

**Form D-3: Morbidity Statistics (continued)**

Please indicate the names of the diseases of which all cases are reported/registered to the public health or other authorities. Please use extra sheets if necessary.

Name of disease	Name of the law and regulations providing basis for collecting statistics *	Name of the authority notified primarily
<p><b>NHMRC-endorsed nationally notifiable communicable diseases</b>  <b>Blood-borne diseases</b></p>	<p>The National Health and Medical Research Council (NHMRC) recommends certain communicable diseases for national notification in Australia under the <i>National Health and Medical Research Council Act 1992</i>. Notifications of these diseases are made to the State or Territory health authority under the provisions of the public health legislation in each State or Territory. Each State or Territory health authority determines which of the NHMRC-endorsed diseases will be notifiable within its jurisdiction, and which notifications are accepted as satisfying criteria which in some cases may differ from the NHMRC case definitions.                      In addition to the nationally notifiable diseases (listed below), each State and Territory in Australia can determine extra diseases for notification (see Form D3 Attachment)</p>	<p>Notifications are made to the State or Territory health authority.</p>
Hepatitis B (incident)		
Hepatitis B (unspecified)		
Hepatitis C (incident and unspecified)		
Hepatitis D		

Hepatitis - not elsewhere classified (NEC)		
Human immunodeficiency (HIV) infection		
Acquired immunodeficiency syndrome (AIDS)		
<b>Gastrointestinal diseases</b>		
Botulism (foodborne)		
Campylobacteriosis		
Cryptosporidiosis		
Haemolytic uraemic syndrome (HUS)		
Hepatitis A		
Hepatitis E		
Listeriosis		
Salmonellosis (including paratyphoid)		
Shigellosis		
Shiga toxin-producing <i>Escherichia coli</i> /verotoxigenic <i>E. coli</i> (SLTEC/VTEC)		
Typhoid		
<b>Quarantinable diseases</b>		
Cholera		

Plague			
Rabies			
Viral haemorrhagic fevers (quarantinable)			
Yellow fever			
<u>Sexually transmitted infections</u>			
Chlamydia trachomatis			
Donovanosis			
Gonococcal infection			
Syphilis (including congenital syphilis)			
<u>Vaccine preventable diseases</u>			
Diphtheria			
<i>Haemophilus influenzae</i> type b (HIB) (invasive only)			
Influenza (laboratory-confirmed)			
Measles			
Mumps			
Pertussis (whooping cough)			

Pneumococcal infection (invasive)		
Polioyelitis		
Rubella (including congenital rubella)		
Tetanus		
<u>Vector-borne diseases</u>		
Arboviruses – not elsewhere classified (NEC)		
Barmah Forest virus		
Dengue virus		
Japanese encephalitis virus		
Kunjin virus		
Malaria		
Murray Valley encephalitis virus		
Ross River virus		
<u>Zoonoses</u>		
Anthrax		
Australian bat lyssavirus		

Brucellosis			
Leptospirosis			
Lyssavirus – not elsewhere classified (NEC)			
Ornithosis (psittacosis)			
Q Fever			
<b>Other diseases</b>			
Legionellosis			
Leprosy			
Meningococcal infection			
Tuberculosis			
<b>Other, non-communicable, diseases</b>			
Cancer	Cancer is a notifiable disease in all States and Territories and cancer registration is required under State and Territory legislation. National cancer information from the State/Territory cancer registries is collated by the AIHW under the authority of the <i>Australian Institute of Health and Welfare Act 1987</i> .	The cancer registrations are collated by cancer registries which are supported by a mix of State and Territory government and non-government charity organisations. State and Territory cancer registries obtain their information from hospital, pathology, radiotherapy and physician records depending on which bodies are specified in the legislation.	
Diabetes	The AIHW under the authority of the <i>Australian Institute of Health and Welfare Act 1987</i> maintains a National Insulin-Treated Diabetes Register under a Memorandum of Understanding with the Commonwealth Department of Health and Ageing.	Records are provided to the AIHW by Diabetes Australia (which administers the National Diabetic Services Scheme, a Commonwealth government program that provides the products needed for the self-management of diabetes) and the Australasian Paediatric Endocrine Group (the	

	The Register currently includes new cases of insulin-treated diabetes mellitus from 1 January 1999 where consent has been provided for inclusion on the Register. The Register includes people with all types of diabetes (Type 1, Type 2, gestational diabetes and other forms of diabetes). The Department of Health and Ageing is responsible for a CJD Case Registry monitoring system ( <i>National Health Act 1953</i> ).	professional organisation of paediatric endocrinologists which collects diagnosis information on children aged 15 years and under with Type 1 diabetes.
Creutzfeldt-Jacob Disease (CJD)		CJD Case Registry information is provided to the Department of Pathology, University of Melbourne, which maintains the registry on behalf of the Commonwealth Department of Health and Ageing.
Congenital malformations	The AIHW National Congenital Malformations Monitoring System is conducted under the authority of the <i>Australian Institute of Health and Welfare Act 1987</i>	Clinicians, midwives, medical record administrators, pathologists and cytogeneticists, provide notification forms to each State and Territory body responsible for perinatal data collection and birth defects registers (State and Territory health departments in NSW, Vic, Qld, SA, WA, NT, ACT; the Royal Australian College of Obstetricians and Gynaecologists and the Department of Health and Family Services in Tas)

\*: In original language with its English or French translation

## Form D3 Attachment

### State/Territory-specific notifiable communicable diseases

The following diseases are not nationally notifiable but are notifiable in at least one State/Territory

- Acute flaccid paralysis
- Acute post-streptococcal glomerulonephritis
- Acute rheumatic fever
- Adverse event following immunisation
- Amoebiasis
- Amoebic meningitis
- Atypical mycobacterial disease
- Bunyavirus infections (not included in arbovirus NEC)
- Chancroid

Chlamydial conjunctivitis  
Ciguatera poisoning  
Echinococcosis (hydatid disease)  
Elevated lead levels  
Equine morbillivirus (Hendra virus) infection  
Foodborne or waterborne disease in 2 or more related cases (confirmed or suspected)  
Gastroenteritis among people of any age, in an institution (eg among persons in educational or residential institutions)  
Giardiasis  
Human T-cell lymphotropic virus  
Lymphogranuloma Venereum  
Melioidosis  
Methicillin-resistant Staphylococcus aureus infection  
Mycobacterial infection  
Relapsing fever  
Rickettsial infection (including Flinders Island spotted fever and others)  
Rotavirus infection  
Scarlet fever  
Schistosomiasis (Bilharzia)  
Smallpox  
Taeniasis

Thrombotic thrombocytopenia purpura (TTP)  
Trichomoniasis  
Typhus (all forms)  
Typhus (epidemic)  
Typhus (Rickettsial infection)  
Vancomycin resistant enterococci  
Vibrio food poisoning infection  
Yersiniosis



回答

フィンランド

**Form A-1: Population and Vital Statistics – Population, Live Births and Deaths**

Please provide information regarding the scheme for the collection of respective statistic data.

	Resident Population	Number of Live Births	Number of Deaths
Name of the law and regulations providing basis for collecting statistics *		Väestötietolaki I a luku 886/1993 Population Information Decree, Paragraph I, 886/1993 Väestötietolaki 507/1993 Population information Act 507/1993	Laki 858/97 Act 858/97
Time interval between consecutive surveys	Provisional data: 1 month Final data: 1 year		
Year of the latest survey	Final: 2000		
Criteria for the survey (all residents or only those who have the country's citizenship)	All residents living permanently in the country	Children of women living permanently in Finland	
Government branches/offices responsible for the survey	Population Register Centre Statistics Finland	Population Register Centre Statistics Finland	Population Register Centre Statistics Finland
Other agencies, local and/or central, involved in the implementation of the survey **	Register office of each jurisdictional district Evangelic-Lutheran and Greek Orthodox parishes		
Problems, if any, technical or other, of the survey; plans for future change			

\* : In original language with its English or French translation.

\*\* : Please provide on the next sheet A-2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

**Form A-2: Population and Vital Statistics (continued)**

**Please provide a flow chart of the administrative structures through which vital health information is collected and transmitted upwards**

**Form B-1: Health Personnel Statistics**

Please provide information regarding the scheme for the survey or reporting of numbers of medical doctors, dentists, pharmacists and nurses (those professionally active and/or licensees).

	Number of medical doctors	Number of dentists	Number of pharmacists	Number of nurses
Name of the law and regulations providing basis for collecting statistics *				
Time interval between consecutive surveys	Employment based on a yearly register Licenses Register updated continuously	Employment based on a yearly register Licenses Register updated continuously	Employment based on a yearly register Licenses Register updated continuously	Employment based on a yearly register Licenses Register updated continuously
Year of the latest survey	2000 (normally statistics available for the year y-1)	2000 (normally statistics available for the year y-1)	2000 (normally statistics available for the year y-1)	2000 (normally statistics available for the year y-1)
Modality of survey (self reporting board registration, etc.)	Professional activity registered by Statistics of Finland A combination of Register on Labor Force and Register of Education, licensed registered by TEO ((National Authority for Medicolegal Affairs)	Professional activity registered by Statistics of Finland A combination of Register on Labor Force and Register of Education, licensed registered by TEO ((National Authority for Medicolegal Affairs)	Professional activity registered by Statistics of Finland A combination of Register on Labor Force and Register of Education, licensed registered by TEO ((National Authority for Medicolegal Affairs)	Professional activity registered by Statistics of Finland A combination of Register on Labor Force and Register of Education, licensed registered by TEO ((National Authority for Medicolegal Affairs)
Criteria for survey (all licensees or only those professionally active)	Both – based on education and profession	Both – based on education and profession	Both – based on education and profession	Both – based on education and profession
Government branches/ offices responsible for the survey	no survey – register by Statistics Finland	no survey – register by Statistics Finland	no survey – register by Statistics Finland	no survey – register by Statistics Finland
Other agencies or bodies involved in the implementation of the survey **	TEO = (National Authority for Medicolegal Affairs), a branch of the Ministry of Health and Social Welfare)	TEO = (National Authority for Medicolegal Affairs), a branch of the Ministry of Health and Social Welfare)	TEO = (National Authority for Medicolegal Affairs), a branch of the Ministry of Health and Social Welfare)	TEO = (National Authority for Medicolegal Affairs), a branch of the Ministry of Health and Social Welfare)
Is the licensing/registration valid permanently or to be renewed periodically (if so what is the interval)?	When licensed, professionals will keep their status if not Validation Checking done by	When licensed, professionals will keep their status if no incompetence's or misuse of practice. Validation and checking of this done by TEO	When licensed, professionals will keep their status if no incompetence's or misuse of practice. Validation and checking done by TEO	When licensed, professionals will keep their status if no incompetence's or misuse of practice-validation and checking done by TEO
Problems, if any, technical or other, of the survey; plans for future change	One problem of today is the nation wide "Register on Professions", there is a pressure to implement in the future	One problem of today is the nation wide "Register on Professions", there is a pressure to implement in the future	One problem of today is the nation wide "Register on Professions", there is a pressure to implement in the future	One problem of today is the nation wide "Register on Professions", there is a pressure to implement in the future

\*: In original language with its English or French translation

\*\*: Please provide on the next sheet B-2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

**Form B-2: Health Personnel Statistics (continued)**

**Please provide a flow chart of the administrative structures through which health personnel information is collected and transmitted upwards.**

**Employment: Local hospitals, companies → Statistics Finland register for Employment and Labor Force**

**Licenses: Medical Schools, Institutions, Universities → TEO (National Authority for Medicolegal Affairs)**

Form C-1: Mortality Statistics

Please provide information regarding the scheme for the survey or reporting of mortality (eg. cause of deaths).

		Mortality
Name of the law and regulations providing basis for collecting statistics*		The Act Establishing Causes of Death (1998)
Year of the latest survey		Yearly, latest publication for 1999
Criteria for reporting (1) (all deaths of the residents or exclusion of certain population groups)		All permanent residents in Finland, no exclusions
Criteria for reporting (2) (all causes of deaths or exclusion of certain causes of deaths)		All causes
Government branches/ offices responsible for the survey		Statistics and the archives of death certificates at Statistics Finland under Ministry of Finance
Other agencies or bodies involved in the implementation of the survey **		Civil registration in Population Information System at Population Register Centre and local registers under Ministry of Internal Affairs, Establishing of causes of death under Ministry of Social Affairs and Health
Qualification of persons filling in the death registration form (hospital physician in charge, nurse, insurance employee etc.)		Only physicians licensed to fill the death certificate. The local control of determination of causes of death by forensic doctors situated at board of provinces
Nature and format of the individual survey card (electronic, paper etc.) ***		Paper format
Use and/or publication of the statistics (collected data accessible to third parties or not; if published, in parts or in total, under which forms, books or other)		Statistics published annually as a book and main tabulations in electronic form in web, too. Additional statistics produced by the order of the paying clients. Individual data delivered to research purposes on the basis of licence of Statistics Finland
Problems, if any, technical or other, of the survey; plans for future change		Plans to collect data electronically in the future

\*: In original language with its English or French translation.

\*\*: Please provide on the next C- 2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

\*\*\*: Please provide a hardcopy of the registration forms if available

C-2: Mortality Statistics (continued)

Please provide a flow chart of the administrative structures through which mortality information is collected and transmitted upwards.

Form D-1: Morbidity Statistics

Please provide information regarding the scheme for the survey or reporting of morbidity (out-patients and/or in-patients).

	Morbidity (out-patient)	Morbidity (in-patient)
Name of the law and regulations providing basis for collecting statistics*	At present there are no comprehensive systems for morbidity statistics either out-patient or in-patient settings. Some national personal registers on health care serve also these purposes like cancer register, abortion register and birth register.  For some chronic diseases (diabetes, cardiovascular disease etc.) there are some research projects with research registers providing some information also on morbidity. There are also some surveys and HES-studies (health examination studies) performed at irregular intervals (like Mini-Suomi and Health 2000) giving morbidity information.	The Finnish in-patient reporting system is based on hospital discharge register with 100% coverage yearly. It gives mainly information on services provided by the hospitals, not directly on morbidity. For some diseases, like hip fractures, it may also be used to provide information on morbidity.
Time interval between consecutive surveys	Some contagious diseases must be reported to National Public Health Institute. See form D-3.	
Year of the latest survey		
Description of the parent population (patients)		
Method of sampling (description of the mother population, sampling rates etc.)		
Criteria for sampling (all patients or only those who have certain diseases)		
Number of samples (if applicable)		
Calculation method of prevalence of a disease		
Calculation method of incidence of a disease		
Government branches/ offices responsible for the survey		
Other agencies or bodies involved in the implementation of the survey **		
Qualification of persons filling in the individual survey cards (hospital physician in charge, nurse, insurance employee etc.)		



<p>Nature and format of the morbidity survey form (electronic, paper etc.) ***</p>		
<p>Use and/or publication of the statistics (collected data accessible to third parties or not; if published, in parts or in total, under which forms, books or other)</p>		
<p>Problems, if any, technical or other, of the survey; plans for future change</p>		

\*: In original language with its English or French translation.

\*\* : Please provide on the next sheet D-2 a flow chart of the administrative structures through which information is collected and transmitted upwards.

\*\*\*: Please provide a hardcopy of the survey forms if available.

**Form D-2: Morbidity Statistics(continued)**

**Please provide a flow chart of the administrative structures through which morbidity information is collected and transmitted upwards.**

**Form D-3: Morbidity Statistics (continued)**

Please indicate the names of the diseases of which all cases are reported/registered to the public health or other authorities. Please use extra sheets if necessary.

Name of disease	Name of the law and regulations providing basis for collecting statistics *	Name of the authority notified primarily
<i>Example 1</i> Ebola Hemorrhagic Fever	<i>Infectious Disease Law of 1985 and Regulation 38/1985 of Ministry of Health</i>	<i>District Health Emergency Center</i>
<i>Example 2</i> Creutzfeldt-Jakob Disease	<i>Infectious Disease Law of 1985 and Regulation 38/1985 of Ministry of Health</i>	<i>Pharmaceutical Inspection Agency, Food Safety Authority</i>
CATEGORY A		
Anthrax	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Cholera	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Diphtheria	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Febris flava	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Febris haemorrhagica	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Febris paratyphoides A, B, C	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Febris typhoides	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Hepatitis A	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Infectio meningococcica	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Pestis	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Poliomyelitis acuta	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Salmonellosis alia	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Shigellosis	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Syphilis	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Tuberculosis	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
CATEGORY B		
Echinococcosis	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute

Febris recurrens	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Gonorrhoea	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Granuloma inguinale	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Hepatitis B	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Hepatitis B, carrier	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
HIV	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Infectio Haemophilus influenzae	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Infectio venerea chlamydiae	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Legionellosis	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Listeriosis	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Malaria	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Morbi mycobacterici alii	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Morbilli	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Parotitis epidemica	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Rabies or rabies suspect	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Rubella	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute
Ulcus molle	Communicable Diseases Act /July 25, 1986/583)	National Public Health Institute

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