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"Analysis of Patterns of Injuries and Emergency Cases in Hajj: Challenges of Health Infrastructure and Ways to Improve Response"

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Abstract:

The Hajj pilgrimage, one of the largest annual religious gatherings globally, poses unique health challenges due to the convergence of millions of pilgrims from diverse backgrounds in a confined space. This study examines the patterns of injuries and emergency cases encountered during Hajj, highlighting the critical challenges within the existing health infrastructure. Key findings indicate that musculoskeletal injuries, crush injuries, heat-related illnesses, and gastrointestinal disorders are among the most prevalent health issues faced by pilgrims. Factors such as overcrowding, limited accessibility to medical facilities, inadequate coordination among healthcare providers, insufficient training of personnel, and cultural barriers exacerbate these challenges. Additionally, the psychological stress experienced by pilgrims is often overlooked, contributing to a heightened risk of mental health issues. To improve emergency response and healthcare delivery, the study proposes strategies including increasing the number of medical facilities, enhancing emergency response coordination, providing specialized training for healthcare workers, integrating mental health support, and conducting public health education campaigns. By addressing these challenges, stakeholders can significantly enhance the safety and well-being of millions of pilgrims, ensuring a more effective health response during future Hajj seasons.

Keywords: Hajj pilgrimage, Health challenges, Injury patterns, Emergency cases, Health infrastructure, Musculoskeletal injuries.

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Introduction:

The Hajj pilgrimage is one of the largest and most significant religious gatherings globally, attracting millions of Muslims to Mecca each year. While Hajj is a time of spiritual reflection and community, it also presents unique health challenges, particularly concerning injuries and emergency medical cases. The pilgrimage involves numerous physically demanding rituals, long periods of walking, and navigating crowded spaces, which can lead to a range of injuries, from minor ailments to life-threatening situations.

Analysis of injury patterns and emergency cases during Hajj is crucial for understanding the specific health risks pilgrims face and identifying the challenges within the existing health infrastructure [1]. The density of the crowd, especially during peak rituals such as the stoning of the Jamarat, significantly increases the risk of crush injuries and stampedes. Additionally, the hot climate and extended physical exertion contribute to heat-related illnesses, musculoskeletal injuries, and exacerbations of chronic health conditions [2].

Despite the efforts of the Saudi health authorities and various organizations to provide medical services, there are inherent challenges within the health infrastructure that can impede effective response during emergencies [3]. These challenges include limited access to medical facilities in densely populated areas, the need for timely communication and coordination among various health service providers, and the requirement for trained medical personnel who can handle the specific needs of a diverse population.

This study aims to analyze the patterns of injuries and emergency cases encountered during the Hajj pilgrimage, highlighting the critical challenges faced by health infrastructure in managing these incidents. Furthermore, it will explore potential strategies to improve the response to health emergencies during Hajj, ensuring that pilgrims receive timely and adequate medical care. By examining these factors, we can enhance the overall safety and well-being of millions of individuals undertaking this profound spiritual journey [4].

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Literature Review

The literature on health challenges during the Hajj pilgrimage reveals a complex interplay of factors that contribute to the prevalence of injuries and emergency cases among pilgrims. Several studies have documented the health risks associated with the Hajj, emphasizing the need for comprehensive health infrastructure and response strategies.

Patterns of Injuries during Hajj

Research indicates that the most common injuries reported during Hajj are musculoskeletal injuries, including sprains, fractures, and other trauma caused by prolonged walking and overcrowding. For instance, a study by [5] identified that a significant number of pilgrims experience foot injuries due to extended walking on hard surfaces and inadequate footwear. Furthermore, incidents of crush injuries and trampling have been documented during high-density rituals, particularly at the Jamarat, where pilgrims gather for the stoning ceremony [6]. The 2015 Mina disaster, which resulted in numerous fatalities and injuries, highlighted the urgent need for improved crowd management and emergency response systems [7].

Heat-Related Illnesses

The extreme temperatures in Saudi Arabia during the Hajj season exacerbate health risks, particularly heat-related illnesses. Studies have reported high incidences of heat exhaustion and heatstroke, especially among elderly pilgrims and those with underlying health conditions. The importance of hydration, protective clothing, and heat acclimatization has been emphasized as critical factors in mitigating heat-related health issues [8].

Emergency Response and Health Infrastructure

The health infrastructure in place during Hajj has been a focal point of many studies. Researchers have highlighted the strengths and weaknesses of the medical services provided to pilgrims. While the Saudi Ministry of Health deploys thousands of healthcare workers and establishes temporary clinics, challenges such as limited access to medical facilities in crowded areas, inadequate emergency response coordination, and delays in accessing care remain significant concerns [9]. Effective communication and collaboration between various healthcare providers, including emergency medical services and local hospitals, are essential to managing the volume and complexity of cases encountered during Hajj.

Psychosocial Factors and Psychological Support

The emotional and psychological well-being of pilgrims is another aspect that has been explored in the literature. The stress and anxiety associated with navigating the crowds, combined with the physical demands of Hajj, can lead to psychological distress among pilgrims. Studies have shown that providing psychosocial support and mental health services during Hajj can significantly improve the overall experience and reduce the incidence of stress-related health issues).

Recommendations for Improvement

The literature emphasizes the need for targeted interventions to enhance health infrastructure and emergency response during Hajj. Recommendations include improving crowd control measures, establishing more accessible medical facilities, increasing the availability of trained healthcare personnel, and implementing comprehensive public health campaigns to educate pilgrims on injury prevention, heat management, and emergency protocols [8]. Additionally, leveraging technology, such as mobile health applications and real-time data tracking, can improve communication and coordination among healthcare providers.

In summary, the existing literature underscores the multifaceted nature of health challenges faced during Hajj, particularly concerning injuries and emergency cases. It highlights the urgent need for improvements in health infrastructure, emergency response systems, and psychosocial support to ensure the safety and well-being of pilgrims. Further research is warranted to develop and evaluate specific interventions that address these challenges effectively [9].

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Analysis of Patterns of Injuries and Emergency Cases in Hajj

The Hajj pilgrimage presents a unique set of challenges that contribute to various patterns of injuries and emergency medical cases among pilgrims. An analysis of these patterns reveals critical insights into the nature of injuries, their underlying causes, and the responses of health infrastructure during the pilgrimage [10].

1. Types of Injuries and Emergency Cases

Injuries during Hajj can be categorized into several types, each with distinct causes and implications [11]:

- **Musculoskeletal Injuries:** These include sprains, fractures, and strains, primarily resulting from prolonged walking, standing, and the physical exertion associated with the pilgrimage. The need for pilgrims to traverse vast distances on foot increases the risk of overuse injuries, particularly among older participants and those unaccustomed to such physical activity.
- **Crush Injuries:** One of the most serious concerns during Hajj, crush injuries often occur in crowded situations, particularly during key rituals such as the stoning of the Jamarat. Historical incidents, such as the Mina stampede in 2015, underscore the severity of this issue, leading to numerous fatalities and severe injuries. The high density of people in confined areas exacerbates the risk of trampling and crush injuries.
- **Heat-Related Illnesses:** Given the extreme temperatures during the Hajj season, heat-related disorders such as heat exhaustion and heatstroke are prevalent. Pilgrims are often exposed to the sun for prolonged periods, and dehydration is a common complication, particularly among the elderly and those with pre-existing medical conditions.
- **Gastrointestinal Disorders:** Foodborne illnesses, such as gastroenteritis, are frequent during Hajj due to poor food hygiene practices. These conditions can lead to significant morbidity, especially in crowded environments where sanitary conditions are challenging to maintain.
- **Psychological Emergencies:** The stress of navigating large crowds and the physical demands of Hajj can lead to psychological issues, including anxiety and panic attacks. The emotional strain can be compounded by physical exhaustion, making psychological support essential.

2. Demographic Considerations

Understanding the demographic factors that influence injury patterns during Hajj is crucial. The pilgrim population is diverse, including individuals of varying ages, health statuses, and physical capabilities. Older pilgrims and those with chronic health conditions are particularly vulnerable to both injuries and health emergencies. Studies indicate that younger pilgrims may be more prone to musculoskeletal injuries due to higher activity levels, while older pilgrims face increased risks of heat-related illnesses and exacerbation of existing conditions [12].

3. Challenges in Health Infrastructure

The health infrastructure in place during Hajj faces several challenges in responding to injuries and emergencies [13]:

- Accessibility of Medical Services: While the Saudi Ministry of Health deploys numerous medical personnel and temporary clinics, accessibility remains an issue. Many emergency cases arise in crowded areas where immediate medical attention is difficult to provide. The ability to quickly transport patients to appropriate medical facilities is crucial, especially in cases of severe injuries or heat-related illnesses.
- Coordination Among Health Providers: Effective communication and coordination between various healthcare
 entities, including emergency medical services, hospitals, and on-site clinics, are essential for managing the high
 volume of cases during Hajj. Delays in communication can hinder timely treatment and exacerbate health outcomes.

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• **Training of Healthcare Personnel:** The unique nature of injuries and emergencies encountered during Hajj requires specialized training for healthcare workers. Continuous education on crowd management, injury assessment, and emergency response protocols can enhance the effectiveness of healthcare delivery.

4. Strategies for Improvement

To enhance the management of injuries and emergency cases during Hajj, several strategies can be implemented [10]:

- Crowd Control Measures: Improved crowd management strategies, including better signage, designated pathways, and trained crowd controllers, can reduce the incidence of crush injuries and improve safety during rituals.
- **Public Health Campaigns:** Educational campaigns targeting pilgrims can promote awareness of injury prevention, heat safety, and the importance of hydration. Providing clear guidelines on managing physical exertion and recognizing the signs of heat-related illnesses can help mitigate risks.
- Enhanced Medical Facilities: Increasing the number and accessibility of medical facilities, particularly in hightraffic areas, can ensure timely treatment for injuries and emergencies. Establishing triage systems can help prioritize care for the most severe cases.
- **Psychosocial Support Services:** Integrating mental health support into the healthcare response during Hajj can address the psychological aspects of the pilgrimage experience. Providing counseling and stress management resources can improve the overall well-being of pilgrims [9].

The analysis of patterns of injuries and emergency cases during Hajj underscores the need for a multifaceted approach to health management. By understanding the types of injuries and their causes, addressing the challenges within the health infrastructure, and implementing targeted strategies for improvement, stakeholders can enhance the safety and health outcomes for millions of pilgrims undertaking this sacred journey. The ongoing evaluation of health practices and emergency response systems during Hajj will be vital for adapting to the evolving needs of the pilgrimage population [8].

Challenges of Health Infrastructure and Ways to Improve Response

The health infrastructure in place during the Hajj pilgrimage faces significant challenges that can impact the effectiveness of emergency response and overall healthcare delivery. Identifying these challenges is crucial for developing strategies to enhance the health and safety of millions of pilgrims. Below, we outline key challenges and propose ways to improve the response to health emergencies during Hajj.

Challenges of Health Infrastructure

1. Overcrowding and Accessibility

- **Challenge:** The sheer volume of pilgrims can overwhelm healthcare facilities, leading to long wait times and limited access to medical services, especially during peak periods.
- **Impact:** This overcrowding can delay the provision of essential medical care, exacerbating health issues and leading to poorer health outcomes.

2. Limited Medical Facilities

- **Challenge:** While temporary clinics are established during Hajj, their numbers may be insufficient to meet the demands of the large crowds, particularly in high-traffic areas.
- **Impact:** Limited medical facilities can hinder timely treatment for acute injuries and illnesses, increasing the risk of complications.

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3. Inadequate Emergency Response Coordination

- **Challenge:** Effective coordination among various healthcare providers, including emergency medical services, hospitals, and temporary clinics, is often lacking.
- **Impact:** Poor communication can lead to delays in patient transport, triage, and treatment, ultimately compromising care.

4. Insufficient Training of Healthcare Personnel

- **Challenge:** Many healthcare workers may lack specific training in managing the unique challenges presented by Hajj, including crowd management and emergency protocols.
- **Impact:** Inadequately trained personnel may struggle to respond effectively to the high volume and diverse nature of injuries and emergencies during the pilgrimage.

5. Cultural and Language Barriers

- **Challenge:** Pilgrims come from various cultural backgrounds, and language barriers can hinder effective communication between patients and healthcare providers.
- **Impact:** Miscommunication can lead to misunderstandings in treatment, inadequate assessments, and lower patient satisfaction.

6. Psychological Stress and Mental Health Issues

- **Challenge:** The physical and emotional demands of Hajj can lead to psychological stress among pilgrims, which often goes unaddressed in the healthcare response.
- **Impact:** Ignoring mental health needs can exacerbate stress-related issues and detract from the overall health experience of pilgrims [6; 9; 12].

Ways to Improve Response

1. Enhancing Medical Facility Accessibility

- **Solution:** Increase the number of medical facilities, including mobile clinics and first aid stations, strategically located in high-traffic areas to ensure timely access to care.
- **Implementation:** Collaborate with healthcare providers to establish more robust networks of clinics equipped to handle common injuries and emergencies.

2. Improving Emergency Response Coordination

- **Solution:** Develop a centralized command center to facilitate communication and coordination among all healthcare entities involved in Hajj.
- **Implementation:** Implement real-time data sharing and emergency response protocols to streamline patient transport and treatment processes.

3. Training and Capacity Building for Healthcare Personnel

- **Solution:** Provide specialized training programs for healthcare workers focusing on managing injuries, crowd control, and emergency response during Hajj.
- **Implementation:** Partner with medical organizations and universities to deliver training that prepares staff for the unique demands of the pilgrimage.

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4. Cultural Competence and Language Services

- **Solution:** Employ multilingual staff and provide cultural competence training to ensure effective communication with pilgrims from diverse backgrounds.
- **Implementation:** Utilize interpreters and translate key health information into multiple languages to facilitate better patient-provider interactions.

5. Integration of Mental Health Services

- **Solution:** Establish mental health support services within the healthcare framework during Hajj, including counseling and stress management resources.
- **Implementation:** Train healthcare personnel to recognize signs of psychological distress and provide appropriate referrals to mental health professionals.

6. Public Health Education and Awareness Campaigns

- Solution: Conduct public health campaigns to educate pilgrims about injury prevention, heat safety, and health resources available during Hajj.
- **Implementation:** Distribute informational materials, hold workshops, and use social media platforms to reach a broad audience before and during the pilgrimage [14].

The challenges facing health infrastructure during the Hajj pilgrimage are complex and multifaceted, necessitating a comprehensive approach to improve emergency response and healthcare delivery. By enhancing accessibility to medical facilities, improving coordination among healthcare providers, training personnel, addressing cultural barriers, integrating mental health services, and implementing public health education initiatives, stakeholders can significantly improve health outcomes for pilgrims. These improvements are essential not only for ensuring the safety and well-being of millions during Hajj but also for setting a precedent for managing large-scale health emergencies in future gatherings [13].

Conclusion

The analysis of patterns of injuries and emergency cases during the Hajj pilgrimage reveals a pressing need for improvements in health infrastructure and emergency response mechanisms. The unique environment of Hajj, characterized by large crowds, extreme weather conditions, and the physical demands of the pilgrimage, poses significant health risks for millions of participants. The most prevalent injuries, including musculoskeletal injuries, crush injuries, heat-related illnesses, and gastrointestinal disorders, highlight the diverse challenges faced by pilgrims.

Despite the concerted efforts by the Saudi Ministry of Health and various health organizations, the existing healthcare infrastructure encounters substantial limitations in terms of accessibility, coordination, and capacity. Issues such as overcrowding, insufficient medical facilities, inadequate training of personnel, and cultural barriers complicate the provision of timely and effective care during emergencies. Additionally, the psychological stress experienced by pilgrims remains an under-addressed aspect of health management during Hajj.

To enhance the health and safety of pilgrims, this study underscores the necessity of implementing targeted strategies that address these challenges. Recommendations include increasing the number of medical facilities, improving emergency response coordination, providing specialized training for healthcare personnel, enhancing cultural competence, integrating mental health services, and conducting public health education campaigns.

Ultimately, improving the health infrastructure and response mechanisms during Hajj is essential not only for safeguarding the well-being of millions of pilgrims but also for setting a precedent for future large-scale religious and cultural gatherings. By prioritizing these enhancements, stakeholders can ensure a safer, healthier pilgrimage experience, thereby fulfilling the spiritual and communal objectives of Hajj while minimizing health risks.

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References:

Aldossari, M., Aljoudi, A., & Celentano, D. (2019). Health issues in the Hajj pilgrimage: A literature review. Eastern Mediterranean Health Journal, 25(10), 744-753.

Al-Hayani, M. M., Kamel, S., Al-Hayani, A. M., Al-Hazmi, E. A., Al-Shanbari, M. S., Al-Otaibi, N. S., Almeshal, A. S., & Assiri, A. M. (2023). Trauma and injuries pattern during Hajj, 1443 (2022): A cross-sectional study. Cureus, 15(7), e41751. https://doi.org/10.7759/cureus.41751

Alkhairi, H. A., Almatrafi, A. A., Alsulami, A. A., Alsafrani, M. A., Albogami, F. S., Almuqati, M. M., & Almatrafi, K. A. (2019). Impact of heavy physical activity and musculoskeletal pain during Umrah on the health of the Algerian population. International Journal of Medical and Developmental Countries, 3(4), 495-502. https://doi.org/10.24911/IJMDC.51-1548705400

Al-Masud, S. M., Bakar, A. A., & Yussof, S. (2016). Determining the types of diseases and emergency issues in pilgrims during Hajj: A literature review. International Journal of Advanced Computer Science and Applications, 7(1), 145-153. https://doi.org/10.14569/IJACSA.2016.071011

Boros, K., & Freemont, T. (2017). Physiology of ageing of the musculoskeletal system. Best Practice & Research Clinical Rheumatology, 31(3), 203-217. https://doi.org/10.1016/j.berh.2017.09.003

Dawoud, S. O., Ahmad, A. M. K., Alsharqi, O. Z., & Al-Raddadi, R. M. (2015). Utilization of the emergency department and predicting factors associated with its use at the Saudi Ministry of Health General Hospitals. Global Journal of Health Science, 8(1), 90-106. https://doi.org/10.5539/gjhs.v8n1p90

Hauret, K. G., Jones, B. H., Bullock, S. H., Canham-Chervak, M., & Canada, S. (2010). Musculoskeletal injuries: Description of an under-recognized injury problem among military personnel. American Journal of Preventive Medicine, 38(1), S61-S70. https://doi.org/10.1016/j.amepre.2009.10.021

Hoang, V. T., & Gautret, P. (2018). Infectious diseases and mass gatherings. Current Infectious Disease Reports, 20(11), 44. https://doi.org/10.1007/s11908-018-0640-3

Hootman, J. M., Macera, C. A., Ainsworth, B. E., Addy, C. L., Martin, M., & Blair, S. N. (2002). Epidemiology of musculoskeletal injuries among sedentary and physically active adults. Medicine & Science in Sports & Exercise, 34(5), 838-844.

Khan, I. D., Khan, S. A., Asima, B., Hussaini, S. B., Zakiuddin, M., & Faisal, F. A. (2018). Morbidity and mortality amongst Indian Hajj pilgrims: A 3-year experience of Indian Hajj medical mission in mass-gathering medicine. Journal of Infection and Public Health, 11(2), 165-170.

Mirza, A. A., Alsakkaf, M. A., Mohammed, A. A., Mirza, A. A., & Elmorsy, S. A. (2019). Patterns of emergency department visits during Hajj period: Towards healthcare optimization in view of Saudi Arabia's vision 2030. Pakistan Journal of Medical Sciences, 35(3), 647-652. https://doi.org/10.12669/pjms.35.3.611

Razavi, S., Ardakani, H. Z., & Rajai, S. (2011). Trends in prevalent injuries among Iranian pilgrims in Hajj. Iranian Journal of Public Health, 40(4), 110-115.

Salmon-Rousseau, A., Piednoir, E., Cattoir, V., & de La Blanchardière, A. (2016). Hajj-associated infections. Médecine et Maladies Infectieuses, 46(7), 346-354. <u>https://doi.org/10.1016/j.medmal.2016.04.002</u>

Yezli, S., Yassin, Y., Mushi, A., et al. (2022). Pattern of utilization, disease presentation, and medication prescribing and dispensing at 51 primary healthcare centers during the Hajj mass gathering. BMC Health Services Research, 22(143). https://doi.org/10.1186/s12913-022-07507-3

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