

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 47.49/10<sup>5</sup>, 49.10/10<sup>5</sup>, 44.35/10<sup>5</sup>, 44.81/10<sup>5</sup> and 44.86/10<sup>5</sup> 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.

950

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

<sup>1</sup>Hajar Nazari Kangavari, <sup>1</sup>Ali Habibi, <sup>2</sup>Seyed Taghi Heydari, <sup>3</sup>Siamak Sabour. <sup>1</sup>MSc of Epidemiology, Department of Epidemiology, School of Health, Shahid Beheshti University of Medical Sciences, Tehran I.R. Iran; <sup>2</sup>Health Policy Research Centre, Shiraz University of Medical Sciences, Shiraz, IR Iran; <sup>3</sup>Safety Promotions and Injury Prevention Research Centre and Department of Epidemiology, School of Health, Shahid Beheshti University of Medical Sciences, Tehran I.R. Iran

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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.

951

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

<sup>1,2</sup>Inoka Eranganie Weerasinghe, <sup>1</sup>Andrea Gielen. <sup>1</sup>Johns Hopkins Centre for Injury Research and Policy, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, USA; <sup>2</sup>Ministry of Health, 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.

952

#### COMPARE JAPANESE MORTALITY DUE TO EXTERNAL CAUSES IN 1984 TO 2014

<sup>1</sup>Hiroko Ishii, <sup>2</sup>Yuko Uchiyama, <sup>3</sup>Tetsuro Tanaka, <sup>3</sup>Michio Tanaka, <sup>4</sup>Yoshiaki Ikemi. <sup>1</sup>Second Naminori Nursery, Japan; <sup>2</sup>Japan Women's College of Physical Education, Japan; <sup>3</sup>Japan Child Policy Research and Promotion, Japan; <sup>4</sup>Kanto Gakuin University Graduate School of Engineering, Japan

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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.