

## SUMMARY<sup>1</sup>

### Demography

On December 31, 2000, approximately 1,615,000 people were registered in Vienna, 52.4 percent of whom were female.

In general, the population of Vienna today is younger than it was in the 70ies. This is due primarily to the fact that the baby-boom generation has now reached reproductive age, but also to the increased influx of migrants, particularly between 1988 and 1993 (cause: opening of the East, wars in former Yugoslavia, demand for cheap labour). 73 percent of the foreigners living in Vienna are below the age of 45, which is true for only 58 percent of the total population.

In 2000, 17,588 people died in Vienna. As in the previous years and decades, age-standardised **mortality** also decreased in 2000: it was registered at 722.7, which is clearly less than in the previous years.

In the same period of reporting, 15,547 **live births** were registered in Vienna, resulting in a birth rate of – 2,041. Thus, the birth deficit for 2000 is lower than comparable figures calculated for the decade prior to that.

The **overall fertility rate** has risen slightly since 1999, in fact in 2000, it was recorded at 1.31 children per woman in her fertile years. This increase is attributable to 2000 having been a leap year (+ 1 day) and a „round“ year (millennium) at the same time.

Figures for infant mortality and life expectancy showed decidedly positive signs in 2000 as well: the **infant mortality rate** for Vienna was registered at 5.1 per 1,000 live births, the second lowest ever achieved in the capital. **Life expectancy** in 2000 was 80.4 years for women, and 74.7 years for men in Vienna, accounting for an increase of 0.3 years and 0.4 years respectively. Nonetheless, life expectancy in Vienna is still well below that of other Austrian provinces.

### Epidemiology

In 2000, there was a slight decrease (number of registered notifiable **infections** including tuberculosis, venereal diseases) in previous years, most of these were food poisoning, primarily caused by *campylobacter* and salmonella infections.

There are currently approximately 1,200 people living from **tuberculosis** in Vienna, with 1,200 women being afflicted with the disease. 402 of these are suffering from active tuberculosis. In 2000, 402 new cases (24.9 cases per 100,000 inhabitants) were registered, which meant a slight decrease compared to the years before. Major risk groups are members of society such as migrants from Eastern Europe, alcoholics or homeless people. There has been a marked drop in the number of tuberculosis since the early eighties. In 1980, 6.4 out of 100.000 inhabitants died of tuberculosis. From 1996 onwards, relevant figures fluctuated between 1.7 and 1.7. In the year of reporting they were 1.6. In 2000, 26 people died of tuberculosis.

In **Austria**, the number of people infected with HIV is recorded at between 12,000 and 15,000, roughly half of whom are living with the disease. HIV infections are on the rise, which is due to an increasing number of heterosexual contacts with the disease. Despite this apparent spread of the disease, the number of new **AIDS cases** in Austria has decreased by approximately one fifth to 75 cases in 2000, due to antiretroviral treatment. This decline is observed among men and women alike. Yet almost 80 percent account for about two thirds of all new cases. Today, one third of all new AIDS cases are caused by heterosexual contacts, more than half of all women contracting the disease are infected by heterosexual contacts. Approximately one fifth of all new cases is due to intravenous drug consumption, 16 percent are due to homosexual contacts.

<sup>1</sup> List of contents see p. 14

A total of 1,001 **persons afflicted with AIDS** have been registered in **Vienna** since 1983, of whom 640 have died. In 2000, 13 new cases of AIDS were reported (12 men and 1 woman), 14 people died as a result of the disease. This was the lowest number of new cases of AIDS recorded since 1986. One of the reasons for this could be the use of combination therapy. A comparison of provinces shows that the rate of new cases in Vienna (0.81 per 100,000 inhabitants) is well below those of Upper Austria, Vorarlberg, the Tyrol and Burgenland. In fact, Vienna lies well within the Austrian average, along with the provinces of Salzburg and Styria. The lowest rates by far are reported from Lower Austria and Carinthia.

In 2000, there was a rise in the number of **notifiable venereal diseases** (+6.4 percent) which had been dropping continuously since 1992. This increase is due to the growing number of lues infections, whereas figures for gonorrhoea infections were still decreasing in 2000. In 1990, gonorrhoea and lues had a distribution ratio of 90:10 respectively, by the year 2000, that ratio had shifted to 60:40.

In 1998, 3,552 women and 3,579 men were diagnosed with **cancer**. The **incidence rate** per 100,000 inhabitants in 1998 was 288 for women and 453 for men. Intestinal cancer tops the list of cancer localisations, followed closely by malignant neoplasms in the respiratory organs, particularly the lungs. Considered by gender, the most frequent cancer localisation for women is breast cancer, for men it is prostate cancer. The age standardised cancer rate for men in Vienna has gone down considerably since 1983, particularly with gastric and lung cancer. In the case of prostate cancer, however, the rate has risen dramatically as a result of more widespread screening tests and the resulting increase in diagnose. In the same period of reporting, the number of cases of gastric and intestinal cancer, as well as of cancer of the uterus and the cervix among women in Vienna has declined noticeably; the only exception to this general trend being cancer of the lung, which has increased by 41 percent among women. This is largely due to a change in smoking habits among women.

4,242 **deaths** were recorded in 2000 as a result of neoplasms, 53 percent of these cases were female and 47 percent were male. Most frequent causes of death by far among both female and male patients are malignant neoplasms of the digestive tract. The second most frequent

cause of death for women is breast cancer, for men malignant neoplasms of the respiratory organs, particularly lung cancer.

More than half (54 percent) of the approximately 18,000 **deaths** registered in Vienna in the year 2000 were **caused** by cardiovascular diseases. The most frequent cause of death according to national statistics was cancer (24 percent), followed by accidents, poisoning and acts of violence for men in the population in general, and diseases of the respiratory organs for women.

The deaths registered in Vienna in 2000 reveal **specific differences** in mortality for the different age groups: in absolute terms men frequently die at a younger age than women. This may well be explained by the significantly higher rate of accidents and acts of violence among young men, but also by the fact that men in particular age group have a greater tendency to contract diseases of the cardiovascular system or the digestive system.

In total, **age standardised mortality** continued to drop between 1999 and 2000 (-3.5 percent) as was done in the years before, a decrease which is largely due to the positive trends in cardiovascular diseases with men and women. In the case of women, age standardised mortality for diseases of the digestive tract and the respiratory organs was quite evidently high in 1999, with +13.8 percent and +12.4 percent respectively.

In 2000, 200 men and 95 women in Vienna died by **suicide**. Vienna has a suicide rate of 18.3 per 100,000 inhabitants which is average for Austrian standards. The suicide rate increases with age, and is highest with men at the age of 75 (84.0 suicides per 100,000 inhabitants).

In 2000, 1.5 percent less **cases of sick leave** and 1.5 percent less **sick leave days** were registered with the Vienna Area Health Fund than the year before. Both men and women. The most frequent and the longest cases of sickness-related absenteeism were due to diseases of the airways and respiratory organs, followed by diseases of the skeleton, muscles and the connective tissue. The average **duration of sick leave** per case as registered by the Vienna Area Health Fund in 2000 was 12.1 days – compared to 12.6 days for all of Austria. The average duration of sickness-related absenteeism for women in Vienna

shorter than that for men, with 11.6 and 12.6 days respectively. Blue-collar workers took longer periods of sick leave at a time than white-collar workers (14.0 and 10.6 respectively).

### Children's and Adolescents' State of Health

Recommended **vaccinations** for children in Vienna (up to the age of 15) have been free of charge since 1998. Vaccination rates for selected vaccines calculated for children born in 1998 were the following: measles-mumps-rubella vaccination: 84.5 percent; haemophilus influenzae b vaccination: 75.8 percent; hepatitis B vaccination, generally recommended since 1998: 46.9 percent. The following vaccination rates were calculated for children born in 1999: diphtheria-tetanus-whooping cough combination: 91.7 percent; poliomyelitis: 81 percent; haemophilus influenzae b vaccination: 91.6 percent; hepatitis B vaccination: 51.6 percent.

35 percent of all 6 to 10 year old children examined at compulsory schools in the academic year 2000/01 were found to have **postural damages**. These children were recommended to take part in postural exercise classes. 32 out of 100 children examined are suffering from anomalies of the spine, 29 out of 100 children are suffering from anomalies of the legs and feet. Most frequently exhibited anomalies of the spine are hollow back (hyperlordosis), hunchback as well as so-called wing shoulders. The examinations also revealed that approximately 10 percent of the children are overweight.

82.5 percent of all young Viennese males liable to enlistment in 2000 were considered fit for military service on the basis of the **recruitment examination**. Nevertheless, three quarters of all males examined were diagnosed with at least one deficiency or disease. Most of these were found to be deficiencies or diseases of the „skeleton, muscles and connective tissue“ (18 percent) followed by „eyes“ (13 percent) and nutritional disorders or disorders of the metabolism (12 percent).

### Preventive Health Care

In the year 2000, more than 105,000 people in Vienna underwent **voluntary screening tests** which are covered by health insurance. This represents an increase of 3.8 percent compared to 1999 and an apparent continuation of the trend of previous years. The results of these examinations, which are carried out by the Vienna

Health Office in cooperation with M... ment 15, clearly demonstrate that e... blood lipids (increased risk of arteriosclerosis), obesity, pathological pulmonary function damage and elevated levels of uric acid are still the most frequently diagnosed disorders. Two thirds of the people examined are overweight, one quarter is rated with a BMI. The percentage of overweight persons increased. Due to lack of education, a rule which, however, also applies to members of the least educated social classes, is generally more affected by weight problems.

In 1997, birth support allowance for **mother-child pass examinations** were drastically reduced, taking into the development of birth rate. This led to a decrease in the number of examinations in 1998 and 1999. Still, in 2000, the number of child-pass examinations went down again, which is in keeping with the general trend. The provinces most affected by this were Carinthia and the Tyrol (-6.5 percent and -6.5 percent respectively). The idea behind the reduction of mother-child pass examinations is to reduce potential health risks for the pregnant woman and to detect development disorders and diseases of the child as early as possible.

### Conclusion

This latest health report is a clear indication of the positive trends of recent years and decades, which have continued through to the year of reporting, i.e. the year 2000. A wide range of health parameters to such an extent, many of which are of considerable importance for the development of health policies.

Age standardised mortality and infant mortality continued to drop, while life expectancy on average continued to rise. Some infectious diseases such as meningitis, hepatitis infectiosa, meningitis, gonorrhoea saw a further decrease in numbers. The number of cancerous diseases such as gastric cancer, cancer of the uterus and the cervix. Fewer cases and shorter periods of sick leave were registered again in 2000.

Looking at the causes of death there is a clear increase in the numbers of cardiovascular diseases and an increase in the number of malignant neoplasms.

*tract and the breast. However, as cardio vascular diseases continue to be the number one cause of death, it has been agreed that the current health promotion initiatives "A Heart for Vienna" will be continued.*

*The growing number of HIV infections are no doubt to be considered an unfavourable development; in particular it will be necessary to make people in Vienna more aware of the growing risk of transmitting HIV through heterosexual contacts. Thus, targeted AIDS information campaigns must continue despite the fact that the number of new AIDS cases is actually decreasing.*

*Cases of lung cancer among women are increasing at an alarming rate as is the mortality rate among younger men. The former must be seen as a result of women's changed*

*smoking behaviour while the latter is primarily due to accidents, suicides, diseases of the cardio-vascular system and the digestive tract. These circumstances call for increased gender-specific health care initiatives and preventive measures in this field.*

*Results of school examinations and aptitude tests in primary service have revealed that there is a tendency among children and adolescents to develop disorders of the motor system (postural damages, etc.) which need to be counteracted with appropriate health care initiatives. Similar to but at a more intensive level than those already carried out at schools. Whether or not the drop in child-pass examinations marks the beginning of a downward trend, will become evident in the years to come.*

I.  
DEMOGRAPHIE

*DEMOGRAPHY*

## INHALT

### 1 DEMOGRAPHIE

#### 1.1 BEVÖLKERUNGSSTRUKTUR

#### 1.2 BEVÖLKERUNGSBEWEGUNG

##### 1.2.1 Natürliche Bevölkerungsbewegung

Fruchtbarkeit

Sterblichkeit

##### 1.2.2 Wanderungen

#### 1.3 LEBENSERWARTUNG

## CONTENTS

### 1 DEMOGRAPHY

#### 1.1 POPULATION STRUCTURE

#### 1.2 POPULATION MOVEMENT

##### 1.2.1 Natural population movement

Fertility

Mortality

##### 1.2.2 Migration

#### 1.3 LIFE EXPECTANCY