

COMPARING ROAD TRAFFIC INJURY DATASETS IN THE DOMINICAN REPUBLIC WITH HEALTH ORGANISATION RECOMMENDATIONS

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Background Police datasets are commonly used to estimate Road Traffic Injury (RTI) burden. Nonetheless, newer health system—based datasets such as social security (SS) data are now becoming available in developing countries.

Aims/Objectives/Purpose To compare availability of information in police and health-based RTI datasets with WHO recommendations in a developing country.

Methods Study setting was the Dominican Republic (DR) in 2010. Availability of RTI information was assessed in three datasets: Police, SS, and Forensic Agency. Content and quality were compared with definitions of the 21 recommended core variables of the WHO Road Safety Data Systems Manual.

Results/Outcomes The three databases included 14 266 records. Availability of age, sex, intent, location, nature and mechanism of injury, and hour and date was higher in the SS dataset (100%) than in police records, where availability varied from 56% for vehicle mark to 86% for age and 83% for road type. Essential identifier variables such as the national number was never recorded in Forensic records, or poorly documented (30%) in police data. Many variables related to human and exposure factors, such as alcohol consumption, seat-belt wearing, and helmet utilisation or traffic volume were not recorded.

Significance/Contribution to the Field Many relevant variables are available in SS records or could be added inexpensively into the current datasets. DR authorities should adopt urgently the entire WHO minimal data systems recommendation to develop a reliable, affordable and accurate RTI monitoring system.