SP3-16 PREVALENCE OF RISK-FACTORS OF NON-COMMUNICABLE DISEASES IN RURAL POPULATION OF INDIA

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Introduction Major non-communicable diseases (NCDs) include cardiovascular diseases, cancers and type 2 diabetes mellitus. The important risk factors identified for NCDs are high blood pressure, high cholesterol, being overweight or obese, and tobacco use. Primary prevention of risk factors, along with their early identification and management can help delay the progress of NCDs. The present study was undertaken with the objective of profiling risk-factors for NCDs in the rural population of Uttarakhand, India.
Methods 707 participants aged over 15 years were included. Behavioural risk factor profiles were obtained by interview, followed by anthropometric measurements and biochemical assessment of all the individuals.
Results 14.8% of the study population was found to be overweight or obese (BMI≥25 kg/m^2) and this was twice as common in females. Using the weight hip ratio, 44.8% population was in the moderate to high risk category (male >0.96, female >0.80). Overall, 6.7% of he population was found to be hypertensive. 3.7% of the subjects had diabetes (random blood glucose >200 mg/dl). Blood cholesterol levels were >200 mg/dl (the at risk category) in 7.4% of subjects.
Conclusions Prevalence of NCD risk factors is lower than expected in the area. However, the "at risk" population is large and requires appropriate and timely action to prevent an epidemic of NCDs.

SP3-17 COMPARISON OF TRAFFIC CRASHES INFORMATION PRESENTED BY THE I.R. OF IRAN'S SIGNIFICANT INFORMATION SOURCES WITH IN-USE MODELS OF THE USA AND DIFFERENT ASIAN COUNTRIES

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Objective Traffic crashes information presented by the I.R. of Iran's significant information sources was compared with in-use models of the USA and different Asian countries.
Methods Information on traffic crashes epidemiology was investigated and collected directly in the organisations by trained experts of the study using questionnaires verified in validity and reliability. Afterwards, information collecting and traffic injury surveillance systems of some countries were explored and after being compared with current information recording systems of the I.R. of Iran qualitatively, differences and probable weaknesses were clarified.
Results Traffic Police collects five major parts of the mentioned model in the 113 and 114 Com from format. Emergency Medicine Management Center is responsible for providing some parts of the injury surveillance system's information—which are some parts of the mentioned model—in the 115 EMS mission form format. In comparison with the American traffic records model, records of the I.R. of Iran's traffic police are similar to the model in the crash and vehicle information components completely. They are also similar in all details of the roadway and driver information components except for the traffic volume and conviction history. In comparison with some Asian countries, in the core minimum data on any case of injury class, the diagnosis of injury-related disease in not based on ICD and AIS in the I.R. of Iran.
Conclusions Traffic injury information gathering system needs utilising ICDs and AISs and—like other countries in the region—a unit format and language on traffic injuries records.

SP3-18 SESACOM—COMMUNITY HEALTH SERVICE: A MULTIDISCIPLINARY EXPERIENCE

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Introduction The SESACOM 2010 presents as a university extension activity of public health practices, which develops programs in basic healthcare and epidemiological studies, as the practices of the SUS, serving as a training field where can play health graduates professionals and students of health and related services, in line with the Guidelines and the new National Curriculum Framework of Medical School.
Objectives Develop health activities and preventive guidelines focus on the epidemiological profile of patients seen, collaborating to assist in basic healthcare, in the actions of promotion and prevention, at people without healthcare coverage.
Methods Actions: admission and reception of patient; performance of pre-nursing consultation; medical examination with clinical diagnosis, preventive orientation, test ordering, notions of revenue, issuing the certificates and specialty referrals; schedule and control the return of regular health events; listing of shares of health education; summary record of service and application of a questionnaire on topics of interest.
Results Contributes to the teaching program of medical school to train general practitioners, with good technical-scientific training, better able to understand the epidemiological profile of a community, ready to intervene effectively in a health reality, so that favours the articulation and strengthening of existing spaces in the associations participating in the project, and joint support from other public representations and non-governmental organisations.
Conclusion The SESACOM also wants to strengthen the ties of integration of the University with the Communities, from the understanding of academic excellence with social inclusion, building increasingly the true role of a university citizen.

SP3-19 PREPAREDNESS FOR MALARIA PREVENTION IN RELIEF CAMPS FOR FLOOD AFFECTEES: A CROSS SECTIONAL SURVEY FROM PAKISTAN

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Introduction The monsoon floods in Pakistan affected about 3.2 million people, 1.4 million children and 133 000 pregnant women. 1.3 million people were internally displaced. Stagnant water forms a breeding ground for mosquitoes, poses a serious threat. A survey in the relief camps of (IDP's) to evaluate the malaria prevention preparedness was conducted.
Methods A cross sectional study was conducted in October 2010. Interviews were conducted with 500 individuals, recruited through multi-stage cluster sampling. The study comprised of two phases. In the 1st phase the camps were visited and a complete checklist containing the information regarding the availability of bed nets, insecticidal sprays, mosquito repellents, coils were collected. Camps and surrounding were observed for water and sanitary conditions. In the 2nd phase of the study, the administrations of camps were interviewed regarding the measure taken for malaria prevention.
Results 500 families were interviewed. Average no of children ≤5 years of age per family was 4. None of the family reported to receive any preventive intervention. Sanitary conditions were poor with open drainage system, surrounded by stagnant water.