ROAD TRAFFIC INJURIES IN SOUTH INDIA

Venkata Raghava Mohan, Christian Medical College, India Rajiv Sarkar, Christian Medical College, India, Vinod Joseph Abraham, Christian Medical College, India, Vinohar Balraj, Christian Medical College, India Elena N. Naumova, Christian Medical College, India, Tufts University Schools of Engineering and Nutrition, USA

Background and Aims: Road traffic injuries (RTIs) contribute 18% of total deaths in India and the number of RTI-related fatalities has been increasing by 8% annually. This study provides a detailed profile of RTIs on the National, State Highways (NH, SH) and local roads in Vellore district and identifies hotspots of RTIs using GIS methodology.

Methods: 3262 RTI records were abstracted from the police filed First Information Reports (FIRs) between January, 2005 and May, 2007. Each record contained information on accident's location, time, vehicle and injury characteristics. The NH vehicular density and RTIs were mapped. Highway junctions at risk for fatal RTIs and segments with high RTI rates were identified. Poisson regression analysis was used to compare RTIs across road categories and event time.

Results: The highest proportion of RTIs was observed on NH (52%) with 3.77 injuries/day, compared to SH (30%) and local roads (18%), which had 50% pedestrian involvement, in contrast to NH and SH (34% & 40%). Over the study period, the number of fatal RTIs on NH had increased by 57%. A significant 5 and 7-fold increase respectively were observed in all RTIs and fatal RTIs on the local roads. NH RTI rate (8.8/100,000 vehicles/day) varied from 5.8/100,000 (weekends midnight-to-6am) to 13.2/100,000 (weekdays 6pm-to-midnight). RTIs involving heavy motor vehicles (HMV) were more on weekends compared to weekdays (39.4% vs. 32.6%, p<0.05). Majority of RTIs on the NH had occurred at five major junctions, two of which had the highest fatality rates (17%). One NH segment exhibited the highest rate for fatal RTIs (1.2/100,000).

Conclusions: Despite the limited specificity of the police reports, this study has demonstrated the patterns and growing trends of RTIs in India. This study also demonstrates the value of GIS for policy makers in the design, maintenance of highways and in implementing preventive strategies.

References: Gururaj G. Road traffic deaths, injuries and disabilities in India: current scenario. Natl Med J India 2008; 21(1):14-20.

Gajalakshmi V, Peto R. Suicide rates in rural Tamil Nadu, South India: verbal autopsy of 39 000 deaths in 1997-98. Int J Epidemiol 2007; 36(1):203-207.

Joshi R, Cardona M, Iyengar S, Sukumar A, Raju CR, Raju KR et al. Chronic diseases now a leading cause of death in rural India--mortality data from the Andhra Pradesh Rural Health Initiative. Int J Epidemiol 2006; 35(6):1522-1529.

Ministry of Health and Family Welfare. Integrated Disease Surveillance Project:Project Implementation Plan 2004-09. 1-18. 2004. New Delhi, Government of India.

NCRB. Accidental Deaths & Suicides in India - 2007. National Crime Records Bureau, editor. 2008. New Delhi, Ministry of Home Affairs.

Mohan D, Tsimhoni O, Sivak M, Flannagan MJ. Road safety in India: challenges and opportunities. UMTRI-2009-1. 2009. Ann Arbor, The University of Michigan Transportation Research Institute.

Tiwari G, Mohan D, Gupta DP. Evaluation of Capacity Augmentation Projects of National Highways and State Highways. Final report. 2000. New Delhi, Ministry of Surface Transport, GOI.

Dandona R, Mishra A. Deaths due to road traffic crashed in Hyderabad city in India: need for strengthening surveillance. Natl Med J India 2004; 17(2):74-79.

Dandona R. Making road safety a public health concern for policy-makers in India. Natl Med J India 2006; 19(3):126-133.