	4	-	3	1	2	18	30	22	31
20 - 24 JR	6746	7328	14075	38	6	6	7	1	4	18	32	25	38
25 - 34 JR	13004	12964	25968	25	5	2	3	1	2	6	14	14	16
35 - 44 JR	9137	9100	18237	14	1	2	-	-	-	2	7	15	9
45 - 54 JR	8067	8280	16347	-	2	1	-	-	-	3	1	10	2
55 - 64 JR	6422	6820	13242	1	-	1	-	-	-	-	-	3	-
> 64 JR	6629	9121	15750	-	-	-	-	-	-	-	-	2	-
TOTAAL	74545	77803	152348	13	2	1	1	0	1	7	11	14	12

TABEL 1B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1980 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PATIENTEN PAREN	DIABETES MELLITUS ORAL	DIABETES MELLITUS DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
< 1 JR	856	797	1653	139	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3628	3742	7370	155	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	6191	6049	12240	133	-	1	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6745	6570	13315	135	-	2	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19 JR	6905	6873	13778	134	-	-	-	-	9	4	1	1	-	-	-	-	-	-
20 - 24 JR	6686	7234	13922	132	2	2	-	-	41	90	24	11	-	-	-	2	6	4
25 - 34 JR	12889	12855	25744	104	1	5	0	1	37	96	58	45	-	-	-	61	54	57
35 - 44 JR	9061	9023	18083	93	3	2	3	3	39	73	49	95	1	-	1	64	67	65
45 - 54 JR	8011	8221	16232	85	6	3	6	8	27	52	38	109	3	1	2	9	6	7
55 - 64 JR	6332	6701	13033	89	5	10	28	22	7	22	19	36	3	1	2	5	-	2
> 64 JR	6521	8914	15435	100	16	15	40	38	9	12	2	8	9	4	6	-	-	-
TOTAAL	73826	76978	150805	112	3	4	8	7	20	42	24	36	1	1	1	20	18	19

TABEL 1B (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1980 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT		VELDSPORT	
										INDV	TEAM	INDV	TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	856	797	1653	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3628	3742	7370	-	3	-	-	-	-	-	-	-	-
5 - 9 JR	6191	6049	12240	-	11	-	-	-	-	1	2	2	3
10 - 14 JR	6745	6570	13315	-	29	-	-	-	-	8	6	12	23
15 - 19 JR	6905	6873	13778	28	47	1	1	-	1	12	21	23	63
20 - 24 JR	6688	7234	13922	29	44	1	9	-	4	4	14	24	59
25 - 34 JR	12889	12855	25744	23	24	1	2	-	1	4	7	5	33
35 - 44 JR	9061	9023	18083	14	20	2	-	1	1	3	3	8	17
45 - 54 JR	8011	8221	16232	4	9	3	-	-	-	3	3	2	4
55 - 64 JR	6332	6701	13033	-	8	2	-	-	-	1	2	1	-
> 64 JR	6521	8914	15435	-	2	2	-	-	-	-	-	-	-
TOTAAL	73826	76978	150805	11	20	1	1	0	1	4	6	8	22

TABEL 1C CONTINUE MORBIDITEITSREGISTRATIE PEELSTATIONS

3E KWARTAAL 1980 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PAREN	DIABETES MELLITUS PATIENTEN ORAL DIEET	DIABETES MELLITUS PATIENTEN ORAL DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
< 1 JR	785	735	1520	99	7	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3353	3437	6790	52	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	5689	5528	11217	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6179	6012	12191	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19 JR	6298	6277	12574	37	-	1	-	1	11	6	2	6	-	-	-	-	-	-
20 - 24 JR	6115	6641	12756	53	1	1	-	-	35	98	15	18	-	-	-	3	2	2
25 - 34 JR	11841	11787	23627	53	1	2	-	0	31	83	48	55	-	-	-	49	33	41
35 - 44 JR	8270	8201	16471	60	2	2	1	1	44	63	52	112	-	-	-	50	68	59
45 - 54 JR	7293	7502	14795	44	2	1	4	6	43	41	32	87	-	1	1	10	7	8
55 - 64 JR	5827	6178	12005	56	8	5	14	9	16	24	8	44	-	2	1	-	-	-
> 64 JR	5989	8199	14188	39	10	6	18	13	10	7	1	7	10	4	6	-	-	-
TOTAAL	67638	70497	138135	47	2	2	4	3	22	38	20	38	1	1	1	16	14	15

TABEL 1C (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1980 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGSGEBRUIK			SPORTONGEVALLEN ZAALSPORT		VELDSPORT	
										INDV	TEAM	INDV	TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	785	735	1520	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3353	3437	6790	-	-	-	-	-	-	-	-	-	1
5 - 9 JR	5389	5528	11217	-	4	-	-	-	-	2	-	3	4
10 - 14 JR	6179	6012	12191	-	2	-	-	-	-	5	3	10	14
15 - 19 JR	6298	6277	12574	46	5	-	2	2	2	2	14	14	59
20 - 24 JR	6115	6641	12756	33	8	3	11	-	5	2	9	18	62
25 - 34 JR	11841	11787	23627	24	5	3	3	1	2	3	4	9	31
35 - 44 JR	8270	8201	16471	22	2	2	-	-	-	1	5	9	14
45 - 54 JR	7293	7502	14795	4	2	1	-	-	-	1	1	2	3
55 - 64 JR	5827	6178	12005	-	1	1	-	-	-	-	-	2	-
> 64 JR	5989	8199	14188	-	1	4	-	-	-	-	-	-	-
TOTAAL	67638	70497	138135	14	3	2	2	0	1	2	4	7	20

TABEL 1D CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1980 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS: NWE PAT	OUDE PAREN	PATIENTEN ORAL	DIEET	CERVIXUITSTRIJKJE: KLACHT SYMP	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
< 1 JR	860	807	1667	102	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3667	3770	7437	144	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	6231	6088	12318	74	1	-	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6790	6621	13411	64	-	4	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19 JR	6975	6958	13933	102	-	5	-	1	4	1	4	1	-	-	-	-	-	-
20 - 24 JR	6761	7345	14106	136	-	10	1	2	37	91	19	14	-	-	-	3	3	3
25 - 34 JR	12994	12972	25966	121	1	4	-	-	50	106	58	65	-	1	0	45	47	46
35 - 44 JR	9138	9084	18221	121	3	9	3	5	35	59	42	111	-	1	1	71	58	65
45 - 54 JR	8080	8302	16382	132	4	12	11	11	36	40	29	107	1	1	1	12	5	9
55 - 64 JR	6402	6794	13197	129	7	17	33	28	19	18	24	44	5	3	4	2	1	2
> 64 JR	6607	9071	15678	122	21	41	100	78	-	6	-	2	15	11	13	-	-	-
TOTAAL	74503	77812	152315	115	4	10	14	12	22	40	22	41	2	2	2	18	16	17

TABEL 1B (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1980 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT		VELDSPORT	
										INDV	TEAM	INDV	TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	860	807	1667	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3667	3770	7437	-	-	-	-	-	-	1	-	-	-
5 - 9 JR	6231	6088	12318	-	-	-	-	-	-	2	4	-	2
10 - 14 JR	6790	6621	13411	-	-	-	-	-	-	16	16	10	15
15 - 19 JR	6975	6958	13933	36	1	3	6	-	3	18	42	9	42
20 - 24 JR	6761	7345	14106	34	-	5	9	3	6	13	24	12	65
25 - 34 JR	12994	12972	25966	19	-	0	3	2	3	5	17	4	29
35 - 44 JR	9138	9084	18221	17	-	5	1	-	1	5	9	2	8
45 - 54 JR	8080	8302	16382	2	1	2	2	-	1	-	-	2	2
55 - 64 JR	6402	6794	13197	-	-	2	-	-	-	-	-	-	-
> 64 JR	6607	9071	15678	-	-	4	-	-	-	-	-	-	-
TOTAAL	74503	77812	152315	12	0	2	2	1	1	6	12	4	17

TABEL 1E CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1980 TOTAAL PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PAREN	DIABETES MELLITUS PATIENTEN ORAL	DIABETES MELLITUS PATIENTEN DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
< 1 JR	841	786	1627	529	6	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3578	3679	7257	515	-	3	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	6091	5935	12026	361	1	2	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	6633	6458	13091	345	-	10	-	-	-	-	-	-	-	-	-	-	-	-
15 - 19 JR	6791	6768	13559	415	1	12	1	1	27	18	9	9	-	-	-	-	-	-
20 - 24 JR	6581	7141	13722	499	4	17	1	3	139	371	76	55	-	-	-	11	13	12
25 - 34 JR	12688	12651	25338	406	3	19	2	4	162	385	227	230	-	1	0	222	191	206
35 - 44 JR	8906	8856	17762	463	8	28	15	12	155	268	207	428	1	1	1	267	283	275
45 - 54 JR	7867	8081	15947	435	23	28	48	53	139	202	147	379	8	4	6	52	32	42
55 - 64 JR	6249	6626	12875	427	26	57	141	114	56	95	69	148	10	9	9	6	2	4
> 64 JR	6440	8831	15271	415	56	115	335	224	20	26	5	17	54	29	40	-	-	-
TOTAAL	72664	75811	148474	425	13	30	54	41	83	165	92	150	7	5	6	79	70	74

TABEL 1E (VERVOLG) • CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1980 TOTAAL PER 10.000

LEEFTIJDS-GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	ZAALSPORT TEAM	VELDSPORT INDV	VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	841	786	1627	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3578	3679	7257	-	3	-	-	-	-	1	-	4	1
5 - 9 JR	6091	5935	12026	-	15	-	-	-	-	7	9	14	8
10 - 14 JR	6633	6458	13091	-	34	-	-	-	-	47	44	68	67
15 - 19 JR	6791	6768	13559	148	58	5	12	3	7	51	108	68	194
20 - 24 JR	6581	7141	13722	134	58	14	36	4	20	38	79	79	223
25 - 34 JR	12688	12651	25338	90	34	7	11	4	8	18	43	32	109
35 - 44 JR	8906	8856	17762	67	24	12	1	1	1	10	24	33	48
45 - 54 JR	7867	8081	15947	10	14	7	3	-	1	8	4	16	12
55 - 64 JR	6249	6626	12875	2	9	6	-	-	-	1	2	5	-
> 64 JR	6440	8831	15271	-	3	10	-	-	-	-	-	2	-
TOTAAL	72664	75811	148474	50	26	7	7	1	4	18	33	33	71

TABEL 2A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1960 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PAREN	DIABETES MELLITUS PATIENTEN ORAL	DIABETES MELLITUS PATIENTEN DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
GR+FR+DR	10186	10592	20779	258	2	22	34	21	23	30	27	13	11	5	8	20	20	20
OV+GLD+ZYP	13689	14013	27703	154	3	5	8	4	32	47	20	32	2	3	3	23	21	22
UTR+NH+ZH	34728	36729	71457	91	2	13	33	25	16	55	29	53	1	0	0	23	21	22
ZLD+NB+LIM	15942	16467	32409	211	5	14	27	12	15	26	24	11	1	1	1	31	25	28
TOTAAL	74545	77803	152348	151	3	13	27	18	19	44	26	35	2	1	2	24	22	23

TABEL 2A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1960 PER 10.000

PROVINCIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	SPORTONGEVALLEN ZAALSPORT TEAM	SPORTONGEVALLEN VELDSPORT INDV	SPORTONGEVALLEN VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	10186	10592	20779	22	1	1	2	-	1	11	18	17	13
OV+GLD+ZYP	13689	14013	27703	11	2	-	-	-	-	5	17	17	11
UTR+NH+ZH	34728	36729	71457	11	3	2	3	1	2	7	6	12	8
ZLD+NB+LIM	15942	16467	32409	14	2	2	-	-	-	5	10	14	19
TOTAAL	74545	77803	152348	13	2	1	1	0	1	7	11	14	12

TABEL 2B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1980 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PAREN	DIABETES MELLITUS PATIENTEN ORAL	DIABETES MELLITUS PATIENTEN DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
GR+FR+DR	9607	9989	19597	189	3	11	23	23	32	35	35	12	3	1	2	11	19	15
OV+GLD+ZYP	13700	13981	27680	91	4	5	7	1	46	32	16	19	1	3	2	19	11	15
UTR+NH+ZH	34703	36686	71389	103	3	4	6	7	12	54	29	59	2	0	1	22	22	22
ZLD+NB+LIM	15817	16323	32139	105	4	0	2	3	8	29	12	12	-	-	-	20	14	17
TOTAAL	73826	76978	150805	112	3	4	8	7	20	42	24	36	1	1	1	20	18	19

TABEL 2B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1980 PER 10.000

PROVINCIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	SPORTONGEVALLEN ZAALSPORT TEAM	SPORTONGEVALLEN VELDSPORT INDV	SPORTONGEVALLEN VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	9607	9989	19597	18	18	3	3	-	2	6	11	10	31
OV+GLD+ZYP	13700	13981	27680	9	35	1	1	-	0	4	6	11	21
UTR+NH+ZH	34703	36686	71389	11	19	1	1	0	1	3	4	7	16
ZLD+NB+LIM	15817	16323	32139	9	12	1	1	-	0	3	7	5	30
TOTAAL	73826	76978	150805	11	20	1	1	0	1	4	6	8	22

TABEL 2C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1980 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NIEUWE PAT	OUDE PATIENTEN OORAL	DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
GR+FR+DR	9305	9675	18980	87	3	1	3	27	22	19	14	1	-	1	17	16	16
OV+GLD+ZYP	12709	12949	25658	64	2	2	1	45	37	24	21	2	3	2	13	12	12
UTR+NH+ZH	31503	33302	64804	21	2	2	6	16	49	23	61	1	0	1	17	15	16
ZLD+NB+LIM	14121	14571	28693	63	3	2	2	10	27	11	19	-	-	-	16	13	14
TOTAAL	67638	70497	138135	47	2	2	4	22	38	20	38	1	1	1	16	14	15

TABEL 2C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1980 PER 10.000

PROVINCIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	ZAALSPORT TEAM	VELDSPORT INDV	VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	9305	9675	18980	26	2	2	6	-	3	3	3	9	18
OV+GLD+ZYP	12709	12949	25658	15	8	2	-	-	-	1	5	9	25
UTR+NH+ZH	31503	33302	64804	11	2	2	2	1	1	2	2	6	17
ZLD+NB+LIM	14121	14571	28693	12	2	-	-	-	-	2	6	5	23
TOTAAL	67638	70497	138135	14	3	2	2	0	1	2	4	7	20

TABEL 2D CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1980 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PAREN	DIABETES MELLITUS PATIENTEN ORAL	DIABETES MELLITUS PATIENTEN DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
GR+FR+DR	9861	10268	20129	183	5	4	6	11	48	34	28	13	-	2	1	17	13	15
OV+GLD+ZYP	13996	14309	28305	174	1	21	31	27	50	38	20	23	5	3	4	18	13	15
UTR+NH+ZH	35028	37127	72154	65	4	7	7	8	8	49	22	66	2	2	2	16	16	16
ZLD+NB+LIM	15619	16108	31727	131	4	12	24	10	11	24	19	17	-	1	0	24	19	21
TOTAAL	74503	77812	152315	115	4	10	14	12	22	40	22	41	2	2	2	18	16	17

TABEL 2D (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1980 PER 10.000

PROVINCIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	SPORTONGEVALLEN ZAALSPORT TEAM	SPORTONGEVALLEN VELDSPORT INDV	SPORTONGEVALLEN VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	9861	10268	20129	13	1	3	4	1	2	11	21	10	18
OV+GLD+ZYP	13996	14309	28305	13	-	1	2	2	2	7	12	3	29
UTR+NH+ZH	35028	37127	72154	9	0	2	3	0	2	4	9	2	11
ZLD+NB+LIM	15619	16108	31727	16	-	2	-	-	-	5	13	5	21
TOTAAL	74503	77812	152315	12	0	2	2	1	1	6	12	4	17

TABEL 2E

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1980 TOTAAL PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	OUDE PATIENTEN PAREN	ORAL	DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
GR+FR+DR	9742	10134	19876	726	14	39	67	58	129	121	110	52	15	8	12	66	67	66
OV+GLD+ZYP	13532	13822	27355	488	10	33	48	35	173	155	80	95	10	12	11	73	57	65
UTR+NH+ZH	34010	35983	69993	275	12	27	52	45	52	207	104	238	6	3	4	79	74	77
ZLD+NB+LIM	15379	15872	31251	518	16	28	56	28	44	105	66	59	1	1	1	92	71	81
TOTAAL	72664	75811	148474	425	13	30	54	41	83	165	92	150	7	5	6	79	70	74

TABEL 2E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1980 TOTAAL PER 10.000

PROVINCIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	ZAALSPORT TEAM	VELDSPORT INDV	VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	9742	10134	19876	78	21	9	15	1	8	31	54	47	79
OV+GLD+ZYP	13532	13822	27355	47	45	4	3	2	3	17	40	40	86
UTR+NH+ZH	34010	35983	69993	42	24	8	9	2	5	16	21	28	52
ZLD+NB+LIM	15379	15872	31251	52	16	5	1	-	0	16	37	29	93
TOTAAL	72664	75811	148474	50	26	7	7	1	4	18	33	33	71

TABEL 3A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1980 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	OUDE PAREN	PATIENTEN ORAL	DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
A1-A4	12545	12466	25011	83	2	7	10	8	22	59	18	18	3	3	3	26	24	25
B1-B3+C1-C4	45655	47576	93231	169	3	15	27	15	14	33	28	33	3	1	2	23	20	21
C5	16345	17761	34106	153	2	12	42	35	32	63	28	53	-	-	-	28	24	26
TOTAAL	74545	77803	152348	151	3	13	27	18	19	44	26	35	2	1	2	24	22	23

TABEL 3A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1980 PER 10.000

URBANISATIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	ZAALSPORT TEAM	VELDSPORT INDV	VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	12545	12466	25011	10	1	-	-	-	-	6	21	16	10
B1-B3+C1-C4	45655	47576	93231	12	2	2	1	0	1	5	9	15	12
C5	16345	17761	34106	19	4	1	4	1	3	12	7	10	12
TOTAAL	74545	77803	152348	13	2	1	1	0	1	7	11	14	12

TABEL 3B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1980 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PAREN	DIABETES MELLITUS PATIENTEN ORAL	DIABETES MELLITUS PATIENTEN DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
A1-A4	12940	12917	25858	74	3	3	2	1	16	43	15	7	2	3	2	12	24	18
B1-B3+C1-C4	45503	47439	92942	107	3	4	6	6	11	31	23	33	2	0	1	18	14	16
C5	15383	16622	32005	158	5	7	16	16	49	75	32	65	1	1	1	32	24	28
TOTAAL	73826	76978	150805	112	3	4	8	7	20	42	24	36	1	1	1	20	18	19

TABEL 3B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1980 PER 10.000

URBANISATIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	SPORTONGEVALLEN ZAALSPORT TEAM	SPORTONGEVALLEN VELDSPORT INDV	SPORTONGEVALLEN VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	12940	12917	25858	8	35	1	1	-	0	4	7	10	27
B1-B3+C1-C4	45503	47439	92942	12	17	2	1	-	0	3	6	6	20
C5	15383	16622	32005	12	18	1	3	1	2	7	3	11	21
TOTAAL	73826	76978	150805	11	20	1	1	0	1	4	6	8	22

TABEL 3C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1980 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PAREN	DIABETES MELLITUS PATIENTEN ORAL	DIABETES MELLITUS PATIENTEN DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
A1-A4	11456	11396	22852	33	2	1	0	2	15	38	19	11	2	4	3	10	15	12
B1-B3+C1-C4	42266	44043	86309	42	2	2	4	3	14	30	20	35	0	0	0	16	14	15
C5	13916	15058	28974	72	3	2	4	3	50	63	21	68	1	-	1	20	14	17
TOTAAL	67638	70497	138135	47	2	2	4	3	22	38	20	38	1	1	1	16	14	15

TABEL 3C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1980 PER 10.000

URBANISATIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	SPORTONGEVALLEN ZAALSPORT TEAM	SPORTONGEVALLEN VELDSPORT INDV	SPORTONGEVALLEN VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	11456	11396	22852	13	8	2	-	-	-	0	5	9	28
B1-B3+C1-C4	42266	44043	86309	15	2	1	1	0	1	2	4	6	17
C5	13916	15058	28974	13	3	3	5	1	3	2	2	9	22
TOTAAL	67638	70497	138135	14	3	2	2	0	1	2	4	7	20

TABEL 3D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1980 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	DIABETES MELLITUS OUDE PATIENTEN	DIABETES MELLITUS PAREN ORAL	DIABETES MELLITUS DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
A1-A4	12849	12809	25657	132	2	23	30	23	20	46	15	7	5	4	4	18	17	18
B1-B3+C1-C4	45827	47748	93575	89	3	9	12	9	13	25	21	40	1	2	1	21	16	18
C5	15828	17255	33083	175	6	5	12	14	49	76	30	68	3	1	2	11	14	13
TOTAAL	74503	77812	152315	115	4	10	14	12	22	40	22	41	2	2	2	18	16	17

TABEL 3D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1980 PER 10.000

URBANISATIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	SPORTONGEVALLEN ZAALSPORT TEAM	SPORTONGEVALLEN VELDSPORT INDV	SPORTONGEVALLEN VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	12849	12809	25657	12	-	1	2	2	2	7	13	4	30
B1-B3+C1-C4	45827	47748	93575	11	0	2	1	0	1	5	12	5	14
C5	15828	17255	33083	13	-	4	6	-	3	8	9	2	17
TOTAAL	74503	77812	152315	12	0	2	2	1	1	6	12	4	17

TABEL 3E

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1980 TOTAAL PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	DIABETES MELLITUS NWE PAT	OUDE PAREN	PATIENTEN ORAL	DIEET	CERVIXUITSTRIJKJE KLACHT SYMP	INIT ARTS	VERZ VROUW	HERH ONDZ	ZIEKTE VAN PARKINSON			STERILISATIE VERRICHT		
	M	V	T	M/V	M/V	M/V	M/V	M/V	V	V	V	V	M	V	T	M	V	T
A1-A4	12455	12405	24860	327	9	34	43	34	73	186	67	43	11	14	12	66	81	73
B1-B3+C1-C4	44832	46721	91553	403	12	30	49	33	51	119	92	141	6	4	5	78	64	71
C5	15377	16685	32061	567	17	27	77	70	179	277	112	254	5	2	3	91	77	84
TOTAAL	72664	75811	148474	425	13	30	54	41	83	165	92	150	7	5	6	79	70	74

TABEL 3E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1980 TOTAAL PER 10.000

URBANISATIE GROEP	POPULATIE			MORN-AFTER PIL	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN ZAALSPORT INDV	ZAALSPORT TEAM	VELDSPORT INDV	VELDSPORT TEAM
	M	V	T	V	M+V	M+V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	12455	12405	24860	43	45	4	2	2	2	17	47	38	95
B1-B3+C1-C4	44832	46721	91553	49	21	7	4	1	2	14	32	32	64
C5	15377	16685	32061	57	25	9	19	2	10	30	23	31	71
TOTAAL	72664	75811	148474	50	26	7	7	1	4	18	33	33	71

Tabel 4a

Continue morbiditeitsregistratie peilstations

Aantal patiënten met influenza(-achtig ziektebeeld), per week, per 10.000 inwoners, 1980-1981 (t/m 13e week)

Week nr.	*Aantal patiënten*							
1980	*Provinciegroep*				*Urbanisatiegroep*			*Totaal*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1	12	7	6	8	6	7	10	8
2	19	10	11	13	9	12	15	12
3	12	11	10	13	8	12	12	11
4	20	12	7	13	7	11	12	11
5	39	13	9	17	11	18	12	15
6	37	10	8	22	4	19	12	15
7	21	14	5	12	4	11	13	11
8	21	17	6	15	6	12	15	12
9	24	18	7	25	6	16	16	15
10	13	15	5	24	3	15	11	12
11	12	8	5	18	4	12	7	9
12	6	8	4	17	4	10	5	8
13	21	13	9	15	10	14	12	13
14	12	6	11	10	6	11	11	10
15	16	9	11	9	9	12	12	11
16	11	9	12	6	10	10	13	11
17	13	16	13	12	19	12	14	13
18	14	15	12	11	12	11	18	13
19	21	8	7	5	3	9	13	9
20	32	6	9	5	4	6	24	11
21	18	3	16	11	2	15	16	13
22	19	4	8	8	4	7	10	7
23	2	3	4	5	1	4	6	4
24	12	3	2	10	0	6	8	5
25	4	4	4	6	2	4	6	4
26	10	4	2	6	2	4	7	4
27	10	6	1	7	2	4	8	5
28	15	5	2	7	1	3	16	5
29	10	3	2	7	1	4	9	4
30	10	1	1	6	0	3	7	3
31	3	4	1	4	1	2	2	2
32	4	2	1	2	0	1	4	2
33	5	2	2	5	1	3	3	3

Tabel 4a (vervolg)

Continue morbiditeitsregistratie peilstations

Aantal patiënten met influenza(-achtig ziektebeeld), per week, per 10.000 inwoners, 1980-1981 (t/m 13e week)

Week nr.	*Aantal patiënten*							
1980	*Provinciegroep*				*Urbanisatiegroep*			*Totaal*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
34	2	2	2	1	1	2	1	2
35	1	1	1	6	1	3	1	2
36	0	3	2	5	3	3	2	3
37	10	5	2	3	0	5	5	4
38	7	10	2	5	8	4	6	5
39	7	18	2	5	11	5	6	6
40	17	17	3	6	15	6	11	8
41	18	16	3	12	14	6	13	9
42	7	12	4	8	12	5	9	5
43	15	18	5	12	13	7	20	9
44	17	18	6	11	16	6	18	11
45	15	16	6	11	13	8	13	10
46	18	16	5	12	12	8	15	10
47	7	16	6	4	13	5	10	7
48	9	11	4	8	8	5	11	7
49	15	10	5	12	9	8	12	9
50	21	11	6	10	7	7	18	9
51	14	12	6	12	8	8	18	9
52	2	9	4	10	7	7	4	6
53	4	7	2	7	6	4	3	4
1981								
1	15	15	11	11	10	9	22	12
2	14	14	11	13	7	12	19	12
3	13	23	14	30	17	17	23	19
4	31	31	20	30	27	21	35	25
5	50	51	21	47	49	29	44	36
6	34	61	17	37	63	24	32	32
7	35	31	17	50	24	29	34	29
8	45	27	15	35	19	22	38	25
9	23	29	13	42	24	22	28	24
10	13	29	13	65	20	31	25	28
11	13	19	7	30	12	15	15	15
12	6	21	6	15	15	9	11	11
13	4	15	4	11	12	6	9	8

Figuur 1

PEILSTATIONS

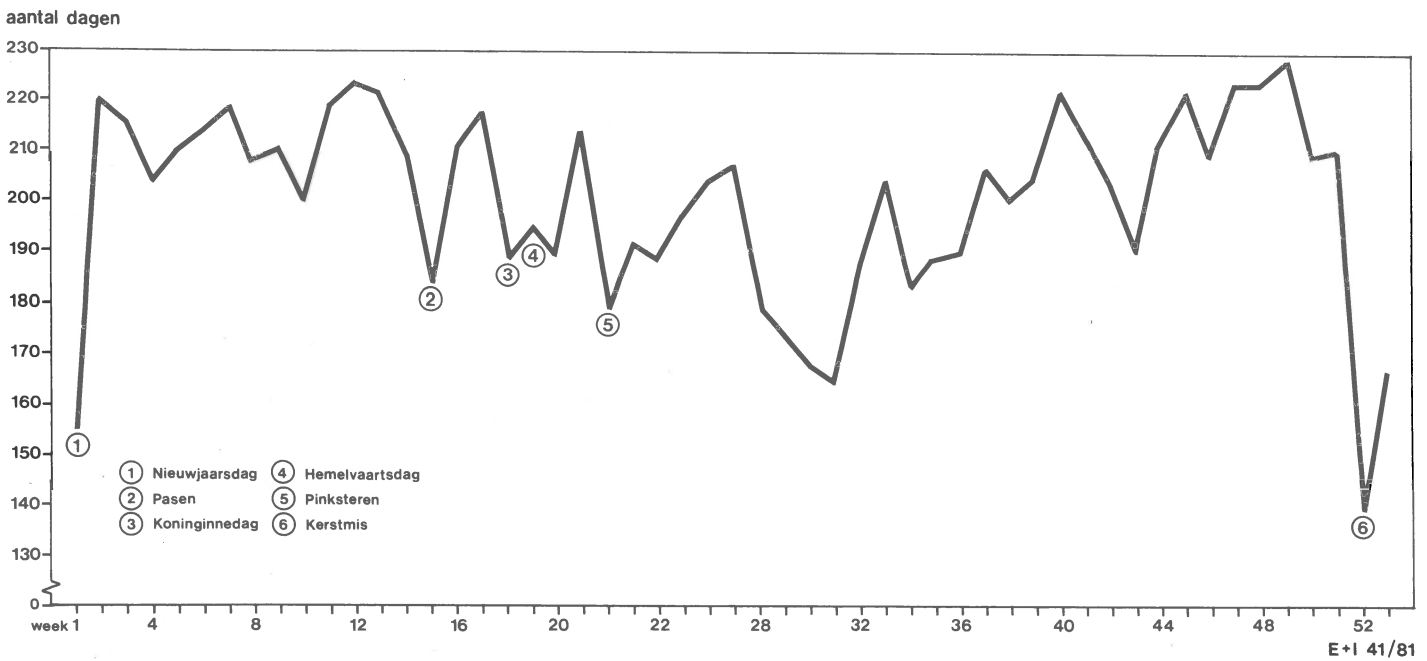
CONTINUE MORBIDITEITS REGISTRATIE

1980

E+I 40|81

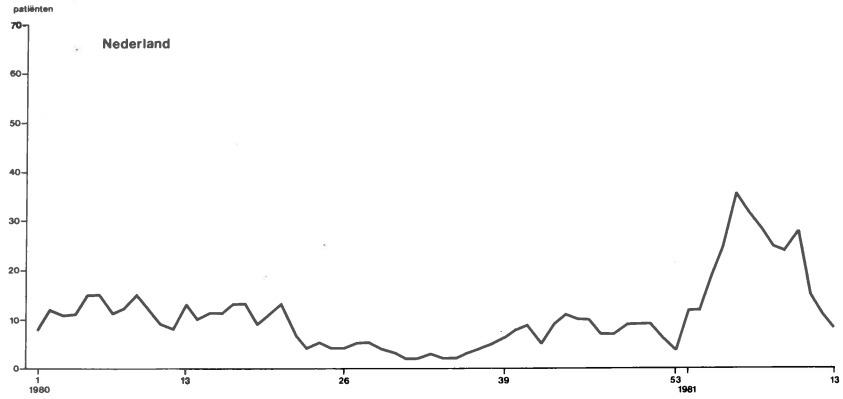
Figuur 2

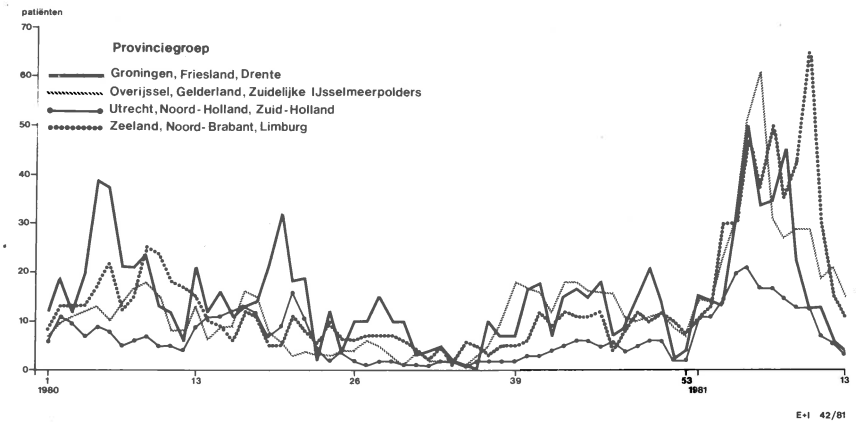
Het aantal dagen, dat in 1980 per week is gerapporteerd

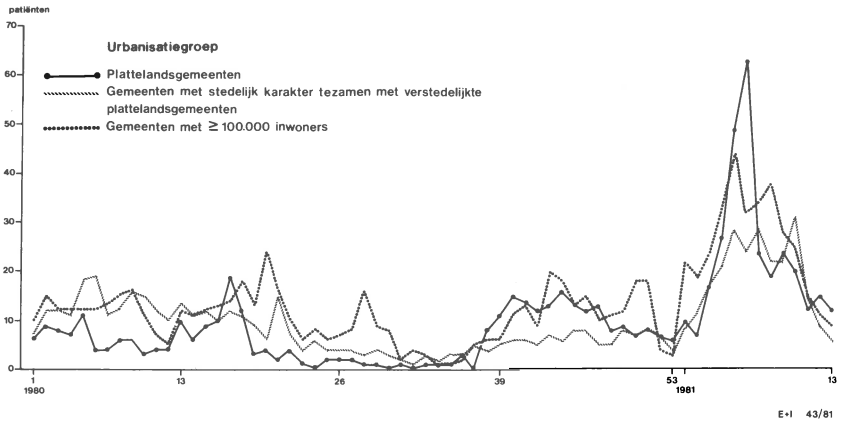


Figuur 3 ·

Aantal patiënten met influenza(-achtig ziektebeeld) per week en per 10.000 inwoners, 1980 - 1981 (t/m 13e week)

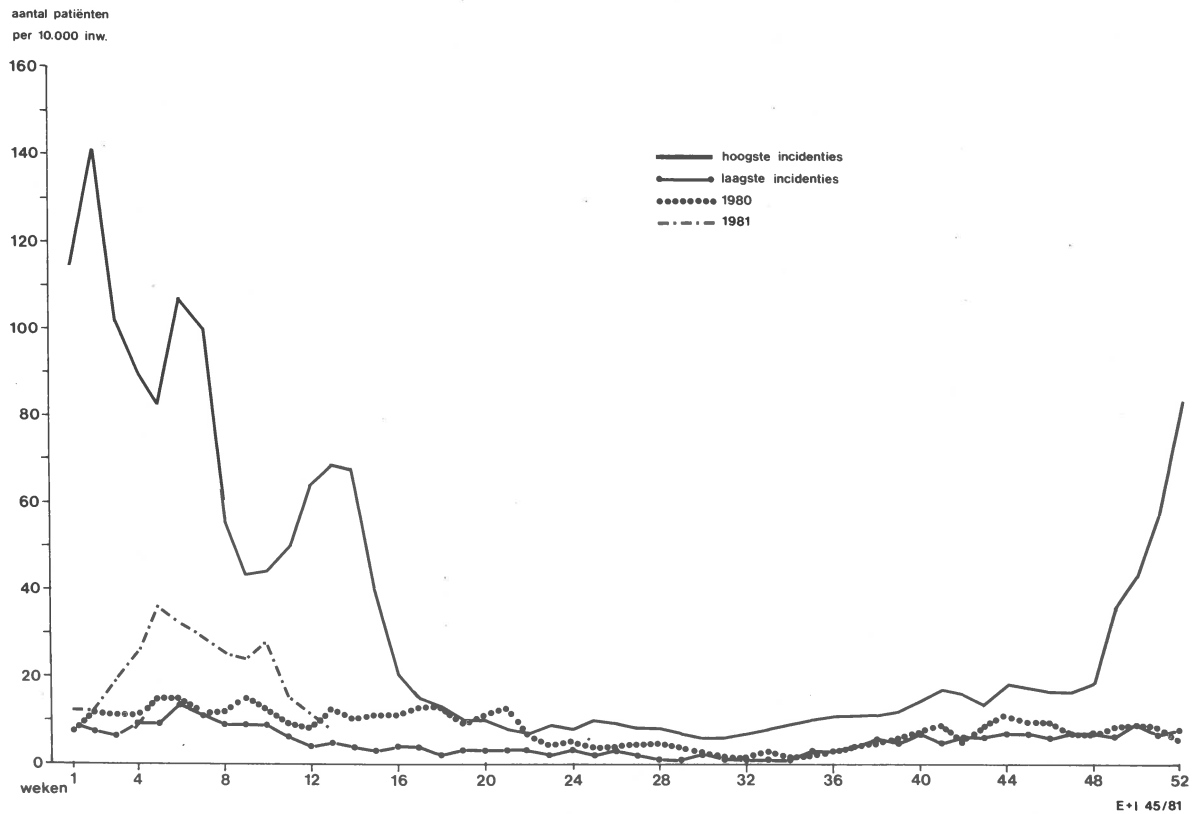






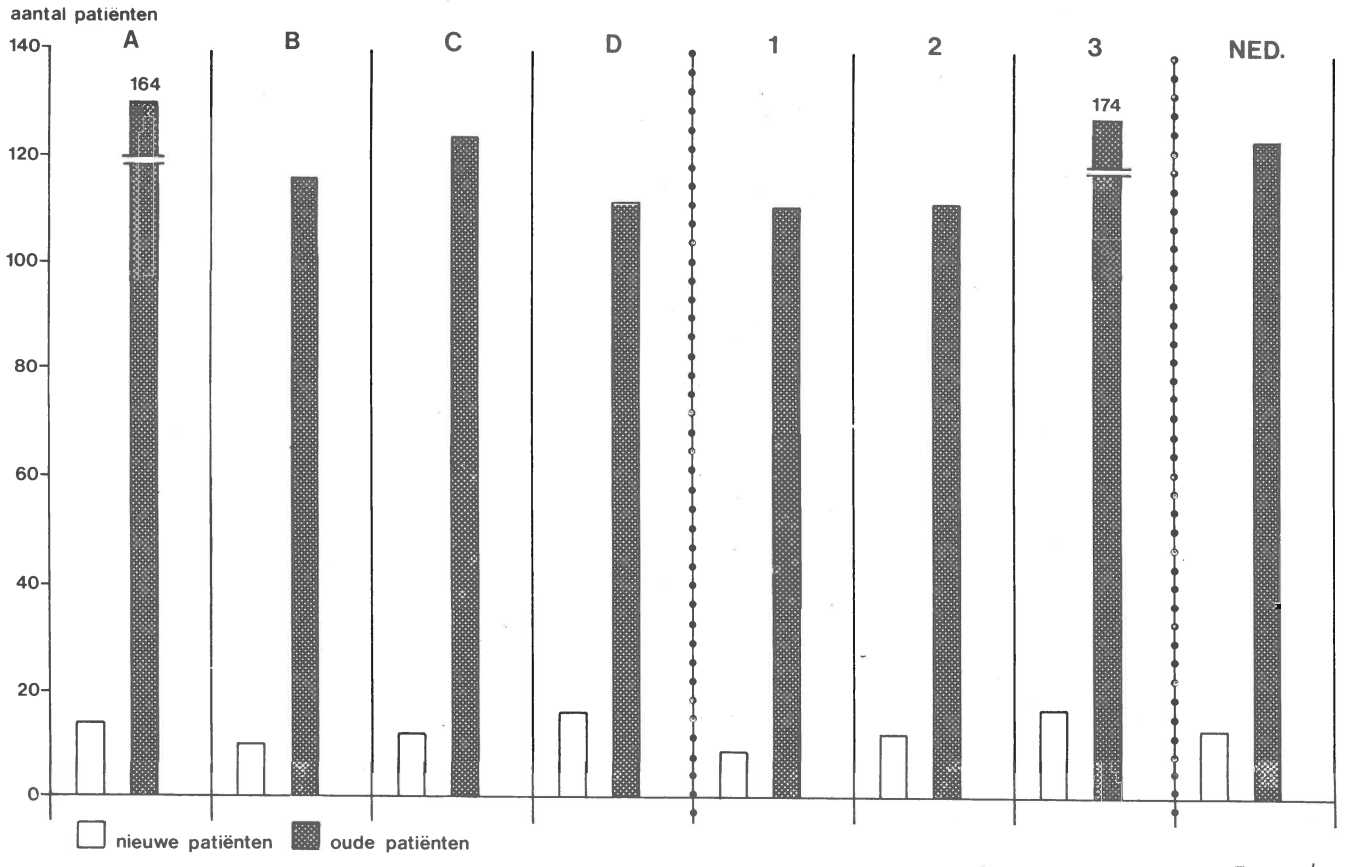
Figuur 4

Hoogste en laagste weekincidenties van influenza(-achtig ziektebeeld) per 10.000 inwoners voor de jaren 1970 - 1979 en weekincidenties van 1980 en 1981 (t/m 13e week)



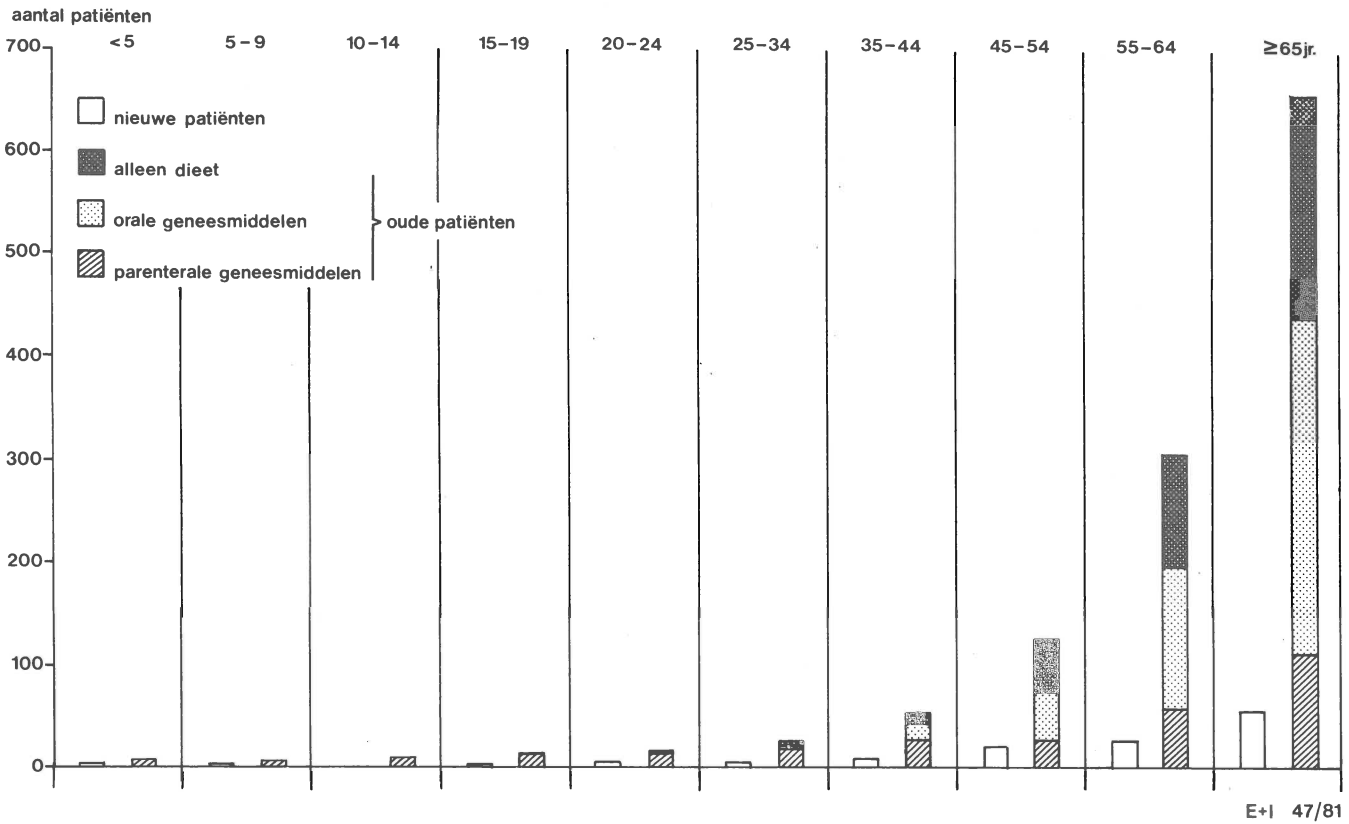
Figuur 5

Aantal nieuwe en oude patiënten met diabetes mellitus, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1980



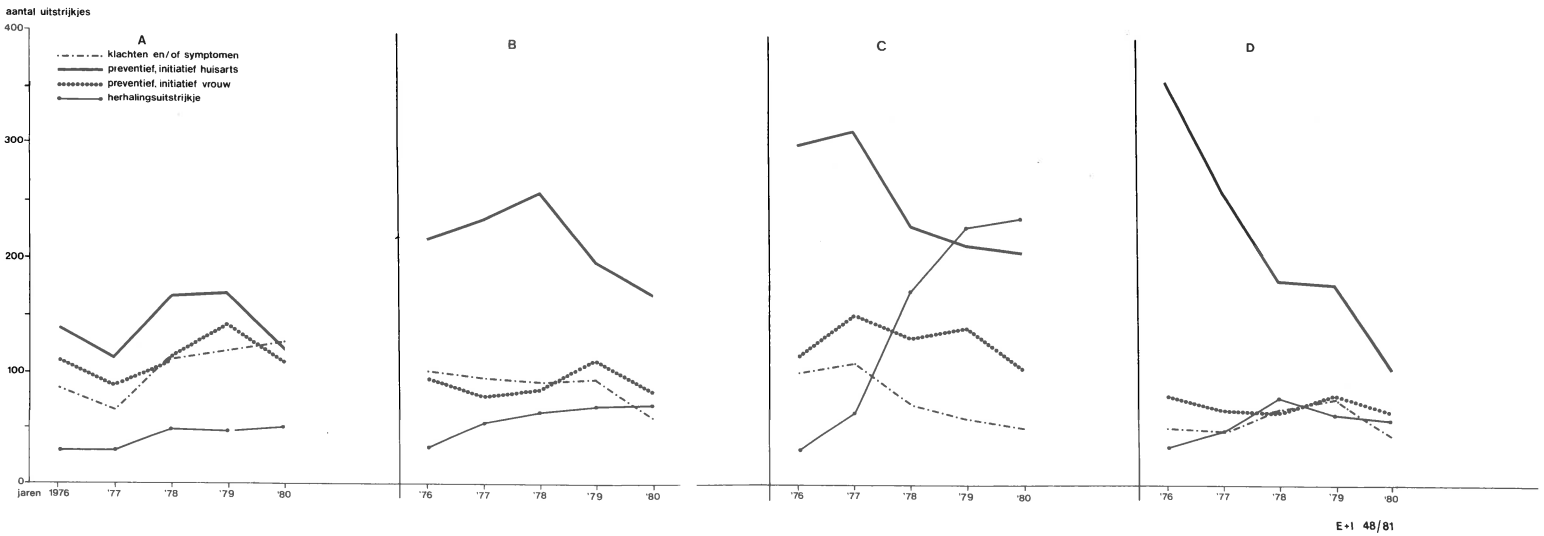
Figuur 6

Aantal nieuwe en oude patiënten met diabetes mellitus naar leeftijdsgroep, per 10.000 inwoners, 1980
Bij de oude patiënten tevens de toegepaste therapie



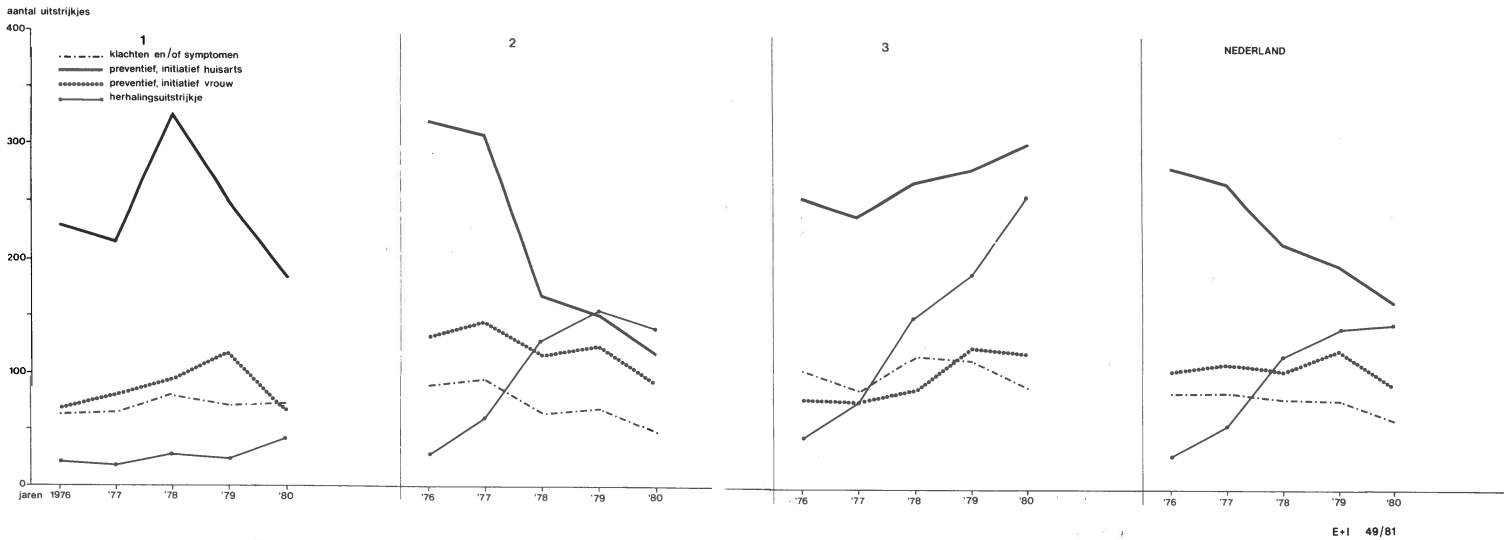
Figuur 7

Aantal uitstrijkjes gemaakt van de cervix uteri, per provinciegroep, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1980



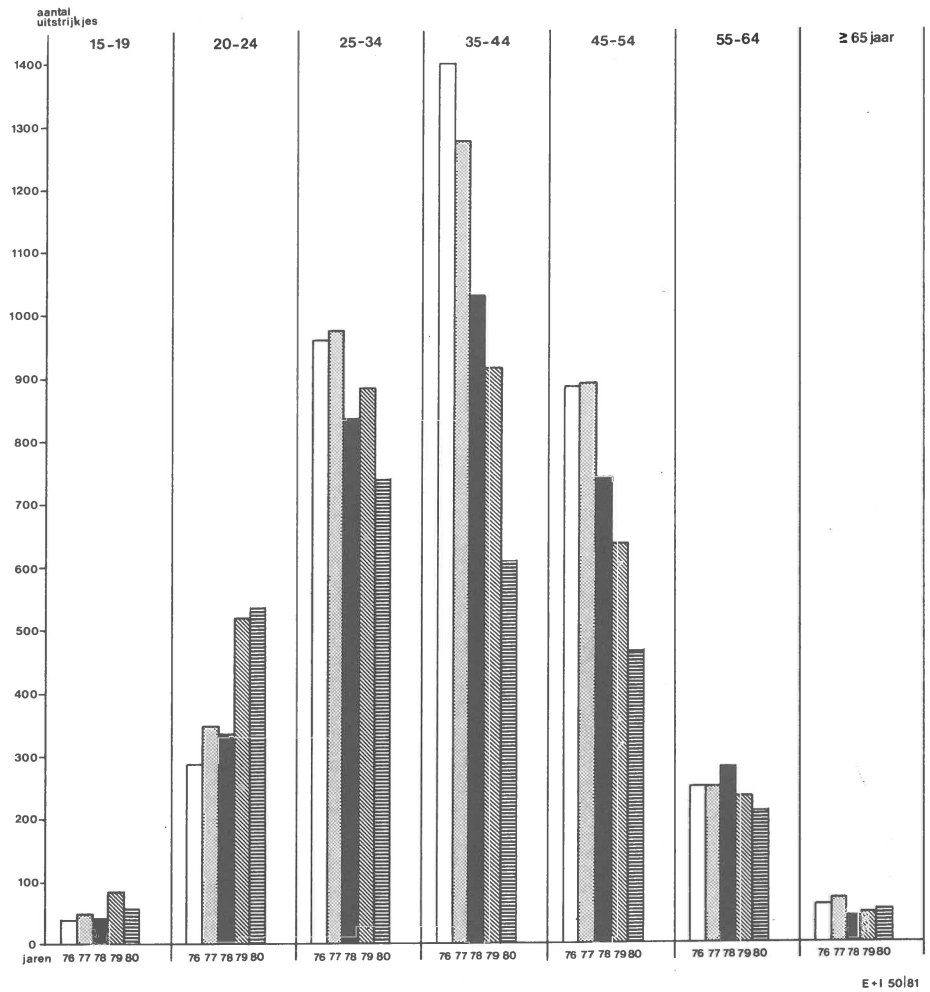
Figuur 8

Aantal uitstrijkjes gemaakt van de cervix uteri, per urbanisatiegroep en voor Nederland, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1980



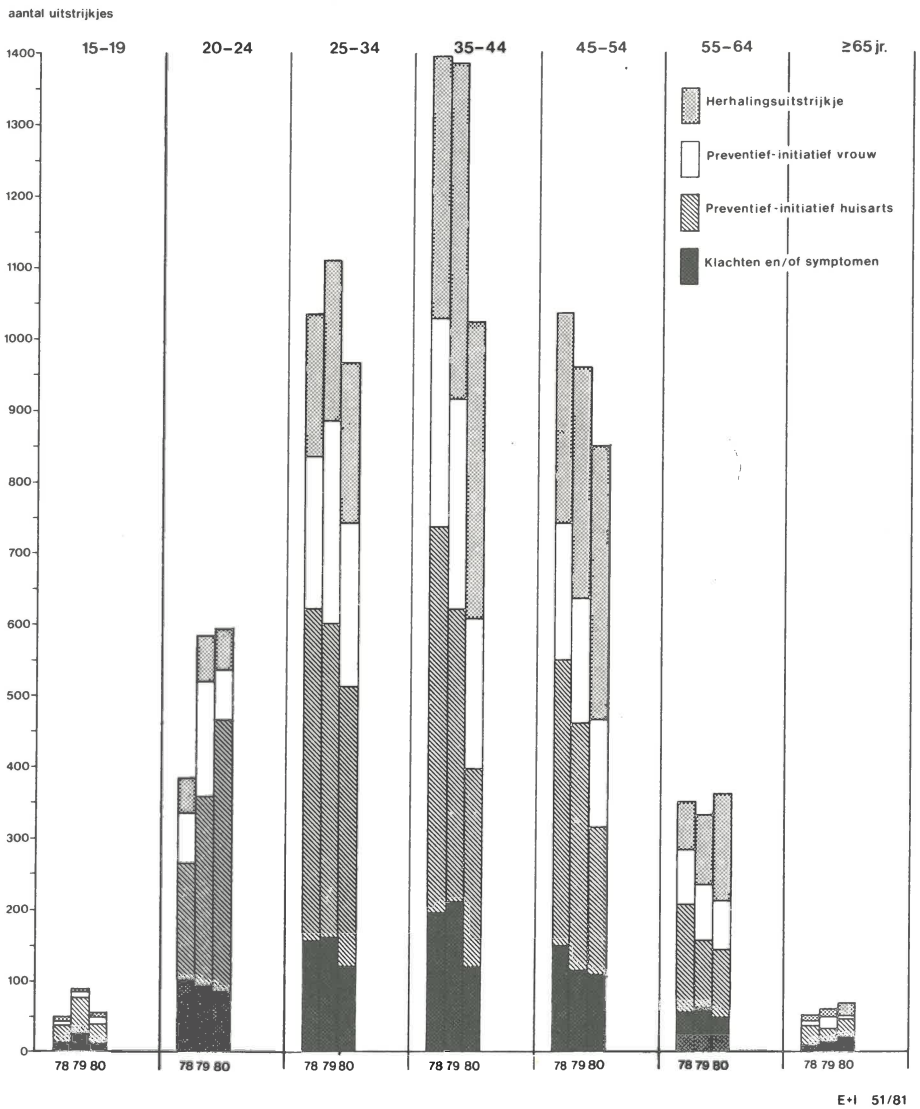
Figuur 9

Aantal eerste uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep, per 10.000 vrouwen, 1976 - 1980



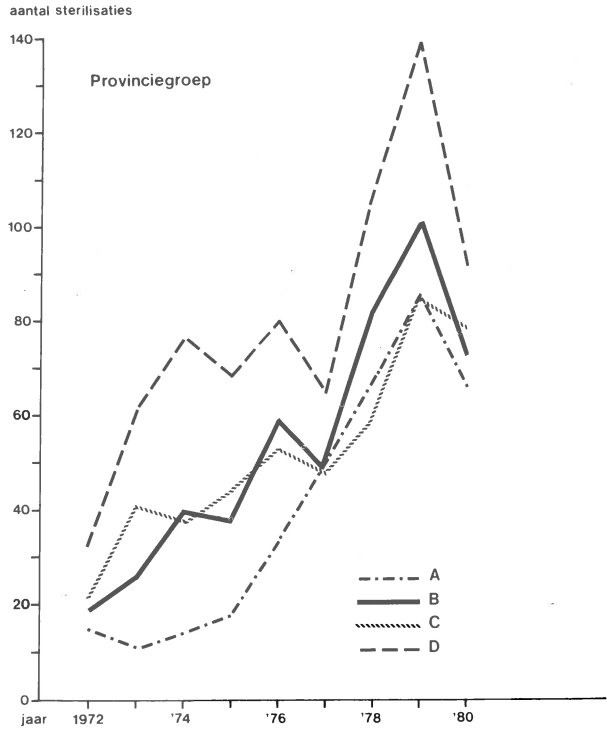
Figuur 10

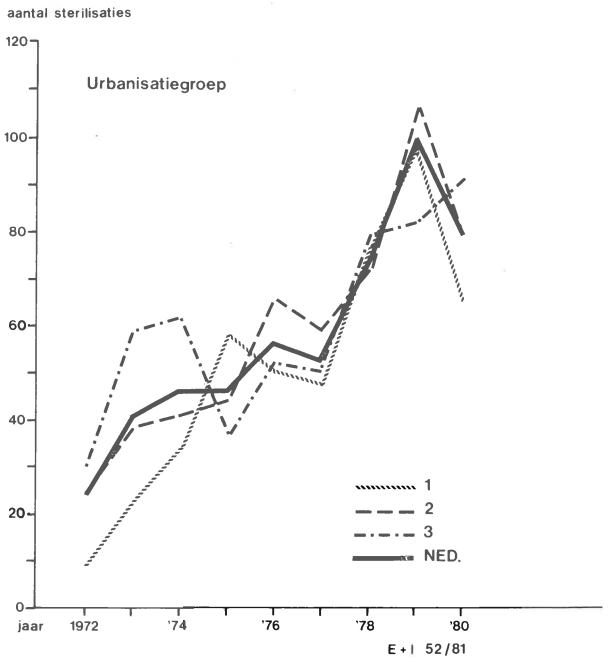
Aantal uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep en naar indicatie tot het maken van het uitstrijkje, per 10.000 vrouwen, 1978 - 1980



Figuur 11

Aantal bij mannen verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 mannen, 1974 - 1980





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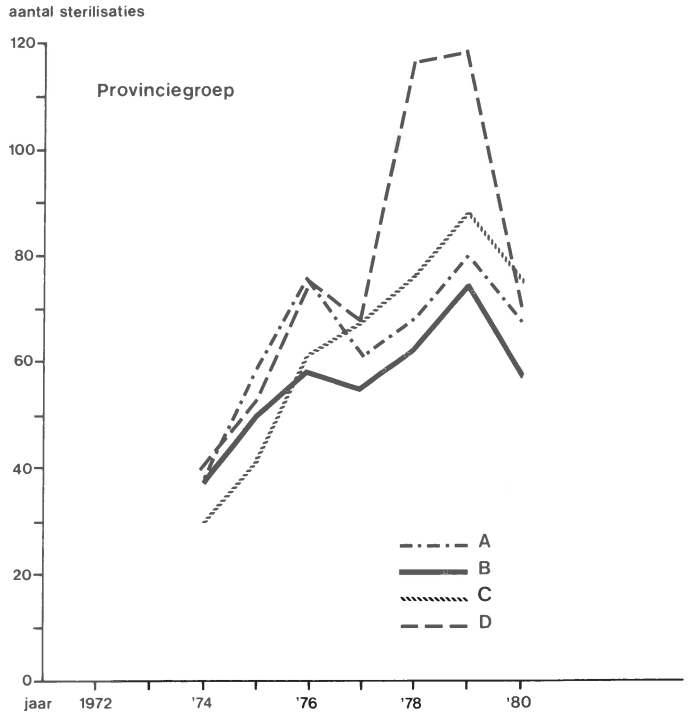
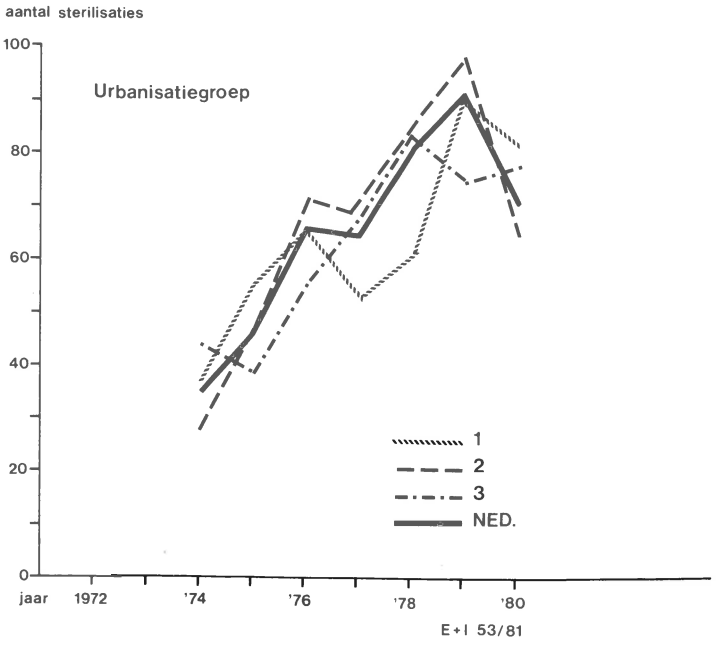
Figuur 12

Aantal bij vrouwen verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1974 - 1980





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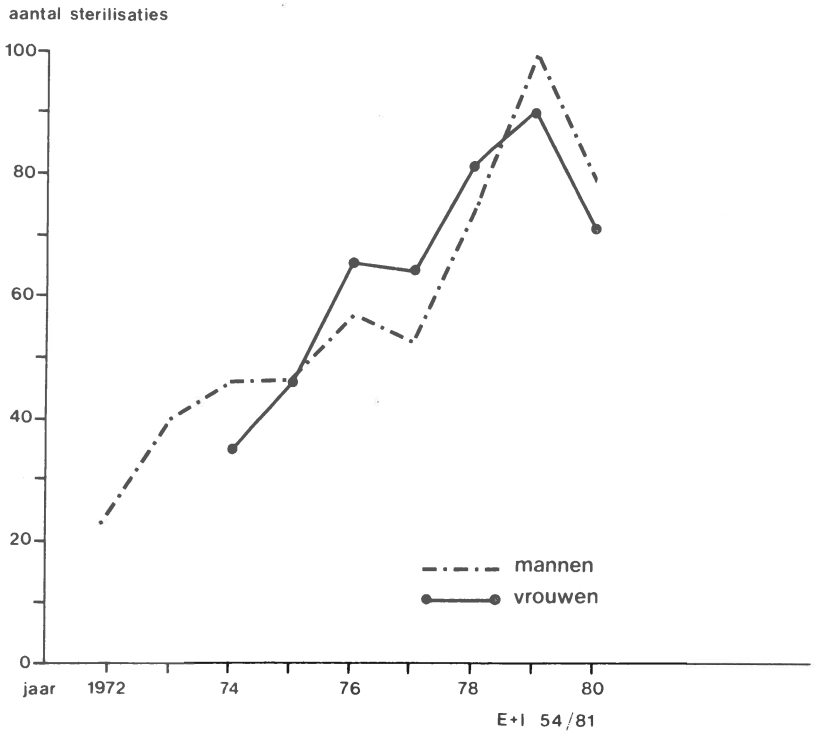
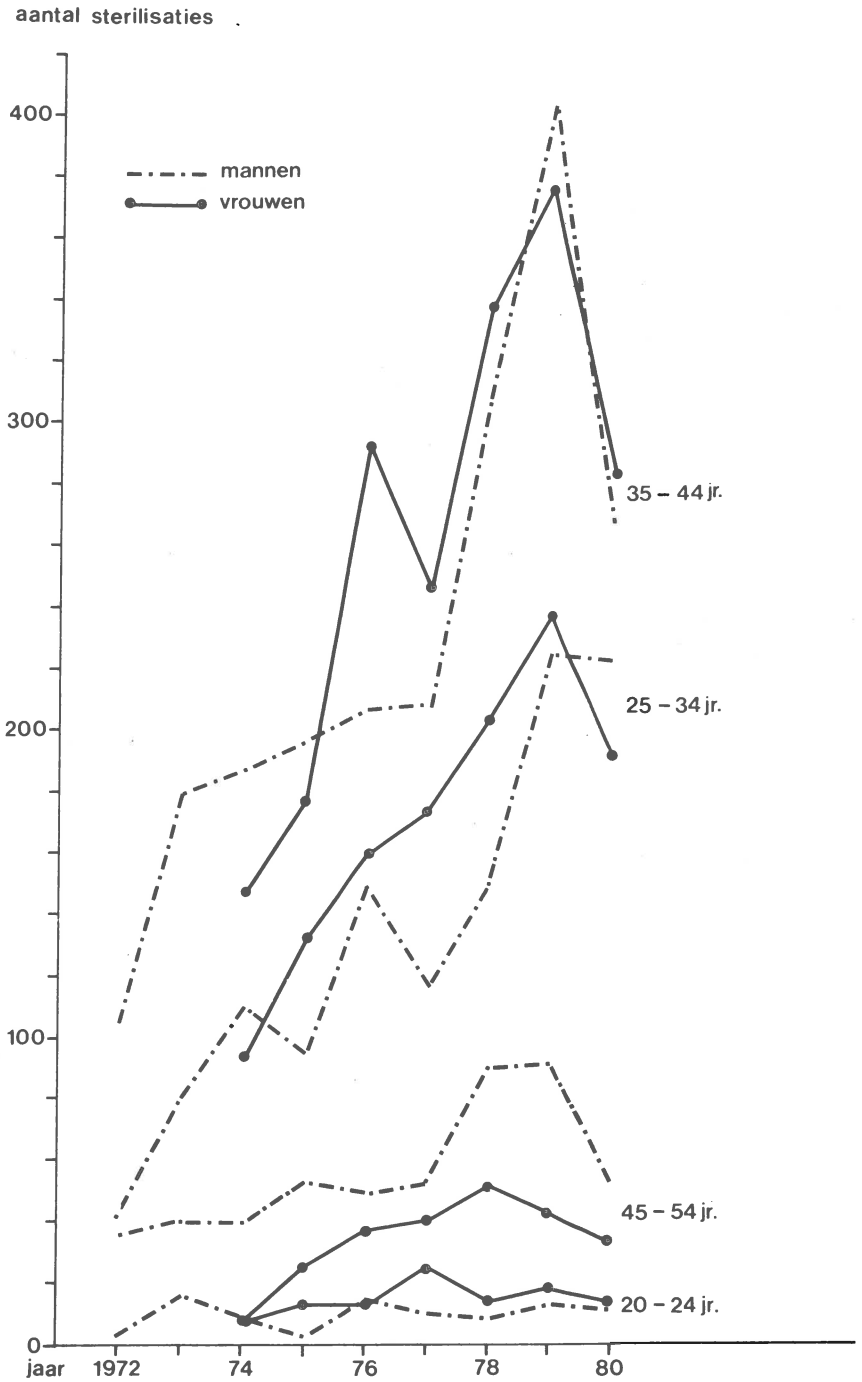
Figuur 13
Aantal verrichte sterilisaties per 10.000 mannen resp. vrouwen, 1972 - 1980



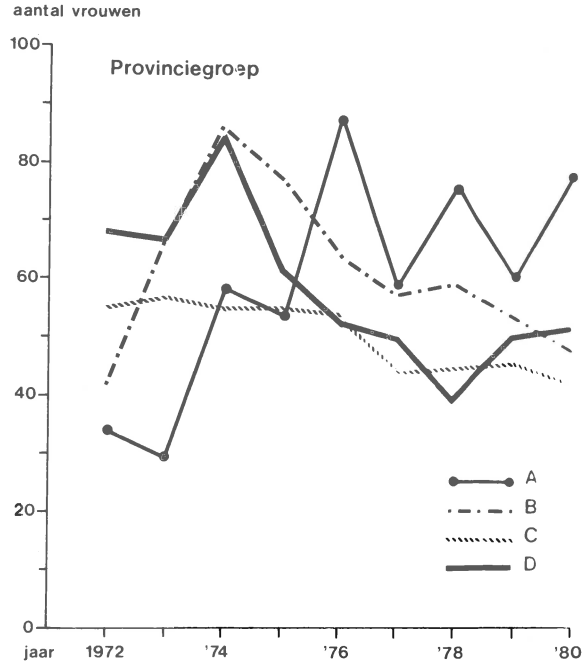
Figuur 14

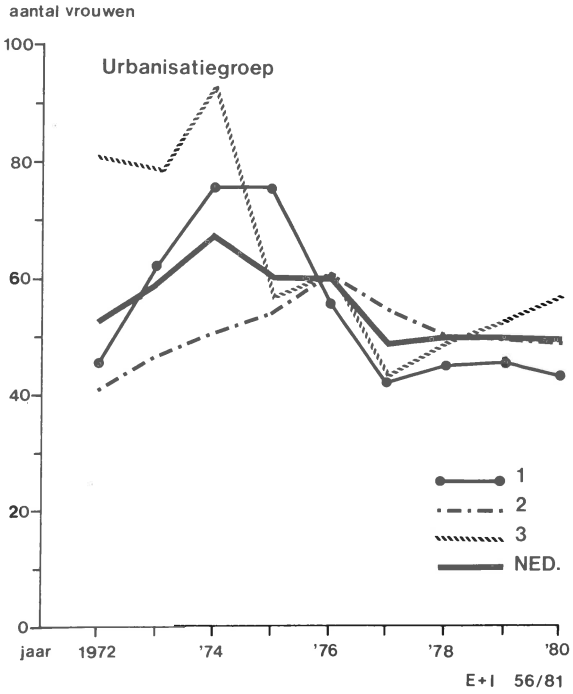
Aantal verrichte sterilisaties naar leeftijdsgroep, per 10.000 mannen resp. vrouwen, 1972 - 1980



Figuur 15

Aantal vrouwen aan wie de morning-after-pill is voorgeschreven, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1972 - 1980





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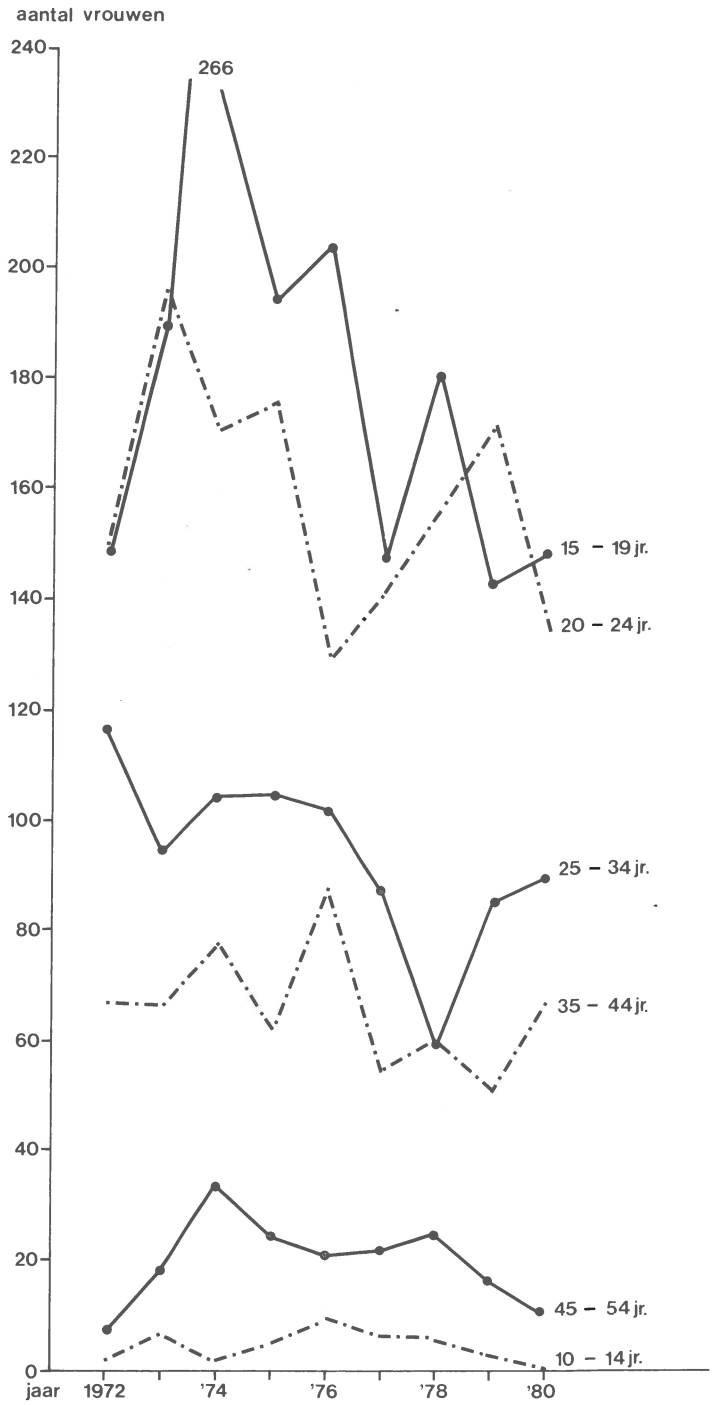
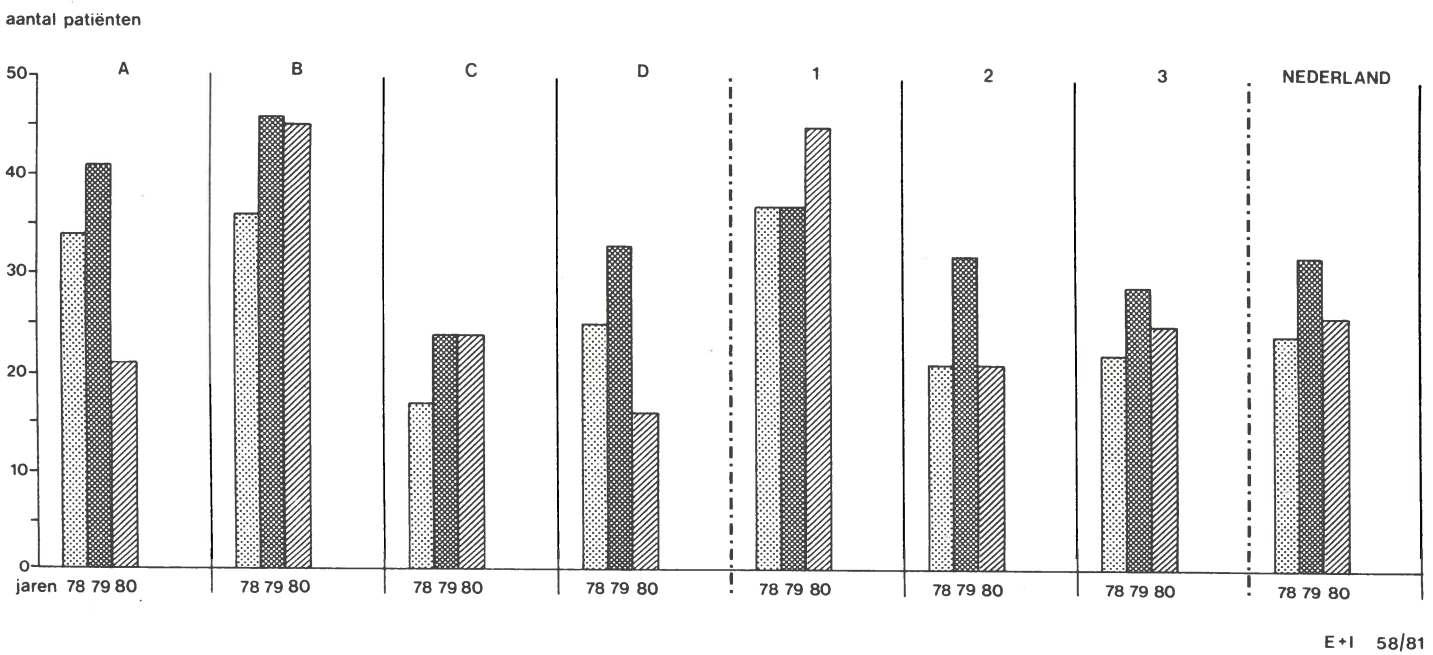
Figuur 16

Aantal vrouwen aan wie de morning-after-pill is voorgeschreven naar leeftijdsgroep, per 10.000 vrouwen, 1972 - 1980



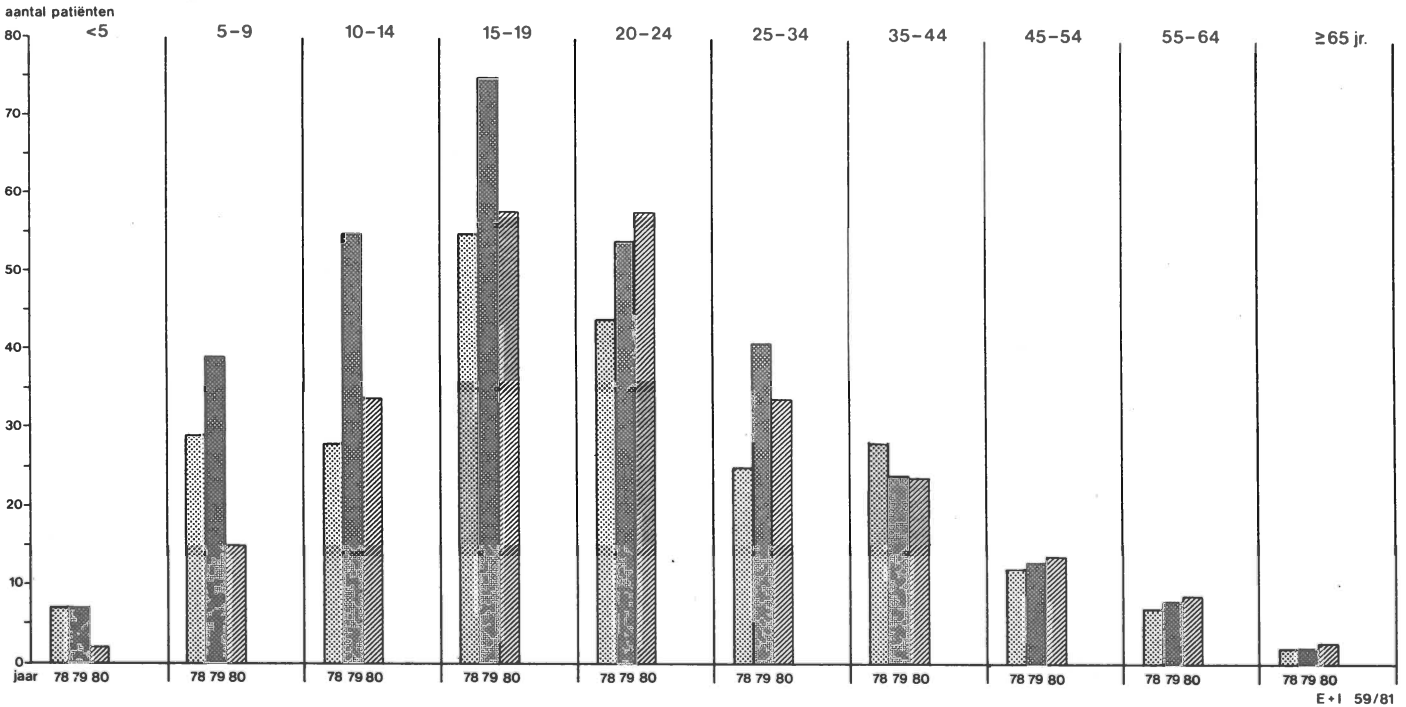
Figuur 17

Aantal patiënten dat zich voor de eerste maal wegens hooikoortsklachten tot de huisarts wendde, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1978 - 1980



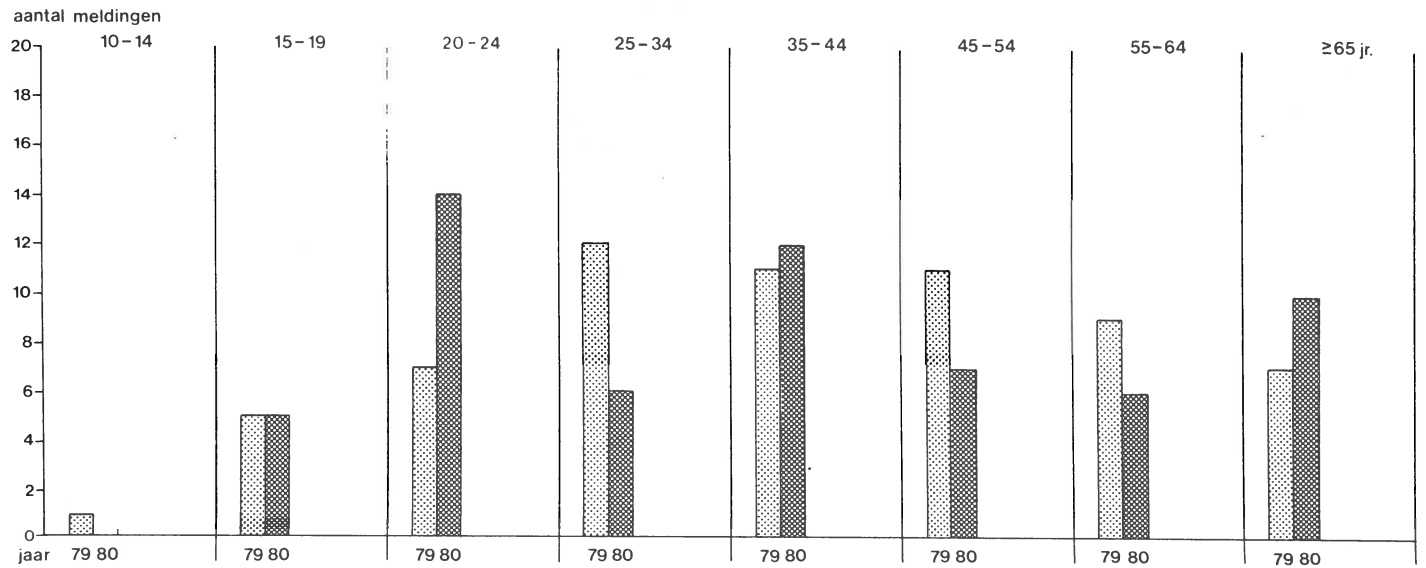
Figuur 18

Aantal patiënten dat zich voor de eerste maal wegens hooikoortsklachten tot de huisarts wendde naar leeftijdsgroep, per 10.000 inwoners, 1978 - 1980



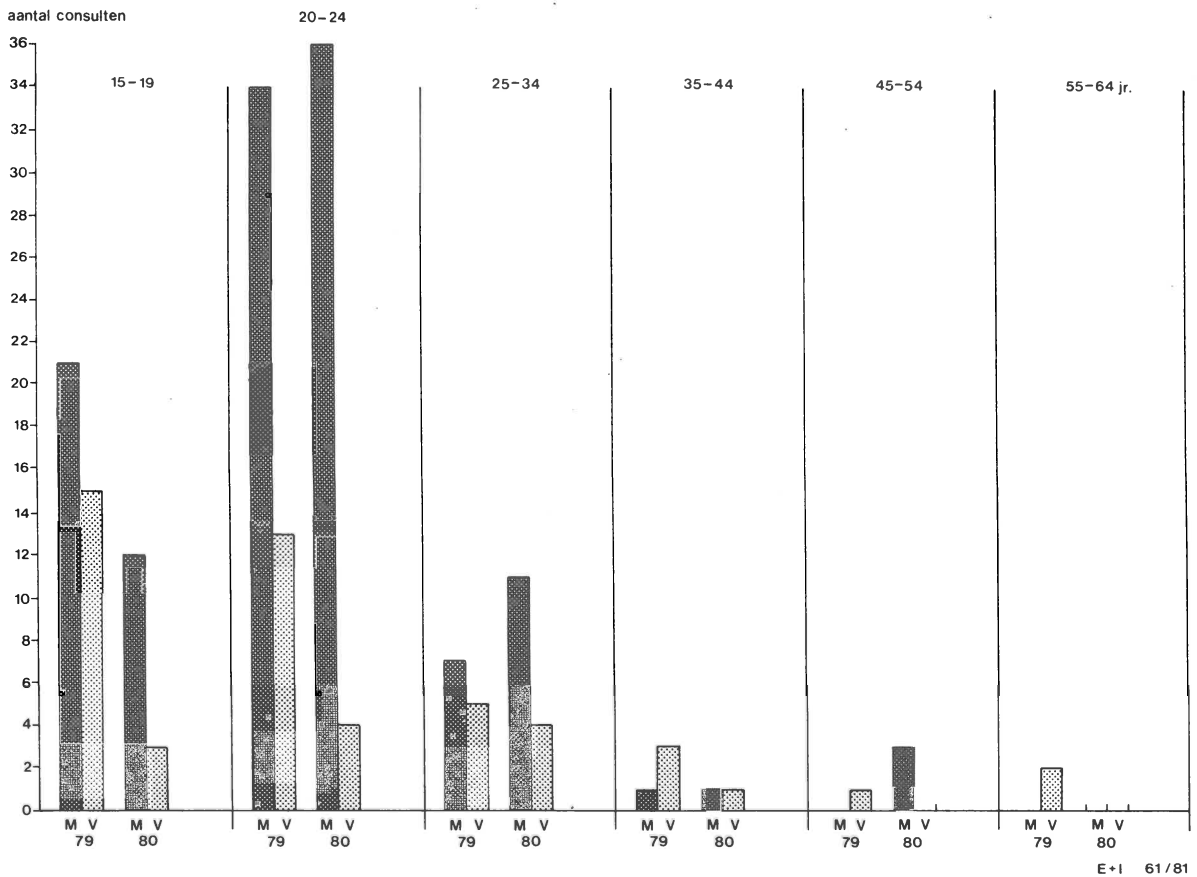
Figuur 19

Aantal meldingèn van een suicide(poging) naar leeftijdsgroep, per 10.000 inwoners, 1979 - 1980



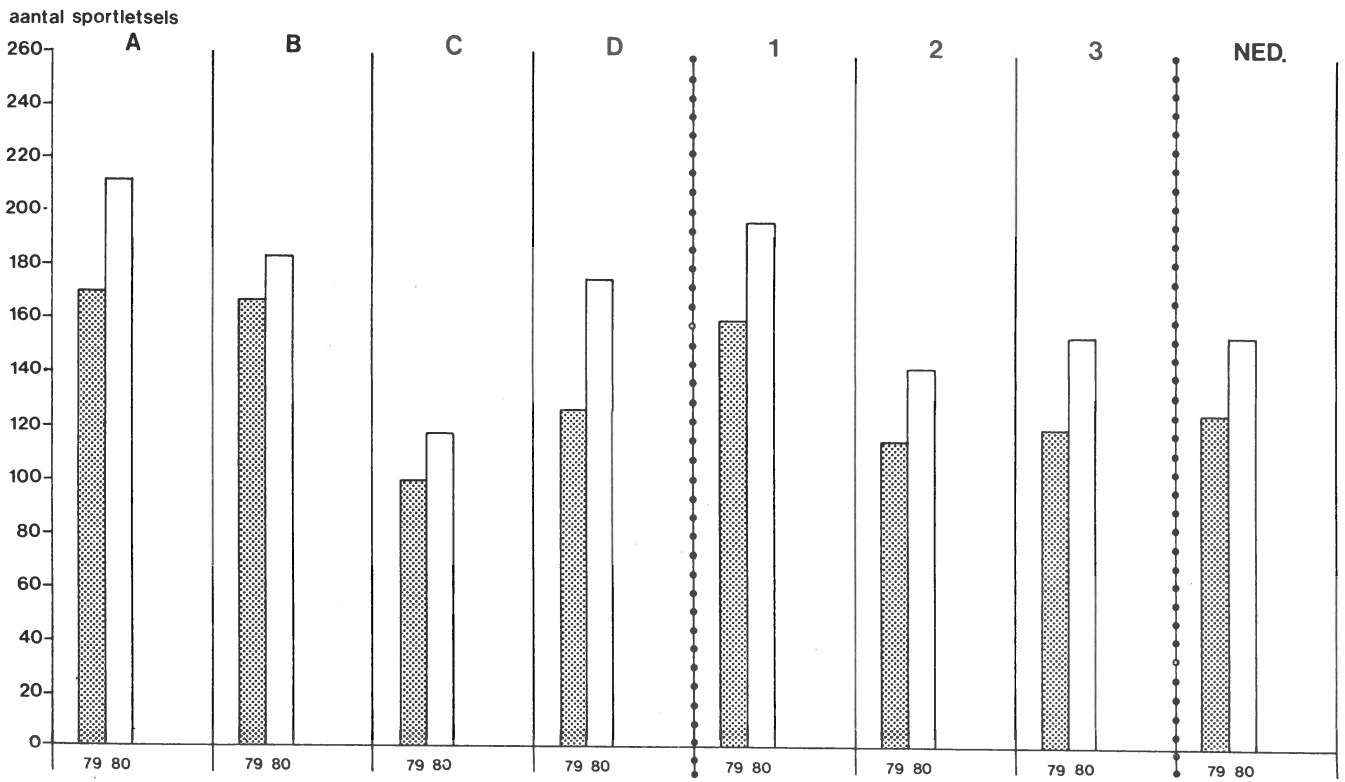
Figuur 20

Aantal eerste consulten wegens druggebruik naar leeftijdsgroep, per 10.000 mannen of vrouwen, 1979 - 1980



Figuur 21

Aantal sportletsels waarvoor de huisarts werd gesonsulteerd, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1979 - 1980



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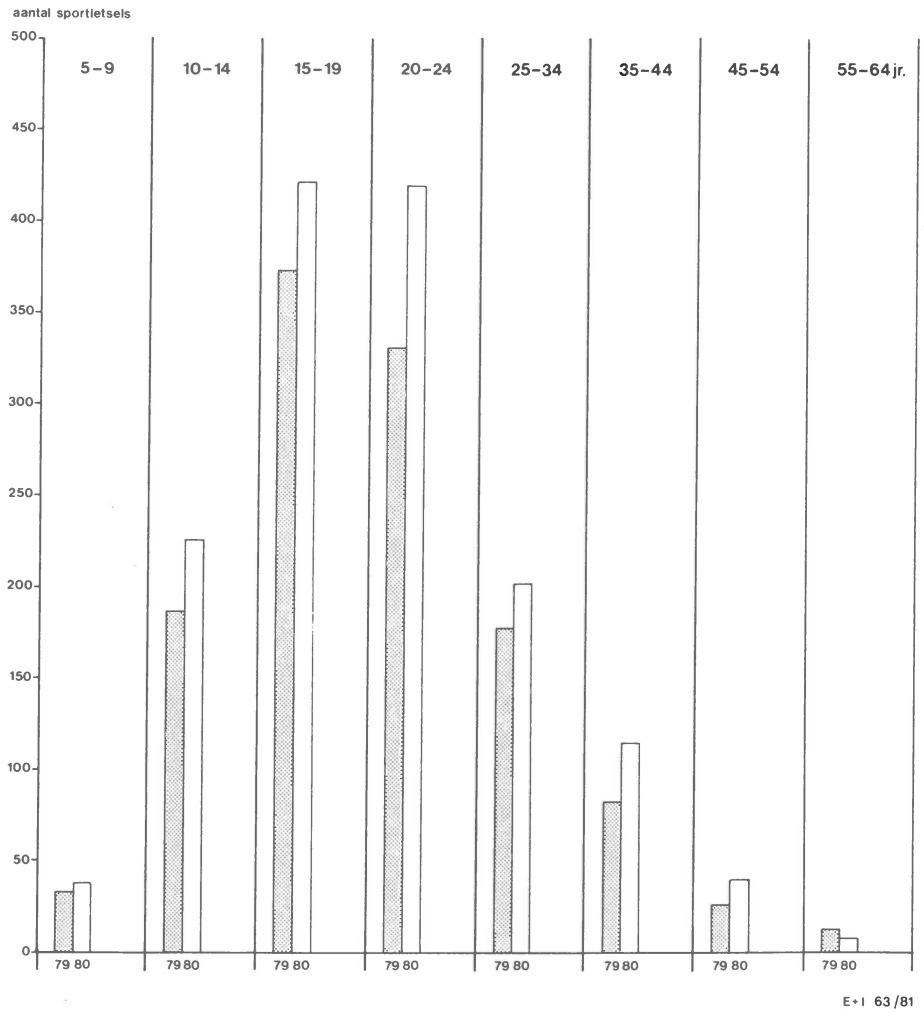
Figuur 22

Aantal sportletsels waarvoor de huisarts werd geconsulteerd, naar leeftijdsgroep, per 10.000 inwoners, 1979 - 1980



Explanatory notes pertaining to:

Bijlage 1	
Bijlage	– Appendix
Continue morbiditeits registratie, peilstations	– Continuous morbidity registration, sentinel stations
Deelnemende artsen	– Participating general practitioners
Naam	– Name
Plaats	– Residence
Provincie	– Province
Comb. praktijk	– Group practice
Apotheek houdend	– With dispensary
Bijlage 2	
Bijlage	– Appendix
Weekstaat t.b.v. centrale registratie	– Weekly return for central registration
Continue morbiditeitsregistratie, peilstations	– Continuous morbidity registration, sentinel stations
Proj. no.	– Project number
Verslagjaar	– Year under review
Week no.	– Number of the week
Code peilstations	– Code number sentinel stations
Rapport. dagen	– Number of days over which reporting took place
5-daagse rapportering	– Five-day reporting
Weekrapportering	– Weekly reporting
Regel no.	– Line number
Leeftijdsgroep	– Age group
Influenza (-achtig ziektebeeld)	– Influenza (-like illness)
Diabetes mellitus	– Diabetes mellitus
nieuwe patiënten	– new patients
oude patiënten	– old patients
parenterale therapie	– parenteral medicines
orale therapie	– oral medicines
alleen dieet	– diet only
Cervixuitstrijkje	– Cervical smear
Na 1-1-1978 voor de eerste maal afgenomen op grond van	– Taken for the first time after 1-1-1978 on the ground of
Klachten/symptomen	– Complaints/symptoms
Louter preventieve overwegingen	– Purely preventive considerations
Initiatief huisarts	– General practitioner's initiative
Verzoek van de vrouw	– Woman's request

Ziekte van Parkinson	– Parkinson's disease
Sterilisatie van de man verricht	– Sterilization of the man performed
Sterilisatie van de vrouw verricht	– Sterilization of the woman performed
Morning-after-pill voorgeschreven	– Prescription of morning-after pill
Hooikoorts	– Hay fever
Suicide (poging)	– (Attempted) suicide
Consult druggebruik	– Consultation for drug-use
Sportletsels	– Traumas in sport
Zaalsport	– Indoor sport
Veldsport	– Field sport
Individueel	– Individually
Team	– In a team
M	– Man
V	– Female
Weeknummer	– Number of the week
Opgemaakt d.d.	– Completed on
Aantal dagen gerapporteerd	– Number of days over which reporting took place
(Zie voetnoot[1])	– (See footnote number[1])

1. De kolommen hebben deels betrekking op een 5-daagse rapportering (maandag tot en met vrijdag). Door vakantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over minder dan 5 dagen kunnen uitstrekken. Ten aanzien van de overige vragen wordt het van belang geacht om, zo mogelijk, ook tijdens het weekeinde waargenomen patiënten te rapporteren.
2. Betreft uitsluitend nieuwe patiënten
3. > 10 mmol/L (> 180 mg%) glucose na een koolhydraatrijke maaltijd of belasting. Code voor follow-up formulier: .....
4. Betreft *eenmalige* rapportage van oude patiënten
5. Bij combinatie overheerst de parenterale therapie.

1. The columns partly relate to 5-day reporting (Monday to Friday incl.). However, as a result of vacation, sickness and other causes this reporting may extend over fewer than 5 days. With respect to the other questions it is considered to be of importance to report, if possible, patients observed during the weekend as well.
2. Relates solely to new patients
3. > 10 mmol/L (> 180% mg) glucose after a high-carbohydrate meal or equivalent.
   Code for follow-up form: .....
4. Concerns *non-recurrent* reporting of old patients.
5. In combinations parenteral therapy predominates.

6. Betreft rapportering van vrouwen bij wie na 1-1-1978 om welke reden dan ook een cervixuitstrijkje heeft plaatsgevonden. Indien bij een vrouw na 1-1-1978 opnieuw een cervixuitstrijkje wordt gemaakt, dient dit altijd onder de subrubriek "herhalingsonderzoek" geboekt te worden (zie ook voetnoot 8).
7. Bijvoorbeeld in het kader van pilcontrole.
8. Bijvoorbeeld wegens verdacht preparaat of wegens technische onvolkomenheden bij onderzoek vorig preparaat.
9. Betreft alleen *nieuwe* patiënten met de *echte* ziekte van Parkinson (zie ook de toelichting).
10. Indien het een patiënt(e) betreft uit een van de leeftijdsgroepen, waarvan het vak gerasterd is, dan tevens exacte leeftijd hierachter vermelden. Leeftijd: .....
11. Uitsluitend indien er een directe indicatie is. Indien een recept voor de morning-after-pill wordt afgegeven omdat de betrokkene bijvoorbeeld met vakantie naar het buitenland gaat, dient dit niet te worden gerapporteerd. (Zie ook voetnoot 10).
12. Betreft alleen patiënten met de typische graspollenallergie (zie de toelichting op de weekstaat).
13. Voor de aanvullende gegevens s.v.p. een apart formuliertje invullen en bij de weekstaat voegen.
14. Betreft uitsluitend nieuwe patiënten, die op eigen initiatief een van de volgende stoffen gebruiken: opium of opium-derivaten, LSD, wekaminen en producten waarvan het waarschijnlijk moet worden geacht dat zij psychotrope stoffen bevatten.
15. Zie de toelichting op de weekstaat.
16. Ook indien de sport door omstandigheden wel in de openlucht werd beoefend, dient het ongeval als zaalsport te worden gerapporteerd.

6. Concerns reporting of women on whom a cervical smear was taken after 1-1-1978 for whatsoever reason. If a cervical smear was taken again of a woman after 1-1-1978 this should always be entered under the subheading "Repeat examination" (see also footnote 8).
7. For example as part of check-up for the pill.
8. For example on account of suspect preparation or technical imperfections in the examination of the preparation.
9. Concerns only *new* patients with *genuine* Parkinson's disease (see also the explanation).
10. If a patient is concerned in one of the age groups whose box is filled in, also give the exact age here. Age: .....
11. Solely if there is a direct indication. If a prescription for the morning-after pill is issued because the patient is for instance going on holiday abroad, this should not be reported. (See also footnote 10).
12. Concerns only patients with the typical grass pollen allergy (see the explanation on the weekly return).
13. For the supplementary data please complete a separate form and attach it to the weekly return.
14. Relates exclusively to new patients who, on their own initiative, use one of the following substances: opium or opium derivates, LSD, amphetamines and products which must probably be considered to contain psychotropic substances.
15. See the explanation on the weekly return.
16. Even if through circumstances the sport was practised in the open air, the accident should be reported as an indoor sport.

Tables 1a - 3e

Continue morbiditeitsregistratie peilstations	– Continuous morbidity registration sentinel stations
Kwartaal	– Quarter
Leeftijdsgroep	– Age group
Influenza (-achtig ziektebeeld)	– Influenza (-like illness)
Diabetes mellitus	– Diabetes mellitus
Nieuwe patiënten	– New patients
Oude patiënten	– Old patients
Parenterale therapie	– Parenteral medicines
Orale therapie	– Oral medicines
Alleen voedingsadvies	– Diet only
Cervixuitstrijkje	– Cervical smear
Klacht/symptoom	– Complaint/symptom
Initiatief huisarts	– General practitioner's initiative
Verzoek vrouw	– Woman's request
Herhalingsonderzoek	– Repeat smear
Ziekte van Parkinson	– Parkinson's disease
Sterilisatie verricht	– Sterilization performed
Hooikoorts	– Hay fever
Suicide (poging)	– (Attempted) suicide
Consult druggebruik	– Consultation for drug-use
Sportletsels	– Traumas in Sport
Zaalsport	– Indoor sport
Veldsport	– Field sport
Individueel	– Individually
Team	– In a team
M	– Man
V	– Female
Provinciegroepen	– Province groups
Gr + Fr + Dr	– Groningen, Friesland, Drenthe
Ov + Gld + Zijp	– Overijssel, Gelderland, Southern IJsselmeer Polders
Utr + NH + ZH	– Utrecht, North Holland, South Holland
Zld + NB + Lim	– Zeeland, North Brabant, Limburg
Urbanisatiegroepen	– Urbanization groups
$A_1 - A_4$	– Rural municipalities
$B_1 - B_3 + C_1 - C_4$	– Municipalities with urban characteristics and urbanized municipalities
C_5	– Municipalities with a population of 100 000 or more

Table 4a

Aantal patiënten met influenza (-achtig ziektebeeld) per week en per 10.000 inwoners, 1979 en 1980 (t/m 13e week)	– Number of patients with influenza (-like illness) per week and per 10 000, 1979 and 1980 (up to and including the 13th week)
Weeknr.	– Number of the week
Aantal patiënten	– Number of patients
Provinciegroep	– Province group. See for explanation A, B, C and D under tables 1-3

Figure 1

Peilstations	– Sentinel stations
Continue morbiditeitsregistratie	– Continuous morbidity registration
Grenslijn provinciegroep	– Boundary of province group

Figure 2

Het percentage dagen dat in 1980 per week is gerapporteerd	– Percentage of days weekly reported in 1980
1 = Nieuwjaarsdag 2 = Pasen 3 = Hemelvaartsdag 4 = Pinksteren 5 = Kerstmis	– 1 = New Year's Day 2 = Easter 3 = Ascension Day 4 = Whitsun 5 = Christmas

Figure 3

Aantal patiënten met influenza (-achtig ziektebeeld) per week, per 10.000, 1980-1981 (t/m 13e week)	– Number of patients with influenza (-like illness) per week, per 10.000, 1979-1980 (up to and including the 13th week)
Provinciegroep	– Province group
Urbanisatiegroep	– Urbanization group
Naar leeftijdsgroep en geslacht	– By age group and sex

Figure 4

Hoogste en laagste weekincidenties van influenza (-achtig ziektebeeld) voor de jaren 1970-1979 en weekincidenties van 1980 en 1981 (t/m 13e week)	– Highest and lowest weekly incidences of influenza (-like illness) for 1970-1979 and weekly incidences for 1980 and 1981 (until the 13th week)

Figures 5 and 6

Aantal nieuwe en oude patiënten met diabetes mellitus	– Number of new and old patients with diabetes mellitus
Bij de oude patiënten tevens de toegepaste therapie	– For the old patients the treatment too.

Figures 7 - 10

Aantal cervixuitstrijkjes	– Number of cervical smears
Indicaties tot het maken van een uitstrijkje	– Indications for making a smear
Klachten en/of symptomen	– Complaints and/or symptoms
Preventief	– Preventive
Initiatief huisarts	– On initiative of general practitioner
Initiatief vrouw	– On initiative of woman
Eerste	– First

Figures 11 and 13

Aantal bij mannen verrichte sterilisaties	– Number of sterilizations performed on men

Figures 12 and 14

Aantal bij vrouwen verrichte sterilisaties	– Number of sterilizations performed on women

Figures 15 and 16

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

Figures 17 and 18

Aantal patiënten, dat zich voor de eerste maal wegens hooikoortsklachten tot de huisarts wendt.	– Number of patients visiting their family doctor for the first time on account of hay fever.

Figure 19

Aantal meldingen van een suicide (poging)	– Number of reported (attempted) suicide

Figure 20

Aantal eerste consulten wegens druggebruik	– Number of first consultations for drug-use

Figures 21 and 22

Aantal sportletsels waarvoor de huisarts werd geconsulteerd	– Number of consultations of the general practitioner for traumas in sport