

Status: Point in time view as at 31/01/2020.

Changes to legislation: There are currently no known outstanding effects for the Regulation (EC) No 1338/2008 of the European Parliament and of the Council. (See end of Document for details)

ANNEX I

Domain: Health status and health determinants

(a) *Aims*

The aim of this domain is the provision of statistics on health status and determinants.

(b) *Scope*

This domain covers the statistics on health status and health determinants that are based on self-assessment and compiled from population surveys such as the European Health Interview Survey (EHIS), as well as other statistics compiled from administrative sources such as those on morbidity or accidents and injuries. Persons living in institutions as well as children aged 0-14 years shall be included, when appropriate and at the relevant ad hoc intervals, subject to successful prior pilot studies.

(c) *Reference periods, intervals and time limits for data provision*

Statistics shall be provided every five years from the EHIS; a different frequency may be needed for other data collections, such as those on morbidity or accidents and injuries, as well as for some specific survey modules; the measures relating to the first reference year, the interval and the time limit for provision of the data shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

(d) *Subjects covered*

The harmonised and common data set to be provided shall cover the following list of subjects:

- health status, including health perceptions, physical and mental functioning, limitations and disability,
- diagnosis-specific morbidity,
- protection against possible pandemics and transmissible diseases,
- accidents and injuries, including those related to consumer safety, and, whenever possible, alcohol- and drug-related harm,
- lifestyle, such as physical activity, diet, smoking, alcohol consumption and drug-use, and environmental, social and occupational factors,
- access and use of preventive and curative health care facilities, as well as of long-term care services (population survey),
- background demographic and socio-economic information on the individuals.

Not all subjects are necessarily to be covered at the time of each data provision. The measures relating to the characteristics, namely variables, definitions and classifications of the subjects listed above, and the breakdown of characteristics, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

The implementation of Health Examination Surveys shall be optional in the framework of this Regulation. The average length of the interview per household shall not exceed one hour for the EHIS and 20 minutes for the other survey modules.

(e) *Metadata*

The measures relating to the provision of metadata, including metadata concerning characteristics of surveys and other sources used, population covered and information

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about any national specificity essential for the interpretation and compilation of comparable statistics and indicators, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

ANNEX II

Domain: Health care

(a) *Aims*

The aim of this domain is the provision of statistics on health care.

(b) *Scope*

This domain covers the sum of activities performed either by institutions or individuals pursuing, through the application of medical, paramedical and nursing knowledge and technology, the goal of health, including long-term care, as well as related administration and management activities.

The data shall be compiled mainly from administrative sources.

(c) *Reference periods, intervals and time limits for data provision*

Statistics shall be provided annually. The measures relating to the first reference year, the interval and the time limit for provision of the data shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

(d) *Subjects covered*

The harmonised and common data set to be provided shall cover the following list of subjects:

- health care facilities,
- health care human resources,
- health care utilisation, individual and collective services,
- health care expenditure and financing.

Not all subjects are necessarily to be covered at the time of each data provision. The data set shall be established following the relevant international classifications and taking into consideration the circumstances and practices in Member States.

The mobility of patients, namely their use of health care facilities in a country other than their country of residence, and of health professionals, such as those practising their profession outside the country where they obtained their first licence, shall be considered in the data collections. The quality of health care shall also be considered in the data collection.

The measures relating to the characteristics, namely variables, definitions and classifications of the subjects listed above, and the breakdown of characteristics, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

(e) *Metadata*

The measures relating to the provision of metadata, including metadata concerning characteristics of sources and compilations used, population covered and information

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about any national specificity essential for the interpretation and compilation of comparable statistics and indicators, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

ANNEX III

Domain: Causes of death

(a) *Aims*

The aim of this domain is the provision of statistics on the causes of death.

(b) *Scope*

This domain covers the causes of death statistics as derived from national medical death certificates taking into account WHO recommendations. The statistics to be compiled refer to the underlying cause which is defined by WHO as ‘the disease or injury which initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury’. The statistics shall be compiled for all deaths and stillbirths occurring in each Member State, distinguishing residents and non-residents. Whenever possible, data on causes of death for residents dying abroad shall be included in the statistics of their country of residence.

(c) *Reference periods, intervals and time limits for data provision*

Statistics shall be provided annually. The measures relating to the first reference year shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2). The data shall be submitted no later than 24 months after the end of the reference year. Provisional or estimated data can be provided earlier. In the case of public-health incidents, additional special data collections may be established, either for all deaths or for specific causes of death.

(d) *Subjects covered*

The harmonised and common data set to be provided shall cover the following list of subjects:

- characteristics of the deceased,
- region,
- characteristics of the death, including the underlying cause of death.

The causes of death data set shall be established in the framework of the WHO International Classification of Diseases and shall follow the Eurostat rules and the UN and WHO recommendations for population statistics. The provision of data relating to the characteristics of stillbirths shall be on a voluntary basis. Provision of data relating to neonatal deaths (deaths up to the age of 28 days) shall recognise national differences in practice regarding the recording of multiple causes of death.

The measures relating to the characteristics, namely variables, definitions and classifications of the subjects listed above, and the breakdown of characteristics, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

(e) *Metadata*

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The measures relating to the provision of metadata, including metadata concerning population covered and information about any national specificity essential for the interpretation and compilation of comparable statistics and indicators, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

ANNEX IV

Domain: Accidents at work

(a) *Aims*

The aim of this domain is the provision of statistics on accidents at work.

(b) *Scope*

An accident at work is defined as ‘a discrete occurrence in the course of work which leads to physical or mental harm’. The data shall be collected, for the entire workforce, for fatal accidents at work and accidents at work resulting in more than three days of absence from work, using administrative sources complemented with relevant additional sources whenever necessary and feasible for specific groups of workers or specific national situations. A limited subset of basic data on accidents with less than four days of absence may be collected, when available and on an optional basis, in the framework of the collaboration with the ILO.

(c) *Reference periods, intervals and time limits for data provision*

Statistics shall be provided annually. The measures relating to the first reference year shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2). The data shall be submitted no later than 18 months after the end of the reference year.

(d) *Subjects covered*

The harmonised and common microdata set to be provided shall cover the following list of subjects:

- characteristics of the injured person,
- characteristics of the injury, including severity (days lost),
- characteristics of the enterprise including economic activity,
- characteristics of the workplace,
- characteristics of the accident, including the sequence of events characterising the causes and circumstances of the accident.

The accidents-at-work data set shall be established in the framework of the specifications laid down by the European Statistics on Accidents at Work (ESAW) methodology, taking into consideration the circumstances and practices in Member States.

The provision of data relating to the nationality of the injured person, the size of the enterprise and the time of the accident shall be on a voluntary basis. Concerning the ESAW-methodology Phase III subjects, namely the workplace and the sequence of events characterising the causes and circumstances of the accident, a minimum of three variables shall be provided. Member States should also supply more data conforming to the ESAW Phase III specifications on a voluntary basis.

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The measures relating to the characteristics, namely variables, definitions and classifications of the subjects listed above, and the breakdown of characteristics, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

(e) *Metadata*

The measures relating to the provision of metadata, including metadata concerning population covered, the declaration rates for accidents at work and, when relevant, sampling characteristics, as well as information about any national specificity essential for the interpretation and compilation of comparable statistics and indicators, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

ANNEX V

Domain: Occupational diseases and other work-related health problems and illnesses

(a) *Aims*

The aim of this domain is the provision of statistics on recognised cases of occupational disease and other work-related health problems and illnesses.

(b) *Scope*

- A case of occupational disease is defined as a case recognised by the national authorities responsible for recognition of occupational diseases. The data shall be collected for incident occupational diseases and deaths due to occupational disease.
- Work-related health problems and illnesses are those health problems and illnesses which can be caused, worsened or jointly caused by working conditions. This includes physical and psychosocial health problems. A case of work-related health problem and illness does not necessarily refer to recognition by an authority and the related data shall be collected from existing population surveys such as the European Health Interview Survey (EHIS) or other social surveys.

(c) *Reference periods, intervals and time limits for data provision*

For occupational diseases, statistics shall be provided annually and submitted no later than 15 months after the end of the reference year. The measures relating to the reference periods, the intervals and the time limits for provision of the other data collections shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

(d) *Subjects covered*

The harmonised and common data set to be provided for occupational diseases shall cover the following list of subjects:

- characteristics of the diseased person, including gender and age,
- characteristics of the disease, including severity,
- characteristics of the enterprise and workplace, including economic activity,
- characteristics of the causative agent or factor.

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The occupational diseases data set shall be established in the framework of the specifications laid down by the European Occupational Diseases Statistics (EODS) methodology, taking into consideration the circumstances and practices in Member States.

The harmonised and common data set to be provided for work-related health problems shall cover the following list of subjects:

- characteristics of the person suffering the health problem, including gender, age and employment status,
- characteristics of the work-related health problem, including severity,
- characteristics of the enterprise and workplace, including size and economic activity,
- characteristics of the agent or factor that caused the health problem or made it worse.

Not all subjects are necessarily to be covered at the time of each data provision.

The measures relating to the characteristics, namely variables, definitions and classifications of the subjects listed above, and the breakdown of characteristics, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

(e) *Metadata*

The measures relating to the provision of metadata, including metadata concerning population covered and information about any national specificity essential for the interpretation and compilation of comparable statistics and indicators, shall be adopted in accordance with the regulatory procedure with scrutiny referred to in Article 10(2).

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