



3.15 Injury

Injury is a major contributor to mortality, morbidity and permanent disability in Australia. In 2011, it accounted for 8.8% of the total burden of disease in Australia, and was the fifth leading cause of burden. Based on self-reported data, 7.0% of the main long-term health conditions experienced by the estimated 4.3 million Australians living with disability occurred due to injury or poisoning (ABS 2016).

This snapshot describes the overall patterns of injury in Australia. Other chapters of this report describe injury in the context of family, domestic and sexual violence (see Chapter 3.16 'Family, domestic and sexual violence') and opioid use and misuse (see Chapter 3.17 'Opioid harm').

How common is injury?

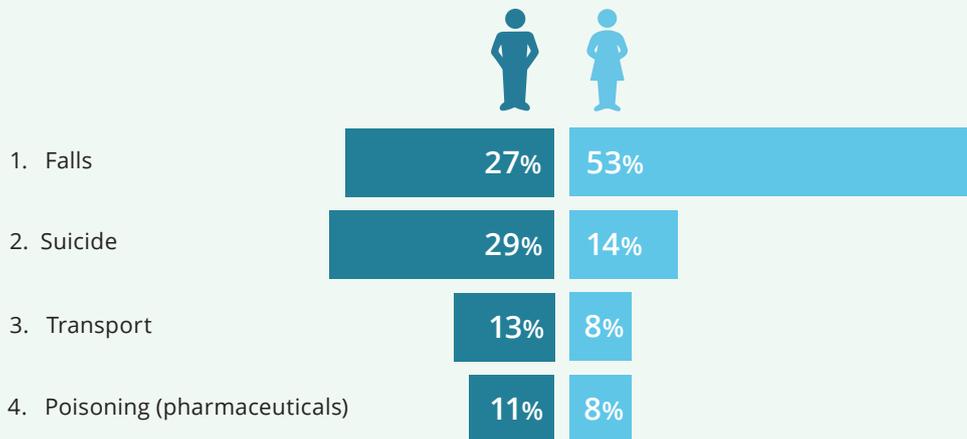
Injury deaths

- Injury was recorded as a cause of more than 12,600 deaths in 2014–15 in Australia—8.1% of all deaths.
- The age-standardised rate of injury deaths in 2014–15 was 48 per 100,000 population. This rate has remained relatively steady since 2004–05, following a decrease from 55 per 100,000 population in 1999–00.
- Injury death rates were highest for men and women aged over 65; 42% of male injury deaths and 68% of female injury deaths occurred in this age group.
- Injury death rates for males were higher than for females in every age group, especially at ages 25–44.
- The most common causes of injury deaths were falls (37% of all deaths), suicide (23%) and transport crashes (11%), though there were differences in the leading causes of injury death for males and females (Figure 3.15.1). For males, suicide was the leading cause (29% of all male injury deaths); for females, falls were the leading cause (53% of female injury deaths).
- Age-standardised rates of injury deaths for Aboriginal and Torres Strait Islander people were twice the rate for non-Indigenous people (97 and 48 deaths per 100,000 population, respectively).
- Rates of injury death increased with increasing remoteness—from 43 deaths per 100,000 population in *Major cities* to 88 deaths in *Very remote* areas.





Figure 3.15.1: Proportion of injury deaths, leading causes, by sex, 2014–15



Source: AIHW: Henley & Harrison, forthcoming 2018a; Table S3.15.1.

Hospitalised injury cases

- In 2014–15, there were more than 480,000 cases of hospitalised injury in Australia.
- Hospitalised injuries can range from single fractures to catastrophic injuries, such as spinal cord injury or severe traumatic brain injury. About 1 in 6 (15%) hospitalised injury cases were classified as 'high threat to life'. Serious injuries often cause persisting problems and ongoing need for health care services.
- The main causes of hospitalised injury were falls (41%), followed by injury due to inanimate mechanical forces (for example, being struck by an object, including sports equipment, or contact with powered tools; 14%), and transport crashes (12%).
- Males accounted for more than half (55%) of all injury cases. The rate of injury for males overall was 2,300 cases per 100,000 males, compared with 1,600 per 100,000 females.
- For both males and females, age-specific rates of injury were much higher in age groups above age 75. Males had a higher rate of injury than females across all age groups up to about ages 65–69; in older age groups, females had much higher rates.
- The number of hospitalised injury cases per 100,000 population was higher for Indigenous people (3,600) than for Other Australians (1,900).





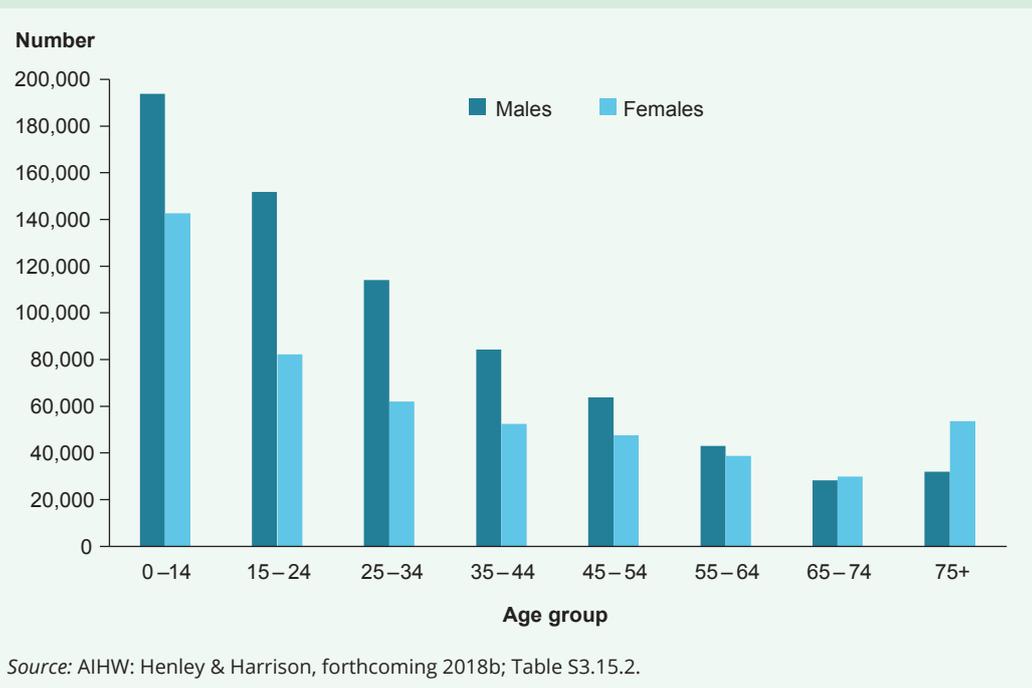
Presentations to public hospital emergency departments

Information on injury occurrence is also available from data on why people present to hospital emergency departments.

Data on the main diagnosis are available in a consistent format for 68% of all emergency department presentations. These data show that there were 1.3 million presentations for injury in 2013–14 (27% of the emergency presentations for which suitable data were available). This would be equivalent to an estimated 1.9 million presentations for injury across all Australian public hospital emergency departments.

More than one-quarter (28%) of presentations to emergency departments for injury were for children aged 0–14, with a further 19% for people aged 15–24 (Figure 3.15.2).

Figure 3.15.2: Injury-related emergency department presentations, by age and sex, 2013–14



Overall, 22% of emergency department presentations were for soft-tissue injury, 21% for fractures and 18% for open wounds.

Most people treated for an injury in an emergency department were not admitted for further care in hospital (82%). The likelihood of being admitted varied by the nature of the injury: people with internal organ injuries, intracranial injuries, or exposure to poisons or toxins were most likely to be admitted (86%, 44% and 45%, respectively), though these cases accounted for only 5.9% of all injury presentations to emergency departments.



What is missing from the picture?

Limited data are available on cases treated in other health care settings, including by general practitioners, at sports medicine clinics, by physiotherapists and elsewhere.

As noted, the data available on emergency presentations are incomplete. Also, the nationally available data include very limited information on the events and circumstances that result in the injury (for example, transport crashes).

Many injury cases, especially (but not only) those needing hospital admission, leave the person with long-lasting disability. Data linkage can improve the understanding of patient outcomes and pathways through the health system.

Where do I go for more information?

More information about hospitalisations and deaths due to injury in Australia is available at <www.aihw.gov.au/reports-statistics/health-conditions-disability-deaths/injury/overview>.

References

ABS (Australian Bureau of Statistics) 2016. Disability, ageing and carers, Australia: summary of findings, 2015, data cubes. ABS cat. no. 4430.0. Canberra: ABS. Viewed 21 February 2018, <<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4430.02015?OpenDocument>>.

AIHW (Australian Institute of Health and Welfare): Henley G & JE Harrison, forthcoming 2018a. Trends in injury deaths, Australia, 1999–00 to 2014–15. Injury research and statistics series no. 112. Cat. no. INJCAT 192. Canberra: AIHW.

AIHW: Henley G & Harrison JE, forthcoming 2018b. Use of emergency department data to enhance routine injury surveillance: technical report. Canberra: AIHW.

