NATIONAL PUBLIC HEALTH UPDATE 2003
HUNGARY

Commissioned by the Hungarian Ministry of Health, Social and Family Affairs, within the framework of the National Public Health Program
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Public Health Reports are periodic publications containing descriptive information about the population's health status and about the main factors affecting it. Public Health Reports are designed for public health policy makers and health professionals.

In 2003 the Ministry of Health, Social and Family Affairs initiated the implementation of a public health reporting system in Hungary, calling for the collaboration of the main institutions of the field.

As a fruit of this collaboration, the first Hungarian Public Health Report is to be completed and published in spring 2004. The present publication was created as a preliminary to the Public Health Report, to give policy makers and other health executives a 'snapshot' of Hungary's health status until the final Report is published. This Update does not intend to be conclusive in any way - it is rather an overview of the most important public health issues, and is limited to the analysis of only a small set of health indicators.

These limitations are first and foremost the consequences of the preliminary nature of this Update. However, we have encountered a lack of necessary information in some cases. The indicators presented in this Update were selected following the increasingly widespread functioning-based definition of health.

Despite these limitations, we hope this Update will benefit the reader until the publication of the final, comprehensive National Public Health Report.
In 1980 Hungary’s population was 10.7 million, but by 2003 this figure decreased by 567 thousand - this corresponds to ca. 25% of the population of the capital city. Rapid population decrease slowed down in 2001, but did not stop altogether and Hungary’s population decreases by 30-35000 people every year. Tracking demographic changes by age groups allows us to forecast major public health events, such as the increase of the number of women of childbearing age, or the expected increase in the number of elderly people, or the decrease of men of active age - none of which could be ignored due to their possible social, health and economic effects.

As early as 1992, Hungary’s age-specific population charts showed the image of an aging population. This became only more apparent in recent years: as a result of a continued decline of new births, the population aged below 5 was substantially smaller in 2002 than the next age group.
High mortality among older men caused a marked loss of population in this age group. It should be noted that while the number of live births decreased by one-fourth in 10 years, the number of women of childbearing age remained approximately level throughout this period of time!

In 1992, young people (aged 15-19 years) and middle-aged people (aged 35-39 years) made up the two largest age groups of the population. These two demographic waves correspond to the first and second generations of the 'Ratkó Era' in the 1950s. The negative curve on the chart at the 25-29 age group is also an aftereffect of the 'Ratkó' demographic policy. Ten years later the two waves shifted to the 25-29 and 45-49 age groups. The increase in the number of women of childbearing age should therefore result in the increase of the absolute number of births even if the total fertility rate remained unchanged.

In 1992, the proportion of children (aged below 15 years) within the population was 20% and has decreased to 17% by 2002, while the proportion of people over 65 increased from 14% to 15%. Based on present tendencies - i.e. increasing life expectancy and decreasing number of new births - we expect to see an aging of the population in Hungary similar to that in Western Europe.

Looking at the proportion of women vs. men across different age groups, one may note a slow, but obvious increase in the proportion of women in the age groups over 40, suggesting a very high mortality among men. The relative proportion of the female population in the 40-64 age group is 112%, and 165% in the 65-84 age group, while it increases to 250% among people aged 85 and over.

*Anna Ratkó was Minister of Health in the period of 1950-1953. The so-called “law on abortion” is linked to her administration.*
If mortality rates fail to improve, boys and girls born in 2002 can only expect to live to the age of 68 and 76 respectively, i.e. 8 and 6 years less than the average of the preenlargement EU countries (herein: EU15, EU15 average), (Chart 2).

From among the 51 countries of the European region, Hungary ranks 39th for life expectancy at birth - not only behind the EU15 countries, but also behind other countries of Central and Eastern Europe (CEE). A considerable improvement was however observed in recent years in the life expectancy of men (in rapid decline before 1993). Women’s life expectancy has been steadily ameliorating since 1970, and improvement strengthened since 1993 catching up with the CEE. Life expectancy of boys born today is continuing to deteriorate compared to girls – a tendency observed in most European countries.
The difference in the life expectancies of the two genders is further 'diversified' by geographic variations: at birth male infants born in 2001 in Budapest had a life expectancy of 69.3 years, whereas boys born in Szabolcs-Szatmár-Bereg county in the same year had a life expectancy of only 65.8 years - 3.5 years less.

**MORTALITY**

International and national comparison of mortality data not only allows us to estimate the social effects of the loss of population, but it also pinpoints the reasonable objectives for intervention strategies. This fact gains even more importance in a country where national mortality indicators are among the worst in Europe - even among the worst in the world in the case of certain diseases and conditions.

**Total mortality**

Nearly 133,000 people died in Hungary in 2002. A comparison to help estimate Hungary’s extremely high mortality rate: 50,000 more people die in Hungary every year than it could be expected from the statistics of Western European countries. To give it a macabre image - it is as if every week two Boeing 747’s full of Hungarians crashed! Although some improvements were observed during the past decade, the poor Hungarian mortality situation is well characterized by the fact that until the mid 1990s the rise in mortality among Hungarian men aged less than 65 hit a negative record in Europe. This sad period is still felt at the turn of the millennium when mortality among this population is still 30% higher than in 1970 (Chart 3). Compared to the EU15 average, Hungary’s mortality statistics are even more worrying: while mortality among the Hungarian male population aged less than 65 was only slightly higher than the EU15 average in 1970, a mortality rate almost 2.5 times higher than the EU15 average was recorded in 2000.
A closer examination of the changes in mortality over time, one can note that the deterioration of men’s mortality rate since 1970 is most apparent in the 35-54 age group: mortality increased unbroken until the early 1980s when a period of slight improvement followed until the change of regime in 1989 (Chart 4).
Mortality is most critical in
the male population aged 35-54

Infant mortality

Infant mortality is a special field of mortality analysis, generally used to qualify health care services. In 1970, infant mortality rate of 36 deaths per 1000 live births in Hungary was outstandingly high among European countries. By 2001 infant mortality was brought down to one-fourth of its 1970 level (Chart 5). Nonetheless, infant mortality improved in the same pace in EU15 countries during these past 30 years, thus the gap between Hungary and the 'west' is still as wide as ever. In 2002, infant mortality in Hungary was 7.2 per 1000 live births, with marked geographic differences. 10 infants out of 1000 died in Borsod-Abaúj-Zemplén county before reaching the age of one, while Hajdú-Bihar county's 4/1000 infant mortality rate matches the EU15 average.

Chart 5 - Infant mortality rate in Hungary, Austria, the EU15, and the countries of CEE, 1970-2001

Source: WHO Health for All Mortality Database
In 2002, almost half of all deaths were connected to heart diseases and every 4th person died from malignant neoplasm. 7% of deaths were related to diseases of the digestive system and another 7% to external causes.

In recent years Hungary has seen a rearrangement in the proportional composition of leading causes of death: while mortality related to cardiovascular disease started to decrease, deaths related to neoplasm have increased. Cardiovascular diseases are responsible for 45% of deaths among men and 58% of deaths among women. Considerable differences were observed in the proportions of causes among age groups: an overwhelming part of deaths of young people are related to external causes (injuries, suicide). Mortality from malignant neoplasm is excessively high among women aged 35-64, where as diseases of the digestive system are a significant cause of death among men of the same age group. Death from cardiovascular disease is dominant only among the elderly population (Chart 6). Prevention strategies will need to define priorities considering the conditions representing the highest risk for the whole population, and future policies will also have to take account of the fact that leading causes of death have different impacts on different age groups.
Cardiovascular disease

In Hungary, the largest number of deaths are related to cardiovascular disease (67,000 deaths in 2002), which fact in itself indicates the significance of cardiovascular conditions from a public health viewpoint. A majority of deaths caused by cardiovascular disease occurred in the oldest population - below the age of 65 only every sixth death was related to the cardiovascular system.

In 1970, Hungarian mortality related to cardiovascular disease among men aged less than 65 was relatively close to the EU15 average (127%). During the following years, mortality rates increased in Hungary, similarly to almost all the countries of the socialist block, while Western Europe was seeing a general improvement in health. From the 1990s Hungary has seen a slight improvement - although less marked than in other countries of the region, nevertheless in 2000 mortality was three times higher in Hungary than the EU15 average, and higher than the average of the countries of Central and Eastern Europe (Chart 7). Mortality among women aged less than 65 is quite alarming, too: over the past 30 years, relative mortality for this population has increased from 151% to 290% (by 2001) compared to the EU15 average, and is also high (109%) in comparison to the average of the countries of Central and Eastern Europe. Women aged less than 65 die more frequently from cardiovascular disease than men living in the EU, even though there are twice as many men die from cardiovascular disease than women! According to 2002 data, early mortality from cardiovascular disease in the male population was the highest in the Eastern counties of Nógrád, Szabolcs-Szatmár-Bereg and Jász-Nagykun-Szolnok, and the Transdanubian county of Komárom-Esztergom.

![Chart 7 - Early mortality from cardiovascular disease in Hungary, Austria, the EU15, and the countries of CEE, 1970-2001](chart7.png)

Source: WHO Health for All 2003
Even in Budapest - the city with the lowest mortality rates in Hungary - early mortality among men is twice as high as the EU15 average. Highest mortality rates related to cardiovascular disease among women aged less than 65 were recorded in the four counties listed above for men, with the addition of Borsod-Abauj-Zemplén county. In 2000, mortality among women was lower than the national average in the central and western counties, but still almost twice as high as the EU15 average.

Malignant neoplasm

Malignant neoplasms rank second among leading causes of death in Hungary. In 2002, malignant neoplasms caused the death of 33 000 people, many of them aged less than 65 (40%). A number of risk factors of malignant neoplasm are known today. In a large part, these factors are connected to lifestyle (smoking and alcohol consumption, nutrition, insufficient physical activity), but other factors must be taken into account as well: environmental and biological background, genetic disposition, geographic variations in the availability of health care. Mortality by malignant neoplasm can be improved first and foremost by preventing the formation of new cases, chiefly using the tools of primer prevention. Hungary’s exceedingly high early mortality rate from cancer grew by almost 30% over the past 30 years. During the same period, mortality from cancer decreased in the countries of the EU15. Today Hungary has the highest mortality rate from cancer in Europe (from the 7th place in 1970). Admittedly, a slow improvement started in the 1990s, but mortality from cancer is still substantially higher in Hungary than in the EU15 countries, or the other countries of CEE (Chart 8).
Hungary’s mortality rate from cancer among men aged less than 65 was 189/100 000 in 2002. Even more lives were lost in the counties of Szabolcs-Szatmár-Bereg, Jász-Nagykun-Szolnok and Borsod-Abaúj-Zemplén, where, at the turn of the millennium deaths from cancer were twice as many as in the EU.

The national average for early mortality from cancer among women was 99/100 000 in 2002 - 1.6 times higher than the EU15 annual average in 2000. Mortality from cancer is exceptionally high among women aged less than 65 and living in Budapest. 2700 women’s lives would be saved each year if we could, by magic, apply the EU15 average mortality rate to Hungary!

Cancers of the trachea, bronchus and lungs

Cancers of the lungs, trachea and bronchus are at the root of almost one-third of all malignant neoplasms among men, thus are more prevalent than any other cancer. In 2002, half of the 5600 recorded cases of cancers affecting the respiratory system were detected among people aged less than 65. Cancers of the respiratory system caused 34% of all deaths related to malignant neoplasm (8200) in the population aged below 65. In 1970, Hungary’s early mortality rate among men related to this category of neoplasm was relatively favorable in a European comparison. However, mortality began to rise and nearly tripled until 1998. The deterioration of the mortality rate is even more alarming among women aged below 65: compared to 1970, mortality rate increased by a factor of 3.5.

Chart 9 - Early mortality related to malignant neoplasm of the trachea, bronchus, and lungs in Hungary, Austria, the EU15 and the countries of CEE, 1970-2001

Source: WHO Health for All 2003
In 2002, 1 out of 5 cancer-related deaths was caused by a cancer of the respiratory system. Consequently lung cancer has become the leading cause of death among malignant neoplasms, taking the first place from breast cancer (Chart 9)! Early mortality related to lung cancer was higher in all counties of Hungary than the EU15 average: in the East of Hungary, mortality related to lung cancer was three times higher in the male population below the age of 65 than the EU15 average.
The situation is alarming in the case of women living in Budapest: the risk of death from lung cancer is three times higher here than in the EU15! The results of the regional analysis of combined mortality for 1986-2002, clearly show a regional accumulation of mortality related to lung cancer (Chart 10). Although neoplasms (including lung cancer) tend to remain latent for years or even a decade, it is interesting to note that according to data collected in 2000, the proportion of heavy smokers (≥20 cigarettes per day) is the highest in the northern Alföld region for men (29%), and in central Hungary for women (12%).

**Breast and cervical cancer**

Breast cancer was the second deadliest cancer among women in 2002 (16% of all deaths related to malignant neoplasms, 2234 deaths). Although Hungary still fared better than the European average in 1970, mortality rate among women is excessively high today compared to the rest of Europe (Chart 11). Similarly to all cancers, deaths from breast cancer soared after 1970, increasing by a factor of 1.5 until 1994. Then the rapid increase halted and signs of a slow improvement are now showing. Substantial regional differences were found in 2002: while in the counties of the south and north-east mortality related to breast cancer was even lower than the EU15 average for 2000, death rate from breast cancer in Budapest and the counties of Csongrád and Fejér was 1.5 times higher than the EU15 average. In 1970, Hungary ranked 4th in Europe for mortality from cervical cancer. Although the continued increase of mortality that lasted till the mid 1980s has now turned into a slow improvement, Hungary's backlog behind the EU15 countries is still enormous: in 2000, there were almost three times more deaths from cervical cancer in Hungary than the EU15 average (513 cases) (Chart 11).
In 2002, mortality from cervical cancer was higher than the EU15 average in all the counties of Hungary. In the regions with the worse mortality rates - the counties of Bács-Kiskun, Hajdú-Bihar and Pest - women have a 4 times higher risk of dying from cervical cancer than in Nógrád - the county with the lowest mortality rate in Hungary.

**Suicide**

One of the few positive changes of the past decade was the decrease of the number of fatal suicides. During the early 1980s, Hungary’s death rate from suicide was the highest among all countries of the European region. This excessively high rate decreased by one-third by the new millennium putting Hungary at the 6th place (Chart 12). It is nonetheless alarming that Hungary’s mortality rate from suicide is still three times higher than the EU15 average - which has been showing a steady decrease over the past 30 years, faster than the one observed in Hungary.

Considerable geographic variations were found in 2002: the risk of suicide was 4 times higher than the EU15 average for men living in the south-eastern regions, and twice as high as that in the western parts of Hungary. A comparison of data of counties with the highest and lowest mortality rates from suicide among women shows it was three times higher in Hajdú-Bihar county than in Vas county (where mortality rate from suicide now approaches the EU15 average for 2000).
Alcoholic liver disease, cirrhosis

According to expert opinions, the improvement in overall mortality is chiefly the result of decreasing number of deaths related to cardiovascular disease and violence. Indicators have however improved in other areas as well, notably mortality from diseases and conditions of the digestive system. The largest portion of this group of conditions is made up of alcoholic liver disease, i.e. diseases of the liver related to alcohol consumption. Mortality from alcoholic liver disease escalated to 7 times its original level from the mid 1970s to 1994 - where the trend turned around and mortality dropped considerably over the following years. Further research is needed however, to fully study and understand this substantial change.

DISASES AND CONDITIONS

Understanding the diseases and conditions present among the population – besides mortality analyses – is essential to the operation of an efficient health care system, and for planning successful health development and screening programs. This knowledge is of highlighted importance in the case of conditions that impose a substantial burden on the patients over a long period of time, their families and on the society.

Cardiovascular disease

The prevalence of cardiovascular disease is extremely high in Hungary: according to a self-administered questionnaire survey conducted in 2003, almost 40% of the middle-aged population, 3 out of 4 elderly women and 2 out of 3 elderly men were affected by cardiovascular disease (Chart 13).
According to results obtained in 2000, the prevalence of cardiovascular disease is determined by a number of different, even unrelated factors. The proportion of heart and cardiovascular disease among women increased with the advance of age, time in retirement, in case of long-term disablement, or in case of severe lack of social support. Education is in an inverse proportion to the risk of cardiovascular disease: it was 40% lower among people with higher education than among people with only 8 years of primary education. It is interesting to note however, that from all occupation categories those with white-collar occupations run the highest risk for heart and cardiovascular disease. Hypertension is the most frequent disease of the cardiovascular system: one third of the entire middle-aged population was diagnosed with this condition. The prevalence of hypertension among women aged over 65 (64%) was considerably higher than among men of the same age group (48%) (Chart 14.).

Heart attack and stroke were the second and third most frequently detected cardiovascular disease. 13% of men and 9% of women have previously had at least one heart attack from among the population aged over 65. The prevalence of stroke among the population over 65 years of age was 8% for men and 7% for women.
Environmental health

There is a general difficulty in identifying diseases and conditions caused by environmental factors, as these conditions result from the concerted effects of several factors. We will here discuss some respiratory conditions that can be linked to air pollution with relative assurance.

The number of patients affected by pulmonary diseases other than tuberculosis has been increasing since the early 1990s, growing to 4,568 cases per 100,000 by 2002. The geographic differences observed in the prevalence of these conditions are explained - beyond the differences in air quality - by differences in the proportion of cases when medical help is sought, and different success in screening or diagnosing new cases. The number of new cases of asthma tripled between 1990 and 2002: 176 cases in a population of 100,000. 64% of these cases are allergies, which places a highlighted importance on the reduction of indoor and outdoor allergens. Hay-fever is the second most rapidly spreading condition linked to environmental factors. The number of registered cases grew by a factor of 10 over the past 9 years, approaching 180,000 cases in 2002 (Chart 15).

Chart 15 - Prevalence of hay-fever in Hungary

Source: Királyi National Institute of Tuberculosis and Pulmonology
**Funcionality**

The functioning health model recommended by the WHO is being increasingly used worldwide, and is based on the WHO definition of health: health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This health model differentiates between 3 categories of functioning disabilities: impairments are problems in body function or structure, activity limitations are difficulties an individual may have in executing everyday activities, and participation restrictions are problems an individual may experience in involvement in life situations. According to the data of the National Health Interview Survey 2000 (NHIS 2000) more than one-fifth of the adult population was restricted on a long term in its participation to social activities due to health problems. This included one-fourth of the middle-aged population and almost half of the elderly population. Almost 1 elderly person out of 10 living at home needed the help from others in daily activities. One-fourth of this subpopulation of elderly people could not get out of bed without help from others.

**Healthy life expectancy**

Healthy life expectancy indicators provide us with a way to divide life expectancy into the subcategories of years lived in good health and bad health, thus allowing the measurement and prediction of those in need of assistance resulting from longer life expectancies and the increasing prevalence of chronic diseases. In 2000, an 18-year-old woman could expect a further 59 years of life, however - supposing that mortality and morbidity by disease remains unchanged - she could only expect 44 years of life free from any disabilities. Under the same conditions, an 18-year-old man could only expect a remaining lifetime of 50 years, of which only 39 years would be free of disability.
Regardless of age group, men not only have a shorter life expectancy, but can also expect fewer years of health. In average, an 18 year old can expect to spend $\frac{3}{4}$ of his life in health. This proportion degrades to $\frac{2}{3}$ at the age of 35, and $\frac{1}{2}$ at age 60. The expected years spent in participation restriction differs minimally at age 18 and at age 45 - showing that most disabilities are expected to occur after the age of 45. Substantially lower figures obtained at age 65 indicate that the odds of surviving without some long-term disability drop sharply in the 45-65 life period.

**Perceived health**

People's own opinion about their health is a useful indicator of health status - perceived health has become one of the main health-indicators over the past few years. In 2000, every 6th adult - almost one-fifth of all women and more than one-eighth of all men - thought that their health was bad or very bad. 39% of women and 48% of men - in total 43% of all adults - thought that their health was good or very good.
The WHO World Health Report 2002 highlighted the fact that in developed countries - including Hungary - 30% of all burden of disease is caused by only 5 risk factors: smoking, alcohol consumption, obesity, hypertension and high cholesterol. The promotion and spread of healthy lifestyles may contribute considerably to the improvement of the population's health. However, there is a culture of risky lifestyles that can be blamed in part for the high mortality and prevalence by disease in Hungary.

**Tobacco smoking**

Smoking, as one of the main lifestyle-related risk factors, is highly prevalent in Hungary: in 2000, 26% of women and 42% of men were tobacco users. Sadly, the proportion of tobacco users increased within the population, although the change is not statistically significant: according to 2003 data, 28.5% of women and 41.5% of men were users of tobacco. Most tobacco users of both genders registered as daily smokers, the exact proportions for daily smoking within the total population being 25% for women and 38% for men. One woman out of 10 and ca. 1 man out of 4 smoke at least 20 cigarettes a day. The proportion of smokers is highest among the younger generations: one-third of young women and almost half of young men smoke. However, the proportion of heavy smokers (at least 20 cigarettes per day) was highest among middle-aged men.

**Alcohol consumption**

Moderate alcohol consumption may have certain benevolent effects on health: it is known to decrease the risk for heart disease and other cardiovascular disease (these conditions were found to be more prevalent among the abstinent and heavy drinkers than among moderate drinkers). Nonetheless, excessive alcohol consumption may have a role in the prevalence of a number of diseases and can even, in a direct or indirect way, lead to death.
According to NHIS2003 survey data, more than 60% of women do not usually drink alcohol, whereas only one-fourth of men clamed the same. More than one-fourth of men and women registered as infrequent drinkers. One out of 13 women and 1 out of 3 men were moderate drinkers. Finally, 2.5% of women and 18% of men were found to use alcohol in harmful amounts!

**Body Mass Index**

According to WHO data the prevalence of obesity is increasing: in Western Europe it has been affecting 10-20% of the population; and the rate is even higher in the countries of Central and Eastern Europe. Obesity plays a substantial role in the formation of cardiovascular disease, certain forms of malignant neoplasms, diabetes and osteoporosis. According to the NHIS2003 survey, more than half of the Hungarian male population and almost half of the female population are overweight or obese. The situation is most alarming among the middle-aged and elderly male population: 70% of them are overweight or obese. Among women it is the older population that is most at risk: almost 2 out of 3 elderly women are overweight or obese.

**Physical activity**

It is wildly accepted today that physical activity has a positive effect on health: physical activity decreases the risk of heart disease and cardiovascular disease, and it is an effective preventive factor for colon cancer, cerebral stroke, hypertension, diabetes, obesity, osteoporosis, anxiety and depression. In 2000, more than 40% of women and 33% of men did no or rare physical exercise (less than once a week). About half of the female and two-thirds of the male population did some kind of physical activity on a regular basis (few times a week). With the advance of age the frequency of regular physical activity significantly decreases in both female and male populations. Regardless of age, adult men tended to have more regular exercise than women. Men of the youngest and oldest populations did 1.2 and 1.3 times more physical activities than women of the respective age groups.
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Title: National Public Health Update 2003 - Hungary
Original title: Népegészségügyi gyorsjelentés 2003
Original edition: February 24, 2004
Title of series: National Public Health Report - Hungary
Authors: Márta Bakacs, József Vitrai
Reviewers: Julianna Boros, Anna Páldy
Editor in chief: Márta Melles
Published at: Johan Béla National Center for Epidemiology, Budapest
Translation by: Csaba Borbély
Translation review by: Benigna Kiss

The document is available at: http://www.antsz.hu/oek/egeszsegstat/aktualis.htm
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Fac properes nec te venturas differ in horas:
qui non est hodie, cras minus aptus erit

Take on your ventures upon this hour, for
He who is not prepared today will be less so tomorrow.

Ovidius