

EXECUTIVE SUMMARY

Demography

As of 31 December 2001, 1,605,706 persons were registered as full-time residents of Vienna; of these, slightly over 52 percent were women.

A comparison with the 1970s shows that Vienna's **population is becoming younger**. On the one hand, this is due to the fact that the baby boom generation has reached reproductive age; on the other hand, it results from increased migration to Vienna (mainly of younger age groups) between 1988 and 1993.

In 2001, 16,943 persons died in Vienna. Of these, 85 percent were aged 60 and above, and 64 percent were aged 75 and above. In the same year there were 15,167 live births, which results in a negative **balance of births** – reduced as compared with the previous years – of –1,776.

The **fertility rate** of Vienna's female population in 2001 was 42.7 births per 1,000 women aged 15 to 45, or 1.26 live births for every woman of childbearing age. The average age at childbirth was 28.1 years.

The 2001 **migration balance** for Vienna showed a surplus of 10,733 persons.

Life Expectancy & Mortality

In 2001, **life expectancy** in Vienna was 80.7 years for female newborns and 75 years for male newborns. On reaching the age of 60, women can expect to live another 23.7 years; men, another 19.9 years. This continues the upward trend of the past decades.

As in the previous years and decades, the **mortality rate** continued to decrease in 2001. Compared to the previous year, the age standardised mortality rate decreased by 3 percent and equalled 701.5 for the year under review (men: 862.8; women: 540.3).

For more than half (54 percent) of the approx. 17,000 Viennese citizens deceased in 2001, the established **cause of death** was a cardiovascular disease. The mortality statistics record neoplasms (of which over 98 percent malignant) as the second most frequent cause of

death – roughly one in four deaths (24 percent) is thus due to cancer.

Gender-specific differences related to mortality are also evident within the individual age groups of Viennese citizens deceased in 2001. In absolute figures, men very often tend to die at an earlier age than women. The main causes seem to lie in the substantially higher accident and suicide rates among younger men (under 45 years of age) on the one hand and in higher rates of cardiovascular diseases as well as disorders of the digestive organs in men belonging to the younger age groups on the other hand.

The decrease of the overall mortality rate in comparison with 2000 is mainly due to a reduction of disorders of the respiratory tract, of injuries and cases of poisoning as well as of disorders of the digestive organs.

As compared with the previous year, the **infant mortality rate** increased slightly and amounted to 6.3 per 1,000 live births for the year under review.

Epidemiology

In 2001, registered notifiable **infectious diseases** increased slightly. Excluding tuberculosis, sexually transmitted diseases and AIDS, a total of 2,865 cases of infectious diseases were recorded in Vienna in the year under review. As always, cases of bacterial food poisoning, which moreover presented a marked increase as compared to 2000, accounted for the largest share by far.

Currently, about 1,150 persons suffering from **tuberculosis** live in Vienna. All in all, more men than women are affected by tuberculosis. Of these patients, 712 suffered from active tuberculosis; more than half of these being cases of open tuberculosis. In 2001, 389 new infections were registered; a marked reduction as compared with the previous years. With respect to deaths, too, a downward trend has been noted since the early 1980s. While in 1981 the mortality rate for tuberculosis was still 6.4 per 100,000 inhabitants, the relevant figures have been oscillating between 1.4 and 1.7 since 1996. The strikingly low figure of 1.0 for 2001 might, at least in part, be due to the reduced autopsy rate. In

the year under review, the notified number of deaths from tuberculosis was merely 16.

In **Austria**, the number of **HIV infected persons** is between approx. 12,000 and 15,000, roughly half of which (7,000 persons) live in Vienna. An increase in new HIV infections – mainly due to new infections of heterosexuals – was recorded. Despite the growing number of HIV infections, however, a marked reduction was registered in Austria for both new **AIDS** cases and AIDS-related deaths. In fact, the lowest figures since circa 1987 were recorded in 2001. The main cause for these reductions may be assumed to lie in the use of antiretroviral therapy (combination therapy) as well as in successful prevention work, in particular with the two key risk groups, i.e. homosexual and bisexual men and intravenous drug users. Although the disease still mainly affects men, the risk for heterosexual contacts has increased over the past few years, in particular for women. This field would seem to call for intensified prevention work.

Between 1983 and the end of 2001, a total of 1,032 **AIDS** cases were registered in **Vienna**; of these, 651 persons died in the same period from this immunodeficiency syndrome (63 percent). In 2001, 20 persons developed AIDS (17 men and 3 women), while 8 persons died as a consequence of the disease. This trend continues the low figure for the previous year; with respect to deaths, an absolute low since 1986 was recorded.

Following the drop in notifiable **sexually transmitted diseases** (in particular gonorrhoea and syphilis) in the 1990s, an increase was recorded for 2001 (+37 percent), as in the preceding year. While in 1990 the ratio of gonorrhoea to syphilis was 90:10 percent, this ratio shifted to roughly 65:35 in 2001 (in favour of syphilis). The incidence of gonorrhoea rose substantially to 413 notified cases (+41 percent as compared with 2000), that of syphilis increased by close to 30 percent to 228 cases.

During the ten week, but mild, **influenza** epidemic of the winter of 2001/2002, approx. 117,100 persons in Vienna contracted this infection.

In 1999, a total of 3,521 female and 3,320 male citizens of Vienna were diagnosed with **cancer**, i.e. one in every 240 women and 230 men. The age standardised **inci-**

dence rate² per 100,000 inhabitants was 282 for women and 417 for men.

In total, the **most frequent types of cancer** remain those of the respiratory organs (above all the lungs) and the intestinal tract (mostly the colon and rectum). Both diseases are closely connected to the patients' lifestyle. However, if viewed separately for each sex, cancer of the mammary gland (26 percent of all localisations) is the most frequent type of cancer in women, while cancer of the prostate is the commonest form of cancer in men (23 percent of all localisations).

For women, the age-standardised cancer rate presents a relatively continuously decreasing trend since 1983 (and in particular since 1988). This reduction is mainly due to a decrease in malignant neoplasms of the cervix, body of the uterus, stomach and colorectum. However, a marked increase in the lung cancer rate for women was recorded since 1987, which is chiefly attributed to the changed smoking behaviour of women.

Although an overall downward tendency of morbidity rates was identified for the male citizens of Vienna as well, this development was less continuous than that for women. However, a marked reduction was recorded compared with the previous year. A substantial decrease in the incidence of cancer of the stomach, lungs and intestine was recorded since 1983. The significant increase of cancer of the prostate, above all since 1992, is explained, inter alia, by the greater availability of screenings ("screening effect") and improved diagnostic techniques.

In 2001, a total of 4,019 **deaths** due to malignant neoplasms was notified; of these, 52 percent were women. With respect to the cancer-related **causes of death**, malignant neoplasms of the digestive organs (above all intestinal cancer) were clearly most frequent in both women and men, followed by cancer of the mammary gland in women and malignant neoplasms of the respiratory tract (mainly lung cancer) in men.

Smoking and cancer: Smokers tend to present higher mortality and morbidity rates, in particular with regard to chronic diseases (including above all cancer). Not only lung cancer but also laryngeal, lip, oral cavity and throat as well as bladder cancer are closely connected with smoking.

² Calculation based on the old European standard population of the WHO.

In 1999, 1,190 persons (of which 66 percent men) were diagnosed with malignant neoplasms of the lung, larynx, lips, oral cavity or throat. In the same year, 952 persons died as a consequence of one of these types of cancer; in 2001, this figure was 907. 405 persons (of which 73 percent men) were diagnosed with cancer of the bladder in 1999; 123 persons died from this disease in the same year; in 2001, 131.

As compared with the previous year, the sick leaves of persons insured (in employment) with the Wiener Gebietskrankenkasse (Vienna Area Health Fund) dropped by 2.4 percent for the number of cases and by 4.5 percent for the number of days in 2001. The **average duration of sick leave** per case in 2001 was 13.4 days for all persons insured with the Wiener Gebietskrankenkasse, while the figure for employees was 11.8 days. The reference figure for all of Austria (all insured persons) is 12.4 days. Blue collar workers tend to go on longer sick leaves than white collar workers (14.2 versus 10.2 days).

The **most frequent cases of sick leave** are due to diseases of the respiratory tract and organs (41 percent), followed by skeletal, muscular and connective tissue diseases (14 percent), although infections (10 percent) and accidents (8 percent) likewise continue to account for a significant share of sick leaves.

In 2000, the **average length of stays** in Viennese hospitals was 12.1 days for all patients (women: 13.7 days, men: 10.1 days). With reference to patients exclusively resident in Austria, the average length of stays in Viennese hospitals was 10.1 days (Austria: 9.0 days). This corresponds to a marked reduction in the number of days as compared to the previous years. Again, the **longest hospital stays** in 2000 were due to circulatory diseases (mainly cardiac diseases) (average stay: 26.7 days). The **most frequent conditions diagnosed on discharge** included neoplasms, followed by circulatory diseases.

Children and Young People

The orthopaedic examination of Viennese primary school pupils aged between 6 and 10 in the school year 2001/2002 has shown that 37 percent of the children examined had an **impairment of posture**; thus postural exercise classes were recommended. 31 of 100 children examined presented **anomalies of the vertebral column**, while 24 of 100 children were affected by **anomalies of**

the legs and feet. The most frequent vertebral anomalies are hollow back (lordosis), juvenile kyphosis and the so-called projecting "wing shoulders". In these examinations, moreover approx. 10 percent of the children were diagnosed as **overweight**.

80 percent of Viennese young men liable for military service were passed as fit in the 2001 **recruitment examinations** of the Austrian Armed Forces. However, at least one deficiency or disease was diagnosed in roughly three quarters of all subjects. The majority of findings concerned skeleton, muscles and connective tissue (20 percent) and eyes (14 percent). Nutritional and metabolic disorders were likewise diagnosed very frequently (10.5 percent).

Preventive Health Care

In 2001, the number of **mother-and-child pass examinations** in Vienna increased by 2.7 percent (raw percentage), putting Vienna – together with Salzburg – in the lead amongst Austrian federal provinces. The figure for the country as a whole likewise increased by 1.1 percent.

The **Vienna Vaccination Concept** established in 1998 was continued in 2001. Children of up to 15 years of age are entitled to all generally recommended vaccinations with selected vaccines listed in the Vaccination Plan 2001 for Children free of charge.

In 2001, nearly 116,000 persons in Vienna underwent **voluntary screening tests** which are covered by the health insurance. This amounted to an increase by nearly 10 percent as compared with 2000 and continues the trend of the previous years. 56 percent of the persons undergoing voluntary screening tests were women.

The results of the voluntary screening tests conducted by the Municipal Department for Public Health (Municipal Department 15) show that the most frequent diagnoses continue to be increased cholesterol levels (and hence increased risk factors for arteriosclerosis) as well as overweight, pathological lung function, liver cell damage and increased levels of uric acid (risk of developing gout). More than half (54 percent) of the Viennese citizens examined are **overweight**; more than one quarter of the subjects (26 percent) present a body mass index (BMI) above 27. Men of all age groups and levels of education are more frequently affected by weight problems than

women (67 percent of the men examined are overweight, and 30 percent have a BMI >27). The share of overweight persons tends to rise with age and a lower level of education (exception: lowest educational level).

Résumé

The present Vienna Health Report shows that the positive trend of the past years has continued in 2001, the years under review, with respect to many health indicators of relevance for health policy. For example, the age standardised mortality rate in Vienna was again reduced, which was paralleled by a further increase in life expectancy. The higher mortality rate of younger men due to accidents, suicide, cardiovascular diseases and diseases of the digestive organs entails the necessity of conducting further gender specific information and prevention campaigns. While infant mortality has slightly increased compared to recent years, the rate may still be defined as highly satisfactory.

With respect to causes of death, a continuing downward trend can be identified both for cardiovascular diseases and malignant neoplasms of the digestive organs. However, since cardiovascular diseases remain the primary cause of death, the ongoing initiative "Ein Herz für Wien" (A Heart for Vienna) will be kept up as a priority activity of health promotion. Concerning individual types of cancer (above all cancer of the stomach, cancer of the uterus and cervix, lung cancer in men and intestinal cancer), the downward trend of recent years is likewise continuing. The number and length of sick leaves, too, have decreased.

However, a negative development has been identified in the continuing increase of HIV infections; above all, the Viennese population should be made more aware of the increasingly frequent cases of HIV infections caused by heterosexual contact. Despite the declining number of manifest new cases of AIDS, it is therefore necessary to

further evolve the AIDS information campaigns tailored on the different target groups. The number of cases of notifiable sexually transmitted diseases (above all gonorrhoea and syphilis) likewise grew again in 2001. Another phenomenon that gives cause for concern is the markedly increased incidence of lung cancer in the female population, a situation attributable to the changed smoking behaviour of women.

Both the findings of orthopaedic examinations of Viennese primary school pupils aged between 6 and 10 and the results of the recruitment examinations of the Austrian Armed Forces indicate a high share of disorders of the locomotor system (postural damage, etc.) in children and young people. This highlights the necessity of continuing and intensifying the relevant initiatives currently conducted in schools.

With the exception of a temporary decrease in the number of mother-and-child pass examinations in 2000, this important screening for mothers and children has been characterised by an upward trend since 1998. The preventive concept behind the mother-and-child pass examinations mainly targets the early diagnosis of health risks for the mother and development disorders and diseases of the child. The Vienna Vaccination Concept established in 1998 for children up to 15 years of age was continued.

As the results of the voluntary screening tests show, a variety of disorders (e.g. overweight, high cholesterol levels, and hence increased risk factors for arteriosclerosis and in due course of cardiovascular diseases, as well as increased levels of uric acid, entailing an increased risk of developing gout) could be avoided by a change in lifestyle (above all with respect to nutrition, exercise, alcohol consumption and smoking behaviour); at the very least, this would attenuate the risk factors. Health promotion programmes and initiatives will therefore remain key items on Vienna's health policy agenda.