

The Years Work is a publication of the Insurance Institute for Highway Safety. It features articles on people saved by airbags, promising ways to reduce 16 year old's crashes, reaping the rewards of safer cars, the adverse effects of devices that help speeders, signal light timing, red light violators, the relationship between increased speed limits and crash deaths, and helping young drivers.

Status Report is the regular, monthly publication of the Insurance Institute for Highway Safety. In the August, 1995 report there is a report entitled 'European Union moves toward new safety standards with dynamic tests' and a summary of fatality facts for the US. One snippet of interest is that six states account for about half of all bicyclist deaths. Apart from these being among the most populous states, there may be other clues in this observation that will challenge epidemiologists.

The September issue focuses on whiplash injuries and, not surprisingly, notes that the best head restraints are found in Volvos. The bad news is that restraints in 117 of 164 cars were rated 'poor' based on geometric measures.

Snapshots is a quarterly newsletter from SAFE KIDS Canada. The third issue features 'exciting partnerships in the Quebec Region' (which includes a photo of your editor demonstrating the Montreal Children's Hospital's temporarily (I hope) defunct interactive safety display, as well as a more upbeat report by the new Director of Development, Jane Rogers, on fundraising.

Building Bridges, a publication of the Education Development Center (Vol II, No 3) is devoted to collaborations to prevent impaired driving, including a report on a special effort to develop a model program to reduce juvenile impaired driving. It also has a feature on National Organizations for Youth Safety and another describing Connecticut's moves toward zero tolerance.

Prosafe News is a new journal, funded by the European Commission to encourage liaison between enforcement officers in different states to foster consumer safety. It contains a wide range of news about consumer safety, personalities, and future proposals. For more information: *Prosafe News*, Trading Headquarters, Old Budbrooke Road, Warwick CV35 7DP, UK (fax +44 1926 414014).

LETTERS TO THE EDITOR

Limitations of NEISS child injury data

EDITOR,—As the Director of the National Electronic Injury Surveillance System (NEISS) at the Consumer Product Safety Commission (CPSC), I have read and discussed with Mr Weiss several drafts of his article. There are several statements made in the article that require further comment. First, he claims 'For trend analysis of product related injuries at the level of occurrence studied for baby walkers, NEISS suffers from poor sensitivity due to relatively large sampling error'. The NEISS sample was designed as a stratified probability sample of

all hospitals in the US and its territories having at least six beds and an emergency department open for business 24 hours a day. The sample design provides a balance between three factors most important to the CPSC (fixed costs, case finding, and minimum sampling errors).

There are a variety of statistical models and tests than can be applied to analyze trends in these data. Mr Weiss claims the system suffers from poor sensitivity because there can be relatively large differences between estimates for different years with overlapping confidence intervals around these estimates. However, there can still be statistically significant differences among estimates with overlapping confidence intervals. In the paper cited by Mr Weiss, a regression test is used to show a significant increase in the baby walker injury estimates for the period 1984–91. In a 1994 CPSC paper on baby walker injuries, a non-parametric rank test applied to the injury rates for an extended period also showed a significant increase.

Mr Weiss concludes that the NEISS data at the 'frequency' of baby walkers have 'poor sensitivity' because of the failure of a weak test on one set of data to show a significant difference. In fact, the 'poor sensitivity' is a function of the statistical test (requiring disjoint confidence intervals) rather than the sample design.

Second, Mr Weiss claims, 'NEISS . . . reflects a random geographic imbalance . . . because one north eastern state contributes both of the reporting children's hospitals'. As mentioned above, the NEISS sample is a probability sample designed to give unbiased estimates of the numbers of injuries treated in hospital emergency departments throughout the country. Hospitals in the sampling frame were stratified by size and geographic area. Sample hospital selections were made from each of the geographic substrata within each of four different size strata. Selection of multiple hospitals from large states such as Pennsylvania was a result of the large number of hospitals in these states and not a deficiency in the design.

Children's hospitals were included in the frame under the same conditions as any other hospital in the country. The current NEISS sample provides unbiased estimates because it represents a carefully drawn probability sample of all hospitals in the frame. Selection of two children's hospitals in Pennsylvania is a perfectly acceptable result of the random sampling process.

And third, Mr Weiss asserts, 'It was obvious that the number of child injuries from a certain size sample hospital serving only children must be considerably higher than a similar size non-children's hospital. Yet CPSC has not performed any special accounting in the NEISS . . .'. Children's hospitals in this country treat relatively few of the total number of children's emergency room visits. In 1995, the CPSC has been collecting injury reports from a total of 11 children's hospitals. Preliminary data from these hospitals indicate that children's hospitals treat less than 5% of the product related children's injuries treated in hospital emergency departments.

There will always be some uncertainty accompanying use of estimates from a probability sample and room for different interpretations of their value. I appreciate the opportunity to review Mr Weiss' article and to express my comments in the same issue of the journal.

ARTHUR K McDONALD
Director, Division of Hazard
and Injury Data Systems,
US Consumer Product Safety Commission,
Washington, DC 20207, USA

Injury prevention education at school

EDITOR,—In response to your recent question, 'Are you involved in injury prevention?', the answer is yes. I am a home economics teacher at a high school. I mentioned your publication to my S5-S6 class who have recently completed a Scotvec module entitled 'Safety in the Home' in conjunction with this. They also took a very active part in the 1994 Child Safety Week: (1) wrote 'a letter to parents' which was published in the local paper, *The Galloway Gazette*; (2) put up an extensive three window display in the middle of the town centre for six months; and (3) placed leaflets on firework safety in every village and town in school catchment area. They also completed the St John Ambulance Three Cross Award.

Here are some of their comments on injury in the young: 'I think every pupil should do a first aid course in school as part of their education — with exams and certificates at the end'. 'I have more confidence in myself because I know that I could react in an emergency'.

SHEILA G SIWO
Dumfries and Galloway Regional
Council Education Department,
Douglas Ewart High School,
Corsobie Road,
Newton Stewart DG8 6JQ, UK

BOOK REVIEW

Adolescent Injuries: Epidemiology and Prevention. Edited by KK Christoffel and CW Runyan. (Pp 292; \$33 (in US), \$36 (outside US) hardback). Hanley and Belfus Inc, 1995. ISBN 1-56053-190-8. (Can be ordered directly from Hanley and Belfus Inc, 210 South 13th Street, Philadelphia, PA 19107, USA; fax for orders +1 215 790 9330.)

Adolescent injuries are a tremendously important problem. Intentional and unintentional trauma are far and away the leading cause of death in this age group in all countries of the world, industrialized or non-industrialized alike. In the US motor vehicle injuries alone are the single largest cause of all deaths during adolescence, not just injury deaths. Any effort to address the causes and suggest prevention strategies for these problems is both much needed and welcome.

This volume represents a helpful addition to the field. Edited by two respected injury investigators, KK Christoffel and CW Runyan, the 10 chapters contributed by 24 different individuals cover a broad range of topics. The format of the chapters, while not totally uniform, includes information on the magnitude of the problem, the descriptive epidemiology, and potential interventions. Some chapters offer a more comprehensive literature review than others, for example, the chapter on post-traumatic stress disorder by L Amaya-Jackson and JS March. All chapters offer something for both the scientist trying to discern new areas for investigation and the injury control practitioner deciding which interventions to implement in a community. For example, the chapter on injury prevention in primary care by J Paulson and C DiGuseppi offers helpful, hands-on suggestions for the primary care practitioner.

I was also impressed by the critical nature of the reviews of the literature in many chapters.