

0964 **THE HARSTAD INJURY PREVENTION STUDY: PREVENTION OF BURNS IN CHILDREN EVALUATED AFTER OVER TWO DECADES OF COMMUNITY-BASED INTERVENTION IN NORWAY**

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Objective To report the long-term effectiveness of a community-based burn prevention program for children under the age of 5. The outcome is reported in terms of changes in burn injury rates/severity and short-term hospital care costs.

Design Prospective intervention study in Harstad. Trondheim (reference for 6 years).

Methods The variables were selected according to the Nordic system. Burn data collection started 15 May 1985. The first 19.5 months of the study provided baseline. A mix of passive and active interventions were used, including the promotion of the purchase and installation of cooker safeguards, the lowering of tap water thermostat setting to 55°C in homes and the promotion of increased parental vigilance in putative burn risk situations.¹

Results From baseline to the first 6 years of the intervention period, the mean burn injury rate decreased 51.5 % in Harstad ($p < 0.05$). During the first 6 years of study 230 bed-days and multiple operations were consumed. During the last 16 years of the study, no burns requiring surgical interventions were recorded for the intervention population. However, two refugee children were admitted (in 2002 and 2006) in need of split skin transplantations.

Discussion and Conclusion When assessing the effectiveness of the local interventions, one has to consider secular trend. Trondheim rates remained stable for the 6 years of available data (1987–92). A report from Haukeland University Hospital, Bergen suggests that the secular trend for serious burns in children has remained stable in Norway from 1984 to 2004.² A prevention program for burns in young children can be effective long-term using a community-based injury prevention program. Local data are useful for detecting target groups and altering interventions when needed.

References

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