INJURIES AS A PUBLIC HEALTH PROBLEM- SERBIAN EXPERIENCES

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Serbia
- There is no overall national policy for injury or violence prevention.
- There are specific national policies for road safety and poisoning prevention.
• OFFICIAL DATA SOURCES

- National Health Survey 2006:
- System of routine health statistics (primary, secondary and tertiary level)
- of health services
- Mortality statistics
According to the National Health Survey 2006:

- 8.3% of the adult population in Serbia had at least one injury during the year prior to the Survey.
- The incidence of injuries is lower in women (7.2%) than men (9.2%).
- 0.5% of adults had his last injury in traffic.
- 3.3% of the adult population and 4.8% of population aged 65 and over, have been injured in the house.
- 2.4% of adults had his last injury on the job, and the incidence was significantly higher in men.
According to the National Health Survey 2006:

- 12.5% of children and adolescents (age 7-19) in Serbia had injury during the year prior to the Survey

- boys were more exposed (17.0%) than girls (8.2%)

- 0.6% of children was injured in traffic and 2.7% at school
• **LEADING CAUSES OF DEATH (expressed in %)**

Most common causes of death (%) in Republic of Serbia, 2009

- **54.8%**: Diseases of the circulatory system (I00-I99)
- **5.1%**: Neoplasms (C00-D48)
- **4.0%**: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
- **3.6%**: Diseases of the respiratory system (J00-J99)
- **3.5%**: Injury, poisoning and certain other consequences of external causes (S00-T98)
- **3.1%**: Diseases of the digestive system (K00-K99)
- **2.0%**: Endocrine, nutritional and metabolic diseases (E00-E90)
- **1.4%**: Diseases of the genitourinary system (N00-N99)
- **1.2%**: Diseases of the nervous system end senses (G00-H99)
- **1.2%**: Mental and behavioural disorders (F00-F99)
- **0.9%**: Other causes of death

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LEADING CAUSES OF DEATH (expressed in %)

Most common external causes of death (%) in Republic of Serbia, 2009

- Intentional self-harm by hanging, strangulation and suffocation (X70)
- Exposure to unspecified factor (X59)
- Unspecified event, undetermined intent (Y34)
- Motor- or nonmotor-vehicle accident, type of vehicle unspecified (V89)
- Intentional self-harm by handgun discharge (X72)
- Unspecified fall (W19)
- Pedestrian injured in collision with car, pick-up truck or van (V03)
- Car occupant injured in other and unspecified transport accidents (V49)
- Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances (X69)
- Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined intent (Y12)
- Other external causes of death

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Figure 1. Number of diagnosed injuries (per 1000 inhabitants) within primary health care, adults, pre-school, and school children, Serbia, 2006-2009
Figure 2. Number of hospital admissions (per 1000 inhabitants) due to injuries, Serbia, 2006-2009
Figure 3. Percentage of all deaths related to injuries, Serbia, 2006-2009

INJURIES AS A PUBLIC HEALTH PROBLEM SERBIAN EXPERIENCES
Road traffic deaths - situation in Serbia

Serbia, trend in road traffic deaths – crude number (data after 1990 do not include data for Kosovo)
Age specific mortality due to road traffic injuries in Serbia
Conclusion related to the road traffic injuries

• Road traffic injuries are a major public health (and economic, and safety, and security and development) problem

• WHO role as the lead coordinating agency for actions aimed at preventing the deaths disabilities

• Ministry of Health role to call on other sectors

• Action is still a challenge for many countries
### Key elements of policy development in injury and violence prevention in Serbia

**Legend:**  Yes ✔ No ✗

#### NATIONAL POLICIES
- Overall national policy on injury prevention ✗
- Overall national policy on violence prevention ✗
- Commitment to develop national policy ✔

#### POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA
- ✔

#### EASY ACCESS TO SURVEILLANCE DATA
- ✗

#### INTERSECTORAL COLLABORATION
- Key stakeholders identified ✗
- Secretariat to support the intersectoral committee ✗
- Questionnaire answered in consensus with other sectors/stakeholders ✗

#### CAPACITY BUILDING
- Process in place ✔
- Exchange of evidence-based practice as part of this process ✔
- Promotion of research as part of this process ✔

#### EMERGENCY CARE
- Evidence-based approach ✔
- Quality assessment programme ✗
- Process to build capacity identified ✗
According to the The Burden of Disease and Injury Study in Serbia, an EU-funded project held in 2003

For the entire Serbian population Injuries were the third ranked cause of premature mortality. Unintentional injuries and intentional injuries (mainly suicide) accounted for over 8% of the mortality burden.

Cardiovascular disease, cancers and injuries make up over \( \frac{3}{4} \) of total burden of premature mortality.