

Analysis of injury related mortality in Europe

The ANAMORT project
Final implementation report

Grant agreement N° 2004113

Covering the period from October 1st, 2005 to April 1st, 2008

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The *ANAMORT* project
Final implementation report

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Introduction

The **ANAMORT** project (Analysis of injury related mortality in European countries) aims to produce relevant indicators which can be used throughout Europe to account for injury mortality. The project is a part of the 2004 work plan adopted by the European Commission (February 25th 2004) and corresponds to the general objective: "To improve information and knowledge for the development of public health". A grant agreement 2004113 (790689) has been signed on August 23rd 2005 between the Institut de veille sanitaire (InVS) and Health and consumer directorate of the European Commission (DG SANCO).

The general objectives are:

- to evaluate the quality and the comparability of injury mortality statistics in Europe
- to produce validated results on the causes of death by injury in Europe, allowing comparisons among countries.

Specific objectives

The specific objectives of the project were defined as following:

- to construct a bibliographic database on mortality data
- to develop tools, methods and indicators to conduct an analysis of injury mortality in Europe, allowing comparisons among European states
- to extend to injuries and to all Member States the mortality analysis done in 2001 by the CépiDC¹ in the "Comparability and quality improvement of European causes of deaths statistics (CQI) project". This work undertaken by the CépiDC and a multidisciplinary European team was financed by the DG SANCO (project n° EDC DGV/F3 SOC 98 20108). It dealt with causes of death data collection in pre-enlarged Europe (15 countries plus Iceland and Norway), with certification and coding differences among countries and with recommendations to harmonise and to improve data collection, and to analyse mortality for certain causes of death groups
- to produce comparative results on mortality at the European level in the field of injuries with the help of the sub-groups on Eurostat Short List and detailed sub-groups established in the course of the project. The analysis will allow the attribution of observed differences in mortality rates either to differences in certification and/or coding, or to real differences in mortality conditions.

Means: Manpower for the execution of the activities

DURATION

The project started on October 1st 2005 for the duration of 30 months (until 1st April 2008).

PROJECT TEAM

The team in charge of the project was located in the injury unit at the Institut de veille sanitaire (Saint-Maurice, France) and had three main members (appendix I).

- The project leader is a medical epidemiologist who worked full time on the project between October 1st 2005 and September 1st 2007. After an agreement with the European commission, he worked at 90% of a full time equivalent between September 1st 2007 and March 31st 2008.
- The secretary/assistant worked part time (50%) on the project between October 26th 2005 and March 31st 2007. Due to a maternity leave, and after an agreement with the European Commission, the secretary/assistant was replaced from September 18th, 2006 to January 15th, 2007.
- The research assistant worked full time between February 22nd 2006 and October 21st 2007. After an agreement with the commission, his contract was extended and he worked full time between October 22nd 2007 and March 31st 2008.
- The project team was supported by administrative assistants and information technology specialists.

STEERING COMMITTEE (ASSOCIATE PARTNERS)

The steering committee (appendix I) consisted of 10 injury and/or mortality specialists in Europe. They represented all associate partners and included 2 scientific directors.

The role of the steering committee was to orient the project, to help the implementation of the project (contact with participants) and to validate all materials produced within the project. Throughout the period, each of them contributed to around 30 days (see financial report for details for each steering committee members) of work including participation and preparation of the 6 meetings held during the project.

OTHER PARTICIPANTS, BENEFICIARIES AND COUNTRIES INVOLVED

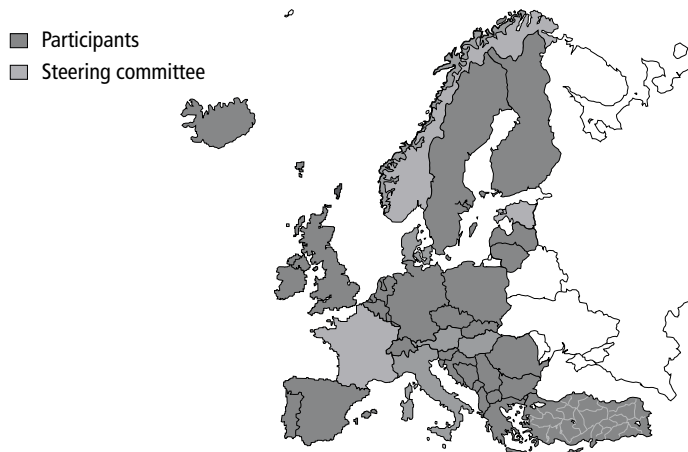
118 Mortality and injury specialists from 36 European participant countries (figure 1) were involved in the different phases of the project (appendix I). They have, in particular, contributed to the project by answering a large questionnaire and/or have actively participated in 2 general meetings.

This project was conducted in close collaboration with representatives of the European Commission (DG Sanco and Eurostat). Eurostat and DG Sanco representatives participated to the project by giving technical advice on the development of the project. Eurostat participated in 2 steering committee meetings, and provided the project with detailed mortality data.

1. French epidemiological centre on the causes of death.

FIGURE 1

COUNTRIES PARTICIPATING IN THE ANAMORT PROJECT (2005-2008)



Detailed description of all activities conducted

Activities developed between October 2005 and March 2008 are described according to the work packages mentioned in the Grant agreement 2004113.

WORK PACKAGE 1 – COORDINATION

Partners networking

In order to develop the network of partners, the project team has sent regularly information regarding scientific, logistic and administrative issues. This was done by email exchanges, by phone calls and by post. A collaborative platform (a web site with restricted access allowing to view the latest information and to download updated documents) was established at the beginning of the project. The low usage of this platform led to its closure in January 2007.

Secretariat, administration and organisation

The project team has prepared all administrative documents for the members of the steering committee and has managed logistics and administrative matters for:

- 4 steering committee meetings held with steering committee members in :
 - a. France (October 27th-28th 2005)
 - b. Malta (March 1st-2nd 2006)
 - c. Italy (March 29th-30th 2007)
 - d. Hungary (September 27th-28th, 2007).
- 2 general meetings held with all participants in France
 - a. France (April 21st 2006)
 - b. France (December 13th 14th 2007).

- 6 missions for the presentation of the project in:
 - a. Montreux, Switzerland (14th European conference on public health, November 16th-18th 2006; 1 person)
 - b. Luxembourg (Eurostat Technical Group on Causes of Death; May 18th, 19th 2006; 1 person)
 - c. Vienna, Austria (1st European Conference on Injury Prevention and Safety Promotion; June 25th-27th 2006; 1 person)
 - d. Luxembourg (Working party on morbidity and mortality, task force on major and chronic disease, European Commission, June 19th 2007; 1 person)
 - e. Helsinki, Finland (European Public Health Association conference; October 10th-13th 2007; 2 persons)
 - f. Merida, Mexico (9th World Conference On Injury Prevention And Safety Promotion, March 15th-18th, 2008; 2 persons).

The project team wrote and published 6 meeting reports and 2 interim reports. These reports can be downloaded from the **ANAMORT** website².

To facilitate the identification of the project materials by partners, a logo and a graphical chart was created at the beginning of the project.

WORK PACKAGE 2 AND 3 – GLOBAL AND DETAILED COMPARATIVE INJURY RELATED MORTALITY ANALYSIS

Bibliographic review

A bibliographic review has been implemented and a bibliographic database developed. Starting with the list of scientific articles published in the CQI project report, a bibliographic database has been set up using Reference Manager 11 © (www.apache.org/). This database has been upgraded by scientific articles referenced in Pubmed© (www.pubmed.gov) for articles published after 1998 and focused on Injury related mortality³. The search query ([appendix II](#)) was submitted weekly to Pubmed© in order to update the database with new articles referenced.

2. www.invs.sante.fr/surveillance/anamort

3. In a first phase selection has been limited to review articles.

For literature not referenced in Pubmed© but published either on the web or by national institutions, the search was not systematic but when found, such references were also entered on Reference Manager 11 ©.

A list of these 1625 references (appendix III) can be downloaded from the **ANAMORT** website² in word processor format (.rtf). References are sorted according to year of publication and first author's name. The database of references is also available in Reference Manager 11 © and Excel format©. When available the link to the website where the document can be downloaded was integrated in the database.

The selected publications were used to identify biases in the production of death statistics and to find solutions to limit the consequences of these biases. In addition, it was used to insert references in the publications of the project.

Questionnaire on death certification

The questionnaire on death certification practices has been set up in order to update and complete information on certification practices for injury related deaths in each country. This questionnaire was based on previous experiences acquired by INSERM-CépiDc (Comparability and quality improvement of death certificate project) and ISTAT⁴ (death certification training package), as well as constant efforts of the Eurostat to improve the quality of death statistics. This questionnaire (appendix IV) was developed by the project team and the steering committee during the 1st steering committee meeting.

The 36 targeted countries have answered the questionnaire (3 questionnaires were required to cover the different organisations of mortality statistics in the United Kingdom).

Following the first answers of each countries complementary questions have been formulated in order to clarify some answers.

All answers were published in an internal project document which allowed to better understand inter-country differences. A summary of these results was compiled (appendix VI) and the extensive results might be downloaded from the Communication & Information Resource Centre Administrator (CIRCA)⁵ website which is a service offered by Eurostat for specialists of cause of death statistics.

These results have been presented to the **ANAMORT** steering committee members during the 3rd steering committee meeting (Rome, Italy) and to the country specialists by email. In general, the organisation of the production of death statistics has been shown to be largely uniform but clear discrepancies were also described. This could affect death certification (i.e. cultural under declaration of suicides), codification (i.e. differential application of underlying causes of death selection) or statistics production (i.e. inclusion or not of residents dying abroad, definition of falls or poisoning...).

Analysis of European mortality data

A plan of analysis of mortality data has been established and approved by the steering committee in order to explore existing data. It is described in a technical note (appendix VII). All available data concerning injury related death are downloaded from Eurostat Website. Various graphs and maps are drawn in order to identify inter-country or inter-region discrepancies. Discrepancies are then contrasted with information included in the questionnaire, in the mortality forum (a discussion forum for mortality specialists⁶) and in the literature.

This plan of analysis has been applied for the following groups of CoD issued from Eurostat short list (Table 1) in order to be able to produce a clear description of the situation and to draw up operational recommendations (see the 2 following chapters of this report).

TABLE 1		CORRESPONDENCE TABLE BETWEEN INTERNATIONAL CLASSIFICATION OF DISEASES (ICD) VERSIONS FOR GROUPS OF CAUSES OF DEATH EXISTING IN THE EUROSTAT SHORT LIST (ESL)		
ESSL	Groups of causes of death	ICD10	ICD9	ICD8
• 58	External causes of injury and poisoning	V01-Y89	E800-E999	E800-E999
• 59	Accidents	V01-X59	E800-E929	E800-E929, E940-E942
• 60	of which Transport accidents	V01-V99	E800-E848	E800-E845
• 61	of which Accidental falls	W00-W19	E880-E888	E880-E887
• 62	of which Accidental poisoning	X40-X49	E850-E869	E850-E877
• 63	Suicide and intentional self-harm	X60-X84	E950-E959	E950-E959
• 64	Homicide, assault	X85-Y09	E960-E969	E960-E969
• 65	Events of undetermined intent	Y10-Y34	E980-E989	E980-E989

4. Istituto Nazionale di Statistica, Italy.

5. <http://forum.europa.eu.int:80/Members/irc/dsis/Home/main>

6. www.nordclass.uu.se/index_e.htm

In addition, data was specifically requested from Eurostat in order to produce a similar analysis for other groups of interest to complete the study of injury related deaths (table 2). These groups were defined after a review of injury related causes of deaths used by Eurostat, Istat, InVS and the Center for Disease Control (Atlanta). They were defined in respect of the following general principles:

- 1) explore groups of public health interest (general measures should be found to decrease impact of this group of injury or should be under the responsibility of the same authority)

- 2) avoid the use of the 4th digit in the definition of these groups. Land Motor vehicle accidents therefore can not be explored without the use of the 4th digit in ICD10 and can not be explored in other classifications
- 3) avoid the use of late effects of injury (because comparison between different ICD revisions is complicated, but quantify these late effects in order to convey their impact).

<div>TABLE 2</div> <div>CORRESPONDENCE TABLE BETWEEN INTERNATIONAL CLASSIFICATION OF DISEASES (ICD) VERSIONS FOR GROUPS OF CAUSES OF DEATH NOT INCLUDED IN THE EUROSTAT SHORT LIST (ESL)</div>			
Groups of causes of death	ICD10	ICD9	ICD8
• Sequelae/late effect of external causes of morbidity and mortality (legal intervention and war excluded)	Y85-Y89	E929, E959, E969, E989	E989, E969, E959, E940-949, E929
• Complication of medical and surgical care (sequelae excluded)	Y40-Y84	E870-E879 E930-E949	E930-E936
• Legal intervention and war (include sequelae)	Y35-Y36	E970-E978 E990-E999	E970-E978 E980-E988
• Other suicide	X76-X77, X79, X81-84	E958	E958
• Suicide by fall	X80	E957	E957
• Suicide by Cut and pierce	X78	E956	E956
• Suicide by Firearm	X72-X75	E955	E955
• Suicide by drowning	X71	E954	E954
• Suicide by suffocation	X70	E953	E953
• Suicide by poisoning	X60-X69	E950-E952	E950-E952
• Other accident and Accidental exposure to other and unspecified factors	W20-W64, W85-W99 X10-X39, X50-X59	E900-E909 E914-E928	E900-E909 E914-E929
• Exposure to smoke, fire and flames	X00-X09	E890-E899	E890-E899
• Suffocation and other respiratory accidents	W75-W84	E911-E913	E911-E913
• Unintentional Drowning and accidental immersions	W65-W74	E910	E910
• Water, air and space, and other and unspecified transport accidents (=transport accidents others than land Transport for InVS)	V90-V99	E830-E848	E830-E845
• Land transport accident	V01-V89	E800-E829	E800-E827
• All drowning	W65-W74, X71, X92, Y21	E830, E832, E910 E954, E964, E984	E830, E832, E910 E954, E964, E984
• All Transport accidents	V01-V99, X82, Y03, Y32, Y85	E800-E848, E929.0-E929.1	E800-E845, E940-E941
• All Falls	W00-W19, X80, Y01, Y30	E880-E888, E929.3 E957, E968.1, E987	E880-E887, E943 E957, E967, E987
• All Poisoning	X20-X29, X40-X49, X60-X69 X85-X90, Y10-Y19	E860-E869, E905, E929.2 E962, E980-E982	E850-E877, E905, E942 E950-E952, E962, E980-E982
• Alcohol	Y90-91, X45+-F10		E860
• Accident de la vie courante=Home and leisure accident ⁷	V90-94, V96, V98, V99, W00-W19, W75-W84, X40-X49, W65-W74, X00-X09, X10-X19, X20-X29, X50, W20-W23, W25-W29, W32-W41, W44-W45, W49-W64, W85-W87, X58-X59,	E830-E838, [.0,.1,.3,.4,.5,.9], E842, E847, E848, E880-E888, E911-E913, E850-E869, E910, E890-E899, E914-E918, E920-E925, E927, E928	E830-E838, [.0,.1,.3,.4,.5,.9], E842, E880-E887, E911-E913, E850-E877, E910, E890-E899, E914-E918, E920-E925, E927, E928
• Arms, Firearm (except legal authority missile explosion)	W32-W34, X72-X74, X93 – X95, Y22-Y24	E922, E955 E965, E985	E922, E955 E965, E985
• Intimate partner and family violence	Y06-Y07, Z63, T74	E904.0, E967, E968.4	E904
• Excessive natural cold	X31	E901.0	E901

7. *Injuries in the European union statistics summary 2002-2004.*
http://ec.europa.eu/health/ph_determinants/environment/IPP/documents/InjuriesEU_sum_en.pdf

Production of monographs

For a selection of major groups of external causes of death, a monograph was written (appendix VIII), in order to:

- present the best description possible of the problem at European level
- show up discrepancies
- inform of limitations in interpreting these results
- define specific recommendations for better interpretation of historical data and for improvement of future data collection.

These monographs were produced for the following groups of CoD:

- transport accidents
- falls
- accidental poisoning
- suicide and intentional self-harm
- homicide, assault
- events of undetermined intent.

Recommendations for the improvement of the comparability of injury related death statistics in Europe

Recommendations to be promoted were identified by combining different investigation:

- the review of the **ANAMORT** questionnaire result
- analysis of European mortality data
- the review of literature
- the review of the mortality forum together with the ICD revision and updates.

A list of 200 recommendations was identified. These recommendations covered various aspects of death statistics production:

- certification
 - collecting information on death
 - complementary investigations
 - death certificate form
 - death certification process
 - information on the certifier
 - training materials to develop
- codification
 - general coding rules
 - other coding rules
 - queries of the certifier by coders
- indicator production, coverage and quality indicators
 - collected/accessible data
 - coverage
 - new groups of causes of death
 - proposed methods of statistical analyses
 - use of individual death certificates.

The recommendations have been elaborated in collaboration with the steering committee and classified according to:

- stage of data production (see above)
- data concerned (historical data or future data)
- theme (general or specific: all external causes, falls, home and leisure injuries, transport accidents, drowning, accidental poisonings, suffocations, intentional injuries, suicides, homicides, undetermined intent, unintentional injuries)

- institutional body in charge of implementation (national authorities, Eurostat, WHO mortality forum and WHO/ICD-11 forum)
- importance describing the impact on indicators ("1", quoted from 3 for high impact to 1 for low impact or "-" if no consensus found)
- feasibility ("F", quoted from 3-easy to 1-difficult or "-" if no consensus found)
- time of implementation (immediately, short term, mid term or long term).

This classification was initiated during the last general meeting with all participating countries and was finalised by the steering committee members and the project team. At the end of this process, the 200 recommendations have been grouped in (appendix IX):

- 41 recommendations considered on a consensus basis as very important (I=3) and feasible (F=3)
- 86 recommendations considered on a consensus basis as less important (I<3) and/or less feasible (F<3)
- 47 recommendations where no consensus could be reached
- 26 recommendations which were suppressed because redundant, not useful or not properly defined.

In order to improve their use, these recommendations were included in a database (The Anamort recommendations explorer: ARE software, which can be downloaded from the project website⁸ and include only the 127 validated recommendations). This will ease the identification of recommendations according to different topics of interest. The recommendations that reached consensus will be proposed to Eurostat and WHO for final validation and implementation at country level. Recommendations that did not reach a consensus (which mainly concerned codification issues) will be transmitted to WHO Mortality Forum, WHO Mortality reference group and ICD11 revision forum for further discussions.

WORK PACKAGE 4 – RESULTS DISSEMINATION

Project meeting report

Reports of meetings (4 steering committee meetings and 2 general meetings) were compiled by the project team, completed and validated by the participants (mainly steering committee members) and published on the **ANAMORT** website⁸.

Scientific communication

Communication of the results were made regularly in scientific conferences or journals (see list in appendix X).

Results of the project were presented to different operational groups:

- European Monitoring Centre for Drugs and Drug Addiction (EMCCDA) annual expert meeting, presented by Gleb Denissov, November 2007
- 5th meeting of the task force on major chronic diseases, working party on morbidity and mortality, DG Sanco, Luxembourg, presented by François Belanger, June 19th 2007
- technical group on causes of death, Eurostat, Luxembourg, May 18-19th 2006, presented by François Belanger and Silvia Bruzzone
- workshop on certification for new member states, PHARE project, Bled, Slovenia, presented by Kathleen England, June 12-14th 2006.

The **ANAMORT** project presentation was also published in "Prévalence", the Institutional bulletin of InVS in French⁹.

⁸. www.invs.sante.fr/surveillance/anamort

⁹. www.invs.sante.fr/publications/prevalence/prevalence_14.pdf

Situation regarding output indicators mentioned in the grant agreement

Results achieved by the project, regarding output indicators proposed in the grant agreement, are presented in table below.

Label	Target	Result
Minutes of 2 general meetings and 4 steering committee meetings	Report on Internet	<u>Done</u>
1-Dissemination of the bibliographic database on mortality data; 2-Dissemination of the synthesis on death certification and coding practices; 3-Dissemination of access modes to mortality data	Intermediate reports (2) on Internet	Done 1-Done 2 Done 3-Done (free access was organised through the Eurostat website ¹⁰)
1+2+3	Scientific publication	See appendix X: list of publications accepted or submitted
4-Dissemination of injury related mortality statistics using Eurostat Short-list 5-Dissemination of detailed sub classification for injury related mortality in Europe	2 nd intermediary report on internet	Done in this report
1+2+3+4+5+dissemination of detailed analysis of injury related mortality in Europe	Final report on internet	Done
1+2+3+4+5	Scientific publication and communication	See appendix X: list of scientific publications accepted or submitted

¹⁰. <http://epp.eurostat.ec.europa.eu>

Situation regarding timetable mentioned in the grant agreement

Months	Lots			
	1-Coordination	2-Global comparative injury related mortality analysis	3-Detailed comparative injury related mortality analysis	4-Results dissemination
1	X	X		
2	X	X		
3	X	X		
4	X	X		
5	X	X		
6	X	X		
7	X	X		X
8	X	X		X
9	X	X		X
10	X	X		X
11	X	X		X
12	X	X		X
13	X	X		X
14	X	X		X
15	X	X		X
16	X	X	X	X
17	X	X	X	X
18	X	X	X	X
19	X	X	X	X
20	X	X	X	X
21	X	X	X	X
22	X	X	X	X
23	X	X	X	X
24	X	X	X	X
25	X		X	X
26	X		X	X
27	X		X	X
28	X		X	X
29	X		X	X
30	X		X	X

Appendix I: list of persons participating in the ANAMORT project

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Appendix II: pubmed © search equation

Search equation elements	Comment
("population surveillance"[MeSH Terms] OR "international classification of diseases"[MeSH Terms] OR "Population surveillance"[Text word] OR "Sentinel Surveillance"[Text word] OR "Public Health Surveillance"[Text word] OR "International Classification of Diseases"[Text word] OR "ICD Codes"[Text word] OR "ICD Code"[Text word] OR "International Classification of Disease Codes"[Text word] OR "ICD-10"[Text word] OR "ICD-9"[Text word])...	To find documents related to population or surveillance or international classification
...AND ("mortality"[MeSH Terms] OR "death"[MeSH Terms] OR "Mortality"[Text word] OR "Cause of Death"[Text word] OR "Child Mortality"[Text word] OR "Fatal Outcome"[Text word] OR "Fetal Mortality"[Text word] OR "Hospital Mortality"[Text word] OR "Infant Mortality"[Text word] OR "Maternal Mortality"[Text word] OR "Survival Rate"[Text word] OR "Mortalities"[Text word] OR "Age-Specific Death Rate"[Text word] OR "Age-Specific Death Rates"[Text word] OR "Age Specific Death Rate"[Text word] OR "Case Fatality Rate"[Text word] OR "Case Fatality Rates"[Text word] OR "Death Rate"[Text word] OR "Death Rates"[Text word] OR "Mortality Determinant"[Text word] OR "Excess Mortality"[Text word] OR "Excess Mortalities"[Text word] OR "Premature Mortalities"[Text word] OR "Premature Mortality"[Text word] OR "Death"[Text word] OR "Asphyxia"[Text word] OR "Brain Death"[Text word] OR "Cadaver"[Text word] OR "Postmortem Changes"[Text word] OR "Sudden Infant Death"[Text word] OR "Drowning"[Text word] OR "Cardiac Death"[Text word])...	AND...document related to mortality
...AND ("data interpretation, statistical"[MeSH Terms] OR "costs and cost analysis"[MeSH Terms] OR "data collection"[MeSH Terms] OR "epidemiologic methods"[MeSH Terms] OR "epidemiology"[MeSH Terms] OR "health priorities"[MeSH Terms] OR "Data interpretation "[Text word] OR "Data Interpretations"[Text word] OR "Statistical Data Analysis"[Text word] OR "Data Analyses"[Text word] OR "Statistical Data Analyses"[Text word] OR "Statistical Data Interpretation"[Text word] OR "Costs and cost analysis"[Text word] OR "Cost Allocation"[Text word] OR "Cost-Benefit Analysis"[Text word] OR "Cost Control"[Text word] OR "Cost Savings"[Text word] OR "Cost of Illness"[Text word] OR "Cost Sharing"[Text word] OR "Health Care Costs"[Text word] OR "Direct Service Costs"[Text word] OR "Drug Costs"[Text word] OR "Employer Health Costs"[Text word] OR "Hospital Costs"[Text word] OR "Health Expenditures"[Text word] OR "Cost Analysis"[Text word] OR "Cost Analyses"[Text word] OR "Cost Measures"[Text word] OR "Cost Measure"[Text word] OR "Cost"[Text word] OR "Costs"[Text word] OR "Data collection"[Text word] OR "Population Surveillance"[Text word] OR "Records"[Text word] OR "Death Certificates"[Text word] OR "Hospital Records"[Text word] OR "Medical Records"[Text word] OR "Vital Statistics"[Text word] OR "Baseline Survey"[Text word] OR "Baseline Surveys"[Text word] OR "Community Surveys"[Text word] OR "Community Survey"[Text word] OR "Data Aggregation"[Text word] OR "Data Linkage"[Text word] OR "Data Linkages"[Text word] OR "Data Sources"[Text word] OR "Data Source"[Text word] OR "Repeated Rounds of Survey"[Text word] OR "Survey"[Text word] OR "Epidemiological methods"[Text word] OR "Epidemiology"[Text word] OR "Health Priorities" . [Text word])...	AND...document related to data analysis
...AND ("1998"[PDAT] : "3000"[PDAT]) AND ("1998"[PDAT] : "3000"[PDAT])	AND...documents published after 1998

Appendix III: list of references

(may be downloaded from www.invs.sante.fr/surveillance/anamort in various formats)

Appendix IV: final version of the questionnaire

(may be downloaded from www.invs.sante.fr/surveillance/anamort)

Appendix V: final results of the questionnaire on death statistics production process in Europe (not available in this document, see appendix VI for a summary)

Appendix VI: summary results of the questionnaire on death statistics production process in Europe

(may be downloaded from www.invs.sante.fr/surveillance/anamort)

Appendix VII: technical note on death statistics plan of analysis

(may be downloaded from www.invs.sante.fr/surveillance/anamort)

Appendix VIII: monographs

(may be downloaded from www.invs.sante.fr/surveillance/anamort)

- VIII-1: Transport accidents
- VIII-2: Falls
- VIII-3: Accidental poisoning
- VIII-4: Suicide and intentional self-harm
- VIII-5: Homicide, assault
- VIII-6: Events of undetermined intent

Appendix IX: recommendations

(may be downloaded from www.invs.sante.fr/surveillance/anamort)

Appendix X: list of publications

Title	Journal/Conference	Status
<ul style="list-style-type: none"> Recommendations to improve comparability of injury related death statistics: the European project ANAMORT (2005-2008). [Amélioration de la production et de l'utilisation des statistiques de mortalité par traumatisme en Europe (projet ANAMORT 2005-2008): recommandations validées par un réseau d'experts européens.]. 	9 th World Conference On Injury Prevention And Safety Promotion; 15-18 March 2008; Merida, Mexico	abstract/poster presentation
<ul style="list-style-type: none"> Risk of death by home and leisure injuries in Europe: variations according to age and countries. [Le risque de décès par accident de la vie courante en Europe: variations importantes en fonction de l'âge et en fonction des pays.]. 	9 th World Conference On Injury Prevention And Safety Promotion; 15-18 March 2008; Merida, Mexico	abstract/oral presentation
<ul style="list-style-type: none"> Amélioration de la production et de l'utilisation des statistiques de mortalité par traumatisme en Europe (projet ANAMORT 2005-2008): recommandations validées par un réseau d'experts européens. [Recommendations to improve comparability of injury related death statistics: the European project ANAMORT (2005-2008)]. 	Journées de veille sanitaire (29-30 November 2007, Paris, France)	abstract/oral presentation
<ul style="list-style-type: none"> Le risque de décès par accident de la vie courante en Europe: variations importantes en fonction de l'âge et en fonction des pays. [Risk of death by home and leisure injuries in Europe: variations according to age and countries]. 	Journées de veille sanitaire (29-30 November 2007, Paris, France)	abstract/poster
<ul style="list-style-type: none"> How to compare European countries and trends regarding deaths from accidental falls: results from the ANAMORT project. [Comparaison des données de mortalité par chute dans le temps et entre les pays d'Europe: résultats du projet ANAMORT]. 	15 th European conference on public health, 11-13 October 2007, Helsinki, Finland	abstract/oral presentation
<ul style="list-style-type: none"> Non-transmission of death certificates of non-residents to their country of residence: an important bias for comparing injury related deaths between European countries (results from the ANAMORT project). [L'absence de transmission des certificats de décès des non-résidents à leur pays de résidence: un biais important dans l'analyse des données européennes de décès par traumatisme (résultats du projet ANAMORT)]. 	15 th European conference on public health, 11-13 October 2007, Helsinki, Finland	abstract/oral presentation
<ul style="list-style-type: none"> Les décès par chute en Europe: situation en 2003 et perspectives apportées par le projet ANAMORT [Risk of death by fall in Europe: variations according to age and countries.]. 	Bulletin épidémiologique hebdomadaire 37-38; 2 octobre 2007	Article
<ul style="list-style-type: none"> Comparative analysis of injury related mortality in Europe: the ANAMORT project 2005-2008 	8 th World Conference On Injury Prevention And Safety Promotion; 2-5 April 2006; Durban, South Africa	Abstract/oral presentation
<ul style="list-style-type: none"> Injury related death statistics production in Europe (the ANAMORT project 2005-2008): initial results of a questionnaire in 36 European countries 	1 st European Conference on Injury Prevention and Safety Promotion; 25-27 June 2006; Vienna, Austria	Abstract/poster
<ul style="list-style-type: none"> ANAMORT project presentation 	Prévalence N° 14, January 2006 (institutional journal of InVS)	Short article
<ul style="list-style-type: none"> ANAMORT project presentation 	Sikkert n° 1 May 2007: The Norwegian Safety Forum (Norwegian bulletin of injury prevention)	Short article

Suggested citation :

F. Belanger, A-B Ung et al. Analysis of injury related mortality in Europe, The ANAMORT project. Institut de veille sanitaire - Saint-Maurice, 2008, 16 p. Disponible sur : www.invs.sante.fr

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