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- *Full view* -
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National Reference Metadata in Euro SDMX Metadata Structure (ESMS)
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Time Dimension: 2015-A0
Data Provider: NL1
Data Flow: HEALTH_CODES_A

Eurostat metadata
Reference metadata

For any question on data and metadata, please contact: EUROPEAN STATISTICAL DATA SUPPORT

1. Contact
Top

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2. Metadata update
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2.1. Metadata last certified	18/02/2016
2.2. Metadata last posted	20/09/2016
2.3. Metadata last update	01/06/2017

3. Statistical presentation
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3.1. Data description

Data on causes of death (COD) provide information on mortality patterns and form a major element of public health information.

COD data refer to the underlying cause which - according to the World Health Organisation (WHO) - is "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".

Causes of death are classified by the 86 causes of the "European shortlist" of causes of death. This shortlist is based on the International Statistical Classification of Diseases and Related Health Problems (ICD).

COD data are derived from death certificates. The medical certification of death is an obligation in all Member States. Countries code the information provided in the medical certificate of cause of death into ICD codes according to the rules specified in the ICD.

Data are broken down by sex, 5-year age groups, cause of death and by residency and country of occurrence. For stillbirths and neonatal deaths additional breakdows might include age of mother.
Data are available for EU-28, the former Yugoslav Republic of Macedonia, Albania, Iceland, Norway, Liechtenstein and Switzerland. Regional data (NUTS level 2) are available for most of the countries.

Annual national data are provided in absolute number, crude death rates and standardised death rates. At regional level (NUTS level 2) the same is provided in form of 3 years averages. Annual crude death rates are also available at NUTS level 2.

3.2. Classification system

Data year	ICD revision used (ICD-8, ICD-9, ICD-10)	For ICD-10: updates used
1990	ICD-9	
1991	ICD-9	
1992	ICD-9	
1993	ICD-9	
1994	ICD-9	
1995	ICD-9	
1996	ICD-10	1992
1997	ICD-10	1992
1998	ICD-10	1992
1999	ICD-10	1992
2000	ICD-10	1992
2001	ICD-10	1992
2002	ICD-10	1992
2003	ICD-10	1992
2004	ICD-10	1992
2005	ICD-10	1992
2006	ICD-10	1992
2007	ICD-10	1992
2008	ICD-10	1992
2009	ICD-10	1992
2010	ICD-10	1992
2011	ICD-10	1992
2012	ICD-10	1992
2013	ICD-10	2013
2014	ICD-10	2014
2015	ICD-10	2015

3.3. Coverage - sector

Public Health

3.4. Statistical concepts and definitions

1. National definition used for usual residency

The usual residency in the population statistics compiled by Statistics Netherlands are the people registered in the population register.

2. Stillbirths

a) National definition used for stillbirths

A stillbirth is an fetus who was born lifeless after an gestational age of at least 24 weeks. Within this dataset only the stillbirth second group (gestational age of at least 28 weeks) are included.

b) What are the characteristics that you collect (gestational age, weight, crown-heel)?

Gestational age

3.5. Statistical unit

The statistical unit is the deceased person. The reporting unit is the certifier. This is in most cases a physician. In the case of non-natural deaths, the certification could be made by forensic physicians or in some countries by legal professionals, such as coroners in England.

3.6. Statistical population

1. Neonates: Are neonatals of non-resident mothers considered residents?

No

2. Coverage

a) Do you include non-residents in your national statistics?

Non-residents are not included in the national statistics, but are included in this data delivery.

b) Do you include residents dying abroad in your national statistics? If yes, how do you record the cause of death?

Yes, data is recorded in the population register, but In most cases there is no cause(s) of death

3.7. Reference area

All people registrered in Dutch population register, died in the Netherland as wel as died abroad. And all other persons deceased in the Netherlands but not registered in Dutch population register.

3.8. Coverage - Time

Time series for most EU-28 countries and EFTA are available from 1994 onwards (Belgium, Germany: 1992, Ireland: 1993). For some countries data are only available from 1995 (Bulgaria), 1996 (Latvia and Slovakia), 1999 (Cyprus, Poland and Romania) or 2010 (Liechtenstein) onwards.

Note that due to the fact that 2011 data is the first data collection with a legal basis (and few changes in the requested variables and breakdowns), the data between 1994-2010 and starting from 2011 are not always comparable (In part due to the different groupings of causes of deaths). Moreover time series for data on stillbirths starts in 2011 and no information on previous data is available.

3.9. Base period

Not applicable.

4. Unit of measure

The data are provided in absolute numbers only.

5. Reference Period

Data refer to the calendar year (i.e. all deaths occurring during the year).

6. Institutional Mandate

6.1. Institutional Mandate - legal acts and other agreements

Countries submitted data to Eurostat on the basis of a gentleman's agreement established in the framework Eurostat's Working Group on "Public Health Statistics" until data with reference year 2010. The first data submitted according to the Regulation (EU) No 328/2011 is data with reference year 2011.
A Regulation on Community statistics on public health and health and safety at work (EC) No 1338/2008 was signed by the European Parliament and the Council on 16 December 2008. This Regulation is the framework of the data collection on the domain.
Within the context of this framework Regulation, a Regulation on Community statistics on public health and health and safety at work, as regards statistics on causes of death (EU) No 328/2011 was signed by the European Parliament and the Council on 5 April 2011.

6.2. Institutional Mandate - data sharing

Common specifications with the World Health Organisation (WHO) were used in the data collection up to 2010; in addition, Eurostat asks for NUTS level 2. From 2011 onwards, Eurostat changed the specifications to take into account the data collected through the Regulation No 328/2011.

7. Confidentiality

7.1. Confidentiality - policy

Regulation (EC) No 223/2009 on European statistics (recital 24 and Article 20(4)) of 11 March 2009 (OJ L 87, p. 164), stipulates the need to establish common principles and guidelines ensuring the confidentiality of data used for the production of European statistics and the access to those confidential data with due account for technical developments and the requirements of users in a democratic society.

7.2. Confidentiality - data treatment

All age groups showing a total mortality of less than 4 cases are considered as confidential. Therefore, any 'confidential' agegroup is grouped with another one to have higher numbers. In practice, this problem mainly occurs for young ages so, either the ages from 0 to 14 years old, or the ages from 0 to 14 and 15 to 24 years old are grouped. The age groups considered as confidential show then the value ':' and the age group '0-14y' (and '15-24y' if needed) shows the sum of all ages before 15 years old (or between 15 and 24 years old). In addition, special measures for ensuring confidentiality may be taken for small countries.

For stillbirth and neonatal figures, no breakdown by parity is displayed to ensure confidentiality.

8. Release policy

8.1. Release calendar

Not applicable.

8.2. Release calendar access

Not applicable.

8.3. Release policy - user access

Eurostat: In line with the Community legal framework and the European Statistics Code of Practice Eurostat disseminates European statistics on Eurostat's website (see item 10 - 'Accessibility and clarity') respecting professional independence and in an objective, professional and transparent manner in which all users are treated equitably. The detailed arrangements are governed by the Eurostat protocol on impartial access to Eurostat data for users.

9. Frequency of dissemination

Annual.

10. Accessibility and clarity

10.1. Dissemination format - News release

News releases on-line.

10.2. Dissemination format - Publications

StatLine

10.3. Dissemination format - online database

StatLine

10.4. Dissemination format - microdata access

Micro-data send to Eurostat. Other researchers or research institutions through remote access accounts with restrictions.

10.5. Dissemination format - other

Not applicable.

10.6. Documentation on methodology

Documents for COD are available in CIRCABC, Causes of Death section.

10.7. Quality management - documentation

The quality of COD data is subject to the way in which the information on causes of death is reported and classified in each country (i.e. national certification and coding procedures). In general, all countries follow the standards and rules specified in the ICD, and the overall procedures for the collection of COD data are relatively homogenous between European countries (medical certification of cause of death, use of ICD).

However, national differences in interpretation and use of ICD rules exist and as a result important quality and comparability issues remain. Based on the report "Comparability and Quality Improvement of the European Causes of Death Statistics" countries work towards further improving certification and coding procedures.

Ongoing work is reported to Eurostat's Working Group "Public Health Statistics" (documents available on circabc).

11. Quality management   Top

11.1. Quality assurance

The causes of death data are based on a regulation, which defines scope, definitions of variables and characteristics of the data.

11.2. Quality management - assessment

A quality assessment of Eurostat's COD statistics was organised in May and June 2008. In that framework, a questionnaire was sent to Eurostat's partners (data providers) for COD statistics and a user survey was set up on Eurostat's website, for which 25 partners and 34 users answered. A questionnaire was also filled in by responsible people of COD statistics in Eurostat.

12. Relevance   Top

12.1. Relevance - User Needs

Based on the 34 answers received from the web survey, the main users are Research Institutes, Universities, Public Government agencies, Private, Commission services and Business companies. On these 34 answers, Eurostat data on Causes of Death are "essential", "important", or "used for background information" for 25 respondents.
Asking about the availability of needed data in the Eurostat production, users are divided in two equivalent part: 12 answered that they do not need statistics on the field not currently available from Eurostat and 13 answered that they need, giving information about defects and lacks of the Eurostat data.

12.2. Relevance - User Satisfaction

Users were asked to assess each of the classical elements that characterise the quality of statistics.

Respondents generally give high scores to the different dimensions of data quality and to the supporting service that is perceived as "Good or Very Good" by the users (14 out of 21 respondents expressing opinions about this). The overall quality, comprising both data quality and supporting service, is perceived as "Good" or "Very good" by 16 out of 24 respondents to those questions.

Among different data quality dimensions, coherence and comparability receive the higher satisfaction. The less appreciated dimension is the completeness.

12.3. Completeness

All data received are disseminated on Eurostat's website if the consistency of the dataset is good. However, a number of countries faces difficulties to deliver data on time.

13. Accuracy   Top

13.1. Accuracy - overall

For people in the Dutch population register: All deceased persons registered in the Dutch population register, not all have death certificates for example when deceased abroad.
For people not registered in Dutch population register, but deceased in the Netherlands: only received death certificates.

13.2. Sampling error

Not applicable.

13.3. Non-sampling error

Not applicable.

14. Timeliness and punctuality   Top

14.1. Timeliness

From data collection with reference year 2011 onwards, Eurostat asks for the submission of final data for the year N at N+24 months.

14.2. Punctuality

6 weeks

15. Coherence and comparability   Top

15.1. Comparability - geographical

The comparability of the data across different countries is limited by the fact that the revision of classification used to collect information on underlying causes of death may be different. However, only one country (Greece) is currently still using the ninth revision of the ICD. Furthermore, not all countries apply the recommended WHO's updates.
The coverage of residents dying abroad or non-residents dying in the reporting country can also affect the comparability among countries.
On-going work to increase quality, comparability and coverage done by the Technical group on Causes of Death or by ad-hoc Task Forces, or other means (e.g. ad-hoc workshops), is reported to Eurostat's Working Group "Public Health Statistics".

15.2. Comparability - over time

The comparability of the data over time is checked before dissemination. It could be that in few categories of causes of death, for which not all EU Member States reported data, the EU average is not be strictly comparable over time due to different composition of countries.

Note that due to the fact that 2011 data is the first data collection with a legal basis (and few changes in the requested variables and breakdowns), the data between 1994-2010 and starting from 2011 are not always comparable (In part due to the different groupings of causes of deaths). Moreover time series for data on stillbirths starts in 2011 and no information on previous data is available.

15.3. Coherence - cross domain

Is there any missing information (uncomplete geographical coverage, missing certificates, …)? If yes, please indicate also the %.
No

15.4. Coherence - internal

For people in the Dutch population register: All deceased persons registered in the Dutch population register, but not all have death certificates for example when deceased abroad.

16. Cost and Burden   Top

The cost and burden of the data collection is reduced by using validation and dissemination IT tools.

17. Data revision   Top

17.1. Data revision - policy

Not applicable.

17.2. Data revision - practice

There is no systematic revision of previous year data. Data are occasionally revised, e.g. if the "NUTS" changes or if a country notifies Eurostat about any changes in the data.

18. Statistical processing   Top

18.1. Source data

Deaths certificates

18.2. Frequency of data collection

On daily basis

18.3. Data collection

1. Automated Coding

Data year	a) Did you use any form of automated coding? *[Yes / No]*	b) If yes, please indicate the system used (IRIS, MICAR, ACME, STYX, MIKADO, others)
1990	No	
1991	No	
1992	No	
1993	No	
1994	No	
1995	No	
1996	No	
1997	No	
1998	No	
1999	No	
2000	No	
2001	No	
2002	No	
2003	No	
2004	No	
2005	No	
2006	No	
2007	No	
2008	No	
2009	No	
2010	No	
2011	No	
2012	No	
2013	Yes and no	partly IRIS, partly manual
2014	Yes and no	partly IRIS, partly manual
2015	Yes and no	partly IRIS, partly manual

2. Underlying cause of death selection and modification

Data year	a) only manual selection of underlying cause	b) manual with ACME decision tables (if yes, which version of ACME)	c) ACS utilising ACME decision tables (if yes, which version of ACME)	d) own system (ACS without ACME)	e) Comments
1990	Yes				
1991	Yes				
1992	Yes				
1993	Yes				
1994	Yes				
1995	Yes				
1996	Yes				
1997	Yes				
1998	Yes				
1999	Yes				
2000	Yes				
2001	Yes				
2002	Yes				
2003	Yes				
2004	Yes				
2005	Yes				
2006	Yes				
2007	Yes				
2008	Yes				We are working at automated coding
2009	Yes				We are working at automated coding
2010	Yes				We are working at automated coding
2011	Yes				We are working at automated coding
2012	Yes				We are working at automated coding
2013	No	yes, IRIS 4.4.1. MMDS2015	MMDS2015		From 2013 we are partially coding automatic with IRIS
2014	No	yes, IRIS 4.4.4, MMDS2015	MMDS2015		From 2013 we are partially coding automatic with IRIS
2015	No	yes, IRIS 4.4.4, MMDS2015	MMDS2015		From 2013 we are partially coding automatic with IRIS

3. Information available in the national COD database

Data year	Which information do you store in your national COD database - the underlying cause (UC) only or multiple causes (MC)?

1990	UC + MC
1991	UC + MC
1992	UC + MC
1993	UC + MC
1994	UC + MC
1995	UC + MC
1996	UC + MC
1997	UC + MC
1998	UC + MC
1999	UC + MC
2000	UC + MC
2001	UC + MC
2002	UC + MC
2003	UC + MC
2004	UC + MC
2005	UC + MC
2006	UC + MC
2007	UC + MC
2008	UC + MC
2009	UC + MC
2010	UC + MC
2011	UC + MC
2012	UC + MC
2013	UC + MC
2014	UC + MC
2015	UC+MC

4. Stillbirths and Neonates: Do you have a different death certificate or do you code these data differently from other deaths? If yes, how?
a) Stillbirths
Not a different death certificate, but data from mothers of the stillbirths are recorded on stillbirth cards with the population register

b) Neonates
No

18.4. Data validation
What are the criteria (external source, local registers, …) used for the validation of the coverage?
The Dutch population register
18.5. Data compilation
Not applicable.
18.6. Adjustment
Not applicable.

19. Comment

None.

Related metadata

hlth_cdeath_esms_nl - Causes of death

Annexes

European standard population - revision 2012
Specifications public health themes