Health risks emerge as ceasefire allows some humanitarian relief

Owen Dyer *London*

Aid agencies in Lebanon have sprung into action after the establishment of a fragile ceasefire that had, as the *BMJ* went to press, lasted 36 hours. Roads to the south of the country, almost deserted a few days ago, became huge traffic jams as hundreds of thousands of displaced residents sought to negotiate their way past bomb craters to reach their homes, along with aid convoys heading south. Meanwhile hundreds of thousands of Israelis from northern towns emerged from their shelters, defying government advice to remain inside.

"Thanks to the ceasefire, there are no more isolated, cut-off regions," said UN humanitarian coordinator David Shearer.

Dr Nejib Nimah, Unicef's assistant health officer in Lebanon, told the *BMJ* that the sudden dispersal of refugees

could well increase the risks to public health: "At the beginning our problem was hygiene in the refugee centres, but we were able to overcome this with a strict focus on hygiene. We had a few outbreaks of diarrhoea, some hepatitis A, and cholera, all of which were traced to bad water, but none of these outbreaks got out of control.

"But we no longer have a stable population to deal with. Many of these people are going back to villages that lack sanitation and are cut off from health facilities. Just one infected person can set off new outbreaks, and the sudden mixing of people coming from different centres is sure to cause problems."

A major concern is measles, which has troubled Lebanon in the past. Unicef and other

organisations had mounted a major campaign to immunise displaced children in Beirut, but these groups of children have now broken up and scattered before the campaign was complete. "Our only option is to try to follow them and immunise them in their villages. This is not going to be easy. Just getting there can be very difficult, especially when you have to observe the cold chain regulations for vaccines," said Dr Nimah.

The UN had dispatched an aid convoy of nine trucks to Tyre, but a spokeswoman for the UN Office for the Coordination of Humanitarian Affairs in Geneva warned that it would "take ages" to arrive because of the state of the roads and traffic. Twenty four trucks bearing drinking water, food, hygiene kits, and other relief supplies were being shipped direct to Sayda on Monday.

Lebanon's fuel crisis eased as 500 000 litres were delivered from Syria. Many hospitals in Beirut were running low on fuel

for their generators, and other hospitals in the south ran out of power weeks ago.

Dr Imad Uthman, from the American University of Beirut, whose blog on *bmj.com* has followed the crisis, said, "The hospitals in the south have suffered major shortages in medical supplies and fuel, and many of them, especially those close to the border with Israel, have closed.

"As for the public health problems among the displaced, the overcrowding was the main problem. These people mostly lacked clean running water for their personal hygiene; most were gathered in schools which lacked shower facilities. Some outbreaks of diarrhoea and scabies were detected in certain centres."

Injured patients are often being brought to Beirut, which still has 10 hours of grid power a day, he said. □

The *BMJ*'s Lebanon and Israel blogs on *bmj.com* give first hand accounts from doctors on the ground during the war.

US academy warns of risks from shopping trolleys

Doug Kamerow *Washington, DC*

More than 24 000 children in the United States were treated in hospital emergency departments in 2005 as a result of injuries from shopping trolleys, say a policy statement and technical report in the August issue of *Pediatrics* (2006;118:825-7 and www.pediatrics.org/cgi/doi/10.1542/peds.2006-1217).

Eighty five per cent of injured children were under 5 years old, and the most common injury sites were the head and neck, says the report, by the American Academy of Pediatrics' injury, violence, and poison prevention committee. Fractures were the most common cause of admissions related to trolleys.

Falls from trolleys and trolleys tipping over are responsible for over 80% of injuries related to trolleys. Most trolleys are designed to hold children in the

highest point of the trolley, which maximises the distance of any potential fall, says the report. Most trolleys have child lap restraints, but these are rarely used and may be ineffective, it says. However, more than 80% of shoppers leave their children unattended at some time during a shopping trip, the authors say, adding that public education campaigns have not been effective in preventing these injuries.

In the policy statement the academy recommended that stores should increase the safety of their trolleys and adopt other safety strategies for young children. It suggested that parents should not bring young children on shopping trips unless a second adult was available to supervise them. If that is not possible, parents should use buggies, put their children in low level, four wheel wagons, or use baby carriers in which the child is held in a pack against the chest. Some stores offer special trolleys with buggy-like attachments at the front that are low to the ground and safer.

In addition, the association recommended that healthcare professionals should educate their patients about the risks of sitting their children in shopping trolleys. They also urged that

Seats for children are often at the highest point of the shopping trolley—maximising the distance in the event of a fall

manufacturing standards be revised to include guidance on child restraints and trolley stability and that the US Consumer Product Safety Commission should monitor and enforce the standards.

Bill Greer, a spokesman for the US supermarket industry, said that customer safety was important to supermarkets but that the design and safety of trolleys need to be tackled by the manufacturers. □