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1975

BIBLIOTHEQUE DU CERIST

SUMMARY REPORTS  
ON MEETINGS

RAPPORTS SOMMAIRES  
SUR LES RÉUNIONS

КРАТКИЕ ОТЧЕТЫ  
О СОВЕЩАНИЯХ

O. N. P. S.  
DIRECTION DE...  
ARRIVÉ le 28 9 76 614

WHO REGIONAL OFFICE FOR EUROPE  
BUREAU RÉGIONAL DE L'OMS POUR L'EUROPE  
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО ВОЗ

I have pleasure in presenting the third annual collection of summary reports of meetings organized by the Regional Office for Europe. I hope that, as in previous years, it will serve as a reference tool for all those working in the field of public health who are most welcome to, and very often do, apply to the Regional Office for further information and assistance.

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J'ai le plaisir de présenter le troisième recueil annuel de rapports sommaires de réunions organisées par le Bureau régional de l'Europe. J'espère que, comme les années précédentes, il servira d'ouvrage de référence à tous ceux qui travaillent dans le domaine de la santé publique. Le Bureau régional répondra volontiers à toutes leurs demandes de renseignements et d'assistance, comme il a d'ailleurs souvent eu l'occasion de le faire.

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Имею честь представить третий ежегодный сборник кратких отчетов о совещаниях, организованных Европейским региональным бюро. Выражаю надежду, что, как и в предыдущие годы, он послужит в качестве справочного пособия для всех работающих в области общественного здравоохранения. В Региональном бюро им всегда рады помочь, и они очень часто обращаются за дальнейшей информацией и содействием.

Leo A. Kaprio, M.D.  
Regional Director



Dr Leo A. Kaprio  
Directeur régional

Д-р Лео А. Каприо  
Региональный директор

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The final reports on these meetings can be obtained, free of charge, from the WHO Regional Office for Europe

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Les rapports finals de ces réunions sont envoyés gratuitement aux personnes qui en font la demande au Bureau régional de l'OMS pour l'Europe

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Заключительные отчеты об этих совещаниях можно получить бесплатно в Европейском региональном бюро ВОЗ

ACCIDENTS

Conference on the Epidemiology  
of Road Traffic Accidents

ICP/SHS 041(S)  
1 December 1975

Vienna, 4-7 November 1975

SUMMARY REPORT

1. Introduction

The membership of the Conference, held in collaboration with the Government of Austria, comprised the following: 30 participants from 19 countries, 1 consultant, 5 temporary advisers, 3 representatives of other international organizations, 4 observers from the host country, and 7 staff members of the WHO Regional Office for Europe. The participants met in plenary sessions and in groups.

2. Topics discussed

The topics discussed included: distribution of road accident mortality and morbidity, need for uniform definitions of injury and fatality occurring as a consequence of a road accident, special studies and surveys, identification of etiological factors, intervention at the environmental and human level, screening, educational and legislative procedures, cost/benefit analysis, evaluation, and the role of public health authorities.

3. Conclusions and recommendations

3.1 Renewed efforts should be made by the Economic Commission for Europe to achieve a uniform definition of fatal accident throughout the Region. ECE should again invite Member States to cooperate in a feasibility study of the road accident morbidity information system which was proposed by the WHO Regional Office for Europe in 1974. Such a study could be combined with the evaluation of an injury-coding system.

3.2 Public health authorities should be reminded of the importance of including in hospital records the information necessary to enable injuries to be attributed to road accidents, and to identify the category of road user.

3.3 Much useful information could be obtained by carrying out comparative in-depth studies of the factors associated with injury-producing accidents in selected cities within the European Region on the basis of predetermined and standardized reporting techniques, drawing upon the experience of the limited studies already carried out, e.g. by the Public Health Committee of the Council of Europe, on the pathological conditions which impair driving ability.

3.4 Public health authorities should be involved at an early stage in planning decisions which may affect road safety, and in the design of vehicles.

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A comprehensive final report on this meeting will be issued at a later date.

3.5 Screening procedures may be used either routinely or on a selective basis. Since many of these procedures are expensive, it is important that they should be used as selectively as possible among the population at risk. The use of selective breath-testing to identify drivers with blood alcohol concentrations in excess of a fixed level can be very effective.

3.6 An artificial distinction is sometimes made between instruction in road safety and that in other aspects of health education. Health education aspects should be an integral part of instruction in road safety, particularly in the case of high-risk groups of child pedestrians.

3.7 Public health authorities have a special role to play in ensuring that health personnel are fully aware of the effects of drugs and medicines on driving and of the advice which should be given to patients under treatment. Health personnel should also be aware of the need to advise patients suffering from disease or disability to limit their use of the road system in a manner consistent with their disability, e.g. by avoidance of night-time driving or of driving on motorways in certain cases.

3.8 Driving school instruction is too often limited to teaching technical control of the vehicle and the "highway code", and insufficient instruction is given in positive aspects of road safety such as the avoidance of alcohol, drugs, fatigue, etc.

3.9 There is a need for continuing education of road users. This must extend to encouraging measures designed to reduce the severity of injuries received in road accidents, such as the use of seat belts and crash helmets.

3.10 The use of legal procedures is necessary where selective or educational techniques are inappropriate or ineffective. The most important development in this context is the compulsory wearing of safety belts. Other measures, such as speed limits, can be effective if adequately enforced. Legislation also has an important part to play in improving the safety of the environment, e.g. by regulating certain aspects of vehicle design.

3.11 Court procedures should be flexible enough to take account of the factors underlying the behaviour of the individual offender. Standard penalties for offences such as driving under the influence of alcohol cannot be justified, as a wide variety of offenders has been shown to exist and each group requires different management.

3.12 Public health authorities are familiar with the principle that the benefit from intervention must be commensurate with cost, both at the individual and at the public level, and this principle should be applied to the reduction of injury-producing accidents, notwithstanding the economic problems associated with costing mortality and morbidity. The proper use of public health resources and the extent to which they should be used in selection procedures (e.g. medical examination of drivers) must be borne in mind in relation to the consequential benefits in terms of reducing road accident mortality and morbidity.

3.13 Proposals for measures to reduce the number of injury-producing road accidents must be subjected to the same stringent process of field trial and evaluation as is applied to other public health measures to reduce morbidity, e.g. the introduction of a new vaccine. Measures intended to improve road safety, such as the use of steel-studded tyres, are often not subjected to sufficient evaluation before they are introduced.

3.14 The epidemiology of road accidents should be included in the instruction of public health personnel so that they may fulfil their potential role in controlling mortality and morbidity from road accidents. Wherever appropriate, institutes of traffic medicine should be set up to coordinate teaching and research in this subject.