

Introduction

Welcome to *Safety 2010*, the 10th World Conference on Injury Prevention and Safety Promotion. We are delighted that so many academics, practitioners and policy makers from across the globe have submitted quality papers on subjects as wide ranging as burns, occupational safety, road safety, sport injuries, patient safety, youth violence, self-harm and suicide. These papers have been peer reviewed through the International Programme Committee so that they fit together into what we hope is an inspirational, educational and entertaining programme.

The final programme and this abstract book contain over 1000 papers, representing the work of over 2000 experts. It is very much an international collection of research, policy and best practice illustrating work from over 90 countries. This year's

conference theme is Safe and Equitable Communities. We are delighted that so many of the papers acknowledge and examine the disproportionate burden from almost all types of injuries that falls on the world's poorer communities and countries

Unintentional injuries and violence continue to represent major challenges to public health. We anticipate that the collection of knowledge represented by these abstracts and shared amongst delegates at *Safety 2010* will help improve understanding about these challenges and the range of interventions at our disposal to meet them.

Enjoy *Safety 2010* – we hope that the information provided in the scientific sessions will inspire debate and discussion at the conference and during the months that follow.

Dr Etienne Krug
Chair, International Organising Committee
Professor Mark A. Bellis OBE
Chair, National Organising Committee

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We recommend independent verification of diagnosis and drug dosages.

0235 INVESTIGATING BLOOD ALCOHOL CONCENTRATION AMONG RTI VICTIMS ADMITTED TO HOSPITALS IN FIVE HOSPITALS IN VIETNAM

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Drink driving is a major issue in Vietnam, yet, the magnitude of the problem is not adequately reported by the Government. Official statistics in 2008 revealed 6–7% of road traffic accidents occurred due to drink driving. This study was conducted in five major trauma hospitals across Vietnam, namely: Yen Bai, Viet Duc, Da Nang, Binh Duong and HoChiMinh Orthopedics hospitals with an aim to understand better the magnitude of the problem. Ethics clearance was sought from Ministry of Health. Study subjects were road traffic patients admitted to hospital with age from 18 and upwards. Consent was obtained from each patient before conducting tests.

Results From August to October 2009, a total of 3774 road traffic patients were given BAC tests in five hospitals. On average, 67.5% were positive with alcohol, ranging from 41% in Viet Duc to over 95% in Binh Duong. Among those positive, 58.5% of patients were over the limit of 50mg/dl. Over 95% are reported male drinkers. Majority of male drinkers rode home after consuming beer or alcohol, ranging from 64% in Da Nang to 96% in Ho Chi Minh city.

Conclusions and Policy Implications Drink driving is a major problem for road safety in Vietnam and is still largely under reported. It's recommended that sustained nation wide campaigns on risks of drink driving should be conducted, especially for motorcyclists. Strict enforcement is also crucial.

0236 ROAD TRAFFIC INJURIES IN IRAN: LITERATURE REVIEW

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Aim Iran has one of the highest road traffic injury (RTI) mortality globally. This paper reviews the published literature to assess the type of information and gaps in the information on RTI for Iran.

Methods Systematic review of the published literature from Iran was conducted using PubMed database and hand-searching of selected articles from the year 2000 to 2008.

Results Among the 20 studies identified for review, 13 (65%) reported prospective and 7 (35%) retrospective data. Population-based studies accounted for 20% of the studies. 40% of studies reported data from the capital city of Tehran. Non-fatal RTI rate was reported in one study at 393 per 100 000 population and the reported RTI mortality ranged from 25.8 to 39 per 100 000 population with head injuries reported as the major cause of death. Males were nearly four times more likely to suffer non-fatal or fatal RTI as compared with females. Studies consistently demonstrated a peak for people aged 21–30 years for RTI. Pedestrians were the most vulnerable group in urban and motorised two-wheeled vehicle users in the rural areas. There was scarce reporting of risk factors for RTI, lack of sufficient data on fatal and non-fatal RTI for subpopulations, and non-availability of data on economic implications of RTI.

Conclusions Significant gaps in information needed to establish priorities for planning RTI prevention programs are highlighted. It is important to address these to make RTI prevention a priority with the politicians in Iran to reduce the burden of RTI.

0237 CONSEQUENCES OF MISCLASSIFIED ICD-10 INJURY DIAGNOSES IN A NATIONAL HOSPITAL DISCHARGE REGISTRY

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Little is known of the extent and characteristics of primary coding errors and their consequences for epidemiological studies. From the national hospital discharge register we identified 15 899 incident injury cases in one region during the years 2000–2004. A random sample of 967 patient records were reviewed. Errors in ICD-10 codes were corrected and the consequences for classification of injuries and external causes, as well as injury severity estimates were analyzed. In 21.4% of 967 hospital admissions, at least one ICD-10 code for injury was changed or added. Out of 1370 injury codes 10.1% were corrected. The majority of errors were in the fourth position of the code; 94.8% of the injury codes were correct to the third position. In 10.8% of the hospital admissions at least one new ICD-10 injury code was added. In the injury matrix classification, 4.6% of the cases had some category removed and 12.2% had at least one injury category added. For cases with coding errors, the mean ICD-based injury severity score changed slightly (difference 0.021). The area under the receiver operating characteristic curve was 0.892 for predicting hospital mortality and remained unchanged after corrections of codes. Errors in ICD-10 coded injuries in hospital discharge data are common but most of them are not severe. The consequences for categorisation are moderate and the consequences for injury severity estimates are probably minor.

0238 REVEAL THE SEXUAL ABUSE IN CHILDREN AND ADOLESCENTS: ANALYSIS OF THE INVISIBILITY OF THE PROBLEM ON THE EPIDEMIOLOGICAL AND CLINICAL PERSPECTIVE, LEGAL. RECIFE/BRAZIL

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This study presents a critical reflection surrounding the invisibility of sexual violence against children and adolescences in the epidemiology and legal perspective. Discussing the magnitude and the impact of sexual violence in children and adolescences quality of life, identifying the occurrence of sexual violence among mothers under the age of 14, residents in Recife, in the year 2005 until June 2007, referring to the presumed violence defined by law and an analysis of 2.031 sexual reports have been done in 1.144 children and adolescences. The results showed that 27% of the interviewed mothers have a former history of sexual violence, they live in poor condition social areas, have low schooling, and half of these families belong to an enrolled program named Bolsa Familia. The maternal grandmothers are the main responsible ones to