

behaviors in a population with a high HIV prevalence. Site-based policy recommendations for HIV testing in the emergency department at St. Barnabas Hospital will be outlined as a way to target high-risk populations for HIV testing and prevention.

Methods: Patients registered in the emergency department who volunteered for the study were asked questions from a questionnaire designed for the study.

Results: One hundred patients were interviewed; 45% admitted to using a combination of two drugs/tobacco, 57% admitted either not using a condom in their last sexual encounter or using a condom that broke, and 45% admitted to having a sexually transmitted disease in the past.

Conclusions: A great potential exists for risk-based, rapid HIV testing in urban emergency departments like St. Barnabas Hospital in the Bronx, where the prevalence of HIV in the general population is 1.6% and risk behavior remains high.

Keywords: HIV testing; human immunodeficiency virus; public health; sexually transmitted infections; urban health

Prehosp Disast Med 2009;24(2):s9–s10

(Q90) Using Routine Emergency Care Data for Public Health Surveillance and Health Threat Preparedness—The European Project SIDARTHA

Thomas Kraft,¹ Luis Garcia-Castrillo Riesgo,² Matthias Fischer,³ Alexander Kraemer,⁴ Freddy Lippert,⁵ Gernot Vergeiner,⁶ Alexandra Ziemann,¹ Helmut Brand,⁷ Jerry Overton⁸

1. GEOMED Research Forschungsgesellschaft mbH, Bad Honnef, Germany
2. University of Cantabria, Santander, Spain
3. Department of Anaesthesiology and Operative Intensive Medicine, Hospitals of the County of Goeppingen, Goeppingen, Germany
4. Department of Public Health, University of Bielefeld, Bielefeld, Germany
5. Department of Planning and Development, Capital Region of Denmark, Hillerod, Denmark
6. Dispatch Centre for the State of Tyrol, Innsbruck, Austria
7. Department of International Health, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, Netherlands
8. Richmond Ambulance Authority, Richmond, Virginia USA

Introduction: The European Commission co-funded project SIDARTHa (Grant Agreement No. HT 2007208) aims at improving the timeliness and cost-effectiveness of health threat detection by providing a basis for systematic syndromic surveillance in Europe. The project group conceptualises, develops, implements/tests, and evaluates a real-time Web-Geographic Information System-based syndromic surveillance system that automatically monitors routinely collected emergency department and ambulance service data. During the conceptualization phase, international state-of-the-art and European possibilities and needs are analysed. The surveillance system is implemented during the second phase. Initial results are presented here.

Methods: The project group, consisting of emergency care professionals and health researchers from 12 different European countries, discusses the possibilities of emergency

care data for syndromic surveillance during expert workshops. By analyzing long series of historic data from the participating emergency care providers, the baselines and thresholds for the syndromes are calculated and tested statistically.

Results: A set of communicable and non-communicable health threats and respective syndromes that can be detected using routine European emergency care data was identified. Detailed rationales, coding principles, case definitions for each syndrome and inclusion/exclusion criteria were defined. Spatial-temporal baselines and thresholds considering the regional specificities and individual emergency institution's data options were defined and tested.

Conclusions: The consortium analyzed the possibilities of routine emergency data to detect health threats in Europe. Based on the results of a Delphi-type study investigating public health authority demands, the SIDARTHa syndromic surveillance system will be designed and implemented.

Keywords: emergency care; Europe; public health; routine data; syndromic surveillance

Prehosp Disast Med 2009;24(2):s10

(Q91) Comparative Evaluation of Road Traffic Crashes in Ghana and Nigeria (1994–1998)

Eseoghene A. Okparavero,¹ Aghogho Okparavero,² Ernest Ekong³

1. Save Accident Victims Association Of Nigeria, Edo State, Nigeria
2. University of Boston, Boston, Massachusetts USA
3. Harvard PEPFAR/AIDS Prevention Initiative Nigeria, Lagos, Nigeria

Background: The burden and pattern of injuries and deaths in Africa and other developing countries is documented poorly. Road traffic accidents (RTCs) are a leading cause of death in Nigeria. In 1998, developing countries accounted for >85% of all deaths due to RTCs globally, and 96% of all child deaths. The aim of this study was to compare patterns of crashes in Nigeria and Ghana. Ghana has a population of 20 million people with an estimated vehicular population of about 600,000. Nigeria's population is about 150 million with a vehicular population of about two million.

Methods: Data from the Federal Road Safety Commission Nigeria, Save Accident Victims Association of Nigeria, the National Road Safety Commission of Ghana, and the Motor and Traffic Unit of the Ghana Police Force were collected from the period 1994–1998. Some data also were collected from the accident and emergency departments of leading public hospitals and were categorized into years, total number of cases reported, those killed, those injured, sex distribution, and interventions. These were compared between both countries.

Results: There were 86,253 crashes reported in Nigeria, with 91,485 persons killed and 82,824 persons injured. In Ghana, there were 44,293 cases reported with 5,333 persons killed and 53,921 persons injured. For both countries, rates of crashes, deaths, and injuries rose progressively, but deaths peaked for Nigeria in 1997.

Conclusions: Comparatively, Ghana had a higher incidence of RTCs, taking into consideration the population of both countries. Despite the disparity in the emerging figures, causative factors are similar in both countries, with speeding accounting for most. Efforts to combat the prob-