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 are headcounts, excluding contractual workers (it refers to the number of contracts of employment).

Physicians and dentists by main branch of activity – Source: Registry of Physicians, Dentists and Pharmacists. When processed by main branch of activity, each worker is classified by the branch of their longest working time, or, in the case of equal working times of employment contracts, they are counted in the branch of their highest qualification (specialism). Each physician is included only once – as headcount, 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 Reproduction Health – Abortions. Since 2001 the provided data have 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 have covered the whole health care system.

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 Centre. Until 1997 the data do not cover health establishments of other central government authorities, since 1998 the data have referred to the whole health care system.

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 health care system.

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 Czech National 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 Reproduction Health – Congenital anomalies and since 2000 also the National Register of Newborns. Until 1996 solely congenial malformations, as defined in the 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 congenial malformations not mentioned in the 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 of 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. Administrative data of the Information System of the Czech Social Security Administration are reported for all employees of legal and natural persons and independently for the self-employed. Members of the Police of the CR, Fire and Rescue Service of the CR, Czech Customs Administration, Prison Service of the CR, Security Information Service, Office for Foreign Relations and Information, and professional soldiers (Section 5a (2) of the Act No. 187/2006 Sb.) are not observed for the purposes of statistics on the incapacity for work due to disease or injury.

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

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 incapable of 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 – with effect from 1 January 1994 the 10th decennial revision of the International Statistical Classification of Diseases and Related Health Problems (hereinafter as the ICD-10) was introduced in the CR under the Section 24 paragraph 4 of the Act of the Czech National Council No. 278/1992 Sb. It was introduced by the CZSO Communication No. 495/2003 Sb. on issuing of the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), effective since 1 January 2004, and updated by the CZSO Communications No. 430/2008 Sb., effective since 1 January 2009, No. 340/2011 Sb., effective since 1 January 2012, and No. 426/2012 Sb., effective since 1 January 2013. It corresponds to the international standard of the ICD-10. It classifies diseases and related health problems and uses combinations of alphabetical and numerical codes.

Costs of health care – for the period 2000-2012 there are costs of the public health insurance for health care available itemised by age category (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 insured person by age and sex are available. The data come from health insurance companies, which cover more than 75% of expenditure on health.

Table 2-27 – includes data from the 2013 Living Conditions Survey. It represents the self-assessment of health status of respondents aged 16+.