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

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

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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-

lem of RTCs in both countries have been hindered by lack of relevant data and apparent paucity of funds. There is still no standardized method for data collection in both countries, though more measures have been put in place in Ghana. Data sources are fragmented. There is need for documentation in both countries for legislation of laws. Research into this area should be encouraged by the governments of both countries.

Keywords: Ghana; injuries; Nigeria; public health; traffic crashes
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(Q92) Gender Issues, Socio-Cultural, and Institutional Factors that Influence Access and Utilization of Sexual Reproductive Health and HIV/AIDS Services

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Objective: To identify the gender dimensions that affects the access and utilization of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and sexual reproductive health (SRH) services.
Methodology: The study targeted 339 respondents who were primarily women, people living positively with HIV and AIDS (PLHAs), rural poor fishing communities, and those in urban and boarder towns. Descriptive and exploratory (qualitative and quantitative) approaches were employed. Data were collected using focus group discussions, key informant interviews, in-depth guides, and questionnaire interviews.
Results: Almost all of the men (93.5%) and only one-third of women owned and controlled resources, which led to men having influence over their decision-making, access, and utilization of services. Apathy and resignation were identified as major determinants of health seeking behavior and a constraint to the utilization of services. The lack of health facilities and myths affected access and utilization of services. Of the women, 35.3% feared to use condoms because they are associated with prostitution, 58.1% of men and 54.8% of women reported that the community regarded women who openly procured condoms as promiscuous. Women could not go for vaginal cone therapy services without the permission of their husbands. Gender roles, such as domestic chores, deprive women of time to seek medical attention and attend community sensitization meetings.

Stigmatization of sexually transmitted infections (STIs) and HIV/AIDS grossly influence access and utilization of SRH services.
Conclusions: Inequalities in the access and utilization of SRH/HIV/AIDS services are a function of poverty as reflected in power relations at household level, differences in literacy between men and women, awareness differentials, access to health facilities, and ownership and control over resources.

Keywords: acquired immune deficiency syndrome; human immunodeficiency virus; public health; sexual reproductive health; sexually transmitted infections
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(Q93) Socio-Economic/Political Instability and Access to Basic Healthcare Services for Women and Children in Ikirun, Osun State

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The study examined the effect of frequent skirmishes resulting from democratic activities (pre- and post-electoral violence) and antisocial behavior as a result of harsh economic conditions, such as thuggery and armed robbery, on the access to maternal health, child health, reproductive health, and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDs) care services in Ikirun. It evaluated the quality and access to healthcare services available to women and children in such situations. It was intended to prescribe adequate measures to address the inadequacies in healthcare services created by political and economic upheavals in Ikirun

Two sets of data were used for this study. One was obtained through a questionnaire, and the other through physical examination of health records from the local ministry of health and hospitals. In all, 50 questionnaires were administered; 10 to hospital patients, 20 to the general public, 10 to healthcare practitioners, 10 to local healthcare administrators. Nine healthcare institutions were evaluated and their records were studied (one government, two private, two general, and four traditional healthcare providers). Ikirun is composed of eight wards. Two wards were chosen randomly for this study

The results indicate that there was a 75% decrease in the patronage of government hospitals, and a 50% decrease in their efficiency. There also was a 50% decrease in patronage and efficiency of private hospitals, while general healthcare institutions (chemist, dispensary) witnessed a 40% decrease in patronage and 65% in efficiency. Meanwhile, the traditional and local healthcare providers received a 70% increase in patronage and an 80% decrease in efficiency.

A cost-effective and an efficient package, such as The Minimum Initial Standard Package (MISP), be introduced to Ikirun and the most crisis-prone African communities. Healthcare personnel should be trained accordingly and monitoring for effective usage should be performed by relevant coordinating healthcare organizations/bodies.

Keywords: children; healthcare services; special populations; violence; women
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Oral Presentations—Safe Medical Facilities

Report on "Good Practices" for Hospital Disaster Safety and Resilience in Japan

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Introduction: Recently, hospitals in Japan have made slow progress in achieving disaster preparedness. Nevertheless,