

1936, and

(b) the Marriages (Ireland) Act, 1844, the Marriage Law (Ireland) Amendment Act, 1863, the Registration of Marriages (Ireland) Act, 1863, the Matrimonial Causes and Marriage Law (Ireland) Amendment Act, 1870, and the Registration of Marriages Act, 1936 (No. 35 of 1936).

(3) Where a provision of any Act (not being an Act to which subsection (1) of this section applies) fixes the amount or limit of any fee for a certificate of birth, death or marriage, the Minister may, with the consent of the Minister for Finance and of such Minister as is responsible for the administration of the Act, by regulations alter the amount or limit of the fee.

(4) The Minister may, with the consent of the Minister for Finance, by regulations alter—

(a) the amount of the allowance payable under section 3 of the Registration of Births and Deaths Act, 1936 (No. 34 of 1936), and

(b) the amount of the allowance payable under section 2 of the Registration of Marriages Act, 1936 (No. 35 of 1936).

Public assistance authority to be
superintendent registrar.

10.—(1) Where a vacancy in the office of superintendent registrar for a district exists on the commencement of this section or occurs subsequently—

(a) the public assistance authority under the Public Assistance Act, 1939 (No. 27 of 1939), within whose functional area the district is situate shall thereafter be the superintendent registrar for the district,

(b) sections 22 and 53 of the Registration of Births and Deaths (Ireland) Act, 1863, and section 20 of the Registration of Marriages (Ireland) Act, 1863, shall cease to have effect in relation to the district,

(c) section 26 of the Registration of Births and Deaths (Ireland) Act, 1863, and sections 21 and 22 of the Births and Deaths Registration Act (Ireland), 1880, shall cease to have effect in relation to the district so far as those sections relate to deputy, assistant and interim superintendent registrars.

(2) Where—

(a) on the commencement of this section a person holds the office of interim superintendent registrar for a district, and

(b) such person was, on the 13th day of February, 1952, neither an officer or servant of a local authority nor in receipt of a superannuation allowance from a local authority,

subsection (1) of this section shall, as respects that district, have effect with the substitution of "Where a person who on the commencement of this section holds the office of interim superintendent registrar for a district ceases to hold that office" for "Where a vacancy in the office of superintendent registrar for a district exists on the commencement of this section or occurs subsequently".

Repeal of existing provisions for publication of annual records of births, deaths and marriages.

11.—Section 56 of the Marriages (Ireland) Act, 1844, section 49 of the Registration of Births and Deaths (Ireland) Act, 1863, and section 16 of the Registration of Marriages (Ireland) Act, 1863, are hereby repealed.

Laying of regulations before Houses of Oireachtas.

12.—Every regulation under this Act shall be laid before each House of the Oireachtas as soon as conveniently may be after it is made and, if a resolution annulling the regulation is passed by either such House within the next twenty-one days on which that House has sat after the regulation is laid before it, the regulation shall be annulled accordingly but without prejudice to the validity of anything previously done thereunder.

Expenses.

13.—The expenses incurred by the Minister in the administration of this Act shall, to such extent as may be sanctioned by the Minister for Finance, be defrayed out of moneys provided by the Oireachtas.

Commencement.

14.—This Act shall come into operation on such day or days as may be fixed therefor by order or orders of the Minister either generally or with reference to any particular purpose or provision and different days may be so fixed for different purposes and different provisions of this Act.

Short title, construction and collective citation.

15.—(1) This Act may be cited as the Vital Statistics and Births, Deaths and Marriages Registration Act, 1952.

(2) The Births and Deaths Registration Acts, 1863 to 1936, and so much of this Act as relates to registration of births and deaths shall be construed together as one Act and may be cited together as the Births and Deaths Registration Acts, 1863 to 1952.

Source: Irish Statute Book Database 1922-1998

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回答

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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.

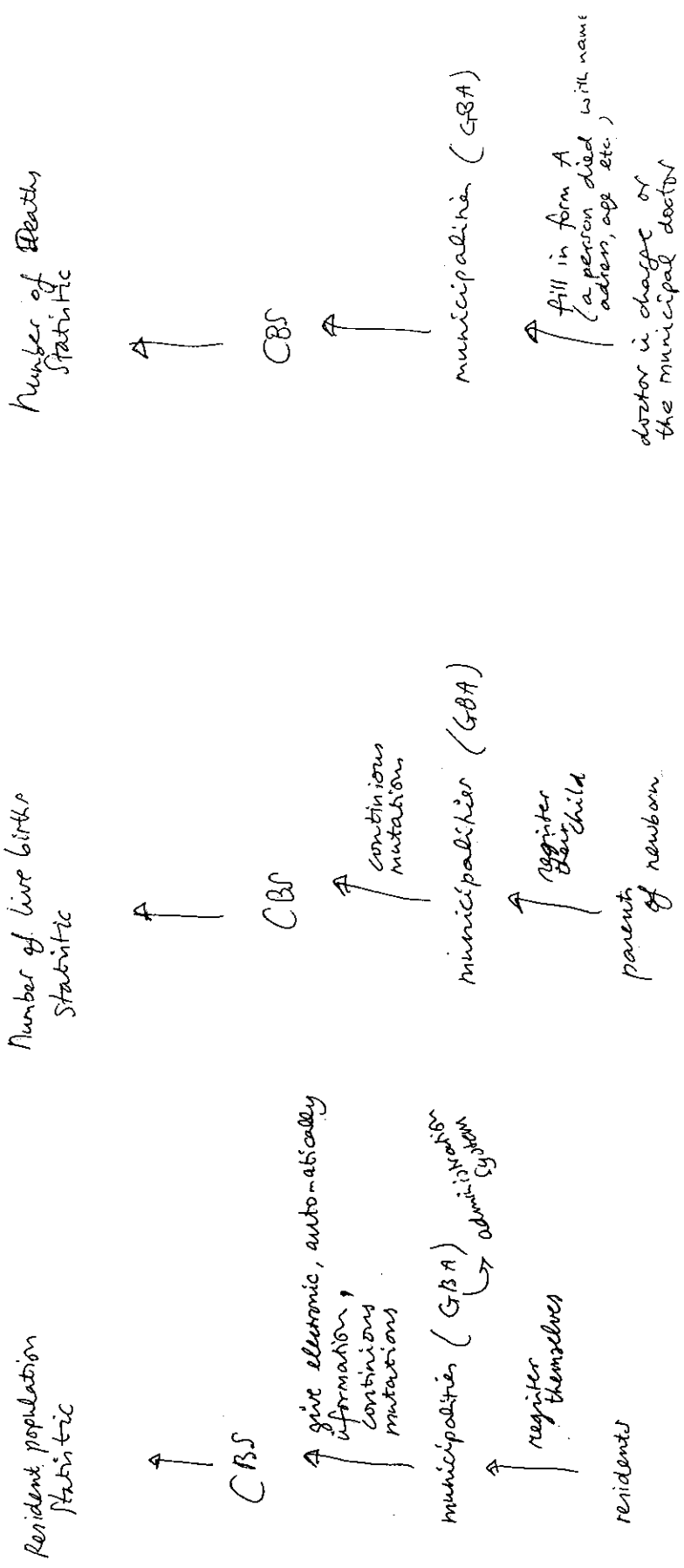
	Resident Population	Number of Live Births	Number of Deaths
Name of the law and regulations providing basis for collecting statistics *	De Wet Bevolkings- en verblijfsregisters	De Wet op de Bevolkings- en Verblijfsregisters	Artikel 12a, eerste lid van deWet op de lijkbezorging
Time interval between consecutive surveys	continuous		
Year of the latest survey			
Criteria for the survey (all residents or only those who have the country's citizenship)	All residents who have registered themselves in the municipality where they live. They are all put in the administration system of the local government (GBA)	All babies born showing signs of life, regardless of the gestation period.	All residents who have registered themselves.
Government branches/ offices responsible for the survey	CBS (Statistics Netherlands)	CBS (Statistics Netherlands)	CBS (Statistics Netherlands)
Other agencies, local and/or central, involved in the implementation of the survey **	Municipalities and residents	Municipalities and parents of newborn	General practionar or the municipal doctor and municipalities
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).

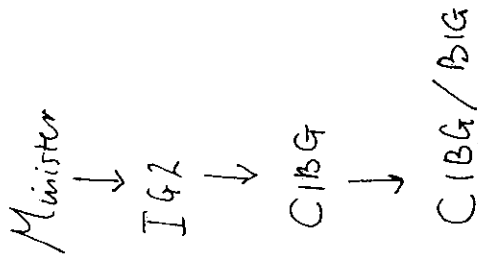
	Number of medical doctors	Number of dentists	Number of pharmacists	Number of nurses
Name of the law and regulations providing basis for collecting statistics *	Wet BIG (Wet Beroepen in de Individuele gezondheidszorg) Individual Health Care Professions Act	Wet BIG	Wet BIG	Wet BIG
Time interval between consecutive surveys	Continuous	Continuous	Continuous	Continuous
Year of the latest survey				
Modality of survey (self reporting, board registration, etc.)	Self reporting	Self reporting	Self reporting	Self reporting
Criteria for survey (all licensees or only those professionally active)	All licensees	All licensees	All licensees	All licensees
Government branches/offices responsible for the survey	CIBG/BIG, Minister of the Department of Health, Welfare and Sports and the IGZ (Health Inspection).	CIBG/BIG, Minister of the Department of Health, Welfare and Sports and the IGZ (Health Inspection)	CIBG/BIG, Minister of the Department of Health, Welfare and Sports and the IGZ (Health Inspection)	CIBG/BIG, Minister of the Department of Health, Welfare and Sports and the IGZ (Health Inspection)
Other agencies or bodies involved in the implementation of the survey **	Idem	Idem	Idem	Idem
Is the licensing/registration valid permanently or to be renewed periodically (if so what is the interval)?	The registration will be periodically renewed every five year.	The register will be periodically renewed.	The register will be periodically renewed.	The register will be periodically renewed.
Problems, if any, technical or other, of the survey; plans for future change	In the near future all the registered professionals will be tested (qualified) for reregistration. The interval of the test is five year. Criteria for reregistration are workexperience and/or new studies.	In the near future all the registered professionals will be tested (qualified) for reregistration. The interval of the test is five year. Criteria for reregistration are workexperience and/or new studies.	In the near future all the registered professionals will be tested (qualified) for reregistration. The interval of the test is five year. Criteria for reregistration are workexperience and/or new studies.	In the near future all the registered professionals will be tested (qualified) for reregistration. The interval of the test is five year. Criteria for reregistration are workexperience and/or new studies.

*: 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.

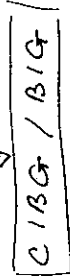
Form B-2: Health Personnel Statistics (continued)

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



persons who just finished their studies for doctor, dentist, pharmacist and nurse have to register themselves (by a standard form) from the CIBG/BIG ↓

registration of health personal



organisations making decisions about licenses of a new specialism for doctor, ...

mutations take place daily because of changing addresses, dying, retiring, new specialism
 This is done automatically while there is a link with the GBA (administration of local government). And if a registered person gets a new specialism ~~the~~ the CIBG/BIG is informed.

Form C-1: Mortality Statistics

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

<i>We filled in the answers for the cause of death statistics</i>	Mortality
Name of the law and regulations providing basis for collecting statistics*	Artikel 12a, eerste lid van deWet op de lijkbezorging
Year of the latest survey	Continuous mutations, but once a year there is an totally update. Most recent year is 2000.
Criteria for reporting (1) (all deaths of the residents or exclusion of certain population groups)	All residents, all persons registered in the GBA (administration of local government). Foreign people who die in Holland are not included.
Criteria for reporting (2) (all causes of deaths or exclusion of certain causes of deaths)	
Government branches/ offices responsible for the survey	CBS (Statistics Netherlands). When a person dies the local government has to be informed by a doctor who is in charge. The local government informs the CBS about that persons death (electronic). The local government also sends a form with the cause of death (paper) of that person to the CBS.
Other agencies or bodies involved in the implementation of the survey **	In case of a non-natural cause of death the CBS gets also information from the police or an other relevant organisation. Sometimes this information is more reliable and more informative than the information on the form filled in by the doctor.
Qualification of persons filling in the death registration form (hospital physician in charge, nurse, insurance employee etc.)	The physician in charge or the municipal doctor, or in case of a non-natural cause of death the doctor working for the police is the person who fills in the death cause on a standard registration form. This form is given to the local government, who sends it to the CBS.
Nature and format of the individual survey card (electronic, paper etc.) ***	The name of a death person is send electronic and the cause of death of this person is send on paper to the CBS. The CBS puts them together in a database.
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)	There is no book. Every year there is an update on Statline (Statistics online, a very big database on Internet at the site of the CBS). The information is free for everybody. The information is made anonymous.
Problems, if any, technical or other, of the survey; plans for future change	There are no real problems. Of course there are some missings; not every cause of death is filled in in the correct way. The CBS tries to solve these missing or unreliable information by corresponding the doctor or local government. The CBS doesn't exactly know the number of the missings, but it is not a large number.

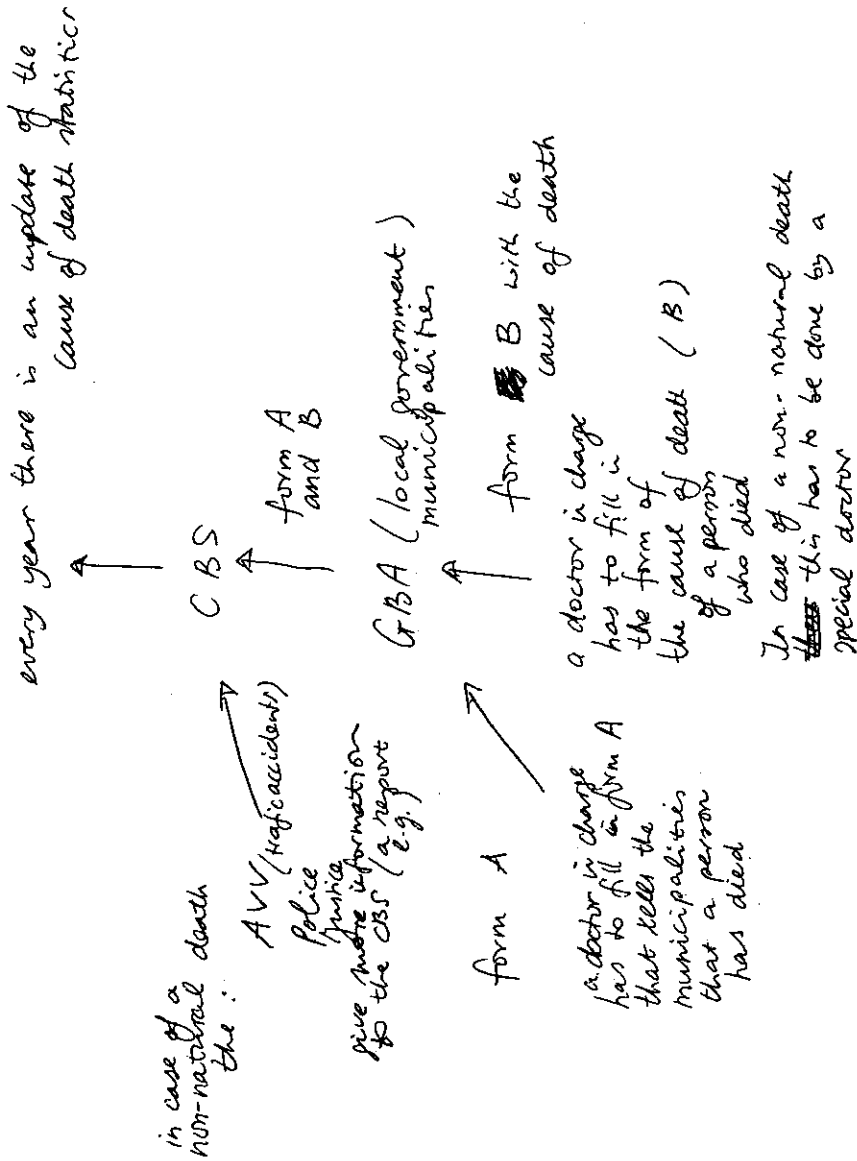
*: In original language with its English or French translation.

** : 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 (it is available but not in English)

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).

In the Netherlands there are a lot of morbidity registries. An overview is given on www.tel.lanenmeten.nl (in Dutch). Roughly we can divide them into (a) population surveys, (b) morbidity registrations in General Practice (c) hospital registrations, and (d) registrations for special conditions. Here we describe from each type (a) to (c) one important example. These are: (a) POLS: Permanent Survey Life Situation - Health and Labour; (b) Continuous morbidity registration sentinel stations the Netherlands; (c) National Medical Registration.

	Morbidity (out-patient)	Morbidity (in-patient)
Name of the law and regulations providing basis for collecting statistics*	(a) De Wet op de Statistiek (b) This registration is not based upon a law or regulation	(c) ?
Time interval between consecutive surveys	(a) Continuous (b) continuous	(c) continuous
Year of the latest survey	(a) 2001 (b) 2001	(c) 2001
Description of the parent population (patients)	(a) Non-institutionalized Dutch population, aged 0 years upwards (b) All persons registered to a general practice (in the Netherlands almost the whole population is registered to a general practice, except residents of nursing homes)	(c) all inhabitants of the Netherlands
Method of sampling (description of the mother population, sampling rates etc.)	(a) POLS is based on a sample of persons drawn from the municipal population registration. The fieldwork is spread evenly across the calendar year. The sample consists of about 12,000 respondents per year (response rate 60%). (b) The Sentinel Network consists of about 45 general practices, with 65 general practitioners. The total practice populations consists of all persons registered to one of the participating general practices; this is about 150,000 persons (1% of the Dutch population). The General Practitioner register all patients who have a particular disease or get a particular intervention. Each year about 20 subjects are recorded, varying from eating disorder to mammography. Some subjects are registered only one year or a few years, others are registered for many years consecutively.	(c) all patients admitted to general hospitals, university hospitals or one of seven specialized short stay hospitals. In total 120 hospitals participate (almost 100%). Data of two cancer hospitals are estimated. see above
Criteria for sampling (all patients or only those who have certain diseases)	(a) All respondents are asked to answer questions about their health and health care use. Included are a list of chronic diseases and a list of infectious diseases. (b) Only those patients are registered who have one of the in advance determined diseases or get one of the determined interventions.	(c) all patients admitted for a part of a day or for a longer period.
Number of samples (if applicable)	(a) 12,000 per year (b) 150,000 persons (1% of the Dutch population).	(c) about 750,000 admissions in nursing day care and 1,500,000 admissions in night and day care
Calculation method of prevalence of a disease	(a) number of persons indicating they have a particular disease divided by the number of respondents (b) number of new and old cases divided by the total practice population, which is determined each two years.	(c) the prevalence can not be calculated
Calculation method of incidence of a disease	(a) the incidence can not be calculated (b) number of new cases divided by the total practice population, which is determined each two years.	(c) number of admissions per main diagnosis divided by the number of inhabitants in the Netherlands

Government branches/ offices responsible for the survey	(a) Statistics Netherlands (www.cbs.nl) (b) NIVEL Netherlands institute of primary health care (www.nivel.nl)	(c) Prismaant: Centre for Health Care Information (www.prismaant.nl)
Other agencies or bodies involved in the implementation of the survey **	(a) the RIVM (National Institute of Public Health and the Environment) and the Municipal Health Centres. They carry out a health examination among a sample of the respondents of POLS. It involves risk factors of chronic conditions and infectious diseases. (b) some university faculties and research institutes like the RIVM (National Institute of Public Health and the Environment)	(c) -
Qualification of persons filling in the individual survey cards (hospital physician in charge, nurse, insurance employee etc.)	(a) trained pollsters (b) General Practitioners	(c) hospital physicians
Nature and format of the morbidity survey form (electronic, paper etc.) ***	(a) electronic (b) paper	(c) paper and electronic
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)	(a) data are available on internet (www.cbs.nl/nl/statistiek/index.htm) and are published in Vademecum Gezondheidsstatistiek Nederland (in Dutch and in English). Obtainable from Statistics Netherlands, department Communication and Publication, Heerlen, fax ++31455727440. Also the whole data-set or some extractions can be bought. (b) Published in: Bartelds AIM. Continuous morbidity registration sentinel stations The Netherlands (in English). Utrecht: NIVEL Netherlands institute of primary health care, fax ++31302729729.	(c) data are published in Vademecum Gezondheidsstatistiek Nederland (in Dutch and in English). Obtainable from Statistics Netherlands, department Communication and Publication, Heerlen, fax ++31455727440. Also the whole data-set or some extractions can be bought. Obtainable from Prismaant (fax ++31302345677, e-mail Prismaant@prismaant.nl).
Problems, if any, technical or other, of the survey; plans for future change	(a) problems: 1. survey's have a low response-rate in the Netherlands; 2. data about disease prevalence are self-reported; there is no medically check. (b) problems: not all medical problems (complaints, diseases) are recorded, only particular diseases or interventions.	(c) problems: 1. reliability of secondary diagnosis is maybe not very good; 2. unit of registration is admission, not patient; so it's difficult to distinguish persons.

*: 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
poliomyelitis anterior acuta	Infectieziektenwet (the Infectious Diseases Act), April 1 st , 1999, of the Ministry of Public Health, Welfare and Sport	The physician who suspects or determines poliomyelitis. He or she notifies as soon as possible to the Municipal Public Health Centre.
febris typhoidea	idem	The physician who determines the disease. He or she notifies within 24 hours to the Municipal Public Health Centre.
viral haemorrhagic fever	idem	idem
Plague	idem	idem
Rabies	idem	idem
Botulism	idem	idem
cholera	idem	idem
Diphtheria	idem	idem
dysenteria bacillaris	idem	idem
febris recurrens	idem	idem
hepatitis A	idem	idem
hepatitis B	idem	idem
hepatitis C	idem	idem
Meningococcosis	idem	idem
morbilli	idem	idem
paratyphus A	idem	idem
paratyphus B	idem	idem
paratyphus C	idem	idem
Pertussis	idem	idem
Tuberculosis	idem	idem
typhus exanthematicus	idem	idem
acute foodborne infections and intoxications	idem	idem

Legionellosis	idem	idem
anthrax	idem	The head of the laboratory which determines the microorganism. He or she notifies to the Municipal Health Centre.
Brucellosis	idem	idem
yellow fever	idem	idem
Leptospirosis	idem	idem
Malaria	idem	idem
ornithosis/psittacosis	idem	idem
Q-fever	idem	idem
Rubella	idem	idem
Trichinosis	idem	idem

回答

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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.

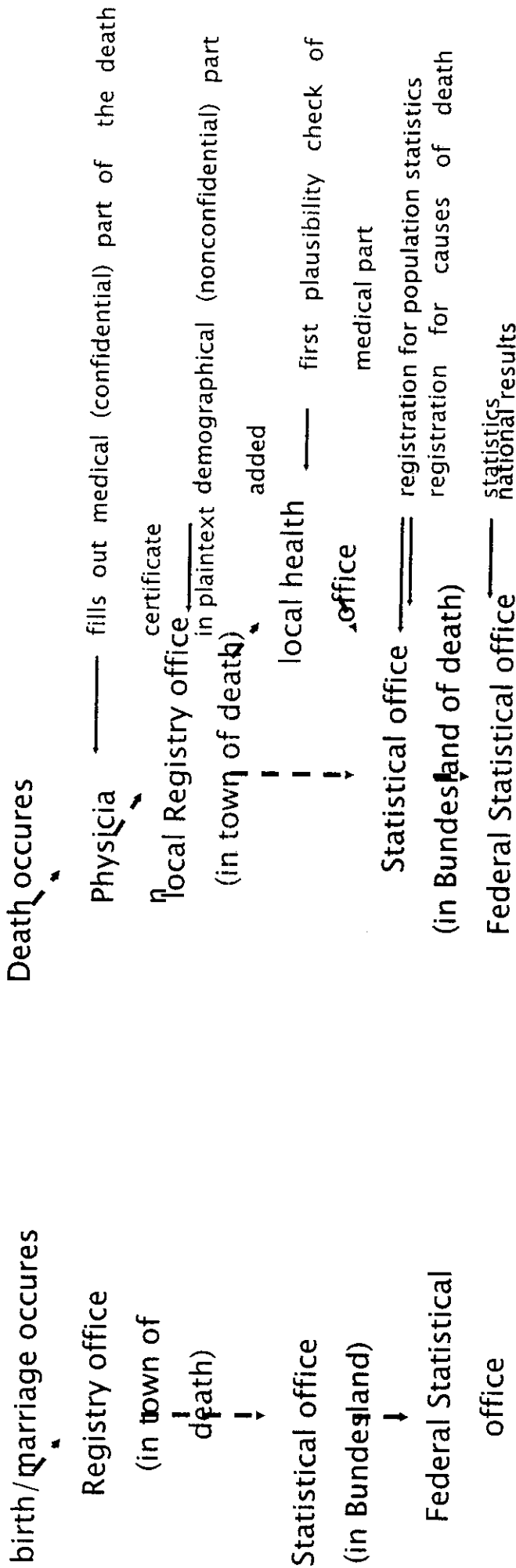
	Resident Population	Number of Live Births	Number of Deaths
Name of the law and regulations providing basis for collecting statistics *	Gesetz über die Statistik der Bevölkerungsbewegung und die Fortschreibung des Bevölkerungsstandes from the 4. of July 1957 (BGBl. I S. 694), in form of publication from the 14. of march 1980 (BGBl. I S. 308) changed by §26 of the Melderechtsrahmengesetzes (MRRG) from the 16. of august 1980 (BGBl. I S. 1429) Law on the statistic of the population-movement and the projection of the population from the 4. of July 1957.	Gesetz über die Statistik der Bevölkerungsbewegung und die Fortschreibung des Bevölkerungsstandes from the 4. of July 1957 (BGBl. I S. 694), in form of publication from the 14. of march 1980 (BGBl. I S. 308) changed by §26 of the Melderechtsrahmengesetzes (MRRG) from the 16. of august 1980 (BGBl. I S. 1429) Law on the statistic of the population-movement and the projection of the population from the 4. of July 1957.	Gesetz über die Statistik der Bevölkerungsbewegung und die Fortschreibung des Bevölkerungsstandes from the 4. of July 1957 (BGBl. I S. 694), in form of publication from the 14. of march 1980 (BGBl. I S. 308) changed by §26 of the Melderechtsrahmengesetzes (MRRG) from the 16. of august 1980 (BGBl. I S. 1429) Law on the statistic of the population-movement and the projection of the population from the 4. of July 1957.
Time interval between consecutive surveys	annually	annually	annually
Year of the latest survey	2001		
Criteria for the survey (all residents or only those who have the country's citizenship)	all residents	all residents	all residents
Government branches/ offices responsible for the survey	Statistical Offices of the Länder, Federal Statistical Office	Statistical Offices of the Länder, Federal Statistical Office	Statistical Offices of the Länder, Federal Statistical Office
Other agencies, local and/or central, involved in the implementation of the survey **	Local registry office	Local registry office	Local registry office, local health departments

<p>Problems, if any, technical or other, of the survey; plans for future change</p>			
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*: 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 *				nurses in hospitals: Verordnung über die Bundesstatistik für Krankenhäuser (KHStatV) vom 10.4.1990; Regulation of the federal statistik on hospitals of the 10 th of april 1990
Time interval between consecutive surveys	annually	annually	annually	annually
Year of the latest survey	2000	2000	2000	2000
Modality of survey (self reporting, board registration, etc.)	registration	registration	registration	annual self reporting survey
Criteria for survey (all licensees or only those professionally active)	only those professionally active	only those professionally active	only those professionally active	only nurses in hospitals
Government branches/ offices responsible for the survey	Bundesärztekammer (German medical association)	Bundesärztekammer (German medical association)	Bundesärztekammer (German medical association)	Federal statistical office, Statistical offices of the Länder
Other agencies or bodies involved in the implementation of the survey **				
Is the licensing/registration valid permanently or to be renewed periodically (if so what is the interval)?				
Problems, if any, technical or other, of the survey; plans for future change				no data on nurses outside hospitals

*: 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 personal information is collected and transmitted upwards.

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*		see A1
Year of the latest survey		annually
Criteria for reporting (1) (all deaths of the residents or exclusion of certain population groups)		all residents
Criteria for reporting (2) (all causes of deaths or exclusion of certain causes of deaths)		only the underlying cause of death is coded and statistically evaluated
Government branches/ offices responsible for the survey		Statistical Offices of the Bundesländer, Federal Statistical Office
Other agencies or bodies involved in the implementation of the survey **		local registry offices, local health offices,
Qualification of persons filling in the death registration form (hospital physician in charge, nurse, insurance employee etc.)		physician in charge
Nature and format of the individual survey card (electronic, paper etc.) ***		two papers for a) the confidential and b) the non-confidential part of the death certificate
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)		printed and electronic data are published annually by the statistical offices under ensuring confidentiality
Problems, if any, technical or other, of the survey; plans for future change		The codification of the written death certificates is carried out by the 16 Länder. As codification is a very complex task differences in the results due to codification-practices is possible. Therefore an automated coding system is planned.

*: 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