

children under 18 years of age was calculated as 186.55 per 100 000 child-year. The highest incidence (216.06/100 000 child-year) was found among the 59 years age group. Among the total children with non-fatal RTI 75.3% were male and 24.7% were female. The incidence of childhood RTI was found to be three times higher in rural children than urban children. Most of the childhood RTIs were pedestrian injuries. The rate of fatal RTI was 5.97 per 100 000 per year among all children.

**Conclusion:** The study findings confirmed that childhood RTI is a major public health problem in Bangladesh. An appropriate prevention programme is urgently required to prevent fatal and non-fatal RTIs in rural areas.

0548 **EPIDEMIOLOGY OF CHILDHOOD ROAD TRAFFIC INJURY: IN BANGLADESH YIELD OF THE LARGEST COMMUNITY BASED SURVEY**

M D Kamran ul Baset\*, A K M Fazlur Rahman, A Rahman, S M R Mashreky, E Towner *Correspondence: Centre for Child and Adolescent Health, University of the West of England, University of the West of England Centre for Child and Adolescent Health Hampton House Cotham Hill, Bristol BS6 6JS, UK*

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**Introduction** Road traffic injuries (RTIs) are a leading cause of morbidity, disability and mortality in low income countries. According to the WHO Global Burden of Disease project, in 2004 nearly 1.3 million people of all ages were killed in road traffic crashes around the world and over 50 million were injured or disabled.

**Objective** Investigate the magnitude of and risk factors for childhood road traffic injury in Bangladesh.

**Methodology** A cross sectional study was conducted to determine the current childhood road traffic injury situation in Bangladesh. Face-to-face interviews were used. Multi stage cluster sampling was used to select the sample.

**Result** Nationally representative data were collected from 171 366 rural and urban households. In the sampled households 351 651 children aged 0–17 years were identified; 178 285 were males and 173 366 females. The rate of non-fatal RTI among