

7. CONCLUSIONS

The EUROCISS Project has created a network of experts from 18 countries to support CVD surveillance in Europe. Experts from various fields (epidemiology, cardiology, statistics etc.) and Institutions (Institute of Health, Institute of Statistics, Local Sanitary Units) gave their contribution to the construction of a surveillance system which is simple, sustainable and applicable in all EU countries.

The indicators (attack/incidence rate, case fatality, prevalence) recommended by the EUROCISS Project and included in the ECHIM shortlist are able to provide a complete overview of all forms of CVD (fatal and non-fatal acute events occurring suddenly, chronic diseases which develop slowly, events which require hospitalizations and event which do not) and are very useful to detect the complications following acute events (AMI) and plan health care services to fight these chronic conditions. Thanks to advancements in therapy for AMI, the number of hospitalizations for complications, such as arrhythmias and heart failure, has increased.

The methodology recommended for the implementation of population-based registers of AMI/ACS and stroke is derived by the important experience of the MONICA Project, but is simplified to make measurements less expensive. This simplified methodology is based on routine data collection and validation by a team of experts epidemiologists following procedures which are simple and easy to apply.

Thanks to the continuing process of computerization, routine data are available in almost all EU countries but, contrary to common belief, they are not so easy to use. In fact, the process of selection of codes to use for event identification and the validation procedure represent the added value of the EUROCISS Project for a good implementation of an health information system which takes into account disease frequency, distribution and trend in the different countries.

The EUROCISS Project also recommended a minimum set of essential questions to include in HIS to assess chronic conditions causing symptoms and impairment in

daily life and a minimum set of standardized measurements to include in HES to assess cardiovascular functionality.

It should be reminded that a good surveillance system based on validated indicators represents the first step towards planning and evaluating preventive strategies at both population and individual levels.

The application of the recommended standard methodology in all EU countries will result in the availability of reliable, valid and therefore comparable data on CVD morbidity for monitoring disease trend over time.

The EUROCISS Project has therefore provided the basis for an improved future regulation in public health policies concerning the surveillance of CVD throughout Europe.