

Public health compared across Europe

EUPHIX - EU Public Health Information & Knowledge System

EUPHIX is a web-based knowledge system for health professionals, policy makers and others. It presents structured European public health information, giving a special insight into similarities and differences between EU Member States.

Type of information presented on EUPHIX

- text, giving an overview of the latest scientific knowledge
- data, in tables, interactive figures and dynamic maps
- hyperlinks to websites of relevant projects and organisations
- hyperlinks between related topics and issues
- references and links to literature and data sources

Public health topics on EUPHIX

EUPHIX.org covers health and health policy-related issues such as life-expectancy, specific diseases, alcohol consumption, tobacco policies and vaccinations. All topics from the shortlist of EC Health Indicators are presented, including health care and policy topics.

EUPHIX information is developed by health experts

Text and data on EUPHIX.org are written and reviewed by the EUPHIX Expert Network, a team of over 40 health experts. EUPHIX also serves as a platform for European Public Health projects to present their results. Please contact info@euphix.org about contributing.



Why use EUPHIX?

- policy relevant (based on EC Health Indicators)
- web-based
- connects related topics
- quick comparison between EU countries
- regular updates and additions
- a platform for results of European projects
- developed by a broad expert network

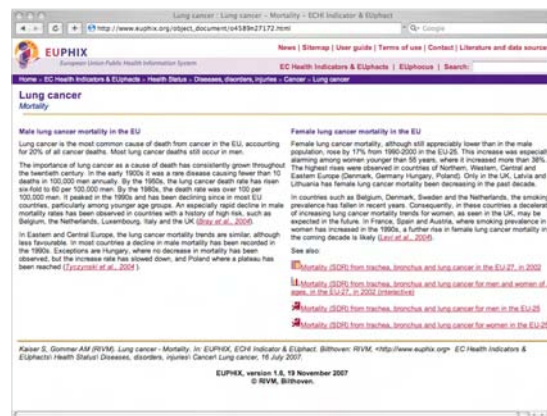


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Partners of the EUPHIX project are: WHO Regional Office for Europe; London School of Hygiene and Tropical Medicine (UK); Norwegian Institute of Public Health (Norway); HealthMonitor Research and Consultancy (Hungary); National Institute of Public Health (Denmark); Robert Koch Institute (Germany); Institute of Public Health Nordrhein Westfalen LÖGD (Germany); Observatoire Régional de la Santé du Languedoc-Roussillon (France); National Institute of Public Health (Finland); Scientific Institute of Public Health (Belgium); Austrian Health Institute ÖBIG (Austria); National Board of Health and Welfare (Sweden).

Easy-to-read text with references and links



Lung cancer - Mortality - ECH Indicator & Elphact

Lung cancer Mortality

Male lung cancer mortality in the EU
Lung cancer is the most common cause of death from cancer in the EU, accounting for 20% of all cancer deaths. Most lung cancer deaths still occur in men. The importance of lung cancer as a cause of death has considerably grown throughout the twentieth century. In the early 1920s it was a rare disease causing fewer than 10 deaths in 100,000 men annually. By the 1950s, the lung cancer death rate had risen six fold to 60 per 100,000 men. By the 1980s, the death rate was over 100 per 100,000 men. It peaked in the 1980s and has been declining since in most EU countries, particularly among younger age groups. An especially rapid decline in male mortality rates has been observed in countries with a history of high risk, such as Belgium, the Netherlands, Luxembourg, Italy and the UK ([Steyn et al., 2005](#)).

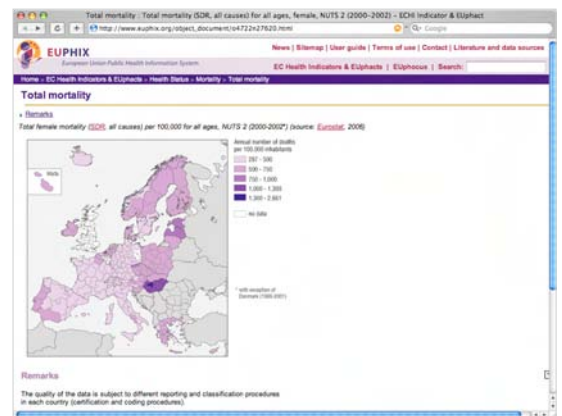
Female lung cancer mortality in the EU
Female lung cancer mortality, although still appreciably lower than in the male population, rose by 17% from 1960-2000 in the EU-25. This increase was especially striking among women younger than 65 years, when it increased more than 30%. The highest rises were observed in countries of Northern, Western, Central and Eastern Europe (Denmark, Germany, Hungary, Poland). Only in the UK, Latvia and Lithuania has female lung cancer mortality been decreasing in the past decade. In countries such as Belgium, Denmark, Sweden and the Netherlands, the smoking prevalence has fallen in recent years. Consequently, in these countries a deceleration of increasing lung cancer mortality trends for women, as seen in the UK, may be expected in the future. In France, Spain and Austria, where smoking prevalence in women has increased in the 1990s, a further rise in female lung cancer mortality in the coming decade is likely ([Lai et al., 2005](#)).

See also:
[Mortality \(SDR\) from trachea, bronchus and lung cancer in the EU-27, in 2002](#)
[Mortality \(SDR\) from trachea, bronchus and lung cancer for men and women of all ages in the EU-27, in 2002 \(interactive\)](#)
[Mortality \(SDR\) from trachea, bronchus and lung cancer for men in the EU-25](#)
[Mortality \(SDR\) from trachea, bronchus and lung cancer for women in the EU-25](#)

Xavier S. Guimera *AM RIVM*, Lung cancer - Mortality, in: *EUPHIX, ECH Indicator & Elphact*. Bithoven: RIVM. <http://www.euphix.org> EC Health Indicator & Elphact (Health Status) Disease, disorders, injuries Cancer Lung cancer, 18 July 2007

EUPHIX, version 1.6, 19 November 2007
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Dynamic maps



Total mortality - Total mortality (SDR, all causes) for all ages, female, NUTS 2 (2000-2002) - ECH Indicator & Elphact

Total mortality

Total female mortality (SDR, all causes) per 100,000 for all ages, NUTS 2 (2000-2002) (source: Eurostat, 2006)

Annual number of deaths per 100,000 inhabitants

- 1,000 - 1,040
- 1,040 - 1,080
- 1,080 - 1,120
- 1,120 - 1,160
- 1,160 - 1,200
- > 1,200

100,000 inhabitants (source: Eurostat, 2006)

Remarks
The quality of the data is subject to different reporting and classification procedures in each country (nomenclature and coding procedures).

Easy browsing



Alcohol use - ECH Indicator & Elphact

Alcohol use

Statistics
The Elphact has been internally edited.

Summary
Definition and scope
Occurrence
Consequences for individuals and society
Causes and risk factors
Interventions

Links
Related ECH indicators, Elphacts and Elphact
Relevant databases, organisations and projects

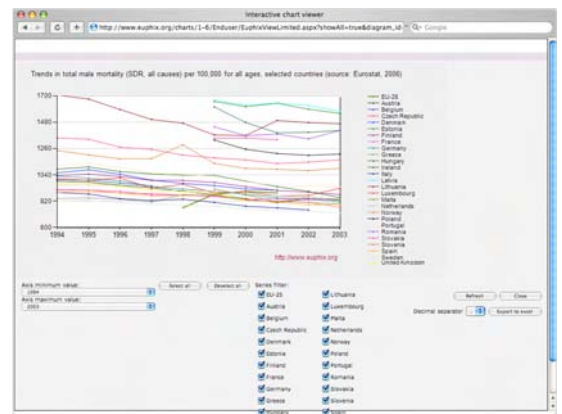
Data presentation
Tables, figures and maps

Authors, editors and reviewers
Authors, editors and reviewers Alcohol use Elphact

Literature and data sources

EUPHIX, ECH Indicator & Elphact. Bithoven: RIVM. <http://www.euphix.org> version 1.6, 19 November 2007

Interactive data presentations



Interactive chart viewer

Trends in total male mortality (SDR, all causes) per 100,000 for all ages, selected countries (source: Eurostat, 2006)

1700
1400
1200
1000
800

1994 1995 1996 1997 1998 1999 2000 2001 2002 2003

http://www.euphix.org

Axis minimum value: 800
Axis maximum value: 1700
Series from: EU-25, Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom

Default selection: EU-25, Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom

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