Frequency of leading public health problems in Croatia

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Abbreviations:

HSR—Hospital Statistical Report

CEZIH—Central Health Information System of the Republic of Croatia

CBS—Croatian Bureau of Statistics

EHIS—European Health Survey

EU—European Union

EUROSTAT—Statistical Office of the European Union

CIPH—Croatian Institute of Public Health

CHIF—Croatian Health Insurance Fund

ICD-10—International Classification of Diseases and Related Health Problems, 10th Revision

HR—Republic of Croatia

PDR—Persons with Disabilities Registry

CONTENTS

1. Introduction

In order to fulfil the fundamental purpose of public health—preserving and improving the health of the population—good cooperation, coordination and partnership among all relevant stakeholders at the national, regional and local level are indispensable, whereby the groundwork is provided by a network of public health institutes, headed by the Croatian Institute of Public Health. International cooperation is achieved via the European Statistical Office (EUROSTAT), the World Health Organisation and all relevant international and European bodies, institutions and organisations.

Fulfilling the fundamental purpose of public health requires a broad-based acknowledgement of the 'health for all' concept, elimination of health inequalities across all policies and sectors, and the understanding of investing in health as the most cost-effective investment in societal growth and development.

This publication presents the frequency of leading public health problems in the Republic of Croatia (HR) in terms of prevalence and incidence, as opposed to health care use patterns, as was the practice so far. This is a follow-up on the EUROSTAT *Morbidity Statistics* project, implemented in HR from March 1, 2019 to September 1, 2020. The methodology used in the original survey has been replicated and the data are now made comparable.

2. Frequency measures

The frequency of selected conditions and diseases is shown as: incidence per person, incidence per episode and prevalence.

a. Incidence per person

'Incidence' refers to the number of new cases that occurred during a given time frame (reference period). The incidence per person indicates the number of individuals diagnosed with a new case of a specific disease or condition on any date within the reference period.

For the purpose of incidence calculation, the time of diagnosis is defined as that of the individual's contact with the health system, where the disease or condition was first recorded in said reference period. Since the incidence refers to new cases within the

reference period, care should be taken to exclude cases where it can be established that the disease or condition already existed and was diagnosed at an earlier time.

'Contact' is broadly defined here to allow the use of different data sources and different systems, such as: consultation with a general practitioner, admission to a hospital, documenting a person in a particular registry, etc.

The incidence date, determining that a case occurred within the reference period, shall be the date of the first recorded contact with reference to a new case of a disease or condition.

The reference period for the survey (year T) was calendar year 2022, and where relevant, data for years T-1 and T-2 were analysed to determine whether a disease or condition was newly diagnosed—or not—within the year T.

b. Incidence per episode

The incidence per episode denotes the number of newly diagnosed disease episodes that occurred on any incidence dates during the reference period, counting each individual patient multiple times, if necessary.

A newly diagnosed episode of a disease indicates the following:

• In an individual patient, a specific disease or condition has not been previously diagnosed; or

• In an individual patient, a specific disease or condition was previously diagnosed, but the person was cured (the previous episode of the disease had ended).

For calculation purposes, at least one contact of the individual with the health system was needed in each episode.

Contact is also broadly defined here to allow the use of different data sources and different systems, such as: consultation with a general practitioner, admission to a hospital, documenting a person in a particular registry, etc.

The incidence date, determining that a case occurred within the reference period, shall be the date of the first recorded contact with reference to a new case of disease or condition.

The reference period for the survey (year T) was calendar year 2022, and where relevant, data for years T-1 and T-2 were analysed to determine whether a disease or condition was newly diagnosed—or not—within the year T.

Determining more precisely whether there was a new episode or a continuation of a previous one depends on specific diseases and conditions or data sources, while source-specific practices and/or the opinion of a national expert may also be applied. As a default rule, in the absence of a specific practice, a new episode is counted if the contact occurred at least two months (60 days) after the end of the previous episode.

c. Prevalence

'Prevalence' refers to the number of people who were diagnosed with a specific disease or condition during the reference period, regardless of whether they were newly diagnosed or not. In the context of these indicators, prevalence includes all persons who have had contact with the health system due to a specific disease or condition, if the date of contact is within the reference period, with certain exceptions defined below. Each person can only be counted once when computing prevalence.

The reference period for prevalence may cover more than one year. For the purpose of the survey, the total reference period for the calculation of prevalence encompasses three years: T-2, T-1 and T (three-year prevalence). The last of the three years (year T) is called the *index year*.

Contact is also broadly defined here to allow the use of different data sources and different systems, such as: consultation with a general practitioner, admission to a hospital, documenting a person in a particular registry, etc.

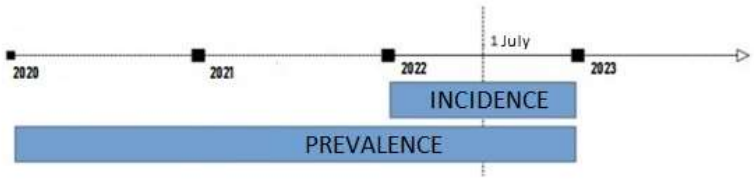

Figure 1: Graphical representation of the time interval for frequency measures

3. Selection of diseases and conditions

The tables show the diseases and conditions for which the frequency of onset was analysed.

Table 1: List A

ICD-10	CONDITION NAME	FREQUENCY
E10-E14	Diabetes mellitus	Incidence per person
E10-E14	Diabetes mellitus	Prevalence per person
F00-F03, F05.1, G30	Dementia (including Alzheimer's disease)	Prevalence per person
F10	Mental and behavioural disorders due to use of alcohol (including alcohol dependence)	Prevalence per person
F20-F29	Schizophrenia, schizotypal and delusional disorders	Prevalence per person
F30-F39	Mood (affective) disorders	Prevalence per person
F40-F41	Anxiety disorders	Prevalence per person
G20	Parkinson's disease	Prevalence per person
G35	Multiple sclerosis	Prevalence per person
G40-G41	Epilepsy	Prevalence per person
I10-I13, I15	Hypertension	Incidence per person
I10-I13, I15	Hypertension	Prevalence per person
I20-I25	Ischaemic heart disease	Prevalence per person
I21, I22	Acute myocardial infarction	Incidence per episode
I21, I22	Acute myocardial infarction	Incidence per person
I50	Cardiac insufficiency	Prevalence per person
I60-I64	Stroke	Incidence per person
I60-I69	Cerebrovascular diseases	Prevalence per person
J45, J46	Asthma	Incidence per person
J45, J46	Asthma	Prevalence per person
J40-J44, J47	Chronic lower respiratory diseases other than asthma (including COPD)	Prevalence per person
J44	Chronic obstructive pulmonary disease (COPD)	Prevalence per person
K70	Alcoholic liver disease	Prevalence per person
K71-K77	Liver diseases (non-alcoholic diseases)	Prevalence per person
K70-K77	Liver diseases	Prevalence per person
M05, M06	Rheumatoid arthritis	Prevalence per person
M15-M19	Arthrosis	Prevalence per person
M80-M82	Osteoporosis	Prevalence per person
N17-N19	Renal failure	Prevalence per person
S06	Intracranial injury	Incidence per episode
S06	Intracranial injury	Incidence per person
S72	Fracture of the femur	Incidence per episode
S72	Fracture of the femur	Incidence per person

Table 2: List B

ICD-10	CONDITION NAME	FREQUENCY
V01-V89	Traffic accidents	Incidence per episode
V01-V89	Traffic accidents	Incidence per person
W00-W19	Accidental falls	Incidence per episode
W00-W19	Accidental falls	Incidence per person
X60-X84	Intentional self-harm (including attempted suicide)	Incidence per episode
X60-X84	Intentional self-harm (including attempted suicide)	Incidence per person
Y40-Y66, Y69-Y84	Complications of medical and surgical care	Incidence per episode
Y40-Y66, Y69-Y84	Complications of medical and surgical care	Incidence per person

4. Data sources

The databases and registries used for the survey are as follows:

a) Primary health care database

The source of data for this database is the Central Health Information System of the Republic of Croatia (CEZIH). For the purpose of this study, data from the branches of family (general) medicine and preschool children's health care were used. Data are generated by reporting post-appointment messages to the CEZIH, after each visit to the doctor in said medical branches, by the Croatian Health Insurance Fund (CHIF), for the purpose of public health data processing. The data set thus created contains, among other things, the following data necessary for this research:

- Patient identifier (providing information on the sex and date of birth of the patient);
- Date of visit;
- Diagnosis of the underlying condition according to the ICD-10;
- Diagnosis of additional conditions according to the ICD-10; and
- ICD-10 diagnosis from prescriptions.

b) Hospitalisation database

The Hospital Statistical Reports (HSR), collected in the hospitalisation database, contain data on persons who are hospitalised for treatment in inpatient health care facilities (hospitals) or admitted to a day hospital or for hospital haemodialysis;

hospitalisations are registered for all patients regardless of their ICD-10 diagnosis at discharge (including malignant neoplasms, psychiatric diagnoses, addictions, births, abortions, healthy newborns). All inpatient health care facilities, regardless of their type of ownership or funding contract with the Croatian Health Insurance Fund, submit individual data on persons hospitalised for treatment or rehabilitation, admitted to a day hospital, one-day surgery services or hospital haemodialysis.

The data set thus created contains, among other things, the following data necessary for this research:

- Sex;
- Age;
- Patient identifier;
- Principal ICD-10 diagnosis at discharge from hospital;
- Ancillary ICD-10 diagnoses at discharge from hospital; and
- External cause of injury registered as a principal/ancillary diagnosis.

c) Persons with Disabilities Registry (PDR)

The Persons with Disabilities Registry (PDR) is based on the data from five expert disability evaluation bodies, primary health care facilities and mortality statistics. The PDR provides data on the causes of disability according to various characteristics. For the purpose of this study, the following data were used:

- Age,
- Sex,
- Patient identifier,
- Date of the decision on disability/physical impairment, and
- Diagnosis of physical impairment according to ICD-10.

d) Infectious Diseases Registry (IDR)

According to the Act on the Protection of the Population from Infectious Diseases, the IDR collects data on cases of selected infectious diseases, suspicions thereof or deaths therefrom (listed in the List of Infectious Diseases the prevention and suppression

whereof are of interest to the Republic of Croatia). Among other things, the following data needed to conduct this research are collected:

- Sex,
- Age,
- Patient identifier,
- Date of disease; and
- Type of infectious disease.

e) Causes of Death Registry (CDR)

The Causes of Death Registry (CDR) collects data contained in death certificates, forms that coroners fill in when declaring a person's death. Causes of death are coded according to the rules of the International Classification of Diseases and, after processing, are classified according to various characteristics, most importantly for this study:

- Sex;
- Patient Identifier;
- Date of death; and
- Cause of death.

Table 3: Overview of data sources for a particular disease/condition, List A

Condition name	CEZIH	HSR	CDR	PDR	IDR
Diabetes mellitus	X	X	X		
Diabetes mellitus	X	X	X		
Dementia (including Alzheimer's disease)	X	X	X		
Mental and behavioural disorders caused by alcohol consumption (including alcohol dependence)	X	X	X		
Schizophrenia, schizotypic and delusional disorders	X	X	X		
Mood disorders (Affective disorders)	X	X	X		
Anxiety disorders	X	X	X		
Parkinson's disease	X	X	X		
Multiple sclerosis	X	X	X	X	
Epilepsy	X	X	X		
Hypertension	X	X	X		
Hypertension	X	X	X		
Ischaemic heart disease	X	X	X		
Acute myocardial infarction	X	X	X		
Acute myocardial infarction	X	X	X		
Heart failure	X	X	X		
Stroke	X	X	X		
Cerebrovascular diseases	X	X	X		
Asthma	X	X	X		
Asthma	X	X	X		
Chronic lower respiratory diseases other than asthma (including COPD)	X	X	X		
Chronic obstructive pulmonary disease (COPD)	X	X	X		
Alcoholic liver disease	X	X	X		
Liver diseases (no alcoholic diseases)	X	X	X		
Liver diseases	X	X	X		
Rheumatoid arthritis	X	X	X	X	
Arthrosis	X	X	X	X	
Osteoporosis	X	X	X		
Renal failure	X	X	X		
Intracranial injury	X	X	X		
Intracranial injury	X	X	X		
Fracture of the femur	X	X	X		
Fracture of the femur	X	X	X		

Table 4: Overview of data sources for a particular disease/condition, List B

Condition name	CEZIH	HSR	CDR
Transport accidents	X	X	X
Transport accidents	X	X	X
Accidental falls	X	X	X
Accidental falls	X	X	X
Intentional self-harm (including attempted suicide)	X	X	X
Intentional self-harm (including attempted suicide)	X	X	X
Complications of medical and surgical care	X	X	X
Complications of medical and surgical care	X	X	X

5. Data analysis

For the purpose of research, an analytical database of indicators included in Lists A and B was generated. All persons were identified using a personal identification number, which prevented possible double counting. Reporting tools were used to generate reports tailored to research needs.

For the purposes of computing incidence per person or per episode, the reference year was 2022, while, in the case of prevalence calculation, the reference period was 2020–2022.

Data were collected and analysed at the national level, by gender (male, female, total). All age groups were covered, and five-year age groups were used for tabulation: 0–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50–54, 55–59, 60–64, 65–69, 65+, 70–74, 75–79, 80–84, 85–89, 90–94, 95+ and unknown age.

The ICD-10 classification was used for selected diagnoses and conditions.

Lists A and B of diseases and conditions have also been included in HR for analysis (Tables 1 and 2).

6. Calculation of frequency

a. Incidence per person

When calculating incidence per person, survey rules set out in section 2a were followed, using 2022 as the reference year. For clarification purposes, some examples of hypothetical cases are given (Figure 2).

- If a diagnosis was recorded before the beginning of the reference year, it was not included in the incidence (Case 1).
- If a diagnosis was recorded during the reference year and the patient was cured of the disease or condition before the end of the reference year, the diagnosis was included in the incidence (Case 2).
- If a diagnosis was recorded during the reference year and continued into the following year, it was included in the incidence (Case 3).
- If a diagnosis was recorded before the beginning of the reference year and continued throughout the reference year, it was still not included in the incidence (Case 4).
- If a diagnosis was recorded during the reference year and the patient died or emigrated, the diagnoses was still included in the incidence (Case 5).

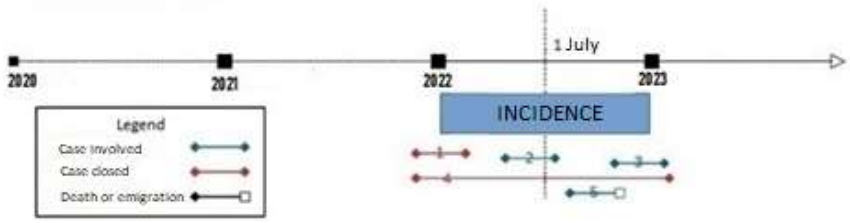

Figure 2: Graphical representation of the time interval for incidence per person

b. Incidence per episode

When calculating incidence per episode, the rules set out in section 2b were followed, also taking 2022 as the reference year. For clarification purposes, some examples of hypothetical cases are given (Figure 3).

- If a diagnosis was recorded before the beginning of the reference year, it was not included in the incidence (Case 1).
- If a diagnosis was made during the reference year and the patient was cured of the disease or condition before the end of the reference year, the diagnosis was included in the incidence (Case 2).
- If a diagnosis was recorded during the reference year for a person whose diagnosis had already been recorded in the same year, it was counted as a new episode, with at least 60 days elapsing between the end of the previous episode and the start of the new episode.
- If a diagnosis was recorded during the reference year and continued into the following year, it was included in the incidence (Case 3).
- If a diagnosis was recorded during the reference year for a patient whose diagnosis had already been diagnosed in the same year, and the minimum of 60 days had not elapsed between the end of the previous and the start of the new episode, the diagnosis was not counted as a new episode (Case 4).

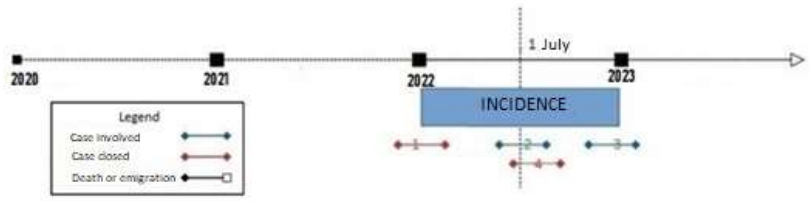

Figure 3: Graphical representation of the time interval for incidence per episode

c. Prevalence

In calculating the prevalence, the survey rules set out in section 2c were also followed, with the 2020–2022 as the reference period. For a person to be included in the prevalence calculation, it was necessary for the person to be recorded in at least one data source during the reference period, irrespective of when the disease or condition was diagnosed. Furthermore, if a person's disease or condition is recorded only in a death report, it was also taken into account for prevalence.

Age was calculated on 1 July 2022 (index year), regardless of the exact point of time in the reference period when the diagnosis was recorded, except for persons who died between January 1 and June 30, 2022 (index year), as shown in completed years at the time of death.

For clarification, examples of hypothetical cases are given (Figure 4).

- If a diagnosis was recorded during the reference period and the patient was cured of the disease or condition before the end of the period, it was included in the prevalence (Case 1).
- If a diagnosis was recorded during the reference period for a person who had already been recorded in the same period, it was not included in the calculation of prevalence, as each person is counted only once (Case 2).
- If, however, a diagnosis was made during the reference period and the patient died or emigrated before the beginning of 2022 (index year), it was not included in the calculation of prevalence (Case 3).
- If a diagnosis was recorded during the reference period and the disease or condition continued beyond this period, it was still included in the calculation of prevalence (Case 4).
- If a diagnosis was recorded during the reference period and the patient died or emigrated after the beginning of 2022 (index year), it was included in the calculation of prevalence (Case 5).

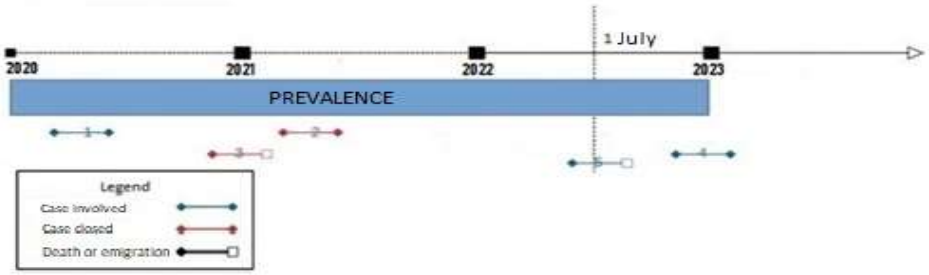

Figure 4: Graphical representation of the time interval for prevalence

7. Limitations of the study

A limitation of the study is the possible miscoding of certain diseases and conditions, since the database used in this study was set up by aggregating data from different databases, and not by directly analysing individual medical histories, wherein each recorded diagnosis may not have been necessarily confirmed, but, in a certain number of cases, rather only a working diagnosis.

8. Results

Diabetes, E10–E14, incidence

Age group	Men	Women	Total number
0–4	37	35	**72**
5–9	80	63	**143**
10–14	197	174	**371**
15–19	190	221	**411**
20–24	209	340	**549**
25–29	271	517	**788**
30–34	392	624	**1,016**
35–39	785	833	**1,618**
40–44	1,353	1,142	**2,495**
45–49	1,951	1,445	**3,396**
50–54	2,794	2,006	**4,800**
55–59	3,706	2,884	**6,590**
60–64	4,262	3,787	**8,049**
65–69	4,388	4,288	**8,676**
70–74	3,505	4,131	**7,636**
75–79	2,113	2,899	**5,012**
80–84	1,400	2,240	**3,640**
85+	768	1,627	**2,395**
Total number	**28,401**	**29,256**	**57,657**

The incidence of diabetes mellitus in 2022 was 1,495.4/100,000 inhabitants (according to a population estimate by the Croatian Bureau of Statistics (CBS) for 2022).

Diabetes, E10–E14, prevalence

Age group	Men	Women	Total number
0–4	99	71	**170**
5–9	271	239	**510**
10–14	734	639	**1,373**
15–19	871	953	**1,824**
20–24	968	1,446	**2,414**
25–29	1,215	1,922	**3,137**
30–34	1,731	2,574	**4,305**
35–39	3,284	3,506	**6,790**
40–44	6,206	4,815	**11,021**
45–49	10,220	6,554	**16,774**
50–54	16,634	9,951	**26,585**
55–59	25,693	16,721	**42,414**
60–64	34,746	25,707	**60,453**
65–69	40,644	33,949	**74,593**
70–74	35,496	35,993	**71,489**
75–79	22,913	29,850	**52,763**
80–84	17,031	27,386	**44,417**
85+	10,434	22,503	**32,937**
Total number	**229,190**	**224,779**	**453,969**

The prevalence of diabetes in 2022 was 11.8% of the total population (according to the CBS population estimate for 2022).

Dementia (including Alzheimer's disease), F00–F03, F05.1, G30, prevalence

Age groups	Men	Women	Total number
0-4	0	0	**0**
5-9	0	0	**0**
10-14	0	0	**0**
15-19	0	0	**0**
20-24	0	0	**0**
25-29	0	0	**0**
30-34	19	19	**38**
35-39	23	26	**49**
40-44	37	54	**91**
45-49	56	95	**151**
50-54	120	173	**293**
55-59	271	339	**610**
60-64	579	674	**1,253**
65-69	1,236	1,539	**2,775**
70-74	2,091	3,333	**5,424**
75-79	2,898	5,169	**8,067**
80-84	3,854	8,031	**11,885**
85+	4,562	13,576	**18,138**
Total number	**15,746**	**33,028**	**48,774**

The prevalence of dementia (including Alzheimer's disease) in HR is 1,265.0/100,000 inhabitants, or 1.3% of the total population (according to the CBS population estimate for 2022). For the 60+ population, the prevalence rate for dementia is 4,110.5/100,000, or 4.1% of the population of this age group.

Mental and behavioural disorders due to use of alcohol (including alcohol dependence), F10, prevalence

Age groups	Men	Women	Total number
5-9	4	2	**6**
10-14	21	28	**49**
15-19	129	82	**211**
20-24	329	94	**423**
25-29	593	117	**710**
30-34	972	192	**1,164**
35-39	1,657	362	**2,019**
40-44	2,315	426	**2,741**
45-49	2,799	504	**3,303**
50-54	3,341	544	**3,885**
55-59	4,151	694	**4,845**
60-64	3,981	684	**4,665**
65-69	3,397	609	**4,006**
70-74	2,090	448	**2,538**
75-79	955	329	**1,284**
80-84	533	214	**747**
85+	226	126	**352**
Total number	**27,493**	**5,455**	**32,948**

The prevalence of mental and behavioural disorders due to use of alcohol (including dependence syndrome) in HR numbers 854.5/100.000 inhabitants, or 0.9% of the total population (according to the CBS population estimate for 2022). Taking into account only the 15+ population, the prevalence rate for said disorders in HR, calculated using the data from official public health records, amounts to 1% of the total population.

Schizophrenia, schizotypal and delusional disorders, F20–F29, prevalence

Age groups	Men	Women	Total number
0-4	0	0	**0**
5-9	0	0	**0**
10-14	105	143	**248**
15-19	445	447	**892**
20-24	1,346	842	**2,188**
25-29	1,894	1,111	**3,005**
30-34	2,214	1,367	**3,581**
35-39	2,626	1,891	**4,517**
40-44	3,211	2,318	**5,529**
45-49	3,187	2,657	**5,844**
50-54	3,255	3,097	**6,352**
55-59	3,415	3,808	**7,223**
60-64	3,356	3,978	**7,334**
65-69	2,615	3,729	**6,344**
70-74	1,896	3,043	**4,939**
75-79	1,159	2,415	**3,574**
80-84	986	2,588	**3,574**
85+	1,023	3,307	**4,330**
Total number	**32,733**	**36,741**	**69,474**

The prevalence of schizophrenia spectrum disorders (schizophrenia, schizotypal and delusional disorders) in HR numbers 1,801.9/100.000 inhabitants, or 1.8% of the total population (according to the CBS population estimate for 2022).

Mood (affective) disorders, F30–F39, prevalence

Age groups	Men	Women	Total number
0–4	0	0	**0**
5–9	0	0	**0**
10–14	144	388	**532**
15–19	613	1,432	**2,045**
20–24	1,278	2,047	**3,325**
25–29	1,684	2,350	**4,034**
30–34	2,012	3,056	**5,068**
35–39	2,709	4,774	**7,483**
40–44	3,825	7,242	**11,067**
45–49	5,421	9,555	**14,976**
50–54	7,198	12,978	**20,176**
55–59	8,834	17,428	**26,262**
60–64	9,871	20,595	**30,466**
65–69	9,814	21,252	**31,066**
70–74	7,742	18,939	**26,681**
75–79	5,095	15,253	**20,348**
80–84	4,363	13,872	**18,235**
85+	3,592	12,916	**16,508**
Total number	**74,195**	**164,077**	**238,272**

The prevalence of mood (affective) disorders in HR is 6,179.8/100,000 inhabitants, or 6.2% of the total population (CBS population estimate for 2022).

The gender-specific prevalence rate of mood disorders is twice as high in Croatian women as in the male population (8.2% vs 4.0%).

Anxiety disorders, F40–F41, prevalence

Age groups	Men	Women	Total number
0–4	0	0	**0**
5–9	133	137	**270**
10–14	449	1,045	**1,494**
15–19	1,502	3,629	**5,131**
20–24	3,716	6,632	**10,348**
25–29	5,039	7,921	**12,960**
30–34	5,916	10,182	**16,098**
35–39	7,979	14,779	**22,758**
40–44	10,167	19,781	**29,948**
45–49	11,924	23,109	**35,033**
50–54	13,840	27,177	**41,017**
55–59	15,878	33,393	**49,271**
60–64	17,760	38,179	**55,939**
65–69	18,832	41,394	**60,226**
70–74	16,645	38,868	**55,513**
75–79	11,841	30,388	**42,229**
80–84	10,362	28,258	**38,620**
85+	8,626	27,915	**36,541**
Total number	**160,609**	**352,787**	**513,396**

The prevalence of anxiety disorders in HR is 13,315.5/100,000 inhabitants, or 13.3% of the total population (CBS population estimate for 2022).

As with mood disorders, the prevalence rate for anxiety disorders is twice as high in Croatian women as in men (17.7% vs 8.6%).

Parkinson disease, G20, prevalence

Age groups	Men	Women	Total number
0–4	1	0	**1**
5–9	1	0	**1**
10–14	3	1	**4**
15–19	4	4	**8**
20–24	5	3	**8**
25–29	9	5	**14**
30–34	8	6	**14**
35–39	11	12	**23**
40–44	19	35	**54**
45–49	61	55	**116**
50–54	112	107	**219**
55–59	236	202	**438**
60–64	529	381	**910**
65–69	1,001	780	**1,781**
70–74	1,413	1,360	**2,773**
75–79	1,561	1,635	**3,196**
80–84	1,598	1,912	**3,510**
85+	1,129	1,841	**2,970**
Total number	**7,701**	**8,339**	**16,040**

The prevalence rate is 416.0/100.000 inhabitants, or 0.4% of the total population (according to the CBS population estimate for 2022).

Multiple sclerosis, G35, prevalence

Age groups	Men	Women	Total number
10–14	6	9	**15**
15–19	24	52	**76**
20–24	85	194	**279**
25–29	141	376	**517**
30–34	238	537	**775**
35–39	307	601	**908**
40–44	342	808	**1,150**
45–49	326	767	**1,093**
50–54	290	709	**999**
55–59	235	600	**835**
60–64	151	589	**740**
65–69	131	417	**548**
70–74	79	244	**323**
75–79	38	97	**135**
80–84	8	71	**79**
85+	10	36	**46**
Total number	**2,411**	**6,107**	**8,518**

The prevalence rate is 220.9/100.000 inhabitants, or 0.2% of the total population (according to the CBS population estimate for 2022).

Epilepsy, G40–G41, prevalence

Age groups	Men	Women	Total number
0–4	465	423	**888**
5–9	958	788	**1,746**
10–14	1,284	1,155	**2,439**
15–19	1,499	1,311	**2,810**
20–24	1,556	1,526	**3,082**
25–29	1,503	1,658	**3,161**
30–34	1,565	1,559	**3,124**
35–39	1,811	1,676	**3,487**
40–44	1,966	1,781	**3,747**
45–49	2,053	1,786	**3,839**
50–54	2,206	1,727	**3,933**
55–59	2,494	1,955	**4,449**
60–64	2,435	2,082	**4,517**
65–69	2,727	2,230	**4,957**
70–74	2,221	2,086	**4,307**
75–79	1,521	1,679	**3,200**
80–84	1,342	1,648	**2,990**
85+	929	1,521	**2,450**
Total number	**30,535**	**28,591**	**59,126**

The prevalence rate is 1,533.5/100,000 inhabitants, or 1.5% of the total population (CBS population estimate for 2022).

Hypertensive diseases, I10–I13, I15, incidence per person

Age groups	Men	Women	Total number
0–4	38	44	**82**
5–9	44	29	**73**
10–14	149	96	**245**
15–19	468	257	**725**
20–24	881	454	**1,335**
25–29	1,241	702	**1,943**
30–34	1,759	1,150	**2,909**
35–39	3,022	2,066	**5,088**
40–44	4,446	3,237	**7,683**
45–49	5,407	4,653	**10,060**
50–54	6,243	5,766	**12,009**
55–59	6,842	6,473	**13,315**
60–64	6,766	6,638	**13,404**
65–69	6,083	6,052	**12,135**
70–74	4,222	4,335	**8,557**
75–79	2,402	2,625	**5,027**
80–84	1,650	2,046	**3,696**
85+	1,068	1,859	**2,927**
Total number	**52,731**	**48,482**	**101,213**

The incidence of hypertensive diseases (per person) in HR was 2625.1/100,000 inhabitants in 2022, or 2.6% of the total population (according to the CBS population estimate for 2022). It should be noted that studies researching the incidence of hypertension are rare and difficult to compare due to varying research methodology, analysing usually specific age groups.

Hypertensive diseases, I10–I13, I15, prevalence

Age groups	Men	Women	Total number
0–4	22	18	**40**
5–9	67	66	**133**
10–14	376	218	**594**
15–19	1,453	745	**2,198**
20–24	3,026	1,490	**4,516**
25–29	4,806	2,516	**7,322**
30–34	7,796	4,521	**12,317**
35–39	14,531	9,218	**23,749**
40–44	25,267	17,355	**42,622**
45–49	37,744	30,025	**67,769**
50–54	51,945	48,164	**100,109**
55–59	69,738	71,853	**141,591**
60–64	85,240	94,332	**179,572**
65–69	95,558	111,481	**207,039**
70–74	81,451	106,952	**188,403**
75–79	54,279	84,851	**139,130**
80–84	44,698	80,766	**125,464**
85+	34,171	81,728	**115,899**
Total number	**612,168**	**746,299**	**1,358,467**

The prevalence of hypertensive diseases (per person) in HR was 35,233.2/100,000 inhabitants in 2022, or 35.2% of the total population (according to the CBS population estimate for 2022).

Ischaemic heart disease, I20–I25, prevalence

Age groups	Men	Women	Total number
0–4	2	3	**5**
5–9	5	8	**13**
10–14	23	19	**42**
15–19	66	43	**109**
20–24	131	91	**222**
25–29	191	115	**306**
30–34	343	187	**530**
35–39	760	366	**1,126**
40–44	1,689	837	**2,526**
45–49	3,458	1,561	**5,019**
50–54	6,429	2,969	**9,398**
55–59	10,775	5,458	**16,233**
60–64	15,752	9,107	**24,859**
65–69	19,909	13,637	**33,546**
70–74	19,210	15,690	**34,900**
75–79	14,117	14,975	**29,092**
80–84	11,839	15,741	**27,580**
85+	9,092	16,563	**25,655**
Total number	**113,791**	**97,370**	**211,161**

The prevalence of ischaemic heart disease in HR was 5,476.7/100,000 inhabitants in 2022, or 5.5% of the total population (according to the CBS population estimate for 2022).

Acute myocardial infarction, I21–I22, incidence per person

Age groups	Men	Women	Total number
0–4	0	0	**0**
5–9	0	0	**0**
10–14	0	0	**0**
15–19	4	1	**5**
20–24	13	0	**13**
25–29	15	2	**17**
30–34	28	4	**32**
35–39	62	15	**77**
40–44	165	31	**196**
45–49	284	83	**367**
50–54	490	116	**606**
55–59	712	212	**924**
60–64	909	342	**1,251**
65–69	942	444	**1,386**
70–74	960	486	**1,446**
75–79	640	518	**1,158**
80–84	495	530	**1,025**
85+	343	579	**922**
Total number	**6,062**	**3,363**	**9,425**

The incidence of acute myocardial infarction (per person) in HR was 244.4/100,000 inhabitants in 2022, or 0.2% of the total population (according to the CBS population estimate for 2022).

Acute myocardial infarction, I21–I22, incidence per episode

Age groups	Men	Women	Total number
0–4	0	0	**0**
5–9	0	0	**0**
10–14	0	0	**0**
15–19	4	1	**5**
20–24	16	0	**16**
25–29	15	2	**17**
30–34	33	4	**37**
35–39	65	15	**80**
40–44	175	33	**208**
45–49	321	89	**410**
50–54	546	134	**680**
55–59	820	241	**1,061**
60–64	1,034	389	**1,423**
65–69	1,077	491	**1,568**
70–74	1,080	530	**1,610**
75–79	706	576	**1,282**
80–84	542	569	**1,111**
85+	375	620	**995**
Total number	**6,809**	**3,694**	**10,503**

The incidence of acute myocardial infarction (per episode) was 272.4/100,000 inhabitants in 2022 (CBS population estimate for 2022). The incidence of acute myocardial infarction per episode is slightly higher than the incidence per person, as certain individuals suffered two or more infarctions during the reference year.

Heart failure, I50, prevalence

Age groups	Men	Women	Total number
0–4	8	8	**16**
5–9	5	6	**11**
10–14	13	7	**20**
15–19	12	12	**24**
20–24	14	18	**32**
25–29	28	21	**49**
30–34	54	28	**82**
35–39	114	50	**164**
40–44	228	117	**345**
45–49	441	220	**661**
50–54	914	404	**1,318**
55–59	1,749	817	**2,566**
60–64	2,940	1,515	**4,455**
65–69	4,893	2,982	**7,875**
70–74	5,650	4,903	**10,553**
75–79	5,488	6,709	**12,197**
80–84	6,085	9,518	**15,603**
85+	6,580	14,092	**20,672**
Total number	**35,216**	**41,427**	**76,643**

The prevalence of heart failure in HR is 1,987.8/100,000 inhabitants in 2022, or 2% of the total population (according to the CBS population estimate for 2022).

Stroke, I60–I64, incidence per person

Age groups	Men	Women	Total number
0–4	14	8	**22**
5–9	5	3	**8**
10–14	9	5	**14**
15–19	12	8	**20**
20–24	21	9	**30**
25–29	22	25	**47**
30–34	38	30	**68**
35–39	74	54	**128**
40–44	130	69	**199**
45–49	193	126	**319**
50–54	342	182	**524**
55–59	588	308	**896**
60–64	870	530	**1,400**
65–69	1,247	738	**1,985**
70–74	1,296	1,062	**2,358**
75–79	1,095	1,223	**2,318**
80–84	1,030	1,478	**2,508**
85+	857	1,858	**2,715**
Total number	**7,843**	**7,716**	**15,559**

The incidence of stroke (per person) in HR was 403.5/100,000 inhabitants in 2022, or 0.4% of the total population (according to the CBS population estimate for 2022).

Cerebrovascular diseases, I60–I69, prevalence

Age groups	Men	Women	Total number
0–4	57	26	**83**
5–9	38	23	**61**
10–14	36	35	**71**
15–19	49	43	**92**
20–24	80	89	**169**
25–29	102	151	**253**
30–34	178	243	**421**
35–39	353	404	**757**
40–44	590	587	**1,177**
45–49	1,061	1,002	**2,063**
50–54	2,058	1,625	**3,683**
55–59	3,914	2,961	**6,875**
60–64	6,375	4,651	**11,026**
65–69	9,337	6,882	**16,219**
70–74	10,112	8,801	**18,913**
75–79	8,413	9,159	**17,572**
80–84	7,440	10,135	**17,575**
85+	5,669	11,431	**17,100**
Total number	**55,862**	**58,248**	**114,110**

The prevalence of cerebrovascular diseases in HR was 2,959.6/100,000 inhabitants in 2022, or 3.0% of the total population (according to the CBS population estimate for 2022).

Asthma, J45, J46, incidence

Age groups	Men	Women	Total population
0–4	1,137	742	**1,879**
5–9	1,355	714	**2,069**
10–14	1,119	695	**1,814**
15–19	882	782	**1,664**
20–24	771	840	**1,611**
25–29	754	928	**1,682**
30–34	650	829	**1,479**
35–39	661	974	**1,635**
40–44	654	1,006	**1,660**
45–49	611	993	**1,604**
50–54	559	920	**1,479**
55–59	649	1,031	**1,680**
60–64	731	1,204	**1,935**
65–69	714	1,194	**1,908**
70–74	614	965	**1,579**
75–79	412	684	**1,096**
80–84	337	531	**868**
85+	207	418	**625**
Total number	**12,817**	**15,450**	**28,267**

The annual incidence rate for bronchial asthma (ICD-10 codes: J45, J46) in HR is 7.3/1,000 inhabitants (CBS population estimate for 2022).

Asthma, J45, J46, prevalence

Age groups	Men	Women	Total number
0-4	2,765	1,681	**4,446**
5-9	6,160	3,347	**9,507**
10-14	8,792	4,875	**13,667**
15-19	8,212	5,694	**13,906**
20-24	6,180	5,687	**11,867**
25-29	4,982	5,206	**10,188**
30-34	4,468	5,080	**9,548**
35-39	4,775	6,065	**10,840**
40-44	4,987	6,907	**11,894**
45-49	4,570	6,819	**11,389**
50-54	4,149	6,924	**11,073**
55-59	4,559	8,085	**12,644**
60-64	5,089	9,306	**14,395**
65-69	5,591	9,462	**15,053**
70-74	4,786	8,159	**12,945**
75-79	3,436	5,987	**9,423**
80-84	2,843	5,165	**8,008**
85+	2,079	4,444	**6,523**
Total number	**88,423**	**108,893**	**197,316**

Prevalence of bronchial asthma (ICD-10 codes: J45, J46) in HR amounts to 5,117.6/100,000 inhabitants, or 5.1% of the total population (according to the CBS population estimate for 2022).

Non-asthmatic chronic lower respiratory diseases, J40–J44, J47, prevalence

Age groups	Men	Women	Total number
0-4	5,931	3,734	**9,665**
5–9	5,993	3,771	**9,764**
10–14	3,943	2,441	**6,384**
15–19	2,307	1,780	**4,087**
20–24	1,565	1,619	**3,184**
25–29	1,582	1,675	**3,257**
30–34	1,850	2,024	**3,874**
35–39	2,440	3,002	**5,442**
40–44	3,375	3,875	**7,250**
45–49	4,144	4,822	**8,966**
50–54	5,486	6,230	**11,716**
55–59	8,592	9,271	**17,863**
60–64	11,504	12,216	**23,720**
65–69	14,595	13,752	**28,347**
70–74	13,384	12,058	**25,442**
75–79	9,643	9,748	**19,391**
80–84	8,738	9,549	**18,287**
85+	7,368	11,135	**18,503**
Total number	**112,440**	**112,702**	**225,142**

The prevalence of non-asthmatic chronic lower respiratory diseases (ICD-10 codes: J40, J41, J42, J43, J44, J47) in HR was recorded at 5,839.3/100,000 inhabitants, or 5.8% of the total population (according to the CBS population estimate for 2022).

The prevalence rate for non-asthmatic chronic lower respiratory diseases in Croatian men is slightly higher than in women (6.0% vs 5.6%).

Chronic obstructive pulmonary disease, J44, prevalence

Age groups	Men	Women	Total number
0–4	1,303	791	**2,094**
5–9	1,362	800	**2,162**
10–14	819	524	**1,343**
15–19	510	384	**894**
20–24	379	319	**698**
25–29	391	348	**739**
30–34	500	457	**957**
35–39	766	780	**1,546**
40–44	1,322	1,241	**2,563**
45–49	1,978	1,959	**3,937**
50–54	3,160	2,953	**6,113**
55–59	5,537	5,077	**10,614**
60–64	8,017	7,465	**15,482**
65–69	10,837	8,914	**19,751**
70–74	10,167	7,980	**18,147**
75–79	7,388	6,630	**14,018**
80–84	6,696	6,391	**13,087**
85+	5,555	7,269	**12,824**
Total number	**66,687**	**60,282**	**126,969**

The prevalence of chronic obstructive pulmonary disease (ICD-10 code: J44) in HR was associated with 3,293.1/100,000 inhabitants, or 3.3% of the total population (according to the CBS population estimate for 2022).

The prevalence rate for chronic obstructive pulmonary disease in Croatian men is slightly higher than in women (3.6% vs 3.0%).

Alcoholic liver disease, K70, prevalence

Age groups	Men	Women	Total number
10–14	2	1	**3**
15–19	12	7	**19**
20–24	26	8	**34**
25–29	72	8	**80**
30–34	148	24	**172**
35–39	336	42	**378**
40–44	528	69	**597**
45–49	857	130	**987**
50–54	1,234	190	**1,424**
55–59	1,751	298	**2,049**
60–64	1,873	383	**2,256**
65–69	1,804	345	**2,149**
70–74	1,099	261	**1,360**
75–79	523	197	**720**
80–84	303	146	**449**
85+	119	60	**179**
Total number	**10,687**	**2,169**	**12,856**

Prevalence is 333.4/100.000 inhabitants, or 0.3% of the total population (according to the CBS population estimate for 2022).

This study has shown that the recorded prevalence rate is higher in men and increases with age.

Liver diseases (excluding alcoholic liver disease), K71–77, prevalence

Age groups	Men	Women	Total number
0–4	153	109	262
5–9	122	79	201
10–14	278	159	437
15–19	710	357	1,067
20–24	1,063	609	1,672
25–29	1,682	838	2,520
30–34	2,424	1,070	3,494
35–39	3,533	1,603	5,136
40–44	4,611	2,170	6,781
45–49	5,281	2,846	8,127
50–54	5,760	4,250	10,010
55–59	6,546	5,589	12,135
60–64	6,495	5,746	12,241
65–69	5,992	5,508	11,500
70–74	3,979	4,291	8,270
75–79	2,120	2,546	4,666
80–84	1,417	1,746	3,163
85+	728	1,132	1,860
Total number	**52,894**	**40,648**	**93,542**

Prevalence is 2,426.1/100,000 inhabitants, or 2.4% of the total population (according to the CBS population estimate for 2022).

Liver disease, K70–77, prevalence

Age groups	Men	Women	Total number
0–4	153	109	262
5–9	122	79	201
10–14	278	160	438
15–19	720	364	1,084
20–24	1,085	617	1,702
25–29	1,738	845	2,583
30–34	2,542	1,087	3,629
35–39	3,786	1,631	5,417
40–44	4,986	2,211	7,197
45–49	5,892	2,928	8,820
50–54	6,593	4,382	10,975
55–59	7,721	5,777	13,498
60–64	7,760	5,976	13,736
65–69	7,186	5,710	12,896
70–74	4,718	4,464	9,182
75–79	2,475	2,679	5,154
80–84	1,633	1,855	3,488
85+	826	1,176	2,002
Total number	**60,214**	**42,050**	**102,264**

The prevalence is 2,652.3/100,000 inhabitants, or 2.7% of the total population (according to the CBS population estimate for 2022).

Rheumatoid arthritis, M05–M06, prevalence

Age groups	Men	Women	Total number
0–4	9	15	**24**
5–9	21	31	**52**
10–14	31	88	**119**
15–19	62	115	**177**
20–24	81	241	**322**
25–29	134	371	**505**
30–34	163	530	**693**
35–39	265	904	**1,169**
40–44	372	1,411	**1,783**
45–49	531	2,115	**2,646**
50–54	765	3,084	**3,849**
55–59	1,086	4,400	**5,486**
60–64	1,368	4,969	**6,337**
65–69	1,481	5,163	**6,644**
70–74	1,354	4,433	**5,787**
75–79	796	3,094	**3,890**
80–84	608	2,348	**2,956**
85+	424	1,903	**2,327**
Total number	**9,551**	**35,215**	**44,766**

Prevalence is 1,161.1/100,000 inhabitants, or 1.2% of the total population (CBS population estimate for 2022).

Arthrosis, M15–M19, prevalence

Age groups	Men	Women	Total number
0–4	7	8	**15**
5–9	32	26	**58**
10–14	190	220	**410**
15–19	430	578	**1,008**
20–24	798	909	**1,707**
25–29	1,140	1,266	**2,406**
30–34	1,569	1,800	**3,369**
35–39	2,528	3,189	**5,717**
40–44	4,313	6,002	**10,315**
45–49	6,958	10,493	**17,451**
50–54	10,920	18,094	**29,014**
55–59	16,663	27,052	**43,715**
60–64	20,942	33,758	**54,700**
65–69	22,362	40,832	**63,194**
70–74	20,164	41,068	**61,232**
75–79	14,332	33,035	**47,367**
80–84	11,313	29,871	**41,184**
85+	8,020	26,079	**34,099**
Total number	**142,681**	**274,280**	**416,961**

The prevalence is 10,814.3/100,000 inhabitants, or 10.8% of the total population (according to the CBS population estimate for 2022).

Osteoporosis, M80–M82, prevalence

Age groups	Men	Women	Total number
0–4	12	10	**22**
5–9	35	22	**57**
10–14	39	55	**94**
15–19	74	68	**142**
20–24	85	120	**205**
25–29	77	152	**229**
30–34	104	328	**432**
35–39	126	603	**729**
40–44	242	1,235	**1,477**
45–49	388	2,826	**3,214**
50–54	632	7,035	**7,667**
55–59	1,085	14,119	**15,204**
60–64	1,554	21,758	**23,312**
65–69	2,218	27,821	**30,039**
70–74	2,443	27,557	**30,000**
75–79	1,852	21,607	**23,459**
80–84	1,609	17,696	**19,305**
85+	1,238	12,255	**13,493**
Total number	**13,813**	**155,267**	**169,080**

The prevalence is 4,385.3/100,000 inhabitants, or 4.4% of the total population (according to the CBS population estimate for 2022). The prevalence of osteoporosis increases with age, and is 9,621.3/100,000, or 9.6%, for the 50+ age group.

Renal insufficiency (failure), N17–N19, prevalence

Age groups	Men	Women	Total number
0–4	30	17	47
5–9	20	21	41
10–14	48	33	81
15–19	76	55	131
20–24	122	49	171
25–29	151	88	239
30–34	215	120	335
35–39	276	179	455
40–44	484	265	749
45–49	678	376	1,054
50–54	1,055	557	1,612
55–59	1,678	918	2,596
60–64	2,752	1,573	4,325
65–69	4,454	2,771	7,225
70–74	5,482	4,078	9,560
75–79	5,067	4,808	9,875
80–84	4,996	5,604	10,600
85+	4,315	6,248	10,563
Total number	**31,899**	**27,760**	**59,659**

The prevalence is 1,547.3/100,000 inhabitants, or 1.5% of the total population (CBS population estimate for 2022).

Intracranial injury, S06, incidence per episode

Age groups	Men	Women	Total number
0–4	89	86	**175**
5–9	107	62	**169**
10–14	152	96	**248**
15–19	155	99	**254**
20–24	170	78	**248**
25–29	149	58	**207**
30–34	122	55	**177**
35–39	151	74	**225**
40–44	132	54	**186**
45–49	165	71	**236**
50–54	191	85	**276**
55–59	203	93	**296**
60–64	213	96	**309**
65–69	239	127	**366**
70–74	259	176	**435**
75–79	185	190	**375**
80–84	225	237	**462**
85+	220	252	**472**
Total number	**3,127**	**1,989**	**5,116**

The incidence of intracranial injuries (per episode) was 132.7/100,000 inhabitants in 2022 (2022 CBS population estimate).

Intracranial injury, S06, incidence per person

Age groups	Men	Women	Total number
0–4	88	81	**169**
5–9	104	61	**165**
10–14	144	86	**230**
15–19	148	93	**241**
20–24	159	70	**229**
25–29	134	54	**188**
30–34	111	48	**159**
35–39	140	66	**206**
40–44	125	50	**175**
45–49	146	68	**214**
50–54	170	76	**246**
55–59	185	82	**267**
60–64	192	89	**281**
65–69	224	114	**338**
70–74	233	155	**388**
75–79	163	173	**336**
80–84	210	217	**427**
85+	212	241	**453**
Total number	**2,888**	**1,824**	**4,712**

The incidence of intracranial injuries (per person) numbered 122.2/100.000 inhabitants in 2022 (2022 CBS population estimate).

Intracranial injuries are more common in men than women. The male-to-female incidence ratio of intracranial injuries obtained in this study is 1.6 : 1 (61% men).

Femur fracture, S72, incidence per episode

Age groups	Men	Women	Total number
0–4	40	24	**64**
5–9	18	13	**31**
10–14	30	21	**51**
15–19	37	11	**48**
20–24	41	12	**53**
25–29	49	11	**60**
30–34	58	6	**64**
35–39	58	15	**73**
40–44	63	22	**85**
45–49	82	37	**119**
50–54	100	56	**156**
55–59	168	141	**309**
60–64	244	244	**488**
65–69	263	440	**703**
70–74	321	699	**1,020**
75–79	298	877	**1,175**
80–84	393	1,501	**1,894**
85+	531	2,335	**2,866**
Total number	**2,794**	**6,465**	**9,259**

The incidence of femoral fractures (per episode) was 240.1/100,000 inhabitants in 2022 (2022 CBS population estimate).

Femur fracture, S72, incidence per person

Age groups	Men	Women	Total number
0–4	34	20	**54**
5–9	16	11	**27**
10–14	27	18	**45**
15–19	29	11	**40**
20–24	38	12	**50**
25–29	43	9	**52**
30–34	44	6	**50**
35–39	51	12	**63**
40–44	54	21	**75**
45–49	75	35	**110**
50–54	87	49	**136**
55–59	145	125	**270**
60–64	206	217	**423**
65–69	224	374	**598**
70–74	282	591	**873**
75–79	268	771	**1,039**
80–84	356	1,323	**1,679**
85+	487	2,092	**2,579**
Total number	**2,466**	**5,697**	**8,163**

The incidence of femoral fractures (per person) was 211.7/100,000 inhabitants in 2022 (2022 CBS population estimate).

The rates of femoral fractures for women and men were 285.5/100.000 and 132.5/100.000, respectively, and increased with age, only to peak in the 85+ group. The incidence rate for femoral fractures for ages 50 and older is 449.9/100,000, having considered the entire three-character code, as well as all 4-character codes (S72.0–S72.9).

Land transport accidents, V01–V89, incidence per episode

Age groups	Men	Women	Total number
0–4	357	265	**622**
5–9	518	336	**854**
10–14	985	428	**1,413**
15–19	1,318	660	**1,978**
20–24	1,634	942	**2,576**
25–29	1,503	974	**2,477**
30–34	1,405	833	**2,238**
35–39	1,343	908	**2,251**
40–44	1,353	931	**2,284**
45–49	1,215	908	**2,123**
50–54	1,198	955	**2,153**
55–59	1,239	923	**2,162**
60–64	1,092	857	**1,949**
65–69	928	864	**1,792**
70–74	690	769	**1,459**
75–79	400	604	**1,004**
80–84	370	621	**991**
85+	256	653	**909**
Total number	**17,804**	**13,431**	**31,235**

The incidence of land transport accidents (per episode) numbered 810.1/100,000 inhabitants in 2022 (2022 CBS population estimate).

Land transport accidents, V01–V89, incidence per person

Age groups	Men	Women	Total number
0–4	349	258	**607**
5–9	498	325	**823**
10–14	927	407	**1,334**
15–19	1,238	613	**1,851**
20–24	1,497	836	**2,333**
25–29	1,388	870	**2,258**
30–34	1,283	735	**2,018**
35–39	1,209	790	**1,999**
40–44	1,236	817	**2,053**
45–49	1,098	802	**1,900**
50–54	1,088	841	**1,929**
55–59	1,112	823	**1,935**
60–64	985	775	**1,760**
65–69	846	779	**1,625**
70–74	642	710	**1,352**
75–79	377	565	**942**
80–84	343	600	**943**
85+	251	633	**884**
Total number	**16,367**	**12,179**	**28,546**

The incidence of land transport accidents (per person) numbered 740.4/100,000 inhabitants in 2022 (2022 CBS population estimate).

Falls, W00–W19, incidence per episode

Age groups	Men	Women	Total number
0–4	4,441	3,270	**7,711**
5–9	5,294	3,866	**9,160**
10–14	7,704	5,205	**12,909**
15–19	5,848	3,358	**9,206**
20–24	5,066	2,714	**7,780**
25–29	4,964	2,511	**7,475**
30–34	4,650	2,474	**7,124**
35–39	4,750	3,153	**7,903**
40–44	4,844	3,634	**8,478**
45–49	4,666	3,916	**8,582**
50–54	4,486	4,998	**9,484**
55–59	5,136	6,001	**11,137**
60–64	4,894	6,490	**11,384**
65–69	4,718	6,609	**11,327**
70–74	4,230	6,707	**10,937**
75–79	3,046	5,652	**8,698**
80–84	2,723	5,998	**8,721**
85+	2,477	6,264	**8,741**
Total number	**83,937**	**82,820**	**166,757**

The incidence of falls (per episode) was 4,325.0/100,000 inhabitants in 2022 (2022 CBS population estimate).

Falls, W00–W19, incidence per person

Age groups	Men	Women	Total number
0–4	4,089	3,063	**7,152**
5–9	4,934	3,618	**8,552**
10–14	6,906	4,742	**11,648**
15–19	5,278	3,046	**8,324**
20–24	4,619	2,485	**7,104**
25–29	4,500	2,294	**6,794**
30–34	4,180	2,225	**6,405**
35–39	4,271	2,845	**7,116**
40–44	4,373	3,249	**7,622**
45–49	4,190	3,516	**7,706**
50–54	4,028	4,408	**8,436**
55–59	4,578	5,285	**9,863**
60–64	4,354	5,704	**10,058**
65–69	4,164	5,754	**9,918**
70–74	3,781	5,820	**9,601**
75–79	2,734	4,912	**7,646**
80–84	2,429	5,275	**7,704**
85+	2,228	5,513	**7,741**
Total number	**75,636**	**73,754**	**149,390**

The incidence of falls (per person) was 3,874.6/100,000 inhabitants in 2022 (2022 CBS population estimate).

In this study, in HR, the incidence rate for falls in the same age group was 4,814.3/100,000, and the resulting boys-to-girls ratio was 1.5 : 1.

Intentional self-harm (including suicide attempts), X60–X84, incidence per episode

Age groups	Men	Women	Total number
0–4	0	0	**0**
5–9	6	2	**8**
10–14	7	101	**108**
15–19	40	124	**164**
20–24	59	64	**123**
25–29	46	61	**107**
30–34	33	44	**77**
35–39	47	32	**79**
40–44	56	33	**89**
45–49	58	36	**94**
50–54	42	49	**91**
55–59	59	65	**124**
60–64	54	55	**109**
65–69	36	48	**84**
70–74	32	34	**66**
75–79	22	29	**51**
80–84	23	29	**52**
85+	24	26	**50**
Total number	**644**	**832**	**1,476**

The incidence of intentional self-harm (per episode) was 38.3/100,000 inhabitants in 2022 (2022 CBS population estimate).

Intentional self-harm (including suicide attempts), X60–X84, incidence per person

Age groups	Men	Women	Total number
0–4	0	0	**0**
5–9	6	2	**8**
10–14	7	81	**88**
15–19	38	105	**143**
20–24	53	55	**108**
25–29	42	56	**98**
30–34	32	37	**69**
35–39	46	30	**76**
40–44	52	33	**85**
45–49	49	36	**85**
50–54	37	46	**83**
55–59	52	62	**114**
60–64	50	53	**103**
65–69	32	42	**74**
70–74	30	31	**61**
75–79	22	26	**48**
80–84	22	28	**50**
85+	24	25	**49**
Total number	**594**	**748**	**1,342**

The incidence of intentional self-harm (per person) was 34.8/100,000 inhabitants in 2022 (2022 CBS population estimate).

Complications of medical and surgical care, Y40–Y66, Y69–Y84, incidence per episode

Age groups	Men	Women	Total number
0–4	116	105	**221**
5–9	55	54	**109**
10–14	75	75	**150**
15–19	73	120	**193**
20–24	78	150	**228**
25–29	115	203	**318**
30–34	145	244	**389**
35–39	166	277	**443**
40–44	205	311	**516**
45–49	174	296	**470**
50–54	241	324	**565**
55–59	282	363	**645**
60–64	376	410	**786**
65–69	494	467	**961**
70–74	397	472	**869**
75–79	311	383	**694**
80–84	229	243	**472**
85+	105	186	**291**
Total number	**3,637**	**4,683**	**8,320**

The incidence of complications of medical and surgical care (per episode) was 215.8/100,000 inhabitants in 2022 (2022 CBS population estimate).

The rates are highest in the elderly (70–79 age group: 412.1/100.000). The overall rate is slightly higher for women (234.7/100,000) than for men (195.5/100,000), with certain age-specific differences.

In children under the age of 10, complications are more common in boys, while at the age of 10–54, they are more common in girls/women. The difference is particularly pronounced at the age of 15–35, when the rate of complications due to medical and surgical care is almost twice as high in women, possibly having to do with women's reproductive health, including complications due to hormonal contraceptives, pregnancy and childbirth, though further analysis by individual diagnoses would be needed to draw conclusions. In 60+ age groups, rates are higher in men, with the difference most pronounced in the 80–84 age group.

Complications of medical and surgical care, Y40–Y66, Y69–Y84, incidence per person

Age groups	Men	Women	Total number
0–4	107	91	**198**
5–9	54	54	**108**
10–14	71	70	**141**
15–19	67	105	**172**
20–24	73	131	**204**
25–29	105	173	**278**
30–34	134	220	**354**
35–39	153	245	**398**
40–44	194	281	**475**
45–49	153	252	**405**
50–54	210	287	**497**
55–59	250	320	**570**
60–64	319	369	**688**
65–69	431	407	**838**
70–74	342	407	**749**
75–79	271	334	**605**
80–84	192	224	**416**
85+	93	171	**264**
Total number	**3,219**	**4,141**	**7,360**

The incidence of complications in medical and surgical care (per person) was 190.9/100.000 inhabitants in 2022 (2022 CBS population estimate).