

OECD Health Statistics 2016

Definitions, Sources and Methods

Decayed, missing, filled teeth at age 12

Average number of teeth missing, filled or decayed in children at age 12.

Sources and Methods

Australia

Sources:

2010: Australian Institute of Health and Welfare 2014. Oral health and dental care in Australia: key facts and figures trends 2014. Cat. no. DEN 228. Canberra: AIHW.

2009: Chrisopoulos S & Harford JE 2013. Oral health and dental care in Australia: key facts and figures 2012. Cat. no. DEN 224. Canberra: AIHW.

2008: Amarasena N and Ha DH 2012. Fissure sealant use among children attending school dental services: Child Dental Health Survey Australia 2008. Dental statistics and research series no. 59. Cat. no. DEN 220. Canberra: Australian Institute of Health and Welfare.

2005-2006: Ha DH, Roberts-Thomson KF & Armfield JM 2011. The Child Dental Health Surveys Australia, 2005 and 2006. Dental statistics and research series no. 54. Cat. no. DEN 213. Canberra: AIHW.

1990-2004: Armfield JM, Spencer AJ & Brennan DS 2009. Dental health of Australia's teenagers and pre-teen children: the Child Dental Health Survey, Australia 2003-04. Dental statistics and research series no. 53. Cat. No. DEN199. Canberra: AIHW (and previous Child Dental Health Survey publications).

1989: AIHW Dental Statistics and Research Unit (1993). *The Child Dental Health Survey, Australia 1989*. AIHW Dental Statistics and Research Unit Series No. 1, The University of Adelaide, Adelaide.

1987-1988: Australian Institute of Health and Welfare (1992). Australia's health 1992: the third biennial report of the Australian Institute of Health and Welfare. AGPS, Canberra.

1977-1986: Commonwealth Department of Health (1987). Dental health of children in Australia, 1977-1986. AGPS, Canberra.

Methodology:

1996 to 2004: data are adjusted for the estimated under-reporting of clinically detectable decayed teeth in NSW. The under-reporting resulted from a change to the program in NSW in 1996.

2010: New South Wales was excluded from the data collection due to a lack of representativeness of the sample. Data from Victoria were not available.


Further information: <http://www.arcpoh.adelaide.edu.au/> and <http://www.aihw.gov.au/>.

Austria

Source: Österreichisches Bundesinstitut für Gesundheitswesen. Forum gesundes Österreich.

From 1997: "Zahnstatuserhebung 12-jährige" (five-year issues).

Until 1993: "Zahnstatuserhebung" (various issues).

 **Break in time series:** Break in 2007 due to a change in criteria for D3 (ICDAS is stricter than the WHO Guideline).

Further information: <http://www.oebig.at>.

Belgium

Sources:

2013: Flanders Region: Mondgezondheidsrapport sensibiliseringproject Glimlachen.be – 2014, *Effectevaluatie van een 4-jaar longitudinaal sensibiliseringproject in scholen in Vlaanderen*.

See <http://www.inami.fgov.be/>.

2010-2012: Observatoire de la Santé de la Province de Luxembourg - *La santé bucco-dentaire chez les jeunes en province de Luxembourg : résultats de l'Enquête Jeunes 2010-2012*, Arlon, 2013.

See <http://www.province.luxembourg.be/fr/la-sante-bucco-dentaire.html?IDC=5010&IDD=87712>.

2010: Final report for the project « *Système d'enregistrement et de surveillance de la santé bucco-dentaire de la population belge 2008- 2010* ». Cellule Inter-universitaire d'Epidémiologie.

See <http://www.inami.fgov.be/information/fr/studies/study53/index.htm>.

Previous years: *Caries Prevalence in Belgian children: a review*. De Vos E, Vanobbergen J. Arch Public Health 2006, 64:217-229 (Review).

Coverage:

- 2013: Flanders Region.

- 2012: Provinces of Luxembourg: 0.92 (population: 271352) and Hainaut: 0.79 (population: 1317284).

- 2001:

a) Extracted from the WHO Health for all database (WHO Collaborating Center. WHO Oral Health Country/Area Profile Programme): 1.1.

b) Covers Flanders Region: 0.9-1.0. Oral health of children in Flanders (Belgium) 1996-2001. Declerck D., Vanobbergen J., Martens L. et al, 2002.

- 1998: Children in the Region of Brussels.

- 1994: Children in Ghent.

- 1990: Covers Flanders Region (1989-1991). Marthaler T.M et al. *The Prevalence of Dental Caries in Europe, 1990-1995*. Symposium Report. Caries Re. 1996; 30:237-255.

- 1986: Children in Deinze.

- 1983: Children in Liege.

Canada

Source: WHO Oral Health Country/Area Profile Programme.

1989 and 1991: Payette et al. Département de Santé Communautaire, Hôpital St. Luc, 1991.

1974 and 1982: Beltrán-Aguilar E.D. et al. Analysis of prevalence and trends of dental caries in the Americas between the 1970s and the 1990s. Int Dent J 1999; 49:322-329.

Note: This information is no longer produced.

Chile

Sources:


2007: 2007 National Survey by Soto L. Tapia R, Jara, G., Rodríguez G, Aranda, W., Martinez, B, et al. (2007).

Diagnóstico Nacional de Salud Bucal del Adolescente de 12 años y Evaluación del Grado de Cumplimiento de los Objetivos. Sanitarios de Salud Bucal 2000-2010. Ediciones Universidad Mayor; 2007.

1996-1999: National survey made in 3 stages:

- Urbina, T. (1996). *Caries dentaria y fluorosis en niños de 6 a 8 años de las Regiones II, VI, VIII, IX, X y Región Metropolitana*. Universidad de Chile.
- Urbina, T. (1999). *Caries dentaria y fluorosis en niños de 6 a 8 años de las Regiones I, III, IV, VII, XI y XII. Chile*. Universidad de Chile.
- Urbina, T. (1999). *Caries dentaria y fluorosis en niños de 6 a 8 años de la V Región*. Facultad de Odontología, Universidad de Chile.

1992: National Survey by Mella S. (1992). *Morbilidad Bucal y Necesidades de tratamiento en niños de 6 y 12 años de Chile*. Facultad de Odontología, Universidad de Chile.

 **Break in time series:** The methods of assessing dental caries in the survey made in 1992 and 1996-1999 were different from the study carried out in 2007.

- The 2007 survey used CPITN dental probe for examination of dental caries as recommended by WHO in the Oral Health Surveys, Fourth edition; 1997 (Spanish version). The other studies used dental explorer as recommended by the WHO in the Oral Health Surveys, Third edition; 1987.
- The 2007 survey used the DMFT index suggested by the WHO in the Oral Health Survey Fourth edition. In 1997, the M component was defined by teeth missing due to caries. The other studies, however, used the

original index created by Klein & Palmer where the M component was the sum of teeth missing by caries and teeth indicated for extraction.

Further information: For 2007 data, see

<http://web.minsal.cl/portal/url/item/7f2e0f67ebbc1bc0e04001011e016f58.pdf> (in Spanish).

Czech Republic

Source: Institute of Dental Research, Institute of Health Information and Statistics of the Czech Republic.

Methodology:

- Sample survey on tooth status and treatment.
- Data available for the years 1987 (651 respondents), 1994 (10363 respondents), 1997 (681 respondents), 2000 (590 respondents), 2003 (5832 respondents) and 2006 (4287 respondents).
- The survey has not been conducted since 2006.

Further information: <http://www.uzis.cz/en>.

Denmark

Source: National Board of Health. Sundhedsstyrelsen Centrale Odontologiske Register (SCOR).

Further information: <http://www.sst.dk/English.aspx>.

Estonia

Sources:

1998: Chief Dental Officer.

1992: Marthaler TM et al. *The Prevalence of Dental Caries in Europe 1990-1995*. Symposium Report. Caries Res. 1996; 30: 237-255.

Finland

Source: National Institute for Health and Welfare (THL), Oral Health Care in Finland; Separate Health Centre Surveys (every 3 years). Data not available after 2009.

Further information: http://www.thl.fi/en_US/web/en.

France

Sources:

1993, 1998 and 2006: French Union for Oral Health (UFSBD), Hescot P. & Roland E., La Santé Dentaire en France. Surveys requested by The Ministry of Labour, Employment and Health - Health General Directorate.

1987 and 1990: Cahen P.M. et al. Caries Prevalence in 6- to 15-year-old French Children based on the 1987 and 1991 National Surveys. J Dent Res. 1993, 72 (12): 1581-1587.

Methodology:

1993, 1998 and 2006: These surveys are based on national representative samples of children aged 12 years old living in metropolitan France. The DMFT index (called CAO index in France) is computed based on the number of permanent teeth at age 12.

Further information: DMFT index for children aged 6 to 12 years old: http://www.sante-sports.gouv.fr/IMG/pdf/91_indice_carieux_des_enf_agees_de_6_a_12ans.pdf. This index is available in the following report: *L'état de santé de la population en France - Suivi des objectifs annexés à la loi de santé publique*, Rapport 2009-2010. Note: Surveys on this type of indicator do not exist in France anymore.

Germany

Sources:

2000, 2004, 2009: Dentists' Association, Working Group of Youth Dental Care (DAJ); Dentists' Association, Working Group of Youth Dental Care 2010, *Epidemiologische Begleituntersuchungen zur Gruppenprophylaxe 2009*. Druckerei Gerhards GmbH Bonn, p.133.

1997, 2005: **Institute of German Dentists (IDZ)**, 4. Deutsche Mundgesundheitsstudie (DMS IV); Institut der Deutschen Zahnärzte 2006, 4. *Deutsche Mundgesundheitsstudie (DMS IV)*, Deutscher Zahnärzte Verlag, Köln p. 159, table 10-1-3 and p. 171, table 10-1-21.

✂ **Break in time series:** Until 1995, results are extrapolated on the basis of data referring to selected Länder only.

Greece

Sources: Data are derived from the following surveys:

2011: Oulis C, Berdouses E., Homata E., Polychronopoulou A. Prevalence of sealants in relation to dental caries on the permanent molars of 12 and 15-year-old Greek adolescents. A national pathfinder survey. BMC Public Health 2011, 11:100.

2005: Oulis C., Theodorou M., Mastrogiannakis T., Mamai-Chomata H., Polychronopoulou A. and Athanasoulis T., *Oral health status and treatments needs of the Hellenic population*. A pathfinder survey. Proposals for improvement. Hellenic Stomatological Review 53(2):97-120, 2009.

1998: Chief Dental Officer.

1995: Vadiakas G., Tsinidou K., Oulis C., *Dental health status and treatment needs of 5 and 12 year old children in Athens*. Hellenic Dent J., G: 49-53, 1996.

1989: Demertzi A., Topitsoglou V., Muronidis S. *Caries prevalence of 11.5 year-olds between 1989 and 2001 in a province of North-Eastern Greece*. Community Dent Health. 2006; 23:140-146.

1985: Marthaler et al, Caries Res 1996; 30:237-255 (review paper).

Hungary

Source: Prevention Service for Child Dental Care of Budapest.

Methodology: The survey is based on a representative sample of approximately 900 persons. Data collection started in 1985 and takes place every 5 years.

Iceland

Sources:

2005: Agustsdottir H., Gudmundsdottir H., Eggertsson H., Jonsson S.H., Gudlaugsson J.O., Saemundsson S.R., Eliasson S.T., Arnadottir I.B., Holbrook W.P. *Caries prevalence of permanent teeth: a national survey of children in Iceland using ICDAS*. Comm Dent Oral Epidemiol 2010; 38: 299-309.

1986, 1991 and 1996: Eliasson, S.T., "Caries decline among Icelandic children." J.DENT RES 77: (5) 1330 May 1998.

1970 and 1983: Möller, P., *Caries Prevalence in Icelandic Children in 1970 and 1983*.

1962: Dunbar, 1968.

Methodology:

The Icelandic Oral Health Survey 2005:

- Nationally representative random cluster sample of 12-year-old children in Iceland.
- Clusters were all school classes: 1st, 7th and 10th grade (6, 12 and 15-year-olds).
- Sample selection based on place of residence (urban or rural) and size of schools.
- Approx. 20% of all 12-year-old children in the country were sampled.
- The International Caries Detection and Assessment System (ICDAS II) was used as criteria for dental caries. (<http://www.icdas.org/>).
- Dental Examinations were performed in the schools at during school hours using portable chairs, light and air. Examinations were performed after a thorough tooth cleaning and drying of teeth, not using a probe. Digital bite-wing radiographs were also taken and the results of adding the information from the x-rays to the results from the visual examinations (1.43) were DMFT = 2.12 (std.dev.2.35) for the 12-year-old children.

✂ **Break in time series:** Break in series as of 2005 due to a change in methodology.

Ireland

Source: DFMT Index - Regional Health Services Resource centre, **University College Cork**, Cork.

Israel

Source: Ministry of Health, Division of Dental Health.

2012: Sgan Cohen H, Vered, Y, Zini A. National Fluoridation Survey 2011-2012, final report. Ministry of Health, 2012 (Hebrew).

2002: Zusman S.P., Ramon T., Natapov L., Kooby E., Dental Health of 12-year-old children in Israel – 2002. Community Dental Health, 2005; 22(3): 175-179.

1992: Zadik D., Zusman S.P., Kelman A.M., Caries prevalence in 5- and 12-year-old children in Israel. Community Dent Oral Epidemiol, 1992; 20:54-55. Presented at 3rd Jerusalem International Dental Conference, Jerusalem, 1993, p. 66.

1980: Anaise J.Z., Decayed, missing, and filled teeth among Jewish and Arab schoolchildren in Israel. Community Dentistry and Oral Epidemiology. 1980; 8:61 – 65.

1974: Anaise, J.Z., Sulimani, D. & Gedalia, I., Caries experience in Arab and Jewish populations; a comparative study of school children in East and West Jerusalem. Israel J. Dent. Med, 1974; 23: 73-76.

1960: Rosenzweig K.A., Dental caries and fluorosis in Israel. Arch. Oral. Biol. 1960; 2:293-307.

Further information: <http://www.health.gov.il/english/>.


Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source: WHO Health For All Database (HFA).

Methodology:

- WHO HFA note for *Decayed, missing or filled teeth at age 12 - DMFT-12 index*: Measured by a survey of a sample of 12-year old children (average number of decayed, missing and filled teeth). Some data have been reported in the past in the framework of the Health For All monitoring and evaluation exercise. Presently, data are collected by the WHO Oral Health Programme and corresponding WHO Collaborating Centre in Malmö, Sweden.

 Data have been obtained from standard surveys created by the WHO or from published literature using comparable methods and are working estimates rather than being fully representative. Therefore, the international comparability is limited.

Japan

Sources:

1984 onwards: Ministry of Education, Culture, Sports, Science and Technology. **Report on School Health Survey.**

Further information: http://www.mext.go.jp/b_menu/toukei/chousa05/hoken/1268826.htm (in Japanese only).

1963, 1969, 1975, 1981: Ministry of Health, Labour and Welfare. **Report on the survey of dental diseases.**

Further information: <http://www.mhlw.go.jp/houdou/2006/06/h0602-2.html> (in Japanese only).

Korea

Sources:

From 1995: Ministry of Health and Welfare, National Dental Health Survey.

1991: Kim et al., A study on the oral health status of Korean people. Seoul National University, Department of Preventive and Public Health Dentistry.

Methodology:

- National dental health survey has been conducted every 3 years from 2000. The survey was delayed in 2009 due to the influenza epidemic.

- The survey is implemented in 200 selected schools. 6,000 children aged 12 years old have been interviewed in 2012.

Further information: http://english.mohw.go.kr/front_eng/index.jsp.

Luxembourg

Source: Ministry of Health, Health Directorate, Division of dental medicine at school.

Coverage: The calculation of annual DMF indices provided for the former editions of this database was based on the average of children aged from 6 to 12 years old. The new series (from 1982), although incomplete, refers only to children at 12 years of age and thus corresponds to the OECD definition.

Mexico


Sources:

2009 to 2015: Dental Pathology of Epidemiological Surveillance System (SIVEPAP). Epidemiological Surveillance and Disease Control National Center.

2001: National Survey of Dental Decay. National Decay Programme. 2001.

1997: Irigoyen M.E., Sánchez-Hinojosa G., Changes in Dental Caries Prevalence in 12-Year-Old Students in the State of Mexico after 9 Years of Salt Fluoridation. Caries Res 2000; 34: 303-307.

1988: Irigoyen M.E., Szpunar S.M., Dental caries status of 12-year-old students in the State of Mexico. Community Dent Oral Epidemiol 1994; 22: 311-314.

 **Coverage:** These data refer only to the State of Mexico.

Netherlands

Sources:

2012: Schuller, A.A. and G.H.W. Verrips, Evaluatie regionale instellingen voor jeugdtandverzorging 2012, TNO Innovation for life, report TNO/LS 2014 R 10456 (March 2014), 49.

2011: Abbink, E.J.A.A. and J. den Dekker, "Signalement mondzorg 2013 – Mondgezondheid en preventief tandheelkundig gedrag van jeugdige verzekerden", Rapport College voor Zorgverzekeringen (Diemen, 2013), 67.

1992, 1998 and 2005: Schuller, A.A., "Evaluatie regionale instellingen voor jeugdtandverzorging 2005", Rapport TNO Kwaliteit van Leven (Leiden, 2006).

2000 and 2002: WHO Health For All database.

1961-1999:

- 1/ Kalsbeek, H., "Evidence of decrease in prevalence of dental caries in the Netherlands: an evaluation of epidemiological caries surveys on 4-6- and 11-15-year-old children, performed between 1965 and 1980", J Dent Res, November 1982.

- 2/ Kalsbeek, H., Truin, G.J., Verrips, G.H., Epidemiologie van tandcariës in Nederland, Ned Tijdschr Tandheelkd 99(1992) juni. And some unpublished data received from H. Kalsbeek.

- 3/ Boelens et al., "Trends in de prevalentie van tandcaries bij de nederlandse jeugd"; Ned Tijdschr Tandheelkd 108 (2001), 487-491.

Coverage: 1965-1980, 1992, 1998, 2005, 2011 and 2012 data refer to children aged 11 years old.

Methodology: The second and the third publication for 1961-1999 data report on two series of rather small surveys in various municipalities. When there was more than one such survey in one year, a weighted average was calculated.

New Zealand

Source: Ministry of Health (Community Oral Health Services).

Coverage: Data come from the Community Oral Health Services annual survey of year 8 school children.

Therefore, the average age may be slightly above 12 years old.

Further information: <http://www.health.govt.nz/nz-health-statistics/publications-data-sets-and-stats/oral-health-data-and-stats/age-5-and-year-8-oral-health-data-school-dental-services>.

Norway

Source: Statistics Norway, Dental health care statistics.

Methodology:

- Since the beginning of the 1970s, the Norwegian Board of Health collected data about the dental health service. The collection of data from the county dental officers has been a part of KOSTRA (Municipality-State-Reporting) since 2001.

- The figures include DMFT for all 12 year olds treated by the public dental health service.

Further information: http://www.ssb.no/tannhelse_en.

Poland

Source: WHO Oral Health Country/Area Profile Programme.

2003: Emerich K., Adamowicz-Klepalska B., Dental caries among 12-year-old children in northern Poland between 1987 and 2003. Eur J Paediatr Dent. 2007;8:125-30.

2000: Wierzbicka M. et al., Changing oral health status and oral health behaviour of schoolchildren in Poland. Community Dental Health, 2002; 19: 243-250.

1998: Chief Dental Officer (CDO).

1992: Kunzel W., Trends in caries experience of 12-year-old children in east European countries. Internat. J. Paed. Dent. 1996; 6: 221-226.

1987: Marthaler T.M., Caries status in Europe and predictions of future trends - Symposium Report. Caries Res. 1990; 24: 381-396.

1985 and 1991: Marthaler T.M. et al., The prevalence of dental caries in Europe 1990-1995. Symposium Report. Caries Res. 1996; 30: 237-255.

Portugal

Sources:

2015, 2006, 2000: **Ministry of Health**, General Directorate for Health.

1984 and 1990: Almeida C.M., Application of the Significant Caries Index to Portuguese Pathfinders. Caries Res, 2003; 37: 305. (Abstract).

1979: **World Health Organization** - World Oral Health Survey.

Methodology:

2015: Data are based on a national survey according to the EGOHIDII.

2000 and 2006: Data are based on a national survey according to the WHO - Oral Health Survey.

1990: Data for 1990 are based on a sample of 705 children at age 12.

Slovak Republic

Sources:

From 2001 onwards: **National Health Information Center (NHIC)**.

1998: **Chief Dental Officer (CDO)**.

1962: Kunzel W., Trends in caries experience of 12-year-old children in east European countries. Internat J Paed Dent. 1996; 6: 221-226.

Further information: http://www.nczisk.sk/buxus/generate_page.php?page_id=453.

Slovenia

Source: Systematic Review of the Teeth and Oral Cavity Among School Children - Data from the National Institute of Public Health (NIJZ).

Methodology: This data form is filled in by the Special Adviser of the Dental Clinic for Children and Youth.

Note: No new data are currently available.

Spain

Source:

2005: Bravo-Pérez M., Casal-Peidro E., Cortés-Martinicorena F.J., Llodrá-Calvo, J.C., "Encuesta de Salud Oral en España 2005". Revista del Consejo de Odontólogos y Estomatólogos de España 2006; 11(4): 409-456.

2000: Llodrá-Calvo J.C., Bravo-Pérez M., Cortés-Martinicorena F.J. "Encuesta de salud oral en España 2000." Revista del Consejo de Odontólogos y Estomatólogos de España 2002; 7 (número especial): 19-63.

1994: Consejo General de Colegios de Odontólogos y Estomatólogos de España. Encuesta Nacional sobre Salud Bucodental 1994 en España. Presentación de resultados. Rev Act Odontoestomat Esp 1995; número monográfico.

1989: Sicilia A., Cobo J., Noguerol B., Hernandez R., Lucas V., Ainamo J. et al. "Prevalencia de la caries en los niños y jóvenes españoles de siete, doce y quince a diecinueve años." Av Odontoestomatol. 1990; 6: 323-330.

1985: Gimeno de Sande A., Sanchez B., Viñes J.J., Gómez F., Mariño F.. "Estudio Epidemiológico de la caries dental y patología bucal en España." Rev San Hig Pub. 1997; 45: 361-433. WHO - Ministerio de Sanidad y Consumo. La Salud bucodental en España, 1985.

Sweden

Source: National Board of Health and Welfare.

Methodology:

- Sweden does not use DMFT as there are practically no children with missing teeth. Instead, only the measure of DFT is used.
- Data not available for 2006-2007.

Further information: <http://www.socialstyrelsen.se/english>.

Switzerland

Source: University of Zurich, Centre for dental medicine. Steiner M., Menghini G, Marthaler TM, Imfeld T. Changes in dental caries in Zurich school children over a period of 45 years. Schweiz Monatsschr Zahnmed, Vol 120 12/2010.

Coverage: The time series (data every four years) is based on a sample of 16 communities in the Zurich canton.

Further information: <http://www.dent.uzh.ch/ppk.html> (in German).

Turkey

Sources:

2004: Gökalp S., Guciz Dogan B., Tekcicek M., Berberoglu A., Unluer S., National survey of oral health status of children and adults in Turkey. Community Dent Health. 2010; 27:12-17.

1988: Marthaler T.M., Caries Status in Europe and Predictions of Future Trends - Symposium Report. Caries Res. 1990; 24:381-396.

Further information: <http://www.dishekdergi.hacettepe.edu.tr/htdergi/makaleler/2007sayi4makale-01.pdf>.

United Kingdom

Sources:

2008: NHS Dental Epidemiology Programme for England Survey – “NHS Dental Epidemiology Programme for England. Oral Health Survey of 12 year old Children 2008/2009”, England only.

2004: 2004/05 BASCD Survey – ‘Dental Caries Experience of 11 year-old Children in Great Britain’.

2003: Children’s Dental Health Survey 2003 commissioned by the four UK Health Departments. ‘Obvious Decay Experience: Children’s dental health in the United Kingdom 2003’. Report by Pitts, N. and Harker, R. Office for National Statistics, p.19.

2000: BASCD Survey report. ‘The dental caries experience of 12-year-old children in England and Wales’. Surveys coordinated by the British Association for the Study of Community Dentistry in 2000/2001. N.B. Pitts, D.J. Evans, Z.J. Nugent and C.M. Pine. Community Dental Health (2002) 19, 46-53.

1996: ‘The dental caries experience of 12-year-old children in the UK. Surveys coordinated by the British Association for the Study of Community Dentistry in 1996/97’ N.B. Pitts, D.J. Evans, Z.J. Nugent; Community Dental Health (1998) 15 pp 49-54.

1993: ‘Children’s Dental Health in the United Kingdom 1993’ report by Maureen O’Brien, Social Survey Division, Office for National Statistics (published by HMSO, London, 1994).

1992: Nugent, Z.J. and Pitts, N.B. (1997): Patterns of change and results overview 1985/6-1995/6 from the British Association for the Study of Community Dentistry (BASCD) co-ordinated National Health Service surveys of caries prevalence. Community Dental Health 14, (Supplement 1): 30-54.

1988: Evans, D.J. and Dowell T.B. (1990): ‘The dental caries experience of 12-year-old children in Great Britain’. A survey coordinated by the British Association for the Study of Community Dentistry in 1988-89. Community Dental Health 7: 307-314.

1983: ‘Children’s Dental Health in the United Kingdom 1983’ report by Jean Todd, Tricia Dodd, Social Survey Division, OPCS.

1973: ‘Children’s Dental Health in England and Wales 1973’ report by Jean Todd, Social Survey Division, Office of Population Censuses and Surveys, now ONS. England and Wales only.

1963 and 1968: Department of Education and Science. The health of the school child 1966-68. Report of the Chief Medical Officer. London: HMSO, 1969, pp 38-50.

Coverage: 1963 and 1968 England; 1973 and 2000 England and Wales; 1988 and 1992 Great Britain; 1983, 1993 and 1996, 2003 United Kingdom; and 2005 Great Britain.

United States

Sources:

1996, 1999-2000, 2001-2002 and 2003-2004: U.S. Department of Health and Human Services/Centers for Disease control and Prevention/National Center for Health Statistics. The National Health and Nutritional Examination Survey (NHANES), see <http://www.cdc.gov/nchs/about/major/nhanes/datalink.htm>.

1988-1994: U.S. Department of Health and Human Services/Centers for Disease control and Prevention/National Center for Health Statistics. The Third National Health and Nutritional Examination Survey (NHANES III). Estimate reported for 1991.

1980, 1986 and 1989: Beltrán-Aguilar ED. et al., Analysis of prevalence and trends of dental caries in the Americas between the 1970s and 1990s. *Internat Dent J*, 1999; 49: 322-329.

Coverage: National representative sample of the U.S. civilian non-institutionalised population.

Methodology: NHANES dental caries data were collected at the tooth-level.

- Beginning in 1999, the National Health and Nutrition Examination Survey (NHANES) became a continuous, annual survey rather than the periodic survey it had been in the past (June 2004 version, NHANES Analytic Guidelines). The midpoint is considered the first part of the second year (2-year data cycle). Hence 1999-2000 is 2000, and 2001-2002 is 2002.

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<http://www.oecd.org/health/health-data.htm>