

## 8 Residual groups

ICD-10-AM inclusion criteria:

- Principal diagnosis [T78](#), [T89](#) or [T90–T98](#).

Three types of injury principal diagnoses were excluded from the main analyses and are discussed here; T78, T89 and T90–T98. A diagnosis of T78 describes ‘adverse effects, not elsewhere classified’ while a diagnosis of T89 describes ‘other specified complications of trauma’. Diagnoses in the range T90–T98 describe various sequelae of injury and poisoning, which are defined as; ‘a current condition that was caused by a previously occurring injury, poisoning, toxic effect or other external cause’ (NCCH 2004, volume 5, pg. 246). The proportion of hospital separations falling into this group is small; only 1.0% of all injury separations in 2004–05 ( $n = 4,826$ ).

### 8.1 Residual groups cases

ICD-10-AM inclusion criteria:

- Principal diagnosis [T78](#), [T89](#) or [T90–T98](#), and
- Mode of admission other than ‘transfer from another acute hospital’.

Almost all separations coded to T78, T89 or T90–T98 had a mode of admission other than transfer to another acute hospital and were considered to represent incident cases (98.0%,  $n = 4,730$ ). Just over half of these cases involved females (52.4%,  $n = 2,479$ ). Nearly all of the cases considered here were coded with a principal diagnosis of T78 (adverse effects, not elsewhere classified: 96.8%,  $n = 4,579$ ), with only 139 cases attributed to T89 (2.9%) and 12 to T90–T98 (0.3%). Slightly higher proportions of cases involving males were assigned T89 or T90–T98 principal diagnoses than cases involving females (Table 8.1).

The age-standardised rate of injury cases coded to diagnoses T78, T89 or T90–T98 in 2004–05 was 23.4 per 100,000 population. Males had a slightly lower rate of these types of case (22.5 per 100,000) than females (24.1 per 100,000). Age-specific rates were highest for children aged 0–4 years and lowest for children 10–14 years (Figure 8.1). High rates of injury in early childhood, as well as relatively high rates of cases for people aged 15–34 years, is likely related to the incidence of venomous bite and sting injuries for these age groups, a relatively common cause of T78 diagnoses (see Bradley 2008). However, rates for adults for these residual-type injury cases were relatively low overall and did not significantly increase with age, unlike both community injury and complications of surgical and medical care cases.

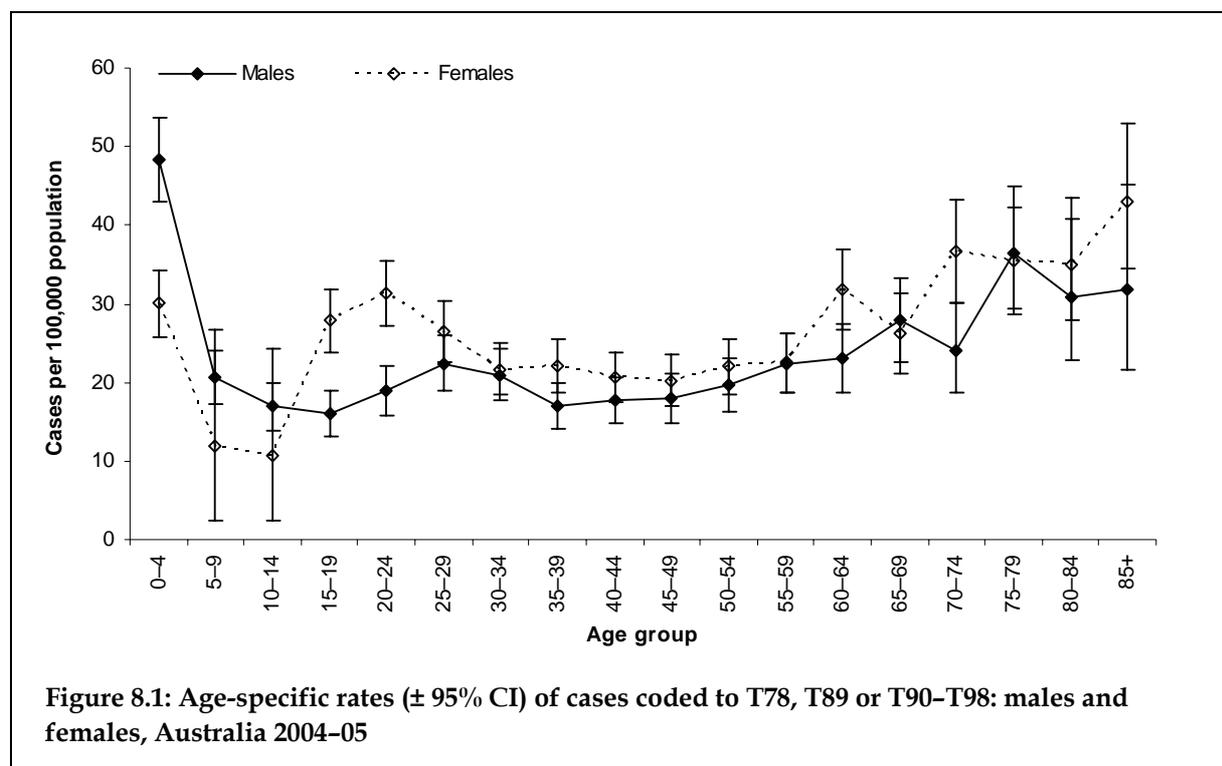
Over half of injury cases coded to T78, T89 or T90–T98 were attributed to ‘other unintentional’ external causes (57.9%,  $n = 2,741$ ), of which the majority (76.9%,  $n = 2,088$ ) received an X59 first external cause code, describing exposure to unspecified factors. Venomous bites and stings (X20–X29) accounted for 7.7% of ‘other unintentional’ external causes cases ( $n = 211$ ), and these were mostly attributed to stings by hornets, wasps and bees (X23,  $n = 160$ ). A further quarter of residual-groups injury cases were assigned complications of surgical and medical care external cause codes (25.6%,  $n = 1,210$ ) and

little difference in the types of external causes attributed to cases involving males and females was noted (Table 8.2).

**Table 8.1: Principal diagnoses for cases coded to T78, T89 or T90–T98: males, females and persons, Australia 2004–05**

Principal diagnosis	Males	Females	Persons
Anaphylactic shock due to adverse food reaction (T78.0)	441 (19.6%)	436 (17.6%)	877 (18.5%)
Other adverse food reactions, not elsewhere classified (T78.1)	299 (13.3%)	305 (12.3%)	604 (12.8%)
Anaphylactic shock, unspecified (T78.2)	339 (15.1%)	363 (14.6%)	702 (14.8%)
Angioneurotic oedema (T78.3)	559 (24.8%)	719 (29.0%)	1,278 (27.0%)
Allergy, unspecified (T78.4)	499 (22.2%)	603 (24.3%)	1,102 (23.3%)
Other adverse effects, not elsewhere classified (T78.8)	* (0.3%)	* (0.2%)	* (0.3%)
Adverse effect, unspecified (T78.9)	* (0.1%)	* (0.1%)	* (0.1%)
Open wound with foreign body (with or without infection, T89.01)	37 (1.6%)	7 (0.3%)	44 (0.9%)
Open wound with infection (T89.02)	52 (2.3%)	28 (1.1%)	80 (1.7%)
Other complications of open wounds (T89.03)	9 (0.4%)	6 (0.2%)	15 (0.3%)
Sequelae (T90–T98)	* (0.4%)	* (0.2%)	12 (0.3%)
<b>Total</b>	<b>2,251</b>	<b>2,479</b>	<b>4,730</b>

\* Small cell counts have been suppressed.



**Table 8.2: Major external cause groups for cases coded to T78, T89 or T90–T98: males, females and persons, Australia 2004–05**

<b>External cause</b>	<b>Males</b>	<b>Females</b>	<b>Persons</b>
Transportation	* (0.5%)	* (0.1%)	15 (0.3%)
Poisoning, pharmaceuticals	5 (0.2%)	13 (0.5%)	18 (0.4%)
Poisoning, other substances	358 (15.9%)	343 (13.8%)	701 (14.8%)
Falls	5 (0.2%)	6 (0.2%)	11 (0.2%)
Fires, burns & scalds	* (0.0%)	* (0.0%)	* (0.0%)
Other unintentional injuries	1,304 (57.9%)	1,437 (58.0%)	2,741 (57.9%)
Intentional, self inflicted	* (0.1%)	* (0.1%)	* (0.1%)
Intentional, inflicted by another	6 (0.3%)	0 (0.0%)	6 (0.1%)
Undetermined intent	* (0.1%)	* (0.2%)	7 (0.1%)
Complications of surgical and medical care	552 (24.5%)	658 (26.5%)	1,210 (25.6%)
Other/missing	5 (0.2%)	11 (0.4%)	16 (0.3%)
<b>Total</b>	<b>2,251</b>	<b>2,479</b>	<b>4,730</b>

\* Small cell counts have been suppressed.