surveys. To determine whether hospital-based surveillance captures all non-fatal injuries, we assessed the extent of non-fatal but serious injuries not treated at hospitals.

Methods Data from the first provincial health household interview survey of Hunan, China, conducted in 2013, were used. Injury events were identified when any of the following circumstances occurred in the prior 14 days: (1) hospital visit following an injury; (2) receiving medical treatment elsewhere for an injury (e.g., taking medications, or receiving massage or hot compress); and/or (3) being off work or school, or in bed for more than 1 day, following an injury. We calculated the proportion of injury events not treated at hospitals and reasons for not visiting hospital for injury events occurring during the previous two weeks.

Results We captured 108 injury events (56 during the previous two weeks and 52 at other times). The weighted injury prevalence was 4.9 per 1,000 persons during the last two weeks (95% confidence interval: 2.9–6.9 per 1,000 persons). Of the 56 events, 14 (weighted proportion 41.2%) were not treated at hospitals. Primary explanations for skipping hospital visits included perceiving injuries were too minor and economic limitations to travel to hospitals or seek treatment.

Conclusions Results imply the burden of non-fatal injury may be underestimated by hospital-based surveillance systems such as that used in China.

Thematic Conference: “From Occupational Safety and Health Strategies to Practice”

Underreporting of Occupational Accidents (Reports on the NDPHS/EG OSH RealOcc Accidents Project)

318 RELIABILITY OF WORK INJURY STATISTICS IN THE BSN COUNTRIES – DECISION MAKING BASED ON PARTIAL FACTS?

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Indicators of work injuries, arising from national monitoring systems, are important outcome measures of occupational health and safety. However, underreporting of non-fatal work injuries (>3 days absence from work) is known to be common. Eurostat has pointed out to large differences between countries in the reporting level.

According to Eurostat, the reporting is close to 100% in the countries which have a work injury insurance system (Finland, Germany) in which the compensation of work injuries is more generous than that of non-occupational injuries. In Denmark, Norway, Sweden which have a universal social security coverage and similar compensation for occupational and non-occupational injuries, the reporting level has been much lower than expected.

In the formerly socialist BSN countries (Estonia, Latvia, Lithuania, Poland, Russian Federation), the level of reporting of work injuries is mostly unknown. Yet, high rates of fatal work injuries in these countries in combination with low rates of non-fatal injuries suggest that much of the non-fatal injuries remain unregistered.

Within the context of the Baltic Sea Network of Occupational Health and Safety (BSN) (Denmark, Estonia, Finland, Germany, Latvia, Lithuania, Russian Federation, Norway, Poland, Sweden) semi-quantitative analyses of the level of reporting work injuries were recently made. The results suggested that less than 10-20% of non-fatal work injuries were registered in many formerly socialist BSN countries.

Decision makers tend to trust that official statistics provide a reasonably correct appraisal of the state of affairs. It must be difficult to accept as true that, due to underreporting, the majority of work injuries, 80% or more in some countries, may not be included in the national statistics.

If only a small proportion of work injuries is registered in a country it is impossible to say with any degree of certainty what the actual situation is or is the situation developing for better or for worse.

Parallel Sessions Tuesday 20.9.2016 16:30–18:00

Safe Communities, ESCON

Parallel Tue 3.1

319 A NEW NGO IN THE PAN PACIFIC REGION TO PROMOTE INJURY PREVENTION AND THE SAFE COMMUNITY MOVEMENT

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Background The Pan Pacific Safe Communities Network represents almost 100 accredited Safe Communities – 1.5 million people in Australia, Canada, New Zealand and the United States. As an advocate for injury/violence prevention the PPSCN promotes evidence based programming, leadership, sustainability, evaluation training, mentors communities, conducts accreditations and provides networking opportunities

Description Injuries and violence are leading public health problems. Safe Communities promotes a structured and collaborative approach to their prevention. PPSCN was established due to changes in the centralised infrastructure of International Safe Communities. In 2014, PPSCN began pursuing official relations with the WHO to establish opportunities to work on specific projects to advance our mutual goals of developing sustainable, equitable and transferable violence and injury prevention models at the local level.

Results PPSCN has operated since 2010 (registered NGO 2013) is strongly committed to being a primary resource for Safe Communities by providing timely and effective mentoring, advice, advocacy, and accreditations. Each country in PPSCN is structured differently but dedicates resources to support the movement. PPSCN members are committed to best practice in violence and injury prevention through greater collaboration between non-government organisations, the business sector, and government agencies. Through the development of these collaborative relationships Safe Communities have been successful in growing and strengthen community safety activities to create safer environments and increase the adoption of safer behaviours. www.ppscn.org