

Methods We identified all Emergency Department (ED) visits and then linked them with hospital discharges and mortality registry. From the integrated database, we calculated the rates of ED visits, of hospital admissions, and of mortality, reporting the temporal trends.

Results The 5-year surveillance showed a rate of 3151/100 000 for RTI ED visit and of 2976/100 000 for HI ED visit. The 15–29 year old was the group with the highest incidence of RTI ED visit and hospitalisation rate, 6845 and 493 per 100 000 inhabitants respectively; while the highest HI ED visit rate was in 0–4 years old (5958/100 000) and in older persons (3131/100 000) subjects. During the study period RTI and HI ED visit and hospitalisation rate showed a decreasing trend. The RTI surveillance revealed a decreasing trend for hospital admissions, and a decline of fatal cases from 2003, when the drivers license point system began. It identified higher number of fatal cases (22% more) than the official statistics. The HI surveillance revealed a significant increasing trend in more severe cases, and a stable trend for mortalities.

Conclusion This study underlines the usefulness of the surveillance in order to monitor temporal trends and effectiveness of preventive measures.

0872 INTEGRATED SURVEILLANCE SYSTEMS OF ROAD TRAFFIC AND HOME INJURIES IN THE LAZIO REGION, ITALY: RESULTS OF A 5-YEAR STUDY (2001–2005)

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Background Road Traffic Injuries (RTI) and Home Injuries (HI) represent a relevant public health problem. In the Lazio region of Italy a surveillance system was activated.

Objective To describe the surveillance system and report the health information in terms of temporal trends for the 5-year period 2001–2005.