Methods An injury surveillance system was introduced in the emergency departments of two hospitals in Makwanpur district. Anonymous data on patients presenting with an injury were collected 24 hours a day between April 2019 and February 2020. A process evaluation involved 14 interviews to explore sustainability of the model.

Results Over 11 months, a total 6942 adult patients with injuries attended the study hospitals. More than half attendees (64.3%) were male and most (55.7%) were young adults (18–35 years). Most injuries were unintentional (86.3%, n=5988); predominantly road traffic injuries (32.2%), falls (25.6%) and animal related harm (20.1%). The hospital management and clinical staff valued the availability and usefulness of injury data that had been collected from the hospital-based surveillance.

Conclusion A large proportion of the work presenting to these two hospitals is injury related, and potentially preventable. Road traffic injuries are a significant component of the adult injuries. The lack of capacity of hospital staff for collecting injury data is a major barrier for sustaining the injury surveillance system in the longer term.

Learning Outcomes Rich injury data can be obtained by embedding data collectors in emergency departments. Such data can enable monitoring of epidemiological trends. Effective surveillance systems require investment and capacity.

5E.004 INJURY MORTALITY TRENDS OVER A DECADE: FINDINGS FROM NATIONAL POPULATION BASED SURVEY


10.1136/injuryprev-2021-safety.137

Backgrounds More than 90% of global deaths occurred due to injuries in low-and middle-income countries. This paper is focused to reflect the changes in injury mortality and events over the last decade.

Methods Two cross-sectional surveys were conducted in Bangladesh in 2003 and 2016. Multistage cluster sampling method considering probability-proportional-to-size strategy was used in both surveys to obtain the desired sample. Verbal autopsy method was used to ascertain the cause of death.

Results An estimated 70,897 deaths occurred during 2002 due to injuries, whereas, around 108,000 deaths were caused by injuries in all ages 2015 reflected by the death rates 56.0 (95%CI;64700–77680) and 67.5 (95%CI;93120–122800) respectively. According to survey data suicide, road traffic injury and drowning were the top three causes of injury mortality of all ages. Drowning ranked as the first leading cause (13.9%) in 2003, became third leading cause (11.7%) in 2016. RTI ranked as the second leading cause (11.7%) and (12.9%) in 2002 and 2016 respectively. Suicide rank as the fourth leading cause (7.4%) in 2002, it became the first leading cause (14.7%) in 2016. Male were the highest in terms of mortality in both 2002 and 2016, 59.3%, 63.5% respectively. A total of 37.8% death occurred at home in 2003 and 45% in 2016, followed by hospital and spot death.

Conclusion Injury mortality in Bangladesh was increasing. Suicide, road traffic injury and drowning were the main causes of injury mortality.

Learning Outcomes Government, non-government and development sector need to work together for reducing leading causes of injury mortality.

5E.005 INJURY MORTALITY IN SOUTH AFRICA: 2009 VS 2017

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Background At 109 per 100 000 population, South Africa’s injury mortality rate is approximately 1.6 times higher than the global rate of 66.2 per 100 000. Although homicide rates declined since the 1990’s, they remain high along with road traffic injury deaths. Two injury mortality surveys for 2009...