V. EUROPEAN CARDIOVASCULAR INDICATOR SURVEILLANCE SET (EUROCISS) PROJECT: RECOMMENDATIONS FOR MONITORING CARDIOVASCULAR DISEASE IN HEART HEALTH INITIATIVES

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Background and objectives: Although cardiovascular disease (CVD) has been identified as one of the leading contributors to the global disease burden, the number of reliable monitoring indicators for which comparable data are available across Europe is currently limited. The EUROCISS project aims to: define indicators for monitoring CVD; to recommend standardized methods for data collection; and, to develop manuals of operations for population-based registers of myocardial infarction and stroke, in order to compute attack rates, incidence rates, case fatality and 1-year survival. Health interview/health examination surveys would enable the assessment of prevalence of CVD in the general population. Similar, standardized outcome indicators are needed to evaluate the overall effects of the heart health initiatives and, in particular, to identify the best practices in terms of cardiovascular disease reduction and control.

Methods: Acute myocardial infarction, unstable angina, ischemic heart disease, heart failure and cerebrovascular accidents were identified as priority conditions in public health using two criteria: high prevalence of disease, in terms of mortality, morbidity and disability; and the possibility of prevention, in terms of modifiable risk factors. Specific indicators for assessing morbidity have been identified. Recommendations have been set for the collection and harmonization of data that can easily be applied within member countries to obtain reliable and significant data for the periodic monitoring of CVD.

Results: Recommended indicators were classified in 3 categories per disease suggesting a stepwise procedure: 1) available indicators - simple and already available in almost all countries of the EU, such as hospital discharge rates or mortality figures; 2) short-term implementation indicators - built on available data, offering a more exhaustive and desirable overview of CVD, such as attack rates obtained from record linkage of current data; 3) long-term implementation indicators - such as prevalence and incidence, requiring more time and more resources to be implemented. Most of these indicators represent validated versions of the available and short-term indicators.

Conclusion: Data on CVD is available from different countries, but, due to different procedures and diagnostic criteria adopted within Europe, they are rarely reliable, nationally representative or comparable between countries. Since monitoring CVD is a basic requirement in order to plan public health programmes and identify the best practices, it is essential to obtain high-quality

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