**Country update on Injury Surveillance: Cyprus**

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*Introduction*

Cyprus’ participation in the EU Injury Database project began in 2006, through the Medical and Public Health Services of the Ministry of Health in close cooperation with the Health Monitoring Unit.

The IDB full data set was introduced in the Emergency Departments of two General Hospitals. Nicosia General Hospital covers the urban and wider rural area of the biggest district. The Ammochostos Hospital covers a seaside tourist area. The aim was to collect a representative sample of all injuries in Cyprus.

Due to the fact that the FDS in operation did not provide a sufficiently large and representative sample at country level, the MDS (Minimum Dataset) was introduced in 2013 until now, in five public hospitals (Limassol General Hospital, Larnaca General Hospital, Pafos General Hospital, Polis Rural Hospital and Kyperounta Rural Hospital).

*Reasons for being concerned*

In Cyprus, injuries due to accidents and violence are a major public health problem. They cause a large share of morbidity, long term disability and mortality. They affect the young, the economically active and the elderly. In a population of around 850.000, on average about 310 people die due to external causes of morbidity and mortality of which about 253 are due to an accident. Of these, about 98 are due to transport accidents, 26 due to accidental falls, 21 due to drowning and accidental submersion and about 10 due to accidental poisoning. About 31 people commit a suicide, and about 13 die in each year as a result of assault.

More recent data indicate the importance of prevention actions regarding accidents and injuries in Cyprus. 136 deaths due to accidental injuries could be prevented in 2015 by public health interventions. Similarly 39 and 66 deaths due to suicide and transport accidents accordingly could be avoided.

Many of these fatal injuries may be prevented by targeted measures. Such measures include strict enforcement of the law on the use of seat belts, helmets and car seats for children, applying regular checks for speed and alcohol limits, constructing safer roads, as well as placing warning signs around water areas and use smoke detection devices.

Measures to prevent falls among elderly, such as early diagnosis and treatment of depression and commercial restrictions on products identified as potential causes of accidents, are also cost effective measures that have significant potential of reducing the occurrence of injuries.

*Methodology*

Since 2012 we were using the IDB full data set and the IDB software for coding and data entry. From 2013 onwards the IDB Minimum Data Set (MDS) is in use. Every Emergency Department has a trained clerk who interviews the patients or relatives, collects and codes the information on a data collection form, and then enters the data into the software.

The responsibility of data analysis, quality checks on coding and reporting lies with the Health Monitoring Unit.

*Some results*

By analyzing the most recent data derived by the IDB Minimum Data Set for the period 2013-2016 the most common mechanisms of injury among all non-fatal injuries were falls (40.3%), road traffic injuries (18.6%) and cut/pierce (18.1%).

Home (35.6%) and Road (22.7%) were the most relevant places of occurrence of non-fatal injuries among all ages. Significant age differences exists between the various places of occurrence.

One out of ten (10.2%) small children age 0 to 4 injured at home, in which 1036 were boys and 733 were girls. 36.2% of children age 10 to 14 tend to be injured at school. Public roads were the place of injury occurrence for about 49% of young people age 15 to 35.

The biggest proportion of injuries were accidental (unintentional, 90%). A small but not insignificant proportion of injuries were due to assault (6%) and 1% due to deliberate (intentional) self-harm.

*Use of data*

This type of data when properly analyzed provides valuable clues as to which groups are prone to specific types of injury such as the young, the elderly, the pedestrians and other important groups which are more likely to be injured.

It also gives information on mechanism of injury and provide clues to as to the risk factors implicated in the causation of accidents.

Data analysis can be done at national and European level. Such analysis can provide useful comparison between Cyprus and other countries.

The Cypriot health professionals and policy makers are using these data to inform national prevention policies.

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