CONTINUOUS MORBIDITY REGISTRATION
SENTINEL STATIONS

THE NETHERLANDS
1978

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FOREWORD

This ninth report is the result of years of faithful contributions by general practitioners to the collection of information on public health, which is becoming increasingly important to policy. A compliment on the perseverence and the vision of these physicians is called for.

What makes this project so valuable is that data can be followed up for years, so that possible trends can be discovered: thus the number of sterilizations performed on both men and women has increased, whereas the number of times that an abortus provocatus was performed remained practically the same.

In the introduction the project leader, Dr Bertine Collette, rightly remarks that the project serves not only for morbidity registration but also as a record of events like birth control behaviour and euthanasia. Indeed, it goes still further: in this report you will find a survey of admission or non-admission to hospital upon (suspicion of) myocardial infarction; in addition to the frequency of a disease one thus acquires information here on the action taken with respect to this disease.

The Ministry also sees the importance of this project and has changed its status into a permanent basic subsidy for the Netherlands Institute of General Practice, thus ensuring its continued existence. The cooperation of the Ministry, The Chief Medical Office of Health and the Netherlands Institute of General Practice is again highly appreciated.

In conclusion a remark which perhaps invites you to start reading the report at once: the result of the extrapolation to the Dutch population of the number of (suspected) myocardial infarctions not admitted to hospital is not inconsiderable, the more as the general advice in the case of (suspicion of) myocardial infarction is after all to have the patient immediately admitted to a coronary care unit. This is an interesting datum calling for further investigation.

C.P. Bruins, M.D.
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. 62). Every two years a census takes place of the practices concerned. In this way the population to which the collected data must be related is known. On the whole frequencies are calculated according to age group per 10 000 men or women (see p. 20).

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. 18 and 19) the conclusion is reached that the name of the project, Continuous Morbidity Registration, does not really cover the entire work. After all, in part these are not diseases which are registered but occurrences. The name sentinel stations is better, a watch is kept, sometimes for one year, sometimes longer or even continuously.

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 five times in 1978.
In 1978 the committee was made up as follows:

Programme committee:	*C.P. Bruins, M.D. (Chairman)* [1]
	W.M.J. van Duyne, M.D. [2]
	H.J. van der Leen, M.D. [3]
	(G. Dorrenboom, deputy member) [3]
	A. Vrij, M.D. [4]
Advisers:	*Prof. Dr J.C. van Es* [5] *till 15-9-1978*
	Dr H. Bijkerk, M.D. [4]
	H.O. Sigling, M.D. [6]
Coordinators:	*Dr F.A. Vorst* [4] *till 29-12-1978*
	Dr H.A. van Geuns [4] *since 29-12-1978*
	S. van der Kooij, M.D. [1]
Financial experts:	*A. Schaap* [2]
	Mr M.H.B. Thissen [1]
Project Leader:	*Dr Bertine J.A. Collette, M.D.*
Secretary:	*Mrs A.C.A.M. van Welie-Verweij*

[1] *Foundation of the Netherlands Institute for General Practice*
[2] *Ministry of Public Health and Environment*
[3] *Representing spotter physicians*
[4] *Chief Medical Office of Health*
[5] *Institute of General Practice of Utrecht State University*
[6] *Institute of General Practice of Amsterdam Free University*

MEETING OF SPOTTER PHYSICIANS

On Saterday, 18 February 1978, a meeting was held for the spotter physicians in Hotel Heidepark, Bilthoven.
There was an attendance of 22 participants, 3 speakers, 7 members of the Programme Committee and the secretary.
Mr. C.P. Bruins, director of the Netherlands Institute for General Practice and Chairman of the Sentinel Stations Programme Committee, was in charge of this meeting.

The first speaker was G. Dorrenboom (Rotterdam), a spotter physician, who introduced The European General Practice Research Workshop (E.G.P.R.W.).
The E.G.P.R.W. is a working party concerning itself in particular with research into general practice. It was founded in 1971 and meets twice a year. Within this framework research has got underway in the United Kingdom, Denmark and the Netherlands, for the time being still confined chiefly to registering certain diseases.
Next Mr V. van Bergen Henegouwen, a sociologist, gave a survey of the principal results of the longitudinal investigation into myocardial infarction.
Mr V. van Bergen Henegouwen has been employed by the Netherlands Institute for General Practice since May 1977. He processes the data collected in the longitudinal investigations.[1]) He stated that most important points were the distribution throughout the day of the moment of summoning medical assistance and of the arrival of the family doctor, the probability of dying in a certain period after a myocardial infarction and the degree of disablement at different times.

[1]) *Longitudinal investigations have been made into myocardinal infarction, angina pectoris, cerebro-vascular accident and epilepsy. Seperate reports are obtainable at the Netherlands Institute for General Practice.*

Dr F. Bonjer (coordinator of the committee for Coordination of the Research into Cardio-Vascular Disease of TNO's Council for Health Research), the last speaker, gave results of the comparison of the sentinel station data with other national and international data. The sentinel station data tally well with those from Nijmegen (WHO project). With regard to the international data it has come to light that the Netherlands, together with other countries with good medical and social facilities, has practically the lowest percentage of resumption of work after a myocardial infarction (some figures for comparison: Sweden 16 %, The Netherlands 19 %, Roumania 31 %).

The talks were followed by a discussion on the weekly return and the way of reporting.

The meeting was concluded by a lunch.

DISTRIBUTION OF THE SPOTTER PHYSICIANS OVER THE NETHERLANDS

(fig. 1 page 88)

The sentinel station in Dordrecht started registering again after a year's interruption. On account of an impending underrepresentation of province group B and urbanization group 1 two sentinel stations have been added, one in Laren and one in Ruurlo, both in the province of Gelderland. The number of sentinel stations is now 47. In the remaining sentinel stations a few small changes occurred (taking over a practice, forming a group practice).

The number of general practitioners taking part -61- has increased in comparison with 1977 by two.

Appendix 1 gives a survey of the general practitioners who took part in the sentinel station project during 1978. In13 sentinel stations there is cooperation between two or more general practitioners. There are 10 general practitioners with a dispensary, 5 in urbanization group 1 and 5 in urbanization group 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 -1978.

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.

Survey of the distribution of the spotter physicians and sentinel stations in the years 1970 1978.

Province-group:	*A* *Groningen, Friesland and Drenthe*		*B* *Overijssel, Gelderland and the Southern IJsselmeer-polders*		*C* *Utrecht, North- and South-Holland*		*D* *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

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

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

THE PRACTICE POPULATIONS

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

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)*	
Provincegroup			
A	*1 520 180*	*20 640*	*(1.4%)*
B	*2 687 144*	*29 899*	*(1.1%)*
C	*6 222 733*	*80 886*	*(1.3%)*
D	*3 382 419*	*36 169*	*(1.1%)*
Urbanizationgroup			
1	*1 605 858*	*26 372*	*(1.6%)*
2	*8 578 046*	*99 113*	*(1.2%)*
3	*3.628.572*	*42 109*	*(1.2%)*
Sex			
Men	*6 870 441*	*82 201*	*(1.2%)*
Woman	*6 942 035*	*85 393*	*(1.2%)*
Total	*13.812.476*	*167.594*	*(1.2%)*

In the last census a breakdown was adhered to for health insurance funds and non-health insurance funds. The percentage of patients who were members of a health insurance fund was 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.

1) *1-1-1977. Central Bureau for Statistics.*
2) *Practice censuses 1977.*

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	1.2	1.0	1.0	1.2	1.2	0.9	1.0	1.5	1.5	1.0	1.0	1.1	1.2	1.1	1.1
5- 9	1.4	1.3	1.1	1.2	1.3	1.3	1.1	1.1	1.6	1.6	1.1	1.2	1.3	1.2	1.2	1.2
10-14	1.3	1.3	1.2	1.2	1.3	1.3	1.1	1.1	1.5	1.6	1.1	1.2	1.2	1.2	1.2	1.2
15-19	1.4	1.3	1.1	1.1	1.3	1.4	1.1	1.1	1.5	1.8	1.1	1.2	1.2	1.2	1.2	1.3
20-24	1.4	1.6	1.1	1.2	1.4	1.6	1.0	1.1	1.6	2.0	1.2	1.3	1.1	1.4	1.2	1.4
25-34	1.4	1.6	1.0	1.1	1.4	1.5	1.0	1.2	1.6	1.7	1.2	1.3	1.2	1.4	1.2	1.3
35-44	1.4	1.4	1.1	1.2	1.3	1.4	1.1	1.1	1.6	1.7	1.1	1.2	1.2	1.3	1.2	1.3
45-54	1.3	1.3	1.2	1.1	1.3	1.3	1.0	1.1	1.7	1.7	1.2	1.2	1.2	1.2	1.2	1.2
55-64	1.3	1.2	1.1	1.1	1.2	1.2	1.0	1.0	1.6	1.6	1.1	1.1	1.1	1.0	1.2	1.1
>64	1.4	1.4	1.2	1.1	1.2	1.1	1.0	1.0	1.7	1.6	1.1	1.1	1.0	0.9	1.2	1.1
Totaal	1.3	1.4	1.1	1.1	1.3	1.3	1.1	1.1	1.6	1.7	1.1	1.2	1.2	1.2	1.2	1.2

SCOPE AND CONTINUITY OF THE REPORTING

As was the case for 1975-1977, the number of days reported annually per sentinel station and the number of all sentinel stations together per week were examined and processed in 1977. In this an effort was made to follow the scope and continuity of the reporting. In general the spotter physicians state - or have someone state - whenever they cannot report (vacation, illness, personal circumstances). In the case of a weekly return not being submitted on time, telephone contact is made.
The results of the processing are repeated in Table 1 [1]). It proves that compared with 1977 there are more sentinel stations which did not report on 50 or more days.
The maximum number of days which can be reported was

11 960 (52 weeks × 5 days × 46 sentinel stations) for 1975,
11 925 (53 × 5 ×45) for 1976,
11 440 (52 × 5 × 44) for 1977,
12 090 days (26 × 5 × 46 + 26 × 5 × 47) for 1978.

The actual number of reporting days was:

1975 9 505 (79.5 %)
1976 10 095 (84.7 %)
1977 10 163 (88.8 %)
1978 10 592 (87.6 %)

The percentage of reporting days fell by approx. 1 % compared to 1977. An obvious explanation, such as more "public holidays" during a working week, cannot be given for this. However, the decrease is of such a nature that one can still speak of close cooperation.
In fig. 2 the 1978 reporting is compared with that of 1975. This figure clearly shows the influence of public holidays. The influence of the holiday in the summer months of 1978 is less than was the case in 1975. As remarked in previous reports, this is a favourable sign, since good continuity of reporting enhances the reliability of the data collected.

[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 latter tables are not quoted each time in dealing with the various questions.*

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*
0	*1*	*0*	*0*	*1*
1– 9	*2*	*5*	*11*	*8*
10–19	*3*	*6*	*7*	*5*
20–29	*5*	*3*	*3*	*3*
30–39	*10*	*16*	*9*	*10*
40–49	*8*	*6*	*10*	*11*
50–59	*7*	*2*	*2*	*6*[2])
60–69	*3*	*3*	*0*	*1*
70–79	*1*	*0*	*1*	*0*
80–89	*2*	*1*	*0*	*1*
90–99	*0*	*1*	*0*	*0*
>99	*4*	*2*	*1*	*1*[3])
	46[1])	*45*	*44*	47

[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 Februari 1978*

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

THE WEEKLY RETURN (Appendix 2, p. 62)

The questions on the weekly return for 1978 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. (Suspicion of) myocardial infarction

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 and (suspicion of) myocardial infarction, when reports were also made on Saturdays and Sundays. Diagnoses made or advice given by telephone are not entered in the weekly return in principle; an exception is formed by reports of influenza by telephone.
As survey of the questions included on the weekly return in the years 1970 - 1978 is given below; the questions of the current year, 1979, are also given.
The subjects in alphabetical order can be found in Appendix 3 (p. 63) together with the years of registration.

Subjects on the weekly returns 1970 - 1979

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

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

PROCESSING OF THE DATA ON THE WEEKLY RETURN

This report contains the results of the weekly return for 1978. The data were processed by the Computer Division 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 64) the age structure as on 1 January 1978 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. In past years 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 1978[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:

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)
- myocardial infarction for suspicion of myocardial infarction
- A for the Groningen, Friesland en Drenthe (northern provinces) province group
- B for the Overijssel, Gelderland and Southern IJsselmeer Polders (eastern provinces) province group
- C for the Utrecht, North Holland and South Holland (western and central provinces) province groups
- D for the Zeeland, North Brabant and Limburg (southern provinces) province groups
- 1 for the 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 15*

[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 86 and 90) give the number of new cases of influenza per 10 000 inhabitants per week, per province group and per urbanization group [2]).
The 1977/1978 influenza epidemic was already described in the 1977 report.

Influenza epidemic 1978/1979

After the influenza epidemic in the 1977/1978 season, the peak of which, with 107 per 10 000 inhabitants, lay in the 6th week of 1978, the national incidence per week fell to about 5 cases per 10 000 inhabitants. At the end of 1978 the weekly incidence gradually increased throughout the country, at first only in the northern provinces, then in the eastern ones and finally, though to a smaller extent, in the rest of the country. Comparison of the reports in the various urbanization groups shows that in the cities the number of reports was lowest, a maximum of 35 per 10 000 inhabitants against a maximum of 54 in rural municipalities.

[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 man or woman).*

The epidemic remained limited in size; the peak of all sentinel stations together, with 41 per 10 000 inhabitants, lies in the 50th week. It is possible that this is a result of the severe winter, with fewer opportunities for transmission.
At the end of February 1979 a slight increase again occurred to 19 per 10 000 in the 10th week. This increase is chiefly a result of an increase in the southern province group.
Until February exclusively influenza A virus strains related to A/USSR/90/77 (H1N1) were isolated. Thereafter an influenza B infection was also diagnosed in a number of cases. All influenza B virus strains isolated proved to be related to B/Hong-kong/5/72 (Chief Medical Office of Health, Dr H. Bijkerk).
If the annual figures for 1970 to 1978 inclusive (i.e. not just the figures during an epidemic) are compared, 1978, with 829 per 10 000 inhabitants, proves to belong to the middle group (Table 2).

Table 2: Number of patients with influenza(-like illness) per 10 000 inhabitants, 1970 - 1979

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

[1]) *For these totals the limit of 30 June - 1 July adhered to gives 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 - 1976 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.
The weekly frequencies of 1978 and a part of 1979 are shown in this figure too. The climax of the epidemic in 1977/1978 is going to form a separate peak in this figure next year; it is also clear to see from this figure that the epidemic in the past winter (1978/1979) was a limited one.

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 1978/1979 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

After the measles epidemic which started in 1976 and continued for some time in 1977, measles occurred only sporadically in 1978; in total only 56 cases were reported.
There is no difference between the province and urbanization groups (see Table 3e and Fig. 5).
The quaterly figures appear in Table 3.

Table 3: Number of patients with measles per quarter per 10 000 inhabitants, 1975 - 1978

	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*

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 Ilness Act. It proves that there is still a very great degree of underreporting within the framework of the above Act: about 3 % of the number of cases of measles observed in 1978 by the general practitioners were notified; this percentage also applies to 1977 and 1976 (Dr H. Bijkerk, Chief Medical Office of Health).

Age distribution, vaccinated - non-vaccinated

Tabel 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 - 1978

	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*

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

The reports at an age exceeding 19 years prove to come from foreigners, mostly Surinamese.
The measles vaccination that was included in the national vaccination programme on 1-1-1976 takes place at the age of 14 month. 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 (17 out of 56).

The question has been maintained in the weekly return for 1979, but this will probably be the last year. Up to now measles has usually occurred in two-year epidemics, but it is expected that the disease has lost its epidemic nature. The 1979 reporting will show whether this is in fact so. Further research is, however, necessary, since the vaccination does not always take (in about 5 % of cases no seroconversion occurs[1])). However, such research will have to be of a selective nature, and the sentinel station project is not suitable for this.
For the rest is it quite conceivable that within a few years measles will have disappeared almost entirely from the Netherlands.

[1]) *Nederlands Tijdschrift voor Geneeskunde 122, nr. 2, p. 46-51, 1978.*

MONONUCLEOSIS INFECTIOSA

Mononucleosis infectiosa (Pfeiffer's disease, glandular fever) was placed on the weekly return for the first time in 1977.

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.

The discussion on whether mononucleosis infectiosa and Pfeiffer's disease are synonymous or not came again in 1978[1]). In particular the specificity of the monosticon reaction formed the subject of discussion. In the reporting on the weekly return no distinction has been made in the way in which the clinical diagnosis has been confirmed.

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

Table 5: Number of cases of mononucleosis infectiosa per province and per urbanization group, per 10 000 man and women, 1977 and 1978

		Province group				*Urbanization group*			*Nederland*
		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*
Women	*1977*	*12*	*48*	*16*	*11*	*25*	*16*	*20*	*19*
	1978	*16*	*35*	*12*	*15*	*25*	*15*	*16*	*17*
Total	*1977*	*10*	*40*	*16*	*9*	*20*	*15*	*18*	*17*
	1978	*17*	*30*	*13*	*16*	*21*	*15*	*19*	*17*

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).

The Sentinel Station investigation that is performed in Rotterdam by the Municipal Health Service gives for the years 1968 - 1978 higher figures, viz 35 patients with mononucleosis infectiosa per 10 000 residents per year[1]). However here the clini-

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

cal syndrome is adhered to as a requirement for making the diagnosis. Comparison of the data suggests that half of the number of clinical cases are not confirmed by another method of examination (35 per 10 000 as against 17 per 10 000).

Age distribution

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

Table 6: Number of cases of mononucleosis infectiosa by age group, per 10 000 men and women, 1977 and 1978

		Age group										
		<5	*5-9*	*10-14*	*15-19*	*20-24*	*25-34*	*35-44*	*45-54*	*55-64*	*≥65*	*Total*
Men	*1977*	*9*	*15*	*25*	*33*	*41*	*12*	*7*	*(4)*	*(4)*	*–*	*15*
	1978	*(8)*	*12*	*16*	*72*	*44*	*12*	*11*	*(2)*	*(2)*	*–*	*17*
Women												
	1977	*9*	*20*	*14*	*101*	*32*	*11*	*7*	*6*	*(2)*	*(5)*	*19*
	1978	*(4)*	*23*	*21*	*79*	*39*	*6*	*8*	*(5)*	*(2)*	*–*	*17*
Total	*1977*	*9*	*18*	*19*	*69*	*36*	*11*	*7*	*5*	*3*	*3*	*17*
	1978	*6*	*18*	*19*	*75*	*41*	*9*	*9*	*4*	*2*	*–*	*17*

As in 1977, the peak lies in the 15 - 19 and 20 - 24 age groups. In 1978 no difference can be found between boys and girls; in both groups the incidence is highest in the 15 - 19 age group (72 and 79 per 10 000 respectively). In the Rotterdam investigation the peak is likewise in this age group.

This question is maintained in the weekly return for 1979.

[1]) *Epidemiologisch Bulletin van de G.G. en G.D. van Rotterdam, Vol. 14 (1978), Nr. 6, p. 1 and 2.*

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 talking a cervical smear, i.e. following complaints and/or symptoms, on "preventive" grounds at the initiative of the general practitioner or the woman, and a separate column in the case of a repeat smear (after 1-1-1976), irrespective of the indication for taking the previous smear. To make comparability with the investigation subsidized by the Ministery 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).

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 - 1978.

		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
"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
"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
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

A study of the total figures suggests that the activity of the spotter physicians is on the decline in this respect. However, on further consideration this conclusion proves incorrect, since only first smears are concerned here.
Table 8 gives the total number of smears taken, with a subdivision for the indication for taking the smear.

Table 8:Number of smears taken by spotter physicians, by indication for taking a smear, per 10 000 women, 1976 - 1978

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

If the repeat smears are examined it is found that in 1977 this number was nearly twice as high as in 1976 (55 and 31 per 10 000 women respectively); in 1978 the number (120) is over twice as high as in 1977. If the total number of smears taken is calculated, practically no difference is to be seen (in 1976, 1977 and 1978 503, 521 and 523 respectively), in other words the activity of the spotter physician with regard to taking a smear has remained at the same level. It does, however, prove that for a repeat of a smear a two-year period as intervening period is not unusual in general practice.
The northern provinces no longer bring up the rear in comparison with the other provinces; the same applies to rural municipalities in respect of municipalities with urban characteristics and urbanized rural municipalities.
It is still true of all groups that the number of smears taken for purely "preventive" reasons at the general practitioner's initiative is the highest. It is true that the difference is less than in previous years, but this may be caused by the above-mentioned 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.

Table 9: Number of (first) smears taken by age group, per 10 000 women, for places where there was or was not a mass survey on cervical cancer and for the total, 1976 - 1978

		Age group								
		10-14	15-19	20-24	25-34	35-44	45-54	55-64	⩾65	Total
No mass survey										
	1976	–	*20*	*252*	*961*	*1425*	*865*	*236*	*56*	*464*
	1977	–	*39*	*343*	*981*	*1189*	*861*	*191*	*86*	*459*
	1978	–	*36*	*360*	*962*	*1329*	*1033*	*409*	*44*	*505*
Mass survey										
	1976	*6*	*87*	*351*	*964*	*1330*	*924*	*271*	*72*	*490*
	1977	–	*58*	*351*	*966*	*1342*	*895*	*296*	*55*	*473*
	1978	–	*47*	*321*	*766*	*828*	*566*	*207*	*41*	*343*
Total	*1976*	*2*	*41*	*288*	*962*	*1397*	*884*	*248*	*62*	*472*
	1977	–	*50*	*347*	*974*	*1276*	*880*	*248*	*70*	*466*
	1978	–	*43*	*334*	*835*	*1028*	*742*	*280*	*43*	*403*

In 1978 there proves to be a difference in the frequency of the number of (first) smears between places where a mass survey was held and places where that was not the case, in contrast to previous years. In the first group a slight increase may be observed (from 459 to 505 per 10 000 women), in the second, on the other hand, a considerable decrease (from 473 to 343). The decrease is the strongest in the age groups that qualify for the mass survey (35 - 44 and 45 - 54). These differences cannot be explained by an increase in the number of repeat smears.

Fig. 12 shows the number of smears per 10 000 women by indication for taking a smear for 1976 - 1978, likewise with a subdivision for sentinel stations located in places where a mass survey was or was not held. It is clear to see that the drop in the number of smears in places with a mass survey is principally caused by a decrease in the number of smears taken for preventive reasons at the spotter physician's initiative.

The question is maintained in the weekly return for 1979.

STERILIZATION OF THE MAN

Sterilization of the man has been on the weekly return since 1972.
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 10 (cf. Fig 13).

Table 10: Number of sterilizations of the man performed, per province group and urbanization group per 10 000 of all men, 1972 - 1978

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1972	*15*	*19*	*22*	*33*	*9*	*25*	*30*	*24*
1973	*11*	*26*	*41*	*61*	*22*	*38*	*59*	*40*
1974	*14*	*40*	*38*	*77*	*34*	*41*	*62*	*46*
1975	*18*	*38*	*44*	*69*	*58*	*44*	*37*	*46*
1976	*33*	*59*	*53*	*80*	*45*	*66*	*52*	*57*
1977	*50*	*50*	*48*	*65*	*43*	*59*	*50*	*53*
1978	*67*	*82*	*59*	*106*	*76*	*72*	*79*	*74*

The number of sterilizations of the man performed, after remaining the same in 1977 in respect of 1976, increased strongly, namely by 40%. The increase occurred in all groups. The greatest increase occurred in urbanization group 1, rural municipalities, namely by 77%, in the cities and in urbanization group 2 by 58% and 22% respectively.
In the province groups the increase is the greatest in the eastern and southern provinces, by 64% and 63% respectively; in the northern provinces and in the centre and west of the country the increase is less, by 34% and 23% respectively.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 men is given in Table 11 (cf. Fig. 15).

Table 11: Number of sterilizations of the man performed, by age group, per 10 000 men, 1972 - 1978.

	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*

As in previous years, the highest frequency was found in the 35 - 44 age group: viz 309 sterilizations performed per 10 000 men, an increase of 50%. The drop in the 25 - 34 age group has not continued; the number has risen again and thus arrived at the 1976 level.

A cumulative calculation shows that in the Netherlands since 1971 232 000 sterilizations of the men have been performed, that is on over 3% 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. 7.5%.

The question is maintained in the 1979 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 woman per province group and urbanization group is given in Table 12 (cf. Fig. 14).

Table 12: Number of sterilizations of the woman performed, per province group and urbanization group, per 10 000 of all women, 1974 - 1978

	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*

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 1977 there is an increase of 27% (40% in the case of men). The increase was the strongest in the southern province group (D); here an increase of 71% can be seen. In the other province groups and in the urbanization groups an increase of 10 - 30% may be found.

Age distribution

The age-specific distribution of the number of sterilizations performed per 10 000 women is given in Table 13 (cf. Fig. 16).

Table 13: Number of sterilizations of the woman performed, by age group per 10 000 women, 1974 - 1978

	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*

In all groups above the age of 25 years an increase has occurred, most strongly in the 35 - 44 age group (339 per 10 000 women in 1978 as against 246 in 1977). In the 15 - 19 age group 2 sterilizations were performed, one at the age of 18 and the other at the age of 19 years.

It is not inconceivable that, in addition to simplification of the operation on the woman, the increase both among men and among women is a consequence of the publicity relating to oral contraception in 1978[1]).
The fact that, relatively speaking, the increase was greatest above the age of 34 years is in agreement with this, since above this age long-term use of oral contraceptives in combination with smoking gives an increased chance of cardiovascular disease.

A cumulative calculation shows that in the Netherlands since 1973 sterilization has been performed in total on 210 000 women, i.e. nearly 3% 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 7%.

This question is maintained in the weekly return for 1979.

[1]) *Nederlands Tijdschrift voor Geneeskunde, 122, nr. 32, p. 1188 - 1190, 1978*

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 14 (cf. Fig 17).

Table 14: Number of cases of abortus provocatus, per province group and urbanization group, per 10 000 of all women, 1971 - 1978

	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*

Compared with 1977, a slight increase may be observed in all subgroups, the strongest being in the eastern province group 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 provisionel data for 1978 of the Permanent Registration of Abortion in the Netherlands[1]) shows a larger number: 16 000 - 16 500 for the Netherlands; extrapolation of the sentinel station data to the Dutch population arrives at a total of 15 000. The difference can be explained by the fact that 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, so that performance of the operation cannot be passed on to the general practitioner in question. Presumably this will occur above all in the younger age groups.

[1]) *Permanente registratie abortus Nederland, 1978, G. Ketting. Published by Stimezo Nederland.*

Age distribution

The age-specific distribution of the number of cases of abortus provocatus per 10 000 women is summarized in Table 15 (cf. Fig. 18)

Table 15: Number of cases of abortus provocatus by age group, per 10 000 women, 1971 - 1978

	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)*

In the 25 - 34 and 35 - 44 age groups there proves to be an increase; in the other age groups the numbers have remained practically the same.
Because a 5-year age group is too broad a classification for the younger age, it is requested that reports on those under the age of 20 years state the exact age.
The exact ages in this group were: 14 years once
15 years 4 times
16 years 3 times
17 years 10 times
18 years 6 times
19 years 5 times.

This question is maintained in the 1979 weekly return.

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

Table 16: Number of women for whom the morning -after pill was prescribed, per province group and urbanization group per 10 000 of all women, 1972 -1978

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

The national frequency with regard to prescription of the morning-after pill has remained practically the same compared with 1977 (50 per 10 000 women in 1978 as against 49 in 1977).

In the northern province groups the number has risen; in the southern ones it has fallen. In the remaining subgroups no obvious changes occurred.

Age distribution

Table 17 gives the ages distribution of the prescription of the morning-after pill (cf. Fig. 20).

Table 17: Number of women for whom the morning-after pill was prescribed, by age group, per 10 000 women, 1972 - 1978

	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*

The increase in the 20 - 24 age group has continued; in the 15 - 19 age group an increase again occurred after the decrease in 1977.

Above the age of 25 years the number remained about the same; in the 25 - 34 age group the decrease that started in 1976 continued (105 per 10 000 women in 1975 as against 58 in 1978).

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: 14 years 4 times
15 years 11 times
16 years 20 times
17 years 36 times
18 years 21 times
19 years 26 times.

This question is maintained in the 1979 weekly return.

HAY FEVER

Hay fever, rhinitis vasomotorica allergica, has been placed on the weekly return for the following reasons:

a. it was thought that the European General Practice Research Workshop (E.G.P.R.W.)[1]) was devoting attention to this subject; this group has a registration project in operation in the United Kingdom, Denmark and - on a very modest scale - in the Netherlands too. However, it subsequently, proved that another subject had been preferred;
b. since 1977 the Allergology Department of Leiden University Hospital, under the auspices of Dr F.Th.M. Spieksma (biologist), and with the cooperation of the Netherlands Broadcasting Foundation, has broadcast a daily message by radio at certain times of the year, evaluating the weather forecast in terms of a deterioration or improvement of the weather for hay fever patients.

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.
The question is subdivided for patients visiting their family doctor for the first time on account of these complaints (new patients) and for patients who are known also to have had such complaints in previous years (old patients). At the same time a breakdown by sex is adhered to in both groups.

Table 18 states the frequencies per province and urbanization group for the different categories (see also Fig. 21).

1) *The E.G.P.R.W. is an independent working party of general practitioners from 11 European countries whose aim is to further research in and concerning general practice in Europe by finding common definitions, seeking suitable methods for international research and performing such research as far as possible.*

Table 18: Number of new and old patients with hay fever, per province and urbanization group, per 10 000 men or women, 1978

	Province group				Urbanization group			Netherlands
	A	B	C	D	1	2	3	
New patients M	45	34	17	29	38	26	21	26
F	23	37	16	20	36	17	23	22
Total	34	36	17	25	37	21	22	24
Old patients M	26	37	41	47	32	37	50	40
F	39	45	43	51	46	42	50	45
Total	33	41	42	49	39	40	50	42

In the classification by province group it is noticeable that the western provinces and the centre of the country display the lowest frequencies for new patients (17 and 26 respectively per 10 000 men and women). This may be result of smaller quantities of pollen in the coastal stretch when the wind is from the west than elsewhere. There is no obvious difference among the old patients. This could perhaps be explained by removal of patients sensitized in rural municipalities to the most densely populated provinces, group C (Dr F.Th.M. Spieksma).
Of the urbanization groups the rural municipalities (urbanization group 1) display the highest frequencies among the new patients (38 and 36 respectively per 10 000 men and women); among the old patients the highest frequencies are found precisely in the cities (50 per 10 000 men or women).

The gauging of "old patients with hay fever" yields only part of the actual number. Some of the hay fever patients, especially the moderately severe cases, will presumably try to avoid circumstances in which these complaints occur. How great this number is cannot, however, be stated here. For this reason no extrapolation to the Dutch population of these reports has been applied.

Age distribution

Table 19 contains the frequencies per age group (see also Fig. 22).

Table 19: Number of new and old patients with hay fever by age group, per 10 000 men or women, 1978

		Age group									
		< 5	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	⩾ 65
New patients	M	12	44	33	62	39	25	29	12	2	5
	F	2	14	23	48	49	26	28	11	12	–
Total		7	29	28	55	44	25	28	12	7	2
Old patients	M	2	15	55	71	85	47	56	24	11	11
	F	4	15	32	59	63	79	69	53	21	6
Total		3	15	44	65	73	63	62	38	16	8

Under the age of 20 more men than women see their family doctor for the first time with hay fever complaints. Among the old patients this applies up to the 25th year; above that age there are more women than men. This difference at an early age between men and women has also been noted elsewhere[1]); a covincing explanation is not yet available.

For the occurence of hay fever the time of the year is of considerable influence. Consequently the numbers per quarter are given in Table 20[2]).

Table 20: Number of new and old patients with hay fever, per quarter and per 10 000 men or women, 1978

		1st quarter	2nd quarter	3rd quarter	4th quarter
New patients	M	4	19	3	0
	F	3	15	4	0
Total		3	17	4	0
Old patients	M	7	29	3	–
	F	8	33	3	0
Totaal		8	31	3	0

[1]) *"House-dust atopy" by R. Voorhorst, F.Th.M. Spieksma and H. Varekamp, p. 62-64, Stafleu 1969.*

[2]) *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 far the highest frequencies.
A further breakdown, namely per week, can supply still more information. Comparison of those figures with the weather in the weeks in question then becomes meaningful. In the coming year it will be endeavoured to bring about this comparison.
For 1979 this question is maintained in the weekly return as regards the new patients.

MYOCARDIAL INFARCTION

The number of myocardial infarctions in the Netherlands is still not decreasing in frequency. In particular there is nothing yet to be seen in this country of the drop noted in the USA.
Knowledge of the number of cases of myocardial infarction is important for adapting policy with regard to both health care and scientific research.
TNO's Council for Health Research has instituted a "Coordination of Research into Cardio-vascular Disease" committee whose terms of reference are to compile a national policy plan for scientific research in the field of cardio-vascular disease. Dr F.H. Bonjer is the coordinator for this, assisted by Mr R. van der Hoeve, M.D.
There is a desire to gain insight into the number of cases in which the physician *acts* as if an *acute* myocardial infarction is concerned. What is meant by this is that the diagnosis "infarction" - both a primary and a recurrent infarction - is considered so probable that the usual measures for this are taken. This refers to the administration of antiarrhythmic agents and agents for combating pain and shock, possible resuscitation and reanimation, or (acute) admission to hospital.
Partly in connection with recent publications[1]) pointing to favourable experience with home nursing, even compared with the coronary care units, there is increasing interest in the question of how freqeuntly suspicion of myocardial infarction leads to admission. The question whether the diagnosis is verified or not is not important in this context. That percentage can be obtained not only from the longitudinal investigation performed earlier but also from data supplied by the National Information System for Health Insurance Funds and the Foundation for Medical Registration.

The above has led to the formulation of two questions:

1. In how many cases did you take measures this week as if a myocardial infarction were concerned? (Both a primary and a recurrent infarction, even if a report on one and the same patient is concerned).
2. How often did this lead to admission to hospital? (within 48 hours).

Admission policy in the case of (suspicion of) myocardial infarction will depend among other things on the facilities that the general practioner has available at home and on the possibility of (rapid) transport and admission. To obtain more insight into these aspects the spotter physicians have been sent a questionnaire. In the further processing the data of the weekly return will be related to the results of this questionnaire (R. van der Hoeve). Here only the weekly return data will be discussed.

[1]) *Myocardial infarction: a comparison between home and hospital care for patients. H.G. Mather c.s., Br.Med. J., 17 April 1976, p. 925-929.*

Table 21 gives the frequencies of (suspiction of) myocardial infarction per province and urbanization group and for the Netherlands (see also Fig. 23).

Table 21: Number of cases in which the physician acts as if an acute myocardial infarction is concerned, per province and urbanization group, per 10 000 men or women, and by admission or non-admission to hospital within 48 hours, 1978

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
Clinical M	38	43	26	31	39	22	51	32
F	14	20	14	12	13	13	20	15
Total	26	31	20	22	26	17	35	23
Non-clinical M	11	11	7	8	8	6	15	9
F	8	7	4	6	3	5	7	5
Total	9	9	6	7	6	6	11	7
Cinical and non-clinical M	49	54	33	39	47	28	66	41
F	22	27	18	18	16	18	27	20
Total	35	40	26	29	32	23	46	30

The first thing to catch the eye here is that the frequency among men is about twice as high as among women (41 per 10 000 men, 20 per 10 000 women); this ratio appears in all subgroups.
Comparison of the province groups demonstrates that the frequency is the lowest in the west and centre of the country and in the southern provinces (26 and 29 respectively per 10 000 inhabitants) and the highest in the eastern provinces (40); the northern provinces occupy an intermediate position with 35.
The frequency is the highest in the cities (46 per 10 000 inhabitants) and the lowest in the small towns and dormitories (23); the frequency in rural municipalities occupies an intermediate position (32).

Age distribution

In Table 22 the frequencies per age group are given (see also Fig. 24).

Table 22: Number of cases in which the physician acts as if an acute myocardial infarction is concerned, by age group, per 10 000 men or women and by admission or non-admission to hospital within 48 hours, 1978

		Age group					
		20-24	25-34	35-44	45-54	55-64	⩾65
Clinical	M	(2)	(3)	13	51	106	169
	F	–	–	(4)	12	44	80
Total		(1)	(2)	9	31	74	118
Non-clinical	M	–	–	7	12	40	33
	F	–	–	(1)	(2)	(2)	44
Total		–	–	4	7	20	39
Clinical and non-clinical	M	(2)	(3)	20	63	146	202
	F	–	–	5	14	46	124
Total		(1)	(2)	13	38	94	157

In men myocardial infarction is clearly occurring at a younger age; 25% affects men under the age of 55 years, as against 11% for women. Here the fact that women in general become older should be taken into account, but, partly in view of the difference in relative frequencies, this cannot entirely explain the above-mentioned difference.

The number of patients nursed at home with (suspicion of) myocardial infarction proves to be not inconsiderable (23%); it is somewhat higher for women than for men (27% and 21% respectively). This difference can be largely explained by the large percentage of women above 64 years being nursed at home (36% among women as against 16% among men). A further analysis may perhaps bring to light the other factors influencing this decision (R. van der Hoeve). It should be added that the acutely deceased patients have *not* been reported, since the basis here was the action by the general practitioner.

The quarterly figures display no differences.

This question is not maintained in the weekly return for 1979. It is, however, desirable to repeat it some years from now.

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

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 - 1978 (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*

[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*
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*
Mononucleosis infectiosa	*1977*	*15*	*19*		*10 000*	*13 000*	*23 000*
	1978	*17*	*17*		*12 000*	*12 000*	*24 000*

[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 concerning 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.*

continuation

		Frequency[1])			Netherlands[2])		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*
Cervical smear							
-with complaints							
and/or symptoms	*1976*		*87*			*60 000*	
	1977		*86*			*60 000*	
	1978		*80*			*56 000*	
-without complaints							
and/or symptoms	*1976*		*385*			*265 000*	
	1977		*380*			*264 000*	
	1978		*323*			*226 000*	
-repeat examination							
	1976		*31*			*21 000*	
	1977		*55*			*38 000*	
	1978		*120*			*84 000*	
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*

[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 concerning year.*

continuation

		Frequency[1])			Netherlands[2])		
Category	*Year*	*M*	*F*	*Total*	*M*	*F*	*Total*
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*	
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*	
Hay fever -new patients		*26*	*22*		*1 8000*	*1 5000*	*3 3000*
(Suspicion of) myocardial infarction							
-clinical		*32*	*15*		*22 000*	*10 000*	*32 000*
-non-clinical		*9*	*5*		*6 000*	*3 500*[3])	*9 500*

[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 concerning year.*

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

INCIDENTAL INVESTIGATIONS

As in 1976 and in 1977, the spotter physicians were asked some questions on infrequent diseases or occurrences in 1978, the incidental investigations. These related to the disease multiple sclerosis and the request for application of active euthanasia.
Of the 47 sentinel stations, two dropped out of the project: one on account of recent take-over of the practice and one on account of leaving the practice (approx. 6000 patients).

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 1978 - as had been the case in 1977 - 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 1978 the diagnose of multiple sclerosis was reported 7 times for a new patient (see Table 23).

Table 23: Number of patients diagnosed as having multiple sclerosis in 1977 or in 1978, by age group and sex

		Age group						
		20-24	*25-34*	*35-44*	*45-54*	*55-64*	*⩾65*	*Total*
Men	*1977*	–	*1*	*1*	–	–	–	*2*
	1978	–	*1*	*1*	–	–	–	*2*
Women	*1977*	*1*	*1*	*3*	*1*	–	*1*	*7*
	1978	–	*2*	*1*	*1*	*1*	–	*5*
Total	*1977*	*1*	*2*	*4*	*1*	–	*1*	*9*
	1978	–	*3*	*2*	*1*	*1*	–	*7*

The numbers are too small to calculate the relative frequency per age group; for all ages together it is 0.26 per 10 000 men and 0.63 per 10 000 women (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. In the case of one female patient (27 years) the diagnosis was not yet entirely certain.
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 1978, this was to be expected.
The number of women with multiple sclerosis is as was reported in 1976 and in 1977 higher than the number of men. However, the numbers are so small that no conclusions can be drawn from them. Pornouncements on the incidence are, for the same reason, likewise premature. The investigation will therefore have to be continued next year.
At the World Conference on Multiple Sclerosis[1]), held in Amsterdam in September 1977, it was assumed that every year in the Netherlands at least 260 patients would contract multiple sclerosis, that is 0.19 per 10 000 inhabitants; this assumption therefore differs from the sentinel stations reports.
Table 24 shows the distribution by province group and urbanization group.

Table 24: Number of patients for whom the diagnosis mutiple sclerosis was made in 1977 or 1978, per province and urbanization group

	Province group				*Urbanization group*			*Nether-lands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1977	–	*1*	*5*	*3*	–	*6*	*3*	*9*
1978	–	*1*	*6*	–	*1*	*4*	*2*	*7*

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.

The investigation will probably be repeated for 1979.

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

Euthanasia

The second incidental investigation concerns the subject of euthanasia. Attention was devoted to this for the first time in 1976. Considerable reaction was received to this investigation when the 1976 annual report was publised.

In view of the fact that this is an occurrence - making a request - which relatively speaking occurs rather infrequently, a once-only gauging has only limited reliability[1]). The programme committee had therefore decided immediately to repeat this investigation 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 1978 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. 56) 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 57).

The number of requests (10) is nearly the same as in the previous years (respectively: 15 and 9 in 1976 and 1977).

The number of patients with a carcinoma is relatively speaking, again large, i.e. 7 out of the 10 (in 1976 8 out of 15 and in 1977 5 out of 9). The request was made 6 times by a man (in 1976 5 times, in 1977 6 times).

The distribution by province group and urbanization group is given in Table 25.

Table 25: 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, 1977 and 1978

	Province group				*Urbanization group*			*Netherlands*
	A	*B*	*C*	*D*	*1*	*2*	*3*	
1976	*1*	*2*	*11*	*1*	*4*	*7*	*4*	*15*
1977	*1*	*2*	*5*	*1*	*3*	*2*	*4*	*9*
1978	*3*	*2*	*4*	*1*	*2*	*8*	–	*10*

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

Four times a request for indirect euthanasia was made. In the other cases the request was for application of direct euthanasia. In no cases was use made of a written euthanasia declaration.

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.

> *"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*

Presumably the investigation will be repeated for 1979.

Request made by the patient for active euthanasia

Age	*Sex*	*Disease*	*Motive for the request*	*Nursed*
16	*M*	*Carcinoma of the tongue*	*Completely lack lustre, feeding via a probe*	*At home*
47	*F*	*Carcinoma of the breast*	*Complete decay*	*At home*
52	*M*	*Emphysema with decompensation*	*Fear*	*Initially in hospital, later at home*
62	*M*	*Metastases of a carcinoma, original site unknown*	*Pain*	*At home*
62	*F*	*Carcinoma of the breast*	*Operation for plastic prosthesis unsuccessful, sense of disfigurement*	*At home*
65	*M*	*Hodgkin's disease*	*Pain*	*At home*
65	*F*	*Carcinoma of the endometrium*	*Pain*	*At home*
73	*M*	*Carcinoma of the lung, decompensation*	*Fear*	*At home*
78	*M*	*Carcinoma of the stomach*	*Complete depression, decubitus*	*At home*
82	*F*	*Decompensation after multiple myocardial infarctions*	*Cachexy*	*Old people's home*

GENERAL REMARKS

1. The questions on the weekly return for 1979 have been compiled as follows by the programme committee:
   a. Influenza (-like illness)
   b. Measles
   c. Mononuncleosis infectiosa
   d. Cervical smear
   e. Sterilization of the man performed
   f. Sterilization of the woman performed
   g. Abortus provocatus
   h. Prescription of morning-after pill
   i. Hay fever
   j. Suicide (attempt)
   k. Consultation for drug-use
   l. Traumas in sport - general practitioner/specialist

2. No definite decision has yet been taken about incidental investigations for 1979.

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

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

Dr Bertine J.A. Collette

Bijlage 1

Continue Morbiditeits Registratie, Peilstations
Deelnemende artsen 1978

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 (comb. praktijk)	Assen	Drenthe
Th.J. van Dam/J.B.M. Stolte (comb. praktijk)	Swifterbant	Zuidelijke IJsselmeer-polders
H. Nap	Gramsbergen	Overijssel
F.C.M. Ummels	Velp	Gelderland
J.H. de Boer/Dr J. van Noort (comb. praktijk) *)	Zelhem	Gelderland
J.P. van Dam/Mw. M.A.E. Hoelen-Lem (comb. praktijk)	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
A.A.M.E. Janssen/Mw. P.G. Tromp-Beelen (comb. praktijk)	Heiloo	Noord-Holland
H.J. van der Leen	Hilversum	Noord-Holland
Dr P.A. Roorda (tot 1-4-1978)		
D.E. Kuenen (vanaf 1-4-1978)	Haarlem	Noord-Holland
Mw. A.J. Arbouw/J.Th. Koop (comb. praktijk)	Amstelveen	Noord-Holland
Mw. P.J. Ypenburg-Visser	Amsterdam	Noord-Holland

Bijlage 1 vervolg

Deelnemende artsen 1978

Naam:	Plaats:	Provincie:
F.L. Reynders	Rotterdam	Zuid-Holland
Dr B.J.M. Aulbers/J.E.G. Nieuwkamer (comb. praktijk)	Delft	Zuid-Holland
J. Beunk	Maassluis	Zuid-Holland
Dr A.W. Bots *)	Voorhout	Zuid-Holland
G. Dorrenboom	Rotterdam	Zuid-Holland
G. van Gangelen	Sliedrecht	Zuid-Holland
J.B. Hugenholtz/J.W. de Haan (comb. praktijk)	Oegstgeest	Zuid-Holland
Dr A.P. Oliemans	Den Haag	Zuid-Holland
Th.J. van Stockum jr.	Den Haag	Zuid-Holland
B.J. van Vianen (tot 1-9-1978)		
J.C.B.M. Rensing (vanaf 1-9-1978)	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
Dr J.W.G.A. van Rens (tot 1-10-1978)		
A.M.P. Linsen (vanaf 1-1-1979)	Oirschot	Noord-Brabant
A.M.H.J.G. Sluyters	Ravenstein	Noord-Brabant
Dr J.L.M. Raupp	Eindhoven	Noord-Brabant
R.A.M. de Jong	Maastricht	Limburg

*) Apotheek-houdend

Weekstaat t.b.v. centrale registratie

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS 1978

Proj. no.	Regel no.	Verslag jaar	Week no.	Code peilstations	Rapport dagen
4 0 0		7 8		1 4 2 9	
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]		Mononucleosis infectiosa[3]		Cervixuitstrijkje				Sterilisatie verricht[7]		Abortus provocatus[8]	Morning-after-pill voorgeschreven[9]	Hooikoorts[10]				"Hartinfarct"[12]				Leeftijdsgroep
							Na 1-1-1976 voor eerste maal afgenomen op grond van[4]								Nieuwe patiënten		Oude patiënten[11]		Klinisch		Niet klinisch[13]		
			Gevacc.	Niet gevacc.			Klachten/ symptomen	Louter preventieve overwegingen: Initiatief huisarts[5]	Louter preventieve overwegingen: Verzoek van de vrouw	Herhalingsonderzoek[6]													
		M+V	M+V	M+V	M	V	V	V	V	V	M	V	V	V	M	V	M	V	M	V	M	V	
01	< 1																						<1
02	1-4																						1-4
03	5-9																						5-9
04	10-14																						10-14
05	15-19																						15-19
06	20 24																						20-24
07	25-34																						25-34
08	35-44																						35-44
09	45-54																						45-54
10	55-64																						55-64
11	⩾ 65																						⩾ 65
4-5		15-17	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 monosticonreactie
– hetzij een karakteristiek bloedbeeld.

4) *Betreft rapportering van vrouwen bij wie na 1-1-1976* **om welke reden ook** *een cervixuitstrijkje heeft plaatsgevonden. Indien bij een vrouw na 1-1-1976* **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 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 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 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) *Betreft* **eenmalige** *rapportage van oude patiënten.*

12) *Betreft een vermoeden op een (primair of recidief) hartinfarct, met dien verstande dat een of meer van de gebruikelijke maatregelen zijn genomen (zie ook de toelichting op de weekstaat).*

13) *Onder een niet-klinische patiënt wordt in dit verband verstaan een patiënt, die* **niet binnen 48 uur** *wordt opgenomen.*

Appendix 3

Subjects on the weekly returns in alphabetical order 1970 - 1979

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 - 1979*
Diarrhoea e causa ignota (acute)	*1970*
Drug-use (consultation)	*1972 - 1973 and 1979*
Exanthema e causa ignota	*1970*
Dwelling (certificate for another)	*1975*
Hay fever	*1978 - 1979*
Family planning (consultations)	*1970 - 1976*
Influenza (-like illness)	*1970 - 1979*
Measles	*1975 - 1979*
Mononucleosis infectiosa	*1977 - 1979*
Morning-after pill (prescription)	*1972 - 1979*
Myocardial infarction (suspicion of)	*1978*
Otitis media acuta	*1971*
Psoriasis	*1976 - 1977*
Rubella (-like illness)	*1971*
Skul traumas in traffic	*1975 - 1977*
Smoking (consultation with regard to addiction)	*1974*
Sport (trauma)	*1979*
Sterilization of the man performed	*1972 - 1979*
Sterilization of the woman performed	*1974 - 1979*
Suicide (attempt)	*1970 - 1972 and 1979*
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 1978 (C.B.S.)

Age	*Men*	*Woman*	*Total*
0 - 4	*466*	*444*	*910*
5 - 9	*600*	*574*	*1 174*
10 - 14	*629*	*600*	*1 229*
15 - 19	*620*	*549*	*1 214*
20 - 24	*589*	*567*	*1 156*
25 - 34	*1 168*	*1 095*	*2 263*
35 - 44	*845*	*790*	*1 635*
45 - 54	*740*	*756*	*1 496*
55 - 64	*603*	*668*	*1 271*
⩾65	*647*	*902*	*1 549*
Total	*6 907*	*6 991*	*13 898*

TABEL 1A CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1978 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	858	803	1661	439	-	6	12	-	6	-	-	-	-	-	-	-	-	-
1 - 4 JR	4189	4082	8272	481	4	8	5	-	2	-	-	-	-	-	-	-	-	-
5 - 9 JR	6925	6755	13681	403	-	-	1	3	2	-	-	-	-	-	-	-	-	-
10 - 14 JR	7134	6830	13964	485	-	1	6	4	5	-	-	-	-	-	-	-	1	-
15 - 19 JR	6929	6870	13800	585	-	-	14	19	17	3	4	1	1	-	3	1	15	41
20 - 24 JR	6641	7451	14092	607	-	-	12	9	11	30	44	15	9	-	1	1	9	31
25 - 34 JR	13203	13446	26649	465	-	0	2	1	1	30	125	39	46	34	37	36	13	15
35 - 44 JR	9353	9367	18719	543	-	1	1	3	2	46	123	76	90	87	92	89	13	19
45 - 54 JR	8407	8662	17069	504	-	-	-	1	1	36	94	50	62	29	6	18	1	2
55 - 64 JR	6509	6885	13394	445	-	-	-	-	-	12	48	15	17	3	-	1	-	-
> 64 JR	6925	8990	15915	448	-	-	-	-	-	2	8	1	2	-	-	-	-	-
TOTAAL	77074	80141	157215	495	0	1	4	4	4	19	55	24	28	20	18	19	6	11

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 1978 PER 10.000

LEEFTIJDS-GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	2	1	-	-	-	-	-	-
5 - 9 JR	3	-	1	4	-	2	-	-	-	-	-	-
10 - 14 JR	1	1	1	7	6	6	-	-	-	-	-	-
15 - 19 JR	10	9	9	10	9	9	-	-	-	-	-	-
20 - 24 JR	12	5	9	18	12	15	2	-	1	-	-	-
25 - 34 JR	3	2	3	11	16	13	-	-	-	-	-	-
35 - 44 JR	4	3	4	5	15	10	3	1	2	3	-	2
45 - 54 JR	4	2	3	2	9	6	11	6	8	1	1	1
55 - 64 JR	-	1	1	2	3	2	26	9	17	11	-	5
> 64 JR	-	-	-	6	-	3	32	24	28	7	18	13
TOTAAL	4	3	3	7	8	8	7	4	5	2	2	2

TABEL 1B CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1978 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	834	789	1623	129	-	6	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	4064	3990	8054	91	5	2	-	3	1	-	-	-	-	-	-	-	-	-
5 - 9 JR	6693	6556	13249	47	-	8	7	9	8	-	-	-	-	-	-	-	-	-
10 - 14 JR	6916	6639	13555	41	-	1	3	12	7	-	-	-	-	-	-	-	-	3
15 - 19 JR	6722	6674	13395	60	-	1	24	19	22	3	7	2	2	-	-	-	13	51
20 - 24 JR	6445	7243	13687	51	-	-	12	18	15	25	52	18	10	2	4	3	12	50
25 - 34 JR	12787	12998	25785	54	-	-	4	-	2	39	124	59	51	45	52	49	14	15
35 - 44 JR	9054	9048	18102	72	-	1	7	2	4	49	153	88	86	72	96	84	12	14
45 - 54 JR	8040	8309	16349	49	-	-	1	1	1	29	102	51	83	29	14	21	1	12
55 - 64 JR	6182	6548	12730	57	-	-	-	2	1	6	32	14	23	6	-	3	-	-
> 64 JR	6529	8582	15111	44	-	-	-	-	-	-	5	2	5	-	-	-	-	-
TOTAAL	74265	77376	151641	56	0	1	6	6	6	18	58	29	31	20	22	21	6	15

TABEL 1B (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1978 PER 10.000

LEEFTIJDS-GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	15	3	9	2	3	2	-	-	-	-	-	-
5 - 9 JR	36	14	25	9	14	11	-	-	-	-	-	-
10 - 14 JR	29	17	23	36	23	30	-	-	-	-	-	-
15 - 19 JR	43	30	37	57	48	52	-	-	-	-	-	-
20 - 24 JR	22	35	28	59	40	49	-	-	-	-	-	-
25 - 34 JR	16	18	17	33	59	46	-	-	-	-	-	-
35 - 44 JR	21	18	19	49	50	49	6	1	3	1	-	1
45 - 54 JR	7	5	6	20	39	29	16	4	10	2	-	1
55 - 64 JR	2	9	6	10	17	13	28	3	15	11	-	6
> 64 JR	3	-	1	5	5	5	43	12	25	3	9	7
TOTAAL	19	15	17	29	33	31	8	2	5	2	1	1

TABEL 1C

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1978 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	MAZELEN		MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE				STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
					VACC	N-VACC				KLACHT SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ					
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
< 1 JR	773	719	1493	47	-	7	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	3755	3650	7405	62	5	5	3	3	3	-	-	-	-	-	-	-	-	-
5 - 9 JR	6192	6022	12214	35	-	-	3	8	6	-	-	-	-	-	-	-	-	-
10 - 14 JR	6407	6140	12547	31	-	1	5	5	5	-	-	-	-	-	-	-	-	-
15 - 19 JR	6193	6137	12330	34	-	1	18	23	20	8	3	2	2	-	-	-	5	46
20 - 24 JR	5948	6657	12605	39	-	-	8	8	8	27	36	12	27	3	3	3	6	44
25 - 34 JR	11786	11983	23769	46	-	-	4	3	4	47	113	63	53	36	56	46	8	8
35 - 44 JR	8343	8373	16716	67	-	-	4	1	2	47	139	62	94	64	68	66	11	8
45 - 54 JR	7535	7751	15286	55	-	-	-	3	1	53	103	49	79	17	12	14	-	1
55 - 64 JR	5862	6179	12040	47	-	-	-	-	-	24	39	26	23	-	-	-	-	-
> 64 JR	6218	8058	14276	52	-	-	-	-	-	1	5	-	-	-	-	-	-	-
TOTAAL	69012	71669	140681	47	0	1	4	5	5	24	54	27	33	16	19	17	4	10

TABEL 1C (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1978 PER 10.000

LEEFTIJDS-GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	5	-	2	2	2	2	-	-	-	-	-	-
10 - 14 JR	3	3	3	12	3	8	-	-	-	-	-	-
15 - 19 JR	8	8	8	3	2	2	-	-	-	-	-	-
20 - 24 JR	5	9	7	7	11	9	-	-	-	-	-	-
25 - 34 JR	5	5	5	3	2	3	1	-	0	-	-	-
35 - 44 JR	4	7	5	1	4	2	1	1	1	2	-	1
45 - 54 JR	1	4	3	1	5	3	15	1	8	4	-	2
55 - 64 JR	-	2	1	-	2	1	32	8	20	9	2	5
> 64 JR	2	-	1	-	1	1	42	20	29	8	7	8
TOTAAL	3	4	4	3	3	3	8	3	6	2	1	2

TABEL 1D

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1978 PER 10.000

LEEFTIJDS-GROEP	POPULATIE			INFLU-ENZA	MAZELEN		MONONUCLEOSIS INFECTIOSA			CERVIXUITSTRIJKJE				STERILISATIE VERRICHT			ABOR-TUS PROV	MORN AFTER PIL
					VACC	N-VACC				KLACHT SYMPT	INIT ARTS	VERZ VROUW	HERH ONDZ					
	M	V	T	M/V	M/V	M/V	M	V	T	V	V	V	V	M	V	T	V	V
< 1 JR	854	791	1645	170	-	6	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	4103	4006	8109	194	5	1	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	6767	6593	13360	221	2	1	-	3	2	-	-	-	-	-	-	-	-	-
10 - 14 JR	7020	6734	13754	245	-	1	3	-	1	-	-	-	-	-	-	-	-	-
15 - 19 JR	6799	6727	13527	285	-	1	16	18	17	3	4	1	-	-	-	-	10	43
20 - 24 JR	6505	7291	13796	316	-	-	11	4	7	21	29	23	5	3	4	4	8	33
25 - 34 JR	12873	13101	25974	197	-	-	2	2	2	37	105	55	50	33	60	46	14	21
35 - 44 JR	9211	9217	18429	212	-	-	-	1	1	52	129	66	97	86	81	84	10	17
45 - 54 JR	8296	8503	16799	159	-	-	1	-	1	31	102	45	69	14	18	16	2	9
55 - 64 JR	6438	6793	13231	160	-	-	2	-	1	13	32	21	7	-	-	-	-	-
> 64 JR	6888	8955	15843	121	-	-	-	-	-	3	11	3	1	1	-	1	-	-
TOTAAL	75755	78710	154465	208	0	0	3	3	3	19	51	26	28	18	22	20	5	13

TABEL 1D (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1978 PER 10.000

LEEFTIJDS-GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	-	-	-	-	-	-	-	-	-	-	-	-
5 - 9 JR	-	-	-	-	-	-	-	-	-	-	-	-
10 - 14 JR	-	1	1	-	-	-	-	-	-	-	-	-
15 - 19 JR	-	1	1	-	-	-	-	-	-	-	-	-
20 - 24 JR	-	-	-	-	-	-	-	-	-	-	-	-
25 - 34 JR	1	-	0	-	2	1	2	-	1	-	-	-
35 - 44 JR	-	-	-	-	-	-	3	1	2	-	1	1
45 - 54 JR	-	-	-	-	-	-	10	1	5	5	1	3
55 - 64 JR	-	-	-	-	-	-	20	24	22	9	-	5
> 64 JR	-	-	-	-	-	-	52	23	36	15	9	11
TOTAAL	0	0	0	-	0	0	8	5	7	3	1	2

TABEL 1E CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1978 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	830	776	1605	804	-	25	12	-	6	-	-	-	-	-	-	-	-	-
1 - 4 JR	4028	3932	7960	847	19	18	7	5	6	-	-	-	-	-	-	-	-	-
5 - 9 JR	6645	6481	13126	725	2	8	12	23	18	-	-	-	-	-	-	-	-	-
10 - 14 JR	6869	6586	13455	824	-	3	16	21	19	-	-	-	-	-	-	-	2	6
15 - 19 JR	6661	6602	13263	992	-	2	72	79	75	17	20	6	5	-	3	2	44	180
20 - 24 JR	6385	7160	13545	1042	-	-	44	39	41	102	162	70	50	8	13	10	36	156
25 - 34 JR	12662	12882	25544	782	-	0	12	6	9	153	467	215	199	148	204	177	50	56
35 - 44 JR	8990	9001	17991	917	-	1	11	8	9	193	542	293	367	309	339	324	46	60
45 - 54 JR	8070	8306	16376	789	-	-	2	5	4	147	401	194	293	89	52	70	5	25
55 - 64 JR	6248	6601	12849	728	-	-	2	2	2	55	151	74	70	10	-	5	-	-
> 64 JR	6640	8646	15286	684	-	-	-	-	-	7	29	7	8	2	-	1	-	-
TOTAAL	74027	76974	151001	829	1	3	17	17	17	80	218	105	120	74	81	78	21	50

TABEL 1E (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1978 TOTAAL PER 10.000

LEEFTIJDS-GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
< 1 JR	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4 JR	15	3	9	2	5	4	-	-	-	-	-	-
5 - 9 JR	44	14	29	15	15	15	-	-	-	-	-	-
10 - 14 JR	33	23	28	55	32	44	-	-	-	-	-	-
15 - 19 JR	62	48	55	71	59	65	-	-	-	-	-	-
20 - 24 JR	39	49	44	85	63	73	2	-	1	-	-	-
25 - 34 JR	25	26	25	47	79	63	3	-	2	-	-	-
35 - 44 JR	29	28	28	56	69	62	13	4	9	7	1	4
45 - 54 JR	12	11	12	24	53	38	51	12	31	12	2	7
55 - 64 JR	2	12	7	11	21	16	106	44	74	40	2	20
> 64 JR	5	-	2	11	6	8	169	80	118	33	44	39
TOTAAL	26	22	24	40	45	42	32	15	23	9	5	7

TABEL 2A CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1978 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 GNDZ	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	9687	9958	19644	681	-	1	5	1	3	24	47	22	7	11	15	14	8	17
OV+GLD+ZYP	12990	13281	26271	557	-	0	10	11	11	20	51	17	8	28	11	19	9	15
UTR+NH+ZH	37387	39291	76677	370	0	1	2	3	2	17	67	27	42	16	15	16	4	9
ZLD+NB+LIM	17011	17612	34623	521	-	1	3	2	3	18	36	22	22	26	31	29	7	11
TOTAAL	77074	80141	157215	495	0	1	4	4	4	19	55	24	28	20	19	19	6	11

TABEL 2A (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1978 PER 10.000

PROVINCIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	2	1	2	3	7	5	10	5	8	1	2	2
OV+GLD+ZYP	5	5	5	5	9	7	8	4	6	2	3	2
UTR+NH+ZH	4	3	3	10	10	10	5	4	5	3	2	3
ZLD+NB+LIM	2	2	2	5	5	5	7	5	6	1	2	1
TOTAAL	4	3	3	7	8	8	7	4	5	2	2	2

TABEL 2B

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1978 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	9436	9699	19136	103	-	-	4	2	3	28	38	25	8	21	14	18	6	22
OV+GLD+ZYP	13305	13624	26929	69	-	1	8	10	9	18	60	23	16	22	20	21	10	15
UTR+NH+ZH	35093	37085	72178	44	1	1	5	4	4	17	65	38	47	14	21	17	6	14
ZLD+NB+LIM	16430	16968	33398	45	-	1	7	8	7	17	54	15	21	33	30	31	3	12
TOTAAL	74265	77376	151641	56	0	1	6	6	6	18	58	29	31	20	22	21	6	15

TABEL 2B (VERVOLG)

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1978 PER 10.000

PROVINCIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	36	20	28	20	30	25	11	4	7	2	3	3
OV+GLD+ZYP	24	24	24	29	34	31	13	3	8	5	1	3
UTR+NH+ZH	11	10	11	29	30	29	6	1	4	1	1	1
ZLD+NB+LIM	22	15	19	37	41	39	9	2	5	1	1	1
TOTAAL	19	15	17	29	33	31	8	2	5	2	1	1

TABEL 2C CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1978 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	8788	8989	17777	92	-	1	3	11	7	43	39	31	16	15	16	15	6	19
OV+GLD+ZYP	12753	12996	25748	50	1	1	5	12	8	25	72	20	22	16	13	14	5	10
UTR+NH+ZH	33030	34700	67730	33	0	0	4	2	3	23	54	33	47	14	19	16	3	10
ZLD+NB+LIM	14442	14984	29426	48	-	1	5	3	4	17	46	13	21	23	26	24	3	7
TOTAAL	69012	71669	140681	47	0	1	4	5	5	24	54	27	33	18	19	17	4	10

TABEL 2C (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1978 PER 10.000

PROVINCIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	7	2	5	2	2	2	11	1	6	1	2	2
OV+GLD+ZYP	5	9	7	5	3	4	16	5	12	3	1	2
UTR+NH+ZH	2	3	3	2	3	3	4	4	4	2	1	1
ZLD+NB+LIM	3	2	3	3	4	4	9	1	5	3	1	2
TOTAAL	3	4	4	3	3	3	8	3	6	2	1	2

TABEL 2D CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1978 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	9628	9862	19489	344	1	1	6	2	4	22	46	32	17	20	21	21	3	18
OV+GLD+ZYP	14525	14863	29389	334	1	-	2	3	2	30	75	24	18	17	18	18	3	18
UTR+NH+ZH	36612	38417	75029	156	0	0	3	3	3	15	44	30	40	16	21	18	7	12
ZLD+NB+LIM	14991	15567	30558	128	-	1	3	1	2	17	48	13	17	23	28	26	5	9
TOTAAL	75755	78710	154465	208	0	0	3	3	3	19	51	26	28	18	22	20	5	13

TABEL 2D (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1978 PER 10.000

PROVINCIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	-	-	-	-	-	-	6	3	5	6	1	4
OV+GLD+ZYP	-	-	-	-	-	-	6	7	7	2	2	2
UTR+NH+ZH	-	0	0	-	1	0	10	5	8	1	1	1
ZLD+NB+LIM	1	1	1	-	-	-	7	4	5	4	3	3
TOTAAL	0	0	0	-	0	0	8	5	7	3	1	2

TABEL 2E — CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1978 TOTAAL — 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	9385	9627	19011	1246	1	3	19	16	17	116	170	110	48	67	68	67	23	76
OV+GLD+ZYP	13393	13691	27084	1018	2	2	25	35	30	93	259	85	64	82	62	72	27	59
UTR+NH+ZH	35530	37373	72904	625	1	2	14	12	13	72	230	130	175	59	76	68	21	45
ZLD+NB+LIM	15719	16283	32001	885	-	4	18	15	16	68	183	64	82	106	116	111	18	39
TOTAAL	74027	76974	151001	829	1	3	17	17	17	80	218	105	120	74	81	78	21	50

TABEL 2E (VERVOLG) — CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1978 TOTAAL — PER 10.000

PROVINCIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
GR+FR+DR	45	23	34	26	39	33	38	14	26	11	8	9
OV+GLD+ZYP	34	37	36	37	45	41	43	20	31	11	7	9
UTR+NH+ZH	17	16	17	41	43	42	26	14	20	7	4	6
ZLD+NB+LIM	29	20	25	47	51	49	31	12	22	8	6	7
TOTAAL	26	22	24	40	45	42	32	15	23	9	5	7

TABEL 3A CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1978 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	11778	11693	23471	521	-	0	5	9	7	17	77	15	9	23	3	15	7	6
B1=B3+C1=C4	46817	49047	95864	480	0	1	3	3	3	15	41	28	30	18	20	19	6	12
C5	18478	19401	37879	518	0	1	5	4	4	28	76	18	35	22	19	21	7	12
TOTAAL	77074	80141	157215	495	0	1	4	4	4	19	55	24	28	20	18	19	6	11

TABEL 3A (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1E KWARTAAL 1978 PER 10.000

URBANISATIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
A1=A4	5	5	5	3	8	5	9	4	7	2	1	1
B1=B3+C1=C4	4	2	3	7	7	7	5	4	4	1	1	1
C5	2	1	2	10	12	11	10	6	8	4	5	5
TOTAAL	4	3	3	7	8	8	7	4	5	2	2	2

TABEL 3B CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1978 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	11992	11926	23918	54	-	0	9	8	8	20	74	32	8	25	13	19	11	13
B1-B3+C1-C4	44282	46406	90688	37	0	1	5	5	5	18	51	31	32	19	22	21	4	16
C5	17992	19044	37035	105	0	1	6	7	6	18	67	23	43	19	29	24	8	12
TOTAAL	74265	77376	151641	56	0	1	6	6	6	18	58	29	31	20	22	21	6	15

TABEL 3B (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

2E KWARTAAL 1978 PER 10.000

URBANISATIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	28	21	24	25	34	30	11	-	5	3	-	2
B1-B3+C1-C4	18	13	15	28	32	30	7	3	5	1	1	1
C5	16	17	16	35	35	35	11	2	6	2	1	1
TOTAAL	19	15	17	29	33	31	8	2	5	2	1	1

TABEL 3C CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1978 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	12135	12047	24182	41	1	-	2	7	5	24	82	22	8	15	17	16	7	11
B1-B3+C1-C4	40550	42621	83170	37	0	1	4	5	5	20	39	27	33	17	20	19	3	10
C5	16328	17001	33329	76	-	0	7	2	4	35	69	28	50	15	17	16	4	10
TOTAAL	69012	71669	140681	47	0	1	4	5	5	24	54	27	33	16	19	17	4	10

TABEL 3C (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

3E KWARTAAL 1978 PER 10.000

URBANISATIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	6	10	8	5	5	5	16	5	11	2	2	2
B1-B3+C1-C4	3	2	3	1	3	2	5	2	3	1	1	1
C5	2	5	4	6	3	4	10	5	8	5	1	3
TOTAAL	3	4	4	3	3	3	8	3	6	2	1	2

TABEL 3D CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1978 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	12795	12701	25496	284	1	-	2	2	2	17	91	25	2	14	22	18	1	18
B1-B3+C1-C4	43945	46121	90066	183	0	0	3	3	3	13	37	29	35	18	23	21	4	12
C5	19016	19888	38903	216	0	1	5	3	4	37	57	21	30	21	18	20	11	18
TOTAAL	75755	78710	154465	208	0	0	3	3	3	19	51	26	28	18	22	20	5	13

TABEL 3D (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

4E KWARTAAL 1978 PER 10.000

URBANISATIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	-	-	-	-	-	-	3	4	4	2	1	1
B1-B3+C1-C4	-	0	0	-	0	0	5	4	5	2	2	2
C5	1	1	1	-	-	-	19	7	13	4	1	2
TOTAAL	0	0	0	-	0	0	8	5	7	3	1	2

TABEL 3E CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1978 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	12175	12092	24267	896	2	1	18	25	21	78	325	94	27	76	60	68	25	45
B1-B3+C1-C4	43898	46049	89947	766	1	3	15	15	15	66	169	115	129	72	85	79	17	51
C5	17954	18833	36787	937	1	3	22	16	19	118	269	89	155	79	83	81	30	49
TOTAAL	74027	76974	151001	829	1	3	17	17	17	80	218	105	120	74	81	78	21	50

TABEL 3E (VERVOLG) CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS

1978 TOTAAL PER 10.000

URBANISATIE GROEP	HOOIKOORTS NIEUWE PATIENTEN			HOOIKOORTS OUDE PATIENTEN			HARTINFARCT KLINISCH			HARTINFARCT NIET-KLINISCH		
	M	V	T	M	V	T	M	V	T	M	V	T
A1-A4	38	36	37	32	46	39	39	13	26	8	3	6
B1-B3+C1-C4	26	17	21	37	42	40	22	13	17	6	5	6
C5	21	23	22	50	50	50	51	20	35	15	7	11
TOTAAL	26	22	24	40	45	42	32	15	23	9	5	7

CONTINUE MORBIDITEITSREGISTRATIE PEILSTATIONS
CONTINUOUS MORBIDITY REGISTRATION SENTINEL STATIONS

Aantal patienten met influenza(-achtig ziektebeeld), per week en per 10.000 inwoners, vanaf de 1e week 1978 — 1978
Number of patients with influenza(-like illness) weekly incidence per 10.000 population, since 1st week 1978 — k 1978

Week nr.	Aantal patienten / Number of patients							
	Provinciegroep Province group				Urbanisatiegroep Urbanization group			Totaal Total
	A	B	C	D	1	2	3	
1978								
1	11	7	14	12	10	10	18	12
2	11	27	13	20	22	15	19	17
3	13	30	26	23	27	22	29	24
4	56	38	48	42	30	46	54	46
5	130	80	62	76	84	72	83	76
6	129	127	68	158	86	111	110	107
7	131	123	58	154	116	96	99	100
8	87	59	37	73	59	47	73	56
9	45	30	24	24	29	25	33	28
10	22	13	10	13	12	13	12	13
11	12	13	7	11	11	9	12	10
12	8	8	7	9	9	8	7	8
13	11	7	6	8	8	5	13	8
14	13	5	4	3	7	3	10	5
15	5	5	5	6	4	5	6	5
16	8	7	6	4	7	4	10	6
17	13	7	3	3	8	2	9	5
18	7	3	1	1	4	1	5	2
19	8	3	3	6	4	4	8	5
20	5	5	2	4	3	4	3	3
21	9	10	2	5	6	3	11	5
22	8	4	3	2	1	2	9	4
23	4	5	2	2	3	1	5	3
24	5	2	4	2	1	2	7	3
25	5	4	3	3	2	2	8	4
26	13	5	4	3	1	3	12	5
27	3	4	3	6	1	4	6	4
28	8	4	3	2	2	3	8	4
29	1	2	1	2	1	2	2	2
30	2	1	2	3	1	2	2	2
31	1	1	1	3	1	2	0	1
32	1	2	2	2	2	2	1	2
33	3	3	2	4	3	2	3	3
34	4	3	1	4	2	2	2	2
35	7	2	3	1	3	1	7	3
36	11	5	2	3	7	2	8	4
37	25	4	2	8	5	4	16	7
38	12	10	4	3	7	4	9	6
39	12	8	6	8	6	7	11	8
40	31	6	6	11	2	7	19	10
41	24	13	8	6	7	7	19	10
42	6	15	7	4	9	7	7	8
43	21	10	6	6	5	8	14	9
44	15	12	5	5	12	5	11	8
45	21	13	7	4	18	4	15	9
46	10	22	8	9	22	9	9	11
47	20	22	7	7	22	8	12	12
48	28	22	8	10	23	10	15	13
49	31	53	17	13	46	19	23	25
50	68	72	31	23	53	42	35	42
51	47	49	28	24	40	35	27	34
52	16	23	14	9	19	16	10	15
1979								
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

PROVINCIEGROEP/PROVINCE GROUP

A Groningen,Friesland,Drenthe
B Overijssel,Gelderland,Zuidelijke(Southern) IJsselmeerpolders
C Utrecht,Noord(North)-Holland,Zuid(South)-Holland
D Zeeland,Noord(North)-Brabant,Limburg

URBANISATIEGROEP/URBANIZATION GROUP

1 Plattelandsgemeenten/Rural municipalities
2 Gemeenten met stedelijk karakter tezamen met verstedelijkte plattelandsgemeenten
Municipalities with urban characteristics together with urbanized rural municipalities
3 Gemeenten met 100.000 of meer inwoners
Municipalities with a population of 100,000 or more

Figuur 1

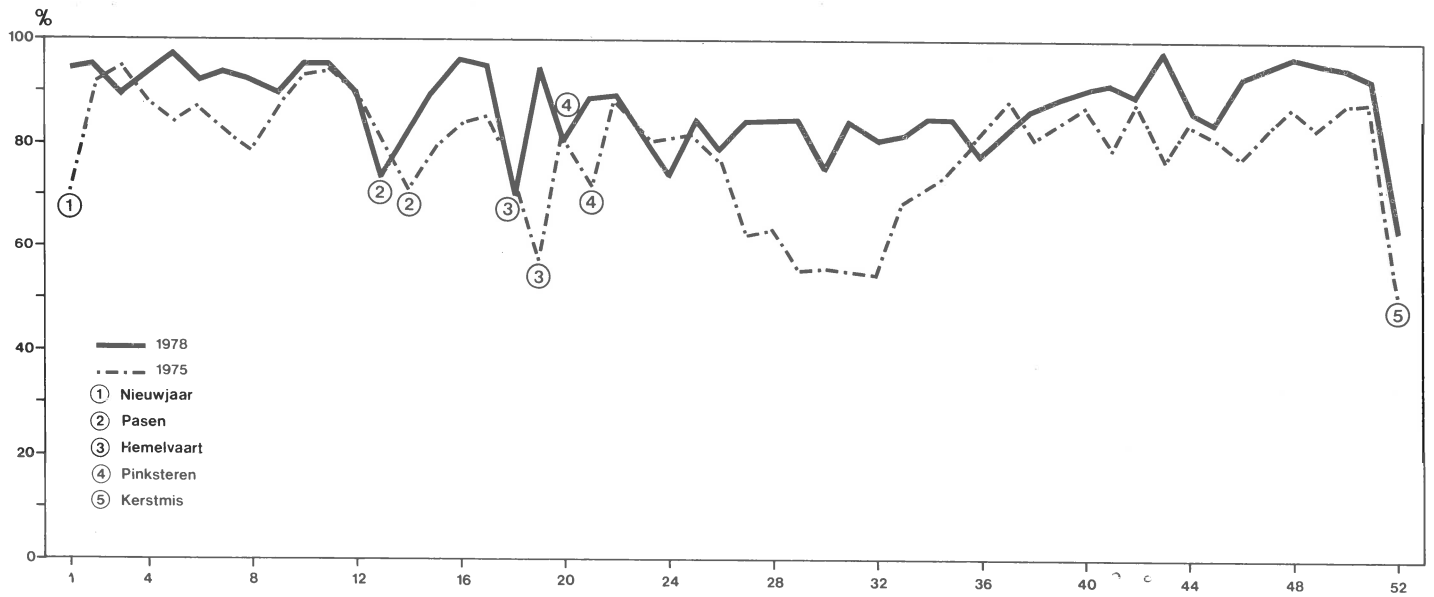
PEILSTATIONS

CONTINUE MORBIDITEITS REGISTRATIE

1978

Figuur 2

Het percentage dagen, dat per week is gerapporteerd voor 1975 en voor 1978



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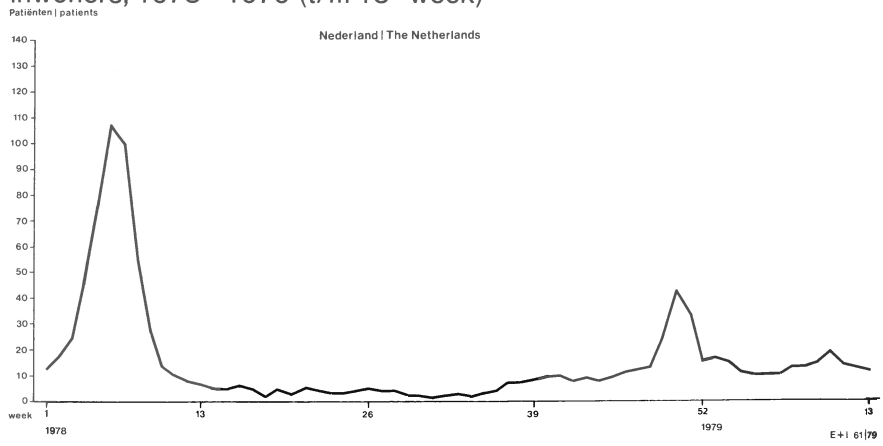
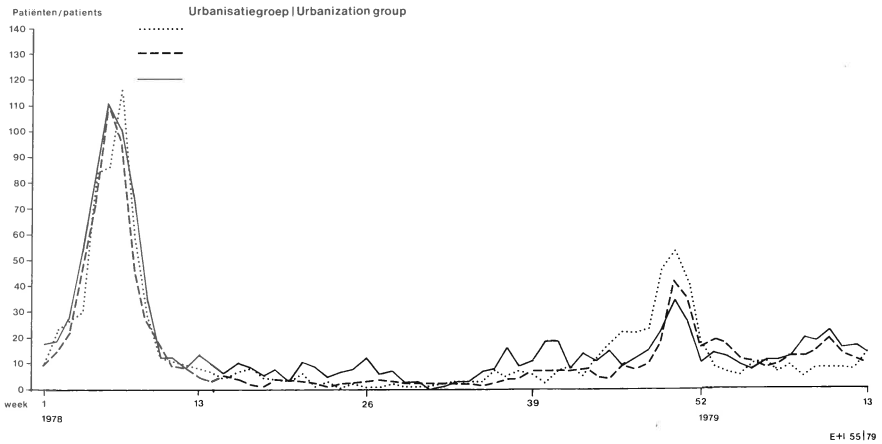
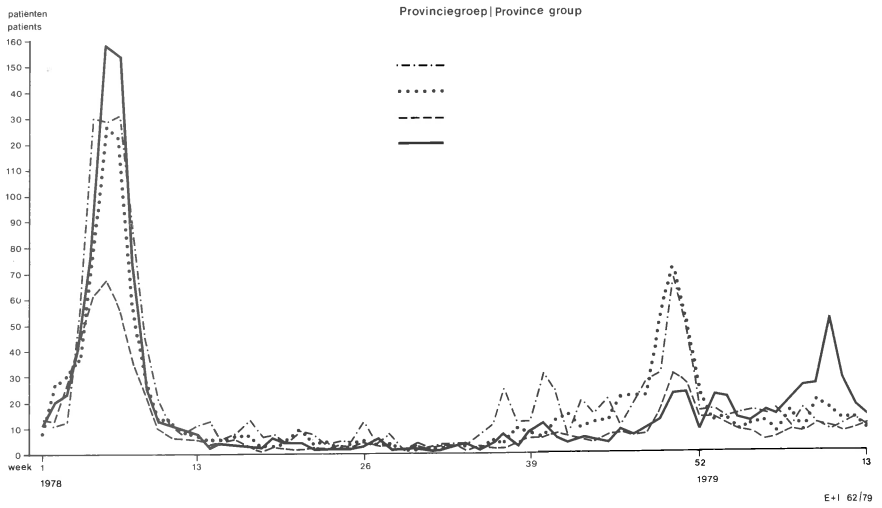
Figuur 3

Aantal patiënten met influenza(-achtig ziektebeeld) per week en per 10.000 inwoners, 1978 - 1979 (t/m 13e week)

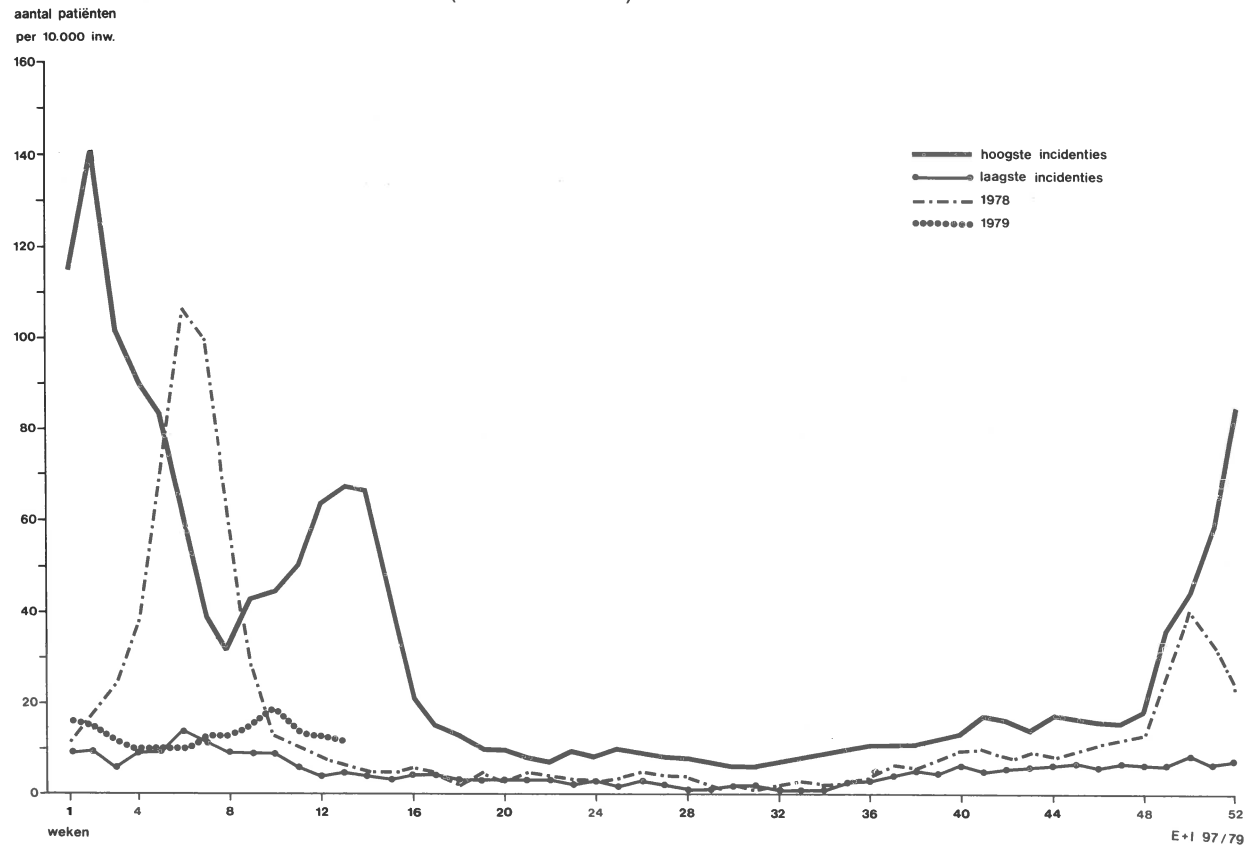






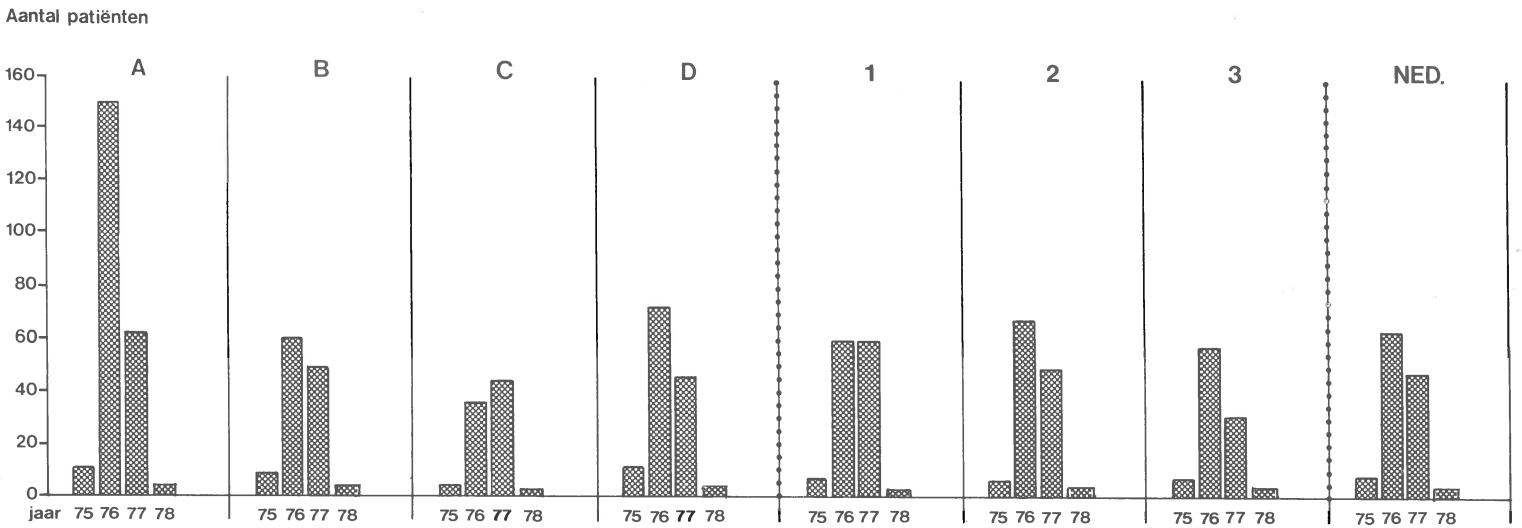
Figuur 4

Hoogste en laagste weekincidenties van influenza(-achtig ziektebeeld) per 10.000 inwoners voor de jaren 1970 - 1977 en weekincidenties van 1978 en 1979 (t/m 13e week)



Figuur 5

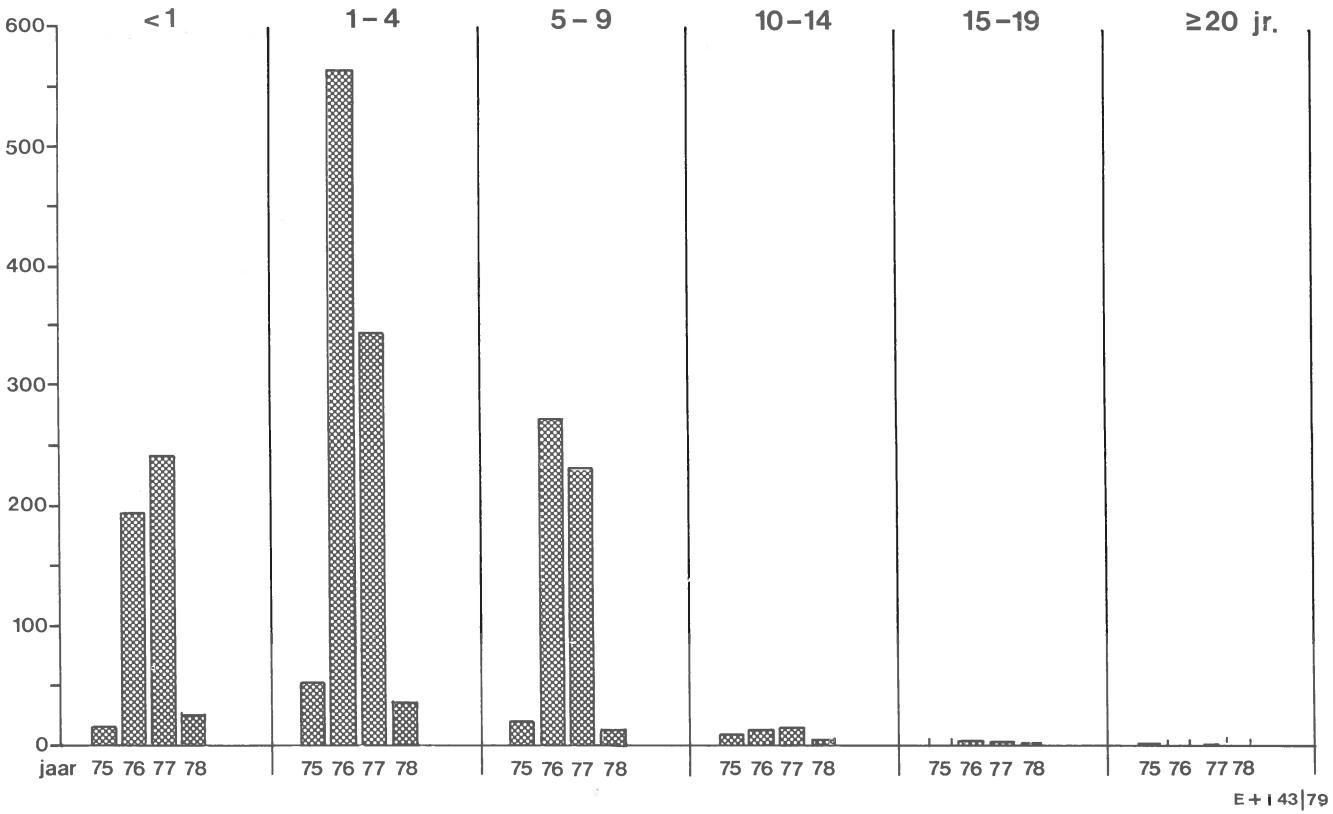
Aantal patiënten met mazelen, per provincie- en urbanisatiegroep, per 10.000 inwoners, 1975 - 1978



E+I 44|79

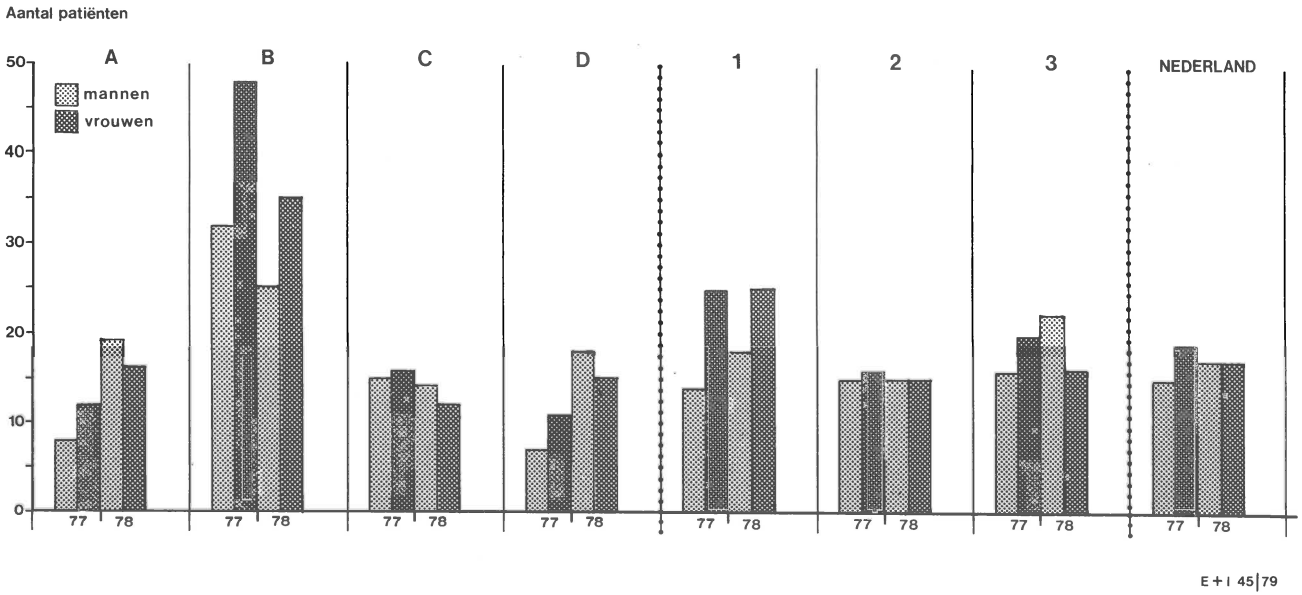
Figuur 6

Aantal patiënten met mazelen naar leeftijdsgroep, per 10.000 inwoners, 1975 - 1978



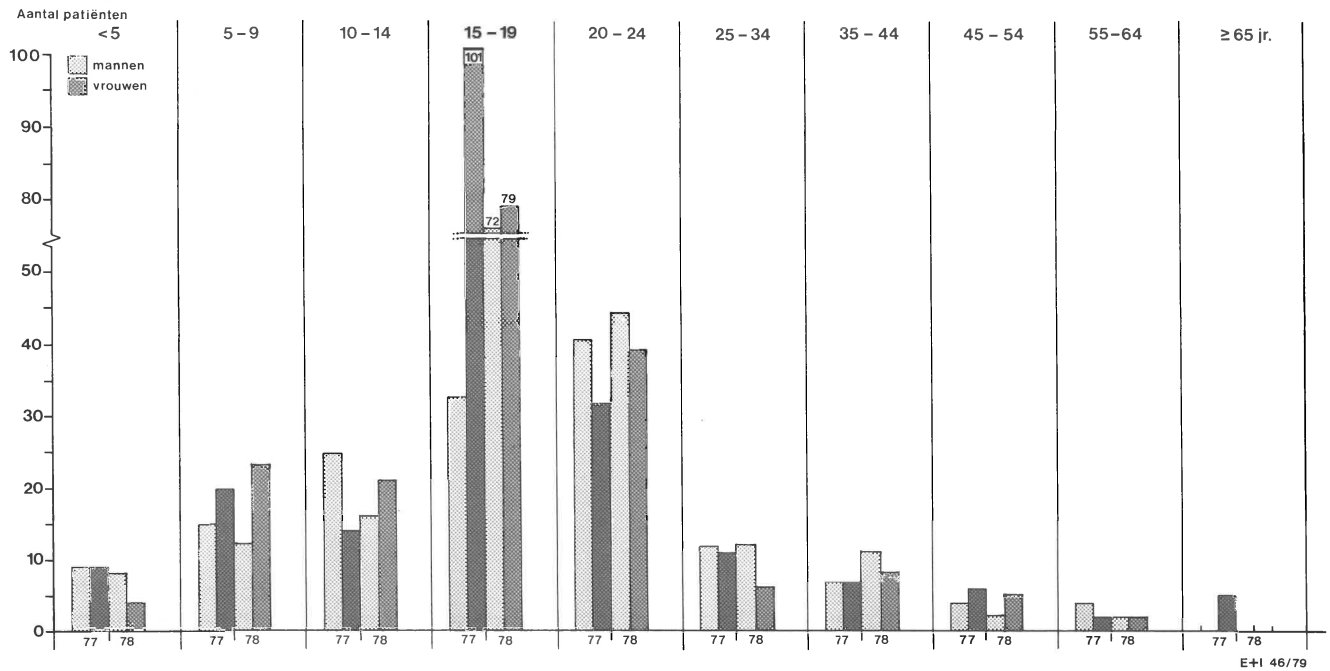
Figuur 7

Aantal patiënten met mononucleosis infectiosa, per provincie- en urbanisatiegroep, per 10.000 mannen c.q. vrouwen, 1977 - 1978



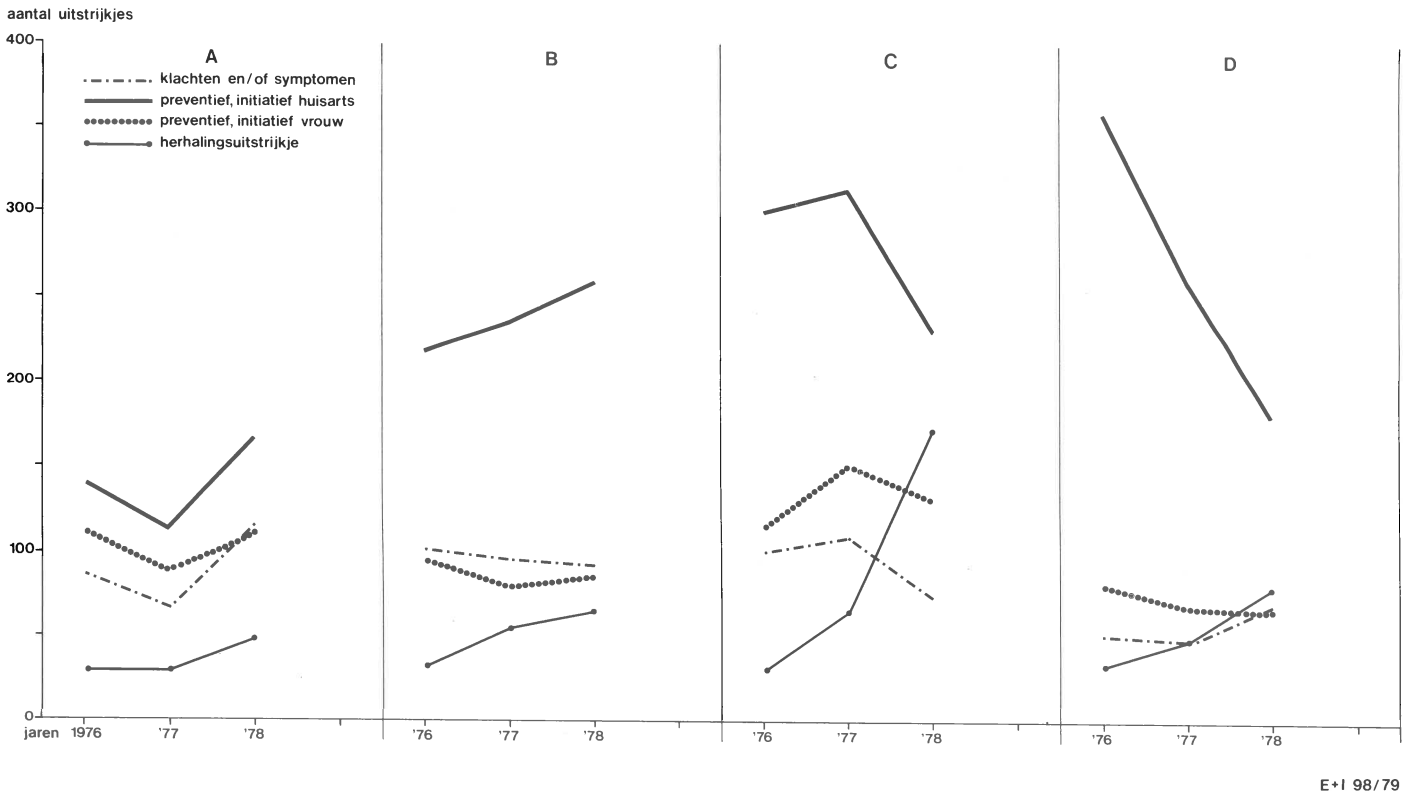
Figuur 8

Aantal patiënten met mononucleosis infectiosa naar leeftijdsgroep, per 10.000 mannen c.q. vrouwen, 1977 - 1978



Figuur 9

Aantal uitstrijkjes gemaakt van de cervix uteri, per provinciegroep, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1978



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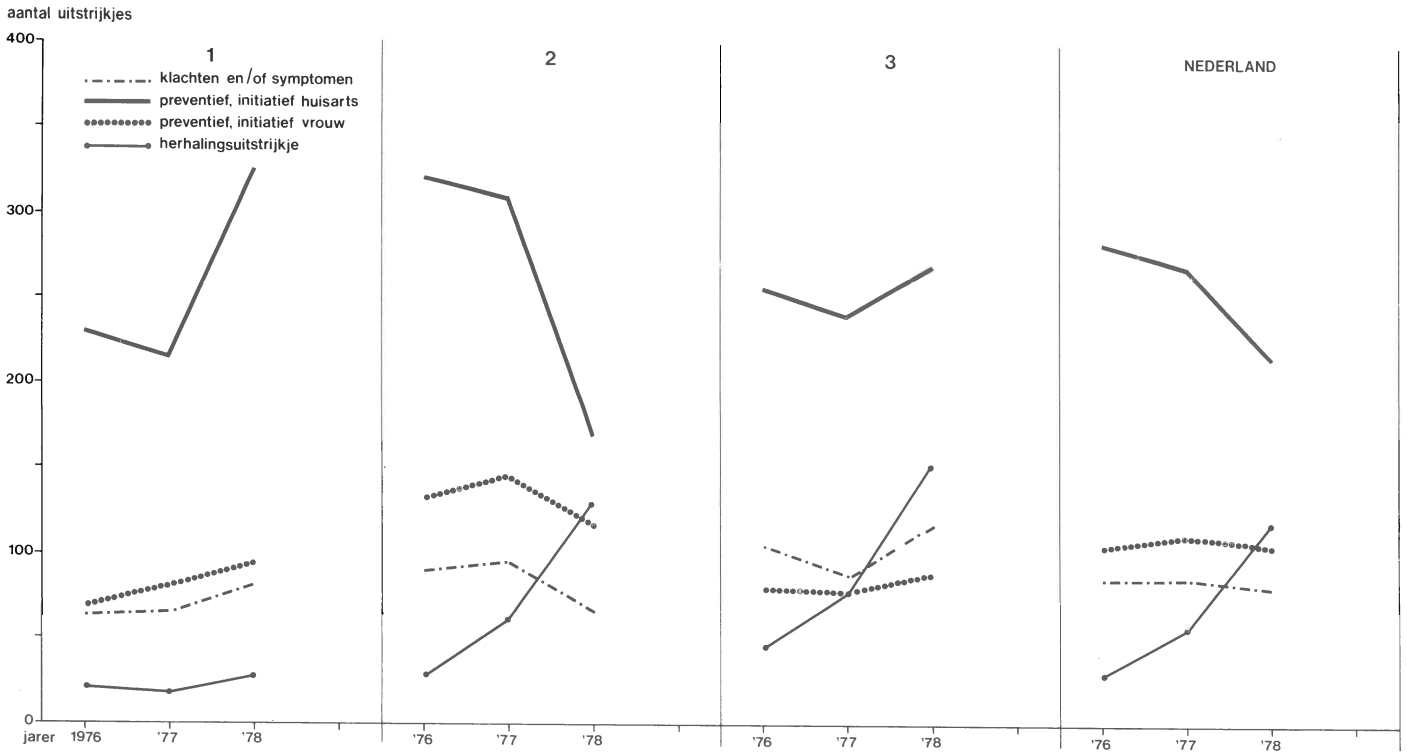
Figuur 10

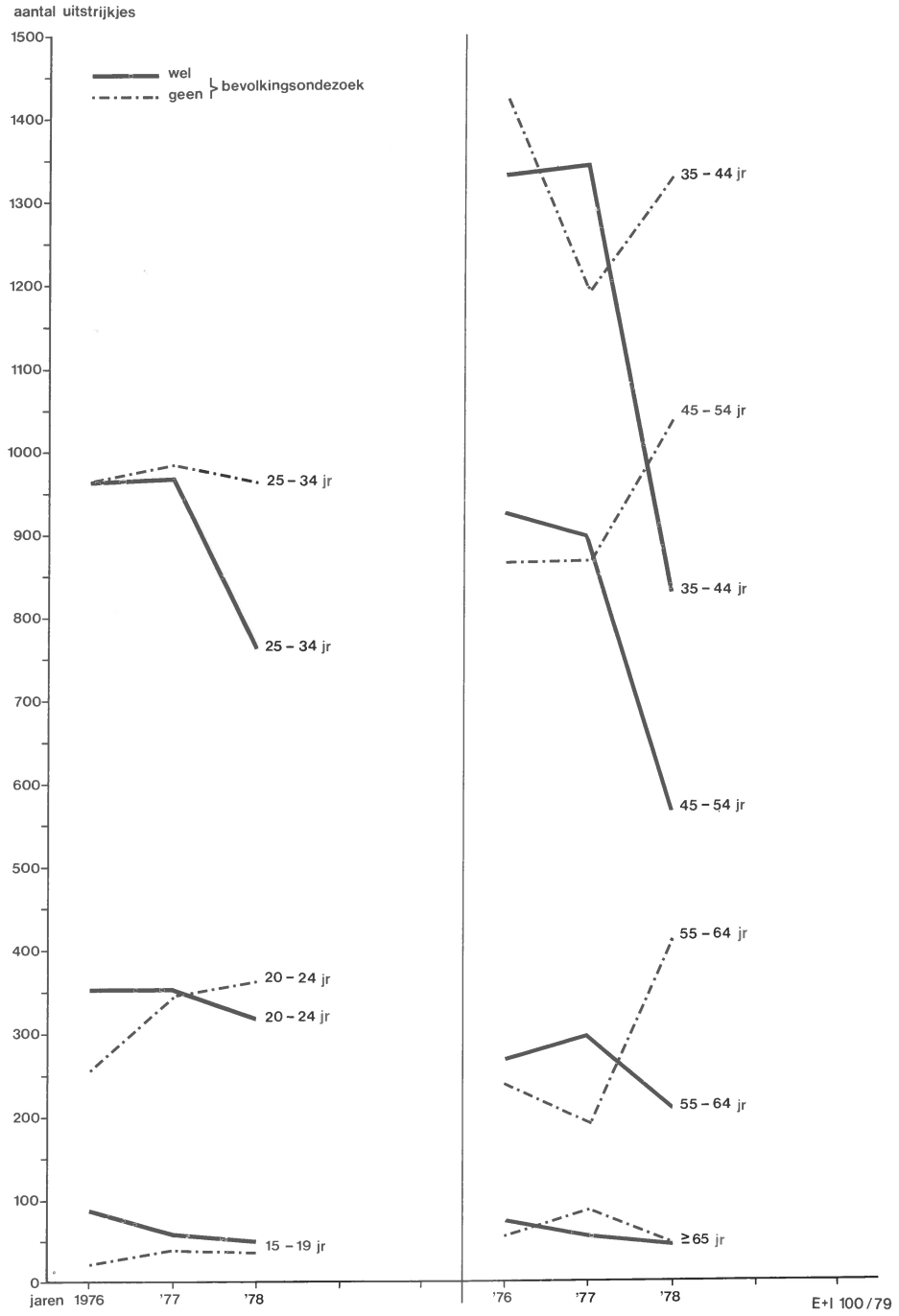
Aantal uitstrijkjes gemaakt van de cervix uteri, per urbanisatiegroep en voor Nederland, naar indicatie tot het maken van een uitstrijkje, per 10.000 vrouwen, 1976 - 1978



E+I 99/79

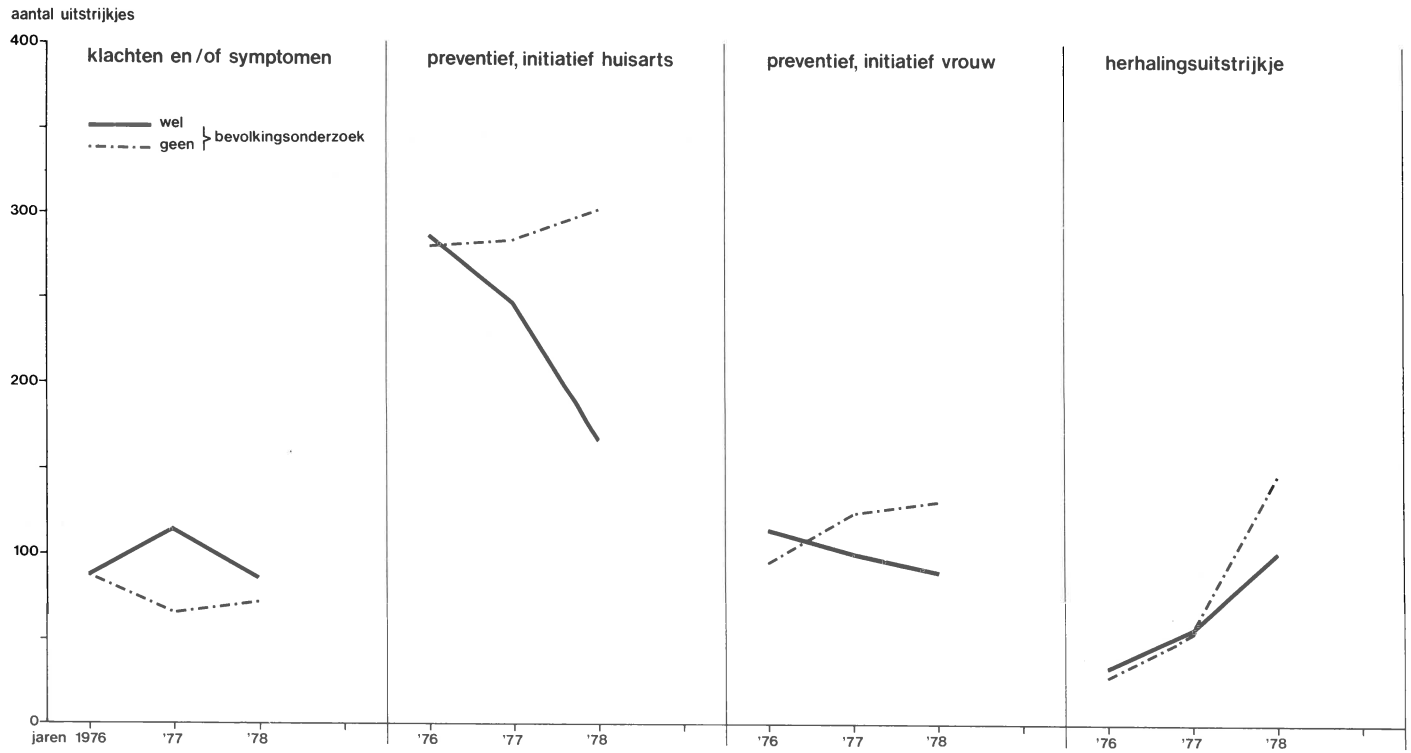
Figuur 11

Aantal (eerste) uitstrijkjes gemaakt van de cervix uteri naar leeftijdsgroep, per 10.000 vrouwen, voor plaatsen waar geen en wel een bevolkingsonderzoek heeft plaatsgevonden, 1976 - 1978



Figuur 12

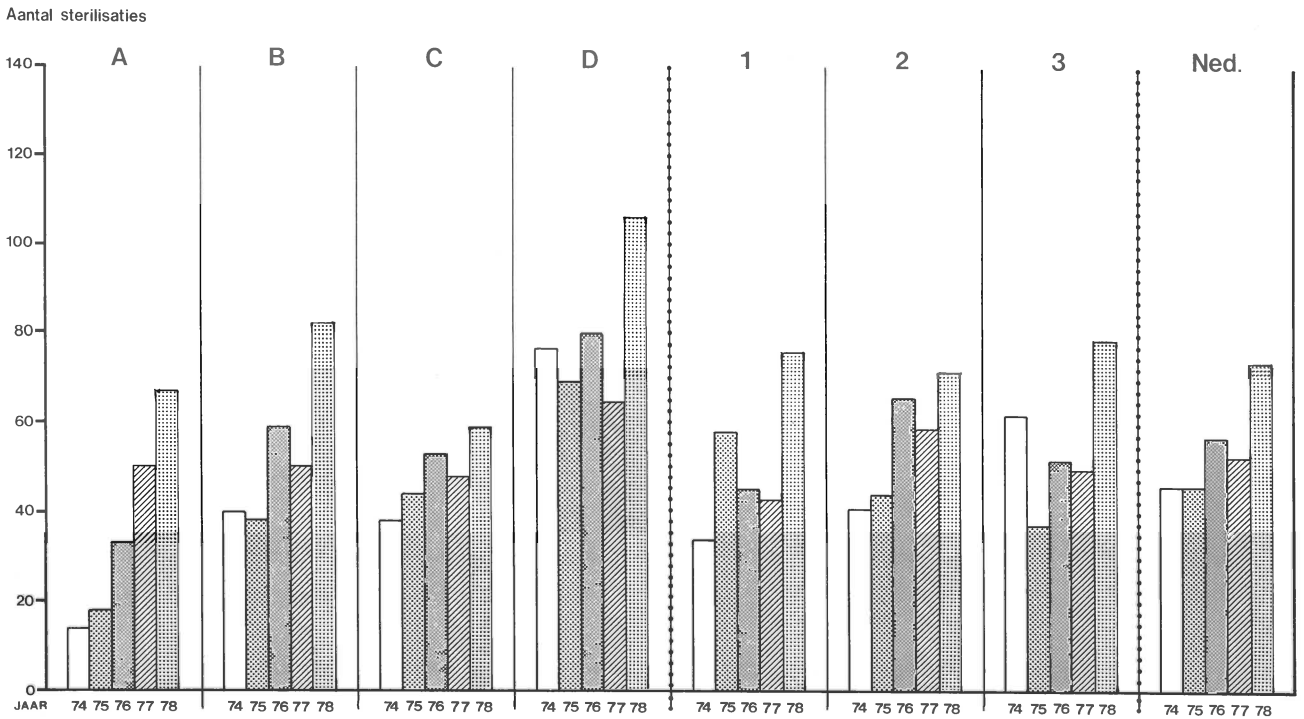
Aantal uitstrijkjes gemaakt van de cervix uteri naar indicatie tot het maken van het uitstrijkje, per 10.000 vrouwen, voor plaatsen waar geen en wel een bevolkingsonderzoek heeft plaatsgevonden, 1976 - 1978



E+I 101/79

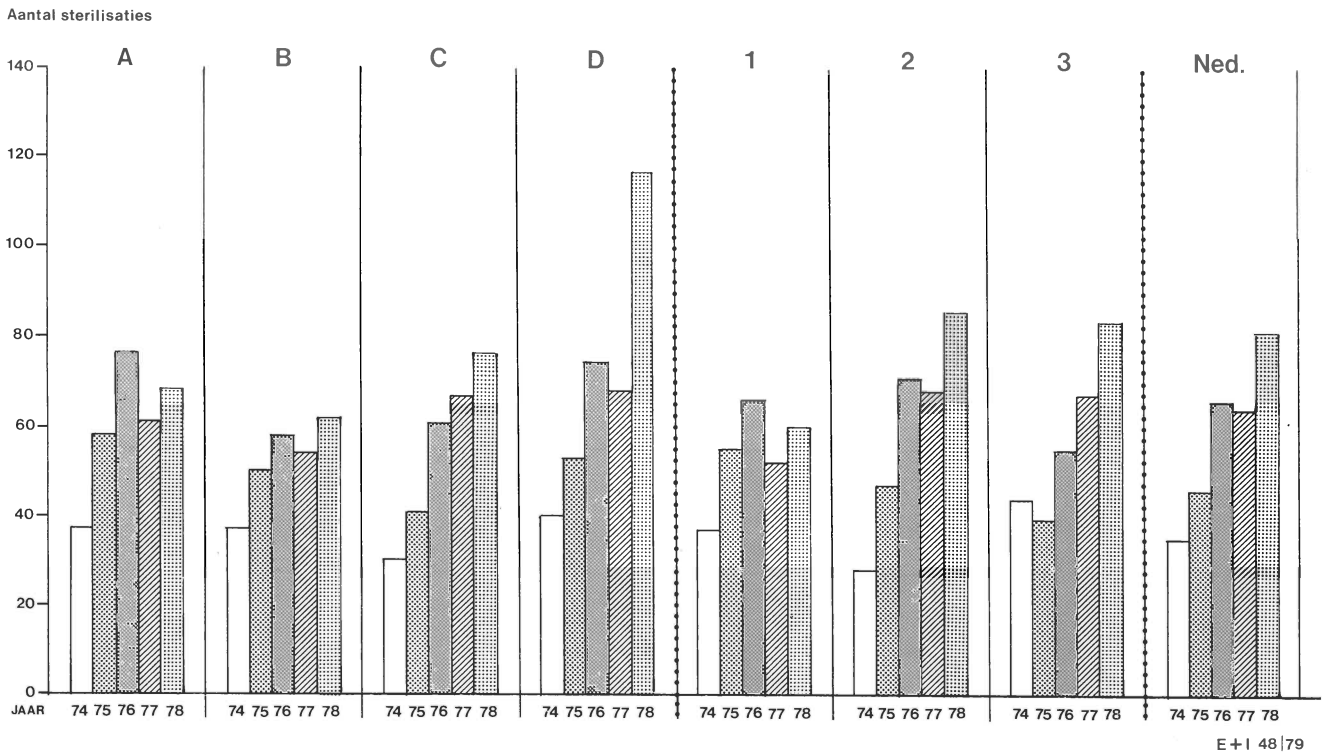
Figuur 13

Aantal bij de man verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 mannen, 1974 - 1978



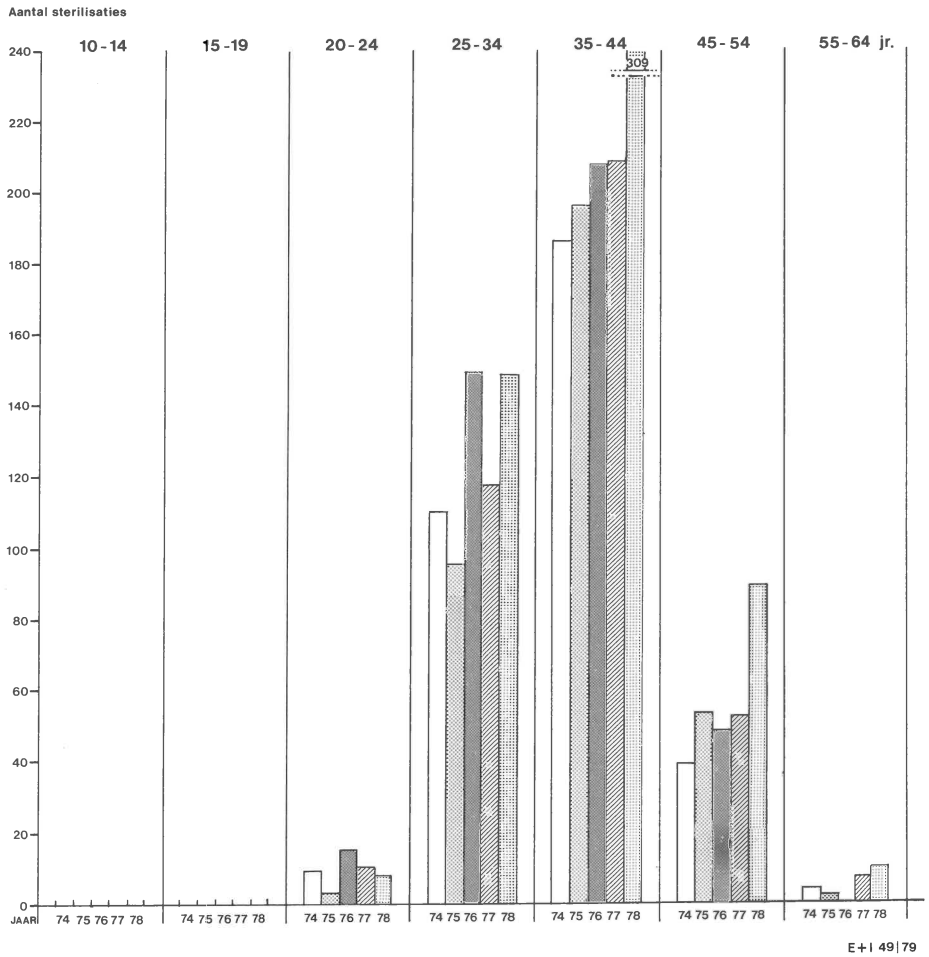
Figuur 14

Aantal bij de vrouw verrichte sterilisaties, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1974 - 1978



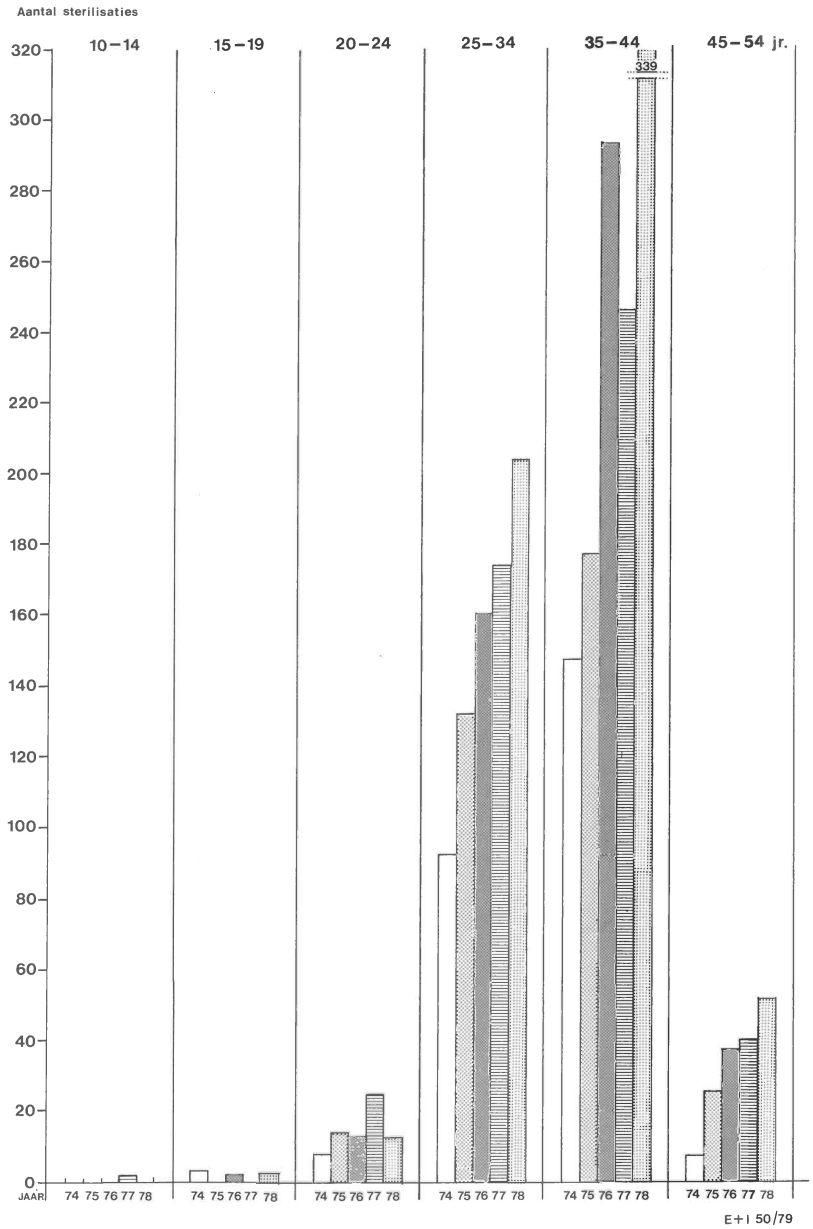
Figuur 15

Aantal bij de man verrichte sterilisaties naar leeftijdsgroep, per 10.000 mannen, 1974 - 1978



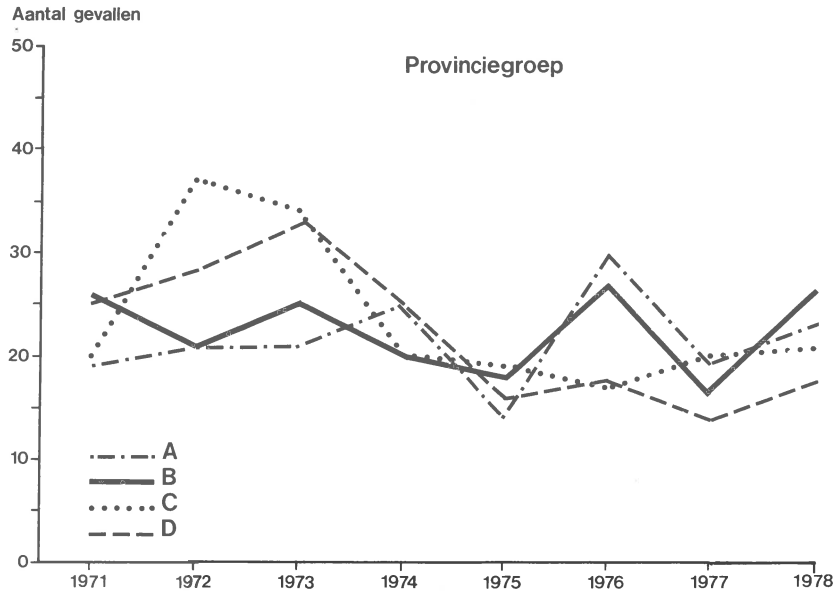
Figuur 16

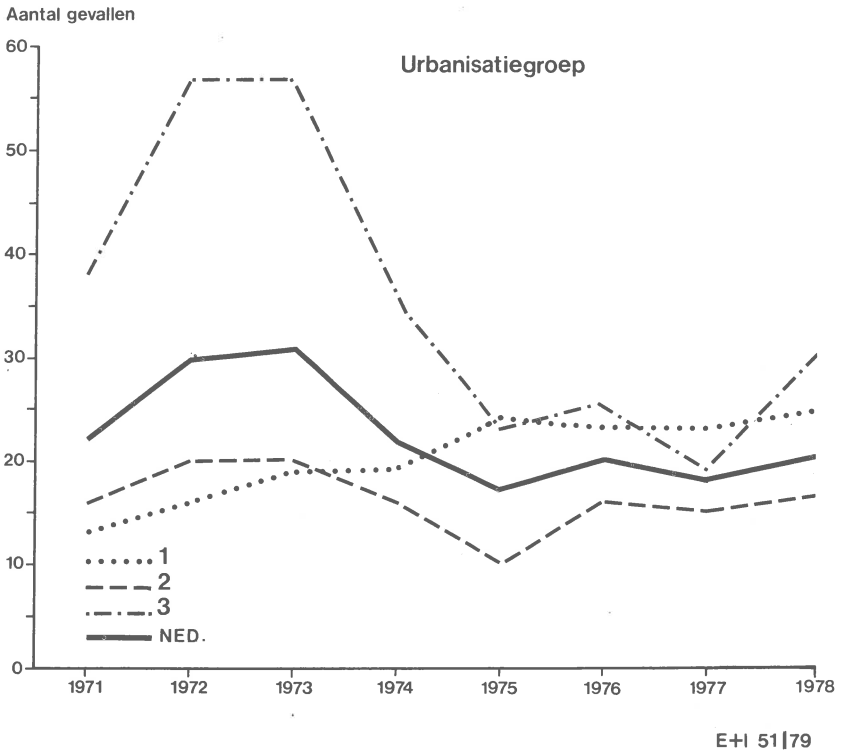
Aantal bij de vrouw verrichte sterilisaties naar leeftijdsgroep, per 10.000 vrouwen, 1974 - 1978



Figuur 17

Aantal gevallen van abortus provocatus, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1971 - 1978





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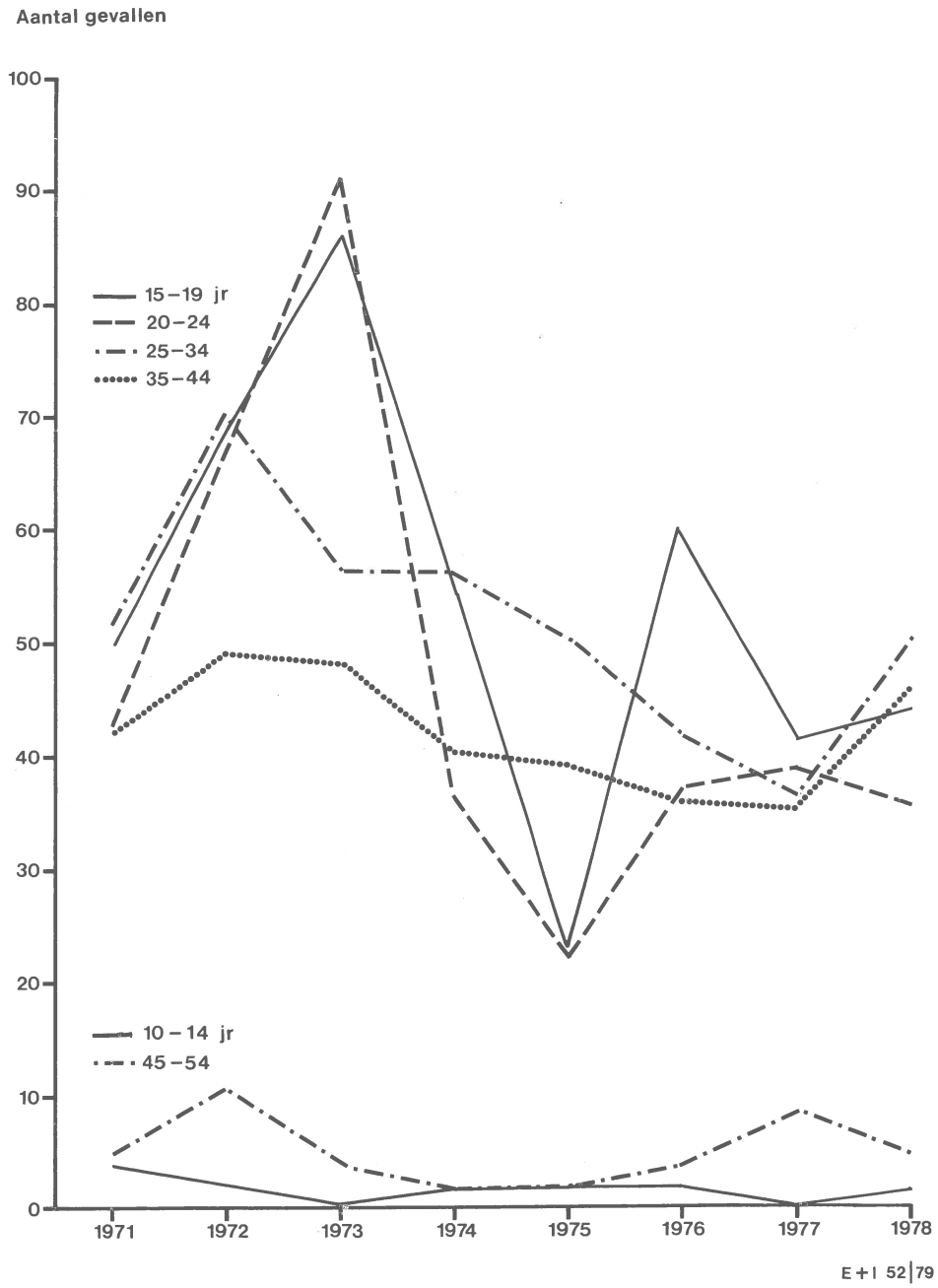
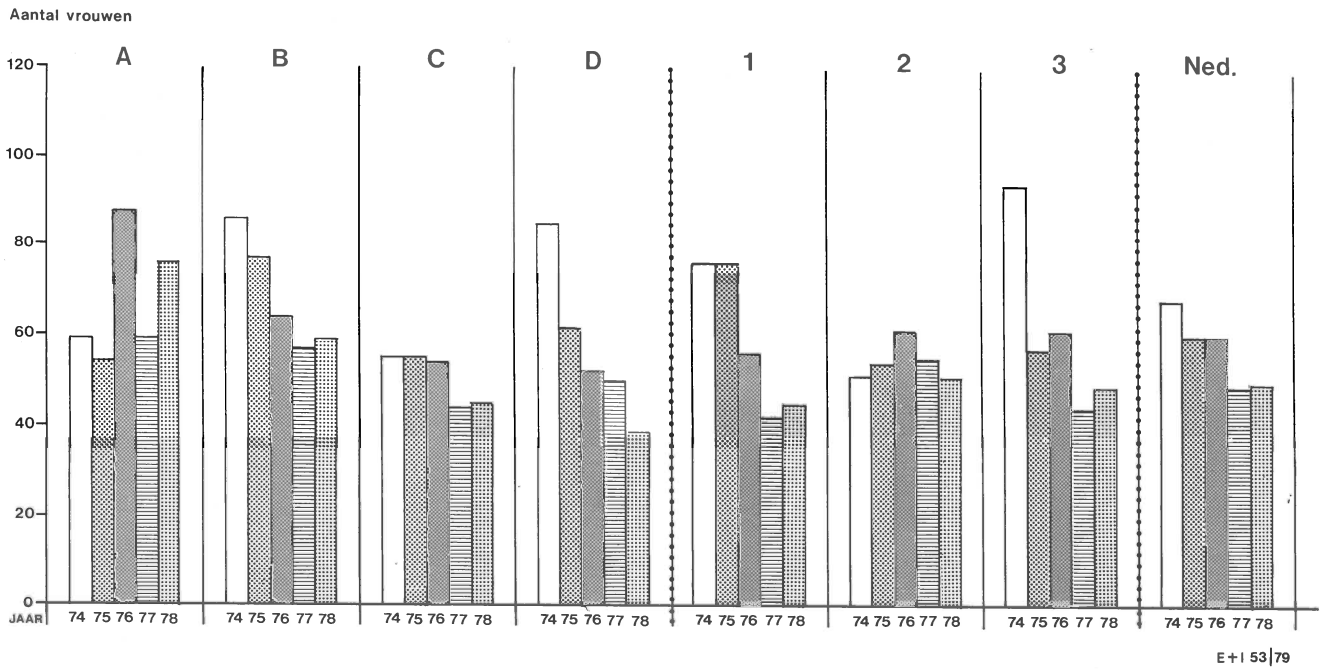
Figuur 18

Aantal gevallen van abortus provocatus naar leeftijdsgroep, per 10.000 vrouwen, 1971 - 1978



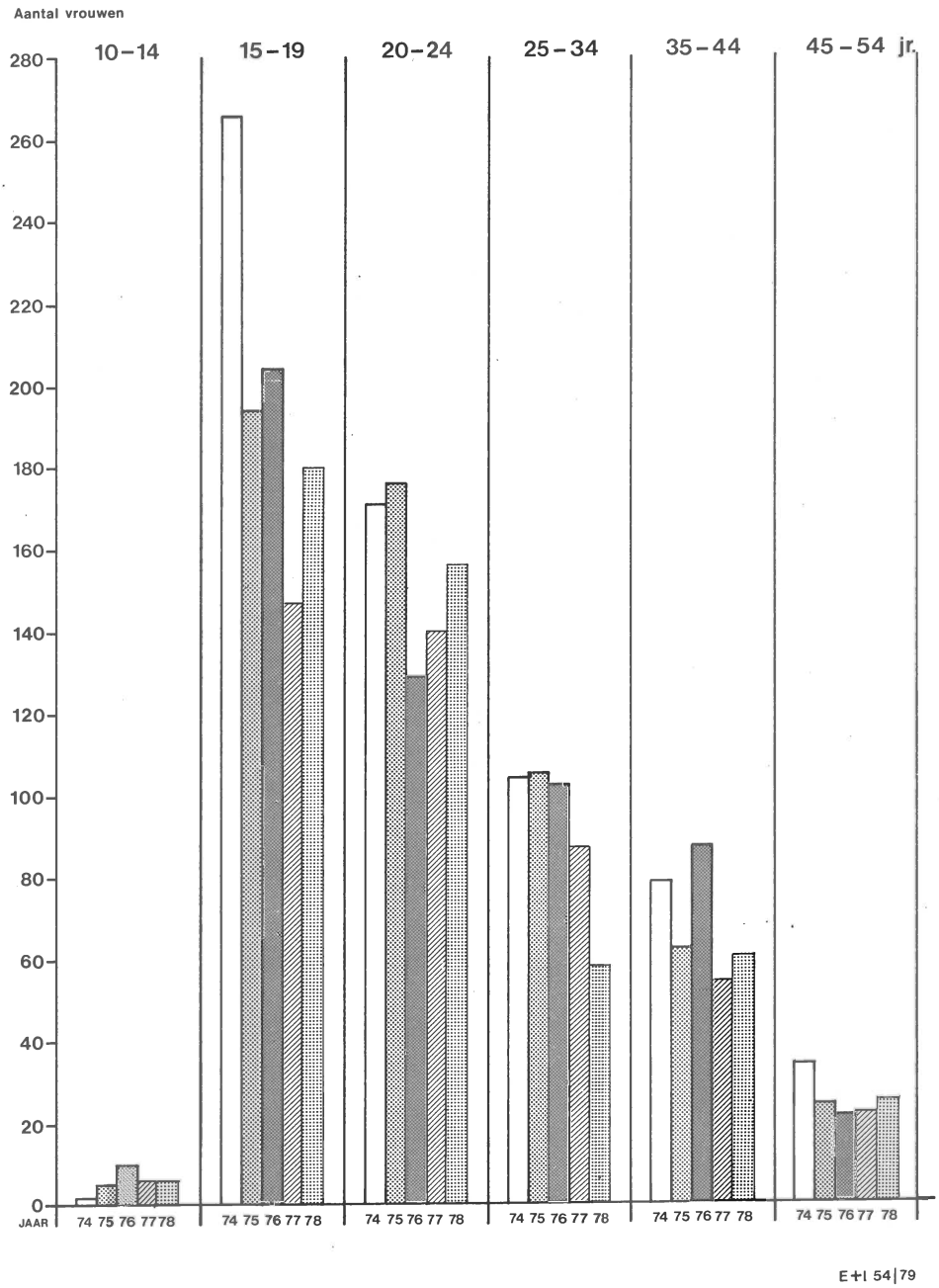
Figuur 19

Aantal vrouwen aan wie de morning-after-pill is voorgeschreven, per provincie- en urbanisatiegroep, per 10.000 vrouwen, 1974 - 1978



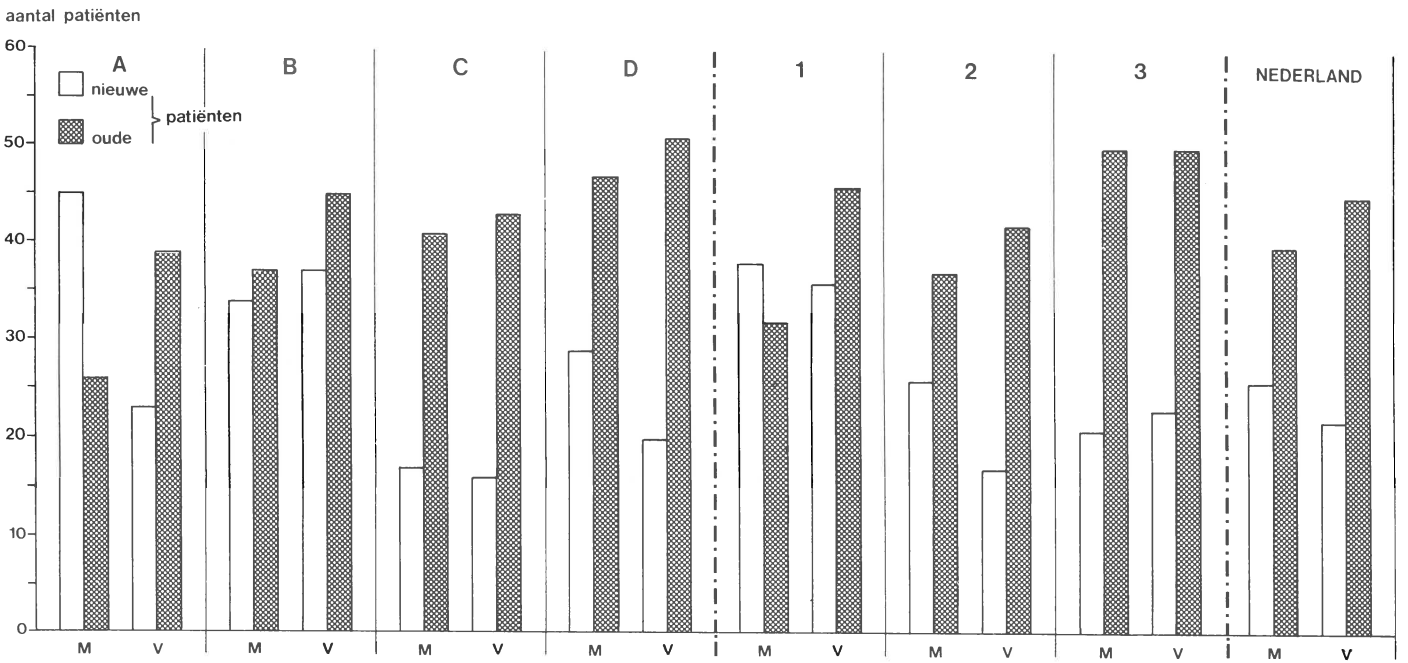
Figuur 20

Aantal vrouwen aan wie de morning-after-pill is voorgeschreven naar leeftijdsgroep, per 10.000 vrouwen, 1974 - 1978



Figuur 21

Aantal patiënten dat zich voor de eerste maal wegens hooikoortsklachten of naar aanleiding van reeds bekende hooikoortsklachten tot de huisarts wendt (zg. ''nieuwe'' en ''oude'' patiënten), per provincie- en urbanisatiegroep, per 10.000 mannen c.q. vrouwen, 1978



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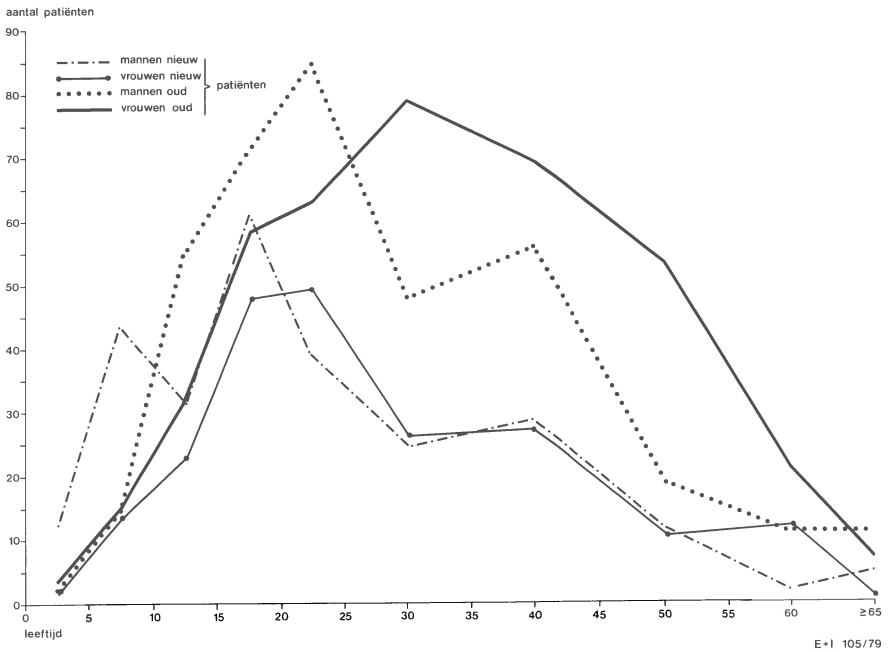
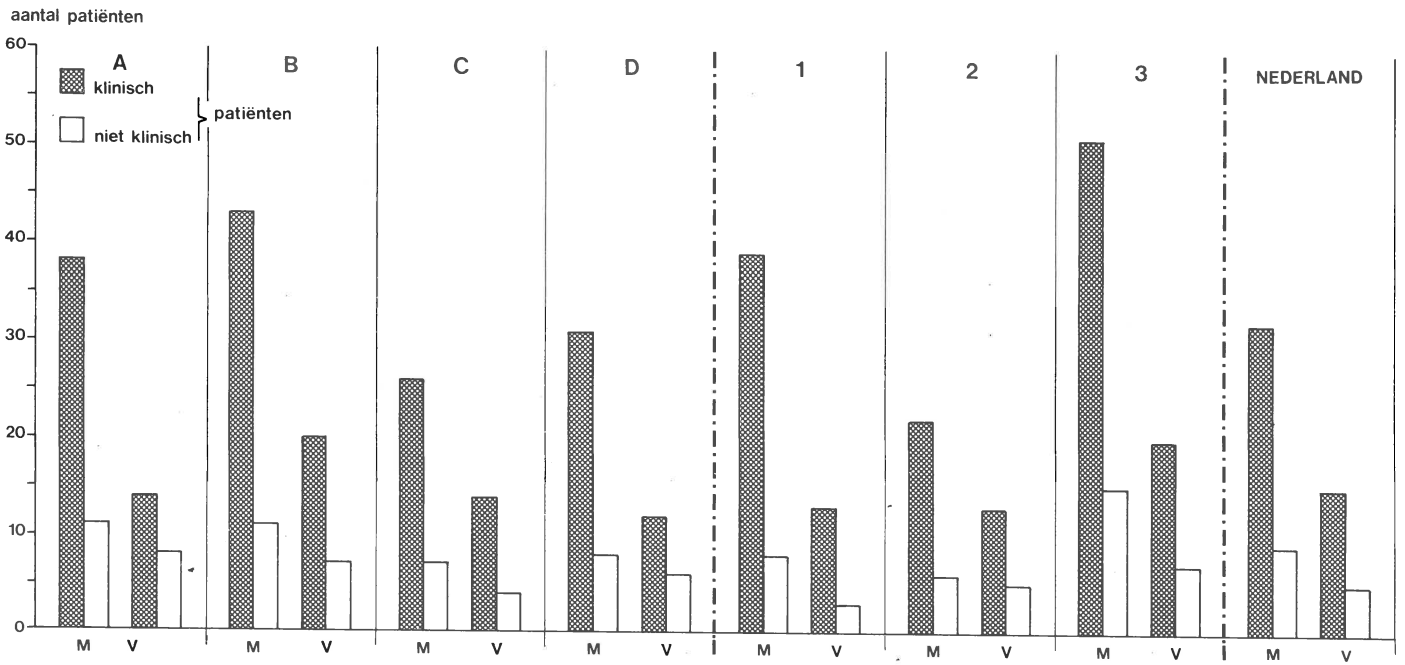
Figuur 22

Aantal patiënten dat zich voor de eerste maal wegens hooikoortsklachten of naar aanleiding van reeds bekende hooikoortsklachten tot de huisarts wendt (zg. ''nieuwe'' en ''oude'' patiënten) naar leeftijdsgroep, per 10.000 mannen c.q. vrouwen, 1978



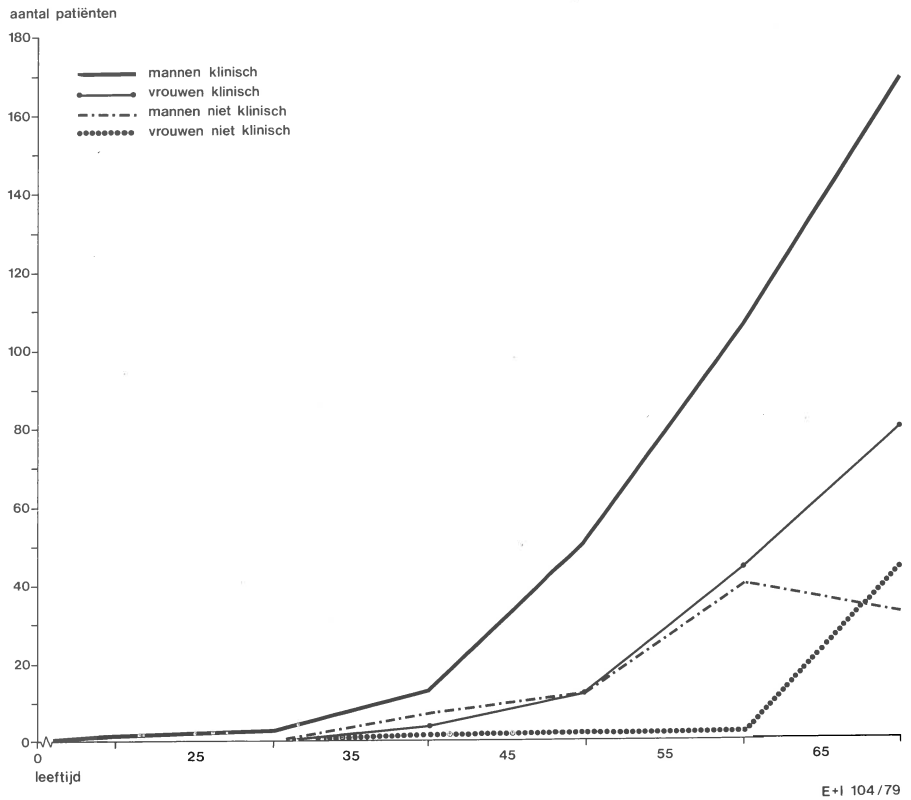
Figuur 23

Aantal gevallen waarbij de arts handelt alsof het een acuut hartinfarct betreft, per provincie- en urbanisatiegroep, per 10.000 mannen c.q. vrouwen en gesplitst naar al of geen opname in een ziekenhuis binnen 48 uur, 1978



Figuur 24

Aantal gevallen waarbij de arts handelt alsof het een acuut hartinfarct betreft naar leeftijdsgroep, per 10.000 mannen c.q. vrouwen en gesplitst naar al of geen opname in een ziekenhuis binnen 48 uur, 1978



Explanatory notes pertaining to:

Bijlage 1

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

Bijlage 2

Bijlage	– Appendix
Weekstaat t.b.v. centrale registratie	– Weekly return for central registration
Continue morbiditeitsregistratie, peilstations	– Continuous morbity 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
Cervixuitstrijkje	– Cervical smear
Na 1-1-1976 voor eerste maal afgenomen op grond van	– Taken for the first time after 1-1-1976 on the grounds of
Klachten/symptomen	– Complaints/symptoms
Louter preventieve overwegingen	– Purely preventive considerations
Initiatief huisarts	– General practioner'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	– Hay fever
Nieuwe patiënten	– New patients

Oude patiënten	– Old patients
Hartinfarct	– Myocardial infarction
Klinisch/niet klinisch	– Clinical/non-clinical
M	– Man
V	– Female
Weeknummer	– Number of the week
Opgemaakt d.d.	– Completed on
Aantal dagen gerapporteerd	– Number of days over which reporting took place
(Zie vootnoot [1])	– (See footnote number [1])
1. De kolommen hebben deels betrekking op een 5-daagse rapportering (maandag tot en met vrijdag). Door vakantie, ziekte en andere oorzaken zal deze rapportage zich echter ook over minder dan 5 dagen kunnen uitstrekken. Ten aanzien van de overige vragen wordt het van belang geacht om, zo mogelijk, ook tijdens het weekeinde waargenomen patiënten te rapporteren.	1. The columns partly relate to 5-day reporting (Monday to Friday incl.). However, as a result of vacation, sickness and other causes this reporting may extend over fewer than 5 days. With respect to the other questions it is considered to be of importance to report, if possible, patients observed during the weekend as well.
2. Betreft uitsluitend nieuwe patiënten	2. Relates solely to new patients.
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.	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. Betreft rapportering van vrouwen bij wie na 1-1-1976 om welke reden ook een cervixuitstrijkje heeft plaats gevonden. Indien bij een vrouw na 1-1-1976 opnieuw een cervixuitstrijkje wordt gemaakt dient dit altijd onder de subrubriek "herhalingsonderzoek" geboekt te worden (zie ook voetnoot 6).	4. Concerns reporting of women on whom a cervical smear was taken after 1-1-1976 for whatsoever reason. If a cervical smear was taken again of a woman after 1-1-1976 this should always be entered under the subheading "repeat examination" (see also footnote 6).
5. Bijvoorbeeld in het kader van pilcontrole.	5. For example as part of check-up for the pill.
6. Bijvoorbeeld wegens verdacht preparaat of wegens technische onvolkomenheden bij onderzoek vorig preparaat.	6. For example on account of suspect preparation or technical imperfections in the examination of the preparation.

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. Betreft eenmalige rapportage van oude patiënten.
12. Betreft een vermoeden op een (primair of recidief) hartinfarct, met dien verstande dat een of meer van de gebruikelijke maatregelen zijn opgenomen (zie ook de toelichting op de weekstaat).
13. Onder een niet-klinische patiënt wordt in dit verband verstaan een patiënt, die niet binnen 48 uur wordt opgenomen.

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 8).
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. Concerns once-only reporting of old patients.
12. Concerns suspicion of a (primary or recurrent) cardiac infarction, with the proviso that one or more of the usual measures have been taken (see also the explanation on the weekly return).
13. In this context a non-clinical patient means a patient not admitted within 48 hours.

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
Nieuwe patiënten	– New patients
Oude patiënten	– Old patients
Hartinfarct	– Myocardial infarction
Klinisch	– Clinical
Niet klinisch	– Non-clinical
M	– Man
V	– Female
Provinciegroepen	– Province groups
Gr + Fr + Dr	– Groningen, Friesland, Drenthe
Ov + Gld + Z IJ P	– Overijssel, Gelderland, Southern IJsselmeer Polders
Utr + NH + ZH	– Utrecht, North Holland, South Holland
Zld + NB + Lim	– Zeeland, North Brabant, Limburg
Urbanisatiegroepen	– Urbanization groups
$A_1 - A_4$	– Rural municipalities
$B_1 - B_3 + C_1 - C_4$	– 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 10 000, 1978 and 1979 (up to and including the 13th week)
Week nr.	– Number of the week
Aantal patiënten	– Number of patients
Provinciegroep	– Province group. See for explanation A, B, C and D under tables 1-3

Figure 1

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

Figure 2

Het percentage dagen dat is gerapporteerd, voor 1975 en voor 1978	– Percentage of days reported in 1975 and in 1978
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, 1978-1979 (t/m 13e week)	– Number of patients with influenza(-like illness) per week, per 10 000, 1978-1979 (up to and including the 13th week)
Provinciegroep	– Province group
Urbanisatiegroep	– Urbanization group
Naar leeftijdsgroep en geslacht	– By age group and sex

Figure 4

Hoogste en laagste week incidenties van influenza(-achtig ziektebeeld) voor de jaren 1970-1977 en weekincidenties van 1978 en 1979 (t/m 13e week)	– Highest and lowest weekly incidences of influenza(-like illness) for 1970-1977 and weekly incidences for 1978 and 1979 (until the 13th week)

Figures 5 and 6

Aantal patiënten met mazelen	– Number of patients with measles

Figuren 7 and 8

Aantal patiënten met mononucleosis infectiosa, per provincie- en urbanisatiegroep, per 10 000 mannen c.q. vrouwen, 1977 en 1978	– Number of patients with mononucleosis infectiosa, per province and urbanization group, per 10 000 men or woman, 1977 and 1978
Naar leeftijdsgroep	– By age group

Figures 9 - 12

Aantal cervixuitstrijkjes	– Number of cervical smears
Plaatsen waar geen en wel een bevolkingsonderzoek heeft plaats gevonden	– Places where a mass survey has and has not taken place
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	– Geographic distribution
Leeftijdsgroep	– Age group

Figures 19 en 20

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

Figures 21 and 22

Aantal patiënten, dat zich voor de eerste maal wegens hooikoortsklachten of naar aanleiding van reeds bekende hooikoortsklachten tot de huisarts wendt (zg. "nieuwe" en "oude" patiënten)	– Number of patients visiting their family doctor for the first time on account of hay fever or because of already known hay fever complaints ("new" and "old" patients).

Figures 23 and 24

Aantal gevallen, waarbij de arts handelt alsof het een acuut hartinfarct betreft	– Number of cases in which the physician acts as if an acute myocardial infarction is concerned
Gesplitst naar al of geen opname in een ziekenhuis binnen 48 uur	– Subdivided by admission or non-admission to hospital within 48 hours
Klinisch	– Clinical
Niet klinisch	– Non-clinical