CONTINUOUS MORBIDITY REGISTRATION
SENTINEL STATIONS

THE NETHERLANDS
1979

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FOREWORD

After 10 years the sentinel station project is still flourishing. The group of registering general practitioners changes from time to time but remains of the same size: 61 general practitioners, together caring for 162 000 members of the Dutch population.

The programme committee did, however, change its composition; this included one change that should be mentioned in this foreword. C.P. Bruins stepped down as chairman after having guided the project with enthusiasm during the past years.

Once again the report met with interest at home and abroad; appreciative reactions were received from the Minister of Public Health and Environment, from Kerr L. White (of the Health Sciences division of the Rockefeller Foundation) and from John Fry (who reviewed the report in an editorial in "Update").

As regards the data registered: two subjects already mentioned in past years were included again in 1979 and will continue to be included for several years: (attempted) suicide and consultation for drug-use. The general practitioner is being increasingly confronted with traumas in sport. How often do these injuries affect the organized and the incidental participant in sport? And how often does the general practitioner treat these patients without referring them?

The sentinel stations project of the Netherlands Institute of General Practice hopes to continue to supply up-to-date information in the next ten years as well.

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 and a 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. 72). 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, two conditions must be met:

1. it must be possible to formulate strict criteria,
2. application of these criteria may not be too time-consuming.

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 73) 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 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 treatment; the aim of the project is to collect basic details on certain subjects and to pass them on.

PROGRAMME COMMITTEE

The programme committee met three times in 1979.
In 1979 the committee was made up as follows:

Programme committee:	*C.P. Bruins, M.D. (Chairman)* [1] *till 1-10-1979*
	G. Dorrenboom, deputy member [2] *till 1-10-1979*
	W.M.J. van Duyne, M.D. [3] *till 1-8-1979*
	S. van der Kooij, M.D. (chairman) [1] *since 1-10-1979*
	H.J. van der Leen, M.D.
	A.A.M. Vloemans, M.D. [3] *since 1-8-1979*
	A. Vrij, M.D. [4]
Advisers:	*Dr H. Bijkerk, M.D.* [4]
	C.P. Bruins, M.D. since 1-10-1979
	W.M.J. van Duyne, M.D. [5] *since 1-8-1979*
	H.O. Sigling, M.D. [6]
Coordinators:	*Dr H.A. van Geuns* [4]
	S. van der Kooij, M.D. [1] *till 1-10-1979*
Financial experts:	*A. Schaap* [3]
	Mr M.H.B. Thissen [1]
Project Leader:	*Dr Bertine J.A. Collette, M.D.*
Secretary:	*Mrs E. Boon-Wensenk since 1-10-1979*
	Mrs A.C.A.M. van Welie-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*
[6] *Institute of General Practice of Amsterdam Free University*

MEETING OF SPOTTER CO-WORKERS

On Saturday, 31 March 1979, a meeting was held in Hotel Heidepark, Bilthoven, for the first time for the spotter physicians with the doctor's assistants.

In all there were 41 participants, including several members of the programme committee and other interested persons. Mr C.P. Bruins, former director of the Netherlands Institute of General Practice, was in charge of this meeting as Chairman of the Sentinel Stations Programme Committee. In view of his departure from the Institute this was the last time that Mr Bruins was to be in charge. Mr Bijkerk, former project leader, thanked him for all that he had done for the Sentinel Stations, and above all for the enthusiasm with which he had backed the project, both nationally and internationally.

Mr R. van der Hoeve, a member of the committee for Coordination of the Research into Cardio-Vascular Disease of TNO's Council for Health Research, reported some of the results of the questionnaire relating to the weekly return subject "Myocardial infarction". The purpose of this questionnaire was to obtain an impression of the facilities for making the diagnosis myocardial infarction, both at home and in the outpatient clinic, and on the possibilities of (rapid) transport and hospital admission. The results will be used in the further processing of the data collected.

The project leader, Mrs H.J.A. Collette, presented the results of the survey "Practising by the Spotter Physicians". The aim of this survey was to obtain some insight into the integration of the sentinel stations project in the practice. It is the intention to relate the results to the intensity of the reporting.

As an item for discussion the possibility of including diabetes mellitus as a subject for the weekly return was put forward. Before it is decided to include a subject one must always be sure the firm, unambiguous criteria exist.

Mr Bijkerk, head of the Infectious Diseases Division of the Chief Medical Office of Health, sought the cooperation of the spotter physicians for the building-up of a stock of serums on behalf of serological research, a "serum reference bank". Collection by the National Public Health Institute has meanwhile begun and is proceeding most satisfactorily.

The last subject for discussion was the 1979 weekly return.

The meeting was concluded by a lunch. As it proved that these meetings meet with a very positive response in particular in this composition, it has been decided to organize a meeting annually.

DISTRIBUTION OF THE SPOTTER PHYSICIANS OVER THE NETHERLANDS

(fig. 1 page 98)

As a result of dissolution of one practice the number of sentinel stations is now 46. In the remaining sentinel stations a few small changes occurred (taking over a practice, forming a group practice). One general practitioner ended his participation in the project, since he regarded himself as no longer suitable for it. However, he found another general practitioner in the same place who was prepared to continue the work.
The number of general practitioners taking part -61- was the same as in 1978. 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.

Appendix 1 (page 70) gives a survey of the general practitioners who took part in the sentinel station project during 1979. In 13 sentinel stations there is cooperation between two or more general practitioners, 12 between 2 and 1 between 4 practitioners. This number is relatively large. In January 1979 the percentage of general practitioners cooperating throughout the Netherlands was 36, and among the spotter physicians 46 (28 out of the 61).[1]) There are 11 dispensing spotter physicians, 6 in urbanization group 1 and 5 in urbanization group 2, that is 18%. For the whole of the Netherlands the percentage is 26%.[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 1970-1979. 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) have gone from group 1 to group 2.

[1]) *The structure of the professional group of general practitioners, 1970-1979. Netherlands Institute of General Practice, Oct. 1979, p. 10, Table 3.*
[2]) *Idem, p. 12, Table 4.*

Survey of the distribution of the spotter physicians and sentinel stations in the years 1970-1979.

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

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

[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 will be 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 demonstrate. However, in the breakdown by age and province or urbanization group it proves that in a number of classes of province group D and urbanization group 3 the percentage is somewhat lower than 1. This is a result of the fact that in one of the cities in the southern provinces a spotter physician has ended registration. His place has been taken by a new physician in private practice. This physician's practice is growing fairly quickly and therefore has not yet been included in registration. After stabilization of the number of patients both the weekly returns and the practice population will be included and processed. It is expected that the equilibrium will then have been restored.

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			
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			
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%)*

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

[2]) *Practice censuses 1977.*

In the last census a breakdown was adhered to for health insurance funds and nonhealth insurance funds. The percentage of patients who where members of a health insurance fund was 67,5. The annual report of the Health Insurance Fund Council gives for the whole of the Netherlands as on 31 December 1977 69,7%. In this respect too, therefore, no selection has taken place.

Percentages of the men and women of the population of the Netherlands coming under the sentinel stations, per age group, province group and urbanization group.

Age in years	Province group								Urbanization group						Netherlands	
	A		B		C		D		1		2		3			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0- 4	1.3	1.4	1.0	1.0	1.2	1.2	0.8	0.9	1.5	1.6	1.0	1.1	0.9	1.0	1.1	1.1
5- 9	1.3	1.4	1.1	1.1	1.2	1.2	1.0	1.0	1.6	1.6	1.1	1.1	1.0	1.1	1.1	1.2
10-14	1.4	1.3	1.2	1.1	1.2	1.3	1.1	1.1	1.6	1.6	1.1	1.1	1.0	1.0	1.2	1.2
15-19	1.3	1.4	1.1	1.2	1.3	1.4	1.0	1.0	1.5	1.8	1.2	1.2	1.1	1.2	1.2	1.2
20-24	1.4	1.6	1.1	1.2	1.4	1.6	1.0	1.0	1.5	1.8	1.3	1.3	1.0	1.3	1.2	1.4
25-34	1.4	1.5	1.0	1.1	1.3	1.4	0.9	1.0	1.6	1.7	1.2	1.2	1.0	1.1	1.2	1.2
35-44	1.4	1.4	1.1	1.2	1.2	1.3	1.0	1.0	1.6	1.6	1.1	1.2	1.0	1.1	1.1	1.2
45-54	1.2	1.3	1.2	1.1	1.3	1.3	1.0	1.0	1.7	1.7	1.1	1.2	1.0	1.0	1.2	1.2
55-64	1.3	1.2	1.1	1.0	1.2	1.2	0.9	0.9	1.7	1.5	1.1	1.1	1.0	0.9	1.1	1.1
⩾65	1.3	1.3	1.1	1.1	1.1	1.0	0.9	1.0	1.6	1.6	1.1	1.1	0.9	0.8	1.1	1.1
Total	1.3	1.4	1.1	1.1	1.2	1.3	1.0	1.0	1.6	1.7	1.1	1.2	1.0	1.0	1.1	1.2

SCOPE AND CONTINUITY OF THE REPORTING

As was the case for 1975-1978, the number of days reported annually per sentinel station and the number of all sentinel stations together per week were examined and processed in 1978. 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)

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%)

The percentage of reporting days has remained the same compared to 1977.

Tabel 1[1]) gives the frequency distribution of the number of days not reported on per sentinel station. There is a slight shift to a smaller number of non-reporting days observable. The average number of non-reporting days per week is 28 (maximum 46 × 5 = 230). The average number of non-reporting days per sentinel station is 31 (in 1978, 1977, 1976 and 1975: 31, 29, 40,5 and 53 respectively). A subdivision into single and group practices displays a clear difference here, viz 39 and 14 days respectively. This tallies with the frequently voiced assertion that group practices enhance the continuity of reporting.
In Fig. 2 the 1979 weekly reporting can be found. This figure clearly shows the influence of public holidays.

[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.*

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*
0	*1*	*0*	*0*	*1*	*1*
1- 9	*2*	*5*	*11*	*8*	*11*
10-19	*3*	*6*	*7*	*5*	*2*
20-29	*5*	*3*	*3*	*3*	*5*
30-39	*10*	*16*	*9*	*10*	*10*
40-49	*8*	*6*	*10*	*11*	*10*
50-59	*7*	*2*	*2*	*6*[2])	*4*
60-69	*3*	*3*	*0*	*1*	*2*
70-79	*1*	*0*	*1*	*0*	*0*
80-89	*2*	*1*	*0*	*1*	*0*
90-99	*0*	*1*	*0*	*0*	*1*
>99	*4*	*2*	*1*	*1*[3])	*0*
	46[1])	*45*	*44*	*47*	*46*
Average	*53*	*41*	*29*	*32*	*31*
Median	*46*	*36*	*32.5*	*34*	*34.5*

[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. 72)

The questions on the weekly return for 1979 have been compiled as follows by the programme committee:

1. New cases of influenza (-like illness)
2. New cases of measles
3. Mononucleosis infectiosa
4. Cervical smear
5. Sterilization of the man performed
6. Sterilization of the woman performed
7. Abortus provocatus
8. Prescription of morning-after pill
9. Hay fever
10. (Attempted) suicide
11. Consultation for drug-use
12. Tramas 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. Diagnosis 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 1970-1979 is given below; the questions of the current year, 1980, are also given.
The subjects in alphabetical order can be found in Appendix 3 (p. 73) together with the years of registration.

Subjects on the weekly returns 1970 - 1980

Subject	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977*	*1978*	*1979*	*-1980*
Influenza (-like illness)	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
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
Sterilization of the man performed			x	x	x	x	x	x	x	x	x
Prescription of tranquillizers			x	x	x						
Consultation for drug-use			x	x						x	x
(Suspicion of) battered child syndrome				x	x						
Sterilization of the woman performed					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 - 1980 (continuation)

Subject	*1970*	*1971*	*1972*	*1973*	*1974*	*1975*	*1976*	*1977*	*1978*	*1979*	*-1980*
Certificate for another dwelling issued						x					
Psoriasis							x	x			
Prescription of anti-hypertensivum or diuretic							x				
Cervical smear							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
(Suspicion of) myocardial infarction									x		
Traumas in sport										x	x
Diabetes mellitus											x
Parkinson's disease											x

PROCESSING OF THE DATA ON THE WEEKLY RETURN

This report contains the results of the weekly return for 1979. 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 74) the age structure as on 1 January 1979 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 1979[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 76 - 95):

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 96 and 100) give the number of new cases of influenza per 10 000 inhabitants per week, per province group and per urbanization group[2]).
The 1978/1979 influenza epidemic was already described in the 1978 report.

Influenza 1979/1980

After the influenza epidemic in the 1978/1979 season, which was a very slight one, with a peak of 42 per 10 000 inhabitants in the 50th week of 1978, the national incidence per week fell to about 5 cases per 10 000 inhabitants. At the end of 1979 the weekly incidence slowly increased troughout the country, it reached a peak with 15 per 10 000 inhabitants in the 5th and 6th week. Comparison of the reports in the various urbanization groups shows that in the cities the number of reports was higher, a maximum of 21 per 10 000 inhabitants against a maximum of 16-20 in the other groups.

Influenza A virus strains related to H3 N2 were isolated. An influenza B infection was also diagnosed in a number of cases (Chief Medical Office of Health, Dr H. Bijkerk). If the annual figures for 1970 to 1979 inclusive (i.e. not just the figures during an

[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).*

epidemic) are compared, 1979, with 438 per 10 000 inhabitants, proves to belong to the lowest group (Table 2).

Table 2: Number of patients with influenza (-like illness), per 10 000 inhabitants, 1970 - 1980.

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

[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.*

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

The highest and lowest frequency of every week from 1970 - 1978 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 weekly frequencies of 1979 and a part of 1980 are shown in this figure too. It is also clear to see from this figure that in the past winter 1979/1980 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 man and woman, so that a division is not included in the weekly return for this category.
The age distribution (table 1a - 1e) shows that during the 1979 influenza season somewhat more cases were reported at an earlier age, i.e. from the 15th to the

24th year. This tallies with observations in other countries. It is due to the fact that the causal influenza virus corresponds to the one that circulated in the world in the second half of the Fifties.

This topic is to be maintained in the weekly return.

MEASLES

As in 1978, measles occurred only sporadically in 1979, in total only 46 cases were reported (56 in 1978).
There is no difference between the province and urbanization groups (see Tables 2e and 3e and Fig. 5). The quarterly figures appear in Table 3.

Table 3: Number of patients with measles per quarter per 10 000 inhabitants, 1975 - 1979.

	1st quarter	*2nd quarter*	*3rd quarter*	*4th quarter*
1975	*2*	*2*	*2*	*2*
1976	*8*	*22*	*9*	*25*
1977	*27*	*14*	*5*	*0*
1978	*1*	*1*	*1*	*0*
1979	*1*	*1*	*1*	*1*

As in previous years, the data of the sentinel stations have been compared with the cases of measles notified under the infectious Diseases and Control of Causes of Illness Act. It proves that there is still a very great degree of underreporting within the framework of the above Act; it even increased under 1.5% the number of cases of measles observed in 1979 by the general practitioners were notified; this percentage was 2-3% in the previous years (Dr H. Bijkerk, Chief Medical Office of Health).

Age distribution, vaccinated - non-vaccinated

Table 4 gives a survey of the age distribution (cf Fig. 6)[1]).

Table 4: Number of patients with measles by age group per 10 000, 1975 - 1979.

	Age group						
	< 1	*1-4*	*5-9*	*10-14*	*15-19*	*⩾20*	*Total*
1975	*(17)*	*53*	*20*	*7*	*–*	*(1)*	*8*
1976	*192*	*565*	*272*	*11*	*(3)*	*(0)*	*63*
1977	*243*	*346*	*232*	*13*	*(2)*	*(1)*	*48*
1978	*(25)*	*37*	*10*	*(3)*	*(2)*	*(0)*	*4*
1979	*(25)*	*15*	*17*	*(2)*	*(2)*	*(0)*	*3*

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

The measles vaccination that was included in the national vaccination programme on 1-1-1976 takes place at the age of 14 months. Approx. 90% of the children in this age group are reached by this vaccination. During the booster injection at the age of 4 and 9 years with DTP vaccine, measles vaccination is also offered to those who have not had measles and have not been vaccinated against this disease. All children born since 1968 who have not had measles have therefore had the opportunity of vaccination. Of the cases reported, one third prove to have been vaccinated (15 out of 46, in 1978 17 out of 56).

All of the cases of measles above 10 years reported prove not to have been vaccinated. This is in agreement with what has been said above about the vaccination programme.
Vaccination has changed the epidemiology of measles. The biennial epidemics have disappeared; in fact no epidemic rises are observable any more.

With effect from 1980 the subject has been removed from the weekly return.

MONONUCLEOSIS INFECTIOSA

Mononucleosis infectiosa (Pfeiffer's disease, glandular fever) was placed on the weekly return from 1977 till 1980.
It is a disease which is caused by the Epstein-Barr virus, which is conveyed by oral contact with exchange of saliva or a drop infection. On account of the first method of dissemination, the disease is sometimes also called the kissing disease. It may require a rather long reconvalescence period. Presumably a life-long immunity develops.
Recently there have been warnings that the frequency was on the increase. In Rotterdam the disease has already been registered since 1965 by the Rotterdam Sentinel Stations (for the Municipal Health Service, Infectious Diseases and Quarantine Department). Greater epidemiological knowledge of this disease, particularly in rural areas and in other parts of the Netherlands, was, however, desirable.

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

Since, as touched upon in the previous annual report, the specificity of the monosticon reaction is under discussion[1]), it was investigated what form of blood test was normally used by the spotter physicians. It emerged that nearly 70% of the sentinel stations utilized the monosticon reaction. However - and this is highly important - this test was with the odd exception always performed in combination with one of the other two determinations. The number of cases wrongly regarded as mononucleosis infectiosa may therefore be considered small.

In Table 5 incidence per 10 000 men and women per province and per urbanization group is stated (see also Fig. 7).

[1]) *Nederlands Tijdschrift voor Geneeskunde, 122, nr. 23, p. 815-817, nr. 32, p. 1196-1197 and nr. 49, p. 1932-1933, 1978.*

Table 5: Number of cases of mononucleosis infectiosa per province and per urbanization group, per 10 000 men and women, 1977 - 1979.

		Province group				Urbanization group			Netherlands
		A	B	C	D	1	2	3	
Men	1977	8	32	15	7	14	15	16	15
	1978	19	25	14	18	18	15	22	17
	1979	8	23	16	11	13	16	17	15
Women	1977	12	48	16	11	25	16	20	19
	1978	16	35	12	15	25	15	16	17
	1979	17	28	15	11	16	14	23	17
Total	1977	10	40	16	9	20	15	18	17
	1978	17	30	13	16	21	15	19	17
	1979	13	25	15	11	14	15	20	16

The numbers seem to "skip about" rather. The only striking thing is the fact that province group B, the eastern provinces, always has the highest incidences.
The quarterly figures do not display any obvious differences (Table 1a-3d).
This is consistent with what has been found in Rotterdam[1]).
Nor is there an increase or decrease in the total to be seen during the three years that mononucleosis infectiosa has been on the weekly return.
From this registration over three years an annual incidence of approx. 17 cases per 10 000 inhabitants emerges. An average general practice thus "produces" 4-5 new Pfeiffer patients per year. Earlier publications (Hodgkin[2]) 1963, Oliemans[3]) 1969 and Pullen[4]) 1973) arrive at lower estimates, varying from 2 to 7 cases per 10 000.
The question arises as to whether there is overreporting by the spotter physicians or underreporting in the earlier registration. If neither of these is the case, one can speak of an increase in the occurrence of clinically manifest cases of mononucleosis infectiosa.

In view of what has already been said about the criteria, overreporting cannot explain the difference. Moreover, the Sentinel Station investigation that is performed in Rotterdam by the Municipal Health Service gives still higher figures for the years 1968-1978, viz 35 patients with mononucleosis infectiosa per 10 000 per year[1]).

[1]) *Epidemiologisch Bulletin van de G.G. en G.D. van Rotterdam, Vol. 14 (1978), No. 6, p. 1 and 2.*

[2]) *Hodgkin, K. (1963) Towards earlier diagnosis. Livingstone Ltd, London.*

[3]) *Oliemans, A.P. (1969) Morbidity in general practice. Stenfert Kroese, Leiden.*

[4]) *Pullen, H. (1973) Infectious Mononucleosis. Brit. Med. Journ. 2, 350.*

However, here the clinical syndrome is adhered to as a requirement for making the diagnosis. Comparison of the data suggests that nearly half of the number of clinical cases are not confirmed by a different method of examination (35 per 10 000 as against 18 to 20 per 10 000 in the cities at the Sentinel Stations).

The question whether there has been underreporting in the investigations mentioned is more difficult to answer. Hodgkin states that his cases (7 per 10 000) have been confirmed by a blood test, but here only one practice is concerned, though over a much longer registration period. Oliemans does not explicitly state whether the cases registered have been confirmed by a blood test. The most probable thing is that the various registration may not be compared at all. As the result of a different point of departure and a different objective differences may occur in the criteria for reporting, though this need not detract from the value of the investigations. The fact that in Rotterdam no obvious increase has been observed in the total period argues in favour of this too.

An infection with the Epstein-Barr virus has a course that depends on age. At an early age the course is usually subclinical, with probably a life-long immunity. In developing countries and comparable societies infection usually occurs at a young age. In developed societies, as observed for other infectious diseases too, a shift is occurring to older age groups, namely to ages at which the disease manifests itself much more frequently as mononucleosis infectiosa. A greater incidence may therefore be regarded as a phenomenon attendent on socio-economic progress. However, such a change in the distribution of the disease requires a longer period than the 15 years discussed above.

Age distribution

The age-specific figures clearly show differences, viz a decrease in older age groups, which was to be expected for a disease which gives lifelong immunity (Table 6 and Fig. 8).

Table 6: Number of cases of mononucleosis infectiosa by age group, per 10 000 men and women, 1977 - 1979.

		Age group									
		<5	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	⩾65
Men	1977	9	15	25	33	41	12	7	(4)	(4)	-
	1978	(8)	12	16	72	44	12	11	(2)	(2)	-
	1979	(4)	(5)	21	64	48	11	7	(3)	-	-
Women	1977	9	20	14	101	32	11	7	6	(2)	(5)
	1978	(4)	23	21	79	39	6	8	(5)	(2)	-
	1979	-	(6)	29	90	33	12	(3)	(1)	(3)	-
Total	1977	9	18	19	69	36	11	7	5	3	3
	1978	6	18	19	75	41	9	9	4	2	-
	1979	(2)	5	25	77	40	12	5	(2)	(2)	-

As in previous years, the peak lies in the 15-19 and 20-24 age groups. In the first age group there is a clearly higher incidence among the girls; in the second, on the other hand, the incidence among the boys is higher than among the girls. As already remarked in one of the previous reports, conclusions may be drawn from this when one thinks of the manner of dissemination and the nickname (Kissing disease) of this disease. After the 25th year a rapid decrease sets in.

Since in the literature, as far as is known, it is nowhere stated that mononucleosis infectiosa displays epidemic rises and falls, as is for instance the case with measles. This period of three years seems long enough for establishing the present incidence. This subject has therefore been taken off the weekly return for 1980.

CERVICAL SMEAR

Taking of a cervical smear was placed on the weekly return for the first time in 1976. The aim was to obtain insight into the extent of this work outside the mass survey on cervical cancer.
However, it must be well realized that the spotter physicians are not an aselect group of general practitioners, which can 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 general practitioner or the woman, and a separate column in the case of a repeat smear (after 1-1-1977), 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. This period is identical with the interval between two mass surveys.

In Table 7 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. 9 and 10).

Consideration of the total figures shows a number of fluctuations within the subgroups, but no obvious trend can be observed. In the south of the country a smear is taken the least often, and in the cities the most frequently (339 and 520 per 10 000 women respectively). If one examines the indication for taking the smear, a number of comments can be made. The number of smears taken on account of complaints or symptoms remains practically the same in all subgroups. This is not surprising. The initiative of the general practitioner varies somewhat; however, the initiative of the woman has on the contrary increased in all subgroups.

Table 8 gives the total number of smears taken, with a subdivision for the indication for taking the smear, including the repeat smears.

Table 7: 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 - 1979.

		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
"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
"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
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

Table 8: Number of smears taken by spotter physicians, by indication for taking a smear, per 10 000 women, 1976 - 1979.

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

As already stated, the number of smears taken on account of complaints or symptoms has remained the same. Taking a smear on the initiative of the general practitioner decreased in the course of the years; on the initiative of the woman it increased slightly. The number of repeat smears seems to have increased very strongly. 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 and 1979 are comparable years. The above-mentioned decrease in the number of smears made on the initiative of the general practitioner is levelled out by the increase in the number of repeat smears.

Age distribution

Table 9 gives a survey of the number of first smears by age group per 10 000 women (cf. Fig. 11).
In processing the data a division has been made into two groups, i.e. sentinel stations with and without a mass survey in the place where the practice is located. Unlike past years, it proved, however, that in the majority of the practice areas of the spotter physicians in 1979 a mass survey for cervical carcinoma had been organized; only five sentinel stations reported that that had not been the case. A study of the data showed some fluctuations in this group, which were presumably due to the chance of small numbers. These are therefore not presented here.

Table 9: Number of (first) smears taken by age group, per 10 000 women, 1976 - 1979.

		Age group							
		10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
Total	*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*

Below the age of 35 years an increase may be observed, and above it a decrease. This decrease could be caused by an increase in the number of repeat smears in this age group. Table 10 gives for 1978 and 1979 a breakdown by indication for taking a smear, including the repeat smear (see also Fig. 12). The years 1976 and 1977 are not given here because, 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 10: Number of smears taken by spotter physicians by age group and by indication for taking the smear, per 10 000 women, 1978 and 1979.

		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*
Preventive, general practitioner's initiative	*1978*	*20*	*162*	*467*	*542*	*401*	*151*	*29*
	1979	*49*	*265*	*442*	*412*	*345*	*94*	*21*
Preventive, woman's initiative	*1978*	*(6)*	*70*	*215*	*293*	*194*	*74*	*7*
	1979	*8*	*162*	*283*	*295*	*176*	*77*	*14*
Repeat smear	*1978*	*(5)*	*50*	*199*	*367*	*293*	*70*	*8*
	1979	*(2)*	*63*	*225*	*470*	*324*	*99*	*12*
Total	*1978*	*48*	*384*	*1034*	*1395*	*1035*	*350*	*51*
	1979	*87*	*583*	*1108*	*1384*	*958*	*332*	*60*

It does in fact prove that the decrease in the number of first smears above 35 years is compensated for by an increase in the number of repeat smears. The increase below 35 years is caused in the case of women younger than 25 years by an increase in the number of "preventive" smears at the initiative of either the general practitioner or the woman. In the 25-34 age group the increase is due only to smears taken at the request of the woman herself. These women are not yet eligible for the mass survey, since this is performed only for women of 35-54 years. The increase here could be explained by an effect emanating from the mass survey.

The question is maintained in the weekly return.

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 the man performed per 10 000 of all men and per province group and urbanization group is given in Table 11 (cf. Fig. 13).

Table 11: Number of sterilizations of the man performed, per province group and urbanization group per 10 000 of all men, 1972 - 1979.

	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*

The number of sterilizations of the man performed, increased as in 1978 strongly, namely by 34%.
In urbanization group 3, the cities, the increase is only 3%; in the rural municipalities, on the other hand, it is 27% and in urbanization group 2 an increase of 47% may even be observed. In the province groups the increase varies from 23 to 44%. The southern province group displays the greatest increase: 44%.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 men is given in Table 12 (cf. Fig. 15).

Table 12: Number of sterilizations of the man performed, by age group, per 10 000 men, 1972 - 1979.

	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*

As in previous years, the highest frequency was found in the 35-44 age group: viz 404 sterilizations performed per 10 000 men, an increase of 31%. In the 25-34 age group the increase is greater, namely by 52%.

Seasonal influences

The 4th quarter displays a clearly higher frequency, 33 per 10 000 inhabitants as against 22 in the remaining quarters. It is the question whether this is only an influence of the season or a sign of an increase.

A cumulative calculation shows that in the Netherlands since 1971 301 000 sterilizations of the man 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 the cohort that has entered into consideration for this operation since the start of registration one arrives at approx. 9.5%.

The question is maintained in the 1980 weekly return.

STERILIZATION OF THE WOMAN

Sterilization of the woman performed was placed on the weekly return in 1974 (of the man performed in 1972).
The number of sterilizations of the woman performed per 10 000 of all women per province group and urbanization group is given in Table 13 (cf. Fig. 14).

Table 13: Number of sterilizations of the woman performed, per province group and urbanization group, per 10 000 of all women, 1974 - 1979

	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*

The national frequency with respect to the number of sterilizations of the woman performed, as observed with that of the man, has risen considerably. Compared with 1978 there is an increase of 11% (34% in the case of men). The increase was the strongest in the urbanization group the rural municipalities; here an increase of 41% can be seen. In the province groups an increase of 2-19% may be found.
In urbanization group 3, the cities, a decrease can be seen (–11%). This is more or less in agreement with the findings for the man; in the latter case no decrease was visible in the cities, but at any rate the least great increase, only 4%, occured there.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 women is given in Table 14 (cf. Fig. 16).

Among women too the frequency of the operation is the highest in the 25-34 and 35-44 age groups, 239 and 377 per 10 000 respectively. This means an increase by 17 and 11% in respect of 1978.

Table 14: Number of sterilizations of the woman 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*

Seasonal influences

As in the case of the man, the 4th quarter displays the highest frequencies, 28 per 10 000 women, as against 19 to 24 in the other quarters.

A cumulative calculation shows that in the Netherlands since 1973 sterilization has been performed in total on 265 000 women, i.e. nearly 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 at nearly 9%.
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 1977 25 200).

Recently considerable attention has been devoted to the number of unsuccessfull sterilizations. However, this number is so small that with the aid of a 1% sample, which the sentinel stations are, no reliable answer can be given. It is, however, the question whether this publicity will prove to have a visible effect on the number of sterilizations performed in 1980.

There is an impression that the question whether the operation can be undone is on the increase. It will therefore be investigated whether an idea can be obtained of the size of this question via the sentinel stations.

This question is maintained in the weekly return for 1980.

ABORTUS PROVOCATUS

Abortus provocatus was placed on the weekly return in 1971.

The number of cases of abortus provocatus per province group and urbanization group per 10 000 of all women is given in Table 15 (cf. Fig. 17).

Table 15: Number of cases of abortus provocatus, per province group and urbanization group, per 10 000 of all women, 1971 - 1979.

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1971	*19*	*26*	*20*	*25*	*13*	*16*	*38*	*22*
1972	*21*	*21*	*37*	*28*	*16*	*20*	*57*	*30*
1973	*21*	*25*	*34*	*33*	*19*	*20*	*57*	*31*
1974	*25*	*20*	*20*	*25*	*19*	*16*	*36*	*22*
1975	*14*	*18*	*19*	*16*	*24*	*10*	*23*	*17*
1976	*30*	*27*	*17*	*18*	*23*	*16*	*26*	*20*
1977	*19*	*16*	*20*	*14*	*23*	*15*	*19*	*18*
1978	*23*	*27*	*21*	*18*	*25*	*17*	*30*	*21*
1979	*22*	*16*	*16*	*17*	*13*	*16*	*24*	*17*

Compared with 1978, a slight decrease may be observed in all subgroups, the strongest being in the eastern province group, in the rural municipalities and in the cities. If the numbers of the last 5 years are compared, the increase seems to be only a fluctuation; a clear trend cannot be discovered.

The provisional data for 1979 of the Permanent Registration of Abortion in the Netherlands shows a larger number: 16 000-16 500 for the Netherlands (Dr E. Ketting, Stimezo). Extrapolation of the sentinel station data to the Dutch population arrives at a total of 12 000. The above-mentioned registration counts 13 200 cases of abortus provocatus for 1979. These figures do not include hospital treatments, which in 1978 formed 23% of the total. The difference can be partly explained by the fact that approx some 15% of the women who attend an abortion clinic are referred there via the Rutgershuis. In most of these cases the name of the general practitioner is not mentioned. The increase reported by Stimezo occurs above all among ethnic and cultural minorities. It is not impossible that this group is underrepresented at the sentinel stations.

In addition the thougt imposes itself that the contraceptive policy of the spotter physicians is of such a nature that the number of undesired pregnancies is smaller. All in all it does not prove possible to give an answer with satisfactory certainty to the question of how to explain the relatively small difference found.

Age distribution

The age-specific distribution of the number of cases of abortus provocatus per 10 000 women is summarized in Table 16 (cf. Fig. 18).

Table 16: Number of cases of abortus provocatus by age group, per 10 000 women, 1971 - 1979.

	Age group					
	10-14	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*
1971	*(4)*	*50*	*43*	*52*	*42*	*(5)*
1972	*(2)*	*69*	*68*	*70*	*49*	*11*
1973	*-*	*86*	*91*	*56*	*48*	*(4)*
1974	*(2)*	*54*	*36*	*56*	*40*	*(2)*
1975	*(2)*	*23*	*22*	*50*	*39*	*(2)*
1976	*(2)*	*60*	*37*	*42*	*36*	*(4)*
1977	*-*	*42*	*38*	*36*	*35*	*8*
1978	*(2)*	*44*	*36*	*50*	*46*	*(5)*
1979	*(6)*	*44*	*39*	*36*	*26*	*(2)*

In the 25-34 and 35-44 age groups there proves to be a decrease; in the other age groups the numbers have remained practically the same.
The percentage distribution of the absolute numbers per age group shows that at the sentinel stations 25% of the women with an abortus provocatus are younger than 20 years. This does not tally with the data of Permanent Registration, in which only 17% are younger than 20 years. However, data of the Foundation for Medical Registration reveal that among younger women the operation is often performed in hospital, which could explain the difference (oral communication by Dr E. Ketting, Stimezo).
Because a 5-year age group is too broad classification for the younger age, it is requested that reports on those under the age of 20 years state the exact age.

The exact ages in this group were:

	1977	*1978*	*1979*
13 years	-	-	*1*
14 years	-	*1*	*3*
15 years	*2*	*4*	*2*
16 years	*6*	*3*	*2*
17 years	*5*	*10*	*11*
18 years	*7*	*6*	*4*
19 years	*5*	*5*	*8*
Total	*25*	*29*	*31*

In view of the fact that the Permanent Registration of Abortion in the Netherlands, together with the Chief Medical Office of Health and the Foundation for Medical Registration, can supply sufficient data on abortus provocatus, this subject has not been maintained on the weekly return for 1980.

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 17 gives the frequency with regard to the prescription of the morning-after pill, per province and urbanization group (cf. Fig. 19).

Table 17: Number of women for whom the morning-after pill was prescribed, per province group and urbanization group per 10 000 of all women, 1972 - 1979.

	Province group				*Urbanization group*			*Netherlands*
	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*

The national frequency with regard to prescription of the morning-after pill has remained the same compared with 1978 (50 per 10 000 women).
In the northern province group the number has fallen; in the southern one it has risen. In the remaining subgroups no obvious changes occurred.

Age distribution

Table 18 gives the age distribution of the prescription of the morning-after pill (cf. Fig. 20).

Table 18: Number of women for whom the morning-after pill was prescribed, by age group, per 10 000 women, 1972 - 1979.

	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*

The increase in the 20 - 24 age group has continued; 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 is requested that reports on those under the age of 20 state the exact age.

These were as follows:

	1977	*1978*	*1979*
13 years	*1*	*-*	*-*
14 years	*4*	*4*	*2*
15 years	*12*	*11*	*13*
16 years	*18*	*20*	*10*
17 years	*23*	*36*	*16*
18 years	*17*	*21*	*29*
19 years	*19*	*26*	*12*
Total	*94*	*118*	*82*

This question is maintained in the 1980 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 have been 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 19 states the frequencies per province and urbanization group for the different categories (see also Fig. 21).

Table 19: Number of new patients with hay fever, per province and urbanization group, per 10 000 men or women, 1978 - 1979.

	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*

A clear increase can be seen: 32 per 10 000 inhabitants in 1979 as against 24 in 1978. The increase cannot be explained by the very slight rise in the total number of grass pollen grains as noted at the measuring point in Leiden. The sum of the daily averages per cubic metre of air in 1979 was 5 445 as against 5 290 in 1978 (Communication by Dr F.Th.M. Spieksma, biologist, Leiden). Spieksma considers it not impossible that the increase is a consequence of the greater degree of publicity about hay fever, especially in the "lay press".
With the exception of the rural municipalities all groups display a higher incidence. The western provinces and the centre of the country again give the lowest figures.

A further breakdown of the sentinel stations in which the real coastal places are compared with the rest of the country is not justifiable, having regard to the small number of coastal places in this project. The fact that the peak falls precisely in the holiday period also makes itself felt here.

Age distribution

Table 20 contains the frequencies per age group (see also Fig. 22).

Table 20: Number of new patients with hay fever by age group, per 10 000 men or women, 1978 and 1979.

	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)*

The increase in the total incidence (in 1978 24, in 1979 32) proves to be a consequence of an increase among younger people; above 35 years the numbers are practically identical.

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 21[1]).

Table 21: Number of new patients with hay fever, per quarter and per 10 000 men or women, 1978 and 1979.

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

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

As was to be expected, the 2nd quarter gives by fair the highest frequencies. Only in that quarter is a difference in respect of 1978 visible. A week by week breakdown during the period with the highest incidences (May-July) may be found in Table 22.

Table 22: Number of new patients with hay fever, per week and per 10 000 inhabitants, 1978 and 1979.

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

The difference between the incidences in 1978 and 1979 is caused by an increase in a very short period, viz only in the 24th to the 27th week inclusive (in 1978 6 and in 1979 17 per 10 000).
The most striking difference between 1978 and 1979 is that the biggest peak of grass pollen came one or two weeks later (normally in weeks 23, 24 and 25; in 1979 in weeks 25, 26 and 27). This was a consequence of the too cold spring and the too wet weather at the end of May and the beginning of June (communication by Dr F.Th.M. Spieksma, data from the Royal Netherlands Meteorological Institute).

This question is maintained in the 1980 weekly return.

(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 other fields too (hospitals) research into suicide is being performed at present. In this way it is being attempted to get balanced registration.
The Chief Office also requested that more data be collected on the cases reported. For this purpose a questionnaire has been compiled in cooperation with Professor R.F.W. Diekstra, clinical psychologist, Leiden. These data are still being processed; they will not be discussed in this report.
The name of the subject is at the same time the definition.
On the form on which more data are being collected 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 23.
The absolute number of reports (which is *not* equal to the number of patients, since recidivists are not unusual) was "only" 106 in 1979; consequently the breakdown into subgroups is of limited value.

Table 23: Number of reports of (attempted) suicide per province and urbanization group, per 10 000 inhabitants, 1979.

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

It seems as if more cases of (attempted) suicide are reported in the cities than in rural municipalities (9 and 5 respectively) per 10 000 inhabitants. The southern province group, with 5 per 10 000 inhabitants, has the lowest frequency compared with the other province groups.

No conclusion can be drawn as yet from these figures with regard to the seasons.

Age distribution

Table 24 gives the frequency of (attempted) suicide per 10 000 inhabitants per age group (see also Fig. 23).

Table 24: Number of reports of (attempted) suicide by age group, per 10 000 inhabitants, 1979.

	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*

The highest frequencies occur in the age group between 25 and 55 years.

The absolute number of reports (106) is 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 subject will be maintained on the weekly return for a number of years.

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 has 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 derivatives, LSD, amphetamines and products which must probably be considered to contain psychotropic substances.

In other fields too attention is being devoted to this problem, as in the Foundation for Medical Registration, the General Bureau for Statistics, the Chief Medical Office and the Federation of Institutions for Alcohol and Drugs.

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

Table 25 gives the frequency per province and urbanization group.

Table 25: Number of primary consultations for drug-use, per province and urbanization group, per 10 000 inhabitants, 1979

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
M	*(3)*	*8*	*7*	*5*	*5*	*4*	*13*	*6*
F	*(3)*	*(3)*	*5*	*(3)*	*(2)*	*1*	*13*	*4*
Total	*3*	*5*	*6*	*4*	*3*	*3*	*13*	*5*

By far the majority of consultations are reported from the cities (13 per 10 000 inhabitants). Of the province groups, the western group with the centre of the Netherlands gives the highest frequency (6).
In 1972 and 1973 the frequency was lower (3 and 5 per 10 000 men and 2 and 2 per 10 000 women); then too the cities gave the highest frequency.

Age distribution

In table 26 the frequency of primary consultations for drug-use appears per age group (see also Fig. 24).

Table 26: Number of primary consultations for drug-use by age group, per 10 000 men and women, 1979.

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

By the highest frequencies appear in the 15-19 and 20-24 age groups, 18 and 23 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. 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 on the weekly return for 1980.

TRAUMAS IN SPORT

Sport and participation in sport have increased very strongly in the last twenty years. In this period the number of those registered as engaging in sport has risen from 1.2 to 4.2 million; however, allowance must be made for double counting as a result of the fact that an unknown number go in for more than one sport. In addition an estimate of the number engaging in recreational sport suggests that this number is around one million (data from the Netherlands Sport Federation).
Sport medicine has not been able to keep up with this rapid development; this was strongly emphasized in a series of articles in Medisch Contact (1979). In the curriculum little or no time is reserved for sport medicine; only the Medical Faculty in Maastricht has made this a fixed subject.
Sport medicine has a preventive and a curative aspect. The former consists largely of medical examinations, recommendations and guidance of training; the latter is concerned with the consequences of engagement in sport.
The amount of work resulting from the first aspect can be calculated; very few data are known on that resulting from the second one. The most recent data come from Western Germany (insurance statistics) and date from some twenty years back. They suggest that annually some 1.5% of those engaging in sport suffer an injury of such a nature that referral to a specialist is considered necessary. This means over 45 000 cases per year for the Netherlands.
However, more recent and more reliable data are necessary. Thus after consultation with Dr G.P.H. Hermans, vice-chairman of the Association of Sport Medicine, it has been decided to include traumas in sport as a subject in the weekly return.

The criteria were established as follows: all first contacts in connection with a sport injury, irrespective of weather 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 impression of the severity of the occurrence a subdivision was made 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". The group "no membership" covered "incidental engagement in sport". This is merely an approach in order to make a classification into groups; at incidental level this criterion will presumably not be valid.

Table 27 gives the frequencies per province and urbanization group in the various subgroups stated (see also Fig. 25).

Table 27: Number of traumas in sport, per province and urbanization group, per 10 000 inhabitants, whether or not members of a sports club and whether or not referred in the first instance to a specialist, 1979.

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
Member of a sports club								
-treatment by general practitioner only	*89*	*83*	*47*	*61*	*92*	*56*	*55*	*62*
-referred to a specialist	*29*	*29*	*17*	*17*	*24*	*19*	*22*	*20*
Not a member of a sports club								
-treatment by general practitioner only	*45*	*40*	*27*	*38*	*30*	*31*	*42*	*34*
-referred to a specialist	*7*	*15*	*9*	*11*	*14*	*9*	*11*	*10*
Total	*170*	*167*	*100*	*127*	*160*	*115*	*120*	*126*

In total 126 traumas in sport per 10 000 inhabitants prove to have occurred in 1979 for which in the first instance the aid was sought of the general practitioner. Of these, two thirds related to "regular" and one third to "incidental" engagement in sport, 82 and 44 per 10 000 inhabitants respectively. Over three quarters were in the first instance treated by the general practitioner only and one quarter were referred at once by the general practitioner to a specialist, 96 and 30 per 10 000 inhabitants respectively.

Extrapolation to the Dutch population yield 177 000 cases per year, 115 000 and 62 000 for regular and incidental engagement in sport respectively. That is in total nearly four times as much as the figure calculated on the strength of foreign data (45 000). The number referred to a specialist is the same order of magnitude (extrapolated 42 000), but that thus proves to be just the tip of the iceberg.

If the number of traumas is to be calculated on those engaging in sport, the number with respect to "regular engagement" must be multiplied by a factor of 3 at least, and the others by a factor of 14.

In 1978 an investigation was performed in Arnhem into the incidence of traumas in sport[1]). Here data were collected for one week (21-28 April 1978) on each new trauma in sport. Extrapolation of these data yielded 500 000 traumas in sport per year in the Netherlands, for which in two thirds of the cases recourse was had to the general practitioner. That is thus about twice as much as extrapolation of the sentinel station reporting yields. The latter estimate may be regarded as reliable, having regards to the nature of the sample (1% of the population spread over the whole of the Netherlands) and the duration (52 weeks). The size of the two populations did not differ much; Arnhem has some 125 000 inhabitants, which is 0.9% of the population. The difference cannot be explained by the degree of urbanization of Arnhem, but on the other hand perhaps partially by the province group (Arnhem comes under urbanization group 3 and province group B).

The ratio of the total number of persons treated in the first instance by the general practitioner only and the number that were referred to a specialist is for both regular and incidental engagement approx. 3 : 1 (62 : 20 and 34 : 10 respectively). In province group D, the southern provinces, this ratio is somewhat higher, 3.5 : 1. Further, there are a number of minor differences, but these do not allow of any pronouncement.

The ratio of the number of those regularly engaged in sport that suffer a trauma to the number of those incidentally engaged totals 2 : 1. For the northern provinces this is higher than the southern ones (2.3 : 1 and 1.6 : 1 respectively). With regard to the urbanization groups there proves to be a minor difference.

The rural municipalities display a higher ratio than the cities (2.6 : 1 and 1.5 : 1 respectively). Whether these differences are a consequence of a different ratio of the number of those engaged in sport or of the way of participating cannot be derived from these data.

Age distribution

Table 28 gives the frequencies per age group (see also Fig. 26).

[1]) *Sport een riskante zaak? Een pilot-studie naar de incidentie van sportongevallen (Is sport dangerous? A pilot-study of the incidence of traumas in sport).*
W.G.M. Boersma-Slütter, A. Broekman, H.A.H.M. Lagro, P.H. Minderaa. Geneeskunde en Sport 12, p. 41-49, 1979.

Table 28: Number of traumas in sport by age group, per 10 000 inhabitants, whether or not members of a sports club and whether or not referred in the first instance to a specialist, 1979.

	Age group									
	<5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*
Member of a sports club -treatment by general practitioner only	-	*6*	*67*	*187*	*185*	*99*	*39*	*9*	*(2)*	*(1)*
-referred to a specialist	-	*4*	*25*	*66*	*54*	*31*	*12*	*(2)*	*(2)*	*(1)*
Not a member of a sports club -treatment by general practitioner only	-	*17*	*75*	*91*	*76*	*36*	*24*	*11*	*6*	*(2)*
-referred to a specialist	*(2)*	*6*	*20*	*29*	*16*	*12*	*8*	*4*	*(3)*	*(1)*
Total	*(2)*	*33*	*187*	*373*	*331*	*178*	*83*	*26*	*13*	*5*

The highest frequencies occur in the 15-19 and 20-24 age groups (373 and 331 per 10 000 inhabitants respectively). The Arnhem investigation also displays a higher frequency among younger people; half of the group investigated there were younger than 23 years.

The ratios of 3 : 1 already mentioned for those treated in the first instance by the general practitioner compared with the number referred to a specialist may be found in practically all age groups. The ratio of the number of traumas in sport among the "regulars" to that among the "incidentals" clearly displays differences here. This is the highest in the 20-24 and 25-34 age groups (2.6 : 1 and 2.7 : 1 respectively). In the younger and older age groups this ratio decreases; below the age of 10 and above that of 45 the ratio is reversed. Presumably this reflects the numbers per age group within the sports clubs.

Here too there prove to be fairly considerable differences between the province and urbanization groups, both in the ratio of the frequencies for membership or no membership and in the age-specific frequencies (see Table 29).

As already stated, it is the question whether these differences can be explained by the differences in activities in the field of sport between the regions.

Table 29: Number of traumas in sport by age group, per province and urbanization group, per 10 000 inhabitants and by membership of a sports club or not, 1979.

		Age group									
		10-14		15-19		20-24		25-34		35-44	
Member of a sports club		yes	no	yes	no	yes	no	yes	no	yes	no
Province group	A	186	180	339	169	315	40	215	43	55	50
	B	95	90	374	155	389	188	195	45	61	41
	C	71	85	192	93	177	71	92	41	44	22
	D	82	72	237	120	216	100	123	71	58	35
Urbanization group	1	120	120	297	114	434	115	214	47	74	25
	2	88	84	247	110	195	64	114	48	51	30
	3	85	108	238	152	222	143	115	45	37	42
Total		92	95	253	110	239	92	130	48	51	32

Seasonal influences

Table 30 gives the frequencies per quarter[1]).

Table 30: Number of traumas in sport, per quarter, per 10 000 inhabitants, whether or not members of a sports club and whether or not referred in the first instance to a specialist, 1979.

	1st quarter	2nd quarter	3rd quarter	4th quarter
Member of a sports club				
-treatment by general practitioner only	11	16	13	22
-referred to a specialist	4	5	5	7
Not a member of a sports club				
-treatment by general practitioner only	9	8	6	10
-referred to a specialist	3	3	2	2
Total	27	32	26	41

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

The fourth quarter displays the highest frequency (41 per 10 000). The ratios already discussed, viz with reference to referral to a specialist or being a member of a club, display no shift here.

Inquiries were made among the spotter physicians as to whether a Sport Medical Advisory Centre (S.M.A.) was established in their practice area in 1979. This proved to be the case for 40% of them. However, its influence on the practice was negligible.

In conclusion it may be said that traumas in sport are anything but rare occurrences for general practitioners. The "supply" runs through all age groups, from both "regulars" and "incidentals". A very large proportion (three quarters) are not referred in the first instance to a specialist.

This subject has been maintained on the weekly return for 1980, though with changed questions.

EXTRAPOLATION OF FREQUENCIES FOUND TO THE DUTCH POPULATION

The following survey gives an approximate impression of the number of patients, consultations and so on in the Netherlands, on the basis of the frequencies calculated from the results of the continuous morbidity registration by sentinel stations.
As was remarked in the previous annual reports, it must be borne in mind, when studying the following table, that although the population of the sentinel stations is a reasonably good representation (see also p. 14) 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.
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 - 1979 (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*

[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*
Measles	*1975*			*8*			*11 000*
	1976			*63*			*87 000*
	1977	*vaccinated*		*6*			*8 000*
		unvaccinated		*42*			*58 000*
	1978	*vaccinated*		*1*			*1 400*[4])
		unvaccinated		*3*			*4 000*
	1979	*vaccinated*		*1*			*1 500*[4])
		unvaccinated		*2*			*3 000*
Mononucleosis infectiosa	*1977*	*15*	*19*		*10 000*	*13 000*	*23 000*
	1978	*17*	*17*		*12 000*	*12 000*	*24 000*
	1979	*15*	*17*		*10 000*	*12 000*	*22 000*
Cervical smear -with complaints and/or symptoms	*1976*		*87*			*60 000*	
	1977		*86*			*60 000*	
	1978		*80*			*56 000*	
	1979		*80*			*56 000*	

[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 concerned year.*

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

[4]) *In view of the relatively small number, rounding-off to thousands would give a distorted picture here.*

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

		Frequency[1]			Netherlands[2]		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*
-without complaints and/or symptoms	*1976*		*385*			*265 000*	
	1977		*380*			*264 000*	
	1978		*323*			*226 000*	
	1979		*322*			*227 000*[3]	
-repeat examination	*1976*		*31*			*21 000*	
	1977		*55*			*38 000*	
	1978		*120*			*84 000*	
	1979		*143*			*101 000*	
Sterilization of the man or the woman performed	*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*
Abortus provocatus	*1971*		*22*			*14 000*	
	1972		*30*			*20 000*	
	1973		*31*			*21 000*	
	1974		*22*			*15 000*	
	1975		*17*			*12 000*	
	1976		*20*			*14 000*	
	1977		*18*			*13 000*	
	1978		*21*			*15 000*	
	1979		*17*			*12 000*	

[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 concerned year.*

[3]) *Here the extrapolated number is higher in spite of a lower relative frequency, this is the result of the growth of the dutch (female) population. The rounding-off makes this invisible in the other numbers.*

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

		Frequency[1])			Netherlands[2])		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*
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*	
Hay fever							
-new patients	*1978*	*26*	*22*		*18 000*	*15 000*	*33 000*
	1979			*32*			*45 000*
(Attempted)							
suicide[3])	*1979*			*7*			
Consultation for							
druge-use[3])	*1979*	*6*	*4*				
Traumas in sport	*1979*						
Member of a sports							
club							
-general practitioner							
only				*62*			*87 000*
-referred to specialist				*20*			*28 000*
No member of a							
sports club							
-general practitioner							
only				*34*			*48 000*
-referred to specialist				*10*			*14 000*

[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 concerned year.*

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

INCIDENTAL INVESTIGATIONS

As in 1976, 1977 and in 1978, the spotter physicians were asked some questions on infrequent diseases or occurrences in 1979, the incidental investigations. These related to the disease multiple sclerosis and the request for application of active euthanasia.
The forms were sent to the practitioners at the end of the year.

Multiple sclerosis

In 1976 attention was devoted for the first time to multiple sclerosis. A once-only gauging is not very reliable for a relatively infrequent disease, and therefore the programme committee decided to continue this investigation. 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). For 1979 - as had been the case in 1977 and 1978 - 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 1979 the diagnosis of multiple sclerosis was reported 6 times for a new patient (see Table 31).

Table 31: Number of patients diagnosed as having multiple sclerosis in 1977 - 1978[1]) or in 1979 by age group and sex.

		<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*
Women	*1977*	-	*1*	*1*	*3*	*1*	-	*1*	*7*
	1978	-	-	*1*	*1*	*1*	*1*	-	*4*
	1979	-	*1*	*2*	*1*	*1*	-	-	*5*
Total	*1977*	-	*1*	*2*	*4*	*1*	-	*1*	*9*
	1978	-	-	*2*	*2*	*1*	*1*	-	*6*
	1979	*1*	*1*	*2*	*1*	*1*	-	-	*6*

[1]) *In the case of one patient, a woman of 27 years, the diagnosis in 1978 was not entirely certain. Afterwards it proved to be a cerebral tumor. The tables have been changed.*

The numbers are too small to calculate the relative frequency per age group; for all ages together it is 0.12 per 10.000 men and 0.60 per 10.000 women (in 1978 resp. 0.26 and 0.51, in 1977 0.24 and 0.82 respectively).
In all cases the diagnosis was made by the neurologist, once by the ophthalmic surgeon as well.
All patients lived at home, none of them used a wheelchair. In view of the fact that in all cases the diagnosis was made recently, in 1979, this was to be expected.
The number of women with multiple sclerosis is,as was reported in these three years, higher than the number of men, 16 and 5 respectively. This difference is significant. (chi-square, p=0.05).

At the World Conference on Multiple Sclerosis[1]), held in Amsterdam in September 1977, it was assumed that every year in the Netherlands at least 260 patients would contract multiple sclerosis, that is 0.19 per 10 000 inhabitants; this assumption therefore differs from the sentinel stations reports.

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

Table 32: Number of patients for whom the diagnosis multiple sclerosis was made in 1977, 1978[2]) or 1979, per province and urbanization group.

	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*

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.
Mention was made at three patients new to the practice with a known multiple sclerosis, 2 women and 1 man. They have not been included in the table.

The investigation will be repeated for 1980.

[1]) *Maatschappelijke Gezondheidszorg, Vol 5, 10 October 1977, pp. 35 - 36.*
[2]) *See footnote on p. 63.*

Euthanasia

The second incidental investigation concerns the subject of euthanasia. Attention was devoted to this for the first time in 1976. Considerable reaction was received to this investigation when the 1976 annual report was published.
In view of the fact that this is an occurrence - making a request - which relatively speaking occurs rather infrequently, a once-only gauging has only limited reliability. The programme committee had therefore decided immediately to repeat this investigation several times.
The form of the investigation is retrospective. This had the disadvantage that the doctor may have forgotten that this question was put but has the advantage that only the "serious" requests will be reported.
A form was sent to all spotter physicians at the end of 1979 with the request that they report whether the question was asked of them by a patient himself or herself for the application of active euthanasia directly or indirectly (see p. 68) 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 67).
The number of requests (28) was much more than in the previous years (respectively: 10, 9 and 15 in 1978, 1977 and 1976).
The number of patients with a carcinoma is relatively speaking, again large, i.e. 21 out of the 28 (in 1976 8 out of 15 and in 1977 5 out of 9 and in 1978 7 out of 10).
Once an organic disease was not concerned, but stress was the reason for the request (a woman of 29 years).
The request was made 12 times by a man (in 1978, 1977 and 1976 6, 6 and 5 times respectively).
The distribution by province group and urbanization group is given in Table 33.

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

Table 33: 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 - 1979.

			Province group				Urbanization group			Nether-lands
	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

Four times a request for indirect euthanasia was made. In the other cases the request was for application of direct euthanasia. In four cases use was made of a written euthanasia declaration.
On only three occasions was the patient not nursed at home (one in hospital, one in a home for care of the aged, one in an old people's home).

Age distribution

The age distribution may be found in Table 34.

Table 34: Number of patients who requested the general practitioner to apply active euthanasia, by age group, 1976 - 1979.

	< 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

Both the increase in the number of requests, and then principally in the number of requests to apply direct euthanasia, and the fact that on various occasions (4 times in 1979 as against none in 1978) use was made of a euthanasia declaration may indicate that a shift is occurring. This may for instance be a sign of a changing attitude towards wanting to decide oneself about one's own life, but also of greater freedom in speaking about this. This small "superficial" investigation can make no pronouncement on this.

Extrapolation of these data to the Dutch population is possible, but it should actually 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.

Request by the patient for active euthanasia.

Age	*Sex*	*Disease*	*Motive for the request*
29	*F*	*–*	*Stress*
42	*F*	*Carcinoma of the breast*	*Pain, fear, rapid progression, fear of the process of dying*
49	*F*	*Carcinoma of the stomach*	*Pain, general "unwell" feeling*
56	*F*	*Carcinoma of the lung*	*Pain*
57	*M*	*Metastases in the brain, lung and liver, primary focus not found*	*Pain*
59	*F*	*Carcinoma of the breast*	*Pain, spontaneous fractures*
60	*M*	*Carcinoma and metastases in abdomen, no further examination performed*	*Cachexy*
61	*F*	*Carcinoma of the stomach*	*Pain and vomiting*
63	*F*	*Hypernephroma*	*Total exhaustion*
64	*F*	*Carcinoma of the lung*	*Pain and general discomfort*
65	*M*	*Carcinoma of the colon*	*Pain and increasing dyspnoea*
66	*F*	*Carcinoma of the stomach*	*Pain*
66	*F*	*Carcinoma of the colon*	*Ileus, pain*
69	*M*	*Multiple myeloma*	*Pain, no longer wanting and "needing" to live*
69	*F*	*Carcinoma of the lung*	*Pain, spontaneous fractures, need to spare husband*
70	*M*	*Carcinoma of the lung*	*Fear of pain*
71	*F*	*Osteoarthrosis of the hip and knee joints*	*Disablement and pain*
71	*M*	*Carcinoma of the oesophagus*	*Extreme anxiety*
72	*F*	*Carcinoma of the ovary*	*Cachexy*
72	*M*	*Metastasized carcinoma abdomen, no further examination performed*	*Indignity of existence*
73	*M*	*Hypernephroma*	*Pain*
74	*M*	*Carcinoma of the colon*	*Total exhaustion*
75	*F*	*Cerebrovascular accident*	*Powerlessness*

Request by the patient for active euthanasia (continuation).

Age	*Sex*	*Disease*	*Motive for the request*
76	*M*	*Blind, general arteriosclerosis, senile depression*	*Depression*
85	*F*	*Cerebrovascular accident*	*Dysarthria*
85	*M*	*Carcinoma of the colon*	*Pain*
90	*M*	*Terminal stage in recidivating pulmonary emboli*	*Dyspnoea*
90	*M*	*Weak heart, carcinoma of the oesophagus? No further examination performed*	*Pain, tired of life*

"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 1980.

GENERAL REMARKS

1. The questions on the weekly return for 1980 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 druge-use
   k. Traumas in sport - indoor sport / field sport
      individual / team sport.

2. No definite decision has yet been taken about incidental investigations for 1980.

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 1979

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 (vanaf 1-1-1979) (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)*)	Zelhelm	Gelderland
J.P. van Dam/Mw. M.A.E. Hoelen-Lem (comb. praktijk)	Nijmegen	Gelderland
S.W.A. Holla	Nijmegen	Gelderland
Dr H. Mulder	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 (vanaf 1-1-1979)	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 1979

Dr B.J.M. Aulbers/J.E.G. Nieuwkamer (comb. praktijk)	Delft	Zuid-Holland
J. Beunk (tot 1-4-1979)	Maassluis	Zuid-Holland
D. Pasman*) (vanaf 1-4-1979)	Maassluis	Zuid-Holland
Dr A.W. Bots*) (tot 7-1-1979)	Voorhout	Zuid-Holland
J. Hoornweg/E. Hoornweg-Sleeboom*) (comb. praktijk) (vanaf 7-1-1979)	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
K.E.W. Ebeling Koning	Eindhoven	Noord-Brabant
Dr H.A.M. Hoevenaars*)	Uden	Noord-Brabant
R.J.F.M. Leijgraaf/A.F.A. van de Reepe (comb. praktijk)	Etten	Noord-Brabant
S.H.H.M. van der Meer*)	Rosmalen	Noord-Brabant
Dr J.P.C. Moors*)	Rosmalen	Noord-Brabant
A.M.P. Linsen	Oirschot	Noord-Brabant
A.M.H.J.G. Sluyters	Ravenstein	Noord-Brabant
Dr J.L.M. Raupp (tot 11-2-1979)	Eindhoven	Noord-Brabant
S.P.F. van Rijn (vanaf 1-2-1979)	Eindhoven	Noord-Brabant
R.A.M. de Jong	Maastricht	Limburg

*) Apotheek-houdend

Weekstaat t.b.v. centrale registratie

CONTINUE MORBIDITEITSREGISTRATIE, PEILSTATIONS, 1979

Proj. no.	Regel no.	Verslag jaar	Week no.	Code peilstations	Rapport dagen
4 0 0		7 9		5 5 4 2	
1-3	4-5	6-7	8-9	10-13	14

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

Regel no.	Leeftijdsgroep	Influenza (-achtig ziektebeeld)[1]	Mazelen[2] Gevacc.	Mazelen[2] Niet gevacc.	Mononucleosis infectiosa[3]		Cervixuitstrijkje: Na 1-1-1977 voor eerste maal afgenomen op grond van[4]: Klachten/symptomen	Cervixuitstrijkje: Louter preventieve overwegingen: Initiatief huisarts[5]	Cervixuitstrijkje: Louter preventieve overwegingen: Verzoek van de vrouw	Cervixuitstrijkje: Herhalingsonderzoek[6]	Sterilisatie verricht[7]		Abortus provocatus[8]	Morning-after-pill voorgeschreven[9]	Hooikoorts[10]	Suicide (poging)[11]	Consult druggebruik[12]		Sportongevallen[13]: Lid van een sportvereniging[14]: Ja: Alleen h.a.	Ja: H.a. + spec.	Neen: Alleen h.a.	Neen: H.a. + spec.	Leeftijdsgroep	Regel no.
		M+V	M+V	M+V	M	V	V	V	V	V	M	V	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		

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

*4) Betreft rapportering van vrouwen bij wie **na 1-1-1977 om welke reden ook** een cervixuitstrijkje is afgenomen. Indien bij een vrouw na 1-1-1977 **opnieuw** een cervixuitstrijkje wordt gemaakt dient dit **altijd** onder de subrubriek "herhalingsonderzoek" geboekt te worden (zie ook voetnoot 6).*

5) Bijvoorbeeld in het kader van de pilcontrole.

6) Bijvoorbeeld wegens verdacht preparaat of wegens technische onvolkomendheden bij onderzoek vorig preparaat.

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

8) Lege artis of niet lege artis verricht (zie ook voetnoot 7).

*9) Uitsluitend indien er een directe indicatie is. Indien een rscept 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 7).*

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

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

12) 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.

13) Zie de toelichting op de weekstaat.

*14) Ja, indien de duur van het lidmaatschap **tenminste** één jaar is.*

Appendix 3

Subjects on the weekly returns in alphabetical order 1970 - 1980

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

Age	*Men*	*Women*	*Total*
0 - 4	*457*	*435*	*892*
5 - 9	*581*	*555*	*1 136*
10 - 14	*625*	*596*	*1 221*
15 - 19	*629*	*602*	*1 231*
20 - 24	*595*	*574*	*1 169*
25 - 34	*1 185*	*1 115*	*2 300*
35 - 44	*866*	*808*	*1 674*
45 - 54	*741*	*752*	*1 493*
55 - 64	*612*	*677*	*1 289*
⩾ 65	*656*	*925*	*1 581*
Total	*6 947*	*7 039*	*13 986*

TABEL 1A CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1979 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
< 1 JR	856	800	1656	242	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	4157	4044	8202	202	4	-	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	6883	6707	13590	165	1	1	-	1	1	-	-	-	-	-	-	-	-	-
10 - 14 JR	7122	6841	13962	164	-	1	3	7	5	-	-	-	-	-	-	-	1	1
15 - 19 JR	6911	6847	13759	197	-	1	13	16	15	9	7	1	-	-	-	-	10	39
20 - 24 JR	6548	7321	13869	228	-	1	14	4	9	19	45	38	15	5	7	6	8	49
25 - 34 JR	12964	13213	26177	172	-	-	4	3	3	28	117	72	48	42	44	43	7	23
35 - 44 JR	9321	9313	18634	187	-	-	-	-	-	48	117	75	103	98	93	96	4	23
45 - 54 JR	8370	8601	16971	148	-	-	1	1	1	22	94	53	81	24	12	18	1	3
55 - 64 JR	6425	6812	13237	140	-	-	-	1	1	21	26	21	16	3	-	2	-	-
> 64 JR	6898	9021	15919	98	-	-	-	-	-	2	7	4	1	-	-	-	-	-
TOTAAL	76455	79519	155974	169	0	0	3	3	3	17	51	32	32	22	20	21	4	15

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 1979 PER 10.000

LEEFTIJDS-GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	1
5 - 9 JR	1	-	-	-	-	4	-	5	3
10 - 14 JR	2	1	-	-	-	18	6	21	5
15 - 19 JR	7	1	10	3	7	31	12	22	4
20 - 24 JR	5	1	5	-	2	27	9	19	3
25 - 34 JR	3	3	2	1	1	21	5	11	4
35 - 44 JR	3	3	-	1	1	5	3	7	3
45 - 54 JR	4	4	-	-	-	1	-	4	2
55 - 64 JR	1	2	-	-	-	1	-	2	2
> 64 JR	-	3	-	-	-	-	1	1	1
TOTAAL	3	2	2	1	1	11	4	9	3

TABEL 18 CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1979 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	MAZELEN		MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE				STERILISATIE			ABOR-TUS PROV	MORN AFTER PIL
					VACC	N-VACC				KLACHT SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	VERRICHT				
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
< 1 JR	828	768	1596	132	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	4033	3921	7954	92	1	3	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	6632	6449	13082	56	2	2	3	3	3	-	-	-	-	-	-	-	-	-
10 - 14 JR	6812	6514	13326	63	-	1	4	9	7	-	-	-	-	-	-	-	2	-
15 - 19 JR	6603	6502	13104	78	-	1	18	25	21	3	18	2	-	-	-	-	6	25
20 - 24 JR	6233	6923	13161	99	-	-	10	12	11	25	56	32	16	-	10	5	12	35
25 - 34 JR	12454	12651	25105	78	-	1	3	2	3	41	117	72	57	56	54	55	11	25
35 - 44 JR	8915	8857	17772	93	-	-	1	1	1	47	108	60	119	86	69	78	7	11
45 - 54 JR	7961	8156	16117	90	-	-	-	-	-	29	99	42	76	18	6	12	1	4
55 - 64 JR	6112	6438	12550	70	-	-	-	-	-	19	28	12	16	-	-	-	-	-
> 64 JR	6589	8481	15070	53	-	-	-	-	-	5	8	1	-	-	-	-	-	-
TOTAAL	73172	75665	148838	78	0	1	4	5	4	20	53	28	34	22	19	20	4	11

TABEL 1B (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1979 PER 10.000

LEEFTIJDS-GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	6	-	-	-	-	-	-	-	-
1 - 4 JR	8	-	-	-	-	-	-	-	1
5 - 9 JR	35	-	-	-	-	-	-	5	1
10 - 14 JR	43	-	-	-	-	19	11	18	3
15 - 19 JR	57	2	3	6	5	50	15	17	10
20 - 24 JR	39	2	6	10	8	50	12	17	6
25 - 34 JR	29	4	1	1	1	24	9	10	5
35 - 44 JR	17	3	-	-	-	10	2	8	1
45 - 54 JR	7	3	-	1	1	4	1	2	1
55 - 64 JR	5	4	-	2	1	1	1	2	-
> 64 JR	2	2	-	-	-	-	-	1	-
TOTAAL	24	2	1	2	1	16	5	8	3

TABEL 1C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1979 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
< 1 JR	778	726	1503	67	-	7	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3782	3677	7459	60	3	1	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	6276	6124	12400	40	1	3	-	2	1	-	-	-	-	-	-	-	-	-
10 - 14 JR	6489	6234	12724	39	-	-	8	10	9	-	-	-	-	-	-	-	2	-
15 - 19 JR	6297	6233	12530	57	-	-	17	27	22	5	8	-	-	-	-	-	18	40
20 - 24 JR	5961	6629	12590	90	-	-	13	9	11	21	62	39	23	2	-	1	3	48
25 - 34 JR	11757	12020	23776	57	-	-	2	4	3	49	106	69	61	48	60	54	12	18
35 - 44 JR	8454	8476	16930	63	-	-	1	-	1	57	93	92	124	90	109	99	6	4
45 - 54 JR	7610	7858	15468	59	-	-	-	-	-	29	84	33	83	22	11	17	-	5
55 - 64 JR	5856	6219	12075	51	-	-	-	2	1	11	27	29	34	2	-	1	-	-
> 64 JR	6285	8217	14502	26	-	-	-	-	-	4	6	5	6	-	-	-	-	-
TOTAAL	69545	72413	141957	54	0	0	4	5	4	22	47	32	39	22	24	23	5	12

TABEL 1C (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1979 PER 10.000

LEEFTIJDS-GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A./SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A./SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-
5 - 9 JR	3	-	-	-	-	2	2	3	2
10 - 14 JR	10	-	-	-	-	9	4	9	4
15 - 19 JR	11	1	6	2	4	34	14	13	4
20 - 24 JR	10	2	8	3	6	43	17	16	2
25 - 34 JR	8	1	3	3	3	24	9	7	3
35 - 44 JR	3	4	-	1	1	9	4	4	2
45 - 54 JR	2	3	-	-	-	1	-	4	1
55 - 64 JR	2	2	-	-	-	-	2	-	-
> 64 JR	-	2	-	-	-	1	-	-	-
TOTAAL	5	2	2	1	1	13	5	6	2

TABEL 10 CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1979 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	MAZELEN		MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
< 1 JR	828	774	1602	206	-	19	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	4030	3915	7946	175	3	1	5	-	3	-	-	-	-	-	-	-	-	-
5 - 9 JR	6634	6479	13113	96	2	5	2	-	1	-	-	-	-	-	-	-	-	-
10 - 14 JR	6849	6539	13388	96	-	-	6	3	4	-	-	-	-	-	-	-	2	-
15 - 19 JR	6627	6560	13188	124	-	-	15	23	19	11	15	5	2	-	-	-	11	38
20 - 24 JR	6279	6999	13278	174	-	-	11	9	10	29	103	53	10	6	1	4	16	39
25 - 34 JR	12474	12672	25147	152	-	-	2	2	2	41	102	70	61	79	82	80	6	18
35 - 44 JR	8946	8908	17854	156	-	-	4	2	3	55	92	68	126	130	107	118	9	12
45 - 54 JR	8000	8202	16202	135	-	-	1	-	1	33	67	46	84	28	15	21	-	4
55 - 64 JR	6125	6508	12633	120	-	-	-	-	-	11	12	15	34	3	-	2	-	-
> 64 JR	6628	8581	15209	79	-	-	-	-	-	2	-	4	5	-	-	-	-	-
TOTAAL	73421	76138	149559	132	0	1	4	4	4	22	47	32	38	33	28	30	5	12

TABEL 1D (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1979 PER 10.000

LEEFTIJDS-GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A./SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A./SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-
5 - 9 JR	-	-	-	-	-	-	2	3	1
10 - 14 JR	-	-	-	-	-	22	4	26	8
15 - 19 JR	-	2	2	5	3	74	26	39	11
20 - 24 JR	2	1	14	-	7	65	16	24	5
25 - 34 JR	0	5	2	1	2	30	9	8	1
35 - 44 JR	-	2	1	1	1	16	4	5	1
45 - 54 JR	-	1	-	-	-	3	2	1	-
55 - 64 JR	1	1	-	-	-	1	-	2	1
> 64 JR	-	1	-	-	-	-	-	-	-
TOTAAL	0	1	2	1	1	22	7	10	2

TABEL 1E CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1979 TOTAAL PER 10.000

LEEFTIJDS-GROEP		POPULATIE		INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
< 1 JR	822	767	1589	655	-	25	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	4001	3890	7890	536	10	5	5	-	3	-	-	-	-	-	-	-	-	-
5 - 9 JR	6606	6440	13046	365	5	12	5	6	5	-	-	-	-	-	-	-	-	-
10 - 14 JR	6818	6532	13350	367	-	2	21	29	25	-	-	-	-	-	-	-	6	2
15 - 19 JR	6610	6536	13145	465	-	2	64	90	77	28	49	8	2	-	-	-	44	142
20 - 24 JR	6255	6969	13224	597	-	2	48	33	40	93	265	162	63	13	19	16	39	171
25 - 34 JR	12412	12639	25051	464	-	1	11	12	12	158	442	283	225	225	239	232	36	85
35 - 44 JR	8909	8889	17797	505	-	-	7	3	5	207	412	295	470	404	377	391	26	51
45 - 54 JR	7985	8204	16190	437	-	-	3	1	2	113	345	176	324	91	44	67	2	16
55 - 64 JR	6129	6494	12624	384	-	-	-	3	2	62	94	77	99	8	-	4	-	-
> 64 JR	6600	8575	15175	259	-	-	-	-	-	13	21	14	12	-	-	-	-	-
TOTAAL	73148	75934	149082	436	1	2	15	17	16	80	198	124	143	99	90	95	17	50

TABEL 1E (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1979 TOTAAL PER 10.000

LEEFTIJDS-GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
< 1 JR	6	-	-	-	-	-	-	-	-
1 - 4 JR	8	-	-	-	-	-	-	-	3
5 - 9 JR	39	-	-	-	-	6	4	17	6
10 - 14 JR	55	1	-	-	-	67	25	75	20
15 - 19 JR	75	5	21	15	18	187	66	91	29
20 - 24 JR	54	7	34	13	23	185	54	76	16
25 - 34 JR	41	12	7	5	6	99	31	36	12
35 - 44 JR	24	11	1	3	2	39	12	24	8
45 - 54 JR	13	11	-	1	1	9	2	11	4
55 - 64 JR	8	9	-	2	1	2	2	6	3
> 64 JR	2	7	-	-	-	1	1	2	1
TOTAAL	32	7	6	4	5	62	20	34	10

TABEL 2A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1979 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
GR+FR+DR	10027	10294	20321	175	0	1	-	5	2	20	39	30	13	22	27	25	3	18
OV+GLD+ZYP	13314	13625	26939	163	-	-	5	2	3	18	59	35	7	24	16	20	4	17
UTR+NH+ZH	37241	39147	76388	118	0	0	4	3	4	14	52	38	52	19	17	18	3	13
ZLD+NB+LIM	15872	16453	32326	290	-	1	3	3	3	22	50	19	16	30	26	28	4	16
TOTAAL	76455	79519	155974	169	0	0	3	3	3	17	51	32	32	22	20	21	4	15

TABEL 2A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1979 PER 10.000

PROVINCIE GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	4	2	2	-	1	16	4	11	2
OV+GLD+ZYP	5	1	2	1	1	15	7	13	4
UTR+NH+ZH	2	2	1	1	1	8	2	7	2
ZLD+NB+LIM	-	1	2	-	1	12	3	11	4
TOTAAL	3	2	2	1	1	11	4	9	3

TABEL 2B CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1979 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
GR+FR+DR	9551	9739	19290	97	1	1	2	3	3	30	43	34	4	22	18	20	5	8
OV+GLD+ZYP	13270	13514	26784	105	-	1	8	13	10	24	52	26	16	20	12	16	4	12
UTR+NH+ZH	35288	36826	72114	61	0	0	4	3	3	14	54	32	54	20	18	19	4	10
ZLD+NB+LIM	15062	15587	30649	81	-	1	2	4	3	24	58	17	22	29	27	28	4	16
TOTAAL	73172	75565	148838	78	0	1	4	5	4	20	53	28	34	22	19	20	4	11

TABEL 2B (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1979 PER 10.000

PROVINCIE GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	32	3	1	1	1	22	5	10	1
OV+GLD+ZYP	34	2	2	1	1	24	5	6	5
UTR+NH+ZH	17	2	1	2	2	12	6	7	3
ZLD+NB+LIM	28	2	-	3	1	15	4	12	2
TOTAAL	24	2	1	2	1	16	5	8	3

TABEL 2C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1979 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
GR+FR+DR	9539	9830	19369	89	1	-	3	4	4	40	38	37	13	18	12	15	7	16
OV+GLD+ZYP	12536	12799	25335	68	-	-	6	9	8	27	54	30	23	17	27	22	3	18
UTR+NH+ZH	33343	35110	68453	37	0	1	5	5	5	17	52	37	64	19	24	22	5	11
ZLD+NB+LIM	14126	14674	28800	59	-	-	1	1	1	16	34	21	13	35	29	32	3	6
TOTAAL	69545	72413	141957	54	0	0	4	5	4	22	47	32	39	22	24	23	5	12

TABEL 2C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1979 PER 10.000

PROVINCIE GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	4	1	-	2	1	19	9	8	1
OV+GLD+ZYP	6	1	3	1	2	16	8	9	3
UTR+NH+ZH	5	2	2	1	2	11	4	5	2
ZLD+NB+LIM	5	1	1	-	0	11	2	3	1
TOTAAL	5	2	2	1	1	13	5	6	2

TABEL 2D — CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1979 PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA	CERVIXUITSTRIJKJE KLACHT SYMPT	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
GR+FR+DR	9437	9671	19108	230	1	-	3	5	4	40	51	40	19	24	22	23	7	17
OV+GLD+ZYP	13805	14125	27930	140	0	-	5	4	5	26	34	22	26	39	20	29	4	8
UTR+NH+ZH	35302	36922	72224	108	0	2	4	4	4	17	56	36	59	27	29	28	4	12
ZLD+NB+LIM	14877	15420	30297	119	-	-	5	3	4	16	35	25	13	46	37	41	5	11
TOTAAL	73421	76138	149559	132	0	1	4	4	4	22	47	32	38	33	28	30	5	12

TABEL 2D (VERVOLG) — CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1979 PER 10.000

PROVINCIE GROEP	HOUI-KOORTS	SUICIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	1	3	-	-	-	31	10	15	3
OV+GLD+ZYP	1	1	1	-	1	28	9	12	3
UTR+NH+ZH	0	1	3	1	2	16	4	8	2
ZLD+NB+LIM	-	0	2	-	1	23	7	12	3
TOTAAL	0	1	2	1	1	22	7	10	2

TABEL 2E CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1979 TOTAAL PER 10.000

PROVINCIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
GR+FR+DR	9639	9883	19522	592	2	2	8	17	13	130	170	141	49	86	80	83	22	60
OV+GLD+ZYP	13231	13516	26747	480	0	1	23	28	25	95	198	112	71	101	74	87	16	54
UTR+NH+ZH	35294	37001	72295	329	1	3	16	15	15	63	214	142	228	85	88	86	16	46
ZLD+NB+LIM	14984	15533	30518	563	-	2	11	11	11	79	178	82	64	139	118	128	17	50
TOTAAL	73148	75934	149082	436	1	2	15	17	16	80	198	124	143	99	90	95	17	50

TABEL 2E (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1979 TOTAAL PER 10.000

PROVINCIE GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
GR+FR+DR	41	8	3	3	3	89	29	45	7
OV+GLD+ZYP	46	6	8	3	5	83	29	40	15
UTR+NH+ZH	24	8	7	5	6	47	17	27	9
ZLD+NB+LIM	33	5	5	3	4	61	17	38	11
TOTAAL	32	7	6	4	5	62	20	34	10

TABEL 3A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1979 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
A1-A4	12296	12203	24500	111	-	0	2	-	1	15	76	39	-	18	17	18	2	13
B1-B3+C1-C4	46660	48890	95550	177	0	0	3	4	4	15	39	32	36	25	23	24	3	14
C5	17498	18426	35924	188	0	1	5	3	4	25	68	30	41	18	14	16	4	19
TOTAAL	76455	79519	155974	169	0	0	3	3	3	17	51	32	32	22	20	21	4	15

TABEL 3A (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1979 PER 10.000

URBANISATIE GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	3	2	1	-	0	18	6	10	5
B1-B3+C1-C4	2	2	0	-	0	10	3	9	3
C5	5	2	5	2	4	10	3	9	2
TOTAAL	3	2	2	1	1	11	4	9	3

TABEL 3B — CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1979 PER 10.000

URBANISATIE GROEP	POPULATIE M	POPULATIE V	POPULATIE T	INFLUENZA M/V	MAZELEN VACC M/V	MAZELEN N-VACC M/V	MONONUCLEOSIS INFECTIOSA M	MONONUCLEOSIS INFECTIOSA V	MONONUCLEOSIS INFECTIOSA T	CERVIXUITSTRIJKJE KLACHT SYMPT V	CERVIXUITSTRIJKJE INIT ARTS V	CERVIXUITSTRIJKJE VERZ VROUW V	CERVIXUITSTRIJKJE HERH ONDZ V	STERILISATIE VERRICHT M	STERILISATIE VERRICHT V	STERILISATIE VERRICHT T	ABOR- TUS PROV V	MORN AFTER PIL V
A1-A4	13036	12945	25980	63	0	1	4	8	6	27	66	26	5	24	19	22	4	11
B1-B3+C1-C4	44032	46020	90052	68	0	1	3	3	3	16	41	27	41	22	20	21	4	11
C5	16105	16701	32806	115	∞	0	6	7	6	28	77	30	39	20	14	17	7	13
TOTAAL	73172	75665	148838	78	0	1	4	5	4	20	53	28	34	22	19	20	4	11

TABEL 3B (VERVOLG) — CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1979 PER 10.000

URBANISATIE GROEP	HOUI- KOORTS	SUI- CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	28	2	1	1	1	23	3	7	3
B1-B3+C1-C4	25	2	0	1	1	15	6	8	2
C5	20	3	3	5	4	13	6	11	5
TOTAAL	24	2	1	2	1	16	5	8	3

TABEL 3C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1979 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
A1-A4	11361	11284	22645	41	-	1	5	4	4	14	57	33	12	15	29	22	1	13
B1-B3+C1-C4	43133	45158	88291	50	0	0	4	4	4	22	37	33	43	25	25	25	5	12
C5	15051	15971	31021	75	1	1	3	10	6	27	70	31	49	18	17	17	6	11
TOTAAL	69545	72413	141957	54	0	0	4	5	4	22	47	32	39	22	24	23	5	12

TABEL 3C (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1979 PER 10.000

URBANISATIE GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	4	1	2	1	1	16	6	4	2
B1-B3+C1-C4	6	2	1	0	1	12	5	5	1
C5	5	2	3	3	3	13	6	10	3
TOTAAL	5	2	2	1	1	13	5	6	2

TABEL 3D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1979 PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
A1-A4	12607	12506	25113	98	-	0	2	4	3	16	50	21	9	39	24	31	6	9
B1-B3+C1-C4	43773	45696	89470	117	0	1	5	4	4	18	38	33	37	34	28	31	4	13
C5	17041	17936	34977	195	1	1	4	4	4	35	66	35	61	26	29	27	6	11
TOTAAL	73421	76138	149559	132	0	1	4	4	4	22	47	32	38	33	28	30	5	12

TABEL 3D (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1979 PER 10.000

URBANISATIE GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	-	1	2	-	1	33	9	9	4
B1-B3+C1-C4	0	1	2	-	1	19	6	10	2
C5	0	2	1	3	2	19	7	13	2
TOTAAL	0	1	2	1	1	22	7	10	2

TABEL 3E CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1979 TOTAAL PER 10.000

URBANISATIE GROEP	POPULATIE			INFLU-ENZA	MAZELEN VACC	MAZELEN N-VACC	MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE KLACHT SYMPT	CERVIXUITSTRIJKJE INIT ARTS	CERVIXUITSTRIJKJE VERZ VROUW	CERVIXUITSTRIJKJE HERH ONDZ	STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
A1-A4	12325	12234	24559	315	0	2	13	16	14	73	248	119	25	97	89	93	13	46
B1-B3+C1-C4	44400	46441	90841	418	1	2	16	14	15	70	154	125	157	106	97	101	16	50
C5	16424	17258	33682	583	2	3	17	23	20	114	280	126	190	82	74	78	24	53
TOTAAL	73148	75934	149082	436	1	2	15	17	16	80	198	124	143	99	90	95	17	50

TABEL 3E (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1979 TOTAAL PER 10.000

URBANISATIE GROEP	HOOI-KOORTS	SUI-CIDE POGING	CONSULT DRUGGEBRUIK			SPORTONGEVALLEN LID SPORTVER. H.A.	LID SPORTVER. H.A/SPEC	GEEN LID SPORTVER. H.A.	GEEN LID SPORTVER. H.A/SPEC
	M/V	M/V	M	V	T	M/V	M/V	M/V	M/V
A1-A4	37	5	5	2	3	92	24	30	14
B1-B3+C1-C4	32	7	4	1	3	56	19	31	9
C5	29	9	13	13	13	55	22	42	11
TOTAAL	32	7	6	4	5	62	20	34	10

Tabel 4A

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

Aantal patiënten met influenza(-achtig ziektebeeld),per week,per 10.000 inwoners,vanaf de 1e week 1979.

Week nr. 1979	Aantal patiënten							
	Provinciegroep				Urbanisatiegroep			Totaal
	A	B	C	D	1	2	3	
1	17	13	14	21	9	19	14	16
2	14	14	12	22	7	18	13	15
3	15	9	9	13	6	12	10	11
4	16	11	7	12	10	11	8	10
5	15	12	5	16	11	9	11	10
6	17	8	6	15	7	10	11	10
7	10	17	9	20	10	13	13	13
8	18	8	8	26	5	13	20	13
9	11	20	11	27	9	15	19	15
10	9	17	10	51	8	20	23	19
11	11	13	8	29	8	14	16	14
12	13	13	9	19	7	12	17	13
13	10	9	11	15	14	10	14	12
14	16	12	8	12	7	8	18	10
15	7	8	10	9	9	7	15	9
16	16	9	6	7	9	6	15	8
17	13	5	5	5	4	5	12	6
18	14	9	4	6	5	5	12	6
19	11	14	5	8	5	8	10	8
20	5	8	3	8	3	5	7	5
21	4	8	3	7	7	4	5	5
22	2	4	4	4	2	4	5	4
23	3	3	2	3	2	3	4	3
24	1	7	3	2	5	3	2	3
25	2	8	4	4	2	7	2	5
26	-	10	4	4	3	6	3	5
27	11	5	3	7	3	5	8	5
28	3	10	3	4	4	5	4	5
29	1	3	2	5	-	3	3	3
30	10	2	3	2	-	3	6	3
31	2	2	4	3	1	3	4	3
32	2	1	2	3	1	3	3	2
33	7	1	3	4	2	3	6	3
34	5	2	2	4	2	4	2	3
35	9	-	3	3	0	3	6	3
36	9	9	3	5	5	5	7	5
37	12	10	1	5	7	4	8	5
38	11	9	3	6	7	5	8	6
39	8	11	4	8	7	5	10	7
40	17	13	6	9	8	8	13	9
41	9	8	7	8	1	7	14	8
42	14	12	7	5	4	8	14	9
43	19	9	8	10	6	9	17	10
44	19	8	7	9	5	8	19	10
45	9	7	7	11	7	9	7	8
46	24	8	10	10	8	8	21	11
47	17	9	8	8	8	8	14	9
48	23	17	7	11	14	10	15	12
49	27	15	11	5	16	9	17	12
50	22	15	10	15	8	15	15	14
51	15	11	9	9	6	10	12	10
52	11	4	10	9	3	8	19	9
1980								
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

PROVINCIEGROEP

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

URBANISATIEGROEP

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

FIGUUR 1

PEILSTATIONS

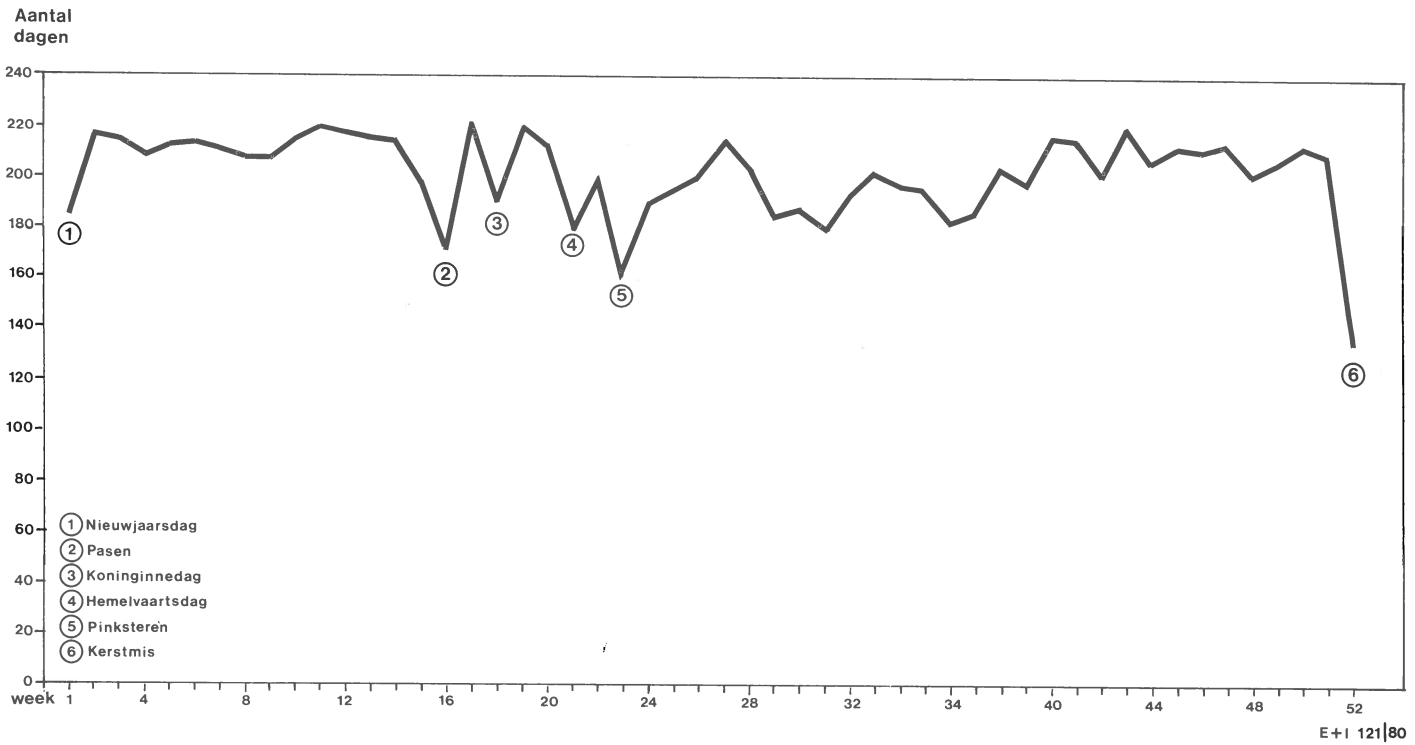
CONTINUE MORBIDITEITS REGISTRATIE

1979

E+1120|80

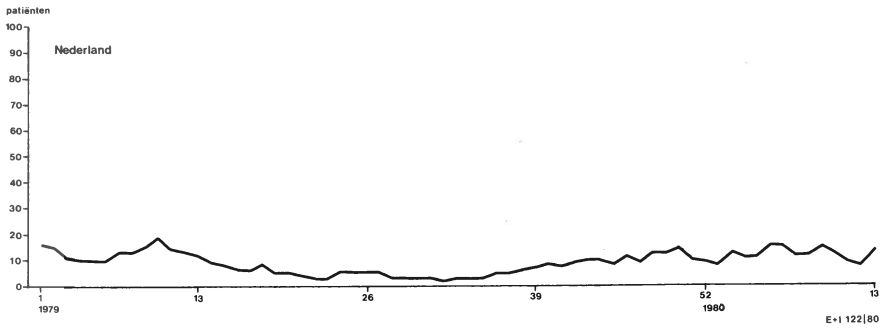
Figuur 2

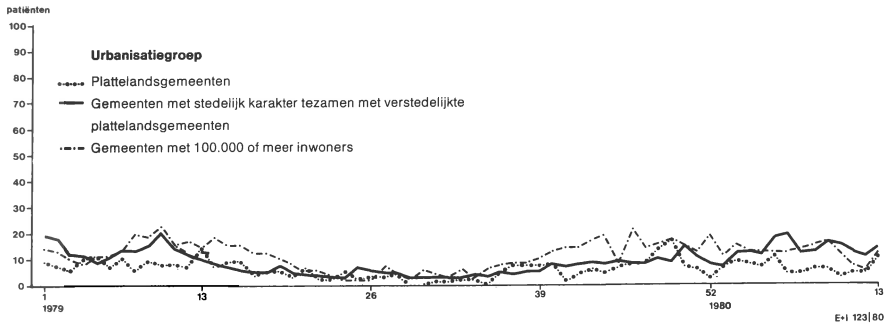
Het percentage dagen, dat in 1979 per week is gerapporteerd

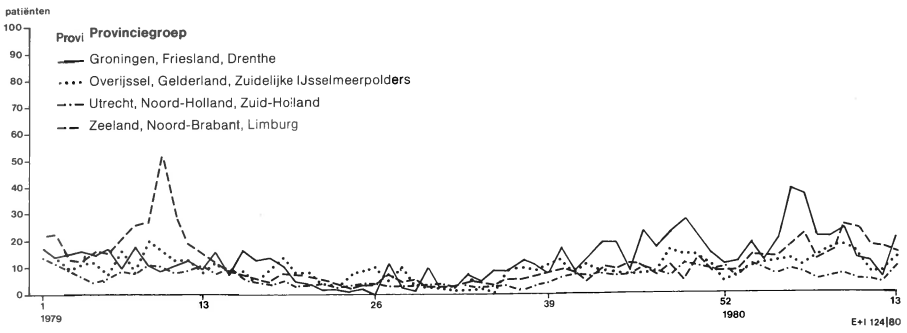


Figuur 3

Aantal patiënten met influenza(-achtig ziektebeeld) per week en per 10.000 inwoners, 1979 - 1980 (t/m 13e week)

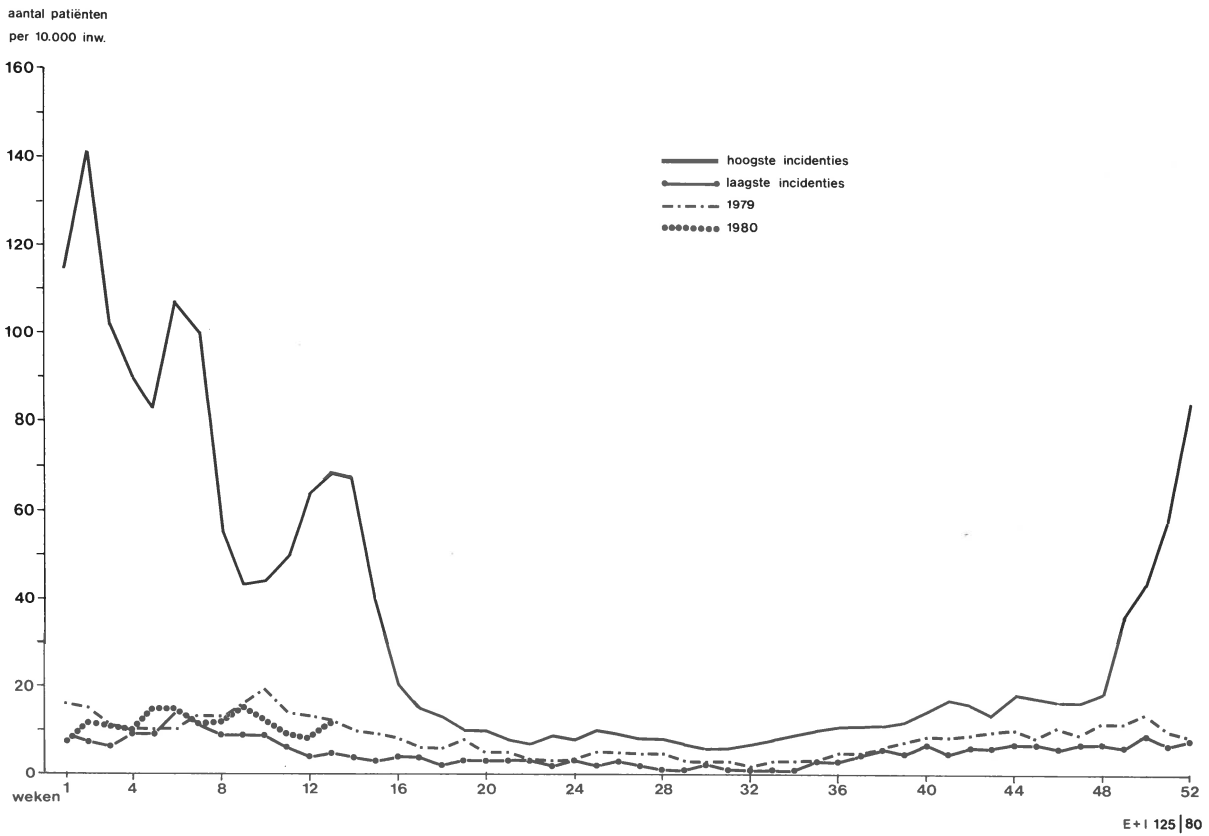






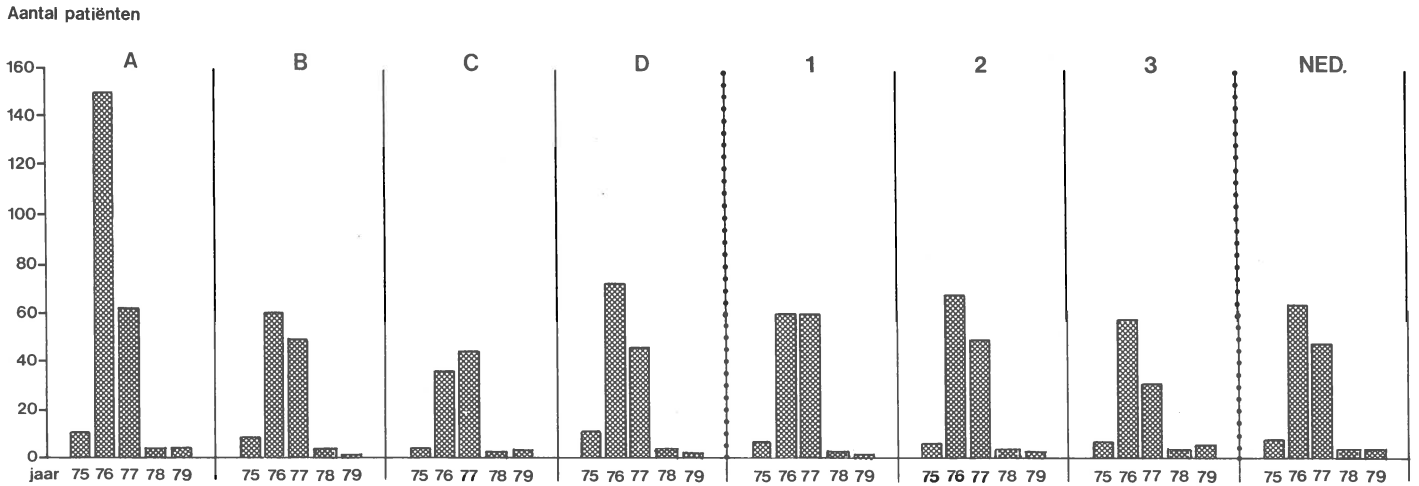
Figuur 4

Hoogste en laagste weekincidenties van influenza(-achtig ziektebeeld) per 10.000 inwoners voor de jaren 1970 - 1978 en weekincidenties van 1979 en 1980 (t/m 13e week)



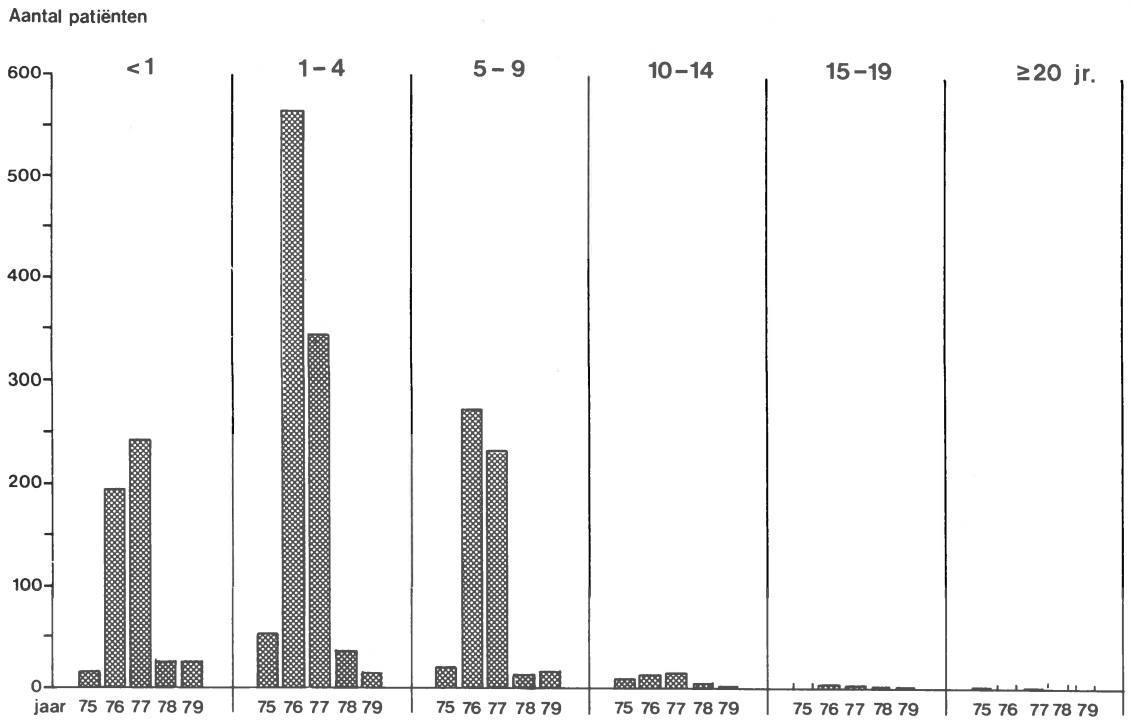
Figuur 5

Aantal patiënten met mazelen, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1975 - 1979



Figuur 6

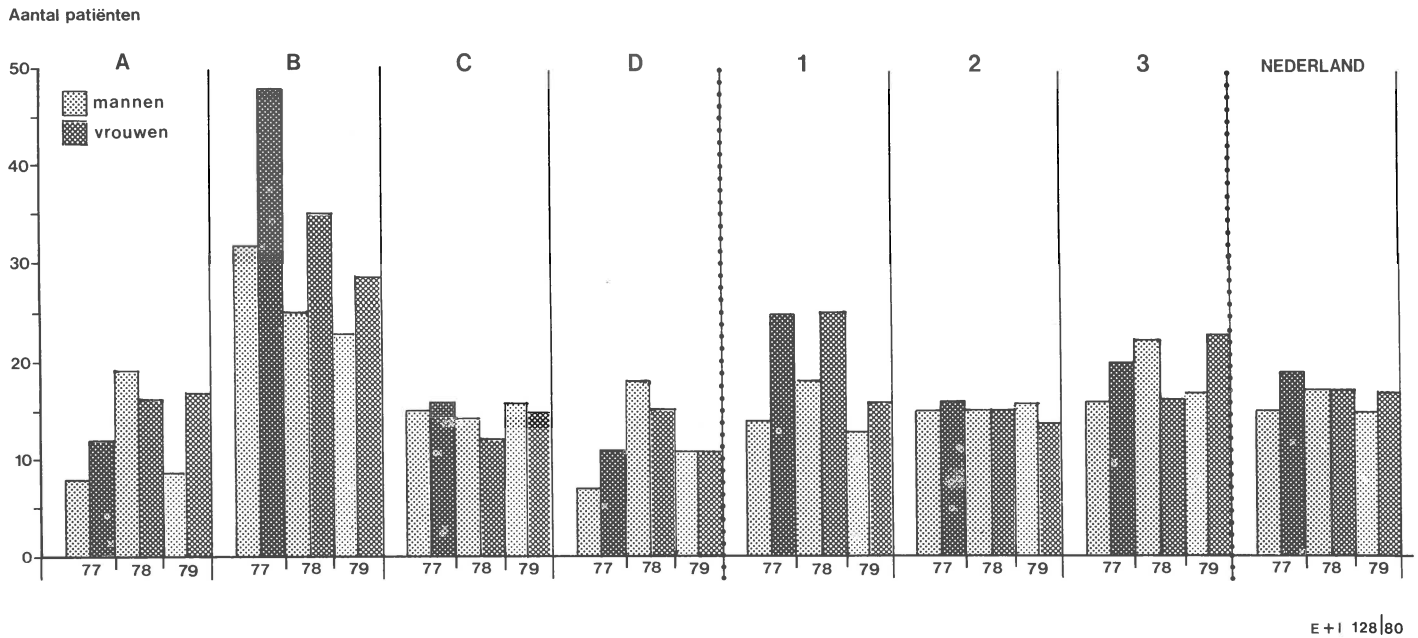
Aantal patiënten met mazelen naar leeftijdsgroep, per 10.000 inwoners, 1975 - 1979



E + I 127|80

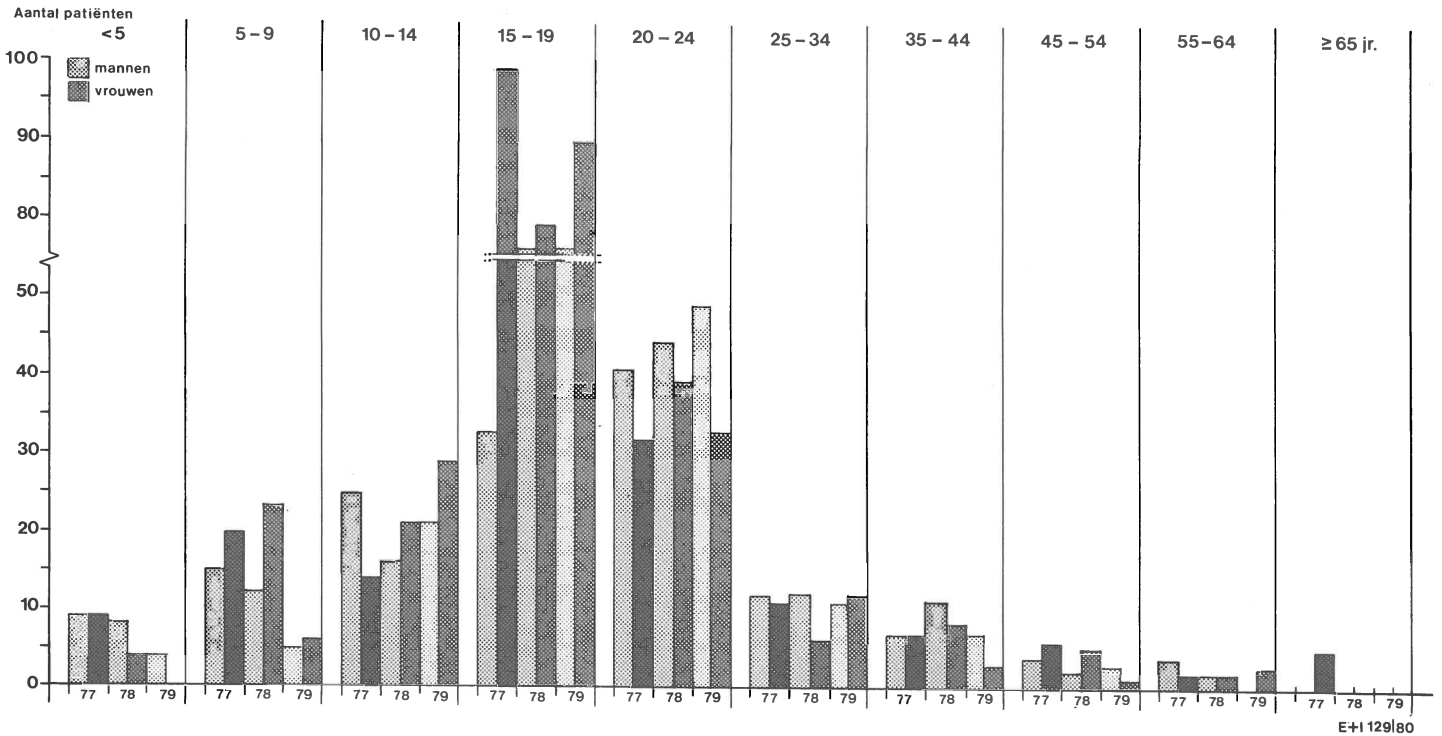
Figuur 7

Aantal patiënten met mononucleosis infectiosa, per provincie- en urbanisatiegroep, per 10.000 mannen of vrouwen, 1977 - 1979



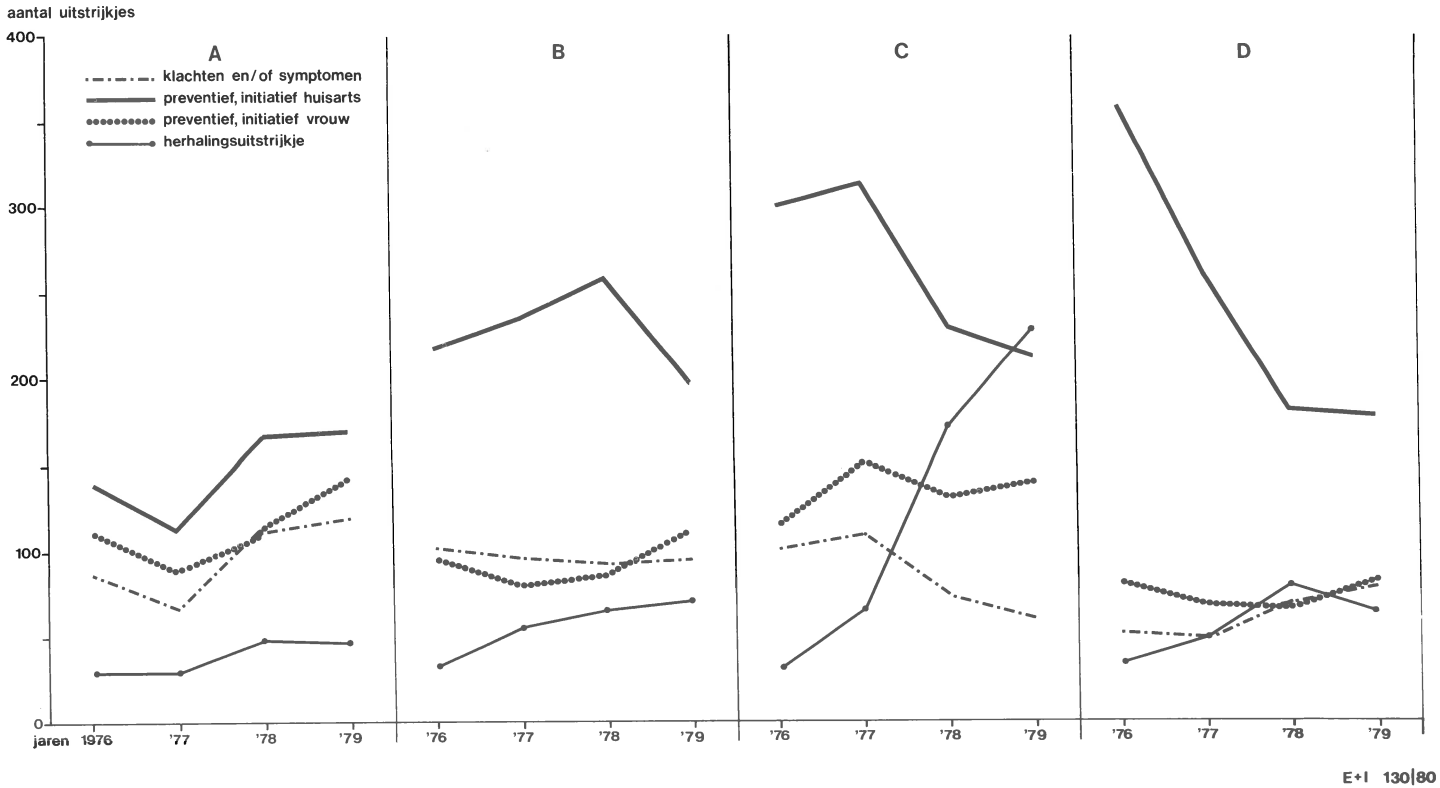
Figuur 8

Aantal patiënten met mononucleosis infectiosa naar leeftijdsgroep, per 10.000 mannen of vrouwen, 1977 - 1979



Figuur 9

Aantal uitstrijkjes gemaakt van de cervix uteri, per provinciegroep, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1979



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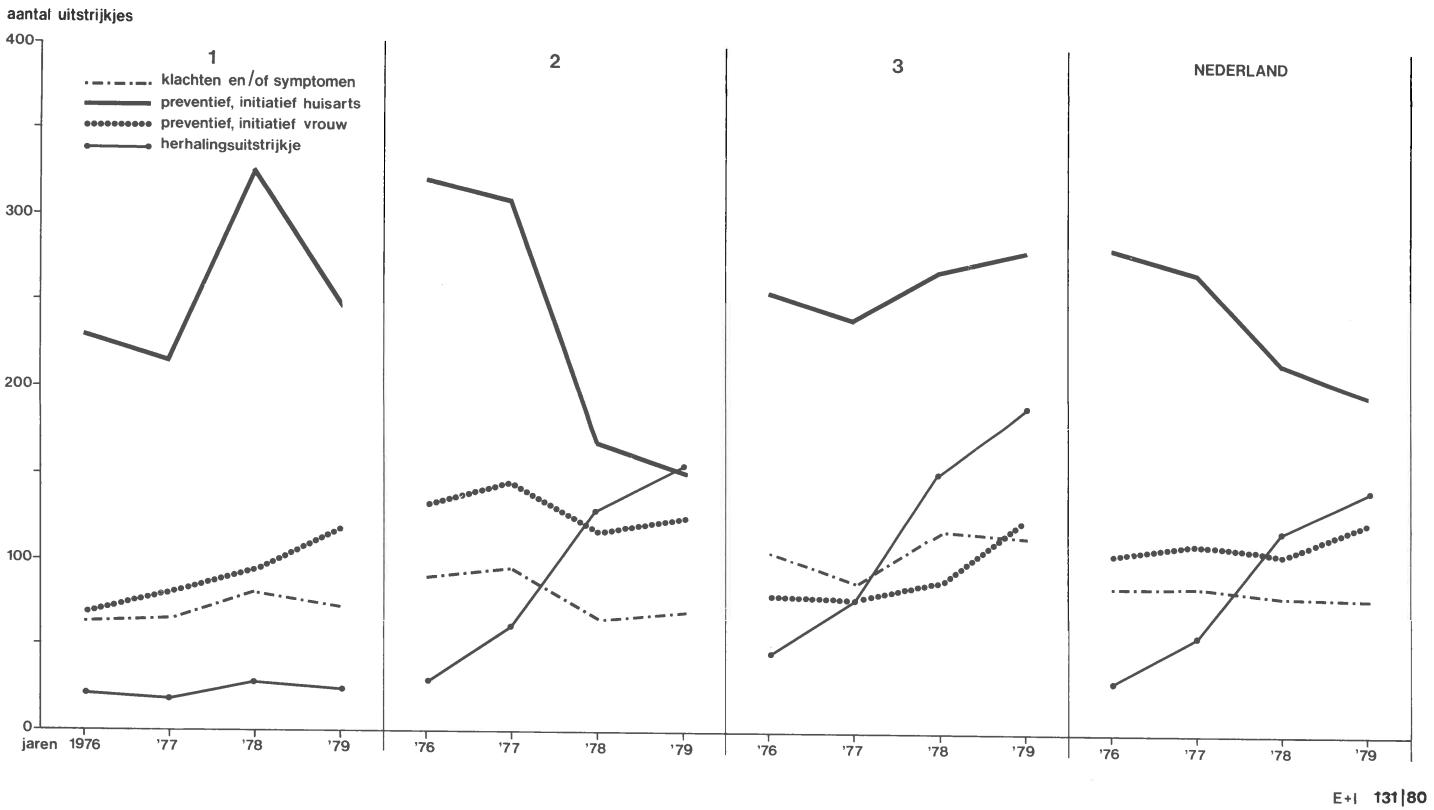
Figuur 10

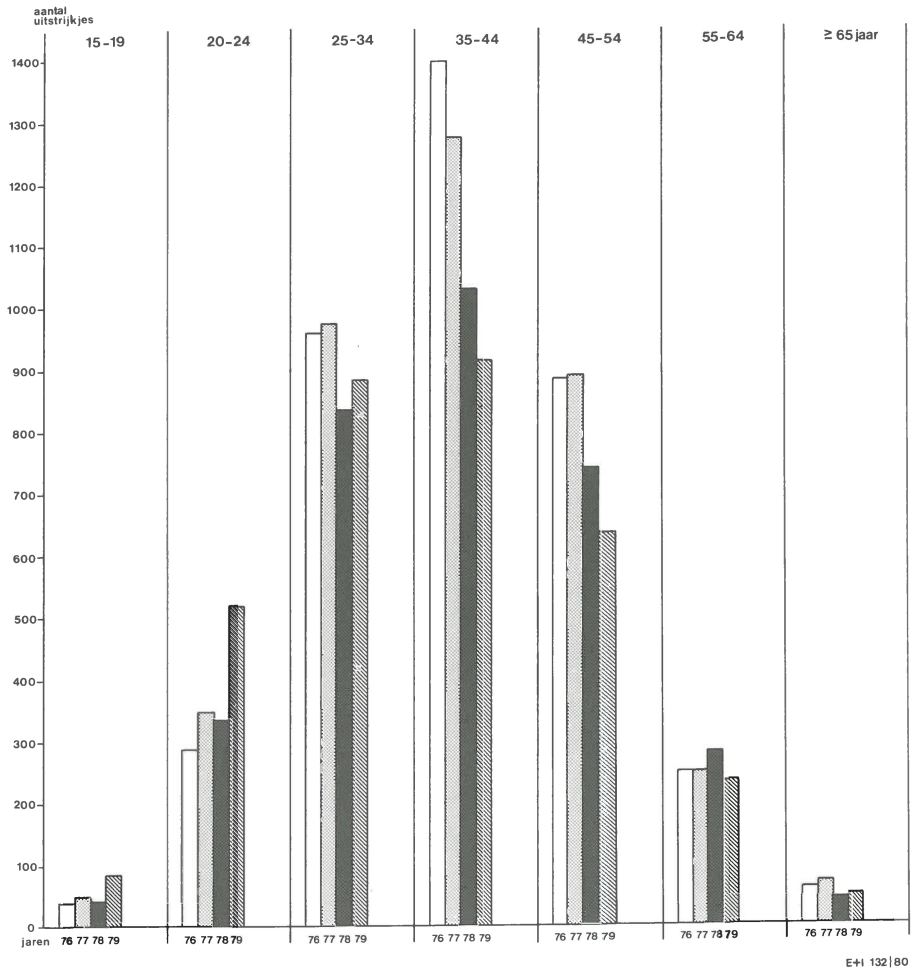
Aantal uitstrijkjes gemaakt van de cervix uteri, per urbanisatiegroep en voor Nederland, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1979



E+I 131|80

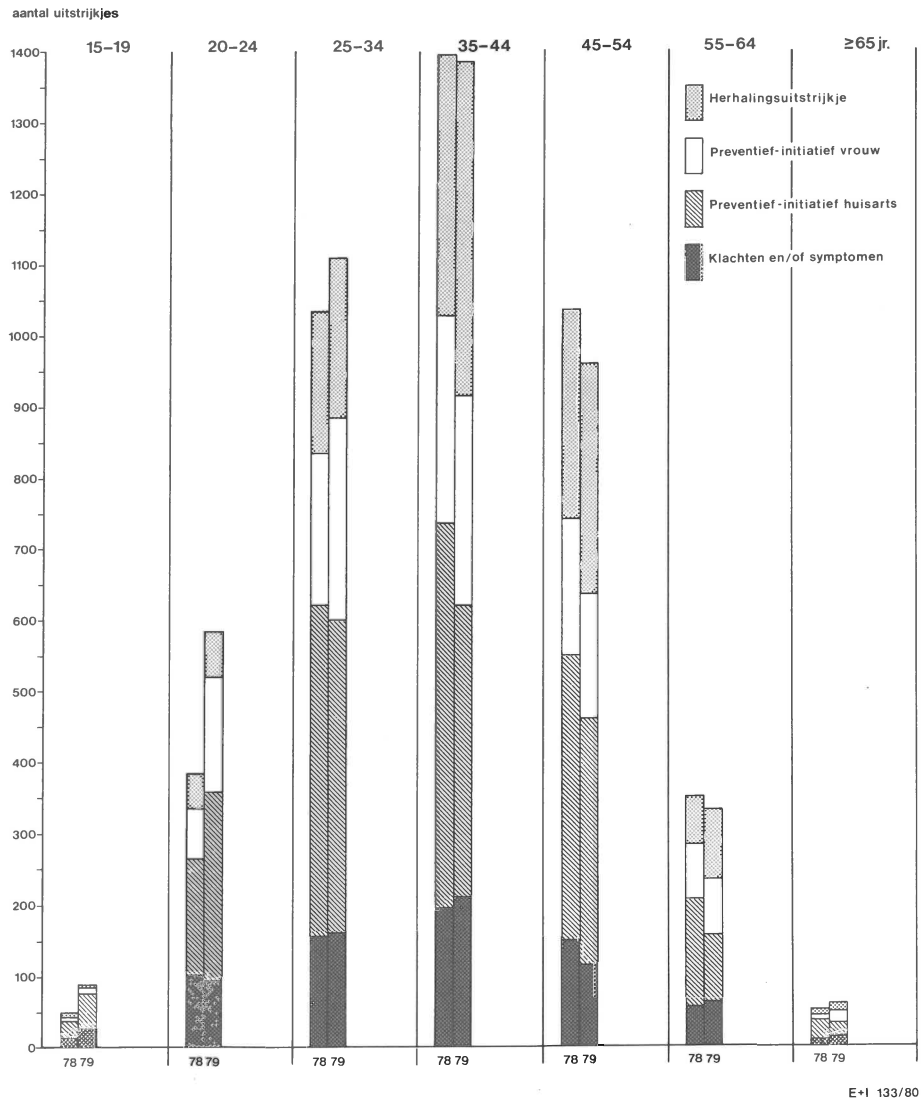
Figuur 11

Aantal eerste uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep, per 10.000 vrouwen, 1976 - 1979



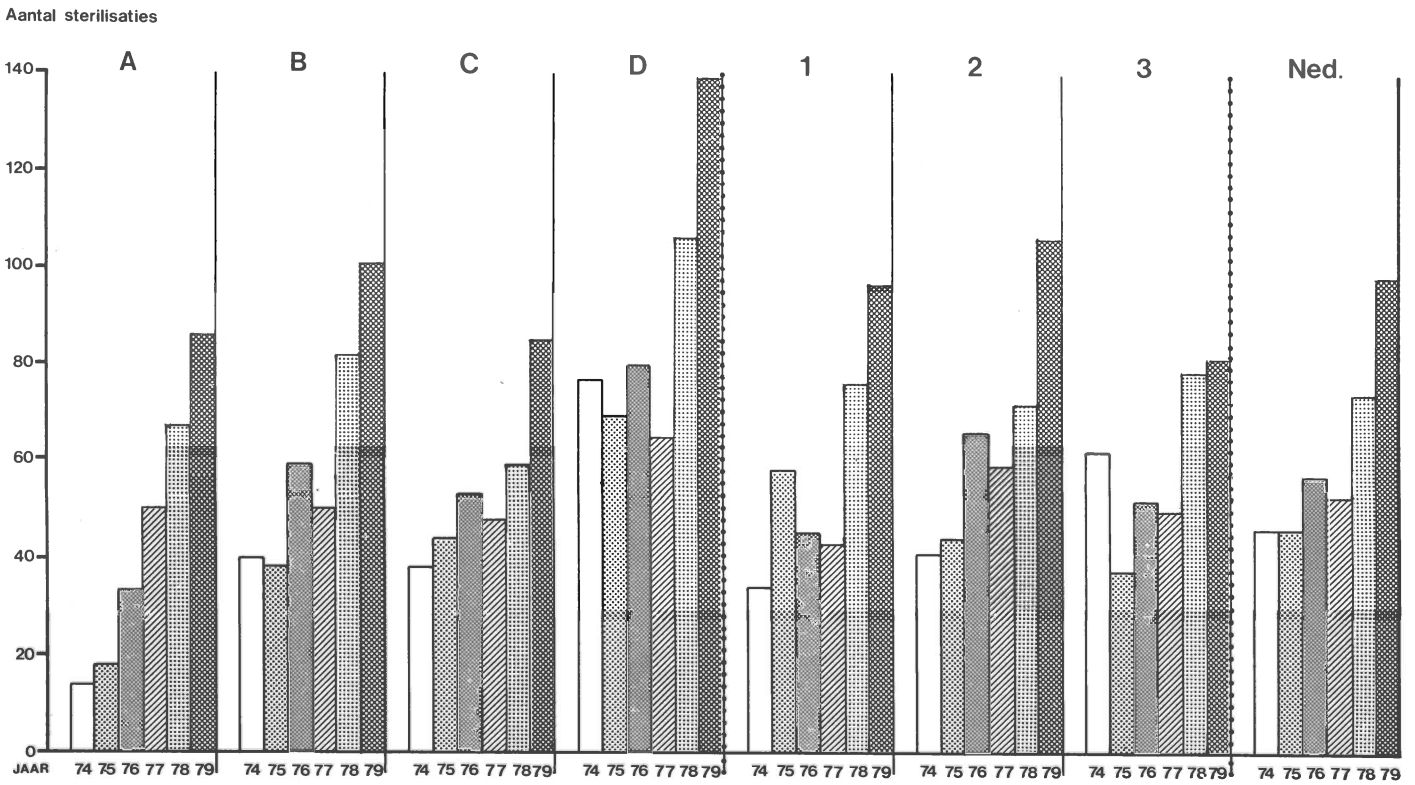
Figuur 12

Aantal uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep en naar indicatie tot het maken van het uitstrijkje, per 10.000 vrouwen, 1978 en 1979



Figuur 13

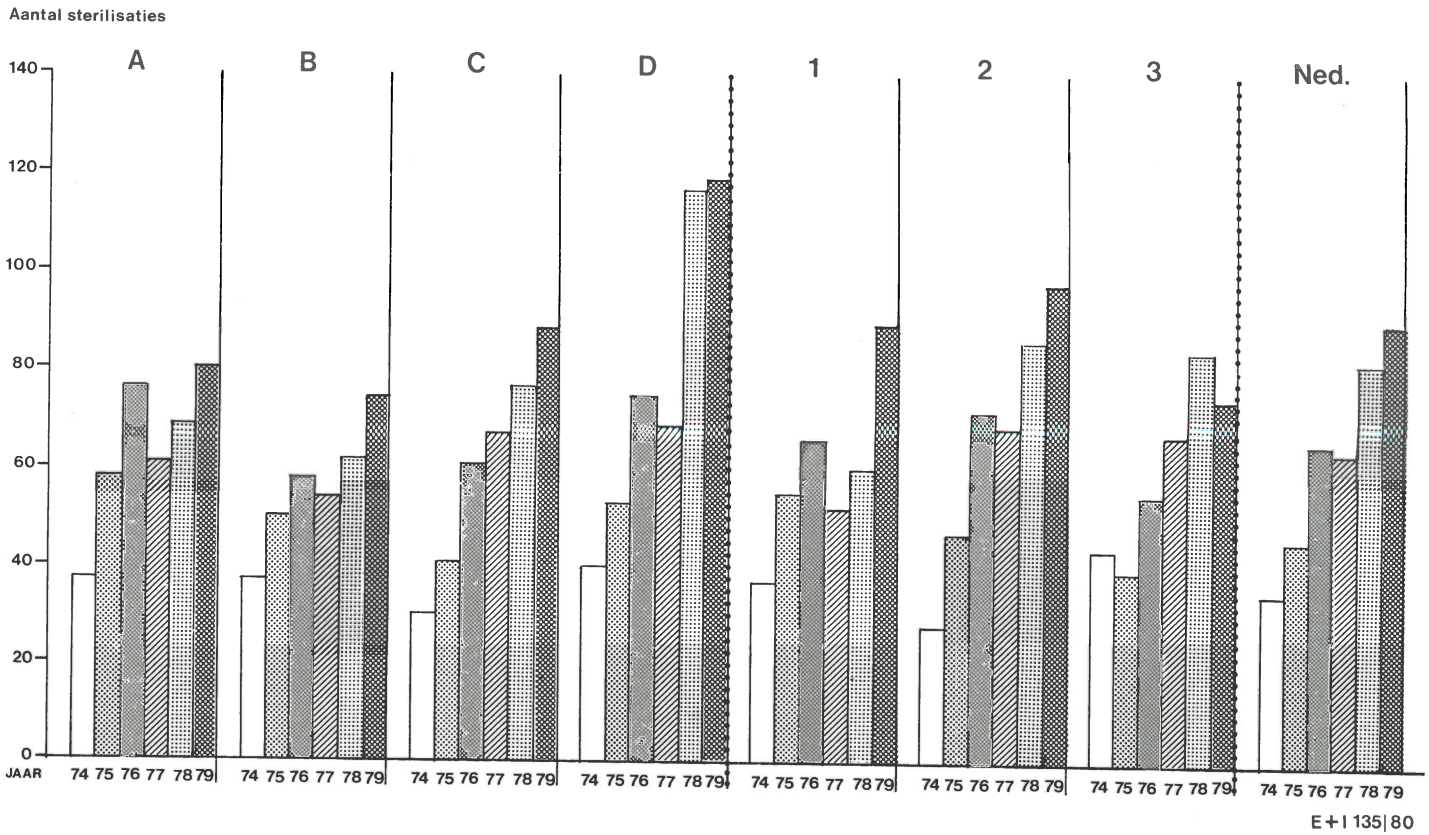
Aantal bij de man verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 mannen, 1974 - 1979



E+I 134|80

Figuur 14

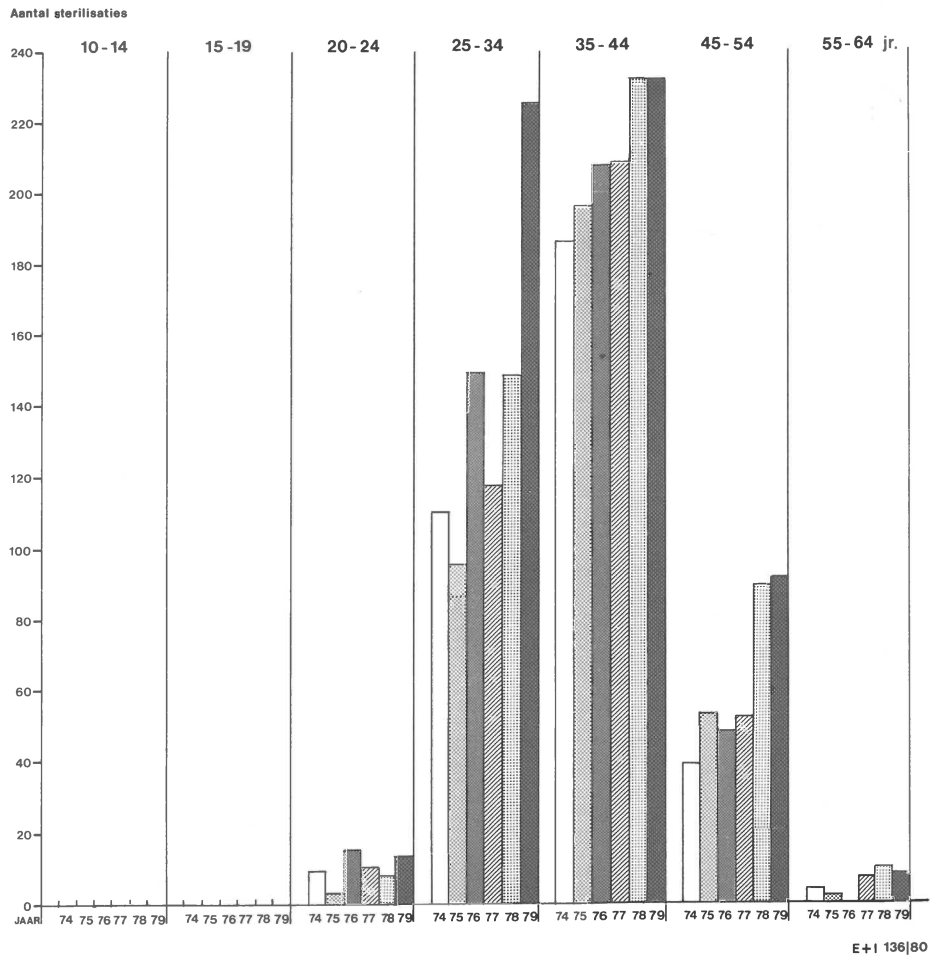
Aantal bij de vrouw verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1974 - 1979



E+I 135|80

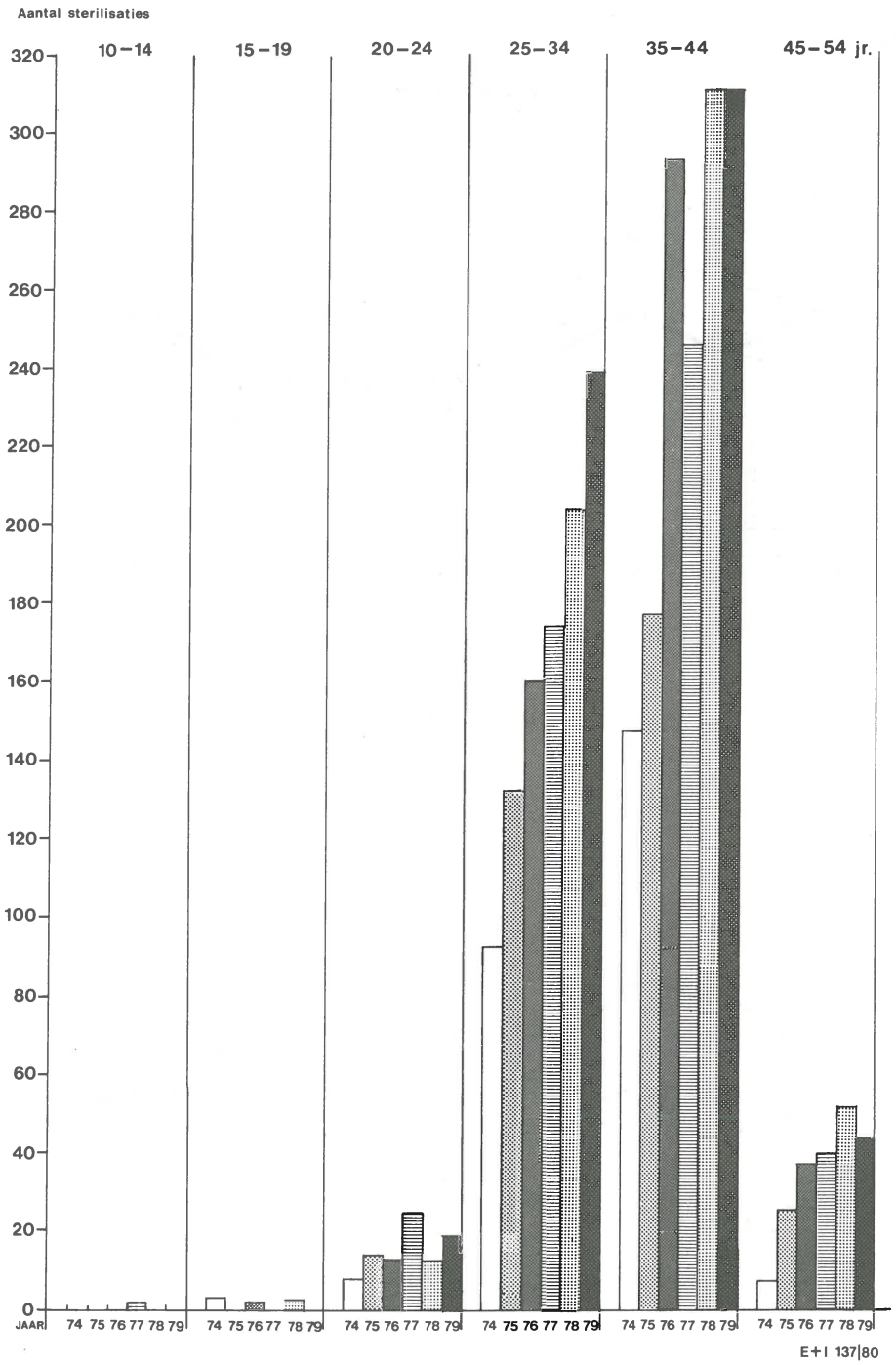
Figuur 15

Aantal bij de man verrichte sterilisaties naar leeftijdsgroep, per 10.000 mannen, 1974 - 1979



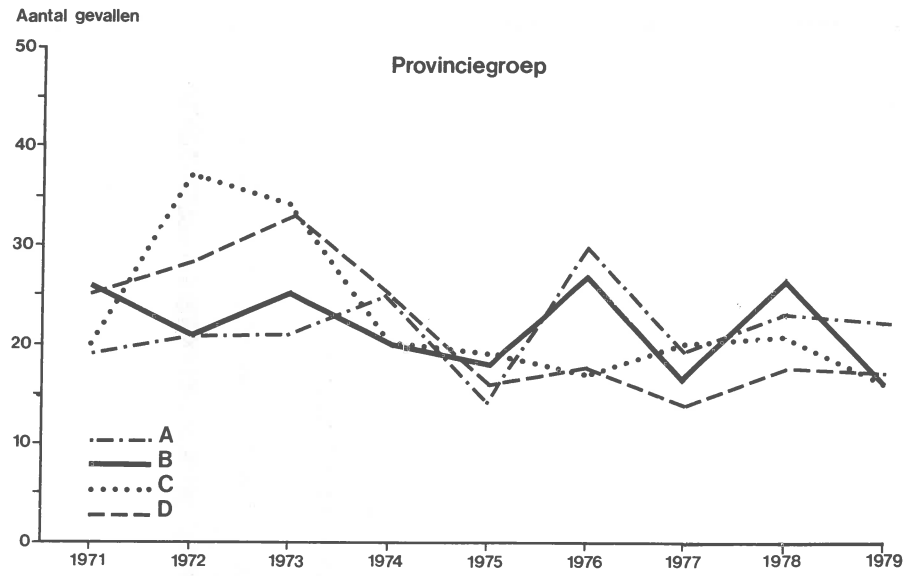
Figuur 16

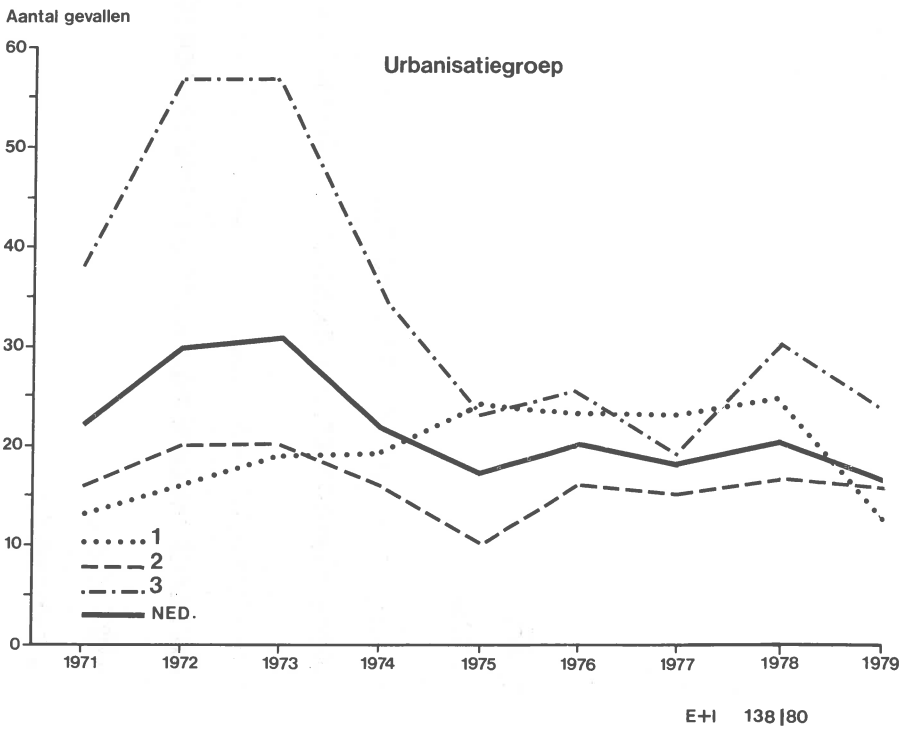
Aantal bij de vrouw verrichte sterilisaties naar leeftijdsgroep, per 10.000 vrouwen, 1974 - 1979



Figuur 17

Aantal gevallen van abortus provocatus, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1971 - 1979

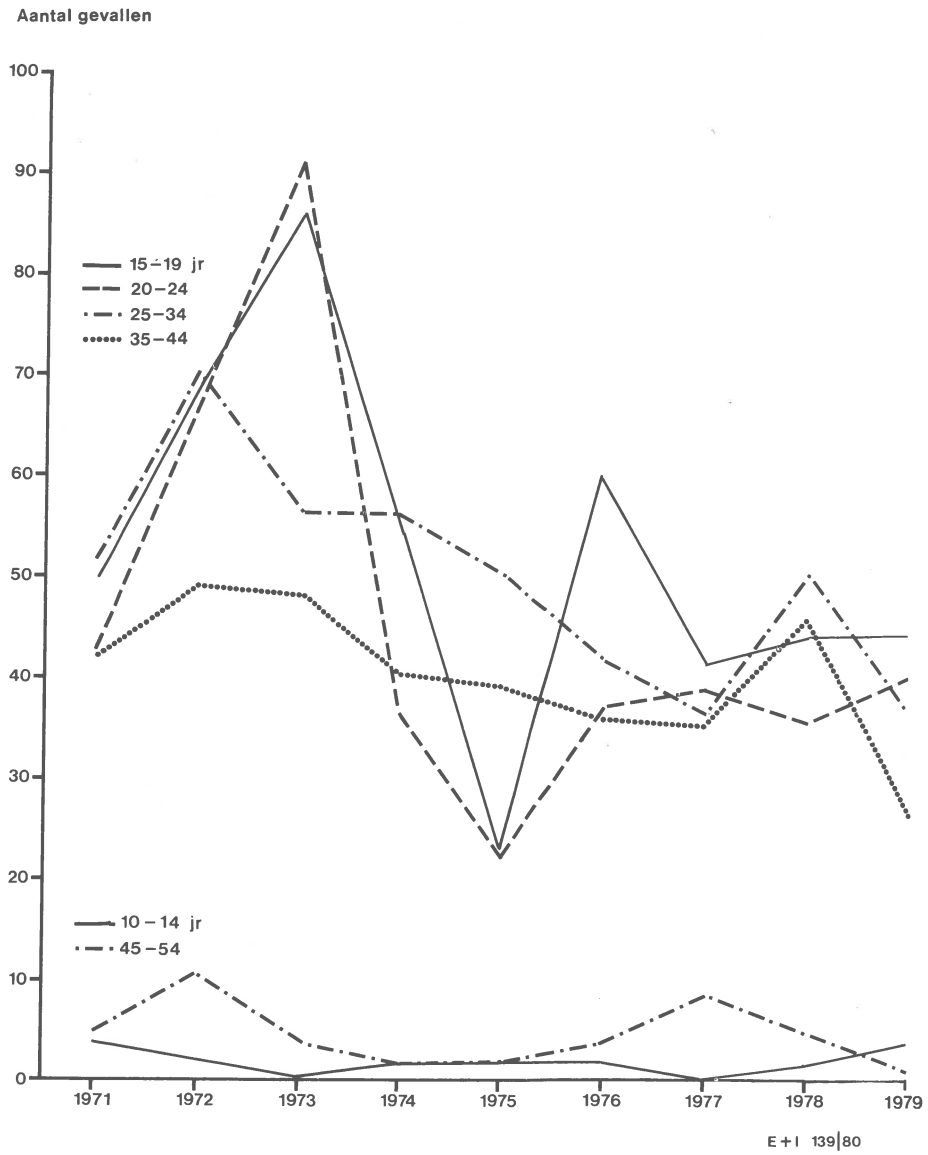




E+I 138 |80

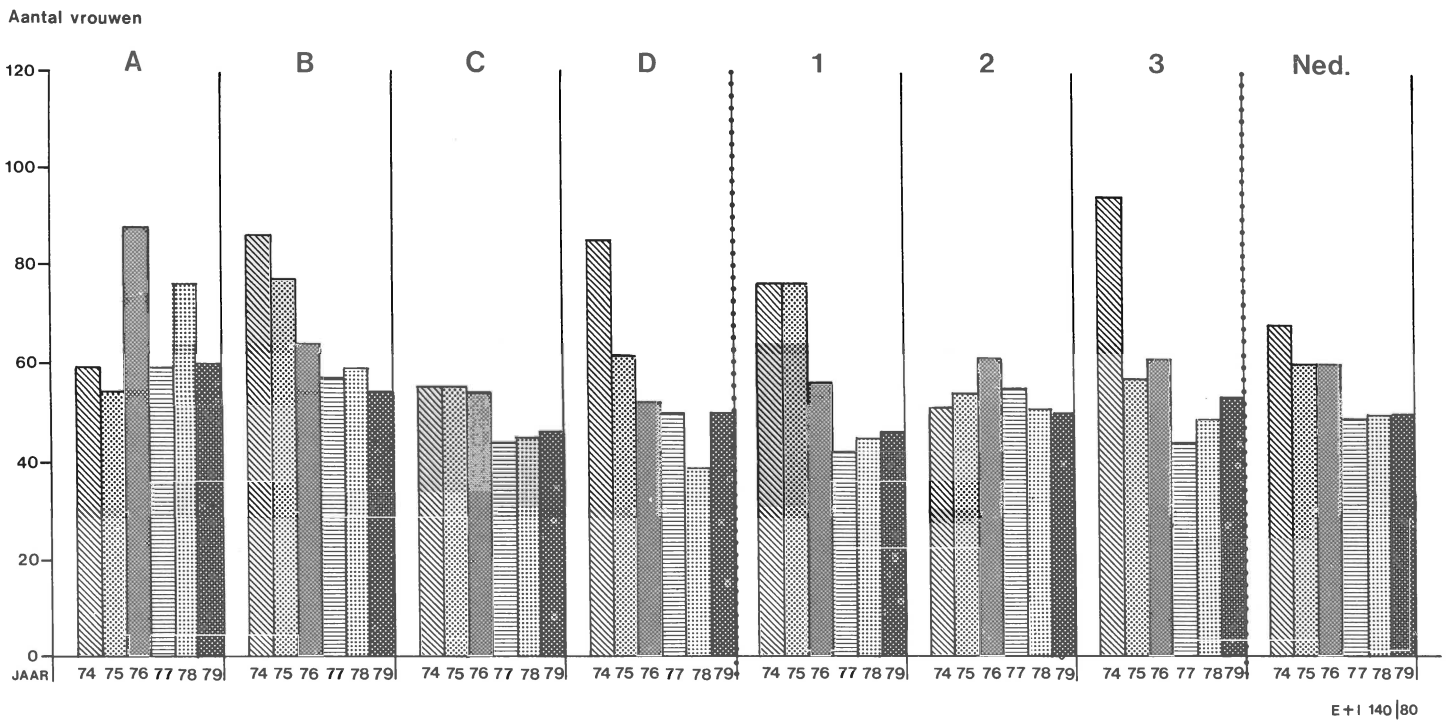
Figuur 18

Aantal gevallen van abortus provocatus naar leeftijdsgroep, per 10.000 vrouwen, 1971 - 1979



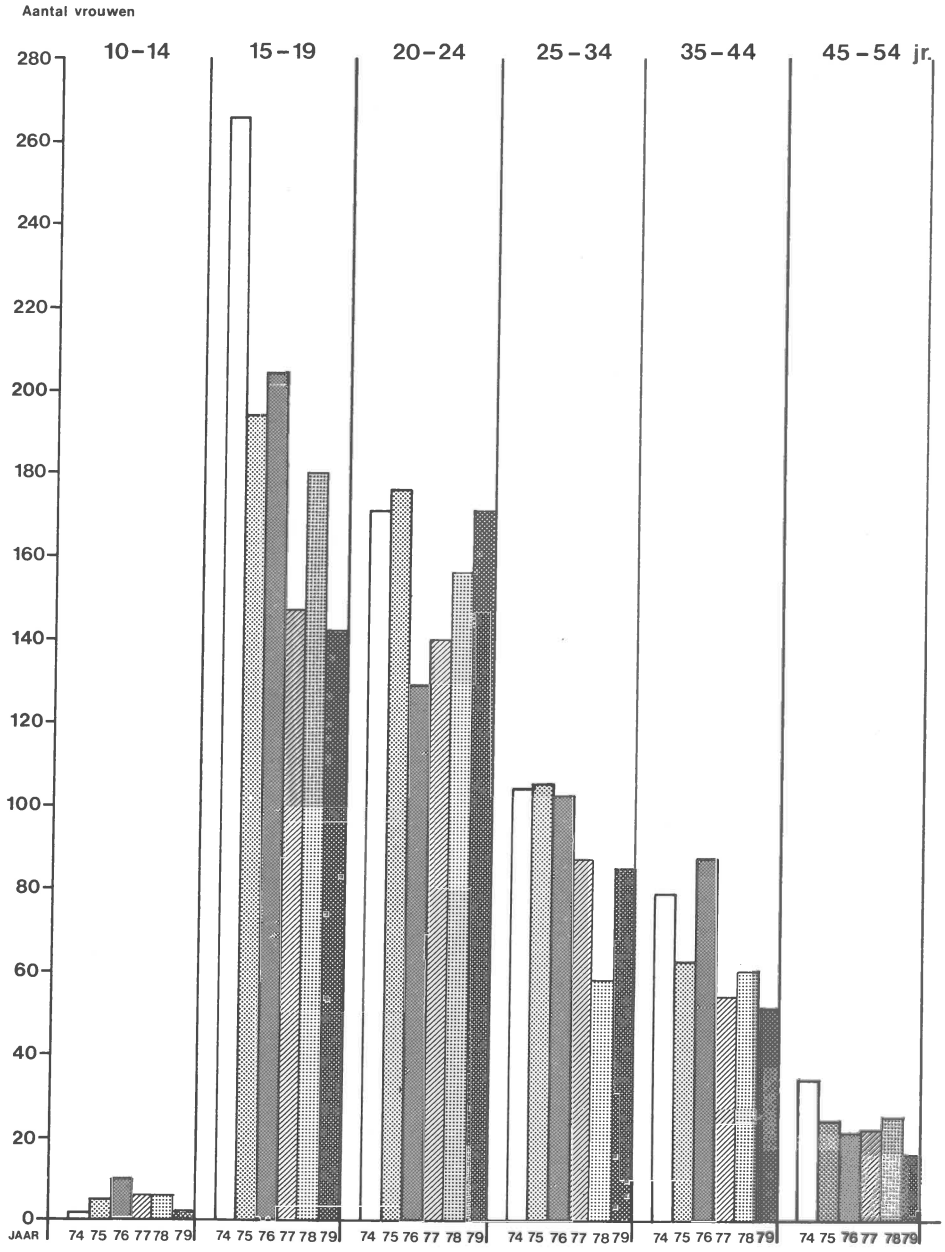
Figuur 19

Aantal vrouwen aan wie de morning-after-pill is voorgeschreven, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1974 - 1979



Figuur 20

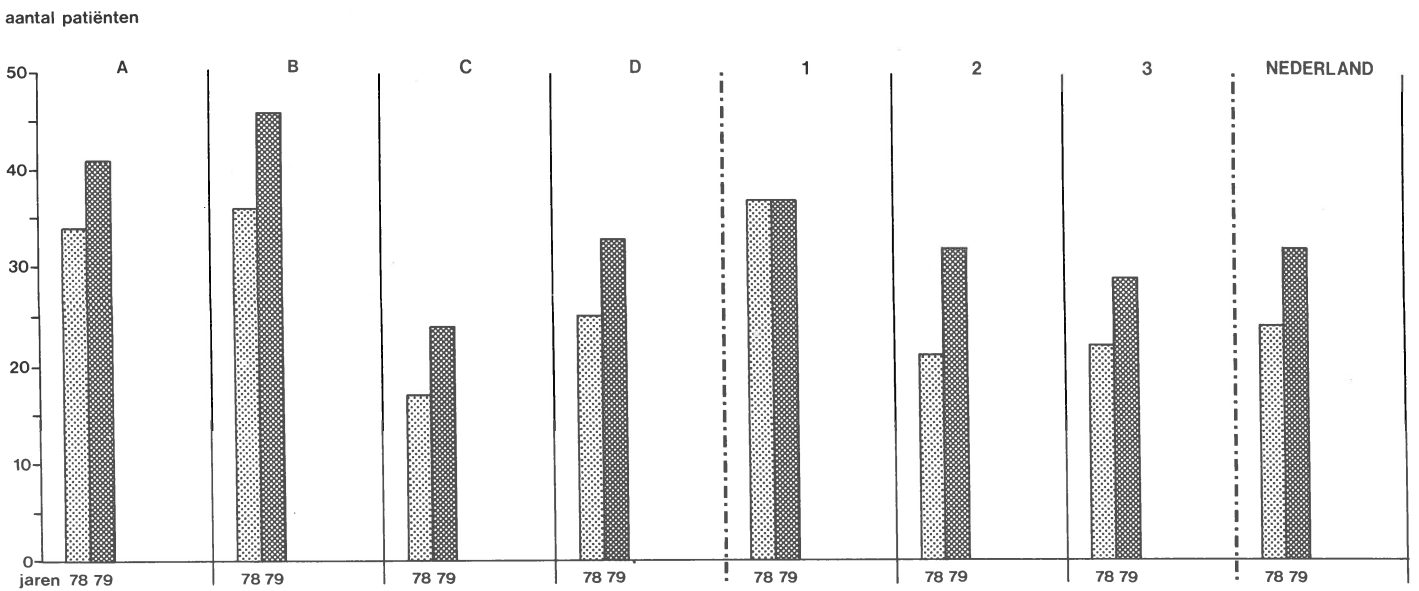
Aantal vrouwen aan wie de morning-after-pill is voorgeschreven naar leeftijdsgroep, per 10.000 vrouwen, 1974 - 1979



E+I 141|80

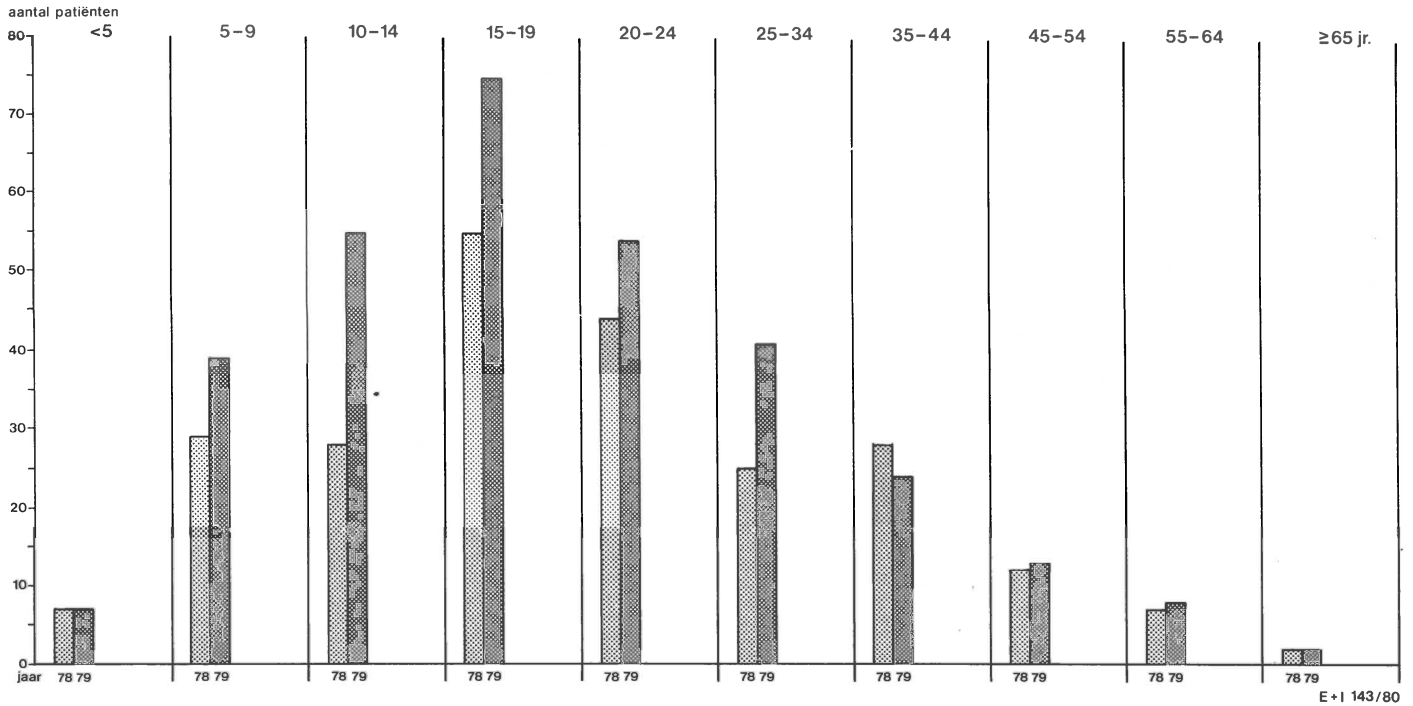
Figuur 21

Aantal patiënten dat zich voor de eerste maal wegens hooikoortsklachten tot de huisarts wendde, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1978 - 1979



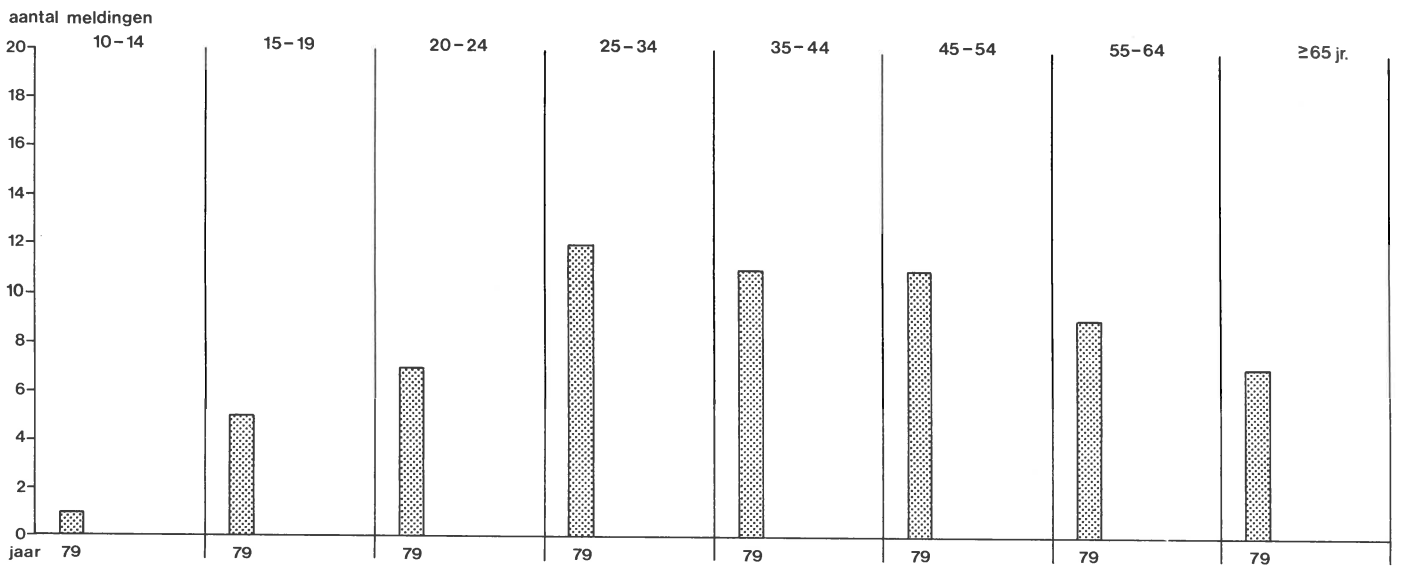
Figuur 22

Aantal patiënten dat zich voor de eerste maal wegens hooikoortsklachten tot de huisarts wendde naar leeftijdsgroep, per 10.000 inwoners, 1978 - 1979



Figuur 23

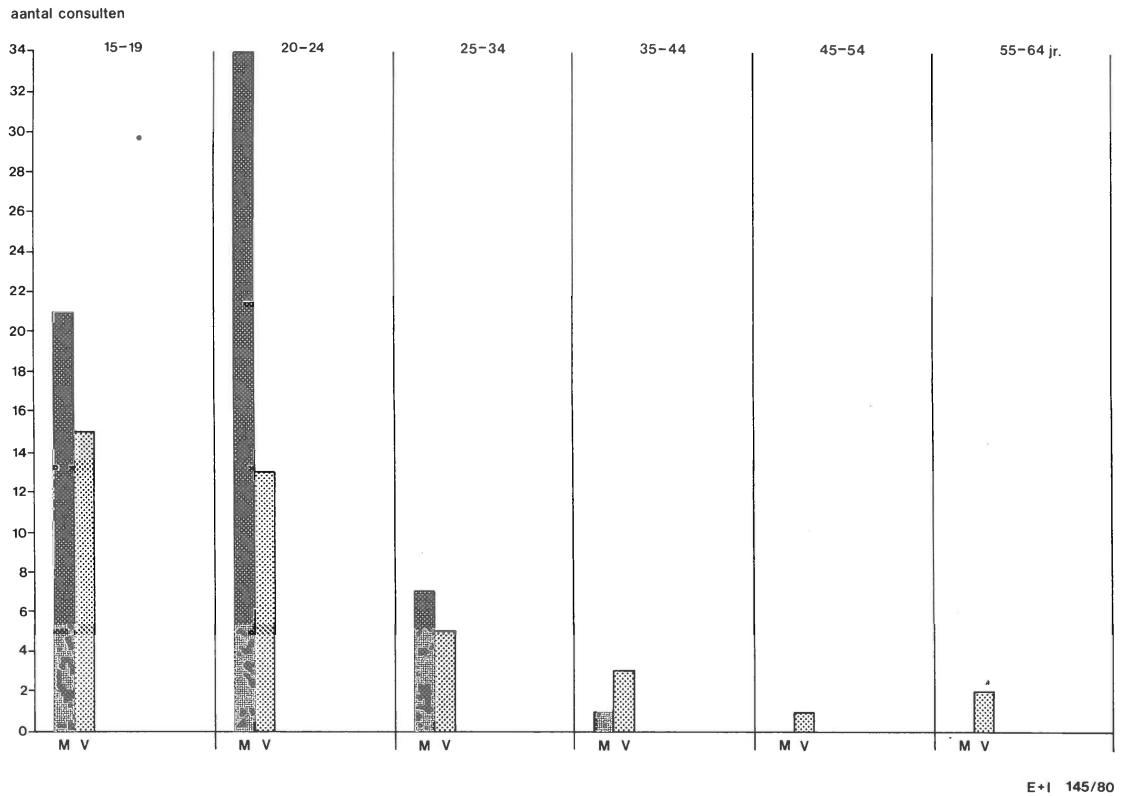
Aantal meldingen van een suicide(poging) naar leeftijdsgroep, per 10.000 inwoners, 1979



E+I 144|80

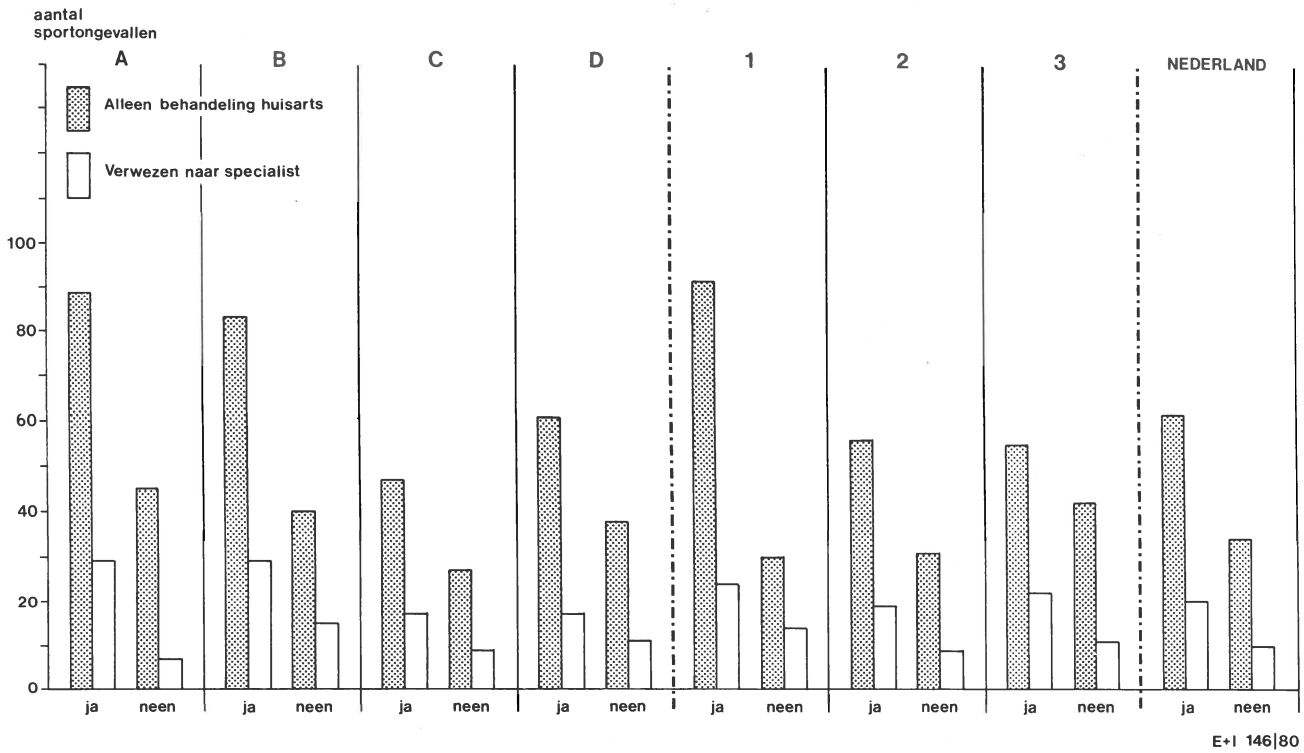
Figuur 24

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



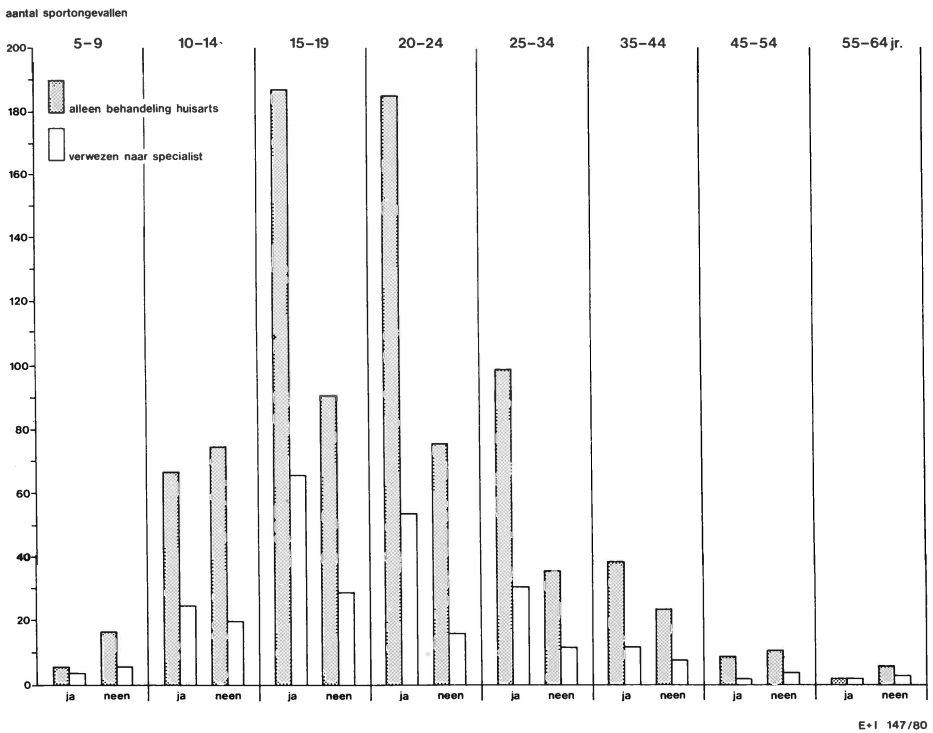
Figuur 25

Aantal sportongevallen, waarvoor de huisarts werd geconsulteerd, per provincie- en urbanisatiegroep, per 10.000 inwoners, met een onderverdeling naar al of geen lidmaatschap van een sportvereniging (resp. ja en neen) en naar al of niet in eerste instantie verwezen naar een specialist, 1979



Figuur 26

Aantal sportongevallen, waarvoor de huisarts werd geconsulteerd naar leeftijdsgroep, per 10.000 inwoners, met een onderverdeling naar al of geen lidmaatschap van een sportvereniging (resp. ja en neen) en naar al of niet in eerste instantie verwezen naar een specialist, 1979



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)
Mazelen -gevaccineerd -niet gevaccineerd	– Measles -vaccinated -unvaccinated
Mononucleosis infectiosa	– Mononucleosis infectiosa
Cervixuitstrijkje	– Cervical smear
Na 1-1-1977 voor eerste maal afgenomen op grond van	– Taken for the first time after 1-1-1977 on the grounds of
Klachten/symptomen	– Complaints/symptoms
Louter preventieve overwegingen	– Purely preventive considerations
Initiatief huisarts	– General practitioner's initiative
Verzoek van de vrouw	– Woman's request
Sterilisatie van de man verricht	– Sterilization of the man performed
Sterilisatie van de vrouw verricht	– Sterilization of the woman performed
Morning-after-pill voorgeschreven	– Prescription of morning-after pill

Hooikoorts
Suicide (poging)
Consult druggebruik
Sportongevallen
Lid van een sportvereniging
Alleen h.a.
H.a. + spec.
M
V
Weeknummer
Opgemaakt d.d.
Aantal dagen gerapporteerd

(Zie voetnoot[1])

1. De kolommen hebben deels betrekking op een 5-daagse rapportering (maandag tot en met vrijdag). Door vakantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over minder dan 5 dagen kunnen uitstrekken. Ten aanzien van de overige vragen wordt het van belang geacht om, zo mogelijk, ook tijdens het weekeinde waargenomen patiënten te rapporteren.
2. Betreft uitsluitend nieuwe patiënten
3. Betreft uitsluitend nieuwe patiënten. De klinische diagnose dient te zijn bevestigd door:
   - hetzij een positieve reactie van Paul-Bunnell
   - hetzij een positieve monosticonreactie
   - hetzij een karakteristiek bloedbeeld.
4. Betreft rapportering van vrouwen bij wie na 1-1-1977 om welke reden dan ook een cervixuitstrijkje heeft plaats gevonden. Indien bij een vrouw na 1-1-1977 opnieuw een cervixuitstrijkje wordt gemaakt dient dit altijd onder de subrubriek "herhalingsonderzoek" geboekt te worden (zie ook voetnoot 6).

- Hay fever
- (Attempted) suicide
- Consultation for drug-use
- Traumas in sport
- Member of a sports club
- General practitioner only
- General practitioner and specialist
- Man
- Female
- Number of the week
- Completed on
- Number of days over which reporting took place
- (See footnote number[1])

1. The columns partly relate to 5-day reporting (Monday to Friday incl.). However, as a result of vacation, sickness and other causes this reporting may extend over fewer than 5 days. With respect to the other questions it is considered to be of importance to report, if possible, patients observed during the weekend as well.
2. Relates solely to new patients
3. Relates solely to new patients. Clinical diagnosis should be confirmed by either:
   - a positive Paul-Bunnell reaction
     or
   - a positive monosticon reaction
     or
   - a characteristic blood picture
4. Concerns reporting of women on whom a cervical smear was taken after 1-1-1977 for whatsoever reason. If a cervical smear was taken again of a woman after 1-1-1977 this should always be entered under the subheading "repeat examination" (see also footnote 6).

5. Bijvoorbeeld in het kader van pilcontrole.
6. Bijvoorbeeld wegens verdacht preparaat of wegens technische onvolkomenheden bij onderzoek vorig preparaat.
7. Indien het een patiënt(e) betreft uit een van de leeftijdsgroepen, waarvan het vak gerasterd is, dan tevens exacte leeftijd hierachter vermelden.
   Leeftijd: .....
8. Lege artis of niet lege artis verricht. (Zie ook voetnoot 7).
9. Uitsluitend indien er een directe indicatie is. Indien een recept voor de morning-after-pill wordt afgegeven omdat de betrokkene bijvoorbeeld met vakantie naar het buitenland gaat, dient dit niet te worden gerapporteerd.
   (Zie ook voetnoot 7).
10. Betreft alleen patiënten met de typische graspollenallergie (zie de toelichting op de weekstaat).
11. Voor de aanvullende gegevens s.v.p. een apart formuliertje invullen en bij de weekstaat voegen.
12. 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.
13. Zie de toelichting op de weekstaat.
14. Ja, indien de duur van het lidmaatschap *tenminste* één jaar is.

5. For example as part of check-up for the pill
6. For example on account of suspect preparation or technical imperfections in the examination of the preparation.
7. If a patient is concerned in one of the age groups whose box is filled in, also give the exact age here.
   Age: .....
8. Performed lege artis or non lege artis.
   (See also footnote 7).
9. Solely if there is a direct indication. If a prescription for the morning-after pill is issued because the patient is for instance going on holiday abroad, this should not be reported.
   (See also footnote 7).
10. Concerns only patients with the typical grass pollen allergy (see the explanation on the weekly return).
11. For the supplementary data please complete a separate form and attach it to the weekly return.
12. Relates exclusively to new patients who, on their own initiative, use one of the following substances: opium or opium derivatives, LSD, amphetamines and products which must probably be considered to contain psychotropic substances.
13. See the explanation on the weekly return.
14. Yes, if the lenght of membership is *at least* one year.

Tables 1a - 3e

Continue morbiditeitsregistratie peilstations	– Continuous morbidity registration sentinel stations
Kwartaal	– Quarter
Leeftijdsgroep	– Age group
Influenza (-achtig ziektebeeld)	– Influenza (-like illness)
Mazelen -gevaccineerd -niet gevaccineerd	– Measles -vaccinated -unvaccinated
Cervixuitstrijkje	– Cervical smear
Klacht/symptoom	– Complaint/symptom
Initiatief huisarts	– General practitioner's initiative
Verzoek vrouw	– Woman's request
Herhalingsonderzoek	– Repeat smear
Sterilisatie verricht	– Sterilization performed
Hooikoorts	– Hay fever
Suicide (poging)	– (Attempted) suicide
Consult druggebruik	– Consultation for drug-use
Sportongevallen	– Traumas in Sport
Lid	– Member
Sportvereniging	– Sports club
Geen	– No
H.A.	– General practitioner
Spec.	– Specialist
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, 1978 en 1979 (t/m 13e week)	– Number of patients with influenza (-like illness) per week and per 10 000, 1978 and 1979 (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 1979 per week is gerapporteerd	– Percentage of days weekly reported in 1979
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, 1979-1980 (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 1970-1978 en weekincidenties van 1979 en 1980 (t/m 13e week)	– Highest and lowest weekly incidences of influenza (-like illness) for 1970-1978 and weekly incidences for 1979 and 1980 (until the 13th week)

Figures 5 and 6

Aantal patiënten met mazelen	– Number of patients with measles

Figures 7 and 8

Aantal patiënten met mononucleosis infectiosa, per provincie- en urbanisatiegroep, per 10.000 mannen of vrouwen	– Number of patients with mononucleosis infectiosa, per province and urbanization group, per 10 000 men or women
Naar leeftijdsgroep	– By age group

Figures 9 - 12

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

Figures 13 and 15

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

Figures 14 and 16

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

Figures 17 and 18

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

Figures 19 and 20

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 21 and 22

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 23

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

Figure 24

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

Figures 25 and 26

Aantal sportongevallen waarom de huisarts werd geconsulteerd	– Number of consultations of the general practitioner for traumas in sport
Met een onderverdeling naar al of geen lidmaatschap van een sportvereniging (resp. ja en neen) en naar al of niet in eerste instantie verwezen naar een specialist	– With a subdivision into membership or not at a sports club (yes and no respectively) and into referral or not to a specialist in the first instance