

**0221 BURN EPIDEMIOLOGY AND BURN CARE IN MALAWI:
OUTLINING PREVENTION STRATEGIES**

J C Samuel, E L P Campbell*, A G Charles, B A Cairns *Correspondence: Department of Surgery, University of North Carolina, 7050 Burnett Womack Bldg, Chapel Hill, NC 27599, USA*

10.1136/ip.2010.029215.221

Introduction Burn injuries contribute significant morbidity and mortality in developing countries. We undertook a study at Kamuzu Central Hospital in Lilongwe, Malawi, to determine (1) the epidemiology and burden of burn injuries and (2) quantify outcome measures including physiotherapy, wound infection and mortality.

Methods Retrospective analysis of hospital-based trauma registry burn victims (July 2008 to June 2009, N=332) and cross-sectional analysis of burn injuries (November 2009, N=39).

Results Burn injuries constituted 6% of injuries at KCH. The average total burn surface area (2nd/3rd degree) was 13%, and the majority (75%) presented within 8 h of injury. The commonest mechanism was scalding (67%). Fifty-seven percent were male, and the majority (75%) were under age 15. The commonest procedure was debridement or amputation (13% of inpatients). In-hospital mortality was 19%. Average length of stay was 22 days (2–109 days). The rate of burn wound infections was 31%. Only 8% of victims received physiotherapy. Inappropriate use or lack of use when appropriate for key interventions (nutrition, physiotherapy and intravenous fluids) was noted in 59% of cases.

Conclusions Primary prevention of burns should be aimed at preventing paediatric burns and scald burns, the most common age group and mechanism observed. Secondary and tertiary prevention should aim to (1) train healthcare providers on basic burn care and resuscitation and (2) improve the efficiency and availability of key therapeutic interventions. Though challenging in resource-limited settings, improvements in utilisation and availability of key therapeutic interventions are attainable.