



International Society for Child and
Adolescent Injury Prevention

ISCAIP Newsletter September 2005

Hurricane Katrina struck the southeastern coast of the US on August 29th, 2005 causing an estimated \$100-200 billion USD in damages covering roughly 233,000 square km. Over 1 million people have been displaced by the hurricane and current death toll estimates are between 1,000 and 10,000. As coastal areas of Alabama, Florida, Louisiana, and Mississippi continue to experience shortages of essential goods and services, damage to healthcare and public health systems, and disrupted communications, the CDC has issued guidelines to protect public health and safety during recovery operations. Of particular interest to pediatric and adolescent populations are the updated immunization guidelines: <http://www.bt.cdc.gov/disasters/hurricanes/immunizations.asp>, which do *not* include recommendations for typhoid or cholera vaccination as neither disease is endemic to the region.

Other public health and injury concerns are many. Untreated sewage, decomposing bodies and livestock as well as a complicated mixture of toxic chemicals and oils originating from both domestic, agricultural and industrial sources are still mixing into the floodwaters creating a serious health risk across the whole of the flooded area. Children who suffer from allergies or lung disorders, such as asthma, will have health complications due to toxic mold and airborne irritants. In Gulfport, Mississippi several hundred tons of chicken and uncooked shrimp were washed out of their containers at the nearby harbor and could have contaminated the water table. E.Coli and lead levels have already been measured at unsafe levels in and around New Orleans. The immediate threats include disease contagions both water-borne and by animal vectors (e.g. mosquitoes). Longer term threats will reveal themselves as the floodwaters recede, including biochemical residue which could severely impact surface and ground water, soil, and urban environments.

Though no official data on morbidity and mortality have been published to date as relates to child and adolescent injury, sporadic reports show drowning, electrical injury, carbon monoxide poisoning, burns, and improper post-injury wound care to be among the major causes. Also, small outbreaks of *Vibrio vulnificus*, *leptospirosis*, and *West-Nile virus* have been identified.

The hurricane and the subsequent effort at disaster relief has illustrated a fatal flaw in US federal emergency management planning. From a public health perspective, the inequality of resources and unavailability of government supplied transportation out of the region caused the local socio-economic divisions to be accentuated. Indeed, current efforts to establish shelters and medical services for 'survivors' has been questioned for its stratification on racial lines.

Primary Source: US Department of Health and Human Services - Center for Disease Control and Prevention. **Contributed by Dr. John M. Lambert, Salt Lake City, USA.**

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International Society for Child and Adolescent Injury Prevention

Sponsors a Scientific Session at the XVIIth World Congress of Epidemiology
Bangkok, Thailand **22 August 2005**

ISCAIP organized a symposium on “Research on Childhood Injuries in Low and Middle Income Countries” at the recently held *World Congress of Epidemiology* in Thailand. The session was organized as a parallel scientific session and attracted leading researchers to attend. Dr. Adnan Hyder from Johns Hopkins University and Chair of ISCAIP moderated the session which included:

- Dr. A.K.M. Fazlur Rahman from the Centre for Injury Prevention Research in Dhaka, Bangladesh spoke on the latest population based injury survey in Bangladesh which highlighted the increasing burden of injuries to children in that country. He provided details of the loss of life and health from drowning as a special concern for Bangladesh.
- Dr. Rajam Krishnan, Professor of University of Malaya and ISCAIP Board Member for East Asia, spoke on the quality of data sources for child injury in Malaysia. He discussed the attempts to pilot specific interventions (especially bicycle helmet programs) in Malaysia.
- Dr. Chamaiparn Santikarn from Thailand then spoke about the national injury surveillance system and discussed the need for interventions to prevent motorcycle injuries to children in her country.

Participants from around the world including Australia, Brazil, India, Iran, and the United States actively took part in the general discussion held after the presentations. The session ended with an invitation to all participants to join ISCAIP for a special meeting at the end of the upcoming *World Conference on Injuries and Violence Prevention in South Africa* in April 2006. For more information or to see the presentations from the session please visit “What’s New” at www.iscaip.net next week!

Injury Issues Monitor : available on the NISU website at: <http://www.nisu.flinders.edu.au/monitor/monitor33.pdf>

In this issue... topics related to children and adolescents:

- A picture of Australia’s children
- Keeping kids safe on Western Australia’s roads
- Dishwasher detergent injuries
- Next world injury conference
- Survey of Aboriginal children and young people
- Injury seminars on the Internet
- Stay on Your Feet WA
- Draft swimming pool standards

ISCAIP Bi-Annual Conference, Durban, South Africa; April 5-6, 2006

Injury and violence are major causes of child and adolescent death and disability throughout the world. Despite a growing body of evidence that injury is largely preventable, few evidence-based interventions are implemented, particularly in the developing world. This conference will address this gap between evidence and practice by bringing together the world's leaders in pediatric and adolescent injury and violence prevention as a joint consultation of the World Health Organization (WHO) and ISCAIP.

The conference will be co-sponsored by the United States Centers for Disease Control and Prevention.

Program Highlights:

- International injury and violence experts and practitioners sharing evidence and experience on prevention strategies.
- Presentations from the WHO on the Global Strategy for Childhood Injury Prevention.
- Discussion on recommendations for implementation of prevention strategies in low and middle income countries.
- Research forum highlighting current initiatives and findings in child and adolescent injury and violence from around the world.

For more information, please contact the conference organizers:

Continuing Medical Education Department at The Children's Hospital of Philadelphia. Phone: (215) 590-5263 / Fax: (215) 590 - 4342 email: utsch@email.chop.edu / web: www.chop.edu/cme

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TEACH-VIP

What is TEACH-VIP? TEACH-VIP is a modular injury prevention and control curriculum developed by WHO and a network of global injury prevention experts. The course material consists of 60 lessons and is designed for classroom instruction, with PowerPoint slide presentations and supporting lecture notes. Lessons cover a comprehensive set of injury topics and are designed for one hour of teaching. The TEACH-VIP curriculum will be made available on CD-ROM format with an accompanying users' manual.

What topics does TEACH-VIP cover? The TEACH-VIP curriculum consists of 21 "core" lessons and 39 "advanced" lessons. Core lessons give a broad overview of the fundamentals of injury prevention. Advanced lessons are organized into 13 modules, each of 3 lessons, which cover the core lesson topics in greater detail and place more emphasis on lessons that cover specialized areas. A sample of some of the topics covered include injury research, surveillance and survey methods, policy development, interdisciplinary prevention approaches, ethics, advocacy and a wide variety of specific injury topics such as youth violence, child abuse and neglect, road traffic injuries, etc.

When will TEACH-VIP be released and how may it be obtained? General release of TEACH-VIP is scheduled for the third week of September 2005. If you would like to receive the TEACH-VIP users' manual and CD-ROM they are available, please register by going to:

http://www.who.int/violence_injury_prevention/capacitybuilding

HEALTHCARE ALLIANCES, Injury Prevention News, August 2005

Child Safety Awareness Training

Friday 14 October 2005, TSW, Bridgend

Wednesday 9 November 2005, Pembroke House, Canton, Cardiff

For further information contact safetytraining@healthcarealliances.co.uk

On line bookings

We are pleased to announce that on-line bookings can now be made on our web site for most of our courses and conferences. From our home page www.healthcarealliances.co.uk

Walk to School Week 3 - 7 October 2005 www.walktoschool.org.uk

Road Safety Week 7-13 November 2005 www.roadsafetyweek.org.uk or email roadsafetyweek@brake.org

Child Safety Week 19 – 25 June 2006 www.capt.org.uk

These sites may be useful to plan similar activities in one's own area, with modifications for local culture and conditions.

Articles for September NL ISCAIP which are being reproduced with permission from SafetyLit which is a free service of the Center for Injury Prevention Policy and Practice at San Diego State University in collaboration with the WHO.(Between August 15 to Oct 3, 2005.)

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Prospective validation of an out-of-hospital decision rule to identify seriously injured children involved in motor vehicle crashes. - Newgard CD, Hui SH, Griffin A,
Wuerstle M, Pratt F, Lewis RJ. Acad Emerg Med 2005; 12(8): 679-87

Childhood injury prevention: intervention in the Bedouin city of Rahat. - Hemmo-Lotem M,
Merrick E, Endy-Findling L, Freh AA, Jinich-Aronowitz C, Korn L, Merrick J. ScientificWorldJournal 2005; 5: 596-608.

Personality Predicts Quality of Life in Pediatric Patients with Unintentional Injuries: A 1-Year Follow-up Study.
- Vollrath M, Landolt MA. J
Pediatr Psychol 2005; 30(6): 481-91.

Risk for minor childhood injury: an investigation of maternal and child factors. - Damashek AL,
Williams NA, Sher KJ, Peterson L, Lewis T, Schweinle W. J Pediatr Psychol 2005; 30(6): 469-80.

Relationship between economic development and suicide mortality: a global cross-sectional analysis in an epidemiological transition perspective by Moniruzzaman and Andersson (Public Health 118 (5), 346-348).

author reply 72-3.

- Coles OB. Public Health 2005; 119(1): 71-2;

Plasma serotonin levels and suicidal behavior in adolescents.

- Tyano S, Zalsman G, Ofek H, Blum I, Apter A, Wolovik L, Sher L, Sommerfeld E, Harell D, Weizman A. Eur Neuropsychopharmacol 2005; ePub: ePub.

Anger, interpersonal relationships, and health-related quality of life in bullying boys who are treated with outpatient family therapy: a randomized, prospective, controlled trial with 1 year of follow-up.

Nickel MK, Krawczyk J, Nickel C, Forthuber P, Kettler C, Leiberich P, Muehlbacher M, Tritt K, -Mitterlehner FO, Lahmann C, Rother WK, Loew TH. Pediatrics 2005; 116(2): e247-54.

5 September 2005, Volume 8, Number 36

An Interactive, Hospital-based Injury Prevention Program for First-, Second-, and Third-grade Students.

- Wehner DE, Sutton L. J Emerg

Nurs 2005; 31(4): 383-6.

Differentials in poisoning rates of young Australian children according to residential location and geographical remoteness.

- O'Connor PJ. Inj Prev 2005; 11(4): 204-6.

Cross national study of injury and social determinants in adolescents.

- Pickett W, Molcho M, Simpson K, Janssen I, Kuntsche E, Mazur J, Harel Y, Boyce WF. Inj Prev 2005; 11(4): 213-8.

Etiology and outcome of pediatric burns in Tabriz, Iran.

- Maghsoudi H, Samnia N. Burns 2005; 31(6): 721-5.

25-year retrospective review of deaths due to pediatric neglect.

- Knight LD, Collins KA. Am J Forensic Med Pathol 2005; 26(3): 221-8.

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Multisystemic therapy and neighborhood partnerships: reducing adolescent violence and substance abuse.

- Holder HD. Addiction 2005; 100(10): 1564-5.

Weapon violence in adolescence: Parent and school connectedness as protective factors.

- Henrich CC, Brookmeyer KA, Shahar G. J Adolesc Health 2005; 37(4): 306-12.

Injuries during physical activity in school children.

- Sundblad G, Saartok T, Engström LM, Renström P. Scan J Med Sci Sports 2005; 15(5): 313-23.

Factors relating to adolescent suicidal behavior: a cross-sectional Malaysian school survey.

- Chen PC, Lee LK, Wong KC, Kaur J. J Adolesc Health 2005; 37(4): 337.e11-6.

Adolescent suicidality: who will ideate, who will act?

- Miller TR, Taylor DM. Suicide Life Threat Behav 2005; 35(4): 425-35.

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