

## 2. HEALTH

Complete information on health care personnel and health status of the population is collected by the Institute of Health Information and Statistics of the Czech Republic (IHIS CR) on the basis of statistical surveys of respective ministries and mandatory notifications sent by health establishments.

**Basic indicators on the number of employees in health** – Source: The annual questionnaire on employers, the registered number of employees, and on contractual workers, the numbers given are of headcount, excluding contractual workers (this refers to the number of contracts of employment).

**Physicians and stomatologists by the main branch of activity** – Source: Registry of Physicians, Dentists and Pharmacists. When processed by the main branch of activity, each worker is classified by the branch, in which they have the longest time of job assigned, in the case times worked are the same then by the branch, in which they have higher qualification. Each physician is included only once – as a physical person, even in the case that they have jobs in multiple branches. Data provided apply to the registered number of workers, i.e. those who were active in the reference period.

**Abortions** – Source: National Registry of Abortions. Since 2004 the provided data has applied to both females with Czech nationality and female foreigners with permanent or long-term stay in the CR.

All kinds of abortions (spontaneous, vacuum aspirations, other legal abortions, other abortions, and terminations of ectopic pregnancy) carried out in health establishments of the Czech Republic are subject to mandatory notification.

**Contraception** – Source: The annual questionnaire on activity of health establishments for gynaecology. The numbers of women taking hormonal contraceptives or using intra-uterine devices as at 31 December are given here. Until 1999 the data given do not include health establishments of other central government authorities and since 2000 the data has covered the whole system of health care.

**Hospitalisation** – Source: National Registry of Hospitalized Patients. The following is considered to be one case: each termination of hospitalisation at one ward (department) (it does not matter whether the hospitalisation was terminated by a patient release or death, or the patient was transferred to another ward (department) of the health establishment). The table provides the number of hospitalised persons in all wards (departments) of hospitals from sectors of all ministries. The released and dead patients from psychiatric in-patient establishments are all patients from psychiatric wards (departments) of hospitals and from psychiatric institutes, including the Prague Psychiatric Center. Until 1997 the data do not cover health establishments of other central government authorities, since 1998 the data has referred to the whole system of health care.

**Diabetes mellitus** – Source: The annual questionnaire on activity of health establishments for diabetology. Each diabetology consulting room, including specialists' out-patient rooms in hospitals, or out-patient clinics, irrespective of their founders, fills in the questionnaire and since 1995 general practitioners for adult patients have completed the questionnaire as well. General practitioners report only those diabetics who they treat in active manner. Until 1999 the data do not include health establishments of other central government authorities and since 2000 they have covered the whole system of health care. **PAD** = peroral antidiabetic drugs.

**Tuberculosis (TB)** – Source: TB Registry. The number of notified diseases involves newly notified diseases, including relapses in the reference year and encompasses pulmonary tuberculosis, which make up almost 90% of all cases, and tuberculosis of other organs.

**Malignant neoplasms** – data are drawn from the National Oncologic Registry (Czech Cancer Registry) and include all malignant neoplasms including in situ neoplasms (diagnosis codes of C00-C97 and D00-D09).

**Congenital malformations** – Source: National Registry of Congenital Anomalies and since 2000 the National Registry of Newborns as well. Until 1996 solely congenial malformations, as defined in chapter XVII of the International Statistical Classification of Diseases and Related Health Problems, ICD-10 - Congenial malformations, deformations and chromosomal abnormalities, were monitored and since 1997 also

congenital malformations not mentioned in chapter XVII have been observed. The data apply to live births in the reference year, in which a congenital malformation was diagnosed and notified within the first year of life.

**Average percentage of incapacity for work** per year is measured as a share of persons incapable to work of the number of the sickness insured per day on average and is calculated as a fraction of the number of calendar days of incapacity for work due to disease or injury and the average number of the sickness insured employees then multiplied by the number of calendar days in a year.

The **average number of sickness-insured persons** - this indicator includes the average number of sickness insured persons under the Act No. 187/2006 Sb. on sickness insurance, as amended. For purposes of the statistics on incapacity for work due to sickness or injury the so-called "civil sector" is monitored that means members of services and bodies of the Ministry of Defence of the CR and the Ministry of Justice of the CR (i.e. Police of the CR, Fire and Rescue Service of the CR, Customs Administration of the CR, Prison Service of the CR, Security Information Service, and the Office for Foreign Relations and Information, and the professional soldiers) are not included.

The **number of cases of incapacity for work** – data refers to newly notified cases of incapacity for work due to injury or disease.

The **number of calendar days of incapacity for work due to disease or injury** - includes data for each insurance relation separately. The number of calendar days, during which the sickness-insured employees were unable to work due to given causes, is reported. Calendar days of incapacity for work are determined on the basis of reports on the beginning and end of incapacity for work.

**Deaths: analysed by cause** – since 1 January 1994 the 10<sup>th</sup> decennial revision of the International Statistical Classification of Diseases and Related Health Problems (hereinafter as the ICD-10) has been in use in the CR as required by the Section 24 paragraph 4 of the Act of the Czech National Council No. 278/1992 Sb. Since 1 January 2009 2<sup>nd</sup> edition of the ICD-10 has been in force, including updates for the years 2004-2008 published by the WHO. The organization responsible for its use in practice is the Institute of Health Information and Statistics of the CR. Unlike the 9<sup>th</sup> revision ICD-9, the ICD-10 uses a four-character alphanumeric code consisting of one letter and three digits. However, a three-character alphanumeric code is employed for the basic statistical processing. The range of causes of deaths has been considerably expanded, and the names and the order of causes of death have been modified, too. There is no full comparability between the ICD-9 and ICD-10.

**Costs of health care** – for the period 2000-2009 there are costs of the public health insurance for health care available itemised by age categories (1 category = 5 years) and by sex of the insured persons. Furthermore, costs of selected groups of diagnoses from the International Statistical Classification of Diseases and Related Health Problems (ICD-10) with respect to the aforementioned age categories and age of the insured and also the average costs per 1 insured person by age and sex are also available. The data come from health insurance companies, which cover almost 80% of expenditure on health.

**Table 2-15** – demonstrates data from the Living Conditions Survey 2010 and represents the self-assessment of health status of respondents aged 16+.