METHODOLOGY

The 1990–2000 population numbers were corrected on the basis of population census data of 1 February 2001.

In order to uniform information we publish these corrected numbers and rates calculated on corrected population numbers in our all publications.

1. MAIN DEMOGRAPHIC DATA OF POPULATION

Till 1990 the **population number** is the data of the full-scope population census, between 2000 and 2011 the data are calculated on the basis of the census 1st February 2001, while data from 2012 are calculated on the basis of the census 1st October 2011 by considering natural (live birth, death) vital statistics data as well as data of internal and international migration.

Live birth: (in accordance with UN recommendations) a foetus is live-born if it gives any sign of life (i.e. respiration, heart functioning, pulsation of umbilical cord) after birth, regardless of the length of pregnancy and the length of life after birth.

Death: (in accordance with UN recommendations) the final passing away of all signs of life after live birth at any time, i.e. the cessation of all life functions, without the capacity of revival.

Causes of death: all diseases, morbid conditions or injuries which either resulted in, or contributed to death, and the circumstances of the accident or violence which produced any such injuries.

The grouping of the causes of death has been prepared according to the International Classification of Diseases. The Revision X. of the ICD was introduced since 1 January 1996. This change for the Revision X. does not influence comparability of time series.

The grouping by causes of death was prepared on basis of the detailed list (A00–Y98) of the Revision X. of the International Classification of Diseases – ICD-X. The retrospective data were revised on basis of the ICD-X.

In the former practice the classification of causes of deaths to the appropriate ICD category and the selection of the underlying cause were performed by a traditional (manual) method. During processing the 2005 cause of death data we turned to the automated data processing for the first time. The software we use is recommended by the European Union and it has been adapted to the national specialities. The methodological change slightly modified the structural composition of causes of death and at the same time in given causes of deaths it altered the earlier developed decennial trends.

Entry numbers of motor vehicle accidents according to ICD-X: V02–V04, V09.0; V09.2, V12–V14, V19.0–V19.2, V19.4–V19.6, V20–V29, V30–V39, V40–V49, V50–V59, V60–V69, V70–V79, V80.3–V80.5, V86, V87.0–V87.5, V87.7, V87.8, V88.0–V88.5, V88.7, V88.8, V89.0, V89.2.

Natural increase (decrease): the difference between live births and deaths.

Foetal loss: foetal deaths and induced abortions together.

Foetal death: death of the foetus before birth (prior to the complete expulsion or extraction from the mother), irrespective of the length of pregnancy. Early and medium term foetal death is 24 completed or less weeks of pregnancy. Late foetal death: the pregnancy longer than 24 completed weeks pregnancy.

Induced abortion: the intentional interruption of pregnancy through surgical intervention.

Infant death: death after live birth, before reaching the age of one year. (Still-born children and those deceased on the anniversary of the birth are not counted to infant death.)

Average life expectancy: expresses how long lifetime can be expected by the population of different ages at the mortality rates of the respective years.

Source of data: The full-scale census carried out by the Hungarian Central Statistical Office every ten years; the statistics of vital event based on the registration of marriages, births and deaths; in the case of induced abortion and foetal deaths, the data officially provided by hospitals.

2. PRIMARY HEALTH SERVICE

Primary care: health care chosen by the patient in his/her place of residence or the vicinity, based on a personal relationship and provided long term, regardless of the patient's sex, age and the nature of his/her illness.

Areas of service: general practice (GP) (family doctor), (local) family paediatrician, on-call service, central emergency service, health visitor (MCH nurse), school health and dental service, family and women's care. (69/2002 (IV.12) Government Order).

General practitioner: provides personal, continuous, wide scale, long term basic health care service (health promotion, prevention and treatment diseases) in a given area. In addition to providing treatment and rehabilitation, he/she carries out regular screening, inspection of patients' health status, provides health information, refers patients to further examination by specialized institutions or hospital and certifies the ability to work. The service is provided basically for adults, but at settlements where no local paediatrician service is available he/she treats also children. (4/2000. (II.25.) Ministry of Health).

The general practitioner's services may be operated by the local government, a health institution carrying out local government duties, a health entrepreneur, or private physicians.

Besides those who are registered with him/her a general practitioner with area duties is obliged to provide care to insured people in the area who have chosen another GP, if they are unable to visit their chosen GP (outpatients).

Family paediatrician: provides basic care to children up to age of 14. Upon request he/she may continue to provide care to people aged 14–18 years (4/2000. (II.25.) Ministry of Health).A paediatrician with area duties is obliged to provide care to, besides those who are registered with him/her, insured people in the area who have chosen another doctor, if they are unable to visit their chosen doctor.

Total number of inhabitants registered at GPs/Family paediatricians: those people, who passed their social security card to a chosen General Practitioner/Paediatrician.

Patients' turnover of GPs/Family paediatricians: number of people attending the consulting hours of GPs'/Family Paediatrician, as well as number of cases cared out of GPs' office.

Care out of GPs' office: visits at patient's home and first aid.

District nurse: health care personnel with a nursing qualification holding duties of patient care and, at the instruction of the general practitioner, carrying out certain treatment and regular care duties.

Source of data: National Statistical Data Collection Program (NSDCP) 1021: Report on general practitioners' and family paediatricians' activities.

Mother and child health nurse (MCH nurse): a health professional who has the following scope of duties: protection of women, care of expectant and confined mothers and 0-18-year-old children not attending school, and complex care of families. Her main activities are health care, prevention and health promotion.

The MCH nurse has a college diploma; she works mainly independently, but she keeps regular contact with professionals of the health care-, children welfare and social welfare system. She keeps personal contact with her patients; she provides social, mental and health information and advice, she participates in organizing health screening, immunization, health education and other community programs.

Cared people: pregnant women, the 0–18 years old children (who don't attend any educational institution) and their family being resident in the district of the MCH nurses.

Newly registered pregnant women: women registered for the first time during their actual pregnancy.

Number of the visits of the MCH nurses: in the home of pregnant women, and in the home of children aged 0–18 years, who don't study in an educational institution.

Infants born prematurely: new-born babies who were born before the 37th filled gestation week of the pregnancy.

Home visit: care activity and action of the district MCH nurse in the home of the families.

At the examination of maturity the percentile value of the body mass in respect of body length have to be presented on the basis of the data of the growth and development table (on the basis of the methodological elaboration of the National Institute of Child Health).

- Under 3 percentiles: heavy malnutrition
- Between 3–10 percentiles: moderate malnutrition
- Over 90 percentiles: overnutrition

Consultation of doctor: consultations with the family doctor or the family paediatricians.

Consultation of nurse: independent consultations with the MCH district nurse.

Mobile Services of Specialists (MSS): health care service which provides regular service of gynaecologists and paediatricians to the residents of settlements without specialist at the place.

Source of data: National Health Insurance Fund, NSDCP 2087: Summary reports of MCH nurses.

Occupational health service: a preventive service for identifying, overseeing and studying occupational hazards; compiling related management proposals; adapting labour process to personal mental and physical skills; performing onsite occupational inspection function.

Source of data: Office of the Chief Medical Officer, NSDCP 1485: Report on occupational health service.

3. HOME SPECIAL CARE, HOSPICE CARE

Home special care: according to the 20/1996. (VII. 26.) Ministry of Welfare Decree on home special care, it's an activity performed at the order of insured's medical attendant by specialized nurse at the insured's home or residence.

The Section 2 § (3) of the Decree particularly deals with the special qualifications (physiotherapist, physical therapy assistant, speech therapist qualifications) necessary to provide the **special therapy service**.

Visit: nursing activity performed at the order of patient's medical attendant by specialized nurse at the patent's home or residence.

Case: number of patients, to whom home special care was ordered irrespective the length of care.

Patient: number of cared patient during the year irrespective how many times the nursing was ordered to a patient.

Source of data: National Health Insurance Fund Administration, NSDCP 2108: Report on home special care activity.

4. OUTPATIENT SERVICE

Outpatient service: the examination and treatment of patients referred for or voluntarily attending specialized health care provided by medical staff with special qualification, in an outpatient clinic or an outpatients department of an inpatient institution.

Case of attendance: the attendance of an outpatient at the consultation in one day, without reference to the number of services provided to her/him.

Number of interventions: the number of services provided to an outpatient during one consultation.

Hours worked by a specialist: working hours performed by a specialist in outpatient service during a calendar year.

Hours worked by a non-specialist: on the basis of the financial contract made with the National Health Insurance Fund Administration (NHIFA), hours worked by a non-specialist are separate activities performed in hours worked by a non-specialist ancillary health worker independently in her/his professional competence, under professional guidance of a specialist, but without her/his direct supervision (e.g. physiotherapy, physiotherapy, medical massage, dietetics, laboratory, psychology, medical pedagogy, speech therapy, etc.).

Source of data: National Health Insurance Fund Administration NSDCP 2159: Data on outpatient service turnover.

5. DISPENSARIES

Dispensaries: a curative and preventive health care institution which provides care for outpatients suffering from certain specific diseases (pulmonary, psychiatric-mental, dermato-venereal diseases or tumours, etc.) Dispensaries register and provide regular care for patients found and referred to a dispensary during patient care, furthermore, referred for special examination, found at screening or attending voluntarily the institution.

Patient registered in a dispensary at a specific time (generally at the end of the year) and undergoing regular medical treatment or care (control) in the dispensary.

New patient: a patient newly recorded in the current year; a TB or STD patient who was discharged as cured after a previous treatment but has relapsed; a patient with a malignant tumour who visits an oncological clinic or who is found by screening; or a patient who has not yet been treated with the disease.

Pulmonological dispensaries

Tuberculosis and pulmonological care: all curative and preventive pulmonary activities carried out in TB dispensaries.

There is no obligation to report chronic pulmonary diseases other than tuberculosis and bronchial cancer. Only those patients are registered who attend a pulmonary dispensary.

Patient turnover: includes all attendances of registered TB patients, contact people, non-TB patients, and patients attending for preventive reasons during the year, regardless whether a doctor, an assistant or a nurse dealt with them. Home visits to TB patients are also included here.

Pulmonary screening examination: a medical examination by radiological and photographic methods carried out for the primary purpose of detecting pulmonary tuberculosis and pulmonary tumours.

Due to methodological changes in 2009, comparability of data on non-TB-patients and prevention in Table 5.1 is limited in time.

Source of data: 'Korányi' National Institute of Tuberculosis and Pulmonology, NSDCP 2083: Annual report on pulmonary dispensaries.

Dermato-venereal dispensaries

Dermato-venereal care: a specialist's treatment of patients with skin and sexually-transmitted diseases, the prevention of infections from spreading, by regular interventions, and the supervision of a patient for a specified time.

Source of data: National Health Insurance Fund Administration NSDCP 2084 Operational report of skin and venereal dispensaries; National Center for Epidemiology, NSDCP 2096: Report on STD patients treated in skin and veneral dispensaries.

Psychiatric dispensaries

Psychiatric care: the treatment provided by specialists with regional obligation of medical attendance, for people suffering from chronic psychiatric illnesses during all phases of the illness.

Psychiatric care covers disorders of consciousness, mood disorders, mental retardation, personality disorders and clinical pictures of elderly people. Besides, it provides acute care and short-term follow-up for people suffering from temporary mental disorders.

Source of data: National Health Insurance Fund Administration NSDCP 2086: Report on psychiatric dispensaries.

6. INPATIENT SERVICE

Inpatient service: in the frame of inpatient services medical services (operation, examination or treatment) are provided. These services can be used by a patient upon the suggestion of the General Practitioner (family doctor) or a specialist (or any other authorized person), or at the patients request.

Hospital: a health care institution providing for longer-term patient stays, and, in addition, offering hotel type services.

General hospital: a hospital with several different wards (internal medicine, surgery, obstetrics and gynaecology, etc.).

Specialised hospital: an inpatient institution which provides specialised care for patients with illnesses of the same group, for children, or women giving birth.

Clinic: where patient care is of the highest quality, is an organizational unit of a university of medical sciences training medical personnel. A clinic provides through treatment and preventive activities performed in the frame of territorial health care obligations the theoretical and practical education of a special field of health care on graduate and post-graduate level. A university clinic co-operates with other health care service providers in a specific field, participates in the theoretical and practical development as well as the scientific research activity of a specific field of medicine.

The number of approved hospital beds: the number of hospital beds available on 31 December of the reference year, covered by the operating permit issued by the National Public Health and Medical Officer Service. Spare beds, birthing beds, and beds for attendants, new-born infants, examinations and the health care personnel are not considered hospital beds.

Operating hospital bed: an approved hospital bed suitable for hospitalisation (ready to receive patients after preparations) for at least 6 months during the reference period.

Discharged patient: a patient who, during the year, leaves the hospital or is transferred either to another ward in the same hospital or to another hospital, or who dies.

Number of one day care cases: number of patients whose nursing time didn't reach 24 hours and received one of the interventions defined in the Appendix 9 of Ministry of Welfare Order 9/1993 (IV.2.).

Hospital stay day: care of a patient in hospital for one day.

The average length of stay in hospitals (in days): measured by dividing the total number of hospital days worked during a year by the number of discharged patients.

The bed occupancy rate: the number of hospital days worked expressed as a percentage of the number of workable hospital days.

The hospital mortality rate: the number of deaths in a hospital expressed as a percentage of the total number of patients discharged from there.

Source of data: National Health Insurance Fund Administration, NSDCP 2155: Summary report on hospitals' nursing cases.

7. AMBULANCE SERVICES

National Ambulance Service: the public ambulance service with a competency extended to the whole country, financed by the state. Its mission is the rescue and emergency care on land and in the air and the maintenance of the control system connected to the emergency calls.

Ambulance station: a building integrated into the ambulance care system where no direct patient care is performed, but

– ensures the prompt deployment of the staff and the departure of the cars without delay

– ensure the adequate supply with IT and telecommunication devices

– is able to give place for the residence of the staff being on duty

– is able to store, clean, disinfect and keep ready to deploy the ambulance cars and their medical devices.

Ambulance mission: rescue, delivery, rescue transportation, protected transportation and mobile supervision together.

The number of cases **in the case statistics** is smaller than the total of those for the listed types of duties, because the cases where the ambulance unit did not find a patient at the scene are excluded from the figures.

Rescue: the emergency care of the patient on the scene and transport to the competent medical care provider.

Rescue transportation: ambulance mission when patient is transported – immediately or within two hours – from the place of discovery to a health resort. At least ambulance nurse's attention is needed.

Protected transportation: transportation from a health resort to another health resort with order of a medical doctor. Medical or ambulance nurse's attention is needed.

Mobile supervision: rescue staff standing on the alert, to ensure prompt emergency care at programs, other meetings needing rescue preparedness, according to the personal and material conditions defined in the provision of law.

Ambulance car – patient transport ambulance: a car put in action with an EMT (Emergency Medical Technician) and a car driver, supplied with basic medical devices, working with a radio/mobile phone integrated into the central network of the National Ambulance Care radio system, supplied with warning light and sound devices, and at least one equipment built to stabilize a board able to transport a lying patient and with appropriate desinfectants and with wash proof, desinfectable or changeable seat covers.

Emergency ambulance: an ambulance car working with ambulance officer or ambulance doctor, and equipped with additional diagnostic and therapeutical facilities (e.g. EKG, defibrillator, medicines, intubation devices).

Mobile intensive care unit (MICU): a special ambulance, equipped with additional devices compared to emergency ambulance. It works with a doctor, and the stretcher board is placed in a manner that the patient can be approached from both

sides and from the direction of the head, too. The special devices (using by the specialized doctor) allow of the anaesthesis, multi-parametric monitoring, artificial respiration of the patients, on-site electrotherapy of some arrhythmia (pacemaker), thrombus dissolution. Some kind of intensive therapeutic intervention (e.g. central vein preparation, thorax intubation) can also be performed.

Active/running ambulance: an ambulance determined to complete direct ambulance missions.

Total number of ambulance cars: the total number involves both the running and reserved cars. (The total ambulance stock involves the brand new cars waiting for first deployment and the cars sorted out, too.)

Maintenance journey: the activity of the ambulance car that isn't aimed to perform rescue tasks. For example: trips necessary because of regular maintenance, repair or replacement.

Simple patient transport: transport task performed without emergency, upon the order of a doctor. The indicator does not exist from 2008.

Patient left at the scene: the patient can be cared of on the scene, or the patient refuses care and/or hospital transport, so transport is not performed.

Mass accident: an event which causes injury or illness to more than 5 people at the same time and place, due to the same reason.

Hungarian Air Ambulance Non-profit Ltd.: function of the company is to organize and work on the operation and maintenance of the helicopters, additionally to cover the H.E.M.S. (Helicopter Emergency Medical Service) crew and medical equipment on duty in the air ambulance bases, and primary mission, seconder transport and repatriation.

Primary transport: when the E.M.S. helicopter is the first medical support on the scene.

Secondary transport: number of secondary transports, when the H.E.M.S. crew was not the first medical staff.

Mission: when the helicopter was taken off for patient (primary and secondary, total).

Treated patient: number of the H.E.M.S. crew and patient meeting.

Source of data: National Ambulance Service, National Health Insurance Fund Administration, Hungarian Air Ambulance Non-profit Ltd., NSDCP 1017: Statistical report on the activity of ambulance services and patient transportation.

8. MEDICINE SUPPLY

Subsidy: the total of the health insurance subsidy of medicines.

Consumer price of medicines: gross price aggregating any specific producer / importer price with associated maximized wholesale / retail margins.

Pharmacy: any service provider specialized in supplying medicines; any health care institution performing ancillary medicine retailing functions; may operate in public branch, magistral and institute subunit forms.

Public pharmacy: institute providing primary the direct and complete medicine supply of sick people.

Branch pharmacy: pharmacies operating as stand alone shops in larger pharmacy companies.

Pharmacy of institutes: any institutional subunit supplying medicines for operating any inpatient and veterinary institutes.

Magistral pharmacy: supplementary service providing specific medicines to general practitioners and family paediatricians.

Hospital internal pharmacy: institutional pharmacy subunit providing prescription only medicines for discharged patients and inpatient institute employees.

Data of prescription turnover: the health insurance expense relating the given year from 1 January to 31 December.

Source of data: Office of the Chief Medical Officer, NSDCP 1578: Report on public pharmacies; National Health Insurance Fund Administration, NSDCP 1501: Report on the turnover of public pharmacies.

9. BLOOD TRANSFUSION SERVICE

Blood donor: person, with curative-preventive purpose, giving blood or blood-components for others or himself herself.

Unit of blood transfusion: letting 450 ml (+/- 10 percent; in blood preservation solution) blood in a traditional manner.

Source of data: National Blood Transfusion Service.

10. PERSONNEL OF HEALTH SERVICE

Health personnel: people working in health institutions who hold medical, dental, hygienist or pharmacological degrees or health college diplomas, workers holding primary- or secondary-level health qualifications and people holding non-health qualifications (psychologists, biologists, etc.) and unqualified assistant workers who are involved in health care.

Registered physician: person holding degree of a medical university (physicians, dentists, hygienists).

In Hungary activities which require a graduate doctor (dentist) can only be carried out by a doctor who is in the medical register. Figures for doctors also include doctors working in non-medical jobs and non-working doctors.

Active physician: a doctor who is admitted in the national medical register and is active.

Medical coverage: number of doctors per ten thousand of population, or the number of population per doctor.

Specialist doctor: a graduate doctor (dentist, hygienist) who has passed an examination in some medical specialisation after work on placement for a certain time as specified by the National Medical Specialist Qualifying Committee, and has been awarded a specialist qualification. One doctor may hold more than one specialist qualification, that's why one person can appear in more than one category.

Full-time workers: those whose compulsory daily working time is identical with the standard time specified by the employer for the job.

Part-time workers: those whose working hours are less than that specified as compulsory for the job.

Employment needed for operation: the number of budget-approved posts at the end of the year calculated for number of employees working full-time.

Filled employment: the number of appointed employees' jobs (except external deputies) at the end of the year, calculated for the number of employees working full-time. Included in the number of filled employments are those taken up as additional and secondary jobs.

Ancillary worker: a person with a health college diploma or basic or intermediate health qualification who is involved in health care.

Pharmacist: a person holding degree of a medical university's pharmacology faculty and who is taken up to national register of pharmacists.

Other graduates: people working in health institutions but not carrying out health services (i. e. engineers, lawyers and economists etc.).

MCH nurse: health worker holding a college diploma. Her principal activities involve preventive care for mothers, infants and children. Gives advice and health information.

Midwife: an ancillary worker with a college diploma, working in maternity or gynaecological institutions, wards or clinics, providing care and nursing for pregnant women and women in childbirth, newborns and women patients.

Highly qualified nurse: an ancillary worker with health college diploma.

Ambulance officer: occupation requiring health college qualification. Provides urgent aid to a sick or injured person at the site of an accident or onset of sickness, and during transit. During mobile supervision, undertakes command duties.

Dietician: occupation requiring health college qualification. Makes up diets and provides dietary advice in health institutions and public catering institutions.

Personal care worker: an ancillary worker with infant and child care qualification providing care and nutrition of healthy infants and children. Specialised personal care worker: cares for patients in dispensaries, hospitals, and medical children's homes.

Nurse: a person with an intermediate or basic health qualification. Carries out duties of patient care and medical duties under instructions of a doctor. Specialized nurse: provides nursing and care for patients under medical treatment in clinics, teaching hospitals, sanatoria and other health institutions (infant and child nurse, neuro- and mental hygienic nurse, etc).

General assistant: an ancillary worker with intermediate qualification who assists doctors in examination and treatment of patients and carries out independent health duties appropriate to his or her qualification. Specialized assistant: a person who also carries out specialised medical duties in a particular area (eg: dentistry, radiology, laboratory work, etc).

Orderly: unqualified person who carries out transport of patients to the place of treatment or operating room and subsequently returns them to the ward.

Dresser: prepares a patient for operation and prepares the operating room.

Source of data: Health Registration and Training Center, NSDCP 1589: Statistics on the distribution of physicians by region, specialist qualification, age and sex; NSDCP 1019: Report on personnel of health service; Health Registration and Training Center NSDCP 2095: Report on health examinations of physicians, dentists, pharmacists, psychologists.

11. INFECTIOUS DISEASES, VACCINATION

Reported acute infectious diseases: all acute infectious diseases which have to be reported with reporting obligation according to the decree, and for which, when it is detected, demand epidemiological public health measures are necessary to be taken to prevent the diseases from further spreading of the disease.

Case of food poisoning: depending on the number of people affected can be: solitary (1–5), group (6–30) or mass (over 30).

Number of diseases caused food poisoning: number of people who became ill from food poisoning.

Number of HIV-infected persons: number of Human Immunodeficiency Virus-infected persons by the year of verification (by blood-test). The number of HIV-infected persons also includes the number of AIDS (Acquired Immunodeficiency Syndrome)-patients reported in the reference year.

Source of data: National Center for Epidemiology, NSDCP 1561: Reported infectious diseases, NSDCP 1565: Estimated number of patients with influenza and influenza-like diseases during the epidemic, NSDCP 1573: Report on HIV infection, NSDCP 1566: Report on vaccination; National Institute of Food Hygiene and Nutrition, NSDCP 1560: Summary of diseases originated of food poisoning.

12. DISEASES REGISTERED IN PRIMARY CARE SERVICES

Diseases of registered at the general practitioners' and family paediatricians' service: source of data is the morbidity survey carried out every two years in connection with the obligatory data collections under the title "Report on general practitioners' and family paediatricians' activities. Also those patients were included in the multitude of the observations who were treated or cared for in another health institution, but were indicated in the GP's registration, too.

Data do not indicate the number of people but the number of the diseases of the individuals (a person can have also several diseases indicated in the registration). The rates were calculated per ten thousand population of respective age and sex. At the inclusion in the age-group the age completed in 2013 was taken into consideration. Denomination of the diseases was performed according to the Xth revision of ICD.

Source of data: NSDCP 1021: Report on general practitioners' and family paediatricians' activities.

School health service

Denomination of the diseases was performed according to the Xth revision of ICD.

Details of the observed grades:

- pupils of 2nd grade of educational institutions (8 years old pupils)
- pupils of 4th grade of educational institutions (10 years old pupils)
- pupils of 6th grade of educational institutions (12 years old pupils)
- pupils of 8th grade of educational institutions (14 years old pupils)
- pupils of 10th grade of educational institutions (16 years old pupils)
- pupils of 12th grade of educational institutions (18 years old pupils)

Source of data: National Health Insurance Fund Administration, NSDCP 2100: Report on school health service.

Cases with congenital anomalies

Congenital anomalies are morphological, biochemical or functional disorders developing – as an effect of genetic or environmental factors – in the foetal life and are noticed at birth (or in the prenatal or postnatal period).

When using data, it has to be taken into consideration that disproportions in the number of reports do not make possible to get all- inclusive picture on the real situation.

Source of data: Office of the Chief Medical Officer, Hungarian Congenital Abnormality Registry, NSDCP 2101: Summary report on newborn children with congenital anomalies.

Occupational health service

Occupational diseases: an acute and chronic health damage occurring in the course of work, in relation of occupation, or chronic health damage occurring after employment, and arising from occupational hazards, like physical, chemical, biological, psycho-social and ergonomic factors or from using the worker's resources to a higher or lower extent than the optimum.

Source of data: Office of the Chief Medical Officer, NSDCP 1572: Report on occupational diseases.

13. DISEASES REGISTERED IN DISPENSARIES

Pulmonological care

New TB patients (incidence): patients detected early by screening but for whom bacteriological tests prove negative early cases and for whom sensitivity to bacteriological test is not 100 per cent, and those certified bacteriologically positive.

A patient needing further treatment is one who is bacteriologically negative and is treated for a further year; a new patient diagnosed bacteriologically who requires treatment for more than one year; and a patient who remains Koch-positive after two years have elapsed following his registration. Active TB patients: new patients and those subject to further treatment. A patient under observation: registered patients kept under close observation for two years due to safety reasons.

Registered TB patients (prevalence): TB patients registered as active and under observation at a certain date, usually the last day of the reference year (31 December), including other (non-pulmonary) TB patients, too. Since 1996, in accordance with a WHO recommendation, patients under observation have not been included.

Clarification of diagnosis: a procedure to be applied if there is uncertainty regarding the origin (e.g. tumour, TB, fungal growth, etc.) of the lesion.

Registered non-TB pulmonary patients: patients under treatment in a pulmonary dispensary at a specific date (31 December) because of a chronic non-TB pulmonary disease.

Bronchitis patients with obstruction: patient who has a permanent impairment. She/he requires regular specialist care.

Source of data: 'Korányi' National Institute of Tuberculosis and Pulmonology, NSDCP 2083: Annual report on pulmonary dispensaries.

Psychiatric and addictological care

Psychiatric patient: a person admitted to a psychiatric institution because of mental or behavioural dysfunction.

Estimated number of alcohol addicts: a datum derived from the number of deaths from liver cirrhosis, using the Jellinek formula (the number of deaths due to liver cirrhosis multiplied by 144).

A registered alcohol addict: a person who was treated or taken under care in an addictology or psychiatric dispensary because of alcoholism, and attended the dispensary at least once during the year.

Source of data: National Health Insurance Fund Administration NSDCP 2086: Report on psychiatric dispensaries, Office of the Chief Medical Officer, National Center for Epidemiology, NSDCP 2096: Report on STD patients treated in skin and veneral dispensaries, NSDCP 2088: Report on care of addictological patients; National Health Insurance Fund Administration, NSDCP 2155: Summary report on nursing cases of hospitals.

Treatment and mortality of drug users

Drug users: people who consumed drugs daily or occasionally and were registered in the registrations of drug ambulances and drug centres, psychiatric dispensaries, child and youth psychiatric wards and special ambulances, crises intervention wards, alcohology and addictology dispensaries and wards or special ambulances, drug therapeutic institutions.

Data have to be treated with the greatest possible care because of the uncertainty of data suppliers and other circumstances of data information.

Source of data: National Public Health and Medical Officer Service, NSDCP 2105: Report on drug consumers and their treatment.

Drug poisoning induced deaths: deaths due to an accident, an intentional self-harm, an assault or an event of undetermined intent that were caused by drug poisoning. The categories of drugs listed in Table 13.27 are composed from the following ICD-codes: opiates: T40.0–T40.4, cocaine type: T40.5, cannabis type: T40.7, hallucinogens (LSD): T40.8, amphetamine type: T43.6–T43.9, sedative type: T42.3–T42.4, T42.6–T42.7, organic solvents: T52.0–T52.9, other narcotics: T40.6, T40.9.

Source of data: complete accounting of deaths based on the HCSO data collections performed on the „Death Record" and the „Certificate on the Examination of the Deceased" according to the 1993 Act No XLVI.

New diagnosed malignant neoplasms

New malignant neoplasm patient (incidence): whom were diagnosed with cancer during cancer screening provided by inpatient institutes, the oncology network or other health care institutes and who were registered at the National Cancer Register. The National Cancer Register examine the whole population, and from the reports upon the discovered tumours build up a database where the observation unit is the diagnosed malignant neoplasms. The cancer types are denominated according to the X th.revision of ICD.

Data collected by National Cancer Register are under permanent revision according to the practice of European cancer centers, so data have to be treated in respect of the solid correction of data on previous year and high probability of retrospective correction of data on 3–5 years before.

Source of data: The National Institute of Oncology, NSDCP 1549: Summary report on neoplasms by National Cancer Register.

14. PERSONS WITH REDUCED WORKING CAPACITY, PERSONS WITH DEFICIENCY

Persons in working age were **disabled – according the rules before 1. January 2012** - who's total health status was less than 60% and – considering his/her abilities and living conditions – the assessment committee not suggested for rehabilitation.

The 2011 year CXCI. Act redesigned the social support system including disability benefit system i.e. entitlement conditions for benefits and allowances and their amounts. The new Law entered into force at 1. January 2012. Since then the official wording is **"persons with reduced working capacity**" instead of "disabled"

According the new rules the persons with reduced working capacity can be obtained disability allowance (instead of disability pension) or rehabilitation benefit depending on their officially stated working capacity. Rehabilitation benefit can be obtained by those whose working capacity can be restored or needed long term occupational rehabilitation. Others not suggested for rehabilitation can be entitled to disability allowance. The complex assessment concern to new claimants and involve the attendees of periodic mandatory checks.

Categories of reduced working capacity:

I. Total health status is 1-30%; of which: Group D (unable to work but not requiring other's care), Group E (completely unable to work and requiring other's care).

II. Total health status is 31-50%; of which Group C1 (with a possibility for rehabilitation), Group C2 (without a possibility of rehabilitation).

III. Total health status is 51-60%; in which: Group B1 (with a possibility for rehabilitation, suggested for complex rehabilitation (rehabilitation annuity)), Group B2 (without a possibility of rehabilitation complex rehabilitation is not suggested).

Rehabilitation benefit: The entitlement of allowance and the suggestion for complex rehabilitation is based on the opinion of social and rehabilitation expert committee. All those persons who belong to Group B1 and C1 are entitled to rehabilitation benefit if the other conditions of eligibility are met. The length of obtaining rehabilitation annuity can be maximum 3 years.

Disability allowance: persons who belong to Group B2 and C2, E and D are entitled to disability allowance if the other conditions of eligibility are met. The amount of the disability allowance can be equal to the minimal pension (or higher depending on the previous earnings) but can not exceed three times of that.

Population of working age: total number of persons 16–65 years old.

The in time comparison of officially stated health deterioration data (reduced working capacity) can be limited due to the significant transformation of the social support system and the major changes in the entitlement criteria. These results should be interpreted cautiously.

Source of data: National Rehabilitation and Social Office and Government Office of Budapest, Government Offices, NSDCP 2064: Statistical Report on activity of National Rehabilitation and Social Office.

Person with deficiency: the population census in 2011, regarded as disabled (person with deficiency) who – by his/her own admission – has got permanent physical, mental (psychological) or sensory deficiency independently whether it limits him/her in the participation of usual, expectable social activities or the daily life.

Type of deficiency: in the questionnaire of the population census in 2011 three deficiencies could be indicated at the most. In tables showing data by type of deficiency the summary of deficiency types can be higher than the number of persons living with deficiency (in the last row of the tables) due to multiple answer possibility. Compared to the previous census (in 2001) the main reason of disability (the most serious deficiency) could not be indicated.

Source of data: Hungarian Central Statistical Office, Population census 2011.

15. ACCIDENTS, SUICIDES

Road traffic accidents involving personal injury: incidental, unintentional road traffic occurrence in which at least one moving vehicle was involved and which resulted in one or more persons death or injury within 30 days after the occurrence.

Persons killed due to road traffic accident: those, who were killed outright, or who died within 30 days as a result of the accident.

Persons seriously injured due to road traffic accident: those who sustained serious casualty, bruise or any other injury healing beyond eight days or which necessitated hospital care due to the accident.

Persons slightly injured due to road traffic accident: those whose wounds (dislocations, bruises) due to the accident recover within eight days after the accident.

Children victims of road accidents: killed or injured people up to the age of 14 years.

Source of data: NSDCP 1009: Report on road traffic accidents involving personal injury.

Accident at work: a reported accident healing over three day incapacity to work, which occurred to an employee in the course of work or in relation to it, irrespective of the place and time of the accident and the extent of active involvement of the employee (injured).

Fatal accident at work: an accident at work the victim of which dies within one year after the accident, as a result of the accident as attested by a doctor's opinion.

Data on accidents at work according to the European Statistics on Accident at Work (ESAW): Data from harmonised data collection of European Union on accidents at work. Under the terms of the Commission Regulation (EU) No 349/2011 of 11 April 2011 Member States shall transmit microdata on persons who had an accident in the course of work during the reference period and the associated metadata according to the methodology of European Statistics on Accident at Work.

Data on accidents at work and their metadata are published by Eurostat on the following website: http://ec.europa.eu/eurostat/data/database.

Source of data: Ministry of National Economy, Hungarian Office for Mining and Geology, NSDCP 2063: Data on accidents at work according to the European Statistics on Accidents at Work (ESAW).

Fatal home accident: death resulting from an accident which occurred in the victim's place of residence. All fatal events the direct causes of which were home accidents, regardless of the time between the accident and the time of death, are counted as fatal home accidents. Between 2005 and 2012 the classification of the nature of injury (tables 15.7. and 15.8.) was carried out by considering all injuries reported on the Death Certificate. However from 2013 the rules of selection of the main injury published by the WHO are applied.

Source of data: complete accounting of deaths based on the HCSO data collections performed on the „Death Record" and the „Certificate on the Examination of the Deceased" according to the 1993 Act No XLVI.

Fire cases: a process of burning which causes danger to life, bodily integrity or material property, or which causes damage to these. A person killed or injured in a fire is one who is registered by the fire brigade as having died or having been injured at the spot of the accident.

Emergency case: elementary damage, accident, technological irregularity, technical breakdown, release of dangerous material or an emergency caused by some other act. (For definition of deaths and injuries at an emergency, see that for fire outbreak.)

Source of data: National Directorate General for Disaster Management, NSDCP 1219: Statistics on fire and emergency cases.

Suicide: data refer to cases ending with death, excluding attempts for suicide. The regional grouping of data has been done according to the actual place of residence of the deceased, and listing to different age-groups has been done according to filled-in age. The time series of table 15.11. based on the following conversion of ICD categories: Hanging, strangulation: E953.0–953.9→X70; Drug intoxication: E950.0–952.9→X60–66; X68–69; Drowing: E954→X71; Jumping before moving vehicle: E958.0; E958,5→X81–82; Firearm and explosive material: E955.0–955.9→X72–75; Jumping down from a high place: E957.0–957.9→X80; Cutting, stabling tool: E956→X78; Other methods:E951,0–952,9; E958.1–958.4; E958,6–958,9→X67; X76–77, X79.

Source of data: complete accounting of deaths based on the HCSO data collections performed on the "Death Record" and the "Certificate on the Examination of the Deceased" according to the 1993 Act No XLVI.

16. HEALTH INSURANCE, HEALTH EXPENDITURES, PRICES, EARNINGS

Sick pay: on the basis of social security regulations, it is an income replacement paid for the period of inability to earn for calendar days. After utilization of the sick-leave days, the employee receives sick-pay except for child-care sick-pay and occupational accidents, when sick-pay is due from the first day of sickness. The amount of sick-pay represents 70%, from 1 August 2009 60% of the daily average earnings in case of min. 2 years of continuously insured time, or 60%, from 1 August 2009 50% for the period of hospital care or in case of shorter insured time.

Sick pay days: those of the days of unfitness to work for which the insured person received sick pay (in calendar days).

Sick pay case: cases of unfitness for work for which sick pay was paid and which started during the accounting period.

Accident sick pay is payable to an insured person or a person entitled to accident benefit and who becomes unfit for work by consequence of an industrial accident or occupational disease. Self-employed people conducting supplementary economic activity and employed pensioners are entitled to accident health care service and accident sick pay.

Sick leave: the Employment Code Act, no. XXII of 1992, Clause 137, provides that an employee is entitled to 15 days' sick leave per calendar year to cover periods of unfitness for work occurring by reason of sickness. The employer bears the expenses of sick leave. (Between 1 January 1992 and 31 December 1995, sick leave was set as 10 working days.) Sick leave may be taken in the case of unfitness for work occurring for reasons of the employee's own sickness, except for cases of industrial accident or occupational disease. Its amount is equals to the 70% of the average earnings of given month till 30 June 1997, from 1 July 1997 to the 80 per cent, from 1 August 2009 to the 70% of the employee's absence fee.

An employee entitled to sick leave within the calendar year may only receive sick pay after his or her sick leave entitlement has been completely exhausted.

Source of data: National Health Insurance Fund Administration.

Personal basic wage: payroll wage (in the competitive sector), salary (at civil servants), basic salary + supplement (at government officials) regarding given month.

Gross earnings: total earning accounted in the observed month + 1/12 part of non-monthly premiums, bonus and 13th month salary paid in the preceding year.

Source of data: Ministry of National Economy; NSDCP 1405: Data on personal wages and earnings, NSDCP 1668: Data on personal fees and earnings.

Health care expenditure: Expenditure on health data is based on the international health accounts methodology (A System of Health Accounts 2011 Edition), and does not contain data on investments.

Current expenditure on health measures the final use of resident units of health care goods and services.

Financing schemes: The government schemes and compulsory health care financing schemes contain governmental and local governmental health care expenditure as well as the expenses of the Health Insurance Fund; the voluntary health care payment schemes contain the voluntary health funds, Non Profit financing schemes and enterprise financing schemes; the household out-of-pocket payments contain the direct payments of the households.

Health care providers: are those industries where the health care is the main activity.

Source of data, see:
http://www.ksh.hu/apps/meta.objektum?p_lang=EN&p_menu_id=110&p_ot_id=100&p_obj_id=FEC

Non-budgetary health care providers: businesses, individual businesses, churches, foundations, public foundations as well as non-profit organizations and other organizations not constituting a legal entity determined by special legislation, which main activity is health care.

Data are collected according to the methodology of National Health Account from the representative sample of private health care providers.

Source of data: NSDCP 2016: Revenues and expenditures of non-budgetary health care providers.

17. INTERNATIONAL DATA

Terms used in this section can be find in the source publications. Data in this chapter referring to Hungary were computed in line with the internationally harmonized methodology (in order to ensure comparability between countries) and may differ from the data published in the other chapters of the yearbook.

Source of data: Eurostat Database; European Health for All Database, World Health Organization Regional Office for Europe; OECD Health Data 2016.