



WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
Ministry of Healthcare and Nutrition

231, de Saram Place, Colombo 01000, Sri Lanka

Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk

Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk

Web: <http://www.epid.gov.lk>

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Facts about Road Traffic Accidents (part 1)

Every day thousands of people are killed and injured on roads. Men, women or children, walking, biking or riding to school or work, playing in the streets or setting out on long trips never return home, leaving behind shattered families and communities. Millions of people each year will spend long weeks in hospital after severe crashes and many will never be able to live, work or play as they used to do. Current efforts to address road safety are minimal in comparison to this growing human suffering.

Worldwide, the number of people killed on road traffic crashes each year is estimated at almost 1.2 million, while the number injured would be as high as 50 million. What is worse, without increased efforts and new initiative, the total number of road traffic deaths worldwide and injuries is forecast to rise by some 65% between 2000 and 2020 and in low income and middle income countries deaths are expected to increase by as much as 80%. Road traffic injury prevention and mitigation should be given the same attention and scale of resources that is currently paid to other prominent health issues if increasing human loss and injury on the roads, with their devastating human impact and large economic cost to society, are to be averted.

The magnitude of road traffic injuries globally can be summarized as follows:

- More than one million people are killed worldwide every year as a result of road traffic crashes.
- Road traffic injuries are the 11th leading cause of death and the 9th leading cause of disability adjusted life years lost worldwide.
- The poor and vulnerable road users- pedestrians, cyclists and motorcyclists bear the greatest burden.
- Some 90% of road traffic deaths occur in the developing world, which comprises two thirds of the global population.
- As motorization increases, many low-income and middle-income countries may face a growing toll of road traffic injuries, with potentially devastating consequences in human, social and economic terms.
- Males are more likely to be involved in road traffic crashes than females.
- Economically active adults, aged 15–44 years, account for more than half of all the road traffic deaths.
- Without new or improved interventions, road traffic injuries will be the third leading cause of death by the year 2020.
- The health, social and economic impacts of road traffic crashes are substantial.
- Between 20 and 50 million people sustain injury as a result of motor vehicle crashes each year.
- Nearly a quarter of all non-fatally injured victims requiring hospitalization sustain traumatic brain injury as a result of motor vehicle crashes.
- Between 30% and 86% of trauma admissions in some low-income and middle-income countries are the result of road traffic crashes.
- Millions of people are temporarily or permanently disabled as a result of road traffic crashes.
- Many people suffer significant psychological consequences for years following motor vehicle crashes.

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- Road traffic crashes cost governments, on average, between 1% and 2% of their gross national product.
- The social costs more difficult to quantify exact a heavy toll on victims, their families, friends and communities.
- The death of a breadwinner often pushes a family into certain poverty.

The public health approach

The public health approach to road traffic injury prevention is based on science. The approach draws on knowledge from medicine, biomechanics, epidemiology, sociology, behavioral science, criminology, education, economics, engineering and other disciplines.

While the health sector is only one of many bodies involved in road safety, and usually not even the leading one, it nonetheless has important roles to play. These include:

- discovering, through injury surveillance and surveys, as much as possible about all aspects of road crash injury by systematically collecting data on the magnitude, scope, characteristics and consequences of road traffic crashes;
- researching the causes of traffic crashes and injuries, and in doing so trying to determine:
 - causes and correlates of road crash injury,
 - factors that increase or decrease risk,
 - factors that might be modifiable through interventions;
- exploring ways to prevent and reduce the severity of injuries in road crashes by designing, implementing, monitoring and evaluating appropriate interventions;
- helping to implement, across a range of set-tings, interventions that appear promising, especially in the area of human behaviour, disseminating information on the

outcomes, and evaluating the cost-effectiveness of these programmes;

- working to persuade policy makers and decision makers of the necessity to address injuries in general as a major issue, and of the importance of adopting improved approaches to road traffic safety;
- translating effective science-based information into policies and practices that protect pedestrians, cyclists and the occupants of vehicles;
- promoting capacity building in all these areas, particularly in gathering information and research.

Collection of data to build evidence on road traffic injuries

Road safety is of prime concern to many individuals, groups and organizations, all of whom require data and evidence. While different users have different data needs, reliable data and evidence are essential for describing the burden of road traffic injuries, assessing risk factors, developing and evaluating interventions, providing information for policy makers and decision makers, and raising awareness. Without reliable information, the priorities for road traffic injury prevention cannot be rationally or satisfactorily determined.

Injury surveillance systems

Most countries have some form of national system for aggregating data on road crashes using police records or hospital records, or both. However, the quality and reliability of data vary between surveillance systems in different countries and also between systems within the same country. For road traffic injuries, certain key variables need to be collected.

Source:

World Report on RoadTraffic Injury Prevention Annual Health Bulletin 2005-2006

This article was compiled by Dr M G Malawaraarachchi,

Key sources of road traffic injury data		
Source	Type of data	Comments
Police	Number of road traffic incidents, fatalities and injuries Type of road users involved Age and sex of casualties Type of vehicles involved Police assessment of causes of crashes Location and sites of crashes Prosecutions	Level of detail varies from one country to another. Police records can be inaccessible. Underreporting is a common problem, particularly in low-income and middle-income countries.
Health settings (e.g. hospital inpatient records, emergency room records, trauma registries, ambulance or emergency technician records, health clinic records, family doctor records)	Fatal and non-fatal injuries Age and sex of casualties Costs of treatment	Level of detail varies from one health care facility to another. Injury data may be recorded under "other causes", making it difficult to extract for analysis.
Insurance firms	Fatal and non-fatal injuries Damage to vehicles Costs of claims	Access to these data may be difficult.
Other private and public institutions, including transport companies	Number of fatal and non-fatal injuries occurring among employees Damage and losses Insurance claims Legal issues Operational data	These data may be specific to the planning and operation of the firms.
Government departments and specialized agencies collecting data for national planning and development	Population denominators Income and expenditure data Health indicators Exposure data Pollution data Energy consumption Literacy levels	These data are complementary and important for analysis of road traffic injuries. The data are collected by different ministries and organizations, though there may be one central agency that compiles and produces reports, such as statistical abstracts, economic surveys and development plans.
Special interest groups (e.g. research institutes, non-governmental organizations, victim support organizations, transport unions, consulting firms, institutions involved in road safety activities)	Number of road traffic incidents, fatal and non-fatal injuries Type of road users involved Age and sex of casualties Type of vehicles involved Causes Location and sites of crashes Social and psychological impacts Interventions	Various organizations have different interests.

Table 1: Vaccine-preventable Diseases & AFP

22nd-28th August 2009 (35th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	00	00	00	00	00	00	00	01	01	03	51	70	-27.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	-
Measles	00	03	00	02	00	00	00	00	01	07	04	117	89	+31.5%
Tetanus	00	00	00	00	00	00	00	00	00	00	02	18	27	-33.3%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	02	40	32	+25.0%
Tuberculosis	154	01	72	31	03	02	17	01	13	294	206	6968	6204	12.3%

Table 2: Newly Introduced Notifiable Disease

22nd-28th August 2009 (35th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2009	Number of cases during same week in 2008	Total number of cases to date in 2009	Total number of cases to date in 2008	Difference between the number of cases to date in 2009 & 2008
	W	C	S	N	E	NW	NC	U	Sab					
Chickenpox	05	05	04	15	02	01	10	05	15	62	46	11868	3693	+221.4%
Meningitis	10 GM=3 CB=5 KL=2	01 NE=1	01 GL=1	00	00	03 KR=2 PU=1	00	04 BD=3 MO=1	03 KG=3	22	23	764	941	-18.8%
Mumps	02	01	04	04	05	05	00	04	04	29	62	1319	1991	-33.8%
Leishmaniasis	00	01 ML=1	02 HB=4	00	00	00	03 AP=3	00	00	06	Not available*	490	Not available*	-

Key to Table 1 & 2

Provinces: W: Western, C: Central, S: Southern, N: North, E: East, NC: North Central, NW: North Western, U: Uva, Sab: Sabaragamuwa.
 DPDHS Divisions: CB: Colombo, GM: Gampaha, KL: Kalutara, KD: Kandy, ML: Matala, NE: Nuwara Eliya, GL: Galle, HB: Hambantota, MT: Matara, JF: Jaffna, KN: Killinochchi, MN: Mannar, VA: Vavuniya, MU: Mullaitivu, BT: Batticaloa, AM: Ampara, TR: Trincomalee, KM: Kalmunai, KR: Kurunegala, PU: Puttalam, AP: Anuradhapura, PO: Polonnaruwa, BD: Badulla, MO: Moneragala, RP: Ratnapura, KG: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps.

Special Surveillance: Acute Flaccid Paralysis.

Leishmaniasis is notifiable only after the General Circular No: 02/102/2008 issued on 23 September 2008.

Table 4: Surveillance of Communicable diseases among IDP's 22nd-28th August 2009 (35th Week)

Area	Disease	Dysentery	Enteric fever	Viral Hepatitis	Chicken Pox	Watery Diarrhoea
Vavunia		0	11	2	3	-
Chendikulam		33	32	38	196	313
Total		33	43	40	199	313

Table 4: Selected notifiable diseases reported by Medical Officers of Health

22th-28th August 2009 (35th Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	
Colombo	61	3286	5	150	0	9	6	143	0	45	25	421	0	5	4	90	0	4	92
Gampaha	76	3131	4	116	0	18	0	32	0	13	12	231	0	7	31	132	1	3	73
Kalutara	10	1261	4	267	0	11	0	45	0	43	7	179	0	1	1	63	0	2	58
Kandy	32	3444	3	213	0	6	00	23	1	55	2	162	2	127	8	93	0	0	68
Matale	19	1359	2	84	0	2	0	26	0	6	1	238	0	5	5	57	0	2	75
Nuwara Eliya	2	211	4	347	0	2	2	149	0	786	2	32	2	59	3	66	0	0	77
Galle	9	465	0	179	0	10	0	3	0	40	5	122	0	9	2	26	1	4	84
Hambantota	9	761	1	69	0	8	0	6	1	12	1	57	1	62	0	38	0	0	91
Matara	17	963	2	215	0	4	0	5	0	16	4	114	3	101	1	46	0	1	100
Jaffna	0	12	0	84	0	3	0	198	0	28	0	0	0	124	0	154	0	2	13
Kilinochchi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mannar	1	5	1	69	0	1	4	92	0	4	0	0	0	0	3	54	0	0	50
Vavuniya	0	19	0	14	0	21	15	300	0	2	0	3	0	2	0	3399	0	0	50
Mullaitivu	0	0	0	18	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
Batticaloa	1	497	1	205	0	12	0	12	0	50	0	9	0	2	0	17	0	4	64
Ampara	1	207	0	33	0	0	0	11	0	8	0	10	0	2	0	23	0	0	43
Trincomalee	1	318	1	80	1	3	1	7	0	1	0	17	0	19	2	38	0	1	80
Kurunegala	48	2379	1	138	0	9	1	51	0	9	2	85	3	65	2	114	0	4	70
Puttalam	12	524	0	120	0	7	0	62	0	2	2	70	0	31	1	27	0	1	89
Anuradhapur	5	495	2	87	0	4	0	5	0	20	0	81	0	28	10	158	0	2	68
Polonnaruwa	0	138	5	42	0	2	0	20	0	6	1	56	0	9	3	53	0	0	71
Badulla	4	252	5	200	0	2	1	34	0	19	1	74	1	90	3	260	0	1	67
Monaragala	2	136	7	76	0	1	0	23	1	13	0	13	1	55	3	76	0	1	91
Ratnapura	30	1785	3	400	0	19	0	44	0	8	4	203	1	31	5	121	0	1	67
Kegalle	29	3312	0	132	0	7	0	34	0	6	2	150	0	25	6	174	0	1	64
Kalmunai	6	161	1	79	0	1	0	13	0	3	0	2	0	3	1	16	0	0	46
SRI LANKA	375	25121	52	4805	1	162	30	1339	03	1195	71	2374	14	862	94	5295	02	34	69

Source: Weekly Returns of Communicable Diseases WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 28th August, 2009 Total number of reporting units =311. Number of reporting units data provided for the current week: 217

A = Cases reported during the current week. B = Cumulative cases for the year.

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ON STATE SERVICE

Dr. P. PALIHAWADANA
CHEIF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10