

كلية الطبع قسم طبع العائلة والمجتمع





INJURY EPIDEMIOLOGY

 $\begin{array}{c} YEAR \\ 1439\text{-}1440 \text{ Hajji} \\ 2018 \text{ - }2019 \text{ Gregorian} \end{array}$

session Description	Objectives
Topics covered	 Describe the concepts of injuries, why do they
	occur and their epidemiology
	Describe important differences between various
	types of injuries (what is meant here? Intentional
	and unintentional?)
	 Understand principles of injury prevention and
	control
	Appreciate the burden of injuries in KSA

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HEADLINES

- Injuries: concepts and definitions
- Classification of injuries
- Magnitude of the problem
- Prevention and control efforts
- Application to road traffic incidents





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CONCEPTS & CLASSIFICATIONS





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Definitions - 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)



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Definitions - 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)



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Epidemiologic Triad of Injuries

- Host (person)
- Agent (that injures: energy)
- Environment (vector / vehicle that conveys the agent / energy)



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Nature of Energy

- Mechanical
- Thermal / Chemical
- Electrical
- Asphyxiation





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Nature of Energy: Mechanical 1

- 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.







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Stresses: contact with energy source generates forces counter to the load. tension (pulling molecules apart),

compression (pushing molecules together), shear (from a tangential force)







Shear





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Nature of Energy: Mechanical 2

- 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)









Nature of Energy: Thermal & Chemical 1

Deaths and injuries associated with fires, heat & smoke are the result of ignition sources, flammable materials and of the heat and chemical energies generated by burning or heating materials (e.g. cigarettes, matches, gas stoves, electrical circuits / appliances)







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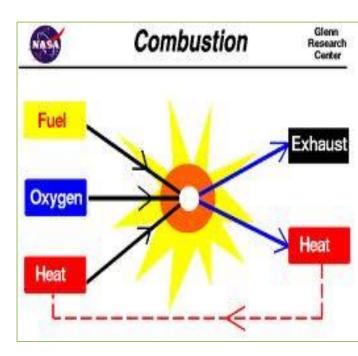


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Nature of Energy: Thermal & Chemical 1

- Physics / chemistry of combustion vary by:
- Concentration and type of heat source
- Shape / size of a combustible
- Oxygen concentration
- Vaporization of gases
- Presence or absence of catalysts







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Nature of Energy: Thermal & Chemical 2

 Chemicals may be breathed / inhaled (as in a fire); ingested; injected; absorbed



Harms of chemicals are divided into 3 phases:

- exposure (poisoning);
- 2. toxo-kinetic (chemical's absorption through the organism's membranes: GIT, lungs' air sacs);
- toxo-dynamic (interaction of chemical with receptors in target tissues)





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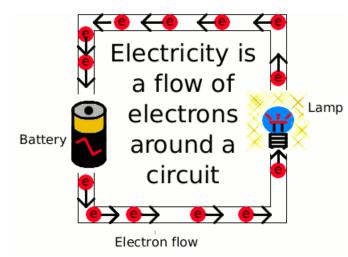


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Nature of Energy: Electrical

- Atoms are made up of electrons, protons and neutrons
- The flow of electrons is "electrical current"
- The extent of damage of human tissues in 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)





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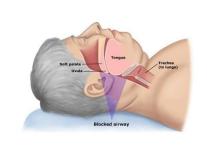
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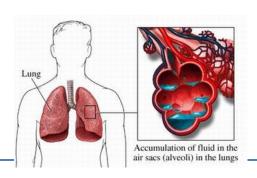


Nature of Energy: Asphyxiation

- Humans cannot function with too little energy
- 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 pnuemonia / congestive heart failure









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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, drowningasphyxia, burns, sports, accidental fire-arm injuries, etc





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MAGNITUDE OF THE PROBLEM





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Magnitude

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

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











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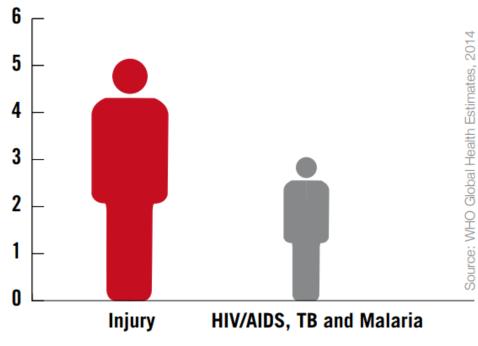


Magnitude

The scale of the problem

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

Deaths per year (millions)



Injury Epidemiology





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Global & Regional Burden

- 12% of global burden of disease
- More than 90% of injury <u>deaths</u> occur in <u>low-and</u> middle-income countries
- Leading causes of morbidity and mortality burden in Eastern Mediterranean Region
- Road traffic "incidents" are the leading cause of injury deaths worldwide, which strongly applies to GCC/KSA



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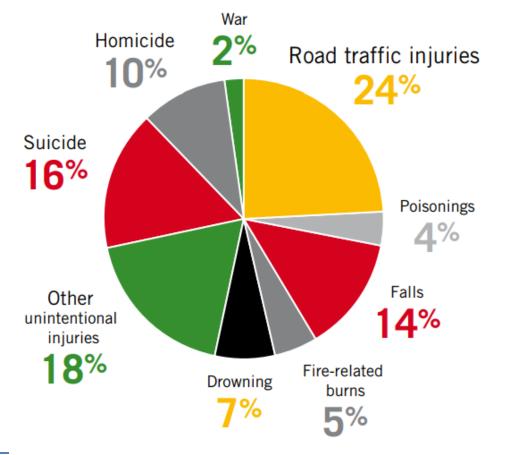
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Causes of Injury Deaths

How injuries and violence claim lives

Causes of injury deaths, world, 2012.





Source: WHO Global Health Estimates, 2014



Faculty of Leading causes of death, 2012 and 2030 compared.

Injury deaths rise in rank

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Predicted to rise

 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 	Tota	al 2012
Chronic obstructive pulmonary disease Lower respiratory infections Trachea, bronchus, lung cancers HIV/AIDS Diarrhoeal diseases Diabetes mellitus Road traffic injuries Hypertensive heart disease Preterm birth complications Cirrhosis of the liver Hiberculosis Kidney diseases Suicide Birth asphyxia and birth trauma Liver cancer Stomach cancer Colon and rectum cancers Alzheimer's disease and other dementias	1	Ischaemic heart disease
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18 Stomach cancer 19 Colon and rectum cancers 20 Alzheimer's disease and other dementias	16	Birth asphyxia and birth trauma
19 Colon and rectum cancers 20 Alzheimer's disease and other dementias	17	Liver cancer
20 Alzheimer's disease and other dementias	18	Stomach cancer
and other dementias	19	Colon and rectum cancers
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71 Falls	21	Falls

IOT	al 2030
1	Ischaemic heart disease
2	Stroke
3	Chronic obstructive pulmonary disease
4	Lower respiratory infections
5	Diabetes mellitus
6	Trachea, bronchus, lung cancers
7	Road traffic injuries
8	HIV/AIDS
8 9	HIV/AIDS Diarrhoeal diseases
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17 Falls

Suicide

18	Alzheimer's disease
	and other dementias
19	Drotorm birth complia

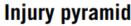
19	Preterm birth complications
20	Breast cancer

15 Colon and rectum cancer

21	Endocrine, blood, immune
	disorders



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

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Fatal injuries

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Injuries resulting in hospitalizations

Injuries resulting in visits to emergency departments

> Injuries resulting in visits to primary care facilities

Injuries treated outside the health

Injury Pyramid

system, not treated, or not reported

Source: WHO, 2014





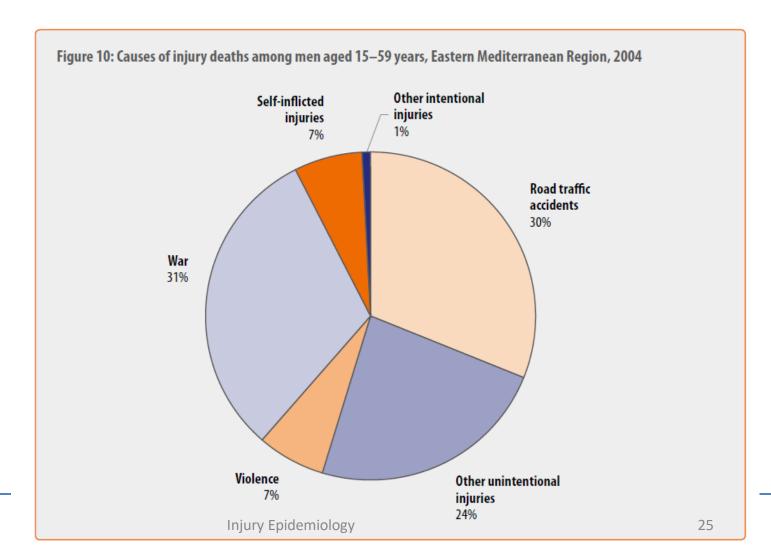
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EMRO data





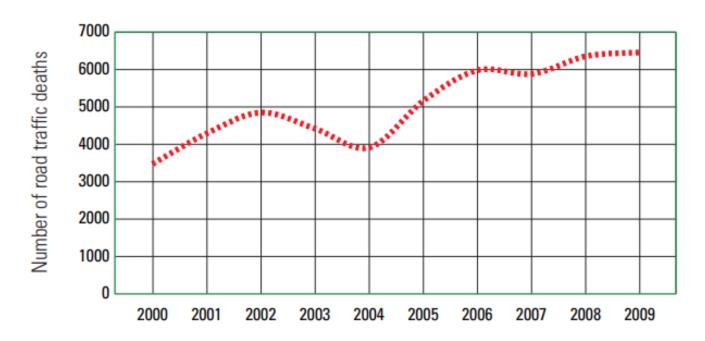
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Saudi Arabia – RTA death numbers TRENDS IN ROAD TRAFFIC DEATHS



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





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Possible consequences

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

Source: WHO, 2014





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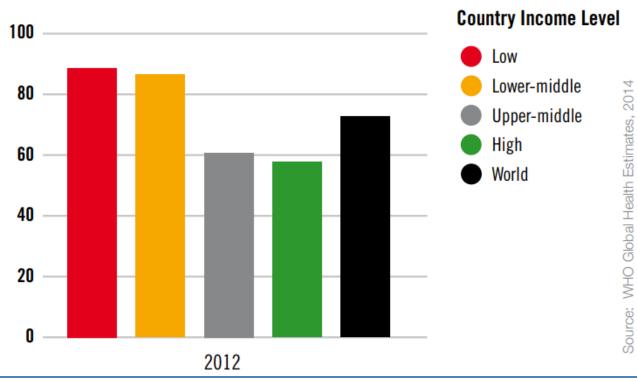
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Poorer countries are worst-affected by injuries and violence

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

Injury deaths per 100 000 population







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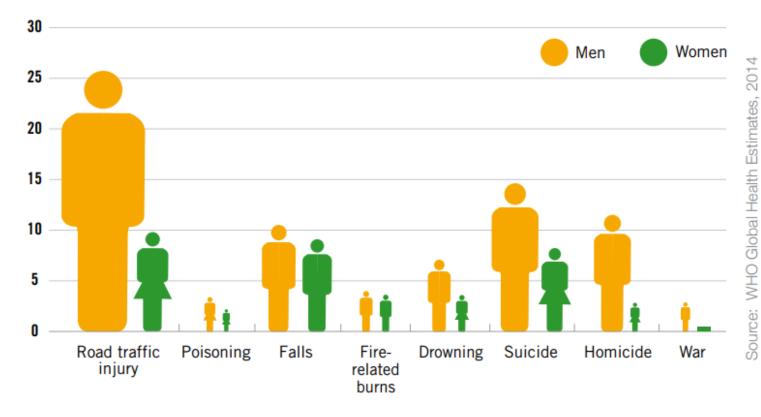


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Men are more at risk of death from injuries and violence

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





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Types of Data & Potential Sources of Information



Mortality

- Death certificates
- Reports from mortuaries



Morbidity and Health-related

- Hospitals
- Medical records



Self Reported

- Surveys
- Media



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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



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PREVENTION & CONTROL





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LEVELS & CONCEPTS

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





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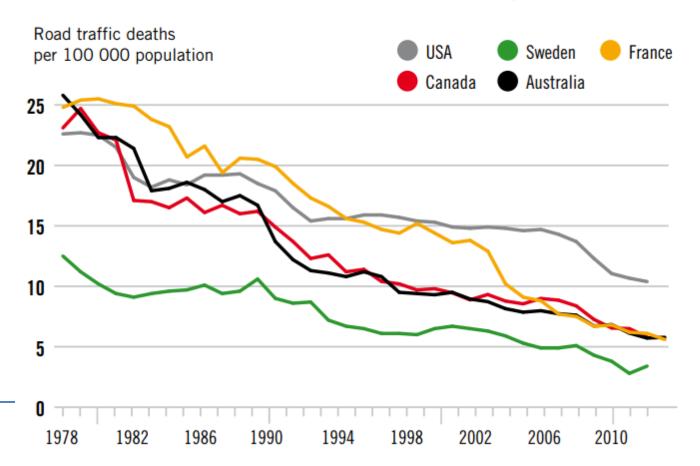
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Prevention and Control

Rich countries reduce road traffic deaths

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



ources: Australia: nup://winyuri.com/ninusxko 2anada: http://tinyuri.com/n7kv7dl



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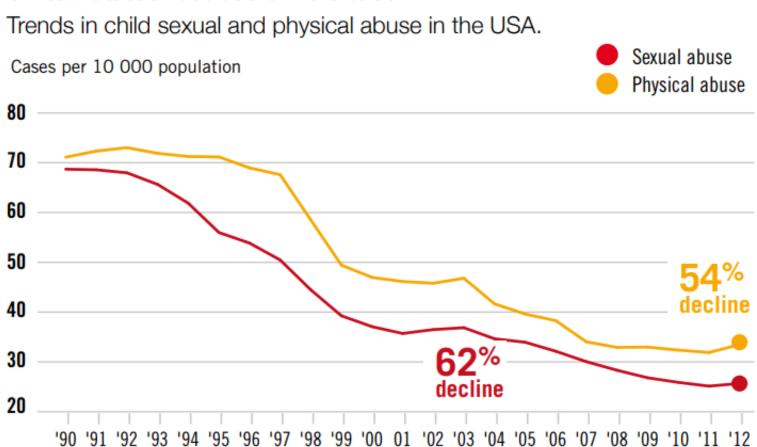


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Prevention and Control

United States reduces child abuse







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Prevention and control

Steps in the prevention and control of injuries and violence.



IMPLEMENTATION
Putting into place effective
prevention programmes

INTERVENTION DEVELOPMENT

Developing strategies to address the causes and evaluating the effects of these measures



RISK FACTOR IDENTIFICATION

Researching the causes of particular injuries and types of violence



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



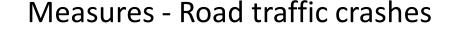
Source: WHO, 2014



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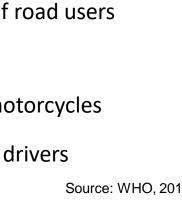
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- Setting and enforcing laws on drinking and driving
- Setting and enforcing laws on motorcycle helmets
- Setting and enforcing laws on seat-belts
- Setting and enforcing laws on child restraints
- Developing safer roadway infrastructure, including 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







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Measures - Burns

- Setting and enforcing laws on smoke detectors
- Setting and enforcing laws on hot tap water temperatures
- Developing and implementing a standard for child-resistant

lighters

• Treating burns patients in a dedicated burns center







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Source: WHO, 2014



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







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Measures - Falls



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

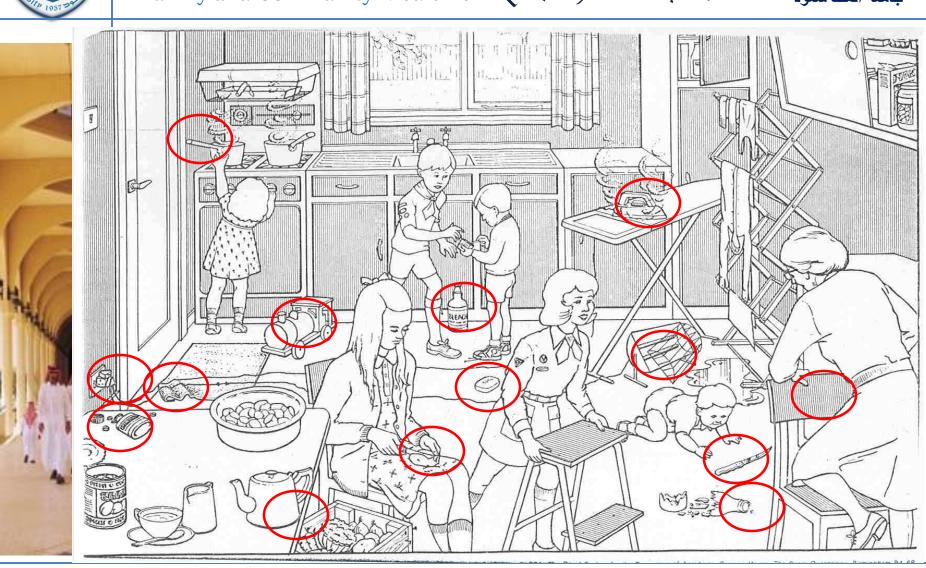




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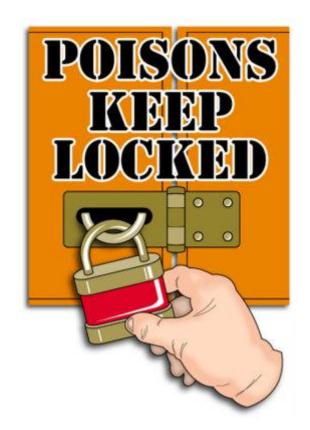


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Measures - Poisoning

- 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







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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 programmes







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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 responsible reporting of suicide by the media





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KSA EFFORTS



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





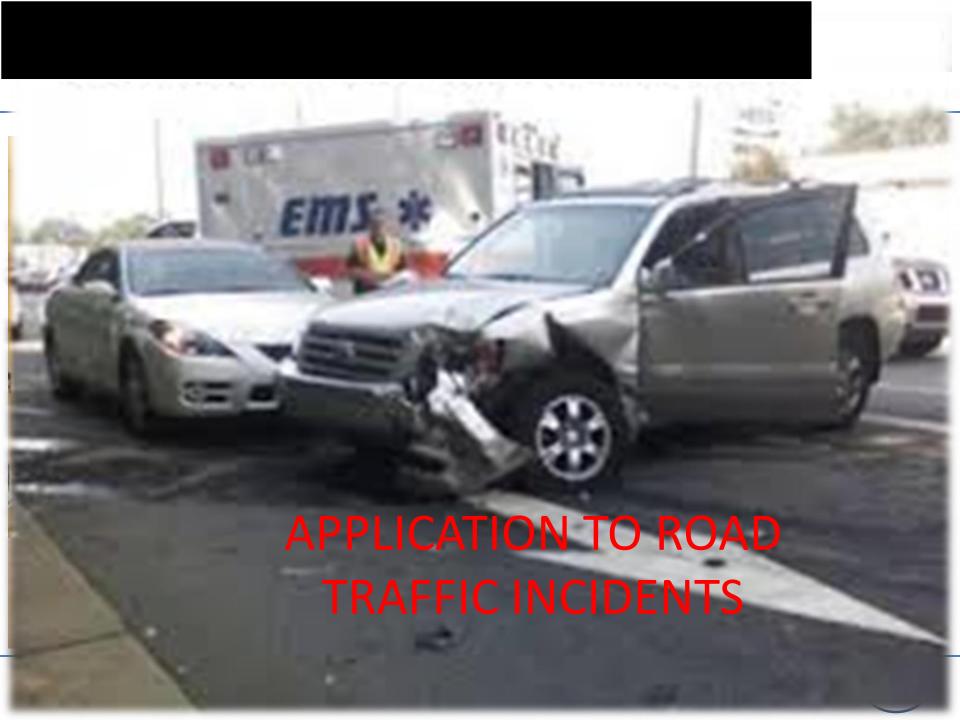


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- SurveillanceSystem
- Education
- CapacityBuilding





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APPLICATION TO RTI - 1

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





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APPLICATION TO RTI - 2

- 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)





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APPLICATION TO RTI - 3

- 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)





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APPLICATION TO RTI - 4

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 (seatbelts, 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





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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)



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"Prevention is the Vaccine for the Disease of Injury"





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