

2010–2013, approximately 75 patients were treated for poisoning by venomous creatures. The majority of these were residents of Far North Queensland, but 10 international and 7 interstate tourists per year experienced poisoning of this nature. Mechanism and patterns of injury (e.g., most frequent injuries sustained) in relation to tourist status, age group and gender will be presented in further detail at the conference.

Conclusions This is a descriptive epidemiological study of injuries sustained by residents and tourists of Far North Queensland. These data can be used to inform injury prevention strategies, and to adequately prepare visitors and residents for safe enjoyment of the region.

947 CHILDREN AND ADOLESCENTS ADMITTED TO A DANISH LEVEL 1 TRAUMA CENTRE 2002–2011

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Background Prevention of mortality and severe injury following trauma requires unbiased epidemiological surveillance. The epidemiology of children or adolescents admitted to a Danish trauma centre is largely unknown in particular in relation to home- and leisure risk areas. To describe the epidemiology and severity of potential severely injured children and adolescents admitted to the level 1 trauma centre at Odense University Hospital, Denmark.

Methods A descriptive study including all children and adolescents aged 0–17 admitted to the level 1 trauma centre at Odense University Hospital, Denmark 2002–2011. Data was extracted from the multiple trauma register and medical records. The Abbreviated Injury Score (AIS) was calculated in each patient.

Results 950 children and adolescents were included. The median age was 13 (0–17) years. Boys accounted for 60.6% of the cases. Accidents accounted for 97.2%, violence 1.4%, and self-inflicted injuries 0.4%. More than $\frac{3}{4}$ of the injuries occurred either in traffic or at home. The occurrence was greatest in the summer (34.0%), during weekends (48.9%), and in the hours between 12.00 and 20.00 (59.2%). 58.5% of the injuries were due to traffic. Of these 39.7% were passengers in motor vehicles, 27.5 % drivers/passengers of a scooter/MC, 21.8 % bicyclists and 10.3 % pedestrians. The median ISS and MAIS was 4 (1–75) and 2 (1–6), respectively. Head/face injuries accounted for 36.5% and extremities for 30.9% of all injuries. 153 (16.1%) suffered from severe injuries (ISS > 15). Altogether, 49 (5.2%) died due to their injuries. The mortality among severely injured was 31.4%.

Conclusions Based on a local trauma register it was possible to describe the epidemiology and severity of potential severely injured children and adolescents admitted to a level trauma centre.

948 URBAN VERSUS RURAL INJURY DIFFERENCES IN OMAN: RESULTS FROM A PROSPECTIVE TRAUMA REGISTRY

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Background Oman is a high-income country located in the Arab Gulf Region. The coastal regions of this country consist of highly developed urban centres, with the interior regions being rural and less developed. To-date little data has been generated on the regional differences in injury scale and case mix. Understanding these differences will allow for effective injury-prevention policies and targeted interventions.

Methods A prospective trauma registry was launched in two hospitals in Oman: Khoula Hospital, the national referral centre located in Muscat and Nizwa Hospital, a regional centre serving rural communities. All patients who were admitted with a history of trauma between October 2014 and April 2015 were included. Data was captured on injury details, demographics and treatment received. Further analysis was conducted by hospital of admission.

Results 2,596 cases were included, 62% were captured at Khoula. Age and sex distribution were similar across both sites. The leading cause of injury at Khoula was falls (39%) versus transport crashes in Nizwa (38%). Pedestrians were commonly injured in Muscat (17%) vs. Nizwa (6%). Approximately 22% of cases at Nizwa reached the hospital in less than 30 minutes since time of injury compared to less than 5% in Muscat. 61% of patients in Nizwa were transferred from other centres for definitive treatment as compared to Khoula (35%).

Conclusions Important differences exist between these two hospitals of Oman. A greater proportion of falls in Muscat might reflect the greater number of construction projects. In Nizwa, a rural environment highlights the burden of road injuries. More inter-facility transfers in Nizwa were observed due to initial triage of the victims to the nearest facility. These findings suggest that different injury prevention strategies and trauma care priorities are needed for each location. Additionally, significant differences in hospital transport times highlight the need for improved pre-hospital care.

949 THE CHARACTERISTIC AND TREND OF INJURY MORTALITY IN CENTRAL-CHINA, 2008–2012

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Background Injury is now an emerging public health problem in China. Hubei Province, located in the central of China, has an area of 185,900 km² and a population of 57.9 million. Injury is the fourth leading cause of death both in Hubei Province and in China. Given the similar injury mortality situation, this study result will be useful to offer reasonable strategies in China.

Methods The injury mortality rate, distribution of rate by gender and age, potential years of life lost (PYLL) were adopted to analyse injury mortality data from the Death Registry System in Hubei Province during 2008–2012.

Results The proportions of annual injury deaths were 10.59%, 10.26%, 9.62%, 9.92% and 9.16% respectively during 2008–2012. The mortality rates were 60.54/10⁵, 60.79/10⁵, 61.41/10⁵, 59.72/10⁵ and 59.81/10⁵ respectively from 2008 to 2012. The standardised mortality rates were 53.21/10⁵, 52.34/10⁵, 52.19/10⁵ and 48.96/10⁵ respectively. The male mortality rates were 72.63/10⁵, 71.70/10⁵, 68.33/10⁵, 77.59/10⁵ and 73.82/10⁵ while the female mortality rate were 47.49/10⁵, 49.10/10⁵, 44.35/10⁵, 44.81/10⁵ and 44.86/10⁵ respectively during 2008–2012. Besides, injury mortality comprised about 9.88%

and 8.12% respectively for men and women in the death toll. The sex ratio of injury mortality was 165 males for every 100 females which was higher than the sex ratio of mortality among the total population. Suicide was the first leading cause of injury death in Hubei Province which comprised more than 30%. The mortality rates of suicide were 47.49/10⁵, 49.10/10⁵, 44.35/10⁵, 44.81/10⁵ and 44.86/10⁵ respectively during 2008–2012. The five major injury causes of death were as followed: suicide, traffic-related injury, falls, drowning and crushing injury. Injury death was the first cause of death in children aged 1 ~ 44 years. The injury mortality rates in male were higher than female in all ages' groups. The injury mortality rates were almost stable during the above period. However, the mortality rates of suicide had a slight decrease and the death rate of road traffic injury showed a slight increase.

Conclusions Injury is the leading cause of death for kids, teenagers and working population. It is necessary to prevent traffic-related injury and strengthen psychological counselling for suicide prevention.

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"EVALUATING THE FREQUENCY OF THE PUBLISHED STUDY DESIGNS IN THE FIELD OF SAFETY PROMOTION AND INJURY PREVENTION DURING THE LAST THREE DECADES (1985–2015)"

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Background Study design in the fields of basic and clinical sciences is classified generally into two categories: 1) observational; and 2) interventional. In observational studies, the researcher just focuses on the status of the study question and describes the current status as well as measuring associations between exposures and outcomes. While, in the interventional studies, the main aim of research is the study of the intervention effects which applied on the eligible persons by researcher that could finally result in prevention and health promotion or treatment of diseases depends on applied interventions. The aim of current study is to determine the frequency of the published study designs in the fields of safety promotion and prevention of injury regarding to the continents during the last three decades (1985-2015).

Methods In this review article, all published papers in Pubmed from 1984 to 2015 in the field of safety promotion and injury prevention were studied. We used the following keywords for our search: Road traffic, burning, drowning, fall, and violence. The total number of articles in the field of injury prevention and safety promotion were 115 manuscripts from 1985 to 2015, which were assessed in terms of study design.

Results We showed that the most published papers on the safety promotion and injury prevention were conducted in America. About 67% of all studies and 78% of all intervention studies in this area have been conducted in the continent of America and Europe. Asia shared 9% of intervention studies and Iran shared 3.6% of the studies which have been conducted in this area.

Conclusions Considering the current situation in developed countries compared to developing countries, in the field of injury prevention and safety promotion, if one of the goals of the national health system to be health promotion in the society, the

current status in terms of study design that are running, cannot results in safety promotion and injury prevention, therefore, as long as the frequency of intervention studies with the aim of injury prevention and safety promotion in the developing countries would not as much as developed countries, we could not expect any advances in the field of injury prevention and safety promotion in developing countries.

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CHALLENGES IN IMPROVING DATA SYSTEMS OF ROAD TRAFFIC INJURIES IN SRI LANKA

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Background Road traffic injuries (RTI) are increasing in low and middle income countries, as twice the risk as the developed countries. This study aims to 1) review national RTI data sources in Sri Lanka, for their strengths and weaknesses and to identify gaps, that if addressed could help improve RTI data systems in Sri Lanka; and 2) summarise the published studies on RTI in Sri Lanka to make recommendations on RTI programs, policies, and research.

Methods A comprehensive review of published articles and grey literature was done together with an analysis of existing data sources. Electronic searches were performed (updated as December 2015) using Pubmed and Google database using specific key words related to RTI. Only studies that included data pertaining to Sri Lanka were selected. Full text articles were then reviewed using the same inclusion criteria, and references from included articles were scanned to find additional relevant articles.

Results RTI rate and the RTI death rate in 2010 was 130.0 and 13.2 per 100,000 population respectively in Sri Lanka. There is a 19% increase in RTI rate from 2006 to 2010 in Sri Lanka. The main RTI data sources in Sri Lanka are Sri Lanka traffic police, National death registration system, National transport board and Ministry of Health indoor morbidity and mortality reports. Each existing data system has its own strengths and weaknesses. There are gaps in the existing data systems including limited coverage, underreporting, overlapping, lack of injury surveillance system and even lack of data pertaining to financial burden, risk factors and disability. Despite some studies with limited population locally, overall country statistics or interventions have not been fully assessed.

Conclusions Limited availability of important reliable data on RTI in Sri Lanka is an issue. Standardisation of data systems with intersystem connexions covering the country is recommended in order to be comparable internationally.

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COMPARE JAPANESE MORTALITY DUE TO EXTERNAL CAUSES IN 1984 TO 2014

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Background The purpose of this study is to compare mortality due to external causes in Japan and to explore strategies for injury prevention.