

0864 **NEW DEATH NOTIFICATION FORM AND TRAINING IN THE UNITED ARAB EMIRATES AS IMPROVED SOURCES OF DATA ON INJURY AND OTHER MAIN CAUSES**

P Barss*, M Grivna, A Al-Dhaheri, O Harrison *Correspondence: Faculty of Medicine & Health Sciences, United Arab Emirates University, FMHS, UAEU P.O. Box 17666, Al Ain, United Arab Emirates*

10.1136/ip.2010.029215.864

Introduction Insufficient clarity in death notification forms, together with insufficient training, contributed to invalid reporting and ranking of underlying causes in the United Arab Emirates (UAE). A 2006 regional study found 10% of deaths incorrectly described by physicians with underlying cause as cardiac arrest, resulting in misclassification. Chart review increased injury, cancer and diabetes mortality, while cardiovascular dropped from first to third. Hence it was clear reporting could be improved.

Methods University and government professionals in the large Abu Dhabi emirate collaborated in early 2007 to develop a research-based death notification form and provide reporting workshops for hospital physicians and public health professionals. Check-box data fields were pre-coded with ICD-10-WHO codes. For injury, supplementary information included intent, external cause and location, and if traffic-related, road user type and safety devices such as restraints or helmets. Product or chemical-related deaths were documented. A pilot in the region of the original study led to emirate-wide revisions. Proportional mortality was later reassessed.

Results The pilot found significant improvement in reporting by physicians and public health professionals. Throughout the Emirate, health priorities were reordered with injury accounting for 23% of deaths and the leading cause in 2007. However, during 2008 there was significant resurgence in reported cardiovascular deaths.

Conclusion Improved death reporting forms and training were associated with improved reporting of main causes including injury and reduced use of inappropriate underlying causes. Nonetheless, skilled monitoring is needed to sustain improvements in rapidly developing countries with high turnover of clinical and public health staff.