Serious injury outcome indicators for children: 2000–15
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1 Purpose and context

Serious injury outcome indicators for children: 2000–15 presents long-term trends in the incidence and rate of injury for children aged 0–14 years. This report and its two companion reports:

- are at the forefront of reporting the burden of injury to society in New Zealand
- provide the most robust and reliable measures of serious injury outcomes currently available
- summarise injury trends for the whole population, Māori, and children, based on national administrative datasets, and using injury indicators originally developed and validated at the University of Otago Injury Prevention Research Unit
- help support the injury prevention sector working to achieve better outcomes for injury prevention, treatment, and rehabilitation, and to minimise the personal, social, and economic costs of injury.

See also:

- Serious injury outcome indicators: 2000–15 (Statistics NZ, 2016a)

These three annual reports provide a measure of New Zealand’s progress in reducing the incidence and annual rates of injury since 2000. In each report, the main focus is the serious injury outcome indicator graphs in chapter 4, which visually represent the changes in the annual incidence and rate of injury.

Acknowledgements

We acknowledge the contribution of the Injury Prevention Research Unit of the University of Otago in developing the serious injury outcome indicators presented in this report. We also acknowledge Analytical Services at the Ministry of Health as the source of data used for the calculation of indicators.

Context

This report shows variations and trends in injuries over time, for the number, and age standardised rates, of fatal and serious non-fatal injury for ‘all injury’ as well as four of the six priority areas identified under the 2003 New Zealand Injury Prevention Strategy (NZIPS). These four areas are: assault, suicide and intentional self-harm, falls, and motor-vehicle traffic crashes. We include an indicator combining self-harm and assault under the label ‘intentional injury’. We produce additional motor-vehicle traffic crash indicators for car occupant and pedestrian injuries. We do not produce indicators for drowning and near drowning, due to the small number of these reported annually; nor do we produce work-related injury indicators.

Since the disestablishment of the New Zealand Injury Prevention Strategy (NZIPS) in 2013, its injury prevention priorities have become part of the business-as-usual responsibilities of the lead injury prevention agencies. Serious injury outcome indicators were developed for each area. The indicators include fatal, serious non-fatal, and serious (fatal and non-fatal combined) injury indicators.

The description of the background and methods surrounding the development of the indicators is intentionally limited in this report. For technical details see:

- Serious injury outcome indicators – concepts and methods for 2000–11 (Statistics NZ, 2012(a))
**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>Accident Compensation Corporation</td>
</tr>
<tr>
<td>ICD</td>
<td>WHO International Classification of Diseases</td>
</tr>
<tr>
<td>ICD-10</td>
<td>WHO International Classification of Diseases 10th revision</td>
</tr>
<tr>
<td>ICD-10-AM</td>
<td>ICD-10, Australian Modification</td>
</tr>
<tr>
<td>MVTC</td>
<td>Motor-vehicle traffic crashes</td>
</tr>
<tr>
<td>NMDS</td>
<td>National Minimum Dataset of hospital discharges</td>
</tr>
<tr>
<td>NZIPS</td>
<td>2003 New Zealand Injury Prevention Strategy</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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2 Background and methods

This chapter provides background information about the serious injury outcome indicators. It introduces the rationale for developing the indicators and defines ‘serious injury’ in the context of the indicators. It also answers frequently asked questions.

The serious injury outcome indicators were originally developed by the University of Otago Injury Prevention Research Unit to monitor key injury priority areas identified by the 2003 New Zealand Injury Prevention Strategy (NZIPS). NZIPS established a framework for the injury prevention activities of government agencies, local government, non-government organisations, communities, and individuals.

The strategy identified six priority areas for national injury prevention, which together make up more than 80 percent of injury deaths and serious injuries in New Zealand, see table 1.

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Lead agency or agencies</th>
</tr>
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<tbody>
<tr>
<td>Assault</td>
<td>Ministry of Justice, Ministry of Social Development</td>
</tr>
<tr>
<td>Work-related injuries</td>
<td>WorkSafe New Zealand</td>
</tr>
<tr>
<td>Suicide and intentional self-harm</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>Falls</td>
<td>Accident Compensation Corporation</td>
</tr>
<tr>
<td>Motor-vehicle traffic crashes</td>
<td>Ministry of Transport</td>
</tr>
<tr>
<td>Drowning and near-drowning</td>
<td>Accident Compensation Corporation</td>
</tr>
</tbody>
</table>

This report presents an adaptation of the serious injury outcome indicators for children aged 0–14 years, for four of the former NZIPS priority areas (assault, suicide and intentional self-harm, falls, and motor-vehicle traffic crashes).

See Frequently asked questions for more detail about the priority areas.

Defining a serious injury event

For the serious injury outcome indicators the word ‘injury’ refers to an injury event. That is, an event in which an injury or injuries occurred.

A serious injury is one that results in death (fatal injury), or an injury where a patient is admitted to hospital with a probability of death of 6.9 percent or more (serious non-fatal injury). A serious non-fatal injury must also have a primary diagnosis of injury, and must be the first admission to hospital (ie re-admissions for the same injury are excluded).

See Serious injury outcome indicators technical report 2015 (Statistics NZ, 2015d) for a full description of the methods used to identify cases of fatal and serious non-fatal injury.
Development of the indicators

The serious injury outcome indicators are summary measures that reflect, directly or indirectly, variations and trends in injuries over time. They were a key tool for measuring the progress and effect of the former NZIPS, and continue to have value as a tool for the sound and valid measurement of variations and trends in injuries over time.

In April 2010, leading central government agencies signed the enduring Protocol for government agency reporting on injury incidence in New Zealand (Statistics NZ, 2010). This protocol ensures that agencies use the serious injury outcome indicators to adopt consistent, high-level injury measures when reporting on injury trends.


Serious injury indicators for children

Table 2 outlines the type of serious injury outcome indicators we present for each priority area. Due to data limitations, we don’t present indicators for children in the NZIPS priority area of drowning and near-drowning.

For each indicator, if annual average counts are fewer than 100, we present three-year moving averages. If the three-year cumulative total number of cases is fewer than 100, the indicator is regarded as non-viable.

Table 2

<table>
<thead>
<tr>
<th>Injury priority area</th>
<th>Type of indicator</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fatal</td>
<td>Serious non-fatal</td>
<td>Serious (fatal and non-fatal)</td>
</tr>
<tr>
<td>All injury</td>
<td>✓ (2)</td>
<td>✓ (2)</td>
<td>✓ (2)</td>
</tr>
<tr>
<td>Assault</td>
<td>X</td>
<td>X</td>
<td>✓ (2)</td>
</tr>
<tr>
<td>Work-related</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intentional self-harm</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Falls</td>
<td>X</td>
<td>✓ (2)</td>
<td>✓ (2)</td>
</tr>
<tr>
<td>Motor-vehicle traffic crashes</td>
<td>✓ (2)</td>
<td>✓ (2)</td>
<td>✓ (2)</td>
</tr>
<tr>
<td>Pedestrian</td>
<td>X</td>
<td>X</td>
<td>✓ (2)</td>
</tr>
<tr>
<td>Car occupant</td>
<td>X</td>
<td>X</td>
<td>✓ (2)</td>
</tr>
<tr>
<td>Drowning and near-drowning</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Intentional (assault and self-harm)</td>
<td>X</td>
<td>✓ (2)</td>
<td>✓ (2)</td>
</tr>
</tbody>
</table>

Symbols:

✓ = number of cases per year makes the indicators viable
X = indicator not viable because of small numbers each year
(2) = number of viable indicators
Frequently asked questions

What data are the indicators based on?
All the serious injury outcome indicators for children are based on the Ministry of Health’s Mortality Collection data (Ministry of Health, nd(a)) and National Minimum Dataset (NMDS) of hospital discharges (Ministry of Health, nd(b)).

What do the numbers and injury rates reflect?
The number of injuries is the number of fatal or serious non-fatal injury events in a given year. The number provides a national count of injury events.

Age-standardised rates estimate an individual’s average annual risk of being injured. Age standardisation is a process of adjusting the rate of injury to account for changes in the age structure of a population over time.

Why is there a serious (fatal and non-fatal) injury indicator?
The ‘serious (fatal and serious non-fatal)’ indicator is the relevant fatal, and serious non-fatal, indicator counts combined:

\[ \text{fatal} + \text{serious non-fatal} = \text{serious (fatal and serious non-fatal)} \]

We include the combined indicators to present a more comprehensive picture of serious injury trends in New Zealand. By examining fatal and serious non-fatal injury events together we can account for the potential effect of independent factors, such as improved medical treatment. For example, improvements in treatment may mean that more people survive their injuries than before, which results in a decline in the number or rate of fatal injuries. However, this change would not result in fewer injury cases, but in a shift of cases from fatal to serious non-fatal. The serious (fatal and non-fatal) injury indicators reflect this shift.

Why are there provisional indicators?
Indicators P21, P22, C21, and C22 are provisional. The provisional indicators are based on data sources other than the Ministry of Health’s Mortality Collection or NMDS. They have not yet been through the formal validation process described in Developing valid injury outcome indicators: A report for the New Zealand Injury Prevention Strategy (Cryer, Langley, & Stephenson, 2004).

What is the significance of the colours used in the graphs?
The colours in the graphs were chosen to signal the status of each indicator (validated or provisional).

<table>
<thead>
<tr>
<th>Colour</th>
<th>Status</th>
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<tbody>
<tr>
<td>Teal</td>
<td>validated</td>
</tr>
<tr>
<td>Grey</td>
<td>provisional</td>
</tr>
</tbody>
</table>

What coding scheme is used for injury diagnosis?
The coding scheme used for classifying injury diagnosis and external cause of injury in the Mortality Collection and NMDS is the World Health Organization’s International Classification of Diseases and Health Related Problems (ICD) (World Health Organization, 1992). The 10th revision of the ICD (the ICD-10) was introduced into hospitalisation coding on 1 July 1999 and into mortality coding on 1 January 2000. As 2000 is the first full calendar year of ICD-10 reporting, the serious injury outcome indicators begin reporting from this time.

See Serious injury outcome indicators technical report 2015 (Statistics NZ, 2015d) for more detail.
What period is presented in the graphs?
The graphs present data from different periods. For:

- serious non-fatal injuries – the calendar years 2000 to 2015
- fatal injuries – the calendar years 2000 to 2013. Many cases of injury-related death must be reviewed by a coroner, so there is a time delay in recording the cause of fatal injury. This delay is typically two years.
- serious (fatal and non-fatal) injuries – the calendar years 2000 to 2013, because of the availability of fatal injuries data.

Why are some injury indicators presented as a three-year moving average? What does this mean?
The exact number of deaths and injuries fluctuates randomly from year to year, even when there is no underlying trend. For most injury priority areas, these fluctuations are small compared with the overall numbers of injuries and deaths, so the trends are still clear. However, when the overall number is small, these fluctuations may hide trends in the numbers and rates of injury.

To overcome this effect, we estimate three-year moving averages when the number of deaths or injuries shown is less than 100 a year. This means, for example, that we use data from 2000, 2001, and 2002 to estimate an indicator value for 2000–02. In these cases, we can’t calculate a moving average figure for the first and last year in the series, so these are not shown on the graphs and tables.

What are the vertical black lines on the graphs’ bars? What do they mean?
The vertical black lines in the graphs for each annual indicator are error bars. Error bars represent 95 percent confidence intervals. Confidence intervals are useful when gauging change from one point to another. The more that the error bars for each set of annual indicator results overlap, the less confidence we have that there is a real difference between the time periods. If there is no overlap, that is a very strong indication of a difference between the underlying numbers. However, we should not conclude there is a difference if the overlap is more than one-third of the bars’ length.

A significant difference tells us nothing about its cause (many causes are possible, for example, safety campaigns or weather conditions.

Why aren’t all priority areas covered in this report?
For some priority areas, there are only a small number of cases each year in the 0–14-year age group. As a result, the indicators are not reliable, and are not produced. For this reason, we exclude indicators for work-related injury and drowning from the serious injury outcome indicators for children. In other cases, we calculated a serious (fatal and non-fatal) indicator to overcome the difficulty of small numbers.

Two extra traffic-related indicators were developed for children: pedestrian injuries and car occupant injuries. Both indicators are subsets of those for motor-vehicle traffic crashes. They provide more information about the role of children in motor-vehicle traffic crashes, recognising that children suffer more injuries than adults as car occupants and as pedestrians.

Additionally, the priority areas ‘assault’ and ‘intentional self-harm’ are combined into one ‘intentional’ indicator. This is in addition to the assault indicator. Table 2 outlines the viability of indicators for children, for each injury priority area.
3 Recent changes in methodology

See Serious injury outcome indicators technical report 2015 (Statistics NZ, 2015) for a full description of all methodological and process changes we have introduced in the indicators since 2011.

Population rebase
In 2015, we rebased population estimates data used as denominators for age-standardised rates. These are now based on 2013 Census data. Age-standardised rates were revised across the entire series.

References to three-year moving average periods
In 2015, we started referring to the time period for each three-year moving average figure by its actual three-year moving average period, rather than by the midpoint of each period.

Former NZIPS baselines omitted
In 2014, we omitted the former NZIPS baselines and key trends from this report. This decision followed feedback from the Injury Information Working Group that key users of this data (e.g., leading central government agencies) no longer required them.

We have not included summary of key injury trends in this year’s report in the absence of the NZIPS baselines. In previous years, the key trends were summarised for changes above or below the NZIPS baseline year. Without the baseline figure, descriptions of the trends become more challenging and could potentially be misleading. To help our customers interpret variations in injuries over time, we have provided confidence intervals (or error bars) within the graphs.

National Minimum Data Set (NMDS) (hospital data) extract update cycle
The NMDS is a dynamic database. Data within it changes as it is updated or corrected so extracts at different times will show different information. At any point in time, the NMDS holds the most accurate data available. Until 2011, the NMDS data we use in the serious injury outcome indicators was updated for only the two most-recent years of data available (one new year of data and a final extract of the previous year’s provisional data).

For Serious injury outcome indicators for children: 2000–11 (Statistics NZ, 2012(b)) we used an updated extract of the NMDS database from 1994 to 2011. The data were extracted in April 2012.

After we further analysed the NMDS injury events data, we determined that updating the latest three years of data available provides an acceptable level of stability and completeness.

This indicator publication is based on:
- data from 2000–09, as recorded in the NMDS at April 2012
- data from 2010, as recorded in the NMDS at September 2013
- data from 2012, as recorded in the NMDS at June 2015
- data from 2013–15, as recorded in the NMDS at June 2016.
4 Serious injury outcome indicator graphs for children

This chapter presents the graphs for the serious injury outcome indicators for children, for ‘all injury’ and for four of the former NZIPS injury priority areas (assault, self-harm, falls, and motor-vehicle traffic crashes), plus the two additional traffic-related indicators (pedestrian injuries and car occupant injuries). Note: self-harm and assault are combined in an intentional injury indicator.

See serious injury outcome indicator graphs for:
- All injury
- Assault
- Intentional (assault and self-harm)
- Falls
- Motor-vehicle traffic crashes
- Pedestrian
- Car occupant.

The serious injury outcome indicators present a high-level overview of serious injury trends over time. Where confidence intervals do not overlap, real changes in the injury number or rate are likely.

See chapter 5 of Serious injury outcome indicators technical report 2015 (Statistics NZ, 2015d) for more information on interpreting the graphs.

See ‘Available files’ on the Serious injury outcome indicators for children webpage for tables presenting the data from which we derived the graphs.

The graphs are numbered to correspond with the appropriate table. For example, there are two graphs for ‘all fatal injury for children’ – the graph for number of injuries (I11) is titled figure 1.1; the graph for age-standardised rate (I12) is titled figure 1.2. The data from which we derived these graphs are in table 1.
All injury

Figure 1.1

All fatal injury, children (I11)
Number of injuries
2000–13

Note: The error bars show 95 percent confidence intervals. Data for 2012 include minor revisions made since 2015. Source: Ministry of Health, Mortality Collection.

Figure 1.2

All fatal injury, children (I12)
Age-standardised rates
2000–13

Note: The error bars show 95 percent confidence intervals. Data for 2012 include minor revisions since 2015. For more about ‘age-standardised rates per 100,000 person-years at risk’ see the technical report. Source: Ministry of Health, Mortality Collection; Statistics New Zealand.
Figure 2.1

All serious non-fatal injury, children (I01)
Number of injuries
2000–15

Note: Figures for 2015 are provisional. The error bars show 95 percent confidence intervals.
Source: Ministry of Health, National Minimum Dataset.

Figure 2.2

All serious non-fatal injury, children (I02)
Age-standardised rates
2000–15

Note: Figures for 2015 are provisional. The error bars show 95 percent confidence intervals. For more about 'age-standardised rates per 100,000 person-years at risk' see the technical report.
Source: Ministry of Health, National Minimum Dataset; Statistics New Zealand.
Serious injury outcome indicators for children: 2000–15

Figure 3.1

All serious (fatal and non-fatal) injury, children (I21)
Number of injuries
2000–13

Note: The error bars show 95 percent confidence intervals. Data for 2012 include minor revisions made since 2015.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection.

Figure 3.2

All serious (fatal and non-fatal) injury, children (I22)
Age-standardised rates
2000–13

Note: The error bars show 95 percent confidence intervals. Data for 2012 include minor revisions made since 2015. For more about 'age-standardised rates per 100,000 person-years at risk' see the technical report.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection; Statistics New Zealand.
Serious injury outcome indicators for children: 2000–15

Assault

Figure 4.1

Serious (fatal and non-fatal) assault injury, children (A21)
Number of injuries
2000–13

Note: Three-year moving averages are calculated due to the small number of injuries. Data for 2009–11 and 2010–12 include minor revisions made since 2015. The error bars show 95 percent confidence intervals.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection.

Figure 4.2

Serious (fatal and non-fatal) assault injury, children (A22)
Age-standardised rates
2000–13

Note: Three-year moving averages are calculated due to the small number of injuries on which the rates are based. The error bars show 95 percent confidence intervals. Data for 2009–11 include minor revisions made since 2015. For more about ‘age-standardised rates per 100,000 person-years at risk’ see the technical report.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection; Statistics New Zealand.
Intentional (assault and self-harm)

Figure 5.1

**Serious non-fatal intentional injury, children (In01)**

**Number of injuries**

2000–15

![Bar chart showing serious non-fatal intentional injury, children (In01) 2000–15](image)

Note: Three-year moving averages are calculated due to the small number of injuries. The error bars show 95 percent confidence intervals. Figures for 2013–15 are provisional.

Source: Ministry of Health, National Minimum Dataset.

Figure 5.2

**Serious non-fatal intentional injury, children (In02)**

**Age-standardised rates**

2000–15

![Bar chart showing serious non-fatal intentional injury, children (In02) age-standardised rates 2000–15](image)

Note: Three-year moving averages are calculated due to the small number of injuries. The error bars show 95 percent confidence intervals. Figures for 2013–15 are provisional. For more about 'age-standardised rates per 100,000 person-years at risk' see the technical report.

Source: Ministry of Health, National Minimum Dataset; Statistics New Zealand.
Figure 6.1

Serious (fatal and non-fatal) intentional injury, children (In21)

Number of injuries

2000–13

Note: Three-year moving averages are calculated due to the small number of injuries. Data for 2009–11 and 2010–12 includes minor revisions since 2015. The error bars show 95 percent confidence intervals.

Source: Ministry of Health, National Minimum Dataset and Mortality Collection.

Figure 6.2

Serious (fatal and non-fatal) intentional injury, children (In22)

Age-standardised rates

2000–13

Note: Three-year moving averages are calculated due to the small number of injuries on which the rates are based. The error bars show 95 percent confidence intervals. For more about 'age-standardised rates per 100,000 person-years at risk' see the technical report.

Source: Ministry of Health, National Minimum Dataset and Mortality Collection; Statistics New Zealand.
Falls

Figure 7.1

Serious non-fatal falls injury, children (F01)
Number of injuries
2000–15

Note: Figures for 2015 are provisional. The error bars show 95 percent confidence intervals.
Source: Ministry of Health, National Minimum Dataset.

Figure 7.2

Serious non-fatal falls injury, children (F02)
Age-standardised rates
2000–15

Note: Figures for 2015 are provisional. The error bars show 95 percent confidence intervals. For more about ‘age-standardised rates per 100,000 person-years at risk’ see the technical report.
Figure 8.1

**Serious (fatal and non-fatal) falls injury, children (F21)**

*Number of injuries*

*2000–13*

Note: The error bars show 95 percent confidence intervals.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection.

Figure 8.2

**Serious (fatal and non-fatal) falls injury, children (F22)**

*Age-standardised rates*

*2000–13*

Note: The error bars show 95 percent confidence intervals. For more about ‘age-standardised rates per 100,000 person-years at risk’ see the technical report.
Source: Ministry of Health; National Minimum Dataset and Mortality Collection; Statistics New Zealand.
Motor-vehicle traffic crashes

Figure 9.1

Fatal motor vehicle traffic crashes injury, children (M11)
Number of injuries
2000–13

Note: Three-year moving averages are calculated due to the small number of injuries. The error bars show 95 percent confidence intervals.
Source: Ministry of Health, Mortality Collection.

Figure 9.2

Fatal motor vehicle traffic crashes injury, children (M12)
Age-standardised rates
2000–13

Note: Three-year moving averages are calculated due to the small number of injuries on which the rates are based. The error bars show 95 percent confidence intervals. For more about ‘age-standardised rates per 100,000 person-years at risk’ see the technical report.
Source: Ministry of Health, Mortality Collection; Statistics New Zealand.
Figure 10.1

Serious non-fatal motor-vehicle traffic crashes injury, children (M01)
Number of injuries
2000–15

Note: Figures for 2015 are provisional. The error bars show 95 percent confidence intervals.
Source: Ministry of Health, National Minimum Dataset.

Figure 10.2

Serious non-fatal motor-vehicle traffic crashes injury, children (M02)
Age-standardised rates
2000–15

Note: Figures for 2015 are provisional. The error bars show 95 percent confidence intervals. For more about ‘age-standardised rates per 100,000 person-years at risk’ see the technical report.
Figure 11.1

Serious (fatal and non-fatal) motor-vehicle traffic crashes injury, children (M21)

Number of injuries
2000–13

Number
300
250
200
150
100
50
0


Note: The error bars show 95 percent confidence intervals.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection.

Figure 11.2

Serious (fatal and non-fatal) motor-vehicle traffic crashes injury, children (M22)
Age-standardised rates
2000–13

Per 100,000 person years at risk
35
30
25
20
15
10
5
0


Note: The error bars show 95 percent confidence intervals. For more about ‘age-standardised rates per 100,000 person-years at risk’ see the technical report.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection; Statistics New Zealand.
Pedestrian

Figure 12.1

Serious (fatal and non-fatal) pedestrian injury, children (P21)
Number of injuries
2000–13

![Bar chart showing number of injuries]

Note: All figures are provisional. Three-year moving averages are calculated due to the small number of injuries. The error bars show 95 percent confidence intervals.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection.

Figure 12.2

Serious (fatal and non-fatal) pedestrian injury, children (P22)
Age-standardised rates
2000–13

![Bar chart showing age-standardised rates]

Note: All figures are provisional. Three-year moving averages are calculated due to the small number of injuries on which the rates are based. The error bars show 95 percent confidence intervals. For more about 'age-standardised rates per 100,000 person-years at risk' see the technical report.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection; Statistics New Zealand.
Serious injury outcome indicators for children: 2000–15

Car occupant

Figure 13.1

Serious (fatal and non-fatal) car occupant injury, children (C21)
Number of injuries
2000–13

Note: All figures are provisional. Three-year moving averages are calculated due to the small number of injuries. The error bars show 95 percent confidence intervals.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection.

Figure 13.2

Serious (fatal and non-fatal) car occupant injury, children (C22)
Age-standardised rates
2000–13

Note: All figures are provisional. Three-year moving averages are calculated due to the small number of injuries on which the rates are based. The error bars show 95 percent confidence intervals. For more about ‘age-standardised rates per 100,000 person-years at risk’ see the technical report.
Source: Ministry of Health, National Minimum Dataset and Mortality Collection; Statistics New Zealand.
References


