Injury Epidemiology

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Scenario 1:

 Ahmad and Lama spent their one-week vacation in a resort in Egypt with their 3-year old child (Khalid). While they were relaxing by the pool, Khalid fell in the pool. Khalid's parents, the lifeguard and other residents tried to rescue Khalid.

Scenario 2:

• Fatima is a 70-year old diabetic lady who is complaining of peripheral neuropathy and diabetic retinopathy (visual impairment). She was walking in her house and tripped over a loose carpet.

Scenario 3:

- Majid was crossing the road on his way to grocery store. He was hit by a car driving on the wrong side of the road.
- He was thrown about 10 feet into the air, landed on the car and suffered a severe <u>brain injury</u>.

Objectives

- Describe the concepts of injuries, why do they occur and their epidemiology
- Describe important differences between various types of injuries (intentional and unintentional)
- Understand principles of injury prevention and control
- Appreciate the burden of injury in KSA
- Apply injury epidemiology principles to road traffic accidents

Injury

"Acute exposure to agents such as mechanical energy, heat, electricity, chemicals, and ionising radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance. In some cases, injuries result from the sudden lack of essential agents such as oxygen or heat."

(Source: Gibson, 1961; Haddon, 1963)

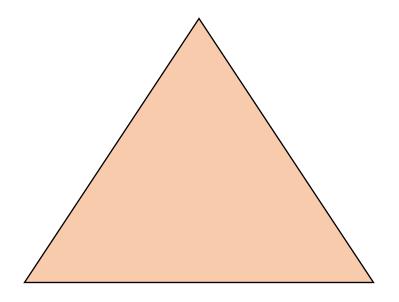
Violence

"The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation"

(WHO, 1996)

Epidemiologic Triad of Injuries

Host: Human



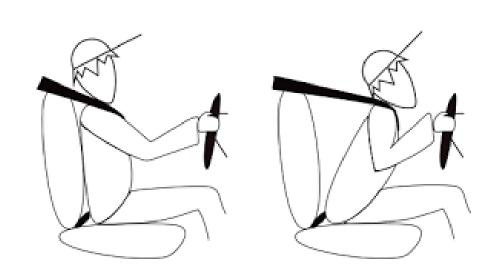
Agent: Energy

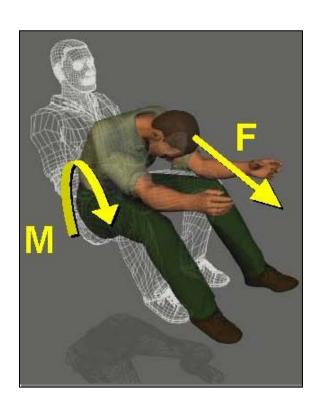
Environment: vector / vehicle that conveys the agent / energy

Nature of Energy

- Mechanical
- Thermal / Chemical
- Electrical
- Asphyxiation

Mechanical energy

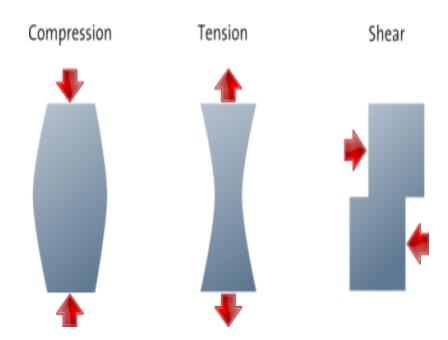




 When a vehicle stops suddenly, the occupant will continue to move at the same speed and direction

Mechanical energy

- Stresses: contact with energy source generates forces counter to the load.
- Types:
- Tension
- Compression
- Shear



Mechanical energy

- Strain: extent of deformation, resulting from tension, compression, shear
- The shape and elasticity of the materials struck will determine the damage to the tissue.
- Devices as seat-belts, air bags and child restraints reduce the severity of injury by reducing contact with less flexible structures (second collision)

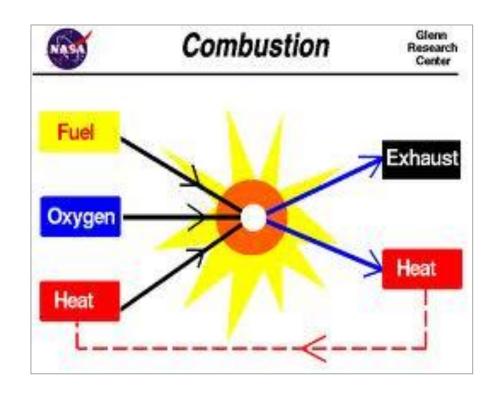
Thermal and chemical energy

- Fires, heat & smoke
- As a result of ignition sources, flammable materials and of the heat and chemical energies



Thermal and chemical energy

- Combustion varies by:
 - Concentration and type of heat source
 - Shape / size of a combustible
 - Oxygen concentration
 - Vaporization of gases
 - Presence or absence of catalysts



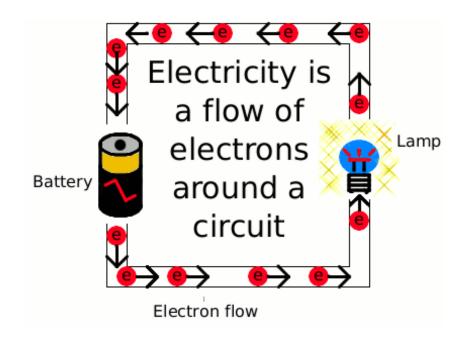
Thermal and chemical energy

- Chemicals may be breathed / inhaled (as in a fire); ingested; injected; absorbed
- Harms of chemicals are divided into 3 phases: exposure (poisoning); toxokinetic (chemical's absorption through the organism's membranes: GIT, lungs' air sacs); toxo-dynamic (interaction of chemical with receptors in target tissues)



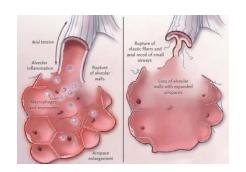
Electrical energy

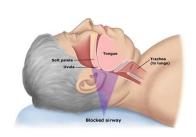
- The flow of electrons is "electrical current"
- The extent of damage of human contact with electrical energy increases with amperage.
- Skin sensitivity varies 100-fold as a function of wetness (100,000 ohms when dry; 100 ohms when wet)

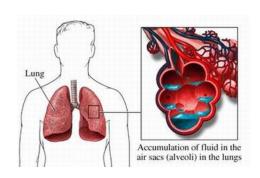


Asphyxiation

- Asphyxiation: absence of oxygen to sustain endogenous energy conversion, which causes essential cells (in brain / heart) to be damaged within minutes
- Possible causes: objects blocking nose / mouth / trachea; mechanical blow to the trachea; constriction of the trachea; lung obstruction; water in lungs (drowning); lung congestion (endogenous fluids as in pneumonia / congestive heart failure)









Types of Injuries

- Intentional: e.g. violence, suicide, homicide, intentional fire-arm injuries, etc
- Non-intentional (accidental): e.g. road-traffic injuries, fires, falls, poisoning, drowning-asphyxia, burns, sports, accidental fire-arm injuries, etc

Measuring the problem of accidents

- Mortality
- Morbidity
- Disability

Mortality

- Proportionate mortality rate
- No. of deaths per million population
- Death rate per 1000 registered vehicles per year
- number of accidents or fatalities as a ratio of no. of vehicles per km or passengers per km

Morbidity

- In terms of:
 - Slight injuries
 - Serious injuries

Disability

- Temporary or permanent
- Partial or total

• DALY, QALY...

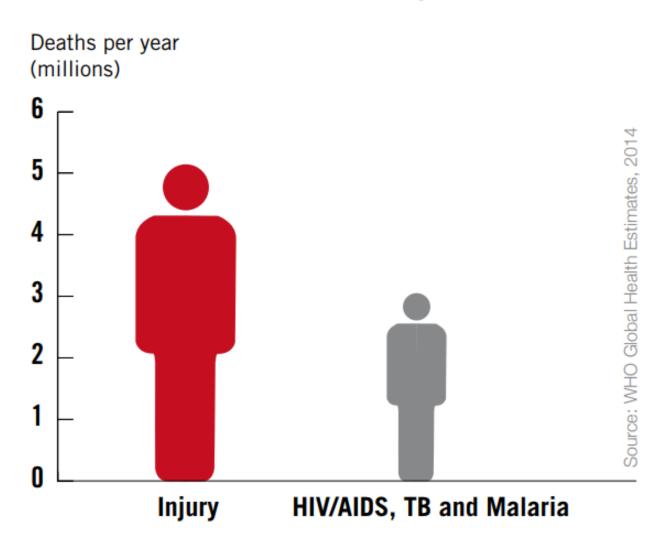
MAGNITUDE OF THE PROBLEM

Every day, more than 14 000 people die as a result of an injury

Every six seconds, someone in the world dies as a result of an injury

The scale of the problem

Injury deaths compared to other leading causes of mortality, world, 2012.

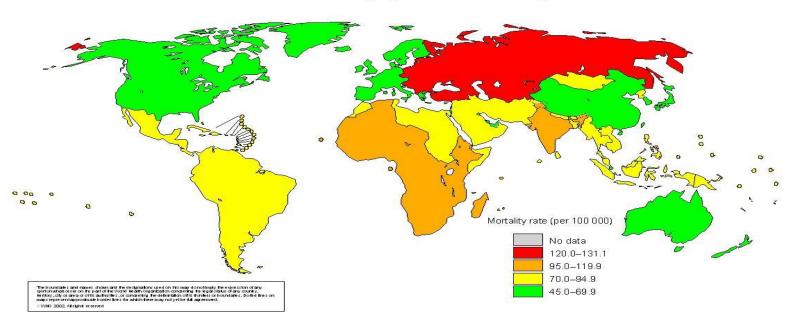


Global & Regional Burden

- 12% of global burden of disease
- The most common cause of death among people 1- 44 years of age
- In Eastern Mediterranean Region, injury is a leading cause of morbidity and mortality → loss of productive years of life and effect on health care cost
- Road traffic "incidents" are the leading cause of injury deaths worldwide, which strongly applies to GCC/KSA
- More than 90% of injury <u>deaths</u> occur in low- and middle-income countries

Injury from a Global Perspective

Global Injury-related Mortality



		iiijui y-i e	rialeu ii	ortality rates	(bei it	o ooo pc	puration) III WITE	regions	, 2000	
Africa	Americas		South-East Asia		Europe		Eastern Mediterranean		Western Pacific		
LMIC	HIC	LMIC	India	Other LMIC	HIC	LMIC	HIC	LMIC	HIC	China	Other LMIC
118.8	53.8	76.2	96.9	75.0	47.6	131.5	51.1	70.4	56.2	51.5	78.4

HIC, High-income countries; LMIC, Low- and middle-income countries.

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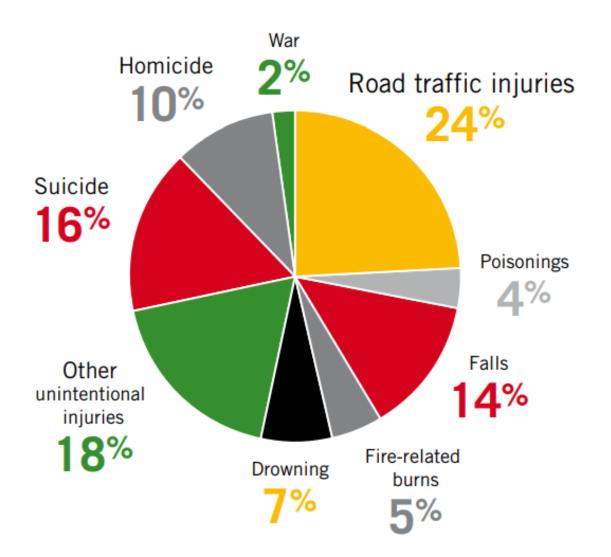
Each year > 5 million people die of injuries.

2/3 are males and the majority are young adults aged 15-44

RTA are the largest cause of injury death.

How injuries and violence claim lives

Causes of injury deaths, world, 2012.



Source: WHO Global Health Estimates, 2014

Injury deaths rise in rank

Leading causes of death, 2012 and 2030 compared.

Tota	al 2012					
1	Ischaemic heart disease					
2	Stroke					
3	Chronic obstructive pulmonary disease					
4	Lower respiratory infections					
5	Trachea, bronchus, lung cancers					
6	HIV/AIDS					
7	Diarrhoeal diseases					
8	Diabetes mellitus					
9	Road traffic injuries	/				
10	Hypertensive heart disease					
11	Preterm birth complications					
12	Cirrhosis of the liver					
13	Tuberculosis					
14	Kidney diseases					
15	Suicide					
16	Birth asphyxia and birth trauma					
17	Liver cancer					
18	Stomach cancer					
19	Colon and rectum cancers					
20	Alzheimer's disease and other dementias					
21	Falls					

	Tot	al 2030					
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_	13	Kidney diseases					
	14	Stomach cancer					
	15	Colon and rectum cancer					
	16	Suicide					
	17	Falls					
-	18 Alzheimer's disease and other dementias						
_	19	Preterm birth complications					
.	20	Breast cancer					
1	21	Endocrine, blood, immune disorders					

Injury pyramid

Graphic representation of the demand on the health sector caused by injuries and violence.

Fatal injuries

Injuries resulting in hospitalizations

Injuries resulting in visits to emergency departments

Injuries resulting in visits to primary care facilities

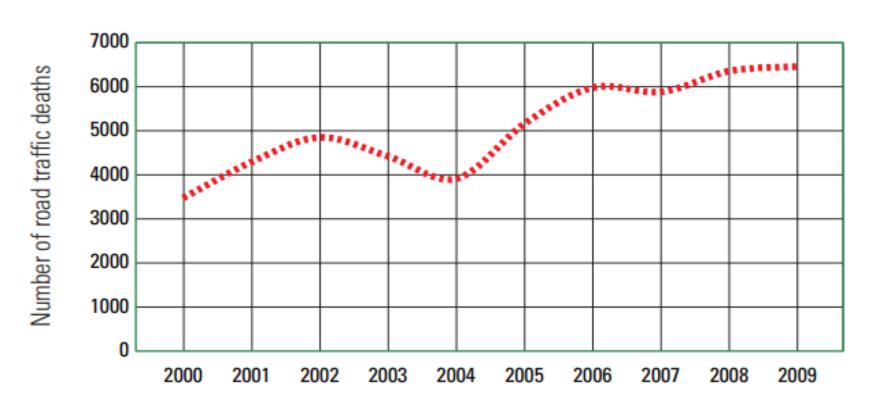
Injuries treated outside the health system, not treated, or not reported

Source: WHO, 2014

Figure 10: Causes of injury deaths among men aged 15–59 years, Eastern Mediterranean Region, 2004 Other intentional Self-inflicted injuries injuries 1% 7% Road traffic accidents 30% War 31% Violence Other unintentional 7% injuries 24%

Saudi Arabia – RTA death numbers

TRENDS IN ROAD TRAFFIC DEATHS



Source: 2010, Annual statistical reports from the General Administration of Traffic (Ministry of Interior)

Consequences of injuries and violence

Violence

Road traffic crashes

Burns

Poisoning

Drowning

Falls

Physical injuries

Mental consequences (e.g. depression, anxiety)

Behavioural changes (e.g. smoking, alcohol and drug misuse, unsafe sexual practices)

HIV, STDs, unwanted pregnancies

Death

Disability

Suicide

HIV and other STDs

Cancer

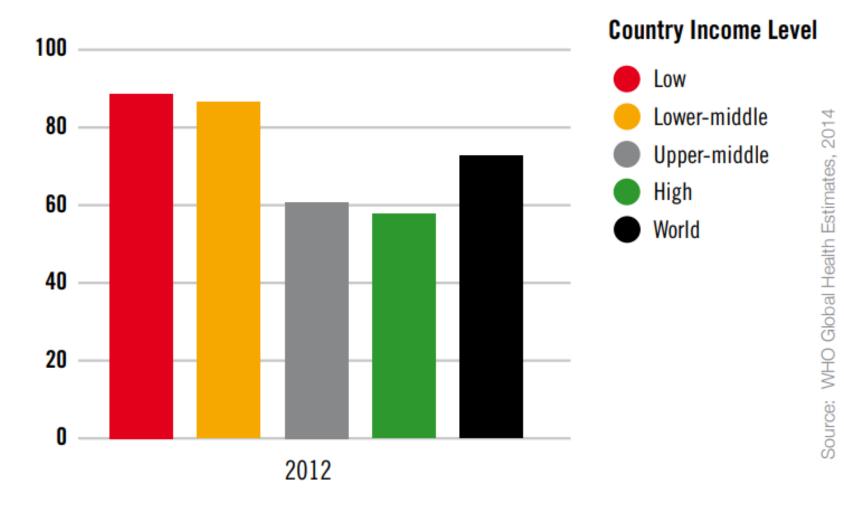
Cardio-vascular disease

Other noncommunicable diseases

Poorer countries are worst-affected by injuries and violence

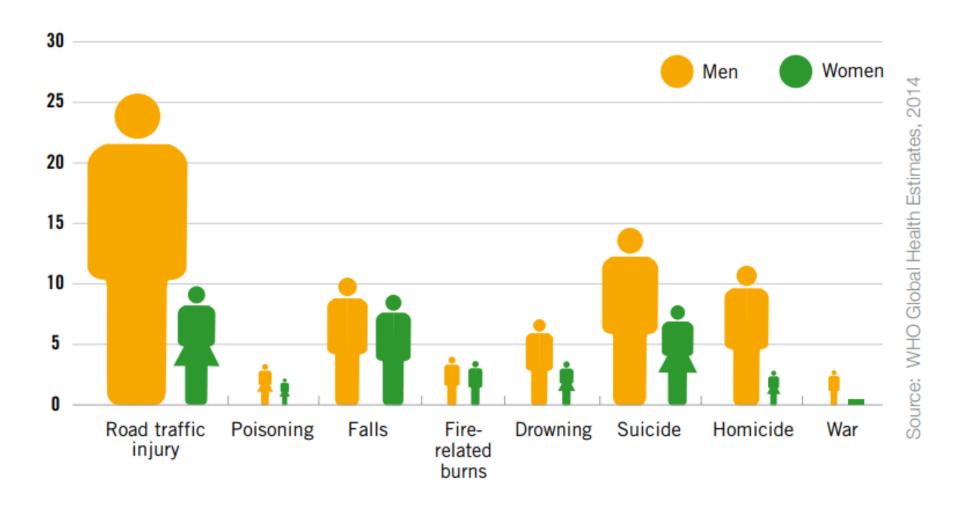
Injury death rates by country income level, world, 2012.

Injury deaths per 100 000 population



Men are more at risk of death from injuries and violence

Death rates per 100 000 population, by cause of injury and sex, world, 2012.



Haddon Phase-Factor Matrix

Phase	Host (Human)	Vector (Vehicle)	Physical Environment	Cultural Environment
Pre-Event				
Event				
Post-Event				

Haddon Phase-Factor Matrix

Motor vehicle crash

Phase	Host	Vector	Physical	Cultural
	(Human)	(Vehicle)	Environment	Environment
Pre-Event	Alcohol Experience Judgment	Brake status Tires	Nigh, Rain Icy road	Acceptance of Drinking and Driving
Event	No seat belt	No air bag Hardness of surfaces	Tree too close to road, No guard rail	Speed limits Enforcement of seat belt
Post-Event	Physical condition	Fuel system integrity Cell Phone	Distance of emergency response	Support for Trauma systems, EMS standard

Types of Data & Potential Sources of Information



Mortality

- Death certificates
- Reports from mortuaries



Morbidity and Health-related

- Hospitals
- Medical records



Self Reported

- Surveys
- Media



Community-based

- Demographic records
- Local government records



Law enforcement

- Police records
- Prison records



Economic-social

- Institutional or agency records
- Special studies

Source: adapted from Krug et al., eds., 2002

PREVENTION & CONTROL

Prevention

Primary prevention:

Raising awareness of the community, at its different levels, as to methods of avoiding injuries. This includes health promotion / health education activities and applying preventive measures accordingly

Secondary prevention:

Early detection, proper evaluation and management of injuries at different levels of healthcare delivery (primary, secondary and tertiary facilities)

Tertiary prevention:

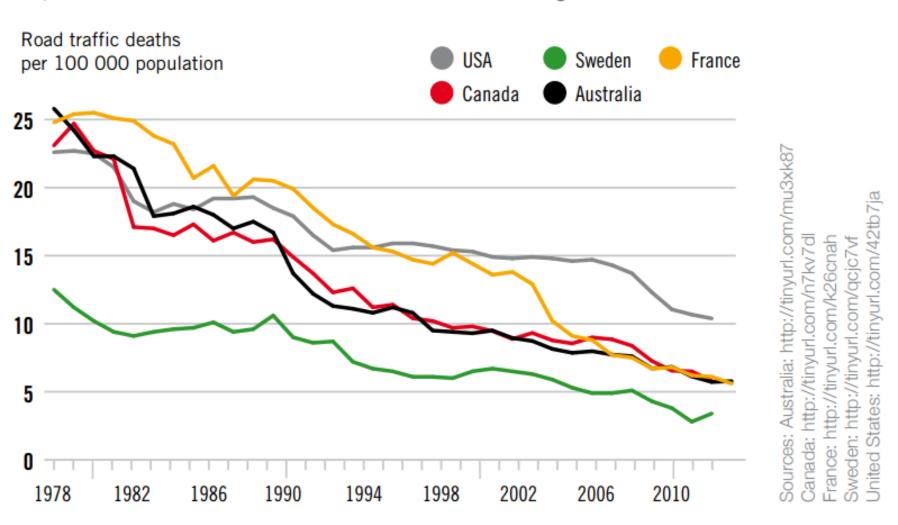
Management of complications of injuries, especially disabilities, including rehabilitative measures and approaches, improvement of quality of life of injury victims, as well as palliative care, when needed

Prevention

- Safety education
- Promotion of safety measures
- Primary care
- Elimination of causative factors
- Low enforcement
- Rehabilitation
- Research and data collection

Rich countries reduce road traffic deaths

Reported trends in road traffic deaths in selected high-income countries.



United States reduces child abuse

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'90 '91 '92 '93 '94

'95

'96 '97 '98

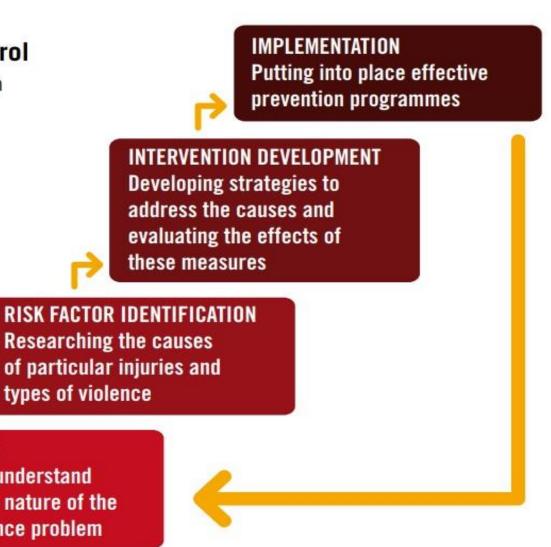
'99

Trends in child sexual and physical abuse in the USA. Sexual abuse Cases per 10 000 population Physical abuse 80 70 60 50 40 30 decline

'02 '03 '04

Prevention and control

Steps in the prevention and control of injuries and violence.



SURVEILLANCE

Using data to understand the extent and nature of the injury or violence problem

Measures - Road traffic crashes

 Setting and enforcing laws (speeding, drinking and driving, motorcycle helmets, seat-belts, child restraints)



- Developing safer roadway infrastructure, including engineering measures to reduce speeds in urban areas and separate different types of road users
- Implementing vehicle and safety equipment standards
- Setting and enforcing laws on daytime running lights for motorcycles
- Introducing a graduated driver licensing system for novice drivers

Measures - Burns

- Setting and enforcing laws on smoke detectors
- Setting and enforcing laws on hot tap water temperatures
- Developing and implementing a standard for childresistant lighters
- Treating burns patients in a dedicated burns center



Measures - Drowning

- Installing barriers controlling access to water
- Providing capable child care for pre-school children in safe places away

from water

- Teaching school-age children basic swimming, water safety and safe rescue skills
- Training bystanders in safe rescue and resuscitation
- Wearing of personal flotation devices



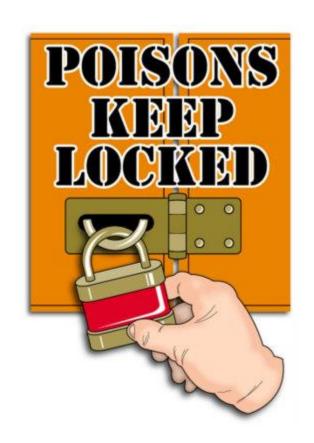
Measures - Falls

- Setting and enforcing laws requiring window guards for tall buildings
- Redesigning furniture and other products
- Establishing standards for playground equipment



Measures - Poisoning

- Setting and enforcing laws for child resistant packaging of medicines and poisons
- Removing toxic products
- Packaging drugs in non-lethal quantities
- Establishing poison-control centers



Measures – Interpersonal violence

- Developing safe, stable and nurturing relationships between
- children and their parents or caregivers
- Developing life skills in children and adolescents
- Reducing the availability and harmful use of alcohol
- Reducing access to guns and knives
- Changing cultural and social norms that support violence
- Reducing violence through victim identification, care and support programs



Measures - Suicide

• Reducing access to common means, such as firearms, pesticides and certain medications



- Implementing policies and interventions to reduce the harmful use of alcohol
- Ensuring early detection and effective treatment of mental disorders, particularly depression and alcohol use disorders
- Ensuring management of people who have attempted suicide or are at risk, including assessment and appropriate follow-up
- Training primary health care workers and other 'gatekeepers' who are likely to interact with people at risk of suicide
- Adoption of suicide by the media

Proven Injury Prevention Interventions

- ➤ Car safety seats and belts
- ➤ Air bags
- ➤ Motorcycle helmets
- ➤ Bicycle helmets
- ➤ Child resistant packaging
- ➤ Swimming pool fencing
- ➤ Smoke detectors
- ➤ Self extinguishing cigarettes





KSA EFFORTS

http://moh-ncd.gov.sa/injury/index.php





- Surveillance System
- Education
- Capacity Building



- Host: victim: e.g. driver, passenger, pedestrian, etc
- Agent: mechanical / thermal energy
- Environment: vehicle(s) of incident

- If a person must stop suddenly, as in a crash of a vehicle, that energy must be dissipated in the vehicle, environment, or individual's tissues
- When the vehicle stops, the occupant will continue to move at the pre-crash speed into interior structures, or into the materials in the exterior environment if ejected.
- Stresses: contact with energy source generates forces counter to the load. Types: tension (pulling molecules apart), compression (pushing molecules together), shear (from a tangential force)

- Strain: extent of deformation, resulting from tension, compression, shear
- The shape and elasticity of the materials struck will determine the damage to the tissue.
- Devices as seat-belts, air bags and child restraints reduce the severity of injury by reducing contact with less flexible structures (second collision)

Primary prevention:

Raising awareness of the community, at its different levels, as to methods of avoiding RTI. This includes legislations, health promotion activities and applying preventive measures (seat-belts, child restraints, air-bags, good roads, following traffic rules, etc)

Secondary prevention:

Early detection, proper evaluation and management of RTI at different levels of healthcare delivery (especially tertiary facilities: e.g. emergency / trauma facilities and related services)

Tertiary prevention:

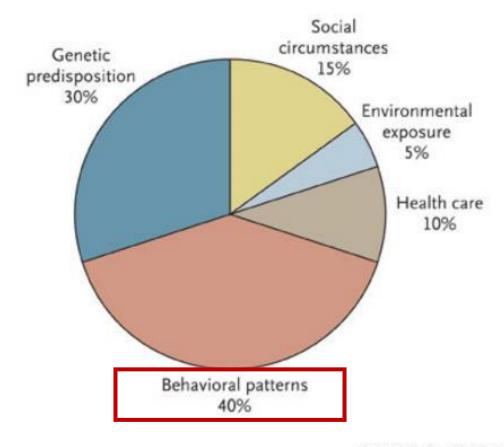
Management of complications of RTI, especially disabilities, on medical / social / economic levels, including rehabilitative and physiotherapy measures

National strategic plan to reduce RTI:

- National strategic plan that covers the 4Es:
- Education: annual traffic weeks.
 - Saudi Society Organization for Traffic Safety http://www.salamh.org.sa
- Engineering: road infrastructure and vehicles
- Enforcement: seatbelt rule, speed limit law
- Emergency: Saudi Red Crescent Society (SRCS)

Epidemiology

Proportional Contribution to Premature Death



"Education is the Vaccine for the Disease of Injury"



References

- Robertson LS. Injury epidemiology. Research & control strategies. 3rd edition. Oxford, New York: Oxford University Press, 2007
- WHO. World report on violence and health. Geneva: World Health Organization, 2002
- Rivara FP. Injury control: a guide to research and program evaluation. Cambridge, New York: Cambridge University Press, 2001
- WHO Global Consultation on Violence and Health, Violence: a public health priority. Geneva: World Health Organization, 1996