

Conclusion: There is a need for education of patients and physicians about this condition and a well designed adequately powered multicenter trials to evaluate the efficacy of specific treatments.

737

SOCIAL DEPRIVATION AND ITS ASSOCIATION WITH PENETRATING TRAUMA IN CHILDREN

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Aims: To look at the association between level of social deprivation and incidence of penetrating trauma in children in London.

Methods: We performed a retrospective search of penetrating trauma brought to the accident and emergency department of the Royal London Hospital between May 2008 and December 2009. Of 252 cases of trauma, there were 32 cases of penetrating trauma. 30 cases had complete information regarding residential postcode.

Using the website for the office for national statistics, we got the level of social deprivation for the postcodes of the victim's home address. Seven aspects of deprivation, together with their weightings are combined to give an overall score out of 20.

Results: Of the 30, 19 (63%) were from an area with a deprivation score of 16 or above, i.e. in the upper quartile. Breadth of spread was from 2 to 20/20. The median score was 16.

Discussion: These results were heavily weighted towards North East London as this is the catchment area for the Royal London Hospital. This may have influenced our findings as this area is also high on the national statistics scale for social deprivation. We did not sort for only trauma brought in by the Helicopter Emergency Medical Service (HEMS), which may have given a less locally skewed picture.

Conclusion: Penetrating trauma (stabbing or gun shot wound) is highly linked with social deprivation. We intend to perform an expanded study that could be used to inform local social services as well as targeting injury prevention interventions.

738

PHYSICAL COMPLAINTS OF HAITIAN CHILDREN IN REFUGEE CAMPS TWO WEEKS AFTER THE 2010 EARTHQUAKE

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Background: After the 12th January earthquake, leaving lots of Haitian families homeless, wounded or dead, many Haitian children were driven into refugee-camps. The Belgian First Aid and Support Team (B-FAST) arrived among the first international medical teams, and provided acute care to about 7000 patients during the first weeks. During the same period, five medical "out-of-hospital missions" into refugee camps were performed.

Methods: We prospectively noted all complaints of the patients that presented to our improvised medical field post.

Results: A total of 1800 patients were seen, but only from 1233 the complete form was filled out. Almost 40% of these patients were minors. Average age was 7.65 years (range 1 day to 18 years), 53% were girls.

Chief complaints were: cough (41.4%), stomach-ache (30.13%) and diarrhea (22.17%), followed by headache (14.23%), fever (12.97% but only objectified in 21% of those complaining), vomiting (10.88%), stuffy nose (10.04%) and anorexia (10%). Less common complaints included vertigo (7.95%), scabies (6.69%), eruption (5.44%) and itching (2.93%), eye (5.02%) and vaginal infections (4.60%), sore throat and earache (each 2.93%), running nose (1.26%), palpitations (1.26%) and general weakness (1.26%).

Conclusion: Besides classical complaints caused by the earthquake itself (wound, fractures and bad healing), and besides the typical complaints awaited in the first weeks after such an event (epidemics, diarrhea), we noted a vast amount of respiratory problems in the Haitian children residing in refugee-camps. While composing WHO-kits to assist medics to provide help on the spot after an earthquake, this should be taken into concern.