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Study/Objective: To determine community level awareness of risk factors for stroke and cardiovascular disease, in a remote and medically underserved region of Ghana.
Background: Hypertension and other non-communicable diseases are growing risk factors for cardiovascular disease and stroke in developing countries. A multi-region survey from a central clinic investigating participants' level of awareness and education surrounding hypertension and stroke, provides important information to guide primary prevention and public health response.
Methods: A central clinic in Nkonya-Wurupong, Ghana, evaluated 1,671 patients in July 2016, and a group of 302 adults over the age of 18 provided a convenience sampling. The survey examined three main areas; demographics, medical history and knowledge deficit with respect to stroke and cardiovascular risk factors.
Results: Fifty-six participants demonstrated hypertension (BP >139/89), of which 17 were male and 37 female. One-hundred and six believed hypertension was a risk factor for stroke. Twenty-six were medicated for hypertension. The majority of the participants believed that modifiable factors put them at risk for stroke, and that stroke was preventable. Diet, heart disease, smoking, obesity, diabetes, sedentary lifestyle or alcohol were not identified as risk factors. One-sided weakness was consistently associated with stroke. Other symptoms included in the survey were headache, slurred speech, visual changes, dizziness, and facial droop. It was difficult to discern the sources of participants' information. A few respondents did indicate school, internet, radio, TV, medical books, or health professionals.
Conclusion: Knowledge of the link between hypertension, cardiovascular disease and stroke varies significantly, along with stroke-symptom identification and sources of medical information. Many participants indicated the belief that stroke can be prevented, however it is unclear what respondents believe modifiable risk factors consist of. This data suggests there are major areas where healthcare education is needed. Discerning baseline health and medical knowledge in remote and developing regions, is essential for disaster preparedness and primary prevention.

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Telemedicine Consultations in an All-Russian Center Disaster Medicine

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Study/Objective: Analyze telemedicine consultations made in the All-Russian Center for Disaster Medicine (ARCDM).
Background: The territory of the country is more than 11 billion square miles, and there is no sufficient, medically qualified staff centers.
Methods: The structure of the provision of telemedicine consultations (TMC) of Russian disaster medicine service includes center of control crisis situations, having a connection with 21 federal hospitals and regional centers of disaster medicine, and having contact with the republican (regional) hospitals. ARCDM have mobile telemedicine complexes, based mobile satellite communication VSAT-stations, for use in emergency situations, which provides a system to quickly deploy remote support operations for rescuers and medical staff of field hospitals.
Results: Analysis of 115 TMCs was performed during the 2015 in ARCDM. Requests for telemedicine consultations came from different regions of the country. Leading experts of the federal medical centers in Moscow conducted TMCs. The most frequent requests were for neurosurgery profile - 26.9%, intensive care (21.7% traumatology, 14.7% neurology, 10.5% pediatrics, 5% cardiovascular surgery and oncology), and other 6.1%. As a result of TMCs, correction of medical care was made in 53.2% of patients, an accurate diagnosis and treatment plan was 32.2%, and 15.6% of patients were evacuated for treatment in specialized centers. The mobile telemedicine complex has been included in equipment of field hospitals, working at Northern Caucasus. In total, 121 telemedicine consultations were performed during 1.5 months (33.3% to children). Ten patients were delivered directly for further treatment to central hospitals; nine patients after TMC diagnostics were specified with a treatment plan in field hospitals.
Conclusion: We note the high efficiency use of TMC for an establishment of the diagnosis and medical tactics and operative decision of questions of evacuation of patients. *Keywords*: telemedicine, emergency situations, and mobile telemedicine complex.

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Evaluating Aviation Accidents in the World from 2003 to 2016

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Study/Objective: This study aims to determine some features of aviation accidents and to examine existing statistics on aviation accidents over the past 10 years worldwide.
Background: It is important to mitigate losses due to aviation accidents through aviation accident prevention measures in the disaster management cycle.
Methods: Data was obtained from the records of *planecrashinfo.com* (an accident database). The data included dates, times, flight number, aircraft type, total aboard (passengers/crew), total fatalities aboard (passengers/crew) locations of accidents and intent of flights. In this descriptive study,